

# Union County

Community Health Status Assessment

# 2015



Examining the Health  
of Union County



# FOREWORD

Dear Community Member:

Grande Ronde Hospital is pleased to present the 2015 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 conducted beginning in September 2015 through December 2015. The surveys focused on adults ages 19 and older.

Grande Ronde Hospital's Community Benefit Sub-Committee put together a Community Benefit 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,

James. A. Mattes  
President/CEO  
Grande Ronde Hospital, Inc.

Wendy K. Roberts  
Community Benefit Officer  
Senior Director Administrative Services  
Grande Ronde Hospital, Inc.

## 2015 Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force

### **Grande Ronde Hospital Community Benefit Sub-Committee**

Carrie Brogoitti	Suzanne Hopper	Wade Weis
Teri Champlin	Mary Koza	Wendy Roberts
Rhonda Culley	Jim Mattes	Libby Goben, Chair
Mardi Ford	Lindsay Rynearson	
Heidi Halsey	Dave Selinsky	

### **Center for Human Development**

Dwight Dill                      Susie Cederholm

### **City of La Grande**

Robert Strope

### **Community Connection of Northeast Oregon**

Carmen Pearson                      Frank Thomas

### **Elgin Family Health Clinic**

Daryl Howes

### **Grande Ronde Hospital**

Patty Morris                      Tammy Winde

### **La Grande School District**

Jessica Warfield

### **Northeast Oregon Network**

Lisa Ladendorff                      Holly Sorensen

### **Union County Safe Communities Coalition**

Holly Sorensen                      Robin Wortman

### **Northeast Oregon Area Health Education Center**

Meredith Lair

### **Oregon Health and Sciences University**

Anne Taylor                      Melissa Curtis

### **Our Lady of the Valley Catholic Church**

John Herman

### **Union County Economic Development Corporation**

Dan Stark

### **Union County CARE Program**

Sheryl Roberts

### **Union County Chamber of Commerce**

Kristen Dollarhide

### **Union County Commissioners**

Jack Howard

### **Community Member**

Stacy Shown

## Project Management, Secondary Data, Data Collection, and Report Development

### Hospital Council of Northwest Ohio

#### **Britney L. Ward, MPH**

Director of Community Health Improvement

#### **Margaret Wielinski, MPH**

Assistant Director of Community Health Improvement

#### **Michelle Von Lehmden**

Health Assessment Coordinator

#### **Selena Coley, MPH**

Community Health Improvement Assistant

#### **Tessa Elliott**

Graduate Assistant

#### **Ellison Roselle**

Graduate Assistant

#### **Derick Sekyere**

Graduate Assistant

## Data Collection & Analysis

#### **James H. Price, Ph.D., MPH**

Professor Emeritus of Health Education  
University of Toledo

#### **Joseph A. Dake, Ph.D., MPH**

Professor and Chair of Health Education  
University of Toledo

#### **Timothy R. Jordan, Ph.D., M.Ed.**

Professor of Health Education  
University of Toledo

### Contact Information

Wendy Roberts, Community Benefit Officer

Grande Ronde Hospital

541-963-1469

[wkr01@grh.org](mailto:wkr01@grh.org)

# PREFACE

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

## HOSPITAL AND COMMUNITY

### GRANDE RONDE HOSPITAL DESCRIPTION

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.

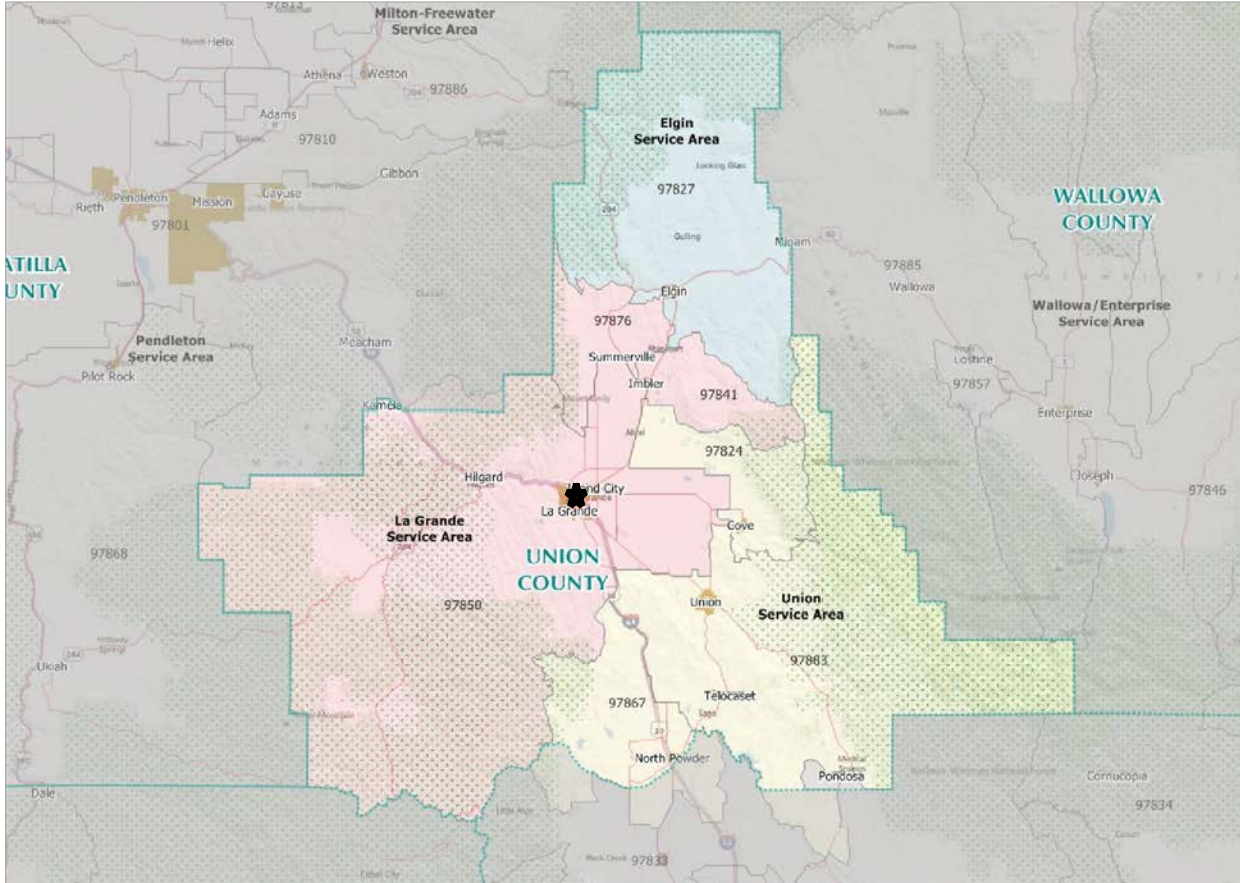
### HOSPITAL COMMUNITY

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 community was defined based upon internal patient origin information by zip code for Grande Ronde Hospital's emergency room visits, inpatient discharges, and outpatient registrations. As shown in the table below, the defined community encompasses 86% of emergency room patients, 84% of inpatients, and 87% of outpatients. Additionally, the Oregon Office of Rural Health created a graphic depicting Grande Ronde Hospital's service area (shown below). This definition agrees with the community definition as determined by patient origin, as the ORH definition encompasses all of the Union County areas defined in the chart below.

**Comparison of Grande Ronde Hospital Emergency Room and Inpatient Visits from 05/01/2012 through 04/30/2015**

Five Digit Zip	Percent of Patients in ER	Percent of Inpatients	Percent of Outpatient Clinic Patients	City	County
97850	60%	57%	63%	La Grande	Union
97827	10%	10%	7%	Elgin	Union
97883	8%	8%	8%	Union	Union
97824	4%	4%	5%	Cove	Union
97876	2%	2%	2%	Summerville	Union
97867	1%	2%	1%	North Powder	Union
97814	2%	3%	3%	Baker City	Baker
97841	1%	1%	1%	Imbler	Union
97828	0%	1%	1%	Enterprise	Wallowa
97833	0%	1%	0%	Haines	Baker
Other	11%	10%	8%	N/A	N/A

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



Courtesy Oregon Office of Rural Health

★ Grande Ronde Hospital

## COMMUNITY BENEFIT SUBCOMMITTEE

The Grande Ronde Hospital Committee Benefit Subcommittee is a group composed of community stakeholders representing both hospital and community interests in the CHNA process. The group includes individuals with backgrounds in public health, government, the non-profit sector, business, churches, hospital administration members, and long-standing members of the community. The CBSC provided input into the CHNA process from start to finish. The group reviewed primary and secondary data presented as part of the 2015 Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force (January/February 2016) and deliberated and prioritized the health needs (March 2016).

