2024

Union County

Community Health

Assessment

Approved by the Board of Trustees on April 23,2025

Foreword

Dear Community Member:

Grande Ronde Hospital (GRH) is pleased to present the 2024 Union County Community Health Needs Assessment. The information contained in this report will be invaluable not only to us, but also to our community health partners, other community agencies and businesses as we prioritize the information and incorporate it into action plans and strategies to improve the health of our community.
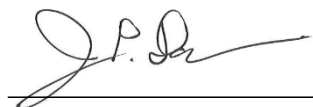
The information contained in this report is based upon data obtained from responses to written surveys that were collected from October 2024 through November 2024. The surveys focused on adults ages 19 and older.

Grande Ronde Hospital's Community Benefit Sub-Committee utilized a Community Health Needs Assessment Task Force to provide input for the content of the assessment tool (surveys), the members of which are listed in the acknowledgement.

In order to maintain complete objectivity throughout the survey process, the Community Benefit Sub-Committee engaged the services of the Hospital Council of Northwest Ohio to administer the survey and compile the results.

We encourage you to use this report in your planning processes and collaborative efforts with other community partners to address the identified issues. We hope it will prove to be a resource in your efforts to improve the overall health of our community.

Sincerely,

Jeremy P. Davis
President/CEO
Grande Ronde Hospital and Clinics

Wendy Roberts
Community Benefit Officer
Senior Director Administrative Services
Grande Ronde Hospital and Clinics

Acknowledgements

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Written Comments:

Individuals are encouraged to submit written comments, questions, or other feedback about Grande Ronde
Hospital strategies to wkr01@grh.org. Please make sure to include the name of the facility that you are
commenting about, and if possible, a reference to the appropriate section within the document.

The 2024 Union County Health Assessment is available on the following websites:

Grande Ronde Hospital
https://www.grh.org/

Hospital Council of Northwest Ohio
http://www.hcno.org/community/reports.html

Table of Contents

Executive Summary

This executive summary provides an overview of health-related data for Union County adults (ages 19 and older) who participated in a county-wide health assessment survey from October 2024 through November 2024. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (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, for 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

Grande Ronde Hospital (GRH) is a 25-bed Critical Access Hospital founded in 1907. GRH is the only hospital in Union County, serving over 2,039 square miles in northeast Oregon. Through providing high quality, cost effective services, GRH has become known for its effective outcomes, compassionate staff, and commitment to community through educational and disease prevention programs.

Grande Ronde Hospital defined its community for the purposes of the CHNA geographically as Union County, including the towns of La Grande, Elgin, Cove, Imbler, North Powder, Summerville, and Union. The Oregon Office of Rural Health created a graphic depicting Grande Ronde Hospital's service area (shown below).

Oregon Office of Rural Health Defined Service Area for Grande Ronde Hospital
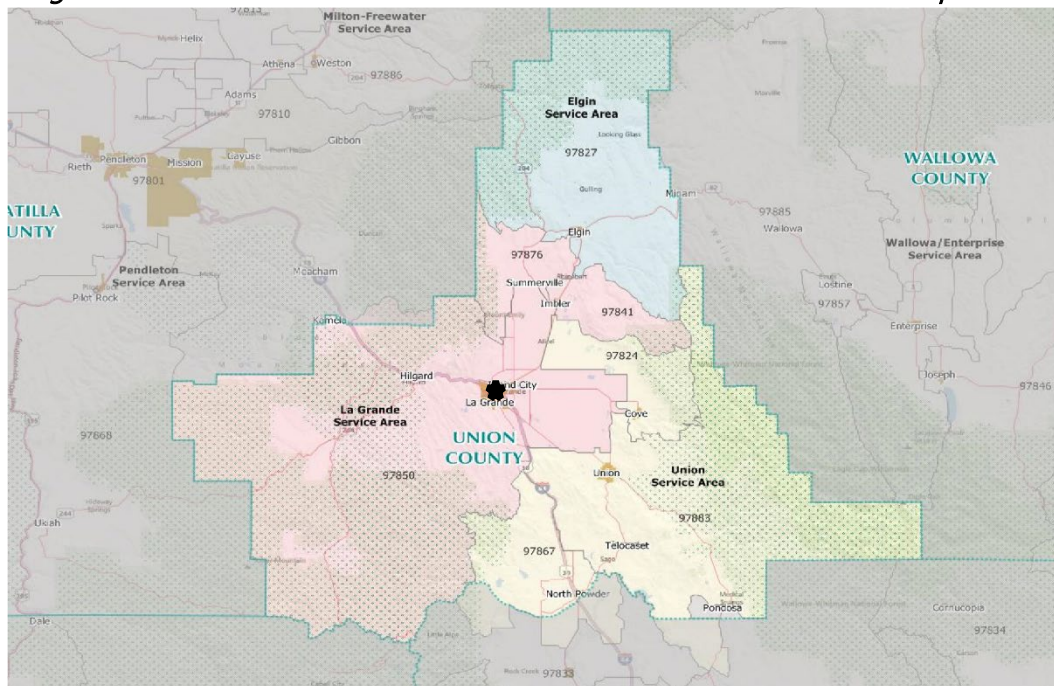
Courtesy of Oregon Office of Rural Health

✿ Grande Ronde Hospital

INCLUSION OF VULNERABLE POPULATIONS

Union County is a rural county. Approximately 13.6% of Union County residents were below the poverty line, according to the 2023 Small Area Income and Poverty Estimates provided by the U.S. Census Bureau. 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 the 2024 Grande Ronde Hospital Community Health Needs Assessment Task Force. This task force has been in existence since 2015 and includes approximately 20 organizations. Multiple sectors were asked through email and telephone calls to participate in the process, including defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

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

IDENTIFYING & PRIORITIZING NEEDS

Community health needs identified through primary and secondary data collection are included in this 2024 Union County Community Health Assessment report. These areas were initially identified by the Committee Benefit Health Needs Assessment Task Force by utilizing the Union County Community Health Status Assessment 2024 ~ Identify Key Issues and Concerns form which included criteria relating to percent of the population most at risk, age group most at risk, and gender most at risk. The top health issues were then ranked by the Grande Ronde Hospital Community Benefit Subcommittee utilizing the Union County Community Health Status Assessment 2024 ~ Ranking of Union County Community Health Needs Summary Ranking form with criteria relating to the seriousness of the problem, severity of consequences, feasibility of solving, resources available and stakeholder vote value. The requirement that the hospital conducts a Community Health Needs Assessment (CHNA) under the Affordable Care Act asks hospitals to pay specific attention to health care concerns that affect vulnerable populations. Consensus was reached within the Community Benefit Subcommittee, resulting in the final prioritized community health needs list depicted below:

1. Chronic Disease (prevention and wellness)
2. Social Determinants of Health
3. Mental/Behavioral Health

EVALUATION OF IMPACT

The evaluation of impact takes into consideration the feedback from the last community health needs assessment. The Grande Ronde Hospital Community Benefit Sub-Committee has an annual report that tracks impact of priority action steps.

CHNA AVAILABILITY

The 2024 Grande Ronde Hospital Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found at the following websites:

Grande Ronde Hospital
https://www.grh.org/

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

ADOPTION BY BOARD OF TRUSTEES

The Grande Ronde Hospital Board of Trustees adopted the 2024 Union County Community Health Assessment on 04/23/25.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Union 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. Comparisons to local, state, and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

INSTRUMENT DEVELOPMENT

One survey instrument was designed and pilot tested for adults in this study. 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. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force. During these meetings, HCNO and the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force, the project coordinator composed drafts of surveys containing 106 items for the survey.

SAMPLING | Adult Survey

The sampling frame for the survey consisted of adults ages 19 and older living in Union County. There were 20,794 persons ages 19 and older living in Union 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 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). A sample size of at least 264 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Union County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project team mailed an advance letter to 2,000 adults in Union County. This advance letter was personalized; printed on Grande Ronde Hospital and Clinics letterhead; and signed by Jeremy P. Davis (President/CEO, Grande Ronde Hospital and Clinics) and Wendy Roberts (Senior Director Administrative Services, Grande Ronde Hospital and Clinics). 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.

Four weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included: a personalized hand signed cover letter (on Grande Ronde Hospital and Clinics letterhead) describing the purpose of the study, a questionnaire printed on white paper with a QR code to take the survey electronically via SurveyMonkey, a self-addressed stamped return envelope, and a $2 incentive; which were included in large colored envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the survey was 18% (n=343: CI=± 5.25). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Note: "n" refers to the total sample size, "CI" refers to the confidence interval.

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 Statistical Product and Service Solutions 29.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Union County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III.

DEMOGRAPHIC COMPARISONS

When determining income comparison thresholds, researchers concluded it would be best to use the same income thresholds used by other public health organizations for comparison purposes. The CDC, which administers the BRFSS, and America's Health Rankings both use $25,000 annual and below as the lower income threshold. For this reason, researchers concluded "Income <$25K" and "Income >$25K" were appropriate thresholds to compare households with lower household incomes to households with higher household incomes.

Researchers determined "19 – 64 Years", and "65 and Over" were appropriate thresholds to compare respondents based on age. For gender comparisons, although "Trans male", "Trans female", "Genderqueer/Gender non-conforming", and "Different identity" were included as response options, there were not enough responses within these categories for statistical analysis. Therefore, researchers determined it would only be appropriate to compare males to females for statistical purposes.

See Appendix III: Weighting Methods and Appendix V: Demographic and Household Information for further information regarding Union County respondent demographics, 2023 U.S. Census Bureau ACS 5-year estimates, and 2024 Federal Poverty Thresholds.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2024 Union County Health Assessment. Income-based disparities are particularly prevalent in Union County. For example, the prevalence of chronic conditions (e.g., diabetes, high blood pressure) were higher among those with annual household incomes under $25,000 compared to the general population.

As part of the Implementation Strategy (IS) process, the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force will identify specific populations that face disparities as part of the prioritization phase of the process.

INEQUITIES IN THE FACTORS THAT CONTRIBUTE TO HEALTH CHALLENGES (INCLUDING SOCIAL DETERMINANTS OF HEALTH)

Social determinants of health (SDOH) are the conditions in the environments where 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 *(Source: Social Determinants of Health, Healthy People 2030)*. The Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force created an entire section within survey development to focus on SDOH specific questions. For example, the SDOH section includes information relating to housing, transportation, and food insecurity, which all contribute to health challenges among Union County adults.

LIMITATIONS

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

Furthermore, while surveys were sent to random households in Union County, those responding to the survey were more likely to be older. For example, only 7 respondents were under the age of 30. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Union County adult residents younger than 30). Therefore, the age ranges are broken down by 19 to 64 years old and 65 years and older.

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

Although the collection of self-reported data is a common method of research in the field of public health, which is utilized by the BRFSS administered by the CDC, it is also important to consider the possible limitations. There is the potential for respondents to answer dishonestly for their answers to be more socially acceptable, or respondents may not have the ability to accurately assess themselves.

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 websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), CDC Wonder, Healthy People 2030, and U.S. Census data among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2024 Union County Community Health Needs Assessment (CHNA). All other data is cited accordingly.

Key Report Sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found further in the report. Please refer to the table of contents regarding placement of the full section.

Trend Summary: The trend summary tables consist of data from the 2024 Union County Community Health Assessment and the previous three assessments conducted since 2015. Additional state and national data is included for comparison purposes. The trend summary highlights all sections found in the report.

Individual Sections: Each individual adult section consists of data from adults ages 19 and older in Union County. The adult individual sections fall under four main categories: health care access, health behaviors, chronic disease, and social conditions. The adult social conditions section consists of topics such as food insecurity, housing, parenting, etc. Please reference the table of contents to review placement of individual sections.

Appendix: The appendices are included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc.

HEALTH CARE COVERAGE

In 2024, 10% of Union County adults were without health care coverage. The top reason adults gave for being without health care coverage was they could not afford to pay the premiums/cost (48%).

Uninsured Union County Adults
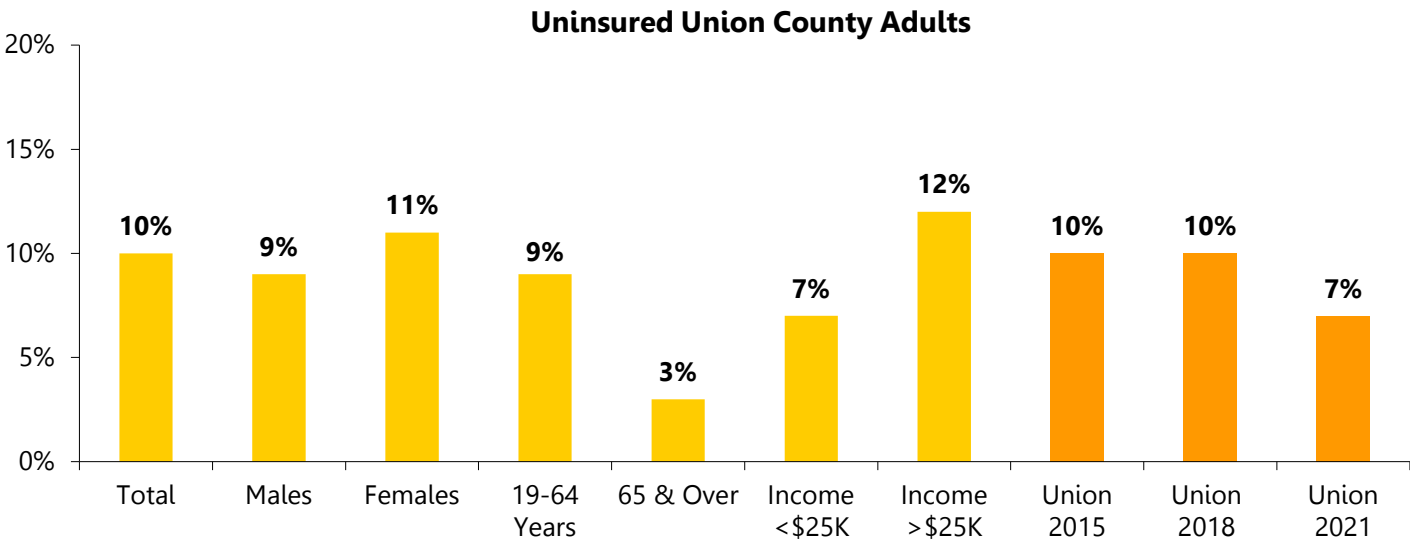
ACCESS AND UTILIZATION

Almost three-fourths (72%) of Union County adults had visited a doctor for a routine checkup in the past year. Sixty-three percent (63%) of adults went outside of Union County for health care services in the past year.
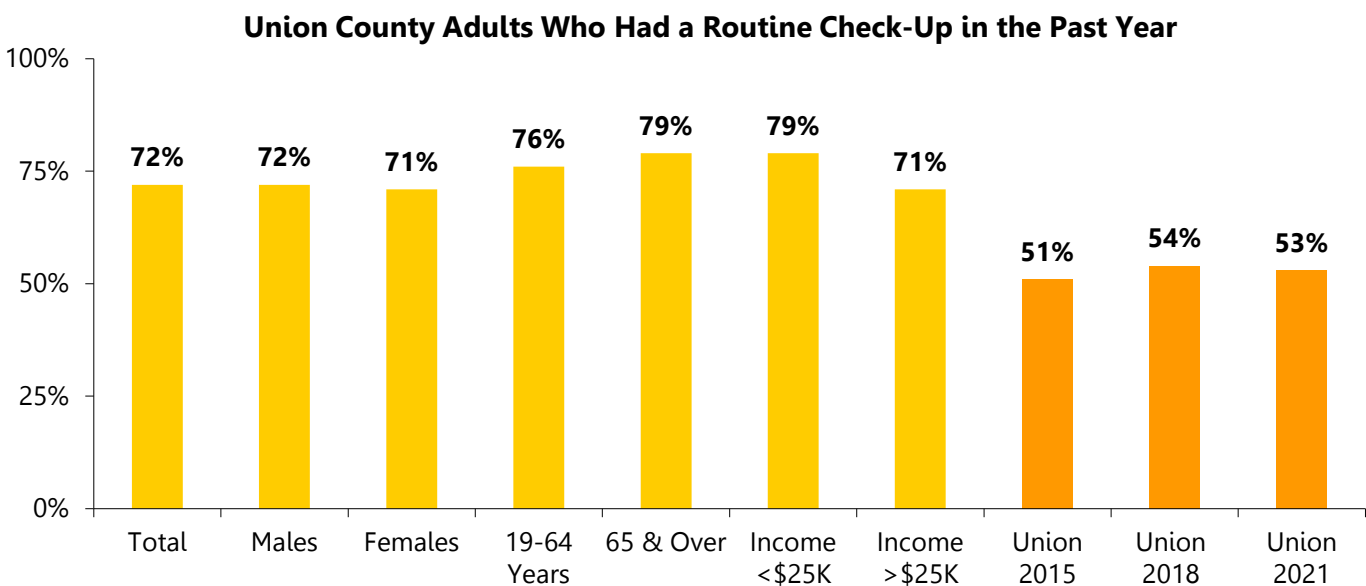
Union County Adults Who Had a Routine Check-Up in the Past Year

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.

PREVENTIVE MEDICINE

Sixty-two percent (62%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (56%) of adults ages 65 and over had a flu vaccination in the past year.

FEMALE HEALTH

In 2024, 52% of Union County women over the age of 40 reported having a mammogram in the past year. Thirty-nine percent (39%) of women ages 19 and over had a clinical breast exam and 18% had a Pap smear to detect cancer of the cervix in the past year. Sixty-nine percent (69%) were overweight or obese, 35% had high blood cholesterol, 33% had high blood pressure, and 3% were identified as smokers, known risk factors for cardiovascular diseases.

Union County Women's Health Exams Within the Past Year

Legend: ■ Mammogram ■ Breast Exam ■ Pap Smear

	Total	Under 40	40 & Older	Income <$25K	Income >$25K	Union 2018	Union 2021
Mammogram	31%	0%	52%	33%	31%	30%	39%
Breast Exam	39%	33%	42%	18%	44%	44%	48%
Pap Smear	18%	16%	13%	0%	22%	38%	24%

MALE HEALTH

More than half (51%) of men had a digital rectal exam in their lifetime and 10% had one in the past year. Seventy-four percent (74%) were overweight or obese, 43% had high blood pressure, 40% had high blood cholesterol, and 3% were identified as smokers, known risk factors for cardiovascular diseases.
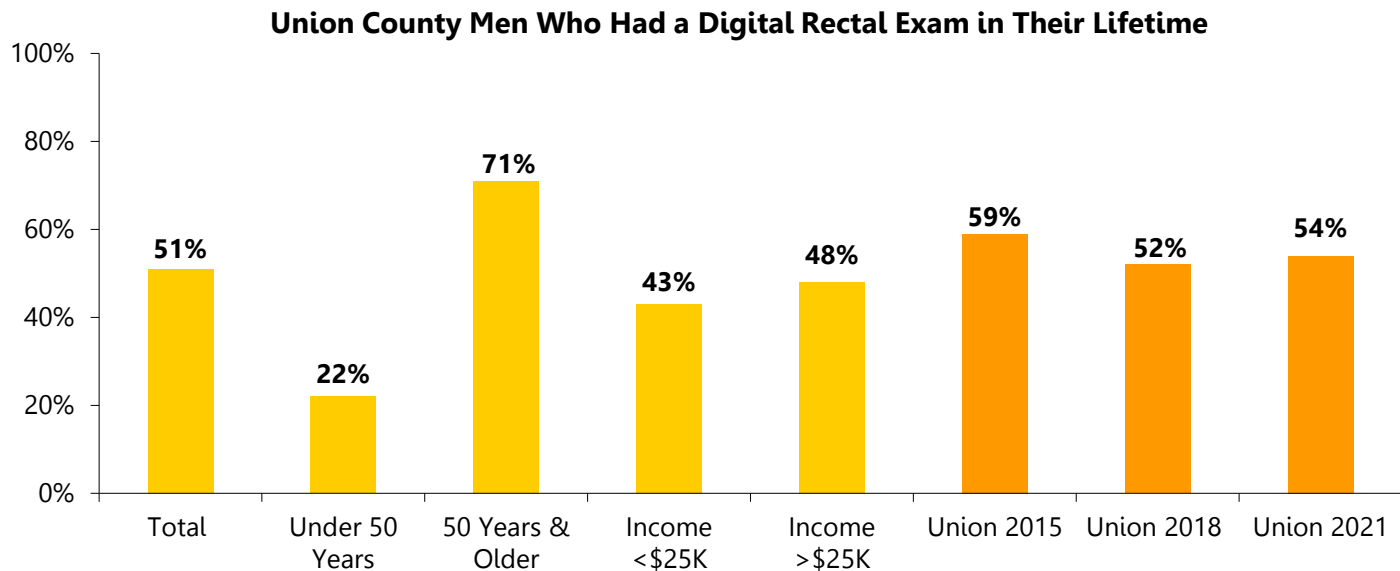
Union County Men Who Had a Digital Rectal Exam in Their Lifetime

Total	Under 50 Years	50 Years & Older	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
51%	22%	71%	43%	48%	59%	52%	54%

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.

ORAL HEALTH

Sixty-four percent (64%) of Union County adults had visited a dentist or dental clinic in the past year. The top reason adults gave for not visiting the dentist in the past year included: no reason to go/had not thought of it (24%); fear, apprehension, nervousness, pain, dislike going (24%); and cost (22%).
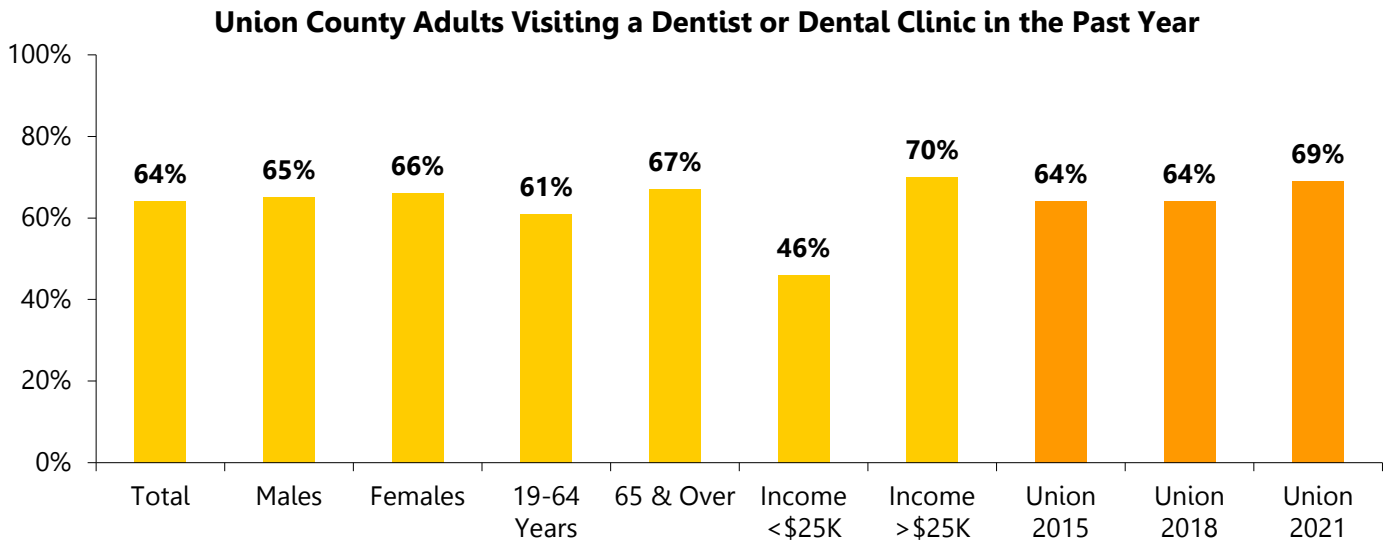
Union County Adults Visiting a Dentist or Dental Clinic in the Past Year

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.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2024, 48% of Union County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 29% of those with incomes less than $25,000, described their health as fair or poor.

Union County Adult Health Perceptions*

	Total	Males	Females	19-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
Fair/Poor	15%	15%	13%	15%	19%	29%	11%	14%	14%	10%
Good	37%	42%	34%	37%	38%	43%	35%	38%	34%	38%
Excellent/Very Good	48%	43%	53%	48%	43%	28%	54%	48%	52%	52%

■ **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?"

WEIGHT STATUS

In 2024, 71% of Union County adults were overweight or obese based on Body Mass Index (BMI). Eleven percent (11%) of adults did not participate in any physical activity in the past month.
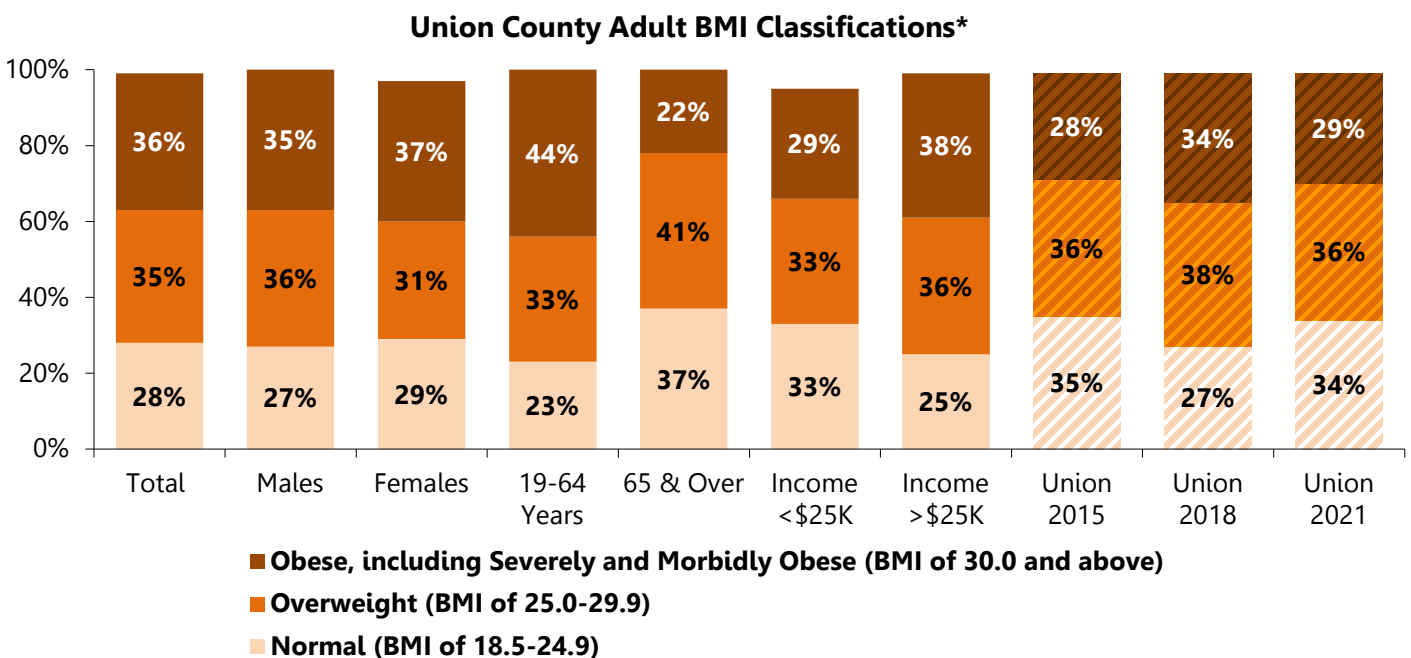
Union County Adult BMI Classifications*

	Total	Males	Females	19-64 Years	65 & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
Obese	36%	35%	37%	44%	22%	29%	38%	28%	34%	29%
Overweight	35%	36%	31%	33%	41%	33%	36%	36%	38%	36%
Normal	28%	27%	29%	23%	37%	33%	25%	35%	27%	34%

■ **Obese, including Severely and Morbidly Obese (BMI of 30.0 and above)**
■ **Overweight (BMI of 25.0-29.9)**
■ **Normal (BMI of 18.5-24.9)**

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

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.

TOBACCO USE

In 2024, 3% of Union County adults were current smokers, and 26% were considered former smokers. Six percent (6%) of adults were current electronic vapor product users.
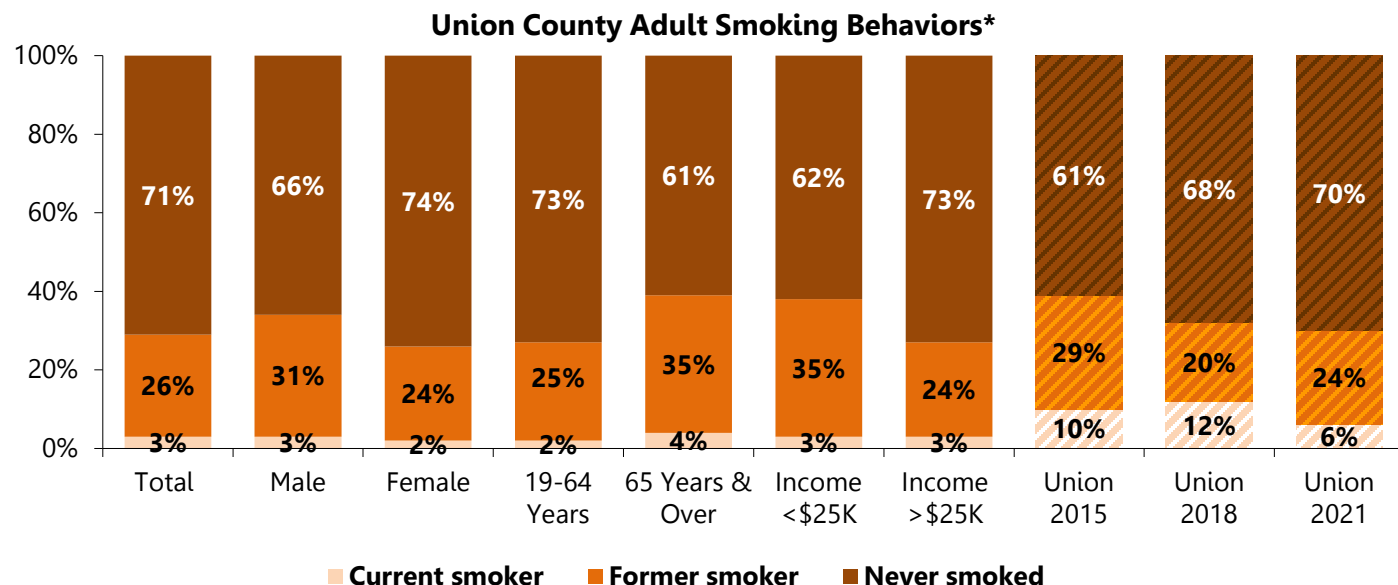
Union County Adult Smoking Behaviors*

	Total	Male	Female	19-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
Never smoked	71%	66%	74%	73%	61%	62%	73%	61%	68%	70%
Former smoker	26%	31%	24%	25%	35%	35%	24%	29%	20%	24%
Current smoker	3%	3%	2%	2%	4%	3%	3%	10%	12%	6%

■ **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?"*

ALCOHOL CONSUMPTION

In 2024, 51% of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Twelve percent (12%) 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.

