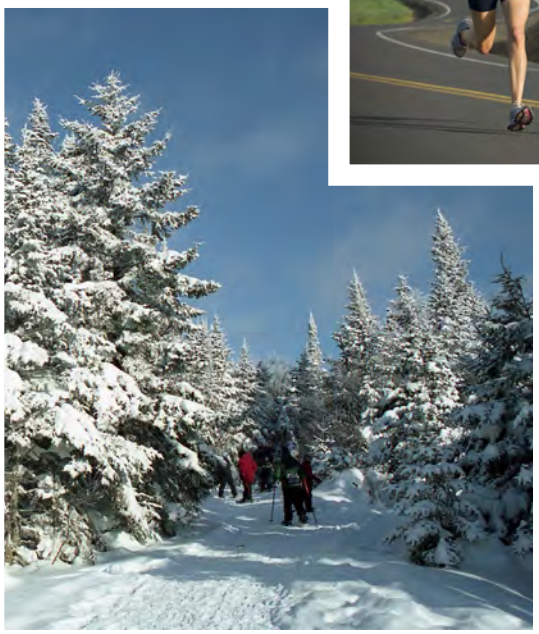
Umatilla-Morrow Counties Community Health Partnership

Working Together for a Healthier Tomorrow



Umatilla-Morrow Counties Community Health Assessment Report 2015-16

FOREWORD

The community partnership of members of Umatilla and Morrow Counties are pleased to present the 2015-16 Health Assessment of our community.

The data collected is the result of the strong commitment of community partners from across each county who believe by working together on behalf of the residents of both Morrow and Umatilla Counties, we can bring about a healthier tomorrow.

The Hospital Council of Northwest Ohio (HCNO) and public health researchers at The University of Toledo, who have conducted assessments for counties in Ohio for a number of years, were our collaborating partners and evaluated the surveys provided. The quality of their work has drawn the attention of the American Hospital Association, the Association of Community Health Institute and the Center for Disease Control. They have worked with us since 2011 when they conducted the first health assessment for Umatilla County. They are now helping with assessments for northeast Oregon (Union, Umatilla and Morrow Counties).

Additional efforts have been made to reach out to the Hispanic and American Indian/Alaska Native populations. This data was collected by the Yellowhawk Tribal Health Center, Good Shepherd Health System, Oregon Child Development Coalition, Stanfield School District, and Umatilla School District. Thanks to their hard work, we are able to have a more concise view of the health of all residents in Umatilla and Morrow Counties.

Every effort has been made to assure that this report contains valid and reliable data. We recognize there is always room for improvement, however we believe this health assessment provides a clear, and comprehensive view of our collective health status. It can serve as a strategic planning source for organizations and individuals who are striving to improve the health of the residents of Umatilla and Morrow Counties.

Although some comparisons can be made related to previous assessments, we are urged by the researchers to be cautious in comparing other assessment reports that do not hold to the same assessment process. This report provides us with a comprehensive picture of our counties, as well as our state and nation and in turn helps us identify our community's unmet needs. This is only the first step. The Partnership will then prioritize these needs and work collaboratively in the development and implementation of a strategic plan to support quality programs that will improve the lives of Umatilla and Morrow County residents.

Sincerely,

Rod Harwood
Project Chair

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for adults (19 years of age and older) in Umatilla-Morrow Counties who participated in a two county-wide health assessment survey during fall 2015. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Umatilla-Morrow Counties. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Umatilla County and Morrow County. During these meetings, banks of potential survey questions from the BRFSS survey were reviewed and discussed. Based on input from the Umatilla County and Morrow County planning committee, the Project Coordinator composed a draft survey containing 115 items. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *General Adult Survey*

Adults ages 19 and over living in Umatilla and Morrow Counties were used as the sampling frame for the adult survey. There were 54,531 persons ages 19 and over living in Umatilla County and 7,805 persons ages 19 and over living in Morrow County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 374 Umatilla County and 324 Morrow County adults was needed to ensure this level of confidence. A random sample of mailing addresses of adults from Umatilla County and Morrow County was obtained from Allegra Print & Imaging in Louisville, KY.

SAMPLING | *American Indian/Alaska Native Adult Survey*

American Indian/Alaska Native adults ages 18 and over living in the Yellowhawk Service Area, who visited the Yellowhawk Tribal Health Center in the past 3 years were used as the sampling frame for the adult survey. The Yellowhawk Service Area is comprised of Umatilla, Union and Morrow Counties. There were 4,343 American Indian/Alaska Native persons ages 18 and over living in the Confederated Tribes of the Umatilla Indian Reservation. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 353 adults was needed to ensure this level of confidence.

SAMPLING | *Hispanic Adult Survey*

Hispanic adults ages 18 and over living in Umatilla and Morrow Counties were used as the sampling frame for the Hispanic adult survey. There were 36,453 Hispanic persons ages 18 and over living in Umatilla County and Morrow County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 380 adults was needed to ensure this level of confidence.

PROCEDURE | *General Adult Survey*

Prior to mailing the survey to adults, an advance letter was mailed to 2,400 adults in Umatilla County and Morrow County. This advance letter was personalized, printed on Umatilla-Morrow Counties Community Health Partnership stationery and was signed by Harry Geller, President & CEO, CHI St. Anthony Hospital; Dennis Burke, President & CEO, Good Shepherd Health Care System; Sheree Smith, Administrator, Morrow County Health Department; Meghan Debolt, Administrator, Umatilla County Health Department; and Tim Gilbert, CEO, Yellowhawk Tribal Health Center. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Umatilla-Morrow Counties Community Health Partnership stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the entire mailing was 38% (n=870: CI=± 3.3). The response rate for the Umatilla County adult population survey was 38% (n=412: CI=± 4.8). The response rate for the Morrow County adult mailing was 38% (n=458: CI= ± 4.4). The return rates and sample sizes mean that the responses in the health assessment should be representative of each county and the combined county data.

PROCEDURE | *American Indian/Alaska Native Adult Survey*

A total of 1,320 surveys were mailed out to Yellowhawk Service Area patients that had visited the Yellowhawk Tribal Health Center within the past 3 years. A total of 361 surveys were obtained for the American Indian/Alaska Native survey (CI=± 4.94). The sample size means that the responses in the health assessment should be representative of the American Indian/Alaska Native Population in the Yellowhawk Service Area.

PROCEDURE | *Hispanic Adult Survey*

Surveys were self-administered at Good Shepherd Health System, Oregon Child Development Coalition, Stanfield School District, and Umatilla School District. The mix of data collection sites was selected to reflect the Hispanic population demographics of Umatilla and Morrow Counties. The surveys were translated in both English and Spanish. The Hispanic survey yielded 382 surveys.

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Umatilla-Morrow Counties, the adult data collected were weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Umatilla-Morrow Counties adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Umatilla-Morrow Counties). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

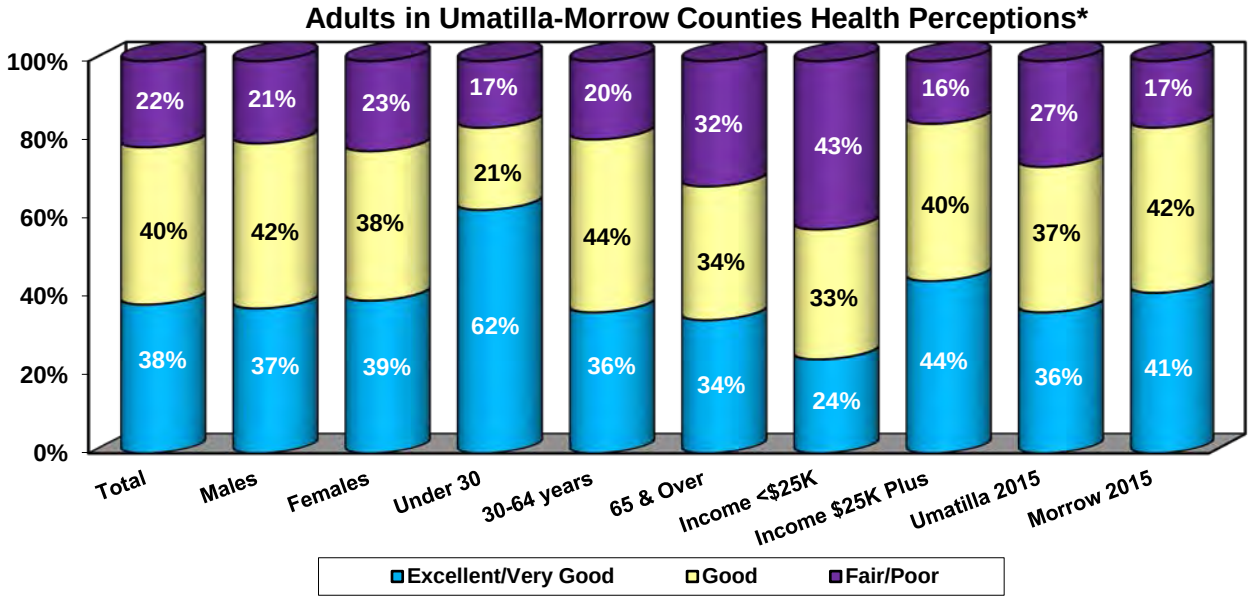
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey.

Third, our survey suffers from all traditional limitations involved in cross-sectional study design (e.g., reliance on self-reported behaviors, recall bias by participants, socially desirable responses, and the inability to establish cause and effect relationships).

Data Summary

HEALTH PERCEPTIONS

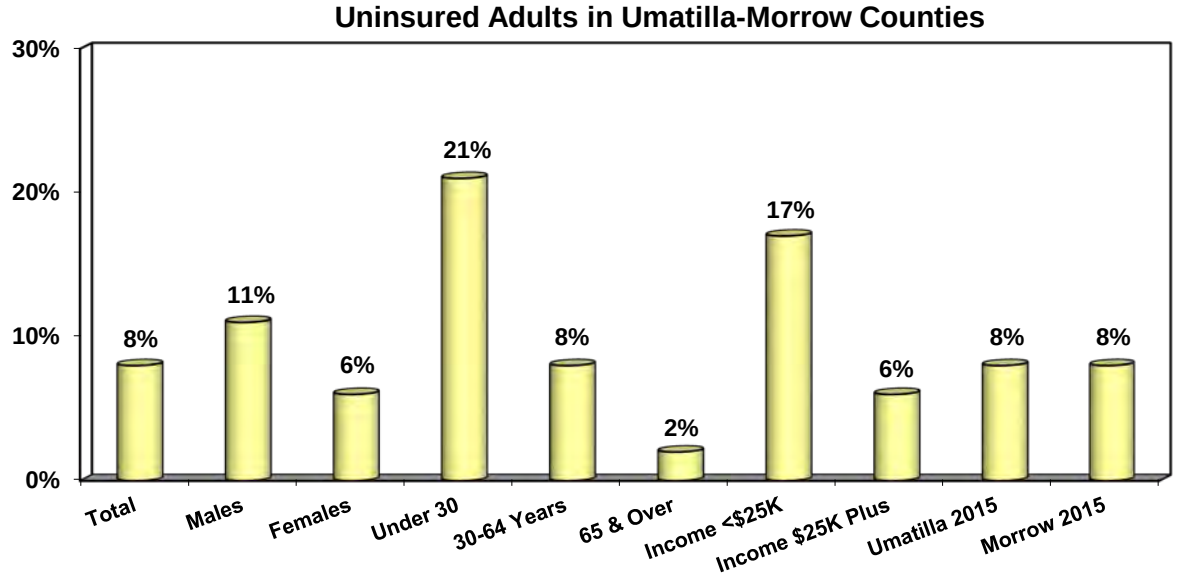
In 2015, nearly two-fifths (38%) of the adults in Umatilla-Morrow Counties rated their health status as excellent or very good. Conversely, 22% of adults, increasing to 32% of those over the age of 65, described their health as fair or poor.



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

HEALTH CARE COVERAGE

The 2015 Health Assessment data has identified that 8% of adults in Umatilla-Morrow Counties were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under $25,000. In Umatilla County, 17% of residents live below the poverty level. In Morrow County, 18% of residents live below the poverty level *(Source: U.S. Census, American Community Survey 5 Year Estimate, 2013).*



HEALTH CARE ACCESS

The 2015 Health Assessment project identified that 58% of adults in Umatilla-Morrow Counties had visited a doctor for a routine checkup in the past year. 55% of adults went outside of Umatilla and Morrow Counties for health care services in the past year.

CARDIOVASCULAR HEALTH

The 2015 Umatilla-Morrow Counties Health Assessment found that 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly one-third (31%) of adults in Umatilla-Morrow Counties had been diagnosed with high blood pressure, 36% were obese, 35% had high blood cholesterol, and 13% were smokers, four known risk factors for heart disease and stroke.

Umatilla County
Leading Causes of Death
2014

Total Deaths: 627

1. Cancer (22% of all deaths)
2. Heart Disease (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (5%)

(Source: OHA, Vital Statistics)

CANCER

In 2015, 11% of adults in Umatilla-Morrow Counties had been diagnosed with cancer at some time in their life. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths *(Source: American Cancer Society, Facts & Figures 2015).*

Morrow County
Leading Causes of Death
2014

Total Deaths: 65

1. Cancers (23% of all deaths)
2. Heart Disease (17%)
3. Accidents, Unintentional Injuries (14%)
4. Chronic Lower Respiratory Diseases (8%)
5. Stroke (6%)

(Source: OHA, Vital Statistics)

DIABETES

In 2015, 13% of adults in Umatilla-Morrow Counties had been diagnosed with diabetes.

ARTHRITIS

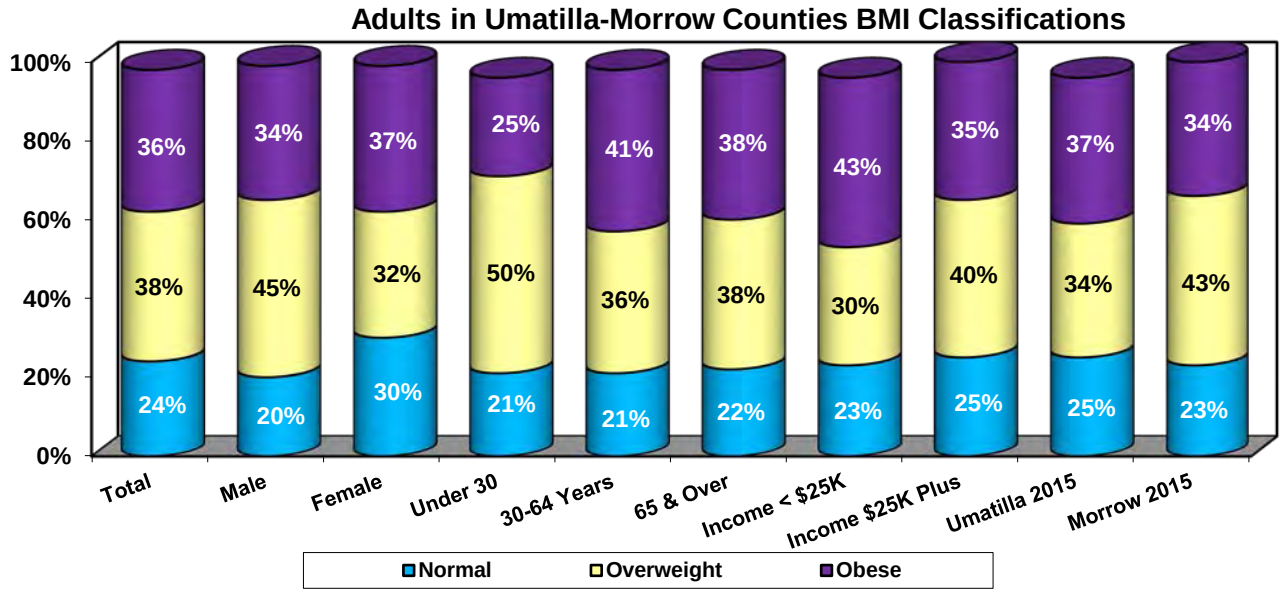
According to the Umatilla-Morrow Counties survey data, 33% of adults in Umatilla-Morrow Counties were diagnosed with arthritis. According to the 2014 BRFSS, 26% of Oregon adults and U.S. adults were told they had arthritis.

ASTHMA

According to the Umatilla-Morrow Counties survey data, 19% of adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

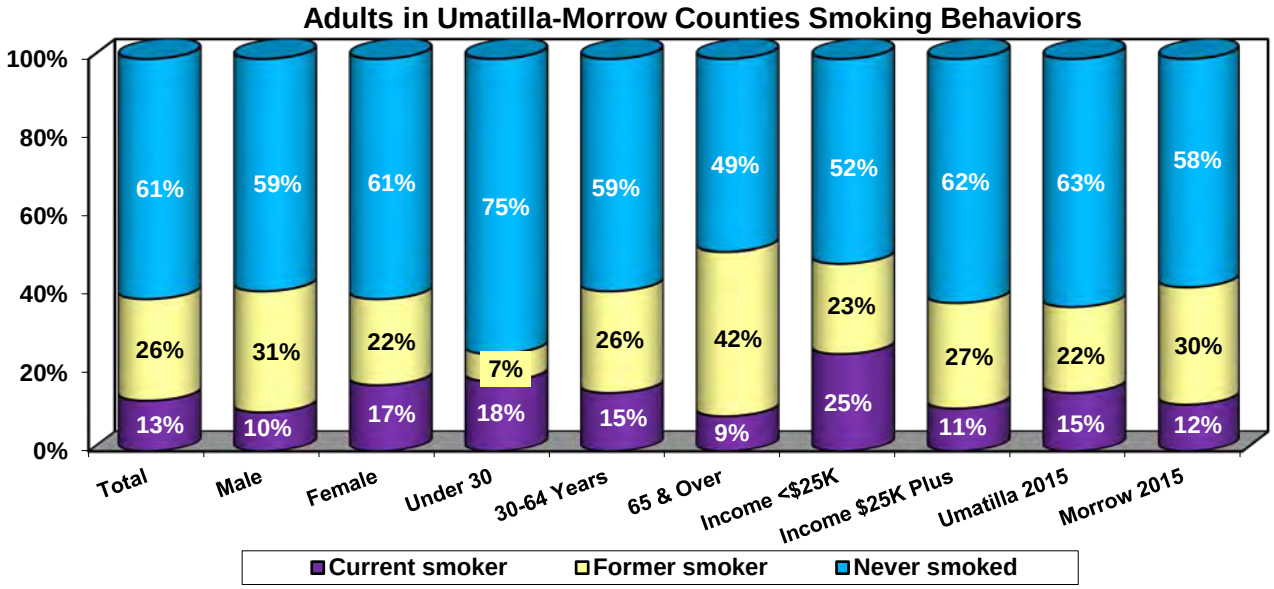
The 2015 Health Assessment identified that 74% of adults in Umatilla-Morrow Counties were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI. More than one-third (36%) of adults in Umatilla-Morrow Counties were obese.



(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

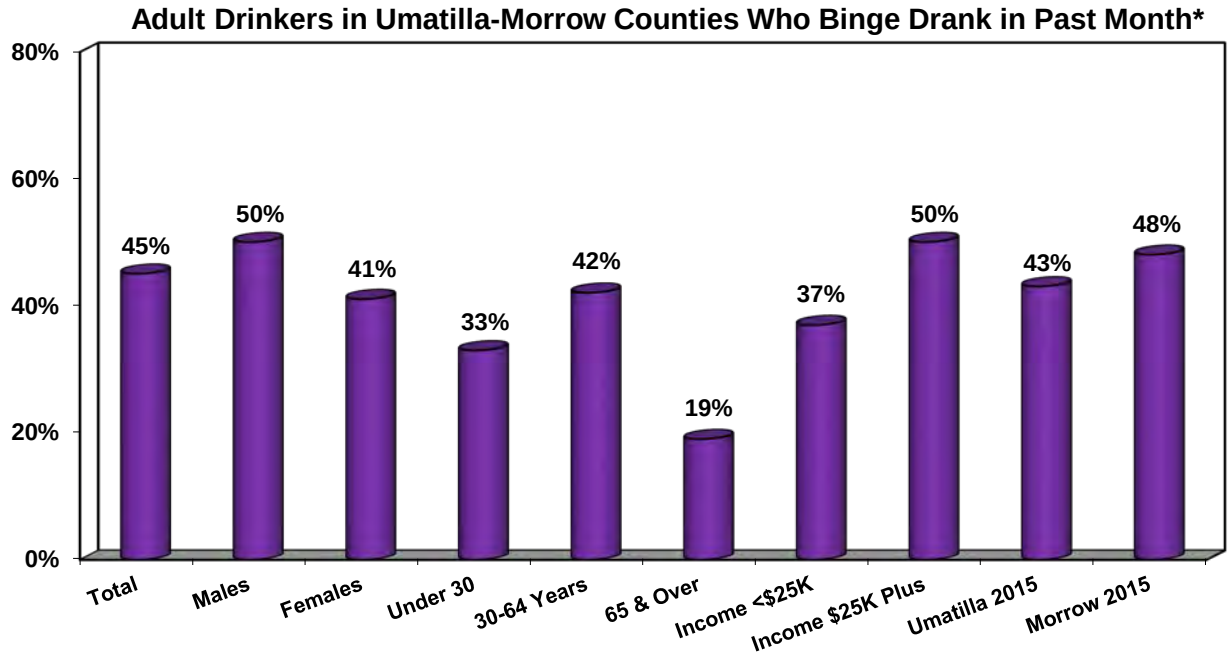
In 2015, 13% of adults in Umatilla-Morrow Counties were current smokers and 26% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million *(Source: Cancer Facts & Figures, American Cancer Society, 2015).*



Respondents were asked:
"Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

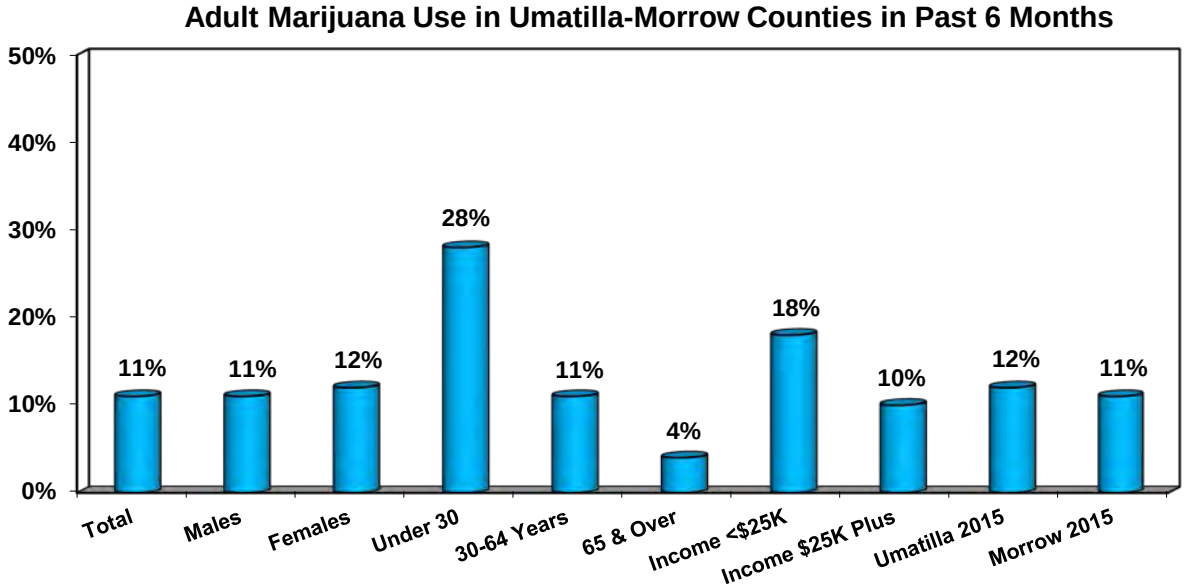
In 2015, the Health Assessment indicated that 17% of adults in Umatilla-Morrow Counties were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 45% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month.



Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at least once in the previous month.

ADULT MARIJUANA USE

In 2015, 11% of adults in Umatilla-Morrow Counties had used marijuana during the past 6 months.

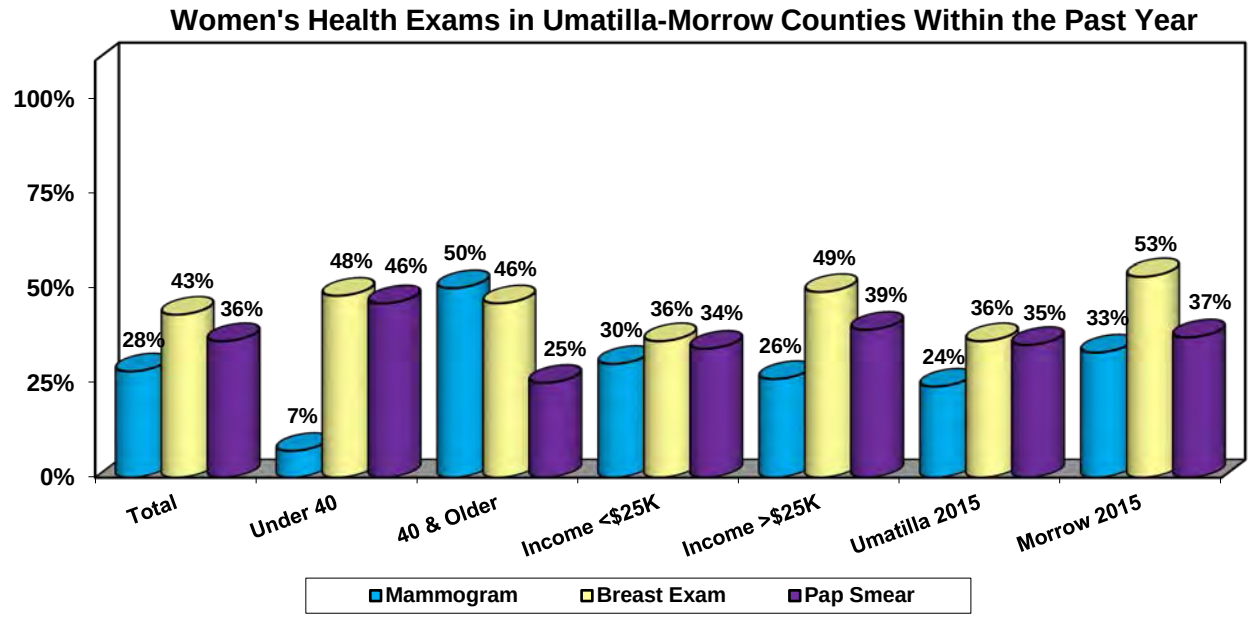


ADULT DRUG USE

16% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

WOMEN'S HEALTH

In 2015, half (50%) of women over the age of 40 in Umatilla-Morrow Counties reported having a mammogram in the past year. 43% of women ages 19 and over in Umatilla-Morrow Counties had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 3% of women survived a heart attack and 5% survived a stroke at some time in their life. Over one-third (37%) of women in Umatilla-Morrow Counties were obese, 31% had high blood cholesterol, 24% had high blood pressure, and 17% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2015, 42% of males in Umatilla-Morrow Counties had been screened for prostate cancer in their lifetime. The Health Assessment determined that 10% of men survived a heart attack and 2% survived a stroke at some time in their life. Nearly two-fifths (39%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 10% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

More than three-fourths (77%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (54%) of adults ages 50 and older had a colonoscopy or sigmoidoscopy within the past 5 years.

ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

In 2015, nearly two-thirds (65%) of adults in Umatilla-Morrow Counties had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) *(Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance).*

QUALITY OF LIFE

In 2015, 34% of adults in Umatilla-Morrow Counties were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2015, 6% of adults in Umatilla-Morrow Counties were threatened or abused in the past year. 55% of adults kept a firearm in or around their home.

MENTAL HEALTH AND SUICIDE

In 2015, 2% of adults in Umatilla-Morrow Counties attempted suicide in the past year. 22% of adults had been diagnosed or treated for depression.

ORAL HEALTH

The 2015 Health Assessment project has determined that more than three-fifths (62%) of adults in Umatilla-Morrow Counties had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 66% of Oregon adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

PARENTING

In 2015, 20% of parents in Umatilla-Morrow Counties reported their child did not get all of the medical care they needed in the past year. 27% of parents were concerned about their child's depression/anxiety/mental health.

AMERICAN INDIAN/ALASKA NATIVE HEALTH CARE ACCESS, COVERAGE AND UTILIZATION

The 2015 Health Assessment indicates that 7% of American Indian/Alaska Native adults in the Yellowhawk Service Area did not have health care coverage. 28% rated their health as fair or poor.

AMERICAN INDIAN/ALASKA NATIVE CHRONIC DISEASES AND PREVENTION

In 2015, 26% of American Indian/Alaska Native adults in the Yellowhawk Service Area were diagnosed with diabetes and 50% with high blood pressure. 81% of American Indian/Alaska Native adults in the Yellowhawk Service Area were either overweight or obese.

AMERICAN INDIAN/ALASKA NATIVE QUALITY OF LIFE AND SAFETY

Almost half (49%) of American Indian/Alaska Native adults in the Yellowhawk Service Area kept a firearm in or around their home. 23% of American Indian/Alaska Native adults in the Yellowhawk Service Area attempted to get assistance from a social service agency. About two-fifths (42%) were limited in some way because of a physical, mental or emotional problem.

HISPANIC HEALTH CARE ACCESS, COVERAGE AND UTILIZATION

The 2015 Health Assessment indicates that one-fifth (20%) of Hispanic adults in Umatilla-Morrow Counties did not have health care coverage. 18% rated their health as fair or poor.

HISPANIC CHRONIC DISEASES AND PREVENTION

In 2015, 5% of Hispanic adults in Umatilla-Morrow Counties were diagnosed with diabetes and 12% with high blood pressure. 66% of Hispanic adults were either overweight or obese.

HISPANIC QUALITY OF LIFE AND SAFETY

Almost one-fifth (17%) of Hispanics in Umatilla-Morrow Counties kept a firearm in or around their home. 24% of Hispanics attempted to get assistance from a social service agency. Nearly one-third (31%) of Hispanic adults in Umatilla-Morrow Counties were limited in some way because of a physical, mental or emotional problem.

Adult | TREND SUMMARY

Adult Variables	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Health Status						
Rated health as excellent or very good	53%	36%	45%	41%	54%	53%
Rated general health as fair or poor	15%	27%	13%	17%	16%	17%
Rated their mental health as not good on four or more days in the previous month	30%	28%	16%	17%	N/A	N/A
Has health care coverage	84%	92%	86%	92%	89%	87%
Arthritis, Asthma and Diabetes						
Has been diagnosed with arthritis	32%	36%	27%	29%	26%	26%
Has ever been diagnosed with asthma	20%	24%	7%	14%	17%	14%
Has been diagnosed with diabetes	13%	14%	13%	13%	10%	11%
Cardiovascular Disease						
Had angina or coronary heart disease	4%	4%	5%	3%	4%	4%
Had a heart attack	5%	9%	4%	4%	5%	4%
Had a stroke	2%	1%	2%	5%	3%	3%
Has been diagnosed with high blood pressure	31%	30%	30%	33%	32%*	31%*
Has been diagnosed with high blood cholesterol	36%	36%	31%	34%	37%*	38%*
Had blood cholesterol checked within the past 5 years	73%	78%	81%	78%	74%*	76%*
Weight Status						
Overweight	35%	34%	35%	43%	34%	35%
Obese	32%	37%	34%	34%	28%	30%
Alcohol Consumption						
Had at least one alcoholic beverage in past month	51%	51%	55%	55%	59%	53%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	21%	17%	26%	17%	16%
Tobacco Use						
Current smoker (currently smoke some or all days)	18%	15%	10%	12%	17%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	17%	22%	24%	30%	27%	25%
Marijuana Use						
Adults who used marijuana in the past 6 months	7%	11%	2%	11%	N/A	N/A
Drug Use						
Adults who used heroin in the past 6 months	0%	0%	0%	0%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	9%	16%	7%	15%	N/A	N/A
Preventive Medicine						
Had a pneumonia vaccination (ages 65 and over)	N/A	73%	N/A	80%	74%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	81%	73%	79%	57%	61%
Ever had a shingles/zoster vaccine	N/A	17%	N/A	15%	31%	22%
Had a mammogram in the past two years (age 40 and older)	67%	65%	73%	74%	70%	73%
Had a pap smear in the past three years	N/A	76%	74%	67%	75%	75%
Limited in some way because of physical, mental or emotional problem	N/A	35%	24%	33%	26%	20%
Oral Health						
Adults who have visited the dentist in the past year	63%	67%	58%	58%	66%	65%
Adults who had one or more permanent teeth removed	40%	32%	47%	47%	40%	43%
Adults 65 years and older who had all of their permanent teeth removed	17%	14%	18%	14%	13%	15%

N/A – Not available
** 2013 BRFSS Data*

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2015, nearly two-fifths (38%) of the adults in Umatilla-Morrow Counties rated their health status as excellent or very good. Conversely, 22% of adults, increasing to 32% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Umatilla County 36% (2015)
- Morrow County 41% (2015)
- Oregon 54% (2014)
- U.S. 53% (2014)

(Source: 2014 BRFSS for Oregon and U.S.)

General Health Status

- In 2015, nearly two-fifths (38%) of adults in Umatilla-Morrow Counties rated their health as excellent or very good. Adults in Umatilla-Morrow Counties with higher incomes (44%) were most likely to rate their health as excellent or very good, compared to 24% of those with incomes less than $25,000.
- 22% of adults rated their health as fair or poor. The 2014 BRFSS has identified that 16% of Oregon and U.S. adults self-reported their health as fair or poor.
- Adults in Umatilla-Morrow Counties were most likely to rate their health as fair or poor if they:
  - Were separated (80%)
  - Had been diagnosed with diabetes (58%)
  - Had an annual household income under $25,000 (43%)
  - Were 65 years of age or older (32%)
  - Had high blood cholesterol (30%) or high blood pressure (26%)

Physical Health Status

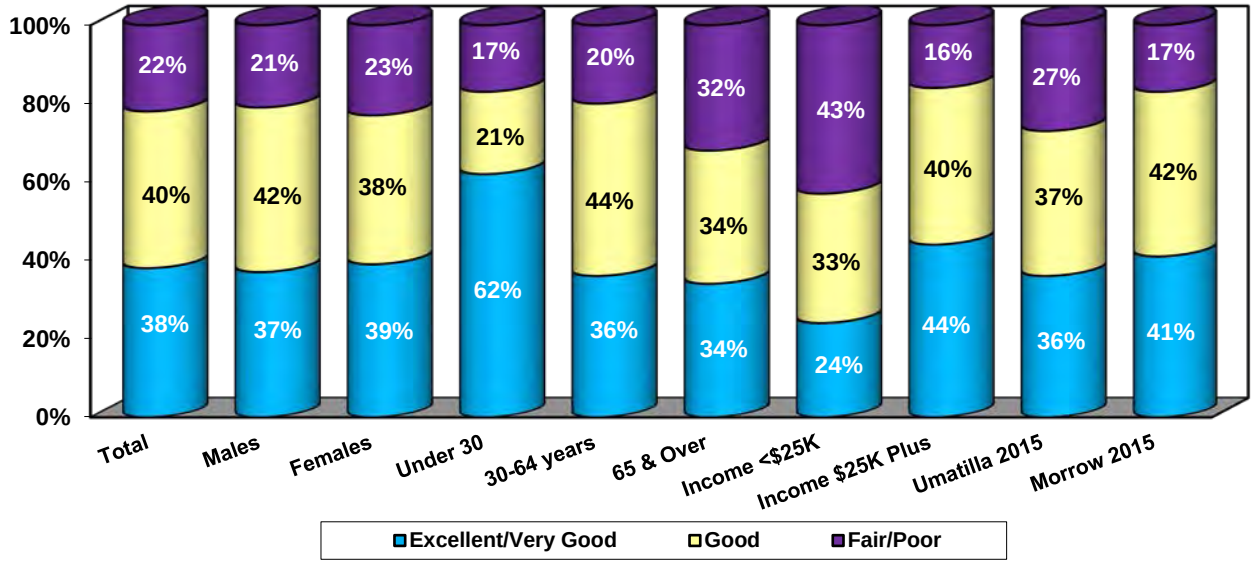
- In 2015, 21% of adults in Umatilla-Morrow Counties rated their physical health as not good on four or more days in the previous month. Oregon and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.7 days, respectively in the previous month *(Source: 2010 BRFSS).*
- Adults in Umatilla-Morrow Counties reported their physical health as not good on an average of 4.0 days in the previous month.
- Adults in Umatilla-Morrow Counties were most likely to rate their physical health as not good if they:
  - Were 65 years of age or older (34%)
  - Had an annual household income under $25,000 (29%)

Mental Health Status

- In 2015, 22% of adults in Umatilla-Morrow Counties rated their mental health as not good on four or more days in the previous month.
- Adults in Umatilla-Morrow Counties reported their mental health as not good on an average of 3.5 days in the previous month. Oregon and U.S. adults reported their mental health as not good on an average of 3.6 days and 3.5 days, respectively, in the previous month *(Source: 2010 BRFSS).*
- About one-fourth (26%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Adults in Umatilla-Morrow Counties were most likely to rate their mental health as not good if they:
  - Were female (29%)
  - Had an annual household income under $25,000 (28%)

The following graph shows the percentage of adults in Umatilla-Morrow Counties who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 38% of all adults in Umatilla-Morrow Counties, 62% of those under age 30, and 34% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Adults in Umatilla-Morrow Counties Health Perceptions*



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	59%	8%	4%	1%	12%
Females	60%	11%	6%	3%	15%
Total	60%	9%	5%	2%	14%
Mental Health Not Good in Past 30 Days*					
Males	72%	13%	3%	0%	12%
Females	62%	9%	6%	4%	18%
Total	67%	11%	5%	2%	16%

**Totals may not equal 100% as some respondents answered "Don't know/Not sure".*

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Rated health as excellent or very good	53%	36%	45%	41%	54%	53%
Rated health as fair or poor	15%	27%	13%	17%	17%	16%
Rated their mental health as not good on four or more days in the previous month	30%	28%	16%	17%	N/A	N/A

N/A – Not available

Adult | HEALTH CARE COVERAGE

Key Findings

The 2015 Health Assessment data has identified that 8% of adults in Umatilla-Morrow Counties were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under $25,000. In Umatilla 17% of residents live below the poverty level. In Morrow County, 18% of residents live below the poverty level. *(Source: U.S. Census, American Community Survey 3Year Estimate, 2013)*

Oregon Health Plan (OHP)
Eligible Population Statistics

	Total OHP Eligibles	Total Enrolled in a Coordinated Care Organization (CCO)
Morrow County	3,478	2,885 (82.9%)
Umatilla County	22,719	18,811 (82.8%)
Oregon	1,066,977	965,771 (90.5%)

(Source: Oregon Health Authority – Office of Health Analytics, Oregon Health Plan: Coordinated Care, Managed Care and Fee for Service Enrollment for February 15, 2016, obtained from: http://www.oregon.gov/oha/healthplan/DataReportsDocs/February%202016%20Coordinated%20Care%20Service%20Delivery%20by%20County.pdf)

General Health Coverage

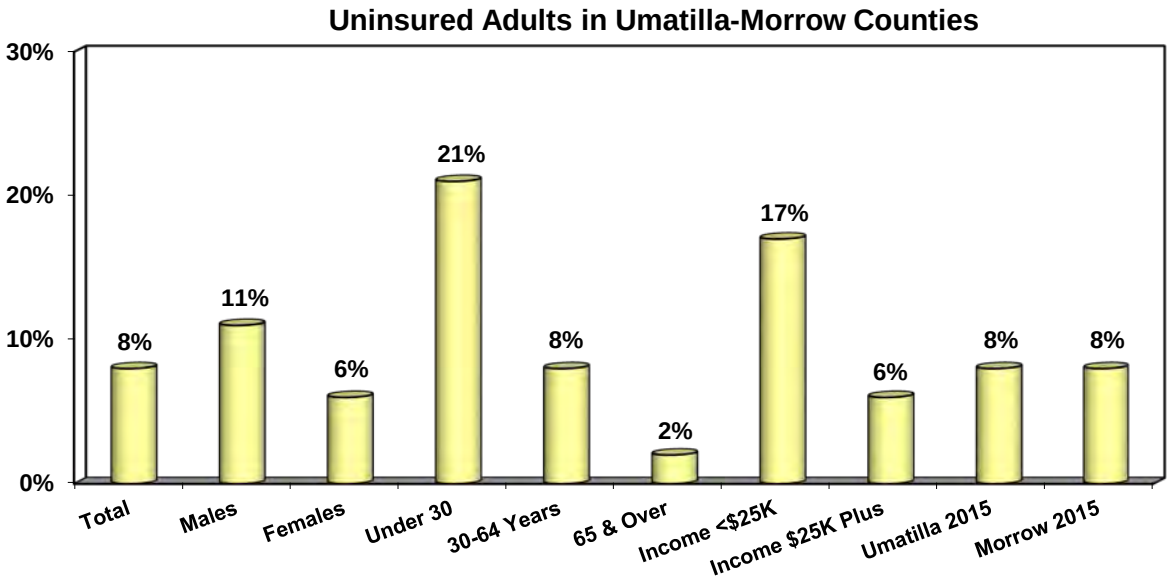
- In 2015, 92% of adults in Umatilla-Morrow Counties had health care coverage, leaving 8% who were uninsured.
- The 2014 BRFSS reports uninsured prevalence rates for Oregon (11%) and the U.S. (13%).
- In the past year, 8% of adults were uninsured, increasing to 17% of those with incomes less than $25,000 and 21% of those under the age of 30.
- 5% of adults with children did not have healthcare coverage, compared to 10% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (54%), Medicare (15%), Medicaid or medical assistance (10%), someone else's employer (8%), self-paid plan (7%), military, CHAMPUS, TriCare, or VA (3%), Indian Health Service (1%), Health Insurance Marketplace (1%), multiple-including private sources (<1%), and other (1%).

