2018

Umatilla County
Community Health Assessment

Examining the health of Umatilla County

Foreword

Good Shepherd Health Care System and St. Anthony Hospital are pleased to present the 2018-19 Health Assessment of our community.

The data collected is the result of the strong commitment of community partners from across the county who believe by working together on behalf of the residents of Umatilla County, we can bring about a healthier tomorrow.
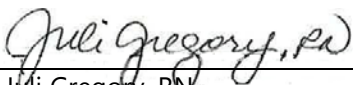
The Hospital Council of Northwest Ohio (HCNO) and public health researchers at The University of Toledo; who have conducted assessments for counties in Ohio for a number of years, were our collaborating partners and evaluated the surveys provided. The quality of their work has drawn the attention of 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 other communities in Oregon.

Additional efforts have been made to reach out to the Latino and Hispanic Spanish speaking members of our community. This data was collected by Good Shepherd Health Care System, St. Anthony Hospital, Oregon Child Development Coalition, Mirasol Clinic, Umatilla-Morrow Head Start, CAPECO, Pendleton Treatment Center, and the Umatilla School District. These results would not be possible without the direct help and/or advice of: local business owners, employers, faith-based organizations, community health workers, Univision, and the Hispanic Advisory Council. Thanks to the hard work of these partners, we are able to have a more concise view of the health of all residents in Umatilla County.

Every effort has been made to ensure that this report contains valid and reliable data and our community survey adhered to standard research protocol. Although we obtained a favorable response rate, we do not believe a single report can provide a completely comprehensive and representative view of the community. While this data may have some limitations, we will continue to work on refining our community assessment process to get the most representative view of the community possible. Even with possible limitations this report can still serve as a strategic planning resource for organizations and individuals working to improve the health of Umatilla County residents.

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 snapshot of our county, as well as our state and nation. In turn, this helps us to identify our community's unmet needs. This is only the first step. We will move forward by individually and collaboratively in the development and implementation of strategic plans based on prioritized needs. These plans will serve to support and develop quality programs that will improve the lives of Umatilla County residents.
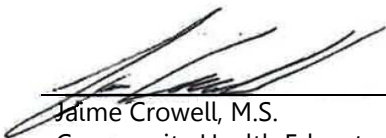
Sincerely,

Juli Gregory, RN
Director of Education and Wellness Services
Good Shepherd Health Care System

Emily Smith, MSN RN
Director of Marketing and Foundation
CHI St. Anthony Hospital

Jaime Crowell, M.S.
Community Health Educator
Good Shepherd Health Care System

Acknowledgements

To see Umatilla County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

http://www.hcno.org/community-services/data-link/

The 2018 Umatilla County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio
http://www.hcno.org/community-services/community-health-assessments/

Contact Information

Juli Gregory, RN
Education Director
Good Shepherd Health Care System
610 NW 11th Street
Hermiston, OR. 97838
(541) 667-3506
fax: (541) 667-3510
jgregory@gshealth.org

Emily Smith, MSN RN CMSRN CPSTI
Director of Marketing & Foundation
Community Education
Child Passenger Safety Program
CHI St. Anthony Hospital
2801 St. Anthony Way
Pendleton, OR 97801
541-278-2627
EmilySmith@chiwest.com

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Executive Summary

This executive summary provides an overview of health-related data for Umatilla County adults (ages 19 and older) and children (ages 0 through 11) who participated in a county-wide health assessment survey from October through December 2018. 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) and the National Survey of Children's Health (NSCH), developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Internal Revenue Services (IRS) Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy hereby known as the Community Health Improvement Plan (CHIP) at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Umatilla County. Both Good Shepherd Health Care System and St. Anthony Hospital define their primary geographic service area to be within Umatilla County. In addition, Good Shepherd Health Care System and St. Anthony Hospital collaborate with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community.

INCLUSION OF VULNERABLE POPULATIONS

Approximately 18% of Umatilla County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by Good Shepherd Health Care System and St. Anthony Hospital. Multiple sectors were asked through email to participate in the process at varying capacities, which is outlined in depth in the foreword and acknowledgements section; this included defining the scope of the project, choosing questions for the surveys, planning collection sites and collecting convenience sample surveys, reviewing initial data, and identifying and prioritizing needs. Approximately 20 organizations worked together to create one comprehensive assessment and plan priorities. Community member input was collected via the mailed and convenience sample surveys. Community releases were scheduled: May 14th, 2019 at Good Shepherd Health Care System and May 21st, 2019 at St. Anthony Hospital, to solicit qualitative feedback from the community at large.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

The Hospital Council of Northwest Ohio was contracted to collect and analyze the data, as well as overall project management. Detailed data collection methods are described later in this section.

IDENTIFYING & PRIORITIZING NEEDS

Community partners met on separate occasions to discuss shared concerns and prioritize significant health needs for inclusion in 2019-2021 Umatilla County Community Health Improvement Plan's (CHIP's). The Mobilizing for Action through Planning and Partnerships (MAPP) process, which is a community-driven strategic planning process for improving community health, was utilized in the prioritization of health issues from the CHNA report. This framework helps communities apply strategic thinking to prioritize health issues and identify resources to address

them. The details of the prioritization process, priority areas, and coordinating agencies can be found in Appendix VII. In addition, Good Shepherd Health Care System and St. Anthony Hospital will separately complete CHIP's for their respective organizations, to help address specific needs of those within their primary service area.

Identified health priority areas include: Access to Services, Behavioral Health, Chronic Disease Prevention and Management, Obesity, Social Determinants of Health/ Health Equity, and Violence.

RESOURCES TO ADDRESS NEED

Needs and priorities identified through the planning process, will result in comprehensive 2019-2021 Umatilla County Community Health Improvement Plan's. Numerous resources were identified to address the needs found in the report, which will be identified in the CHIP's.

EVALUATION OF IMPACT

The evaluation of impact takes into consideration the feedback from the last community health needs assessment. The impact of action steps taken to address the priority areas identified in the last CHIP were compiled in the application "Basecamp" and is documented and will be available on the Good Shepherd, St. Anthony, and Umatilla County Public Health website.

CHNA AVAILABILITY

The 2018 Umatilla County Community Health Needs Assessment, as well as the various other assessments used in creating this report can be found at the following websites:

Good Shepherd Health Care System: http://www.gshealth.org/communitybenefit

CHI St. Anthony Hospital: https://www.sahpendleton.org/

Umatilla County Public Health: http://www.co.umatilla.or.us/health/

Hospital Council of Northwest Ohio: http://www.hcno.org/community-services/community-health-assessments/

ADOPTION BY BOARD

Each hospital facility will have their governing boards adopt and approve the CHNA and CHIP on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA.

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2018 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and parents within Umatilla County. 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

Two survey instruments were designed and pilot tested for this study: one for adults and one for parents of children ages 0 through 11. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO 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 children. The investigators decided to derive the majority of the adult survey items from the BRFSS and the majority of the survey items for the parents of children 0 through 11 from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS and NSCH surveys. Based on input from the planning committee, the project coordinator composed drafts of surveys containing 112 items for the adult survey and 88 items for the children's survey. New questions were created in planning sessions, based on suggestions of improved wording and focused topic areas to increase programmatic relevance and validity of results. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Umatilla County. There were 54,531 persons ages 19 and over living in Umatilla 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 377 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

SAMPLING | Child Survey

The sampling frame for the child survey consisted of children ages 0 through 11 residing in Umatilla County. Using U.S. Census Bureau data, it was determined that 13,507 children ages 0 through 11 resided in Umatilla County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). The sample size required to generalize to children aged 0 through 11 was 349. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult and Child Mailed Surveys

Prior to mailing the survey to adults and parents of 0 through 11-year-olds, the project team mailed an advance letter to 1,200 adults and 2,400 parents in Umatilla County. This advance letter was personalized and signed by Dennis Burke, President/CEO, Good Shepherd Health Care System; Harry Geller, President/CEO, St. Anthony Hospital; Justine Taylor, Clinic Manager, Mirasol Family Health Center; and Joseph Fiumara, Director, Umatilla County Public Health. 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.

Two weeks following the advance letter, the project team implemented a three-wave mailing procedure to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipient to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The community was informed of the Community Health Needs Assessment (CHNA) purpose through various media channels including KOHU radio segments.

Adult Survey

The response rate for the mailing was 24% (n=254: CI=± 6.13). Prior to surveys being sent, a power analysis was conducted which concluded that 377 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 254 surveys returned, thus reducing the level of power and broadening the confidence level to ± 6.13%.

Child Survey

The response rate was 8% (n=161: CI=± 7.68). Prior to surveys being sent, a power analysis was conducted which concluded that 349 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 161 surveys returned, thus reducing the level of power and broadening the confidence level to ± 7.68%.

PROCEDURE | Adult and Child Spanish Surveys

Hispanic/Latino adult and child Surveys were implemented through a combination of self-administration and partner agency staff administration for those with limited literacy. Surveys were administered to a combination of agency clients and random community residents. Data collection sites included Good Shepherd Health Care System, St. Anthony Hospital, Umatilla-Morrow Head Start, CAPECO, Oregon Child Development Coalition, Mirasol Clinic, Stanfield School District, Umatilla School District, Hermiston School District, Pendleton Treatment Center, laundromats, places of employment, retailers, an event after a church service, and through a door-to-door outreach attempt. The data collection sites were selected with intention to get a sample of the diverse Hispanic population and demographics of Umatilla County, and novel sites were selected to reach those who had time to spare or were waiting. Survey participants were selected based on distribution site staff hearing the participant speak Spanish; staff would then approach them to ask if they would identify themselves as Latino or Hispanic. The data collection began by primarily depending on partner organizations to implement surveys within their agency. Due to low initial response rate, temporary survey staff were employed to provide the additional support needed to increase survey return. Each survey participant was given a first aid kit as an incentive. To bolster end-of-collection period response rate, participants were later given gift cards. The community was informed of the CHNA purpose through various media channels, including a Univision television segment. The adult Spanish survey yielded 186 surveys, and the child Spanish survey yielded 156 surveys.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Umatilla County, the adult data collected was weighted by age, gender, race, and income using 2017 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 County adult assessment had an adequate response rate which is nearly twice as high as the national average for a four-wave mailing procedure. 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 County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Furthermore, while the survey was mailed to random households in Umatilla County, those responding to the survey were more likely to be older. For example, only five respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these five individuals are substantively different from the majority of Umatilla County residents under the age of 30).

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. The CDC adult data and NSCH child data were collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey.

This survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results.

While the Hispanic adult and child surveys were translated into Spanish, dialects within the sampling area seemed to vary. Many residents were dual-language and noted they would prefer to take an English version of the survey, even though they could fluently speak Spanish. It was assumed that those who preferred English and identified as Hispanic or Latino would respond to the random sample mailing. Survey collection staff also experienced a number of community members who spoke a mixture of languages, but their primary language was not English or Spanish (many spoke the Mam language). A large portion of the community members spoken with had limited (less than 5th grade level) or no literacy in Spanish which may have produced a response bias, despite attempts by staff to help with reading the survey to the participant. Survey length was a noted reason many declined to take the survey.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, Healthy People 2020, among other national and local sources. All primary data collected in this report is from the 2018 Umatilla County Health Assessment (CHA). All other data is cited accordingly.

The 2017 Oregon Healthy Teens (OHT) Survey

The Oregon Healthy Teens (OHT) Survey is a survey of 8th and 11th grade youth conducted in the spring of 2017. The OHT Survey is conducted in odd-numbered years, alternating with Oregon Health Authority's (OHA) Student Wellness Survey (SWS) which is administered in even-numbered years. The OHT Survey is an anonymous and voluntary survey sponsored by the Oregon Health Authority (OHA) in collaboration with the Oregon Department of Education. The survey is offered in two platforms: paper or online. The report provides a glimpse into the health and well-being of 8th and 11th graders in Oregon. To see the results of the 2017 Oregon Health Teens Survey visit the following website:
https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2017/County/30_Umatilla.pdf

Data Summary | Health Care Access

HEALTH CARE COVERAGE

In 2018, 7% of Umatilla County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under $25,000 (16%). The main reason adults gave for being without health care coverage were because they lost their job or changed employers (45%).

Uninsured Umatilla County Adults

Category	Percentage
Males	7%
Females	7%
Under 30	0%
30-64 Years	12%
65 & Over	3%
Income <$25K	16%
Income $25K Plus	6%
Umatilla 2011	16%
Umatilla 2015	8%
Umatilla 2018	7%
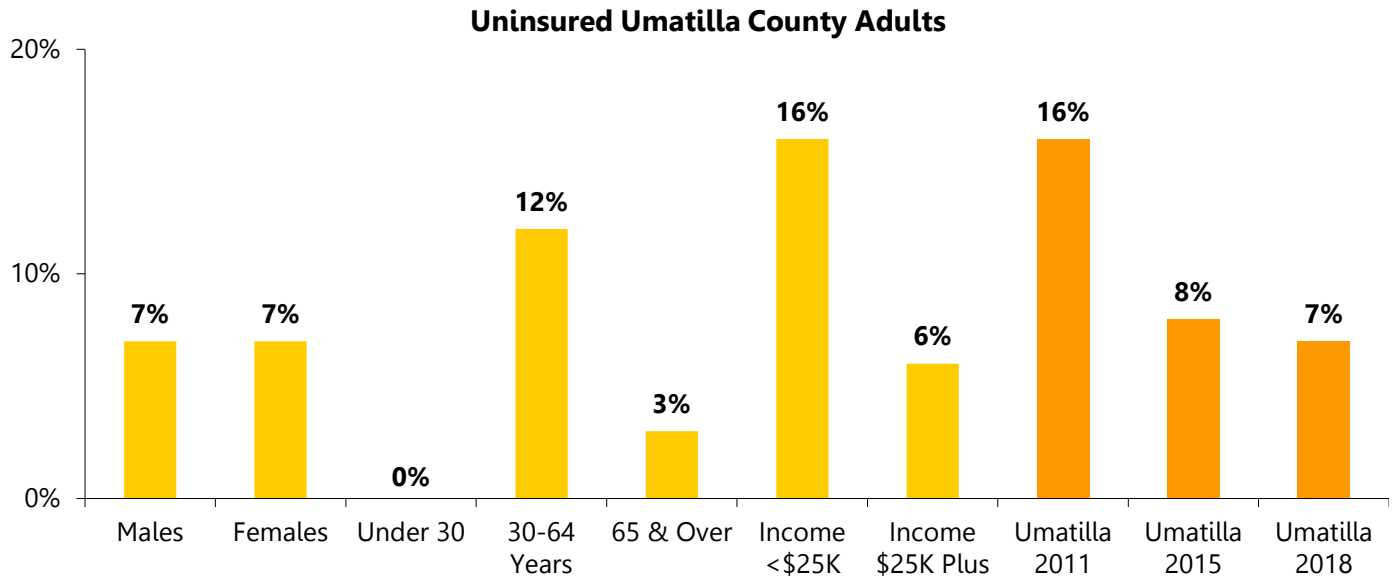
ACCESS AND UTILIZATION

Fifty-eight percent (58%) of Umatilla County adults visited a doctor for a routine checkup in the past year. Seventy-one percent (71%) of adults went outside of Umatilla County for health care services in the past year.

Umatilla County Adults Who Had a Routine Check-up in the Past Year

Category	Percentage
Male	45%
Female	67%
Under 30	44%
30-64 Years	63%
65 & Over	84%
Income <$25K	43%
Income $25K Plus	58%
Umatilla 2011	51%
Umatilla 2015	58%
Umatilla 2018	58%
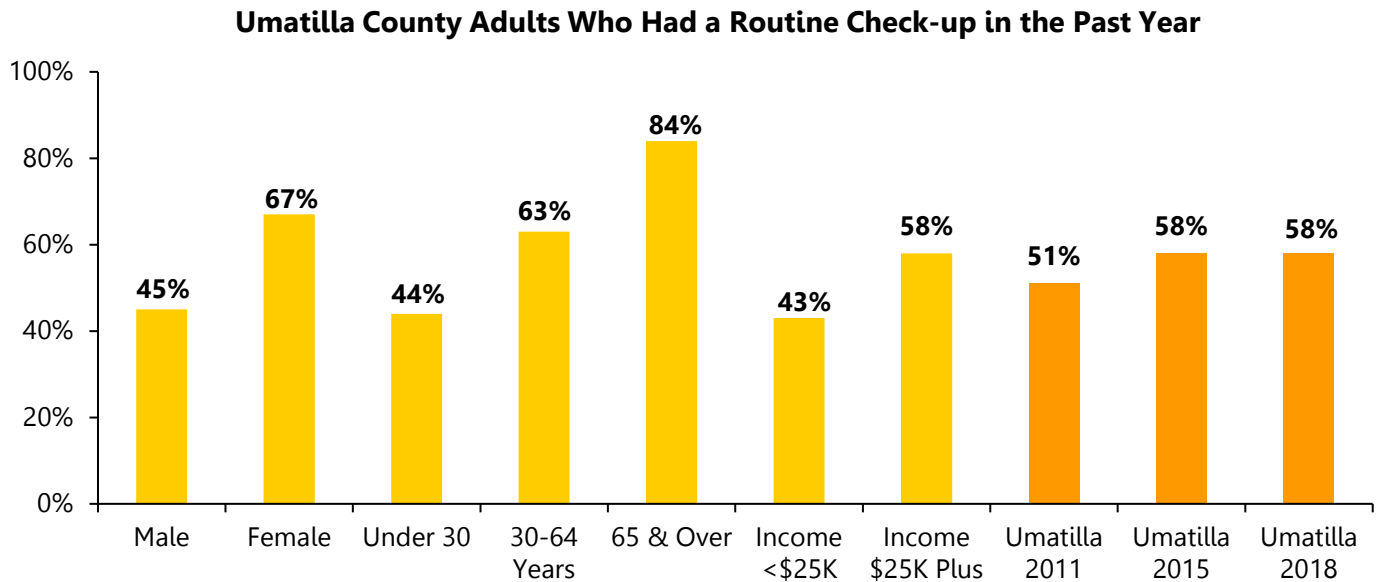
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Nearly half (47%) of Umatilla County adults received the flu vaccine in the past year.

WOMEN'S HEALTH

More than three-fifths (61%) of Umatilla County women ages 40 and older reported having a mammogram in the past year. Sixty-two percent (62%) of Umatilla County women had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 3% survived a stroke at some time in their life. Two-fifths (40%) of women were obese, 28% had high blood cholesterol, 26% had high blood pressure, and 4% were current smokers, known risk factors for cardiovascular diseases.

Umatilla County Women's Health Exams Within the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MEN'S HEALTH

In 2018, 46% of Umatilla County males over the age of 40 had a prostate-specific antigen (PSA) test in the past two years. Four percent (4%) of men survived a heart attack and 2% survived a stroke at some time in their life. Twenty-nine percent (29%) of men had been diagnosed with high blood cholesterol, 25% had been diagnosed with high blood pressure, and 13% were identified as current smokers, which, along with obesity (44%), are known risk factors for cardiovascular diseases.

Umatilla County Men's Health Exams Within the Past Year
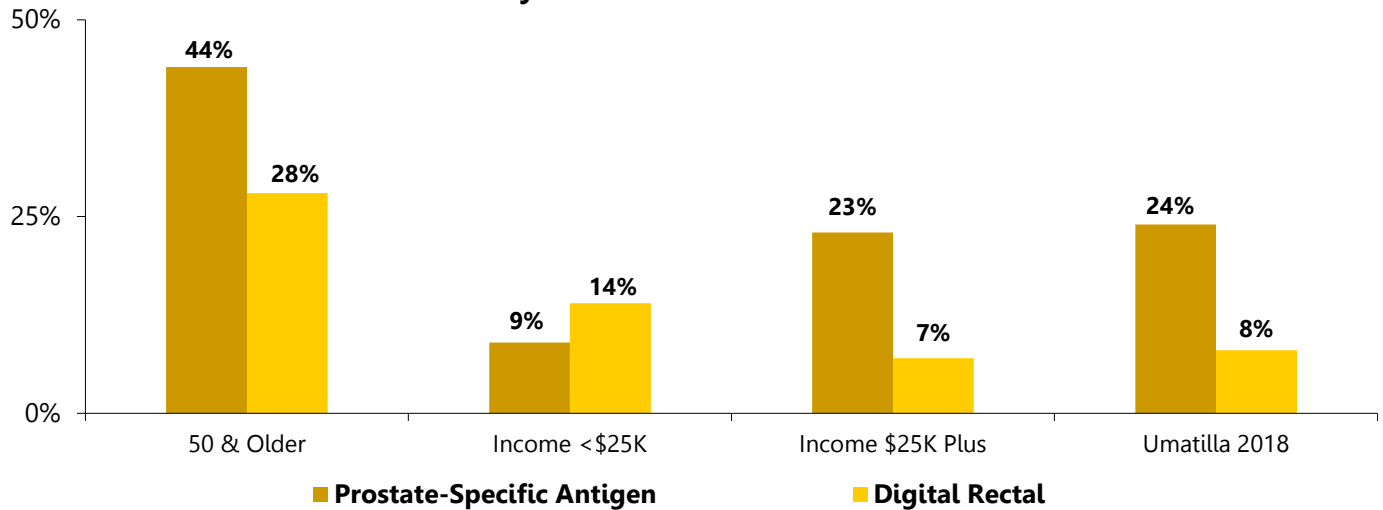
Legend: ■ Prostate-Specific Antigen ■ Digital Rectal

ORAL HEALTH

Sixty-one percent (61%) of Umatilla County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist in the past year were cost (50%) and no reason to go/had not thought of it (34%).

Umatilla County Adults Who Visited a Dentist or Dental Clinic in the Past Year
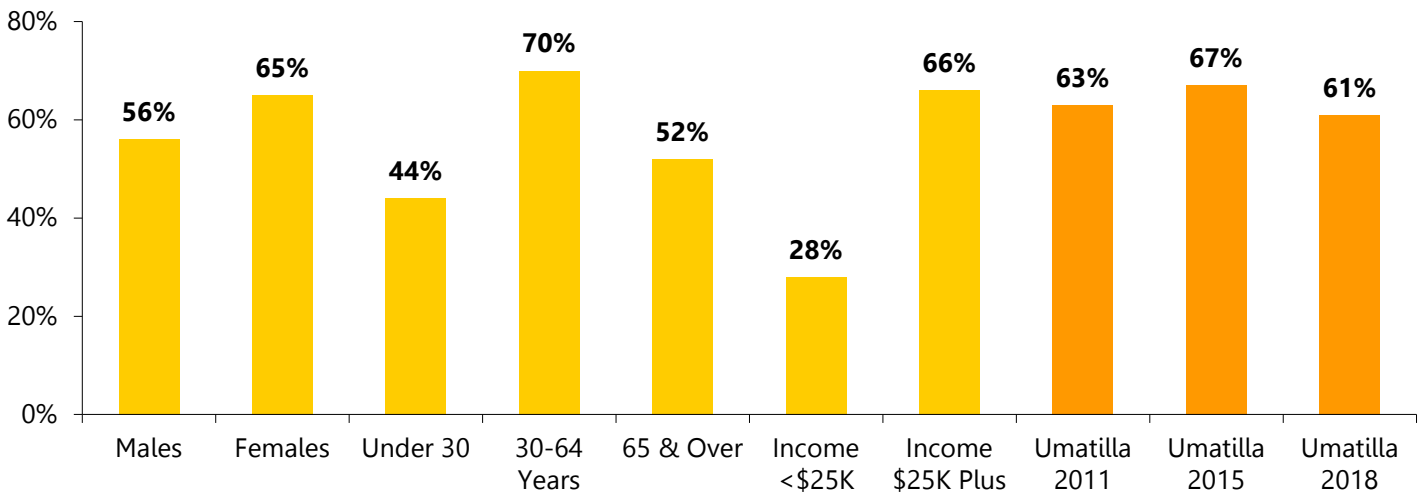
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2018, more than half (57%) of Umatilla County adults rated their health status as excellent or very good. Conversely, 16% of adults, increasing to 26% of those over the age of 65, described their health as fair or poor.

Umatilla County Adult Health Perceptions*

	Males	Females	Under 30	30-64 years	65 & Over	Income <$25K	Income $25K Plus	Umatilla 2011	Umatilla 2015	Umatilla 2018
Fair/Poor	15%	16%	0%	16%	26%	23%	17%	15%	27%	16%
Good	32%	25%		42%	38%	29%	25%	32%	37%	27%
Excellent/Very Good	53%	59%	100%	42%	36%	48%	58%	53%	36%	57%

■ **Excellent/Very Good** ■ **Good** ■ **Fair/Poor**

Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

WEIGHT STATUS

In 2018, 70% Umatilla County adults were overweight or obese based on body mass index (BMI). Four percent (4%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

Umatilla County Adult BMI Classifications*

	Male	Female	Under 30	30-64 Years	65 & Over	Income <$25K	Income $25K Plus	Umatilla 2011	Umatilla 2015	Umatilla 2018
Obese	44%	40%	33%	51%	30%	61%	38%	32%	37%	42%
Overweight	31%	26%	22%	28%	42%	18%	34%	35%	34%	28%
Normal	25%	33%	44%	20%	22%	18%	30%	32%	25%	29%

■ **Normal** ■ **Overweight** ■ **Obese**
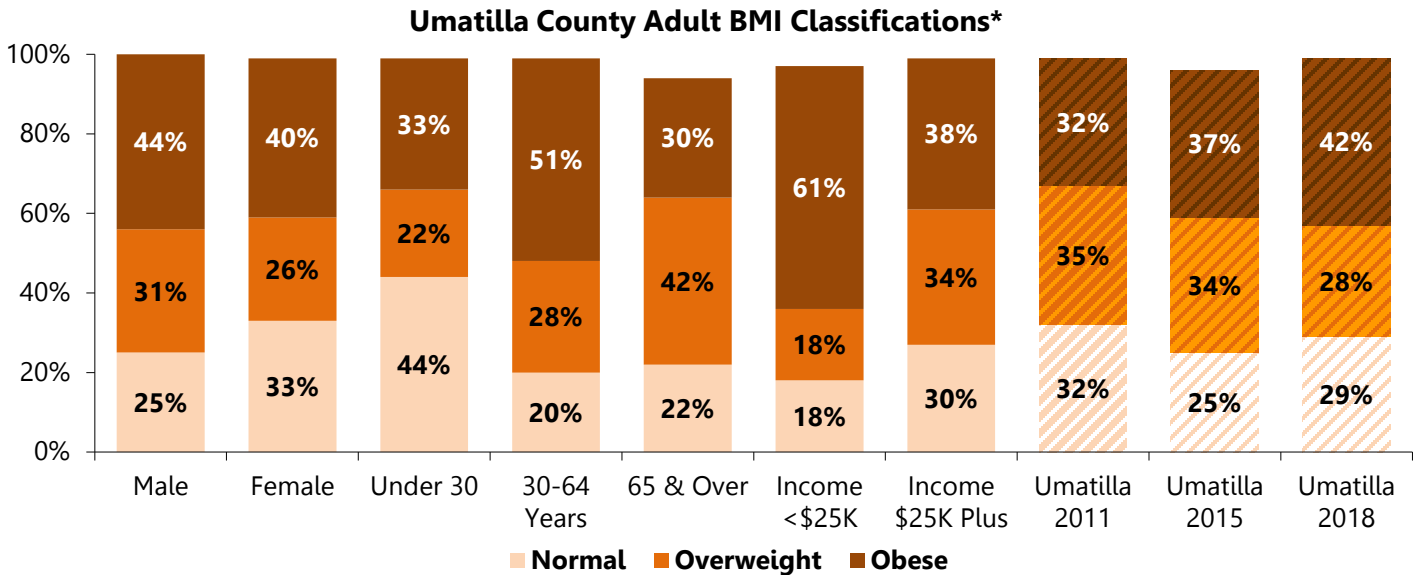
Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

TOBACCO USE

In 2018, 8% of Umatilla County adults were current smokers, and 20% were considered former smokers. Nearly one-quarter of current smokers tried to quit smoking in the past year.
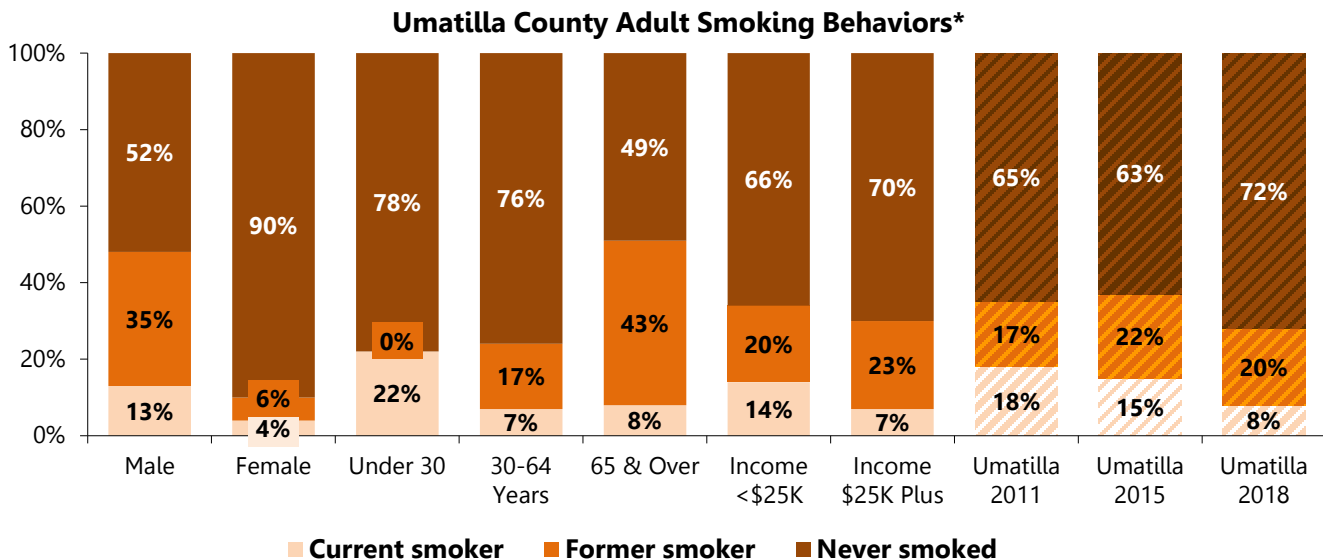
Umatilla County Adult Smoking Behaviors*

	Current smoker	Former smoker	Never smoked
Male	13%	35%	52%
Female	4%	6%	90%
Under 30	22%	0%	78%
30-64 Years	7%	17%	76%
65 & Over	8%	43%	49%
Income <$25K	14%	20%	66%
Income $25K Plus	7%	23%	70%
Umatilla 2011	18%	17%	65%
Umatilla 2015	15%	22%	63%
Umatilla 2018	8%	20%	72%

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?"

ALCOHOL CONSUMPTION

More than half (54%) of Umatilla County adults had at least one alcoholic drink in the past month and would be considered current drinkers. One-fifth (20%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Umatilla County Adult Average Number of Days Drinking Alcohol in the Past Month*

	Did not drink any	1-2 days	3 or more days
Male	28%	24%	47%
Female	59%	10%	30%
Under 30	70%	20%	10%
30-64 Years	41%	16%	41%
65 & Over	45%	17%	36%
Income <$25K	81%	2%	15%
Income $25K Plus	31%	19%	49%
Umatilla 2011	46%	21%	30%
Umatilla 2015	47%	10%	41%
Umatilla 2018	46%	16%	38%

Percentages may not equal 100% as some respondents answered, "don't know"
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
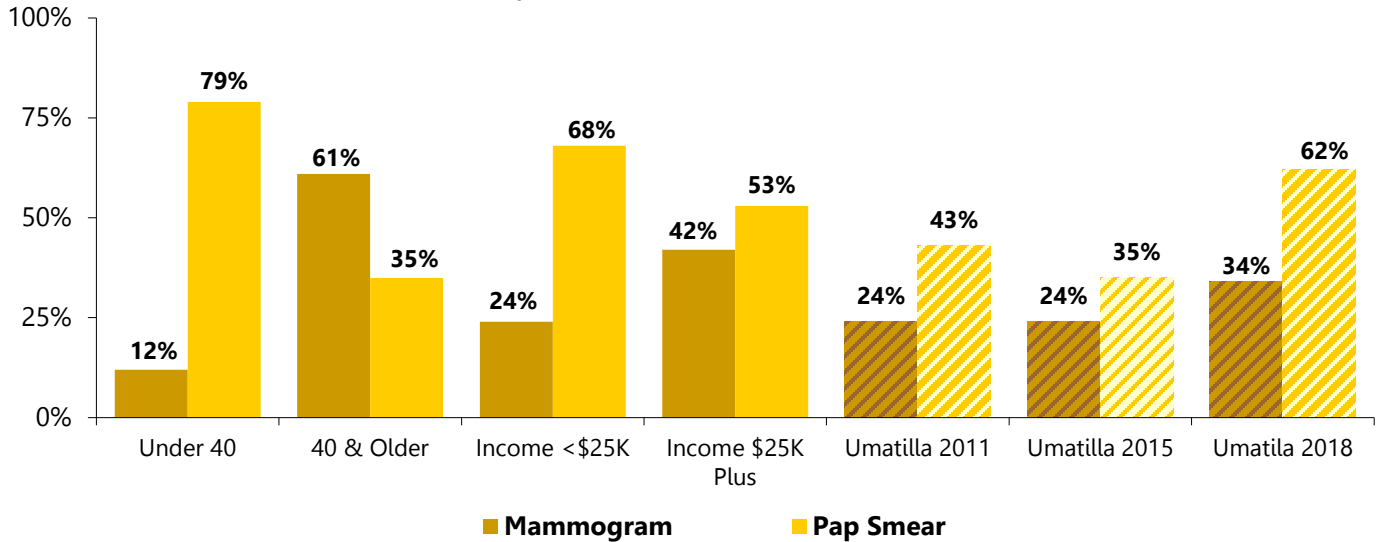
DRUG USE

In 2018, 17% 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.

Umatilla County Adult Prescription Medication Misuse in the Past 6 Months
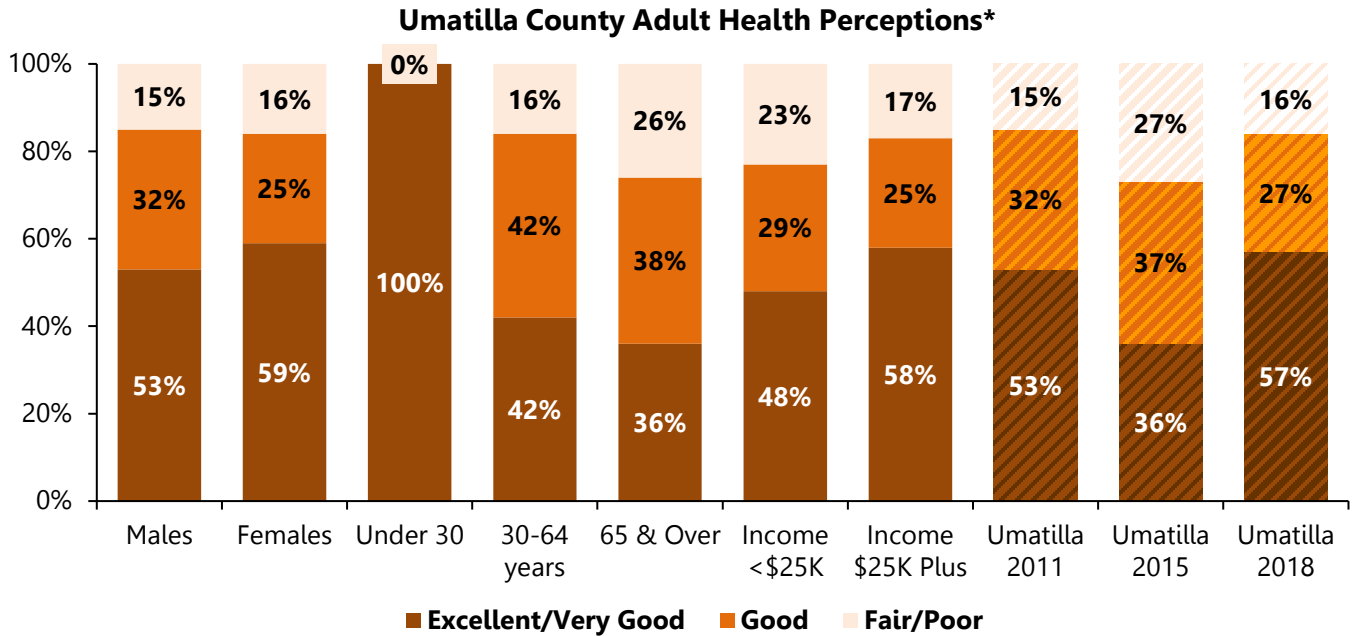
Males: 6%
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Under 30: 44%
30-64 Years: 15%
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Income $25K Plus: 10%
Umatilla 2011: 9%
Umatilla 2015: 16%
Umatilla 2018: 17%
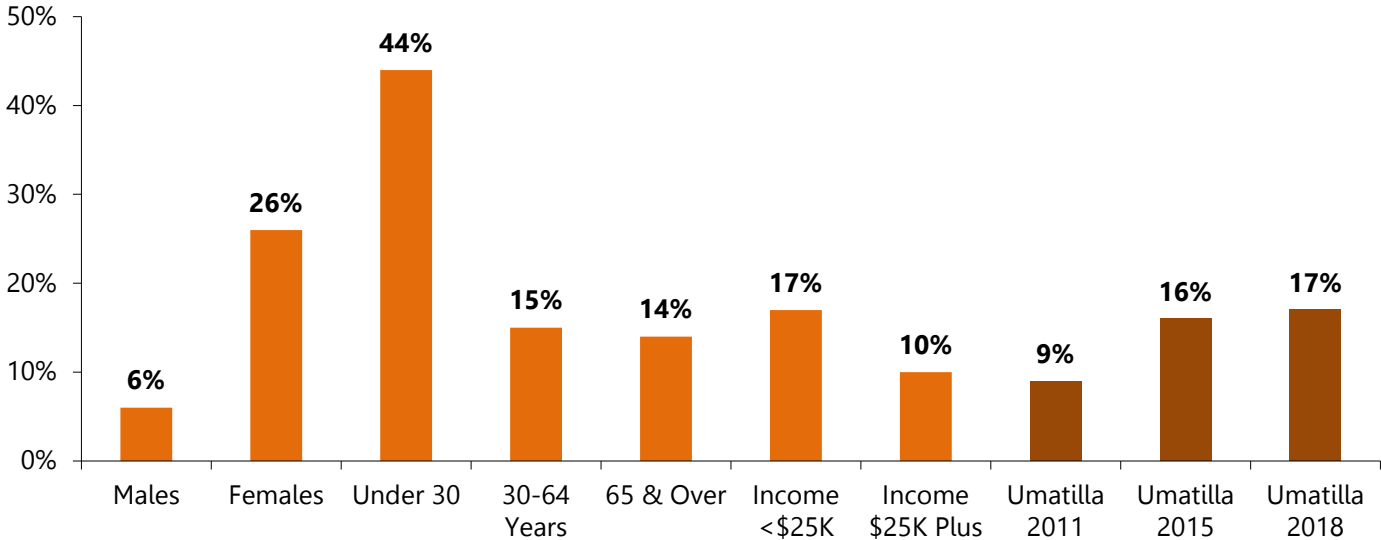
MARIJUANA USE

In 2018, 12% of Umatilla County adults had used marijuana during the past month.

Umatilla County Adult Marijuana Use in the Past 30 days
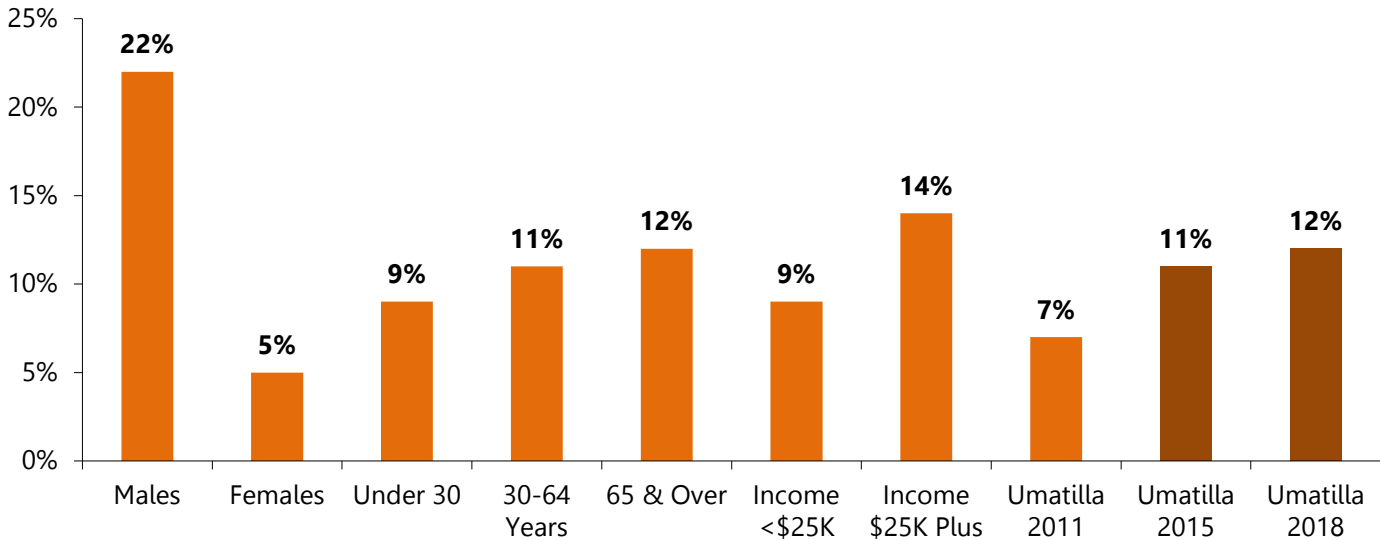
Males: 22%
Females: 5%
Under 30: 9%
30-64 Years: 11%
65 & Over: 12%
Income <$25K: 9%
Income $25K Plus: 14%
Umatilla 2011: 7%
Umatilla 2015: 11%
Umatilla 2018: 12%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

SEXUAL BEHAVIOR

In 2018, 70% of Umatilla County adults had sexual intercourse. One percent (1%) percent of adults had more than one partner in the past year. Eight percent (8%) of adults had been forced or coerced into any sexual activity when they did not want to.

Umatilla County Adults Number of Sexual Partners in the Past Year*
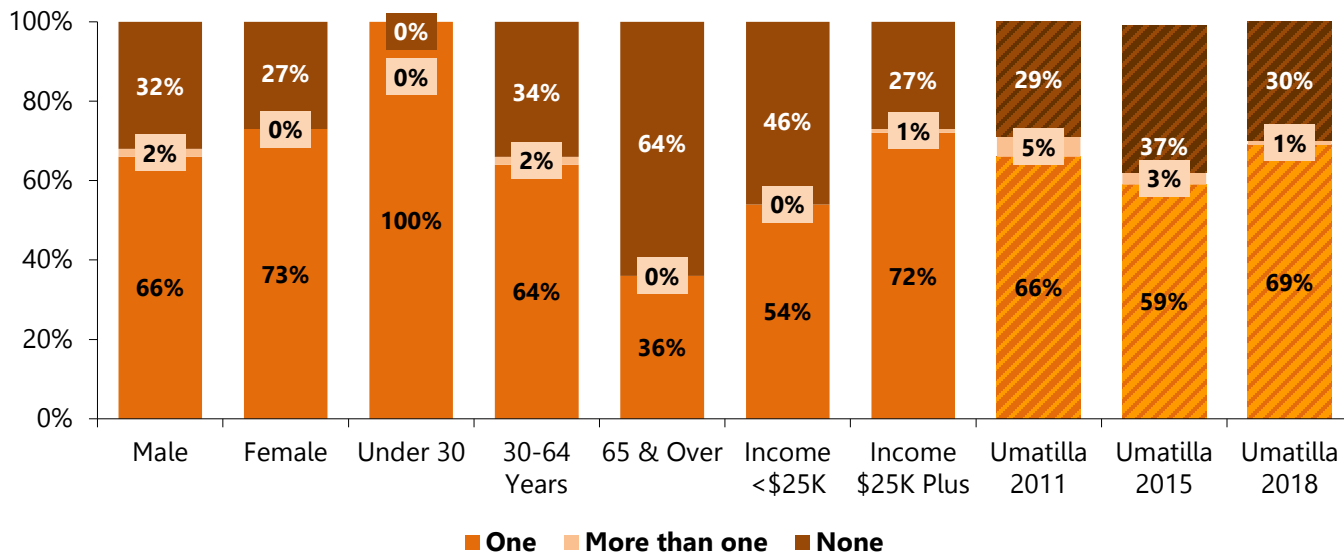
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

MENTAL HEALTH

In 2018, 2% of Umatilla County adults considered attempting suicide. About one-fifth (22%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems.

Umatilla County Number of Suicide Deaths by Year, 2007-2016
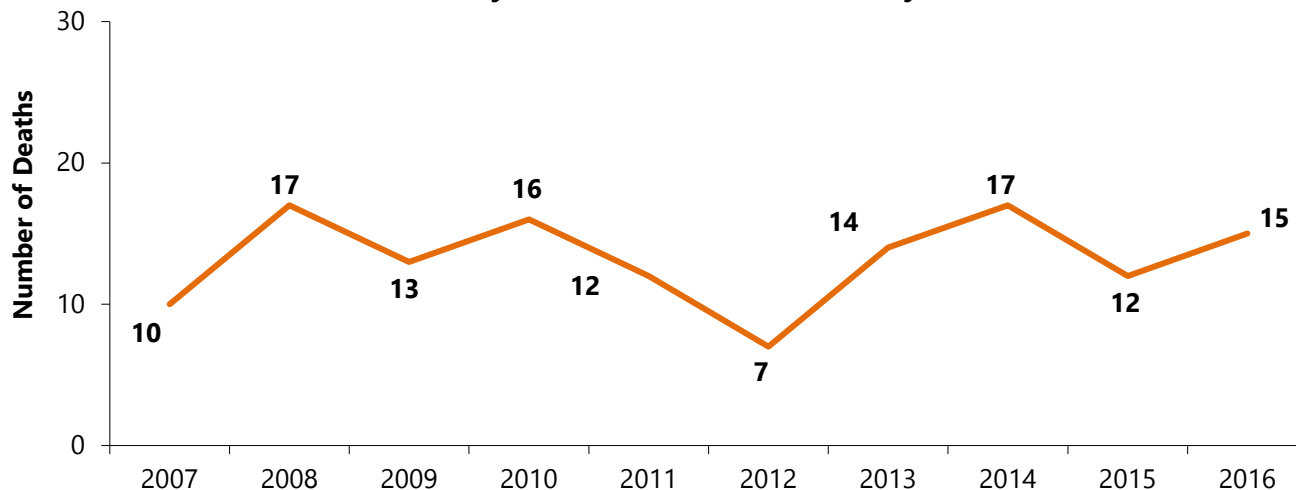
(Source: OHA, Oregon Violent Death Reporting System, updated on 10/24/18)

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2018, 4% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Over two-fifths (42%) of Umatilla County adults were obese, 29% had high blood cholesterol, 26% had high blood pressure, and 8% were current smokers, four known risk factors for heart disease and stroke.