Union County Adult Average Number of Drinks Consumed Per Drinking Occasion*

Total	Males	Females	19-64 Years	65 & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
2.6	2.9	2.3	2.4	2.3	1.8	2.6	2.9	3.6	2.3

Among adults who had at least one alcoholic drink in the past month

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.
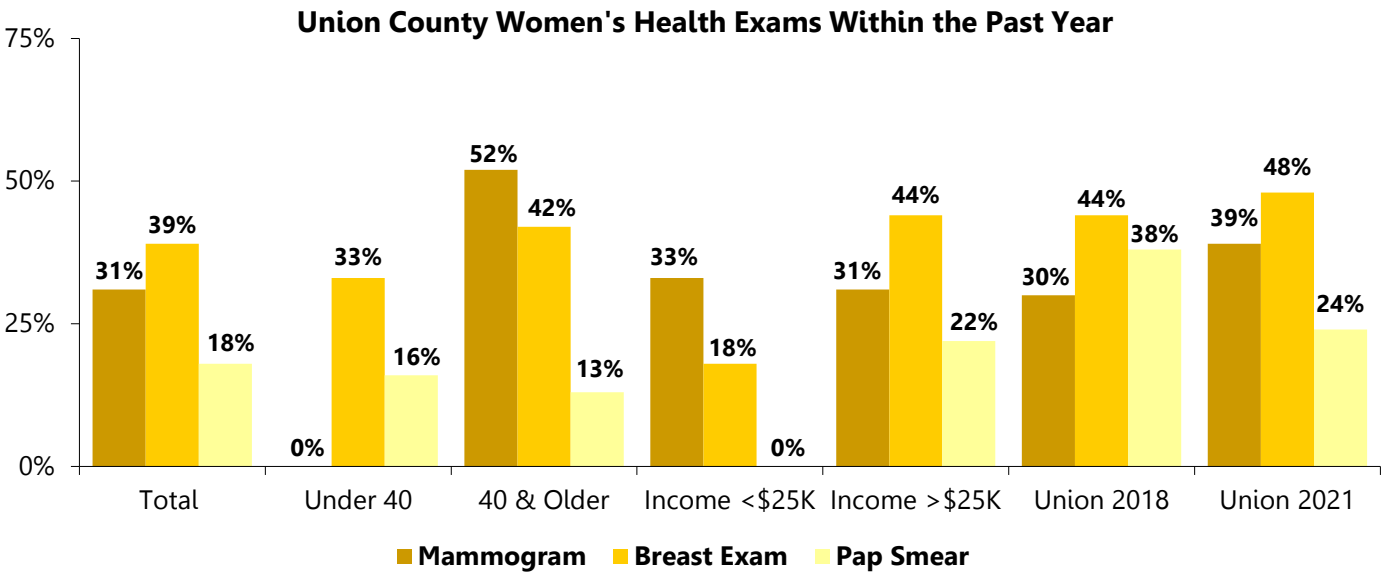
MARIJUANA AND DRUG USE

Nine percent (9%) of Union County adults had used recreational marijuana or hashish during the past six months. Five percent (5%) 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 six months.

Union County Adult Medication Misuse in Past Six Months

Category	Value
Total	5%
Male	4%
Female	7%
19-64 Years	6%
65 & Over	4%
Income <$25K	7%
Income >$25K	6%
Union 2015	18%
Union 2018	6%
Union 2021	6%
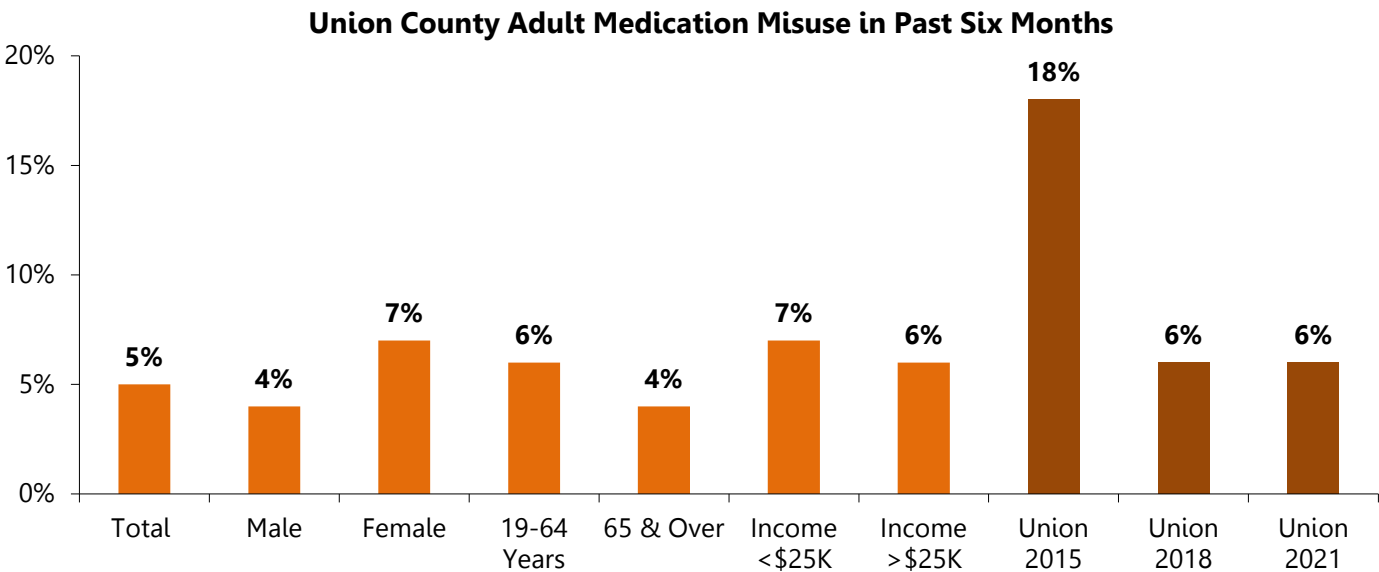
SEXUAL BEHAVIOR

In 2024, 64% of Union County adults had sexual intercourse. One percent (1%) of adults had more than one partner in the past year.

Union County Number of Sexual Partners in the Past Year*

Category	One	More than one	None
Total	62%	1%	36%
Male	63%	2%	35%
Female	63%	1%	36%
19-64 Years	69%	2%	28%
65 & Over	31%	1%	68%
Income <$25K	17%	0%	83%
Income >$25K	71%	2%	27%
Union 2015	58%	7%	35%
Union 2018	62%	3%	34%
Union 2021	62%	2%	36%

*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
*Totals may not equal 100% as some respondents answered, "Don't know/not sure"

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 2024, 3% of Union County adults considered attempting suicide. One third (33%) of adults reported they or a family member were diagnosed with or treated for depression.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Four percent (4%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Thirty-seven percent (37%) of adults had high blood cholesterol, 36% of adults had high blood pressure, 36% were obese, and 3% were current smokers, four known risk factors for heart disease and stroke.
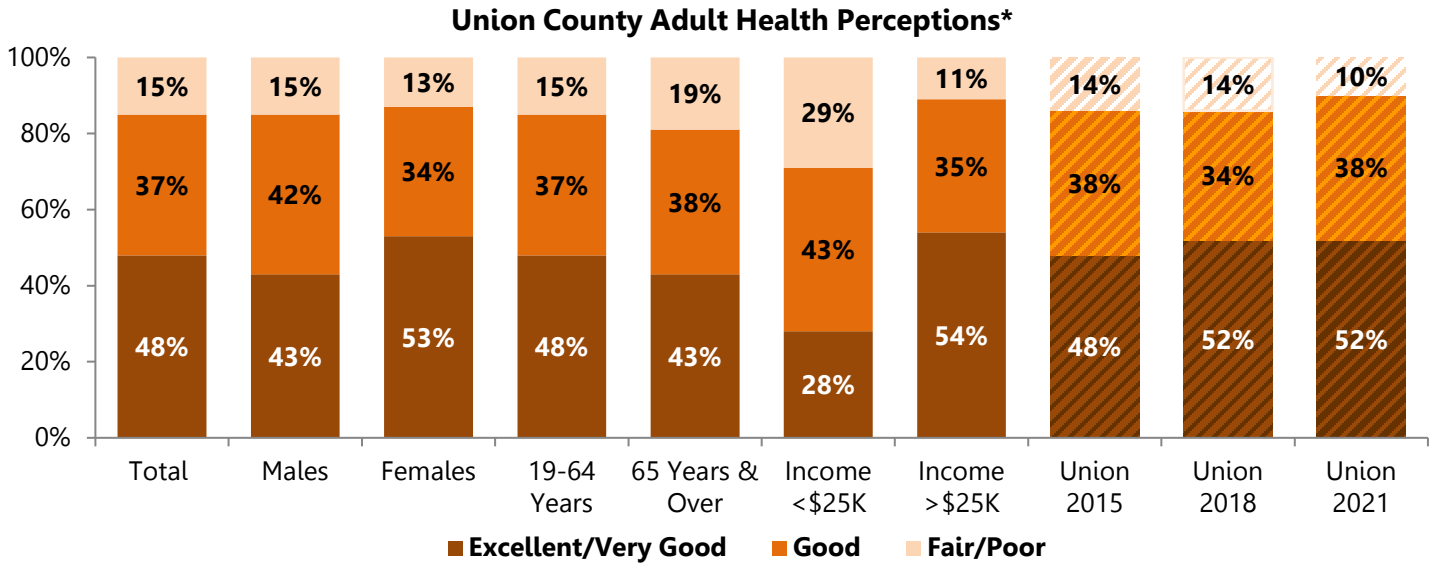
Union County Adults with CVD Risk Factors

Category	Percentage
High Blood Cholesterol	37%
High Blood Pressure	36%
Obesity	36%
Sedentary	11%
Diabetes	11%
Smoking	3%

CANCER

One-fifth (20%) of Union County adults had been diagnosed with cancer at some time in their life.

ASTHMA AND OTHER RESPIRATORY DISEASES

Twenty percent (20%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.

Union County Adults Diagnosed with Asthma

Category	Percentage
Total	20%
Males	10%
Females	27%
19-64 Years	20%
65 & Over	11%
Income <$25K	17%
Income >$25K	20%
Union 2015	14%
Union 2018	17%
Union 2021	16%
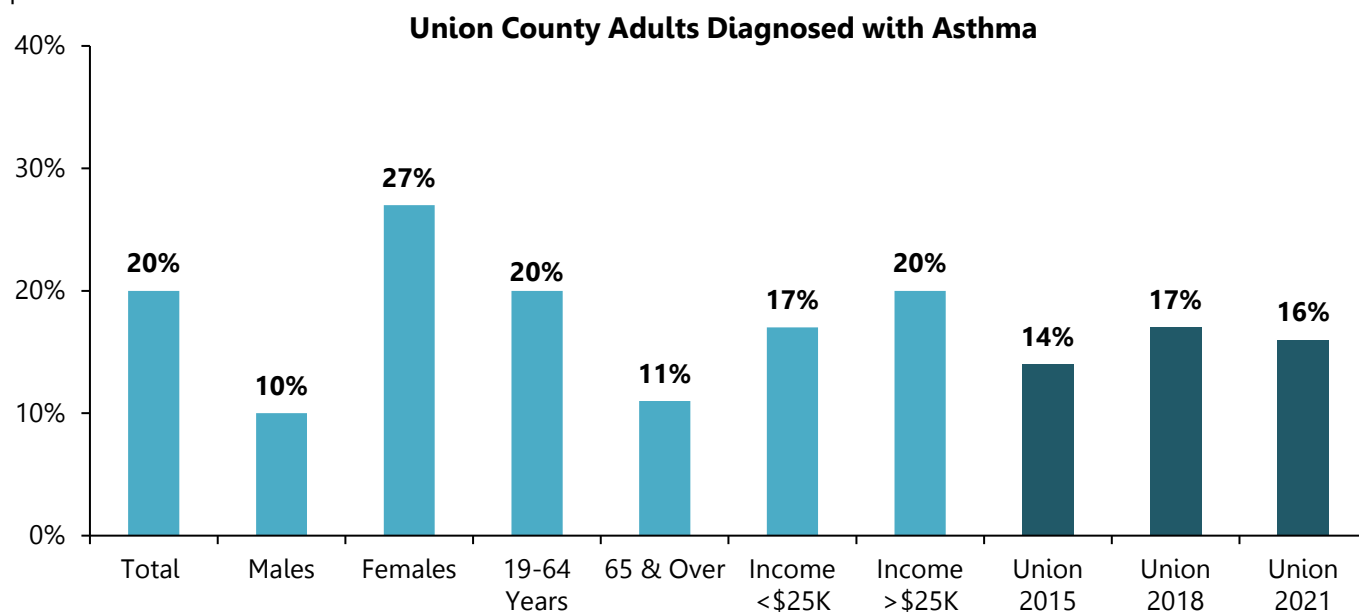
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
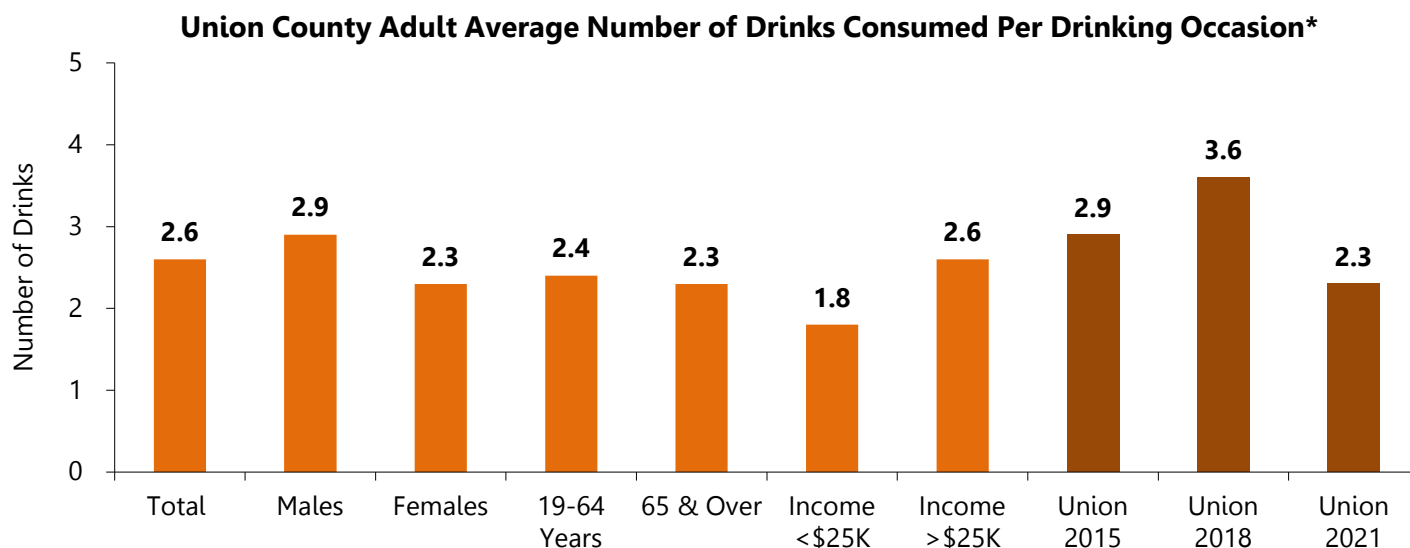
DIABETES

Eleven percent (11%) of Union County adults had been told by a doctor or health professional that they had diabetes.
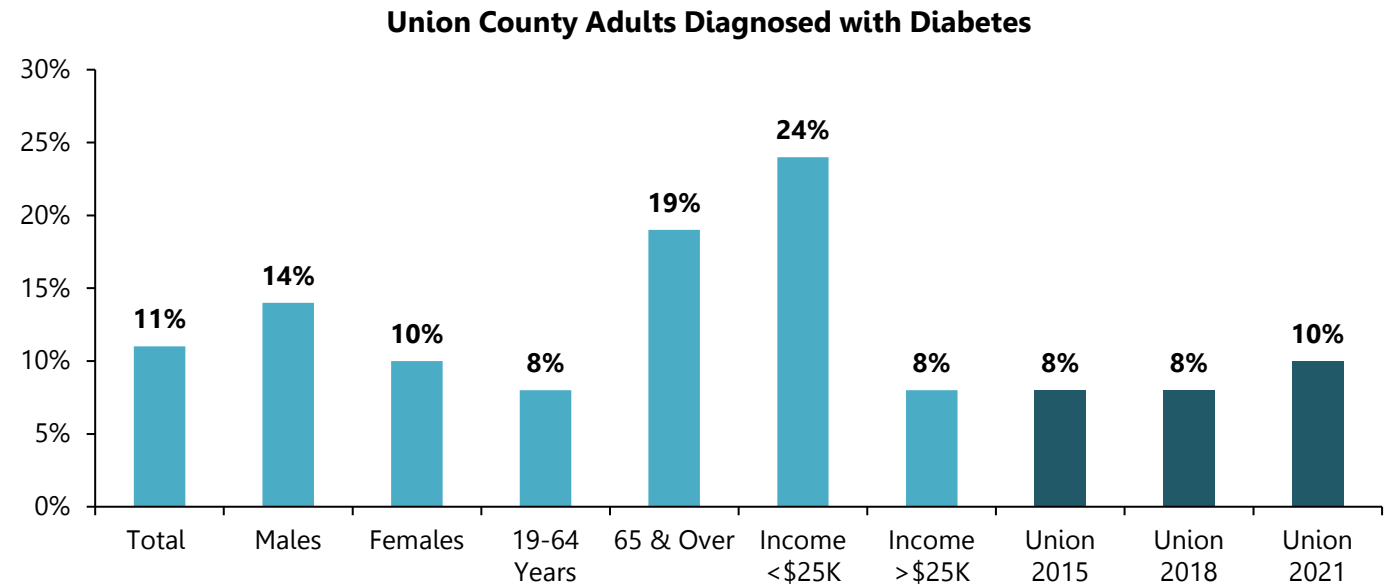
Union County Adults Diagnosed with Diabetes

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.

QUALITY OF LIFE

In 2024, 50% of Union County adults were limited in some way because of a physical, mental, or emotional problem. The most limiting health problems were back or neck problems (41%); stress, depression, anxiety, or emotional problems (35%); arthritis/rheumatism (29%); chronic pain (25%); and fitness level (23%).
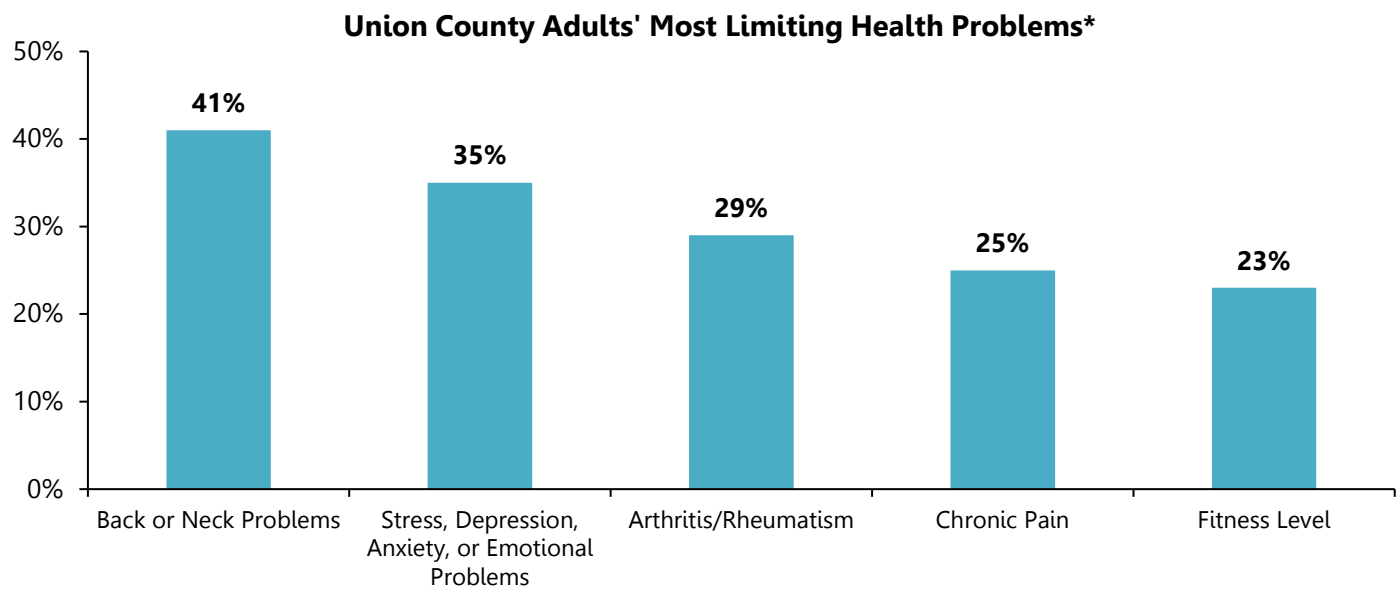
Union County Adults' Most Limiting Health Problems*

*Health problems are reported among adults who indicated major impairments or health problems (physical, mental, or emotional) that limited their activities

Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2024, 6% of Union County adults experienced more than one food insecurity in the past year. Fifteen percent (15%) of Union County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime.
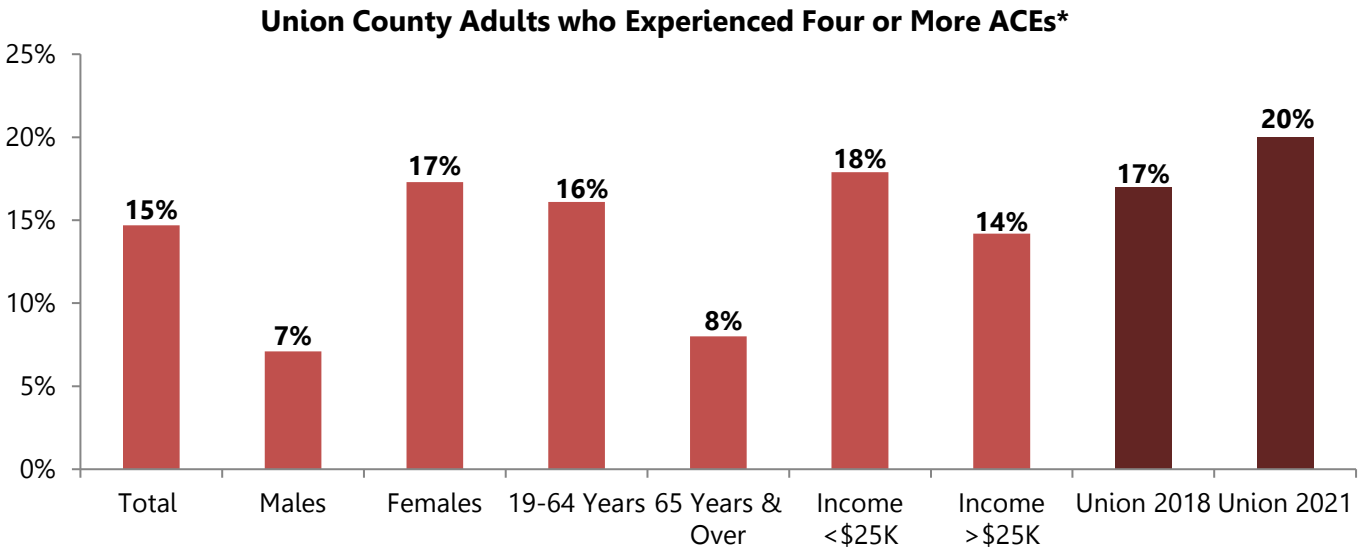
Union County Adults who Experienced Four or More ACEs*

*Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, or neglect; witness violence in the home or community; or having a family member attempt or die by suicide (Source: CDC, Adverse Childhood Experiences).

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.
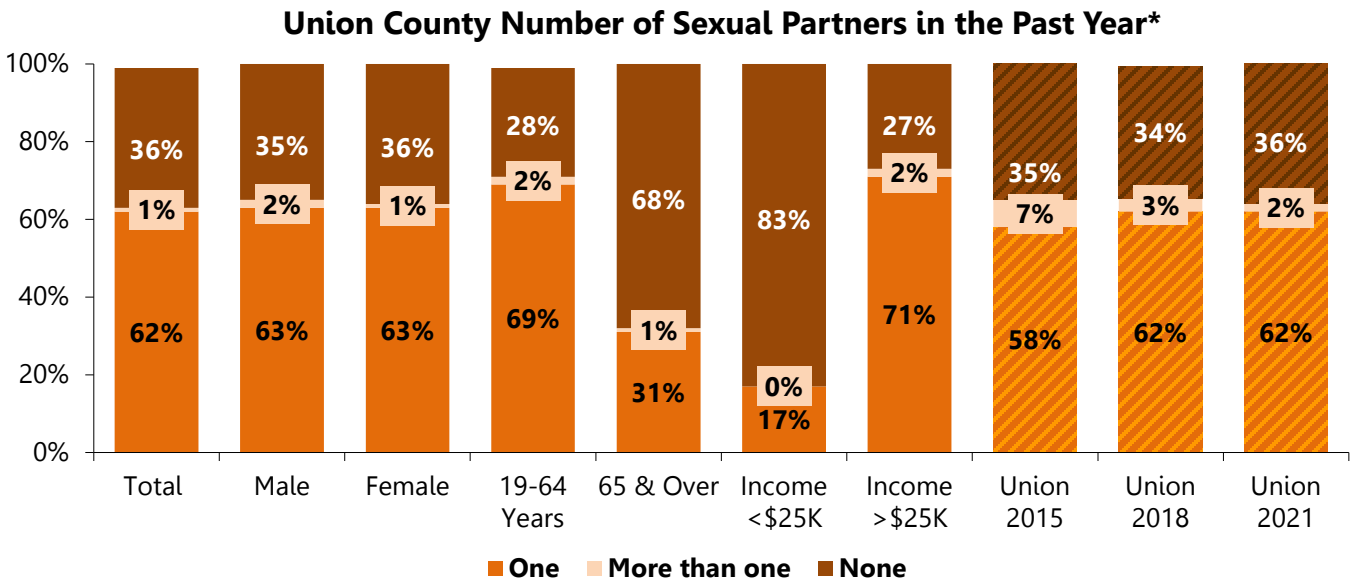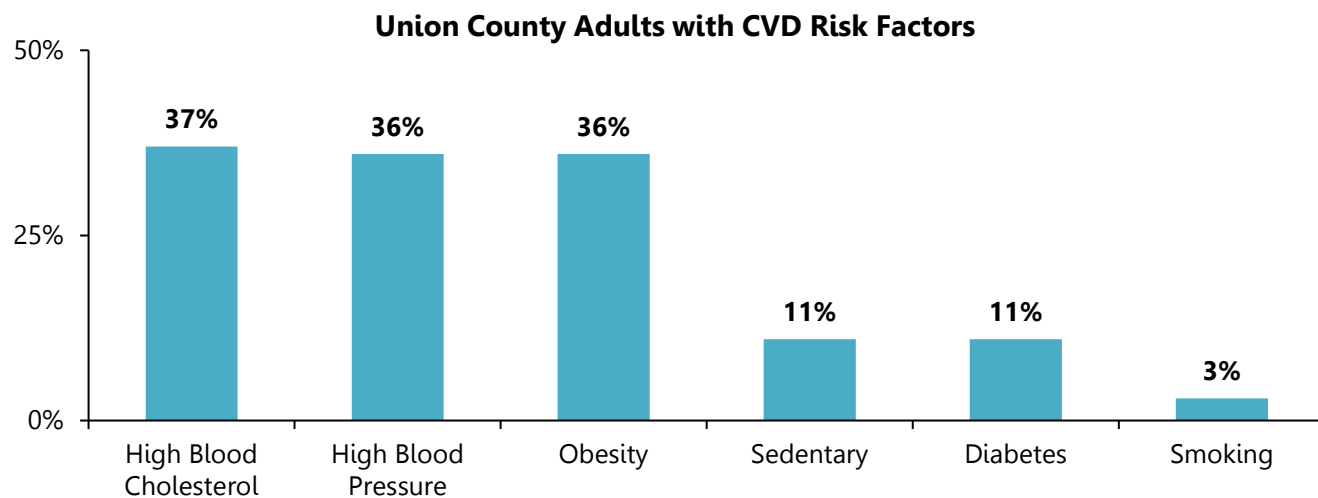
ENVIRONMENTAL HEALTH

The top three environmental health issues reported by Union County adults were air quality (11%), mold (5%), and insects (4%). Two percent (2%) of adults indicated they did not have a family disaster plan in preparation for a disaster.

PARENTING

Ninety-four percent (94%) of Union County parents talked to their 12- to 17-year-old about bullying in the past year.

Adult Trend Summary

Adult Variables	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Health Status						
Rated health as excellent, very good or good	86%	86%	90%	**85%**	81%	82%
Rated health as excellent or very good	48%	52%	52%	**48%**	46%	48%
Rated general health as fair or poor	14%	14%	10%	**15%**	19%	18%
Average days that physical health not good in past month	3.2	5.1	4.5	**4.5**	3.3¥	3.3¥
Rated their physical health as not good on four or more days in the previous month	19%	27%	25%	**26%**	25%€	24%€
Average days that mental health not good in past month	4.6	5.4	4.3	**4.7**	5.4¥	4.8¥
Rated their mental health as not good on four or more days in the previous month	24%	30%	25%	**33%**	33%€	30%€
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	32%	31%	**N/A**	N/A	N/A
Health Care Coverage, Access, and Utilization						
Uninsured	10%	10%	7%	**10%**	6%	7%
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	69%	**80%**	84%	85%
Visited a doctor for a routine checkup in the past year	51%	54%	53%	**72%**	75%	78%
Cardiovascular Health						
Had angina or coronary heart disease	2%	5%	6%	**4%**	4%	4%
Had a heart attack	3%	6%	5%	**4%**	4%	4%
Had a stroke	2%	4%	2%	**3%**	3%	3%
Had been diagnosed with high blood pressure	29%	34%	34%	**36%**	34%	34%
Had been diagnosed with high blood cholesterol	32%	32%	34%	**37%**	34%	37%
Had blood cholesterol checked within the past 5 years	72%	73%	73%	**81%**	85%	87%
Weight Status						
Overweight	36%	38%	36%	**35%**	33%	35%
Obese (includes severely and morbidly obese)	28%	34%	29%	**36%**	34%	34%
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	59%	58%	46%	**51%**	56%	52%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	21%	16%	**12%**	15%	15%
Tobacco Use						
Current smoker (currently smoke some or all days)	10%	12%	6%	**3%**	11%	12%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	24%	**26%**	26%	25%

N/A - Not Available
€ 2020 BRFSS Data
¥ 2021 BRFSS Data compiled by 2024 County Health Rankings

Adult Variables	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Marijuana and Drug Use						
Adults who used recreational marijuana in the past six months	9%	12%	9%	**9%**	N/A	N/A
Adults who misused prescription drugs in the past six months	18%	6%	6%	**5%**	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	7%	3%	2%	**1%**	N/A	N/A
Preventive Medicine						
Had a pneumonia vaccine (age 65 and older)	69%	71%	68%	**62%**	74%	72%
Had a flu shot in the past year (age 65 and over)	77%	70%	71%	**56%**	65%	63%
Female Health						
Had a clinical breast exam in the past two years (age 40 and older)	61%	56%	60%	**53%**	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	65%	62%	69%	**75%**	69%*	70%*
Had a Pap smear in the past three years (age 21-65)	N/A	67%	68%	**57%**	78%€	78%€
Male Health						
Had a digital rectal exam in the past year	12%	10%	6%	**10%**	N/A	N/A
Quality of Life						
Limited in some way because of physical, mental or emotional problem	24%	33%	49%	**50%**	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	4%	6%	3%	**3%**	N/A	N/A
Attempted suicide in the past year	2%	1%	1%	**0%**	N/A	N/A
Oral Health						
Adults who have visited the dentist or dental clinic in the past year	64%	64%	69%	**64%**	66%*	65%*
Diabetes & Asthma						
Had been diagnosed with diabetes	8%	8%	10%	**11%**	12%	12%
Had been diagnosed with asthma	14%	17%	16%	**20%**	18%	16%

N/A - Not Available
* 2022 BRFSS Data
€ 2020 BRFSS Data

HEALTH CARE ACCESS

Health Care Coverage

Access and Utilization

Preventive Medicine

Female Health

Male Health

Oral Health

Note for populations: "Adults" are defined throughout the report as those ages 19 and older living in Union County.