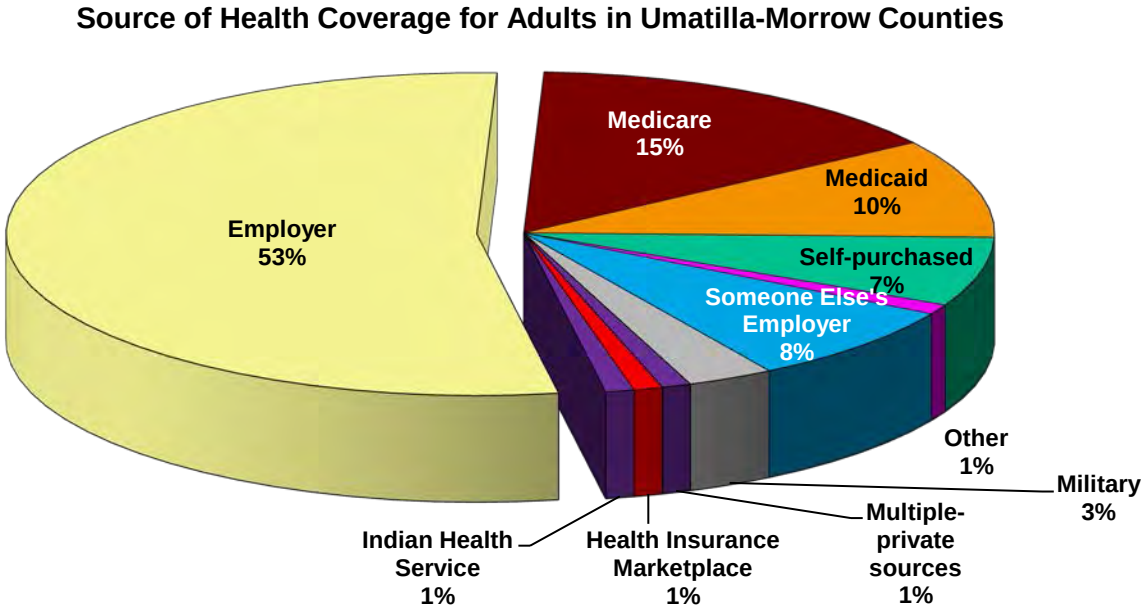
8% of adults in Umatilla-Morrow Counties were uninsured.

- Adult health care coverage in Umatilla-Morrow Counties include the following: medical (99%), prescription coverage (90%), immunizations (78%), dental (75%), vision (69%), preventive health (68%), outpatient therapy (60%), their spouse (58%), their children (57%), mental health (57%), mental health counseling (48%), alcohol and drug treatment (46%), County physicians (44%), long-term care (34%), their partner (33%), home care (27%), hospice (22%), skilled nursing (21%), transportation (14%), and assisted living (9%).
- The top reasons uninsured adults gave for being without health care coverage were:
    1. They lost their job or changed employers (37%)
    2. They could not afford to pay the premiums (35%)
    3. Their benefits from employer/former employer ran out (16%)
    4. Their employer does not/stopped offering coverage (16%)
    5. They became a part-time/temporary employee (16%)

(Percentages do not equal 100% because respondents could select more than one reason)

The following graph shows the percentages of adults in Umatilla-Morrow Counties who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 8% of all adults in Umatilla-Morrow Counties were uninsured, 17% of adults with an income less than $25,000 reported being uninsured and 21% of those under age 30 lacked health care coverage. The pie chart shows sources of health care coverage for adults in Umatilla-Morrow Counties.





Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Uninsured	16%	8%	14%	8%	11%	13%

The following chart shows what is included in adults' insurance coverage in Umatilla-Morrow Counties.

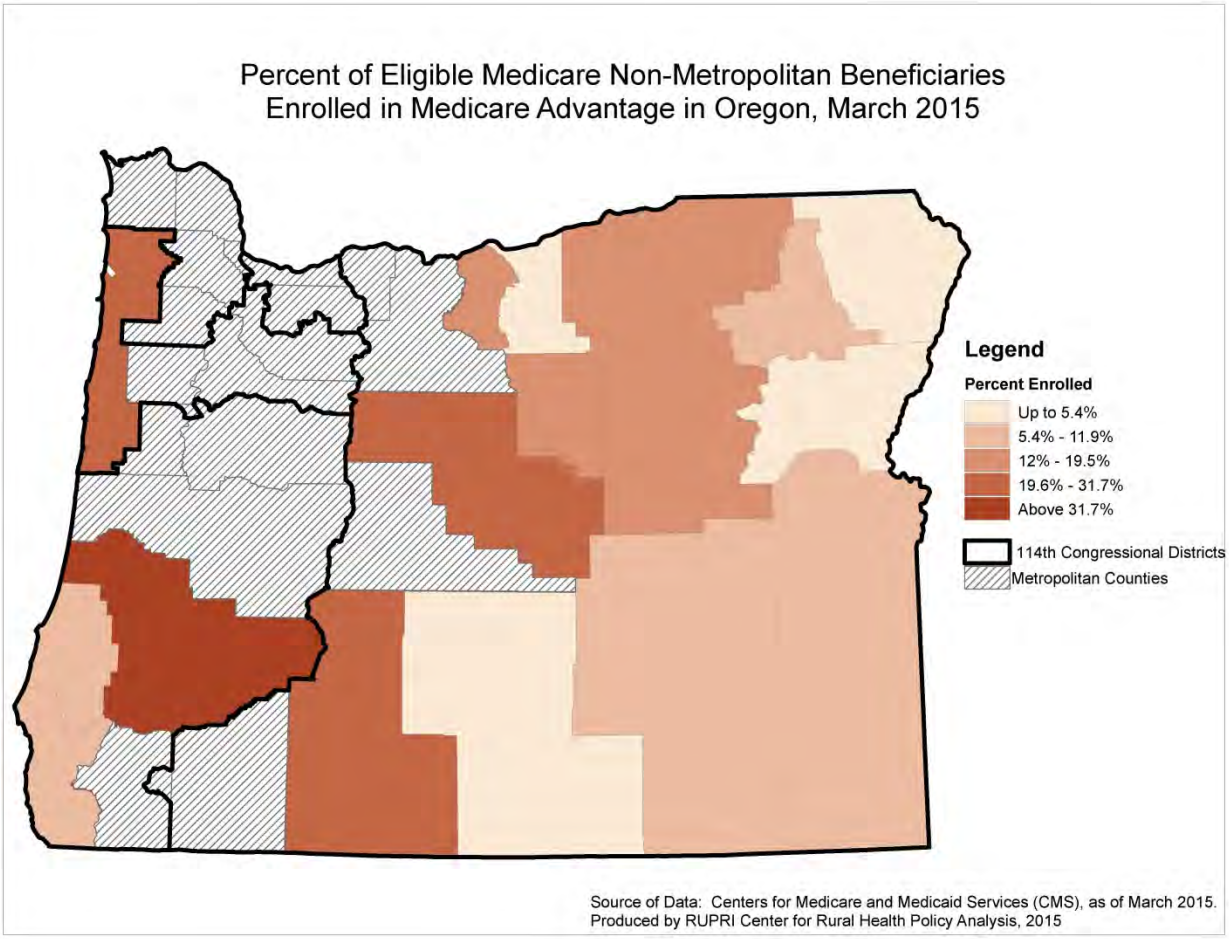
Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	<1%	1%
Prescription Coverage	90%	3%	7%
Immunizations	78%	4%	18%
Dental	75%	23%	2%
Vision	69%	25%	5%
Preventive Health	68%	5%	27%
Outpatient Therapy	60%	5%	35%
Their Spouse	58%	34%	8%
Their Children	57%	36%	7%
Mental Health	57%	6%	37%
Mental Health Counseling	48%	6%	46%
Alcohol and Drug Treatment	46%	6%	47%
County Physicians	44%	5%	51%
Long-Term Care	34%	16%	50%
Their Partner	33%	46%	21%
Home Care	27%	13%	60%
Hospice	22%	10%	68%
Skilled Nursing	21%	12%	67%
Transportation	14%	29%	57%
Assisted Living	9%	20%	71%

Healthy People 2020

Access to Health Services (AHS)

Objective	Umatilla County 2015	Morrow County 2015	Oregon 2014	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	78% age 20-24 97% age 25-34 92% age 35-44 88% age 45-54 97% age 55-64	62% age 20-24 97% age 25-34 97% age 35-44 89% age 45-54 93% age 55-64	86% age 18-24 79% age 25-34 85% age 35-44 91% age 45-54 92% age 55-64	100%

(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2015 Umatilla-Morrow Counties Health Assessment)



Health Insurance Coverage in the U.S.

- In the first 3 months of 2013, 46 million persons of all ages (15%) were uninsured, 57.4 million (19%) had been uninsured for at least part of the year, and 34.5 million (11%) had been uninsured for more than a year.
- Among adults aged 19-25, 8.2 million (27%) were uninsured in the first three months of 2013.
- From 2012 to 2013 there was no significant change in the percentage of persons uninsured.
- Among persons under age 65, 31% of Hispanic, 20% of non-Hispanic black, 13% of non-Hispanic white, and 13% of non-Hispanic Asian persons were uninsured.
- In the first 3 months of 2013, among persons under age 65, 17% were uninsured, 24% had public health plan coverage, and 60% had private health insurance coverage.
- An estimated 23% of persons with private health insurance were in a family with a flexible spending account (FSA) for medical expenses.

(Source: CDC, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2013, from: http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201309.pdf)

Adult | HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2015 Health Assessment project identified that 58% of adults in Umatilla-Morrow Counties had visited a doctor for a routine checkup in the past year. 55% of adults went outside of Umatilla and Morrow Counties for health care services in the past year.

Health Care Access

- More than half (58%) of the adults in Umatilla-Morrow Counties visited a doctor for a routine checkup in the past year, increasing to 76% of those over the age of 65.
- Nearly half (44%) of adults in Umatilla-Morrow Counties reported they had one person they thought of as their personal doctor or healthcare provider, decreasing to 22% of those who were uninsured. 27% of adults had more than one person they thought of as their personal healthcare provider, and 27% did not have one at all.
- 30% of adults in Umatilla-Morrow Counties visited the emergency room in the past year, increasing to 44% of those with incomes less than $25,000.
- More than half (55%) of adults in Umatilla-Morrow Counties reported having a usual source of medical care.
- Reasons for not having a usual source of medical care included: had not needed a doctor (33%), had two or more usual places (19%), no insurance (12%), previous doctor unavailable/moved (7%), cost (5%), did not know where to go (3%), do not like/trust/ believe in doctors (3%), not accepting Medicare or Medicaid/Healthcare Exchange (1%), spoke a different language (1%), no place available/close enough (1%), not accepting new patients (<1), and other reasons (8%).
- The following might prevent adults in Umatilla-Morrow Counties from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (35%), hours not convenient (9%), difficult to get an appointment (9%), could not get time off work (9%), worried they might find something wrong (8%), doctor would not take their insurance (7%), frightened of the procedure or doctor (4%), could not find childcare (3%), difficult to find/no transportation (2%), do not trust or believe doctors (2%), discrimination (1%), and some other reason (3%).
- 55% of adults went outside of Umatilla and Morrow Counties for the following health care services in the past year: specialty care (29%), dental services (22%), primary care (14%), orthopedic care (7%), cardiac care (5%), obstetrics/gynecology/NICU (5%), pediatric care (4%), counseling services (3%), cancer care (2%), mental health care (2%), pediatric therapies (1%), palliative care (1%), developmental disability services (<1%), hospice care (<1%), addiction services (<1%), and other services (5%).
- Reasons for seeking health care services outside of Umatilla-Morrow Counties included: needed care they could not get locally (52%), better care elsewhere (43%), provider referral (31%), insurance requirement (9%), cost less (9%), more privacy (8%), closer to home/work (7%), and other reasons (9%).

- Adults went to the following places outside of Umatilla and Morrow Counties for their health care needs: Hermiston (51%), Tri-Cities (36%), Pendleton (27%), Walla Walla (24%), Portland (13%), Heppner (13%), Boardman (10%), Milton Freewater (6%), Irrigon (4%), The Dalles (1%), Spokane (<1%), Ione (<1%), and other places (9%).

- Reasons for not receiving medical care in the past 12 months included: no need to go (49%), cost/no insurance (34%), distance (10%), too long of a wait for an appointment (9%), office wasn't open when they could get there (5%), too long of a wait in the waiting room (5%), too embarrassed to seek help (3%), provider did not accept their insurance (3%), no child care (3%), no transportation (2%), medical provider did not speak their language (1%), concerned about privacy (1%), and other problems that prevented them from getting medical care (8%).

- Adults in Umatilla-Morrow Counties had the following issues regarding their healthcare coverage: deductibles were too high (33%), premiums were too high (27%), co-pays were too high (19%), could not understand their insurance plan (12%), limited visits (7%), opted out of certain coverage because they could not afford it (7%), high HSA deductible (6%), service not deemed medically necessary (6%), working with their insurance company (6%), provider/facility no longer covered (6%), service no longer covered (4%), difficulty navigating the Marketplace (4%), mental health services limited/not covered (3%), and opted out of certain coverage because they did not need it (3%).

- Nearly one-third (30%) adults did not get their prescriptions from their doctor filled in the past year, increasing to 58% of those who were uninsured.

- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (40%), they could not afford the out of pocket expense (26%), they did not think they needed it (26%), there was no generic equivalent (13%), their co-pays were too high (12%), they stretched their current prescription by taking less than prescribed (12%), they did not have insurance (11%), side effects (7%), their premiums were too high (5%), their deductibles were too high (3%), they opted out of prescription coverage because they could not afford it (2%), they had a high HSA account deductible (2%), they were taking too many medications (2%), and transportation (1%).

- 22% of adults in Umatilla-Morrow Counties indicated someone in their household went without needed prescription medications in the past 12 months for the following reasons: cost (51%), no insurance (22%), insurance not accepted (8%), did not know where to get care (2%), no transportation (1%), pharmacy not open when needed (1%), and other reasons (16%).

- 12% of adults in Umatilla-Morrow Counties indicated someone in their household went without mental health/substance abuse treatment in the past 12 months for the following reasons: no insurance (26%), cost (21%), insurance not accepted (11%), did not know where to get care (9%), fear of treatment (8%), could not get an appointment soon enough (6%), not open when needed (2%), no transportation (1%), and other reasons (20%).

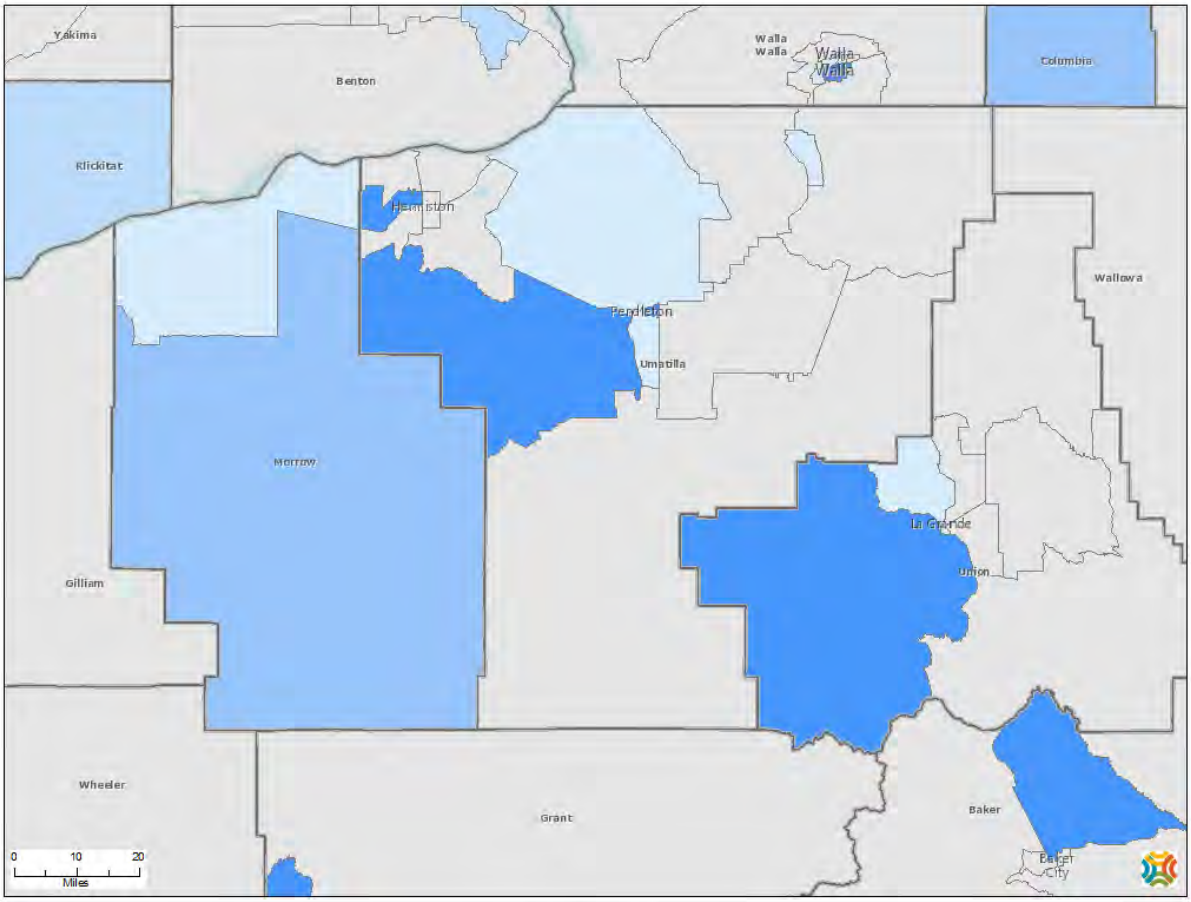
- Adults reported the following as the most important health concerns in their community: substance or drug use (43%), obesity (31%), alcohol use (28%), diabetes and other chronic disease (22%), depression (18%), lack of recreation facilities or fitness opportunities (18%), accidents/injuries (16%), tobacco use (16%), child abuse/neglect (15%), lack of access to good medical care (14%), lack of access to good mental health care (12%), domestic violence (11%), food insecurity (11%), lack of access to good dental care (9%), other mental illnesses (7%), and other concerns (7%).

- Adults indicated the following would improve their community's access to health care: urgent care access (38%), more primary care providers (28%), expanded hours for outpatient services (28%), more specialists (27%), more health education (22%), access to mental health/behavioral health (20%), access to drug and alcohol treatment (17%), transportation assistance (13%), access to pain management (12%), senior living options (12%), in-home care (11%), and more culturally sensitive care (4%), and other (7%).

- 6% of adults have looked for a program to stop smoking for themselves or a loved one. Of those who looked, 55% found a program.

- 5% of adults in Umatilla-Morrow Counties have looked for a program to assist in care for the elderly (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 55% looked for in-home care, 15% looked for an assisted living program, and 13% looked for out-of-home placement. 18% of adults looked for multiple programs to assist with elderly care for themselves or a loved one.

Access to Primary Care Physicians, Rate per 100,000 Population by Census Tract, Centers for Medicare and Medicaid Services (CMS), 2012



(Source: Community Commons, updated 11/24/2015)

Adult | CARDIOVASCULAR HEALTH

Key Findings

The 2015 Umatilla-Morrow Counties Health Assessment found that 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly one-third (31%) of adults in Umatilla-Morrow Counties had been diagnosed with high blood pressure, 36% were obese, 35% had high blood cholesterol, and 13% were smokers, four known risk factors for heart disease and stroke.

Umatilla County
Leading Causes of Death
2014

Total Deaths: 627

1. Cancer (22% of all deaths)
2. Heart Disease (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (5%)

(Source: OHA, Vital Statistics)

Morrow County
Leading Causes of Death
2014

Total Deaths: 65

1. Cancers (23% of all deaths)
2. Heart Disease (17%)
3. Accidents, Unintentional Injuries (14%)
4. Chronic Lower Respiratory Diseases (8%)
5. Stroke (6%)

(Source: OHA, Vital Statistics)

Oregon
Leading Causes of Death
2014

Total Deaths: 34,160

1. Cancers (23% of all deaths)
2. Heart Diseases (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Alzheimer's (4%)

(Source: OHA, Vital Statistics, 2014)

Heart Disease and Stroke

- In 2015, 6% of adults in Umatilla-Morrow Counties reported they had survived a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- 5% of Oregon and 4% of U.S. adults reported they had survived a heart attack or myocardial infarction in 2014 *(Source: 2014 BRFSS)*.
- 3% of adults in Umatilla-Morrow Counties reported they had survived a stroke, increasing to 8% of those over the age of 65.
- 3% of Oregon and U.S. adults reported having survived a stroke in 2014 *(Source: 2014 BRFSS)*.
- 4% of adults reported they had angina or coronary heart disease, increasing to 12% of those over the age of 65.
- 4% of Oregon and U.S. adults reported having had angina or coronary heart disease in 2014 *(Source: 2014 BRFSS)*.
- 5% of adults reported they had congestive heart failure, increasing to 12% of those over the age of 65.

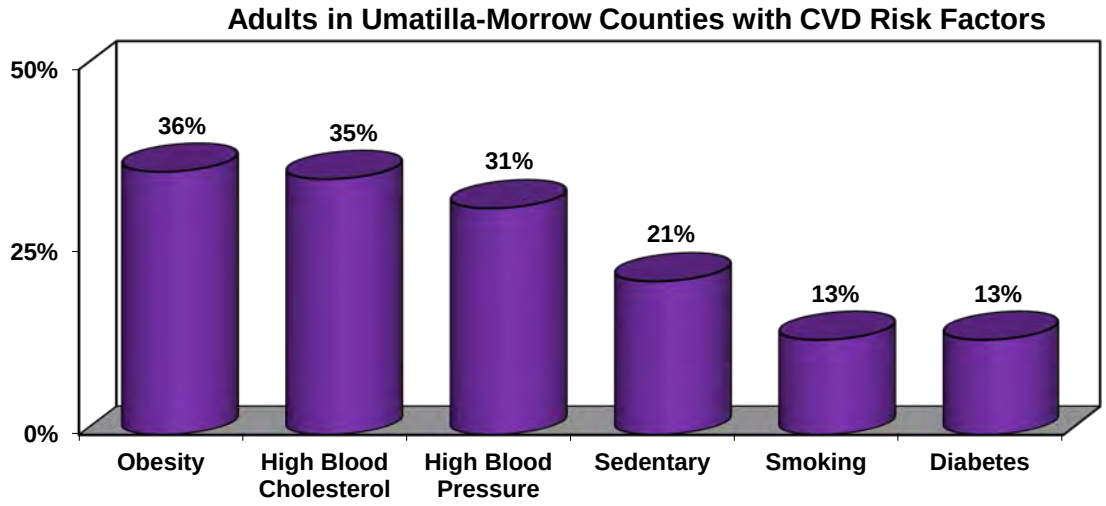
High Blood Pressure (Hypertension)

- Almost one-third (31%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 32% for Oregon and 31% for the U.S.
- Adults in Umatilla-Morrow Counties diagnosed with high blood pressure were more likely to:
  - Have been age 65 years or older (62%)
  - Have been classified as obese by Body Mass Index-BMI (38%)
  - Have rated their overall health as fair or poor (37%)

High Blood Cholesterol

- More than one-third (35%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 37% of Oregon adults and 38% of U.S. adults have been told they have high blood cholesterol.
- More than three-fourths (78%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 74% of Oregon and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Adults in Umatilla-Morrow Counties with high blood cholesterol were more likely to:
  - Have been age 65 years or older (67%)
  - Have rated their overall health as fair or poor (49%)
  - Have been classified as obese by Body Mass Index-BMI (40%)

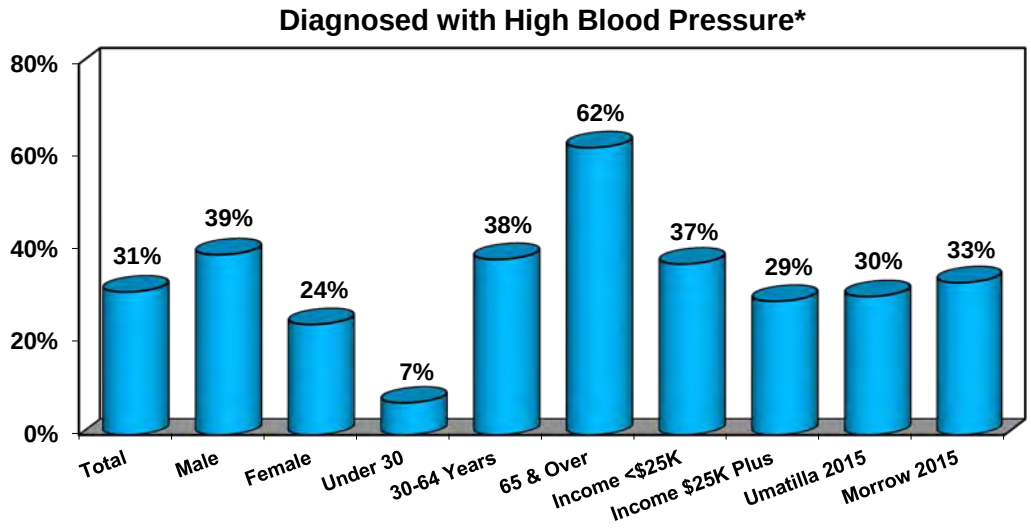
The following graph demonstrates the percentage of adults in Umatilla-Morrow Counties who had major risk factors for developing cardiovascular disease (CVD).



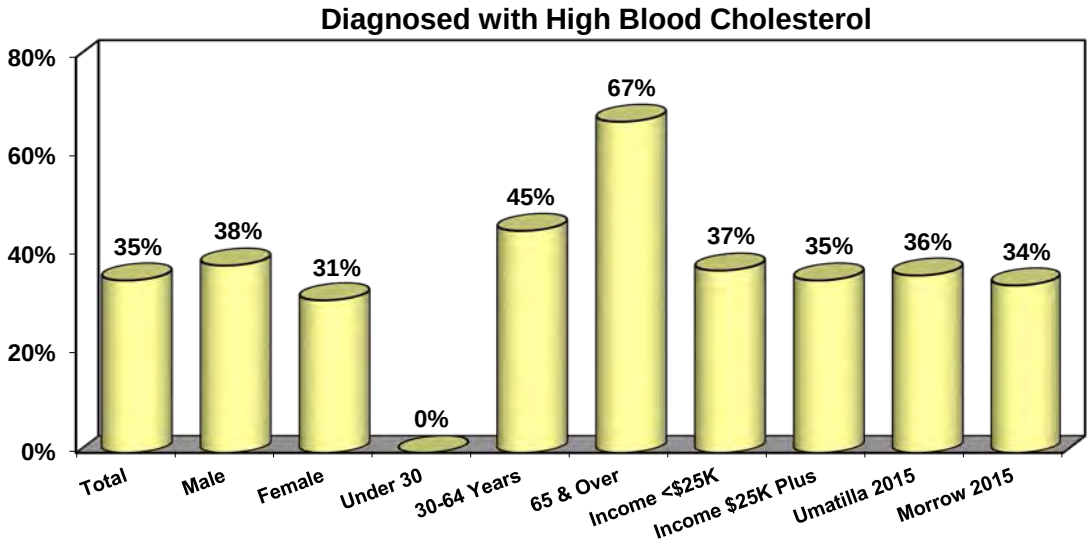
Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Had angina or coronary heart disease	4%	4%	5%	3%	4%	4%
Had a heart attack	5%	9%	4%	4%	5%	4%
Had a stroke	2%	1%	2%	5%	3%	3%
Had high blood pressure	31%	30%	30%	33%	32%*	31%*
Had high blood cholesterol	36%	36%	31%	34%	37%*	38%*
Had blood cholesterol checked within past 5 years	73%	78%	81%	78%	74%*	76%*

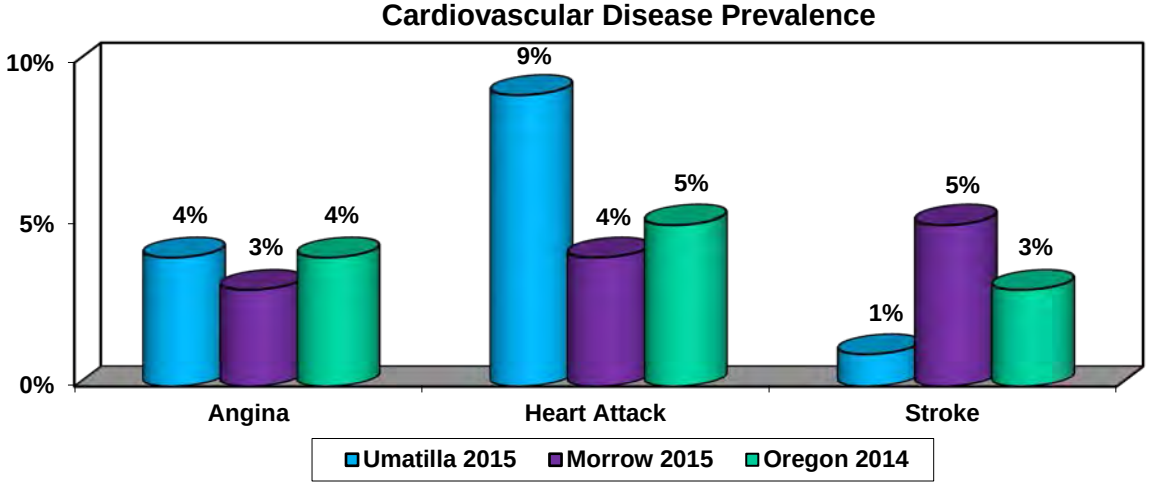
** 2013 BRFSS data*

The following graphs show the percentage of adults in Umatilla-Morrow Counties who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 31% of all adults in Umatilla-Morrow Counties have been diagnosed with high blood pressure, 39% of all males, 24% of all females, and 62% of those 65 years and older.



*Does not include respondents who indicated high blood pressure during pregnancy only.

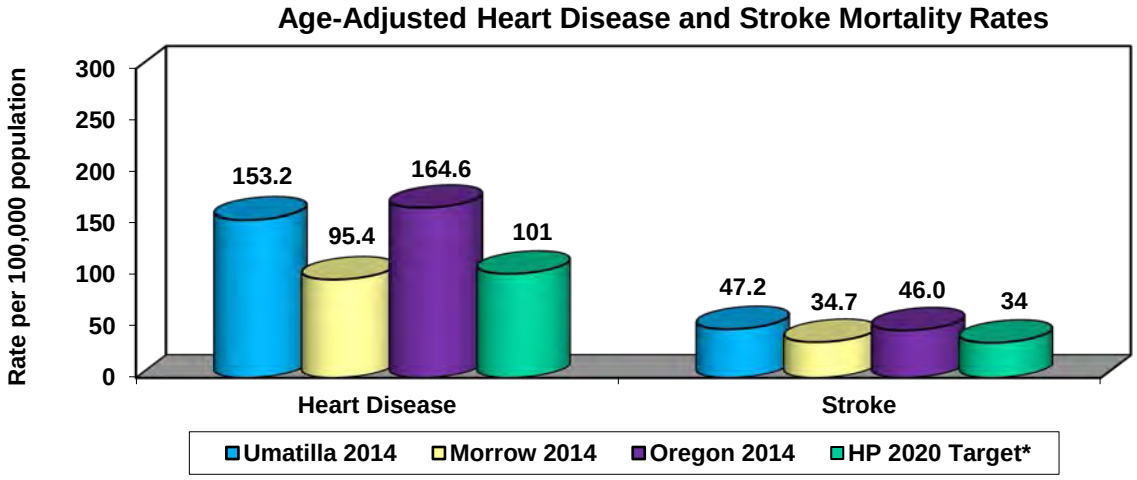




(Source: 2015 Umatilla-Morrow Counties Health Assessment and 2014 BRFSS)

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

- When age differences are accounted for, the statistics indicate that the 2014 Oregon heart disease mortality rate was higher than the figures for Umatilla County, Morrow County, and the Healthy People 2020 target.
- The Umatilla County age-adjusted stroke mortality rate for 2014 was higher than Morrow County, the state, and the Healthy People 2020 target objective.



**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.*
(Source: OHA Vital Statistics, 2014 Annual Report, Volume 2 and Healthy People 2020)

Healthy People 2020 Objectives

Heart Disease and Stroke (HDS)

Objective	Umatilla County 2015	Morrow County 2015	U.S. Baseline*	Healthy People 2020 Target
HDS-5.1: Reduce proportion of adults with hypertension	30%	33%	31% Adults age 18 & older (2011)	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	78%	78%	76% Adults age 18 & older (2011)	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	36%	34%	38% Adults age 20 & older with TBC>240 mg/dl (2011)	14%

**All U.S. figures age-adjusted to 2000 population standard.*
(Source: Healthy People 2020, 2015 Umatilla-Morrow Counties Health Assessment)

Adult | CANCER

Key Findings

In 2015, 11% of adults in Umatilla-Morrow Counties had been diagnosed with cancer at some time in their life. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths (Source: American Cancer Society, Facts & Figures 2015).

2015 Cancer Estimations

- In 2015, about 1,658,370 new cancer cases were expected to be diagnosed and about 589,430 Americans were expected to die of cancer.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2015 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- In 2015, about 171,000 cancer deaths were expected to be caused by tobacco use.
- In Oregon, 22,410 new cases of cancer were expected, and 8,040 cancer deaths were expected.
- The Oregon female new breast cancer cases were expected to be 3,280.
- About 13% of all new cancer cases in Oregon were expected to be from lung and bronchus cancers.
- About 1,510 (7%) of all new cancer cases in Oregon were expected to be from colon and rectum cancers.
- The Oregon male, new prostate cancer cases were expected to be 3,110 (14%).

(Source: American Cancer Society, Facts and Figures 2015, http://www.cancer.org/acs/groups/content/@editorial/documents

Adult Cancer

- 11% of adults in Umatilla-Morrow Counties were diagnosed with cancer at some point in their lives.

- Of those diagnosed with cancer, they reported the following types: cervical (58%), prostate (32%), other skin cancer (13%), breast (13%), melanoma (7%), thyroid (4%), ovarian (4%), endometrial (2%), bladder (2%), Hodgkin's lymphoma (2%), lung (1%), rectal (1%), renal (1%), bone (1%), non-Hodgkin's lymphoma (1%), and other types of cancer (1%). 4% reported being diagnosed with multiple types of cancer.

11% of adults in Umatilla-Morrow Counties had been diagnosed with cancer at some time in their life.

Cancer Facts

- The Oregon Health Authority (OHA) vital statistics indicate that in 2014, cancers caused 23% (15 of 65 total deaths) of all Morrow County resident deaths and 22% (141 of 627 total deaths) of all Umatilla County resident deaths. The largest percent of cancer deaths were from lung and bronchus cancer *(Source: OHA Vital Statistics County Book, 2014, Volume 2).*

- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 health assessment project has determined that 13% of adults in Umatilla-Morrow Counties were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

10% of male adults and 17% of female adults in Umatilla-Morrow Counties were current smokers.

Lung Cancer

- In Umatilla-Morrow Counties, 10% of male adults were current smokers and 69% had tried to quit smoking one or more times.
- Approximately 17% of female adults in the counties were current smokers and 70% had tried to quit smoking one or more times.
- According to the American Cancer Society, smoking causes 90% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2015).*

A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.

Breast Cancer

- In 2015, 43% of the females in Umatilla-Morrow Counties reported having had a clinical breast examination in the past year.
- 50% of the females in Umatilla-Morrow Counties over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2015).*
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended beginning at age 40 *(Source: American Cancer Society, Facts & Figures 2015).*

Half (50%) of females in Umatilla-Morrow Counties over the age of 40 had a mammogram in the past year.

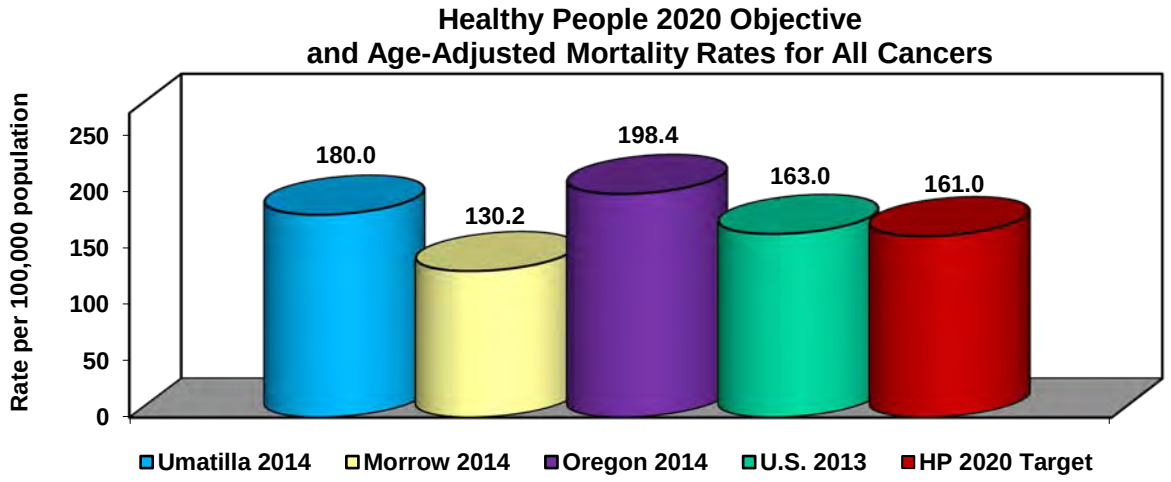
Colon Cancer and Rectum

- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables *(Source: American Cancer Society, Facts & Figures 2015).*
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2015, 73% of adults in Umatilla-Morrow Counties over the age of 50 reported having been screened for colorectal cancers at some time in their life.

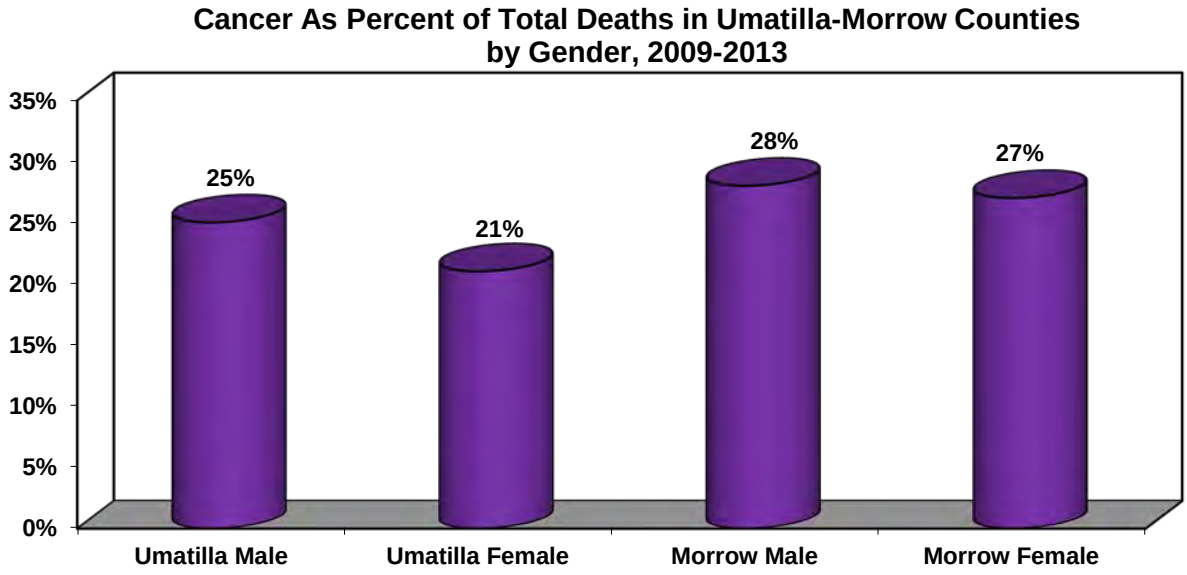
The leading types of cancer diagnoses for adults in Umatilla-Morrow Counties were: cervical (58%), prostate (32%), other skin cancer (13%), and breast (13%).

The following graphs show the Umatilla County, Morrow County, Oregon and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective and percentage of total deaths in Umatilla County and Morrow County by gender. The graphs indicate:

- When age differences are accounted for, Umatilla County had a higher cancer mortality rate than Morrow County, the U.S. and the Healthy People 2020 target objective, but a lower rate than Oregon.
- The percentage of Umatilla County males who died from all cancers is higher than the percentage of Umatilla County females who died from all cancers.
- The percentage of Morrow County males who died from all cancers is higher than the percentage of Morrow County females who died from all cancers.
- The percentage of Morrow County males who died from all cancers is higher than the percentage of Umatilla County males who died from all cancers.