Umatilla County Adults with CVD Risk Factors

Category	Percentage
Obesity	42%
High Blood Cholesterol	29%
High Blood Pressure	26%
Diabetes	9%
Smoking	8%
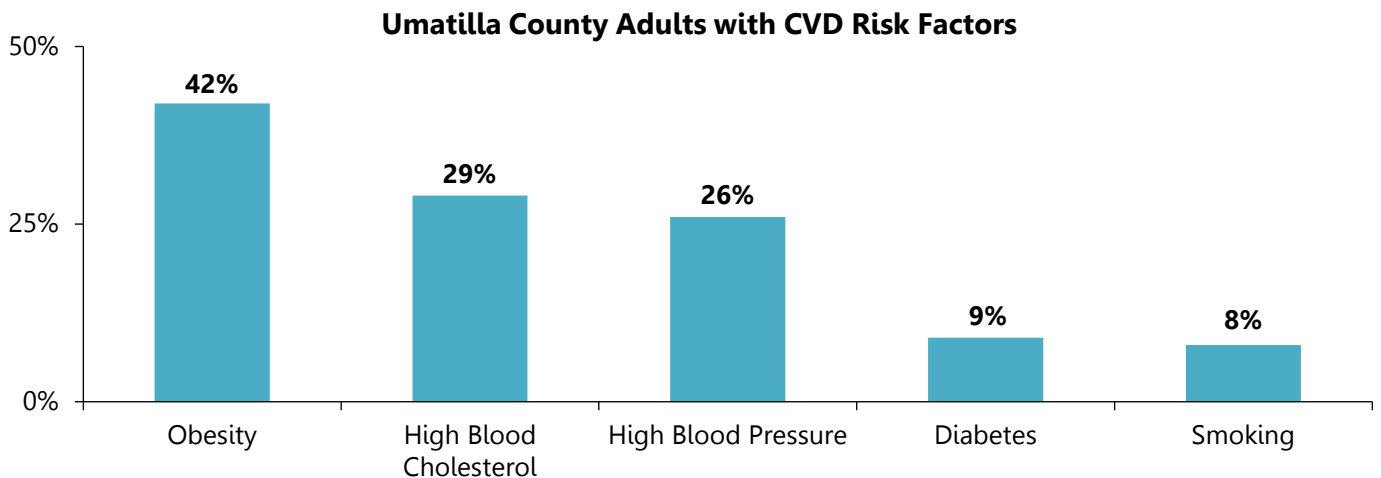
CANCER

Centers for Disease Control and Prevention (CDC) indicates that from 2015-2017, a total of 461 Umatilla County residents died from cancer, the leading cause of death in the county *(Source: CDC Wonder, 2015-2017).*

ASTHMA

One-in-fourteen (7%) Umatilla County adults had been diagnosed with asthma.
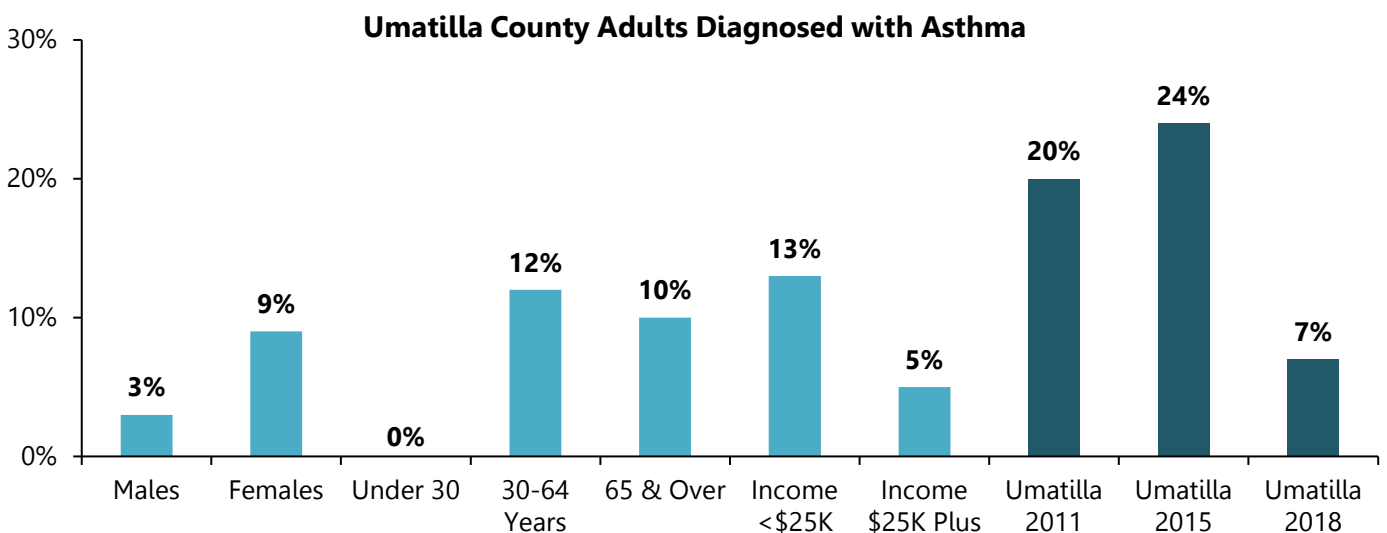
Umatilla County Adults Diagnosed with Asthma

Category	Percentage
Males	3%
Females	9%
Under 30	0%
30-64 Years	12%
65 & Over	10%
Income <$25K	13%
Income $25K Plus	5%
Umatilla 2011	20%
Umatilla 2015	24%
Umatilla 2018	7%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
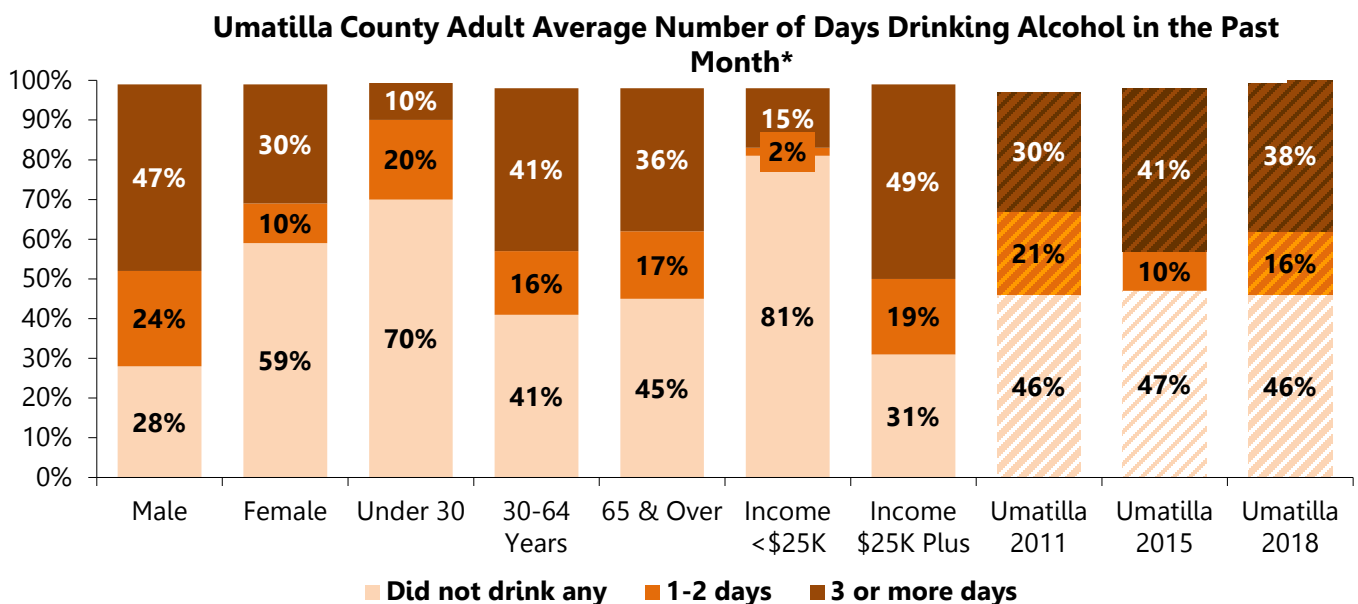
ARTHRITIS

More than one-third (34%) of Umatilla County adults had been diagnosed with arthritis.

Umatilla County Adults Diagnosed with Arthritis

Category	Percentage
Males	32%
Females	35%
Under 30	0%
30-64 Years	45%
65 & Over	70%
Income <$25K	31%
Income $25K Plus	37%
Umatilla 2011	32%
Umatilla 2015	36%
Umatilla 2018	34%
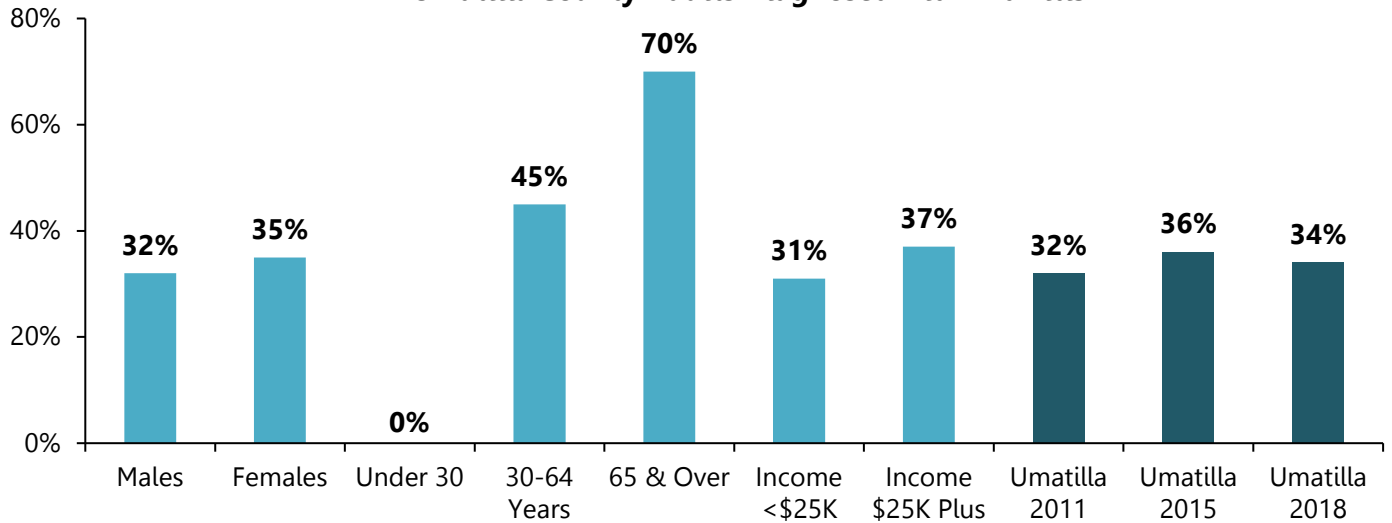
DIABETES

In 2018, 9% of Umatilla County adults had been diagnosed with diabetes. Two-fifths (40%) of diabetics rated their health as fair or poor.

Umatilla County Adults Diagnosed with Diabetes

| Category	Percentage
Males	6%
Females	11%
Under 30	0%
30-64 Years	13%
65 & Over	21%
Income <$25K	11%
Income $25K Plus	8%
Umatilla 2011	13%
Umatilla 2015	14%
Umatilla 2018	9%
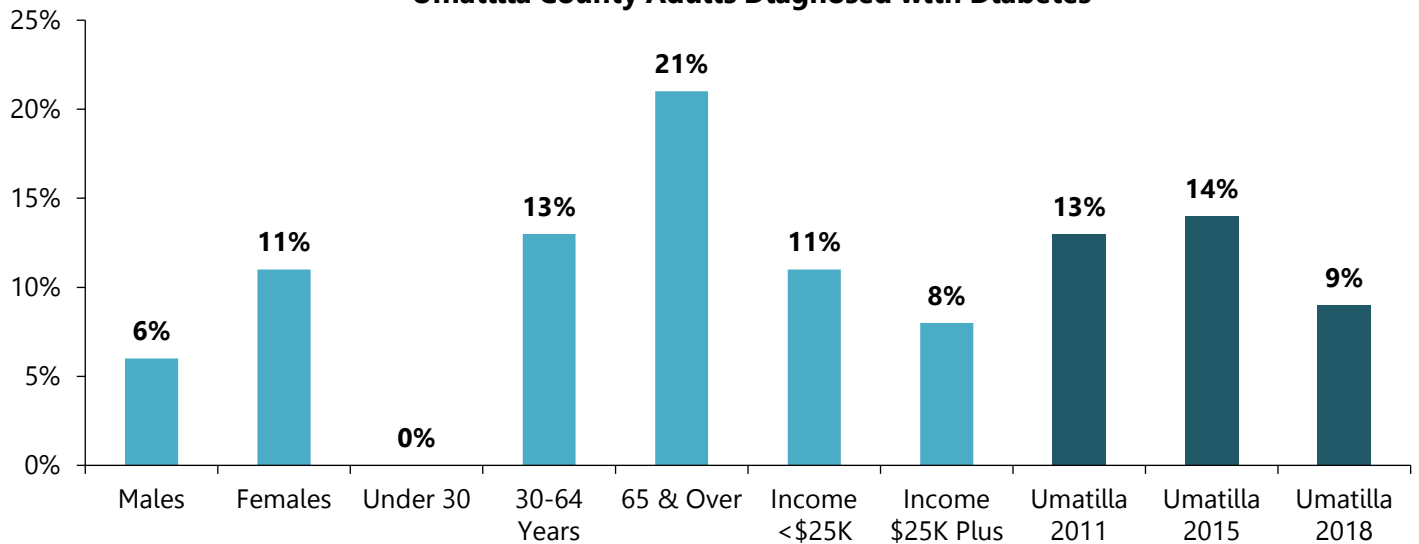
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

QUALITY OF LIFE

In 2018, 28% of Umatilla County adults reported they were limited by any impairment or health problem. The most limiting health problems were back or neck problems (50%); arthritis/rheumatism (32%); chronic pain (20%); walking problems (20%); and fractures and bone/joint injuries (17%).

Umatilla County Adult's Most Limiting Health Problems

A bar chart showing: Back/Neck Problems 50%; Arthritis/Rheumatism 32%; Chronic Pain 20%; Walking Problems 20%; Fractures, Bone/Joint Injuries 17%.
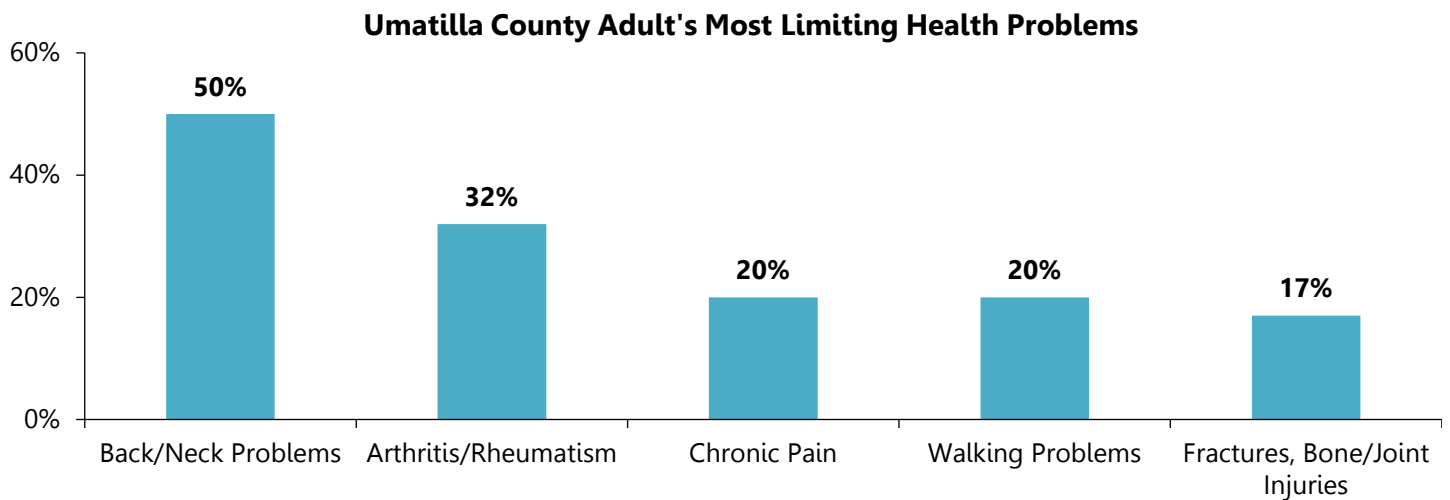
Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2018, 4% of Umatilla County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twenty percent (20%) of Umatilla County adults had four or more adverse childhood experiences (ACEs) in their lifetime. More than one-fifth (22%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Umatilla County Adults Who Experienced Four or more ACEs in their Lifetime

A bar chart showing: Male 14%; Female 24%; Under 30 50%; 30-64 Years 19%; 65 & Over 11%; Income <$25K 52%; Income $25K Plus 13%; Umatilla 2018 20%.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ENVIRONMENTAL HEALTH

The top two environmental health issues for Umatilla County adults that threatened their health in the past year were outdoor air quality (27%) and agricultural chemicals (13%). Seventy-three percent (73%) of adults had a working flashlight and working batteries in preparation for a disaster.

Data Summary | Adult Hispanic/Latino Health

HEALTH CARE ACCESS, COVERAGE AND UTILIZATION

In 2018, 56% of Umatilla County Hispanic/Latino adults were without health care coverage. The main reason Hispanic adults gave for being without health care coverage was that they could not afford to pay the premiums (24%).

HEALTH BEHAVIORS AND CHRONIC DISEASE

More than one-third (37%) of Umatilla County Hispanic/Latino adults rated their health status as excellent or very good. Conversely, 26% rated their health as fair or poor. Almost three-fourths (71%) of Hispanic/Latino adults were classified as overweight or obese. One-fifth (20%) of Hispanic/Latino adults were limited in some way because of a physical (15%), mental (6%), or emotional (4%) problem.

SOCIAL CONDITIONS

In 2018, 31% of Umatilla County Hispanic/Latino adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Eleven percent (11%) of Hispanic/Latino adults had four or more adverse childhood experiences (ACEs) in their lifetime. About one-third (34%) of Hispanic/Latino adults had experienced at least one issue related to hunger/food insecurity in the past year.

HEALTH AND FUNCTIONAL STATUS

Four-fifths (80%) of Umatilla County parents had taken their child to the dentist in the past year. Eight percent (8%) of Umatilla County parents reported their child had been diagnosed with asthma. Four percent (4%) of parents reported their child had been diagnosed with ADD/ADHD.

Umatilla County Children Diagnosed with Asthma
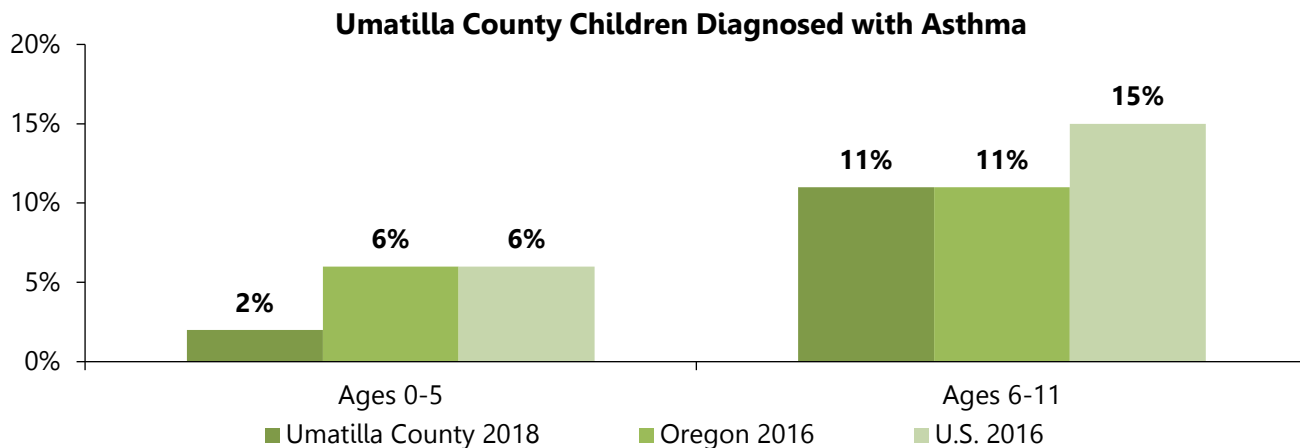
(Source: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

HEALTH CARE ACCESS

Six percent (6%) of Umatilla County parents reported their child did not have health insurance in the past year. Five percent (5%) of parents reported they had utilized telemedicine or virtual care for their child in the past year. Eighty percent (80%) of children had visited their health care provider for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

The following information was reported by parents of 0-5 year olds. Eighty-three percent (83%) of mothers received prenatal care within the first three months during their last pregnancy. Twenty-six percent (26%) of mothers received WIC services during their last pregnancy. Eighty-nine percent (89%) of parents put their child to sleep on his/her back. Six percent (6%) of mothers never breastfed their child.

Umatilla County Children Breastfed
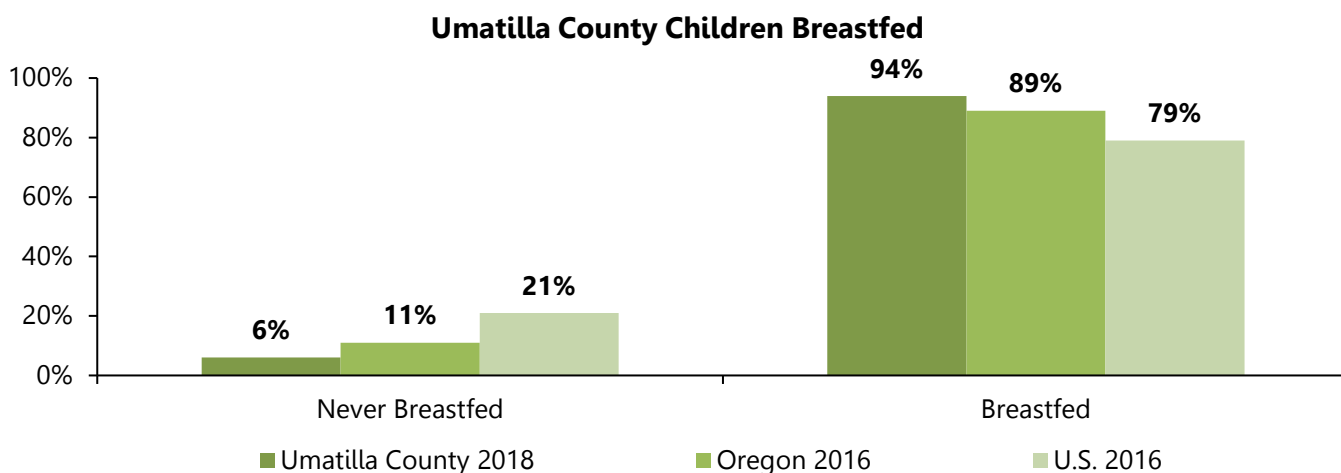
(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
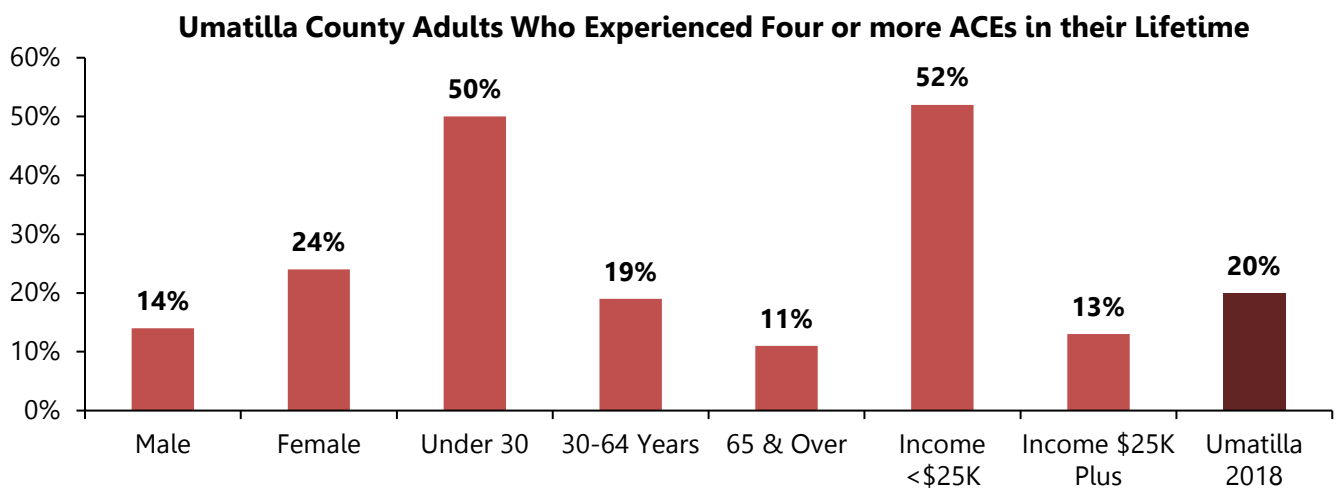
MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Umatilla County parents of 6-11 year olds. Nearly half (47%) of parents reported their child was bullied at some time in the past year. Eighty-five percent (85%) of parents reported their child participated in extracurricular activities. Fifty-four percent (54%) of parents reported their child read almost every day.

FAMILY AND COMMUNITY CHARACTERISTICS

Four percent (4%) of children experienced two or more adverse childhood experiences (ACEs) in their lifetime. Twenty-three percent (23%) of parents reported their child got 8 hour or less of sleep on an average weeknight.
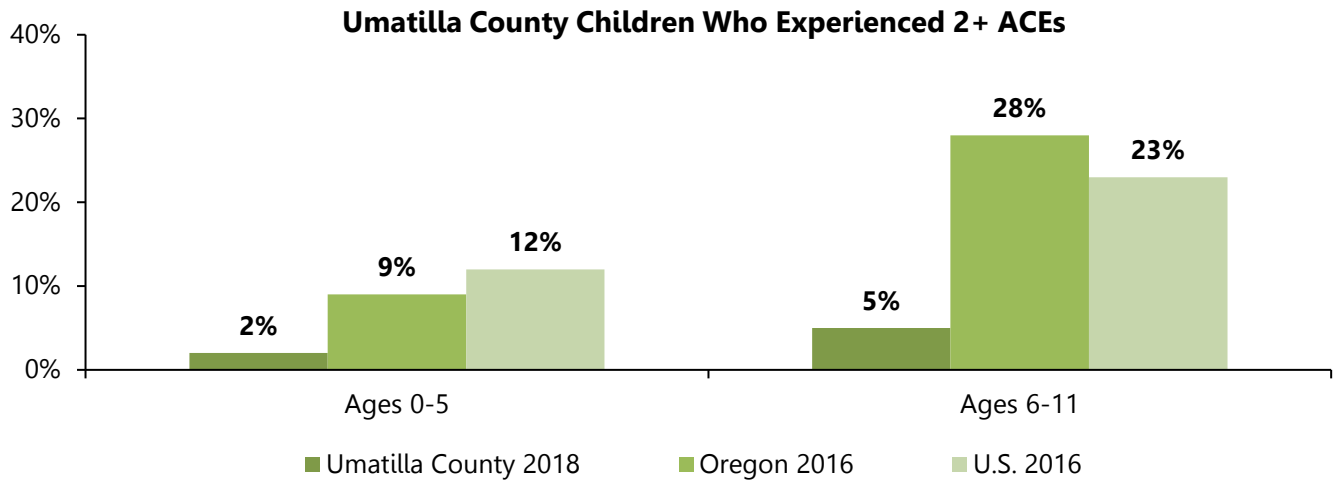
Umatilla County Children Who Experienced 2+ ACEs

Legend: Umatilla County 2018, Oregon 2016, U.S. 2016

(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Child Hispanic/Latino Health

HISPANIC/LATINO CHILD HEALTH

Sixty-one percent (61%) of Hispanic/Latino children had been to the dentist in the past year. Seventeen percent (17%) of Hispanic parents reported they had problems paying or were unable to pay for any of their child's medical bills. More than two-fifths (41%) of Hispanic/Latino parents reported that every family member who lived in their household ate a meal together every day of the week. Five percent (5%) of Hispanic/Latino parents reported their child had two or more Adverse Childhood Experiences (ACEs).

Adult Trend Summary

Adult Variables	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Health Care Coverage, Access, and Utilization					
Uninsured	16%	8%	7%	10%	11%
Had at least one person they thought of as their personal doctor or health care provider	77%	71%	73%	77%	77%
Visited a doctor for a routine checkup in the past year	51%	58%	58%	63%	70%
Women's Health					
Had a mammogram in the past two years (age 40 & over)	67%	65%	75%	67%*	72%*
Had a Pap smear in the past three years (age 21-65)	N/A	76%	67%	79%*	80%*
Men's Health					
Had a PSA test within the past two years (age 40 and over)	N/A	N/A	46%	35%*	40%*
Oral Health					
Adults who had visited the dentist in the past year	63%	67%	61%	68%*	66%*
Adults who had one or more permanent teeth removed	40%	32%	39%	41%*	43%*
Adults 65 years and older who had all their permanent teeth removed	17%	14%	15%	13%*	14%*
Health Status Perceptions					
Rated health as excellent or very good	53%	36%	57%	52%	51%
Rated health as fair or poor	15%	27%	16%	18%	18%
Rated their mental health as not good on four or more days in the previous month	30%	28%	26%	N/A	N/A
Average days that physical health not good in past month	N/A	4.0	3.9	3.8‡	3.7‡
Average days that mental health not good in past month	N/A	3.5	4.7	4.5‡	3.8‡
Weight Status					
Obese	32%	37%	42%	29%	32%
Overweight	35%	34%	28%	35%	35%
Tobacco Use					
Current smoker (currently smoke some or all days)	18%	15%	8%	16%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	17%	22%	20%	26%	25%

N/A – Not Available
‡2016 BRFSS data as compiled by 2018 County Health Rankings
*2016 BRFSS data

Adult Variables	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	51%	51%	54%	60%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	18%	21%	20%	16%	17%
Drug Use					
Adults who misused prescription drugs in the past 6 months	9%	16%	17%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	1%	1%	1%	N/A	N/A
Adults who used heroin in the past 6 months	0%	0%	0%	N/A	N/A
Marijuana Use					
Adults who used marijuana in the past month	7%	11%	12%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	5%	3%	1%	N/A	N/A
Mental Health					
Considered attempting suicide in the past year	N/A	N/A	2%	N/A	N/A
Attempted suicide in the past year	N/A	4%	2%	N/A	N/A
Cardiovascular Health					
Had angina or coronary heart disease	4%	4%	2%	4%	4%
Had a heart attack	5%	9%	4%	4%	4%
Had a stroke	2%	1%	3%	3%	3%
Had high blood pressure	31%	30%	26%	30%	32%
Had high blood cholesterol	36%	36%	29%	32%	33%
Had blood cholesterol checked within past 5 years	73%	78%	66%	85%	86%
Asthma, Arthritis and Diabetes					
Had been diagnosed with asthma	20%	24%	7%	17%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	32%	36%	34%	27%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	14%	9%	10%	11%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	5%	3%	1%	2%
Quality of Life					
Limited in some way because of a physical, mental, or emotional problems	N/A	35%	28%	N/A	N/A

N/A – Not Available

Child Trend Summary

Child Variables	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Health and Functional Status						
Rated health as excellent or very good	91%	96%	93%	86%	91%	89%
Dental care visit in the past year	57%	64%*	59%*	94%	90%	91%
Diagnosed with asthma	2%	6%	6%	11%	11%	15%
Diagnosed with ADHD/ADD	0%	2%**	3%**	7%	7%	9%
Diagnosed with Autism or Autism Spectrum Disorder (ASD)	0%	N/A	2%**	1%	N/A	3%
Diagnosed with behavioral or conduct problems	0%	2%**	5%**	2%	6%	11%
Diagnosed with a head injury, brain injury, or concussion	0%	N/A	1%	2%	N/A	2%
Diagnosed with depression	0%	N/A	<1%**	1%	N/A	2%
Diagnosed with anxiety problems	2%	1%**	2%**	11%	6%	8%
Diagnosed with developmental delay	6%	5%**	7%**	0%	7%	6%
Diagnosed with intellectual disability/mental retardation	2%	N/A	1%**	0%	N/A	1%
Diagnosed with learning disability	4%	2%**	3%**	2%	7%	7%
Diagnosed with speech or language delay	8%	7%**	10%**	10%	8%	9%
Diagnosed with hearing problems	0%	N/A	1%	4%	N/A	2%
Health Care Access						
Had public insurance	29%	37%	37%	14%	32%	38%
Been to doctor for preventive care in past year	89%	91%	89%	74%	78%	79%
Had a personal doctor or nurse	84%	79%	74%	81%	75%	72%
Family had problems paying for child's medical or health care bills (in the past 12 months)	18%	7%	9%	11%	8%	10%
Child received treatment or counseling from a mental health professional in the past year	5%	2%*	3%	11%	9%	10%
Early Childhood (Ages 0-5)						
Never breastfed their child	6%	11%	21%	N/A	N/A	N/A
Parent or family member read to child every day (in the past week)	38%	43%	38%	N/A	N/A	N/A

N/A – Not Available
*Ages 1-5
**Ages 3-5

Child Variables	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Middle Childhood (Ages 6-11)						
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	16%	25%	29%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	66%	76%	79%
Family and Community Characteristics						
Family eats a meal together every day of the week	49%	60%	53%	42%	38%	45%
2 or more Adverse Childhood Experiences	2%	9%	12%	5%	28%	23%
Parent Health						
Mother's mental or emotional health is fair/poor	14%	9%	5%	13%	7%	6%
Father's mental or emotional health is fair/poor	0%	4%	3%	8%	6%	3%

N/A-Not Available

Health Care Access: Health Care Coverage

Key Findings

In 2018, 7% of Umatilla County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under $25,000 (16%). The main reason adults gave for being without health care coverage was because they lost their job or changed employers (45%).

General Health Coverage

- In 2018, 93% Umatilla County adults had health care coverage. Seven percent (7%) of adults were uninsured, increasing to 16% of those with incomes less than $25,000.

- One-in-ten (10%) adults with children did not have health care coverage, compared to 2% of those who did not have children living in their household.

- The following types of health care coverage were used: employer (48%); Medicare (19%); someone else's employer (14%); Health Insurance Marketplace (6%); self-paid plan (4%); Medicaid or medical assistance (3%); military or VA (2%); multiple, including private sources (2%); and multiple, including governmental sources (2%).

- Umatilla County adults had the following issues regarding their health care coverage: cost (60%), opted out of certain coverage because they could not afford it (19%), service not deemed medically necessary (8%), working with their insurance company (5%), could not understand their insurance plan (5%), difficulty navigating the Health Insurance Marketplace (5%), provider was no longer covered (5%), pre-existing conditions (3%), opted out of certain coverage because they did not need it (2%), limited visits (2%), and service was no longer covered (1%).

3,817 of Umatilla County adults were uninsured.

- The top reasons uninsured adults gave for being without health care coverage were:
  — They lost their job or changed employers (45%)
  — They could not afford to pay the premiums (31%)
  — They became ineligible (30%)

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

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Uninsured	16%	8%	7%	10%	11%

The following graph shows the percentages of Umatilla County adults who were uninsured. An example of how to interpret the information in the graph includes: 7% of all adults were uninsured, including 16% of those with an income less than $25,000. The pie chart shows sources of Umatilla County adults' health care coverage.
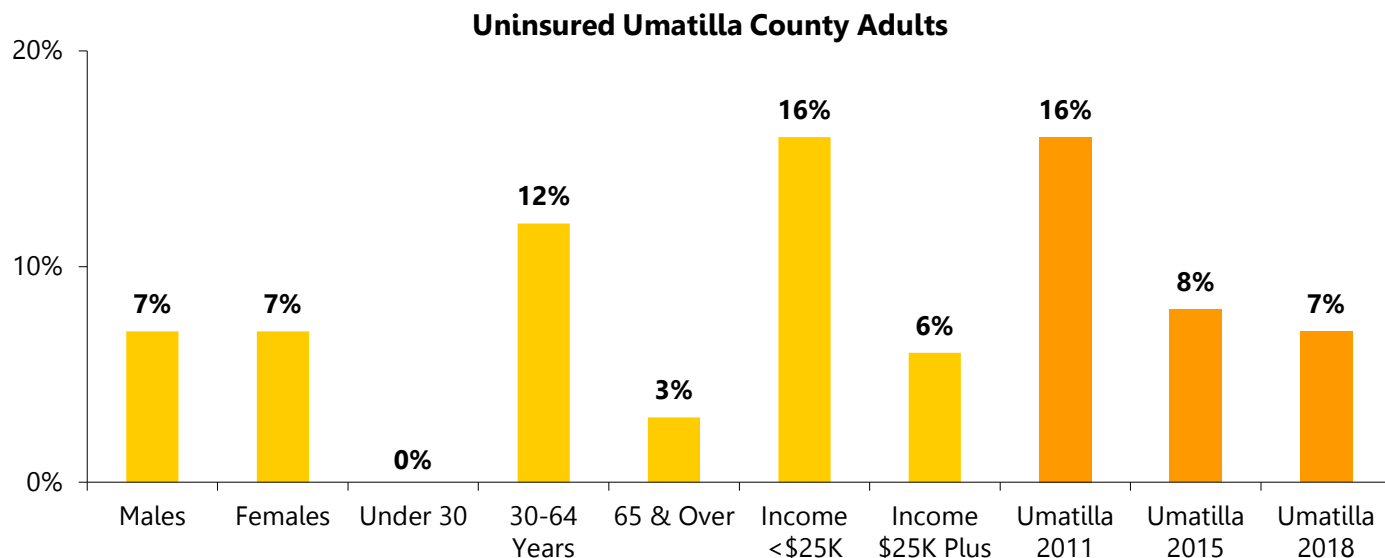
Uninsured Umatilla County Adults

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Source of Health Coverage for Umatilla County Adults
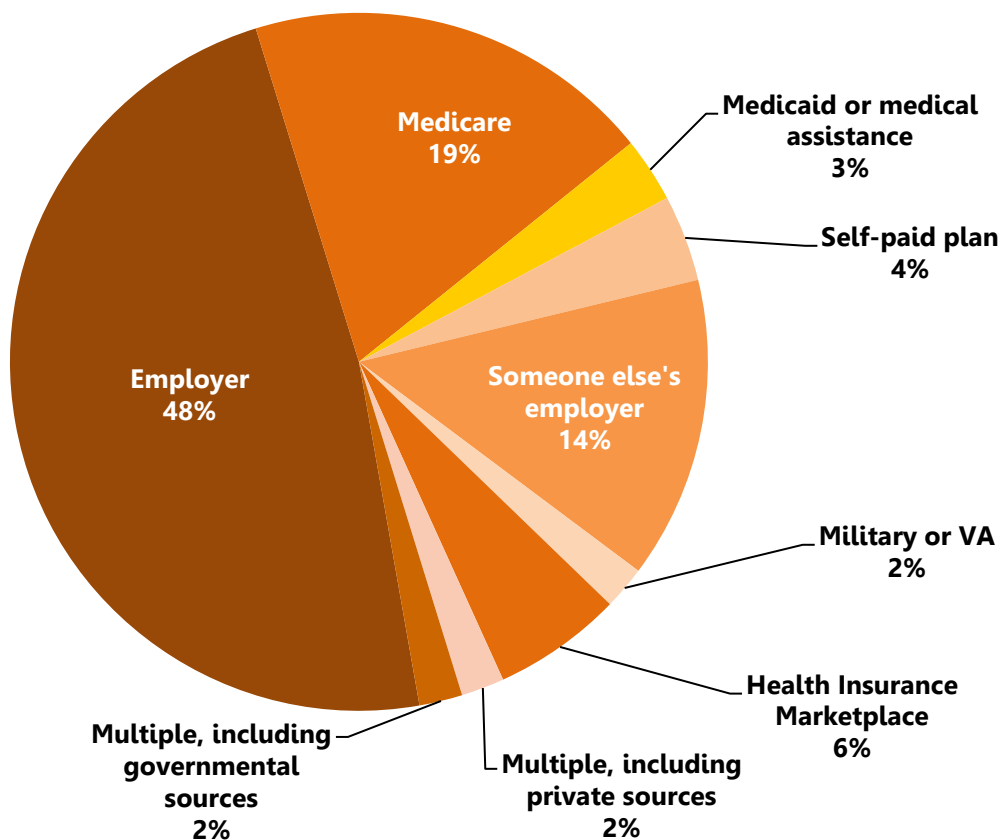
Healthy People 2020
Access to Health Services (AHS)

Objective	Umatilla County 2018	Oregon 2017	U.S. 2016	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 25-34 85% age 35-44 87% age 45-54 88% age 55-64	83% age 18-24 84% age 25-34 88% age 35-44 90% age 45-54 92% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2018 Umatilla County Health Assessment)

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

- Part of the reason for poor access among uninsured is that 49% do not have a regular place to go when they are sick or need medical advice.

- One-in-five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost, compared to 3% of adults with private coverage and 8% of adults with public coverage.

- In 2016, uninsured nonelderly adults were three times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.

- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, 2017)

Health Care Access: Access and Utilization

Key Findings

Fifty-eight percent (58%) of Umatilla County adults visited a doctor for a routine checkup in the past year. Seventy-one percent (71%) of adults went outside of Umatilla County for health care services in the past year.
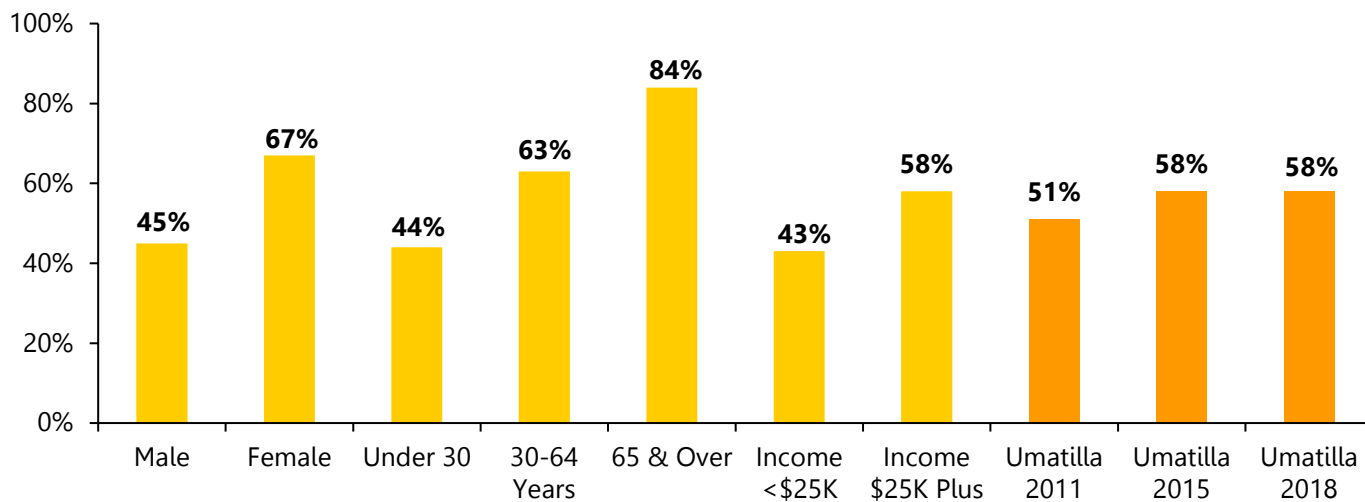
Health Care Access

- Fifty-eight percent (58%) of Umatilla County adults visited a doctor for a routine checkup in the past year, increasing to 84% of those over the age of 65.

- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (60%), compared to 42% of those without health care coverage.

- Nearly half (48%) of adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-five percent (25%) of adults had more than one person they thought of as their personal health care provider, and 27% did not have one at all.

- More than half (51%) of adults in Umatilla County visited the emergency room in the past year, increasing to 57% of those with incomes less than $25,000.

- Sixty-one percent (61%) of Umatilla County adults reported having a usual source of medical care. Reasons for not having a usual source of medical care included the following: have not needed a doctor (16%); multiple reasons, including cost or insurance (9%); could not afford medical care (5%); previous doctor unavailable/moved (4%); no insurance (2%); no place available or close enough (<1%); and other reasons (2%).

- Umatilla County adults did not get medical care for the following reasons: no need to go (17%); cost/no insurance (13%); inconvenient appointment times (3%); multiple reasons, including cost or insurance (3%); too long of a wait in the waiting room (1%); and other reasons (2%).

- Seventy-one percent (71%) of adults went outside of Umatilla County for the following health care services in the past year: specialty care (27%), dental services (27%), primary care (21%), orthopedic care (10%), pediatric care (8%), cardiac care (6%), pediatric therapies (6%), female health services (5%), obstetrics/gynecology/NICU (3%), counseling services (2%), cancer care (2%), mental health care (<1%), and other services (18%).