Health Care Access: Health Care Coverage

In Union County, 10% of adults, or approximately 2,039 adults, were uninsured.

General Health Coverage

- In 2024, 90% of Union County adults had health care coverage, leaving 10% of adults uninsured.

- The top reasons uninsured adults gave for being without health care coverage in the past year included
  1. They could not afford to pay the premiums/cost (48%)
  2. Spouse or parent lost job or changed employers (29%)
  3. Unable to access the exchange (29%)
  4. They lost their job or changed employers (16%)

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

The following graph shows the percentage of Union County adults who were uninsured. Examples of how to interpret the information in the graph include: 10% of all Union County adults were uninsured, including 11% of females and 12% of adults with annual household incomes higher than $25,000.
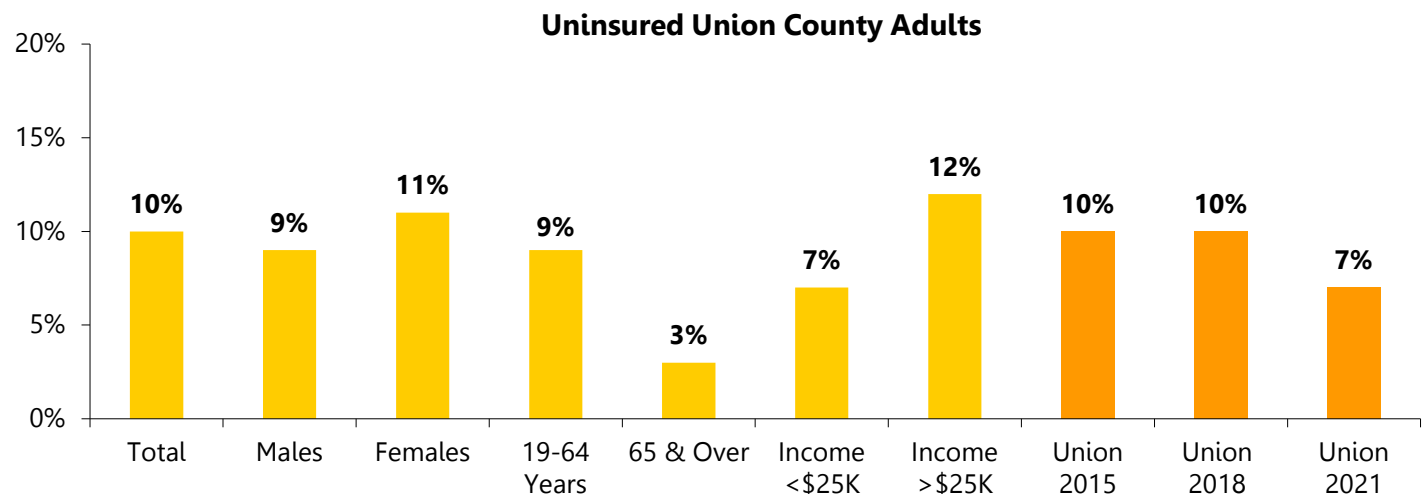
Uninsured Union County Adults

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.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Uninsured	10%	10%	7%	**10%**	6%	7%

Healthy People 2030
Access to Health Services (AHS)

Objective	Union County 2024	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	90%	92%

(Sources: 2024 Union County Health Assessment, Healthy People 2030 Objectives)

General Health Coverage, *continued*

- Union County adults had the following issues regarding their health care coverage:
  — Cost (34%)
  — Limited in-network providers in the area (21%)
  — Opted out of certain coverage because they could not afford it (15%)
  — Service is not deemed medically necessary (12%)
  — Could not understand insurance plan (11%)
  — Service is no longer covered (10%)
  — Provider is no longer covered (8%)
  — Limited visits (7%)
  — Working with insurance company (5%)
  — Opted out of certain coverage because they did not need it (3%)
  — Pre-existing conditions (2%)

- Half (50%) of Union County adults had insurance through their employer or someone else's employer.

The following graph shows the source of Union County adults' insurance coverage.

Source of Health Coverage for Union County Adults

Source	Percentage
Employer	40%
Medicare	22%
Someone Else's Employer	10%
Medicaid or Medical Assistance	8%
Multiple-private sources	5%
Multiple-governmental sources	5%
Self purchased	5%
Health Insurance Marketplace	2%
The military	2%

The following graph shows services included in Union County Adults' Health Insurance Coverage.

Services Included in Union County Adult's Health Insurance Plans

Service	Yes	No	Don't Know
Medical	94%	1%	5%
Prescription Coverage	91%	3%	6%
Preventive Health	89%	2%	9%
Immunizations	81%	5%	14%
Outpatient Therapy	69%	6%	25%
Mental Health	66%	6%	28%
Dental	65%	28%	7%
Vision/Eyeglasses	60%	32%	8%
County Physicians	58%	5%	37%
Family members (e.g., spouse, partner, children)	52%	37%	11%
Hearing	38%	26%	36%
Alcohol and Drug Treatment	31%	11%	58%
Skilled Nursing/Assisted Living (inpatient rehab/therapy)	30%	12%	58%
Hospice	21%	18%	61%
Home Care	17%	22%	61%
Long Term Care	15%	22%	63%
Assisted Living	9%	24%	67%
Transportation	8%	29%	63%

■ Yes   ■ No   ■ Don't Know

Employee Wellness

- Union County adults reported having access to the following wellness programs through their employer or spouse's employer: free/discounted gym membership (16%), counseling services (14%), stress management/mindfulness programs (11%), health risk assessment (9%), gift cards or cash for participation in wellness programs (9%), on-site fitness facility (8%), lower insurance premiums for participation in wellness programs (7%), free/discounted weight loss program (6%), free/discounted smoking cessation program (4%), healthier food options in vending machines or cafeteria (4%), on-site health screenings (2%), lower insurance premiums for positive changes in health status (2%), gift cards or cash for positive changes in health status (1%), on-site health education classes (1%), and other (6%). Forty percent (40%) of adults reported having no access to any wellness program.

Health Care Access: Access and Utilization

16%, or approximately 3,263 Union County adults, needed care in the past 12 months but did not get it.

Health Care Access

- Almost three-fourths (72%) of Union County adults visited a doctor for a routine checkup in the past year, increasing to 79% of those over the age of 65.

The following graph shows the percentage of Union County adults who had a routine checkup in the past year. Examples of how to interpret the information include: 72% of all Union County adults had a routine check-up in the past year, including 72% of males and 71% of females.
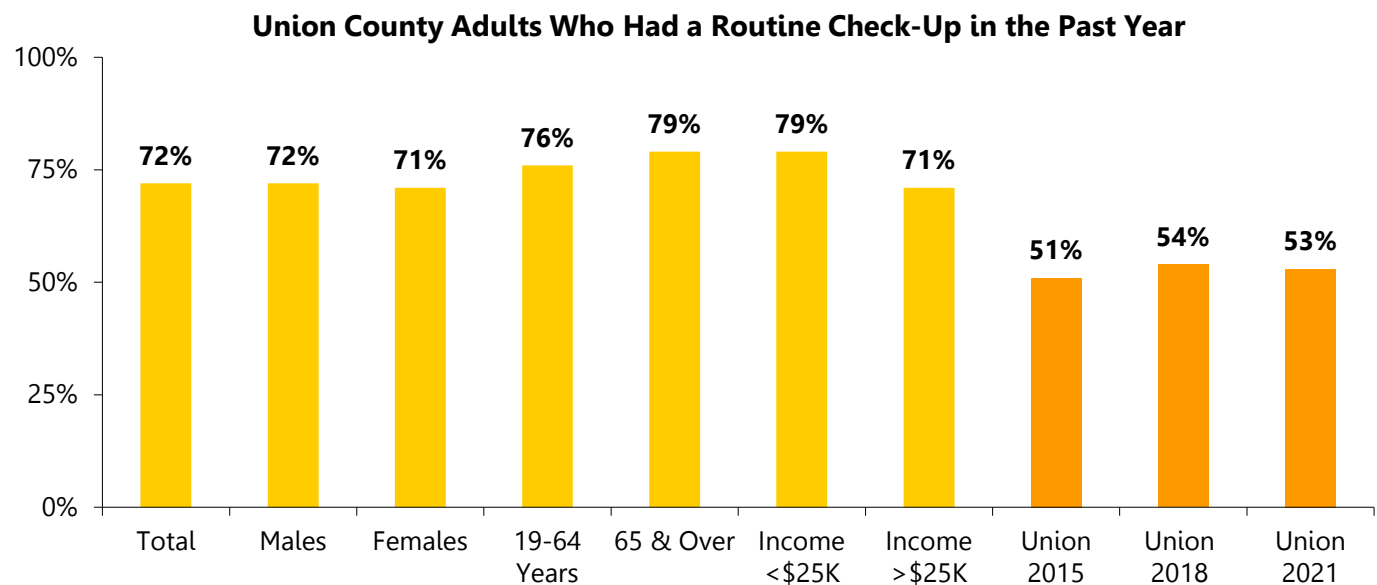
Union County Adults Who Had a Routine Check-Up in the Past Year

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.

- Sixteen percent (16%) of adults reported there was a time in the past 12 months they needed care but could not get it.

- Fifty-six percent (56%) of adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-four percent (24%) of adults had more than one person they thought of as their personal health care provider, and 15% did not have one at all.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	69%	**80%**	84%	85%
Visited a doctor for a routine checkup in the past year	51%	54%	53%	**72%**	75%	78%

Health Care Access, *continued*

- Union County adults gave the following reasons for not having a usual source of medical care: had two or more usual places (12%); have not needed a doctor (9%); previous doctor or health care professional is unavailable or has moved (7%); not accepting new patients (5%); no insurance/cannot afford (3%); did not know where to go (3%); do not like/trust/believe in doctors or health care professionals (3%); no place is available/close enough (1%); not accepting Medicare, Medicaid, or Health Care Exchange (1%); outstanding bill (1%); and other reasons (4%).

- Adults indicated they or someone in their household accessed care in Union County at the following places:
  — Grande Ronde Hospital Regional Medical Clinic (64%)
  — Grande Ronde Hospital Urgent Care (36%)
  — Grande Ronde Hospital Women's Clinic (28%)
  — Grande Ronde Hospital Emergency Room (28%)
  — La Grande Family Practice (27%)
  — La Grande Urgent Care (22%)
  — Local chiropractor office (15%)
  — Grande Ronde Hospital Children's Clinic (15%)
  — Union County VA Clinic (7%)
  — Internet (5%)
  — Center for Human Development (3%)
  — Naturopath (2%)
  — La Grande Post-Acute Rehab (1%)
  — Other (4%)

- In the past year, adults visited the emergency room at the following frequencies: 0 times (75%), 1 or 2 times (21%), 3 to 5 times (3%), and 6 or more times (1%).

- Adults who used the emergency room for health care reported the following reasons: serious illness/injury (63%), could not get into primary care physician because of time of day/too long of a wait (15%), doctor referral (13%), did not have a primary care physician (3%), and what they have always done/what they were used to (1%).

- Nearly one-fourth (23%) of adults did not get prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (42%), too expensive (29%), insurance denied coverage (26%), they did not think they needed it (11%), there was no generic equivalent (11%), they stretched their prescription by taking less than prescribed (10%), side effects (8%), fear of addiction (1%), transportation (1%), and taking too many medications (1%).

- Main reasons adults or someone in their household did not get medical care in the past 12 months included the following: too long of a wait for an appointment (48%), cost (33%), no insurance (29%), distance (17%), provider did not take their insurance (12%), office was not open when they could get there (12%), did not trust or believe doctors/health care providers (10%), fear of the doctor/health care providers or procedure (10%), concerned about privacy (7%), discrimination/concerned they would be treated differently (7%), inconvenient appointment times (7%), too embarrassed to seek help (5%), no child care (5%), no transportation (5%), too long of a wait in the waiting room (2%), and other (12%).

- Sixty-three percent (63%) of adults indicated they or someone in their household went outside of Union County for the following health care services in the past year: specialty care (63%), dental care (24%), mental health care/counseling services (18%), cardiac care (15%), female health services (obstetrics/gynecology) (13%), cancer care (13%), orthopedic care (9%), primary care (9%), emergency room services (5%), pediatric care and therapies (5%), gender affirming care (2%), rheumatology care (1%), addiction services (1%), and another service (20%).

Health Care Access, *continued*

- Reasons for regularly seeking care outside of Union County included the following:
  — Need care that they cannot get locally (36%)
  — Care is better elsewhere (21%)
  — Referred by provider (18%)
  — Next available wait times (5%)
  — More privacy (4%)
  — It costs less (3%)
  — Their insurance requires it (2%)
  — Closer to where they live or work (1%)
  — Other (7%)

- Adults preferred to access information about their health or health care services from the following: a doctor/health care team (83%); patient portal (e.g., MyChart) (46%); through a family member or friend (29%); internet searches (25%); texts on cell phone (13%); newspaper articles or radio/television news stories (4%); advertising or mailings from hospitals, clinics, or doctors' offices (4%); community-based health organizations (e.g., community health worker, home visitor) (3%); social media (1%); billboards (<1%); and other (5%).

- Five percent (5%) of adults experienced one or more of the following transportation issues when they needed services: no car (2%), disabled (2%), could not afford gas (1%), did not feel safe to drive (1%), limited public transportation available or accessible (1%), no public transportation available or accessible (1%), no car insurance (1%), other car issues/expenses (1%), cannot afford public transportation (<1%), and no driver's license/suspended license (<1%).

Availability of Services

The following chart shows the various programs Union County adults had looked for for themselves or a loved one.

Union County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Union County adults who looked and found a specific program	Union County adults who looked but did **NOT** find a specific program	Union County adults who did **NOT** look for a specific program	Union County adults who did **NOT** need a specific program
Depression, anxiety, or some mental health problem (25% of all adults looked)	19%	6%	9%	66%
Assist in care for the elderly (either in-home or out-of-home) (10% of all adults looked)	7%	3%	6%	84%
Weight problem (8% of all adults looked)	3%	5%	12%	80%
Family Planning (7% of all adults looked)	7%	0%	6%	87%
Disability (6% of all adults looked)	5%	1%	6%	88%
End-of-life care or Hospice (5% of all adults looked)	4%	<1%	5%	90%
Marital or family problems (4% of all adults looked)	2%	2%	6%	90%
Inpatient substance abuse/mental health treatment (3% of all adults looked**)**	1%	2%	5%	92%
Skilled Nursing (3% of all adults looked)	2%	<1%	6%	91%
Outpatient substance abuse/mental health treatment (3% of all adults looked)	2%	1%	5%	92%
Alcohol abuse (2% of all adults looked)	1%	1%	7%	91%
Drug Abuse (2% of all adults looked)	<1%	2%	6%	92%
Tobacco cessation (2% of all adults looked)	1%	<1%	5%	93%
Detoxification for opiates/heroin (2% of all adults looked)	1%	1%	5%	93%
Gambling abuse (<1% of all adults looked)	0%	0%	5%	95%

Health Care Access: Preventive Medicine

42% of adults, or approximately 8,565 adults, had a flu vaccine during the past year.

Preventive Medicine

- Almost half (42%) of Union County adults had a flu vaccine during the past year, increasing to 56% of adults ages 65 and over.

- More than one-third (38%) of adults had a pneumonia vaccine in their life, increasing to 62% of adults ages 65 and over.

The following graph shows vaccine uptake among Union County adults.

Vaccinations Among Union County Adults

Vaccine	Yes	No	Don't Know	Declined Vaccine
Measles, mumps and rubella (MMR) in your lifetime	74%	14%	10%	2%
Tetanus, diphtheria, and pertussis (Tdap or TD) in the past 10 years	71%	18%	11%	0%
Chicken pox (Varicella) vaccine in your lifetime	50%	39%	7%	4%
Hepatitis B vaccine in your lifetime	45%	30%	23%	2%
Annual seasonal flu (Influenza) vaccine in the past year	42%	42%	2%	14%
Hepatitis A vaccine in your lifetime	39%	37%	21%	3%
Pneumonia vaccine in your lifetime	38%	36%	22%	4%
Haemophilus influenzae or Influenza type B (Hib) vaccine in your lifetime	31%	40%	23%	6%
COVID-19 vaccine in the past year	28%	52%	1%	19%
Meningococcal vaccine (MenACWY or MenB) in your lifetime	26%	36%	35%	3%
Zoster (Shingles) (Zostavax/Shingrix) vaccine in your lifetime	22%	57%	18%	3%
Human Papillomavirus (HPV) vaccine in your lifetime	18%	54%	20%	8%
Respiratory Syncytial Virus (RSV) in your lifetime	16%	51%	27%	6%

Preventive Medicine, *continued*

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had a pneumonia vaccination (age 65 and over)	69%	71%	68%	**62%**	74%	72%
Had a flu shot in the past year (age 65 and over)	77%	70%	71%	**56%**	65%	63%

Healthy People 2030
Immunization and Infectious Diseases (IID)

Objective	Union County 2024	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	42%	70%

(Sources: 2024 Union County Health Assessment, Healthy People 2030 Objectives)

Preventive Health Screenings and Exams

- Adults in Union County indicated they had received the following tests/screenings:
  — Depression in the past year (26%)
  — Blood stool tests (FIT or Cologuard) in the past year (17%)
  — Skin cancer in the past year (13%)
  — Bone density in the past year (10%)
  — Balance/falls in the past year (9%)
  — Colorectal cancer in the past 5 years (8%)
  — Oral cancer in the past year (2%)
  — Genetic testing in the past year (2%)
  — Lung cancer in the past 3 years (1%)
  — BRCA gene test in the past year (1%)

- For information on mammograms, clinical breast exams, self-breast exams, and pap smear screenings among females in Union County, refer to the Female Health Section.

- For information on digital rectal exams, self-testicular exams, and prostate-specific antigen testing among males in Union County, see the Male Health Section.

Health Care Topics

The following chart shows the various topics Union County adults indicated their health care professional had addressed with them in the past year.

Health Care Topics Addressed by Health Care Professionals in the Past Year

Health Care Topics	Total 2015	Total 2018	Total 2021	Total 2024
Immunizations	18%	41%	62%	53%
Preventive screenings	N/A	N/A	40%	42%
Family history	N/A	43%	42%	40%
Weight control (diet, physical activity)	N/A	23%	37%	33%
Depression, anxiety, or emotional problems	18%	28%	29%	32%
Safe use of prescription medication	N/A	29%	31%	29%
Self-breast exams	N/A	N/A	34%	27%
Family planning	N/A	10%	7%	15%
Alternative pain management	N/A	N/A	14%	14%
Falls	N/A	11%	12%	13%
Alcohol use	5%	14%	9%	12%
Tobacco use	N/A	16%	9%	12%
PSA test	N/A	11%	12%	11%
Bone density	N/A	12%	10%	10%
Sexually transmitted diseases (STDs)	N/A	5%	6%	10%
Safe use of opiate-based pain medication	N/A	8%	12%	8%
Injury prevention such as safety belt use, helmet use, or smoke detectors	3%	9%	8%	8%
Safe disposal of medications	N/A	N/A	7%	8%
Domestic violence	3%	9%	4%	7%
Illicit drug abuse	<1%	4%	2%	7%
Firearm safety	N/A	5%	5%	4%
Self-testicular exams	N/A	3%	4%	4%

N/A - Not Available

Table 1 — Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) / 1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes / See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Legend:
- (Yellow) Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
- (Purple) Recommended vaccination for adults with an additional risk factor or another indication
- (Blue) Recommended vaccination based on shared clinical decision-making
- (Gray) No recommendation/Not applicable

(Source: Centers for Disease Control and Prevention, Recommended Adult Immunization Schedule, 2024)

Women's Health Screenings

- A mammogram is an x-ray picture of the breast to detect breast cancer. In 2024, 57% of women had a mammogram at some time in their life, and 31% had this screening in the past year.

- More than half (52%) of women aged 40 and over had a mammogram in the past year, and 75% had one in the past two years.

- Eighty-eight percent (88%) of Union County women had a clinical breast exam at some time in their life, and 39% had one within the past year. Over half (53%) of women age 40 and over had a clinical breast exam in the past two years.

- Seventy-nine percent (79%) of Union County women had performed a self-breast exam at some time in their life, and 66% had conducted one within the past year. Seventy percent (70%) of women age 40 and over had performed a self-breast exam in the past two years.

- A pap smear is a procedure to test for cervical cancer in women. Seventy-nine percent (79%) of Union County women had a Pap smear in their life, and 18% reported having had the exam in the past year. Fifty-seven percent (57%) of women ages 21-65 had a Pap smear in the past three years.

The following graph shows the percentage of Union County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 31% of Union County females had a mammogram within the past year, 39% had a clinical breast exam, and 18% had a Pap smear.
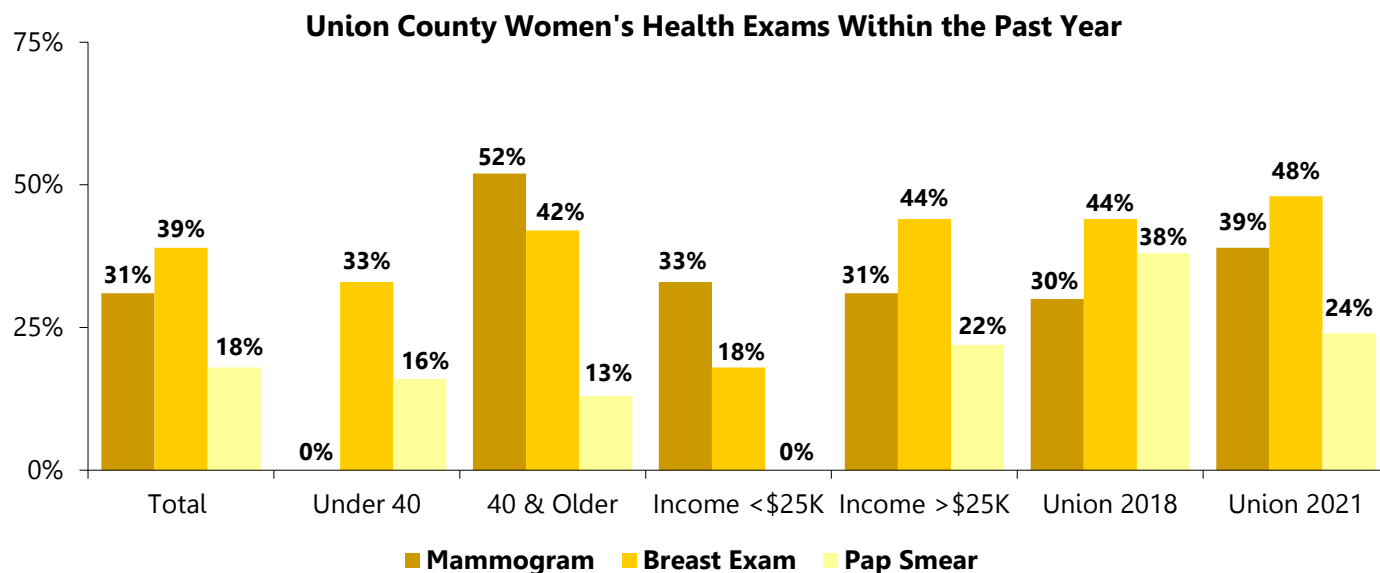
Union County Women's Health Exams Within the Past Year

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.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had a clinical breast exam in the past two years (age 40 & over)	61%	56%	60%	**53%**	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	65%	62%	69%	**75%**	69%*	70%*
Had a Pap smear in the past three years (age 21-65)	N/A	67%	68%	**57%**	78%**	78%**

N/A - Not Available
*2022 BRFSS Data
**2020 BRFSS Data

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns:
  — Grande Ronde Hospital Women's Clinic (56%)
  — La Grande Family Practice (17%)
  — Grande Ronde Hospital Regional Medical Clinic (17%)
  — Gynecologist outside of Union County (6%)
  — Provider outside of Union County (6%)
  — Grande Ronde Hospital Elgin Clinic (5%)
  — Grande Ronde Hospital Union Clinic (3%)
  — Center for Human Development (2%)
  — Urgent care (1%)
  — Some other kind of place (1%)

- Six percent (6%) of women indicated they did not have a usual source of care for female health concerns.

Pregnancy

- Fifteen percent (15%) of Union County women had been pregnant in the past five years.

- During their last pregnancy within the past five years, Union County women: got prenatal care in the first three months (100%), took a multi-vitamin with folic acid during pregnancy (100%), got a dental exam (79%), took a multi-vitamin with folic acid pre-pregnancy (71%), took folic acid/prenatal vitamin (71%), took folic acid pre-pregnancy (43%), experienced depression (36%), took folic acid during pregnancy (36%), and received WIC services (14%).

Men's Health Screenings

- Thirty percent (30%) of men performed at least one self-testicular exam in the past year, including 17% of men who performed four or more in the past year. Twenty-six percent (26%) of men reported they had never been taught by a health care professional how to perform one.

- A digital rectal exam is when a health professional examines the prostate gland to detect cancer. More than half (51%) of men had a digital rectal exam in their lifetime, and 10% had one in the past year.

- Seventeen percent (17%) of males ages 50 and over had a digital rectal exam in the past year.

- A prostate-specific antigen (PSA) test measures the level of PSA in the blood and is a common method utilized to screen for prostate cancer. Forty percent (40%) of Union County males had a prostate-specific antigen (PSA) test at some time in their life, and 27% had one in the past year.

The following graph shows the percentage of Union County male adults that had a digital rectal exam in their lifetime. Examples of how to interpret the information shown on the graph include: 51% of Union County males had a digital rectal exam in their lifetime, including 71% of those ages 50 and older and 43% of those with incomes less than $25,000.
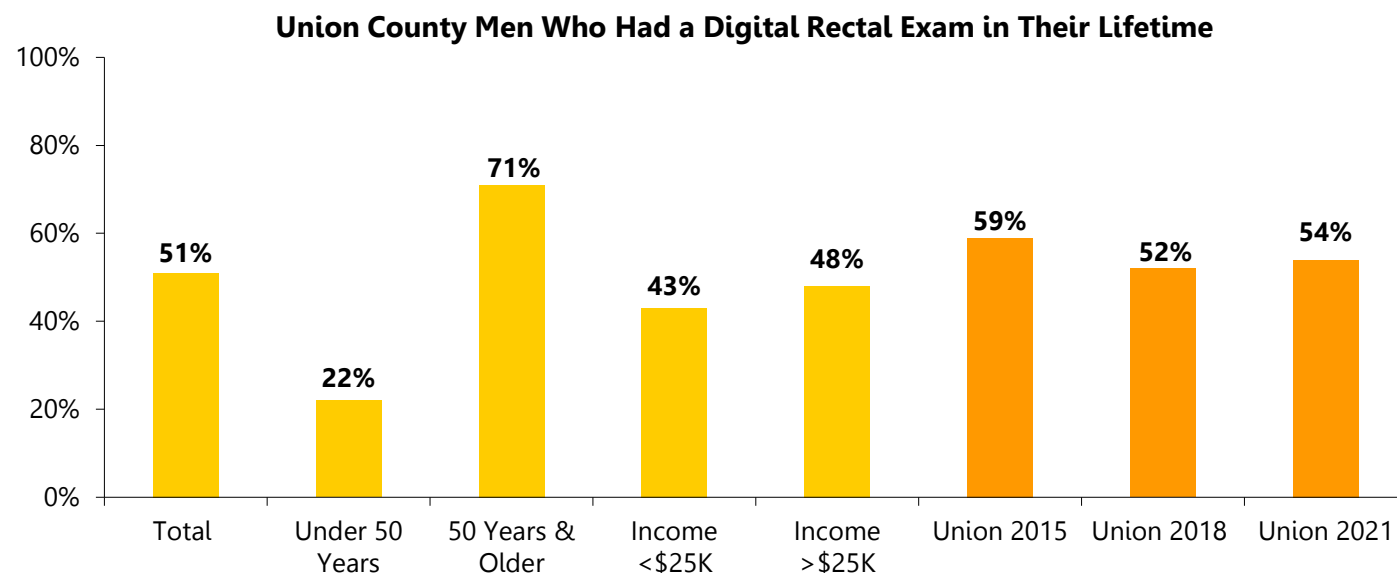
Union County Men Who Had a Digital Rectal Exam in Their Lifetime

Category	Percentage
Total	51%
Under 50 Years	22%
50 Years & Older	71%
Income <$25K	43%
Income >$25K	48%
Union 2015	59%
Union 2018	52%
Union 2021	54%

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	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had a digital rectal exam in the past year	12%	10%	6%	**10%**	N/A	N/A

N/A - Not Available

Men's Health Concerns

- Men used the following as their usual source of services for male health concerns: Grande Ronde Hospital Regional Medical Clinic (44%), La Grande Family Practice (19%), Union County VA Clinic (8%), provider outside of Union County (7%), Grande Ronde Hospital Union Clinic (4%), Grande Ronde Hospital Elgin Clinic (3%), and some other kind of place (4%).

- Seventeen percent (17%) of men reported they do not have a usual source of care for men's health concerns.

# Health Care Access: Oral Health

During the past year, 64% of adults or approximately 13,051 Union County adults, visited a dentist or dental clinic.

Access to Dental Care

- In the past year, 64% of Union County adults had visited a dentist or dental clinic, decreasing to 46% of adults with annual household incomes less than $25,000.

- Seventy-one percent (71%) of Union County adults with dental insurance had been to the dentist in the past year, compared to 46% of those without dental insurance.