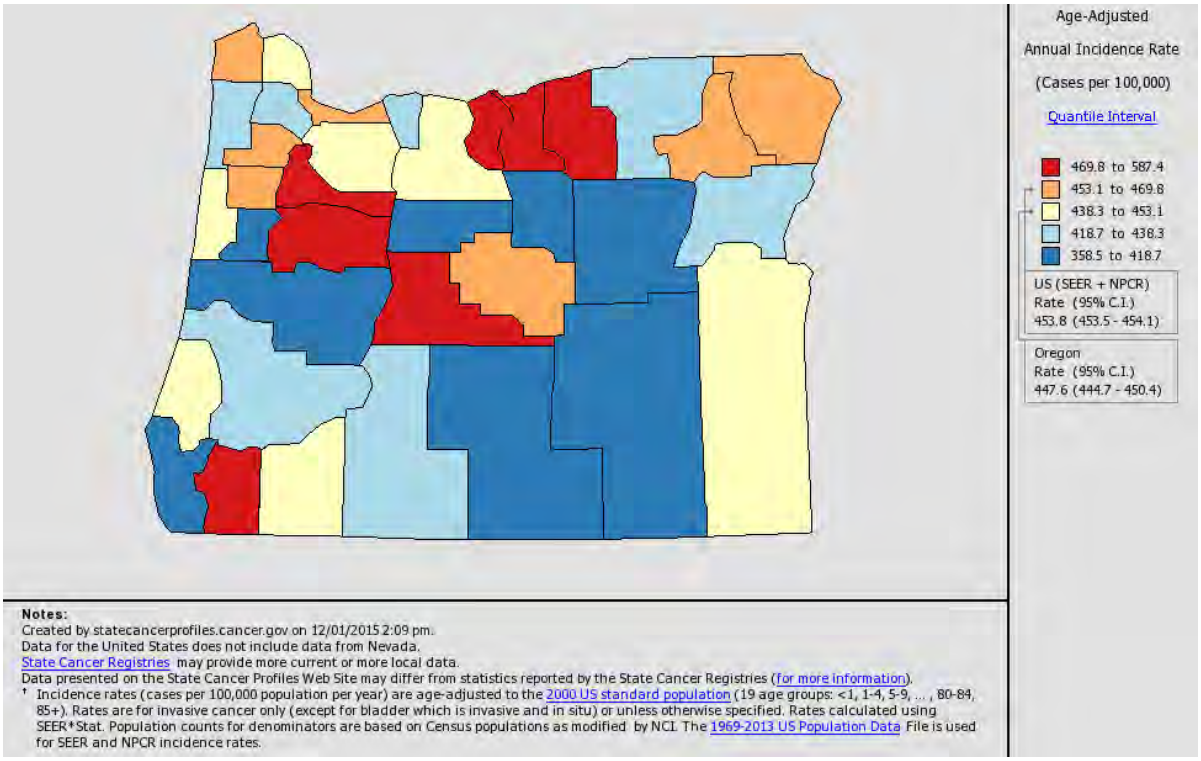


(Source: OHA, Vital Statistics, 2014 and Healthy People 2020)



(Source: CDC Wonder, 2009-2013)

Incidence Rates for All Cancer Sites, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



Notes:
Created by statecancerprofiles.cancer.gov on 12/01/2015 2:09 pm.
Data for the United States does not include data from Nevada.
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
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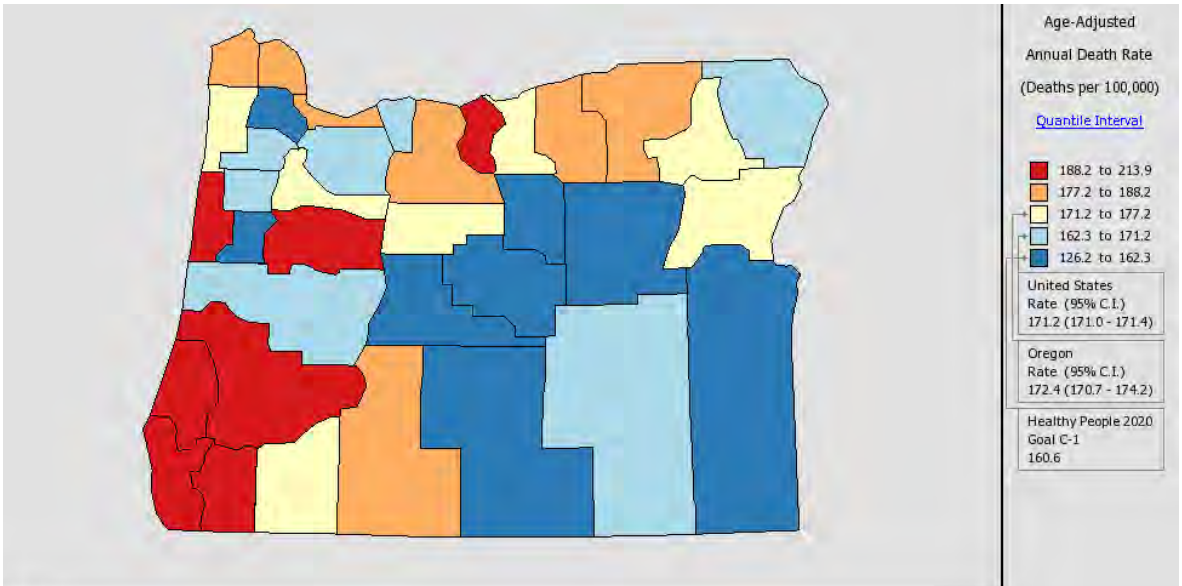
Age-Adjusted Death Rates for All Cancer Sites, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



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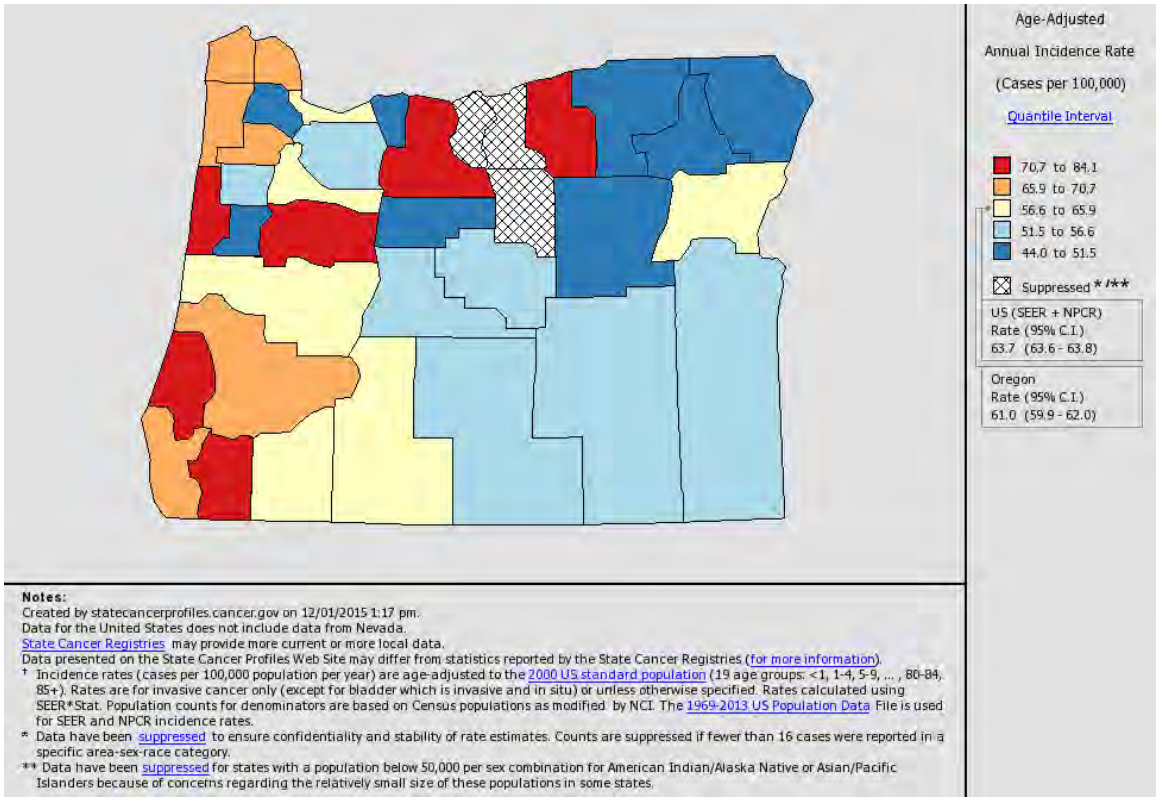
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.
Population counts for denominators are based on the Census 1969-2013 US Population Data File as modified by NCI.
Healthy People 2020 Goal C-1 : Reduce the overall cancer death rate to 160.6.
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention.

(Source: State Cancer Profiles, 2008-2012)

Incidence Rates for Lung & Bronchus Cancer, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



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State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
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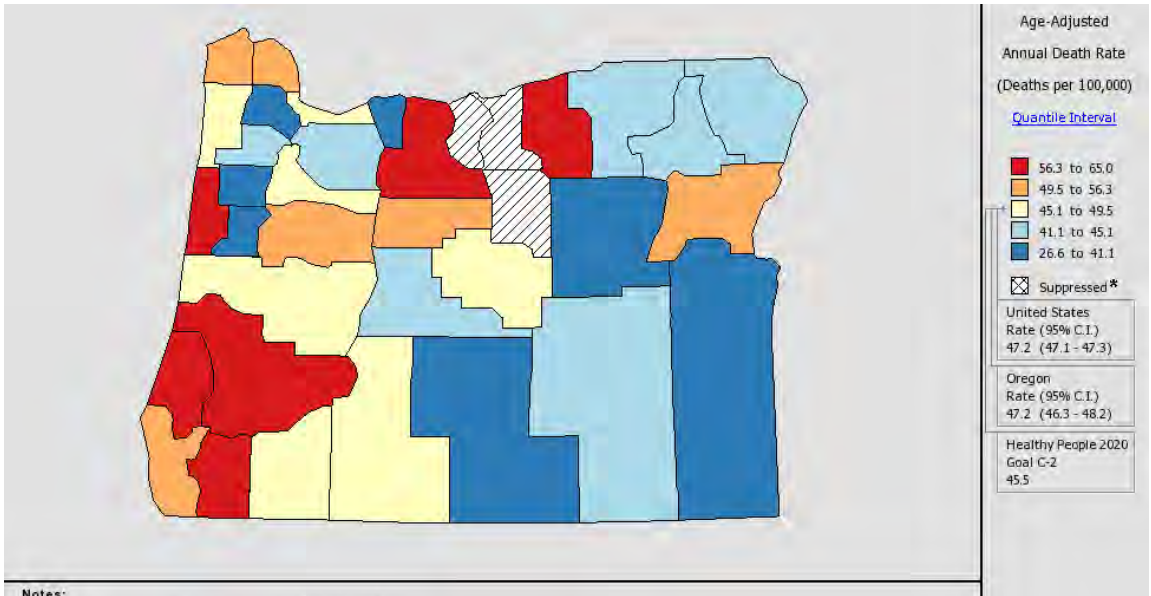
* Data have been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 cases were reported in a specific area-sex-race category.
** Data have been suppressed for states with a population below 50,000 per sex combination for American Indian/Alaska Native or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.

Age-Adjusted Lung & Bronchus Cancer Death Rates, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



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Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat . Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.
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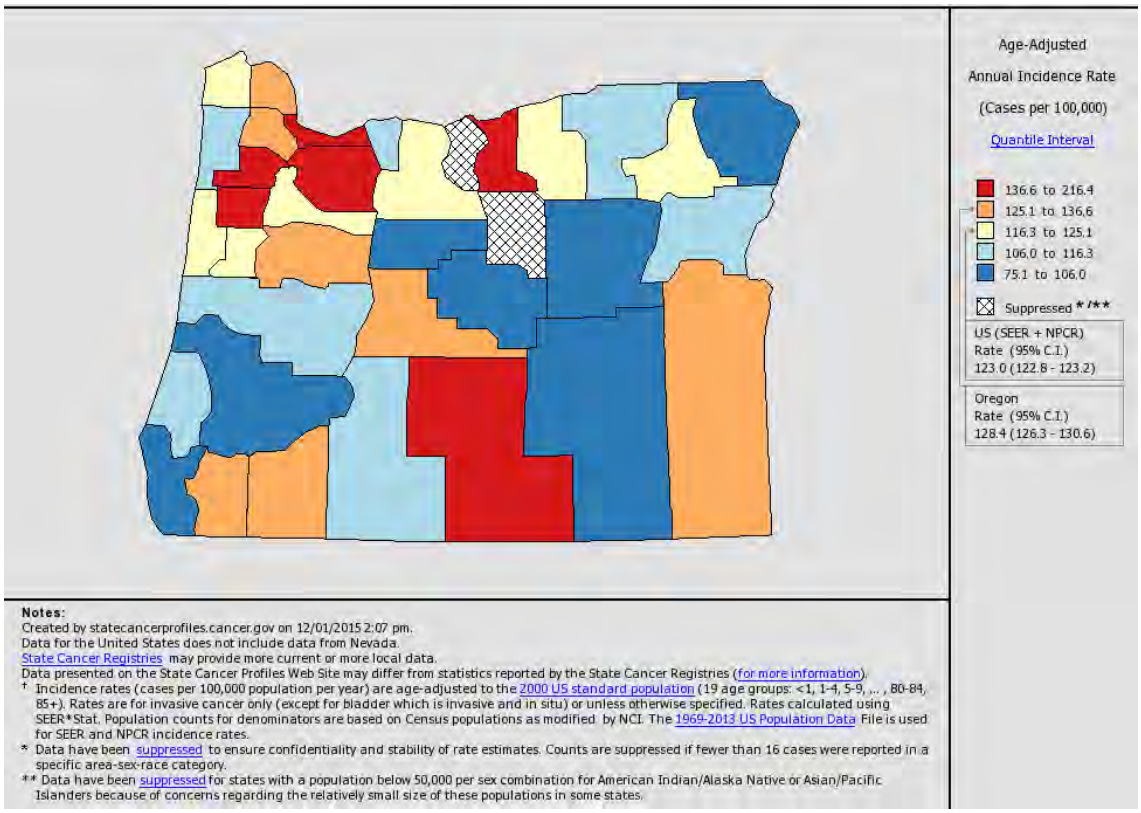
Healthy People 2020 Goal C-2 : Reduce the lung cancer death rate to 45.5.
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention .

(Source: State Cancer Profiles, 2008-2012)

Age-Adjusted Breast Cancer Incidence Rates for Oregon, 2008-2012, All Races (including Hispanic), Female



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Data for the United States does not include data from Nevada.
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Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
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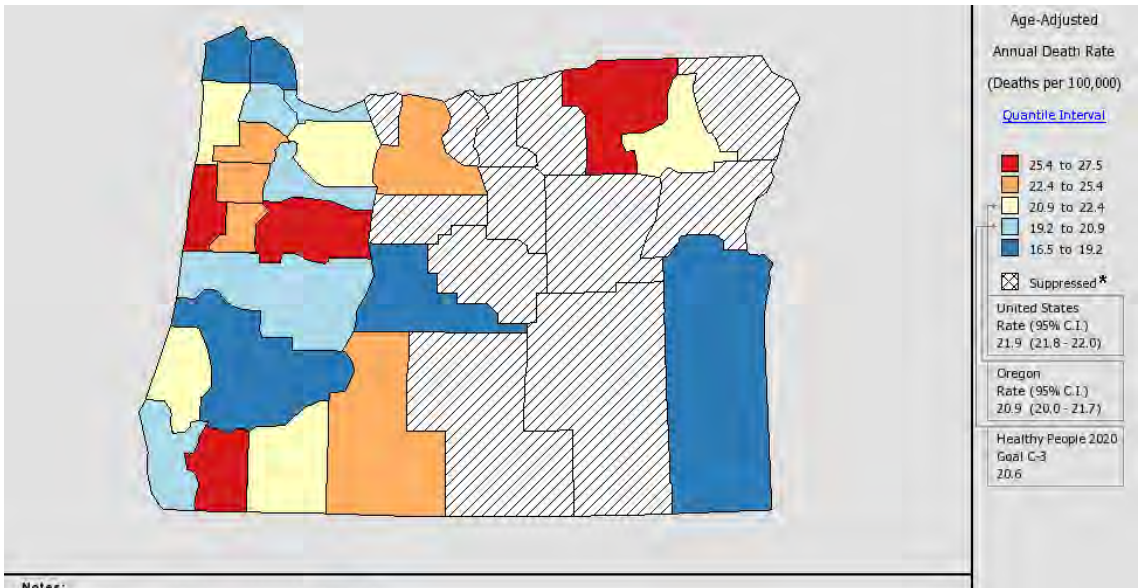
Age-Adjusted Breast Cancer Death Rates for Oregon, 2008-2012, All Races (including Hispanic), Female



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State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census 1969-2013 US Population Data File as modified by NCI.
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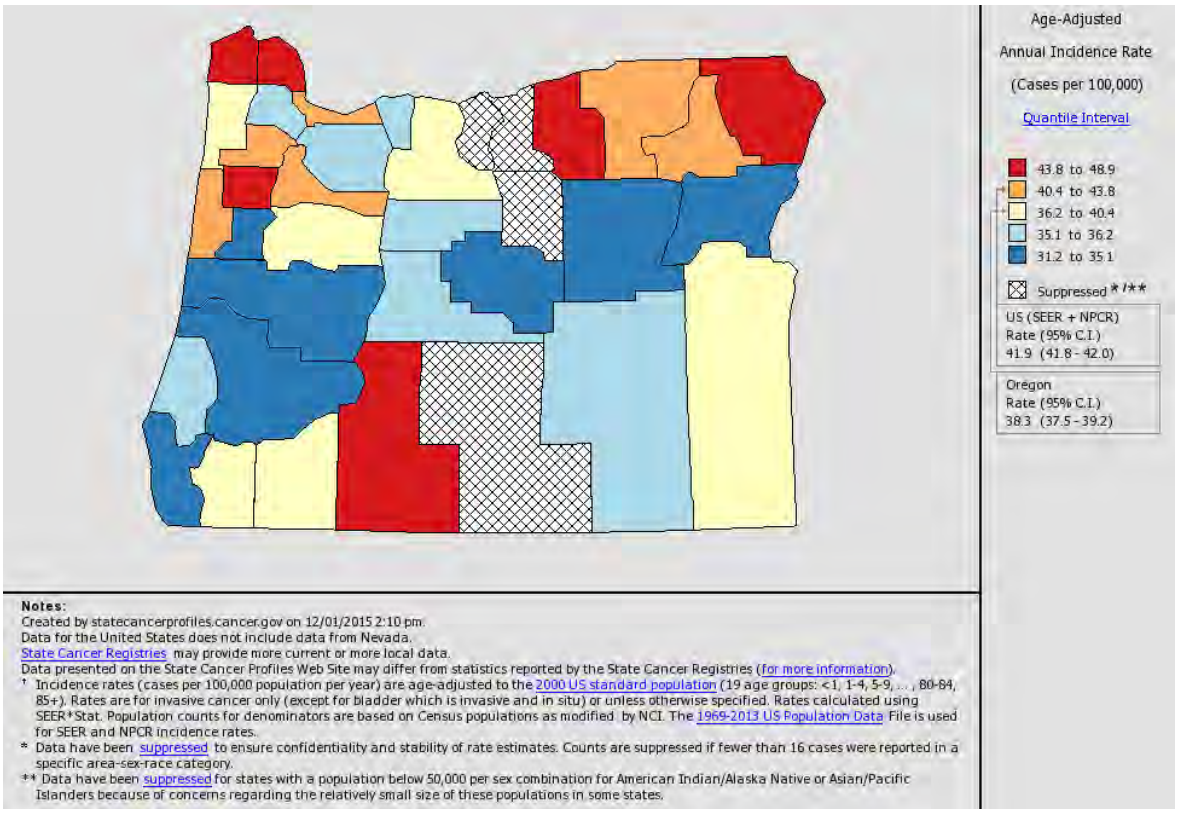
Healthy People 2020 Goal C-3 : Reduce the female breast cancer death rate to 20.6.
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention.

(Source: State Cancer Profiles, 2008-2012)

Incidence Rates for Colon & Rectum Cancer, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



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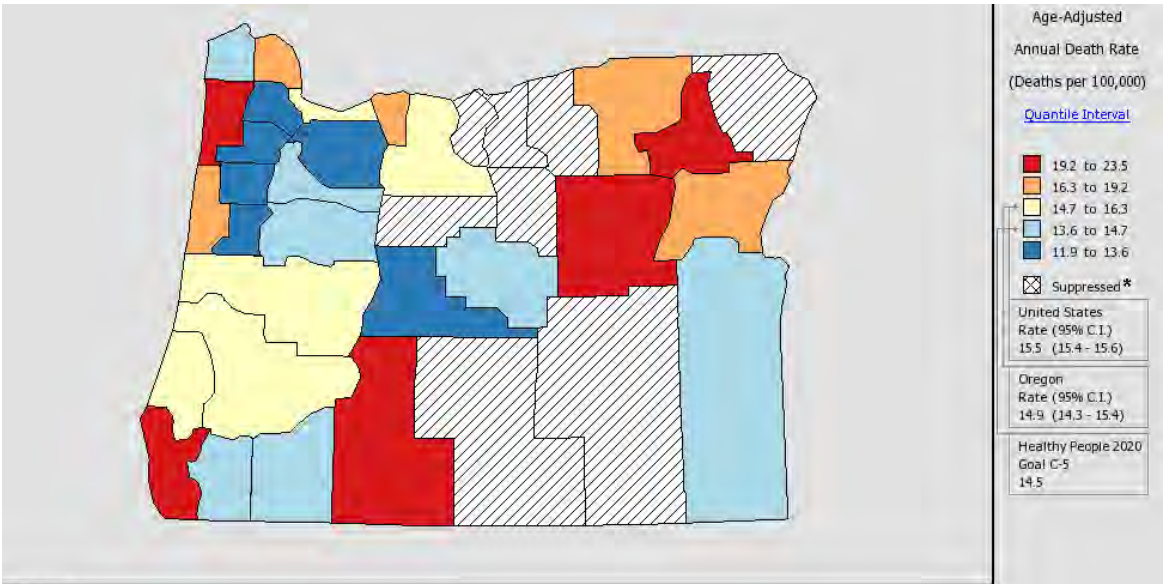
Age-Adjusted Colon & Rectum Cancer Death Rates, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



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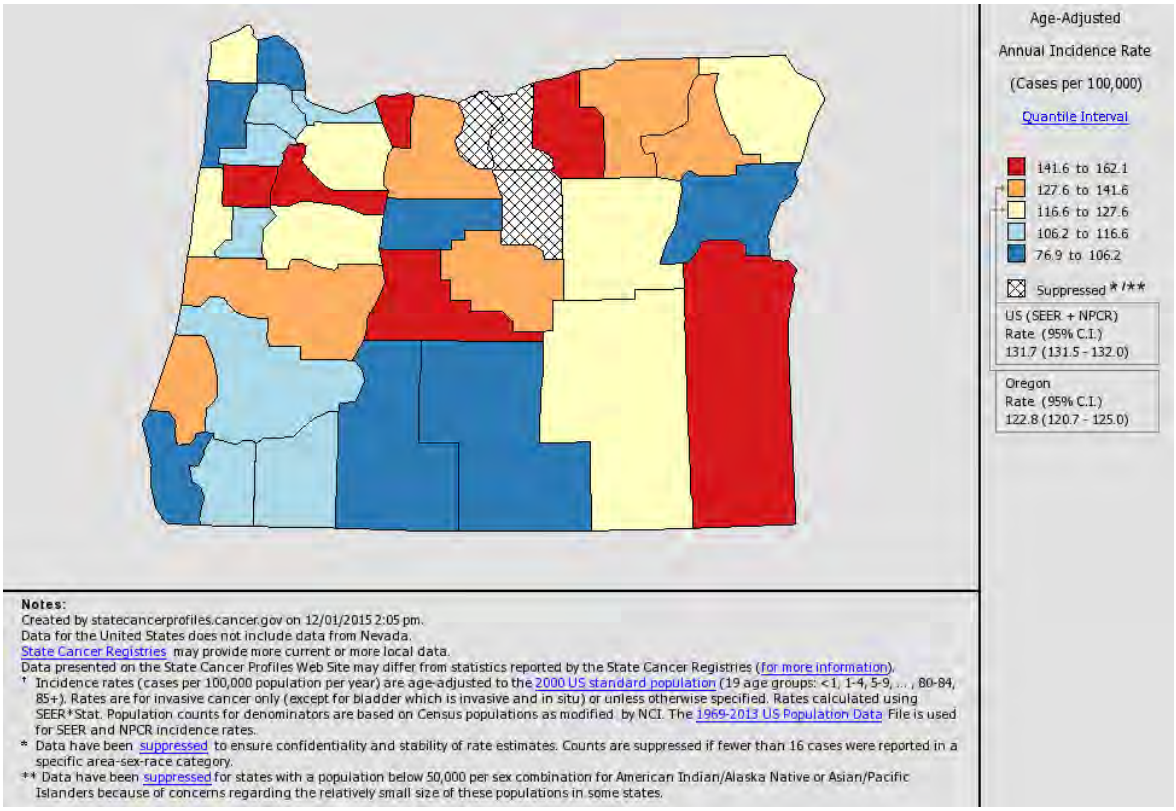
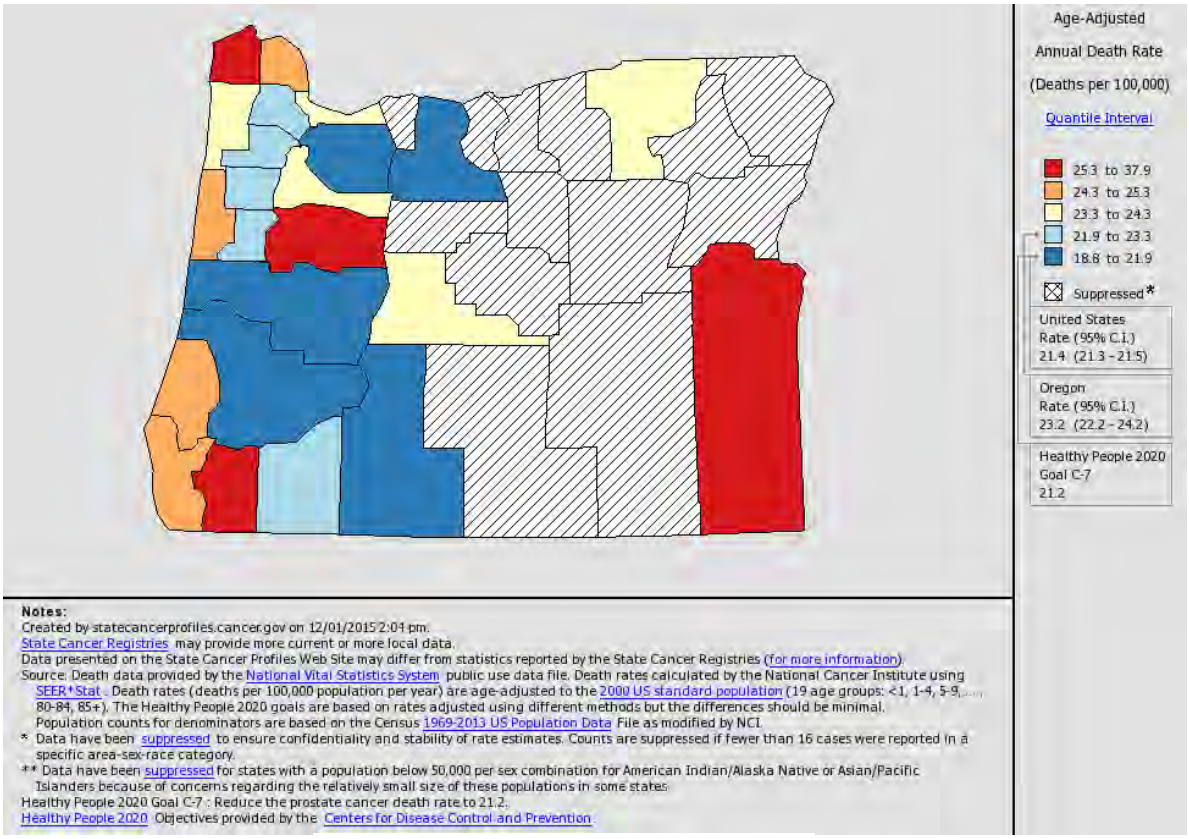
Healthy People 2020 Goal C-5: Reduce the colorectal cancer death rate to 14.5.
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention.

(Source: State Cancer Profiles, 2008-2012)

Incidence Rates for Prostate Cancer, Oregon, 2008-2012, All Races (including Hispanic), Males, All Ages

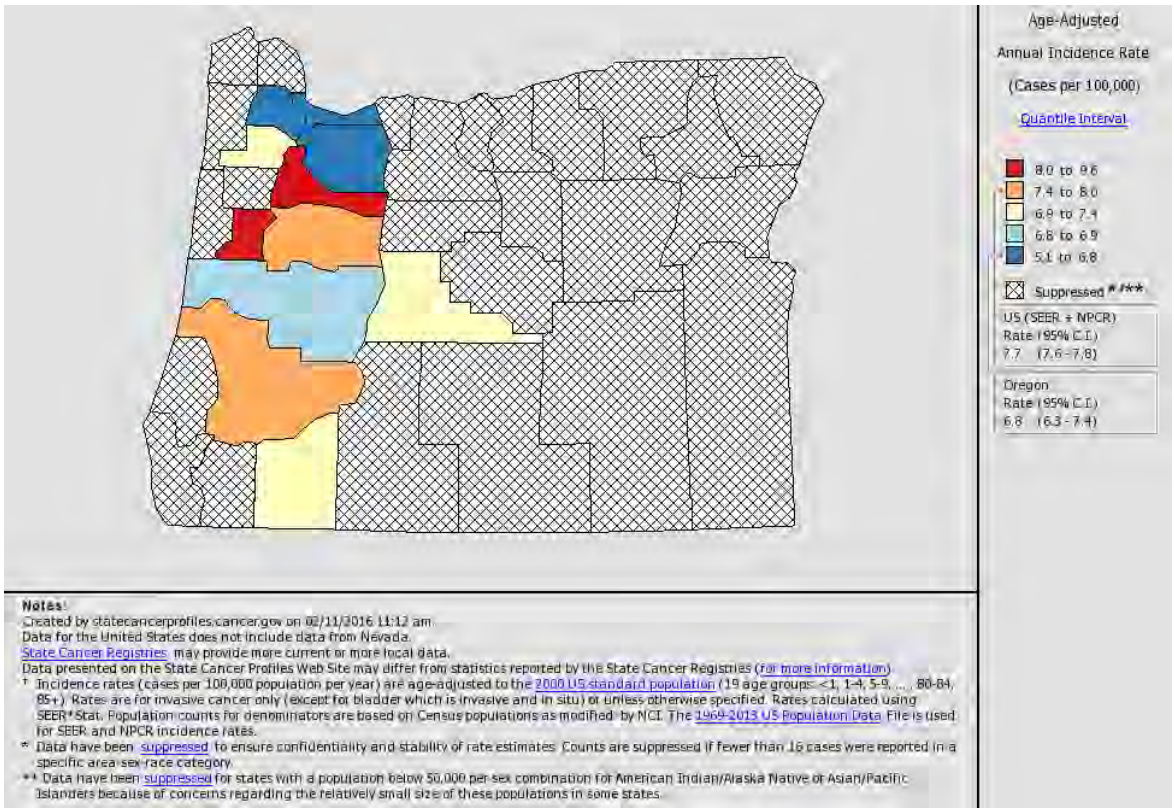


Age-Adjusted Prostate Cancer Death Rates for Oregon, 2008-2012, All Races (including Hispanic), Males, All Ages



(Source: State Cancer Profiles, 2008-2012)

Incidence Rates for Cervical Cancer Death Rates for Oregon, 2008-2012, All Races (including Hispanic), Females, All Ages



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Data for the United States does not include data from Nevada.
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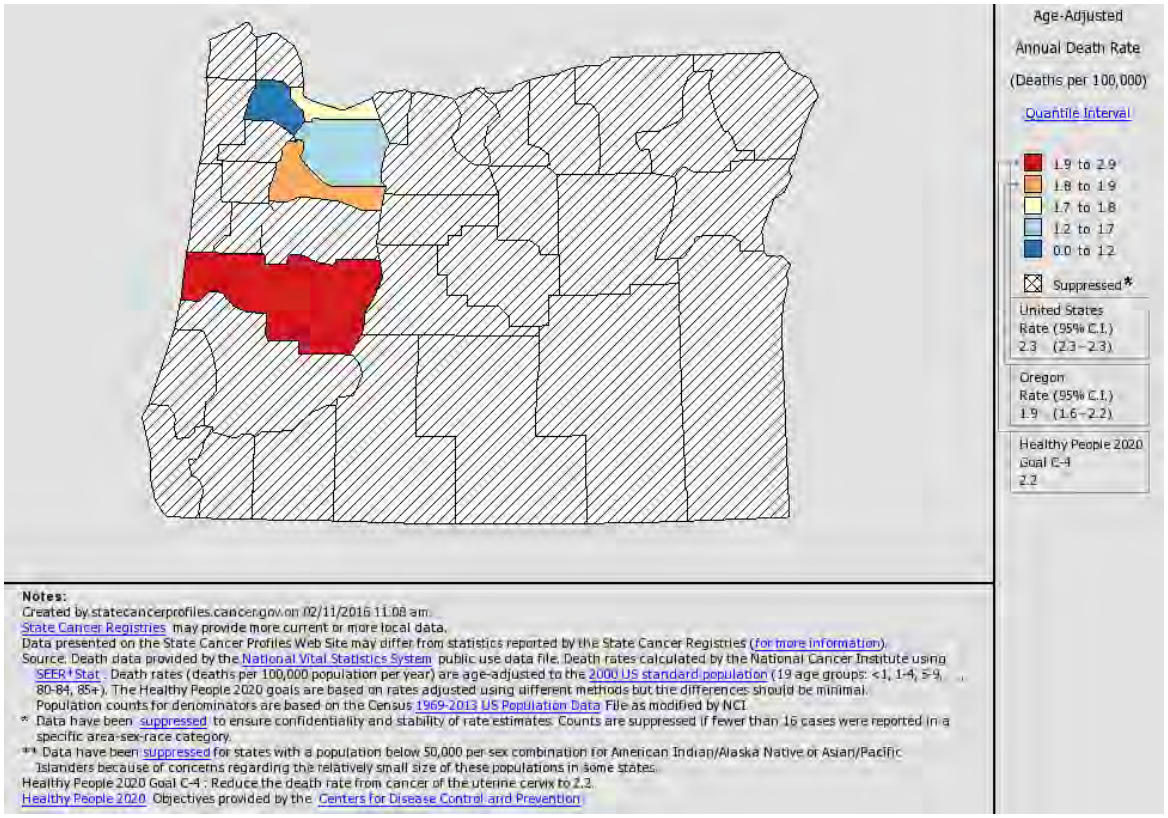
Age-Adjusted Cervical Cancer Death Rates for Oregon, 2008-2012, All Races (including Hispanic), Females



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State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.
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Healthy People 2020 Goal C-4 : Reduce the death rate from cancer of the uterine cervix to 2.2.
Healthy People 2020 Objectives provided by the Centers for Disease Control and Prevention.

(Source: State Cancer Profiles, 2008-2012)

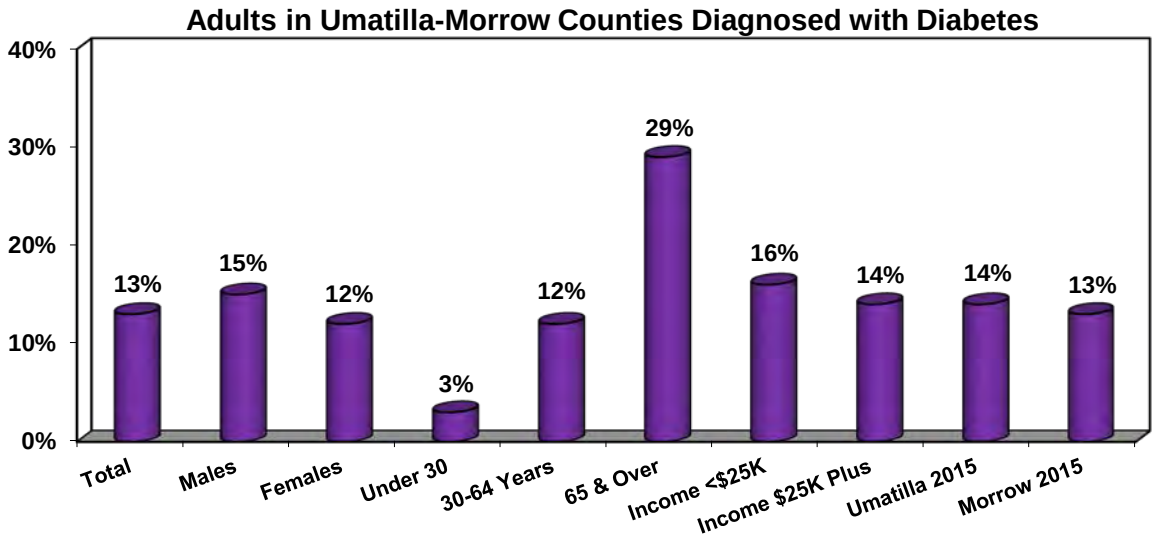
Adult | DIABETES

Key Findings

In 2015, 13% of adults in Umatilla-Morrow Counties had been diagnosed with diabetes.

Diabetes

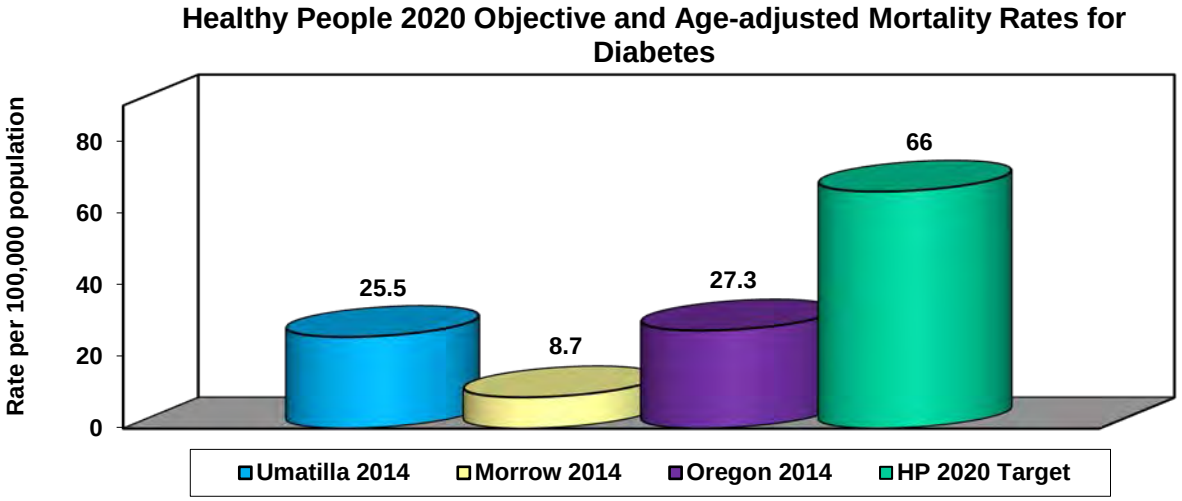
- The 2015 Umatilla-Morrow Counties Health Assessment has identified that 13% of adults had been diagnosed with diabetes, increasing to 29% of those over the age of 65.
- The 2014 BRFSS reports an Oregon prevalence of 10% and 11% for the U.S.
- 5% of adults had been diagnosed with pre-diabetes.
- 89% of adults with diabetes felt they had received enough information to manage their diabetes themselves.
- More than half (58%) of adults with diabetes rated their health as fair or poor.
- Adults in Umatilla-Morrow Counties diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 76% were obese or overweight
  - 68% had been diagnosed with high blood cholesterol
  - 50% had been diagnosed with high blood pressure



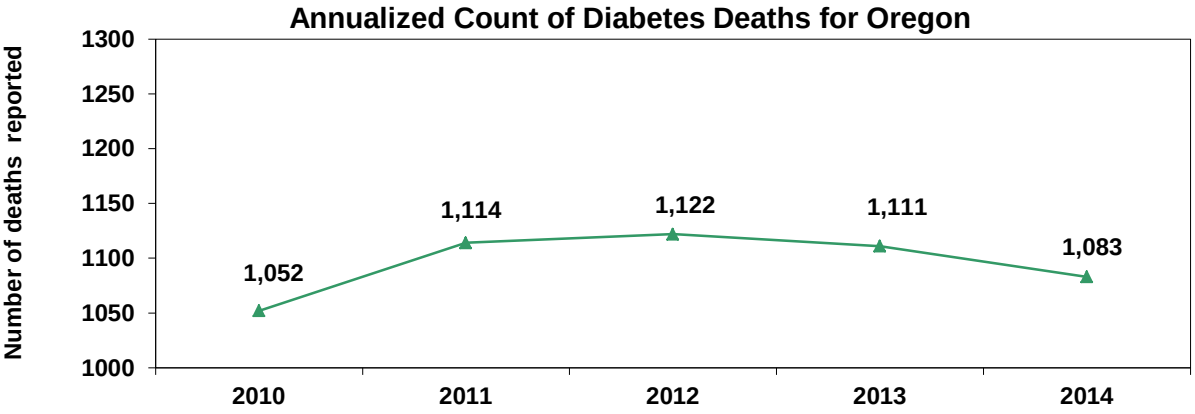
Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Diagnosed with diabetes	13%	14%	13%	13%	10%	11%

The following graphs show age-adjusted mortality rates from diabetes for Umatilla County, Morrow County and Oregon residents with comparison to the Healthy People 2020 target objective and the annualized count of diabetes deaths in Oregon.

- In 2014, the Umatilla County and Morrow County age-adjusted diabetes mortality rates were less than the state rate and the Healthy People 2020 target objective.



(Source: OHA, Vital Statistics, 2014, Volume 2 and County Data Book, and Healthy People 2020, CDC)



(Source for graphs: OHA, Vital Statistics, County Data Books 2010-2014)

DIABETES

Adult | ARTHRITIS

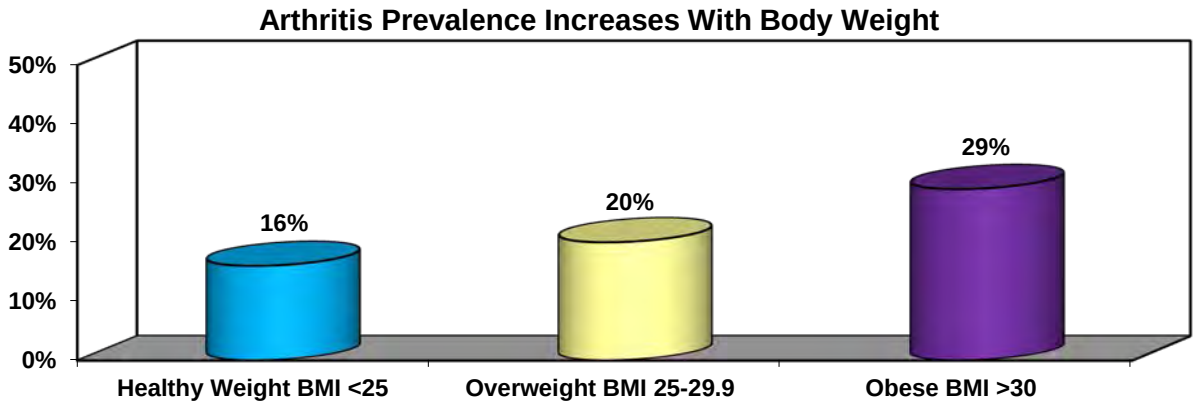
Key Findings

According to the Umatilla-Morrow Counties survey data, 33% of adults in Umatilla-Morrow Counties were diagnosed with arthritis. According to the 2014 BRFSS, 26% of Oregon adults and U.S. adults were told they had arthritis.

33% of adults in Umatilla-Morrow Counties were told by a health professional that they had some form of arthritis, increasing to 65% of those over the age of 65.