- Reasons for seeking health care services outside of Umatilla County included the following: needed care they could not get locally (30%), better care elsewhere (24%), provider referral (18%), closer to home/work (13%), insurance requirement (12%), cost less (10%), more privacy (2%), and other reasons (20%).

- Umatilla County adults went to the following places for their health care needs: Tri-Cities (37%), Walla Walla (33%), Hermiston (29%), Pendleton (20%), Portland (13%), Boardman (6%), Milton Freewater (5%), The Dalles (1%), Seattle (1%), Spokane (1%), Umatilla (1%), Irrigon (<1%), and other places (3%).

- The following might prevent Umatilla County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (28%), doctor would not take their insurance (12%), difficult to get an appointment (10%), hours not convenient (7%), could not get time off work (7%), frightened of the procedure or doctor (7%), could not find childcare (6%), worried they might find something wrong (3%), did not trust or believe doctors (2%), difficult to find/no transportation (1%), and some other reason (3%).

- More than one-third (39%) of adults did not get their prescriptions from their doctor filled in the past year, increasing to 61% of those who were uninsured.

- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (79%), too expensive (16%), they did not have insurance (9%), they did not think they needed it (5%), there was no generic equivalent (5%), they stretched their current prescription by taking less than prescribed (4%), they were taking too many medications (2%), and side effects (1%).

- Umatilla County adults looked for the following types of programs for themselves or a loved one: depression, anxiety, or mental health problem (15%); weight problem (9%); disabled care/assistance (7%); elderly care/assistance (7%); end-of-life care/hospice (5%); family planning (5%); disability (4%); drug abuse (4%); marital or family problems (4%); alcohol abuse (3%); cancer support group/counseling (3%); tobacco or nicotine cessation (3%); vaping/smoking (2%); opiate/heroin detoxification (1%); and gambling abuse (<1%).

- Twenty percent (20%) of Umatilla County adults indicated that they or someone in their household went without needed prescription medications in the past 12 months for the following reasons: cost (76%), no insurance (22%), insurance not accepted (13%), not open when needed (2%), no transportation (2%), and other reasons (17%).

- Nineteen percent (19%) of Umatilla County adults indicated that they or someone in their household went without mental health treatment in the past 12 months for the following reasons: cost (36%), did not know where to get care (26%), could not get an appointment soon enough (26%), no insurance (16%), insurance not accepted (6%), fear of treatment (2%), not open when needed (2%), and other reasons (18%).

- Five percent (5%) of Umatilla County adults indicated that they or someone in their household went without substance abuse treatment in the past 12 months for the following reasons: cost (38%), did not know where to get care (15%), and other reasons (46%).

- Adults reported the following as the most important health concerns in their community: substance or drug abuse (40%), opioid or other substance abuse (37%), lack of access to mental health care (25%), obesity (23%), lack of access to medical care (21%), prescription drug abuse (20%), depression (17%), lack of access to dental care (17%), diabetes and other chronic disease (16%), alcohol use (15%), lack of recreation facilities or fitness opportunities (15%), accidents/injuries (11%), other mental illnesses (11%), tobacco use (10%), lack of food (9%), child abuse/neglect (9%), domestic violence (8%), suicide (8%), and other concerns (3%).

- Adults indicated they would include the following services to improve their community's access to health care: urgent care access (40%), more primary care providers (40%), more specialists (36%), access to mental health/behavioral health (23%), access to pain management (21%), expanded hours for outpatient services (18%), more health education (13%), access to drug and alcohol treatment (13%), senior living options (8%), in-home care (5%), transportation assistance (5%), more culturally sensitive care (<1%), and other improvements (11%).

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had at least one person they thought of as their personal doctor or health care provider	77%	71%	73%	77%	77%
Visited a doctor for a routine checkup in the past year	51%	58%	58%	63%	70%

The following graph shows the percentage of Umatilla County adults who had a routine checkup in the past year. An example of how to interpret the information in the graph includes: 58% of all adults had a routine check-up in the past year, including 45% of males and 67% of females.

Umatilla County Adults Who Had a Routine Check-up in the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Care Access: Preventive Medicine

Key Findings

Nearly half (47%) of Umatilla County adults received the flu vaccine in the past year.

Preventive Medicine

- Nearly half (47%) of Umatilla County adults received the flu vaccine in the past year, increasing to 82% of those over the age of 65.

- Reasons for not receiving a flu shot included:
  — They did not need it (29%)
  — They get sick from it (8%)
  — It does not work (6%)
  — Religious beliefs (6%)
  — Vaccine was not effective (2%)
  — Transportation (1%)
  — Time (1%)
  — Cost (1%)
  — Insurance would not pay for it (<1%)
  — Other reasons (19%)

- Umatilla County adults discussed the following with their doctor or other health professional in the past year:
  — Family history (33%)
  — Depression, anxiety, or emotional problems (24%)
  — Weight control (24%)
  — Immunizations (23%)
  — Safe use of prescription medication (14%)
  — Injury prevention (12%)
  — Tobacco use (9%)
  — Prostate-specific antigen (PSA) test (8%)
  — Family planning (8%)
  — Safe use of opiate-based pain medication (7%)
  — Bone density (7%)
  — Sexually transmitted diseases (STDs) (7%)
  — Alcohol use (5%)
  — Falls (5%)
  — Firearm safety (3%)
  — Self-testicular exams (2%)
  — Domestic violence (1%)
  — Illicit drug abuse (1%)

Preventive Health Screenings and Exams

- Adults over the age of 50 and those with colorectal cancer risk factors had the following colorectal screenings in the past 5 years: colonoscopy (30%), stool testing (19%), flexible sigmoidoscopy (6%), and CT colonoscopy (5%).

The following table shows the percentage of Umatilla County adults over the age of 50 and those with colorectal cancer risk factors who had the following colorectal screenings.

	Stool Test	Colonoscopy	Flexible Sigmoidoscopy	CT Colonoscopy (Virtual Colonoscopy)
Tested this year	6%	7%	0%	1%
Tested within the last 1 to 3 years	5%	15%	5%	2%
Tested within the last 3 to 5 years	9%	8%	0%	2%
Tested within the last 5 to 10 years	5%	7%	1%	1%
Tested more than 10 years ago	5%	3%	2%	0%
Never tested	67%	58%	84%	83%
Not sure	4%	2%	9%	11%

Health Care Access: Women's Health

Key Findings

More than three-fifths (61%) of Umatilla County women ages 40 and older reported having a mammogram in the past year. Sixty-two percent (62%) of Umatilla County women had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 3% survived a stroke at some time in their life. Two-fifths (40%) of women were obese, 28% had high blood cholesterol, 26% had high blood pressure, and 4% were current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2018, 59% of women had a mammogram at some time in their life, and over one-third (34%) had this screening in the past year.

- More than three-fifths (61%) of women ages 40 and over had a mammogram in the past year, and 75% had one in the past two years.

- Eighty-nine percent (89%) of Umatilla County women had a Pap smear in their life, and 62% reported having had the exam in the past year. Seventy-four percent (74%) of women had a Pap smear in the past three years.

Women's Health Concerns

- Umatilla County women reported the following usual sources for female health services: general or family physician (44%); private gynecologist (32%); multiple, including general physician or gynecologist (13%); multiple, not including general physician or gynecologist (3%); community health center (1%); and some other place (2%). Five percent (5%) of women did not have a usual source for female health services.

- Thirty-nine percent (39%) of women did not discuss female health topics with their health care provider in the past year. Reasons for not doing so included the following: did not apply (55%), did not think it was necessary (32%), cost (10%), health care provider did not bring up the topic (5%), lack of access to health care or transportation issues (2%), fear (2%), embarrassment (2%), unable to take time off work (2%), and other reasons (12%).

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Umatilla County, the 2018 health assessment has identified that:
  — 66% of women were overweight or obese (2017 BRFSS reports 59% for Oregon and 2016 BRFSS reported 59% for the U.S.)
  — 28% were diagnosed with high blood cholesterol (2017 BRFSS reports 30% for Oregon and 2016 BRFSS reported 35% for the U.S.)
  — 26% were diagnosed with high blood pressure (2017 BRFSS reports 27% for Oregon and 2016 BRFSS
  — reported 30% for the U.S.)
  — 11% had been diagnosed with diabetes (2017 BRFSS reports 9% for Oregon and 2016 BRFSS reported 11% for the U.S.)
  — 4% were current smokers (2017 BRFSS reports 14% for Oregon and 2016 BRFSS reported 14% for the U.S.)

**Umatilla County Female
Leading Causes of Death, 2015 – 2017**

1. Cancer (25% of all deaths)
2. Heart Disease (18%)
3. Chronic Lower Respiratory Diseases (8%)
4. Stroke (6%)
5. Alzheimer's Disease (6%)

(Source: CDC Wonder, 2015-2017)

**Oregon Female
Leading Causes of Death, 2015 – 2017**

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

(Source: CDC Wonder, 2015-2017)

The following graph shows the percentage of Umatilla County females who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 34% of Umatilla County females had a mammogram within the past year and 62% had a Pap smear.

Umatilla County Women's Health Exams Within the Past Year
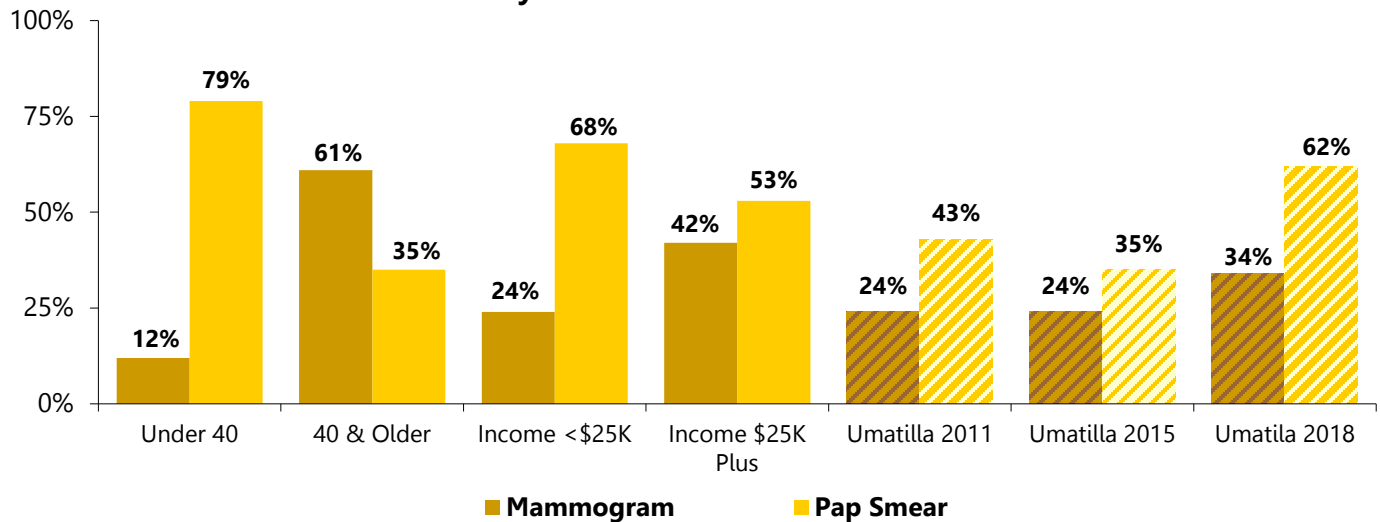
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Umatilla County females who had various health exams in the past year by age.

Umatilla County Women's Health Exams Within the Past Year by Age

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had a mammogram in the past two years (age 40 & over)	67%	65%	75%	67%*	72%*
Had a Pap smear in the past three years (age 21-65)	N/A	76%	67%	79%*	80%*

N/A-Not Available
*2016 BRFSS data

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

• Keep a healthy weight.
• Exercise regularly (at least four hours a week).
• Get enough sleep.
• Don't drink alcohol, or limit alcohol drinks to no more than one per day.
• Avoid exposures to chemicals that can cause cancer (carcinogens).
• Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
• If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
• Breastfeed your babies, if possible.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

• Anti-estrogens or other medicines that block or decrease estrogen in your body.
• Surgery to reduce your risk of breast cancer:
  — Prophylactic (preventive) mastectomy (removal of breast tissue).
  — Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated June 13, 2018)

Health Care Access: Men's Health

Key Findings

In 2018, 46% of Umatilla County males over the age of 40 had a prostate-specific antigen (PSA) test in the past two years. Twenty-nine percent (29%) of men had been diagnosed with high blood cholesterol, 25% had been diagnosed with high blood pressure, and 13% were identified as current smokers, which, along with obesity (44%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Thirty-nine percent (39%) of Umatilla County males had a prostate-specific antigen (PSA) test at some time in their life, and 24% had one in the past year.

- Sixty-six percent (66%) of males age 40 and over had a PSA test at some time in their life, and 46% had one in the past two years.

- Three-quarters (75%) of males age 50 and over had a PSA test at some time in their life, and 44% had one in the past year.

**Umatilla County Male
Leading Causes of Death, 2015 – 2017**

1. Cancer (22% of all deaths)
2. Heart Disease (18%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Disease (7%)
5. Diabetes (6%)

(Source: CDC Wonder, 2015-2017)

**Oregon Male
Leading Causes of Death, 2015 – 2017**

1. Cancer (23% of all deaths)
2. Heart Disease (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Disease (5%)
5. Stroke (5%)

(Source: CDC Wonder, 2015-2017)

- Twenty-one percent (21%) of Umatilla County males had a digital rectal exam at some time in their life, and 8% had one in the past year.

- Twenty-one percent (21%) of males completed one or more self-testicular exams in the past year, increasing to 30% of males ages 40 and over.

Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Umatilla County, the 2018 health assessment identified that:
  — 75% were overweight or obese (2017 BRFSS reports 70% for Oregon and 2016 BRFSS reported 71% for the U.S.)
  — 29% were diagnosed with high blood cholesterol (2017 BRFSS reports 34% for Oregon and 2016 BRFSS reported 38% for the U.S.)
  — 25% were diagnosed with high blood pressure (2017 BRFSS reports 33% for Oregon and 2016 BRFSS reported 34% for the U.S.)
  — 13% were current smokers (2017 BRFSS reports 18% for Oregon and 2016 BRFSS reported 19% for the U.S.)
  — 6% had been diagnosed with diabetes (2017 BRFSS reports 10% for Oregon and 2016 BRFSS reported 11% for the U.S.)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had a PSA test within the past two years (age 40 and over)	N/A	N/A	46%	35%*	40%*

N/A – Not Available
*2016 BRFSS data

The following graph shows the percentage of Umatilla County males who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 24% of Umatilla County males had a PSA test within the past year, and 8% had a digital rectal exam.
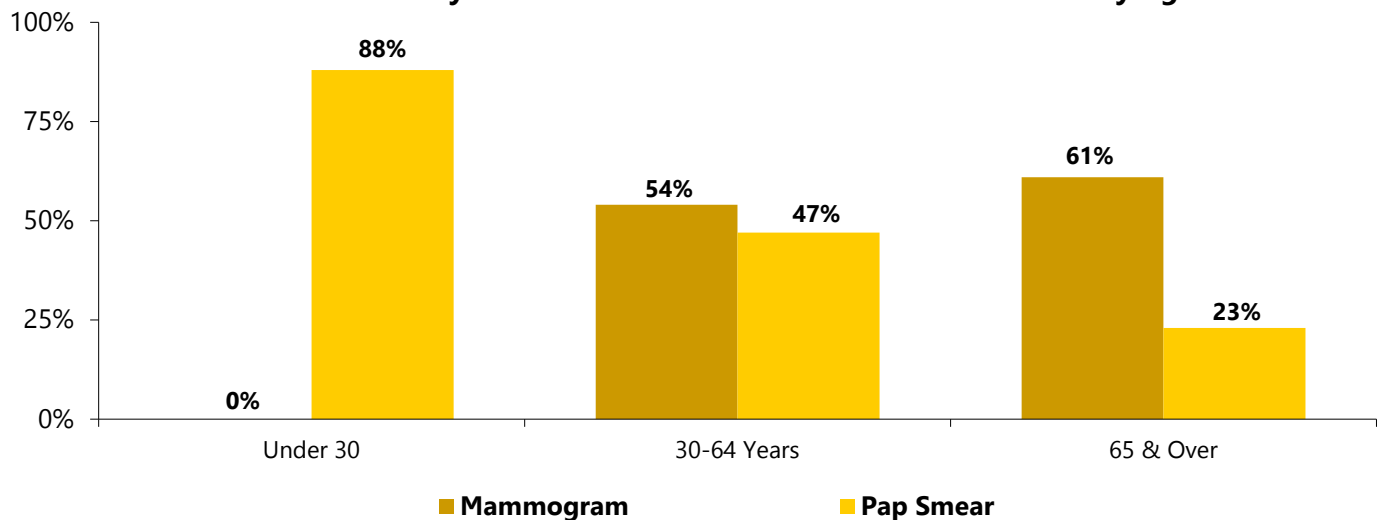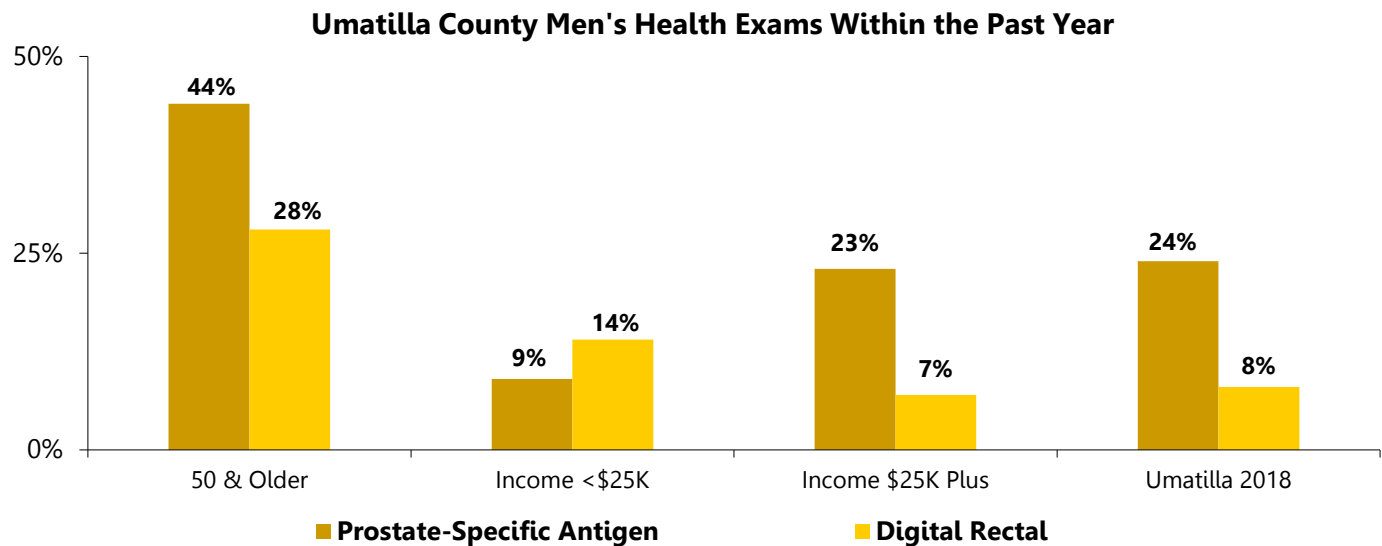
Umatilla County Men's Health Exams Within the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.

- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.

- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.

- Two tests are commonly used to screen for prostate cancer:
  — **Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
  — **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, August 27, 2018)

The following graph shows the Umatilla County and Oregon age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the U.S. and Healthy People 2020 objective.

Umatilla County Male Age-Adjusted Lung Cancer Mortality Rates

- Umatilla County 2015-2017: 46
- Oregon 2015-2017: 41
- U.S. 2015-2017: 47
- HP 2020 Target*: 46

Rate per 100,000 population
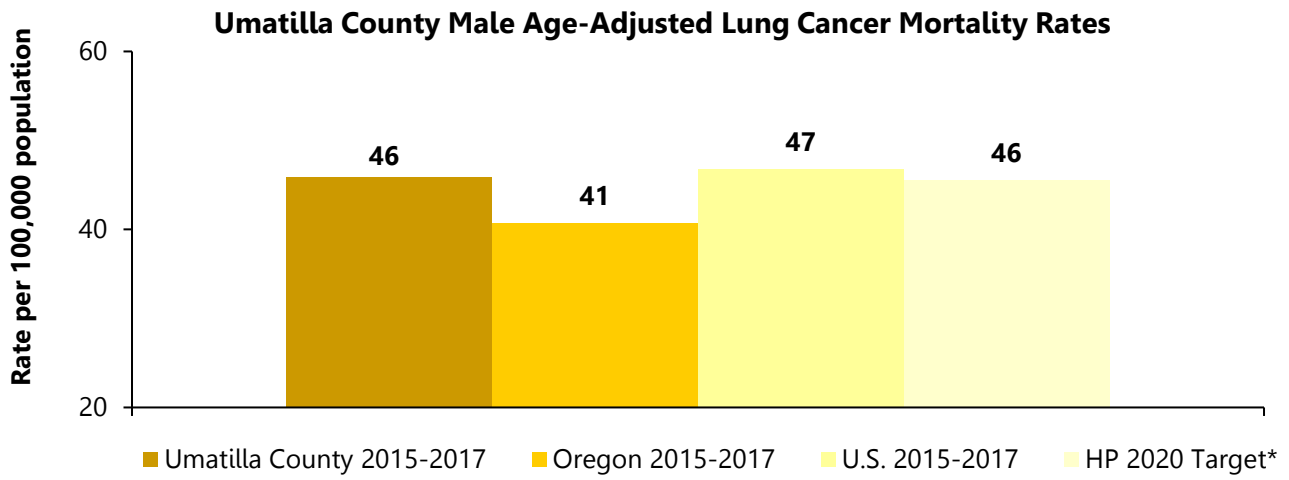
*Note: The Healthy People 2020 target rates are not gender specific
(Source: CDC Wonder 2014-2016 and Healthy People 2020)*

Health Care Access: Oral Health

Key Findings

Sixty-one percent (61%) of Umatilla County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist in the past year were cost (50%) and no reason to go/had not thought of it (34%).

Access to Dental Care

- In the past year, 61% of Umatilla County adults had visited a dentist or dental clinic, decreasing to 28% of those with incomes less than $25,000.

- Sixty-two percent (62%) of Umatilla County adults with dental insurance had been to the dentist in the past year, compared to 50% of those without dental insurance.

- When asked the main reason for not visiting a dentist in the past year, 50% said cost; 34% said no reason to go/had not thought of it; 18% said their dentist did not accept their medical insurance; 17% could not find a dentist who accepted Medicaid/OHP; 9% had dentures 7% said fear, apprehension, nervousness, pain, and dislike going; 2% did not have or know a dentist; 1% could not find an dentist who was accepting new patients; 1% used the emergency room for dental issues; and 1% had transportation issues.

- Thirty-nine percent (39%) of adults had one or more of their permanent teeth removed, increasing to 69% of those ages 65 and over.

- Fifteen percent (15%) of Umatilla County adults ages 65 and over had all of their permanent teeth removed.

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 or Dental Clinic					
Males	56%	5%	8%	23%	6%
Females	65%	7%	19%	9%	0%
Total	61%	7%	14%	15%	3%

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Adults who had visited a dentist or dental clinic in the past year	63%	67%	61%	68%*	66%*
Adults who had one or more permanent teeth removed	40%	32%	39%	41%*	43%*
Adults 65 years and older who had all their permanent teeth removed	17%	14%	15%	13%*	14%*

*2016 BRFSS data

The following graph shows the percentage of Umatilla County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 61% of adults had been to the dentist or dental clinic in the past year, including 44% of those under the age of 30 and 28% of those with incomes less than $25,000.

Umatilla County Adults Who Visited a Dentist or Dental Clinic in the Past Year
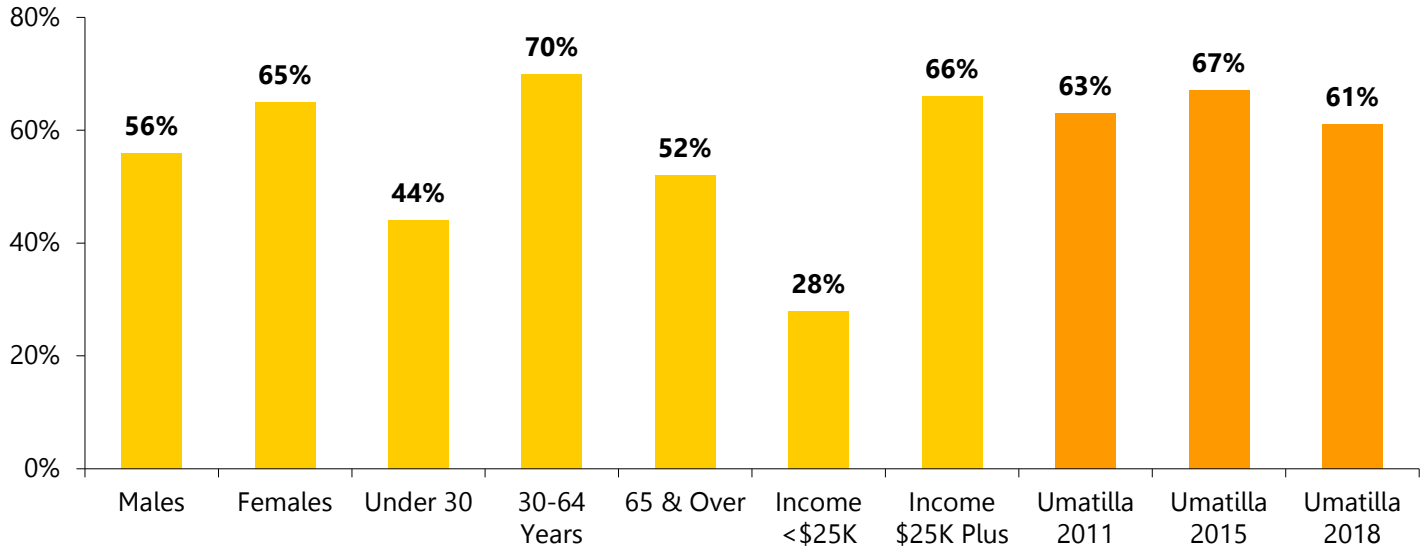
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.

- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose "softer" root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.

- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.

- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don't have dental insurance.

- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

Key Findings

More than half (57%) of Umatilla County adults rated their health status as excellent or very good. Conversely, 16% of adults, increasing to 26% of those over the age of 65, described their health as fair or poor.

General Health Status

- More than half (57%) of Umatilla County adults rated their health as excellent or very good. Umatilla County adults with higher incomes (58%) were most likely to rate their health as excellent or very good, compared to 48% of those with incomes less than $25,000.

- One-in-six (16%) adults rated their health as fair or poor.

- Umatilla County adults were most likely to rate their health as fair or poor if they:
  — Had been diagnosed with diabetes (40%)
  — Had high blood pressure (33%)
  — Had high blood cholesterol (30%)
  — Were divorced (29%)
  — Were 65 years of age or older (26%)
  — Had an annual household income under $25,000 (23%)

- More than one-fifth (22%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

The following graph shows the percentage of Umatilla County adults who described their general health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 57% of all adults, 53% of males, and 100% of those under age 30 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.
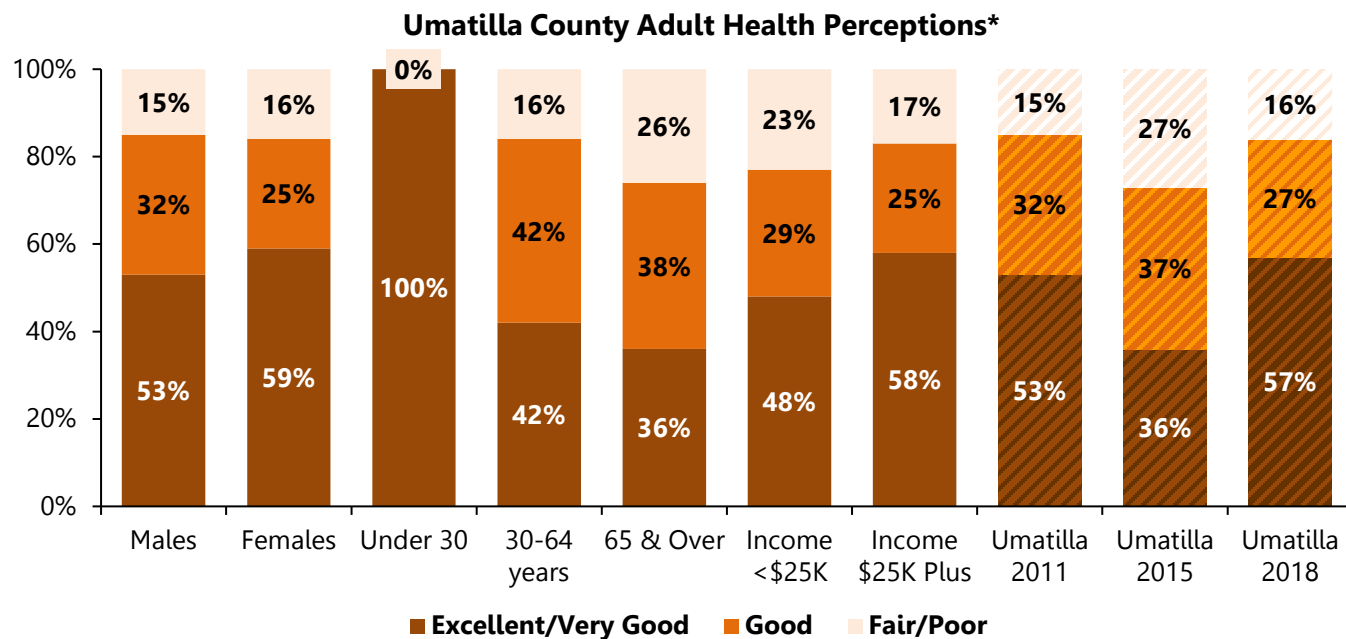
Umatilla County Adult Health Perceptions*

*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- Nearly one-fourth (24%) of Umatilla County adults rated their physical health as not good on four or more days in the previous month.

- Umatilla County adults reported their physical health as not good on an average of 3.9 days in the previous month.

- Umatilla County adults were most likely to rate their physical health as not good if they:
  — Had an annual household income under $25,000 (37%)
  — Were female (32%)
  — Were 65 years of age or older (29%)

Mental Health Status

- More than one-quarter (26%) of Umatilla County adults rated their mental health as not good on four or more days in the previous month.

- Umatilla County adults reported their mental health as not good on an average of 4.7 days in the previous month.

- Umatilla County adults were most likely to rate their mental health as not good if they:
  — Had an annual household income under $25,000 (54%)
  — Were female (38%)

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	53%	17%	3%	1%	10%
Females	53%	10%	9%	6%	17%
Total	53%	13%	7%	3%	14%
Mental Health Not Good in Past 30 Days*					
Males	79%	4%	2%	1%	6%
Females	49%	10%	8%	2%	26%
Total	62%	7%	5%	2%	18%

Totals may not equal 100% as some respondents answered, "Don't know".

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Rated health as excellent or very good	53%	36%	57%	52%	51%
Rated health as fair or poor	15%	27%	16%	18%	18%
Rated their mental health as not good on four or more days in the previous month	30%	28%	26%	N/A	N/A
Average days that physical health not good in past month	N/A	4.0	3.9	3.8‡	3.7‡
Average days that mental health not good in past month	N/A	3.5	4.7	4.5‡	3.8‡

‡2016 BRFSS data as compiled by 2018 County Health Rankings
N/A – Not Available

Health Behaviors: Weight Status

Key Findings

In 2018, 70% Umatilla County adults were overweight or obese based on body mass index (BMI). Four percent (4%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

Weight Status

- In 2018, 70% of Umatilla County adults were either overweight (28%) or obese (42%) by body mass index (BMI).

- Umatilla County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (39%); drank more water (38%); exercised (34%); ate a low-carb diet (12%); used a program that restricts certain foods or food groups (such as Paleo or Keto) (7%); went without eating 24 or more hours (5%); used a weight loss program (2%); took prescribed medications (1%); took diet pills, powders or liquids without a doctor's advice (1%); health coaching (1%); and smoked cigarettes (<1%).

22,903 Umatilla County adults were obese.

The following graph shows the percentage of Umatilla County adults who were normal weight, overweight, or obese by body mass index (BMI). Examples of how to interpret the information include: 29% of all adults were classified as normal weight, 28% were overweight, and 42% were obese.
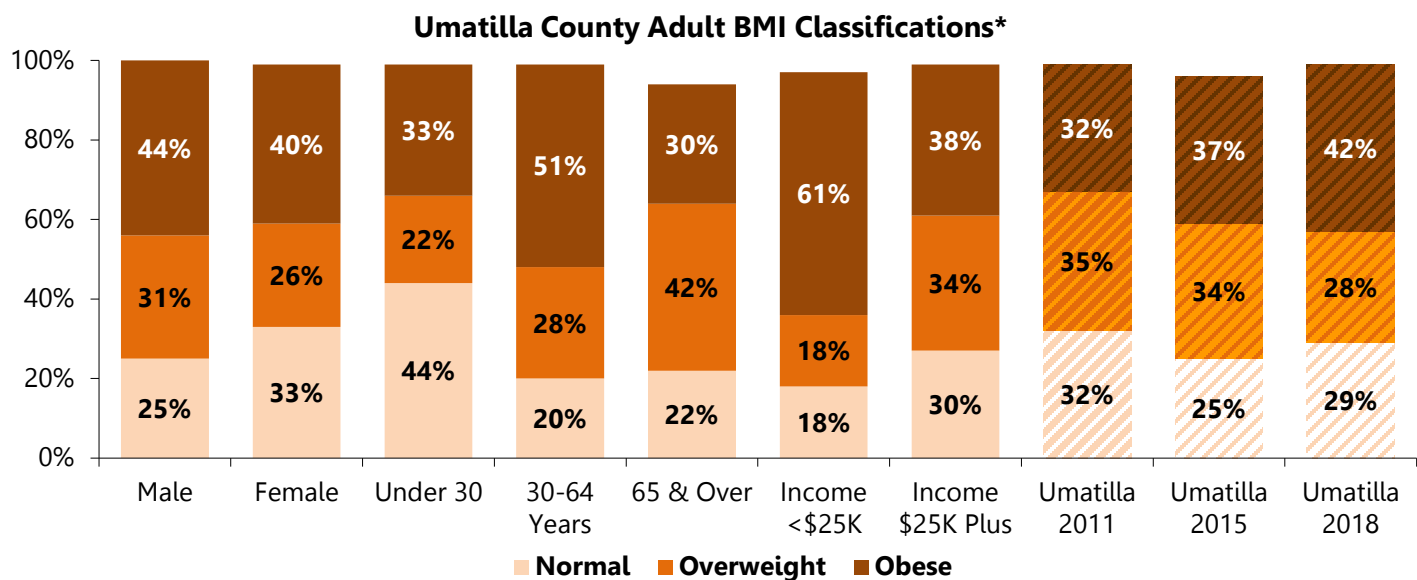
Umatilla County Adult BMI Classifications*

*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Obese	32%	37%	42%	29%	32%
Overweight	35%	34%	28%	35%	35%

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Umatilla County adults consumed per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	0%	22%	70%	8%
Vegetables	<1%	28%	70%	1%
Sugar-sweetened beverages	7%	10%	41%	42%
Caffeinated beverages	16%	18%	41%	25%

- In 2018, 32% of adults ate 1-to-2 servings of fruits and/or vegetables per day. Forty percent (40%) ate 3-to-4 servings per day, and 27% ate 5 or more servings per day. One percent (1%) of adults ate 0 servings of fruits and/or vegetables per day.

- In the past week, adults ate/drank an average of 2.0 caffeinated beverages, 1.9 servings of vegetables, 1.7 servings of fruit, and 1.2 sugar-sweetened beverages.

- Seventy-four percent (74%) of adults ate out in a restaurant or brought home take-out at least once in a typical week, 4% of whom did so for five or more meals.

- Adults purchased their fruits and vegetables from the following places: local grocery store (94%), farmer's market (35%), grow their own/garden (26%), produce stand (19%), grocery store outside of the county (10%), Dollar General/dollar store (6%), restaurants (5%), home delivery food service (3%), food pantry (1%), community garden (<1%), corner/convenience store (<1%), Group Purchasing/Community Supported Agriculture (CSA) (<1%), and other places (1%).

- Adults reported the following barriers to consuming fruits and vegetables: too expensive (7%), go bad too quickly (4%), did not like the taste (1%), did not know how to prepare (<1%), and other barriers (1%). Ninety-two percent (92%) of adults reported they did not have any barriers in consuming fruits and vegetables.

Physical Activity

- Most (96%) adults engaged in light intensity physical activity in the past week (walking slowly, sitting at the computer, making the bed, eating, preparing food, and washing dishes); 83% of adults engaged in moderate intensity physical activity (sweeping the floor, walking briskly, slow dancing, vacuuming, washing windows, and shooting basketball); and 53% engaged in vigorous intensity physical activity (running, swimming, shoveling, soccer, jumping rope, and carrying heavy loads). Four percent (4%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

- Reasons for not exercising included the following:
  — Time (35%)
  — Weather (31%)
  — Lack of self-motivation or will power (22%)
  — Pain or discomfort (15%)
  — Could not afford a gym membership (13%)
  — Ill or physically unable (12%)
  — No child care (12%)
  — Too tired/no energy (11%)
  — No exercise partner (9%)
  — Already get enough exercise (7%)
  — No personal reason (7%)
  — Did not like to exercise (5%)
  — Neighborhood safety (5%)
  — Afraid of injury (4%)
  — Poorly maintained or no sidewalks (3%)
  — Gym not available (3%)
  — Too expensive (2%)
  — Did not know what activities to do (1%)
  — Lack of opportunities for those with physical impairments or challenges (1%)
  — Did not enjoy being active (1%)
  — No walking trails, biking trails, or parks (1%)
  — Transportation (1%)
  — Doctor advised them not to exercise (<1%)

- On an average day, adults spent time doing the following: 2.5 hours watching television, 2.1 hours on their cell phone, 1.2 hours on the computer outside of work, and 0.2 hours playing video games.

- Umatilla County adults reported the following would help them use community parks, bike trails, and walking paths more frequently: more available parks, bike trails, and walking paths (36%); better promotion and advertising of existing parks, trails, and paths (17%); designated safe routes (17%); improvements to existing parks, trails, and paths (12%); more public events and programs involving parks, trails, and paths (12%); and easier access to walking or bike trails (10%).

Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
   - Be as lean as possible throughout life without being underweight
   - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
   - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
2. *Be physically active*
   - **Adults**: Get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
   - **Children and teens**: Get at least 1 hour of moderate or vigorous intensity activity each day, with vigorous activity on at least 3 days each week.
   - Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.
   - Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.
3. *Eat a healthy diet, with an emphasis on plant foods*
   - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
   - Limit how much processed meat and red meat you eat.
   - Eat at least 2½ cups of vegetables and fruits each day.
   - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, Updated on February 5, 2016)

Health Behaviors: Tobacco Use

Key Findings

In 2018, 8% of Umatilla County adults were current smokers, and 20% were considered former smokers. Nearly one-quarter (23%) of current smokers tried to quit smoking in the past year.

4,362 Umatilla County adults were current smokers.

Tobacco Use Behaviors

- One-in-twelve (8%) Umatilla County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

- One-fifth (20%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

- Umatilla County adult smokers were more likely to have:
  — Incomes less than $25,000 (14%)
  — Been widowed (13%)
  — Rated their overall health as fair or poor (12%)

- Umatilla County adults used chewing tobacco, snuff, or snus everyday (4%), some days (5%), or not at all (91%).

- Adults used the following tobacco products in the past year: cigarettes (12%); chewing tobacco, snuff, dip, or betel quid (7%); e-cigarettes or vape pens (3%); hookah (3%); pouch (2%); cigars (1%); little cigars (1%); cigarillos (1%); and pipes (1%). Seven percent (7%) of adults used more than one tobacco product.

- Nearly one-quarter (23%) of current smokers in Umatilla County used the following methods to quit smoking in the past year: cold turkey (14%), nicotine patch (10%), nicotine gum (5%), e-cigarettes (5%), Chantix (5%), and Wellbutrin (5%).

- Umatilla County adults had the following rules/practices about smoking in their home: never allowed (67%), not allowed when children are present (4%), allowed anywhere (2%), and allowed in certain rooms (1%).

- Umatilla County adults had the following rules/practices about smoking in their car: never allowed (90%), not allowed when children are present (3%), allowed with windows open (2%), and allowed anytime (2%).

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Current smoker (currently smoke some or all days)	18%	15%	8%	16%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	17%	22%	20%	26%	25%

Healthy People 2020
Tobacco Use (TU)

Objective	Umatilla County 2018	Healthy People 2020 Target Objective
TU-1.1: Reduce cigarette smoking by adults	20%	12%

(Sources: 2018 Umatilla County Health Assessment, 2017 BRFSS, Healthy People 2020)

The following graph shows the percentage of Umatilla County adults' smoking behaviors. Examples of how to interpret the information include: 8% of all adults were current smokers, 20% of all adults were former smokers, and 72% had never smoked.
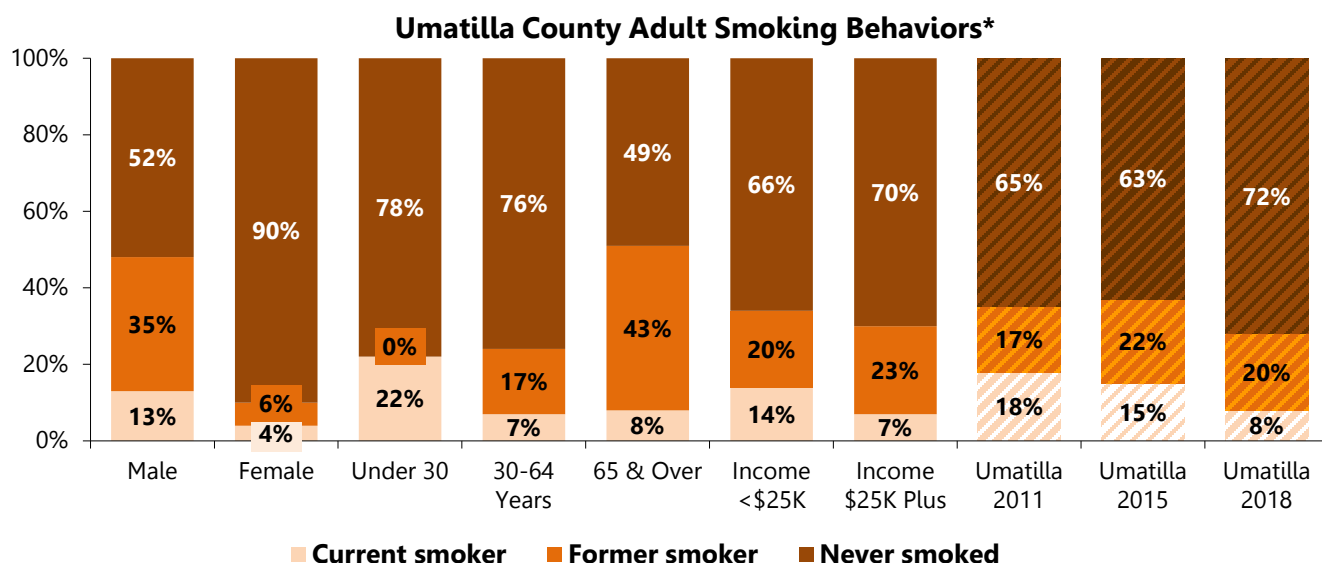
Umatilla County Adult Smoking Behaviors*

	Male	Female	Under 30	30-64 Years	65 & Over	Income <$25K	Income $25K Plus	Umatilla 2011	Umatilla 2015	Umatilla 2018
Never smoked	52%	90%	78%	76%	49%	66%	70%	65%	63%	72%
Former smoker	35%	6%	0%	17%	43%	20%	23%	17%	22%	20%
Current smoker	13%	4%	22%	7%	8%	14%	7%	18%	15%	8%

■ **Current smoker** ■ **Former smoker** ■ **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?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
  — Nicotine is highly addictive.
  — Nicotine is toxic to developing fetuses.
  — Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
  — Nicotine is a health danger for pregnant women and their developing babies.

- **Besides nicotine, e-cigarette aerosol can contain substances that harm the body.**
  — This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.

- **E-cigarettes can cause unintended injuries.**
  — Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
  — In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

(Source: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated August 30, 2018)

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

- From 2015 to 2017, Umatilla County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Oregon and U.S. rates but lower than the Healthy People 2020 target objective.

- The Umatilla County age-adjusted lung and bronchus cancer mortality rate was higher than the Oregon and U.S. rates but lower than the Healthy People 2020 target objective.