The following graph shows the percentage of Union County adults who visited a dentist or dental clinic in the last year. Examples of how to interpret the information on the first graph include: 64% of all Union County adults had been to the dentist in the past year, including 65% of males and 46% of adults with annual household incomes less than $25,000.
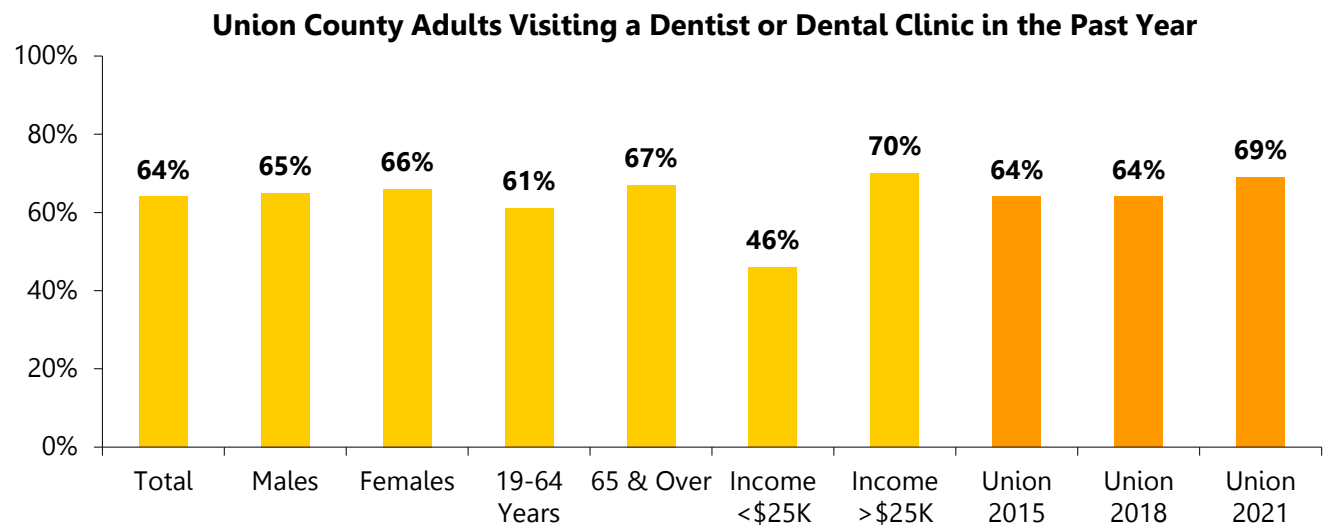
Union County Adults Visiting a Dentist or Dental Clinic in the Past Year

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.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More Years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	65%	5%	13%	14%	0%
Females	66%	8%	11%	13%	1%
19-64 Years Old	61%	9%	13%	14%	1%
65 Years Old and Older	67%	8%	8%	13%	1%
Income <$25K	46%	11%	4%	25%	4%
Income >$25K	70%	6%	12%	12%	0%
Total	64%	8%	12%	13%	<1%

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Adults who had visited the dentist or dental clinic in the past year	64%	64%	69%	**64%**	66%*	65%*

*2022 BRFSS Data

Access to Dental Care, *continued*

- Union County adults reported the following reasons for not visiting a dentist in the past year:
  — No reason to go/had not thought of it (24%)
  — Fear, apprehension, nervousness, pain, dislike going (24%)
  — Cost (22%)
  — Have dentures (6%)
  — Did not have/know a dentist (6%)
  — Could not get into a dentist (2%)
  — Could not find a dentist that takes Medicaid (1%)
  — Other (5%)

- Union County adults reported having the following oral health issues: pain (8%), loose teeth (6%), difficulty eating/chewing (5%), problems with dentures (4%), no teeth (3%), mouth bleeding (2%), and skipped meals due to pain (1%). Sixteen percent (16%) of adults reported having more than one oral health issue.

HEALTH BEHAVIORS

Health Status Perceptions

Weight Status

Tobacco Use

Alcohol Consumption

Marijuana and Drug Use

Sexual Behavior

Mental Health

Note for population: "Adults" are defined throughout the report as those ages 19 and older living in Union County.
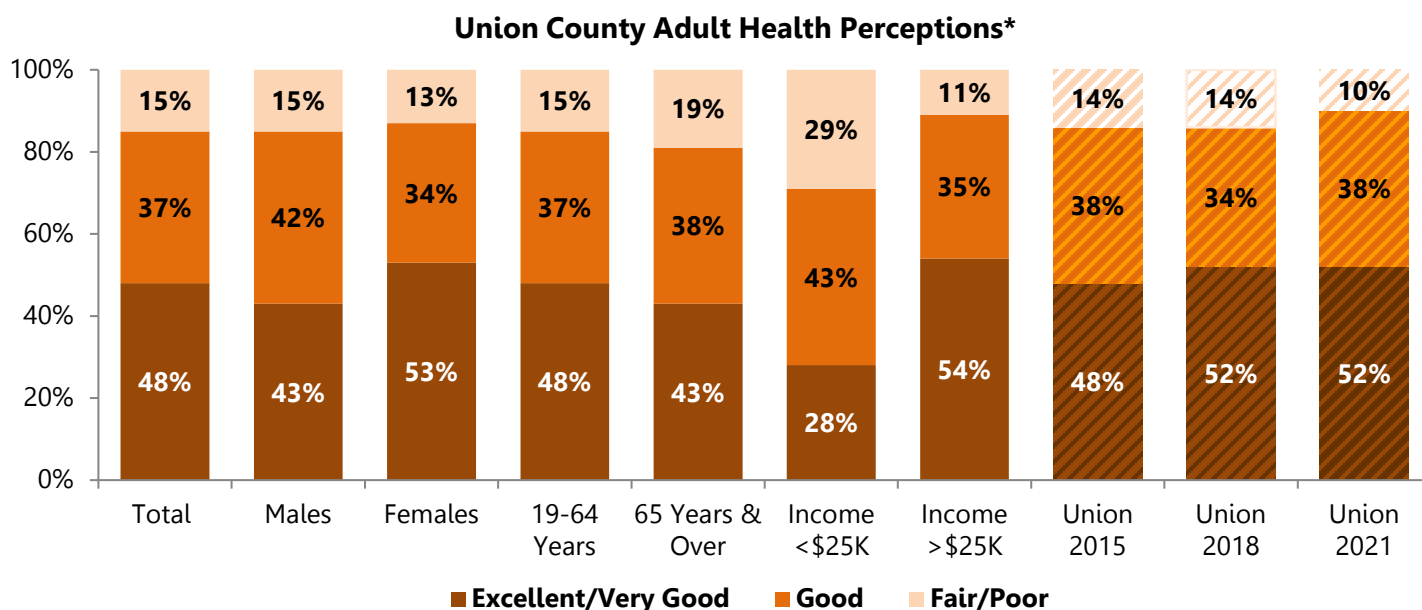
Health Behaviors: Health Status Perceptions

15% of adults, or approximately 3,059 Union County adults, rated their general health as fair or poor.

General Health Status

- In 2024, 48% of Union County adults rated their health as excellent or very good. Union County adults with higher incomes (54%) were most likely to rate their health as excellent or very good, compared to 29% of adults with incomes less than $25,000.

- Fifteen percent (15%) of adults rated their health as fair or poor.

- Union County adults were most likely to rate their health as fair or poor if they:
  — Had been diagnosed with diabetes (32%)
  — Had an annual household income under $25,000 (29%)
  — Had high blood pressure (25%)
  — Had high blood cholesterol (20%)
  — Were 65 years of age or older (19%)

The following graph shows the percentage of Union County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 48% of all Union County adults, 28% of adults with annual household incomes less than $25,000, and 53% of females rated their health as excellent or very good.

Union County Adult Health Perceptions*

	Total	Males	Females	19-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
Fair/Poor	15%	15%	13%	15%	19%	29%	11%	14%	14%	10%
Good	37%	42%	34%	37%	38%	43%	35%	38%	34%	38%
Excellent/Very Good	48%	43%	53%	48%	43%	28%	54%	48%	52%	52%

■ 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.
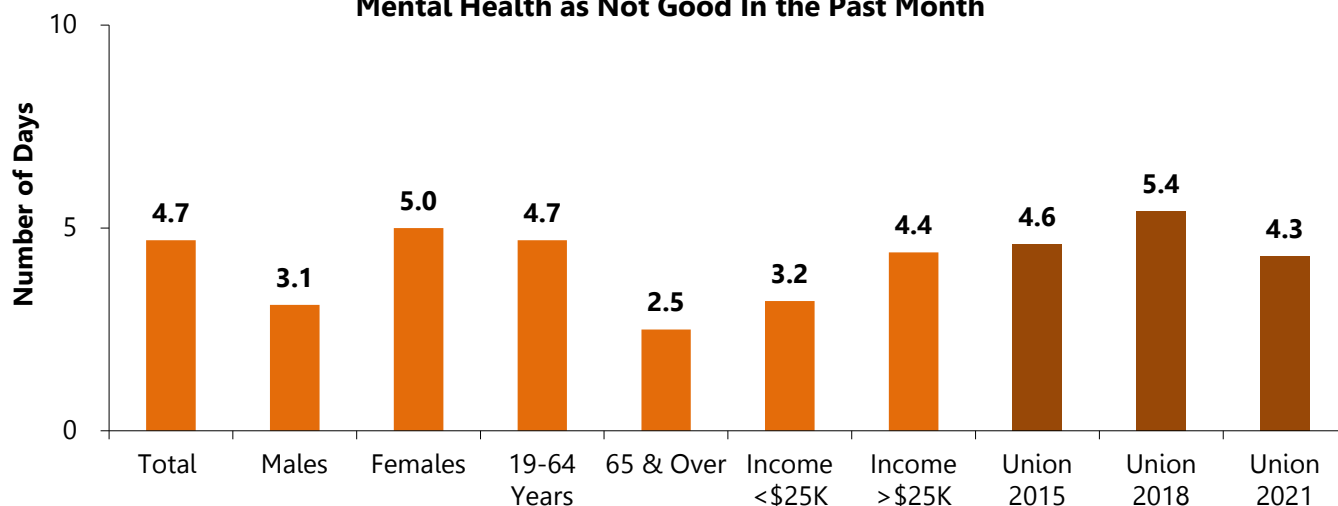
Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Rated health as good, very good or excellent	86%	86%	90%	**85%**	81%	82%
Rated health as excellent or very good	48%	52%	52%	**48%**	46%	48%
Rated health as fair or poor	14%	14%	10%	**15%**	19%	18%

Mental Health Status

- One-third (33%) of Union County adults rated their mental health as not good on four or more days in the previous month.

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

The following graph shows the average number of days that Union County adults reported their mental health as not good in the previous month. Examples of how to interpret the information include: Union County adults reported their mental health as not good on an average of 4.7 days in the previous month, increasing to 5.0 days for females and 3.2 days for adults with annual household incomes less than $25,000.

Average Number of Days Union County Adults Reported Their Mental Health as Not Good In the Past Month

Category	Number of Days
Total	4.7
Males	3.1
Females	5.0
19-64 Years	4.7
65 & Over	2.5
Income <$25K	3.2
Income >$25K	4.4
Union 2015	4.6
Union 2018	5.4
Union 2021	4.3

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 table shows the percentage of adults with poor mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Mental Health Not Good in Past 30 Days*					
Males	57%	16%	6%	1%	14%
Females	37%	14%	8%	6%	26%
19-64 Years	43%	18%	7%	3%	22%
65 & Over	64%	14%	4%	1%	11%
Income <$25K	48%	15%	7%	0%	15%
Income >$25K	45%	16%	7%	2%	23%
Total	44%	15%	8%	3%	22%

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

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Average days that mental health not good in past month	4.6	5.4	4.3	**4.7**	5.4**	4.8**
Rated their mental health as not good on four or more days in the previous month	24%	30%	25%	**33%**	33%*	30%*

*2022 BRFSS Data
**2021 BRFSS Data compiled by 2024 County Health Rankings

Physical Health Status

- Over one-quarter (26%) of Union County adults rated their physical health as not good on four or more days in the past month.

- Union County adults reported their physical health as not good on an average of 4.5 days in the past month.

The following table shows the percentage of adults with poor physical health in the past 30 days.

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%	19%	4%	0%	10%
Females	36%	21%	8%	7%	16%
19-64 Years	42%	22%	7%	2%	18%
65 Years & Over	57%	17%	4%	2%	12%
Income <$25K	46%	7%	7%	4%	29%
Income >$25K	44%	22%	7%	5%	9%
Total	42%	20%	6%	4%	15%

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

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Average days that physical health not good in past month	3.2	5.1	4.5	**4.5**	3.3**	3.3**
Rated their physical health as not good on four or more days in the previous month	19%	27%	25%	**26%**	25%*	24%*

*2022 BRFSS Data
**2021 BRFSS Data compiled by 2024 County Health Rankings
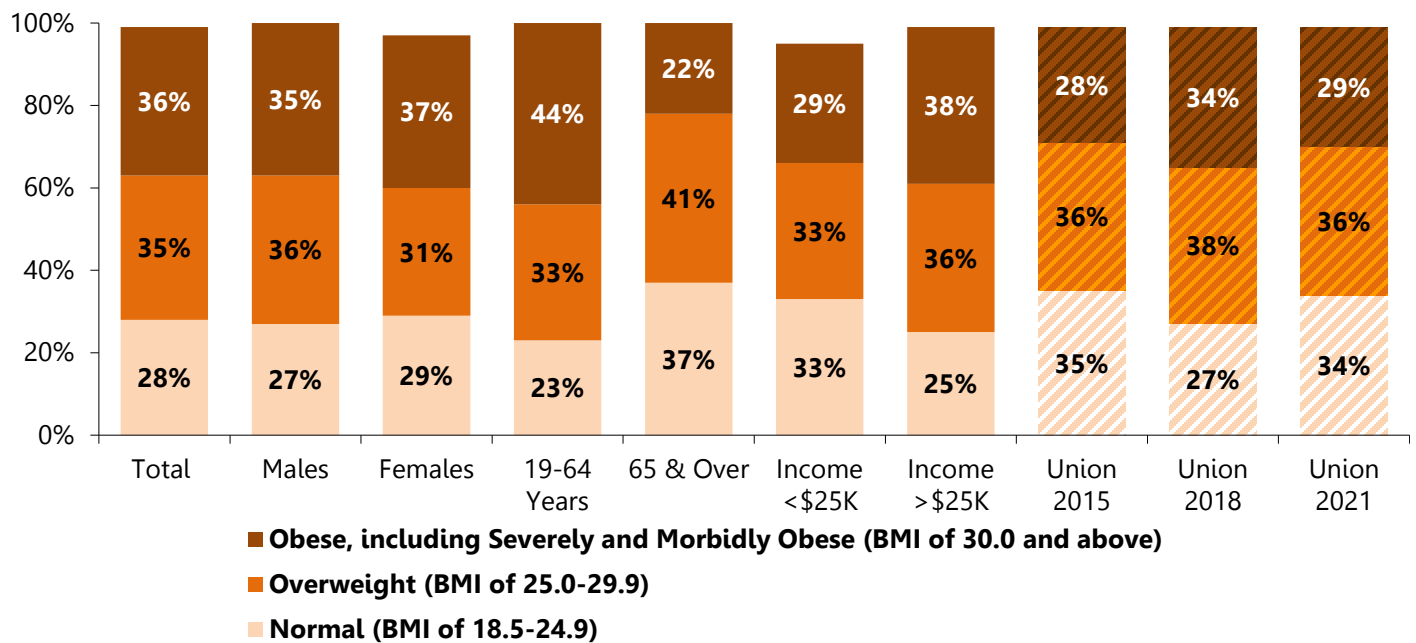N/A – Not Available

Health Behaviors: Weight Status

36% of Union County adults, or approximately 7,341 adults, were obese.

Weight Status

- In 2024, 71% of Union County adults were either overweight (35%) or obese (including severely and morbidly obese) (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

The following graph shows the percentage of Union County adults who were normal weight, overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 28% of all Union County adults were classified as normal weight, 35% were overweight, and 36% were obese.

Union County Adult BMI Classifications*

- **Obese, including Severely and Morbidly Obese (BMI of 30.0 and above)**
- **Overweight (BMI of 25.0-29.9)**
- **Normal (BMI of 18.5-24.9)**

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	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Obese (includes severely and morbidly obese)	28%	34%	29%	**36%**	34%	34%
Overweight	36%	38%	36%	**35%**	33%	35%

Healthy People 2030
Nutrition and Weight Status (NWS)

Objective	Union County 2024	Healthy People 2030 Target
NWS-03: Reduce the proportion of adults with obesity	36%	36%

(Sources: 2024 Union County Community Health Assessment, Healthy People 2030 Objectives)

Adult Weight Status, *continued*

- Union County adults did the following to lose weight or keep from gaining weight: exercised (43%); drank more water (42%); ate less food, fewer calories, or foods low in fat (42%); ate a low-carb diet (15%); took prescribed medications (4%); received health coaching (3%); went without eating for 24 or more hours (3%); used a weight loss program (3%); participated in dietary or fitness program prescribed by a health professional (1%); took diet pills, powders, or liquids without a doctor's advice (1%); smoked cigarettes (1%); had bariatric surgery (1%); and took laxatives (<1%).

Physical Activity

- On an average day, adults spent an average of: 3.2 hours on a computer/tablet (including work), 2.1 hours watching TV, 2.0 hours on a cell phone (talk, text, internet), and 0.2 hours playing non-active video games.

- In Union County, 69% of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week. Forty-seven percent (47%) of adults exercised five or more days per week. Eleven percent (11%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

- 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%); improvements to existing parks, trails, and paths (23%); better promotion and advertising of existing parks, trails, and paths (17%); and more public events and programs involving parks, trails, and paths (13%). Fifty percent (50%) indicated that none of the above would help them use community, parks, bike trails, and walking paths more frequently.

Nutrition

The tables below indicate the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Union County adults consumed per day.

	0 servings	1-2 servings	3-4 servings	5 or more servings
Fruit	16%	76%	8%	0%
Vegetables	6%	72%	21%	1%
Fruits and/or vegetables	6%	47%	31%	16%

	0 servings	1-2 servings	3-4 servings	5 or more servings
Sugar-sweetened beverages	45%	47%	6%	2%
Caffeinated beverages	11%	61%	22%	6%

- In 2024, 47% of adults ate 1 to 2 servings of fruits and/or vegetables per day, 31% ate 3 to 4 servings per day, and 16% ate 5 or more servings per day. Six percent (6%) of adults ate no servings of fruits and vegetables per day.

- Union County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (68%), healthiness of food (61%), cost (57%), ease of preparation/time (48%), food they were used to (45%), availability (38%), what their family prefers (37%), nutritional content (36%), calorie content (26%), if it is organic (19%), if it is genetically modified (14%), if it is lactose free (8%), food pantry availability (8%), artificial sweetener content (8%), health care provider's advice (7%), if it is gluten free (6%), other food sensitivities (6%), and limitations set by WIC (1%), and other reasons (8%).

- Adults reported the following barriers to consuming fruits and vegetables: too expensive (18%), did not like the taste (7%), did not know how to prepare (3%), no variety (3%), oral health problems (<1%), transportation issues (<1%), and other barriers (5%). Sixty-seven percent (67%) of adults reported they did not have any barriers in consuming fruits and vegetables.

The Food Environment Index measures the quality of the food environment in a county on a scale from 0-10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods & food insecurity.

- The food environment index in Union County is 8.1

- The food environment index in Oregon is 8.1
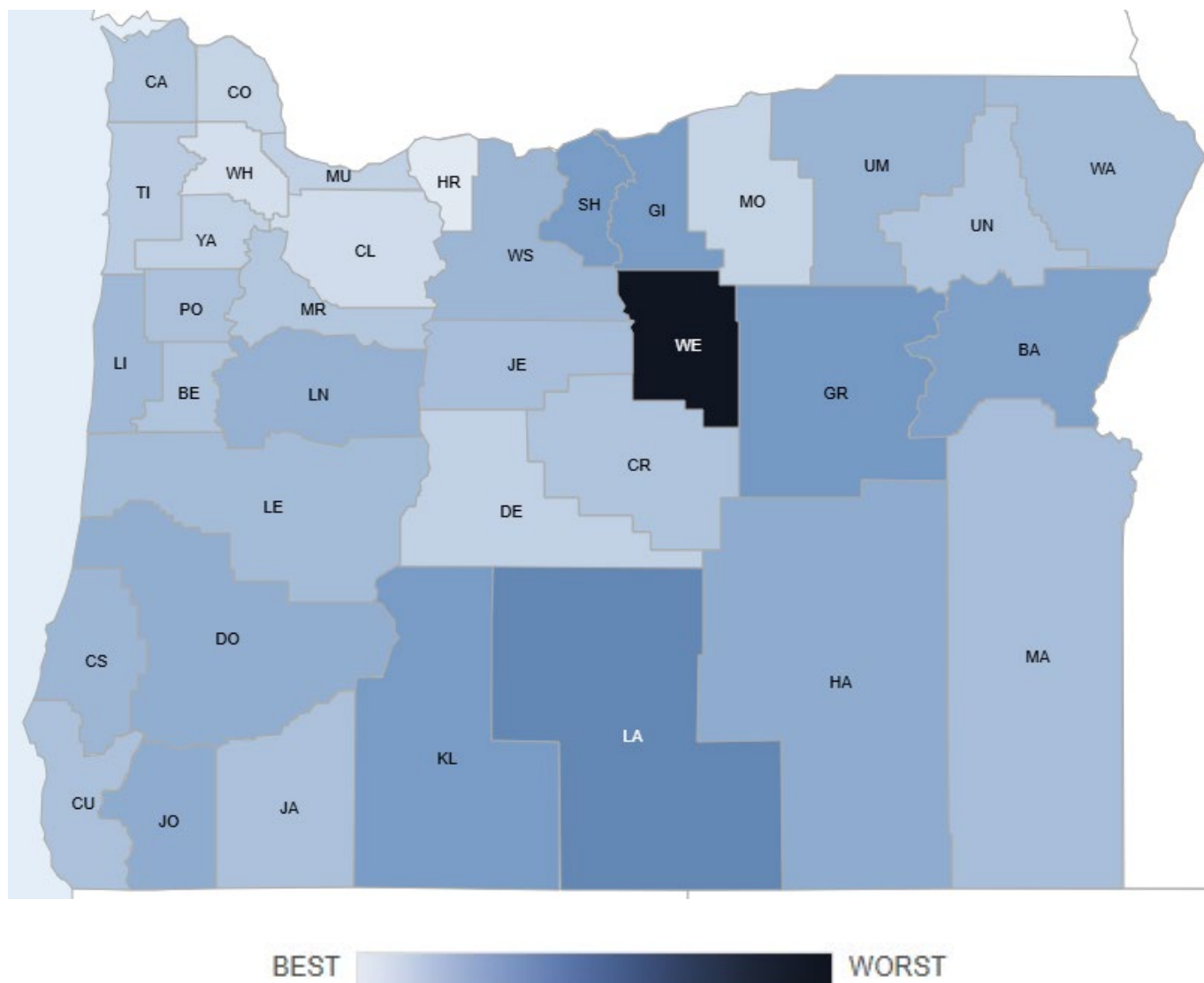
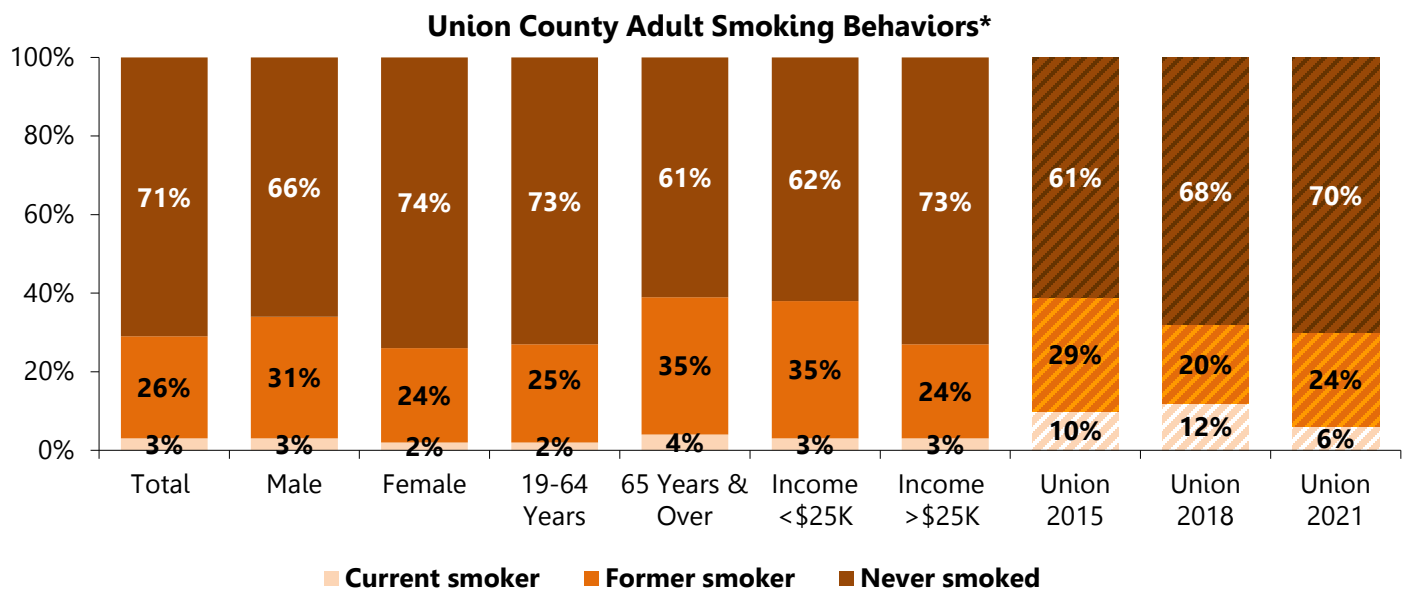*(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2024)*

3% of Union County adults, or approximately 612 Union County adults, were current smokers.

Tobacco Use Behaviors

- Three percent (3%) of Union County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked on some or all days).

- Over one-fourth (27%) of adults indicated that they were former smokers (those who smoked 100 cigarettes in their lifetime and now do not smoke).

- Union County adult smokers were more likely to have:
  — Been 65 years and over (4%)
  — Rated their overall health as fair or poor (4%)
  — Annual household incomes less than $25,000 (3%)
  — Been divorced (2%)

The following graph shows the percentage of Union County adults' smoking behaviors. Examples of how to interpret the information include: 3% of all Union County adults were current smokers, 26% of all adults were former smokers, and 71% had never smoked.

Union County Adult Smoking Behaviors*

	Total	Male	Female	19-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
Never smoked	71%	66%	74%	73%	61%	62%	73%	61%	68%	70%
Former smoker	26%	31%	24%	25%	35%	35%	24%	29%	20%	24%
Current smoker	3%	3%	2%	2%	4%	3%	3%	10%	12%	6%

■ 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.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Current smoker (currently smoke some or all days)	10%	12%	6%	**3%**	11%	12%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	24%	**26%**	26%	25%

Tobacco Use Behaviors, *continued*

- Union County adults used the following tobacco products in the past year: cigarettes (8%); e-cigarettes or other electronic vaping products (6%); chewing tobacco, snuff, snus, Betel quid (5%); cigars (4%); pouch (3%); little cigars (2%); pipes (1%); bidis (<1%); cigarillos (<1%); and dissolvable tobacco (<1%).

- Among adults who had used any tobacco products in the past year, 7% indicated they had stopped tobacco use for one or more days because they were trying to quit.

- Six percent (6%) of adults were current electronic vapor product users (those who indicated currently using an electronic vapor product on some or all days).

Healthy People 2030
Tobacco Use (TU)

Objective	Union County 2024	Healthy People 2030 Target
TU-02: Reduce current cigarette smoking in adults	3%	6%*

Healthy People 2030 target objective is among adults ages 18 years and over
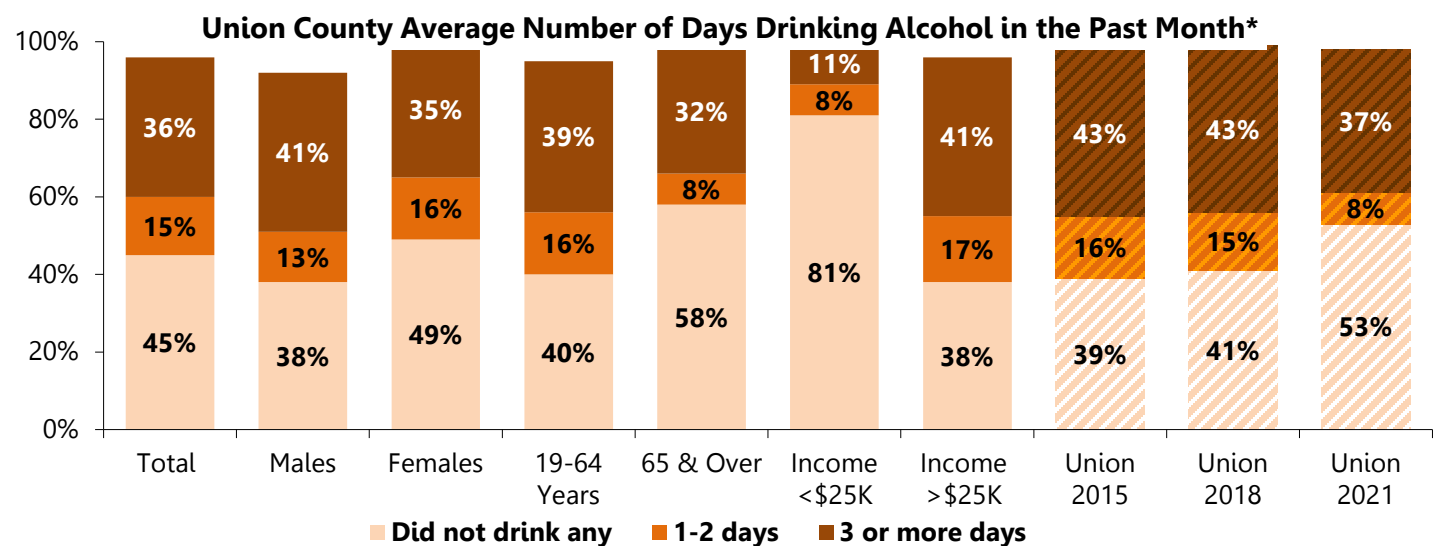*(Sources: 2024 Union County Health Assessment, Healthy People 2030 Objectives)*

Health Behaviors: Alcohol Consumption

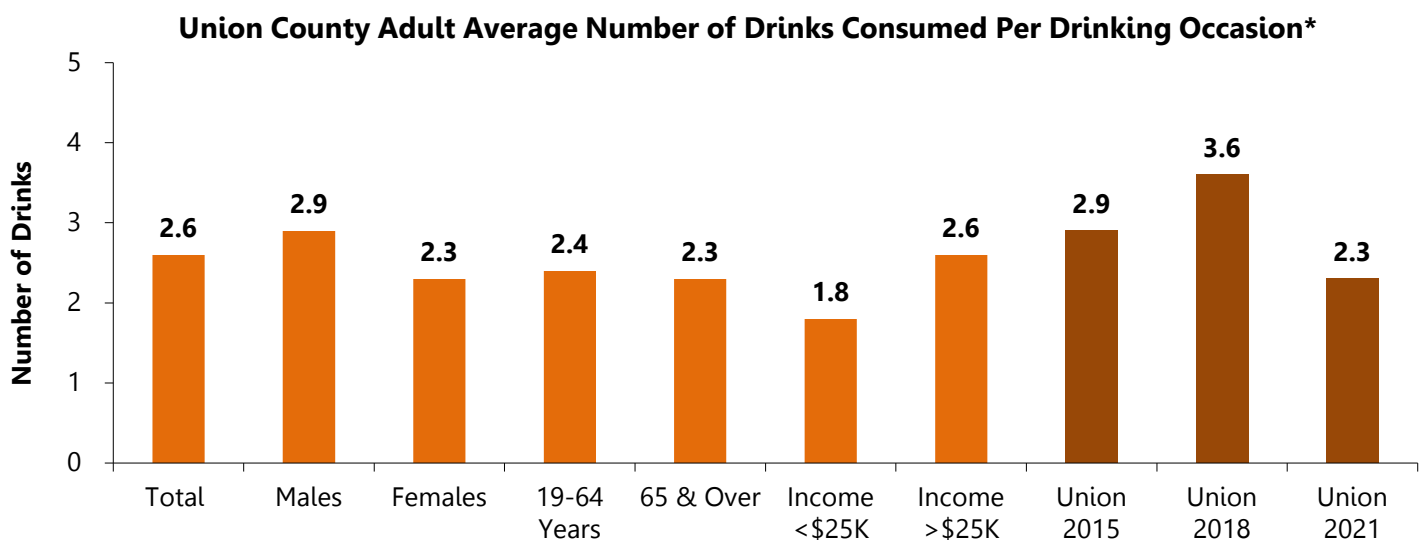**12% of adults, or approximately 2,447 Union County adults, were binge drinkers.**

Alcohol Consumption

- Over half (51%) of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers, increasing to 55% of adults between the age of 19-64 years old.