### Members include:

*Tyson Botts - Paramedic, La Grande Fire Department*  
*Carrie Brogotti, MPH - Public Health Administrator, Union County Center for Human Development*  
*Teri Champlin - Board Member, Loan Officer at Fairway Mortgage*  
*Rhonda Culley - State of Oregon Department of Human Services*  
*Mardi Ford - Community Relations Manager, Grande Ronde Hospital*  
*Libby Goben, Chair- Board Member, formerly worked for the State of Oregon Department of Human Services*  
*Heidi Halsey- Dr. Joseph Martinez – Office Manager*  
*Suzanne Hopper - Board Member, dental hygiene instructor with Oregon Institute of Technology*  
*Mary Koza - Board Member of the Grande Ronde Hospital Foundation, formerly worked for Eastern Oregon University*  
*Jim Mattes - President and CEO, Grande Ronde Hospital*  
*Wendy Roberts - Community Benefit Officer and Senior Director Administrative Services, Grande Ronde Hospital*  
*Lindsay Rynearson - Volunteer Services Coordinator, Grande Ronde Hospital*  
*Wade Weis - Chief Financial Officer, Grande Ronde Hospital*

## COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

### REQUIREMENTS

Grande Ronde Hospital contracted with the Hospital Council of Northwest Ohio to conduct a Community Health Needs Assessment (CHNA), as required by Internal Revenue Code, section 501(r). The CHNA process is designed to assess health issues within the hospital community by collecting and analyzing primary and secondary data related to demographic information, health access, vulnerable populations, health status and disparity, and health behaviors of community residents.

As required by the PPACA, this CHNA includes the following:

- A definition of the community served by the hospital facility
- Demographics of the community – included in Appendix IV and V
- How data was obtained and analyzed – included in the Executive Summary
- Consulting with community representatives:
  - The process for consulting with persons representing the community's interests
  - The identity of the persons providing input for the needs assessment, and how this input was incorporated into the assessment – 2015 Grande Ronde Hospital Community Benefit Needs Assessment Task Force
- Input from:
  - Persons who represent the broad interests of the community served by the hospital - 2015 Grande Ronde Hospital Community Benefit Needs Assessment Task Force
  - Persons with public health knowledge or expertise within the community – Carrie Brogoitti, MPH, Public Health Administrator, Union County Center for Human Development
- Primary and chronic disease needs and other health issues of uninsured persons, low income persons, and minority groups
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- Information gaps that limit the hospital facility's ability to assess the community's health needs
- Prioritized list of community health needs:
  - The process for identifying and prioritizing community health needs
  - The health needs of the community



## PREVIOUS ASSESSMENTS AND STRATEGIC PARTNERS

Previous Assessments and Existing Information:

- Grande Ronde Hospital Community Health Needs Assessment; 2013
  - Seniors Focus Group; NEON; 2012
  - Working Families Focus Group; Neon; 2012
  - Community Stakeholder Interview Report; 2012
- 2010 Northeast Oregon Community Health Needs Assessment: Final Results for Union, Baker, and Wallowa Counties; Northeast Oregon Network; 2010
  - Preliminary Report: Latino Focus Group Results; NEON; 2011
  - Day Care Providers Focus Group; NEON; 2011
  - Children's Phone Survey; NEON; Spring 2011
  - Key Informant Interviews; NEON; 2010
  - Adult Phone Surveys; NEON; 2010
- Grande Ronde Hospital Fiscal Year 2011 Community Benefit Report; Grande Ronde Hospital; 2011
- Community Profiles for 2011 Service Area: Elgin, Union, and La Grande; Oregon Office of Rural Health; 2012
- Inpatient, Outpatient, and Emergency Room Visit Analysis by Payor, Zip, and DRG; Grande Ronde Hospital; 2012
- Inpatient, Outpatient, and Emergency Room Visit Analysis by Payor, Zip, and DRG; Grande Ronde Hospital; 2015

## COMMUNITY HEALTH NEEDS ASSESSMENT APPROVAL

The CHNA was accepted and approved by the GRH Board of Trustees on April 20, 2016.

## PUBLIC POSTING AND AVAILABILITY

The GRH 2015 Community Health Needs Assessment is publicly posted on the GRH website at the following address: [www.grh.org](http://www.grh.org). Hard copies are also available either by downloading through the website or through submitting written or electronic requests to the GRH Community Benefits Officer at P.O. Box 2390, La Grande, Oregon, 97850, or [communitybenefitofficer@grh.org](mailto:communitybenefitofficer@grh.org).

# TABLE OF CONTENTS

<u>EXECUTIVE SUMMARY</u>	<u>PAGES 1-8</u>
<u>TREND SUMMARY</u>	<u>PAGE 9</u>

## Adult Health (Ages 19 and Over)

<u>HEALTH STATUS PERCEPTIONS</u>	<u>PAGES 10-11</u>
<u>HEALTH CARE COVERAGE</u>	<u>PAGES 12-14</u>
<u>HEALTH CARE ACCESS AND UTILIZATION</u>	<u>PAGES 15-18</u>
<u>CARDIOVASCULAR HEALTH</u>	<u>PAGES 19-23</u>
<u>CANCER</u>	<u>PAGES 24-31</u>
<u>DIABETES</u>	<u>PAGES 32-34</u>
<u>ASTHMA</u>	<u>PAGES 35-37</u>
<u>WEIGHT STATUS</u>	<u>PAGES 38-40</u>
<u>TOBACCO USE</u>	<u>PAGES 41-46</u>
<u>ALCOHOL CONSUMPTION</u>	<u>PAGES 47-52</u>
<u>DRUG USE</u>	<u>PAGES 53-55</u>
<u>WOMEN'S HEALTH</u>	<u>PAGES 56-59</u>
<u>MEN'S HEALTH</u>	<u>PAGES 60-62</u>
<u>PREVENTIVE MEDICINE AND HEALTH SCREENINGS</u>	<u>PAGES 63-65</u>
<u>SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES</u>	<u>PAGES 66-70</u>
<u>QUALITY OF LIFE</u>	<u>PAGES 71-73</u>
<u>SOCIAL CONTEXT AND SAFETY</u>	<u>PAGES 74-75</u>
<u>MENTAL HEALTH AND SUICIDE</u>	<u>PAGES 76-78</u>
<u>ORAL HEALTH</u>	<u>PAGES 79-80</u>
<u>PARENTING</u>	<u>PAGES 81-82</u>

## Appendices

<u>HEALTH ASSESSMENT INFORMATION SOURCES</u>	<u>APPENDIX I PAGES 83-86</u>
<u>LIST OF ACRONYMS AND TERMS</u>	<u>APPENDIX II PAGES 87-88</u>
<u>WEIGHTING METHODS</u>	<u>APPENDIX III PAGES 89-91</u>
<u>DEMOGRAPHIC PROFILE</u>	<u>APPENDIX IV PAGE 92</u>
<u>DEMOGRAPHICS AND HOUSEHOLD INFORMATION</u>	<u>APPENDIX V PAGES 93-100</u>
<u>PRIORITIZATION METHODOLOGY</u>	<u>APPENDIX VI PAGES 101</u>
<u>RESOURCES</u>	<u>APPENDIX VII PAGES 102-103</u>

# EXECUTIVE SUMMARY

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

## Primary Data Collection Methods

### DESIGN

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

### INSTRUMENT DEVELOPMENT

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

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

### SAMPLING | *Adult Survey*

Adults ages 19 and over living in Union County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Union County. There were 19,951 persons ages 18 and over 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 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 377 adults was needed to ensure this level of confidence. A random sample of mailing addresses of adults from Union County was obtained from Allegra Marketing Services in Louisville, KY.