**Age-Adjusted Mortality Rates for
Chronic Lower Respiratory Diseases (Formerly COPD)**
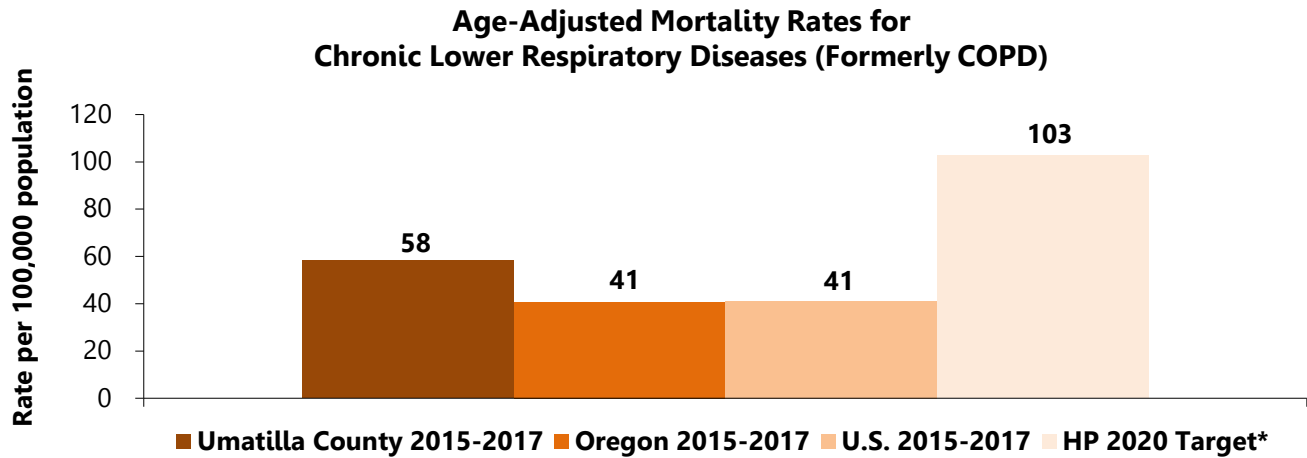
(Sources: CDC Wonder, 2015-2017 and Healthy People 2020)

*Healthy People 2020's target rate and the U.S. rate are for adults aged 45 years and older.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer
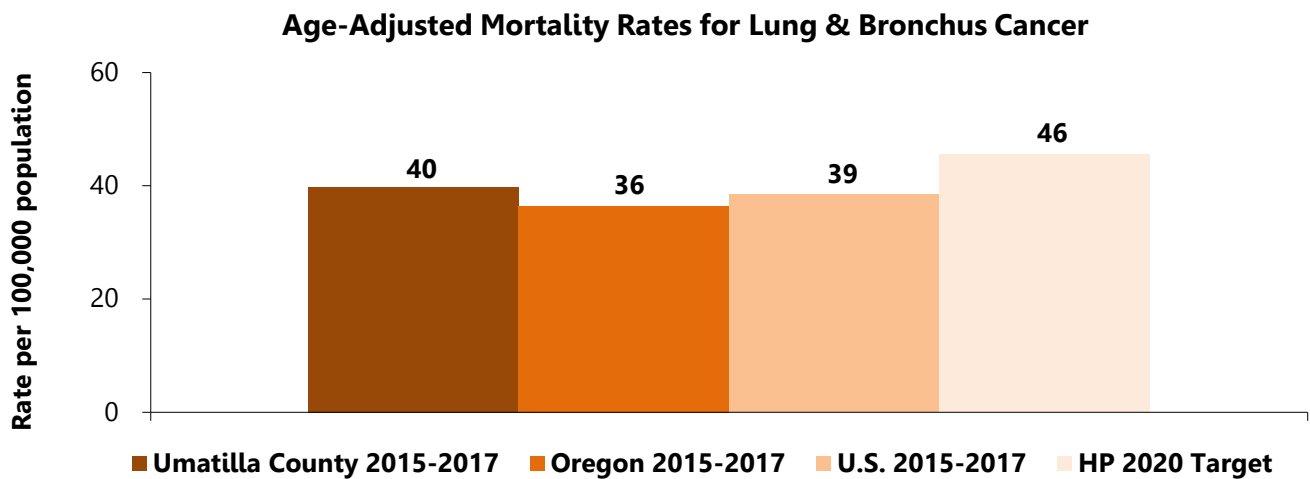
(Sources: CDC Wonder, 2015-2017 and Healthy People 2020)

Health Behaviors: Alcohol Consumption

Key Findings

More than half (54%) of Umatilla County adults had at least one alcoholic drink in the past month and would be considered current drinkers. One-fifth (20%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

29,447 of Umatilla County adults had at least one alcoholic drink in the past month

Alcohol Consumption

- In 2018, 54% of Umatilla County adults had at least one alcoholic drink in the past month, increasing to 68% those with incomes greater than $25,000 and 71% of males.

- Of those who drank, Umatilla County adults drank 3.6 drinks on average, increasing to 4.0 drinks for those with incomes less than $25,000.

- One-fifth (20%) of Umatilla County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 39% had at least one episode of binge drinking.

- Five percent (5%) of current drinkers reported driving a motor vehicle such as a car, truck or motorcycle within a couple hours after having three or more drinks, increasing to 8% of males.

- One-in-seven (14%) current drinkers reported drinking alcohol while on prescription medication, increasing to 37% of those over the age of 65.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	51%	51%	54%	60%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	18%	21%	20%	16%	17%

The following graphs show the percentage of Umatilla County adults consuming alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph include: 46% of all adults did not drink alcohol in the past month, including 28% of males and 59% of females.

Umatilla County Adult Average Number of Days Drinking Alcohol in the Past Month*

	Did not drink any	1-2 days	3 or more days
Male	28%	24%	47%
Female	59%	10%	30%
Under 30	70%	20%	10%
30-64 Years	41%	16%	41%
65 & Over	45%	17%	36%
Income <$25K	81%	2%	15%
Income $25K Plus	31%	19%	49%
Umatilla 2011	46%	21%	30%
Umatilla 2015	47%	10%	41%
Umatilla 2018	46%	16%	38%

Did not drink any   **1-2 days**   **3 or more days**
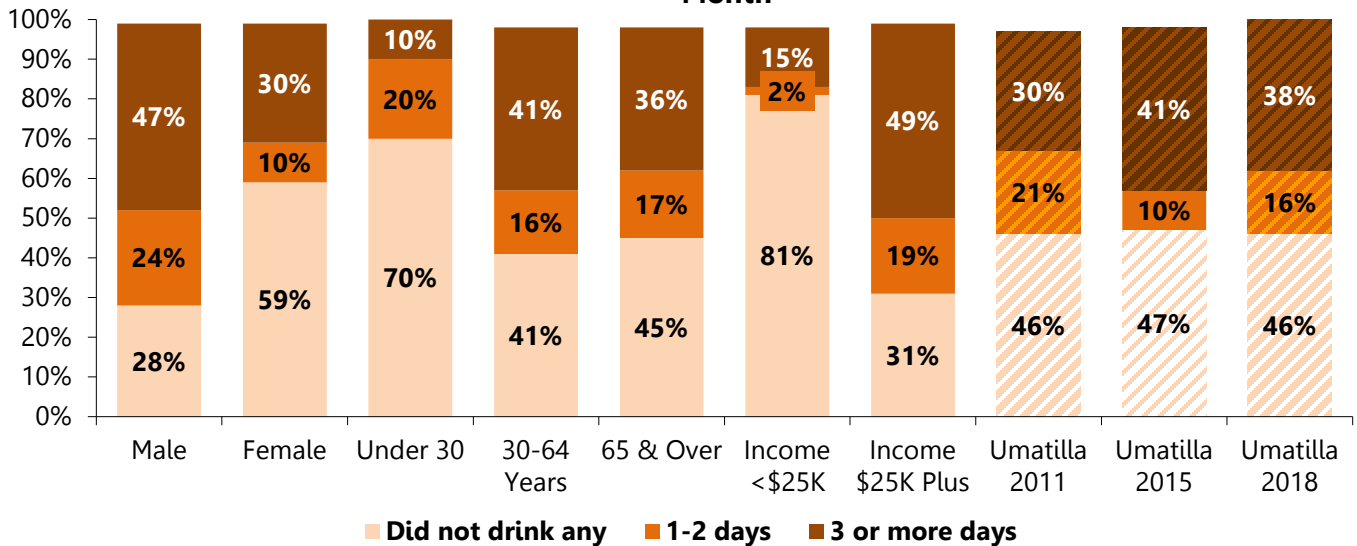
*Percentages may not equal 100% as some respondents answered, "don't know"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

10,906 of Umatilla County adults were binge drinkers

Umatilla County Adults' Average Number of Drinks Consumed Per Drinking Occasion
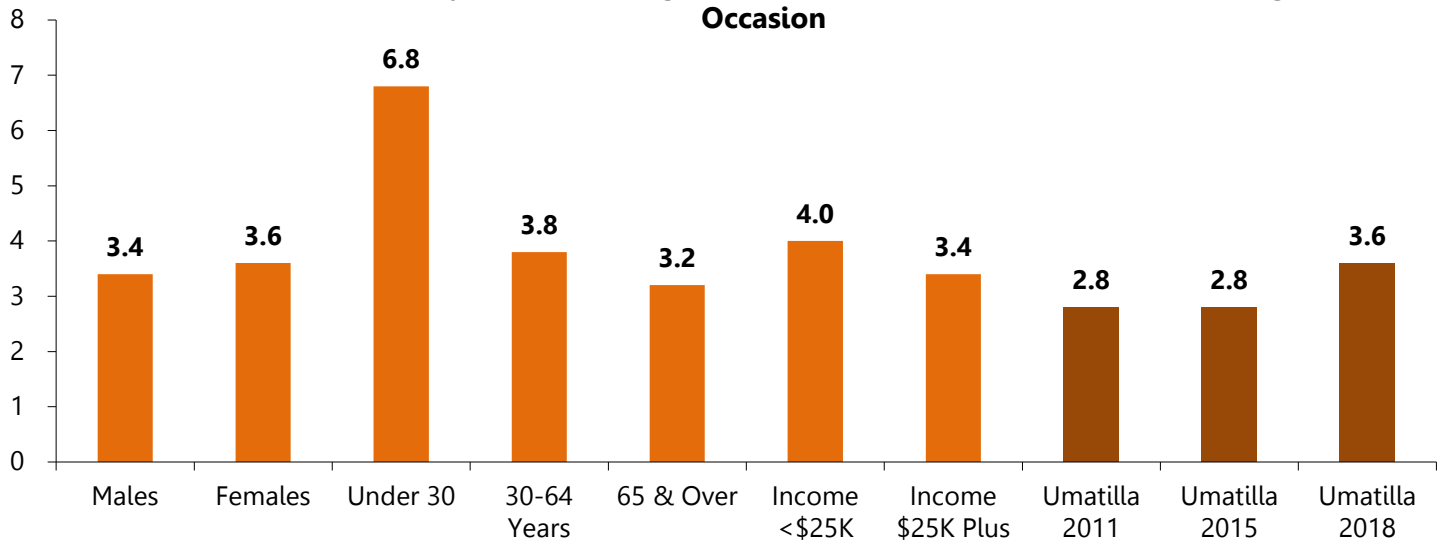
	Average Number of Drinks
Males	3.4
Females	3.6
Under 30	6.8
30-64 Years	3.8
65 & Over	3.2
Income <$25K	4.0
Income $25K Plus	3.4
Umatilla 2011	2.8
Umatilla 2015	2.8
Umatilla 2018	3.6

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Behaviors: Drug Use

Key Findings

Seventeen percent (17%) 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.

Prescription Medication Misuse

- Seventeen percent (17%) 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 six months.

- Umatilla County adults who misused prescription medication obtained their medication from the following: primary care physician (94%), multiple doctors (4%), free from friend or family member (4%), ER or urgent care doctor (2%), and bought from friend or family member (2%).

- Umatilla County adults indicated they did the following with their unused prescription medication: kept it (23%), took as prescribed (20%), flushed it down the toilet (12%), threw it in the trash (10%), took it to the medication collection program (9%), kept it in a locked cabinet (4%), took it to the sheriff's office (3%), took it in on Drug Take Back Day(s) (2%), used a mailer to ship back to the pharmacy (1%), used drug deactivation pouches (<1%), and some other destruction method (1%).

Recreational Drug Use

- One percent (1%) of Umatilla County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

- Umatilla County adults reported that as a result of using drugs, they or someone in their household experienced the following: overdosed and required EMS/hospitalization (1%), had legal problems (<1%), failed a drug screen (<1%), and regularly failed to fulfill obligations at work or home (<1%).

- Less than one percent (<1%) of Umatilla County adults have used a program or service to help with an alcohol or drug problem for either themselves or a loved one. Reasons for not using such a program included the following: could not afford to go (1%), had not thought of it (1%), did not know how to find a program (<1%), their insurance did not cover it (<1%), and other reasons (<1%). Ninety-seven percent (97%) of adults indicated they did not need a program or service to help with drug problems.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Adults who misused prescription drugs in the past 6 months	9%	16%	17%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	1%	1%	1%	N/A	N/A
Adults who used heroin in the past 6 months	0%	0%	0%	N/A	N/A

N/A – Not Available

The following graph shows adult prescription medication misuse in the past 6 months. An example of how to interpret the information includes: 17% of all adults misused prescription medication in the past 6 months, including 26% of females.
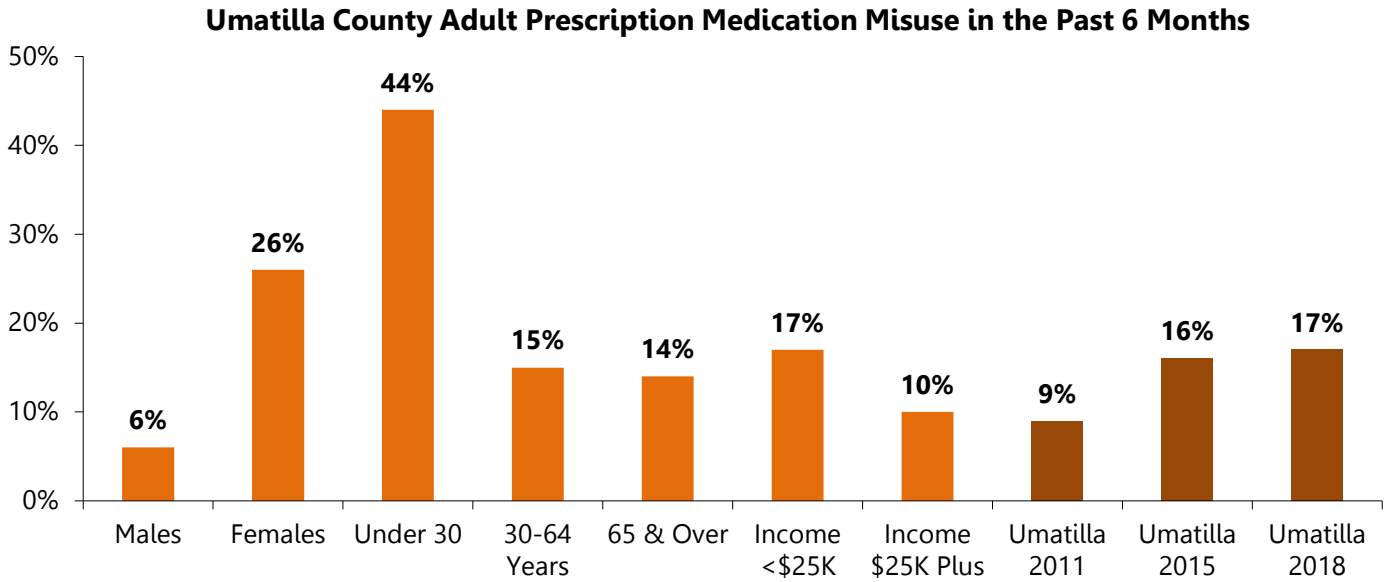
Umatilla County Adult Prescription Medication Misuse in the Past 6 Months

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Substance Use Perceptions

- Umatilla County adults reported they agreed/strongly agreed with the following statements regarding substance abuse:

  — Most employers will pass over the application of someone who has been treated for substance use in favor of another applicant (75%)
  — Most people think less of a person who has been in treatment for substance use (68%)
  — Most people would willingly accept someone who has been treated for substance use as a close friend (65%)
  — Most people would be willing to date someone who has been treated for substance use (56%)
  — Most employers will hire someone who has been treated for substance use if he or she is qualified for the job (55%)
  — Most people believe that someone who has been treated for substance use is just as trustworthy as the average citizen (45%)
  — Most people would accept someone who has been treated for substance use as a teacher of young children in a public school (30%)
  — Most people would hire someone who has been treated for substance use to take care of their children (25%)

Health Behaviors: Marijuana Use

Key Findings

In 2018, 12% of Umatilla County adults had used marijuana during the past 30 days.

Marijuana Use

- Twelve percent (12%) of Umatilla County adults had used marijuana in the past month, increasing to 22% of males.

- Among those who used marijuana, they used the following types: recreational marijuana (88%), medicinal marijuana (27%), and other products with THC oil (27%).

- Adults who used marijuana used it in the following ways: smoked it (76%), ate it (26%), dabbed it (24%), vaporized it (21%), drank it (3%), and other ways (5%).

- Adults used marijuana an average of 2.2 days in the past month.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Adults who used marijuana in the past month	7%	11%	12%	N/A	N/A

N/A-Not Available

The following graph shows adult marijuana use in the past month. An example of how to interpret the information includes: 12% of all adults used marijuana in the past month, including 9% of those with incomes less than $25,000.

Umatilla County Adult Marijuana Use in the Past 30 days
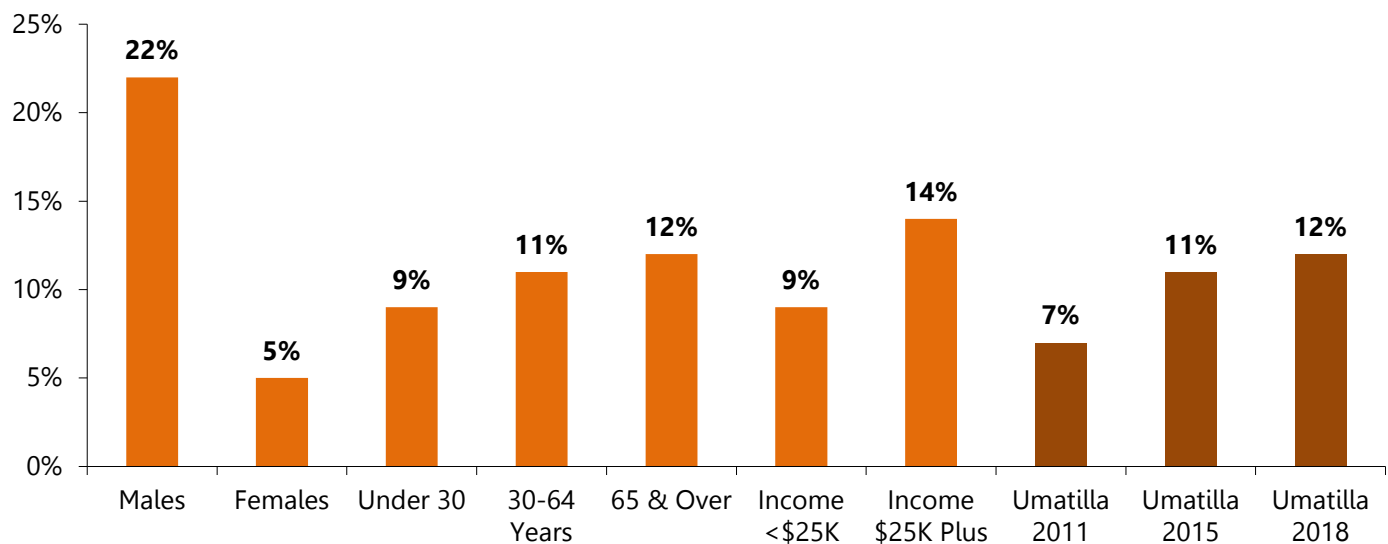
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Behaviors: Sexual Behavior

Key Findings

In 2018, 70% of Umatilla County adults had sexual intercourse. One percent (1%) percent of adults had more than one partner in the past year. Eight percent (8%) of adults had been forced or coerced into any sexual activity when they did not want to.

Sexual Behavior

- Nearly three-fourths (70%) of Umatilla County adults had sexual intercourse in the past year.

- One percent (1%) of adults reported they had intercourse with more than one partner in the past year.

- More than half (55%) of Umatilla County adults had unprotected sexual intercourse in the past year, increasing to 62% of males.

- Umatilla County adults used the following methods of birth control: condoms (11%), IUD (7%), shots (6%), withdrawal (4%), birth control pill (3%), the rhythm method (3%), abstinence (2%), and other methods (2%).

- Fifteen percent (15%) of Umatilla County adults did not use any method of birth control.

- Eight percent (8%) of adults had been forced or pressured into <u>any</u> form of sexual activity when they did not want to, increasing to 11% of females and 12% of those with incomes less than $25,000. Of those forced or pressured into sexual activity, 5% reported it.

The following graph shows the number of sexual partners Umatilla County adults had in the past year. Examples of how to interpret the information in the graph include: 69% of all adults had one sexual partner in the past 12 months, and 1% had more than one.

Umatilla County Adults Number of Sexual Partners in the Past Year*
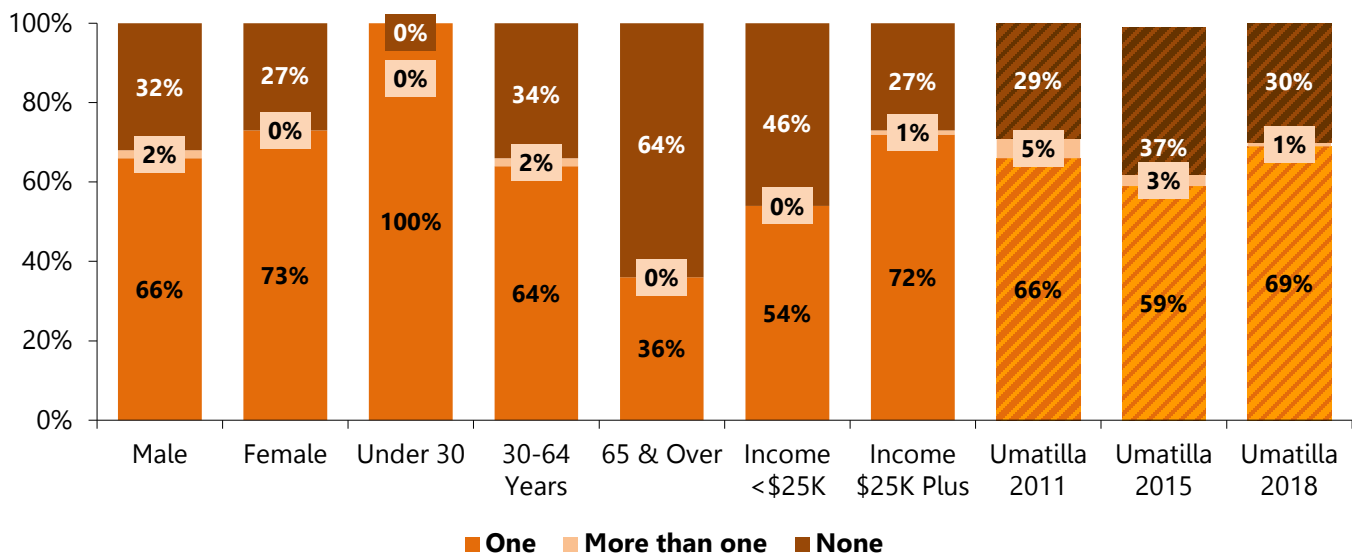
*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had more than one sexual partner in past year	5%	3%	1%	N/A	N/A

N/A – Not Available

Preventing Sexual Violence

- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- Anyone can experience or perpetrate sexual violence.
  — Most victims of sexual violence are female
  — Perpetrators are usually someone known to the victim
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Sexual violence is a significant problem in the United States, even though many cases are not reported.
  — 7.3% of high school students reported having been forced to have sex
  — An estimated 20 to 25% of college women in the U.S. were victims of attempted or completed rape during their college career
  — About 1 in 5 women and 1 in 59 men in the U.S. have been raped at some time in their lives
- Sexual violence can negatively impact health in many ways including chronic pain and STD's and is also linked to negative health behaviors including tobacco, drug, and alcohol abuse.
- The ultimate goal is to stop sexual violence before it begins. Many activities are needed to accomplish this goal including:
  — Engaging middle and high school students in skill-building activities that address healthy sexuality
  — Helping parents identify and address violent attitudes and model healthy relationships
  — Engaging youth and adults as positive bystanders to speak up against sexism and violence supportive behaviors and intervene when they see someone at risk
  — Create and enforce policies at work, school, and other places that address sexual harassment
  — Implement evidence-based prevention strategies in schools and communities

(Source: CDC, Sexual Violence, last updated April 4, 2017)

The following graphs show Umatilla County and Oregon chlamydia disease rates per 100,000 population and the Umatilla County annualized chlamydia counts. The graphs show:

- Umatilla County chlamydia rates have steadily increased since 2010.

- The number of chlamydia cases in Umatilla County increased sharply from 2012 to 2013.

Chlamydia Annualized Disease Rates for Umatilla County and Oregon
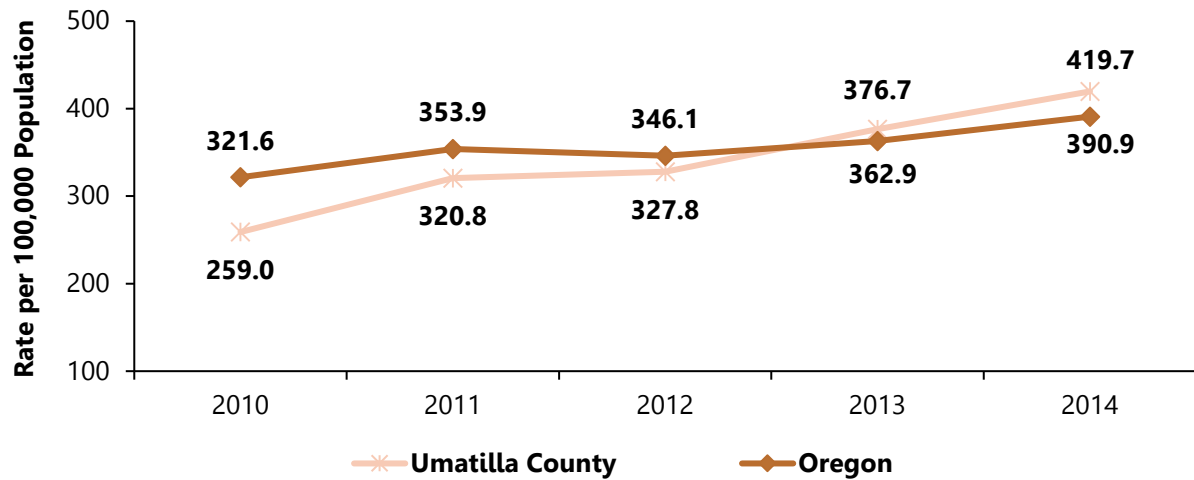
Annualized Count of Chlamydia Cases for Umatilla County
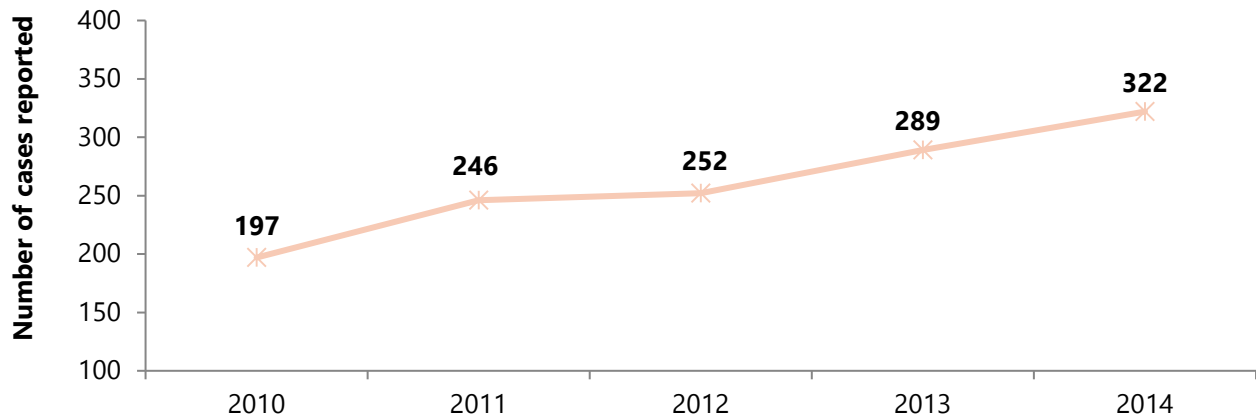
(Source for graphs: OHA, Oregon STD Statistics updated on November 15, 2018)

The following graphs show Umatilla County and Oregon gonorrhea disease rates per 100,000 population and Umatilla County annualized gonorrhea counts. The graphs show:

- Both the Oregon and Umatilla County gonorrhea rates increased significantly from 2012 to 2014.

- The number of gonorrhea cases in Umatilla County increased greatly from 2014 to 2016.

Gonorrhea Annualized Disease Rates for Umatilla County and Oregon

Year	Umatilla County	Oregon
2010	14.5	28.1
2011	7.8	38.5
2012	5.2	37.7
2013	27.4	44.6
2014	62.6	58.4

Rate per 100,000 Population

— ✳ — Umatilla County ◆ Oregon

Annualized Count of Gonorrhea Cases for Umatilla County

Year	Number of cases reported
2010	11
2011	6
2012	4
2013	21
2014	48
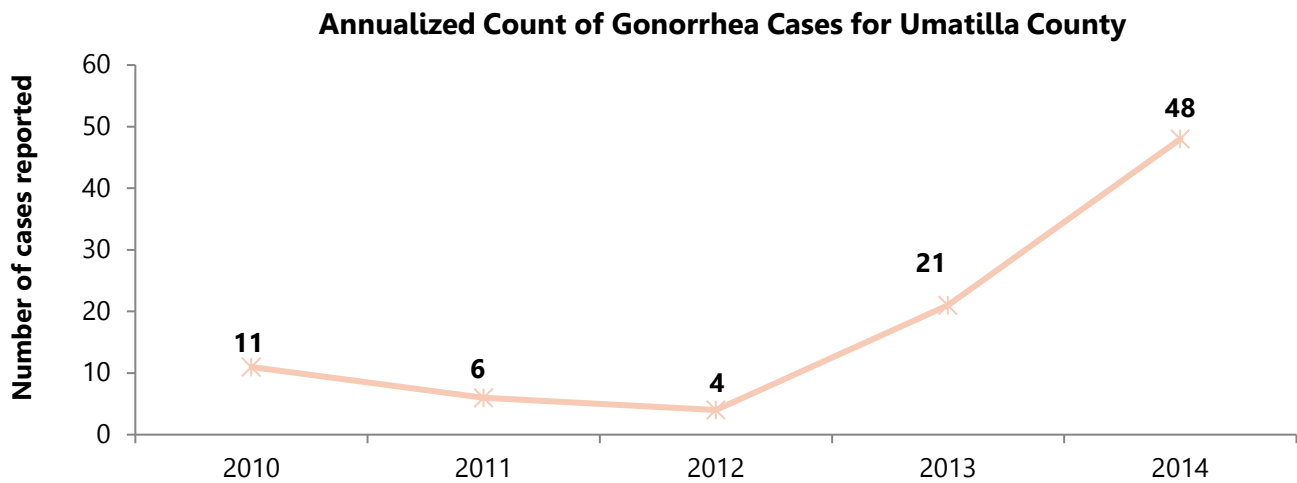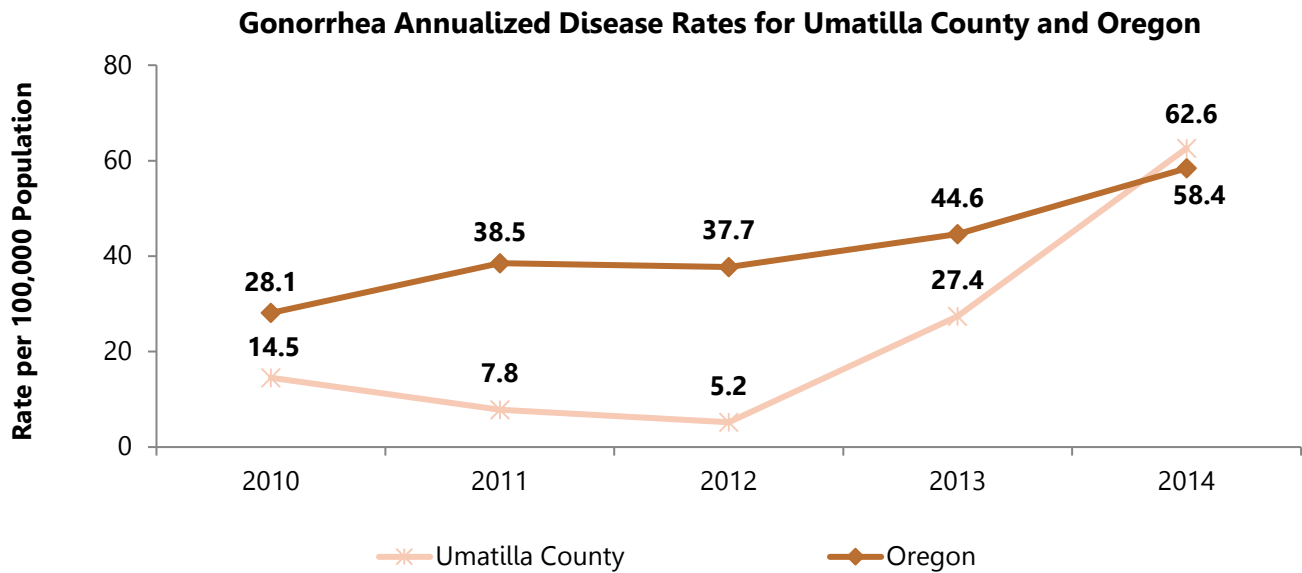
(Source for graphs: OHA, Oregon STD Statistics updated on November 15, 2018)

Health Behaviors: Mental Health

Key Findings

In 2018, 2% of Umatilla County adults considered attempting suicide. About one-fifth (22%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems.

Mental Health

- Two percent (2%) of Umatilla County adults considered attempting suicide in the past year.

- Two percent (2%) of adults reported attempting suicide in the past year.

- Umatilla County adults dealt with stress in the following ways: talked to someone they trust (42%), ate more or less than normal (39%), worked on a hobby (39%), prayer/meditation (29%), listened to music (29%), exercised (27%), slept (26%), worked (18%), drank alcohol (17%), used marijuana (8%), took it out on others (7%), meditated (5%), used herbs or home remedies (3%), smoked tobacco (3%), used other tobacco or nicotine products (3%), used prescription drugs as prescribed (3%), talked to a professional (1%), gambling/lottery (1%), used illegal drugs (<1%), misused prescription drugs (<1%), and other ways (16%).

- Umatilla County adults received the social and emotional support they needed from the following: friends/family (76%), God/prayer (41%), church (25%), community (4%), Internet (3%), mental health professional (1%), health care provider (1%), online support group (1%), and other (7%). Seven percent (7%) of adults reported they did not get the social and emotional support they needed, and 18% reported they did not need support.

- Adults would do the following if they knew someone who was suicidal: talk to them (64%), call a crisis line (43%), call 9-1-1 (40%), try to calm them down (37%), call a friend (24%), take them to the emergency room (20%), call their spiritual leader (11%), nothing (7%), and use a text crisis line (4%).

- Umatilla County adults reported they or a family member were diagnosed with, or treated for, the following mental health issues:
  - Anxiety or emotional problems (22%)
  - Depression (21%)
  - Anxiety disorder (panic attacks, phobia, obsessive compulsive disorder) (19%)
  - Bipolar disorder (14%)
  - Alcohol and/or illicit drug abuse (11%)
  - Other trauma (5%)
  - Attention deficit disorder (ADD/ADHD) (4%)
  - Post-traumatic stress disorder (PTSD) (4%)
  - Autism spectrum (3%)
  - Developmental disability (3%)
  - Borderline personality disorder (2%)
  - Psychotic disorder (schizophrenia, schizoaffective disorder) (1%)
  - Problem gambling (1%)
  - Eating disorder (1%)
  - Life-adjustment disorder (<1%)
  - Other mental health disorder (2%)

- One-in-eight (12%) adults indicated they or a family member had taken medication for one or more mental health issues.

National Suicide Statistics

- 44,965 people in the U.S. died from suicide, and 1,124,125 people attempted suicide in the 2016.
- An average of one person killed themselves every 11.7 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.
- In 2016, there were 1,364 suicide deaths in Oregon.
- The leading suicide methods included:
  — Firearm suicides (51.0%)
  — Suffocation/Hanging (25.9%)
  — Poisoning (14.9%)
  — Cutting/Piercing (1.9%)
  — Drowning (1.1%)

(*Sources: American Association of Suicidology, Facts & Statistics, 2016 retrieved on January 2018*)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Considered attempting suicide in the past year	N/A	N/A	2%	N/A	N/A
Attempted suicide in the past year	N/A	4%	2%	N/A	N/A

N/A – Not Available

The following graph shows the number of suicides in Umatilla County by year.
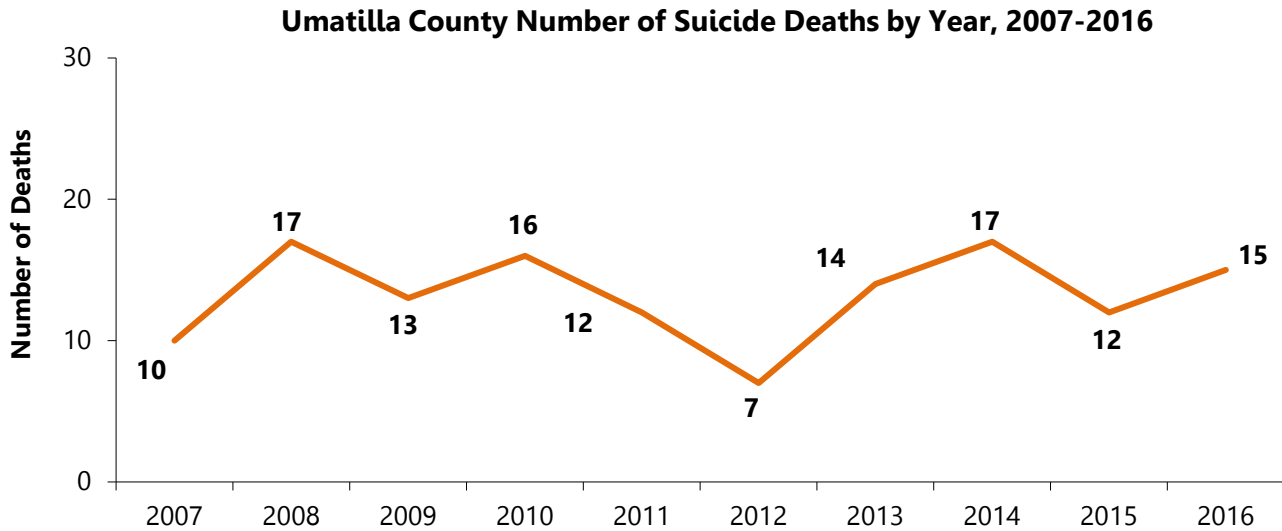
Umatilla County Number of Suicide Deaths by Year, 2007-2016

(Source: OHA, Oregon Violent Death Reporting System, updated on 10/24/18)

The following graph shows the percentage of Umatilla County suicide deaths by mechanism from 2011-2016.
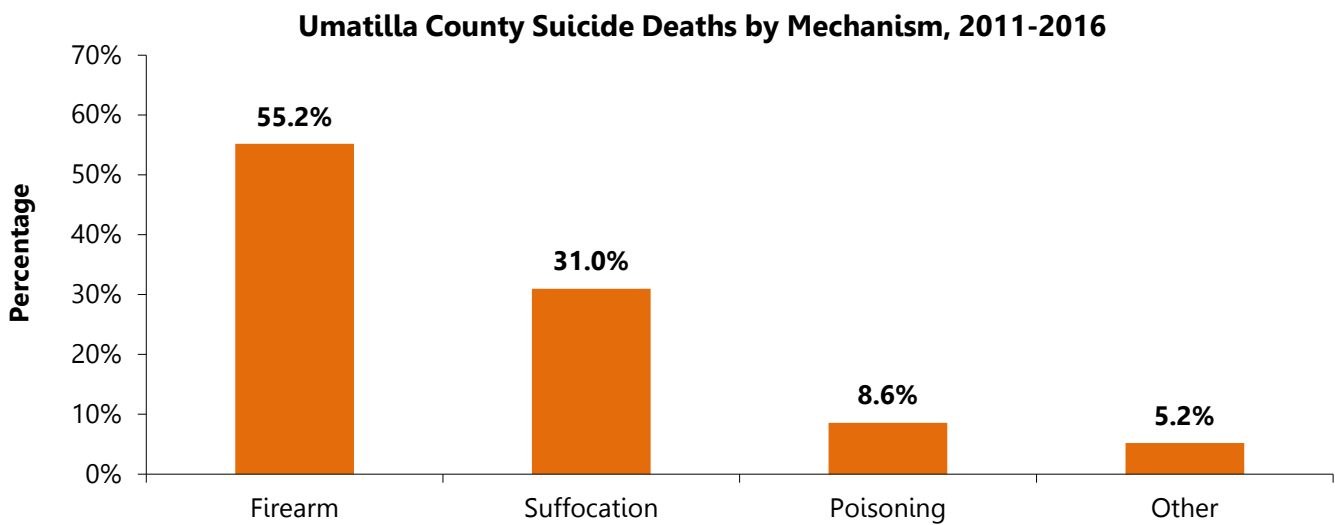
Umatilla County Suicide Deaths by Mechanism, 2011-2016

(Source: OHA, Oregon Violent Death Reporting System, updated on 10/24/18)

The following graph shows the percentage of U.S. adults ages 18 and older who had serious thoughts of suicide in the past year by gender and age for 2015 and 2016.

Adults Who Had Serious Thoughts of Suicide in the Past Year by Gender and Age
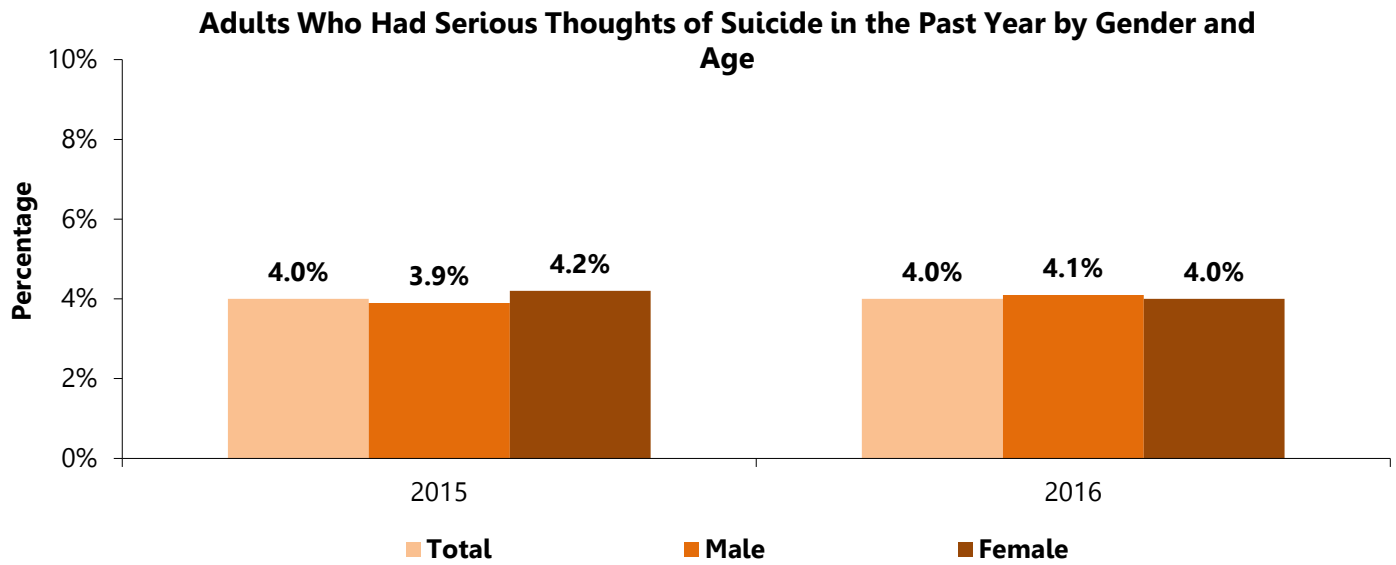
Note: Respondents were asked "At any time in the past 12 months, did you seriously think about trying to kill yourself?"
(Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016)

Chronic Disease: Cardiovascular Health

Key Findings

In 2018, 4% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Over two-fifths (42%) of Umatilla County adults were obese, 29% had high blood cholesterol, 26% had high blood pressure, and 8% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2018, 4% of Umatilla County adults reported they had survived a heart attack or myocardial infarction, increasing to 15% of those over the age of 65.

- Three percent (3%) of Umatilla County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.

- Two percent (2%) of adults reported they had angina or coronary heart disease, increasing to 8% of those over the age of 65.

- Three percent (3%) of adults reported they had congestive heart failure, increasing to 9% of those over the age of 65.

High Blood Pressure (Hypertension)

- About one-fourth (26%) of adults had been diagnosed with high blood pressure.

- Five percent (5%) of adults were told they were pre-hypertensive/borderline high.

- Umatilla County adults diagnosed with high blood pressure were more likely to have:
  — Been ages 65 years or older (63%)
  — Rated their overall health as fair or poor (55%)
  — Incomes less than $25,000 (35%)
  — Been classified as obese by body mass index (31%)

High Blood Cholesterol

- Twenty-nine percent (29%) of adults had been diagnosed with high blood cholesterol.

- Sixty-six percent (66%) of adults had their blood cholesterol checked within the past five years.

- Umatilla County adults with high blood cholesterol were more likely to have:
  — Been ages 65 years or older (56%)
  — Rated their overall health as fair or poor (55%)
  — Been classified as obese by body mass index (37%)
  — Incomes more than $25,000 (33%)

**Umatilla County
Leading Causes of Death
2015-2017**

Total Deaths: 2,005

1. Cancer (23% of all deaths)
2. Heart Disease (18%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2015-2017)

**Oregon
Leading Causes of Death
2015-2017**

Total Deaths: 108,107

1. Cancer (22% of all deaths)
2. Heart Disease (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2015-2017)

14,178 of Umatilla County adults had been diagnosed with high blood pressure.