Arthritis

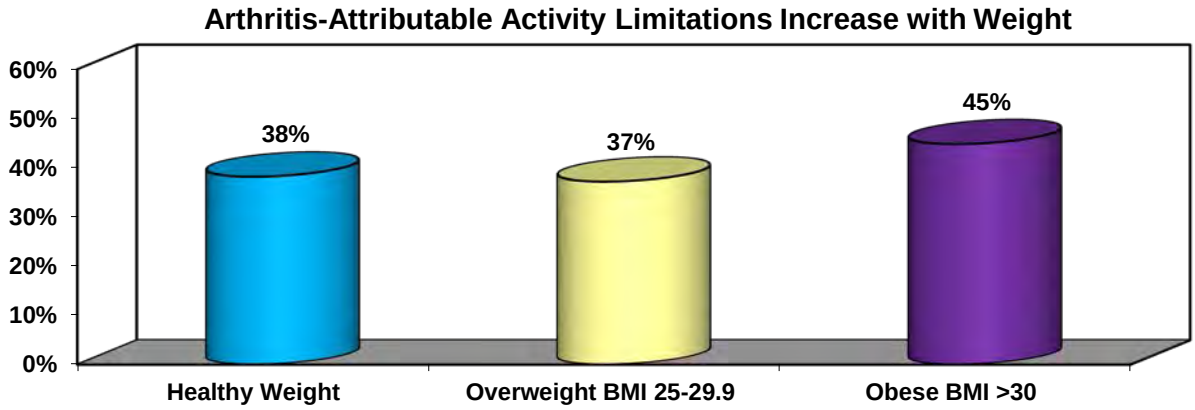
- One-third (33%) of adults in Umatilla-Morrow Counties were told by a health professional that they had some form of arthritis, increasing to 65% of those over the age of 65.
- According to the 2014 BRFSS, 26% of Oregon adults and U.S. adults were told they had arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) report having doctor-diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030 *(Source: CDC, Arthritis at a Glance 2015).*
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections *(Source: CDC).*



(Source for graph: CDC Arthritis, Morbidity and Mortality Weekly Report 2013; 62(44):869-873)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Diagnosed with arthritis	32%	36%	27%	29%	26%	26%

34% of adults in Umatilla-Morrow Counties were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 36% were limited because of arthritis.



(Source for graph: CDC Arthritis, Morbidity and Mortality Weekly Report 2013; 62(44):869-873)

Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

- **Be Active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- **Watch your weight** –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- **See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- **Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, www.cdc.gov/arthritis/basics/key.htm, updated September 2011)

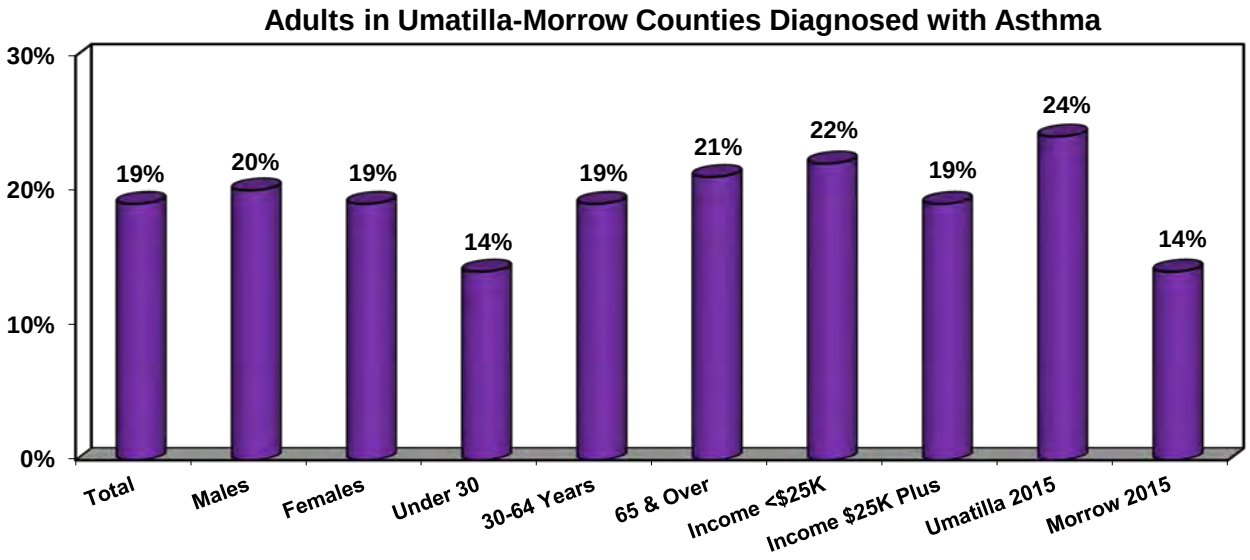
Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

Key Findings

According to the Umatilla-Morrow Counties survey data, 19% of adults had been diagnosed with asthma.

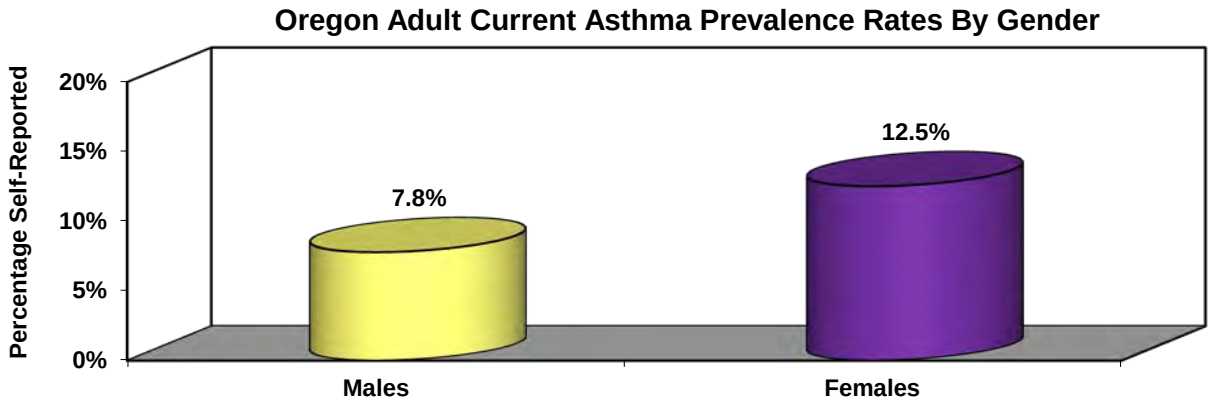
Asthma and Other Respiratory Disease

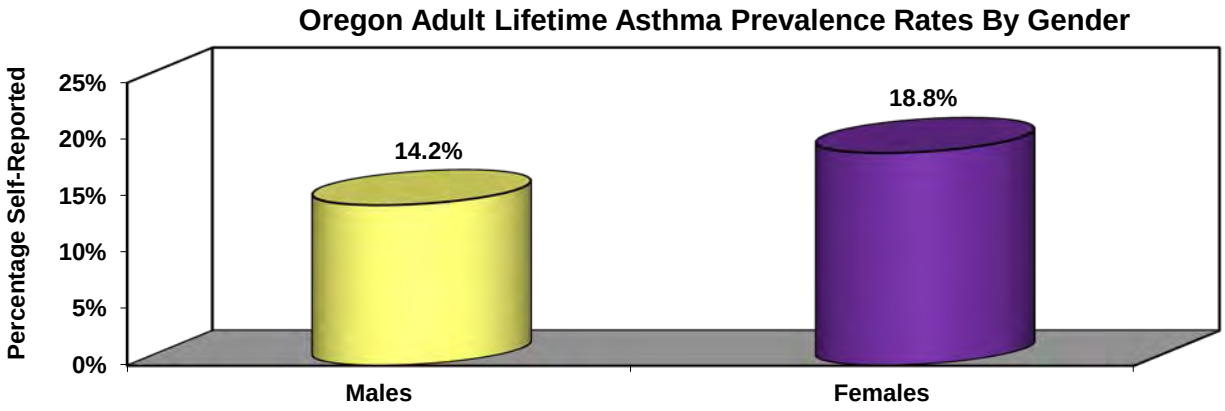
- In 2015, 19% of adults in Umatilla-Morrow Counties had been diagnosed with asthma.
- 17% of Oregon and 14% of U.S. adults have ever been diagnosed with asthma *(Source: 2014 BRFSS).*
- 10% of adults diagnosed with asthma visited an emergency room or urgent care center because of their asthma. Of those who had been to an emergency room or urgent care center, they went an average of 0.4 times in the past year.
- There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2014).*
- Chronic lower respiratory disease was the 3rd leading cause of death in Umatilla County, 4th leading cause of death in Morrow County and 3rd leading cause of death in Oregon, in 2014 *(Source: OHA, Vital Statistics).*



Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Had been diagnosed with asthma	20%	24%	7%	14%	17%	14%

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Oregon residents.





(Source for graphs: 2014 BRFSS)

What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches and their droppings can trigger an asthma attack.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- **Other Triggers**: Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks.

(Source: Centers for Disease Control, Vital Signs, Asthma, updated August 3, 2012, http://www.cdc.gov/asthma/faqs.htm)

Adult | WEIGHT STATUS

Key Findings

The 2015 Health Assessment identified that 74% of adults in Umatilla-Morrow Counties were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI. More than one-third (36%) of adults in Umatilla-Morrow Counties were obese.

Adult Weight Status

- In 2015, the health assessment indicated that nearly three-fourths (74%) of adults in Umatilla-Morrow Counties were either overweight (38%) or obese (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI.

36% of adults in Umatilla-Morrow Counties were obese.

- Adults in Umatilla-Morrow Counties did the following to lose weight or keep from gaining weight: exercised (47%), ate less food, fewer calories, or foods low in fat (42%), drank more water (42%), ate a low-carb diet (11%), took supplements such as shakes, powders, or liquids without a doctor's advice (10%), used a weight loss program (4%), took diet pills without a doctor's advice (3%), took prescribed medications (3%), health coaching (3%), smoked cigarettes (2%), bariatric surgery (2%), went without eating 24 or more hours (1%), took laxatives (<1%), and participated in a prescribed dietary or fitness program (<1%).

Physical Activity

- In Umatilla-Morrow Counties, 62% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 35% of adults were exercising 5 or more days per week. One-fifth (21%) of adults were not participating in any physical activity in the past week, including 5% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity for Everyone).*

In Umatilla-Morrow Counties, 62% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

- Reasons for not exercising included: time (26%), too tired (21%), laziness (18%), pain/discomfort (18%), weather (16%), no gym available (12%), chose not to exercise (9%), could not afford a gym membership (8%), no sidewalks (7%), safety (6%), no exercise partner (6%), no walking/biking trails or parks (3%), no childcare (3%), did not know what activity to do (2%), doctor advised them not to exercise (2%), transportation (1%), no access to parks (<1%), and other (8%).
- Adults in Umatilla-Morrow Counties spent an average of 2.4 hours watching TV, 1.5 hours on their cell phone, 1.1 hours on the computer (outside of work), and 0.2 hours playing video games on an average day of the week.

Nutrition

- In 2015, 4% of adults were eating 5 or more servings of fruits and vegetables per day. 91% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

- Adults in Umatilla-Morrow Counties purchased their fruits and vegetables from the following places: large grocery store (79%), local grocery store (43%), garden/grew their own (35%), farmer's market (20%), produce stand (16%), restaurants (4%), Dollar General/Store (2%), group purchasing/consumer supported agricultural (CSA) (1%), corner/convenience stores (1%), food pantry (1%), home delivery food service (1%), community garden (1%), and other places (3%).

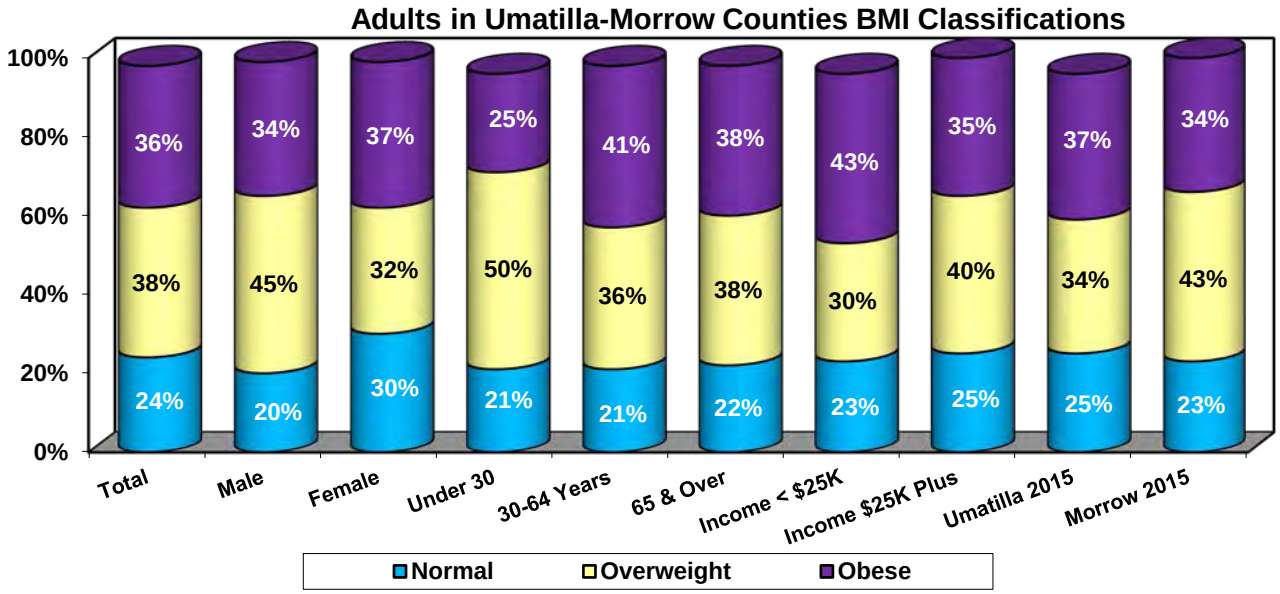
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (15%), no variety (5%), did not like the taste (4%), did not know how to prepare (3%), no access (2%), transportation (1%), did not take EBT (<1%), and other barriers (4%).

- 19% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 36% of adults did not drink any sugar-sweetened beverages in the past week.

- 45% of adults drank coffee, espresso, energy drinks or other caffeinated drinks at least once per day. 25% of adults did not drink any caffeinated beverages in the past week.

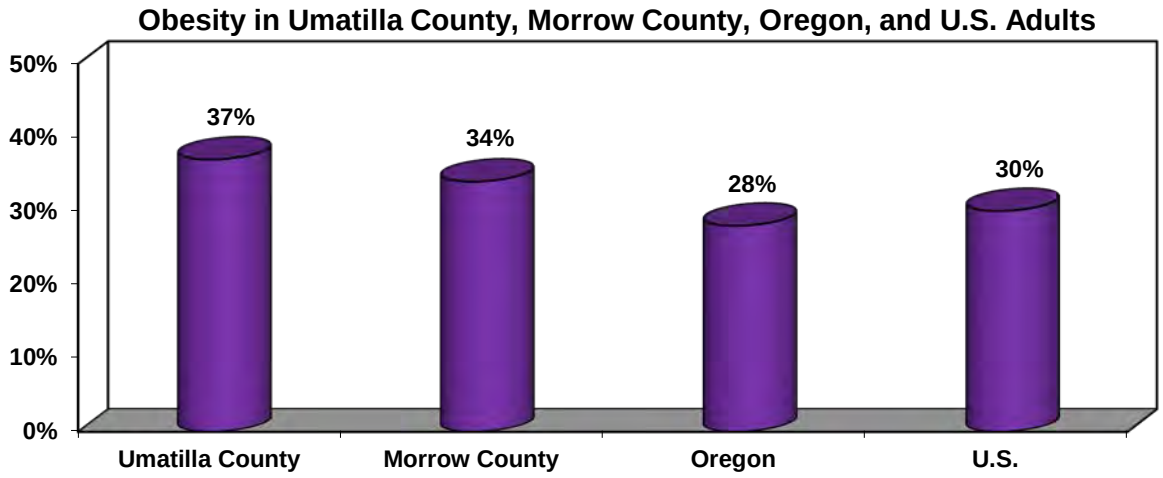
- Adults ate out in a restaurant or brought home take-out food an average of 1.8 times per week.

The following graph shows the percentage of adults in Umatilla-Morrow Counties who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 24% of all adults in Umatilla-Morrow Counties were classified as normal weight, 38% were overweight, and 36% were obese.



(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

The following graph shows the percentage of Umatilla County and Morrow County adults who were obese compared to Oregon and U.S.



(Source: 2015 Umatilla-Morrow Counties Health Assessment and 2014 BRFSS)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Obese	32%	37%	34%	34%	28%	30%
Overweight	35%	34%	35%	43%	34%	35%

Adult | TOBACCO USE

Key Findings

In 2015, 13% of adults in Umatilla-Morrow Counties were current smokers and 26% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

In 2015, 13% of adults in Umatilla-Morrow Counties were current smokers.

Adult Tobacco Use Behaviors

- The 2015 health assessment identified that almost one-in-eight (13%) adults in Umatilla-Morrow Counties were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2014 BRFSS reported current smoker prevalence rates of 17% for Oregon and 18% for the U.S.

- About one-quarter (26%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2014 BRFSS reported former smoker prevalence rates of 27% for Oregon and 25% for the U.S.

- Adult smokers in Umatilla-Morrow Counties were more likely to:
  - Have been separated (36%)
  - Have rated their overall health as fair or poor (26%)
  - Have incomes less than $25,000 (25%)
  - Have been under the age of 30 (18%)

- Adults in Umatilla-Morrow Counties used the following tobacco products in the past year: cigarettes (19%), chewing tobacco (5%), e-cigarettes (4%), snuff (2%), swishers (2%), roll-your-own (1%), hookah (1%), cigars (1%), pouch/snus (1%), pipes (<1%), little cigars (<1%), and cigarillos (<1%).

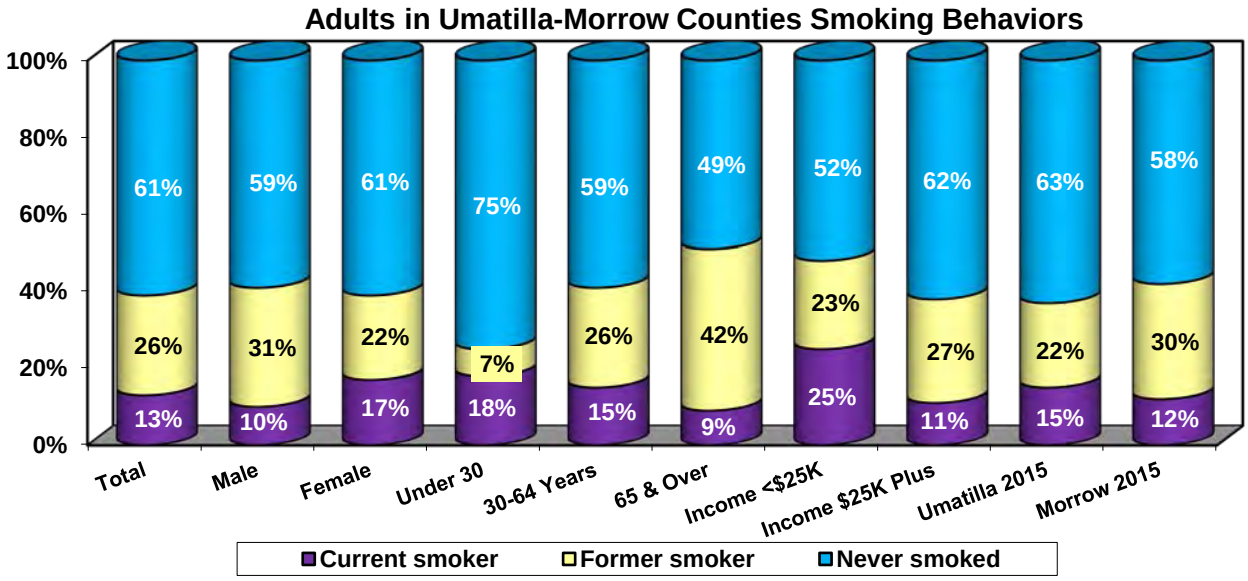
- Adults used chewing tobacco, snuff, or snus: everyday (4%), some days (2%), or not at all (94%).

- 70% of current smokers responded that they had tried to quit smoking one or more times in the past year.

- Adults in Umatilla-Morrow Counties had the following rules about smoking in their home: never allowed (88%), not allowed when children are present (5%), no rules (4%), allowed in some places/at some times (1%), and allowed anywhere (1%).

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Current smoker	18%	15%	10%	12%	17%	18%
Former smoker	17%	22%	24%	30%	27%	25%

The following graph shows the percentage of adults in Umatilla-Morrow Counties who used tobacco. Examples of how to interpret the information include: 13% of all adults in Umatilla-Morrow Counties were current smokers, 26% of all adults were former smokers, and 61% had never smoked.



Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

70% of current smokers responded that they had tried to quit smoking one or more times.

Umatilla and Morrow County Tobacco Facts

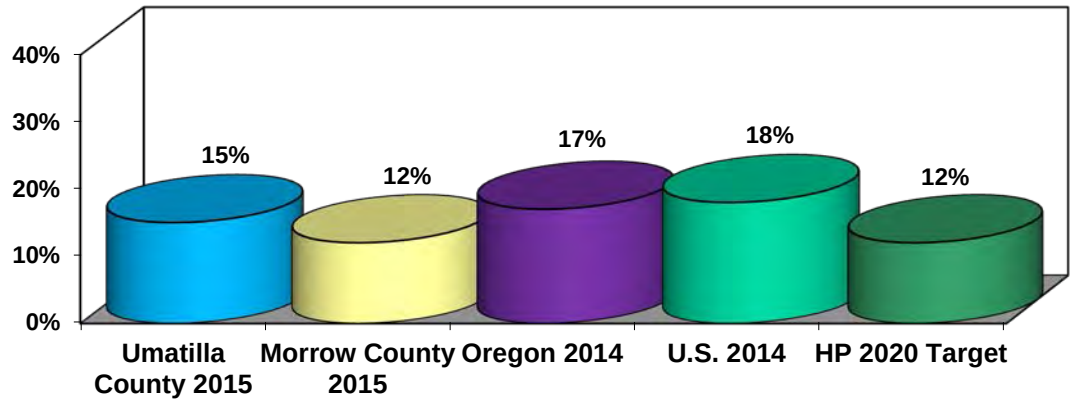
- In 2012, the tobacco industry spent $112 million promoting tobacco products in Oregon stores.
- In one year, there will be 148 tobacco related deaths in Umatilla County and 27 in Morrow County.
- Tobacco related medical care was $29.5 million in Umatilla County and an additional $5.3 million in Morrow County.
- One in ten Morrow County 11th graders used non-cigarette tobacco products, such as cigars, pipe tobacco, hookah tobacco, chewing tobacco, dissolvable tobacco and electronic cigarettes.
- More than one-quarter (28%) of Umatilla County 11th graders used non-cigarette tobacco products, compared to 18% of Umatilla County 11th graders who smoked cigarettes.

(Source: Oregon Health Authority, Public Health Division, Tobacco Prevention and Education, Tobacco Fact Sheet, 2014 for Umatilla and Morrow Counties, obtained from: https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/countyfacts.aspx)

The following graph shows Umatilla County, Morrow County, Oregon, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Oregon and the U.S. were for adults 18 years and older. This graph shows:

- Umatilla County and Morrow County adult cigarette smoking rates were lower than the Oregon and U.S. rates.
- Umatilla County was higher than and Morrow County was the same as the Healthy People 2020 Objective.

Healthy People 2020 Objective & Cigarette Smoking Rates



(Source: 2015 Umatilla-Morrow Counties Health Assessment, 2014 BRFSS and Healthy People 2020)

26% of adults in Umatilla-Morrow Counties indicated that they were former smokers.

Smoke-free Living: Benefits & Milestones

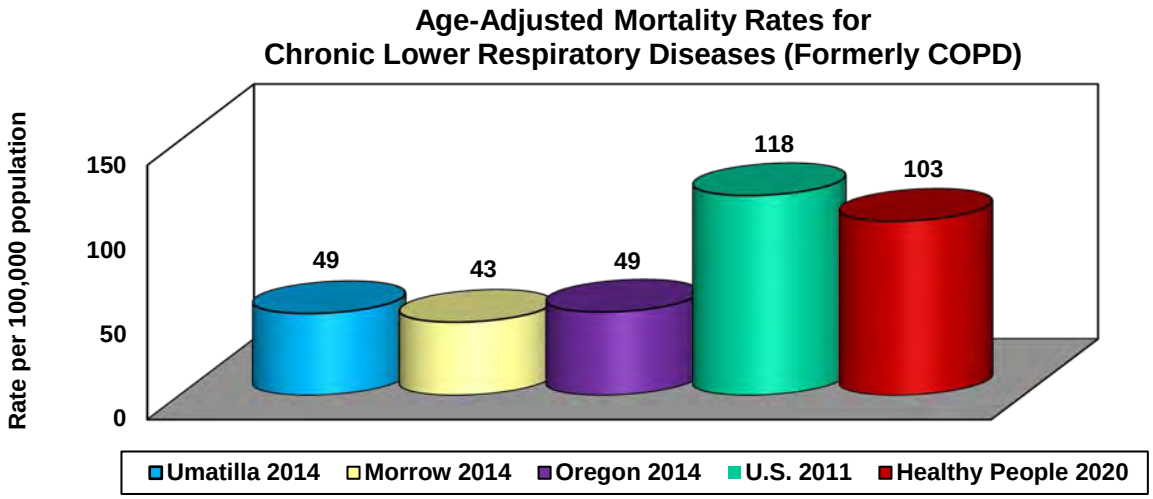
According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover:

- In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
- After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
- After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
- After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduces your risk of infection.
- One year after quitting smoking, a person's risk of coronary heart disease is reduced by 50 percent.
- Five to 15 years after quitting smoking, a person's risk of stroke is similar to that of a nonsmoker.
- After 10 years of smoke-free living, your lung cancer death rate is about half that of a person who has continued to smoke. The risk of other cancers, such as throat, mouth, esophagus, bladder, cervix and pancreas decreases too.

(Source: AHA, Smoke-free Living: Benefits & Milestones, 2012, from: http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp)

The following graph shows Umatilla County, Morrow County, Oregon, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective. These graphs show:

- The 2014 Umatilla County age-adjusted mortality rate for chronic lower respiratory disease was higher than the Morrow County rate, but lower than the U.S. rate and the Healthy People 2020 target objective.



(Source: ODH Information Warehouse and Healthy People 2020)
** Healthy People 2020's target rate and the U.S. rate are for adults aged 45 years and older.*

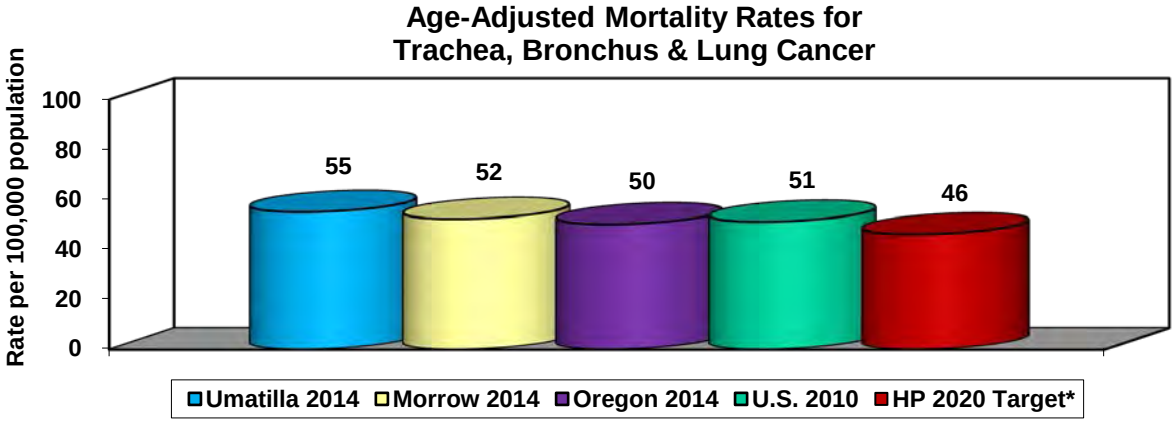
Electronic Cigarettes Facts

- Electronic cigarettes (e-cigarettes) are a type of electronic smoking device, resembling cigarettes. They can also look like pipes, pens, or USB memory sticks.
- E-cigarettes cost approximately $30-60, and refill cartridges cost $7-$10. More recently, disposable e-cigarettes that "last up to two packs" are being sold for under $10 in local and national convenience stores.
- Cartridges generally contain 10-20 mg of nicotine. However, as e-cigarettes are unregulated by the Food and Drug Administration (FDA), their contents and the level of these contents can be highly variable.
- Ever use of e-cigarettes is highest among current cigarette smoking adults in the U.S. and increased from 9.8% in 2010 to 21.2% in 2011 to 32% in 2012.
- Early studies by the FDA found varying levels of nicotine and other potentially harmful ingredients, including cancer-causing substances and di-ethylene glycol, which is found in anti-freeze. However, these substances were found at much lower levels than in traditional cigarettes.
- The awareness and use of electronic cigarettes are increasing. In 2011, 6 of 10 U.S. adults were aware of electronic cigarettes with 21% of smokers having ever used an electronic cigarette.
- Nicotine is found in both inhaled and exhaled vapor of electronic cigarettes. Studies have also found heavy metals, silicates, and cancer-causing compounds in exhaled e-cigarette vapor.

(Source: Philadelphia Department of Public Health, "Electronic Cigarette Fact sheet," published February 2014, from: http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf & Legacy for Health, Tobacco Fact Sheet, May 2014, from: http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf)

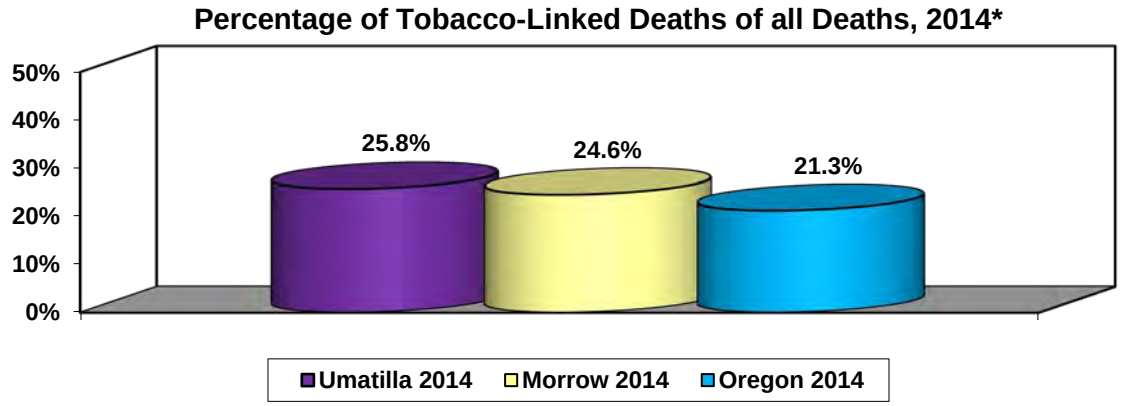
The following graphs show Umatilla County, Morrow County, Oregon, and U.S. age-adjusted mortality rates per 100,000 population for trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objective and the percentage of all deaths linked to tobacco. These graphs show:

- The 2014 Umatilla County and Morrow County trachea, bronchus, and lung cancer age-adjusted mortality rates were higher than Oregon, the U.S. and the Healthy People 2020 objective.
- The percentage of Umatilla County tobacco-linked deaths was higher than the percentage of Morrow County and Oregon deaths in 2014.



**Healthy People 2020 Target and U.S. 2010 data are for lung cancer only*

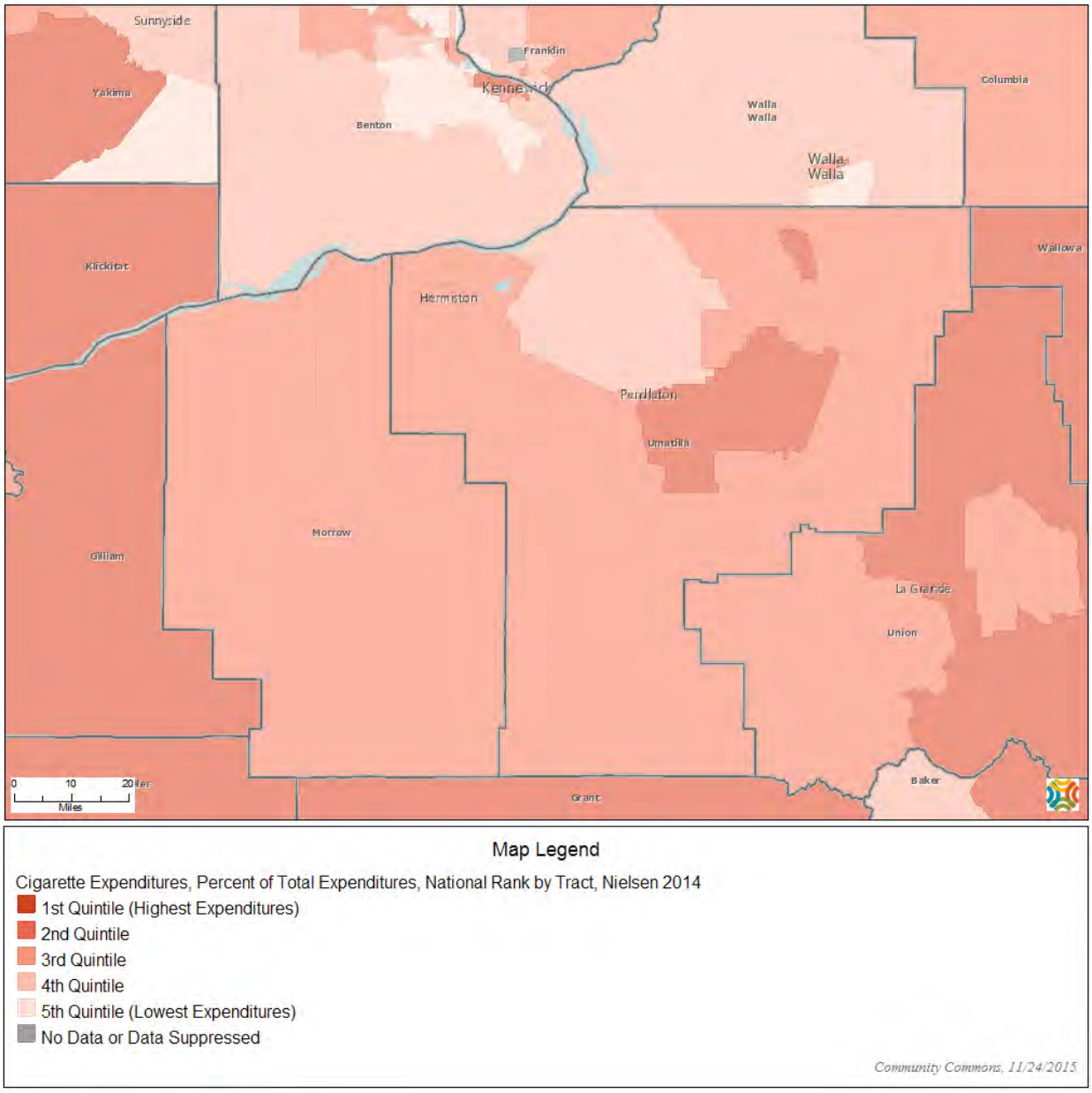
(Source: OHA Vital Statistics, 2014 and Healthy People 2020)



**The Oregon death certificate asks 'Did tobacco use contribute to death?' followed by four checkboxes: 'Yes,' 'No,' 'Probably,' and 'Unknown.' The linked category includes deaths listed as 'Yes' or 'Probably.'*

(Source: OHA Vital Statistics, 2014)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 11/24/2015)

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2015, the Health Assessment indicated that 17% of adults in Umatilla-Morrow Counties were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 45% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month.

53% of adults in Umatilla-Morrow Counties had at least one alcoholic drink in the past month.

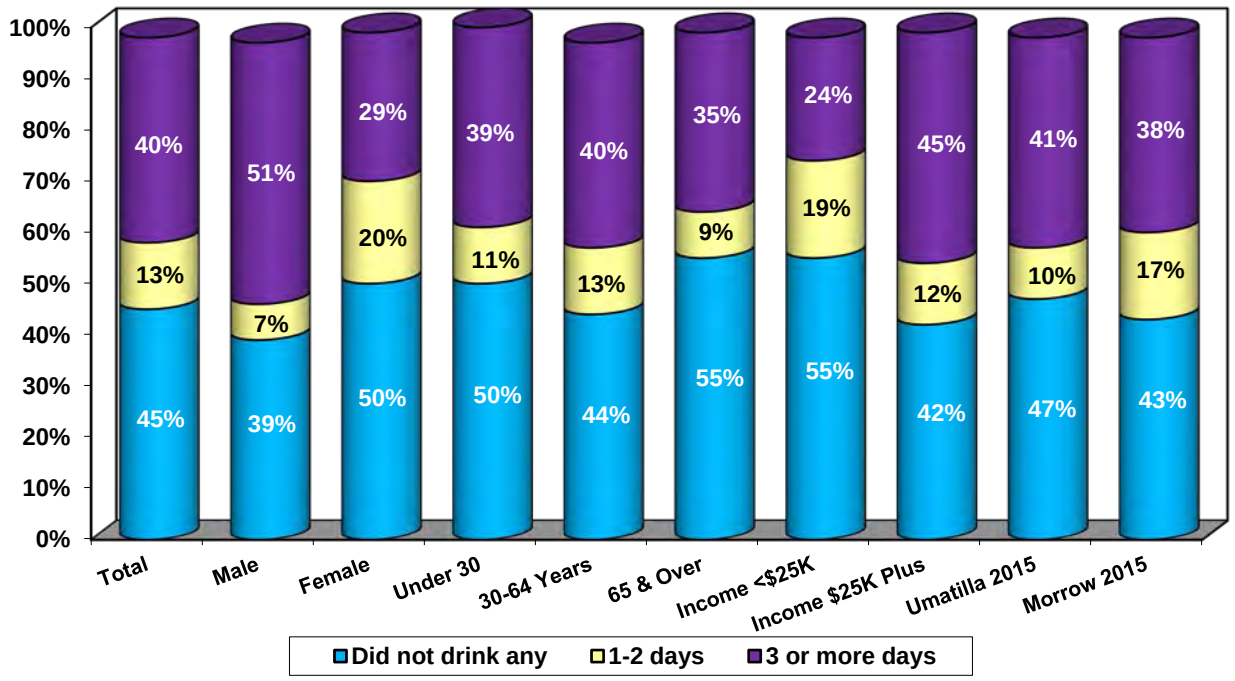
Adult Alcohol Consumption

- In 2015, 53% of the adults in Umatilla-Morrow Counties had at least one alcoholic drink in the past month, increasing to 57% of those with incomes more than $25,000 and 58% of males.
- The 2014 BRFSS reported current drinker prevalence rates of 59% for Oregon and 53% for the U.S.
- One-in-six (17%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, adults in Umatilla-Morrow Counties drank 2.6 drinks on average, increasing to 3.5 drinks for those with incomes less than $25,000.
- Nearly one-fourth (23%) of adults in Umatilla-Morrow Counties were considered binge drinkers.
- The 2014 BRFSS reported binge drinking rates of 17% for Oregon and 16% for the U.S.
- 45% of current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Drank alcohol at least once in past month	51%	51%	55%	55%	59%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	21%	17%	26%	17%	16%

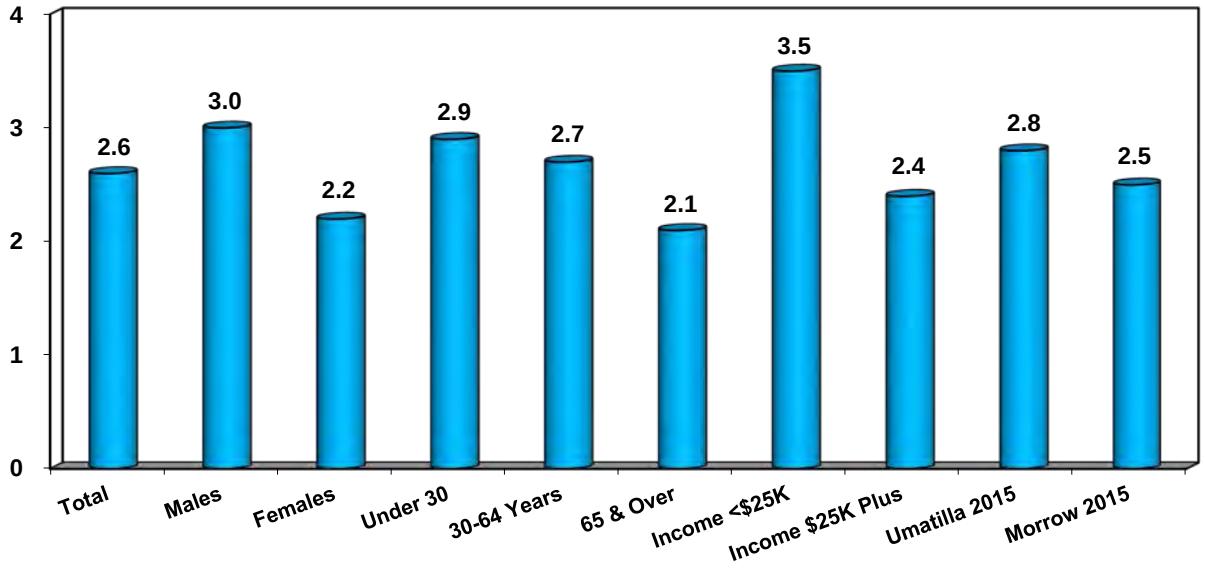
The following graphs show the percentage of adults in Umatilla-Morrow Counties consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 45% of all adults in Umatilla-Morrow Counties did not drink alcohol, 39% of males did not drink, and 50% of adult females reported they did not drink.