## **PROCEDURE | Adult Survey**

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Union County. This advance letter was personalized, printed on Grande Ronde Hospital stationery and was signed by James A. Mattes, President/CEO and Wendy Roberts, Community Benefits Officer of Grande Ronde Hospital. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 46% (n=492: CI= $\pm$ 4.36). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

## **DATA ANALYSIS**

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

## **LIMITATIONS**

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the 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.

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

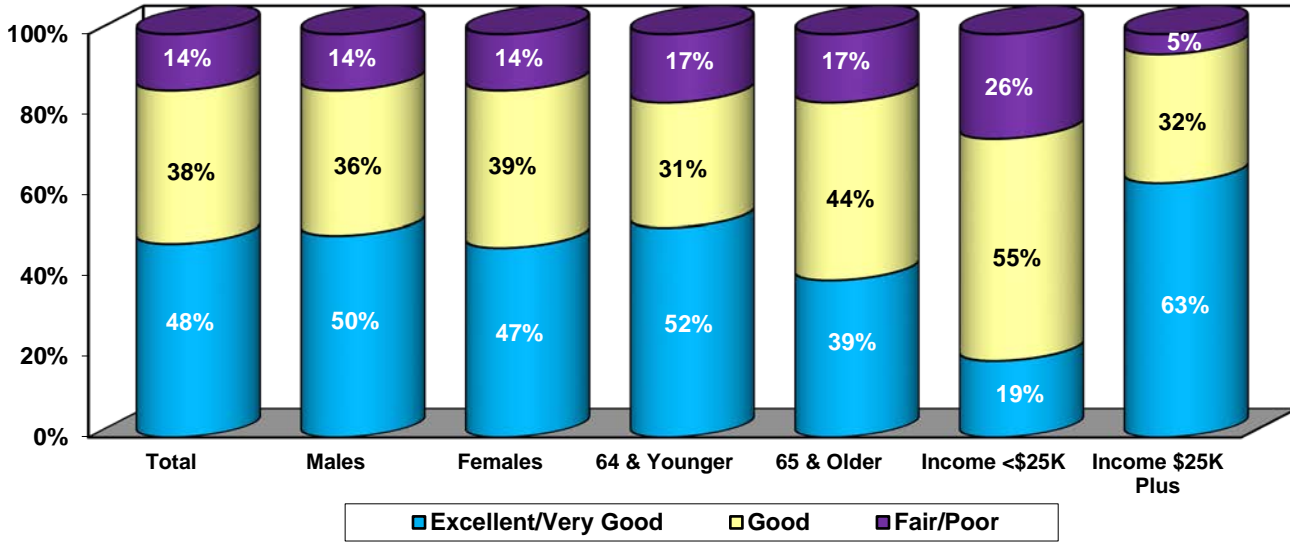
Third, our survey suffers from all traditional limitations involved in cross-sectional study design (e.g., reliance on self-reported behaviors, recall bias by participants, socially desirable responses, and the inability to establish cause and effect relationships).

## Data Summary

### HEALTH PERCEPTIONS

In 2015, nearly half (48%) of the Union County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor.

**Union County Adult Health Perceptions\***

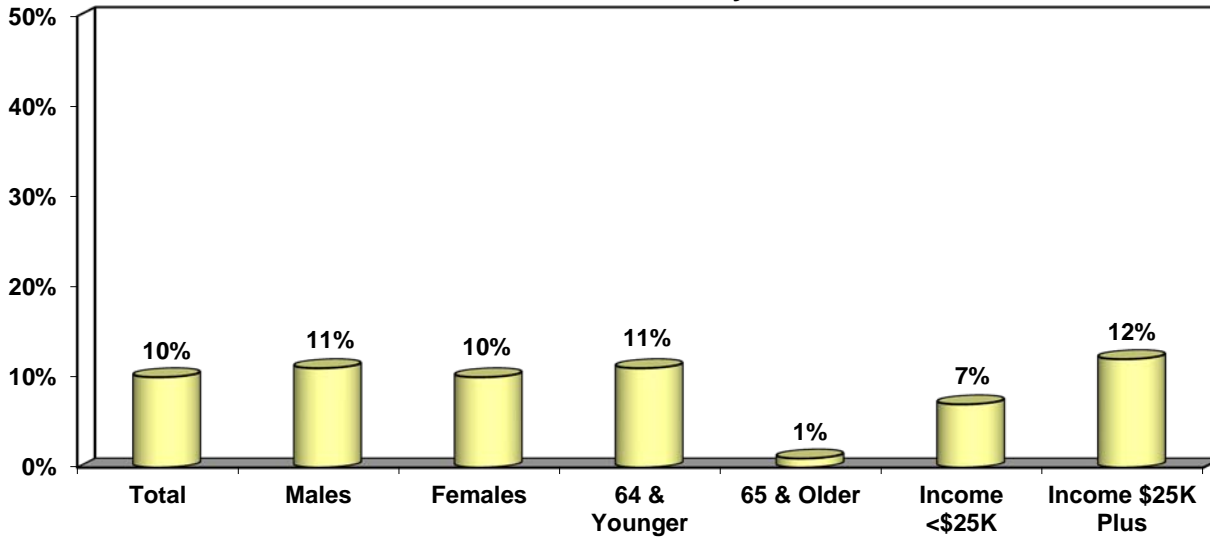


\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

### HEALTH CARE COVERAGE

The 2015 Health Assessment data indicated that 10% of Union County adults were without health care coverage. Those most likely to be uninsured were adults with an income level above \$25,000. In Union County, 19% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2013).

**Uninsured Union County Adults**



## HEALTH CARE ACCESS

The 2015 Health Assessment project identified that 51% of Union County adults had visited a doctor for a routine checkup in the past year. 48% of adults went outside of Union County for health care services in the past year.

## CARDIOVASCULAR HEALTH

The 2015 Union County Health Assessment found that 3% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. About one-third (32%) of Union County adults had been diagnosed with high blood cholesterol, 29% had been diagnosed with high blood pressure, 28% were obese, and 10% were smokers, four known risk factors for heart disease and stroke. Heart disease (20%) and stroke (3%) accounted for 23% of all Union County adult deaths in 2014 (Source: OHA, Vital Statistics, 2014).

### Union County Leading Causes of Death 2014

**Total Deaths: 269**

1. Cancers (21% of all deaths)
2. Heart Diseases (20%)
3. Chronic Lower Respiratory Diseases (9%)
4. Alzheimer's Disease (5%)
5. Stroke (3%)

(Source: OHA, Vital Statistics, 2014)

## CANCER

In 2015, 11% of Union County adults had been diagnosed with cancer at some time in their life. Oregon Health Authority statistics indicate that from 2009-2014, a total of 350 Union County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

### Union County Incidence of Cancer, 2006-2010

**All Types: 730 cases**

- Prostate: 124 cases (17%)
- Breast: 102 cases (14%)
- Lung and Bronchus: 84 cases (12%)
- Colon and Rectum: 76 cases (10%)

**From 2006-2010, there were 288 cancer deaths in Union County.**

(Source: OHA, Vital Statistics)

## DIABETES

In 2015, 8% of Union County adults had been diagnosed with diabetes.