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

Umatilla County Adults with CVD Risk Factors
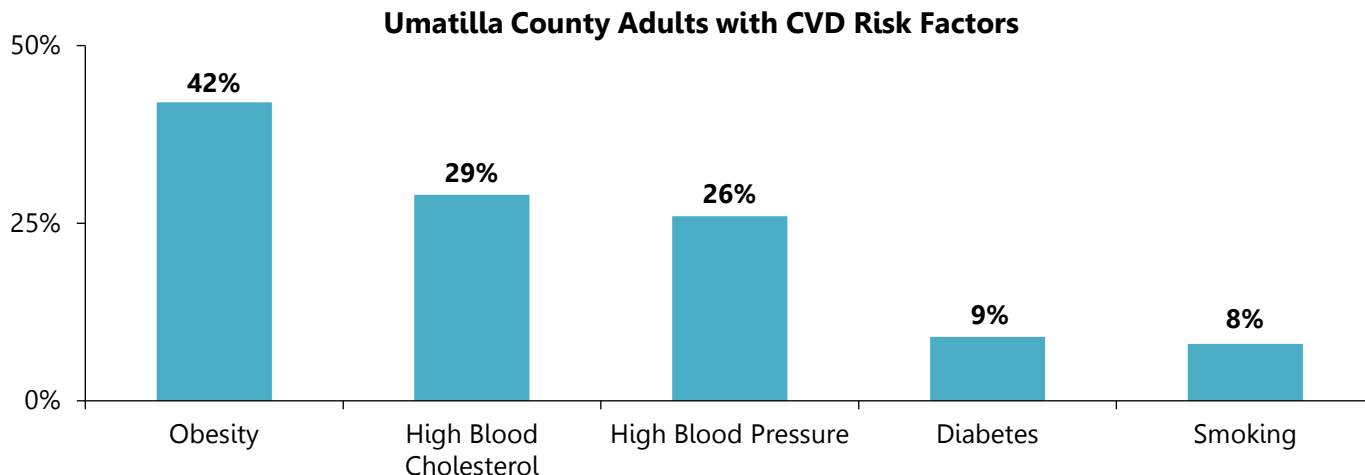
(Source: 2018 Umatilla County Health Assessment)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had angina or coronary heart disease	4%	4%	2%	4%	4%
Had a heart attack	5%	9%	4%	4%	4%
Had a stroke	2%	1%	3%	3%	3%
Had high blood pressure	31%	30%	26%	30%	32%
Had high blood cholesterol	36%	36%	29%	32%	33%
Had blood cholesterol checked within past 5 years	73%	78%	66%	85%	86%

The following graphs show the percentage of Umatilla County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 26% of all Umatilla County adults had been diagnosed with high blood pressure, including 25% of males and 63% of those over the age of 65.

Umatilla County Adults Diagnosed with High Blood Pressure*

Category	Percentage
Male	25%
Female	26%
Under 30	0%
30-64 Years	32%
65 & Over	63%
Income <$25K	35%
Income $25K Plus	26%
Umatilla 2011	31%
Umatilla 2015	30%
Umatilla 2018	26%
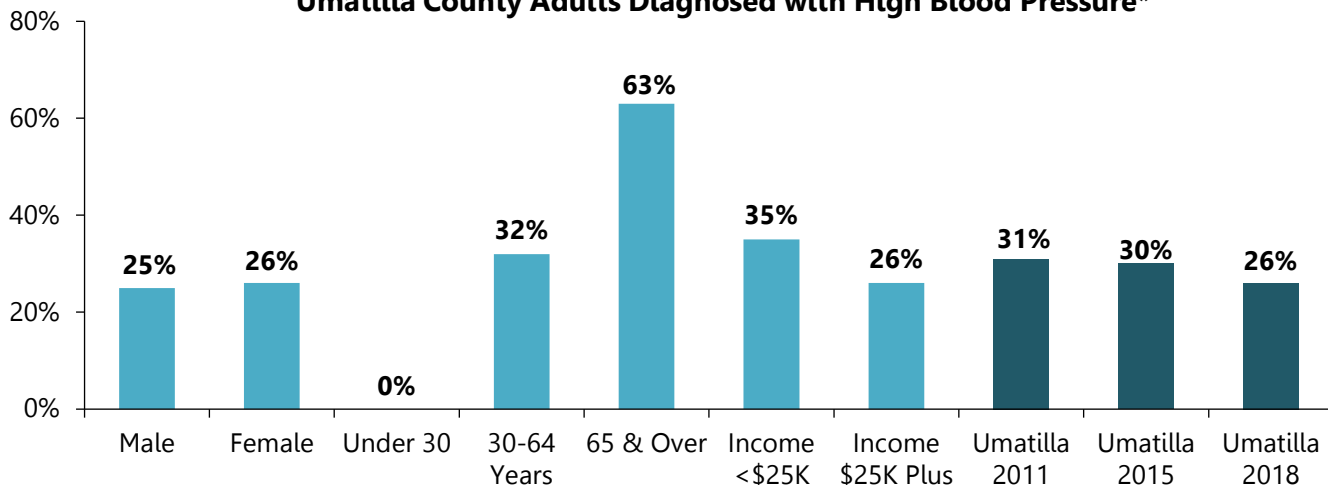
*Does not include respondents who indicated high blood pressure during pregnancy only.

Umatilla County Adults Diagnosed with High Blood Cholesterol
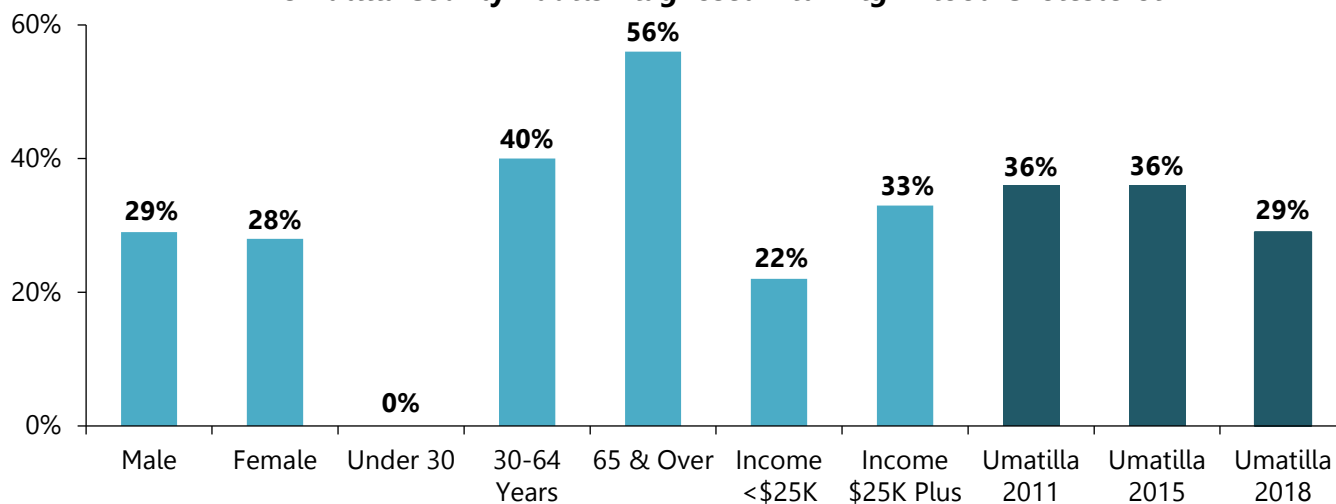
Category	Percentage
Male	29%
Female	28%
Under 30	0%
30-64 Years	40%
65 & Over	56%
Income <$25K	22%
Income $25K Plus	33%
Umatilla 2011	36%
Umatilla 2015	36%
Umatilla 2018	29%

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

- From 2009 to 2017, the total and female Umatilla County age-adjusted heart disease mortality rates slightly increased.

- The total and female Umatilla County age-adjusted stroke mortality rates fluctuated from 2009 to 2017.

Umatilla County Age-Adjusted Heart Disease Mortality Rates by Gender
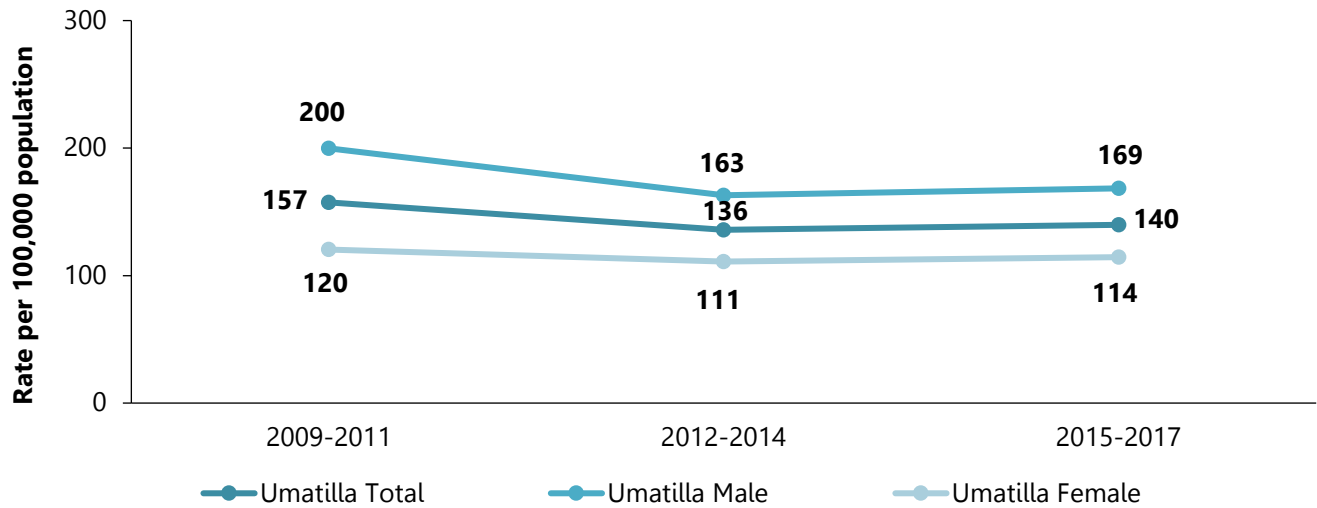
(Source: CDC Wonder, 2009-2017)

Umatilla County Age-Adjusted Stroke Mortality Rates by Gender
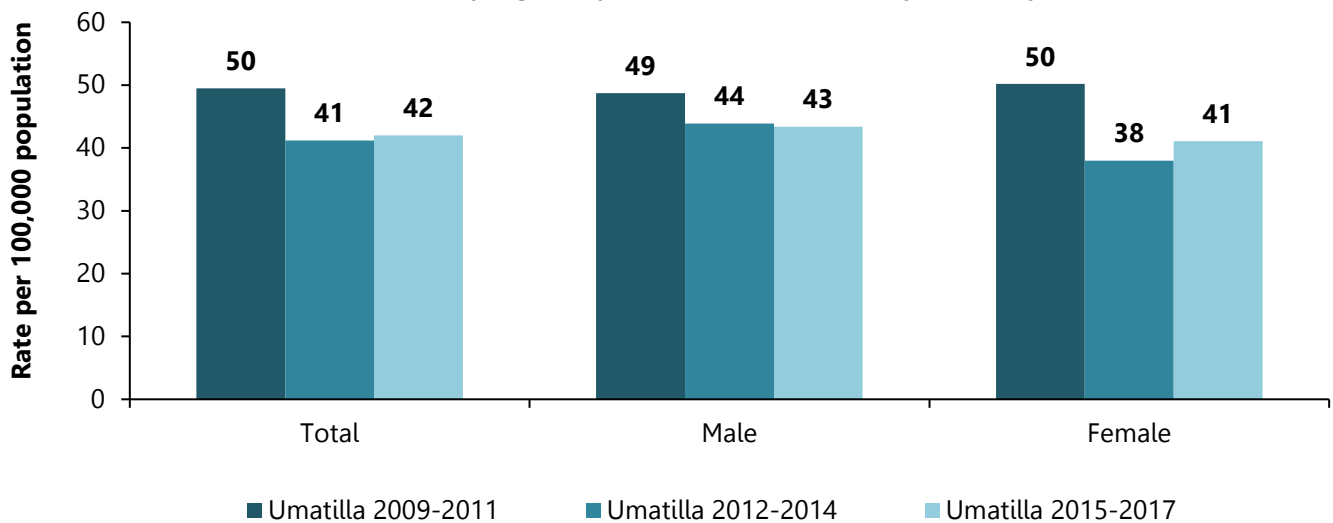
(Source: CDC Wonder, 2009-2017)

The following graph shows the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Umatilla County heart disease mortality rate was higher than the Oregon mortality rate and the Healthy People 2020 target objective but lower than the U.S mortality rate.

- The Umatilla County age-adjusted stroke mortality rate from 2015 to 2017 was higher than the state and U.S. mortality rate, as well as the Healthy People 2020 target objective.

Umatilla County Age-Adjusted Heart Disease and Stroke Mortality Rates

Legend: ■ Umatilla County 2015-2017 ■ Oregon 2015-2017 ■ U.S. 2015-2017 ■ HP 2020 Target
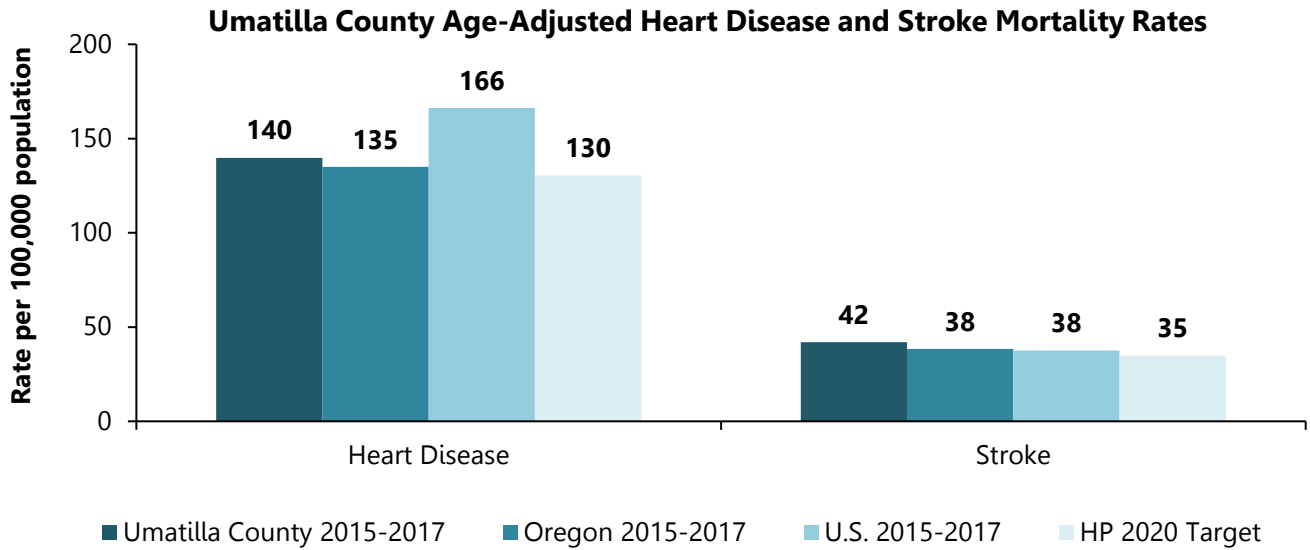
(Source: CDC Wonder, 2015-2017, Healthy People 2020)

Healthy People 2020 Objectives
Heart Disease and Stroke

Objective	2018 Umatilla County Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	26%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	66%	86% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	29%	33% Adults age 20+ with TBC>240 mg/dl	14%

All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2015 BRFSS, 2018 Umatilla County Health Assessment)

Chronic Disease: Cancer

Key Findings

The Centers for Disease Control and Prevention (CDC) indicate that from 2015-2017, a total of 461 Umatilla County residents died from cancer, the leading cause of death in the county (Source: CDC Wonder, 2015-2017).

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicate that from 2015-2017, cancer caused 23% (461 of 1,975 total deaths) of all Umatilla County resident deaths. The largest percent (23%) of cancer deaths were from lung and bronchus cancers *(Source: CDC Wonder, 2015-2017).*

**Umatilla County
Cancer Mortality, 2015-2017**

1. Lung and Bronchus: 105 cases (23%)
2. Colon and Rectum: 48 cases (10%)
3. Breast: 40 cases (9%)
4. Lymphoid: 38 cases (8%)

From 2015-2017, there were 461 cancer deaths in Umatilla County

(Source: CDC Wonder, 2015-2017)

Lung Cancer

- Eight percent (8%) of Umatilla County adults were current smokers, a cause of heart attacks and cancer. A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.

- In Umatilla County, 13% of males were current smokers, and 13% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

- Approximately 4% of females in the county were current smokers, and 50% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

- Lung and bronchus cancer (n=59) was the leading cause of male cancer deaths from 2015-2017 in Umatilla County, followed by colorectal cancer (n=22), and prostate cancer (n=18) *(Source: CDC Wonder, 2015-2017).*

- Lung cancer was the leading cause of female cancer deaths (n=46) in Umatilla County from 2015-2017, followed by breast cancer (n=40), colorectal cancer (n=26), and lymphoid-related cancer (n=20) *(Source: CDC Wonder, 2015-2017).*

Breast Cancer

- Over half (57%) of Umatilla County females reported having had a clinical breast examination in the past year.

- More than three-fifths (61%) of Umatilla County females over the age of 40 had a mammogram in the past year.

- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography; those 45 to 54 should undergo annual mammography; and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30. *(Source: American Cancer Society, Facts & Figures 2018).*

Prostate Cancer

- Prostate cancer deaths accounted for 8% of all male cancer deaths from 2014-2016 in Umatilla County *(Source: CDC Wonder, 2015-2017)*.

- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 *(Source: American Cancer Society, Facts & Figures 2018)*.

Colorectal Cancers

- Colon cancer deaths accounted for 10% of all male and female cancer deaths from 2015-2017 in Umatilla County *(CDC Wonder, 2015-2017)*.

- Modifiable factors that increase colorectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. *(Source: American Cancer Society, Facts & Figures 2018)*.

2018 Cancer Estimates

- In 2018, about 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,640 Americans are expected to die of cancer in 2018.
- Eighty percent of lung cancer deaths in the U.S are attributed to smoking.
- In 2018, estimates predict that there will be 21,520 new cases of cancer and 8,310 cancer deaths in Oregon.
- Of the new cancer cases in Oregon, approximately 3,140 (15%) will be from lung and bronchus cancers and 1,570 (7%) will be from melanoma (skin) cancer.
- About 3,400 new cases of female breast cancer are expected in Oregon.
- New cases of male prostate cancer in Oregon are expected to be 2,040 (9%).

(Source: American Cancer Society, Facts and Figures 2018)

The following graphs shows the Umatilla 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, as well as cancer as a percent of total deaths in Umatilla County. The graphs show:

- When age differences were accounted for, Umatilla County had a higher cancer mortality rate than Oregon, the U.S. and the Healthy People 2020 target objective.

- The percentage of Umatilla County males who died from all cancers is slightly higher than the percentage of Umatilla County females who died from all cancers.

**Healthy People 2020 Objective
and Age-Adjusted Mortality Rates for All Cancers**

Rate per 100,000 population

174	157	156	161

■ Umatilla County 2015-2017 ■ Oregon 2015-2017 ■ U.S. 2015-2017 ■ HP 2020 Target

(Source: CDC Wonder, 2015-2017; Healthy People 2020)

**Cancer as a Percent of All Total Deaths in Umatilla County
by Gender, 2015-2017**

Male	Female
12%	11%
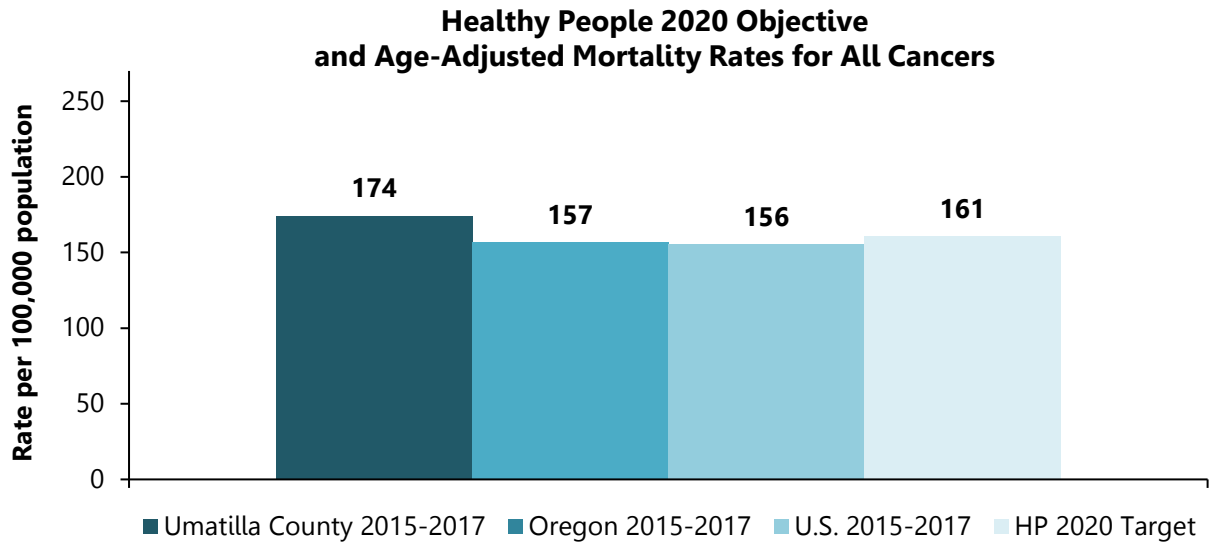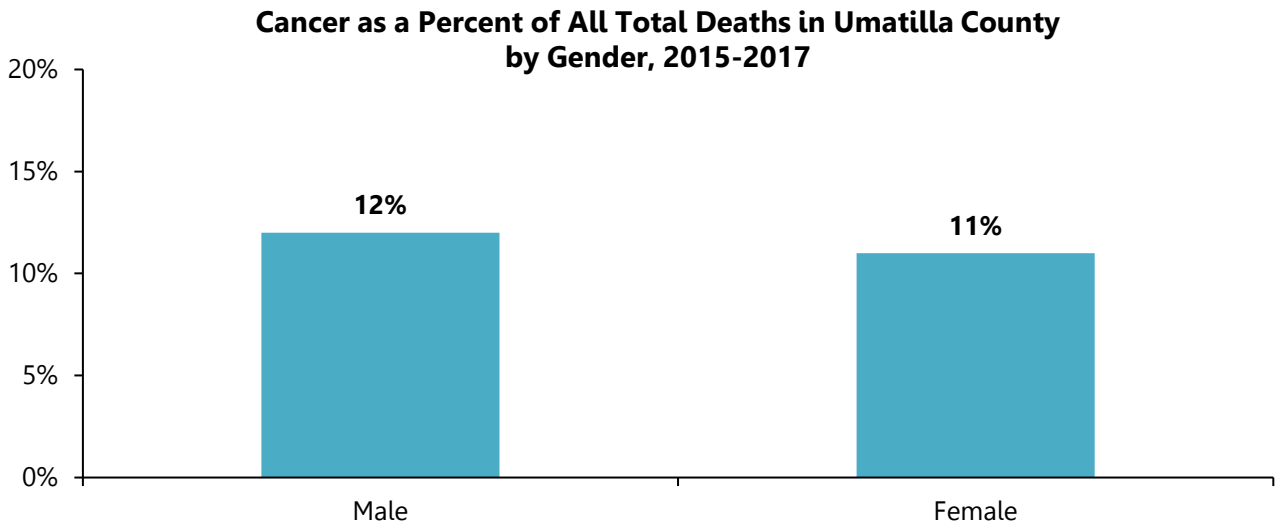
(Source: CDC Wonder, 2015-2017)

Chronic Disease: Asthma

Key Findings

One-in-fourteen (7%) Umatilla County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2018, 7% of Umatilla County adults had been diagnosed with asthma, increasing to 13% of those with incomes less than $25,000.

- Six percent (6%) of adults diagnosed with asthma visited an emergency room or urgent care center because of their asthma in the past year.

The following graph shows the percentage of Umatilla County adults who were diagnosed with asthma. An example of how to interpret the information includes: 7% of adults were diagnosed with asthma, including 13% of adults whose income was less than $25,000.
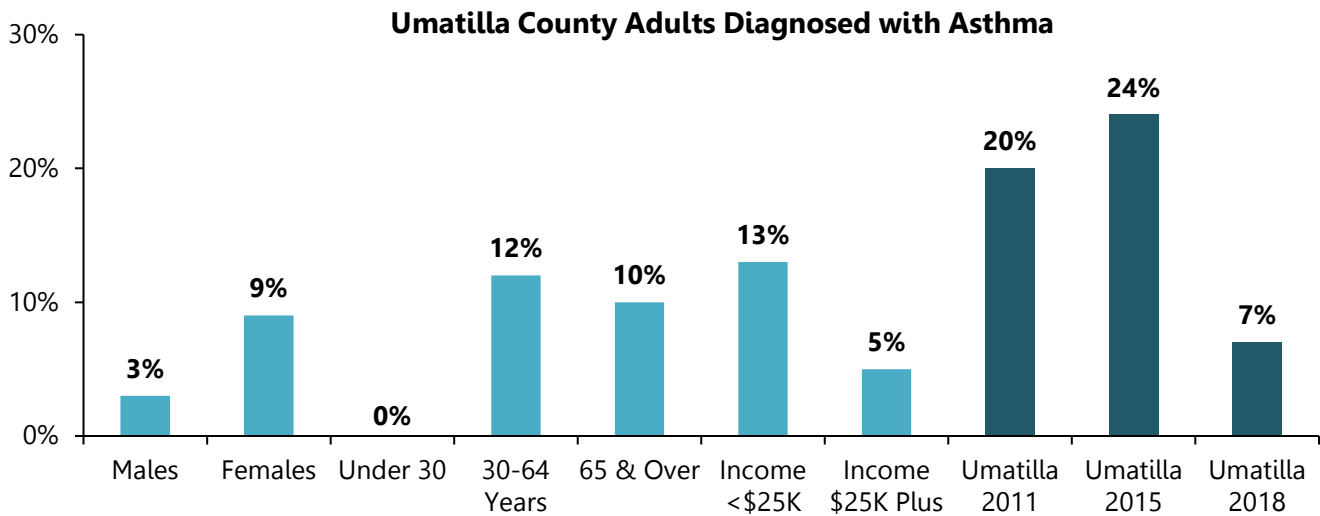
Umatilla County Adults Diagnosed with Asthma

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Had been diagnosed with asthma	20%	24%	7%	17%	14%

3,817 of adults had been diagnosed with asthma in their lifetime

Chronic Disease: Arthritis

Key Findings

More than one-third (34%) of Umatilla County adults had been diagnosed with arthritis.

Arthritis

- More than one-third (34%) of Umatilla County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, increasing to 70% of those over the age of 65.

- More than four-fifths (85%) of adults diagnosed with arthritis were overweight or obese.

Arthritis in the U.S.

- In the United States, 54 million people (23% of all adults) have arthritis. It is a leading cause of work-related disability. The annual direct costs are at least **$140 billion**.

- Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder.

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), updated on October 19, 2018)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	32%	36%	34%	27%	25%

18,541 of adults had been diagnosed with arthritis in their lifetime

The following graph shows the percentage of Umatilla County adults who were diagnosed with arthritis. Examples of how to interpret the information include: 34% of adults were diagnosed with arthritis, including 31% of adults whose income was less than $25,000.
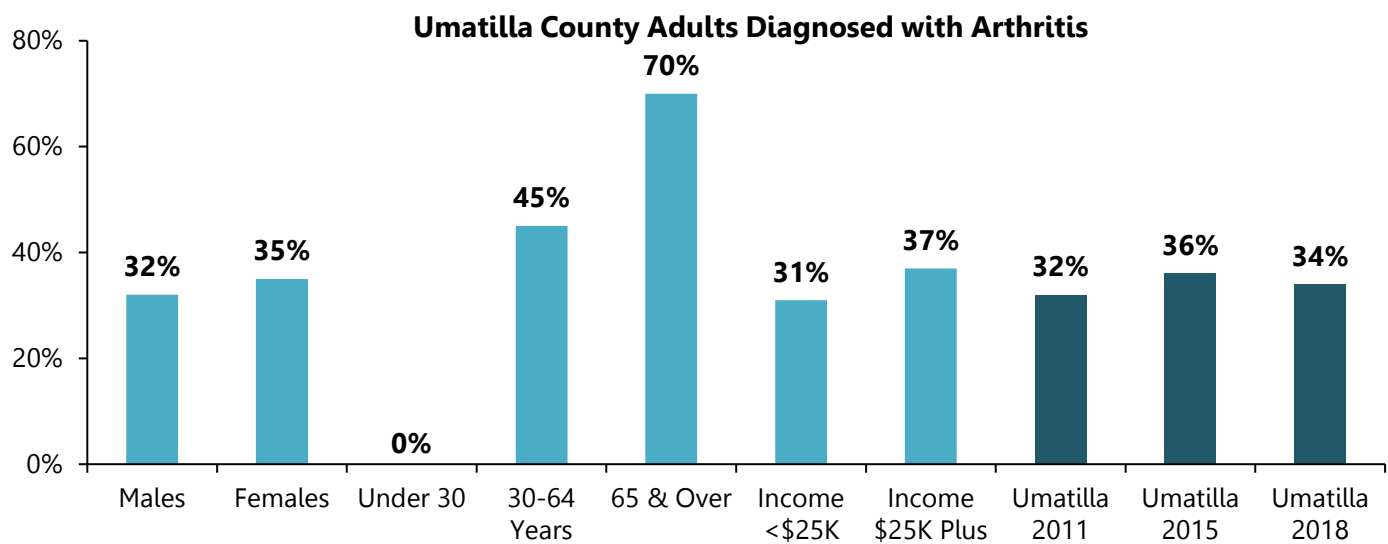
Umatilla County Adults Diagnosed with Arthritis

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Chronic Disease: Diabetes

Key Findings

In 2018, 9% of Umatilla County adults had been diagnosed with diabetes. Two-fifths (40%) of diabetics rated their health as fair or poor.

Diabetes

- Nine percent (9%) of Umatilla County adults had been diagnosed with diabetes, increasing to 21% of those over the age of 65.

- Three percent (3%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

- Diabetics were using the following to treat their diabetes: checking blood sugar (83%), checking A1C annually (80%), checking their feet (76%), diabetes pills (67%), 6-month checkup with provider (67%), diet control (67%), annual vision exam (63%), exercise (32%), insulin (25%), dental exam (4%), injectables (e.g., Vyettea, Victoza, Bydurean) (4%), and taking a class (4%).

- Two-fifths (40%) of adults with diabetes rated their health as fair or poor.

- Umatilla County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  — 95% were obese or overweight
  — 84% had been diagnosed with high blood cholesterol
  — 83% had been diagnosed with high blood pressure

4,908 of adults had been diagnosed with diabetes in their lifetime

The following graph shows the percentage of Umatilla County adults who were diagnosed with diabetes. Examples of how to interpret the information include: 9% of adults were diagnosed with diabetes, including 21% of adults ages 65 and older and 11% of those with incomes less than $25,000.

Umatilla County Adults Diagnosed with Diabetes

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
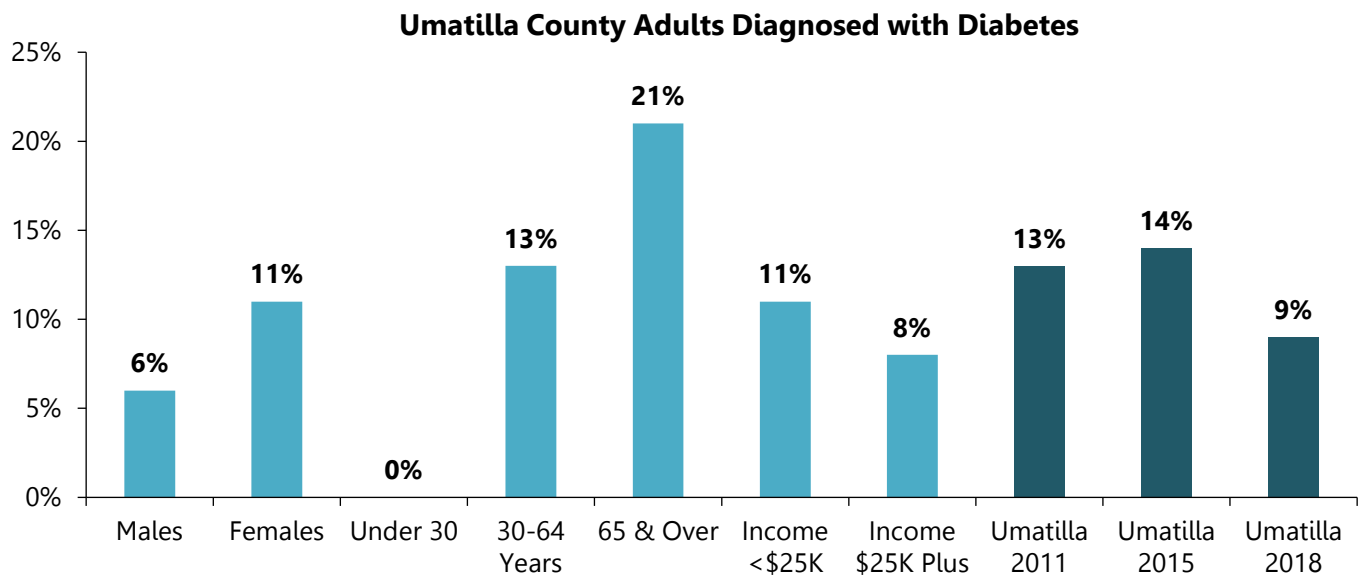
Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	13%	14%	9%	10%	11%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	5%	3%	1%	2%

N/A-Not Available

The following graph shows the age-adjusted mortality rates per 100,000 population for diabetes for Umatilla County and Oregon residents.

Umatilla County and Oregon Age-Adjusted Diabetes Mortality Rates
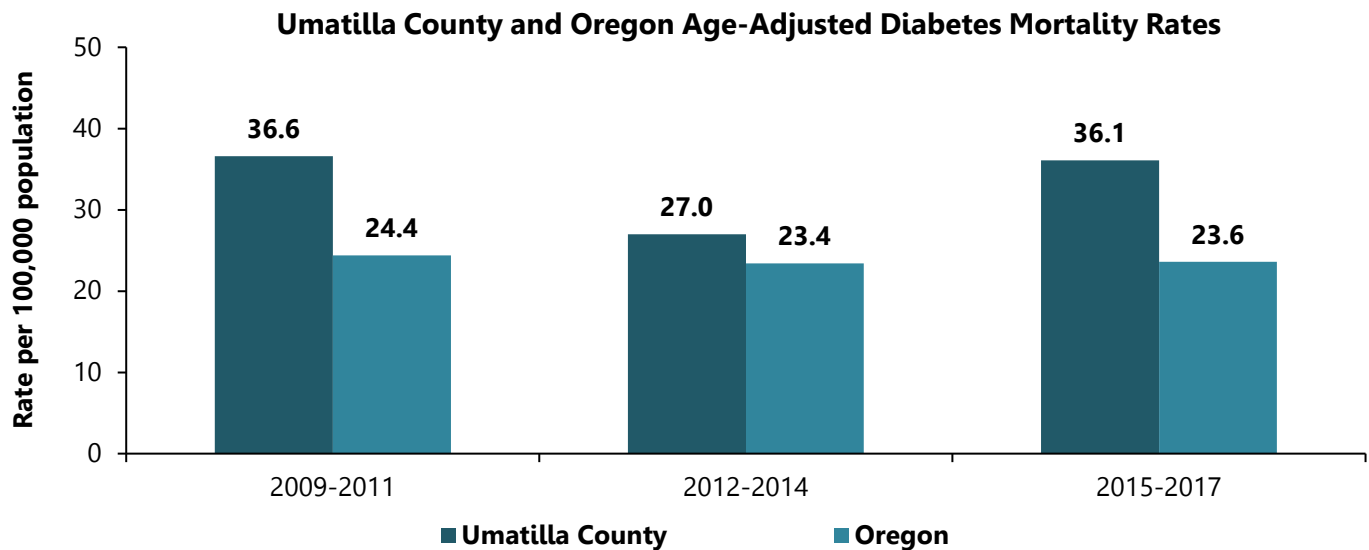
(Source: CDC Wonder, 2009-2017)

Types of Diabetes

Diabetes is a chronic disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. About 5% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you'll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** is when the body doesn't use insulin well and is unable to keep blood sugar at normal levels. Most people with diabetes—9 in 10—have type 2 diabetes. It develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults). Symptoms sometimes go unnoticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight if you're overweight, healthy eating, and getting regular physical activity.
- **Gestational diabetes** develops in pregnant women who have never had diabetes. Babies born to women with gestational diabetes could be at higher risk for health complications. Gestational diabetes usually goes away after the baby is born but increases the mothers risk for type 2 diabetes later in life. The baby is more likely to become obese as a child or teen, and more likely to develop type 2 diabetes later in life too.

(Source: CDC, About Diabetes, Updated: June 1, 2017)

Chronic Disease: Quality of Life

Key Findings

In 2018, 28% of Umatilla County adults reported they were limited by any impairment or health problem. The most limiting health problems were back or neck problems (50%); arthritis/rheumatism (32%); chronic pain (20%); walking problems (20%); and fractures or bone/joint injuries (17%).

Impairments and Health Problems

- More than one-fourth (28%) of Umatilla County adults were limited in some way because of a physical, mental or emotional problem, increasing to 58% of those with incomes less than $25,000. Adults were limited by physical (24%), emotional (4%), and mental (1%) problems.

- Among those who were limited, the following most limiting health problems or impairments were reported: back or neck problems (50%); arthritis/rheumatism (32%); chronic pain (20%); walking problems (20%); fractures or bone/joint injuries (17%); fitness level (13%); dental problems (12%); chronic illness (11%); stress, depression, anxiety, or emotional problems (10%); sleep problems (9%); lung/breathing problems (9%); memory loss (7%); eye/vision problems (6%); hearing problems (3%); confusion (1%); mental health illness/disorder (1%); and other impairments/problems (9%).

- Umatilla County adults were responsible for providing regular care or assistance to the following: multiple children (25%); a friend, family member, or spouse who has a health problem (11%); an elderly parent or loved one (9%); an adult child (8%); someone with special needs (6%); grandchildren (5%); children with discipline issues (5%); a friend, family member, or spouse with a mental health issue (3%); a friend, family member or spouse with dementia or memory loss (1%); and foster children (1%).

- Umatilla County adults needed the following services or equipment in the past year: eyeglasses or vision (23%); help with routine needs (everyday household chores, doing necessary business, shopping, getting around for other purposes) (12%); pain management (7%); help with personal care needs (eating, bathing, dressing, getting around the house) (4%); medical supplies (3%); cane (3%); wheelchair (3%); walker (3%); oxygen or respiratory support (3%); hearing aids or hearing care (2%); special bed (2%); durable medical equipment (e.g., Kaiser-Wells or O.E. Meyer) (1%); wheelchair ramp (1%); and personal emergency response system (1%).

Healthy People 2020
Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Umatilla County 2018	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	32%	36%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2018 Umatilla County Health Assessment)

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S 2017
Limited in some way because of a physical, mental, or emotional problems	N/A	35%	28%	N/A	N/A

N/A-Not Available

The following graphs show the percentage of Umatilla County adults who were limited in some way and the most limiting health problems. An example of how to interpret the information shown on the first graph includes: 28% of adults were limited in some way, including 42% of those 65 and older and 58% of those with incomes less than $25,000.

Umatilla County Adults Limited in Some Way

Category	Percentage
Male	28%
Female	28%
Under 30	33%
30-64 Years	27%
65 & Over	42%
Income <$25K	58%
Income $25K Plus	24%
Umatilla 2015	35%
Umatilla 2018	28%
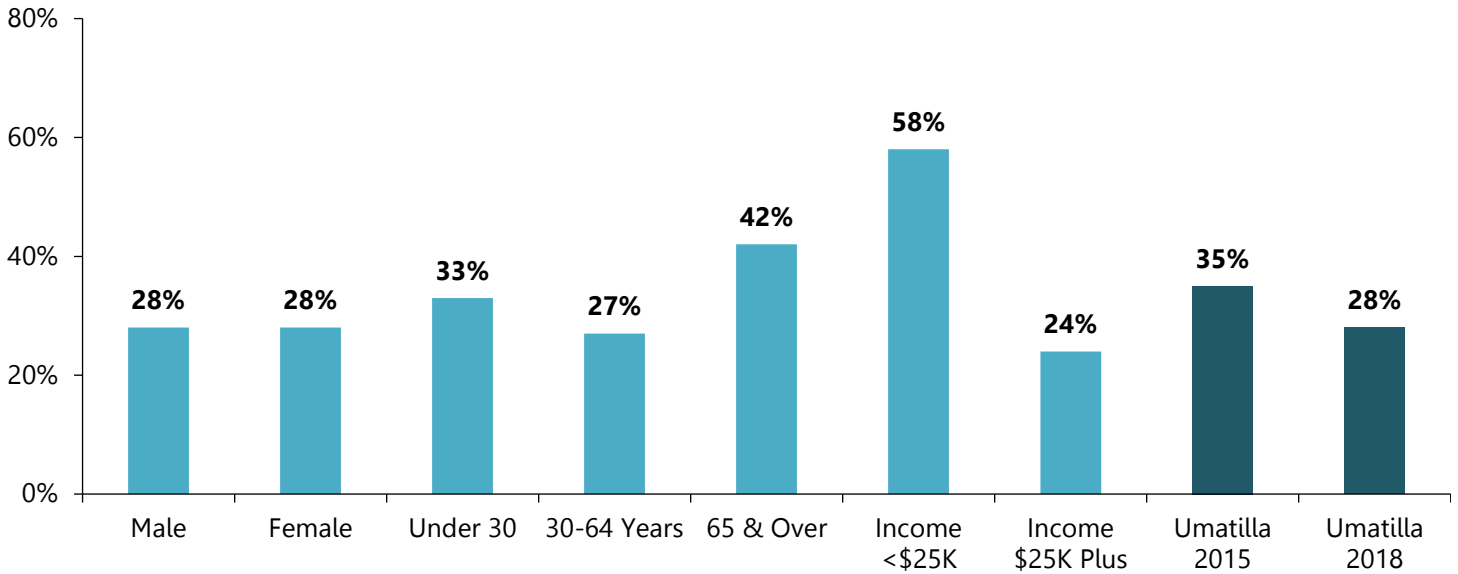
Notes: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Umatilla County Adult's Most Limiting Health Problems

Category	Percentage
Back/Neck Problems	50%
Arthritis/Rheumatism	32%
Chronic Pain	20%
Walking Problems	20%
Fractures, Bone/Joint Injuries	17%
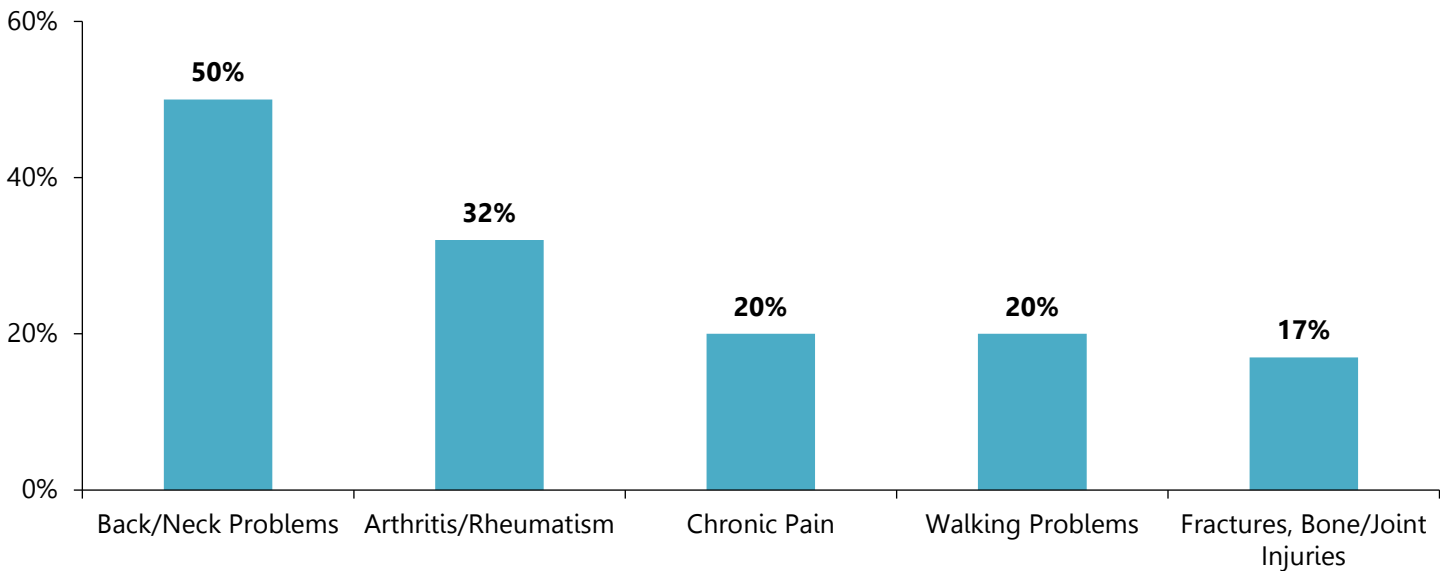
Social Conditions: Social Determinants of Health

Key Findings

In 2018, 4% of Umatilla County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twenty percent (20%) of Umatilla County adults had four or more adverse childhood experiences (ACEs) in their lifetime. More than one-fifth (22%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- In the past month, 16% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 55% of those with incomes less than $25,000.

- More than one-fifth (22%) of adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following: had to choose between paying bills and buying food (16%), went hungry/ate less to provide more food for their family (11%), worried food might run out (9%), their food assistance was cut (8%), did not eat because they did not have enough money for food (7%), and loss of income led to food insecurity issues (2%).

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved September 11, 2018)

- Eleven percent (11%) of adults experienced more than one issue related to hunger/food insecurity in the past year.