Average Number of Days Drinking Alcohol in the Past Month

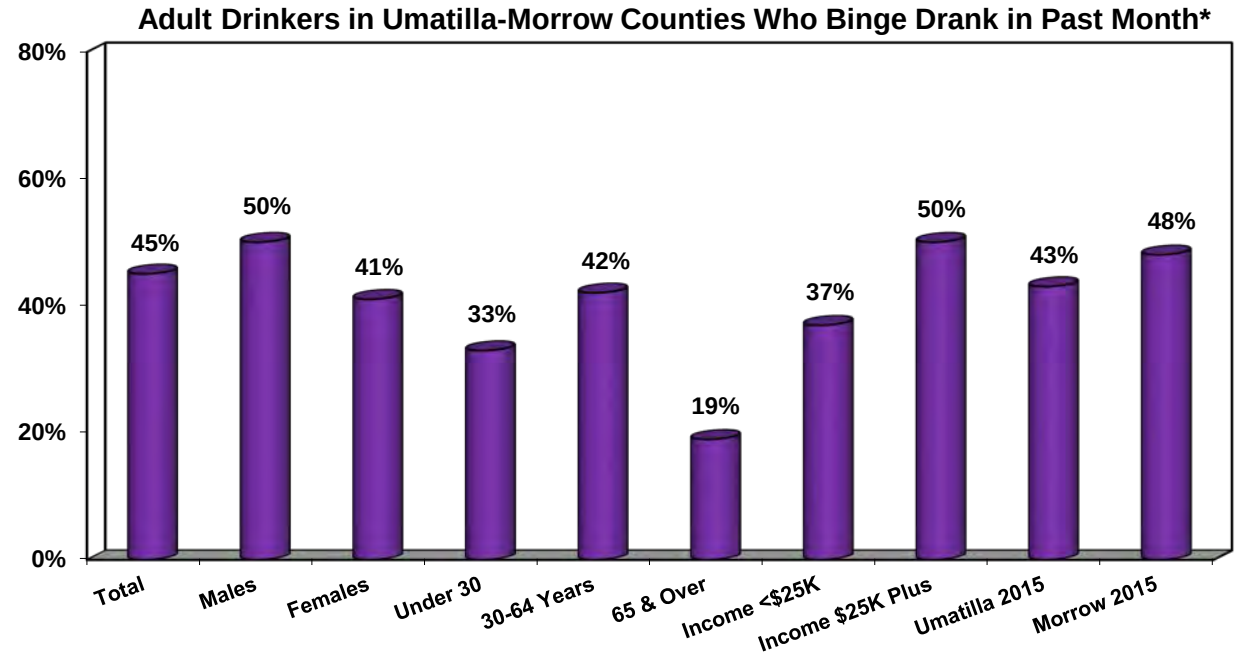


Percentages may not equal 100% as some respondents answered "don't know"

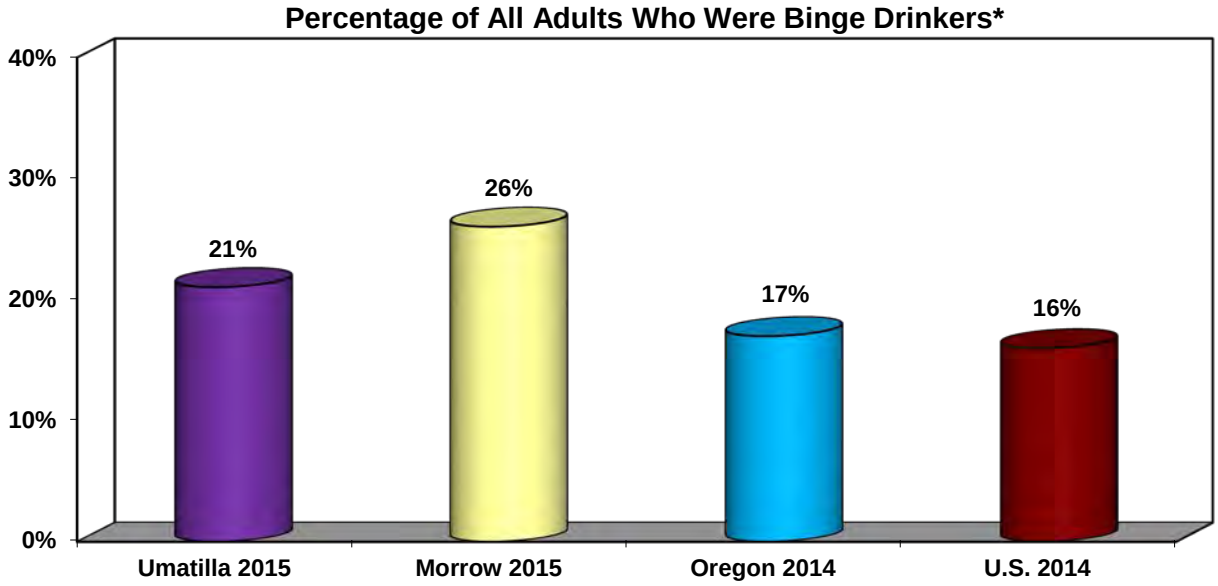
Adults Average Number of Drinks Consumed Per Drinking Occasion



The following graphs show the percentage of drinkers in Umatilla-Morrow Counties who binge drank in the past month and a comparison of Umatilla County and Morrow County binge drinkers with Oregon and U.S.

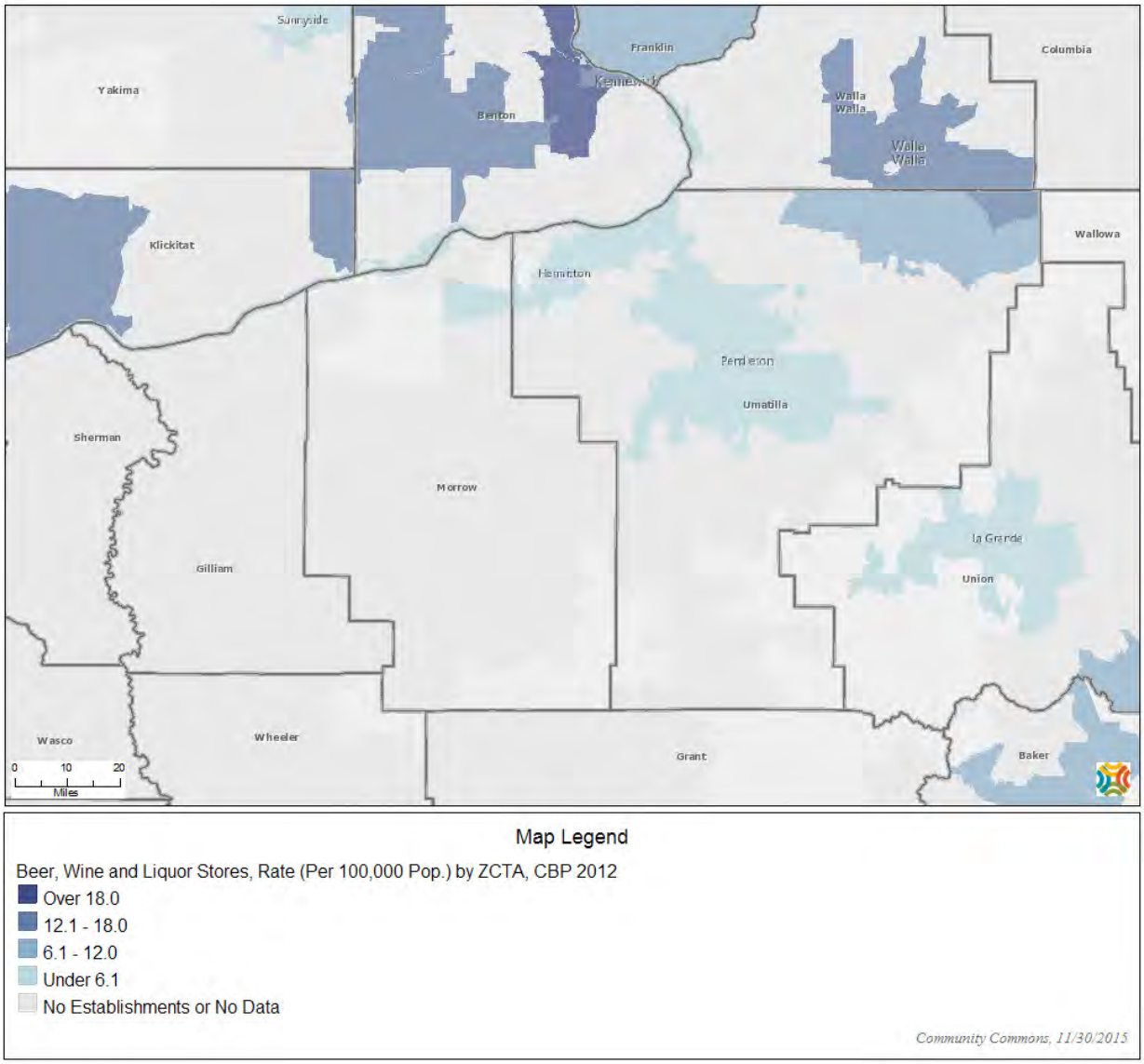


**Based on adults who have drank alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at least once in the previous month.*



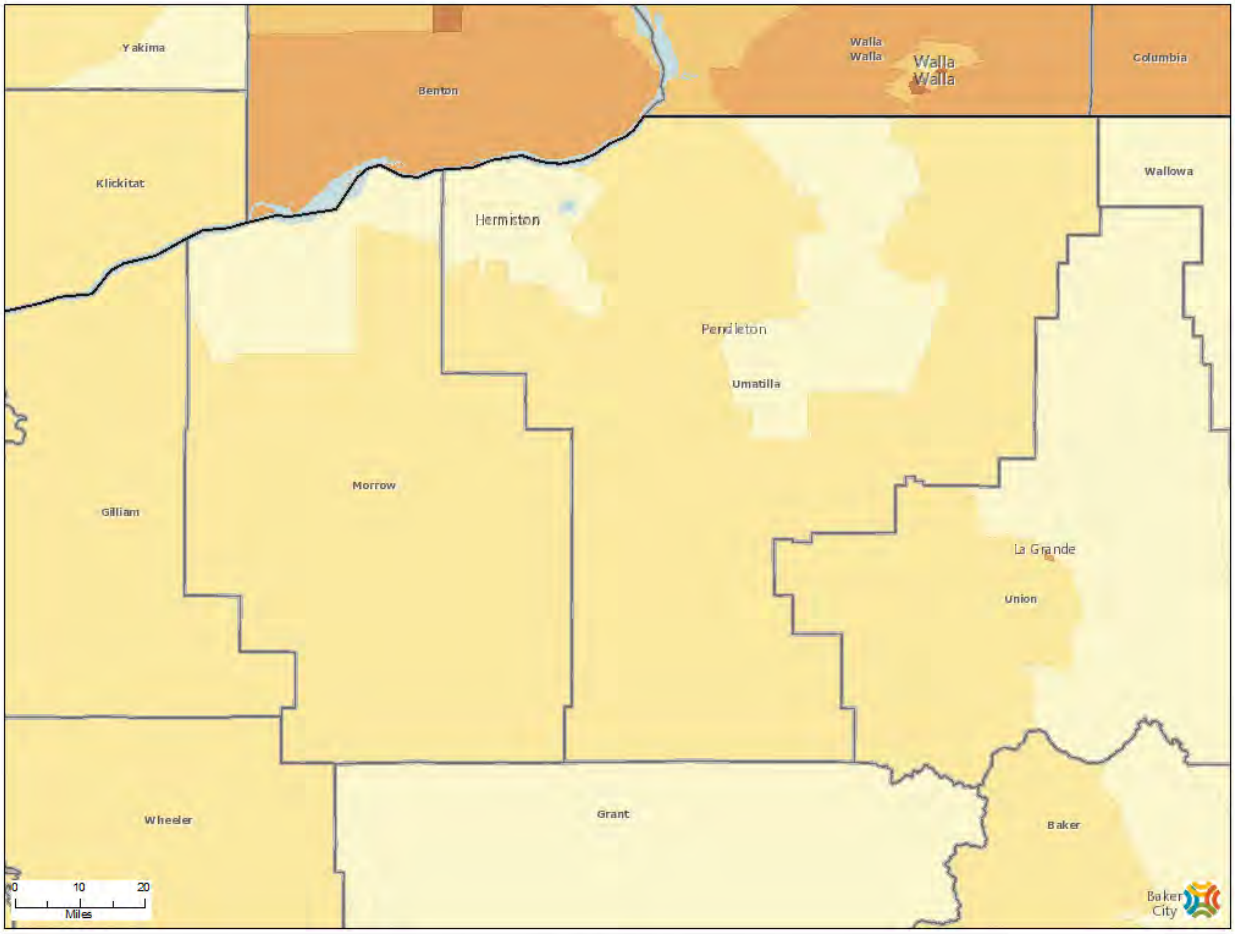
(Source: 2014 BRFSS, 2015 Umatilla-Morrow Counties Health Assessment)
**Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

Beer, Wine and Liquor Stores, Rate (per 100,000 population) by Zip Code Tabulation Area (ZCTA), County Business Patterns (CBP), 2012



(Source: Community Commons, updated 11/30/2015)

Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



Map Legend

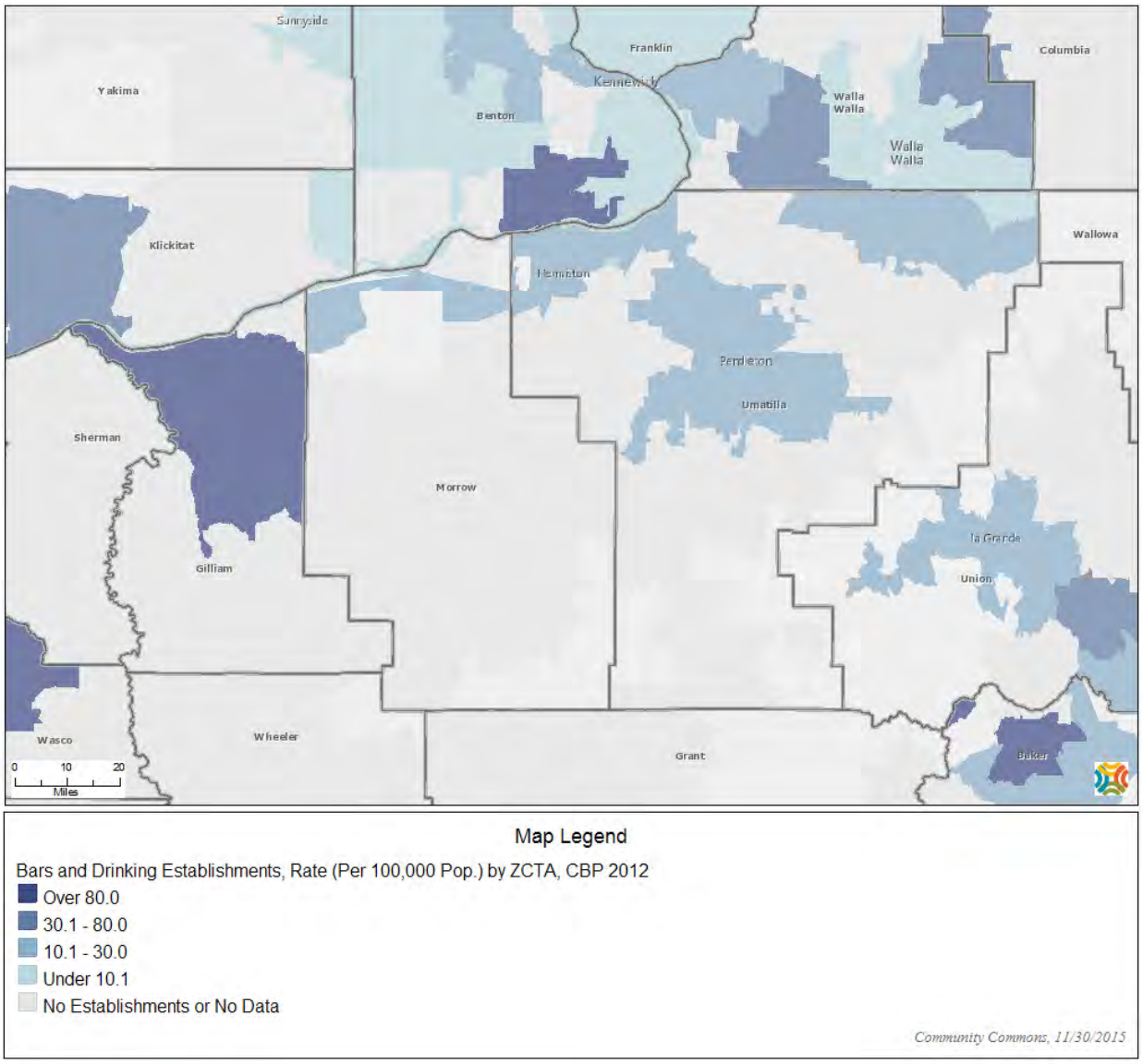
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 11/24/2015

(Source: Community Commons, updated 11/24/2015)

Bars and Drinking Establishments, Rate (per 100,000 population) by Zip Code Tabulation Area (ZCTA), County Business Patterns (CBP), 2012



(Source: Community Commons, updated 11/30/2015)

Adult | MARIJUANA USE

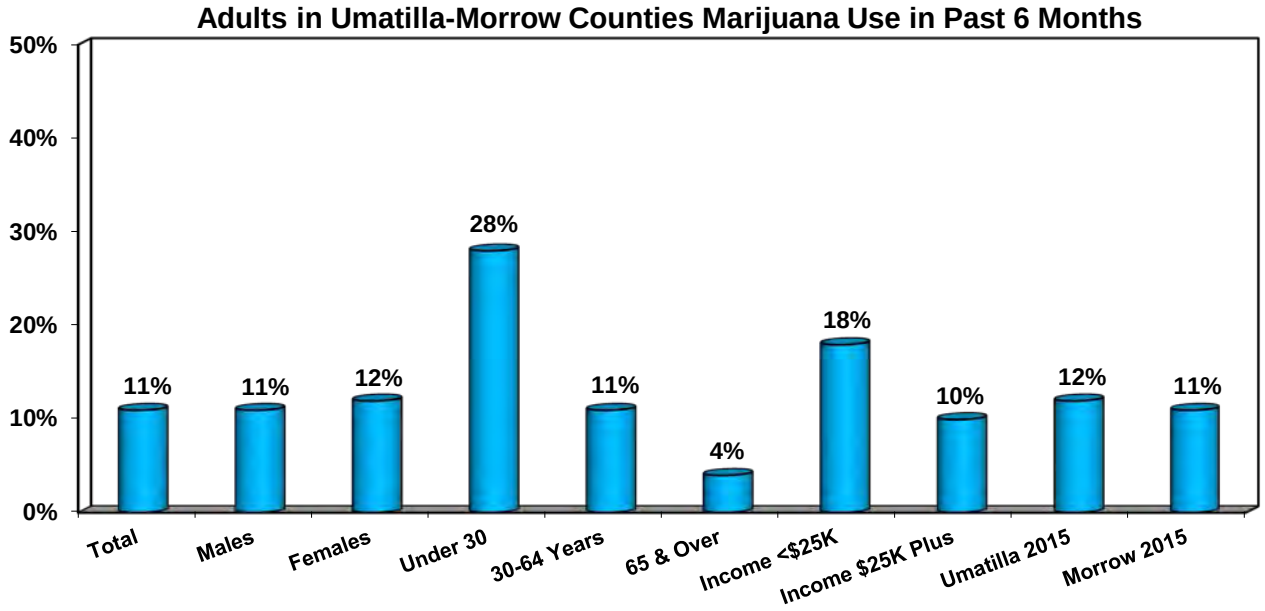
Key Findings

In 2015, 11% of adults in Umatilla-Morrow Counties had used marijuana in the past 6 months.

Adult Marijuana Use

- 11% of adults in Umatilla-Morrow Counties had used marijuana in the past 6 months, increasing to 28% of those under the age of 30.
- Among those who used marijuana, they used the following types: recreational marijuana (71%), marijuana they, a family member, or a friend grew (32%), medicinal marijuana (24%), and other products with THC oil (9%).
- Adults who used marijuana used it in the following ways: smoked it (80%), dabbed it (16%), vapored it (9%), drank it (3%), ate it (2%), and other ways (4%).
- Adults who used marijuana used it an average of 17.4 days in the past month.

The following graph is data from the 2015 Umatilla-Morrow Counties Health Assessment indicating adult marijuana use in the past six months. Examples of how to interpret the information includes: 11% of all adults in Umatilla-Morrow Counties used marijuana in the past six months, 28% of adults under the age of 30 were current users, and 18% of adults with incomes less than $25,000 were current users.



Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Adults who used marijuana in the past 6 months	7%	11%	2%	11%	N/A	N/A

N/A – Not available

Adult | DRUG USE

Key Findings

In 2015, 16% of adults in Umatilla-Morrow Counties had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Recreational Drug Use

- 1% of adults in Umatilla-Morrow Counties reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- 2% of adults reported they had an immediate family member who used other recreational drugs, and <1% reported that someone in their household used other recreational drugs.
- When asked about their frequency of other recreational drug use in the past six months, 25% of adults in Umatilla-Morrow Counties who used drugs did so almost every day, and 75% did so less than once a month.

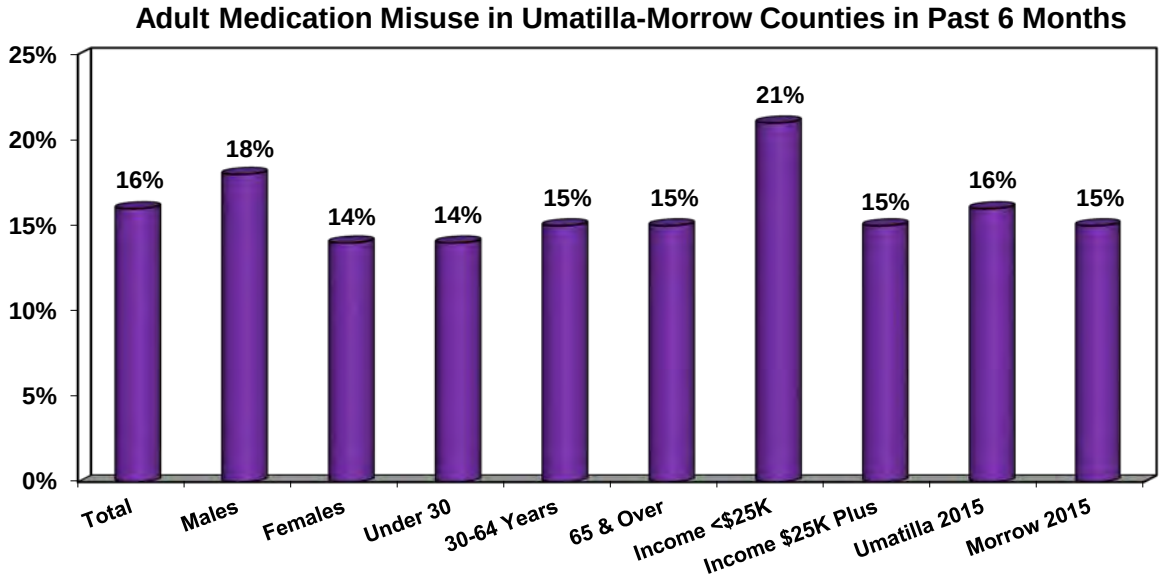
Adult Medication Misuse

- 16% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 21% of those with incomes less than $25,000.
- 3% of adults reported they had an immediate family member who misused prescription drugs, and 1% reported that someone in their household misused prescription drugs.
- When asked about their frequency of medication misuse in the past six months, 23% of adults in Umatilla-Morrow Counties who used these drugs did so almost every day, and 21% did so less than once a month.
- Adults in Umatilla-Morrow Counties indicated they did the following with their unused prescription medication: kept it (23%), took as prescribed (20%), threw it in the trash (16%), flushed it down the toilet (12%), kept in a locked cabinet (6%), took it to the Medication Collection program (5%), disposed in RedMed Box, Yellow Jug, etc. (1%), gave it away (1%), mailer to ship back to pharmacy (1%), and some other destruction method (1%). 41% of adults did not have unused medication.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Adults who used heroin in the past 6 months	0%	0%	0%	0%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	9%	16%	7%	15%	N/A	N/A

N/A – Not available

The following graph is data from the 2015 Umatilla-Morrow Counties Health Assessment indicating adult medication misuse in the past six months. Examples of how to interpret the information include: 16% of all adults in Umatilla-Morrow Counties misused medications in the past six months and 21% of adults with incomes less than $25,000 were current users.



Abuse of Prescription (Rx) Drugs

- Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.
- Reasons for abusing these drugs include: getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.
- In 2010, almost 3,000 young adults died from prescription drug (mainly opioid) overdoses. This was a 250% increase from 1999.
- Among young adults, for every death due to Rx drug overdose, there were 17 treatment admissions and 66 emergency room visits.

(Source: National Institute on Drug Abuse, Abuse of Prescription (Rx) Drugs Affects Young Adults Most, June 2013, from: http://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most)

Adult | WOMEN'S HEALTH

Key Findings

In 2015, half (50%) of women over the age of 40 in Umatilla-Morrow Counties reported having a mammogram in the past year. 43% of women ages 19 and over in Umatilla-Morrow Counties had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 3% of women survived a heart attack and 5% survived a stroke at some time in their life. Over one-third (37%) of women in Umatilla-Morrow Counties were obese, 31% had high blood cholesterol, 24% had high blood pressure, and 17% were identified as smokers, known risk factors for cardiovascular diseases.

Umatilla County Female
Leading Causes of Death, 2011-2013

1. Cancers (22% of all deaths)
2. Heart Diseases (18%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Alzheimer's Disease (4%)

(Source: CDC Wonder, 2011-2013)

Morrow County Female
Leading Causes of Death, 2011-2013

1. Cancers (30% of all deaths)
2. Heart Diseases (10%)
3. Chronic Lower Respiratory Diseases (10%)

(Source: CDC Wonder, 2011-2013)

Oregon Female
Leading Causes of Death, 2011-2013

1. Cancer (23% of all deaths)
2. Heart Diseases (18%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

(Source: CDC Wonder, 2011-2013)

Women's Health Screenings

- In 2015, 52% of women had a mammogram at some time and more than one-fourth (28%) had this screening in the past year.
- Half (50%) of women ages 40 and over had a mammogram in the past year and 69% had one in the past two years.
- The 2014 BRFSS reported that 70% of women 40 and over in Oregon and 73% in the U.S., had a mammogram in the past two years.
- Most (92%) women in Umatilla-Morrow Counties have had a clinical breast exam at some time in their life and 43% had one within the past year. Nearly two-thirds (66%) of women ages 40 and over had a clinical breast exam in the past two years.
- This assessment has identified that 8% of women in Umatilla-Morrow Counties have had a Pap smear and 36% reported having had the exam in the past year. 72% of women had a pap smear in the past three years.
- The 2014 BRFSS indicated that 75% Oregon and U.S. women had a pap smear in the past three years.

Pregnancy

- 21% of women in Umatilla-Morrow Counties had been pregnant in the past 5 years.
- During their last pregnancy, women in Umatilla-Morrow Counties: took a multi-vitamin (75%), got a prenatal appointment in the first 3 months (72%), received WIC services (52%), got a dental exam (39%), took folic acid during pregnancy (33%), took folic acid pre-pregnancy (20%), experienced perinatal depression (10%), smoked cigarettes (3%), and used other tobacco products (1%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (33%), general or family physician (31%), nurse practitioner/physician's assistant (19%), health department clinic (9%), family planning clinic (6%), community health center (5%), midwife (1%), and some other place (1%). 13% indicated they did not have a usual source of services for female health concerns.

- In 2015, the health assessment determined that 3% of women had survived a heart attack and 5% had survived a stroke at some time in their life.

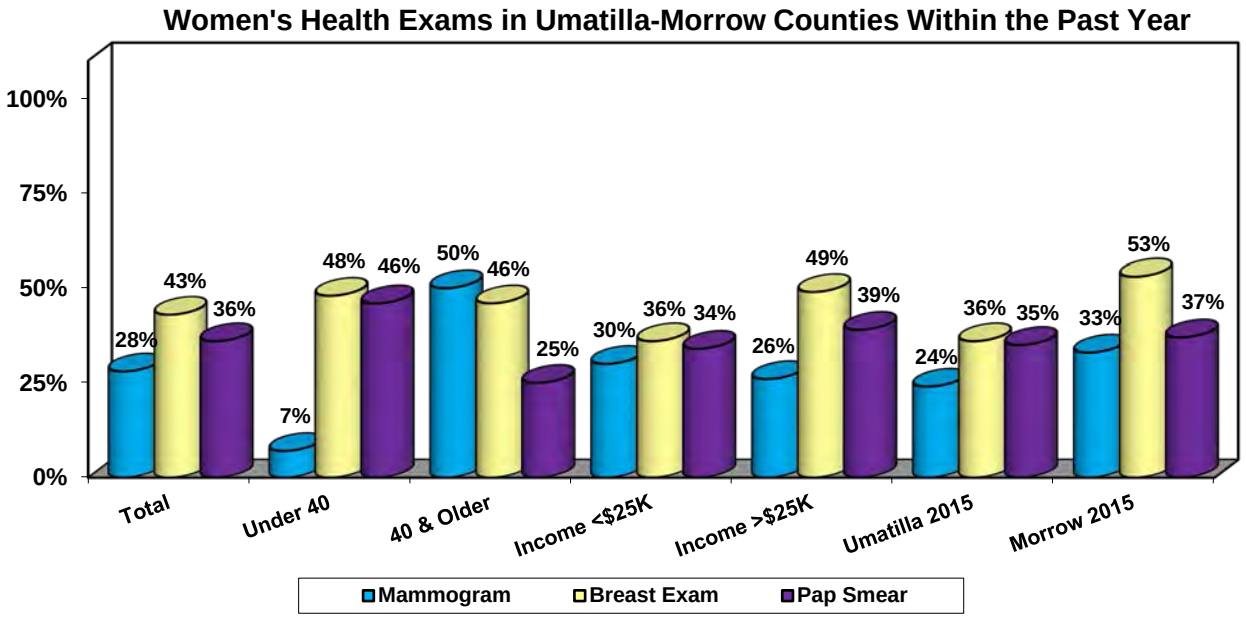
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. The 2015 Umatilla-Morrow Counties Health Assessment has identified that:
  - 69% of all women were overweight or obese (55% Oregon, 2014 BRFSS*)
  - 31% were diagnosed with high blood cholesterol (28% Oregon, 37% U.S., 2013 BRFSS)
  - 24% were diagnosed with high blood pressure (28% Oregon, 30% U.S., 2013 BRFSS)
  - 17% were current smokers (16% Oregon, 2014 BRFSS*)
  - 12% had been diagnosed with diabetes (11% Oregon, 2014 BRFSS*)

  ** The U.S. data for the BRFSS is not able to be broken down by gender for 2014.*

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Had a mammogram in the past two years (age 40 & over)	67%	65%	73%	74%	70%	73%
Had a pap smear in the past three years	N/A	76%	74%	67%	75%	75%

N/A – Not Available

The following graph shows the percentage of females in Umatilla-Morrow Counties who had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 28% of females in Umatilla-Morrow Counties had a mammogram within the past year, 43% had a clinical breast exam, and 36% had a Pap smear.



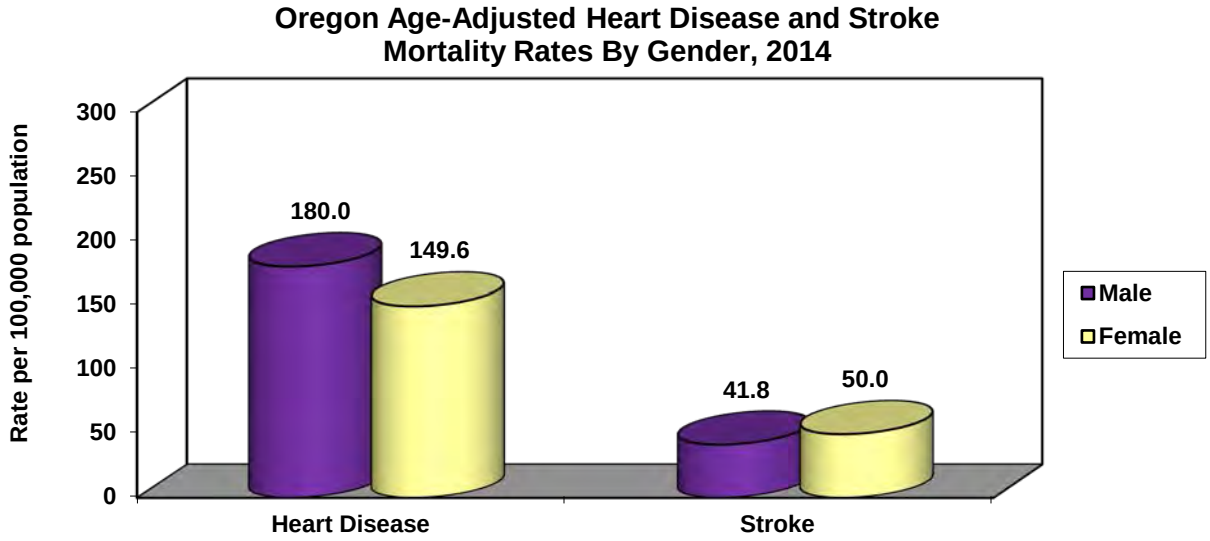
Breast Cancer in Young Women

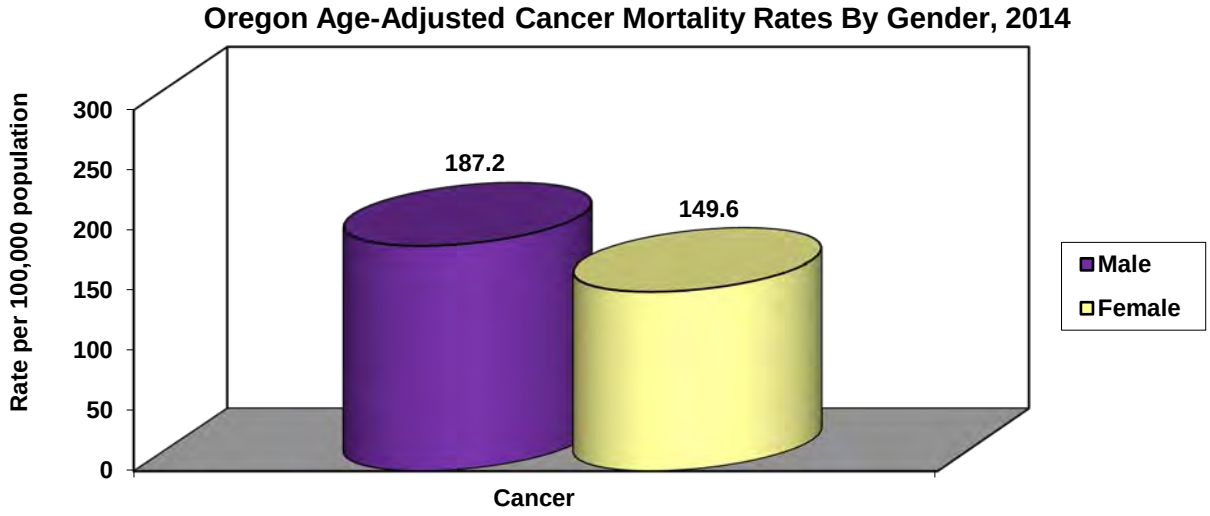
- Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects younger women.
- About 11% of all new cases of breast cancer in the United States are found in women younger than 45 years of age.
- In 2010, 206,966 women and 2,039 men in the United States were diagnosed with breast cancer. 40,996 women and 439 men in the United States died from breast cancer.
- Some young women are at a higher risk for getting breast cancer at an early age compared with other women their age. If you are a woman under age 45, you may have a higher risk if:
  - You have close relatives (parents, siblings, or children) who were diagnosed with breast or ovarian cancer when they were younger than 45, especially if more than one relative was diagnosed or if a male relative had breast cancer.
  - You have changes in certain breast cancer genes (BRCA1 and BRCA2), or have close relatives with these changes.
  - You were treated with radiation therapy to the breast or chest during childhood or early adulthood.
  - You have been told that you have dense breasts on a mammogram.
  - You have had breast cancer or certain other breast health problems such as lobular carcinoma *in situ* (LCIS), ductal carcinoma *in situ* (DCIS), atypical ductal hyperplasia, or atypical lobular hyperplasia.
- You can help lower your risk of breast cancer in the following ways:
  - Get screened for breast cancer regularly.
  - Know how your breasts normally look and feel.
  - Keep a healthy weight.
  - Exercise regularly (at least four hours a week).
  - Breastfeed your babies, if possible.
  - If you plan to have children after 30, talk to your doctor about your cancer risk.
  - Talk to your doctor if you have a family history of breast or ovarian cancer or other risk factors.

(Source: CDC, Breast Cancer, March 13, 2014, http://www.cdc.gov/cancer/breast/young_women/)

The following graphs show the Oregon age-adjusted mortality rates per 100,000 population for cardiovascular diseases and cancer by gender. The graphs show:

- The Oregon female age-adjusted mortality rate was higher than the male rate for stroke in 2014.





(Source for graphs: OHA, Vital Statistics, 2014)

Adult | MEN'S HEALTH

Key Findings

In 2015, 42% of males in Umatilla-Morrow Counties had been screened for prostate cancer in their lifetime. The Health Assessment determined that 10% of men survived a heart attack and 2% survived a stroke at some time in their life. Nearly two-fifths (39%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 10% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

Umatilla County Male
Leading Causes of Death, 2011-2013

Total Deaths: 967

1. Cancers (25% of all deaths)
2. Heart Diseases (20%)
3. Accidents, Unintentional Injuries (5%)
4. Chronic Lower Respiratory Diseases (7%)
5. Stroke (5%)

(Source: CDC Wonder, 2011-2013)

Morrow County Male
Leading Causes of Death, 2011-2013

Total Deaths: 145

1. Cancers (30% of all deaths)
2. Heart Diseases (19%)
3. Accidents, Unintentional Injuries (8%)

(Source: CDC Wonder, 2011-2013)

Oregon Male
Leading Causes of Death, 2011-2013

Total Deaths: 50,165

1. Cancers (25% of all deaths)
2. Heart Diseases (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (5%)
5. Stroke (5%)

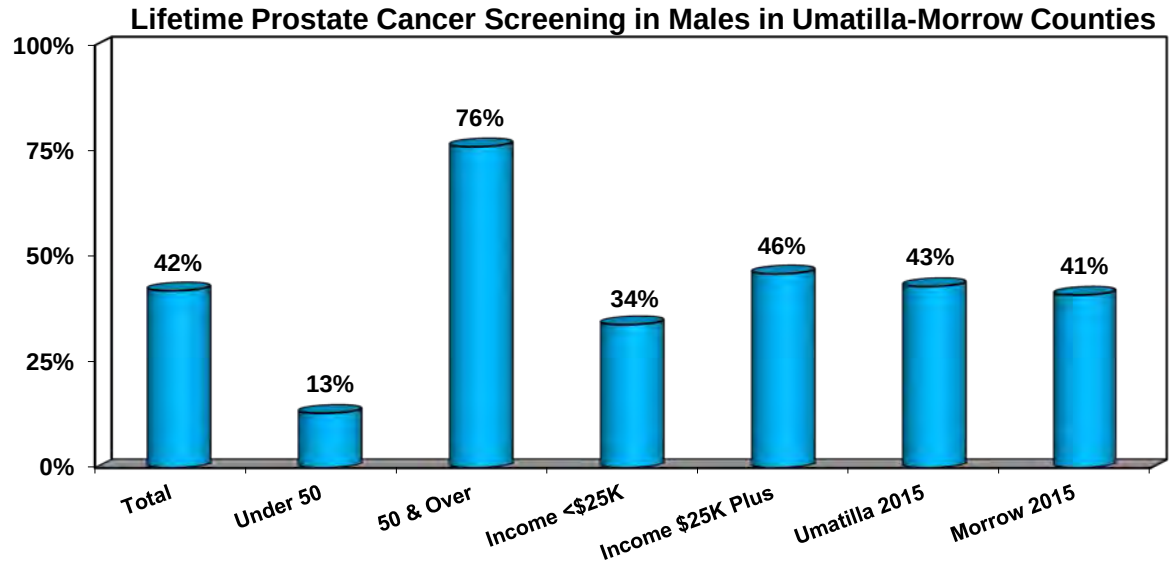
(Source: CDC Wonder, 2011-2013)

Men's Health Screenings and Concerns

- 42% of men in Umatilla-Morrow Counties had been screened for prostate cancer in their lifetime, increasing to 76% of men over the age of 50.
- 32% of men in Umatilla-Morrow Counties had been taught by a healthcare professional how to do a testicular exam.
- In 2015, the health assessment determined that 10% of men had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. The 2015 Umatilla-Morrow Counties Health Assessment has identified that:
  - 79% of all men were overweight or obese (68% Oregon, 2014 BRFSS*)
  - 39% were diagnosed with high blood pressure (39% Oregon, 40% U.S., 2013 BRFSS)
  - 38% were diagnosed with high blood cholesterol (39% Oregon, 40% U.S., 2013 BRFSS)
  - 15% had been diagnosed with diabetes (9% Oregon, 2014 BRFSS*)
  - 10% were current smokers (18% Oregon, 2014 BRFSS*)

** The U.S. data for the BRFSS is not able to be broken down by gender for 2014.*

The following graph shows the percentage of male adults in Umatilla-Morrow Counties who had been screened for prostate cancer in their lifetime. Examples of how to interpret the information shown on the graph include: 42% of all males in Umatilla-Morrow Counties and 76% of men ages 50 and over had been screened for prostate cancer in their lifetime.



32% of males in Umatilla-Morrow Counties had been taught by a healthcare professional how to do a testicular exam.