- Among adults who drank, Union County adults drank 2.6 drinks on average.

The following graphs show the percentage of Union County adults who consumed alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 45% of all Union County adults did not drink alcohol, including 38% of males and 81% of those with incomes less than $25,000.

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

	Did not drink any	1-2 days	3 or more days
Total	45%	15%	36%
Males	38%	13%	41%
Females	49%	16%	35%
19-64 Years	40%	16%	39%
65 & Over	58%	8%	32%
Income <$25K	81%	8%	11%
Income >$25K	38%	17%	41%
Union 2015	39%	16%	43%
Union 2018	41%	15%	43%
Union 2021	53%	8%	37%

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

Union County Adult Average Number of Drinks Consumed Per Drinking Occasion*

Number of Drinks

Category	Number of Drinks
Total	2.6
Males	2.9
Females	2.3
19-64 Years	2.4
65 & Over	2.3
Income <$25K	1.8
Income >$25K	2.6
Union 2015	2.9
Union 2018	3.6
Union 2021	2.3

Among adults who had at least one alcoholic drink in the past month

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.

Alcohol Consumption, *continued*

- Twelve percent (12%) of Union 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 current drinkers, 27% were considered binge drinkers.

- One percent (1%) of Union County adults used a program to help with an alcohol problem for themselves or a loved one. Reasons for not using such a program included the following: stigma of seeking alcohol services (5%), fear (3%), didn't want to get in trouble (2%), did not want to miss work (2%), did not know how to find a program (2%), wait time (<1%), a program was not available (<1%), had not thought of it (<1%), inpatient treatment was not available in Union County (<1%), and other reasons (1%). Ninety-three percent (93%) of adults indicated such a program was not needed.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Current drinker (drank alcohol at least once in the past month)	59%	58%	46%	**51%**	56%	52%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	21%	16%	**12%**	15%	15%

Healthy People 2030
Substance Use (SU)

Objective	Union County 2024	Healthy People 2030 Target
SU-10: Reduce the proportion of people who engaged in binge drinking in the past month	12%	25%*

Healthy People 2030 target objective is among adults ages 21 years and over
(Sources: 2024 Union County Community Health Assessment, Healthy People 2030 Objectives)

# Health Behaviors: Marijuana and Drug Use

9% of adults, or approximately 1,835 Union County adults, had used recreational marijuana in the past 6 months.

Marijuana Use

- Union County adults used the following in the past <u>6 months</u>:
  - Recreational marijuana or hashish (9%)
  - Wax, oil with THC edibles (7%)
  - Medical marijuana (3%)
  - Synthetic marijuana/K2 (<1%)

The following graph indicates adult recreational marijuana use within the past month. Examples of how to interpret the information include: 9% of all Union County adults used recreational marijuana in the past month, including 5% of females, and 13% of males.

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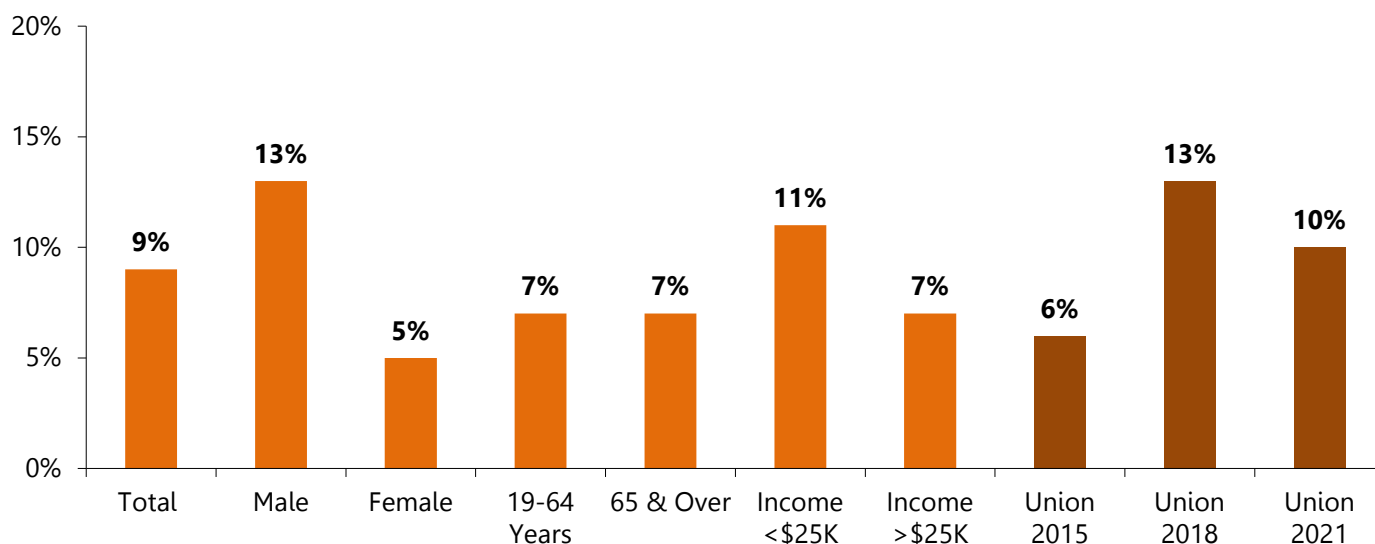
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Medication Misuse

- Five percent (5%) 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, increasing to 7% of females and adults with annual household incomes less than $25,000.

- In the past 6 months, adults and/or an immediate family member or someone in their household used the following medications that were not prescribed for them, or took more than was prescribed to feel good or high, or more active or alert: steroids (3%); Tramadol/Ultram (2%); Ritalin, Adderall, Concerta or other ADHD medications (2%); Codeine, Demerol. Morphine, Percocet, Dilaudid, or Fentanyl (2%); OxyContin (1%); tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin (1%); Vicodin (<1%); and Neurontin (<1%).

- When asked about their frequency of medication misuse in the past six months, 39% of Union County adults who used these drugs did so almost every day, and 18% did so less than once a month.

- Union County adults indicated they did the following with their unused prescription medications:
  — Took as prescribed (42%)
  — Took it to the medication collection program (24%)
  — Kept it (23%)
  — Threw it in the trash (20%)
  — Took it in on Drug Take Back Days (17%)
  — Took it to the sheriff's office (16%)
  — Flushed it down the toilet (13%)
  — Kept in a locked cabinet (10%)
  — Disposed in RedMed Box, Yellow Jug, etc. (7%)
  — Mailer to ship back to pharmacy (1%)
  — Used drug deactivation pouches (1%)
  — Some other destruction method (4%)

The following graph indicates adult medication misuse in the past six months. Examples of how to interpret the information include: 5% of all Union County adults misused medication in the past six months, including 4% of males and 7% of females.
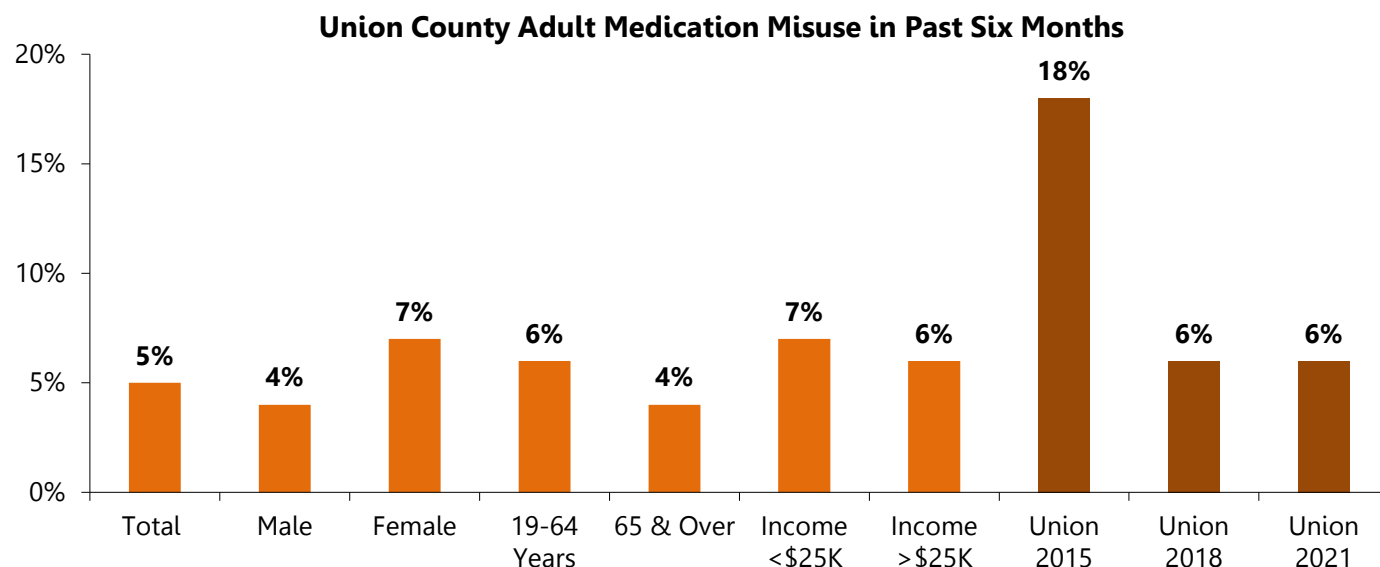
Union County Adult Medication Misuse in Past Six Months

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.

Drug Use

- In the past 6 months, adults and/or an immediate family member or someone in their household used the following: recreational marijuana or hashish (17%); wax, oil with THC edibles (12%); medical marijuana (6%); amphetamines, methamphetamines, or speed (3%); psilocybin/mushrooms (2%); synthetic marijuana/K2 (2%); heroin/fentanyl (2%); bath salts (1%); cocaine, crack, or coca leaves (1%); inappropriate use of over-the-counter medications, such as cold or cough medicine (1%); inhalants such as glue, toluene, gasoline, duster or paint (1%); ecstasy or E, or GHB (1%); and LSD, mescaline, peyote, or DMT (1%).

- When asked about their frequency of recreational drug use in the past six months, 43% of Union County adults who used drugs did so almost every day, and 11% did so less than once a month.

- Two percent (2%) of Union County adults used a program to help with a drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (3%), fear (2%), did not know how to find a program (2%), a program was not available (2%), inpatient treatment was not available in Union County (2%), insurance would not cover it (2%), didn't want to get in trouble (1%), did not want to miss work (1%), could not afford to go (1%), stigma of seeking drug services (1%), transportation (1%), could not get to the office or clinic (1%), did not have any openings (wait-listed) (1%), wait time (1%), and other reasons (2%). Ninety-five percent (95%) of adults indicated such a program was not needed.

- As a result of using drugs, Union County adults reported they, someone in their household, or a family member experienced the following: had housing problems (2%), had severe dental problems (1%), regularly failed to fulfill obligations at work or home (1%), failed a drug screen (<1%), had legal problems (<1%), and placed themselves in dangerous situations (<1%).
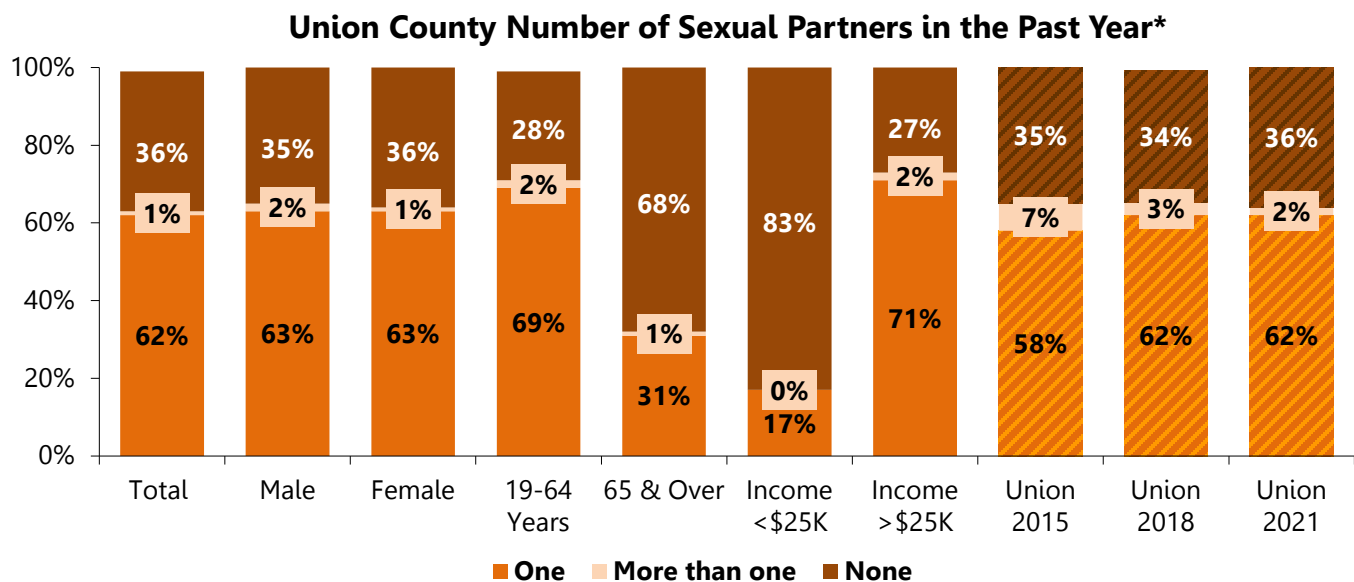
Health Behaviors: Sexual Behavior

1% of adults, or approximately 204 Union County adults, had sexual intercourse with more than one partner in the past year.

Sexual Behavior

- In 2024, 64% of Union County adults had sexual intercourse.

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

- Union County adults used the following methods of birth control:
  — Vasectomy (17%)
  — They or their partner were too old (15%)
  — Hysterectomy (10%)
  — Tubes tied (9%)
  — Condoms (6%)
  — IUD (5%)
  — Pill, all kinds (5%)
  — Infertility (4%)
  — Ovaries or testicles removed (4%)
  — Withdrawal (3%)
  — Having sex only at certain times (3%)
  — Diaphragm, cervical ring or cap (1%)
  — Other method (<1%)

- Over one-quarter (27%) of adults indicated they did not have a partner or were not sexually active.

- Four percent (4%) of adults reported they and their partner were trying to get pregnant, and 3% were currently pregnant.

- One percent (1%) of adults indicated they were gay or lesbian.

- Six percent (6%) of Union County adults were not using any method of birth control.

The following graph shows the sexual activity of Union County adults. Examples of how to interpret the information in the graph include: 62% of all Union County adults had one sexual partner in the past 12 months, 1% had more than one, and 36% did not have sexual intercourse in the past 12 months.

Union County Number of Sexual Partners in the Past Year*

Category	One	More than one	None
Total	62%	1%	36%
Male	63%	2%	35%
Female	63%	1%	36%
19-64 Years	69%	2%	28%
65 & Over	31%	1%	68%
Income <$25K	17%	0%	83%
Income >$25K	71%	2%	27%
Union 2015	58%	7%	35%
Union 2018	62%	3%	34%
Union 2021	62%	2%	36%

*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
*Totals may not equal 100% as some respondents answered, "Don't know/not sure"

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, *continued*

- The following situations applied to Union County adults:
    — Had sex without a condom in the past year (28%)
    — Tested positive for HPV (4%)
    — Had anal sex without a condom in the past year (4%)
    — Tested for an STD in the past year (3%)
    — Had sex with someone they met on social media (3%)
    — Had sexual activity with someone of the same gender (2%)
    — Tested positive for HIV (1%)
    — Had sex with someone they did not know (1%)
    — Engaged in sexual activity that they would not have done if sober (1%)
    — Were forced to have sexual activity when they did not want to and did not report it (1%)
    — Tested positive for Hepatitis C (<1%)
    — Thought they may have an STD (<1%)

The following graphs show Union County chlamydia and gonorrhea cases by year. The graphs show:

- After a drop in chlamydia diagnoses from 2019 to 2020, cases steadily increased until 2020 to 2022.

- Union County gonorrhea cases fluctuated from 2019 to 2023, with the highest number of cases diagnosed in 2021.

Annualized Count of Chlamydia Cases for Union County
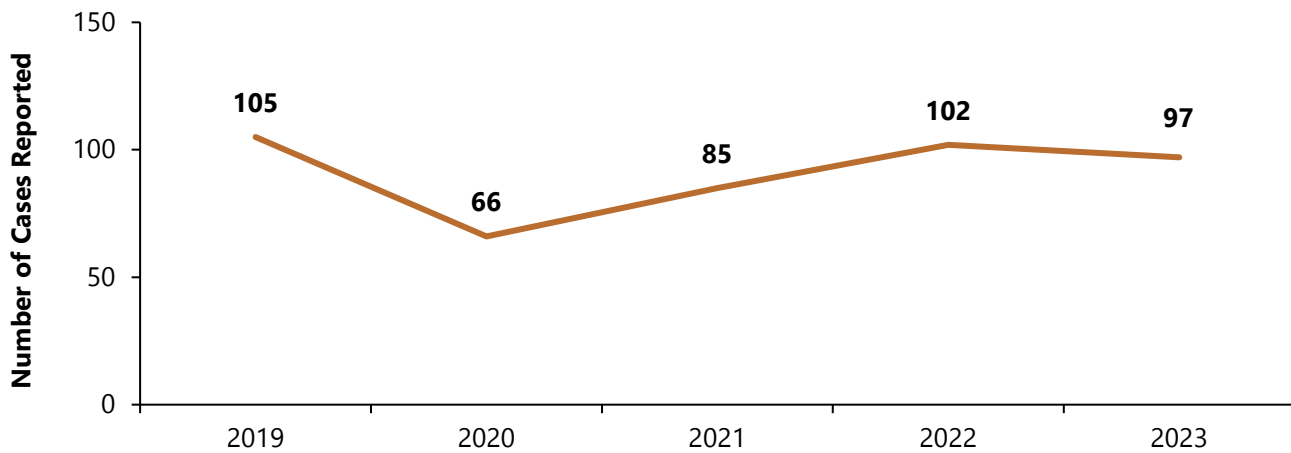
Annualized Count of Gonorrhea Cases for Union County
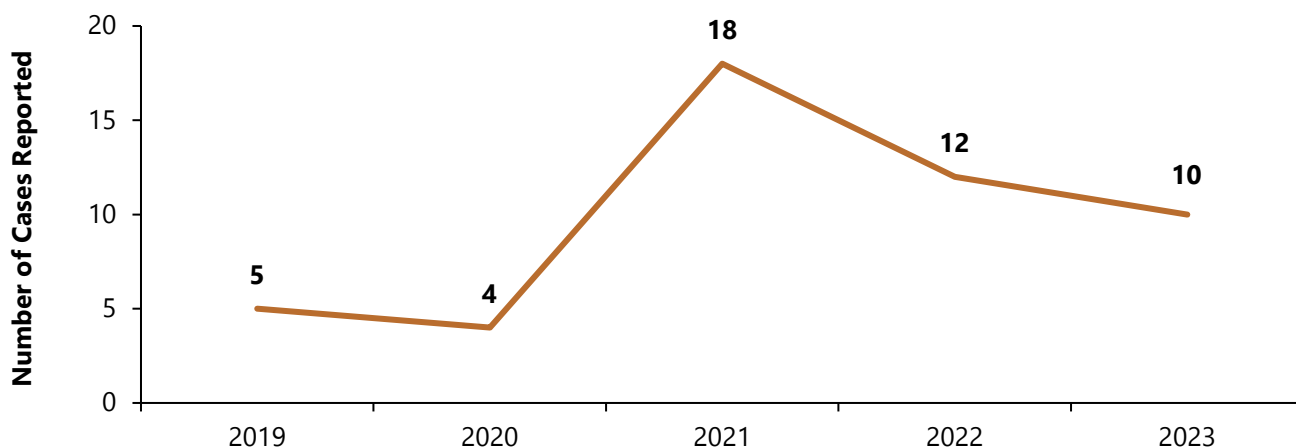
(Source for graphs: Oregon Health Authority, Oregon County STD Data, Retrieved January 2025)
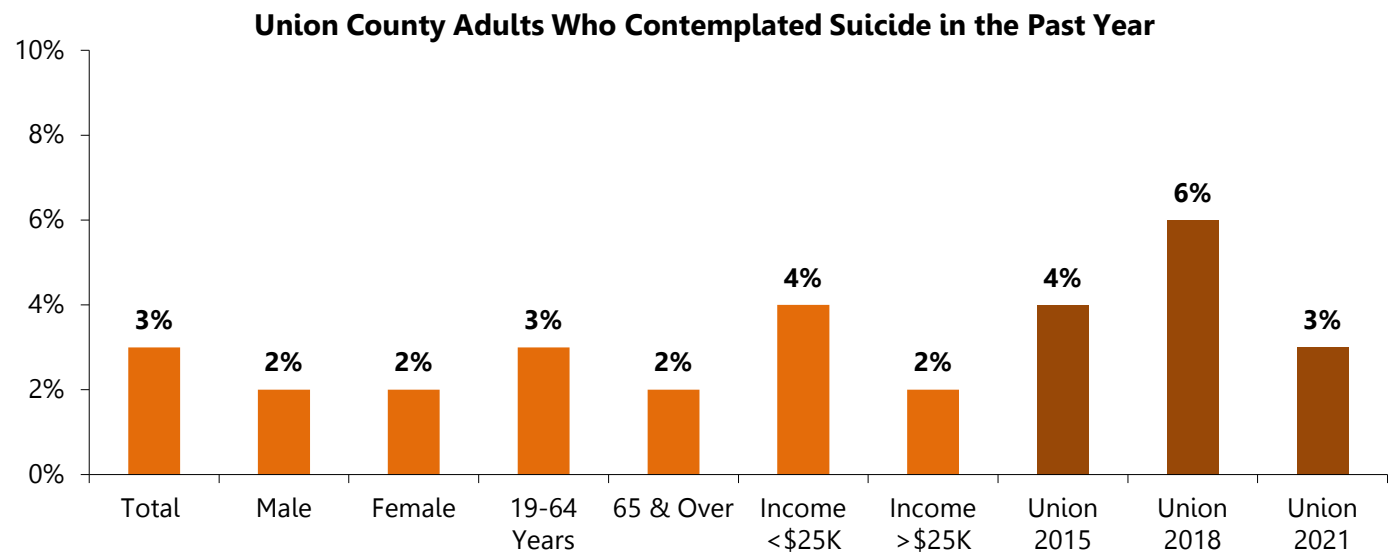
Health Behaviors: Mental Health

3% of adults, or approximately 612 Union County adults, had considered attempting suicide in the past year.

Suicide

- Three percent (3%) of Union County adults considered attempting suicide in the past year.

- No adults reported attempting suicide in the past year.

- In the past year, 1% of adults in Union County purposefully hurt themselves without wanting to die, such as cutting or burning themselves on purpose.

The following graph shows the percentage of Union County adults who contemplated suicide in the past year. An example of how to interpret the information includes: 3% of all Union County adults contemplated suicide in the past year, including 2% of males and females and 4% of those with incomes less than $25,000.

Union County Adults Who Contemplated Suicide in the Past Year

	Total	Male	Female	19-64 Years	65 & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
	3%	2%	2%	3%	2%	4%	2%	4%	6%	3%

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	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Considered attempting suicide in the past year	4%	6%	3%	**3%**	N/A	N/A
Attempted suicide in the past year	2%	1%	1%	**0%**	N/A	N/A

N/A – Not Available

The following graphs show the number of suicide deaths and percentage of suicide deaths by mechanism in Union County.

Union County Number of Suicide Deaths, 2010-2022
Total Deaths = 65
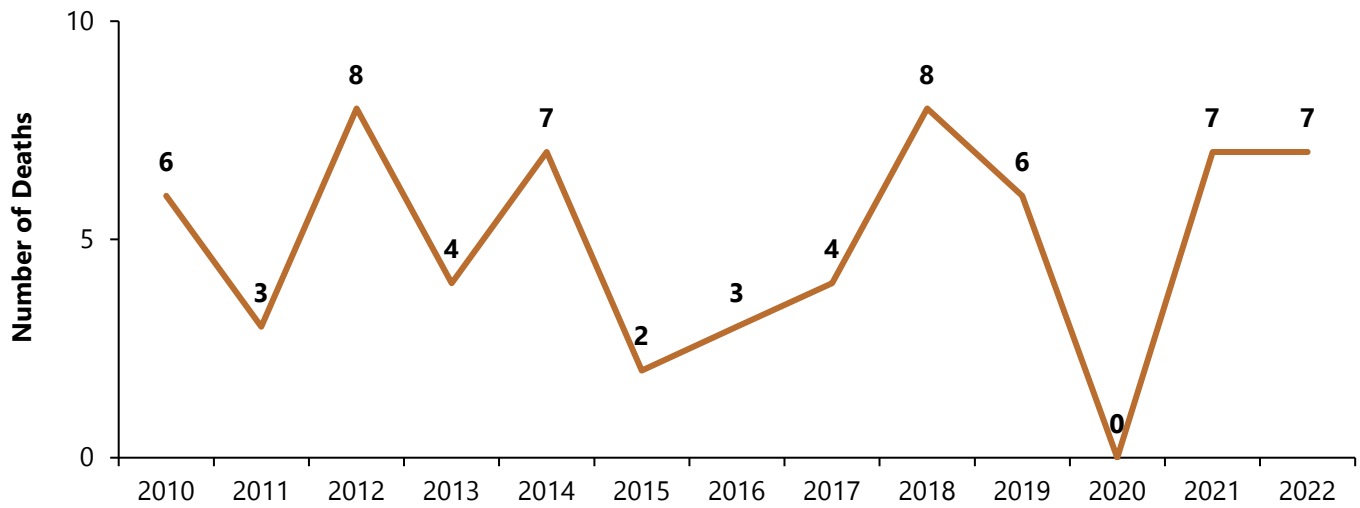
Union County Suicide Deaths by Mechanism, 2018-2022
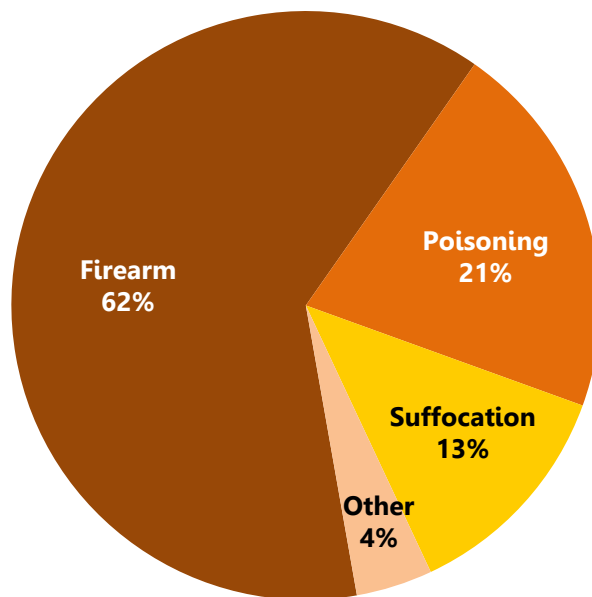
(Source for graphs: Oregon Health Authority, Oregon Violent Death Reporting System, retrieved January 2025)

Mental Health

- Union County adults reported they and/or a family member were diagnosed with, or treated for, the following mental health issues in the past year:
  — Depression (33%)
  — Anxiety or emotional problems (32%)
  — Anxiety disorder (e.g., panic attacks, phobia, obsessive compulsive disorder) (20%)
  — Attention deficit disorder (ADD/ADHD) (16%)
  — Post-traumatic stress disorder (PTSD) (12%)
  — Bipolar (10%)
  — Alcohol abuse (6%)
  — Autism spectrum (6%)
  — Developmental disability (3%)
  — Eating disorder (1%)
  — Life-adjustment disorder (1%)
  — Illicit drug abuse (fentanyl) (1%)
  — Problem gambling (<1%)
  — Psychotic disorder (schizophrenia) (<1%)
  — Other trauma (11%)
  — Some other mental health disorder (3%)

- Twenty-eight percent (28%) of adults indicated they or a family member had taken medication for one or more mental health issues in the past year.

- Union County adults reported the following reasons for not using a program or service to help with depression, anxiety, or other emotional problems for themselves or for a loved one: took too long to get in to see a provider/therapist (7%), embarrassed to seek mental health services (7%), stigma of seeking mental health services (7%), could not find a mental health doctor or provider (6%), co-pay or deductible was too high (4%), fear (3%), had not thought of it (3%), other priorities (3%), didn't know how to find a program (2%), could not find a provider accepting new patients (2%), could not afford to go (1%), could not find a provider who accepts Medicare/insurance provider (1%), could not get to the office or clinic (1%), the clinic their insurance covered was too far away (1%), could not find a provider to address both mental health and disability (1%), transportation (<1%), and other reasons (5%). Sixty-three percent (63%) of adults indicated a program was not necessary, and 17% reported they had used a program.

CHRONIC DISEASE

Cardiovascular Health

Cancer

Asthma and Other Respiratory Diseases

Diabetes

Quality of Life

Chronic Disease: Cardiovascular Health

Heart Disease and Stroke

- In 2024, 4% of Union County adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of adults over the age of 65.

- Three percent (3%) of Union County adults reported they had survived a stroke, increasing to 7% of adults over the age of 65.

- Four percent (4%) of adults reported they had angina or coronary heart disease, increasing to 11% of adults over the age of 65.

- Four percent (4%) of adults reported they had congestive heart failure, increasing to 8% of adults over the age of 65.

The following graph shows the Union County crude mortality rate per 100,000 population for cardiovascular diseases between 2018-2022.