- Umatilla County adults received assistance for the following in the past year: food (12%); Medicare (10%); dental care (8%); health care (8%); clothing (6%); mental illness issues, including depression (6%); diapers (6%); credit counseling (3%); utilities (3%); prescription assistance (2%); home repair (2%); free tax preparation (2%); employment (2%); rent/mortgage (1%); transportation (1%); and unplanned pregnancy (<1%).

- Umatilla adults attempted to get social service assistance from the following places: DHS/Self-sufficiency (8%), friend or family member (8%), WIC (7%), CAPECO/Area Agency on Aging (5%), Lifeways (3%), food pantries (2%), ConneXions/Good Shepherd Health Care System (2%), Mirasol (2%), health department (2%), Agape House (1%), St. Anthony Hospital (1%), St. Mary's Outreach (1%), community health workers (<1%), Clearview (<1%), church (<1%), Salvation Army (<1%), Job and Family Services (<1%), and somewhere else (2%).

- The median household income in Umatilla County in 2017 was $50,071. The U.S. Census Bureau reports median income levels of $56,119 for Oregon and $57,652 for the U.S. *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

- Eighteen percent (18%) of all Umatilla County residents were living in poverty, and 26% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

- The unemployment rate for Umatilla County was 3.8 as of October 2018 *(Source: State of Oregon Employment Department).*

- There were 30,172 housing units. The occupied housing unit rate was 89%. Rent in Umatilla County cost an average of $699 per month *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

- Sixty-three percent (63%) of occupied housing units in Umatilla County were owner-occupied, and 37% were renter-occupied *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

Education

- Eighty-two percent (82%) of Umatilla County adults 25 years and over had a high school diploma or higher, leaving 9% that had less than a high school diploma *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

- Sixteen percent (16%) of Umatilla County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

Umatilla County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	7%	0%	7%
Clothing	6%	6%	0%
Credit counseling	9%	3%	6%
Dental care	21%	8%	13%
Diapers	7%	6%	1%
Employment	8%	2%	6%
Food	14%	12%	2%
Free tax preparation	6%	2%	4%
Health care	12%	8%	4%
Home repair	5%	2%	3%
Legal aid services	2%	0%	2%
Medicare	11%	10%	<1%
Mental illness issues including depression	8%	6%	2%
Prescription assistance	5%	2%	3%
Rent/mortgage	4%	1%	3%
Transportation	3%	1%	2%
Unplanned pregnancy	<1%	<1%	0%
Utilities	7%	3%	4%

The following graph shows the percentage of Umatilla County adults who needed help meeting general daily needs such as food, clothing, shelter or paying utility bills in the past 30 days. An example of how to interpret the information on the graph includes: 16% of all Umatilla County adults needed help meeting their general daily needs, including 33% of those under the age of 30 and 55% of those with incomes less than $25,000.

Umatilla County Adults Who Needed Help Meeting General Daily Needs
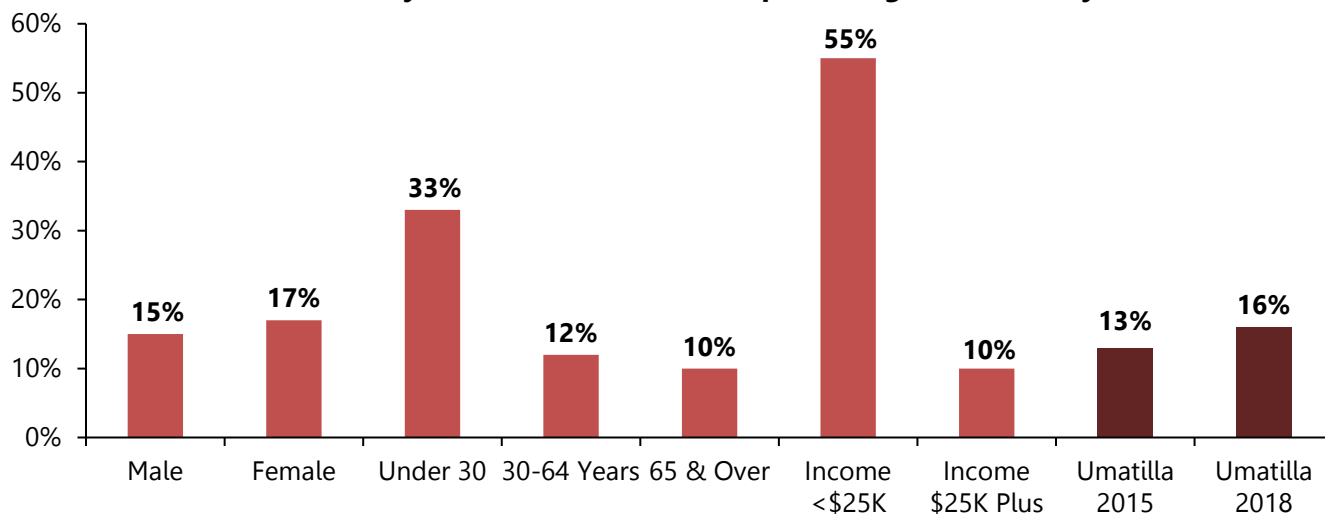
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health and Health Care

- In the past year, 7% of adults were uninsured, increasing to 16% of those with incomes less than $25,000.

- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Umatilla County adults.

Social and Community Context

- Four percent (4%) of Umatilla County adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (45%), a child (27%), another family member in the household (18%), and someone outside their home (9%). One percent (1%) of adults reported they were threatened or abused by more than one person in the past year.

- Adults who were abused were abused in the following ways: emotionally (80%), verbally (50%), financially (30%), and through electronic methods (10%).

- Umatilla County adults experienced the following in the past 12 months: a close family member went to the hospital (25%); had bills they could not pay (20%); death of a family member or close friend (19%); household income was cut in half (10%); moved to a new address (9%); a decline in their health (9%); someone close to them had a problem with drinking or drugs (7%); were a caregiver (7%); someone in their household lost their job/had their hours at work reduced (5%); had someone homeless living with them (5%); knew someone who lived in a hotel (3%); were threatened or abused by someone physically, emotionally, sexually or verbally (3%); became separated or divorced (2%); and their family was at risk of losing their home (2%).

- Umatilla County adults experienced the following adverse childhood experiences (ACEs):
  — Their parents became separated or were divorced (33%)
  — Lived with someone who was a problem drinker or alcoholic (27%)
  — Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (25%)
  — A parent or adult in their home swore at, insulted, or put them down (21%)
  — Lived with someone who was depressed, mentally ill, or suicidal (16%)
  — Someone at least 5 years older than them or an adult touched them sexually (14%)
  — Someone at least 5 years older than them or an adult tried to make them touch them sexually (11%)
  — A parent or adult in their home hit, beat, kicked, or physically hurt them (11%)
  — Lived with someone who used illegal street drugs, or who abused prescription medications (8%)
  — Experienced the death of a parent, step-parent, or caregiver (7%)
  — Their parents were not married (7%)
  — Someone at least 5 years older than them or an adult forced them to have sex (5%)
  — Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (5%)
  — Their family did not look out for each other, feel close to each other, or support each other (4%)
  — They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)

- One-fifth (20%) of Umatilla County adults had four or more ACEs in their lifetime, increasing to 52% of those with incomes less than $25,000.

The following graph shows the percentage of Umatilla County adults who had experienced four or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 20% of all Umatilla County adults had experienced four or more ACEs in their lifetime, including 50% of those under the age of 30 and 52% of those with incomes less than $25,000.

Umatilla County Adults Who Experienced Four or more ACEs in their Lifetime
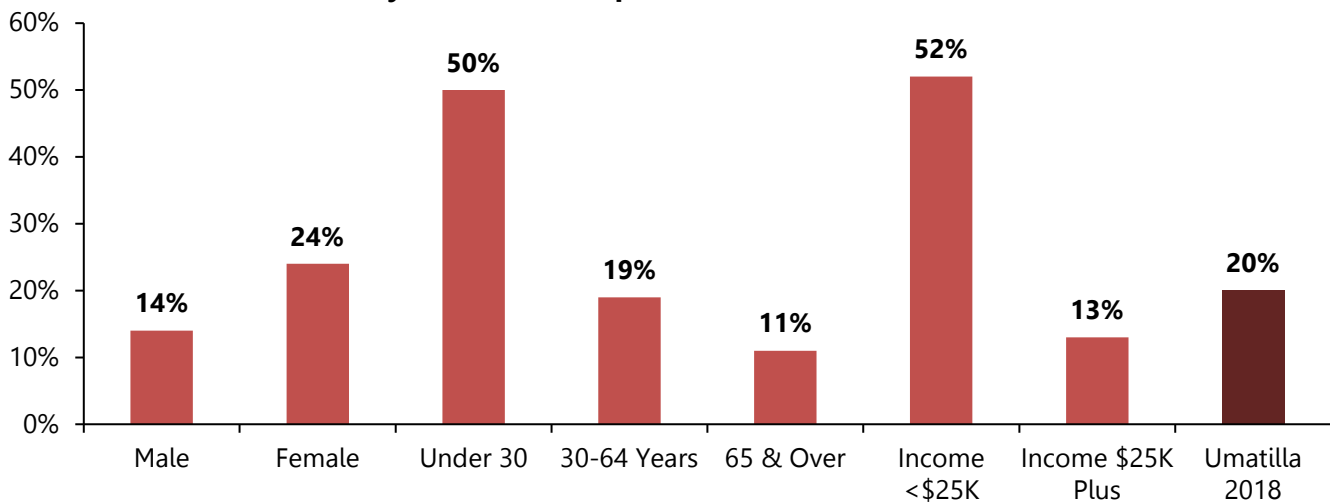
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 62% of those who experienced four or more ACEs were classified as obese by BMI, compared to 24% of those who did not experience any ACEs.

Behaviors of Umatilla County Adults
Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as obese by BMI	62%	24%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	71%	36%
Current smoker (currently smoke on some or all days)	23%	2%
Contemplated suicide in the past 12 months	7%	1%
Used recreational drugs in the past 6 months	2%	0%

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors-which we term adverse childhood experiences (ACEs)-are common. The most common are separated or divorced parents; verbal, physical or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.

- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.

- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
  - Depression
  - Fetal death
  - Illicit drug use
  - Liver disease
  - STDs
  - Multiple sexual partners
  - Alcoholism and alcohol abuse
  - COPD
  - Unintended pregnancies
  - Suicide attempts
  - Early initiation of smoking
  - Risk for intimate partner violence

- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.

- Studies are finding that there is a repetitive does-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
  - Myocardial Infarction
  - Mental Distress
  - Unemployment
  - Diabetes
  - Asthma
  - Disability
  - Stroke
  - Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016)

Neighborhood and Built Environment

- Almost half (48%) of Umatilla County adults kept a firearm in or around their home. Eight percent (8%) of adults reported they were unlocked and loaded.

- Umatilla County adults reported driving after doing the following in the past month: consuming alcohol (7%), using prescription drugs (3%), and using marijuana (2%).

The following graph shows the percentage of Umatilla County adults who had a firearm in or around the home. An example of how to interpret the information on the graph includes: 48% of all Umatilla County adults had a firearm in or around the home, including 56% of males and 61% of those with incomes more than $25,000.

Umatilla County Adults With a Firearm In or Around the Home
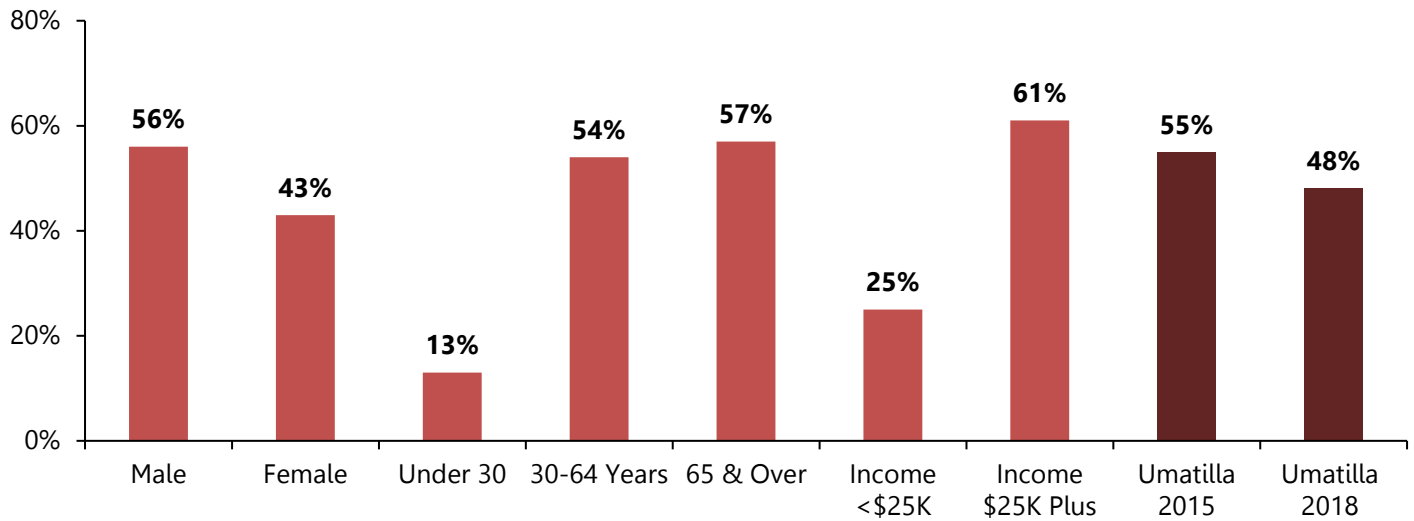
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Victims of Gun Violence in America

- More than 116,000 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
  — 35,141 people die from gun violence and 81,114 people survive gun injuries.
- Every day, an average of 318 people is shot in America. Of those 315 people, 96 people die and 222 are shot, but survive.
  — Of the 318 people who are shot every day, an average of 46 are children and teens.
  — Of the 99 people who die, 34 are murdered, 59 are suicides, 1 die accidently, 1 with an unknown intent and 1 by legal intervention.
  — Of the 222 people who are shot but survive, 164 are from assault, 45 are shot accidently, 10 are suicide attempts, and 3 are police interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, February 22, 2018)

Social Conditions: Environmental Health

Key Findings

The top two environmental health issues for Umatilla County adults that threatened their health in the past year were outdoor air quality (27%) and agricultural chemicals (13%). Seventy-three percent (73%) of adults had a working flashlight and working batteries in preparation for a disaster.

Environmental Health

- Umatilla County adults thought the following threatened their health in the past year.

  - Outdoor air quality (27%)
  - Agricultural chemicals (13%)
  - Mold (5%)
  - Moisture issues (5%)
  - Rodents (4%)
  - Insects (3%)
  - Asbestos (2%)
  - Chemicals found in products (2%)
  - Indoor air quality (2%)
  - Plumbing problems (2%)
  - Temperature regulation (2%)
  - Unsafe water supply/wells (1%)
  - Lead paint (1%)
  - Radiation (1%)
  - Bed bugs (1%)
  - Safety hazards (<1%)
  - Sewage/waste water problems (<1%)
  - Lice (<1%)

Disaster Preparedness

- Umatilla County households had the following disaster preparedness supplies: cell phone (82%), cell phone with texting (82%), working smoke detector (79%), working flashlight and working batteries (73%), computer/tablet (72%), 3-day supply of nonperishable food for everyone in the household (53%), working battery-operated radio and working batteries (39%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%), 3-day supply of prescription medication for each person who takes prescribed medicines (38%), generator (30%), home land-line telephone (25%), communication plan (18%), and a family disaster plan (11%).

- In a disaster, Umatilla adults reported the following methods of getting information from authorities: Internet (68%), television (62%), radio (62%), friends/family (54%), wireless emergency alerts (47%), Facebook (46%), Umatilla County Emergency Alert System (45%), neighbors (43%), smart phone app (31%), newspaper (21%), other social media (14%), Twitter (4%), and other ways (4%).

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by:
  - Keep humidity levels as low as you can, no higher than 50%, all day long
  - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
  - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
  - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
  - Add mold inhibitors to paints before painting.
  - Clean bathrooms with mold-killing products.
  - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly. Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture. One gallon of water per person per day for at least three days, for drinking and sanitation.

(Source: CDC, Facts about Mold and Dampness, updated 9/5/17)

Hispanic/Latino Health: Health Care Access, Coverage and Utilization

Key Findings

Note: This data was collected from Spanish speaking Hispanic/Latino community members and may not be representative of Hispanic/Latino community members who do not speak Spanish. We estimate that 18% of the Hispanic/Latino population in Umatilla County speak English exclusively (Source: 2013-2017 American Community Survey 5-year estimates), and we anticipate that we captured data from that subgroup when we received 18 responses on the general population survey from community members who identified as Hispanic/Latino, but the number was not large enough to stratify the data in the general population survey by ethnicity.

In 2018, 56% of Umatilla County Hispanic/Latino adults were without health care coverage. The main reason Hispanic/Latino adults gave for being without health care coverage was that they could not afford to pay the premiums (24%).

Health Coverage

- More than half (56%) of Umatilla County Hispanic/Latino adults did not have health care coverage, compared to 7% of the general population.

- Hispanic/Latino adults used the following types of health care coverage: employer (31%); Medicare (8%); someone else's employer (8%); Medicaid or medical assistance (8%); Health Insurance Marketplace (5%); multiple, including private sources (5%); multiple, including governmental sources (3%); self-paid plan (3%); Yellowhawk (2%); and military or VA (3%).

- Umatilla County Hispanic/Latino adults had the following issues regarding their health care coverage: cost (30%), opted out of certain coverage because they could not afford it (20%), could not understand their insurance plan (8%), limited visits (6%), service was no longer covered (6%), difficulty navigating the Health Insurance Marketplace (5%), service not deemed medically necessary (5%), provider was no longer covered (5%), opted out of certain coverage because they did not need it (3%), working with their insurance company (2%), and pre-existing conditions (2%).

- The top reasons uninsured Hispanic/Latino adults gave for being without health care coverage were:
  — They could not afford to pay the premiums (24%)
  — They lost their job or changed employers (20%)
  — Employer did not/stopped offering coverage (13%)

Access and Utilization

- Fifty-nine percent (59%) of Umatilla County Hispanic/Latino adults visited a doctor for a routine checkup in the past year, compared to 58% of the general population.

- Two-fifths (40%) of Hispanic/Latino adults reported they had one person they thought of as their personal doctor or health care provider. Fourteen percent (14%) of Hispanic/Latino adults had more than one person they thought of as their personal health care provider, and 35% did not have one at all.

- Forty-eight percent (48%) of Umatilla County Hispanic/Latino adults reported having a usual source of medical care. Reasons for not having a usual source of medical care included the following: no insurance (13%); have not needed a doctor (11%); could not afford medical care (6%); multiple reasons, including cost or insurance (6%); multiple reasons, not including cost or insurance (5%); did not like/trust/believe doctors (4%); did not know where to go (2%); not accepting new patients (1%); and other reasons (1%).

- Umatilla County Hispanic/Latino adults did not get medical care for the following reasons: cost/no insurance (21%); no need to go (7%); multiple reasons, not including cost or insurance (7%); multiple reasons, including cost or insurance (4%); provider would not accept them as a patient (2%); provider would not take their insurance (2%); inconvenient appointment times (2%); too long of a wait in the waiting room (1%); office wasn't open when they could get there (1%); too long of a wait for an appointment (1%); distance (1%); no access for people with disabilities (1%); too embarrassed to seek help (1%); privacy concerns (1%); and other reasons (7%).

- More than half (53%) of Hispanic/Latino adults in Umatilla County visited the emergency room in the past year, compared to 51% of the general population.

- Umatilla County Hispanic/Latino adults looked for the following types of programs for themselves or a loved one: depression, anxiety, or mental health problem (19%); weight problem (12%); elderly care/assistance (11%); disabled care/assistance (9%); drug abuse (5%); marital or family problems (5%); alcohol abuse (5%); tobacco or nicotine cessation (5%); opiate/heroin detoxification (5%); end-of-life care/hospice (4%); disability (4%); cancer support group/counseling (4%); gambling abuse (3%); vaping/smoking (2%); and family planning (1%).

- More than two-fifths (42%) of Hispanic/Latino adults went outside of Umatilla County for the following health care services in the past year: specialty care (11%), dental services (11%), female health services (5%), orthopedic care (4%), primary care (3%), pediatric care (3%), cancer care (3%), mental health care (3%), cardiac care (2%), pediatric therapies (2%), developmental disability services (1%), counseling services (1%), hospice care (1%), obstetrics/gynecology/NICU (1%), and other services (20%).

- Reasons for seeking health care services outside of Umatilla County included the following: needed care they could not get locally (13%), better care elsewhere (11%), cost less (9%), provider referral (8%), insurance requirement (3%), more privacy (4%), closer to home/work (1%), and other reasons (15%).

- Umatilla County Hispanic/Latino adults went to the following places for their health care needs: Hermiston (66%), Tri-Cities (23%), Pendleton (12%), Portland (8%), Boardman (7%), Walla Walla (5%), Seattle (3%), Umatilla (3%), The Dalles (2%), Milton Freewater (1%), Irrigon (1%), and other places (6%).

- The following might prevent Umatilla County Hispanic/Latino adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (43%), doctor would not take their insurance (9%), hours not convenient (9%), could not get time off work (8%), worried they might find something wrong (7%), difficult to find/no transportation (6%), frightened of the procedure or doctor (4%), discrimination (4%), could not find childcare (3%), difficult to get an appointment (3%), do not trust or believe doctors (2%), and some other reason (10%).

- More than half (51%) Hispanic/Latino adults did not get their prescriptions from their doctor filled in the past year, compared to 39% of the general population.

- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (55%), they did not have insurance (19%), too expensive (14%), they did not think they needed it (11%), transportation (7%), they were taking too many medications (6%), side effects (5%), they stretched their current prescription by taking less than prescribed (2%), fear of addiction (2%), and there was no generic equivalent (1%).

- Half (51%) of Umatilla County adults indicated that they or someone in their household went without needed prescription medications in the past 12 months for the following reasons: no insurance (28%), cost (22%), no pharmacy access (11%), insurance not accepted (8%), did not know where to get care (7%), not open when needed (6%), no transportation (6%), and other reasons (20%).

- Thirty-four percent (34%) of Umatilla County Hispanic/Latino adults indicated that they or someone in their household went without mental health treatment in the past 12 months for the following reasons: no insurance (23%), cost (20%), did not know where to get care (14%), fear of treatment (7%), no transportation (7%), not open when needed (5%), insurance not accepted (5%), could not get an appointment soon enough (3%), and other reasons (28%).

- Twenty-two percent (22%) of Umatilla County Hispanic/Latino adults indicated that they or someone in their household went without substance abuse treatment in the past 12 months for the following reasons: no insurance (34%), cost (24%), insurance not accepted (13%), could not get an appointment soon enough (13%), no transportation (11%), did not know where to get care (8%), fear of treatment (5%), was not open when needed (3%), and other reasons (37%).

- Adults reported the following as the most important health concerns in their community: diabetes and other chronic disease (32%), alcohol use (31%), depression (30%), accidents/injuries (22%), lack of access to dental care (21%), obesity (18%), substance or drug abuse (15%), lack of access to medical care (15%), opioid or other substance abuse (13%), domestic violence (13%), lack of access to mental health care (13%), suicide (11%), lack of food (10%), child abuse/neglect (10%), tobacco use (9%), prescription drug abuse (8%), lack of recreation facilities or fitness opportunities (7%), other mental illnesses (5%), and other concerns (10%).

- Hispanic/Latino adults indicated they would do the following to improve their community's access to health care: urgent care access (46%), more specialists (28%), more primary care providers (24%), more health education (24%), access to drug and alcohol treatment (22%), access to mental health/behavioral health (20%), access to pain management (15%), transportation assistance (12%), expanded hours for outpatient services (10%), senior living options (10%), in-home care (7%), and more culturally sensitive care (7%), and other improvements (9%).

Preventive Medicine

- More than two-fifths (42%) of Umatilla County Hispanic/Latino adults received the flu vaccine in the past year, compared to 47% of the general population.

- Reasons for not receiving a flu shot included: they did not need it (36%), cost (14%), transportation (6%), insurance would not pay for it (6%), vaccine was not effective (4%), they get sick from it (3%), it does not work (3%), religious beliefs (2%), vaccine not available (2%), and time (2%).

- Umatilla County Hispanic/Latino adults discussed the following: with their doctor or other health professional in the past year: weight control (28%); family history (23%); immunizations (22%); depression, anxiety, or emotional problems (20%); sexually transmitted diseases (11%); alcohol use (11%); family planning (10%); safe use of prescription medication (9%); tobacco use (6%); injury prevention (5%); domestic violence (5%); falls (5%); PSA test (4%); self-testicular exams (4%); illicit drug abuse (3%); safe use of opiate-based pain medication (1%); and bone density (1%).

- Hispanic/Latino adults over the age of 50 and those with colorectal cancer risk factors had the following colorectal screenings in the past 5 years: stool testing (31%), colonoscopy (26%), CT colonoscopy (21%), and flexible sigmoidoscopy (11%).

Oral Health

- Forty-five percent (45%) of Umatilla County Hispanic/Latino adults had visited a dentist or dental clinic in the past year, compared to 61% of the general population.

- Thirty-six percent (36%) of Hispanic/Latino adults had one or more of their permanent teeth removed, compared to 39% of the general population.

- When asked the main reason for not visiting a dentist in the past year, 43% said cost; 19% said no reason to go/had not thought of it; 16% said fear, apprehension, nervousness, pain, and dislike going; 8% said their dentist did not accept their medical insurance; 7% had transportation issues; 6% did not have or know a dentist; 3% used the emergency room for dental issues; 2% could not get into a dentist; 2% said the dentist was not accepted new patients; 1% had dentures; and 1% could not find a dentist who accepted Medicaid/OHP.

Adult Comparisons	Umatilla County Hispanic 2012	Umatilla/ Morrow County Hispanic 2015	Umatilla County Hispanic/ Latino 2018	Umatilla County 2018	Oregon 2017	U.S. 2017
Uninsured	43%	20%	56%	7%	10%	11%
Adults who had visited a dentist or dental clinic in the past year	46%	57%	45%	61%	68%*	66%*

*2016 BRFSS data

(Sources: 2012 Umatilla County Hispanic Health Assessment, 2015 Umatilla/Morrow Counties Health Assessment, 2018 Umatilla County Health Assessment and the 2017 BRFSS)

Hispanic/Latino Health: Health Behaviors and Chronic Disease

Key Findings

Note: This data was collected from Spanish speaking Hispanic/Latino community members and may not be representative of Hispanic/Latino community members who do not speak Spanish. We estimate that 18% of the Hispanic/Latino population in Umatilla County speak English exclusively (Source: 2013-2017 American Community Survey 5-year estimates), and we anticipate that we captured data from that subgroup when we received 18 responses on the general population survey from community members who identified as Hispanic/Latino, but the number was not large enough to stratify the data in the general population survey by ethnicity.

More than one-third (37%) of Umatilla County Hispanic/Latino adults rated their health status as excellent or very good. Conversely, 26% rated their health as fair or poor. Almost three-fourths (71%) of Hispanic/Latino adults were classified as overweight or obese. One-fifth (20%) of Hispanic/Latino adults were limited in some way because of a physical (15%), mental (6%), or emotional (4%) problem.

Health Behaviors and Chronic Disease

- Hispanic/Latino adults were **more** likely to have been diagnosed with:
  — Diabetes (15% compared to 9% of the general population).
  — Asthma (11% compared to 7% of the general population).

- Hispanic/Latino adults were **less** likely to have been diagnosed with:
  — High blood pressure (22% compared to 26% of the general population).
  — High blood cholesterol (22% compared to 29% of the general population).
  — Arthritis (32% compared to 34% of the general population).

- Hispanic/Latino adults were **more** likely than general population to:
  — Have had two or more sexual partners in the past year (13% compared to 1% of the general population).
  — Have had a digital rectal exam in the past year (13% compared to 8% of the general population).
  — Have rated their health as fair or poor (26% compared to 16% of the general population).
  — Have used marijuana in the past month (14% compared to 12% of the general population).
  — Have been forced to have sexual intercourse when they did not want to (14% compared to 8% of the general population).
  — Be overweight or obese (71% compared to 70% of the general population).

- Hispanic/Latino adults were **less** likely than general population to:
  — Have received a seasonal flu vaccine in the past year (42% compared to 47% of the general population).
  — Have rated their health as excellent or very good (37% compared to 57% of the general population).
  — Have misused prescription medication in the past 6 months (12% compared to 17% of the general population).
  — Have had a mammogram in the past year (26% compared to 34% of the general population).
  — Have had a clinical breast exam in the past year (26% compared to 57% of the general population).
  — Have had a pap smear in the past year (33% compared to 62% of the general population).
  — Have had a PSA test in the past year (18% compared to 24% of the general population).
  — Have consumed alcohol in the past 30 days (31% compared to 54% of the general population).
  — Have had their blood cholesterol checked within the past 5 years (57% compared to 66% of the general population).
  — Be considered a binge drinker (of all adults) (14% compared to 20% of the general population).
  — Be limited in way because of a physical problem (20% compared to 28% of the general population).

- Hispanic/Latino adults were **equally** as likely as the general population to:
  — Have completed a self-testicular exam in the past year (21%).
  — Be a current smoker (8%).

Health Status

- More than one-third (37%) of Umatilla County Hispanic/Latino adults rated their health as excellent or very good, and more than one-quarter (26%) rated their health as fair or poor.

- More than half (53%) of Hispanic/Latino adults rated their physical health as not good on four or more days in the previous month, compared to 24% of the general population.

- More than one-third (38%) of Hispanic/Latino adults rated their mental health as not good on four or more days in the previous month, compared to 26% of the general population.

- Half (50%) of Hispanic/Latino adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation, compared to 22% of the general population.

Weight Status

- Seventy-one percent (71%) of Umatilla County adults were either overweight (34%) or obese (37%) by body mass index (BMI).

- Hispanic/Latino adults did the following to lose weight or keep from gaining weight: drank more water (31%); exercised (28%); ate less food, fewer calories, or foods low in fat (26%); ate a low-carb diet (12%); used a weight loss program (5%); participated in a prescribed dietary or fitness program (5%); smoked cigarettes (4%); went without eating 24 or more hours (3%); took diet pills, powders or liquids without a doctor's advice (2%); vomited after eating (2%); bariatric surgery (2%); used a program that restricts certain foods or food groups (such as Paleo or Keto) (2%); took prescribed medications (1%); took laxatives (1%); and health coaching (1%).

Nutrition

- Seventy-one percent (71%) of Hispanic/Latino adults ate out in a restaurant or brought home take-out at least once in a typical week, 6% of whom did so for five or more meals.

- Thirty percent (30%) of Hispanic/Latino adults ate 1-to-2 servings of fruits and/or vegetables per day. Thirty-eight percent (38%) ate 3-to-4 servings per day, and 26% ate 5 or more servings per day. Six percent (6%) of adults ate 0 servings of fruits and/or vegetables per day.

- In the past week, Hispanic/Latino adults ate/drank an average of 1.8 caffeinated beverages, 1.8 servings of vegetables, 1.8 servings of fruit, and 1.6 sugar-sweetened beverages.

- Hispanic/Latino adults purchased their fruits and vegetables from the following places: local grocery store (58%), grocery store outside of the county (19%), grow their own/garden (11%), corner/convenience store (7%), farmer's market (7%), food pantry (7%), restaurants (6%), Dollar General/dollar store (4%), community garden (2%), home delivery food service (1%), Group Purchasing/Community Supported Agriculture (CSA) (1%), produce stand (1%), and other places (7%).

- Hispanic/Latino adults reported the following barriers to consuming fruits and vegetables: too expensive (8%), stores did not take electronic benefits transfer (EBT) (8%), transportation (5%), did not know how to prepare (5%), go bad too quickly (4%), no access (3%), did not like the taste (2%), no variety (2%), and other barriers (4%). Sixty-nine percent (69%) of adults reported they did not have any barriers in consuming fruits and vegetables.

Physical Activity

- Reasons for not exercising included the following:
  - Weather (24%)
  - Time (21%)
  - Could not afford a gym membership (11%)
  - Lack of self-motivation or will power (8%)
  - No child care (8%)
  - No exercise partner (6%)
  - Did not like to exercise (6%)
  - Too tired/no energy (5%)
  - Pain or discomfort (5%)
  - Did not know what activities to do (5%)
  - No personal reason (5%)
  - Poorly maintained or no sidewalks (3%)
  - Did not enjoy being active (3%)
  - Too expensive (3%)
  - Neighborhood safety (2%)
  - Afraid of injury (2%)
  - Already get enough exercise (2%)
  - Doctor advised them not to exercise (2%)
  - No walking trails, biking trails, or parks (2%)
  - Transportation (2%)
  - Gym not available (1%)
  - Lack of opportunities for those with physical impairments or challenges (1%)
  - Ill or physically unable (1%)

- Most (90%) Hispanic/Latino adults engaged in light intensity physical activity (walking slowly, sitting at the computer, making the bed, eating, preparing food, and washing dishes) in the past week. Eighty-two percent (82%) of adults engaged in moderate intensity physical activity (sweeping the floor, walking briskly, slow dancing, vacuuming, washing windows, and shooting basketball), and 54% engaged in vigorous intensity physical activity (running, swimming, shoveling, soccer, jumping rope, and carrying heavy loads). Ten percent (10%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

- On an average day, adults spent time doing the following: 2.7 hours on their cell phone, 2.0 hours watching television, 1.4 hours on the computer outside of work, and 0.3 hours playing video games.

- Umatilla County Hispanic/Latino adults reported the following would help them use community parks, bike trails, and walking paths more frequently: more available parks, bike trails, and walking paths (39%); designated safe routes (24%); easier access to walking or bike trails (18%); improvements to existing parks, trails, and paths (16%); more public events and programs involving parks, trails, and paths (16%); and better promotion and advertising of existing parks, trails, and paths (14%).

Tobacco Use

- Eight percent (8%) of Hispanic/Latino adults were current smokers, and 8% were considered former smokers.

- Hispanic/Latino adults used the following tobacco products in the past year: cigarettes (10%); e-cigarettes or vape pens (6%); hookah (4%); pouch (2%); chewing tobacco, snuff, dip, or betel quid (1%); cigars (1%); cigarillos (1%); and bidis (1%). Six percent (6%) of adults used more than one tobacco product.

- Umatilla County Hispanic/Latino adults used chewing tobacco, snuff, or snus at the following frequencies: everyday (1%), some days (8%), or not at all (36%). More than half (55%) of adults did not know how often they used chewing tobacco, snuff, or snus.

- Eighty-three percent (83%) of Hispanic/Latino current smokers in Umatilla County used the following methods to quit smoking in the past year: cold turkey (33%), e-cigarettes (33%), Wellbutrin (25%), Quit Line (8%), hypnosis (8%), nicotine patch (4%), nicotine gum (4%), cessation classes/counseling (4%), and an intervention (4%).

- Hispanic/Latino adults had the following rules/practices about smoking in their home: never allowed (49%), not allowed when children are present (22%), allowed anywhere (4%), and allowed in certain rooms (4%).

- Hispanic/Latino adults had the following rules/practices about smoking in their car: never allowed (70%), not allowed when children are present (5%), allowed with windows open (4%), and allowed anytime (4%).

Alcohol Consumption

- Nearly one-third (31%) of Umatilla County Hispanic/Latino adults had at least one alcoholic drink in the past month, compared to 54% for the general population.

- Of those who drank, Hispanic/Latino adults drank 5.4 drinks on average, compared to 3.6 drinks for the general population.

- One-in-seven (14%) Hispanic/Latino adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 65% had at least one episode of binge drinking.

- Ten percent (10%) of Hispanic/Latino current drinkers reported driving a motor vehicle such as a car, truck or motorcycle within a couple hours after having three or more drinks, compared to 5% of the general population.

- About one-fifth (21%) of Hispanic/Latino current drinkers reported drinking alcohol while on prescription medication, compared to 14% of the general population.

Marijuana Use

- Fourteen percent (14%) of Umatilla County adults had used marijuana in the past 6 months, compared to 12% of the general population.

- Among those who used marijuana, they used the following types: recreational marijuana (74%), medicinal marijuana (30%), and other products with THC oil (13%).

- Adults who used marijuana used it in the following ways: smoked it (58%), ate it (26%), vaporized it (26%), dabbed it (13%), drank it (6%), and other ways (3%).

- Hispanic/Latino adults used marijuana an average of 1.0 day in the past month, compared to 2.2 days for the general population.

Drug Use

- Four percent (4%) of Umatilla County Hispanic/Latino adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines, compared to 1% of the general population.

- Twelve percent (12%) of Hispanic/Latino 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 six months, compared to 17% of the general population.

- Umatilla County Hispanic/Latino adults who misused prescription medication obtained their medication from the following: primary care physician (53%), free from friend or family member (23%), multiple doctors (21%), ER or urgent care doctor (16%), bought from friend or family member (7%), stole from a friend or family member (5%), and bought from a drug dealer (5%).

- Hispanic/Latino adults indicated they did the following with their unused prescription medication: threw it in the trash (18%), flushed it down the toilet (10%), took as prescribed (8%), kept it in a locked cabinet (4%), kept it (4%), used a mailer to ship back to the pharmacy (3%), traded it (2%), used drug deactivation pouches (2%), took it to the sheriff's office (1%), took it in on Drug Take Back Day(s) (1%), took it to the medication collection program (1%), sold it (1%), it was stolen (1%), and some other destruction method (12%).

- Hispanic/Latino adults reported that as a result of using drugs, they or someone in their household overdosed and required EMS/hospitalization (2%), had legal problems (2%), failed a drug screen (2%), were placed in dangerous situations (2%), and regularly failed to fulfill obligations at work or home (2%).

- Three percent (3%) of Umatilla County adults have used a program or service to help with an alcohol or drug problem for either themselves or a loved one. Reasons for not using such a program included the following: had thought of it (6%), did not know how to find a program (5%), no program available (4%), could not afford to go (3%), transportation (2%), fear (2%), could not get to the office/clinic (2%), their insurance did not cover it (2%), did not want to get in trouble (2%), did not want to miss work (2%), stigma of seeking drug services (1%), stigma of seeking alcohol services (1%), no openings (1%), wait time (1%), and other reasons (11%). Seventy-five percent (75%) of adults indicated they did not need a program or service to help with drug problems.

- Umatilla County Hispanic/Latino adults reported they agreed/strongly agreed with the following statements regarding substance abuse:
  — Most people think less of a person who has been in treatment for substance use (44%)
  — Most people would willingly accept someone who has been treated for substance use as a close friend (42%)
  — Most employers will hire someone who has been treated for substance use if he or she is qualified for the job (39%)
  — Most employers will pass over the application of someone who has been treated for substance use in favor of another applicant (38%)
  — Most people would be willing to date someone who has been treated for substance use (34%)
  — Most people believe that someone who has been treated for substance use is just as trustworthy as the average citizen (33%)
  — Most people would accept someone who has been treated for substance use as a teacher of young children in a public school (24%)
  — Most people would hire someone who has been treated for substance use to take care of their children (23%)

Sexual Behavior

- Nearly three-fourths (72%) of Umatilla County Hispanic/Latino adults had sexual intercourse in the past year, compared to 70% of the general population.

- Thirteen percent (13%) of Hispanic/Latino adults reported they had intercourse with more than one partner in the past year, compared to 1% of the general population.

- Seventy percent (70%) of Hispanic/Latino adults had unprotected sexual intercourse in the past year, compared to 55% of the general population.

- Hispanic/Latino adults used the following methods of birth control: condoms (14%), abstinence (13%), IUD (8%), shots (4%), withdrawal (4%), birth control pill (2%), contraceptive patch (2%), diaphragm or cap (2%), cervical ring (1%), contraceptive implants (1%), emergency contraception (1%), the rhythm method (1%), and other methods (2%).

- Twenty-one percent (21%) of Hispanic/Latino adults did not use any method of birth control, compared to 15% of the general population.

- Fourteen percent (14%) of Hispanic/Latino adults had been forced or pressured into any form of sexual activity when they did not want to. Of those forced or pressured into sexual activity, 27% reported it.

Mental Health

- Seven percent (7%) of Umatilla County Hispanic/Latino adults considered attempting suicide in the past year, compared to 2% of the general population.

- Seven percent (7%) of Hispanic/Latino adults reported attempting suicide in the past year, compared to 2% of the general population.

- Umatilla County Hispanic/Latino adults dealt with stress in the following ways: exercised (45%), listened to music (38%), slept (32%), talked to someone they trust (26%), prayer/meditation (24%), ate more or less than normal (21%), worked (14%), worked on a hobby (13%), meditated (13%), drank alcohol (11%), took it out on others (9%), used marijuana (7%), smoked tobacco (5%), gambling/lottery (5%), used herbs or home remedies (4%), talked to a professional (4%), used other tobacco or nicotine products (3%), misused prescription drugs (3%), used prescription drugs as prescribed (2%), self-harm (2%), used illegal drugs (1%), and other ways (10%).

- Umatilla County adults received the social and emotional support they needed from the following: friends/family (48%), God/prayer (35%), church (26%), Internet (7%), community (5%), mental health professional (5%), text crisis line (3%), health care provider (2%), online support group (2%), self-help group (1%), and other (12%). Nineteen percent (19%) of adults reported they did not get the social and emotional support they needed, and 18% reported they did not need support.

- Hispanic/Latino adults would do the following if they knew someone who was suicidal: call 9-1-1 (51%), talk to them (39%), call a crisis line (34%), try to calm them down (29%), call a friend (16%), call their spiritual leader (16%), nothing (9%), text a crisis line (9%), and take them to the emergency room (8%).

- Umatilla County Hispanic/Latino adults reported they or a family member were diagnosed with, or treated for, the following mental health issues:
  — Depression (18%)
  — Anxiety or emotional problems (14%)
  — Anxiety disorder (panic attacks, phobia, obsessive compulsive disorder) (14%)
  — Attention deficit disorder (ADD/ADHD) (7%)
  — Bipolar disorder (6%)
  — Problem gambling (6%)
  — Alcohol and/or illicit drug abuse (5%)
  — Eating disorder (4%)
  — Other trauma (4%)
  — Psychotic disorder (schizophrenia, schizoaffective disorder) (3%)
  — Life-adjustment disorder (3%)
  — Autism spectrum (2%)
  — Post-traumatic stress disorder (PTSD) (2%)
  — Borderline personality disorder (1%)
  — Developmental disability (1%)
  — Other mental health disorder (3%)

- One-in-twelve (8%) Hispanic/Latino adults indicated they or a family member had taken medication for one or more mental health issues.

Cardiovascular Health

- Three percent (3%) of Umatilla County Hispanic/Latino adults reported they had survived a heart attack or myocardial infarction, and 5% reported they survived a stroke.

- Two percent (2%) of Hispanic/Latino adults reported they had angina or coronary heart disease, and 2% had congestive heart failure.

- Almost one-quarter (22%) of Hispanic/Latino adults had been diagnosed with high blood pressure, and 22% had been diagnosed with high blood cholesterol.

Asthma, Arthritis, and Diabetes

- In 2018, 11% of Umatilla County Hispanic/Latino adults had been diagnosed with asthma, compared to 7% of the general population.

- In the past year, 36% of Hispanic/Latino adults diagnosed with asthma visited an emergency room or urgent care center because of their asthma, compared to 6% of the general population.

- Nearly one-third (32%) of Hispanic/Latino adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, compared to 34% of the general population.

- Fifteen percent (15%) of Hispanic/Latino adults had been diagnosed with diabetes, and 1% had been diagnosed with pre-diabetes or borderline diabetes.

- Hispanic/Latino diabetics were using the following to treat their diabetes: diet control (48%), exercise (34%), 6-month checkup with provider (32%), diabetes pills (27%), checking blood sugar (16%), checking A1C annually (14%), annual vision exam (14%), checking their feet (9%), injectables (e.g., Vyettea, Victoza, Bydurean) (9%), taking a class (7%), insulin (7%), and dental exam (2%).

Quality of Life

- One-fifth (20%) of Hispanic/Latino adults were limited in some way because of a physical (15%), mental (6%), or emotional (4%) problem.

- Among those who were limited, the following most limiting health problems or impairments were reported: back or neck problems (17%); stress, depression, anxiety, or emotional problems (15%); dental problems (14%); chronic pain (13%); chronic illness (10%); walking problems (8%); fractures, bone/joint injuries (8%); fitness level (8%); sleep problems (8%); lung/breathing problems (8%); arthritis/rheumatism (7%); eye/vision problems (7%); substance dependency (6%); memory loss (6%); drug addiction (4%); mental health illness/disorder (4%); hearing problems (3%); learning disability (3%); confusion (3%); and other impairments/problems (32%).

- Umatilla County Hispanic/Latino adults were responsible for providing regular care or assistance to the following: multiple children (39%); an adult child (12%); children with discipline issues (8%); a friend, family member, or spouse with a mental health issue (6%); a friend, family member, or spouse who has a health problem (6%); a friend, family member or spouse with dementia or memory loss (6%); grandchildren (6%); an elderly parent or loved one (5%); someone with special needs (5%); and foster children (5%).

- Hispanic/Latino adults needed the following services or equipment in the past year: eyeglasses or vision (12%); help with personal care needs (eating, bathing, dressing, getting around the house) (11%); pain management (6%); mobility aids or devices (4%); personal emergency response system (4%), help with routine needs (everyday household chores, doing necessary business, shopping, getting around for other purposes) (3%); wheelchair (3%); wheelchair ramp (3%); communication aids or devices (2%); special telephone (2%); oxygen or respiratory support (2%); medical supplies (2%); cane (2%); hearing aids or hearing care (1%); special bed (1%); walker (1%); and durable medical equipment (e.g., Kaiser-Wells or O.E. Meyer) (1%).