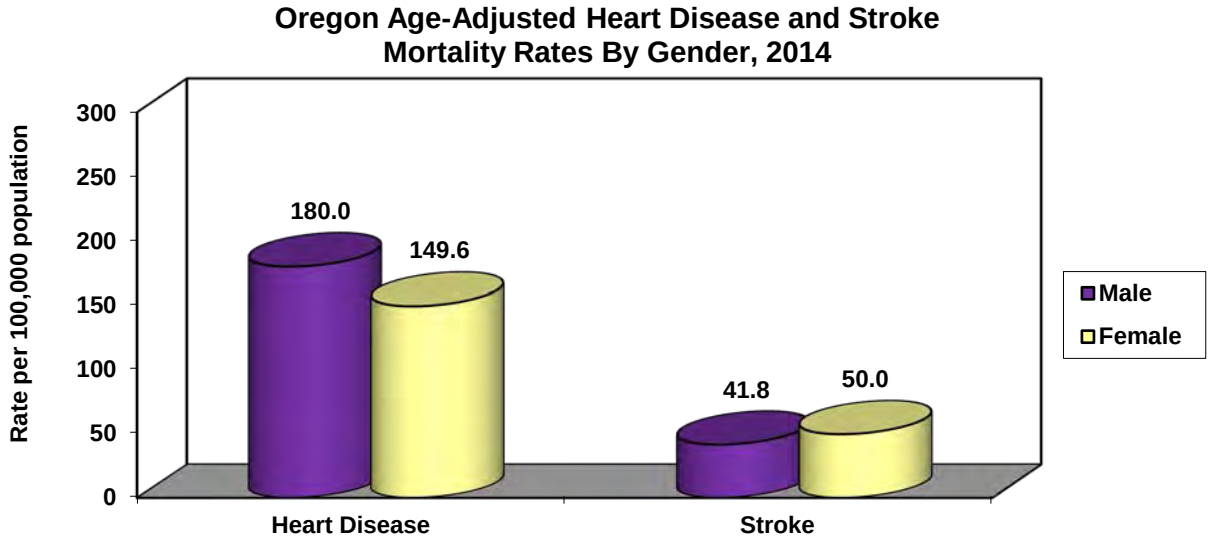
Men's Health Data

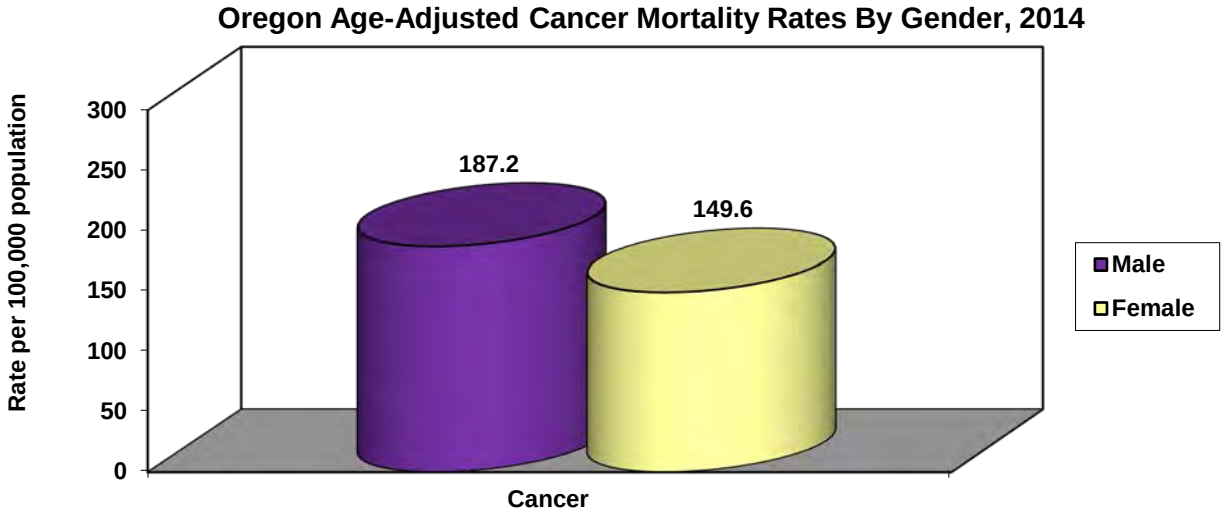
- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 21% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 54% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 35% of men 20 years and over are obese.
- There are 19% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, July 14, 2014, from http://www.cdc.gov/nchs/fastats/mens_health.htm)

The following graphs show the Oregon age-adjusted mortality rates per 100,000 population for cardiovascular diseases and cancer by gender. The graphs show:

- The Oregon male age-adjusted mortality rate was higher than the female rate for both heart disease and cancer in 2014.





(Source for graphs: OHA, Vital Statistics, 2014)

Adult | PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Key Findings

More than three-fourths (77%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (54%) of adults ages 50 and older had a colonoscopy/sigmoidoscopy within the past 5 years.

Skin Cancer Prevention Recommendations

- Seek shade, especially during midday hours.
- Wear clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears, and neck.
- Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible.
- Use sunscreen with sun protective factor (SPF) 15 or higher, and both UVA and UVB protection.
- Avoid indoor tanning.

(Source: CDC, Skin Cancer Prevention, Updated 5/29/2014, http://www.cdc.gov/cancer/skin/basic_info/prevention.htm)

Preventive Medicine

- More than half (55%) of adults in Umatilla-Morrow Counties had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 92% had the shot and 8% had the nasal spray.
- 80% of adults ages 65 and over in Umatilla-Morrow Counties had a flu vaccine in the past 12 months. The 2014 BRFSS reported that 57% of Oregon and 61% of U.S. adults ages 65 and older had a flu vaccine in the past year.
- More than one-third (38%) of adults have had a pneumonia shot in their life, increasing to 77% of those ages 65 and over. The 2014 BRFSS reported that 74% of Oregon and 70% of U.S. adults ages 65 and older had a pneumonia shot in their life.
- Adults in Umatilla-Morrow Counties have had the following vaccines: MMR in their lifetime (70%), tetanus booster (including Tdap) in the past 10 years (63%), chicken pox vaccine in their lifetime (42%), Hepatitis B (42%), Hepatitis A (38%), pneumonia vaccine in their lifetime (38%), pertussis vaccine in the past 10 years (24%), Zoster (shingles) vaccine in their lifetime (16%), and human papillomavirus vaccine in their lifetime (16%).
- The 2014 BRFSS reported that 31% of Oregon and 22% of U.S. adults had a shingles or zoster vaccine in their life.

Preventive Health Screenings and Exams

- More than half (54%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- In the past year, 50% of women ages 40 and over in Umatilla-Morrow Counties have had a mammogram.
- 42% of males in Umatilla-Morrow Counties had been screened for prostate cancer at some time in their life, increasing to 76% of men over the age of 50.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for adults in Umatilla-Morrow Counties.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Had a pneumonia vaccination (ages 65 and over)	N/A	73%	N/A	80%	74%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	81%	73%	79%	57%	61%
Ever had a shingles/zoster vaccine	N/A	17%	N/A	15%	31%	22%

N/A – Not available

Adults in Umatilla-Morrow Counties Health Screening Results

GENERAL SCREENING RESULTS	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015
Diagnosed with High Blood Cholesterol	36%	36%	31%	34%
Diagnosed with High Blood Pressure	31%	30%	30%	33%
Diagnosed with Diabetes	13%	14%	13%	13%
Diagnosed with a Heart Attack	5%	9%	5%	4%
Diagnosed with a Stroke	2%	1%	2%	5%

(Percentages based on all adults in Umatilla-Morrow Counties surveyed)

Healthy People 2020

Immunization and Infectious Diseases (IID)

Objective	Umatilla County 2015	Morrow County 2015	Oregon 2014	U.S. 2014	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	73%	80%	74%	70%	90%

**U.S. baseline is age-adjusted to the 2000 population standard*
(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2015 Umatilla-Morrow Counties Health Assessment)

Environmental Health

- Households in Umatilla-Morrow Counties had the following disaster preparedness supplies:
  - Cell phone (76%)
  - Cell phone with texting (74%)
  - Working flashlight and batteries (72%)
  - Working smoke detector (71%)
  - Computer/tablet (64%)
  - 3-day supply of nonperishable food for everyone in the household (46%)
  - 3-day supply of prescription medication for each person who takes prescribed medicines (41%)
  - Working battery-operated radio and working batteries (36%)
  - Home land-line telephone (34%)
  - 3-day supply of water for everyone in the household (1 gallon of water per person per day) (31%)
  - Generator (23%)
  - Communication plan (14%)
  - Family disaster plan (11%)
  - A disaster plan (8%)

- Adults in Umatilla-Morrow Counties indicated the following methods or ways of getting information from authorities in a large-scale disaster or emergency:
  - Radio (71%)
  - Television (67%)
  - Internet (66%)
  - Friends/family (62%)
  - Neighbors (48%)
  - Social media (47%)
  - County Emergency Alert System (38%)
  - Newspaper (37%)
  - Other methods (2%)

- Adults in Umatilla-Morrow Counties thought the following threatened their health in the past year:
  - Outdoor air quality (23%)
  - Insects (15%)
  - Rodents (10%)
  - Agricultural chemicals (9%)
  - Mold (8%)
  - Temperature regulation (7%)
  - Plumbing problems (7%)
  - Indoor air quality (5%)
  - Unsafe water supply/wells (4%)
  - Chemicals found in household products (2%)
  - Moisture issues (2%)
  - Sewage/waste water problems (1%)
  - Sanitation Issues (1%)
  - Safety hazards (1%)
  - Cockroaches (1%)
  - Bed bugs (1%)
  - Lice (1%)
  - Lead paint (<1%)
  - Asbestos (<1%)
  - Radon (<1%)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2015, nearly two-thirds (65%) of adults in Umatilla-Morrow Counties had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) *(Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance).*

HIV in the United States

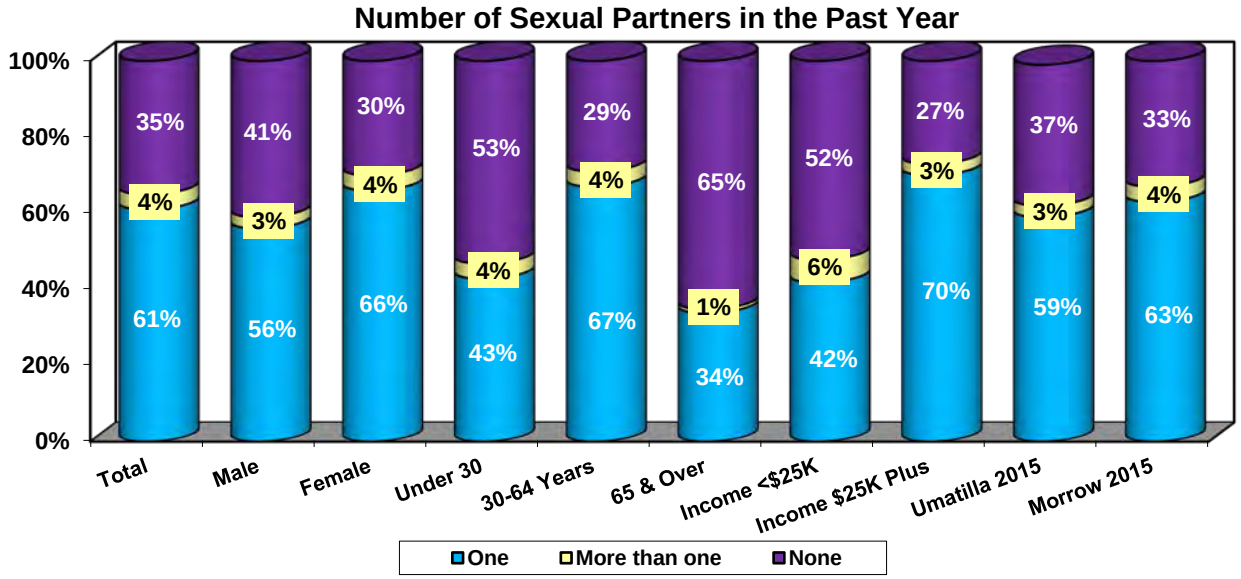
- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (13%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,194,039 people in the United States have been diagnosed with AIDS
- An estimated 13,712 people with an AIDS diagnosis died in 2012, and approximately 658,507 people in the United States with an AIDS diagnosis have died since the epidemic started.

(Source: CDC, HIV in the United States: At a Glance, 7/1/2015, from: http://www.cdc.gov/hiv/statistics/basics/ataglance.html)

Adult Sexual Behavior

- Nearly two-thirds (65%) of adults in Umatilla-Morrow Counties had sexual intercourse in the past year.
- 4% of adults reported they had intercourse with more than one partner in the past year, increasing to 6% of those with incomes less than $25,000.
- Adults in Umatilla-Morrow Counties used the following methods of birth control: vasectomy (18%), tubes tied (17%), they or their partner were too old (13%), condoms (11%), hysterectomy (11%), birth control pill (10%), withdrawal (7%), IUD (7%), infertility (6%), ovaries or testicles removed (4%), rhythm method (2%), shots (2%), abstinence (1%), contraceptive implants (1%), and emergency contraception (<1%).
- 15% of adults in Umatilla-Morrow Counties were not using any method of birth control.
- Based on what they know about HIV, adults in Umatilla-Morrow Counties made the following sexual behavior changes in the past year: only had sexual intercourse with the same partner (29%), practiced abstinence (16%), decreased their number of sexual partners (5%), and always used condoms for protection (4%). 47% did not make any sexual behavior changes.
- 10% of adults have been forced to have sexual intercourse when they did not want to, increasing to 18% of females and those under the age of 30.

The following graph shows the sexual activity of adults in Umatilla-Morrow Counties. Examples of how to interpret the information in the graph include: 61% of all adults in Umatilla-Morrow Counties had one sexual partner in the last 12 months and 4% had more than one, and 56% of males had one partner in the past year.



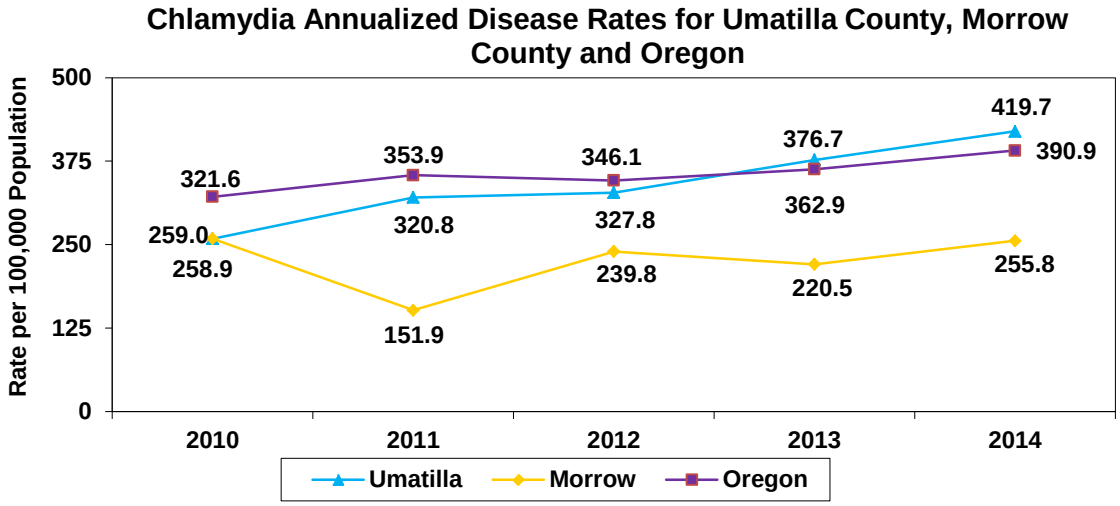
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

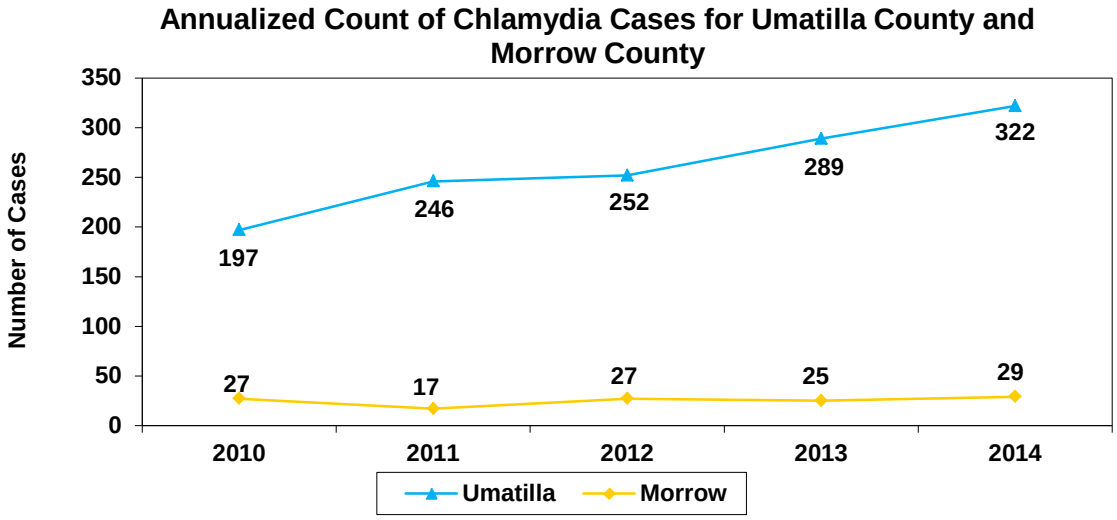
Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Had more than one sexual partner in past year	5%	3%	7%	4%	N/A	N/A

N/A – Not available

The following graphs show Umatilla County, Morrow County, and Oregon chlamydia disease rates per 100,000 population, and the annual number of chlamydia cases for Umatilla County and Morrow County. The graphs show:

- Umatilla County chlamydia rates increased from 2010 to 2014.
- From 2010-2014, the Morrow County chlamydia rates fluctuated.
- From 2010 to 2014, there were a total of 1,306 and 125 chlamydia cases for Umatilla County and Morrow County, respectively.
- In 2013, the U.S. rate for new chlamydia cases was 446.6 per 100,000 population *(Source: CDC, Reported STDs in the U.S., 2013).*

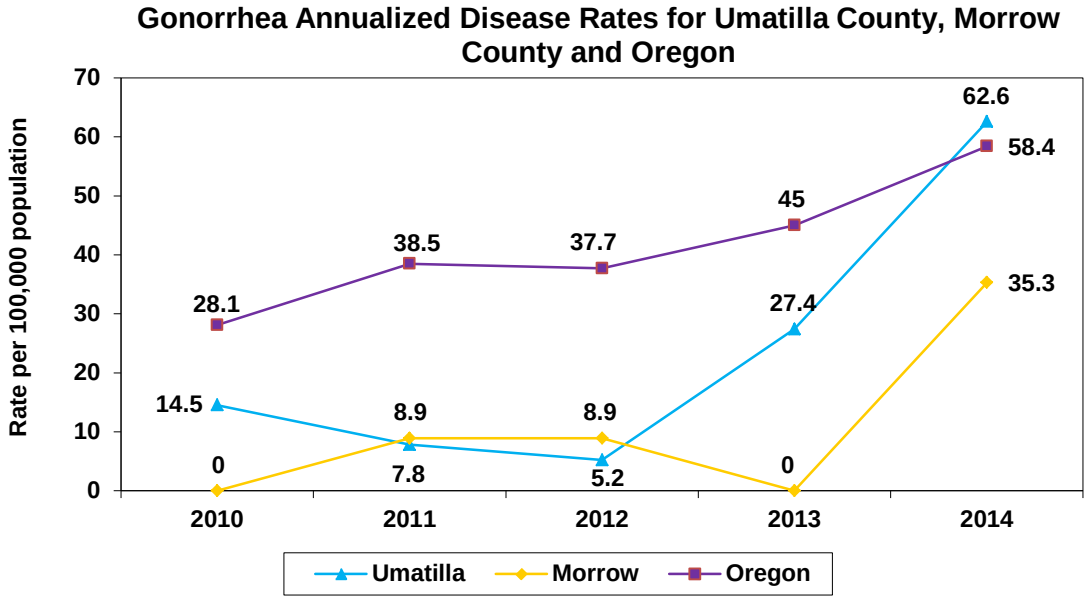


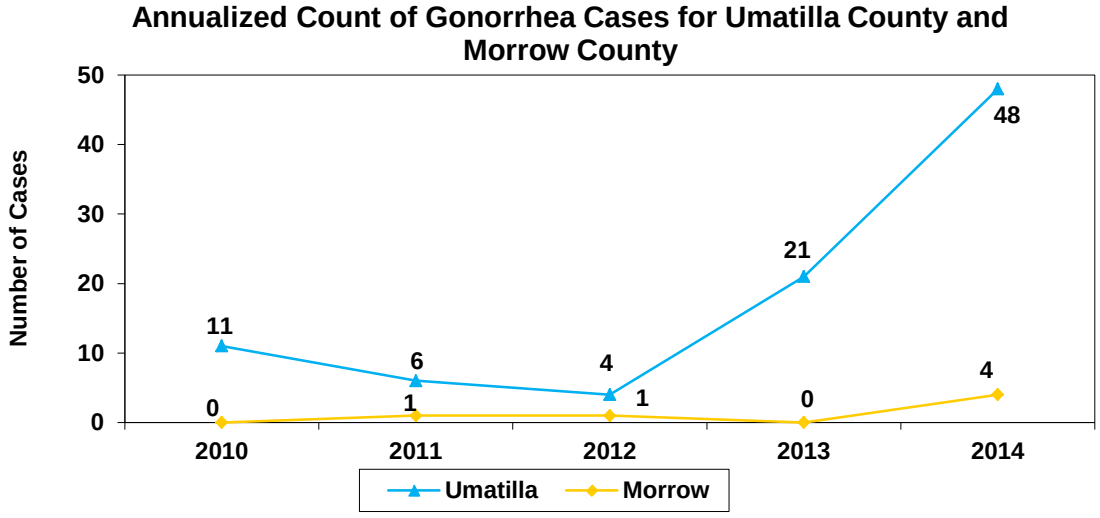


(Source for graph: OHA, Oregon STD Statistics, Updated 1-15-2015)

The following graphs show Umatilla County and Morrow County gonorrhea disease rates per 100,000 population, and the annual number of cases, updated January 15, 2015 by the Oregon Health Authority. The graphs show:

- Both the Umatilla County and Morrow County gonorrhea rates fluctuated from 2010 to 2014, but increased overall.
- The Oregon gonorrhea rate fluctuated from 2010 to 2014, and increased overall.
- In 2012, the U.S. rate for new gonorrhea cases for the total population was 107.5 per 100,000 population *(Source: CDC, Reported STDs in the U.S., 2014).*
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.





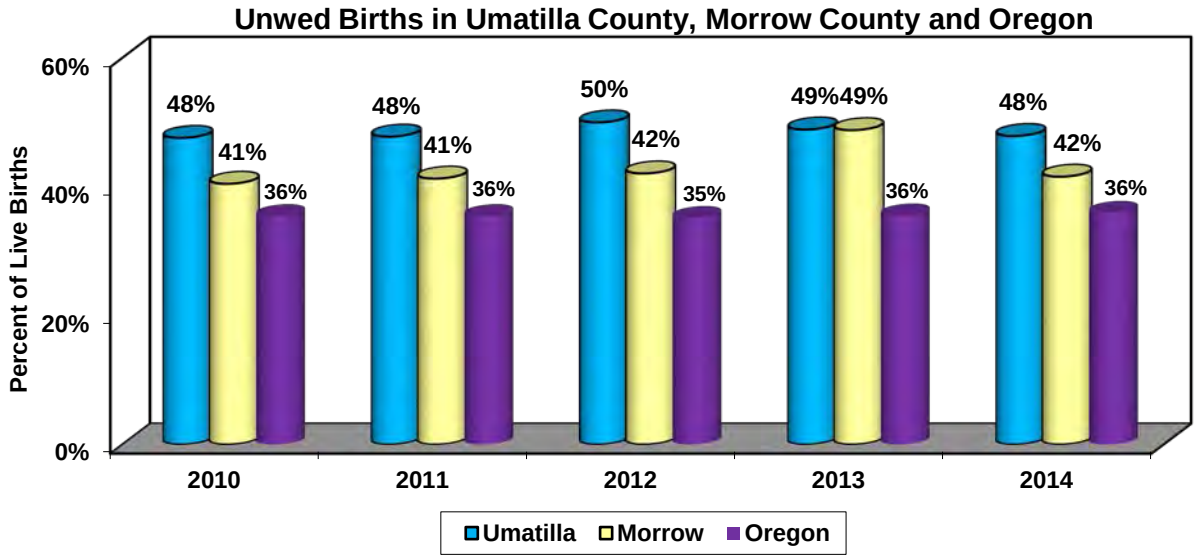
(Source for graph: OHA, Oregon STD Statistics, Updated 1-15-2015)

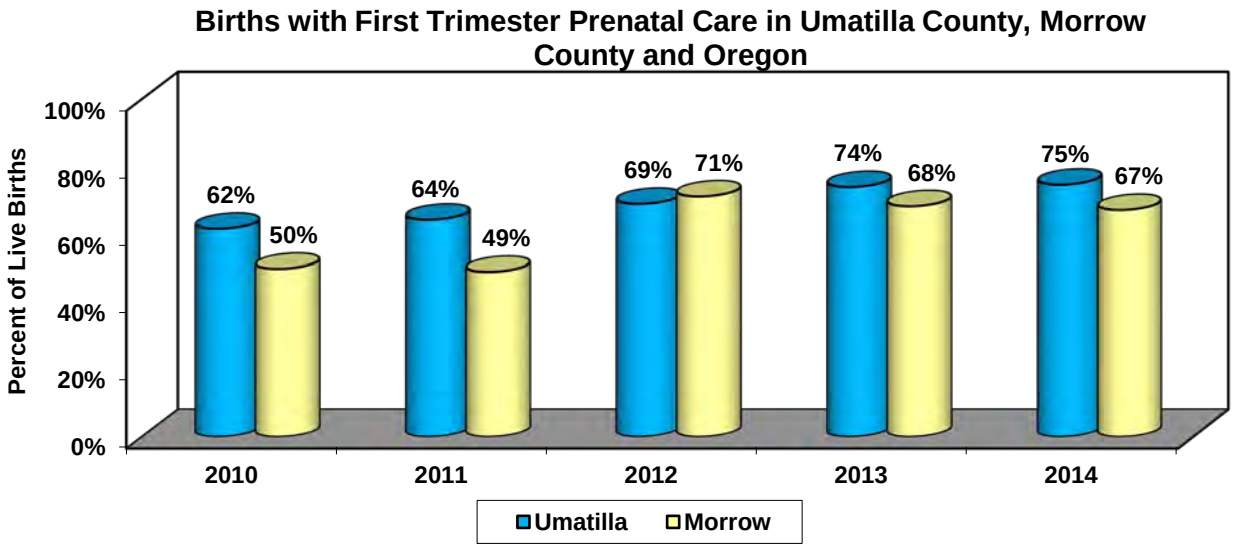
Pregnancy Outcomes

**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

The following graphs show Umatilla County and Morrow County percentage of births with first trimester prenatal care and the percentage of unwed births, updated October 8, 2015 by the Oregon Health Authority. The graphs show:

- The percentage of births to unwed mothers in Umatilla-Morrow was well above the Oregon percentage each year from 2006 to 2010, and increased overall during the five year period.
- In 2014, 75% of Umatilla County mothers received prenatal care during the first trimester, compared to 67% of Morrow County mothers during the same time period.





(Source for graphs: OHA, Vital Statistics, 10/8/15)

Adult | QUALITY OF LIFE

Key Findings

In 2015, 34% of adults in Umatilla-Morrow Counties were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2015, more than one-third (34%) of adults in Umatilla-Morrow Counties were limited in some way because of a physical (26%), mental (4%), or emotional (4%) problem, increasing to 50% of those over the age of 65 and 53% of those with incomes less than $25,000.

- 26% of Oregon and 20% of U.S. adults are limited in some way because of a physical, mental, or emotional problem *(Source: 2014 BRFSS).*

Back Pain Prevention

The best things you can do to prevent back pain are:

- Exercise often and keep your back muscles strong.
- Maintain a healthy weight or lose weight if you weigh too much.
- Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases, http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm)

- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (47%), arthritis (36%), chronic pain (26%), walking problems (21%), lung/breathing problems (20%), eye/vision problems (18%), stress, depression, anxiety, or emotional problems (17%), fractures, bone/joint injuries (17%), fitness level (14%), sleep problems (13%), heart problems (13%), diabetes (11%), hearing problems (8%), high blood pressure (6%), dental problems (6%), tobacco dependency (4%), incontinence (4%), stroke-related problems (3%), cancer (3%), mental health illness/disorder (2%), a learning disability (2%), alcohol dependency (1%), a developmental disability (1%), autism (1%), drug addiction (<1%), and Alzheimer's Disease/dementia (<1%).

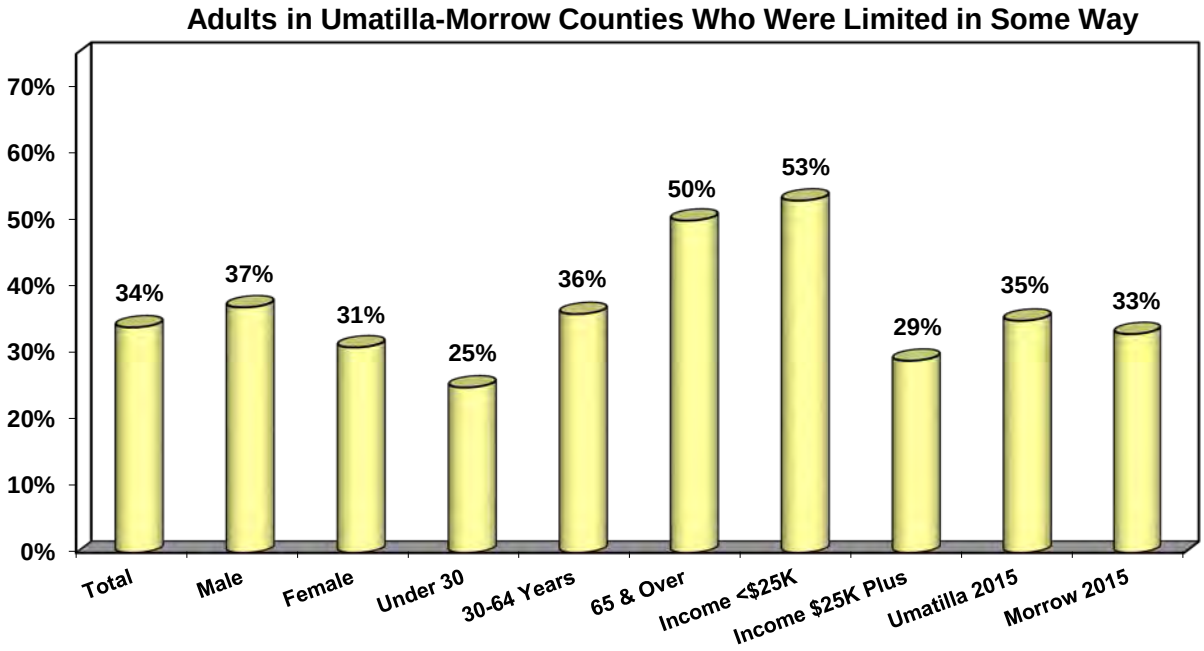
- Adults in Umatilla-Morrow Counties provided regular care or assistance to a friend or family member who had a health problem, long-term illness, or disability an average of 6.2 hours in the past month.

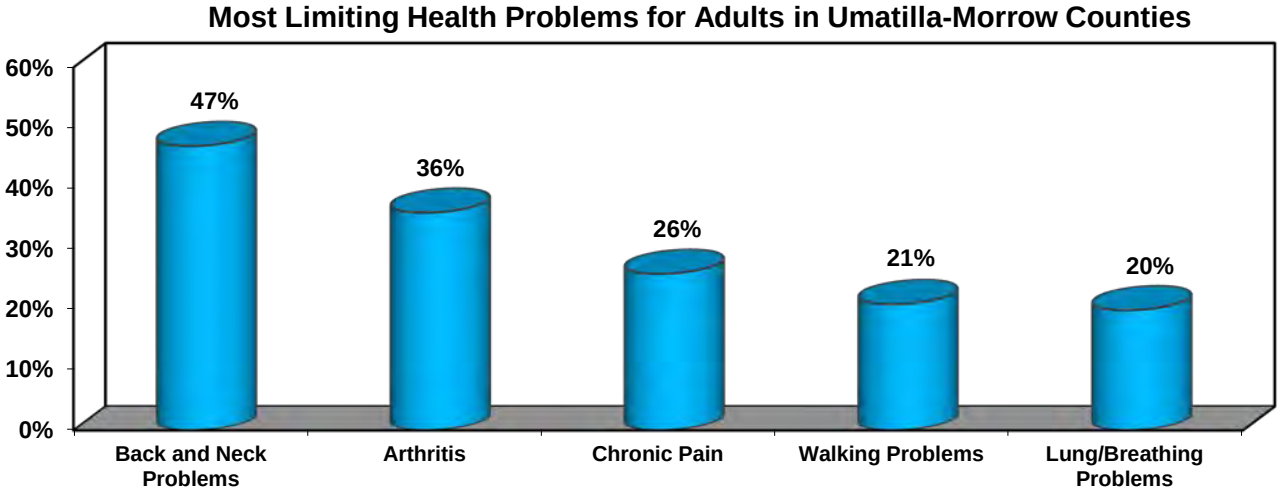
Preventing Memory Loss and Cognitive Decline

- Practices that contribute to healthy memory include exercising regularly, staying social, watching what you eat, managing stress, getting plenty of sleep, and not smoking.
- New research indicates that walking six miles to nine miles every week can prevent brain shrinkage and memory loss. Watch what you eat.
- According to the American Academy of Neurology, older adults who walked between 6 and 9 miles per week had more gray matter in their brains nine years after the start of the study than people who didn't walk as much.
- Ideas for brain exercise include playing games that involve strategy, reading newspapers, magazines, and books that challenge you, getting in the habit of learning new things, and taking a course in an unfamiliar subject that interests you.

(Source: Help Guide, Age-Related Memory Loss, 2013, from: http://www.helpguide.org/life/prevent_memory_loss.htm)

The following graphs show the percentage of adults in Umatilla-Morrow Counties that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 34% of adults in Umatilla-Morrow Counties were limited in some way, 37% of males, and 50% of those 65 and older.





Healthy People 2020 Objective

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Umatilla County 2015	Morrow County 2015	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	36%	37%	36%

(Sources: Healthy People 2020 Objectives, 2015 Umatilla-Morrow Counties Health Assessment)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S 2014
Limited in some way because of a physical, mental, or emotional problem	N/A	35%	24%	33%	26%	20%

N/A – Not available

The Impact of Arthritis

- Arthritis is the most frequent cause of disability among adults in the United States, with osteoarthritis (OA) being the most common type.
- 67 million (25%) adults aged 18 years or older will have doctor-diagnosed arthritis by the year 2030.
- Data indicates that lack of exercise and age are marked risk factors for developing arthritis.
- Arthritis is a co-morbidity of diabetes, heart disease, high cholesterol, high blood pressure and obesity.
- Anxiety and depression can develop in people with diagnosed arthritis. Health care providers should screen all people with arthritis, for both anxiety and depression.

(Source: CDC, Arthritis Data and Statistics, 2011, http://www.cdc.gov/arthritis/data_statistics.htm& Murphy, LB. 2012. "Anxiety and depression among US adults with arthritis: Prevalence and correlates," http://www.ncbi.nlm.nih.gov/pubmed/22550055)

Adult | SOCIAL CONTEXT AND SAFETY

Key Findings

In 2015, 6% of adults in Umatilla-Morrow Counties were threatened or abused in the past year. 55% of adults kept a firearm in or around their home.

Social Context

- 6% of adults in Umatilla-Morrow Counties were threatened or abused in the past year. They were threatened or abused by the following: someone outside their home (40%), a spouse or partner (25%), a child (10%), and someone else (25%).
- They were abused in the following ways: verbally (52%), emotionally (40%), financially (17%), through electronic methods (16%), physically (15%), and sexually (15%).
- In the past month, 13% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 31% of those with incomes less than $25,000.
- 20% of adults in Umatilla-Morrow Counties attempted to get assistance from a social service agency. They looked for assistance from the following: friend or family member (8%), DHS/Self-sufficiency (8%), CAPECO (6%), food pantries (3%), church (2%), Agape House (2%), 2-1-1/United Way (1%), Salvation Army (1%), public health (1%), St. Mary's Outreach (<1%), Red Cross (<1%), and somewhere else (4%). 3% did not know where to look for assistance.
- Adults in Umatilla-Morrow Counties received assistance for the following in the past year: food (11%), utilities (8%), free medical or mental health care (5%), rent/mortgage (4%), transportation (3%), home repair (2%), free tax preparation (2%), clothing (1%), legal aid services (<1%), credit counseling (<1%), and emergency shelter (<1%).

6% of adults in Umatilla-Morrow Counties were threatened or abused in the past year.

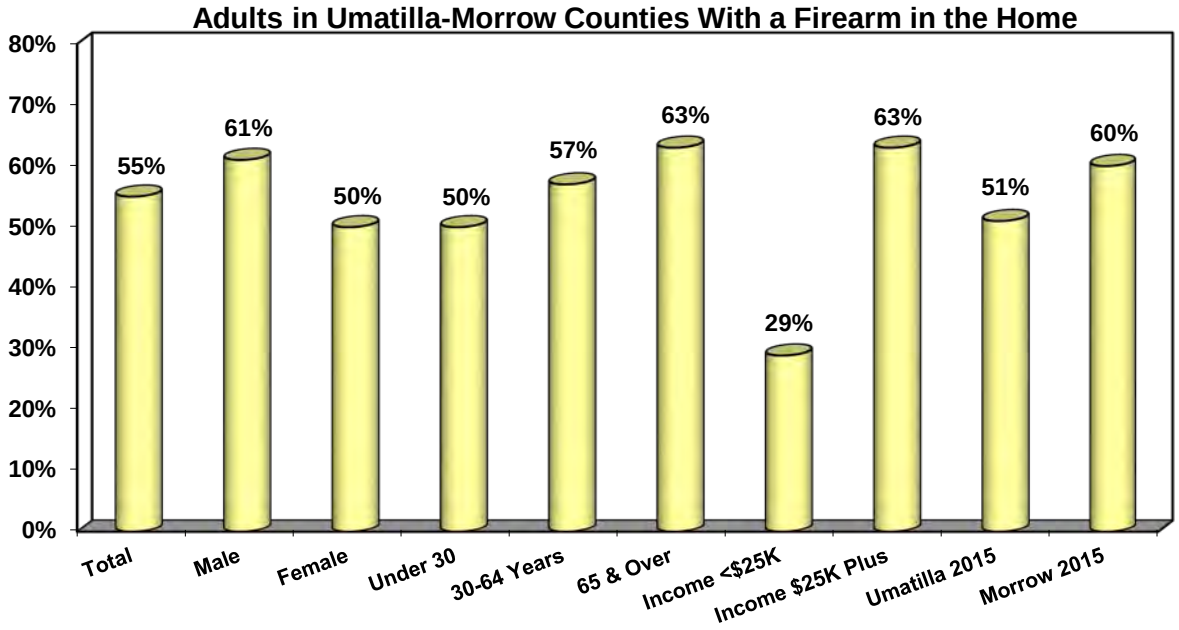
- Adults in Umatilla-Morrow Counties experienced the following in the past 12 months: a close family member went to the hospital (35%), death of a family member or close friend (29%), moved to a new address (13%), had bills they could not pay (12%), someone in their household lost their job (8%), someone close to them had a problem with drinking or drugs (8%), someone in their household had their hours at work reduced (6%), household income was cut by 50% (6%), became separated or divorced (4%), had someone homeless living with them (2%), were threatened by someone close to them (2%), were abused by someone physically, emotionally, sexually or verbally (2%), someone in their household went to jail (1%), were financially exploited (1%), were homeless (1%), their child was threatened by someone close to them (1%), were involved in a physical fight (1%), they or a member family were incarcerated (1%), lost a large sum of money due to gambling activities (<1%), failed a drug screen (<1%), were hit or slapped by their spouse or partner (<1%), and their child was hit or slapped by their spouse or partner (<1%).

Safety

- More than half (55%) of adults in Umatilla-Morrow Counties kept a firearm in or around their home. 5% of adults reported they were unlocked and loaded.
- Adults in Umatilla-Morrow Counties reported doing the following while driving: drinking an alcoholic beverage (11%), using prescription drugs (8%), and using marijuana (2%).

- Residents in Umatilla-Morrow Counties reported that residents needed more education about the following: nutrition (41%), drug abuse (38%), distracted driving (35%), physical fitness (34%), parenting class (34%), DUI (32%), bullying (32%), teenage pregnancy (26%), violence (21%), chronic disease prevention (20%), suicide prevention (20%), tobacco use (19%), speeding (17%), sexting (14%), seat belt or restraint usage (12%), bicycle safety (12%), and falls (7%).

The following graph shows the percentage of adults in Umatilla-Morrow Counties that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 55% of all adults in Umatilla-Morrow Counties kept a firearm in their home, 61% of males, and 57% of those ages 30-64 kept a firearm in their home.



Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Firearms kept in or around their home	62%	51%	57%	60%	N/A	N/A

N/A – Not available

Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides and suicide attempts, accidents or by police intervention in America in an average year.
  - 31,537 people die from gun violence and 71,386 people survive gun injuries.

- Every day, an average of 282 people are shot in America. Of those 282 people, 86 people die and 196 are wounded, but survive.
  - Of the 282 people who are shot every day, an average of 50 are children and teens.
  - Of the 86 people who die, 32 are murdered, 51 are suicides, 2 die accidently and 1 from unknown intent.
  - Of the 196 people who are shot but survive, 140 are from assault, 43 are shot accidently, 10 are suicide attempts, 2 are police interventions and 1 with an unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" fact sheet, retrieved from: http://www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf)

Housing Costs in Oregon

- In the United States, the housing wage is $19.35 for a two bedroom unit and $15.50 for a one-bedroom. The housing wage is an estimate of the full time hourly wage that a household must earn to afford a decent apartment at HUD's estimated Fair Market Rent, without spending more than 30% of income on housing.
- The 2015 Fair Market Rent for a two bedroom apartment in Oregon is $864.
- A household would have to earn $2,879 per month or $34,547 per year to afford the rent and utilities without paying more than 30% of their income on housing.
- The minimum wage is $9.25 per hour in Oregon. An average renter in Oregon would have to work 72 hours per week or 1.8 full time jobs at minimum wage to afford a 2 bedroom apartment.
- In Umatilla County, a renter would have to make at least $14.25 per hour to afford a 2 bedroom apartment at the 2015 Fair Market Rent of $741.
- In Morrow County, a renter would have to make at least $12.37 per hour to afford a 2 bedroom apartment at the 2015 Fair Market Rent of $643.

(Source: National Low Income Housing Coalition, Out of Reach 2015, obtained from: http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf)

2014-2015 Umatilla County Violence Assessment

- A Umatilla County Violence Assessment was conducted through key informant interviews to identify perceptions around violence and violence prevention efforts in Umatilla County.
- The primary areas that respondents felt were important regarding violence prevention in Umatilla County were: Child Abuse, Intimate Partner Violence, and School Bullying.
- Three-quarters (75%) of key informants identified domestic violence as one of their top two issues that should be addressed regarding violence prevention. Many also discussed this issue as one that overlaps with child abuse (domestic violence in the presence of a child) or possible homicide.
- Along with domestic violence, child abuse was a primary focus, with 54% of key informants including it as one of their top two violence areas that need attention. Much of the discussion pertaining to child abuse was also pertaining to domestic violence and generally an environment of violence in the home.
- School bullying was the third highest priority with 25% of the informants including it as one of their top two issues to address regarding violence prevention. Even among those who did not include it as a top two issue, several included it as an important precursor to later violence issues. There were a lot of thoughts regarding the need to focus efforts towards the younger children through high school on conflict resolution, interpersonal relationships, and how to treat other people.
- Gang violence was the fourth most identified priority based on the number of key informants (17%) who included it as one of their top area upon which to focus. There was a distinct difference in the opinions regarding gang violence between those in the social service agencies and those in some parts of the law enforcement system.
- While suicide was only identified as a priority issue by three (13%) key informants, it was often discussed as an impactful experience for youth. Whether the issue was a completed suicide by a relative or friend or an attempted suicide by themselves or someone close to them, this issue is significant. In most cases, suicide was discussed in conjunction with youth experience bullying, and in particular electronic bullying.