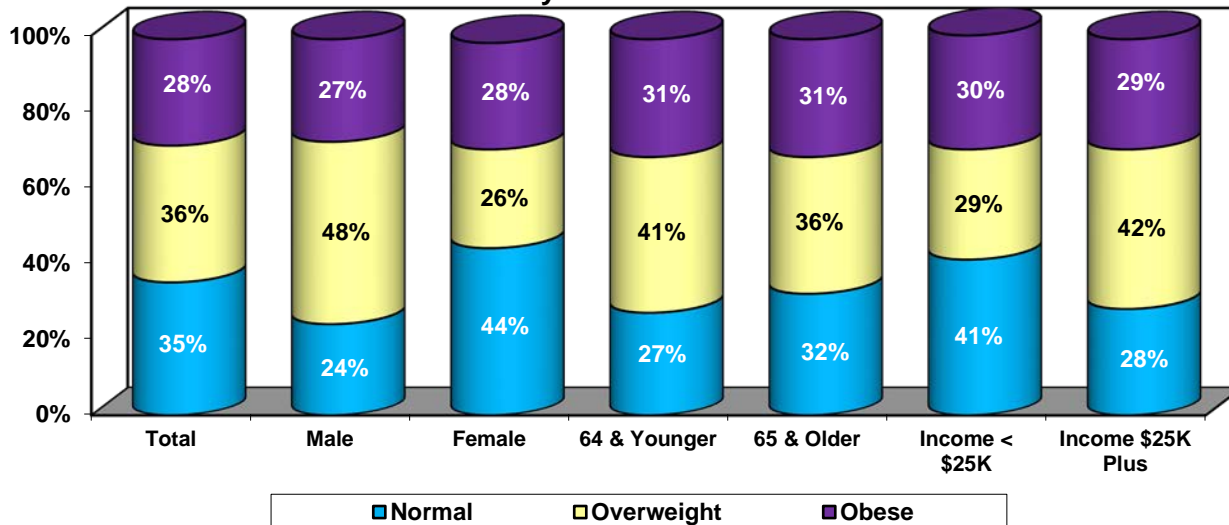
## ASTHMA

In 2015, 14% of Union County adults had been diagnosed with asthma.

## WEIGHT STATUS

The 2015 Health Assessment identified that 64% of Union County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI. More than one-fourth (28%) of Union County adults were obese. Nearly two-fifths (39%) of adults were trying to lose weight.

**Union County Adult BMI Classifications**

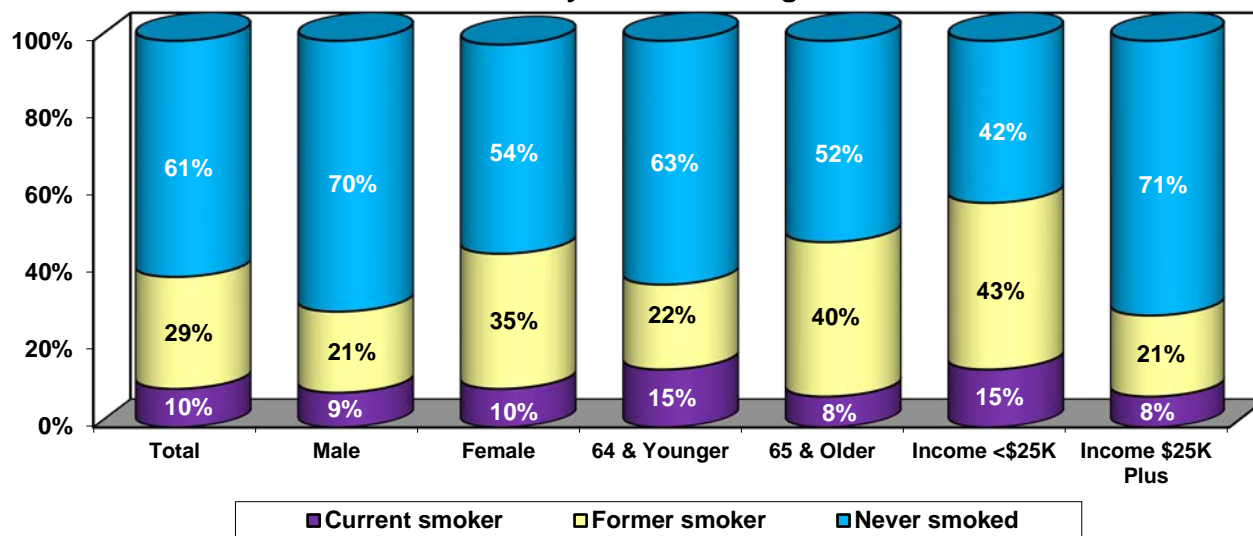


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

**TOBACCO USE**

In 2015, 10% of Union County adults were current smokers and 29% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

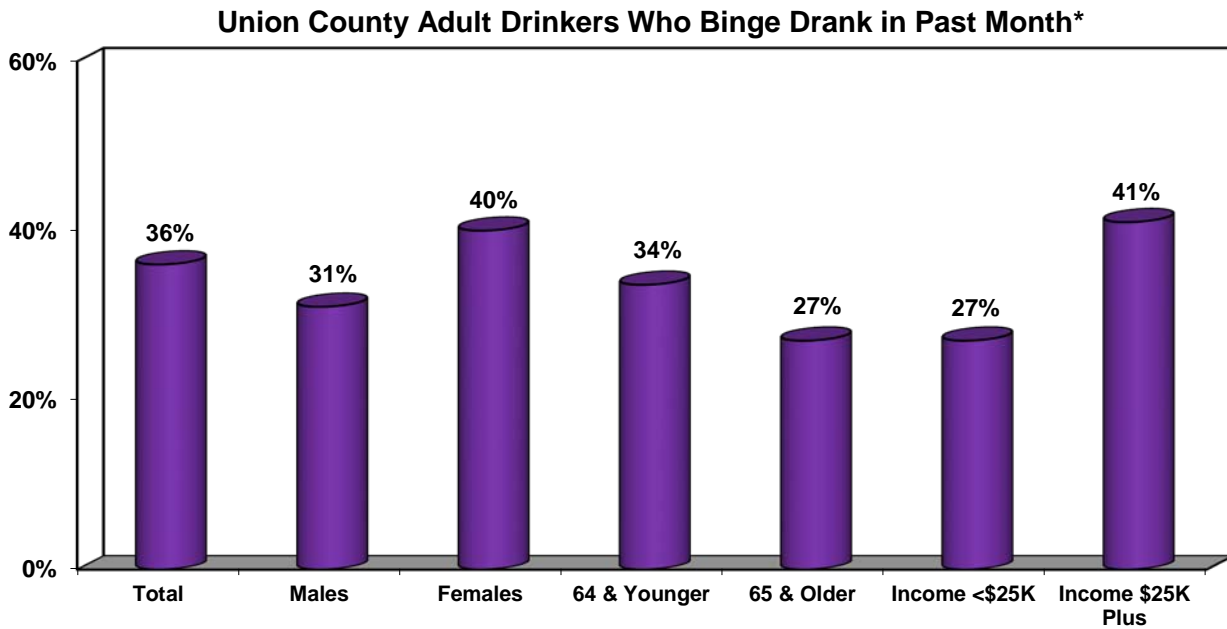
**Union County Adult Smoking Behaviors**



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

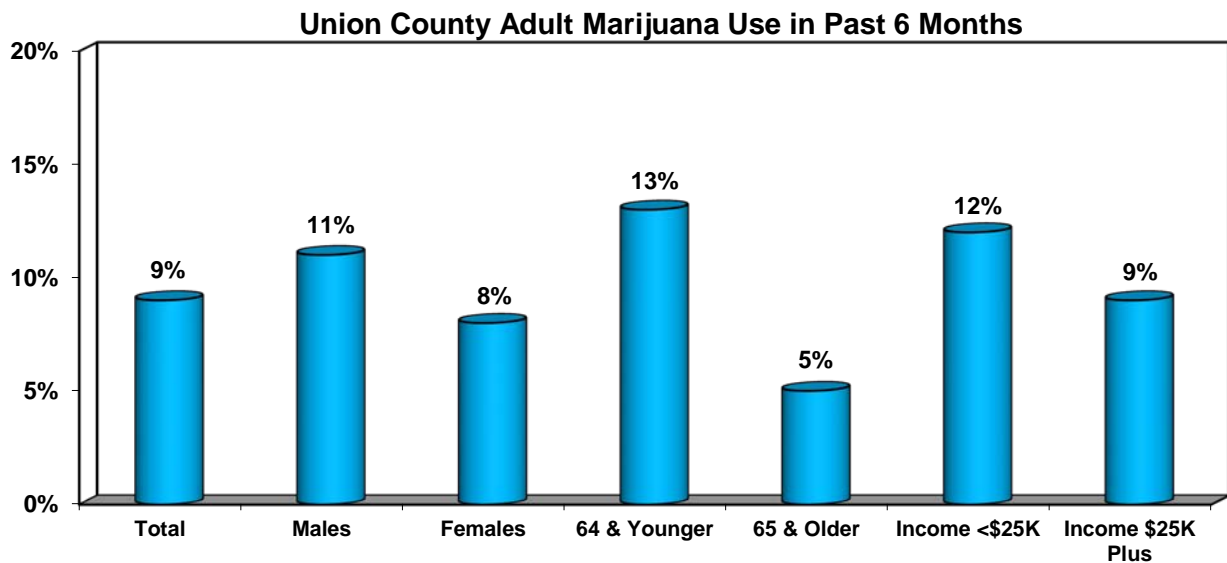
In 2015, the Health Assessment indicated that 17% of Union County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 36% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month.