Adult Comparisons	Umatilla County Hispanic 2012	Umatilla/ Morrow County Hispanic 2015	Umatilla County Hispanic/ Latino 2018	Umatilla County 2018	Oregon 2017	U.S. 2017
Rated health as excellent or very good	35%	18%	37%	57%	52%	51%
Obese	43%	32%	37%	42%	29%	32%
Overweight	33%	34%	34%	28%	35%	35%
Ever been told by a doctor they have diabetes (not pregnancy-related)	18%	5%	15%	9%	10%	11%
Had been diagnosed with asthma	6%	14%	11%	7%	17%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	22%	7%	32%	34%	27%	25%
Current drinker (drank alcohol at least once in the past month)	29%	17%	31%	54%	60%	55%
Current smoker (currently smoke some or all days)	10%	5%	8%	8%	16%	17%

(Sources: 2012 Umatilla County Hispanic Health Assessment, 2015 Umatilla/Morrow Counties Health Assessment, 2018 Umatilla County Health Assessment and the 2017 BRFSS)

Hispanic/Latino Health: Social Conditions

Key Findings

Note: This data was collected from Spanish speaking Hispanic/Latino community members and may not be representative of Hispanic/Latino community members who do not speak Spanish. We estimate that 18% of the Hispanic/Latino population in Umatilla County speak English exclusively (Source: 2013-2017 American Community Survey 5-year estimates), and we anticipate that we captured data from that subgroup when we received 18 responses on the general population survey from community members who identified as Hispanic/Latino, but the number was not large enough to stratify the data in the general population survey by ethnicity.

In 2018, 31% of Umatilla County Hispanic/Latino adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Eleven percent (11%) of Hispanic/Latino adults had four or more adverse childhood experiences (ACEs) in their lifetime. About one-third (34%) of Hispanic/Latino adults had experienced at least one issue related to hunger/food insecurity in the past year.

Social Conditions

- Hispanic/Latino adults were **more** likely than the general population to have:
  — Experienced one or more issues related to hunger/food insecurity in the past year (34% compared to 22% of the general population).
  — Been threatened or abused in the past year (31% compared to 4% of the general population).
  — Drank an alcoholic beverage while driving (10% compared to 7% of the general population).
  — Needed help meeting their general daily needs (20% compared to 16% of the general population).

- Hispanic/Latino adults were **less** likely than the general population to have:
  — A firearm in or around their house (13% compared to 48% of the general population).
  — Experienced four or more ACEs in their lifetime (11% compared to 20% of the general population).

Social Determinants of Health

- In the past month, 20% of Hispanic/Latino adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, compared to 16% of the general population.

- More than one-third (34%) of Hispanic/Latino adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following: had to choose between paying bills and buying food (15%), went hungry/ate less to provide more food for their family (10%), worried food might run out (9%), did not eat because they did not have enough money for food (9%), loss of income led to food insecurity issues (7%), and their food assistance was cut (7%).

- Eleven percent (11%) of Hispanic/Latino adults experienced more than one issue related to hunger/food insecurity in the past year.

- Umatilla County Hispanic/Latino adults received assistance for the following in the past year: employment (14%); Medicare (13%); affordable child care (12%); food (12%); dental care (10%); clothing (10%); transportation (9%); health care (8%); mental illness issues, including depression (6%); prescription assistance (6%); free tax preparation (5%); diapers (5%); gambling addiction (4%); credit counseling (4%); utilities (3%); drug or alcohol addiction (3%); post incarceration transition issues (3%); unplanned pregnancy (3%); legal aid services (2%); rent/mortgage (1%); and home repair (1%).

- Umatilla County Hispanic/Latino adults attempted to get social service assistance in the following places: WIC (13%), CAPECO/Area Agency on Aging (8%), friend or family member (5%), Mirasol (5%), ConneXions/Good Shepherd Health Care System (5%), Agape House (4%), church (3%), health department (3%), DHS/Self-sufficiency (3%), Lifeways (2%), Salvation Army (1%), community health workers (1%), Job and Family Services (1%), St. Anthony Hospital (1%), EOIPA (1%), Clearview (1%), EOCIL (1%), ADRC (1%), CARE (1%), St. Mary's Outreach (1%), Pioneer Relief Nursery (1%), food pantries (1%), and somewhere else (16%).

- Thirty-one percent (31%) of Umatilla County Hispanic/Latino adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (45%), a parent (23%), another family member in the household (23%), a child (18%), someone outside their home (10%), and a paid caregiver (10%). Five percent (5%) of adults reported they were threatened or abused by more than one person in the past year.

- Adults who were abused were abused in the following ways: physically (79%), sexually (42%), verbally (37%), emotionally (26%), financially (26%), and through electronic methods (11%).

- Umatilla County Hispanic/Latino adults experienced the following in the past 12 months: a close family member went to the hospital (21%); death of a family member or close friend (11%); moved to a new address (10%); someone in their household lost their job/had their hours at work reduced (10%); had bills they could not pay (8%); decline in their health (6%); someone close to them had a problem with drinking or drugs (5%); had someone homeless living with them (5%); were homeless (4%); knew someone who lived in a hotel (3%); household income was cut in half (3%); became separated or divorced (3%); their child was threatened or abused by someone physically, emotionally, sexually, or verbally (3%); witnessed someone in their family being hit or slapped (3%); were threatened or abused by someone physically, emotionally, sexually, or verbally (2%); their family was at risk of losing their home (2%); and were a caregiver (1%).

- Umatilla County Hispanic/Latino adults experienced the following adverse childhood experiences (ACEs):
  - Lived with someone who was a problem drinker or alcoholic (16%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (14%)
  - A parent or adult in their home swore at, insulted, or put them down (11%)
  - Their parents became separated or were divorced (10%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (10%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (10%)
  - Someone at least 5 years older than them or an adult touched them sexually (9%)
  - Lived with someone who was depressed, mentally ill, or suicidal (8%)
  - Lived with someone who used illegal street drugs, or who abused prescription medications (7%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (5%)
  - Their parents were not married (5%)
  - Someone at least 5 years older than them or an adult forced them to have sex (5%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (5%)
  - Experienced the death of a parent, step-parent, or caregiver (5%)
  - Their family did not look out for each other, feel close to each other, or support each other (4%)

- Eleven percent (11%) of Hispanic/Latino adults had four or more ACEs in their lifetime, compared to 20% of the general population.

- Thirteen percent (13%) of Umatilla County Hispanic/Latino adults kept a firearm in or around their home. One percent (1%) of adults reported they were unlocked and loaded.

- Hispanic/Latino adults reported driving after doing the following in the past month: consuming alcohol (10%), using prescription drugs (4%), using marijuana (3%), and using illicit drugs (3%).

Environmental Health

- Umatilla County Hispanic/Latino adults thought the following threatened their health in the past year.

  - Agricultural chemicals (9%)
  - Insects (7%)
  - Lice (6%)
  - Outdoor air quality (5%)
  - Moisture issues (5%)
  - Mold (4%)
  - Cockroaches (4%)
  - Chemicals found in products (4%)
  - Temperature regulation (4%)
  - Rodents (4%)
  - Bed bugs (4%)
  - Plumbing problems (3%)
  - Lead paint (2%)
  - Radiation (1%)
  - Unsafe water supply/wells (1%)
  - Safety hazards (1%)
  - Sanitation issues (1%)
  - Sewage/waste water problems (1%)
  - Radon (1%)
  - Indoor air quality (1%)

- Umatilla County Hispanic/Latino households had the following disaster preparedness supplies: cell phone (49%), working smoke detector (37%), cell phone with texting (27%), computer/tablet (24%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (24%), 3-day supply of nonperishable food for everyone in the household (14%), working flashlight and working batteries (14%), working battery-operated radio and working batteries (12%), home land-line telephone (10%), 3-day supply of prescription medication for each person who takes prescribed medicines (9%), family disaster plan (7%), communication plan (5%), and a generator (4%).

- In a disaster, Hispanic/Latino adults reported the following methods of getting information from authorities: television (45%), internet (39%), radio (37%), Facebook (31%), friends/family (26%), wireless emergency alerts (23%), Umatilla County Emergency Alert System (17%), neighbors (17%), smart phone app (13%), newspaper (7%), other social media (7%), Twitter (4%), and other ways (2%).

Key Findings

Four-fifths (80%) of Umatilla County parents had taken their child to the dentist in the past year. Eight percent (8%) of Umatilla County parents reported their child had been diagnosed with asthma. Four percent (4%) of parents reported their child had been diagnosed with ADD/ADHD.

General Health Status

- In 2018, 88% of Umatilla County parents rated their child's health as excellent or very good. Eleven percent (11%) of parents rated their child's health as good, and 1% percent rated their child's health as fair.

Health Conditions

- A doctor, health professional, or health educator told Umatilla County parents their child had the following conditions:
  - Speech and language delay (9%)
  - Asthma (8%)
  - Anxiety problems (8%)
  - Dental problems (6%)
  - ADD/ADHD (4%)
  - Hearing problems (3%)
  - Learning disability (3%)
  - Developmental delay (2%)
  - Behavioral/conduct problems (1%)
  - Genetic or inherited condition (1%)
  - Intellectual disability or mental retardation (1%)
  - Autism or autism spectrum disorder (ASD) (1%)
  - Brain injury, concussion or head injury (1%)
  - Depression (1%)

- Eleven percent (11%) of Umatilla County children ages 0-11 had more than one type of health condition.

- Three percent (3%) of parents reported their children ages 0-11 had an episode of asthma or had an asthma attack during the past 12 months. No parent reported their child stayed overnight in a hospital because of their asthma.

- One-in-eleven (9%) parents reported their child had an emotional, developmental, or behavioral problem that required treatment or counseling, increasing to 13% of those with incomes less than $25,000.

The following graph shows the percentage of children who were diagnosed with asthma in Umatilla County, Oregon, and the U.S.
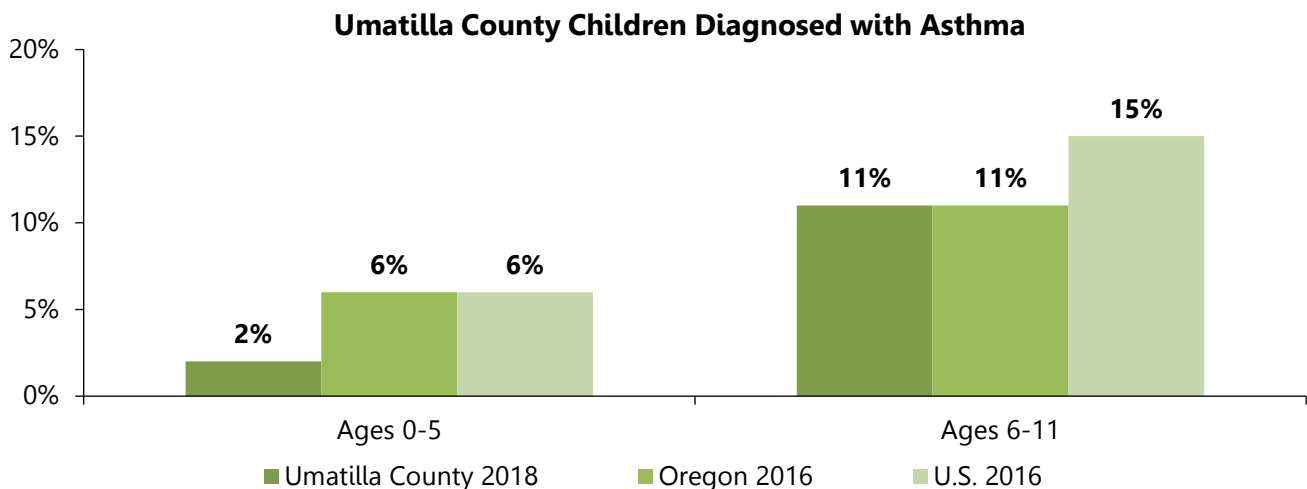
Umatilla County Children Diagnosed with Asthma

(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

- Six percent (6%) of parents reported their child had been screened for lead poisoning in their lifetime.

- Three percent (3%) of parents reported their child had been tested for lead poisoning, and the results were within normal limits. One percent (1%) reported the levels were elevated, but no medical follow-up was needed. Eighty-four percent (84%) of parents had not had their child tested for lead poisoning, and 12% of parents did not know if their child had been tested for lead.

- Sixteen percent (16%) of Umatilla County children had difficulties in the following areas: emotions/mood (11%), concentration (9%), behavior (4%), and being able to get along with people (3%). Twelve percent (12%) of parents reported their child had more than one difficulty.

Weight Status, Nutrition and Physical Activity

- One-fourth (25%) of children were classified as obese by body mass index (BMI) calculations. Fifteen percent (15%) of children were classified as overweight, 53% were normal weight, and 7% were underweight.

- Umatilla County children spent an average of 1.6 hours playing video games, 1.3 hours watching TV, 1.3 hours reading, 0.7 hours on a computer, and 0.5 hours on a tablet/cellphone per day.

- Parents reported they visited local parks/bike trails with their child at the following frequencies per week: 0 times (56%), 1 time (19%), 2 times (13%), 3 times (4%), and 4 or more times (5%). Three percent (3%) reported they did have any park/bike trails available where they live.

- Thirty percent (30%) of children ate 5 or more servings of fruits and/or vegetables per day, 43% of children ate 3-4 servings, and 22% of children ate 1-2 servings. Five percent (5%) of children ate 0 servings of fruits and/or vegetables per day.

- In the past week, children ate/drank an average of 2.0 servings of fruit, 1.8 servings of vegetables, and 0.7 sugar-sweetened beverages.

The table below indicates the number of servings Umatilla County children had of fruit, vegetables, sugar-sweetened beverages and caffeinated beverages per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruits	2%	28%	64%	6%
Vegetables	1%	21%	71%	7%
Sugar-sweetened beverages	0%	5%	42%	53%

Oral Health

- Eighty percent (80%) of children had been to the dentist in the past year, decreasing to 36% of those with incomes less than $25,000.

- More than one-fourth (27%) of parents indicated their child did not get all the dental care they needed for the following reasons: child was not old enough to go/dentist would not see child yet because of their age (14%), cost (2%), not available in area/transportation problems (2%), no referral (2%), did not know where to go for treatment (1%), could not find a dentist who accepted child's insurance (1%), no insurance (1%), health plan problem (1%), and other reasons (2%).

- Umatilla County parents reported their child had the following problems with their teeth: cavities (24%), crooked teeth or teeth that needed braces (16%), hygiene (8%), teeth problems (4%), knowing how to brush teeth (3%), broken front teeth or teeth need repair (3%), enamel problems (1%), family history of dental problems (1%), gum problems (1%), discoloration (1%), and pain (1%).

- Umatilla County parents reported their child went to the following places for dental care/services: private dentist (76%), school-based dental program (6%) and other (4%). Six percent (6%) of parents reported their child does not go anywhere for dental care services.

Child Comparisons	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Rated health as excellent or very good	91%	96%	93%	86%	91%	89%
Dental care visit in the past year	57%	64%*	59%*	94%	90%	91%
Diagnosed with asthma	2%	6%	6%	11%	11%	15%
Diagnosed with ADHD/ADD	0%	2%**	3%**	7%	7%	9%
Diagnosed with Autism or Autism Spectrum Disorder (ASD)	0%	N/A	2%**	1%	N/A	3%
Diagnosed with behavioral or conduct problems	0%	2%**	5%**	2%	6%	11%
Diagnosed with a head injury, brain injury, or concussion	0%	N/A	1%	2%	N/A	2%
Diagnosed with depression	0%	N/A	<1%**	1%	N/A	2%
Diagnosed with anxiety problems	2%	1%**	2%**	11%	6%	8%
Diagnosed with developmental delay	6%	5%**	7%**	0%	7%	6%
Diagnosed with intellectual disability/mental retardation	2%	N/A	1%**	0%	N/A	1%
Diagnosed with learning disability	4%	2%**	3%**	2%	7%	7%
Diagnosed with speech or language delay	8%	7%**	10%**	10%	8%	9%
Diagnosed with hearing problems	0%	N/A	1%	4%	N/A	2%

N/A – Not Available
*Ages 1-5
**Ages 3-5

Asthma and Children

- Asthma is the most common chronic condition among children, currently affecting an estimated 6.1 million children under 18 years old, of which 3.5 million suffered from an asthma attack or episode in 2016.
- An asthma episode is a series of events that results in constricted airways. These include swelling of the airway lining, tightening of the muscle around the airways and increased secretion of mucus inside the airway. This narrowed airway causes difficulty breathing with the familiar "wheeze."
- When a child has asthma, their lungs are extra sensitive to certain "triggers." Each child reacts differently to the factors that may trigger asthma, including:
  - — Excitement/stress
  - — Indoor and outdoor air pollutants
  - — Exposure to cold air or sudden temperature change
  - — Cigarette smoke
  - — Respiratory infections and colds
  - — Allergic reactions to allergens such as pollen, dust, or mold
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to one million children with asthma have their condition worsened due to secondhand smoke.
- Asthma can be life-threatening if not properly managed. In 2016, 169 children under 15 years old died from asthma.
- Asthma is the third leading cause of hospitalization among children under the age of 15.
- Asthma is one of the leading causes of school absenteeism. In 2013, asthma accounted for 13.8 million lost school days in school-aged children with an asthma episode in the previous year.

(Source: American Lung Association, Asthma & Children Fact Sheet, Updated May 2018)

Child Health: Health Care Access

Key Findings

Six percent (6%) of Umatilla County parents reported their child did not have health insurance in the past year. Five percent (5%) of parents reported they had utilized telemedicine or virtual care for their child in the past year. Eighty percent (80%) of children had visited their health care provider for preventive care in the past year.

Health Insurance

- In the past year, 6% of Umatilla County parents reported that their child did not have health insurance, 5% reported their child was covered but had a gap in coverage, and 89% reported their child was covered the entire year.

- When asked how long it had been since their child had any kind of health insurance, parents reported the following: less than 1 year (7%), 1 to 2 years (1%), 3 to 4 years (1%), and 5 or more years ago (1%). Most (90%) parents reported their child always had health insurance.

- Twenty-nine percent (29%) of children had ever been enrolled in OHP/Medicaid.

- Umatilla County parents reported their child was covered by the following types of health insurance: insurance through a current or former employer or union (78%), Medicaid, OHP or State Children's Health Insurance Program (S-CHIP) (20%), TriCare or other military health care (3%), Insurance Marketplace/Exchange (Obamacare) (3%), self-paid (2%), Medicare (1%), or some other source of insurance (3%).

- One-in-seven (14%) parents reported they had problems paying or were unable to pay for any of their child's medical bills, increasing to 20% of those with incomes less than $25,000.

The following pie chart shows sources of Umatilla County children's health care coverage.

Source of Health Coverage for Umatilla County Children
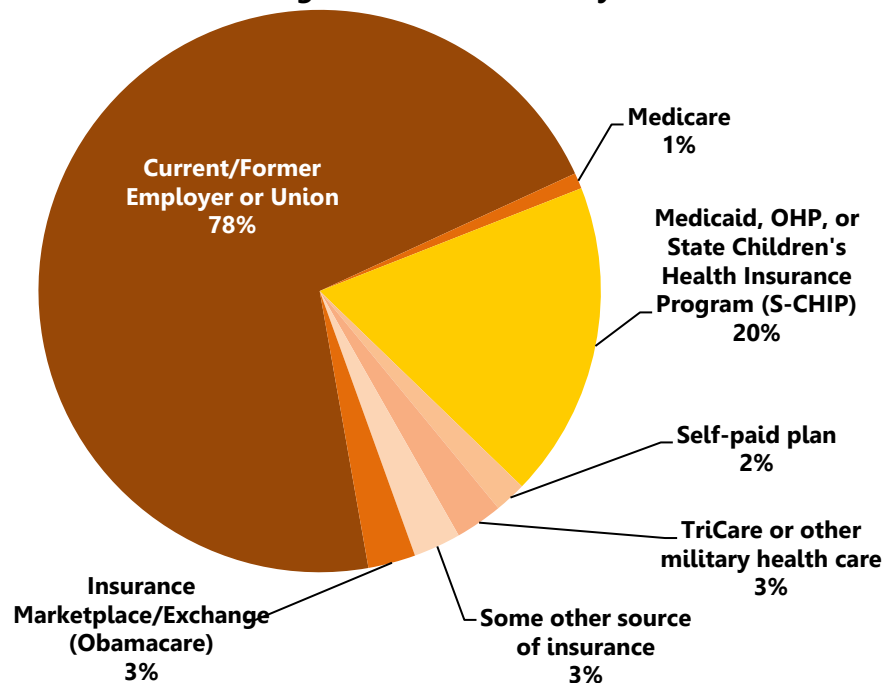
Access and Utilization

The following table shows the reasons and the frequency of visits to the emergency room for Umatilla County children in their lifetime.

	None	One visit	Two visits	Three or more visits
Asthma	99%	0%	0%	1%
Addiction	99%	0%	1%	0%
Dental issue	99%	0%	1%	0%
Ear infections	97%	2%	1%	0%
Doctor's office told parent to go	97%	3%	0%	0%
Primary care	96%	3%	0%	1%
Broken bones	95%	4%	1%	0%
Accidents, injury or poisonings	94%	3%	3%	0%
Other sick visits	94%	6%	0%	0%
Fever/cold/flu	91%	8%	1%	0%
Mental health	0%	0%	0%	0%

- Parents took their child to the hospital emergency room for the following in their lifetime: fever/cold/flu (9%); accidents, injury or poisoning (6%); broken bones (5%); primary care (4%); ear infections (3%); doctor's office told them to go (3%); asthma (1%); addiction (1%); dental issue (1%); and other sick visits (6%).

- Eighty-two percent (82%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 60% of those with incomes less than $25,000.

- Eighty percent (80%) of children had visited their health care provider for preventive care in the past year, increasing to 89% of 0-5 year olds.

- Most (97%) Umatilla County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a doctor's office (84%); an urgent care center (9%); multiple places, including a doctor's office (2%); hospital emergency room (1%); and Tribal Health Center (1%).

- Seventy-two percent (72%) of parents reported that their child's personal doctor or nurse always explained things in a way that they and their child could understand.

- Seventy-one percent (71%) of parents called their child's personal doctor or nurse for help or advice about their child's health. Of those parents who called, 44% of parents indicated that they were always able to get the help or advice they needed when they called their child's personal doctor or nurse for advice. Seven percent (7%) were never able to get the help or advice they needed.

- One in fourteen (7%) Umatilla County parents reported that they received a home visit from a nurse, health care worker, social worker or other professional to help them prepare for a new baby or take care of the baby or mother, either during the pregnancy or until present, increasing to 20% of those with incomes less than $25,000.

- In the past year, 5% of parents reported they had utilized telemedicine or virtual care for their child. Of those parents who did not utilize telemedicine or virtual care, they reported the following reasons: child did not need telemedicine or virtual care (58%), they had never heard of telemedicine or virtual care (28%), do not trust the quality of care (5%), no access to telemedicine or virtual care (4%), and cost (1%).

- Over two-fifths (44%) of parents reported their child did not get all of the prescription medications they needed in the past year for the following reasons: their child did not need prescription medication (39%), cost (3%), and other reasons (3%).

- Eighty-one percent (81%) of parents reported their child did not get all of the mental health care or counseling they needed in the past year for the following reasons: no referral (4%), cost (2%), deductibles/copays were too high (1%), too long of a wait for an appointment (1%), and other reasons (2%).

- Umatilla County children had been referred and went to the following specialists:
  — Pediatric ophthalmologist (eye doctor) (16%)
  — Ear, nose, and throat (ENT) doctor (12%)
  — Cardiologist (heart doctor) (5%)
  — Allergist (4%)
  — Psychiatrist/mental health provider (4%)
  — Dermatologist (skin doctor) (3%)
  — Developmental pediatrician (3%)
  — Neurologist (2%)
  — Endocrinologist (diabetes doctor) (1%)
  — Pulmonologist (lung doctor) (1%)
  — Oncologist (cancer doctor) (1%)
  — Another specialist (7%)

Child Comparisons	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Had public insurance	29%	37%	37%	14%	32%	38%
Been to doctor for preventive care in past year	89%	91%	89%	74%	78%	79%
Had a personal doctor or nurse	84%	79%	74%	81%	75%	72%
Family had problems paying for child's medical or health care bills (in the past 12 months)	18%	7%	9%	11%	8%	10%
Child received treatment or counseling from a mental health professional in the past year	5%	2%*	3%	11%	9%	10%

*Ages 3-5

Child Health: Early Childhood (Ages 0-5)

Key Findings

The following information was reported by parents of 0-5 year olds. Eighty-three percent (83%) of mothers received prenatal care within the first 3 months during their last pregnancy. Twenty-six percent (26%) of mothers received WIC services during their last pregnancy. Eighty-nine percent (89%) of parents put their child to sleep on his/her back. Six percent (6%) of mothers never breastfed their child.

Early Childhood

- During their last pregnancy, mothers did the following:
  — Took a multi-vitamin with folic acid (88%)
  — Received prenatal care within the first 3 months (83%)
  — Received a dental exam (65%)
  — Received WIC services (26%)
  — Experienced depression during or after pregnancy (25%)
  — Smoked cigarettes or other tobacco products (4%)
  — Used marijuana (4%)
  — Experienced domestic violence (2%)

- Thinking back to their last pregnancy, 48% of women wanted to be pregnant then, 22% wanted to be pregnant sooner, 14% wanted to be pregnant later, 9% did not want to be pregnant then or any time in the future, and 7% of women did not recall.

- Sixteen percent (16%) of parents reported they have children who are fewer than 18 months apart.

- When asked how parents put their child to sleep as an infant, 89% said on their back, 7% said on their side, and 2% said on their stomach. Two percent (2%) of parents reported they did not know.

- Children were put to sleep in the following places:
  — Crib/bassinette without bumper, blankets, or stuffed animals (62%)
  — In bed with parent or another person (59%)
  — Pack n' play (55%)
  — Swing (26%)
  — Car seat (26%)
  — Crib/bassinette with bumper, blankets, or stuffed animals (24%)
  — Floor (12%)
  — Couch or chair (5%)

- Parents reported that they or another family member read to their child at the following frequencies: every day (38%), 1 to 3 days per week (30%), 4 to 6 days per week (29%), and 0 days per week (3%).

- Umatilla County parents reported the following influenced their childcare decisions: trust in staff (66%), cost (62%), location/environment/facilities (59%), hours of operation (48%), kids-to-teacher ratio (41%), childcare facility is licensed (31%), Quality Star ratings (26%), and Early Head Start availability (7%).

Breastfeeding

- Mothers breastfed their child less than 3 months (21%), 4 to 6 months (15%), 7 to 9 months (4%), 10 to 12 months (17%), more than one year (22%), still breastfeeding (15%), and never breastfed (6%).

- Mothers who chose not to breastfeed for 1 year reported the following reasons: did not produce enough milk (41%), did not want to (10%), did not have time (5%), medical issue with baby (5%), did not have workplace support (5%), medical issue with mother (3%), inconvenient (3%), did not have adequate support (2%), did not have adequate education (2%), did not have a breast pump (2%), and other reasons (4%).

The following graph shows the percent of infants who had been breastfed in Umatilla County, Oregon, and U.S.
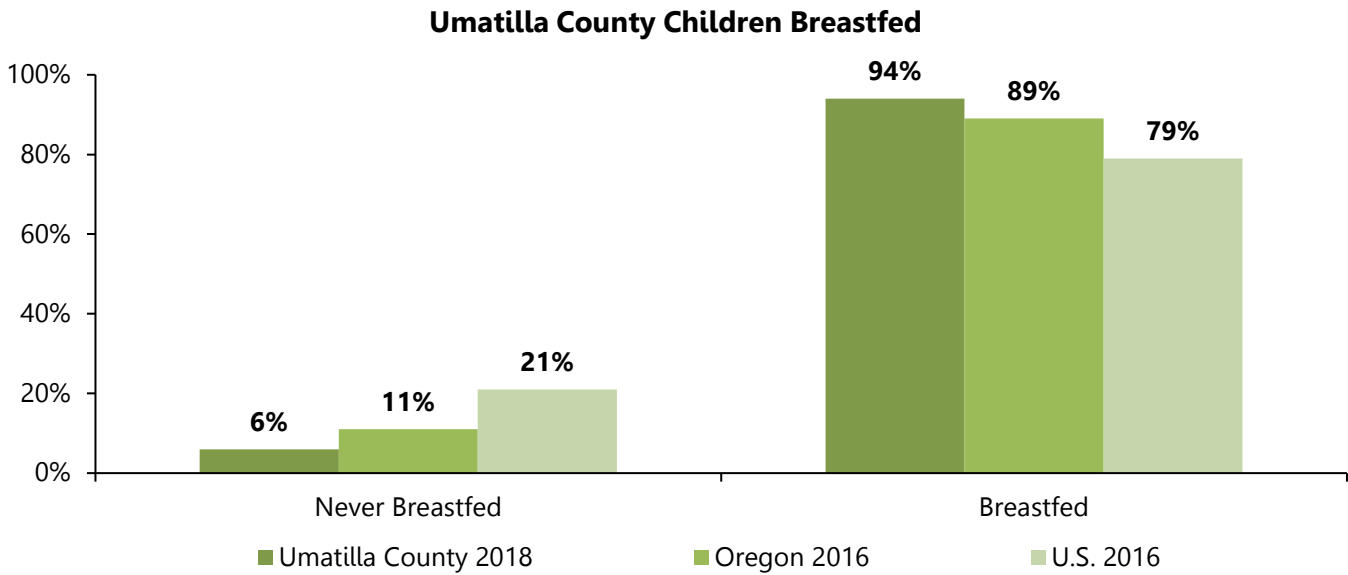
Umatilla County Children Breastfed

(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Child Comparisons	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5
Never breastfed their child	6%	11%	21%
Parent or family member read to child every day (in the past week)	38%	43%	38%

Child Health: Middle Childhood (Ages 6-11)

Key Findings

The following information was reported by Umatilla County parents of 6-11 year olds. Nearly half (47%) of parents reported their child was bullied at some time in the past year. Eighty-five percent (85%) of parents reported their child participated in extracurricular activities. Fifty-four percent (54%) of parents reported their child read almost every day when not in school.

Middle Childhood

- Umatilla County children were enrolled in the following types of schools: public (85%), private (6%), home-schooled (4%), and charter (3%). Two percent (2%) of parents reported their child is not enrolled in school.

- Parents reported their child missed school because of illness or injury at the following frequencies: 0 days (16%), 1 to 3 days (52%), 4 to 6 days (21%), 7 to 10 days (5%), and 11 or more days (2%).

- Most (95%) Umatilla County parents definitely or somewhat agreed their child was safe at school. Five percent (5%) of parents somewhat disagreed that their child was safe at school.

- Over one-third (39%) of parents felt their child was not safe at school for the following reasons: fear of bullying (13%), gun violence/active shooter (13%), afraid of kids who show unusual behavior (11%), buildings are not secure (5%), gangs (5%), drug/alcohol activity (4%), drug/alcohol activity (4%), and bomb threats (3%).

- Umatilla County children spent the following amount of time unsupervised after school on an average school day: no unsupervised time (77%), less than one hour (15%), 1 to 2 hours (6%), 3 to 4 hours (1%), and more than 4 hours (1%).

- Eighty-five percent (85%) of children participated in extracurricular activities in the past year. They participated in the following:
  — A sports team or sports lessons (68%)
  — Any type of volunteer work (47%)
  — Any other organized activities or lessons, such as music, dance, language, or other arts (39%)
  — A club or organization after school or on weekends (35%)
  — Any paid work (9%)

- Over half (53%) of parents reported their child participated in one or more extracurricular activities in the past year.

- Fourteen percent (14%) of parents reported their child had a social media account or other virtual network account. Of those who had an account, they reported the following:
  — They had their child's password (86%)
  — Their child's account was checked private (57%)
  — They knew all of the people in their child's "friends" (50%)

- Over one-fifth (21%) of parents reported they did not know if their child had a social media account or other virtual network account.

- When not in school, Umatilla County parents reported their child read at the following amounts: almost every day (54%); a few times a week (30%); a few times a month (5%); a few times a year (4%); almost never, child cannot read (1%); and almost never, child has no interest (6%).

- In the past month, Umatilla County parents reported their child felt unhappy, sad, or depressed at the following frequencies: never (39%) and sometimes (58%). Three percent (3%) of parents reported they did not know how often their child was unhappy, sad or depressed.

- Forty-seven percent (47%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
  — 33% were verbally bullied (teased, taunted or called harmful names)
  — 11% were physically bullied (they were hit, kicked, punched or people took their belongings)
  — 8% were indirectly bullied (spread mean rumors about them or kept out of a "group")
  — 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
  — 0% were sexually bullied (using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person)

- Twelve percent (12%) of parents reported their child experienced more than one type of bullying in the past year.

- Parents who reported their child was bullied in the past year sought help from the following places: they handled it themselves (46%), school personnel (36%), law enforcement (4%), mental health professional (4%), the Internet (2%), and church (2%). Six percent (6%) reported no one helped them.

- Parents discussed the following topics with their 6-11 year old child in the past year:
  — Screen time (90%)
  — Eating habits (85%)
  — Bullying/violence (80%)
  — Gun safety (79%)
  — Water safety (72%)
  — Cyber/Internet safety (65%)
  — Negative effects of tobacco (65%)
  — Body image (58%)
  — Negative effects of alcohol (53%)
  — Cultural sensitivity (47%)
  — Negative effects of marijuana and other drugs (45%)
  — Respect for gender identity/sexual orientation (40%)
  — Negative effects of heroin/opiates (34%)
  — Dating and positive relationships (30%)
  — Refusal skills (30%)
  — Abstinence (27%)
  — Prescription drug misuse (20%)
  — Consent and how to refuse sex (14%)
  — Condoms/safe sex/STD prevention (4%)
  — Birth control (3%)

- Two percent (2%) of parents did not discuss any of these topics with their 6-11 year old child.

- Over two-fifths (42%) of Umatilla County parents reported they would vaccinate their child for the human papilloma virus (HPV). Eleven percent (11%) reported their child had already been vaccinated for HPV, and 38% said they are unsure if the HPV vaccine is safe. Nine percent (9%) reported their child is not going to have sex.

Child Comparisons	Umatilla County 2018 6-11 Years	Oregon 2016 6-11 Years	U.S. 2016 6-11 Years
Child did not miss any days of school because of illness or injury	16%	25%	29%
Parent definitely agreed that their child was safe at school	66%	76%	79%

Child Health: Family and Community Characteristics

Key Findings

Four percent (4%) of children experienced two or more adverse childhood experiences (ACEs) in their lifetime. Twenty-three percent (23%) of parents reported their child got eight hours or less of sleep on an average weeknight.

Family Functioning

- More than two-fifths (45%) of parents reported that every family member who lived in their household ate a meal together every day of the week.

- Parents reported their child got the following amounts of sleep on an average weeknight: 8 hours or less (23%), 9 hours (31%), 10 hours (24%), and 11 hours or more (22%).

- Parents used the following forms of discipline for their child: take away privileges (76%), time out (57%), grounding (37%), spanking (30%), yelling (21%), threatening to spank (17%), wash mouth out (1%), and other (8%). One-in-nine (11%) parents reported their child had not been disciplined.

- Umatilla County parents reported they lived in the following places with their child in the past 12 months: a house they own or rent (91%), apartment (7%), and with family or friends (5%). No parent reported living with their child in a hotel, outside, or on someone's couch in the past year.

- In the past year, 3% of parents reported it was often true they worried whether food would run out before they got money to buy more, 15% said it was sometimes true and 82% said it was never true.

- In the past year, 3% of parents reported it was often true the food they bought did not last and did not have money to buy more, 10% said it was sometimes true and 85% said it was never true.

The following graph shows the percent of Umatilla County, Oregon, and U.S. families that ate a meal together every day of the week.
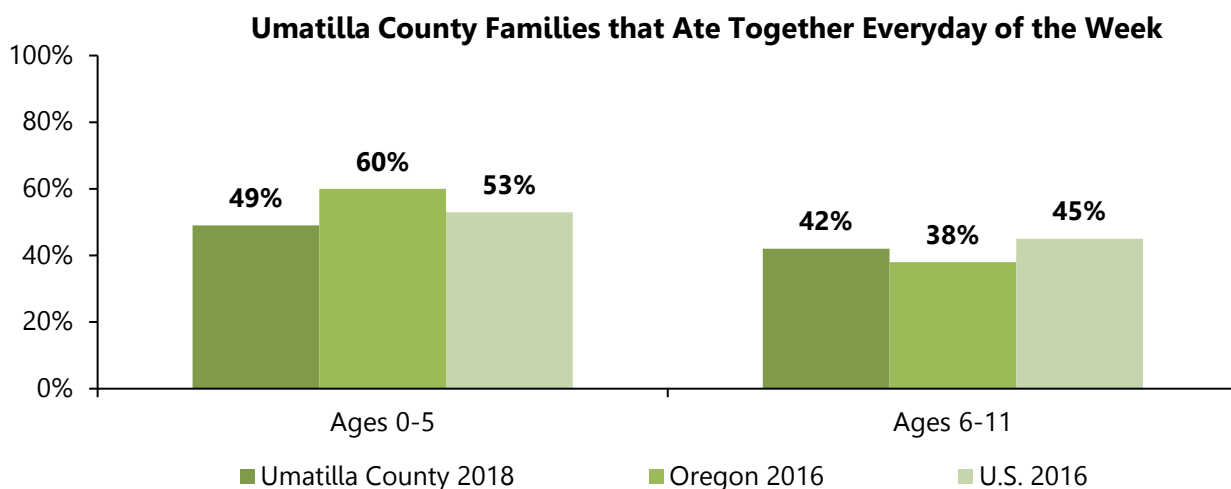
Umatilla County Families that Ate Together Everyday of the Week

Ages 0-5: Umatilla County 2018: 49%, Oregon 2016: 60%, U.S. 2016: 53%

Ages 6-11: Umatilla County 2018: 42%, Oregon 2016: 38%, U.S. 2016: 45%

Legend: ■ Umatilla County 2018 ■ Oregon 2016 ■ U.S. 2016

(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Neighborhood and Community Characteristics

- Umatilla County parents reported their child experienced the following adverse childhood experiences (ACEs):
  — Their parents became separated or were divorced (13%)
  — Lived with someone who was mentally ill, suicidal, or severely depressed (3%)
  — Lived with someone who had a problem with alcohol or drugs (3%)
  — Parent/guardian served time jail (3%)
  — Were treated or judged unfairly because his/her ethnic group (1%)

- Four percent (4%) of Umatilla County parents reported their child had two or more adverse childhood experiences (ACEs).

- Parents reported their child regularly attended the following:
  — An elementary school (59%)
  — Child care in their home provided by a relative other than a parent/guardian (21%)
  — Family-based child care outside of home (17%)
  — Child care outside of their home provided by a relative other than a parent/guardian (15%)
  — Child care in their home provided by a baby-sitter (9%)
  — Child care center (8%)
  — Nursery school and/or preschool (5%)
  — Head Start or Early Start program (4%)

- In the past year, parents reported that someone in the household received the following:
  — Free or reduced cost breakfast or lunches at school (21%)
  — Benefits from the Women, Infants and Children (WIC) program (13%)
  — SNAP/food stamps (11%)
  — Mental health treatment (9%)
  — Head Start/Early Head Start (8%)
  — Cash assistance from a state of county welfare program (3%)

The following graph shows the percent of Umatilla County, Oregon, and U.S. children who experienced two or more ACEs in their lifetime.

Umatilla County Children Who Experienced 2+ ACEs

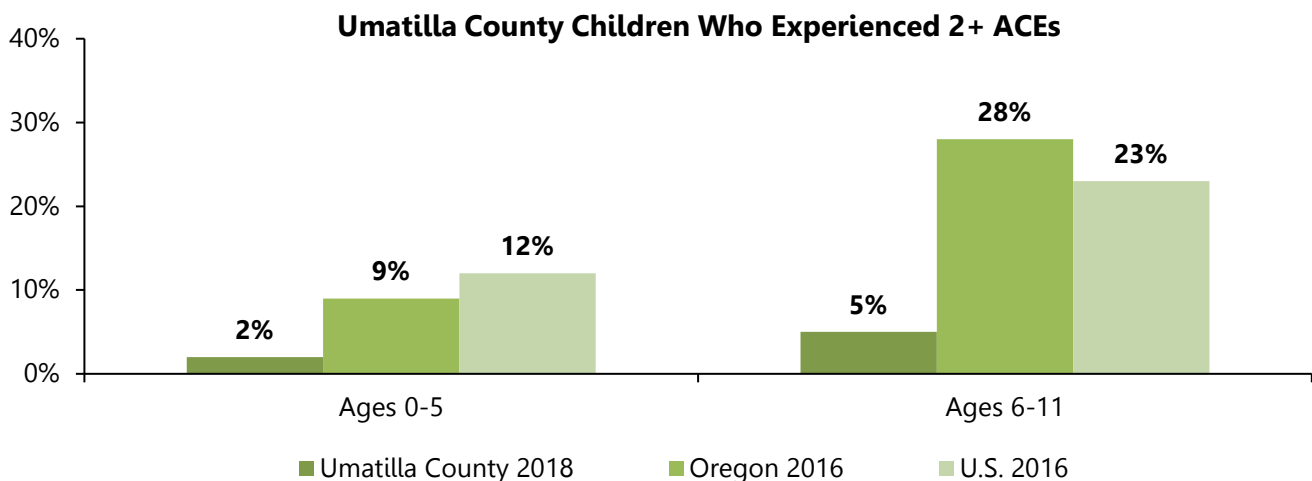■ Umatilla County 2018   ■ Oregon 2016   ■ U.S. 2016

(Sources: National Survey of Children's Health & 2018 Umatilla County Health Assessment)
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Child Safety Characteristics

- Parents reported having the following safety items in their home: working smoke alarm/detector (97%), carbon monoxide detector (75%), fire extinguisher (70%), gun lock/safe (62%), poison control number by the phone (38%), and medication safe (25%).

- Ninety-four percent (94%) of parents had more than one of these safety items in their home, and 2% had none of these safety items in their home.

- Seventy percent (70%) of Umatilla County parents kept a firearm in or around their home. Two percent (2%) of parents reported they were unlocked and loaded.

- Sixty-nine percent (69%) of parents reported they have talked to their child about what to do if he/she finds a gun (to stop, don't touch the gun, get away, and tell an adult). One-in-seven (14%) reported they have not but plan to, 16% reported their child is not old enough, and 1% reported it would not do any good.

- Eighty-seven percent (87%) of parents reported their child up to age five who met weight and/or height limits always rode in a car seat when a passenger in a car, 3% reported their child sometimes rode in a car seat when a passenger in a car, and 10% reported their child never rode in a car seat when a passenger in the car.

- Sixty-four percent (64%) of parents reported their child who is under 4' 9" always rode in a booster seat, as compared to 17% who never rode in a booster seat.

- Sixty-five percent (65%) of parents whose child was old enough and/or tall enough to not be in a booster seat reported their child always wore a seat belt, and 18% reported their child never wore a seat belt.

- Parents reported their child always wore a helmet when riding the following: bike/scooter (40%), ATV/motorbike (19%), horse (9%), and skateboard/longboard (8%).

- Parents reported their child never wore a helmet when riding the following: horse (6%), bike/scooter (5%), skateboard/longboard (3%), and an ATV/motorbike (3%).

- Umatilla County parents had the following rules about smoking/vaping in their home: no one is allowed to smoke/vape inside their home at any time (81%), smoking/vaping is not allowed when children are present (9%), smoking/vaping is allowed anywhere (3%), and smoking/vaping is allowed in some rooms only (1%).

- Parents had the following rules about smoking/vaping in their car: no one is allowed to smoke/vape inside their car at any time (87%), smoking/vaping is not allowed when children are present (1%), and smoking/vaping is allowed anywhere (1%).

Child Comparisons	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Family eats a meal together every day of the week	49%	60%	53%	42%	38%	45%
2 or more Adverse Childhood Experiences	2%	9%	12%	5%	28%	23%

Five Ways That Family Meals Keep Kids Healthy

1. Family meals prevent excessive weight gain: Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.

2. Family meals teach healthy food choices: The eating habits of childhood often last a lifetime. Families that ate at least three meals together each had a 20% decrease in unhealthy food choices. Teaching your children to enjoy healthy foods rather than junk foods is a gift that will stay with them through adulthood.

3. Family meals prevent eating disorders: Children and adolescents who ate family meals at least three times per week had a 35% reduction in disordered eating habits such as anorexia and bulimia.

4. Family dinner improves social-emotional health, too: The ability to understand emotions, express empathy, demonstrate self-regulation, and form positive relationships with peers and adults is called social-emotional health. Young children with high social-emotional health adapt well to the school environment and perform well academically, even in long term studies. Guess which kids had the best social-emotional health? The ones who ate family dinner together regularly and talked about their day, told stories, etc.

5. Family dinner can help kids deal with cyberbullying: About one-fifth of adolescents are victims of cyberbullying, putting them at risk for depression, substance abuse, and a host of other concerns. But adolescents who eat regular family dinners handle cyberbullying better and are less likely to engage in substance abuse or develop psychiatric health concerns, even after their involvement in face-to-face bullying is taken in to account.

(Source: The Benefits & Tricks to Having a Family Dinner, HealthyChildren.org, December 2015)

Child Health: Parent Health

Key Findings

Sixty-nine percent (69%) of Umatilla County parents rated their physical health as excellent or very good. In the past year, 46% of parents missed work due to their child's illnesses or injuries. One-in-seven (14%) parents were uninsured in 2018.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (74%), father (25%), and grandparent (1%).

- Sixty-nine percent (69%) of parents rated their physical health as excellent or very good. More than one-fourth (29%) of parents rated their physical health as good, and 2% of parents rated their physical health as fair or poor.

- Sixty-eight percent (68%) of parents rated their mental and emotional health as excellent or very good. Twenty-seven percent (27%) rated their mental and emotional health as good, and 5% of parents rated their mental and emotional health as fair or poor.

- Fourteen percent (14%) of mothers and 0% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. Thirteen percent (13%) of mothers and 8% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.

- Over three-fifths (68%) of parents rated their dental and oral health as excellent or very good. Almost one-fourth (23%) rated their dental and oral health as good, and 9% of parents rated their dental and oral health as fair or poor.

- In 2018, 14% Umatilla County parents were uninsured, increasing to 33% of those with incomes less than $25,000.

- In the past year, 46% of parents missed work due to their child's illnesses or injuries. Thirty-eight percent (38%) missed work due to their child's medical appointments, 9% missed work due to lack of or unreliable child care, 4% missed work due to their child's asthma, 3% missed work due to their child's behavioral/emotional problems, 2% missed work because their child was bullied, and 1% missed work due to their child's school suspension.