(Source: 2014-2015 Umatilla County Violence Assessment)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2015, 2% of adults in Umatilla-Morrow Counties attempted suicide in the past year. 22% of adults had been diagnosed or treated for depression.

Adult Mental Health

- Two percent (2%) of adults reported attempting suicide in the past year.
- Adults in Umatilla-Morrow Counties reported that they or a family member had been diagnosed or treated for the following mental health issues: depression (22%), anxiety disorder (10%), bipolar/manic depression (5%), post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) (4%), attention deficit disorder (ADD/ADHD) (3%), life adjustment disorder/issue (2%), psychotic disorder (<1%), and some other mental health disorder (3%).
- 17% of adults reported they or a family member have taken medication for one or more of the above mental health issues.
- Adults in Umatilla-Morrow Counties received the social and emotional support they needed from the following: family (77%), friends (69%), church (25%), Internet (6%), neighbors (5%), community (5%), a professional (5%), self-help group (2%), and other (4%).
- Adults dealt with stress in the following ways: talking to someone they trust (47%), exercising (40%), listening to music (38%), sleeping (36%), working on a hobby (30%), eating more or less than normal (26%), working (26%), drinking alcohol (12%), smoking tobacco (7%), meditating (7%), taking it out on others (6%), using prescription drugs (6%), using herbs or home remedies (5%), using illegal drugs (2%), gambling/lottery (1%), and other ways (15%).

Suicide Facts

- 42,773 people in the U.S. died from suicide, and 1,069,325 people attempted suicide in 2014.
- An average of one person killed themselves every 12.3 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.4 male deaths.
- The leading suicide methods included:
  - Firearm suicides (49.9%)
  - Suffocation/Hanging (26.7%)
  - Poisoning (15.9%)
  - Cutting/Piercing (1.7%)
  - Drowning (0.9%)

(Sources: American Association of Suicidology, Facts & Statistics, from: (http://www.suicidology.org/resources/facts-statistics)

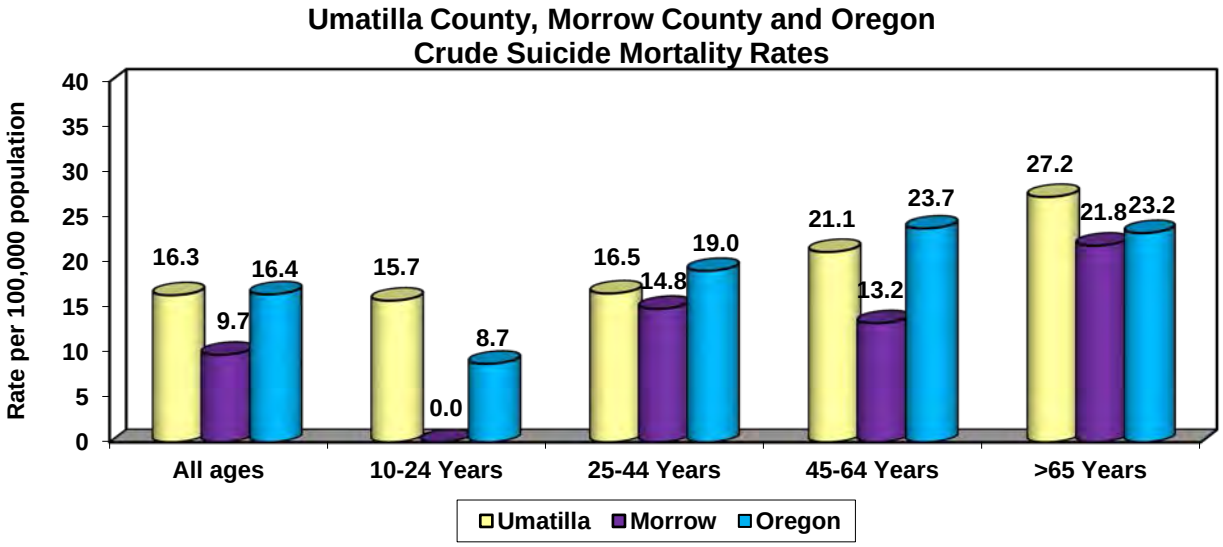
Depression

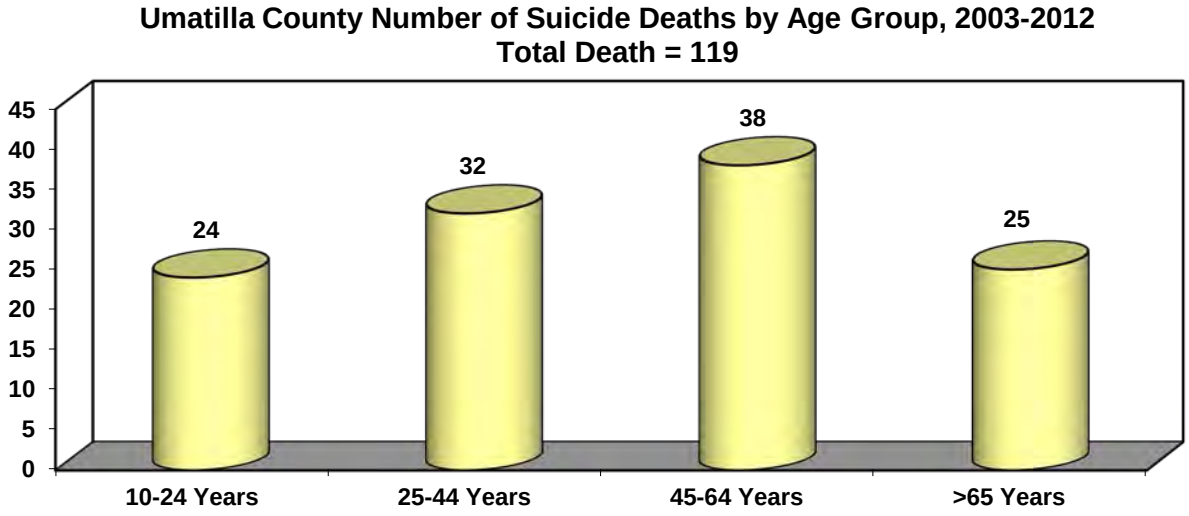
- With early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people with depression get better. Left untreated, depression can be devastating, both for the people who have it and for their families.
- Just like with any mental health condition, people with depression or who are going through a depressive episode (also known as major or clinical depression) experience symptoms differently. But for most people, depression changes how they function day-to-day. Some of the symptoms are:
  - Changes in sleep
  - Lack of concentration
  - Lack of interest
  - Hopelessness
  - Physical aches and pains
  - Changes in appetite
  - Loss of energy
  - Low self-esteem
  - Changes in movement

(Source: National Alliance on Mental Illness, Depression, from: (https://www.nami.org/Learn-More/Mental-Health-Conditions/Depression)

The following graphs show the Oregon, Umatilla County, and Morrow County crude suicide mortality rates per 100,000 population, as well as the Umatilla County number of suicide deaths by age group. The graphs show:

- Suicide rates in Umatilla County among adults aged 65 years and older were highest followed by adults aged 45-64 years.
- From 2003-2012, the highest number of suicide death occurred among adults aged 45-64 years in Umatilla County.
- From 2003-2012, there were 119 suicide deaths in Umatilla County.

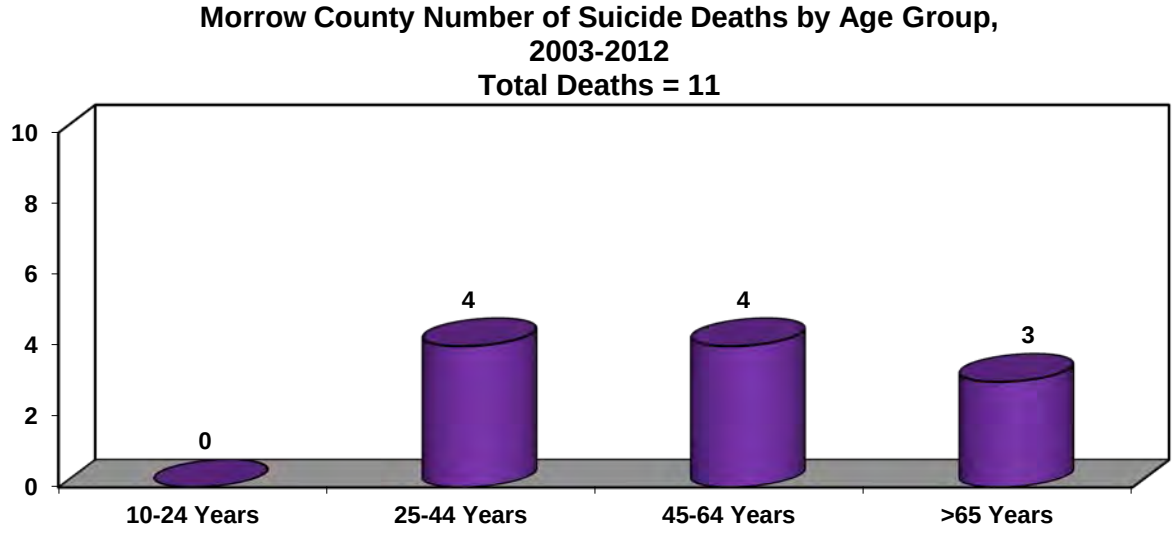


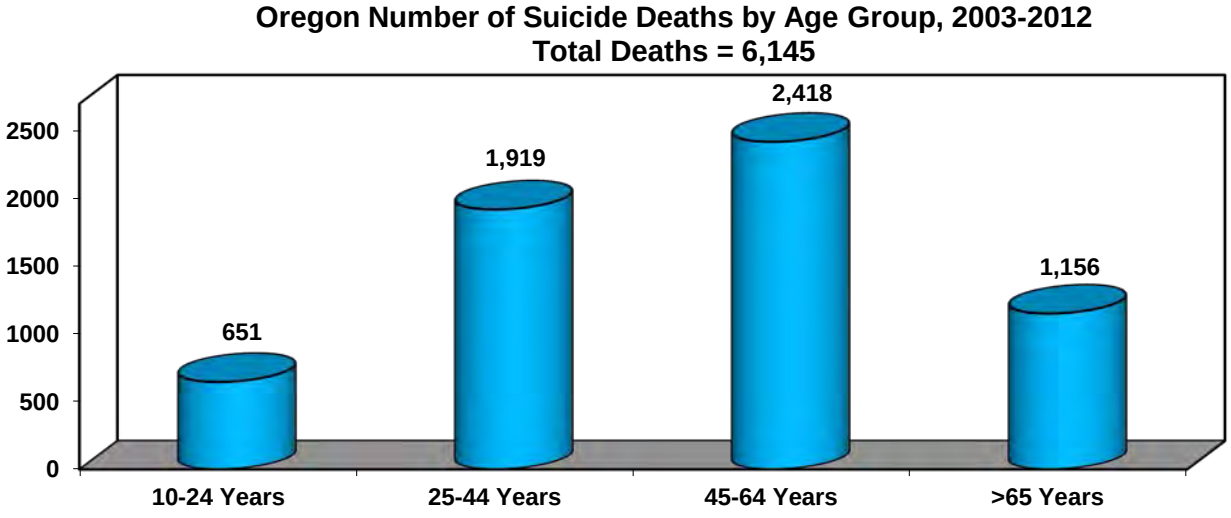


(Source: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risks Factors", Obtained from: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf)

The following graphs show the Morrow County and Oregon number of suicide deaths by age group. The graphs show:

- From 2003-2012, there were 11 suicide deaths in Morrow County.
- From 2003-2012, the highest number of suicide death in Oregon occurred among adults aged 45-64 years.





(Source: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risks Factors", Obtained from: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf)

Adult | ORAL HEALTH

Key Findings

The 2015 Health Assessment project has determined that more than three-fifths (62%) of adults in Umatilla-Morrow Counties had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of U.S. adults and 66% of Oregon adults had visited a dentist or dental clinic in the previous twelve months.

Oral Health and Other Medical Conditions

- Research has indicated that monitoring a person's oral health can aid early identification of certain chronic medical conditions.
- Gum disease may also cause existing heart conditions to worsen and increase the risk of heart disease and stroke.
- Poorly controlled diabetes may worsen periodontal disease, which in turn can put people with diabetes at risk for other diabetes-related complications.
- Pregnant women with gum disease are more likely to have children with preterm low birth weight.

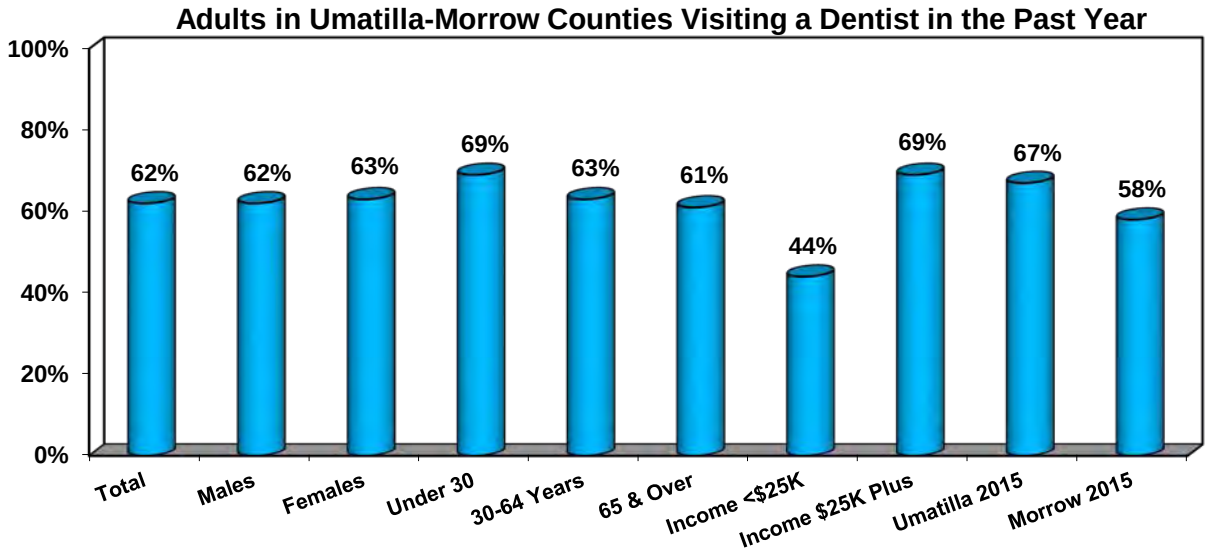
(Source: OHA, Oral Health and Other Medical Conditions, Obtained from: http://public.health.oregon.gov/PreventionWellness/oralhealth/Pages/conds.aspx)

Access to Dental Care

- In the past year, 62% of adults in Umatilla-Morrow Counties had visited a dentist or dental clinic, decreasing to 44% of adults with annual household incomes less than $25,000.
- The 2014 BRFSS reported that 65% of U.S. adults and 66% of Oregon adults had visited a dentist or dental clinic in the previous twelve months.
- More than two-thirds (69%) of adults in Umatilla-Morrow Counties with dental insurance have been to the dentist in the past year, compared to 55% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 40% said cost, 23% had no oral health problems, 18% said fear, apprehension, nervousness, pain, and dislike going, 17% did not have/know a dentist, 15% had not thought of it, 6% said their dentist did not accept their medical coverage, 6% said the wait for an appointment was too long, 3% had other priorities, 3% could not get to the office/clinic, 3% could not find a dentist to who took Medicaid, 3% could not find a dentist taking new Medicaid patients, 2% could not get into a dentist, and 2% could not find a dentist who treated special needs clients.
- Two-fifths (40%) of adults had one or more of their permanent teeth removed, increasing to 69% of those ages 65 and over. The 2014 BRFSS reported that 43% of U.S. adults and 40% of Oregon adults had one or more permanent teeth removed.
- The 2015 Health Assessment reports that 14% of adults in Umatilla-Morrow Counties ages 65 and over had all of their permanent teeth removed. The 2014 BRFSS reported that 15% of U.S. adults and 13% of Oregon adults ages 65 and over had all of their permanent teeth removed.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Morrow County 2013	Morrow County 2015	Oregon 2014	U.S. 2014
Adults who have visited the dentist in the past year	63%	67%	58%	58%	66%	65%
Adults who had one or more permanent teeth removed	40%	32%	47%	47%	40%	43%
Adults 65 years and older who had all of their permanent teeth removed	17%	14%	18%	14%	13%	15%

The following graph provides information about the frequency of adult dental visits in Umatilla-Morrow Counties. Examples of how to interpret the information on the graph include: 62% of all adults in Umatilla-Morrow Counties had been to the dentist in the past year, 69% of those under the age of 30, and 44% of those with incomes less than $25,000.



Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	62%	16%	12%	7%	1%
Females	63%	15%	11%	8%	0%
Total	62%	15%	11%	8%	<1%

Totals may not equal 100% as some respondents answered do not know.

Oral Health in Older Adults

- Older adults are at risk for getting cavities, gum disease and mouth cancer – and these may not cause any pain or discomfort until they are advanced.
- Everyone needs to see their dentist for a checkup at least once a year – preferably more often.
- People without natural teeth are at risk for mouth cancer as well as gum problems. Denture wearers need to have their mouth and their dentures checked at least once a year.
- As with many other cancers, older adults are more likely to get mouth cancer than younger people.
- Everyone is at a greater risk of getting mouth cancer if they use tobacco, drink alcohol a lot, or are repeatedly exposed to the sunlight.
- Severe gum disease has also been associated with pneumonia in long-term care patients, heart disease, stroke, and poor diabetic control.
- Periodontal disease can be prevented by:
  - Cleaning your teeth and gums thoroughly every day.
  - Getting regular checkups from your dentist.
  - Following the advice of your dentist and dental hygienist.

(Source: American Dental Association: Oral Longevity Questions and Answers, from: http://www.ada.org/sections/publicResources/pdfs/faq.pdf)

Adult | PARENTING

Key Findings

In 2015, 20% of parents in Umatilla-Morrow Counties reported their child did not get all of the medical care they needed in the past year. 27% of parents were concerned about their child's depression/anxiety/mental health.

Talking to your Teen about Drinking

- Be honest and direct.
- Encourage your teen to talk to you about drinking, remain calm when listening.
- Try not to judge or criticize. Make it comfortable for your teen to talk honestly.
- Remind your teen that drinking comes with serious risks.
- Emphasize that your teen should never drink and drive or ride with a driver who has been drinking.

(Source: MedlinePlus, Talking to your teen about drinking http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.html, May 14, 2014)

Parenting

- 20% of parents in Umatilla-Morrow Counties reported their child did not get all of the medical care they needed in the past year for the following reasons: no referral (10%), cost (7%), treatment was ongoing (6%), no insurance (4%), doctor did not know how to treat or provide care (3%), did not like the doctor (2%), could not find a doctor who accepted child's insurance (2%), not available in area/transportation problems (2%), inconvenient times/could not get an appointment (1%), health plan problem (<1%), did not know where to go for treatment (<1%), and child refused to go (<1%). No one reported that there was a vaccine shortage or language barriers.

- Parents reported their child needed the following special health services in the past year: speech therapy (43%), counseling (33%), special education (25%), physical therapy (24%), medical equipment (13%), occupational therapy (8%), out-of-home care (8%), and respite care (4%).

- 34% of parents in Umatilla-Morrow Counties reported their child did not get all of the dental care they needed in the past year for the following reasons: child not old enough to go to the dentist (14%), no referral (6%), no insurance (5%), cost (4%), could not find a dentist who accepted their insurance (3%), inconvenient times/could not get an appointment (2%), child refused to go (2%), dissatisfaction with dentist (2%), missed an appointment and was not allowed to go back to clinic (2%), dentist did not know how to treat or provide care (1%), did not know where to go for treatment (1%), treatment was ongoing (<1%), and other reasons (6%). No one reported having health plan problems, transportation problems.

- Parents were concerned about the following issues with their child: depression/anxiety/mental health (27%), bullying (16%), not getting enough exercise (15%), facebook and other social network sites (15%), having a poor diet (13%), developing a weight problem (12%), getting/using alcohol (12%), using drugs (12%), teen pregnancy (11%), TV watching (10%), using tobacco (9%), texting (7%), academic performance (7%), communication/speech (6%), oral health/hygiene (5%), violence (4%), drinking and driving (4%), hearing (2%), and not having enough food available (1%).

- Parents faced the following challenges regarding day-to-day demands of parenting and raising children: finding extracurricular activities for their child (22%), managing their child's behavior (19%), demands of multiple children (19%), being a single parent (15%), financial burdens (14%), transporting their child to extracurricular activities (8%), finding reliable childcare (8%), affordable childcare (8%), child with special needs (6%), post-partum depression (3%), difficulty with lifestyle changes (2%), loss of freedom (2%), alcohol and/or drug abuse (1%), and other challenges (3%).

American Indian/ Alaska Native | HEALTH CARE ACCESS COVERAGE & UTILIZATION

Key Findings

The 2015 Health Assessment indicates that 7% of American Indian/Alaska Native adults in the Yellowhawk Service Area did not have health care coverage. 28% rated their health as fair or poor.

Health Status

- The Yellowhawk Service Area includes 3 counties in Oregon (Umatilla County, Morrow County and Union County).

- American Indian/Alaska Native (AI/AN) adults in the Yellowhawk Service Area were more likely than general population to:
  - Have rated their health status as fair or poor (28% compared to 22% of general population).
  - Have rated their physical health as not good on four or more days in the previous month (34% compared to 21% of general population).
  - Have rated their mental health as not good on four or more days in the previous month (30% compared to 22% of general population).

Demographics

- There were 4,343 American Indian/Alaska Natives (AI/AN) living in the Confederated Tribes of the Umatilla Indian Reservation Contract Health Service Delivery Area of Umatilla and Union Counties, Oregon.
- The median age for the American Indian/Alaska Natives in this region was 29 years old.
- The median income was $34,783 for the AI/AN in Oregon between 2006-2010.
- More than one-quarter (27%) of people were in poverty between 2006-2010.
- In 2012, no state had a prevalence of obesity less than 20%.

(Source: U.S. Census, 2010 and Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - CTUIR CHSDA, Oregon. Portland, OR; Northwest Tribal Epidemiology Center, 2015)

28% of American Indian/Alaska Native adults in the Yellowhawk Service Area rated their health as fair or poor.

Health Care Coverage

- In 2015, 7% of American Indian/Alaska Native adults in the Yellowhawk Service Area did not have health care coverage.

- American Indian/Alaska Native adults in the Yellowhawk Service Area used the following types of health care coverage: employer (43%), Medicaid or medical assistance (18%), Medicare (16%), Indian Health Service (15%), self-paid plan (3%), someone else's employer (1%), military, CHAMPUS, TriCare, or VA (1%), Health Insurance Marketplace (1%), and other (1%).

- American Indian/Alaska Native adults in the Yellowhawk Service Area had health care coverage that included the following: medical (97%), prescription coverage (87%), dental (83%), immunizations (80%), vision (74%), mental health (68%), mental health counseling (63%), outpatient therapy (59%), preventive health (54%), alcohol and drug treatment (48%), their children (42%), County physicians (29%), their spouse (28%), long-term care (26%), transportation (25%), home care (20%), skilled nursing (20%), their partner (17%), hospice (15%), and assisted living (10%).

Health Care Utilization

- More than half (60%) of American Indian/Alaska Native adults in the Yellowhawk Service Area visited a doctor for a routine checkup in the past year.
- About two-fifths (41%) of AI/AN adults in the Yellowhawk Service Area reported they had one person they thought of as their personal doctor or healthcare provider.
- American Indian/Alaska Native adults in the Yellowhawk Service Area went to the following places for their health care needs: Pendleton (67%), Walla Walla (32%), Yellowhawk (18%), Tri-Cities (17%), Hermiston (12%), Portland (11%), Mission (3%), LaGrande (2%), Milton Freewater (1%), The Dalles (1%), Spokane (1%), and other places (1%). No one reported going to Boardman, Irrigon, Ione, or Heppner for their health care needs.
- 43% of American Indian/Alaska Native adults in the Yellowhawk Service Area went outside of Umatilla-Morrow Counties for the following health care services in the past year: specialty care (22%), dental services (6%), cardiac care (6%), orthopedic care (5%), primary care (4%), obstetrics/gynecology/NICU (4%), cancer care (2%), mental health care (1%), counseling services (1%), pediatric therapies (1%), addiction pediatric care (1%), services (1%), and other services (6%). No one reported leaving Umatilla or Morrow Counties for hospice, palliative care, or developmental disability services.
- The following might prevent AI/AN adults in the Yellowhawk Service Area from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (21%), difficult to get an appointment (16%), worried they might find something wrong (9%), difficult to find/no transportation (9%), could not get time off work (8%), hours not convenient (7%), doctor would not take their insurance (6%), frightened of the procedure or doctor (6%), do not trust or believe doctors (6%), discrimination (2%), could not find childcare (1%), and some other reason (7%).
- American Indian/Alaska Native adults in the Yellowhawk Service Area were more likely than general population to:
  - Have had one or more of their permanent teeth removed (56% compared to 40% of general population).
  - Have looked for a program to stop smoking (9% compared to 6% of general population).
  - Have looked for a program for the elderly (10% compared to 5% of general population).
  - Have gone to the dentist in the past year (69% compared to 62% of general population).

Adult Comparisons	Umatilla County AI/AN Adults 2011*	Yellowhawk Service Area AI/AN Adults 2015**	Morrow County 2015	Umatilla County 2015	Union County 2015	Oregon 2014	U.S. 2014
Rated health as fair or poor	33%	28%	17%	27%	14%	16%	17%
Uninsured	27%	7%	8%	8%	10%	11%	13%
Adults who have visited the dentist in the past year	55%	69%	58%	67%	64%	66%	65%

AI/AN – American Indian/Alaska Native

** The 2011 Umatilla County American Indian/Alaska Native data was obtained from 139 surveys and was not generalizeable to the Umatilla County American Indian/Alaska Native population.*

*** The Yellowhawk Service Area includes 3 counties (Umatilla County, Morrow County and Union County).*

(Source: 2011 Umatilla County Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2015 Union County Health Assessment, and 2014 BRFSS)

American Indian/ Alaska Native | CHRONIC DISEASES & PREVENTION

Key Findings

In 2015, 26% of American Indian/Alaska Native adults in the Yellowhawk Service Area were diagnosed with diabetes and 50% with high blood pressure. 81% of American Indian/Alaska Native adults in the Yellowhawk Service Area were either overweight or obese.

- The Yellowhawk Service Area includes 3 counties in Oregon (Umatilla County, Morrow County and Union County).

- American Indian/Alaska Native (AI/AN) adults in the Yellowhawk Service Area were more likely to have been diagnosed with:
  - High blood pressure (50% compared to 31% of the general population).
  - Diabetes (26% compared to 13% of the general population).
  - High blood cholesterol (45% compared to 35% of the general population).
  - Angina (8% compared to 4% of the general population).
  - Arthritis (37% compared to 33% of the general population).

- American Indian/Alaska Native adults in the Yellowhawk Service Area were more likely than general population to:
  - Be overweight or obese (81% compared to 74% of the general population).
  - Have used recreational marijuana in the past month (15% compared to 8% of the general population).
  - Have had a mammogram in the past year (55% compared to 50% of the general population).
  - Have had a clinical breast exam in the past year (53% compared to 43% of the general population).
  - Be a current smoker (23% compared to 13% of the general population).
  - Be considered a binge drinker (of all adults) (34% compared to 23% of the general population).
  - Have had two or more sexual partners in the past year (8% compared to 4% of the general population).
  - Have been forced to have sexual intercourse when they did not want to (15% compared to 10% of the general population).
  - Have had their blood cholesterol checked within the past 5 years (83% compared to 78% of the general population).
  - Have been limited in anyway in any activities (42% compared to 34% of the general population).
  - Have received a seasonal flu vaccine in the past year (70% compared to 55% of the general population).

- American Indian/Alaska Native adults in the Yellowhawk Service Area were less likely than general population to:
  - Have consumed alcohol in the past 30 days (38% compared to 53% of the general population).
  - Be considered a frequent drinker (10% compared to 17% of the general population).
  - Have had a pap smear in the past year (30% compared to 36% of the general population).
  - Have been taught by a healthcare professional how to do a testicular exam (23% compared to 32% of the general population).

Preventive Medicine and Health Screenings

- American Indian/Alaska Native adults in the Yellowhawk Service Area have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (69%), MMR in their lifetime (62%), annual flu vaccine – shot in the past year (60%), chicken pox vaccine in their lifetime (50%), pneumonia vaccine in their lifetime (47%), Hepatitis B vaccine in their lifetime (38%), Hepatitis A vaccine in their lifetime (35%), Zoster (shingles) vaccine in their lifetime (27%), pertussis vaccine in the past 10 years (26%), and human papillomavirus vaccine in their lifetime (18%), and annual flu vaccine-nasal spray in the past year (11%),

Tobacco Use

- 23% of AI/AN adults in the Yellowhawk Service Area were current smokers.
- AI/AN adults in the Yellowhawk Service Area used the following tobacco products in the past year: cigarettes (34%), e-cigarettes (7%), chewing tobacco (7%), roll-your-own cigarettes (5%), cigars (4%), Black and Milds (3%), cigarillos (2%), swishers (2%), pouch (2%), little cigars (1%), snuff (1%), pipes (1%), and hookah (1%).

Alcohol Use

- Of those who drank, American Indian/Alaska Native adults in the Yellowhawk Service Area drank 3.5 drinks on average, compared to 2.6 drinks for general population.

Marijuana Use

- Of those who used any type of marijuana in the past month, American Indian/Alaska Native adults in the Yellowhawk Service Area used marijuana an average of 16.7 days, compared to 17.4 days for general population.
- 6% of American Indian/Alaska Native adults in the Yellowhawk Service Area used medicinal marijuana in the past month.

Drug Use

- Two percent of American Indian/Alaska Native adults in the Yellowhawk Service Area used illegal drugs in the past 6 months.
- One in seven (14%) AI/AN adults in the Yellowhawk Service Area used prescription medications that were not prescribed for them, or took more than was prescribed in order to feel good or get high.

Mental Health

- One percent of AI/AN adults in the Yellowhawk Service Area reported attempting suicide in the past year.
- American Indian/Alaska Native adults in the Yellowhawk Service Area reported that they or a family member had been diagnosed or treated for the following mental health issues: depression (23%), anxiety disorder (10%), post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) (7%), life adjustment disorder/issue (6%), bipolar/manic depression (2%), attention deficit disorder (ADD/ADHD) (1%), psychotic disorder (1%), and some other mental health disorder (1%).
- 16% of adults reported they or a family member had taken medication for one or more of the above mental health issues.

Weight Control/Physical Activity/Diet and Nutrition

- In 2015, the health assessment indicated that nearly four-fifths (81%) of American Indian/Alaska Native adults in the Yellowhawk Service Area were either overweight (28%) or obese (53%) by Body Mass Index (BMI).

- AI/AN adults in the Yellowhawk Service Area did the following to lose weight or keep from gaining weight: drank more water (45%), exercised (43%), ate less food, fewer calories, or foods low in fat (34%), ate a low-carb diet (8%), took supplements such as shakes, powders, or liquids without a doctor's advice (8%), smoked cigarettes (6%), health coaching (4%), went without eating 24 or more hours (2%), participated in a prescribed dietary or fitness program (2%), took diet pills without a doctor's advice (2%), bariatric surgery (1%), took prescribed medications (1%), used a weight loss program (1%), vomit after eating (1%), and took laxatives (<1%).

- American Indian/Alaska Native adults in the Yellowhawk Service Area spent an average of 3.1 hours watching TV, 1.6 hours on their cell phone, 1.1 hours on the computer (outside of work), and 0.2 hours playing video games on an average day of the week.

- In 2015, 3% of adults were eating 5 or more servings of fruits and vegetables per day. 91% were eating between 1 and 4 servings per day.

- American Indian/Alaska Native adults in the Yellowhawk Service Area purchased their fruits and vegetables from the following places: large grocery store (85%), farmer's market (24%), local grocery store (23%), garden/grew their own (15%), produce stand (14%), community garden (5%), restaurants (4%), corner/convenience stores (3%), Dollar General/Store (2%), group purchasing/ consumer supported agricultural (CSA) (1%), food pantry (1%), and other places (2%).

- American Indian/Alaska Native adults in the Yellowhawk Service Area reported the following barriers to consuming fruits and vegetables: too expensive (18%), did not know how to prepare (6%), no variety (3%), no access (3%), did not like the taste (2%), transportation (1%), did not take EBT (1%), and other barriers (5%).

- 27% of AI/AN adults in the Yellowhawk Service Area drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 31% of adults did not drink any sugar-sweetened beverages in the past week.

- 38% of AI/AN adults in the Yellowhawk Service Area drank coffee, espresso, energy drinks or other caffeinated drinks at least once per day. 34% of adults did not drink any caffeinated beverages in the past week.

- American Indian/Alaska Native adults in the Yellowhawk Service Area ate out in a restaurant or brought home take-out food an average of 2.1 times per week.

Body Mass Index (BMI)

- From 2011-2013, American Indian/Alaska Natives (AI/AN) in Oregon were more likely to be overweight or obese than their Non-Hispanic White (NHW) counterparts in the state.
- Over 60% of AI/AN males and over 45% females were overweight or obese
- Compared to NHW males, a lower percentage of AI/AN males were overweight (40% vs. 33%), but more AI/AN males reported being obese (30% vs 26%).
- From 2010-2013, the percent of obese children in Yellowhawk Clinic's patient population ranged between 18% and 22%, and was below the obesity rate among children in the Portland Area Indian Health Services (HIS) and national IHS patient populations.
- In 2014, Yellowhawk's childhood obesity rate increased to 29.2%. This was higher than the rate for the Portland Area IHS (26.8%)

(Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - CTUIR CHSDA, Oregon. Portland, OR; Northwest Tribal Epidemiology Center, 2015)

Adult Comparisons	Umatilla County AI/AN Adults 2011*	Yellowhawk Service Area AI/AN Adults 2015**	Morrow County 2015	Umatilla County 2015	Union County 2015	Oregon 2014	U.S. 2014
Overweight	31%	28%	43%	34%	36%	34%	35%
Obese	50%	53%	34%	37%	28%	28%	30%
Diagnosed with diabetes	34%	26%	13%	14%	8%	10%	11%
Diagnosed with asthma	27%	16%	14%	24%	14%	17%	14%
Diagnosed with arthritis	50%	37%	29%	36%	N/A	26%	26%
Current drinker	41%	38%	55%	51%	59%	59%	53%
Current smoker	28%	23%	12%	15%	10%	17%	18%

N/A – Data is not available
AI/AN – American Indian/Alaska Native

** The 2011 Umatilla County American Indian/Alaska Native data was obtained from 139 surveys and was not generalizeable to the Umatilla County American Indian/Alaska Native population.*

*** The Yellowhawk Service Area includes 3 counties (Umatilla County, Morrow County and Union County).*

(Source: 2011 Umatilla County Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2015 Union County Health Assessment, and 2014 BRFSS)

Diabetes

- American Indian/Alaska Native (AI/AN) adults have among the highest rates of diabetes in the U.S. Diabetes is the fourth leading cause of death for AI/AN nationwide.
- From 2010-2012, 15.9% of AI/AN had diabetes, compared to 7.6% NHW.
- AI/AN in Oregon have higher rates of diabetes than Non-Hispanic White (NHW) in the state. Diabetes is the fifth leading cause of death for AI/AN in Oregon, and fourth for the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) CHSDA.
- The age-adjusted death rate for diabetes among AI/AN in CTUIR CHSDA is about double that of AI/AN in the state of Oregon and 5.6 times greater than NHW in the state.
- From 2011-2013, about 11% of AI/AN males and females had diabetes, which was slightly higher than the rate among NHW males (10.2%) and females (8.9%).
- From 2010-2014, the diabetes prevalence among Yellowhawk Clinic patients was higher than the prevalence among patients in other Portland Area IHS facilities and IHS patients nationwide.

(Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - CTUIR CHSDA, Oregon. Portland, OR; Northwest Tribal Epidemiology Center, 2015)

American Indian | QUALITY OF LIFE AND SAFETY

Key Findings

Almost half (49%) of American Indian/Alaska Native adults in the Yellowhawk Service Area kept a firearm in or around their home. 23% of American Indian/Alaska Native adults in the Yellowhawk Service Area attempted to get assistance from a social service agency. About two-fifths (42%) were limited in some way because of a physical, mental or emotional problem.

- The Yellowhawk Service Area includes 3 counties in Oregon (Umatilla County, Morrow County and Union County).
- American Indian/Alaska Native adults in the Yellowhawk Service Area were more likely than the general population to:
  - Have been limited in some way because of a physical, mental or emotional problem (42% compared to 34% of the general population).

Domestic and Intimate Partner Violence Screenings

- Portland Area Indian Health Services monitors the percentage of AI/AN females aged 15-40 who were screened for domestic violence in the past year.
- Yellowhawk Clinic screened 73% of female patients ages 15-40 for domestic violence/intimate partner violence in 2014.
- Yellowhawk's screening rate exceeded the Indian Health Services goal (64.1%), the Portland Area Indian Health Services rate (56.3%) and the national Indian Health Services rate (63.5%).

(Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - CTUIR CHSDA, Oregon. Portland, OR; Northwest Tribal Epidemiology Center, 2015)

Quality of Life

- One-quarter (25%) of AI/AN adults in the Yellowhawk Service Area needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills.
- American Indian/Alaska Native adults in the Yellowhawk Service Area received assistance for the following in the past year: food (19%), utilities (12%), transportation (8%), rent/mortgage (6%), free medical or mental health care (5%), home repair (5%), clothing (4%), free tax preparation (3%), legal aid services (3%), credit counseling (1%), and emergency shelter (1%).
- 23% of AI/AN adults in the Yellowhawk Service Area attempted to get assistance from a social service agency. They looked for assistance from the following: CAPECO (12%), friend or family member (8%), St. Mary's Outreach (8%), DHS/Self-sufficiency (6%), food pantries (4%), church (3%), Salvation Army (3%), Public Health (2%), Pioneer Relief Nursery (1%), Agape House (1%), Red Cross (<1%), and somewhere else (2%). 3% did not know where to look for assistance.
- American Indian/Alaska Native adults in the Yellowhawk Service Area received the social and emotional support they needed from the following: family (73%), friends (64%), church (18%), community (7%), Internet (6%), neighbors (6%), a professional (6%), self-help group (2%), and other (3%). An additional 12% of adults did not get the social and emotional support they needed.
- American Indian/Alaska Native adults in the Yellowhawk Service Area dealt with stress in the following ways: listening to music (43%), talking to someone they trust (40%), exercising (39%), sleeping (34%), working on a hobby (28%), eating more or less than normal (26%), working (25%), drinking alcohol (15%), smoking tobacco (15%), meditating (11%), taking it out on others (9%), gambling/lottery (9%), using prescription drugs (6%), using herbs or home remedies (4%), using illegal drugs (2%), and other ways (13%).

- In 2015, more than two-fifths (42%) of American Indian/Alaska Native (AI/AN) adults in the Yellowhawk Service Area were limited in some way because of a physical (34%), mental (6%), or emotional (4%) problem.

- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (50%), arthritis (36%), walking problems (29%), chronic pain (28%), fitness level (22%), sleep problems (20%), stress, depression, anxiety, or emotional problems (18%), fractures, bone/joint injuries (16%), diabetes (15%), lung/breathing problems (12%), eye/vision problems (12%), hypertension/high blood pressure (12%), hearing problems (10%), tobacco dependency (7%), heart problems (7%), dental problems (6%), incontinence (5%), mental health illness/disorder (5%), alcohol dependency (4%), a learning disability (3%), cancer (3%), stroke-related problems (2%), a developmental disability (2%), autism (1%), drug addiction (1%), Alzheimer's Disease/dementia (1%), and other impairment or problem (7%).

- American Indian/Alaska Native adults in the Yellowhawk Service Area provided regular care or assistance to a friend or family member who had a health problem, long-term illness, or disability an average of 4.5 days in the past month, compared to 6.2 days for the general population.

Safety

- American Indian/Alaska Native adults in the Yellowhawk Service Area drove a vehicle in the past month after doing the following: drinking alcohol (10%), using prescription medication (5%), and using marijuana (4%).

- Almost half (49%) of AI/AN adults in the Yellowhawk Service Area kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.

- 16% of American Indian/Alaska Native adults in the Yellowhawk Service Area were threatened or abused in the past year. They were threatened or abused by the following: another person outside the home (36%), a spouse or partner (13%), another family member (11%), a child (7%), and someone else (14%).

- Of those who were abused, they were abused in the following ways: verbally (76%), emotionally (44%), physically (24%), financially (18%), sexually (13%), and any of these ways through electronic methods (13%). *(Percentages may be greater than 100% due to the respondent reporting abuse from more than one method.)*

Adult Comparisons	Umatilla County AI/AN Adults 2011*	Yellowhawk Service Area AI/AN Adults 2015**	Morrow County 2015	Umatilla County 2015	Union County 2015	Oregon 2014	U.S. 2014
Firearms kept in or around their home	54%	49%	60%	51%	N/A	N/A	N/A
Limited in some way because of a physical, mental, or emotional problem	50%	42%	33%	35%	24%	26%	20%

N/A – Data is not available
AI/AN – American Indian/Alaska Native

** The 2011 Umatilla County American Indian/Alaska Native data was obtained from 139 surveys and was not generalizeable to the Umatilla County American Indian/Alaska Native population.*
*** The Yellowhawk Service Area includes 3 counties (Umatilla County, Morrow County and Union County).*

(Source: 2011 Umatilla County Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2015 Union County Health Assessment, and 2014 BRFSS)

Hispanic | HEALTH CARE ACCESS, COVERAGE & UTILIZATION

Key Findings

The 2015 Health Assessment indicates that one-fifth (20%) of Hispanic adults in Umatilla-Morrow Counties did not have health care coverage. 18% rated their health as fair or poor.