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

## DRUG USE

In 2015, 9% of Union County adults had used marijuana during the past 6 months. 18% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

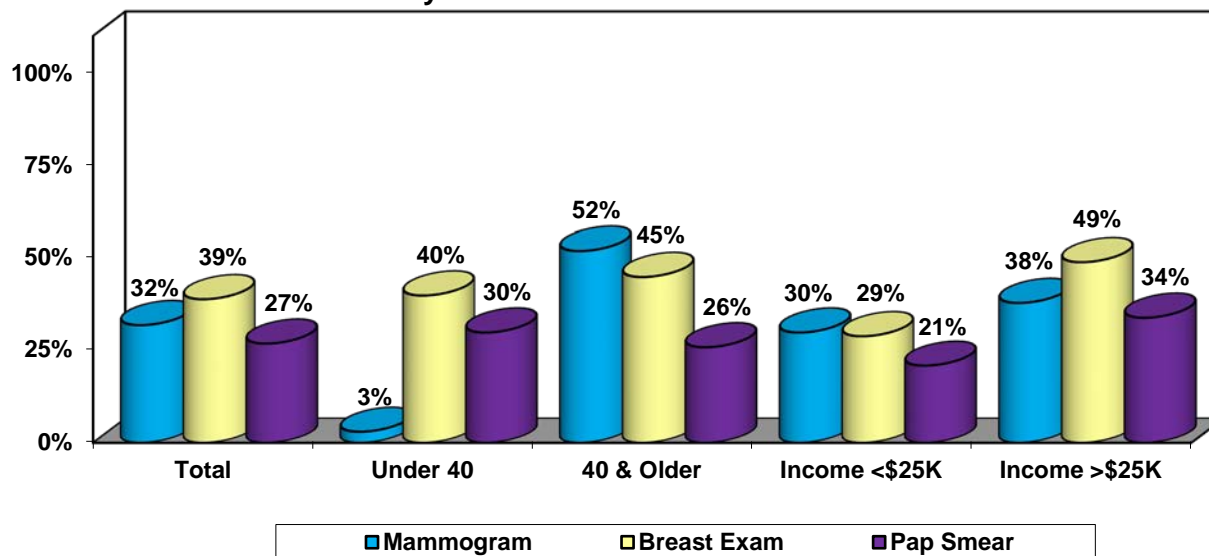




## WOMEN'S HEALTH

In 2015, more than half (52%) of Union County women over the age of 40 reported having a mammogram in the past year. 39% of Union County women ages 19 and over had a clinical breast exam and 27% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 2% of women survived a heart attack and 2% survived a stroke at some time in their life. One-quarter (25%) had high blood pressure, 35% had high blood cholesterol, 28% were obese, and 10% were identified as smokers, known risk factors for cardiovascular diseases.

**Union County Women's Health Exams Within the Past Year**



## MEN'S HEALTH

In 2015, 36% of Union County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Heart disease accounted for 20% and cancer accounted for 21% of all male deaths in Union County in 2013. The Health Assessment determined that 4% of men survived a heart attack and 3% survived a stroke at some time in their life. More than one-third (36%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

## PREVENTIVE MEDICINE AND HEALTH SCREENINGS

More than two-thirds (69%) of adults ages 65 and older had a pneumonia vaccination at some time in their life. Half (50%) of adults ages 50 and older had a colonoscopy/sigmoidoscopy within the past 5 years.

## SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

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

## QUALITY OF LIFE

In 2015, 24% of Union County adults were limited in some way because of a physical, mental or emotional problem.

## SOCIAL CONTEXT

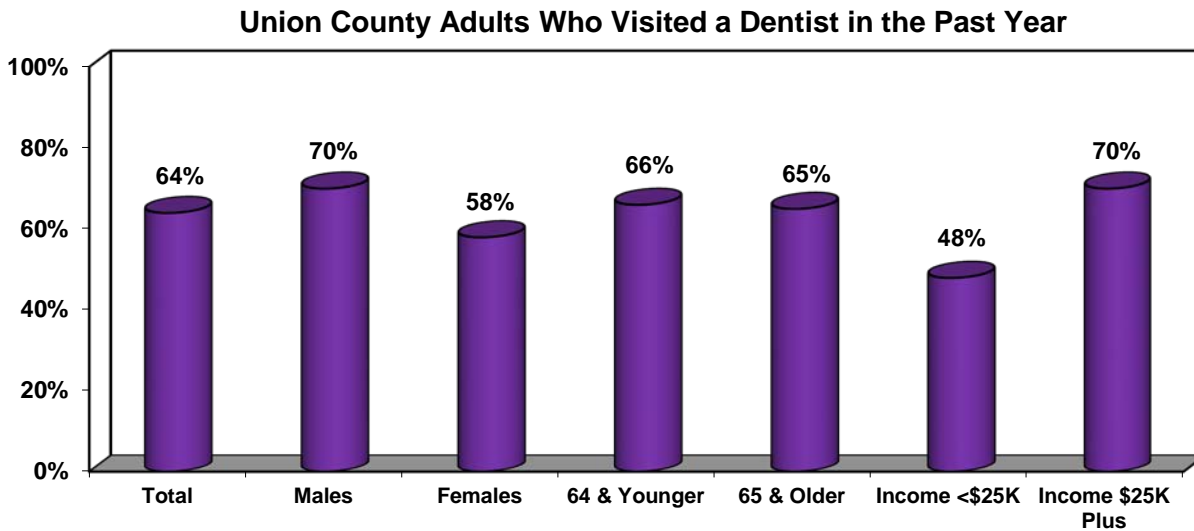
In 2015, 8% of Union County adults were threatened or abused in the past year. 12% of adults received assistance for healthcare in the past year.

## MENTAL HEALTH AND SUICIDE

In 2015, 4% of Union County adults considered attempting suicide. 79% of adults received the social and emotional support they needed from family.

## ORAL HEALTH

In 2015, more than three-fifths (64%) of Union County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of U.S. adults and 66% of Oregon adults had visited a dentist or dental clinic in the previous twelve months.



## PARENTING

The 2015 Health Assessment project identified that 69% of parents discussed dating and relationships with their 12-to-17 year-old in the past year. 30% of children spent time unsupervised after school.

# Adult | TREND SUMMARY

Adult Variables	Union County 2015	Oregon 2014	U.S. 2014
<b>Health Status</b>			
Rated health as excellent or very good	48%	54%	53%
Rated general health as fair or poor	14%	16%	17%
Average days that physical health not good in past month	3.2	N/A	3.7 <sup>¥</sup>
Average days that mental health not good in past month	4.6	N/A	3.5 <sup>¥</sup>
Uninsured	10%	11%	13%
<b>Asthma and Diabetes</b>			
Has been diagnosed with asthma	14%	17%	14%
Has been diagnosed with diabetes	8%	10%	11%
<b>Cardiovascular Disease</b>			
Had angina	3%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	2%	3%	3%
Has been diagnosed with high blood pressure	29%	32%*	31%*
Has been diagnosed with high blood cholesterol	32%	37%*	38%*
Had blood cholesterol checked within the past 5 years	72%	74%*	76%*
<b>Alcohol Consumption</b>			
Had at least one alcoholic beverage in past month	59%	59%	53%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	19%	17%	16%
<b>Tobacco Use</b>			
Current smoker (currently smoke some or all days)	10%	17%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	27%	25%
<b>Preventive Medicine</b>			
Had a pneumonia vaccine in lifetime (age 65 and older)	69%	74%	70%
Had a flu vaccine in the past year (ages 65 and over)	77%	57%	61%
Ever had a shingles/zoster vaccine	15%	31%	22%
Had a mammogram in the past two years (age 40 and older)	65%	70%	73%
Had a pap smear in the past three years	51%	75%	75%
<b>Weight Status</b>			
Overweight	36%	34%	35%
Obese	28%	28%	30%
<b>Quality of Life</b>			
Limited in some way because of physical, mental or emotional problem	24%	26%	20%
<b>Oral Health</b>			
Adults who have visited the dentist in the past year	64%	66%	65%

N/A- not available  
 \*2013 BRFSS Data  
 ¥ 2010 BFRSS Data

TREND SUMMARY

# Adult | HEALTH STATUS PERCEPTIONS

## Key Findings

In 2015, nearly half (48%) of the Union County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor.