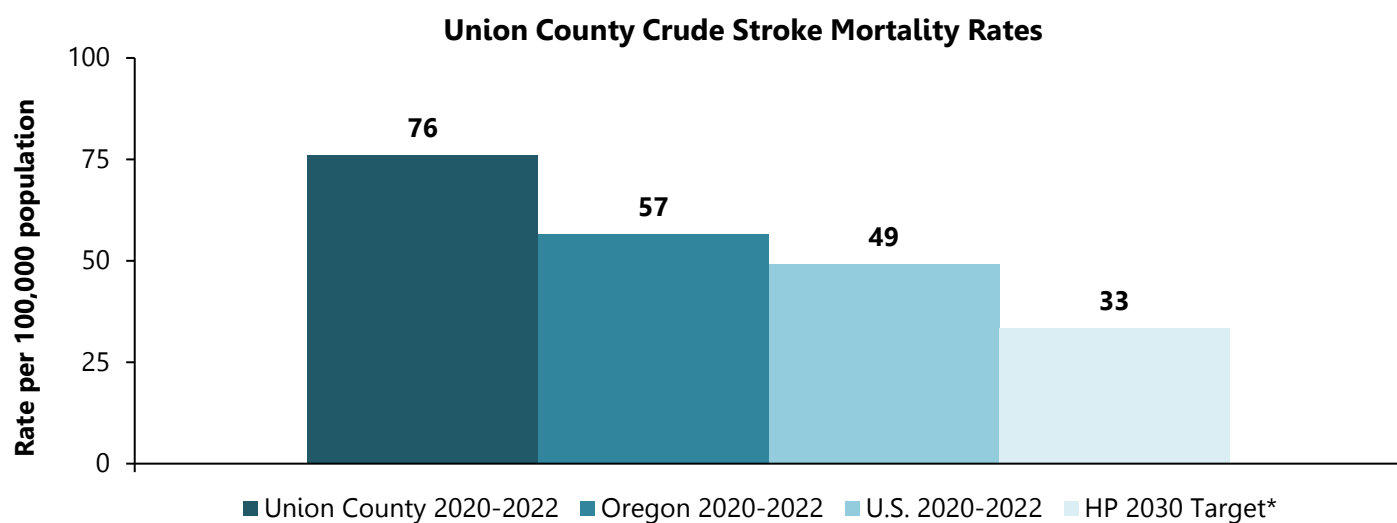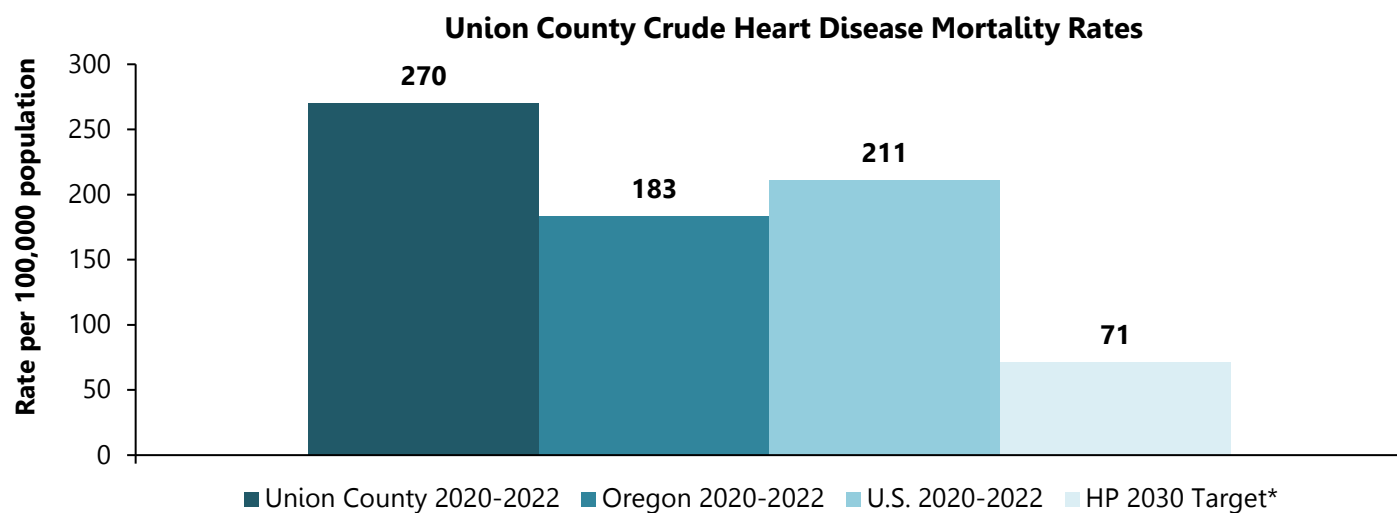### Union County Crude Heart Disease and Stroke Mortality Rates By Gender, 2018-2022
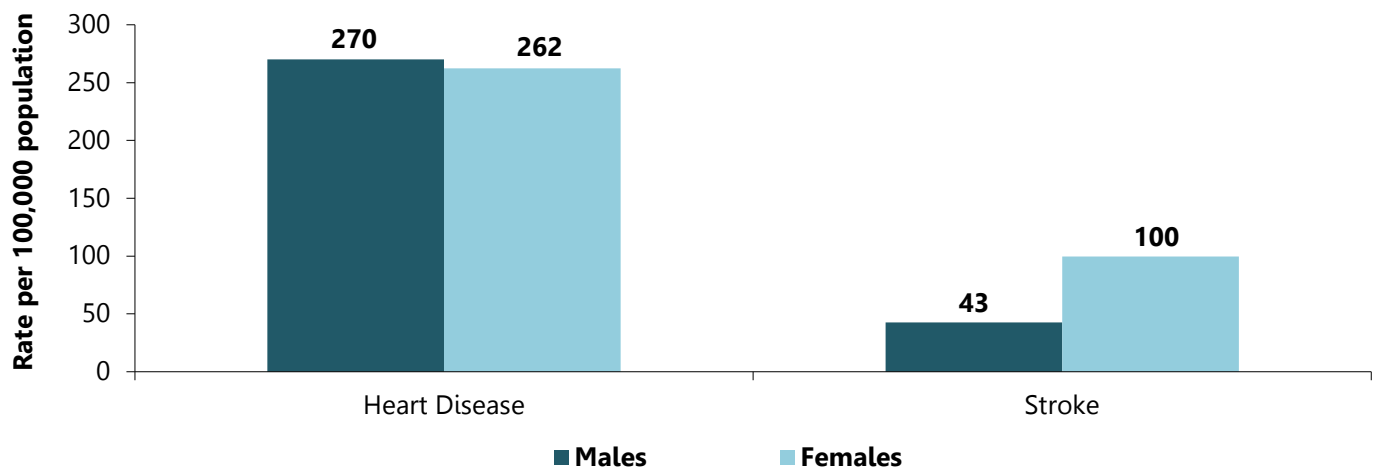
(Source: CDC Wonder, 2018-2022)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had angina or coronary heart disease	2%	5%	6%	**4%**	4%	4%
Had a heart attack	3%	6%	5%	**4%**	4%	4%
Had a stroke	2%	4%	2%	**3%**	3%	3%

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

- From 2020 to 2022, the Union County heart disease and stroke mortality rates were higher than Oregon, the U.S., and the Healthy People 2030 target rate.

Union County Crude Heart Disease Mortality Rates

Rate per 100,000 population

- Union County 2020-2022: 270
- Oregon 2020-2022: 183
- U.S. 2020-2022: 211
- HP 2030 Target*: 71

■ Union County 2020-2022 ■ Oregon 2020-2022 ■ U.S. 2020-2022 ■ HP 2030 Target*

Union County Crude Stroke Mortality Rates

Rate per 100,000 population

- Union County 2020-2022: 76
- Oregon 2020-2022: 57
- U.S. 2020-2022: 49
- HP 2030 Target*: 33

■ Union County 2020-2022 ■ Oregon 2020-2022 ■ U.S. 2020-2022 ■ HP 2030 Target*

The Healthy People 2030 heart disease target reported only includes coronary heart disease

(Source for graphs: CDC Wonder 2020-2022, Healthy People 2030)

High Blood Pressure (Hypertension)

- More than one-third (36%) of adults had ever been diagnosed with high blood pressure.

- Union County adults diagnosed with high blood pressure were more likely to have:
  — Annual household incomes less than $25,000 (59%)
  — Been ages 65 years or older (54%)
  — Been classified as obese by Body Mass Index-BMI (46%)

The following graph shows the percentages of Union County adults who had ever been diagnosed with high blood pressure. Examples of how to interpret the information on the graph include: 36% of all Union County adults had been diagnosed with high blood pressure, including 43% of males and 54% of adults ages 65 and over.

Diagnosed with High Blood Pressure*
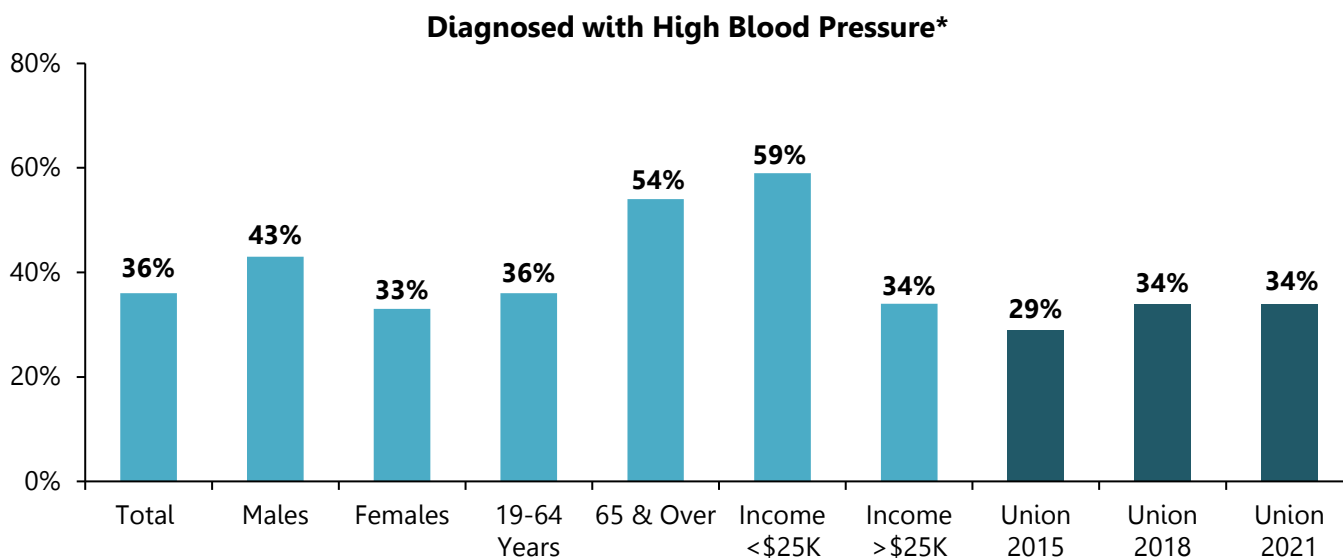
Does not include respondents who indicated high blood pressure during pregnancy only.
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had ever been diagnosed with high blood pressure	29%	34%	34%	**36%**	34%	34%

Healthy People 2030 Objectives
Heart Disease and Stroke

Objective	Union County 2024	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with hypertension	36%	42%

(Source: 2024 Union County Health Assessment, Healthy People 2030)

High Blood Cholesterol

- Thirty-seven percent (37%) of adults had ever been diagnosed with high blood cholesterol.

- Eighty percent (80%) of adults had their blood cholesterol checked within the past five years.

- Union County adults with high blood cholesterol were more likely to have:
  — Been ages 65 years or older (58%)
  — Been classified as obese by Body Mass Index-BMI (38%)
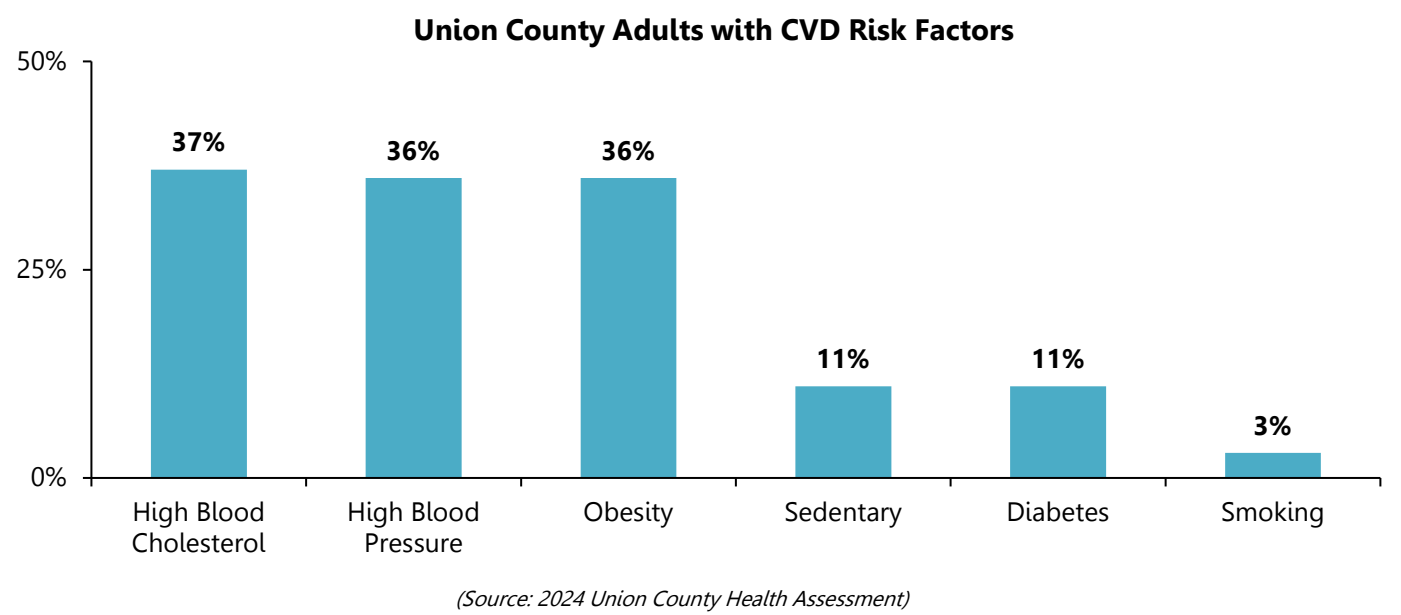 — Rated their overall health as fair or poor (20%)

The following graph shows the percentage of Union County adults who had ever been diagnosed with high blood cholesterol. Examples of how to interpret the information on the graph include: 37% of all Union County adults had been diagnosed with high blood cholesterol, including 40% of males and 58% of adults ages 65 and over.
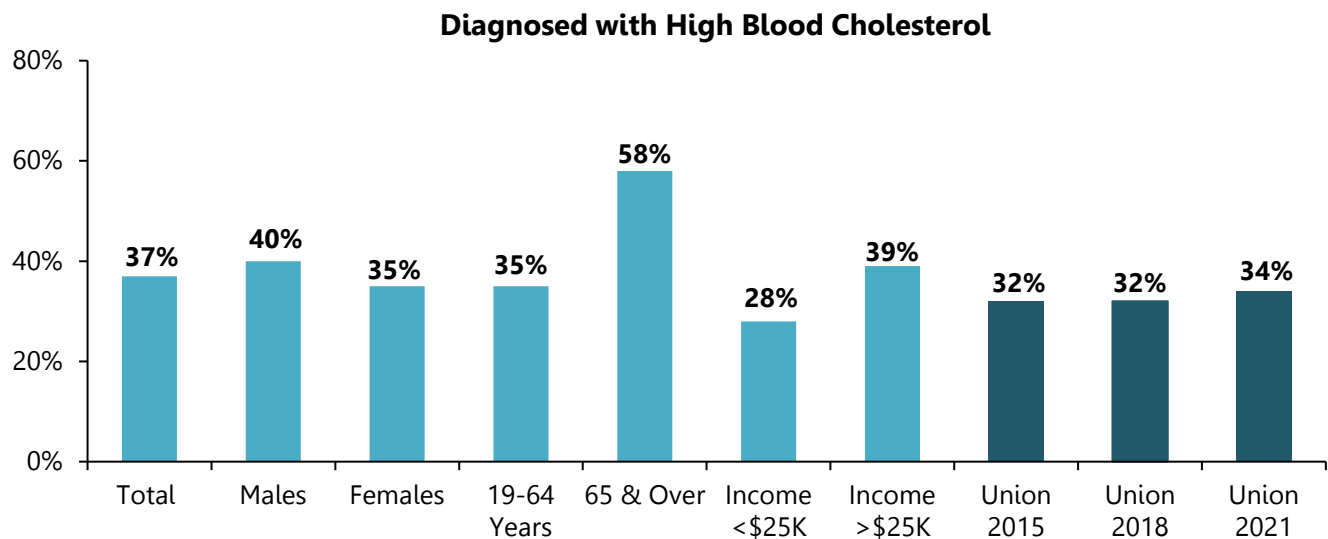
Diagnosed with High Blood Cholesterol

	Total	Males	Females	19-64 Years	65 & Over	Income <$25K	Income >$25K	Union 2015	Union 2018	Union 2021
	37%	40%	35%	35%	58%	28%	39%	32%	32%	34%

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	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had been diagnosed with high blood cholesterol	32%	32%	34%	**37%**	34%	37%
Had blood cholesterol checked within past 5 years	72%	73%	73%	**80%**	85%	87%

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

Union County Adults with CVD Risk Factors

Risk Factor	Percentage
High Blood Cholesterol	37%
High Blood Pressure	36%
Obesity	36%
Sedentary	11%
Diabetes	11%
Smoking	3%

(Source: 2024 Union County Health Assessment)

Chronic Disease: Cancer

Adult Cancer

- Twenty percent (20%) of Union County adults were diagnosed with cancer at some point in their lives, increasing to 37% of adults over the age of 65.

- Among adults diagnosed with cancer, the following types of cancer were reported: breast (21%), other skin cancer (19%), prostate (14%), melanoma (7%), colon (5%), renal (3%), ovarian (2%), cervical (2%), lung (2%), brain (2%), bone (2%), and other types of cancer (9%).

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicate that from 2020 to 2022, cancers caused 17% (171 of 1,016 total deaths) of all Union County resident deaths.

- The American Cancer Society states that about 618,120 Americans are expected to die of cancer in 2025. (*Source: American Cancer Society, Facts & Figures 2025*).

**Union County
Cancer Incidence, 2017-2021**

1. Breast: 98 cases
2. Prostate: 97 cases
3. Lung and Bronchus: 76 cases
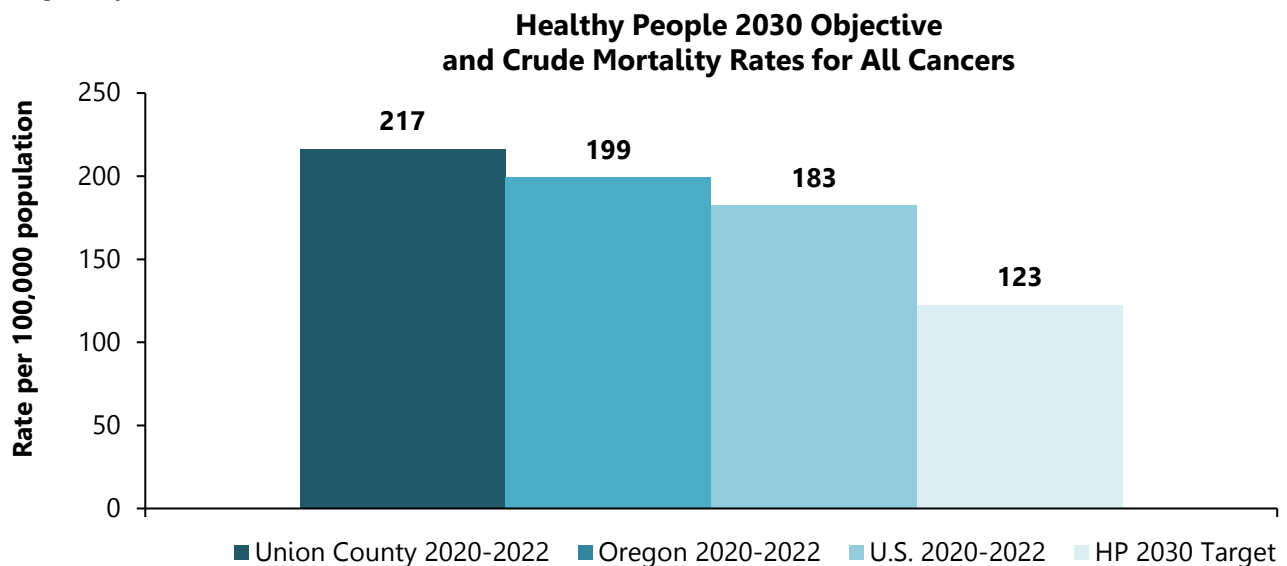4. Colon and Rectum: 74 cases
5. Urinary Bladder: 42 cases

From 2020 - 2022, there were 171 cancer deaths in Union County.

(Source: CDC Wonder, 2020-2022)

20% of adults, or approximately 4,078 Union County adults, had been diagnosed with cancer at some point in their lives.

The following graph shows the Union County, Oregon, and U.S. crude mortality rates (per 100,000 population) for all types of cancer in comparison to the Healthy People 2030 objective. The graph shows:

- Union County had a higher cancer mortality rate than Oregon and the U.S., as well as the Healthy People 2030 target objective.

**Healthy People 2030 Objective
and Crude Mortality Rates for All Cancers**

Rate per 100,000 population

	Rate
Union County 2020-2022	217
Oregon 2020-2022	199
U.S. 2020-2022	183
HP 2030 Target	123

(Sources: CDC Wonder 2020-2022, Healthy People 2030)

The following graph shows cancer deaths as a percentage of total deaths in Union County. The graph shows:

- The percentage of cancer deaths among total deaths was equal among males and females in Union County.

Cancer as Percent of Total Deaths in Union County by Gender, 2020-2022
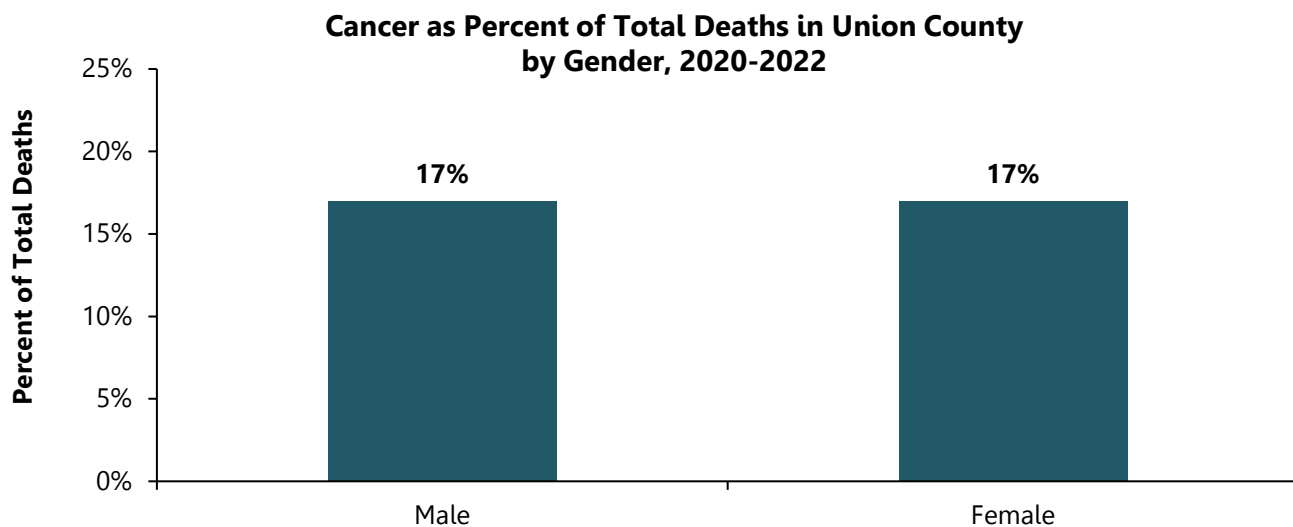
(Source: CDC Wonder 2020-2022)

Union County Incidence of Cancer, 2017-2021

Types of Cancer	Number of Cases	Crude Incidence Rate
Breast	98	149.8
Prostate	97	147.3
Lung and Bronchus	76	57.9
Colon & Rectum	74	56.4
Urinary Bladder	42	32.0
Thyroid	35	26.7
Melanoma of Skin	29	22.1
Non-Hodgkins Lymphoma	27	20.6
Pancreas	27	20.6
Leukemia	26	19.8
Oral Cavity & Pharynx	25	19.0
Corpus and Uterus Not Other Specified	24	36.7
Kidney & Renal Pelvis	22	16.8
Liver & Intrahepatic Bile Duct	16	12.2
Stomach	13	9.9
Brain and Other Nervous System	12	9.1
Esophagus	8	6.1*
Myeloma	7	5.3*
Ovary	7	10.7*
Total	727	553.7

*Data may be unreliable due to the small numbers of newly diagnosed cancer cases
Note: Due to the small numbers of newly diagnosed cancer cases, data was not reported for the following types of cancer: acute myeloid leukemia, anus anal canal and anorectum, cervix uteri, gallbladder, larynx, mesothelioma, penis, testis, vagina, and vulva
*(Source: Oregon Health Authority, Cancer Incidence, 2017-2021)*

Lung Cancer

- For information on smoking behaviors and lung cancer screening among Union County adults, see the Tobacco Use and Preventive Medicine sections.

- The CDC reports that lung and bronchus cancers accounted for 16% of Union County cancer deaths from 2020-2022 *(Source: CDC Wonder, 2020-2022).*

- In the U.S., lung cancer incidence has been declining since the mid-1980s in men, but only since the mid-2000s in women because of sex differences in historical patterns of smoking uptake and cessation; from 2012 to 2021, the rate declined by 3.0% per year in men and 1.4% per year in women *(Source: American Cancer Society, Facts & Figures 2025).*

- Lung cancer mortality rates have declined by 61% since 1990 in men and by 38% since 2002 in women in the U.S., largely due to reductions in smoking. Major advances in treatment for non-small cell lung cancer and earlier detection have accelerated declines in the past decade. From 2013-2022, the death rate decreased by 4.8% per year in men and 3.7% per year in women *(Source: American Cancer Society, Facts & Figures 2025).*

- Cigarette smoking is by far the most important risk factor to lung cancer, with approximately 86% of lung cancers in the U.S. caused by smoking. Risk increases with both quantity and duration of smoking. Cigar and pipe smoking also increases risk *(Source: American Cancer Society, Facts & Figures 2025).*

The following graph shows the Union County, Oregon, and U.S. crude mortality rates per 100,000 population for lung and bronchus cancer in comparison with the Healthy People 2030 objective.

Union County Crude Mortality Rate for Lung & Bronchus Cancer
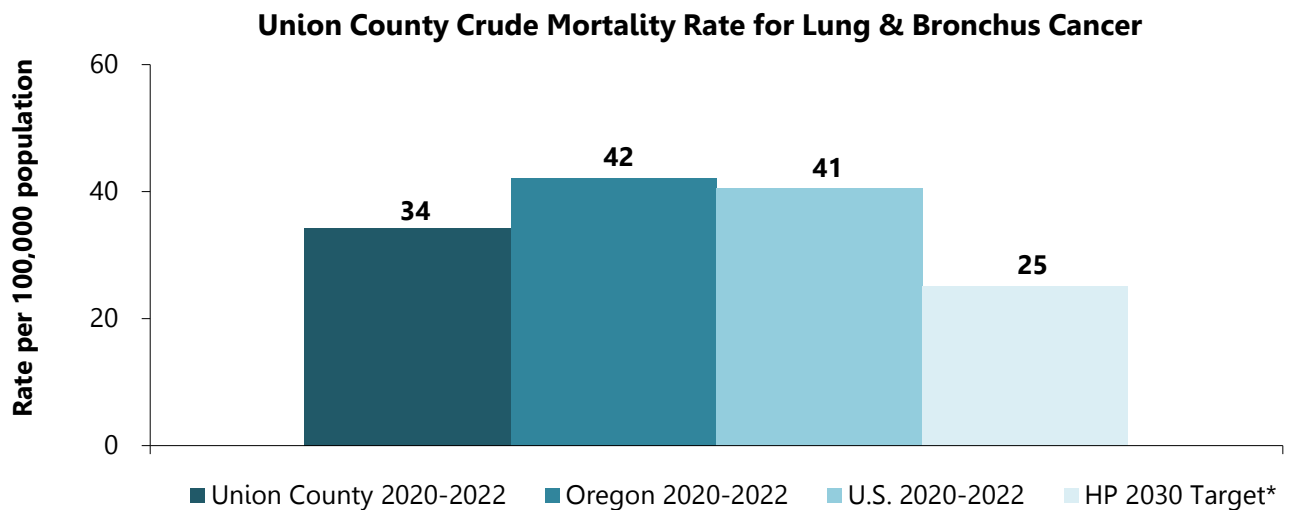
*Healthy People 2030 Target data is for lung cancer only

(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Breast Cancer

- For information on mammograms, clinical breast exams, and other female health screenings among Union County women, see the Female Health section.

- The CDC reports that breast cancer accounted for 12% of Union County female cancer deaths from 2020-2022 (*Source: CDC Wonder, 2020-2022*).

- Invasive female breast cancer incidence has been increasing in the U.S. since the mid-2000s; from 2012 to 2021, the rate increased by 1% per year overall. The rising trend is at least in part attributed to changing risk factors, such as increased excess body weight, later age at first birth, and decreased number of childbirths (*Source: American Cancer Society, Facts & Figures 2025*).

- The female breast cancer death rate peaked in 1989 in the U.S. and has declined by 44% as of 2022 because of improved treatment and earlier detection through screening mammography and increased awareness. However, progress could be accelerated by eliminating racial disparities in early detection and treatment; for example, the death rate has remained unchanged over these three decades in American Indian and Alaska Native women and is 38% higher in Black women than in White women, despite lower incidence (*Source: American Cancer Society, Facts & Figures 2025*).

- Increasing age and being born female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include having excess body weight or gaining weight during adulthood (postmenopausal breast cancer only), drinking alcohol, and being physically inactive. Breastfeeding for at least one year decreases risk. Nonmodifiable factors that increase risk include a personal or family history of breast cancer, especially related to inherited genetic mutations in breast cancer susceptibility genes (e.g., BRCA1 or BRCA2) (*Source: American Cancer Society, Facts & Figures 2025*).

The following graph shows the Union County, Oregon, and U.S. crude mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.

Union County Female Crude Breast Cancer Mortality Rate

*Rate unavailable due to small death count
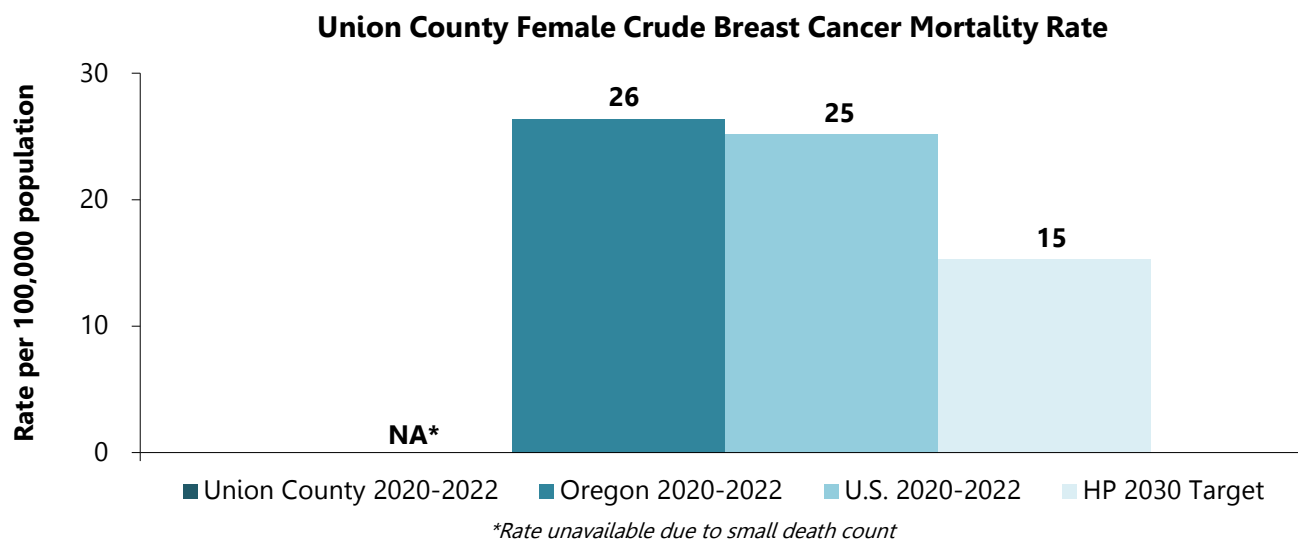
(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Prostate Cancer

- For information on self-testicular exams, digital rectal exams, and prostate-antigen (PSA) testing among Union County men, see the Male Health section.