Health Status

- Hispanic adults were less likely than the general population to:
  - Have rated their health status as fair or poor (18% compared to 22% of the general population).
  - Have rated their mental health as not good on four or more days in the previous month (18% compared to 22% of the general population).

- Hispanic adults were more likely than the general population to:
  - Be uninsured (20% compared to 8% of the general population).

18% of Hispanic adults in Umatilla-Morrow Counties rated their health as fair or poor.

Health Care Coverage

- 20% of Hispanic adults did not have health care coverage, compared to 8% of the general population for Umatilla-Morrow Counties.

- Hispanic adults used the following types of health care coverage: employer (36%), Medicaid or medical assistance (26%), Medicare (6%), someone else's employer (5%), multiple-including private sources (3%), self-paid plan (2%), multiple-including government sources (<1%), military, CHAMPUS, TriCare, or VA (<1%), and other (4%).

- Hispanic adults in Umatilla/Morrow Counties health care coverage included the following: medical (94%), dental (87%), vision (76%), prescription coverage (73%), immunizations (64%), their children (57%), mental health (54%), County physicians (43%), their spouse (41%), mental health counseling (41%), preventive health (39%), their partner (36%), outpatient therapy (35%), long-term care (31%), alcohol and drug treatment (25%), skilled nursing (20%), hospice (16%), transportation (14%), home care (13%), and assisted living (8%).

Health Care Utilization

- Half (50%) of Hispanic adults in Umatilla/Morrow Counties visited a doctor for a routine checkup in the past year.

- Over two-fifths (44%) of Hispanic adults in Umatilla/Morrow Counties reported they had one person they thought of as their personal doctor or healthcare provider.

- Hispanic adults went to the following places for their health care needs: Hermiston (31%), Tri-Cities (25%), Walla Walla (20%), Pendleton (14%), Milton Freewater (9%), Portland (7%), Boardman (7%), Spokane (2%), and other places (1%), Irrigon (<1). No one reported going to The Dalles, Ione, or Heppner for their health care needs.

- 48% of Hispanic adults went outside of Umatilla-Morrow Counties for the following health care services in the past year: dental services (13%), specialty care (10%), primary care (6%), orthopedic care (4%), obstetrics/gynecology/NICU (3%), hospice care (3%), pediatric care (3%), palliative care (1%), cardiac care (1%), mental health care (1%), counseling services (1%), developmental disability services (1%), pediatric therapies (1%), addiction services (1%), cancer care (<1%), and other services (1%).

- The following might prevent Hispanic adults in Umatilla/Morrow Counties from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (32%), difficult to get an appointment (9%), could not get time off work (8%), hours not convenient (7%), worried they might find something wrong (6%), doctor would not take their insurance (6%), difficult to find/no transportation (4%), frightened of the procedure or doctor (3%), do not trust or believe doctors (3%), could not find childcare (2%), discrimination (1%), and some other reason (4%).

- Hispanic adults were less likely than general population to:
  - Have had one or more of their permanent teeth removed (30% compared to 40% of general population).
  - Have gone to the dentist in the past year (57% compared to 62% of general population).

Adult Comparisons	Umatilla County Hispanics 2012	Umatilla/ Morrow County Hispanics 2015	Morrow County 2015	Umatilla County 2015	Oregon 2014	U.S. 2014
Rated health as fair or poor	35%	18%	17%	27%	16%	17%
Uninsured	43%	20%	8%	8%	11%	13%
Adults who have visited the dentist in the past year	46%	57%	58%	67%	66%	65%

(Source: 2012 Umatilla County Hispanic Health Assessment, 2015 Umatilla/Morrow Counties Health Assessment and 2014 BRFSS)

Hispanic | CHRONIC DISEASES & PREVENTION

Key Findings

In 2015, 5% of Hispanic adults in Umatilla-Morrow Counties were diagnosed with diabetes and 12% with high blood pressure. 66% of Hispanic adults were either overweight or obese.

- Hispanic adults were less likely to have been diagnosed with:
  - High blood pressure (12% compared to 31% of the general population).
  - High blood cholesterol (11% compared to 35% of the general population).
  - Arthritis (7% compared to 33% of the general population).
  - Diabetes (5% compared to 13% of the general population).

66% of Hispanic adults in Umatilla-Morrow Counties were overweight or obese in 2015.

- Hispanic adults were more likely than general population to:
  - Have had two or more sexual partners in the past year (9% compared to 4% of the general population).
  - Have received a seasonal flu vaccine in the past year (68% compared to 55% of the general population).

- Hispanic adults were less likely than general population to:
  - Be considered a frequent drinker (2% compared to 17% of the general population).
  - Be overweight or obese (66% compared to 74% of the general population).
  - Have used recreational marijuana in the past month (2% compared to 8% of the general population).
  - Have had a mammogram in the past year (22% compared to 50% of the general population).
  - Have had a clinical breast exam in the past year (30% compared to 43% of the general population).
  - Have consumed alcohol in the past 30 days (17% compared to 53% of the general population).
  - Have been taught by a healthcare professional how to do a testicular exam (19% compared to 32% of the general population).
  - Have been forced to have sexual intercourse when they did not want to (4% compared to 10% of the general population).
  - Have had their blood cholesterol checked within the past 5 years (51% compared to 78% of the general population).
  - Be considered a binge drinker (of all adults) (5% compared to 23% of the general population).
  - Be a current smoker (5% compared to 13% of the general population).

Preventive Medicine and Health Screenings

- Hispanic adults in Umatilla-Morrow Counties have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (56%), MMR in their lifetime (53%), annual flu vaccine – shot in the past year (48%), chicken pox vaccine in their lifetime (52%), pneumonia vaccine in their lifetime (27%), Hepatitis B vaccine in their lifetime (45%), Hepatitis A vaccine in their lifetime (47%), Zoster (shingles) vaccine in their lifetime (16%), pertussis vaccine in the past 10 years (29%), and human papillomavirus vaccine in their lifetime (21%), and annual flu vaccine-nasal spray in the past year (20%).

Tobacco Use

- 5% of Hispanic adults in Umatilla-Morrow Counties were current smokers.
- Hispanic adults who smoked in Umatilla-Morrow Counties used the following tobacco products: cigarettes (7%), e-cigarettes (4%), swishers (2%), roll-your-own cigarettes (2%), cigars (1%), chewing tobacco (1%), snuff (1%), little cigars (1%), pipes (1%), Black and Milds (<1%), hookah (<1%), cigarillos (<1%), and snus (<1%). No one reported using bidis or Betel quid.

Alcohol Use

- 17% of Hispanic adults in Umatilla-Morrow Counties had at least one alcoholic drink in the past month, compared to 53% for the general population.
- Of those who drank, Hispanic adults in Umatilla-Morrow Counties drank 3.1 drinks on average, compared to 2.6 drinks for the general population.

Marijuana Use

- 2% of Hispanic adults in Umatilla-Morrow Counties used recreational marijuana and 2% used medicinal marijuana in the past month.
- Of those who used any type of marijuana in the past month, Hispanic adults in Umatilla-Morrow Counties used marijuana an average of 8.1 days, compared to 17.4 days for general population.

Drug Use

- 8% of Hispanic adults in Umatilla-Morrow Counties used illegal drugs in the past 6 months.
- One in eleven (9%) Hispanic adults in Umatilla-Morrow Counties used prescription medications that were not prescribed for them, or took more than was prescribed in order to feel good or get high.

Mental Health

- 4% of Hispanic adults in Umatilla-Morrow Counties reported attempting suicide in the past year.
- Hispanic adults in Umatilla-Morrow Counties reported that they had been diagnosed or treated for the following mental health issues: depression (12%), anxiety disorder (2%), post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) (1%), life adjustment disorder/issue (1%), bipolar/manic depression (1%), attention deficit disorder (ADD/ADHD) (1%), psychotic disorder (1%), and some other mental health disorder (1%).
- 3% of adults reported they had taken medication for one or more of the above mental health issues.

Weight Control/Physical Activity/Diet and Nutrition

- In 2015, the health assessment indicated that two-thirds (66%) of Hispanic adults in Umatilla-Morrow Counties were either overweight (34%) or obese (32%) by Body Mass Index (BMI).

- Hispanic adults in Umatilla-Morrow Counties did the following to lose weight or keep from gaining weight: exercised (35%), drank more water (31%), ate less food, fewer calories, or foods low in fat (22%), ate a low-carb diet (10%), took supplements such as shakes, powders, or liquids without a doctor's advice (5%), health coaching (2%), went without eating 24 or more hours (1%), participated in a prescribed dietary or fitness program (1%), took diet pills without a doctor's advice (1%), took prescribed medications (1%), took laxatives (1%), used a weight loss program (1%), bariatric surgery (<1%), and vomit after eating (<1%). No one reported smoking cigarettes to lose weight or keep from gaining weight.

- In 2015, 5% of Hispanic adults were eating 5 or more servings of fruits and vegetables per day. 89% were eating between 1 and 4 servings per day.

- Hispanic adults in Umatilla-Morrow Counties purchased their fruits and vegetables from the following places: large grocery store (84%), local grocery store (21%), garden/grew their own (17%), produce stand (6%), farmer's market (5%), restaurants (2%), Dollar General/Store (2%), corner/convenience stores (1%), group purchasing/ consumer supported agricultural (CSA) (1%), food pantry (1%), home delivery food service (<1%), community garden (<1%), and other places (1%).

- Hispanic adults reported the following barriers to consuming fruits and vegetables: too expensive (20%), did not know how to prepare (3%), no variety (3%), no access (5%), did not like the taste (3%), transportation (1%), did not take EBT (1%), and other barriers (4%).

- 19% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 25% of adults did not drink any sugar-sweetened beverages in the past week.

- 20% of adults drank coffee, espresso, energy drinks or other caffeinated drinks at least once per day. 37% of adults did not drink any caffeinated beverages in the past week.

- Adults ate out in a restaurant or brought home take-out food an average of 1.7 times per week

Adult Comparisons	Umatilla County Hispanics 2012	Umatilla-Morrow Counties Hispanics 2015	Morrow County 2015	Umatilla County 2015	Oregon 2014	U.S. 2014
Overweight	33%	34%	43%	34%	34%	35%
Obese	43%	32%	34%	37%	28%	30%
Diagnosed with diabetes	18%	5%	13%	14%	10%	11%
Diagnosed with asthma	6%	14%	14%	24%	17%	14%
Diagnosed with arthritis	22%	7%	29%	36%	26%	26%
Current drinker	29%	17%	55%	51%	59%	53%
Current smoker	10%	5%	12%	15%	17%	18%

(Sources: 2012 Umatilla County Hispanic Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2014 BRFSS)

Obesity and Hispanic Americans

- Among Mexican American women, 78% are overweight or obese, as compared to only 60% of the non-Hispanic white women.
- In 2011, Hispanic Americans were 1.2 times as likely to be obese than Non-Hispanic whites.
- From 2009 – 2010, Mexican American children were 1.6 times more likely to be overweight as Non- Hispanic white Children.
- From 2009–2010, 23% of Mexican American children and adolescents 6-17 years of age were overweight.
- From 2007–2010, Mexican American women were 40% more likely to be overweight, as compared to Non-Hispanic white women.
- 56% of Hispanic adults did not meet the federal physical activity guidelines in 2011, compared to 44% of Non-Hispanic whites.
- From 2007–2011, 36% of Mexican American men 20 years of age and older were obese, and 45% of Mexican American women were obese during the same time period.

(Source: The Office of Minority Health, Obesity and Hispanic Americans 10/16/2013, from: http://minorityhealth.hhs.gov/templates/content.aspx?ID=6459)

Hispanic | QUALITY OF LIFE AND SAFETY

Key Findings

Almost one-fifth (17%) of Hispanics in Umatilla-Morrow Counties kept a firearm in or around their home. 24% of Hispanics attempted to get assistance from a social service agency. Nearly one-third (31%) of Hispanic adults in Umatilla-Morrow Counties were limited in some way because of a physical, mental or emotional problem.

- Hispanic adults were more likely than the general population to:
  - Have attempted to get assistance from a social service agency (24% compared to 20% of the general population).
  - Have been threatened or abused in the past year (17% compared to 6% of the general population)

- Hispanic adults were less likely than the general population to:
  - Have a firearm in or around their house (17% compared to 55% of the general population).
  - Have drunk an alcoholic beverage while driving (3% compared to 11% of the general population).
  - Be limited in way because of a physical problem (10% compared to 26% of the general population).

Quality of Life

- In 2015, nearly one-third (31%) of Hispanic adults in Umatilla-Morrow Counties were limited in some way because of a physical (10%), emotional (4%) or mental (2%) problem.

- Among those who were limited in some way, the following most limiting problems or impairments were reported: stress, depression, anxiety, or emotional problems (23%), back or neck problems (22%), sleep problems (22%), eye/vision problems (21%), fitness level (19%), walking problems (14%), fractures, bone/joint injuries (12%), arthritis (10%), chronic pain (10%), diabetes (7%), heart problems (7%), lung/breathing problems (4%), hypertension/high blood pressure (4%), dental problems (4%), cancer (1%), hearing problems (1%), autism (1%), Alzheimer's Disease/dementia (1%), and other impairment or problem (15%). No one reported stroke-related problems, tobacco dependency, alcohol dependency, learning disability, developmental disability, mental health illness/disorder, incontinence or drug addiction as limiting problems.

- Hispanic adults in Umatilla-Morrow Counties provided regular care or assistance to a friend or family member who had a health problem, long-term illness, or disability an average of 7.9 hours in the past month, compared to 6.2 hours for the general population.

- One in seven (14%) Hispanic adults in Umatilla-Morrow Counties needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills.

- 24% of Hispanic adults in Umatilla-Morrow Counties attempted to get assistance from a social service agency. They looked for assistance from the following: CAPECO (11%), DHS/Self-sufficiency (6%), Agape House (6%), church (5%), friend or family member (5%), food pantries (3%), Salvation Army (1%), CARE (1%), Public Health (1%), 2-1-1/United Way (<1%), Red Cross (<1%), ConneXions (<1%), and somewhere else (3%). No one reported getting assistance from St. Mary's Outreach or Pioneer Relief Nursery. 3% did not know where to look for assistance.

- Hispanic adults in Umatilla-Morrow Counties received assistance for the following in the past year: food (18%), utilities (5%), rent/mortgage (5%), free medical or mental health care (3%), clothing (3%), free tax preparation (3%), home repair (2%), transportation (2%), emergency shelter (2%), legal aid services (1%) and credit counseling (1%).

- Hispanic adults in Umatilla-Morrow Counties received the social and emotional support they needed from the following: family (58%), friends (51%), church (27%), Internet (9%), a professional (8%), neighbors (4%), community (2%), self-help group (1%), and other (3%). An additional 21% of adults did not get the social and emotional support they needed.

- Hispanic adults dealt with stress in the following ways: listening to music (46%), talking to someone they trust (40%), exercising (37%), sleeping (29%), working (22%), eating more or less than normal (17%), working on a hobby (12%), taking it out on others (6%), meditating (5%), drinking alcohol (4%), using prescription drugs (4%), using herbs or home remedies (3%), smoking tobacco (3%), gambling/lottery (2%), using illegal drugs (2%), and other ways (5%).

Safety

- Hispanic adults in Umatilla-Morrow Counties drove a vehicle in the past month after doing the following: using prescription medication (4%), drinking alcohol (3%), using marijuana (2%) and using illicit drugs (1%).

- Almost one-fifth (17%) of Hispanic adults in Umatilla-Morrow Counties kept a firearm in or around their home. <1% of adults reported they were unlocked and loaded.

- 17% of Hispanic adults in Umatilla-Morrow Counties were threatened or abused in the past year. They were threatened or abused by the following: another person outside the home (4%), a spouse or partner (5%), another family member (4%), a child (2%), and someone else (11%). No one reported being abused by a parent.

- Of those who were abused, they were abused in the following ways: verbally (19%), emotionally (13%), physically (13%), sexually (6%), and any of these ways through electronic methods (13%). No one reported being abused financially. *(Percentages may be greater than 100% due to the respondent reporting abuse from more than one method.)*

Adult Comparisons	Umatilla County Hispanics 2012	Umatilla-Morrow Counties Hispanics 2015	Morrow County 2015	Umatilla County 2015	Oregon 2014	U.S. 2014
Firearms kept in or around their home	22%	17%	60%	51%	N/A	N/A
Limited in some way because of a physical, mental, or emotional problem	27%	31%	33%	35%	26%	20%

(Sources: 2012 Umatilla County Hispanic Health Assessment, 2015 Umatilla-Morrow Counties Health Assessment, 2014 BRFSS)

Appendix I | UMATILLA-MORROW COUNTIES HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	▪ 2015 Cancer Facts and Estimates ▪ Nutrition Recommendations	www.cancer.org
American Diabetes Association	▪ Type 1 and 2 Diabetes ▪ Risk Factors for Diabetes ▪ Fast Facts on Diabetes	www.diabetes.org
American Foundation for Suicide Prevention	▪ When You Fear Someone May Take Their Life	www.afsp.org/
American Heart Association, 2013	▪ Stroke Warning Signs and Symptoms ▪ Smoke-free Living	www.heart.org/HEARTORG/
Arthritis at a Glance, 2012, Centers for Disease Control & Prevention, *Morbidity and Mortality Weekly Report 2010; 59(39):999-1003 & 59(39):1261-1265*	▪ What Can Be Done to Address Arthritis? ▪ Arthritis Statistics	www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	▪ 2009 - 2014 Adult Oregon and U.S. Correlating Statistics	www.cdc.gov
Centers for Disease Control and Prevention (CDC)	▪ Access to Health Care ▪ Asthma Attacks/Statistics ▪ Binge Drinking Among Women ▪ Caffeinated Alcoholic Beverages ▪ Cancer and Men ▪ Distracted Driving ▪ Impact of Arthritis ▪ Human Papillomavirus (HPV) ▪ Health Care Access and Utilization ▪ Obesity Statistics ▪ Oral Health Statistics ▪ Prevent Seasonal Flu ▪ Skin Cancer Prevention ▪ Tips for Parents ▪ U.S. Adult Smoking Facts	www.cdc.gov

Source	Data Used	Website
CDC, Arthritis	▪ Key Public Health Messages	www.cdc.gov/arthritis/basics/key.htm
CDC, National Center for Health Statistics	▪ Leading Causes of Death in U.S. ▪ Men's Health	www.cdc.gov/nchs/fastats/
CDC, Physical Activity for Everyone	▪ Physical Activity Recommendations	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Vaccine Safety, Human Papillomavirus (HPV), updated January 24 2013	▪ Human Papillomavirus	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
Centers for Medicare & Medicaid Services	▪ Medicare Aged and Disabled by State and County	www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/index.html
Community Commons	▪ Access to Primary Care Physicians ▪ Alcohol Beverage Expenditures ▪ Beer, Wine and Liquor Stores ▪ Bars and Drinking Establishments ▪ Cigarette Expenditures	www.communitycommons.org/
Healthy People 2020: U.S. Department of Health & Human Services	▪ All Healthy People 2020 Target Data Points ▪ Some U.S. Baseline Statistics ▪ Predictors of Access to Health Care	www.healthypeople.gov/2020/topicsobjectives2020
National Cancer Institute	▪ Oregon State Cancer Profile	http://statecancerprofiles.cancer.gov/
National Institute on Drug Abuse	▪ Abuse of Prescription Drugs	www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most
National Low Income Housing Coalition, Out of Reach 2015	▪ Housing Costs and Housing Wages by County and Oregon	http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf

APPENDIX I

Source	Data Used	Website
Northwest Portland Area Indian Health Board. *American Indian & Alaska Native Community Health Profile - CTUIR CHSDA, Oregon.* Portland, OR; Northwest Tribal Epidemiology Center, 2015.	▪ American Indian/Alaska Native demographic data for the Confederated Tribes of the Umatilla Indian Reservation Contract Health Service Delivery Area of Umatilla and Union Counties, Oregon. ▪ Domestic and Intimate Partner Violence Screening ▪ Diabetes ▪ Obesity	
Oregon Health Authority, Communicable Disease	▪ Oregon STD Statistics	https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx
Oregon Health Authority, Office of Health Analytics	▪ Oregon Health Plan Coordinated Care Organization Statistics	www.oregon.gov/oha/healthplan/DataReportsDocs/February%202016%20Coordinated%20Care%20Service%20Delivery%20by%20County.pdf
Oregon Health Authority, Public Health Division, Tobacco Prevention and Education	▪ 2014 County Tobacco Fact Sheets	https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/countyfacts.aspx
Oregon Health Authority, Vital Statistics	▪ County Data Books 2006-2014 ▪ Cancer Mortality ▪ Oregon, Umatilla County, and Morrow County Birth and Mortality Data ▪ Leading Causes of Death	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/Pages/cdb.aspx
U. S. Census Bureau	▪ American Community Survey 5 year estimates, 2009-2013 ▪ Oregon, Morrow County, & Umatilla County 2010 Census Demographic Information ▪ Oregon and U.S. Health Insurance Sources ▪ Small Area Income and Poverty Estimates ▪ Federal Poverty Thresholds	www.census.gov
U.S. Department of Justice	▪ Bath Salts	www.justice.gov/dea/druginfo/factsheets.shtml

Appendix II | UMATILLA-MORROW COUNTIES ACRONYMS AND TERMS

AHS	**A**ccess to **H**ealth **S**ervices (topic area for Healthy People 2020)
AI/AN	**A**merican **I**ndian/**A**laska **N**ative
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions (topic area for Healthy People 2020)
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
CDC	**C**enters for **D**isease **C**ontrol and Prevention.
CVD	**C**ardio**v**ascular **D**isease
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke (topic area for Healthy People 2020)
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunization and **I**nfectious **D**iseases (topic area for Healthy People 2020)

APPENDIX II

N/A	Data is **n**ot **a**vailable.
OHA	**O**regon **H**ealth **A**uthority
Race/Ethnicity	**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.

Appendix III | METHODS FOR WEIGHTING 2015 UMATILLA-MORROW COUNTIES ASSESSMENT DATA

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2015 Umatilla-Morrow Counties survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Umatilla-Morrow Counties based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Umatilla-Morrow Counties within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2015 Umatilla-Morrow Counties Survey and the 2013 Census estimates for the combined counties.

2015 Umatilla-Morrow Survey			**2013 Census Estimates**		**Weight**
Sex	Number	Percent	Number	Percent	
Male	373	46.566792	45,560	52.054294	1.117842
Female	428	53.433208	41,964	47.945706	0.897302

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Umatilla-Morrow Counties. The weighting for males was calculated by taking the percent of males in Umatilla-Morrow Counties (based on Census information) (52.054294%) and dividing that by the percent found in the 2015 Umatilla-Morrow Counties sample (46.566792%) [52.054294/46.566792 = weighting of 1.117842 for males]. The same was done for females [47.945706/53.433208 = weighting of 0.897302 for females]. Thus males' responses are weighted heavier by a factor of 1.117842 and females' responses weighted less by a factor of 0.897302.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 0.734768 [0.897302 (weight for females) x 0.769600 (weight for White) x 1.237716 (weight for age 45-54) x 0.859658 (weight for income $50-$75k)]. Thus, each individual in the 2015 Umatilla-Morrow Counties sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 21.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1) **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2) **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3) **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4) **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5) **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6) **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7) **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8) **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Umatilla-Morrow Sample	%	2010 Census *	%		Weighting Value
Sex:						
Male	373	46.566792%	45,560	52.054294%		1.117842
Female	428	53.433208%	41,964	47.945706%		0.897302
Age:						
20-24	18	2.290076%	5,750	9.300445%		4.061194
25-34	39	4.961832%	11,268	18.225637%		3.673167
35-44	69	8.778626%	11,086	17.931258%		2.042604
45-54	118	15.012723%	11,488	18.581480%		1.237716
55-59	95	12.086514%	5,673	9.175900%		0.759185
60-64	131	16.666667%	5,189	8.393045%		0.503583
65-74	229	29.134860%	6,401	10.353417%		0.355362
75-84	84	10.687023%	3,474	5.619086%		0.525786
85+	3	0.381679%	1,496	2.419733%		6.339701
Race:						
White (non-Hispanic)	714	88.695652%	59,744	68.260134%		0.769600
Non-White	91	11.304348%	27,780	31.739866%		2.807757
Household Income:						
Less than $10,000	51	6.873315%	2,028	6.652888%		0.967930
$10k-$15k	50	6.738544%	2,011	6.597120%		0.979013
$15k-$25k	86	11.590296%	3,558	11.672080%		1.007056
$25k-$35k	91	12.264151%	3,524	11.560542%		0.942629
$35k-$50	107	14.420485%	4,512	14.801693%		1.026435
$50k-$75k	180	24.258760%	6,357	20.854247%		0.859658
$75k or more	177	23.854447%	8,493	27.861431%		1.167976

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Umatilla-Morrow Counties in each subcategory by the proportion of the sample in the Umatilla-Morrow Counties survey for that same category.
*** Umatilla-Morrow Counties population figures taken from the 2013 Census estimates.**

APPENDIX III

Appendix IV | UMATILLA AND MORROW COUNTIES SAMPLE DEMOGRAPHIC PROFILE*

Variable	2015 Survey Sample	2013 Umatilla County Census Estimate	2013 Morrow County Census Estimates	Oregon Census 2013
Age				
20-29	13.0%	13.5%	10.8%	13.4%
30-39	25.4%	12.3%	12.6%	13.4%
40-49	15.5%	13.2%	11.7%	12.9%
50-59	17.7%	12.9%	15.0%	13.8%
60 plus	23.3%	19.0%	20.1%	22.1%
Race/Ethnicity				
White	77.3%	87.5%	88.7%	85.2%
Black or African American	1.5%	0.6%	0.2%	1.8%
American Indian and Alaska Native	8.3%	2.1%	0.5%	1.2%
Asian	0.6%	0.8%	0.6%	3.8%
Other (including multi-racial)	11.3%	4.4%	5.9%	3.7%
Hispanic Origin (may be of any race)	25.3%	24.3%	32.3%	11.9%
Marital Status†				
Married Couple	60.3%	49.3%	54.4%	49.2%
Never been married/member of an unmarried couple	19.3%	29.5%	24.5%	30.3%
Divorced/Separated	11.8%	15.8%	15.8%	15.0%
Widowed	6.6%	5.5%	5.2%	5.5%
Education†				
Less than High School Diploma	10.0%	18.1%	24.6%	10.2%
High School Diploma	23.8%	29.2%	33.6%	24.3%
Some College/ College Graduate	54.6%	52.7%	41.7%	65.5%
Income (Families)				
$14,999 and less	11.3%	10.2%	10.6%	8.0%
$15,000 to $24,999	10.5%	8.0%	9.3%	8.4%
$25,000 to $49,999	27.2%	23.2%	23.3%	23.8%
$50,000 to $74,999	18.9%	23.3%	25.3%	19.9%
$75,000 or more	23.3%	35.3%	31.5%	39.8%

** The percent's reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percent's may not add to 100% due to missing data (non-responses).*

† The Oregon, Umatilla County and Morrow County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Appendix V | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

Umatilla-Morrow Counties Population by Age Groups and Gender
U.S. Census 2010

Age	Umatilla County			Morrow County		
	Total	Males	Females	Total	Males	Females
	75,889	**39,528**	**36,361**	**11,173**	**5,749**	**5,424**
0-4 years	**5,645**	**2,916**	**2,729**	**794**	**415**	**379**
1-4 years	4,576	2,367	2,209	630	333	297
< 1 year	1,069	549	520	164	82	82
1-2 years	2,275	1,179	1,096	303	161	142
3-4 years	2,301	1,188	1,113	327	172	155
5-9 years	**5,599**	**2,799**	**2,800**	**853**	**437**	**416**
5-6 years	2,299	1,160	1,139	358	185	173
7-9 years	3,300	1,639	1,661	495	252	243
10-14 years	**5,554**	**2,853**	**2,701**	**963**	**490**	**473**
10-12 years	3,387	1,749	1,638	574	296	278
13-14 years	2,167	1,104	1,063	389	194	195
12-18 years	7,851	4,058	3,793	1,307	669	638
15-19 years	**5,600**	**2,950**	**2,650**	**901**	**482**	**419**
15-17 years	3,402	1,793	1,609	580	308	272
18-19 years	2,198	1,157	1,041	321	174	147
20-24 years	4,852	2,721	2,131	568	310	258
25-29 years	5,187	2,919	2,268	624	341	283
30-34 years	4,837	2,689	2,148	654	316	338
35-39 years	4,836	2,577	2,259	737	378	359
40-44 years	4,798	2,584	2,214	655	339	316
45-49 years	5,040	2,702	2,338	704	367	337
50-54 years	5,108	2,630	2,478	853	433	420
55-59 years	5,057	2,626	2,431	775	375	400
60-64 years	4,119	2,083	2,036	671	359	312
65-69 years	3,006	1,496	1,510	480	237	243
70-74 years	2,240	1,138	1,102	367	180	187
75-79 years	1,678	764	914	268	141	127
80-84 years	1,408	593	815	167	94	73
85-89 years	852	338	514	92	38	54
90-94 years	374	128	246	32	13	19
95-99 years	87	19	68	11	2	9
100-104 years	12	3	9	4	2	2
105-109 years	0	0	0	0	0	0
110 years & over	0	0	0	0	0	0
Total 85 years and over	**1,325**	**488**	**837**	**139**	**55**	**84**
Total 65 years and over	**9,657**	**4,479**	**5,178**	**1,421**	**707**	**714**
Total 19 years and over	**54,531**	**28,601**	**26,048**	**7,805**	**4,013**	**3,792**

UMATILLA-MORROW COUNTIES PROFILE

General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Total Population	***Umatilla County***		***Morrow County***	
2014 Total Population	76,645		11,217	
2000 Total Population	70,548		10,995	
Largest City	**Pendleton**		**Boardman**	
2014 Total Population	16,830	100%	3,305	100%
2000 Total Population	16,354	100%	2,855	100%
Population By Race/Ethnicity	***Umatilla County***		***Morrow County***	
Total Population	76,645	100%	11,217	100%
White Alone	72,787	95.0%	9,725	86.7%
Hispanic or Latino (of any race)	19,058	24.9%	3,722	33.2%
African American	488	0.6%	34	0.3%
American Indian and Alaska Native	1,617	2.1%	95	0.8%
Asian	572	0.7%	41	0.4%
Two or more races	3,858	5.0%	378	3.4%
Other	4,199	5.5%	932	8.3%
Population By Age 2010	***Umatilla County***		***Morrow County***	
Under 5 years	5,645	7.4%	794	7.1%
5 to 17 years	14,555	19.2%	2,396	21.4%
18 to 24 years	7,050	9.3%	889	8.0%
25 to 44 years	19,658	25.9%	2,670	24.0%
45 to 64 years	19,324	25.5%	3,003	26.9%
65 years and more	9,657	12.7%	1,421	12.7%
Median age (years)	**35.7**		**39.5**	
Household By Type	***Umatilla County***		***Morrow County***	
Total Households	26,901	100%	3,714	100%
Family Households (families)	18,157	67.5%	2,742	73.8%
With own children <18 years	8,602	32.0%	1,231	33.1%
Married-Couple Family Households	12,937	48.1%	2,132	57.4%
With own children <18 years	5,131	19.1%	842	22.7%
Female Householder, No Husband Present	3,630	13.5%	408	11.0%
With own children <18 years	2,534	9.4%	237	6.4%
Non-family Households	8,744	32.5%	972	26.2%
Householder living alone	7,171	26.7%	855	23.0%
Householder 65 years and >	2,722	10.1%	392	10.6%
	Umatilla County		***Morrow County***	
Households With Individuals < 18 years	9,574	35.6%	1,357	36.5%
Households With Individuals 65 years and >	7,079	26.3%	1,031	27.8%
Average Household Size	2.69 people		3.01 people	
Average Family Size	3.25 people		3.50 people	

General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

	Umatilla County	***Morrow County***
Median Value of Owner-Occupied Units	$141,900	$122,200
Median Monthly Owner Costs (With Mortgage)	$1,194	$1,094
Median Monthly Owner Costs (Not Mortgaged)	$388	$381
Median Gross Rent for Renter-Occupied Units	$680	$647
Total Housing Units	29,667	4,442
No Telephone Service	797	68
Lacking Complete Kitchen Facilities	483	66
Lacking Complete Plumbing Facilities	123	24

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2014)

School Enrollment	***Umatilla County***		***Morrow County***	
Population 3 Years and Over Enrolled In School	19,679	100%	2,963	100%
Nursery & Preschool	1,023	5.2%	129	4.4%
Kindergarten	1,321	6.7%	250	8.4%
Elementary School (Grades 1-8)	8,829	44.9%	1,434	48.4%
High School (Grades 9-12)	4,626	23.5%	834	28.1%
College or Graduate School	3,880	19.7%	316	10.7%
Educational Attainment				
Population 25 Years and Over	49,438	100%	7,102	100%
< 9th Grade Education	3,704	7.5%	796	11.2%
9th to 12th Grade, No Diploma	4,532	9.2%	884	12.4%
High School Graduate (Includes Equivalency)	14,466	29.3%	2,470	34.8%
Some College, No Degree	13,880	28.1%	1,802	25.4%
Associate Degree	5,050	10.2%	429	6.0%
Bachelor's Degree	4,704	9.5%	550	7.7%
Graduate Or Professional Degree	3,102	6.3%	171	2.4%
Percent High School Graduate or Higher	*(X)	76.3%	*(X)	83.3%
Percent Bachelor's Degree or Higher	*(X)	10.2%	*(X)	15.8%

**(X) – Not available*

APPENDIX V

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Marital Status	***Umatilla County***		***Morrow County***	
Population 15 Years and Over	59,826	100%	8,633	100%
Never Married	17,965	30.0%	2,167	25.1%
Now Married, Excluding Separated	28,914	48.3%	4,603	53.3%
Separated	1,053	17.6%	312	3.6%
Widowed	3,165	5.3%	496	5.7%
Female	2,367	4.0%	366	4.2%
Divorced	8,729	14.6%	1,055	12.2%
Female	4,289	7.2%	483	5.6%

Grandparents As Caregivers	***Umatilla County***		***Morrow County***	
Grandparent Living in Household with 1 or more own grandchildren <18 years	1,614		341	
Grandparent Responsible for Grandchildren	685	42.4%	159	46.6%

Veteran Status				
Civilian Veterans 18 years and over	6,335	11.2%	1,025	12.7%

Disability Status of the Civilian Non-institutionalized Population				
Total Civilian Noninstitutionalized Population	72,652	100%	11,209	100%
With a Disability	9,939	13.7%	1,690	15.1%
Under 18 years	20,061	100%	3,610	100%
With a Disability	609	3.0%	77	2.4%
18 to 64 years	42,813	100%	6,577	100%
With a Disability	5,496	12.8%	880	13.4%
65 Years and Over	9,778	100%	1,472	100%
With a Disability	3,834	39.2%	733	49.8%

Employment Status				
Population 16 Years and Over	58,798	100%	8,441	100%
In Labor Force	35,512	60.4%	5,277	62.5%
Not In Labor Force	23,286	100%	3,164	100%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Occupation	***Umatilla County***		***Morrow County***	
Employed Civilian Population 16 Years and Over	31,906	100%	4,711	100%
Management, Business, Science, and Art	9,030	28.3%	1,232	26.2%
Sales and Office	6,689	21.0%	768	16.3
Service	6,249	19.6%	793	16.8%
Production, Transportation, and Material Moving	5,447	17.1%	810	17.2%
Natural Resources, Construction, and Maintenance	4,491	14.1%	1,108	23.5%

Leading Industries	***Umatilla County***		***Morrow County***	
Employed Civilian Population 16 Years and Over	31,906	100%	4,711	100%
Educational, health and social services	6,108	19.1%	776	16.5%
Manufacturing	3,437	10.8%	729	15.5%
Trade (retail and wholesale)	5,067	15.9%	526	11.2%
Professional, scientific, management, administrative, and waste management service	2,282	7.2%	238	5.1%
Arts, entertainment, recreation, accommodation, and food services	3,059	9.6%	350	7.4%
Transportation and warehousing, and utilities	2,0.8	6.4%	259	5.5%
Other services (except public administration)				
Finance, insurance, real estate and rental and leasing	1,0108	3.5%	124	2.6%
Construction	1,599	5.0%	264	5.6%
Public administration	2,475	7.8%	248	5.3%
Information	439	1.4%	35	0.7%
Agriculture, forestry, fishing and hunting, and mining	3,078	9.6%	1,001	21.2%

Class of Worker				
Employed Civilian Population 16 Years and Over	31,906	100%	4,711	100%
Private Wage and Salary Workers	23,430	73.4%	3,536	75.1%
Government Workers	6,151	19.3%	790	16.8%
Self-Employed Workers in Own Not Incorporated Business	2,250	7.1%	381	8.1%
Unpaid Family Workers	75	0.2%	4	0.1%

Median Earnings		
Male, Full-time, Year-Round Workers	$41,310	$43,495
Female, Full-time, Year-Round Workers	$31,733	$31,384

APPENDIX V

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Income In 2014	***Umatilla County***		***Morrow County***	
Households	26,901	100%	3,714	100%
< $10,000	1,896	7.0%	198	5.3%
$10,000 to $14,999	1,851	6.9%	199	5.4%
$15,000 to $24,999	3,310	12.3%	401	10.8%
$25,000 to $34,999	2,905	10.8%	521	14.0%
$35,000 to $49,999	4,127	15.3%	504	13.6%
$50,000 to $74,999	5,529	20.6%	885	23.8%
$75,000 to $99,999	3,373	12.5%	412	11.1%
$100,000 to $149,999	2,919	10.9%	451	12.1%
$150,000 to $199,999	547	2.0%	93	2.5%
$200,000 or more	444	1.7%	50	1.3%
Income In 2014				
Families	18,157	100%	2,742	100%
< $10,000	751	4.1%	155	5.7%
$10,000 to $14,999	1,081	6.0%	126	4.6%
$15,000 to $24,999	1,446	8.0%	207	7.5%
$25,000 to $34,999	1,748	9.6%	313	11.4%
$35,000 to $49,999	2,572	14.2%	356	13.0%
$50,000 to $74,999	4,1945	23.1%	697	25.4%
$75,000 to $99,999	2,869	15.8%	357	13.0%
$100,000 to $149,999	2,873	14.3%	423	15.4%
$150,000 to $199,999	515	2.8%	70	2.6%
$200,000 or more	378	2.1%	38	1.4%
Median Household Income (families)	$47,185		$50,443	
Per Capita Income In 2014	$20,887		$20,750	
Poverty Status In 2014				
Families		13.2%		15.5%
Individuals		17.1%		19.3%

Selected Economic Characteristics, Continued
(Source: U.S. Bureau of Economic Analysis)

Bureau of Economic Analysis (BEA) Per Capita Personal Income Figures

	Umatilla County	Morrow County
BEA Per Capita Personal Income 2014	$34,318	$42,033
BEA Per Capita Personal Income 2013	$32,753	$38,492
BEA Per Capita Personal Income 2012	$32,700	$38,072
BEA Per Capita Personal Income 2011	$31,263	$33,986
BEA Per Capita Personal Income 2010	$29,764	$32,315
BEA Per Capita Personal Income 2004	$24,387	$26,062

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

Source: U.S. Department of Commerce, Bureau of Economic Analysis, Regional Data, GDP & Personal Income, CA1-Personal Income Summary: Personal Income, Population, Per Capita Personal Income, obtained from: http://bea.gov/)

Employment Statistics

Category	Umatilla County	Morrow County	Oregon
Labor Force	35,658	5,588	1,982,488
Employed	33,461	5,274	1,874,673
Unemployed	2,197	314	107,815
Unemployment Rate* in December 2015	6.2	5.6	5.4
Unemployment Rate* in November 2015	6.3	5.8	5.7
Unemployment Rate* in December 2014	7.3	6.4	6.7

**Rate equals unemployment divided by labor force.*
(Source: Oregon Labor Market, December 2015, https://www.qualityinfo.org/home)

APPENDIX V

Estimated Poverty Status in 2013

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Umatilla County				
All ages in poverty	12,416	10,417 to 14,415	17.1%	14.3 to 19.9
Ages 0-17 in poverty	4,456	3,572 to 5,340	22.8%	18.3 to 27.3
Ages 5-17 in families in poverty	2,655	1,990 to 3,320	18.8%	14.1 to 23.5
Median household income	$47,053	$44,161 to $49,945		
Morrow County				
All ages in poverty	1,903	1,520 to 2,286	16.8%	13.4 to 20.2
Ages 0-17 in poverty	769	610 to 928	24.5%	19.4 to 29.6
Ages 5-17 in families in poverty	523	399 to 647	22.7%	17.3 to 28.1
Median household income	$51,289	$47,500 to $55,078		
Oregon				
All ages in poverty	637,505	622,246 to 652,764	16.5%	16.1 to 16.9
Ages 0-17 in poverty	181,281	173,494 to 189,068	21.6%	20.7 to 22.5
Ages 5-17 in families in poverty	118,023	111,476 to 124,570	19.3%	18.2 to 20.4
Median household income	$50,228	$49,708 to $50,748		
United States				
All ages in poverty	48,810,868	48,554,692 to 49,067,044	15.8%	15.7 to 15.9
Ages 0-17 in poverty	16,086,960	15,948,844 to 16,225,076	22.2%	22.0 to 22.4
Ages 5-17 in families in poverty	10,958,232	10,860,529 to 11,055,935	20.8%	20.6 to 21.0
Median household income	$52,250	$52,185 to $52,315		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/interactive/#)

Federal Poverty Thresholds in 2015 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	$12,331					
1 Person 65 and >	$11,367					
2 people Householder < 65 years	$15,871	$16,337				
2 People Householder 65 and >	$14,326	$16,275				
3 People	$18,540	$19,078	$19,096			
4 People	$24,447	$24,847	$24,036	$24,120		
5 People	$29,482	$29,911	$28,995	$28,286	$27,853	
6 People	$33,909	$34,044	$33,342	$32,670	$31,670	$31,078
7 People	$39,017	$39,260	$38,421	$37,835	$36,745	$35,473
8 People	$43,637	$44,023	$43,230	$42,536	$41,551	$40,300
9 People or >	$52,493	$52,747	$52,046	$51,457	$50,490	$49,159

Source: U. S. Census Bureau, Poverty Thresholds 2015, http://www.census.gov/hhes/www/poverty/data/threshld/index.html)