## General Health Status

- In 2015, nearly half (48%) of Union County adults rated their health as excellent or very good. Union County adults with higher incomes (63%) were most likely to rate their health as excellent or very good, compared to 19% of those with incomes less than \$25,000.
- 14% of adults rated their health as fair or poor. The 2014 BRFSS has identified that 17% of Oregon and 16% of U.S. adults self-reported their health as fair or poor.
- Union County adults were most likely to rate their health as fair or poor if they:
  - Were divorced (39%)
  - Had been diagnosed with diabetes (29%)
  - Had high blood pressure (27%)
  - Had an annual household income under \$25,000 (26%)
  - Had high blood cholesterol (25%)

### Adults Who Rated General Health Status Excellent or Very Good

- Union County 48% (2015)
- Oregon 54% (2014)
- U.S. 53% (2014)

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

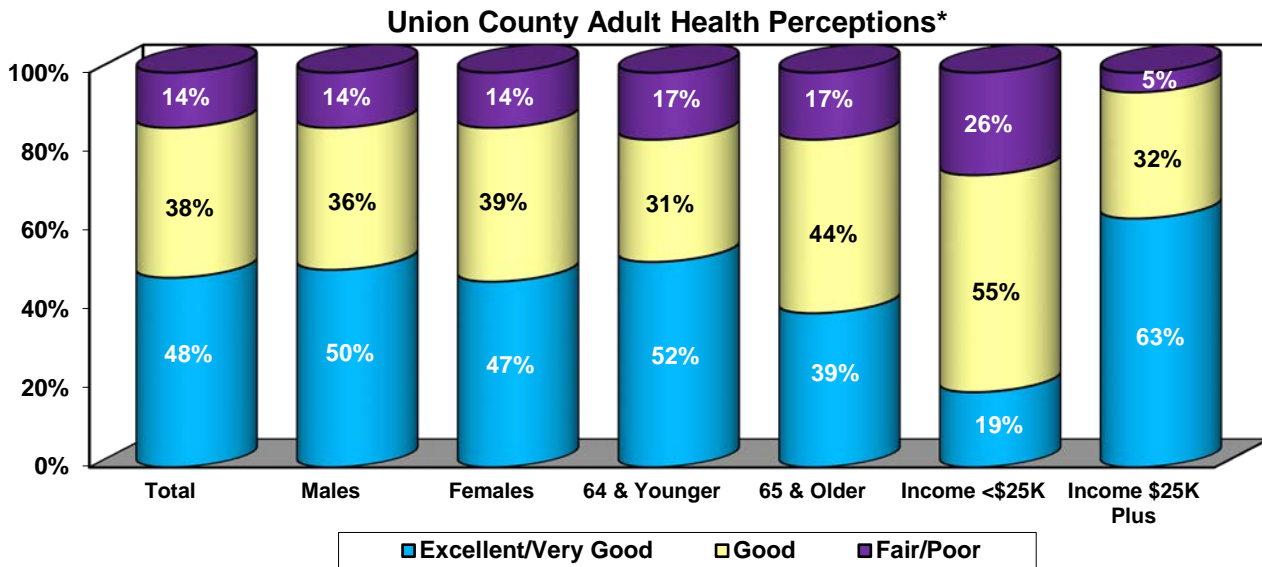
## Physical Health Status

- In 2015, 19% of Union County adults rated their physical health as not good on four or more days in the previous month.
- Union County adults reported their physical health as not good on an average of 3.2 days in the previous month.
- Union County adults were most likely to rate their physical health as not good if they:
  - Were over the age of 65 (26%)
  - Had an annual household income under \$25,000 (22%)

## Mental Health Status

- In 2015, 24% of Union County adults rated their mental health as not good on four or more days in the previous month.
- Union County adults reported their mental health as not good on an average of 4.6 days in the previous month.
- More than one-fourth (29%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Union County adults were most likely to rate their mental health as not good if they:
  - Had an annual household income under \$25,000 (31%)
  - Were female (26%)

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 includes: 48% of all Union County adults, 52% of those 64 years old and younger, and 39% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
<b>Physical Health Not Good in Past 30 Days*</b>					
Males	54%	22%	6%	1%	9%
Females	59%	13%	6%	4%	12%
Total	57%	16%	6%	2%	11%
<b>Mental Health Not Good in Past 30 Days*</b>					
Males	61%	14%	3%	2%	16%
Females	56%	14%	5%	2%	19%
Total	58%	13%	4%	2%	18%

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

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Rated health as excellent or very good	48%	54%	53%
Rated health as fair or poor	14%	17%	16%
Average days that physical health not good in past month	3.2	N/A	3.7*
Average days that mental health not good in past month	4.6	N/A	3.5*

N/A - Not available  
\*2010 BRFSS data

# Adult | HEALTH CARE COVERAGE

## Key Findings

The 2015 Health Assessment data indicated that 10% of Union County adults were without health care coverage. Those most likely to be uninsured were adults with an income level above \$25,000. In Union County, 19% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2013).

## General Health Coverage

- In 2015, 90% of Union County adults had health care coverage, leaving 10% who were uninsured. The 2014 BRFSS reported uninsured prevalence rates for Oregon (11%) and the U.S. (13%).
- In the past year, 10% of adults were uninsured, increasing to 12% of those with incomes more than \$25,000.
- 16% of adults with children did not have healthcare coverage, compared to 8% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (34%), Medicaid or medical assistance (19%), Medicare (12%), someone else's employer (9%), multiple-including private sources (8%), self-paid plan (6%), multiple-including government sources (5%), Health Insurance Marketplace (2%), military, CHAMPUS, TriCare, or VA (2%), Indian Health Service (<1%), and other (1%).

Oregon Health Plan (OHP) Eligible Population Statistics		
	Total OHP Eligibles	Total Enrolled in a Coordinated Care Organization (CCO)
Union County	7,350	6,060 (82.4%)
Oregon	1,066,977	965,771 (90.5%)