- The CDC reports that prostate cancer accounted for 23% of Union County male cancer deaths from 2020-2022 *(Source: CDC Wonder, 2020-2022)*.

- Changes in prostate cancer incidence rates over time largely reflect trends in screening with the prostate-specific antigen (PSA) blood test. For example, U.S. incidence declined sharply from 2007 to 2014 following recommendations against screening from the U.S. Preventive Services Task Forces and reductions in PSA testing. However, incidence rates have increased in the U.S. since 2014 by 3% per year, ranging in magnitude from 2.4% per year for localized-stage disease to 4.8% per year for advance disease during 2017-2021 *(Source: American Cancer Society, Facts & Figures 2025)*.

- The U.S. prostate cancer age-adjusted mortality rate has declined by half from its peak of 39.3 per 100,000 men in 1993 to 18.7 per 100,000 men in 2022 because of earlier detection through PSA testing and advances in treatment. However, the pace of decrease has slowed from 3.6% during 1993 to 2021 to 0.5% per year thereafter, likely in part reflecting the increase in advanced stage diagnoses *(Source: American Cancer Society, Facts & Figures 2025)*.

- The only well-established risk factors for prostate cancer are increasing age, Western African ancestry, a family history of the disease, and certain inherited genetic conditions (e.g., Lynch syndrome and BRCA1 and BRCA2 mutations). Black men in the U.S. and the Caribbean have the highest documented prostate cancer incidence rates in the world. Smoking and excess body weight may increase risk of aggressive and/or fatal disease *(Source: American Cancer Society, Facts & Figures 2025)*.

The following graph shows the Union County, Oregon, and U.S. crude mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective.

Union County Male Crude Prostate Cancer Mortality Rate
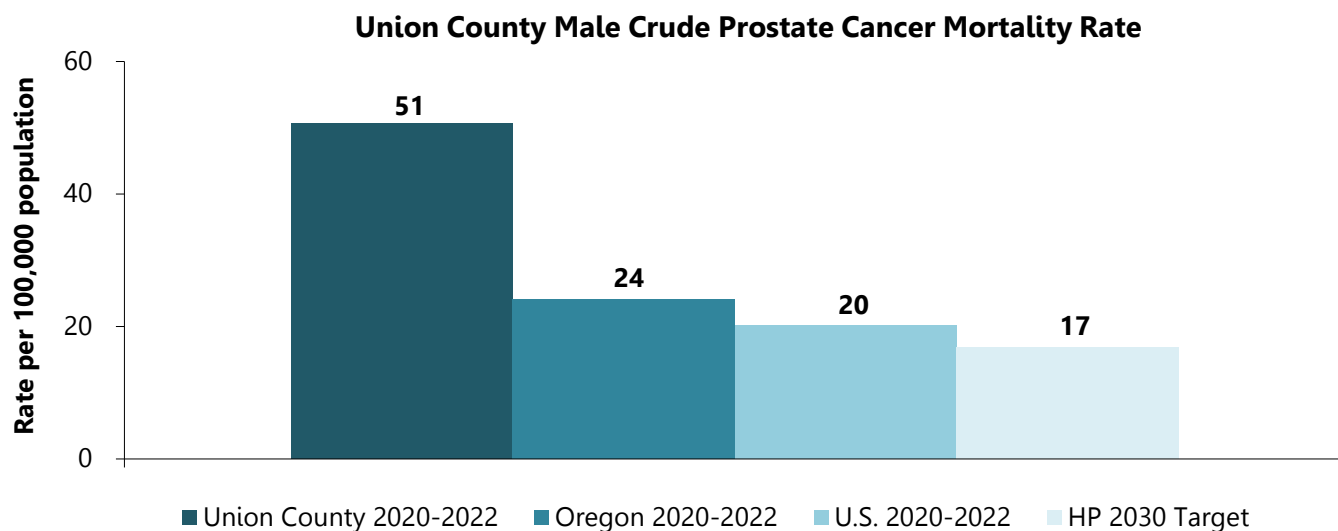
(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Colon and Rectum Cancers

- For information on colorectal cancer screenings among Union County adults, see the Preventive Medicine section.

- The CDC reports that colorectal cancers accounted for 10% of Union County cancer deaths from 2020-2022 *(Source: CDC Wonder, 2020-2022).*

- In the U.S., colorectal cancer incidence has declined since the mid-1980s due to changing patterns in risk factors and the widespread uptake of screening that began around 2000 among adults ages 50 and older; during 2012 to 2021, the rate decreased by about 1% per year. However, trends differ by age because the risk of disease is rising among generations born since 1950; rates increase by 2.4% per year in people younger than 50 years and by 0.4% per year in adults 50-64 during 2012-2021 *(Source: American Cancer Society, Facts & Figures 2025).*

- Colorectal cancer age-adjusted mortality rates have dropped in the U.S. by 57%, from 29.2 (per 100,000) in 1970 to 12.6 in 2022 due to reductions in incidence, earlier detection through screening, and improvements in treatment; during the past decade, the death rate declined by 1.7% per year in both men and women. Similar to incidence, however, this progress is confined to older adults; mortality rates in individuals younger than 55 years have increased by about 1% per year since the mid-2000s *(Source: American Cancer Society, Facts & Figures 2025).*

- More than half (54%) of colorectal cancers in the U.S. are attributable to potentially modifiable risk factors, including excess body weight; physical inactivity; long-term cigarette smoking; high consumption of red of processed meat; heavy alcohol consumption; and low intake of calcium, whole grain, and/or fiber-rich foods. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer or adenomatous polyps, certain inherited genetic disorders (e.g., Lynch syndrome), a personal history of chronic inflammatory bowel disease (ulcerative colitis or Crohn's disease), and type 2 diabetes *(Source: American Cancer Society, Facts & Figures 2025).*

The following graph shows the Union County, Oregon, and U.S. crude mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective.

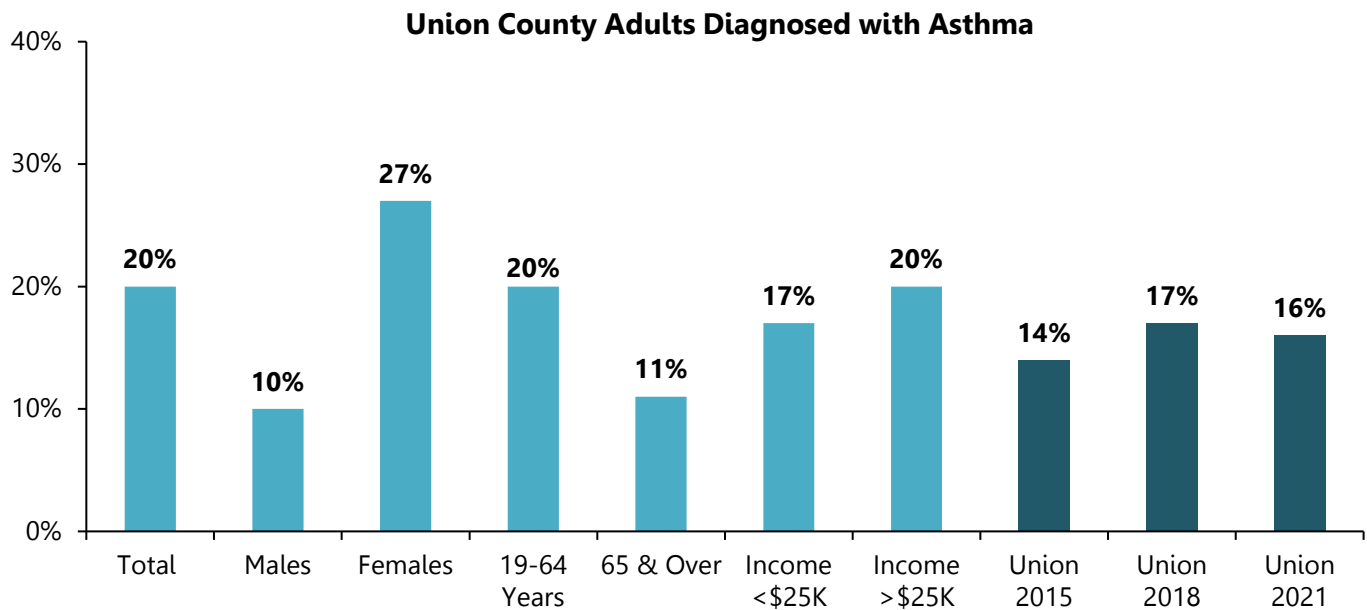### Union County Crude Colorectal Mortality Rate
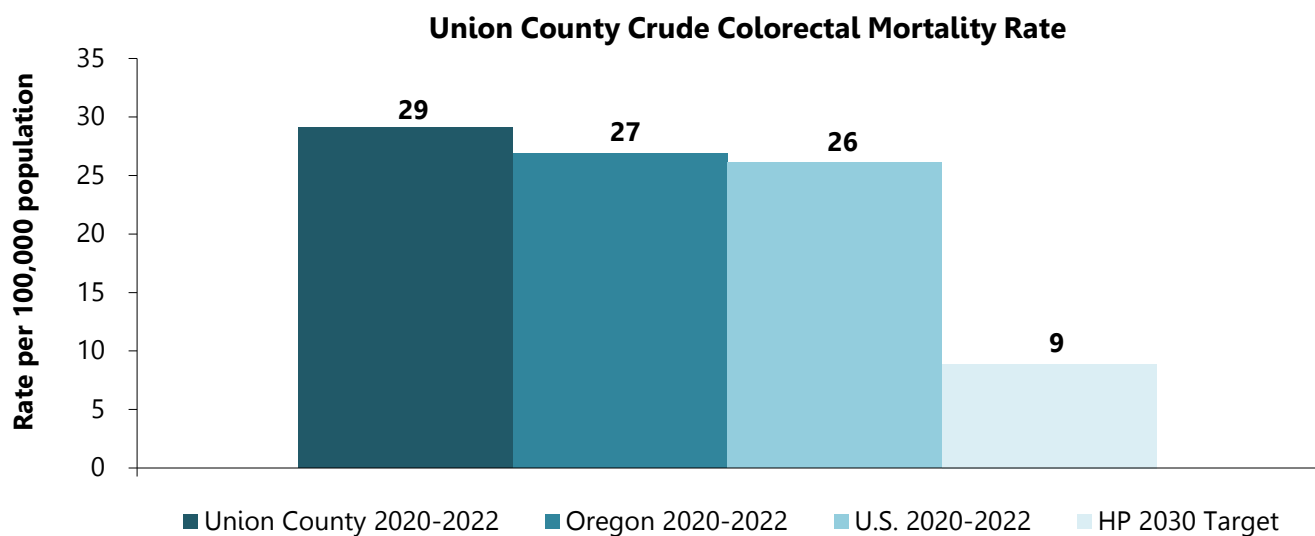
(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Chronic Disease: Asthma and Other Respiratory Diseases

Asthma

- Twenty percent (20%) of Union County adults had ever been diagnosed with asthma by a doctor, nurse, or other health professional.

The following graph shows the percentages of Union County adults who had ever been diagnosed with asthma. Examples of how to interpret the information on the graph include: 20% of all Union County adults had been diagnosed with asthma, including 27% of females and 10% of males.

Union County Adults Diagnosed with Asthma

Category	Percentage
Total	20%
Males	10%
Females	27%
19-64 Years	20%
65 & Over	11%
Income <$25K	17%
Income >$25K	20%
Union 2015	14%
Union 2018	17%
Union 2021	16%

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	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Adults who had ever been diagnosed with asthma	14%	17%	16%	**20%**	18%	16%

Chronic Lower Respiratory Disease

The following graph shows the Union County, Oregon, and U.S. crude mortality rates per 100,000 for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2030 objective. The graph shows:

- From 2020 to 2022, Union County's crude mortality rate for chronic lower respiratory disease was higher than the Oregon and U.S. rate but lower than the Healthy People 2030 target objective rate.

**Crude Mortality Rates for
Chronic Lower Respiratory Diseases (Formerly COPD)**
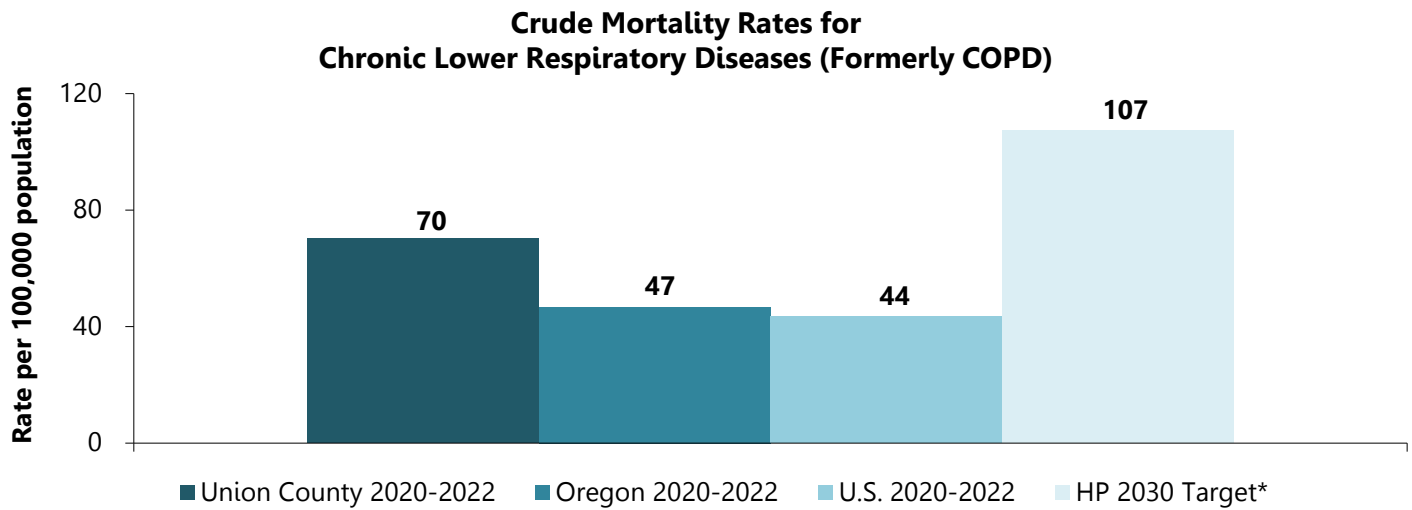
Healthy People 2030's target rate is for adults aged 45 years and older.

(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Chronic Disease: Diabetes

Diabetes

- Eleven percent (11%) of Union County adults had ever been told by a doctor that they had diabetes, increasing to 19% of adults over the age of 65.

- Nine percent (9%) of adults had been told by a doctor that they had prediabetes.

- Almost one-fourth (24%) of adults with diabetes rated their health as fair or poor.

- Union County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  — 83% had been diagnosed with high blood pressure
  — 75% were obese or overweight
  — 69% had been diagnosed with high blood cholesterol

- Union County adults with diabetes or pre-diabetes were using the following to manage their condition: diet control (59%), exercise (46%), checking blood sugar (46%), 6-month checkup with provider (50%), annual vision exam (54%), checking A1C annually (60%), checking their feet (28%), diabetes pills (44%), dental exam (21%), insulin (16%), using injectables (9%), and taking a class (5%). Eleven percent (11%) of adults diagnosed with diabetes reported they did not have enough information to manage their diagnosis.

The following graph shows the percentage of Union County adults that had ever been diagnosed with diabetes. Examples of how to interpret the information include: 11% of Union County adults had ever been diagnosed with diabetes, including 14% of males and 19% of adults ages 65 and older.
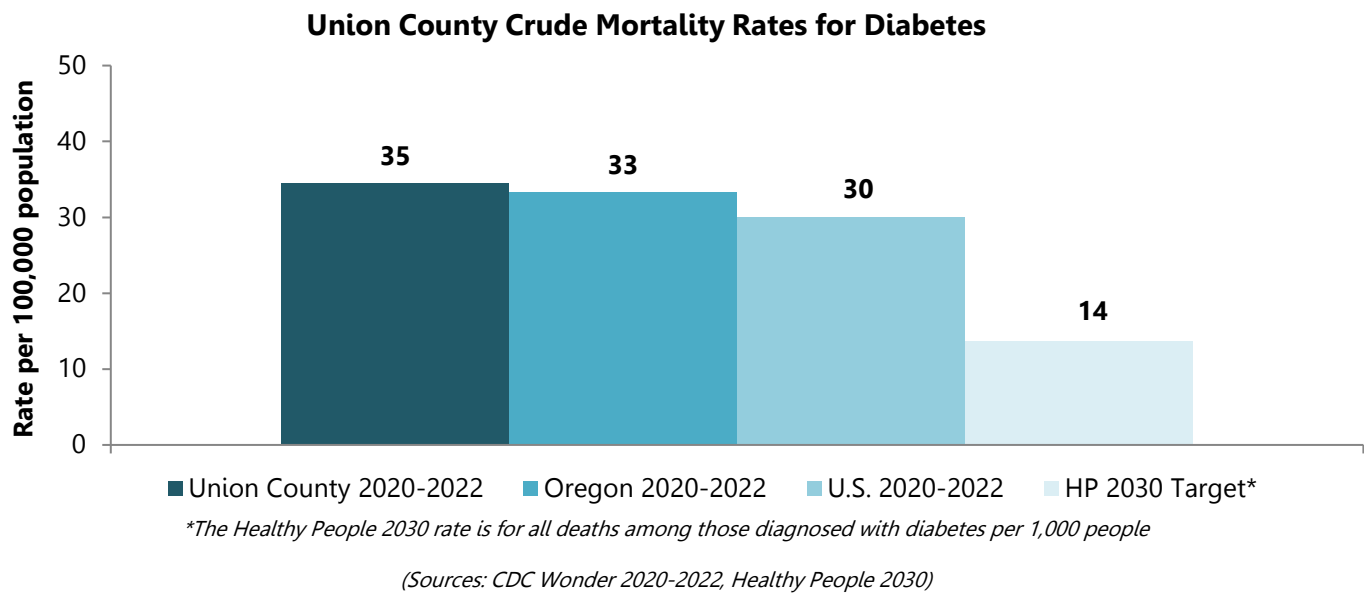
Union County Adults Diagnosed with Diabetes
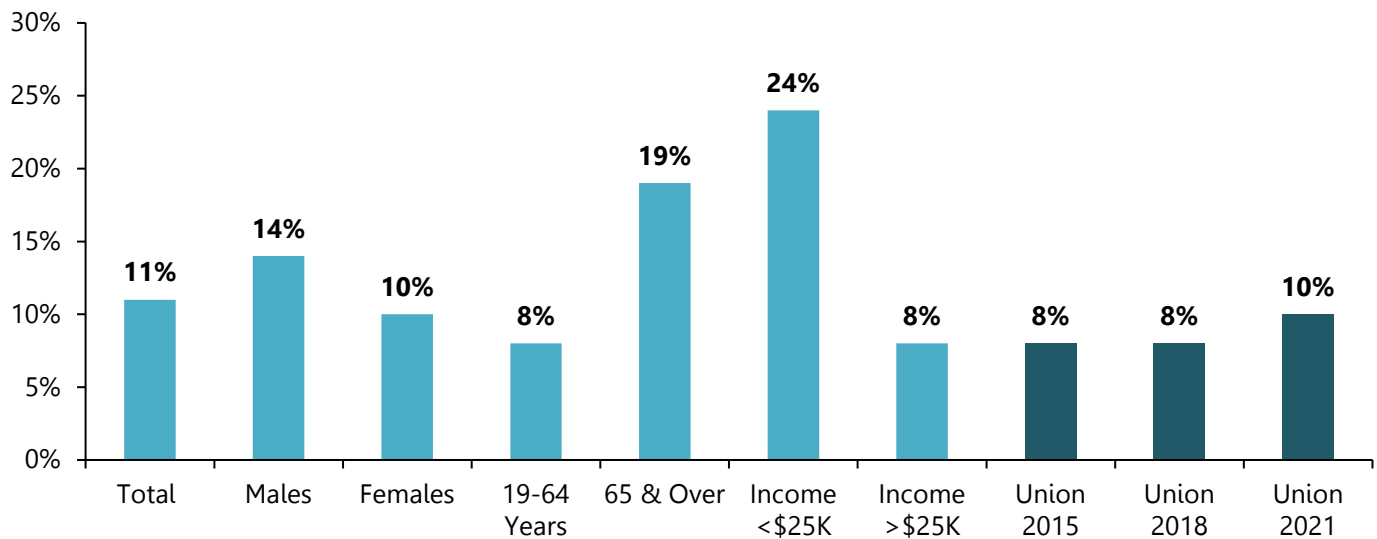
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Union County 2024	Oregon 2023	U.S. 2023
Had ever been diagnosed with diabetes	8%	8%	10%	**11%**	12%	12%

The following graph shows the Union County, Oregon, and U.S. crude diabetes mortality rate per 100,000 in comparison to the Healthy People 2030 target objective.

- From 2020 to 2022, Union County's crude diabetes mortality rate was higher than the Oregon and U.S. rate, as well as the Healthy People 2030 target objective rate.

Union County Crude Mortality Rates for Diabetes

The Healthy People 2030 rate is for all deaths among those diagnosed with diabetes per 1,000 people

(Sources: CDC Wonder 2020-2022, Healthy People 2030)

Chronic Disease: Quality of Life

Impairments and Health Problems

- In 2024, 50% of Union County adults were limited in some way because of a physical, mental, or emotional problem, increasing to 74% of adults with annual household incomes below $25,000.

- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (41%); stress, depression, anxiety, or emotional problems (35%); arthritis/rheumatism (29%); chronic pain (25%); fitness level (23%); sleep problems (17%); chronic illness (diabetes, cancer, heart/stroke related problems) (17%); lung/breathing problems (16%); walking problems (15%); fractures, bone/joint injuries (12%); isolation/loneliness (12%); mental health illness/disorder (10%); hearing problems (10%); eye/vision problems (8%); dental problems (8%); providing care to a family member (6%); memory loss (4%); confusion (1%); substance dependency (1%); and other impairment/problem (5%).

The following graphs show the percentage of Union County adults that were limited in some way and the most limiting health problems reported. Examples of how to interpret the information shown in the first graph include: 50% of Union County adults were limited in some way, including 54% of females and 74% of adults with annual household incomes less than $25,000.
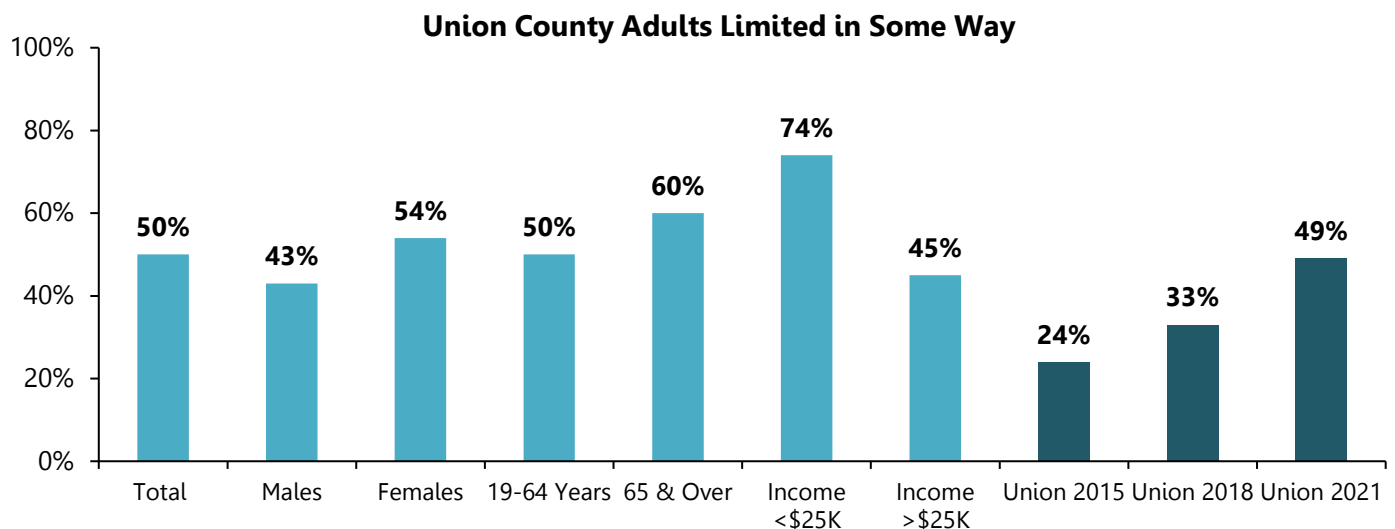
Union County Adults Limited in Some Way

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.

Union County Adults' Most Limiting Health Problems*
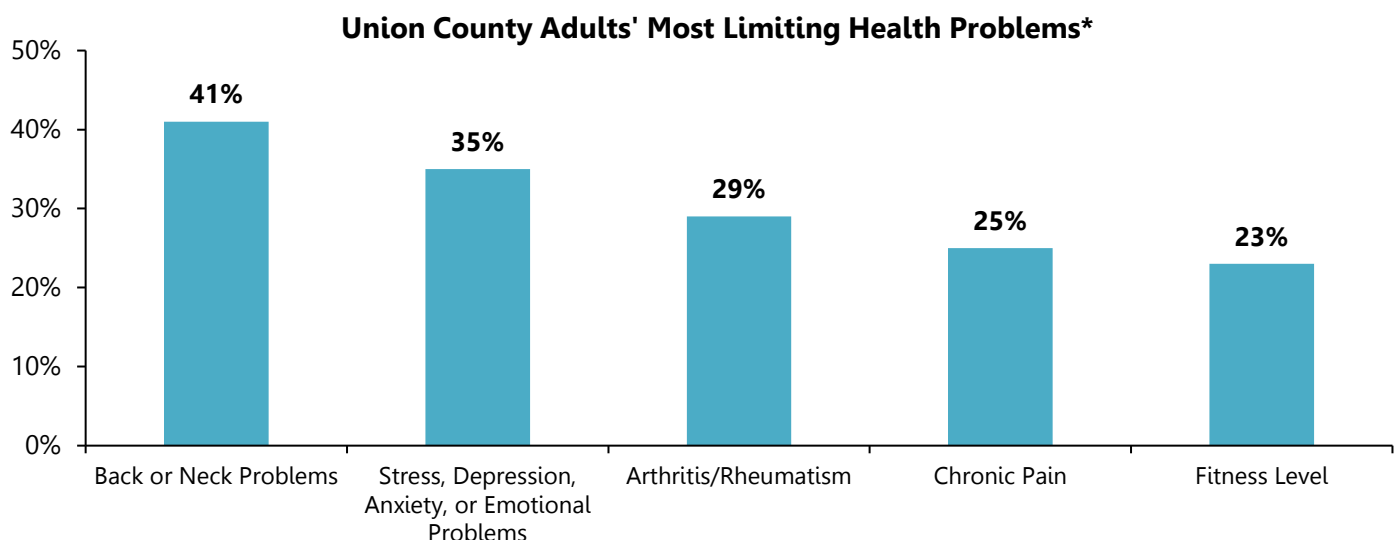
*Health problems are reported among adults who indicated major impairments or health problems (physical, mental, or emotional) that limited their activities

SOCIAL CONDITIONS

Social Determinants of Health

Environmental Health

Parenting

Note for population: "adults" are defined throughout the report as those ages 19 and older living in Union County

# Social Conditions: Social Determinants of Health

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where 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. One of Healthy People 2030's five overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

— Economic stability
— Education access and quality
— Social and community context
— Health care access and quality
— Neighborhood and built environment

Social Determinants of Health
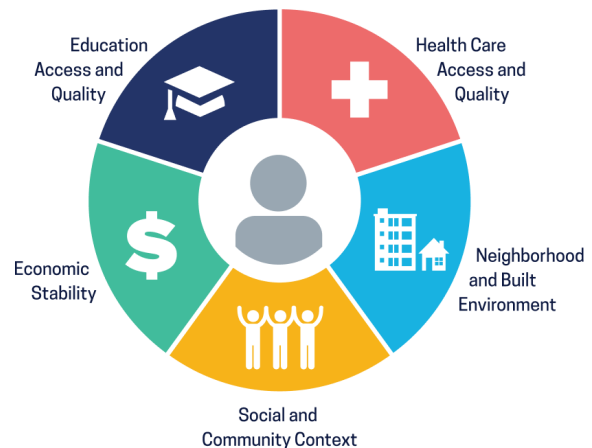
Economic Stability

- Union County adults reported the following percentage of their household income goes to their housing: less than 30% (51%), 30 to 50% (31%), and 50% or higher (9%). Nine percent (9%) reported they did not know.

- Adults experienced the following food insecurity issues in the past year: had to choose between paying bills and buying food (5%), was worried food would run out (4%), food assistance was cut (4%), went hungry/ate less to provide more food for their family (3%), were hungry but did not eat because they did not have money for food (3%), and loss of income led to food insecurity issues (1%).

- Nine percent (9%) of Union County adults experienced at least one food insecurity issue, including 6% who experienced more than one food insecurity in the past year.

> **6% of Union County adults, or approximately 1,224 adults, experienced more than one food insecurity issue in the past year.**

- The median household income in Union County in 2023 was $63,524. The U.S. Census Bureau reports median income levels of $88,061 for Oregon and $77,719 for the U.S. *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2023).*

- Fourteen percent (14%) of Union County residents were living in poverty, including 16% of children and youth ages 0-17. (*Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2023).*

- The Union County unemployment rate was 5.6% among residents 16 years and over in 2023 *(Source: U.S. Census Bureau, American Community Survey 5-Year Estimates).*

Economic Stability, *continued*

- Union County adults indicated that they or a loved one received assistance for the following in the past year: health care (17%), Medicare (11%), mental illness issues (9%), prescription assistance (9%), food (7%), dental care (6%), utilities (5%), home repair (4%), rent/mortgage (3%), employment (2%), transportation (2%), free tax preparation (1%), affordable child care (1%), credit counseling (1%), legal aid services (1%), diapers (<1%), and drug or alcohol addiction (<1%).