- Eighty-one percent (81%) of parents reported they had not sought out parenting help or parenting classes for the following reasons: did not need parenting help (48%), did not know it was available (7%), no childcare (5%), no transportation (1%), negative stigma surrounding parenting help/classes (1%), and other (5%).

- Umatilla County parents reported that since their child was born it had been very hard to get by on their family's income (e.g., hard to cover basics like food or housing) at the following frequencies: very often (5%), somewhat often (15%), rarely (31%), and never (48%).

Child Comparisons	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Mother's mental or emotional health is fair/poor	14%	9%	5%	13%	7%	6%
Father's mental or emotional health is fair/poor	0%	4%	3%	8%	6%	3%

Hispanic/Latino Child Health

Key Findings

Sixty-one percent (61%) of Hispanic/Latino children had been to the dentist in the past year. Seventeen percent (17%) of Hispanic/Latino parents reported they had problems paying or were unable to pay for any of their child's medical bills. More than two-fifths (41%) of Hispanic/Latino parents reported that every family member who lived in their household ate a meal together every day of the week. Five percent (5%) of Hispanic/Latino parents reported their child had two or more adverse childhood experiences (ACEs).

- Hispanic/Latino children were **more** likely to have been diagnosed with:
  — Dental problems (9% compared to 6% of the general population).
  — ADD/ADHD (8% compared to 4% of the general population).

- Hispanic/Latino children were **equally** as likely to:
  — Be diagnosed with anxiety problems (8%).

- Hispanic/Latino children were **more** likely to:
  — Have more than one type of health condition (16% compared to 11% of the general population).
  — Be uninsured in the past year (10% compared to 6% of the general population).
  — Ever been enrolled in OHP/Medicaid (74% compared to 29% of the general population).

- Hispanic/Latino children were **less** likely to:
  — Have ate five or more servings of fruits and/or vegetables per day (12% compared to 30% of the general population).
  — Have gone to the dentist in the past year (61% compared to 80% of the general population).

- Hispanic/Latino parents were **more** likely to:
  — Have had problems paying or were unable to pay for any of their child's medical bills (17% compared to 14% of the general population).
  — Receive a home visit from a nurse, health care worker, social worker or other professional to help them prepare for a new baby or take care of the baby or mother (14% compared to 7% of the general population).
  — Worry food would run out before they got money to buy more in the past year (14% compared to 3% of the general population).

- Hispanic/Latino parents were **less** likely to:
  — Report that their child's personal doctor or nurse always explained things in way that they could understand (53% compared to 72% of the general population).
  — Have one or more people they think of as their child's personal doctor or nurse (56% compared to 82% of the general population).
  — Have rated their child's health as excellent or very good (73% compared to 88% of the general population).

General Health Status

- In 2018, 73% of Umatilla County Hispanic/Latino parents rated their child's health as excellent or very good. Nearly one-fifth (19%) of parents rated their child's health as good, and 8% percent rated their child's health as fair or poor.

Health Conditions

- Eight percent (8%) of Hispanic/Latino parents reported their child had an emotional, developmental, or behavioral problem that required treatment or counseling.

- A doctor, health professional, or health educator told Umatilla County Hispanic/Latino parents their child had the following conditions: asthma (9%); dental problems (9%); anxiety problems (8%); ADD/ADHD (8%); speech and language delay (6%); behavioral/conduct problems (6%); learning disability (4%); vision problems (4%); depression (3%); hearing problems (2%); brain injury, concussion or head injury (2%); developmental delay (2%); genetic or inherited condition (2%); Autism or Autism Spectrum Disorder (ASD) (1%); cerebral palsy (1%); and epilepsy/seizure disorder (1%). Sixteen percent (16%) of Umatilla County Hispanic/Latino children ages 0-11 had more than one type of health condition.

- Twenty-two percent (22%) of Umatilla County children had difficulties in the following areas: concentration (11%), behavior (10%), emotions/moods (8%), and being able to get along with people (4%).

- One in nine (11%) of parents reported their child had been screened for lead poisoning in their lifetime.

- Twenty-two percent (22%) of parents reported their child had been tested for lead poisoning, and the results were within normal limits. One percent (1%) reported the levels were elevated, and medical follow-up was needed. Three percent (3%) reported the levels were elevated, but no medical follow-up was needed. Sixty-five percent (65%) of parents had not had their child tested for lead poisoning, and 8% of parents did not know if their child had been tested for lead.

Weight Status, Nutrition and Physical Activity

- Fifty-eight (58%) of Hispanic/Latino children were classified as obese by body mass index (BMI) calculations. Fifteen percent (15%) of children were classified as overweight, 15% were normal weight, and 12% were underweight.

- Parents reported they visited local parks/bike trails with their child at the following frequencies per week: 0 times (46%), 1 time (26%), 2 times (16%), 3 times (6%), and 4 or more times (3%). Three percent (3%) reported they did have any park/bike trails available where they live.

- Twelve percent (12%) of children ate 5 or more servings of fruits and/or vegetables per day, 45% ate 3-4 servings, and 39% ate 1-2 servings. Four percent (4%) ate 0 servings of fruits and/or vegetables per day.

- In the past week, Umatilla County Hispanic/Latino children ate/drank an average of 1.7 servings of fruit, 1.5 servings of vegetables, and 1.4 sugar-sweetened beverages.

- Children spent an average of 2.0 hours playing video games, 1.1 hours reading, 1.0 hours watching TV, 0.7 hours on a computer, and 0.6 hours on a tablet/cellphone per day.

Oral Health

- Sixty-one percent (61%) of Hispanic/Latino children had been to the dentist in the past year.

- Umatilla County parents reported their child had the following problems with their teeth: cavities (21%), hygiene (10%), pain (8%), crooked teeth or teeth that need braces (5%), knowing how to brush teeth (4%), teeth problems (4%), enamel problems (4%), gum problems (4%), broken front tooth or teeth that need repair (2%), discoloration (2%), family history of dental problems (1%), and nerve damage/problems (1%).

Health Insurance

- In the past year, 10% of Umatilla County Hispanic/Latino parents reported that their child did not have health insurance, 6% reported their child was covered but had a gap in coverage, and 84% reported their child was covered the entire year.

- Nearly three-quarters (74%) of Hispanic/Latino children had ever been enrolled in OHP/Medicaid.

- Umatilla County Hispanic/Latino parents reported their child was covered by the following types of health insurance: Medicaid, OHP or State Children's Health Insurance Program (S-CHIP) (60%); insurance through a current or former employer or union (25%); self-paid (8%); TriCare or other military health care (3%); Insurance Marketplace/Exchange (Obamacare) (3%); Medicare (3%); or some other source of insurance (3%).

- Seventeen percent (17%) of Hispanic/Latino parents reported they had problems paying or were unable to pay for any of their child's medical bills.

Access and Utilization

- Hispanic/Latino parents took their child to the hospital emergency room for the following: fever/cold/flu (44%); ear infections (34%); accidents, injury or poisoning (17%); dental issue (15%); doctor told them to go (13%); asthma (11%); broken bones (7%); mental health (4%); and other sick visits (25%).

- Fifty-six percent (56%) of Hispanic/Latino parents reported they had one or more people they think of as their child's personal doctor or nurse.

- Over four-fifths (82%) of children had visited their health care provider for preventive care in the past year.

- Ninety-three percent (93%) of Hispanic/Latino parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a doctor's office (54%); a hospital emergency room (16%); an urgent care center (8%); health department (8%); Tribal Health Center (1%); multiple places, including a doctor's office (3%); and other (2%).

- Over half (53%) of Hispanic/Latino parents reported that their child's personal doctor or nurse always explained things in a way that they and their child could understand.

- One in seven (14%) Umatilla County Hispanic/Latino parents reported that they received a home visit from a nurse, health care worker, social worker or other professional to help them prepare for a new baby or take care of the baby or mother, either during the pregnancy or until present.

- Eight percent (8%) of Hispanic/Latino parents reported they had utilized telemedicine or virtual care for their child in the past 12 months. Of those parents who did not utilize telemedicine or virtual care, they reported the following reasons: they had never heard of telemedicine or virtual care (46%), child did not need telemedicine or virtual care (38%), do not trust the quality of care (5%), cost (3%), and no access to telemedicine or virtual care (2%).

- Umatilla County children had been referred and went to the following specialists: ear, nose, and throat (ENT) doctor (10%); pediatric ophthalmologist (eye doctor) (10%); developmental pediatrician (10%); cardiologist (heart doctor) (4%); pulmonologist (lung doctor) (4%); allergist (4%); psychiatrist/mental health provider (3%); dermatologist (skin doctor) (3%); neurologist (2%); oncologist (cancer doctor) (1%); and another specialist (5%).

Family Functioning

- More than two-fifths (41%) of parents reported that every family member who lived in their household ate a meal together every day of the week.

- Parents reported their child got the following amounts of sleep on an average weeknight: 8 hours or less (64%), 9 hours (11%), 10 hours (17%), and 11 hours or more (8%).

- Hispanic/Latino parents used the following forms of discipline for their child: taking away privileges (50%), grounding (28%), spanking (22%), time out (18%), yelling (8%), washing mouth out (2%), and other (6%). Seventeen percent (17%) of parents reported their child had not been disciplined.

- Umatilla County parents reported they lived in the following places with their child in the past 12 months: a house they own or rent (78%), apartment (20%), with family or friends (7%), on someone's couch (1%), and other (1%).

- Fourteen percent (14%) of parents reported it was often true they worried whether food would run out before they got money to buy more, 28% said it was sometimes true and 57% said it was never true.

- Six percent (6%) of parents reported it was often true the food they bought did not last and did not have money to buy more, 26% said it was sometimes true and 63% said it was never true.

Child Safety Characteristics

- Umatilla County Hispanic/Latino parents reported having the following safety items in their home: working smoke alarm/detector (87%), carbon monoxide detector (38%), fire extinguisher (32%), Poison Control number by the phone (17%), medication safe (15%), and gun lock/safe (12%). Sixty-three percent (63%) had more than one of these safety items in their home and 10% had none of these safety items in their home.

- Umatilla County Hispanic/Latino parents had the following rules about smoking/vaping in their home: no one is allowed to smoke/vape inside their home at any time (44%), smoking/vaping is not allowed when children are present (20%), smoking/vaping is allowed anywhere (1%), and smoking/vaping is allowed in some rooms only (1%).

Neighborhood and Community Characteristics

- Umatilla County Hispanic/Latino parents reported their child experienced the following adverse childhood experiences (ACEs) in their lifetime:
  — Their parents became separated or were divorced (24%)
  — Parent/guardian served time jail (5%)
  — Lived with a parent/guardian who died (3%)
  — Lived with someone who had a problem with alcohol or drugs (2%)
  — Seen or heard any parents or adults in their home slap, hit, kick, or punch each other (2%)
  — Been the victim of violence or witnessed violence in their neighborhood (1%)
  — Were treated or judged unfairly because his/her ethnic group (1%)

- Five percent (5%) of Hispanic/Latino parents reported their child had two or more adverse childhood experiences (ACEs).

- In the past year, parents reported that someone in the household received the following: benefits from WIC program (42%), SNAP/food stamps (29%), Head Start or Early Head Start (27%), free or reduced cost breakfast or lunches at school (25%), cash assistance from a state of county welfare program (9%), subsidized childcare through Job and Family Services (3%), and mental health treatment (2%).

Parent Health

- Those filling out the survey had the following relationship to the child: mother (85%), father (8%), grandparent (3%), aunt/uncle (1%), and other non-relative (1%).

- Sixty-seven percent (65%) of Hispanic/Latino parents rated their physical health as excellent or very good. More than one-fourth (22%) of parents rated their physical health as good, and 13% of parents rated their physical health as fair or poor.

- Fifty-six percent (56%) of Hispanic/Latino parents rated their mental and emotional health as excellent or very good. Almost one-fourth (24%) rated their mental and emotional health as good, and 20% of parents rated their mental and emotional health as fair or poor.

- Over half (52%) of Hispanic/Latino parents rated their dental and oral health as excellent or very good. Over one-fourth (28%) rated their dental and oral health as good, and 20% of parents rated their dental and oral health as fair or poor.

- Almost one-third (31%) of Umatilla County Hispanic/Latino parents were uninsured.

- Most (92%) Hispanic/Latino parents reported they had not sought out parenting help or parenting classes. They reported the following reasons: did not need parenting help (24%), did not know it was available (18%), no childcare (9%), no transportation (8%), negative stigma surrounding parenting help/classes (1%), and other (8%).
- Umatilla County Hispanic/Latino parents reported that since their child was born it had been very hard to get by on their family's income (e.g., hard to cover basics like food or housing) at the following frequencies: very often (10%), somewhat often (23%), rarely (29%), and never (38%).

Child Comparisons	Umatilla County Hispanic/ Latino 2018 Ages 0-5	Umatilla County 2018 Ages 0-5	Oregon 2016 Ages 0-5	U.S. 2016 Ages 0-5	Umatilla County Hispanic/ Latino 2018 Ages 6-11	Umatilla County 2018 Ages 6-11	Oregon 2016 Ages 6-11	U.S. 2016 Ages 6-11
Rated health as excellent or very good	79%	91%	96%	93%	64%	86%	91%	89%
Dental care visit in the past year	54%	57%	64%*	59%*	69%	94%	90%	91%
Diagnosed with asthma	9%	2%	6%	6%	10%	11%	11%	15%
Diagnosed with ADHD/ADD	2%	0%	2%**	3%**	15%	7%	7%	9%
Diagnosed with Autism or Autism Spectrum Disorder (ASD)	2%	0%	N/A	2%**	0%	1%	N/A	3%
Diagnosed with behavioral or conduct problems	2%	0%	2%**	5%**	11%	2%	6%	11%
Diagnosed with a head injury, brain injury, or concussion	2%	0%	N/A	1%	2%	2%	N/A	2%
Diagnosed with depression	2%	0%	N/A	<1%**	4%	1%	N/A	2%
Diagnosed with anxiety problems	7%	2%	1%**	2%**	9%	11%	6%	8%
Diagnosed with developmental delay	2%	6%	5%**	7%**	2%	0%	7%	6%
Diagnosed with intellectual disability/mental retardation	0%	2%	N/A	1%**	0%	0%	N/A	1%
Diagnosed with learning disability	2%	4%	2%**	3%**	6%	2%	7%	7%
Diagnosed with speech or language delay	3%	8%	7%**	10%**	9%	10%	8%	9%
Diagnosed with hearing problems	2%	0%	N/A	1%	2%	4%	N/A	2%
Had public insurance	71%	29%	37%	37%	46%	14%	32%	38%
Been to doctor for preventive care in past year	89%	89%	91%	89%	74%	74%	78%	79%
Had a personal doctor or nurse	59%	84%	79%	74%	52%	81%	75%	72%
Family had problems paying for child's medical or health care bills (in the past 12 months)	15%	18%	7%	9%	21%	11%	8%	10%
Child received treatment or counseling from a mental health professional in the past year	5%	5%	2%**	3%	14%	11%	9%	10%
Family eats a meal together every day of the week	41%	49%	60%	53%	41%	42%	38%	45%
2 or more Adverse Childhood Experiences	3%	2%	9%	12%	6%	5%	28%	23%

(Sources: 2018 Umatilla County Health Assessment and the 2016 NSCH)
N/A – Not Available
*Ages 1-5
**Ages 3-5

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	• Facts & Statistics, 2016	https://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2017/2017datapgsv1-FINAL.pdf
American Cancer Society (ACS), 2016	• Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity	https://www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/summary.html
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2018	• 2018 Cancer Facts, Figures, and Estimates	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf
American College of Allergy, Asthma & Immunology	• Asthma Facts	https://acaai.org/news/facts-statistics/asthma
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2009 – 2017 Adult Oregon and U.S. Correlating Statistics	www.cdc.gov
Brady Campaign to Prevent Gun Violence	• Victims of Gun Violence in America	www.bradycampaign.org/about-gun-violence
CDC Wonder, About Underlying Cause of Death, 2009-2017	• Umatilla, Oregon and U.S. comparison statistics	https://wonder.cdc.gov/
CDC, Alcohol & Public Health	• Economic Costs of Excessive Alcohol Use	www.cdc.gov/features/costsofdrinking/index.html
CDC, Arthritis	• Arthritis in the U.S.	www.cdc.gov/arthritis/data_statistics/arthritis-related-stats.htm
CDC, Breast Cancer	• What Can I do to Reduce My Risk of Breast Cancer?	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Diabetes	• About Diabetes	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Mold	• Mold Prevention Tips	www.cdc.gov/mold/dampness_facts.htm
CDC, Oral Health	• Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Prostate Cancer	• Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Sexual Violence Prevention	• Preventing Sexual Violence	www.cdc.gov/features/sexualviolence/index.html
CDC, Smoking & Tobacco Use	• E-Cigarette Health Effects	www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
CDC, Violence Prevention	• Adverse Childhood Experiences	www.cdc.gov/violenceprevention/acestudy/index.html
Healthy People 2020: U.S. Department of Health & Human Services	• All Healthy People 2020 Target Data Points • Social Determinants of Health	www.healthypeople.gov/2020/topicsobjectives2020
Henry J. Kaiser Family Foundation, 2019	• Key Facts about the Uninsured Population	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

Source	Data Used	Website
National Institute on Drug Abuse	• Heroin Facts	https://www.drugabuse.gov/publications/drugfacts/heroin
Oregon Department of Health & Human Services	• Oregon Center for Health Statistics	https://www.oregon.gov/oha/ph/pages/index.aspx
	• Chlamydia and Gonorrhea statistics	https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/STD/Pages/STDMap.aspx
Oregon Health Authority	• Oregon Prescribing and Overdose Data	https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx
	• Oregon Tobacco Facts	https://apps.state.or.us/Forms/Served/le9139.pdf
	• Oregon Prescription Drug Monitoring Program (PDMP)	http://www.orpdmp.com/
	• Oregon Violent Death Reporting System	https://www.oregon.gov/oha/ph/diseasesconditions/injuryfatalitydata/pages/nvdrs.aspx
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016	• Had Serious Thoughts of Suicide in the Past Year among Persons Aged 18 or Older, by Gender and Detailed Age Category	www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf
State of Oregon Employment Department	• Unemployment rates	www.qualityinfo.org/documents/10182/73818/Labor+Force+and+Unemployment+by+Area?version=1.59
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	• American Community Survey 5-year estimate, 2012-2016 • Oregon and Umatilla County 2016 Census Demographic Information • Oregon and U.S. Health Insurance Sources • Small Area Income and Poverty Estimates • Federal Poverty Thresholds	www.census.gov

Appendix II: Acronyms and Terms

AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
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.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
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 **P**revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
HP 2020	**H**ealthy **P**eople **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**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
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.

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 2018 Umatilla County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Umatilla County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White [non-Hispanic], Non-White [non-Hispanic], Hispanic [any race]), Age (8 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 County 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 2018 Umatilla County Survey and the 2017 Census.

2018 Umatilla Survey			2017 Census		Weight
Sex	Number	Percent	Number	Percent	
Male	127	50.80000	40,006	52.13459	1.02627
Female	123	49.20000	36,730	47.86541	0.97287

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Umatilla County. The weighting for females was calculated by taking the percent of females in Umatilla County (based on Census information) (47.86541%) and dividing that by the percent found in the 2018 Umatilla County sample (49.20000%) [47.86541/ 49.20000= weighting of 0.97287 for females]. The same was done for males [52.13459 / 50.80000% = weighting of 1.02627 for males]. Thus, males' responses are weighted heavier by a factor of 1.02627 and females' responses weighted less by a factor of 0.97287.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White [non-Hispanic], in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 1.64529 [0.97287 (weight for females) x 0.76736 (weight for White [non-Hispanic]) x 1.87123 (weight for age 35-44) x 1.17777 (weight for income $50-$75k)]. Thus, each individual in the 2018 Umatilla County 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 24.0) 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 County Sample	%	2017 Census	%		Weighting Value
Sex:						
Male	127	50.80000	40,006	52.13459		1.026271
Female	123	49.20000	36,730	47.86541		0.972874
Age:						
20 to 34 years	14	5.64516	15,589	28.25118		5.00449
35 to 44 years	23	9.27419	9,576	17.35411		1.87123
45 to 54 years	33	13.30645	9,407	17.04784		1.28117
55 to 59 years	19	7.66129	4,820	8.73505		1.14015
60 to 64 years	32	12.90323	4,576	8.29286		0.64270
65 to 74 years	71	28.62903	6,431	11.65458		0.40709
75 to 84 years	39	15.72581	3,286	5.95506		0.37868
85+ years	17	6.85484	1,495	2.70931		0.39524
Race:						
White (non-Hispanic)	220	87.30159	51,407	66.99202		0.76736
Non-White (non-Hispanic)	14	5.55556	5,390	7.02408		1.26433
Hispanic (any race)	18	7.14286	19,939	25.98389		3.63774
Household Income:						
Less than $25,000	61	28.37209	6,471	23.98799		0.84548
$25,000 to $34,999	28	13.02326	3,111	11.53247		0.88553
$35,000 to $49,999	26	12.09302	3,879	14.37945		1.18907
$50,000 to $74,999	40	18.60465	5,911	21.91207		1.17777
$75,000 to $99,999	15	6.97674	3,247	12.03663		1.72525
$100,000 to $149,999	30	13.95349	3,187	11.81421		0.84668
$150,000 or more	15	6.97674	1,170	4.33719		0.62166

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Umatilla County in each subcategory by the proportion of the sample in the Umatilla County survey for that same category.
*Umatilla County population figures taken from the 2017 Census estimates.

Appendix IV: Umatilla County Sample Demographic Profile*

Adult Variable	2018 Umatilla County Hispanic Adult Convenience Survey Sample	2018 Umatilla County Adult Survey Sample	Umatilla County Census 2017 (1-year estimate)	Oregon Census 2017
Age				
20-29	32.8%	14.8%	13.2%	13.4%
30-39	15.1%	11.8%	12.7%	13.9%
40-49	14.5%	11.4%	13.0%	12.7%
50-59	7.0%	11.6%	13.4%	12.6%
60 plus	8.1%	39.5%	18.2%	23.8%
Race/Ethnicity				
White	26.8%	64.3%	83.6%	84.9%
Black or African American	0.5%	0.2%	1.2%	1.9%
American Indian and Alaska Native	5.3%	4.3%	4.1%	1.1%
Asian	0%	0%	0.3%	4.1%
Other	35.4%	23.8%	6.8%	3.0%
Hispanic Origin (may be of any race)	77.9%	36.6%	26.8%	12.7%
Marital Status†				
Married Couple	49.5%	56.4%	49.4%	47.8%
Never been married/member of an unmarried couple	28.0%	17.7%	29.9%	33.7%
Divorced/Separated	9.7%	12.9%	15.3%	12.8%
Widowed	0.5%	6.4%	5.4%	5.7%
Education†				
Less than High School Diploma	26.3%	15.2%	18.1%	9.0%
High School Diploma	28.5%	30.2%	28.6%	23.2%
Some college/ College graduate	31.2%	47.5%	53.3%	67.7%
Income (Families)				
$14,999 and less	18.8%	14.8%	5.9%	5.7%
$15,000 to $24,999	19.8%	15.4%	9.7%	6.1%
$25,000 to $49,999	25.2%	23.0%	22.1%	19.8%
$50,000 to $74,999	5.9%	11.6%	28.5%	19.6%
$75,000 or more	9.1%	17.5%	33.8%	48.7%

*The percents 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). Percents may not add to 100% due to missing data (non-responses).

† The Oregon and Umatilla 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.

Umatilla County Population by Age Groups and Gender
U.S. Census 2010

Age	Total	Males	Females
Umatilla County	**75,889**	**39,528**	**36,361**
0-4 years	5,645	2,916	2,729
1-4 years	4,576	2,367	2,209
< 1 year	1,069	549	520
1-2 years	2,275	1,179	1,096
3-4 years	2,301	1,188	1,113
5-9 years	5,599	2,799	2,800
5-6 years	2,299	1,160	1,139
7-9 years	3,300	1,639	1,661
10-14 years	5,554	2,853	2,701
10-12 years	3,387	1,749	1,638
13-14 years	2,167	1,104	1,063
12-18 years	7,851	4,058	3,793
15-19 years	5,600	2,950	2,650
15-17 years	3,402	1,793	1,609
18-19 years	2,198	1,157	1,041
20-24 years	4,852	2,721	2,131
25-29 years	5,187	2,919	2,268
30-34 years	4,837	2,689	2,148
35-39 years	4,836	2,577	2,259
40-44 years	4,798	2,584	2,214
45-49 years	5,040	2,702	2,338
50-54 years	5,108	2,630	2,478
55-59 years	5,057	2,626	2,431
60-64 years	4,119	2,083	2,036
65-69 years	3,006	1,496	1,510
70-74 years	2,240	1,138	1,102
75-79 years	1,678	764	914
80-84 years	1,408	593	815
85-89 years	852	338	514
90-94 years	374	128	246
95-99 years	87	19	68
100-104 years	12	3	9
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	**1,325**	**488**	**837**
Total 65 years and over	**9,657**	**4,479**	**5,178**
Total 19 years and over	**54,531**	**28,576**	**25,955**

UMATILLA COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)
2017 ACE 1-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	76,985	100%
Largest City – Pendleton		
2017 Total Population	16,709	100%
Population by Race/Ethnicity		
Total Population	76,985	100%
White	64,373	83.6%
African American	946	1.2%
Hispanic or Latino (of any race)	20,646	26.8%
Two or more races	2,827	3.7%
Asian	220	0.3%
Some other race	5,265	6.8%
American Indian and Alaska Native	3,134	4.1%
Population by Age		
Under 5 years	5,344	7.0%
5 to 17 years	14,401	18.8%
18 to 24 years	7,094	9.2%
25 to 44 years	19,918	25.9%
45 to 64 years	18,803	24.5%
65 years and more	11,176	14.6%
Median age (years)	**36.1**	N/A
Household by Type		
Total households	27,525	100%
Total families	19,438	79.2%
Households with children <18 years	9,638	35.0%
Married-couple family household	14,674	53.3%
Married-couple family household with children <18 years	7,024	25.5%
Female householder, no husband present	3,508	12.7%
Female householder, no husband present with children <18 years	2,312	8.3%
Nonfamily household (single person)	8,087	29.4%
Nonfamily household (single person) living alone	21,635	78.6%
Nonfamily household (single person) 65 years and >	9,799	35.6%
Households with one or more people <18 years	10,707	38.9%
Households with one or more people 60 years and >	9,579	34.8%
Average household size	2.63 people	N/A
Average family size	3.12 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$172,000	N/A
Median housing units with a mortgage	$1,277	N/A
Median housing units without a mortgage	$398	N/A
Median value of occupied units paying rent	$742	N/A
Median rooms per total housing unit	5.4	N/A
Total occupied housing units	27,525	100%
No telephone service available	451	1.6%
Lacking complete kitchen facilities	339	1.2%
Lacking complete plumbing facilities	86	0.3%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	19,333	100%
Nursery & preschool	537	2.8%
Kindergarten	758	3.9%
Elementary School (Grades 1-8)	8,274	42.8%
High School (Grades 9-12)	5,777	29.9%
College or Graduate School	3,987	20.7%
Educational Attainment		
Population 25 years and over	49,992	100%
< 9th grade education	3,536	7.1%
9th to 12th grade, no diploma	5,489	11.0%
High school graduate (includes equivalency)	14,303	28.6%
Some college, no degree	13,488	27.0%
Associate degree	4,556	9.1%
Bachelor's degree	4,919	9.8%
Graduate or professional degree	3,701	7.4%
Percent high school graduate or higher	N/A	81.5%
Percent Bachelor's degree or higher	N/A	17.2%
Marital Status*		
Population 15 years and over	60,266	100%
Never married	18,019	29.9%
Now married, excluding separated	29,771	49.4%
Separated	964	1.6%
Widowed	3,254	5.4%
Widowed females	5,062	8.4%
Divorced	8,256	13.7%
Divorced females	9,160	15.2%
Veteran Status		
Civilian population 18 years and over	57,472	100%
Veterans 18 years and over	4,394	7.6%

*2013-2017 5-year estimates were used due to small sample size numbers

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	72,786	100%
Civilian with a disability	11,356	15.6%
Under 18 years	19,486	26.8%
Under 18 years with a disability	661	5.3%
18 to 64 years	42,486	58.4%
18 to 64 years with a disability	5,886	25.8%
65 Years and over	10,814	14.9%
65 Years and over with a disability	4,809	91.4%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	59,727	100%
16 years and over in labor force	35,232	59.0%
16 years and over not in labor force	24,495	41.0%
Females 16 years and over	28,170	100%
Females 16 years and over in labor force	15,825	56.2%
Population living with own children <6 years	5,831	100%
All parents in family in labor force	3,291	56.4%
Class of Worker		
Civilian employed population 16 years and over	33,647	100%
Private wage and salary workers	23,479	69.8%
Government workers	8,276	24.6%
Self-employed in own not incorporated business workers	1,881	5.6%
Unpaid family workers	11	0.0%
Occupations		
Employed civilian population 16 years and over	33,647	100%
Management, business, science, and arts occupations	10,510	31.2%
Service occupations	5,004	14.9%
Sales and office occupations	7,253	21.6%
Natural resources, construction, and maintenance occupations	5,894	17.5%
Production, transportation, and material moving occupations	4,986	14.8%
Leading Industries		
Employed civilian population 16 years and over	33,647	100%
Agriculture, forestry, fishing and hunting, and mining	3,813	11.3%
Construction	1,441	4.3%
Manufacturing	3,539	10.5%
Wholesale trade	1,117	3.3%
Retail trade	4,571	13.6%
Transportation and warehousing, and utilities	2,538	7.5%
Information	284	0.8%
Finance and insurance, and real estate and rental and leasing	849	2.5%
Professional, scientific, and management, and administrative and waste management services	2,352	7.0%
Educational services, and health care and social assistance	6,823	20.3%
Arts, entertainment, and recreation, and accommodation and food services	1,709	5.1%
Other services, except public administration	1,506	4.5%
Public administration	3,105	9.2%

Selected Economic Characteristics, Continued

Income In 2017		
Households	27,525	100%
< $10,000	2,761	10.00%
$10,000 to $14,999	1,059	3.80%
$15,000 to $24,999	2,419	8.80%
$25,000 to $34,999	3,228	11.70%
$35,000 to $49,999	3,621	13.20%
$50,000 to $74,999	6,508	23.60%
$75,000 to $99,999	3,190	11.60%
$100,000 to $149,999	3,254	11.80%
$150,000 to $199,999	798	2.90%
$200,000 or more	687	2.50%
Median household income	*$52,288*	N/A
Income in 2017		
Families	19,438	100%
< $10,000	982	5.10%
$10,000 to $14,999	150	0.80%
$15,000 to $24,999	1,888	9.70%
$25,000 to $34,999	2,186	11.20%
$35,000 to $49,999	2,115	10.90%
$50,000 to $74,999	5,547	28.50%
$75,000 to $99,999	2,604	13.40%
$100,000 to $149,999	2,690	13.80%
$150,000 to $199,999	732	3.80%
$200,000 or more	544	2.80%
Median family income	*$61,455*	N/A
Per capita income in 2017	**$22,577**	N/A
Poverty Status in 2017		
Families	N/A	12.9%
Individuals	N/A	16.4%

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

	Income	Rank of Oregon Counties
BEA Per Capita Personal Income 2017	$37,964	33rd of 88 counties
BEA Per Capita Personal Income 2016	$36,806	33rd of 88 counties
BEA Per Capita Personal Income 2015	$35,423	33rd of 88 counties
BEA Per Capita Personal Income 2014	$33,652	33rd of 88 counties
BEA Per Capita Personal Income 2013	$31,827	31st of 88 counties

(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)

Employment Statistics

Category	Umatilla County	Oregon
Labor Force	36,638	2,116,656
Employed	34,851	2,030,751
Unemployed	1,787	85,905
Unemployment Rate* in December 2018	4.9	4.1
Unemployment Rate* in November 2018	4.7	3.9
Unemployment Rate* in December 2017	4.8	4.1

*Rate equals unemployment divided by labor force. (Source: Oregon Labor Market, January 2019, https://www.qualityinfo.org/home)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Umatilla County				
All ages in poverty	11,369	9,486 to 13,252	15.7	13.1 to 18.3
Ages 0-17 in poverty	3,678	2,895 to 4,461	19.1	15.0 to 23.2
Ages 5-17 in families in poverty	2,492	1,929 to 3,055	17.8	13.8 to 21.8
Median household income	49,667	46,166 to 53,168		
Oregon				
All ages in poverty	538,169	524,488 to 551,850	13.4%	13.1 to 13.7
Ages 0-17 in poverty	146,609	139,298 to 153,920	17.2%	16.3 to 18.1
Ages 5-17 in families in poverty	97,096	90,871 to 103,321	15.8%	14.8 to 16.8
Median household income	57,379	56,560 to 58,198		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	$57,502 to $57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates,
https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html)

Federal Poverty Thresholds in 2018 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	$13,064					
1 Person 65 and >	$12,043					
2 people Householder < 65 years	$16,815	$17,308				
2 People Householder 65 and >	$15,178	$17,242				
3 People	$19,642	$20,212	$20,231			
4 People	$25,900	$26,324	$25,465	$25,554		
5 People	$31,234	$31,689	$30,718	$29,967	$29,509	
6 People	$35,925	$36,068	$35,324	$34,612	$33,553	$32,925
7 People	$41,336	$41,594	$40,705	$40,085	$38,929	$37,581
8 People	$46,231	$46,640	$45,800	$45,064	$44,021	$42,696
9 People or >	$55,613	$55,883	$55,140	$54,516	$53,491	$52,082

(Source: U. S. Census Bureau, Poverty Thresholds 2018,
https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VI: County Health Rankings

	Umatilla County	Oregon	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	6,300	6,000	6,700
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	18%	16%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.8	3.8	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.2	4.5	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	6%	6%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	18%	16%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2014)	33%	27%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	7.5	7.6	7.7
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	19%	16%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2016)	59%	77%	83%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	18%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2012-2016)	26%	32%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2015)	368.9	410.7	479
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	44	22	27

(Source: 2018 County Health Rankings for Umatilla County, Oregon and U.S. data)

	Umatilla County	Oregon	U.S.
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2015)	11%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2015)	1,960:1	1,070:1	1,320:1
Access to dental care. Ratio of population to dentists (2016)	1,700:1	1,270:1	1,480:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	340:1	230:1	470:1
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	35	34	49
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	82%	86%	85%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	71%	75%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	53%	68%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2016)	5.40%	4.90%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2016)	19%	17%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.2	4.6	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2012-2016)	39%	31%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	10.8	10.2	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	174	245	380
Injury. Number of deaths due to injury per 100,000 population (2012-2016)	71	71	65

(Source: 2018 County Health Rankings for Umatilla County, Oregon and U.S. data)

	Umatilla County	Oregon	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	7.6	7.0	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2009-2013)	17%	20%	19%
Transportation. Percentage of the workforce that drives alone to work (2011-2015)	82%	71%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2011-2015)	18%	28%	35%

N/A – Data is not available
(Source: 2018 County Health Rankings for Umatilla County, Oregon and U.S. data)

Community Health Needs Assessment Prioritization Meeting

April 23, 2019

Preparation: Good Shepherd Health Care System invited community partner agencies to the prioritization meeting via email and announcements at a Local Community Advisory Council meeting (LCAC). During the LCAC meeting, the importance of collaboration and targeted efforts was discussed. A prioritization worksheet that helped in ranking key concerns was emailed to interested parties, to be completed as an organization beforehand and brought into the prioritization meeting.

Attending agencies/individuals included: Good Shepherd Health Care System (GSHCS), St. Anthony Hospital (SAH), Umatilla County Public Health (UCo Health), Eastern Oregon Independent Practitioner Association (EOIPA), Eastern Oregon Coordinated Care Organization (EOCCO)/Greater Oregon Behavioral Health, Inc. (GOBHI), Mirasol Clinic (Federally Qualified Health Center), Umatilla County Human Services (UCHS), Umatilla- Morrow County Head Start (UMCHS), Oregon State University (OSU) Extension, and Nursing Students.

Step 1: Everyone brought their 5 key issues; prioritized by rates that met/exceeded state and national averages and those organizations felt needed action based on CHNA data. They also brought other sources to back up their key issues.

Key Issues or Concerns Brainstorming ideas
Obesity/Overweight
Mental Health, youth mental health
Housing
Violence
Substance abuse (including Vaping, tobacco use)
Chronic Disease: diabetes, Asthma
Behavioral Health, including youth
Access to care—Timely and consistent
Addiction—Misuse of substances
Trauma
Physical Activity
Cancer, Lung Cancer, cervical cancer
Food insecurity--hunger
Social Determinate of health (SDOH)
Transportation
Access, Prevention, & Screening
Homelessness
Access to integrated care

Health Priority	Sub topics
Behavioral Health	• Mental Health --Adult and Youth • Substance Abuse • Tobacco • Vaping • Trauma
Social Determinants of Health/Health Equity	• Housing • Homelessness • Food insecurity • Trauma
Chronic Diseases	• Asthma • Cancer • Diabetes • Trauma
Access to Services	• Transportation • Integrated care • Housing services • Trauma • Providers • Prevention & Screening • Nutritional assistance
Violence	• Child abuse • Domestic Violence • Sexual Abuse • Trauma
Obesity	• Physical Activity • Trauma • Nutrition

Next step: Good Shepherd Health Care System and St. Anthony Hospital will create individual CHIP's, and as a group of partner agencies will bring the 6 Health Priorities that were identified to the LCAC meeting to create Strategies/objectives for each priority. The group will also invite those who are not LCAC members but may be knowledgeable and passionate in specific priority areas, to join the meeting/subgroup meetings.

Potential resources/agencies to address health priorities: GSHCS, SAH, UCo Health, UCHS, UMCHS, OSU Extension, Lifeways, Umatilla County, ConneXions, Mirasol, EOIPA, Department of Human Services (DHS), and Domestic Violence Services (DVS).

Umatilla County: Good Shepherd Health Care System Community Event
Tuesday, May 14th

What surprised you the most?
- Significant increase in obesity for Umatilla County overall (3)
- High percentage of children not wearing seat belt (3)
- Low percentage of Medicaid/OHP insured (3)
- Decrease in asthma rate (2)
- Increase of almost 50% in time children spent using technology
- Personal health perceptions vs actual health status
- Data sample size
- Forced/pressured intercourse rate was higher for Latinos
- Unprotected sex
- Percentage of Latinos that went outside of county for dental care
- Low percentage of children with income <$25k went to dentist
- High exercise rate
- Percentage of birth control use
- Low percentage of 2+ ACEs for children
- Low percentage of people caring for someone with dementia
- Sexual intercourse with just one person, under the age of 30
- Decrease in tobacco use
- Food insecurity
- High percentage (38%) with income <$25k were limited by physical., mental, or emotional problems vs 28% of general population
- Cost being #1 reason for not accessing dental care
- Umatilla County results compare so well to Oregon and U.S. results
- Concerned with some of the data analysis being less than statistically valid, may be difficult to realistically apply to improve outcomes

What would you like to see covered in the report next time?
- Broader population surveyed (3)
  - More comprehensive sampling of community demographics
- More specific information regarding the education level (3)
- Why people visited ER rather than a traditional primary care source (2)
- More options/formats to complete survey (online, email, text, etc.) (2)
- Child drug use and related issues
- Drill down on findings during the analysis that do not make sense as it may change the survey questions and answer choices
- What Latino population used Emergency Department vs General Population
- Latino citizens vs. migrant (not-citizens) data
- Information on community risks on infections (Tuberculosis, Measles, Meningitis, etc.)
- Number of disabled citizens and their access to health care
- Use of Narcan by non-professionals
- Correlation between ACEs and income, health outcomes
- Data presented same as slides (not in paragraph form)
- How many respondents answered each question
- Timeline for access to PCP for low income
  - How long does it take for low income patients to establish a provider?
  - How long for those with mental health issues?

What will you or your organization do with this data?
- Create a community health improvement plan (CHIP) (4)
    - Assist in strategic planning and review of services
    - Analyze and study the results for solutions to obvious issues
- Determine services/resources needed (3)
    - Service needs and marketing opportunities
    - Determine how services can adapt/change to positively impact outcomes, making change in the quality of life for Umatilla County residents
    - Target populations most in need
- Prioritize resources/services (2)
- Use data for college course assignment (2)
- Funding (2)
    - Grants for programming and planning community interventions
    - Social determinants of health
- Try to address the Social Determinants of Health (2)
    - Utilizing CHW's in community health program
- Education (2)
    - Educate parents
    - Educate the priority populations in most need
    - Support training/education for use of Narcan
- Define the focus on population health
- Public awareness

Based on the community health assessment, what health topics do you see as the most important? Please list 2 or more choices.
- Obesity (6)
- Mental health (5)
- Chronic disease/conditions (4)
- Food insecurity (3)
- Access to services (2)
- Insurance/Uninsured (2)
- Alcohol and drug use/behavioral health issues (2)
- Enhanced primary care services- currently lacking in availability in area
- Diabetes
- Nutrition
- Child safety
- Need to analyze report more before ceremony

Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues?
- Local schools/educational services (6)
- Healthy Communities (2)
- Community Coalitions/committees (2)
- Health care agencies and providers (2)
- Faith-based organizations (2)
- Health Department (2)
- Community clinics (2)
- LCAC (2)
- Public Health
- Behavioral health providers and organizations
- Hospital Council
- SNAP/WIC
- Mirasol Family Health Center
- Agape House
- Medicare, Medicaid
- OSU Extension
- Oregon Health & Science University (OHSU)
- City of Hermiston
- Hispanic adult community
- Dental providers
- Community Action Program of East Central Oregon (CAPECO)
- Senior services
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Umatilla County Mental Health
- UCHS
- EOIPA

What are some barriers people may face regarding the issues identified?
- Income/Affordability (6)
- Lack of providers/Limited number of providers that accept OHP (3)
- Lack of services (3)
- Equity (2)
- Awareness (2)
- Funding (2)
- Lack of knowledge (2)
- Staffing resources- capacity (2)
- Transportation (2)
- Social support
- Access
- School districts are not addressing the growing obesity rate in children
- Resources
- Both parents absent from home/working
- Lack of attention to health and personal needs
- Being uninsured
- Access to local news media
- Lack of awareness of issues
- The capacity of organizations to address problems
- Language barriers
- Multiple contributing factors to obesity
- No acute care for mental health crisis

In your opinion, what is the best way to communicate the information from the Community Health Assessment to the rest of public?
- Social media (4)
- News/radio (3)
- Newspaper article (3)
- In segments in brochures and pamphlets/small messages/sections (2)
- Condensed version/highlights available in provider office and public places
- Send specific information home with children and tips on interventions to lower risk and improve outcomes
- Public forums
- Mailers
- Through community and healthcare partners
- Media
- Website
- More meetings like the community release event
- Internet
- PSA's
- Billboards
- Webinar

Umatilla County: CHI St. Anthony Hospital Community Event
Tuesday, May 21ˢᵗ

What surprised you the most?
- Low percentage of individuals receiving professional support for mental health (2)
- Drastic increase in obesity for income <$25k (38% vs 61%)
- Steady rise in STI's
- Significant difference in health status between Latino and general population
- Diabetes
- Low drug use
- Lower smoking rate
- Safety for 6-11 years old
- Large percentage of responses reported prayer and church as being how they deal with emotional issues
- ACEs score
- Respondents who did not know where to look for dental care
- Large percentage of children on Medicaid/OHP
- Quality and quantity of data on Latinos/Hispanics

What would you like to see covered in the report next time?
- Social isolation
- Older adult needs
- More focus on obesity
- Data on the Native American population
- Vaping vs. traditional smoking cigarettes
- More Ace's information/correlation between parents ACE score and child ACE score
- More detail on behavioral health

What will you or your organization do with this data?
- Improve access to mental health services
- Increase knowledge of trauma informed care
- Improve connections to social service agencies to benefit clients
- Education
- Identify needs to be addressed
- Educate MD's and other providers
- Determine needs related to mental health and health education
- GOBHI will increase efforts in the areas of need
- Decide where to focus health education for Latino families
- How to outreach and support parents in their efforts

Based on the community health assessment, what health topics do you see as the most important? Please list 2 or more choices.
- Chronic disease (3)
- Access to healthcare services (2)
- Impact of the social determinants of health
- Public education regarding STI's and rise in county
- Opioid abuse
- Quality of life among Latino population
- Health care access data
- Obesity
- Lack of insurance/healthcare for Hispanic/Latino population
- Low % of population seeking mental health support
- Smoking
- Child ACE data
- Child health care coverage
- Behavioral health
- Diabetes
- Dental
- Vision

Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues?
- Health Department (2)
- Hospitals (2)
- Public health
- Occupation Health Services (OHS)
- Coordinated Care Organizations (CCO)
- Lifeways Behavioral Health
- Mental health providers
- Primary care providers
- County/city planners
- Head Start/ EHS
- Local prisons
- Licensed home/day care providers
- Greater Oregon Behavioral Health, Inc. (GOBHI)
- Oregon Health Authority (OHA)
- Local Community Advisory Council (LCAC)

What are some barriers people may face regarding the issues identified?
- Access to care/resources (Hispanic/Latino and Rural population) (4)
- Low socio-economic status (2)
- Misperceptions about healthcare (i.e., vaccines)
- Lack of relationship with Latino community
- Lack of primary care physicians
- Transportation
- Funding
- Limited resources (small community)
- Rural transportation and housing
- Education
- Language
- Political climate

In your opinion, what is the best way to communicate the information from the Community Health Assessment to the rest of public?
- Public forum (2)
- Have community partners share information (2)
- Newspaper (i.e., Eastern Oregonian) (2)
- Websites (2)
- Share with community stakeholders and ask them to reference the report within their networks
- Present at schools to parent groups
- Partner with churches
- Distribute the publication
- Utilize as a toll in grant writing
- Hospital website
- Social media (i.e., Facebook)
- Through LCAC and city councils