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

**10% of Union County adults were uninsured.**

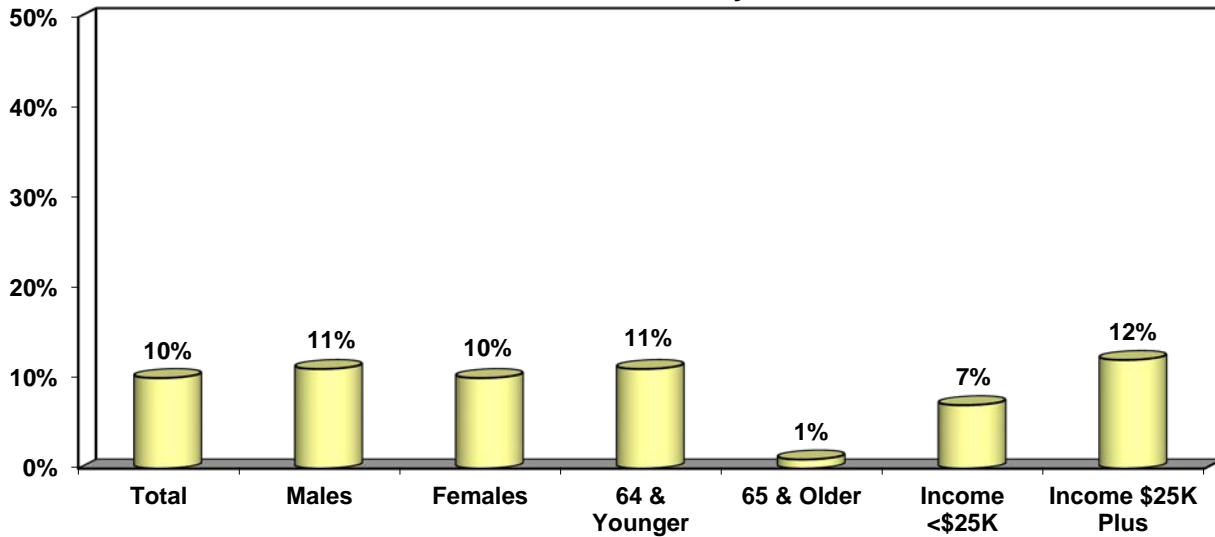
- Union County adult health care coverage included the following: medical (99%), prescription coverage (88%), preventive health (71%), dental (66%), immunizations (64%), mental health (63%), outpatient therapy (63%), vision (60%), their spouse (54%), county physicians (53%), their children (45%), mental health counseling (42%), alcohol and drug treatment (33%), their partner (26%), long-term care (23%), home care (20%), skilled nursing (20%), hospice (18%), transportation (9%), and assisted living (8%).
- The top reasons uninsured adults gave for being without health care coverage were:
  - They lost their job or changed employers (34%)
  - They could not afford to pay the insurance premiums (30%)
  - They became ineligible (9%)
  - Their employer does not/stopped offering coverage (9%)

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

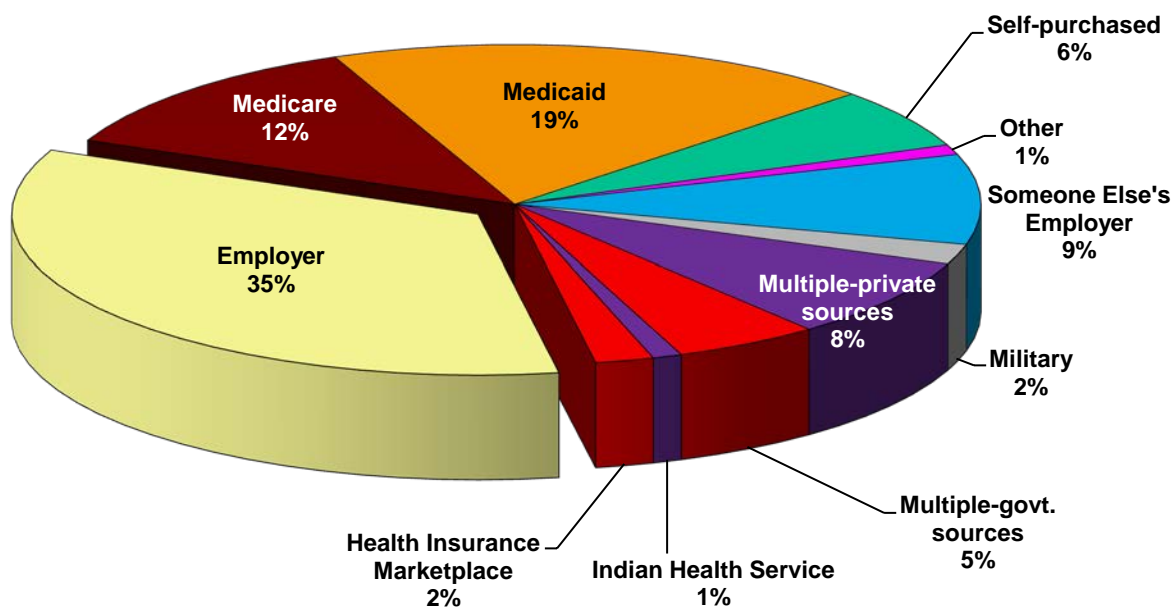
Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Uninsured	10%	11%	13%

The following graph shows the percentages of Union County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 10% of all Union County adults were uninsured, 7% of adults with an income less than \$25,000 reported being uninsured and 11% of those ages 64 and younger lacked health care coverage. The pie chart shows sources of Union County adults' health care coverage.

**Uninsured Union County Adults**



**Source of Health Coverage for Union County Adults**



The following chart shows what is included in Union County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	<1%	<1%
Prescription Coverage	88%	8%	4%
Preventive Health	71%	7%	22%
Dental	66%	32%	2%
Immunizations	64%	7%	29%
Mental Health	63%	11%	26%
Outpatient Therapy	63%	4%	33%
Vision	60%	34%	6%
Their Spouse	54%	25%	21%
County Physicians	53%	4%	43%
Their Children	45%	32%	23%
Mental Health Counseling	42%	13%	45%
Alcohol and Drug Treatment	33%	10%	57%
Their Partner	26%	38%	36%
Long-term Care	23%	21%	56%
Home Care	20%	15%	65%
Skilled Nursing	20%	14%	66%
Hospice	18%	14%	68%
Transportation	9%	41%	50%
Assisted Living	8%	35%	57%

### Healthy People 2020 Access to Health Services (AHS)

Objective	Union County 2015	Oregon 2014	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	78% age 20-24 79% age 25-34 82% age 35-44 98% age 45-54 89% age 55-64	86% age 18-24 79% age 25-34 85% age 35-44 91% age 45-54 92% age 55-64	100%

\*U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2015 Union County Health Assessment)



# Adult | HEALTH CARE ACCESS AND UTILIZATION

## Key Findings

The 2015 Health Assessment project identified that 51% of Union County adults had visited a doctor for a routine checkup in the past year. 48% of adults went outside of Union County for health care services in the past year.

## Health Care Access

- Half (51%) of Union County adults visited a doctor for a routine checkup in the past year, increasing to 62% of those over the age of 65.
- Two-thirds (67%) of adults visited a physician assistant or nurse practitioner for their health care needs in the past year. 90% reported their visit was a positive experience.
- 14% of adults needed care in the past 12 months but could not get it, increasing to 21% of those with incomes less than \$25,000.
- Reasons for not receiving medical care in the past 12 months included: too long of a wait for an appointment (37%), cost/no insurance (32%), office wasn't open when they could get there (10%), too long of a wait in the waiting room (2%), too embarrassed to seek help (2%), concerned about privacy (2%), no need to go (2%), and other problems that prevented them from getting medical care (20%).
- Nearly half (49%) of Union County adults reported they had one person they thought of as their personal doctor or healthcare provider. 28% of adults had more than one person they thought of as their personal healthcare provider, and 22% did not have one at all.
- More than half (58%) of Union County adults reported having a usual source of medical care.
- Reasons for not having a usual source of medical care included: had not needed a doctor (28%), had two or more usual places (21%), previous doctor unavailable/moved (13%), cost (9%), no place available/close enough (6%), did not know where to go (4%), no insurance (3%), not accepting new patients (3%), do not like/trust/ believe in doctors (1%), and other reasons (9%).
- The following might prevent Union County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (28%), difficult to get an appointment (17%), difficult to find/no transportation (10%), doctor would not take their insurance (9%), worried they might find something wrong (7%), frightened of the procedure or doctor (7%), hours not convenient (5%), could not get time off work (4%), discrimination (3%), do not trust or believe doctors (2%), no child care (1%), and some other reason (4%).
- Adults went to the following places outside of Union County for their health care needs: Walla-Walla (31%), Boise (27%), Portland (10%), Baker (10%), Tri-Cities (8%), Pendleton (7%), Ontario (2%), Spokane (1%), and other places (9%).