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

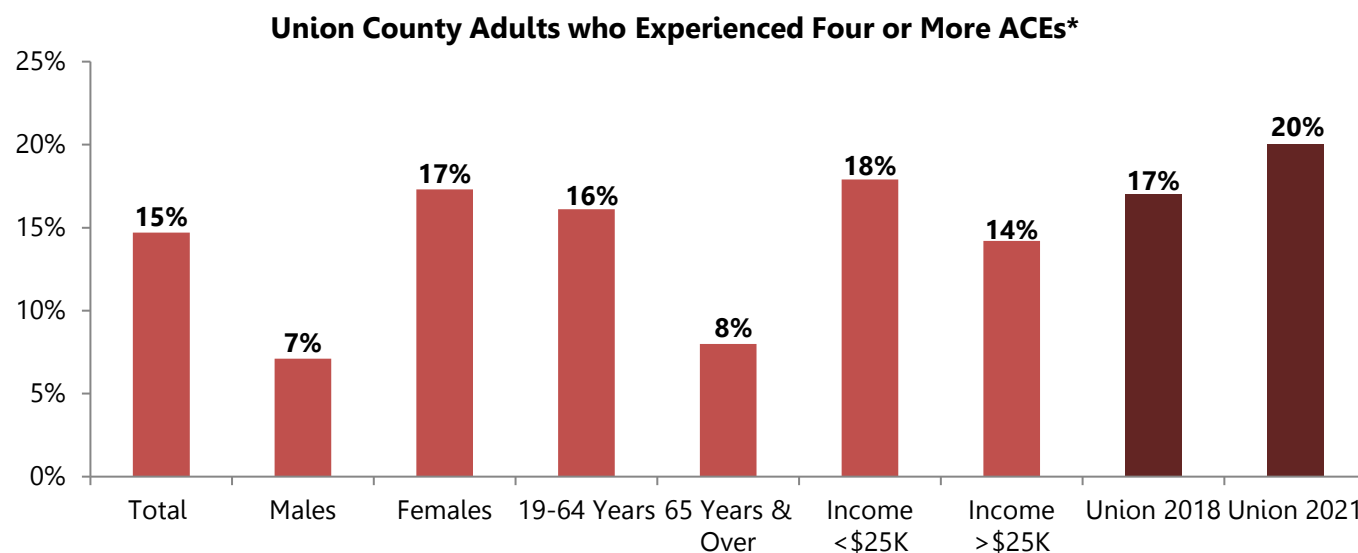| Type of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance	No Service Available
Affordable child care	1%	1%	92%	6%
Clothing	0%	2%	96%	2%
Credit counseling	1%	2%	95%	2%
Dental care	6%	4%	87%	3%
Diapers	<1%	0%	97%	2%
Drug or alcohol addiction	<1%	0%	97%	2%
Employment	2%	0%	95%	3%
Food	7%	2%	89%	2%
Free tax preparation	1%	2%	95%	2%
Gambling addiction	0%	0%	98%	2%
Health care	17%	2%	80%	1%
Home repair	4%	5%	89%	2%
Legal aid services	1%	2%	96%	1%
Medicare	11%	<1%	87%	1%
Mental illness issues including depression	9%	1%	88%	2%
Post incarceration transition issues	0%	0%	98%	2%
Prescription assistance	9%	<1%	88%	2%
Rent/mortgage	3%	2%	93%	2%
Transportation	2%	2%	95%	1%
Unplanned pregnancy	0%	0%	98%	2%
Utilities	5%	2%	91%	2%

Education Access and Quality

- Nearly 94% percent (93.5%) of Union County adults 25 years and over had a high school diploma or higher, leaving 6.5% that had less than a high school diploma *(Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates)*.

- Nearly one-fourth (24.9%) of Union County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates)*.

Social and Community Context

- Two percent (2%) of Union County adults were abused in the past year. They were abused by the following individuals: a child (43%), a spouse or partner (29%), another person outside their home (29%), and someone else (14%).

- Union County adults experienced the following adverse childhood experiences (ACEs):
  — Lived with someone who was depressed, mentally ill, or suicidal (27%)
  — A parent or adult in their home swore at, insulted, or put them down (23%)
  — Their parents became separated or were divorced (21%)
  — Lived with someone who was a problem drinker or alcoholic (20%)
  — 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 touched them sexually (10%)
  — Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
  — Someone at least 5 years older than them or an adult tried to make them touch them sexually (8%)
  — Their family did not look out for each other, feel close to each other, or support each other (7%)
  — Lived with someone who used illegal street drugs, or who abused prescription medications (5%)
  — Someone at least 5 years older than them or an adult forced them to have sex (4%)
  — Their parents were not married (3%)
  — They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (3%)
  — Lived with someone who served time or was sentenced to serve time in prison, jail, or other correctional facility (1%)

- Fifteen percent (15%) of Union County adults had 4 or more ACEs.

The following graph shows the percentage of Union County adults who experienced four or more ACEs. Examples of how to interpret the information shown on the graph include: 15% of all Union County adults experienced four or more ACEs, including 7% of males and 18% of adults with annual household incomes below $25,000.

Union County Adults who Experienced Four or More ACEs*

Category	Percentage
Total	15%
Males	7%
Females	17%
19-64 Years	16%
65 Years & Over	8%
Income <$25K	18%
Income >$25K	14%
Union 2018	17%
Union 2021	20%

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing violence, or neglect; witness violence in the home or community; or having a family member attempt or die by suicide (Source: CDC, Adverse Childhood Experiences).

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.

Social and Community Context, *continued*

The table below indicates correlations between adults who experienced 4 or more adverse childhood experiences (ACEs), as well as those who did not experience any ACEs. An example of how to interpret the information includes: 9% of adults who experienced 4 or more ACEs misused medication in the past 6 months, compared to 1% of adults who did not experience any ACEs.

Behaviors of Union 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
Contemplated suicide in the past 12 months	20%	0%
Had two or more sexual partners in the past year	4%	0%
Misused medication in the past 6 months	9%	1%
Used marijuana in the past 6 months (including medical marijuana, recreational marijuana, and other THC products)	20%	9%
Classified as overweight or obese (including severely and morbidly obese) **according to BMI**	85%	67%
Had an annual household income less than $25,000	12%	8%
Current drinker (had at least one alcoholic beverage in the past month)	47%	48%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion in the past month)	9%	15%
Current smoker (smoked at least 100 cigarettes within lifetime and currently smoke on some or all days)	0%	4%

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.

What are ACEs?

Adverse Childhood Experiences refers to a study by the Centers for Disease Control and Prevention that examined the relationship of prevalence of traumatic experiences in childhood to a number of negative mental and physical health outcomes in adulthood. The types of ACEs studied were neglect (emotional and physical), abuse (emotional, physical, and sexual), and household challenges including domestic violence, substance abuse, mental illness, separation/divorce, and incarcerated household members.
More than 1/2 of the general population has been shown to experience at least one ACE, over 1/4 experience 2 or more ACEs, and 1/8 experience 4 or more ACEs. Children with high ACE scores are more likely to experience anxiety and depression, developmental delays, cognitive and socioemotional health issues, academic challenges, and specialized health needs.

(Source: Trauma Informed Oregon, 2025)

Health Care Access and Quality

• In the past year, 10% of Union County adults were uninsured.

• When accessing health care, Union County adults felt confident doing the following: following instructions correctly on a medicine prescription container (93%), filling out medical forms accurately (91%), following the advice of their health care provider (84%), knowing their health care providers exchange information so they can care for them accurately (74%), and know how to obtain health insurance that best fits their needs (65%).

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

Neighborhood and Built Environment

- Union County adults reported they would support the following community improvement initiatives: more locally grown food or farmer's markets (58%), local agencies partnering with grocery stores to provide healthier low-cost food items (47%), bike/walking trail accessibility or connectivity (44%), safe roadways (44%), affordable housing (43%), sidewalk accessibility (41%), neighborhood safety (38%), new and/or updated parks (37%), new and/or updated recreation centers (36%), expanded housing availability (34%), community gardens (33%), and improved housing quality (26%). Fourteen percent (14%) of adults indicated they did not support any of these initiatives.

- Adults reported the following regarding their current housing situation:
  — Had housing (97%)
  — Had housing but were worried about losing housing in the future (2%)
  — Did not have housing (stayed with others; stayed in a hotel, shelter, abandoned building, bus station, train station; lived outside on the street, on a bench, in a car, or in a park) (<1%)
  — Did not know (<1%)

- In the past five years, 5% of Union County adults considered leaving Union County due to unaffordable housing options and 2% considered leaving due to poor housing conditions available. Sixty-four percent (64%) of adults in Union County had not considered leaving Union County in the past five years due to housing.

- In 2023, there were 11,786 housing units in Union County. The occupied housing unit rate was 92.1%. Rent in Union County cost an average of $982 per month. The median monthly owner costs were $1,459 for housing units with a mortgage and $523 for housing units without a mortgage. *(Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates).*

- Nearly two-thirds (64.6%) of occupied housing units in Union County were owner-occupied, and 35.4% were renter-occupied *(Source: U.S. Census Bureau, 2023 American Community Survey 5-year Estimates).*

Social Conditions: Environmental Health

11% of Union County adults, or approximately 2,243 adults, reported that air quality threatened their or their family members' health in the past year.

Environmental Health

- Union County adults thought the following threatened their or their family members' health in the past year:
  - Air quality (11%)
  - Mold (5%)
  - Insects (4%)
  - Rodents (3%)
  - Temperature regulation (3%)
  - Radon (2%)
  - Moisture issues (2%)
  - Agricultural chemicals (2%)
  - Chemicals found in household products (2%)
  - Asbestos (1%)
  - Bed bugs (1%)
  - Radiation (1%)
  - Lead paint (1%)
  - Cockroaches (1%)
  - Plumbing problems (1%)
  - Unsafe water supply/wells (1%)
  - Lice (<1%)
  - Sanitation issues (<1%)
  - Sewage/wastewater problems (<1%)

Disaster Preparedness

- Union County households had the following disaster preparedness supplies: cell phone (90%), cell phone with texting (89%), working flashlight and working batteries (86%), computer/tablet (85%), working smoke detector (82%), 3-day supply of nonperishable food for everyone in the household (71%), financial resources (68%), 3-day supply of prescription medication for each person who takes prescribed medicines (64%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (47%), working battery-operated radio and working batteries (41%), generator (37%), communication plan (32%), back-up power supply for essential medical equipment (31%), home land-line telephone (20%), a family disaster plan (20%), and disaster plan (16%). Two percent (2%) indicated they did not have any of these disaster preparedness supplies.

Social Conditions: Parenting

Parenting/Legal Guardianship

- Parents discussed the following topics with their 12- to 17-year-old in the past year:
  - Dating and relationships (94%)
  - Career plan/post-secondary education (91%)
  - Body image (85%)
  - Weight status (eating habits, physical activity, screen time) (85%)
  - Negative effects of alcohol, tobacco, other drugs (79%)
  - Abstinence/how to refuse sex (74%)
  - Bullying (71%)
  - Social media issues (71%)
  - School/legal consequences of using tobacco/alcohol/other drugs (71%)
  - Depression, anxiety, suicide (62%)
  - Volunteering (59%)
  - Refusal skills/peer pressure (53%)
  - Birth control/condom use/safer sex/STD prevention (age appropriate) (41%)

- In the past year, parents took their child to the doctor for the following: regular checkups (82%), dental visits (72%), emergency room visits (18%), mental health (12%), injuries (9%), asthma (9%), behavioral problems (8%), ear infections (8%), and other visits for any illness (34%).

- Union County parents reported their child had difficulties in the following areas: managing emotions (28%), ability to focus (22%), following directions (20%), social interaction (14%), bullying (8%), and other difficulties (2%).

- In regard to community parenting education workshops to improve the connection between caregivers and their children of all ages, parents: had taken at least one series (14%), did not know of any but would like to attend (5%), and did not need such workshops for their family (81%).

- On an average school day, Union County parents indicated their child spent the following time unsupervised: no time unsupervised (71%), less than one hour (17%), 1 to 2 hours (7%), 3 to 4 hours (4%), and more than 4 hours (1%).

- Parents indicated the following day-to-day demands of parenthood/raising children: work schedule (45%); demands of multiple children (39%); childcare (22%); depression, anxiety, mental health (20%); affordable utilities (18%); affordable housing (17%); parenting skills (13%); child behavioral challenges (9%); loss of freedom/difficulty with lifestyle changes (9%); postpartum depression (8%); single parenting (7%); child special needs (5%); lack of transportation (5%); violence or abuse in the home (5%); health care insurance (3%); financial burdens/unemployment (2%); and other (1%). One-fourth (25%) of adults reported they did not experience any of these challenges.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2025	• 2025 Cancer Facts, Figures, and Estimates	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2025-cancer-facts-figures.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• Adult Oregon and U.S. Correlating Statistics	https://www.cdc.gov/brfss/index.html
CDC, Vaccines	• Recommended Adult Immunization Schedule	https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html
CDC Wonder	• Union County, Oregon, and U.S. Mortality Statistics	https://wonder.cdc.gov/mcd-icd10-expanded.html
County Health Rankings	• Average days of mental health not being good in the past month • Average days of physical health not being good in the past month • County, Oregon, and U.S. comparison rankings • USDA Food Environment Atlas	http://www.countyhealthrankings.org
Healthy People 2030: U.S. Department of Health & Human Services	• All Healthy People 2030 Target Objectives	https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives
	• Social Determinants of Health	https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health
Oregon Health Authority	• County Cancer Incidence	https://www.oregon.gov/oha/ph/diseasesconditions/chronicdisease/datareports/pages/cancer-incidence.aspx
	• County STD Statistics	https://www.oregon.gov/oha/ph/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/STD/Pages/index.aspx
	• County Violent Death Reporting System	https://www.oregon.gov/oha/ph/diseasesconditions/injuryfatalitydata/pages/nvdrs.aspx
State of Oregon Employment Department	• County and Oregon Employment & Unemployment Data	https://www.qualityinfo.org/data
Trauma Informed Oregon	• Background of Adverse Childhood Experiences (ACEs)	https://traumainformedoregon.org/resources/new-to-trauma-informed-care/adverse-childhood-experiences-ace-study/
U. S. Census Bureau	• American Community Survey 5-year estimates, 2019-2023	https://data.census.gov/
	• Federal Poverty Thresholds, 2024	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	• Small Area Income and Poverty Estimates	https://www.census.gov/programs-surveys/saipe.html

Appendix II: Acronyms and Terms

A1C	Glycated hemoglobin, a test to measure the amount of glucose in the blood
ACA	**A**ffordable **C**are **A**ct
ACE	**A**dverse **C**hildhood **E**xperiences
ACS	**A**merican **C**ommunity **S**urvey, an annual survey program conducted by the U.S. Census Bureau
ADD/ADHD	**A**ttention **D**eficit **D**isorder/ **A**ttention **D**eficit **H**yperactivity **D**isorder
Adult	Defined as 18 years of age and older
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2030 objectives
Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRCA	Breast Cancer Associated Genes
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
CHA/CHNA	**C**ommunity **H**ealth **A**ssessment/**C**ommunity **H**ealth **N**eeds **A**ssessment
CHAMPUS	**C**ivilian **H**ealth and **M**edical **P**rogram of the **U**niformed **S**ervices
CI	**C**onfidence **I**nterval
COPD	**C**hronic **O**bstructive **P**ulmonary **D**isease
COVID-19	Coronavirus disease 2019
Crude Mortality Rates	Death rate per 100,000 population
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
DMT	Dimethyltryptamine, a hallucinogenic drug
ER	**E**mergency **R**oom
Former Smoker	Individual who has smoked at least 100 cigarettes in their lifetime but no longer smokes
GHB	Gamma hydroxybutyrate, a type of euphoric drug often used at parties
GRH	**G**rand **R**onde **H**ospital
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2030 objectives
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
HIV	**H**uman **I**mmunodeficiency **V**irus

HP 2030	**H**ealthy **P**eople **2030**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
HPV	**H**uman **P**apillomavirus
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2030 objectives
IS	**I**mplementation **S**trategy
IUD	Intrauterine device, a form of contraception
LSD	Lysergic acid diethylamide, a hallucinogenic drug
MenACWY/MenB	**Meningococcal vaccine**
MMR	**M**easles, **m**umps, and **r**ubella
N/A	Data is not available
NWS	**N**utrition and **W**eight **S**tatus, Topic of Healthy People 2030 objectives
OHA	**O**regon **H**ealth **A**uthority
PSA	**P**rostate-**S**pecific **A**ntigen
PTSD	**P**ost-**T**raumatic **S**tress **D**isorder
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.
RSV	**R**espiratory **S**yncytial **V**irus
SDOH	**S**ocial **D**eterminants **o**f **H**ealth
SPSS	**S**tatistical **P**roduct and **S**ervice **S**olutions
STD	**S**exually **T**ransmitted **D**isease
SU	**S**ubstance **U**se, Topic of Healthy People 2030 objectives
Tdap/TD	**T**etanus, **d**iphtheria, **a**nd **p**ertussis
THC	**T**etrahydrocannabinol, the principal psychoactive constituent of cannabis
TU	**T**obacco **U**se, Topic of Healthy People 2030 objectives
USDA	**U**nited **S**tates **D**epartment of **A**griculture
VA	**V**eterans **A**ffairs
WIC	Special Supplemental Nutrition Program for **W**omen, **I**nfants, and **C**hildren

Appendix III: Methods for Weighting The 2024 Union County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2024 Union County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Union County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), 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 Union 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 2024 Union County Survey and the 2023 Census estimates.

	2024 Union Survey		2023 Census estimates		Weight
Sex	Number	Percent	Number	Percent	
Male	147	43.75000	12,959	49.47694	1.130901
Female	189	56.25000	13,233	50.52306	0.898188

In this example, it shows that there was a larger portion of females in the sample compared to the actual portion in Union County. The weighting for females was calculated by taking the percent of females in Union County (based on Census information) (50.52306%) and dividing that by the percent found in the 2024 Union County sample (56.25000%) [50.52306/56.25000 = weighting of 0.898188 for females]. The same was done for males [49.47694/49.47694 = weighting of 1.130901 for males]. Thus, males' responses are weighted heavier by a factor of 1.130901 and females' responses weighted less by a factor of 0.898188.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 45-54, and with a household income in the $50-$75k category would have an individual weighting of 1.03968 [0.89819 (weight for females) x 0.91551 (weight for White) x 1.44468 (weight for age 45-54) x 0.87518 (weight for income $50-$75k)]. Thus, each individual in the 2024 Union 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 29.0) 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 income), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by income, the weighting score that was applied during analysis included only age, sex, and race. 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	Union Sample	%	2023 Census*	%		Weighting Value
Sex:						
Male	147	43.75000	12,959	49.47694		1.130901
Female	189	56.25000	13,233	50.52306		0.898188
Age:						
20-34	19	5.77508	5,136	26.10287		4.51992
35-44	29	8.81459	3,237	16.45151		1.86640
45-54	30	9.11854	2,592	13.17341		1.44468
55-59	21	6.38298	1,365	6.93739		1.08686
60-64	36	10.94225	1,846	9.38199		0.85741
65-74	105	31.91489	3,241	16.47184		0.51612
75-84	76	23.10030	1,609	8.17748		0.35400
85+	13	3.95137	650	3.30352		0.83604
Race:						
White	317	94.34524	22,623	86.37370		0.91551
Non-White	19	5.65476	3,569	13.62630		2.40970
Household Income:						
Less than $25,000	45	14.28571	1,929	17.76898		1.24383
$25,000 to $34,999	23	7.30159	932	8.58511		1.17579
$35,000 to $49,999	45	14.28571	1,361	12.53685		0.87758
$50,000 to $74,999	68	21.58730	2,051	18.89278		0.87518
$75,000 to $99,999	40	12.69841	1,495	13.77119		1.08448
$100,000 to $149,999	56	17.77778	1,850	17.04127		0.95857
$150,000 or more	38	12.06349	1,238	11.40383		0.94532
Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Union County in each subcategory by the proportion of the sample in the Union County survey for that same category. ***Union County population figures taken from the 2023 Census American Community Survey estimates.**						

Appendix IV: Union County Sample Demographic Profile*

Variable	2024 Survey Sample	Union County Census 2019-2023 (5-year estimates)	Oregon Census 2019-2023 (5-year estimates)
Age			
20-29	2.6%	13.8%	12.9%
30-39	7.9%	11.2%	14.3%
40-49	7.3%	12.1%	13.1%
50-59	11.1%	10.1%	12.1%
60 plus	67.1%	28.0%	25.1%
Race/Ethnicity*			
White	91.3%	94.1%	87.0%
Black or African American	0.3%	1.5%	3.3%
American Indian and Alaska Native	1.2%	2.3%	3.6%
Asian	0.3%	2.5%	6.6%
Other	3.2%	4.4%	10.6%
Hispanic Origin (may be of any race)	1.7%	5.3%	14.3%
Race alone or in combination with one or more races			
Marital Status†			
Married Couple	56.6%	51.6%	48.6%
Never been married/member of an unmarried couple	10.0%	29.2%	32.4%
Divorced/Separated	18.7%	12.6%	14.0%
Widowed	12.8%	6.6%	5.0%
Education†			
Less than High School Diploma	3.8%	6.4%	8.3%
High School Diploma	28.0%	33.0%	22.4%
Some college/ College graduate	66.5%	60.6%	69.4%
Income (Families)			
$14,999 and less	4.4%	2.9%	4.2%
$15,000 to $24,999	8.7%	6.6%	3.6%
$25,000 to $49,999	19.8%	18.9%	13.5%
$50,000 to $74,999	19.8%	20.0%	15.2%
$75,000 or more	39.1%	51.4%	63.6%

* 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 Union 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.

UNION COUNTY PROFILE
(Source: U.S. Census Bureau, 2023)
2019-2023 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2023 Total Population	26,192	100%
La Grande City		
2023 Total Population	13,059	N/A
*Population by Race/Ethnicity**		
Total Population	26,192	100%
White	24,655	94.1%
Hispanic or Latino (of any race)	1,400	5.3%
Asian	649	2.5%
American Indian and Alaska Native	605	2.3%
Native Hawaiian and Other Pacific Islander	431	1.6%
Black or African American	400	1.5%
Some other race	1,163	4.4%
Two or more races	1,556	5.9%
Race alone or in combination with one or more races		
Population by Age		
Total Population	26,192	100%
Under 5 years	1287	4.9%
5 to 19 years	5,229	19.9%
20 to 24 years	2,115	8.1%
25 to 44 years	6,258	23.9%
45 to 64 years	5,803	22.1%
65 years and more	5,500	21.0%
Median age (years)	**40.1**	N/A
Household by Type		
Total households	10,856	100%
Married-couple family household	5,352	49.3%
Single householder of family household, no spouse present	1,642	15.1%
Nonfamily household	3,862	35.6%
Households with one or more people <18 years	2,649	24.4%
Average household size	2.36 people	N/A
Average family size	2.84 people	N/A

(Source: U.S. Census Bureau, 2023)

Selected Social Characteristics

Language Spoken at Home		
Total population 5 years and over	24,905	100%
English	23,649	95.0%
Spanish	502	2.0%
Asian and Pacific Island languages	380	1.5%
Other Indo-European languages	351	1.4%
Other languages	23	0.1%
Educational Attainment		
Population 25 years and over	17,561	100%
< 9th grade education	375	2.1%
9th to 12th grade, no diploma	758	4.3%
High school graduate (includes equivalency)	5,789	33.0%
Some college, no degree	4,654	26.5%
Associate degree	1,610	9.2%
Bachelor's degree	3,003	17.1%
Graduate or professional degree	1,372	7.8%
Percent high school graduate or higher	16,428	93.5%
Percent Bachelor's degree or higher	4,375	24.9%
Marital Status		
Population 15 years and over	21,574	100%
Now married, excluding separated	11,132	51.6%
Never married	6,300	29.2%
Divorced	2,438	11.3%
Widowed	1,424	6.6%
Separated	280	1.3%
Veteran Status		
Civilian population 18 years and over	20,360	100%
Veterans 18 years and over	1,625	8.0%
Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	25,985	100%
Population with a disability	4,545	17.5%
Under 18 years	5,781	N/A
Under 18 years with a disability	402	7.0%
18-to-64 years	14,797	N/A
18-to-64 years with a disability	2,174	14.7%
65 Years and over	5,407	N/A
65 Years and over with a disability	1,969	36.4%

(Source: U.S. Census Bureau, 2023)

Selected Housing Characteristics

Housing Occupancy		
Median value of owner-occupied units	$260,500	N/A
Median monthly owner cost of housing units with a mortgage	$1,459	N/A
Median monthly owner cost of housing units without a mortgage	$523	N/A
Median value of occupied units paying rent	$982	N/A
Median rooms per total housing unit	5.6	N/A
Total housing units	11,786	100%
Vacant housing units	930	7.9%
Total occupied housing units	10,856	100%
No telephone service available	207	1.9%
Lacking complete kitchen facilities	225	2.1%
Lacking complete plumbing facilities	141	1.3%
No vehicles available	792	7.3%
Total households	10,856	100%
Households with one or more computing devices (desktop/laptop, smartphone, tablet/portable wireless computer, other computer)	10,856	92.4%
Households with an internet subscription (dial-up, broadband, cellular data, satellite)	9,129	84.1%

(Source: U.S. Census Bureau, 2023)

Selected Economic Characteristics

Employment Status		
Population 16 years and over	20,999	100%
16 years and over in labor force	12,382	59.0%
16 years and over not in labor force	8,617	41.0%
Occupations		
Employed civilian population 16 years and over	11,657	100%
Management, business, science, and arts occupations	3,636	31.2%
Service occupations	2,716	23.3%
Sales and office occupations	2,209	18.9%
Production, transportation, and material moving occupations	1,782	15.3%
Natural resources, construction, and maintenance occupations	1,314	11.3%

(Source: U.S. Census Bureau, 2023)

Selected Economic Characteristics, *Continued*

Income In 2023		
Households	10,856	100%
< $10,000	513	4.7%
$10,000 to $14,999	488	4.5%
$15,000 to $24,999	928	8.5%
$25,000 to $34,999	932	8.6%
$35,000 to $49,999	1,361	12.5%
$50,000 to $74,999	2,051	18.9%
$75,000 to $99,999	1,495	13.8%
$100,000 to $149,999	1,850	17.0%
$150,000 to $199,999	696	6.4%
$200,000 or more	542	5.0%
Median household income	**$64,212**	N/A
Income in 2023		
Families	6,994	100%
< $10,000	107	1.5%
$10,000 to $14,999	98	1.4%
$15,000 to $24,999	461	6.6%
$25,000 to $34,999	478	6.8%
$35,000 to $49,999	847	12.1%
$50,000 to $74,999	1,399	20.0%
$75,000 to $99,999	989	14.1%
$100,000 to $149,999	1,590	22.7%
$150,000 to $199,999	575	8.2%
$200,000 or more	450	6.4%
Median family income	**$76,661**	N/A
Per capita income	**$34,745**	N/A
Poverty Status in 2023		
Families	N/A	8.8%
All People	N/A	15.8%

(Source: U.S. Census Bureau, 2023)

Employment Statistics

Category	Union County	Oregon
Labor Force (December 2024)	12,168	2,195,726
Employed (December 2024)	11,600	2,105,322
Unemployed (December 2024)	568	90,404
Unemployment Rate** (December 2024)	4.7	4.1
Unemployment Rate** (November 2024)	4.6	4.0
Unemployment Rate** (December 2023)	4.1	4.0

**Rate equals unemployment divided by labor force. Unemployment rates and figures are seasonally adjusted
(Source: State of Oregon Employment Department, Employment & Unemployment Data, December 2024)

Estimated Poverty Status in 2023

Age Groups	Number	Percent
Union County		
All ages in poverty	3,494	13.6
Ages 0-17 in poverty	912	16.4
Ages 5-17 in families in poverty	635	14.9
Median household income	$63,524	
Oregon		
All ages in poverty	503,758	12.1
Ages 0-17 in poverty	111,495	13.6
Ages 5-17 in families in poverty	78,138	12.7
Median household income	$80,061	
United States		
All ages in poverty	40,763,043	12.5
Ages 0-17 in poverty	11,445,264	16.0
Ages 5-17 in families in poverty	8,139,044	15.3
Median household income	$77,719	

(Source: U.S. Census Bureau, 2023 Poverty and Median Income Estimates)

Federal Poverty Thresholds in 2024 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	$16,320					
1 Person 65 and >	$15,045					
2 people Householder < 65 years	$21,006	$21,621				
2 People Householder 65 and >	$18,961	$21,540				
3 People	$24,537	$25,249	$25,273			
4 People	$32,355	$32,884	$31,812	$31,922		
5 People	$39,019	$39,586	$38,374	$37,436	$36,863	
6 People	$44,879	$45,057	$44,128	$43,238	$41,915	$41,131
7 People	$51,638	$51,961	$50,849	$50,075	$48,631	$46,948
8 People	$57,753	$58,263	$57,215	$56,296	$54,992	$53,337
9 People or >	$69,473	$69,810	$68,882	$68,102	$66,822	$65,062

(Source: U. S. Census Bureau, Poverty Thresholds 2024)

Note: According to the U.S. Census Bureau, poverty thresholds are the dollar amounts used to determine poverty status. The Census Bureau assigns each person or family one out of 48 possible poverty thresholds. The above table indicates how these thresholds vary by size of the family. The same thresholds are used throughout the Unites States (they do not vary geographically). Thresholds are updated annually for inflation using the Consumer Price Index for all Urban Consumers (CPI-U). Although the thresholds in some sense reflect a family's needs, they are intended for use as a statistical yardstick, not as a complete description of what people and families need to live (Source: U.S. Census Bureau).

Appendix VI: County Health Rankings

	Union County 2024	Oregon 2024	U.S. 2024
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2019-2021)	9,000	6,700	8,000
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2021)	16%	14%	14%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2021)	3.8	3.3	3.3
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2021)	5.5	5.4	4.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2016-2012)	8%	7%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (age-adjusted) (2021)	17%	13%	15%
Obesity. Percentage of adults that report a BMI of 30 or more (age-adjusted) (2021)	35%	31%	34%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2019 & 2021)	8.1	8.1	7.7
Physical inactivity. Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted) (2021)	21%	20%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2023, 2022 & 2020)	85%	88%	84%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (age-adjusted) (2021)	18%	20%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2017-2021)	23%	27%	26%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2021)	324.3	367.3	495.5
Sexual and reproductive health. Number of births per 1,000 female population aged 15-19 (2016-2022)	14	12	17

(Source: 2024 County Health Rankings for Union County, Oregon and U.S. data)

	Union County 2024	Oregon 2024	U.S. 2024
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2021)	7%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2021)	1,190:1	1,060:1	1,330:1
Access to dental care. Ratio of population to dentists (2022)	1,540:1	1,180:1	1,360:1
Access to behavioral health care. Ratio of population to mental health providers (2023)	230:1	150:1	320:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2021)	1,782	1,796	2,681
Mammography screening. Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening (2021)	41%	41%	43%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination (2021)	26%	40%	46%
Social and Economic Environment			
Education. Percentage of adults ages 25 and over with a high school diploma or equivalent (2018-2022)	93%	92%	89%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2018-2022)	62%	71%	68%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2022)	4.7%	4.2%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2022)	16%	14%	16%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2018-2012)	4.2	4.5	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2018-2022)	23%	20%	25%
Family and social support. Number of membership associations per 10,000 population (2021)	15.6	9.8	9.1
Injury. Number of deaths due to injury per 100,000 population (2017-2021)	84	83	80

(Source: 2024 County Health Rankings for Union County, Oregon and U.S. data)

	Union County 2024	Oregon 2024	U.S. 2024
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2019)	6.3	7.7	7.4
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen facilities, lack of plumbing facilities (2016-2020)	15%	18%	17%
Transportation. Percentage of the workforce that drives alone to work (2018-2022)	75%	67%	72%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2018-2022)	16%	30%	36%

(Source: 2024 County Health Rankings for Union County, Oregon and U.S. data)
N/A – Data is not available