## Predictors of Access to Health Care

Adults are more likely to have access to medical if they:

- Earn a higher income
- Have a regular primary care provider
- Have health insurance
- Utilize preventive services in a clinic setting
- Have a college education
- Work for a large company

(Source: Healthy People 2020 and CDC)

- 61% of adults traveled less than 20 miles for their health care needs, 9% traveled 20 to 40 miles, 7% traveled 41 to 60 miles, and 23% traveled more than 60 miles for their health care needs.
- 48% of adults went outside of Union County for the following health care services in the past year: specialty care (29%), dental services (7%), primary care (5%), cardiac care (5%), orthopedic care (4%), obstetrics/gynecology/NICU (3%), cancer care (3%), counseling services (2%), mental health care (1%), pediatric care (1%), pediatric therapies (1%), developmental disability services (1%), hospice care (<1%), palliative care (<1%), addiction services (<1%), and other services (9%).
- Reasons for seeking care outside of Union County included: needed care they could not get locally (48%), referral (31%), better quality care (29%), more privacy (5%), insurance requirement (5%), cost (3%), and closer to where they work (<1%).
- Adults accessed care in Union County at the following places: Grande Ronde Hospital Regional Medical Clinic (57%), Grande Ronde Hospital (31%), La Grande Family Practice (16%), Grande Ronde Hospital Women's Clinic (14%), local chiropractor office (12%), Obsidian Urgent Care (9%), Grande Ronde Hospital Union Clinic (8%), Grande Ronde Hospital Elgin Clinic (5%), Grande Ronde Hospital Children's Clinic (5%), Center for Human Development (5%), Grande Ronde Hospital Orthopedic Clinic (3%), Union County VA Clinic (3%), Village Health Care (2%), and Grande Ronde Hospital ENT Clinic (1%).
- Adults usually visited the following places for health care services: doctor's office (52%), walk-in health center (6%), Internet (4%), urgent care center (4%), public health clinic or community health center (3%), VA (2%), hospital outpatient department (1%), chiropractor (1%), alternative therapies (1%), and some other kind of place (1%). 20% of adults visited multiple places, and 5% had no usual place for health care services.
- Union County adults had the following issues regarding their healthcare coverage: deductibles were too high (27%), premiums were too high (19%), co-pays were too high (16%), insurance not adequate (15%), could not understand their insurance plan (15%), opted out of certain coverage because they could not afford it (9%), high HSA account deductible (7%), working with their insurance company (5%), service not deemed medically necessary (4%), not covered or limited mental health services (4%), service no longer covered (4%), provider/facility no longer covered (3%), opted out of certain coverage because they did not need it (2%), difficulty navigating the Marketplace (2%), and limited visits (2%).
- Union County adults had the following transportation issues when they needed health services: no car (14%), no driver's license (10%), limited public transportation available/accessible (9%), could not afford gas (6%), disabled (4%), car did not work (2%), no public transportation available/accessible (2%), did not feel safe to drive (2%), no transportation before or after 8:30 a.m. and 4:30 p.m. (1%), no car insurance (1%), and other car issues/expenses (2%).
- More than one-quarter (27%) of adults did not get their prescriptions from their doctor filled in the past year, increasing to 41% of those who were uninsured.
- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (40%), they could not afford the out of pocket expense (26%), there was no generic equivalent (24%), they did not think they needed it (15%), side effects (12%), they did not have insurance (8%), their co-pays were too high (7%), they stretched their current prescription by taking less than prescribed (5%), their deductibles were too high (5%), they opted out of prescription coverage because they could not afford it (5%), transportation (5%), their premiums were too high (4%), they had a high HSA account deductible (2%), and they were taking too many medications (1%).

- Union County adults accessed information about their health or healthcare services from: their doctor (78%), a family member or friend (31%), Internet searches (26%), newspaper articles or radio/television news stories (11%), advertisements or mailings from hospitals, clinics or doctor's offices (8%), text messages (4%), social media (1%), and billboards (1%).
- Union County adults felt confident about the following when accessing their healthcare: following instructions correctly on a medicine or prescription container (87%), following their healthcare provider's advice (82%), filling out medical forms accurately (80%), knowing their healthcare provider's exchange information (53%), and knowing how to obtain health insurance that best fits their needs (46%).

## Availability of Services

- Union County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (19%), disability (10%), weight problems (10%), smoking cessation (5%), marital/family problems (4%), end-of-life/hospice care (4%), alcohol abuse (2%), drug abuse (2%), and gambling abuse (1%).
- In the past 6 months, Union County adults went without mental health/substance abuse treatment for the following reasons: cost (6%), insurance not accepted (4%), did not know where to get care (3%), embarrassed of seeking mental health services (2%), could not get an appointment soon enough (2%), not open when needed (1%), fear of treatment (<1%), no insurance (<1%), and other reasons (5%). 86% of adults indicated this type of treatment was not needed.

**Union County Adults Able to Access Assistance Programs/Services**

Types of Programs (% of all adults who looked for the programs)	Union County adults who have looked but have <u>NOT</u> found a specific program	Union County adults who have looked and have found a specific program
<b>Depression or Anxiety</b> (19% of all adults looked)	10%	90%
<b>Disability</b> (10% of all adults looked)	18%	82%
<b>Weight Problems</b> (10% of all adults looked)	18%	82%
<b>Smoking Cessation</b> (5% of all adults looked)	43%	57%
<b>Marital/Family Problems</b> (4% of all adults looked)	35%	65%
<b>End-of-Life/Hospice Care</b> (4% of all adults looked)	12%	88%
<b>Alcohol Abuse</b> (2% of all adults looked)	8%	92%
<b>Drug Abuse</b> (2% of all adults looked)	33%	67%
<b>Gambling Abuse</b> (1% of all adults looked)	100%	0%

## Access to Health Services

- Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:
  1. Gaining entry into the health care system
  2. Accessing a health care location where needed services are provided
  3. Finding a health care provider with whom the patient can communicate and trust
- Access to health care impacts:
  - Overall physical, social, and mental health status
  - Prevention of disease and disability
  - Detection and treatment of health conditions
  - Quality of life
  - Preventable death
  - Life expectancy
- Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:
  - Lack of availability
  - High cost
  - Lack of insurance coverage
- Health insurance coverage helps patients get into the health care system. Uninsured people are:
  - Less likely to receive medical care
  - More likely to die early
  - More likely to have poor health status
- Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

(Source: *Healthy People 2020, Access to Health Services, Updated: 4/10/2013, from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>)*

# Adult | **CARDIOVASCULAR HEALTH**

## Key Findings

The 2015 Union County Health Assessment found that 3% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. About one-third (32%) of Union County adults had been diagnosed with high blood cholesterol, 29% had been diagnosed with high blood pressure, 28% were obese, and 10% were smokers, four known risk factors for heart disease and stroke. Heart disease (20%) and stroke (3%) accounted for 23% of all Union County adult deaths in 2014 (Source: OHA, Vital Statistics, 2014).

## Heart Disease and Stroke

- In 2015, 3% of Union County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- 5% of Oregon and 4% of U.S. adults reported they had survived a heart attack or myocardial infarction in 2014 (Source: 2014 BRFSS).
- 2% of Union County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.
- 3% of Oregon and U.S. adults reported having survived a stroke in 2014 (Source: 2014 BRFSS).
- 2% of Union County adults reported they had angina or coronary heart disease, increasing to 8% of those over the age of 65.
- 4% of Oregon and U.S. adults reported having had angina or coronary heart disease in 2014 (Source: 2014 BRFSS).
- 3% of Union County adults reported they had congestive heart failure, increasing to 7% of those over the age of 65.

## High Blood Pressure (Hypertension)

- More than one-fourth (29%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 32% for Oregon and 31% for the U.S.
- 7% of adults were told they were pre-hypertensive/borderline high.
- Union County adults diagnosed with high blood pressure were more likely to:
  - Have been age 65 years or older (60%)
  - Have rated their overall health as fair or poor (56%)
  - Have been classified as obese by Body Mass Index-BMI (38%)

### Union County Leading Causes of Death 2014

Total Deaths: 269

1. Cancers (21% of all deaths)
2. Heart Diseases (20%)
3. Chronic Lower Respiratory Diseases (9%)
4. Alzheimer's Disease (5%)
5. Stroke (3%)

(Source: OHA, Vital Statistics, 2014)

### Oregon Leading Causes of Death 2014

Total Deaths: 34,160

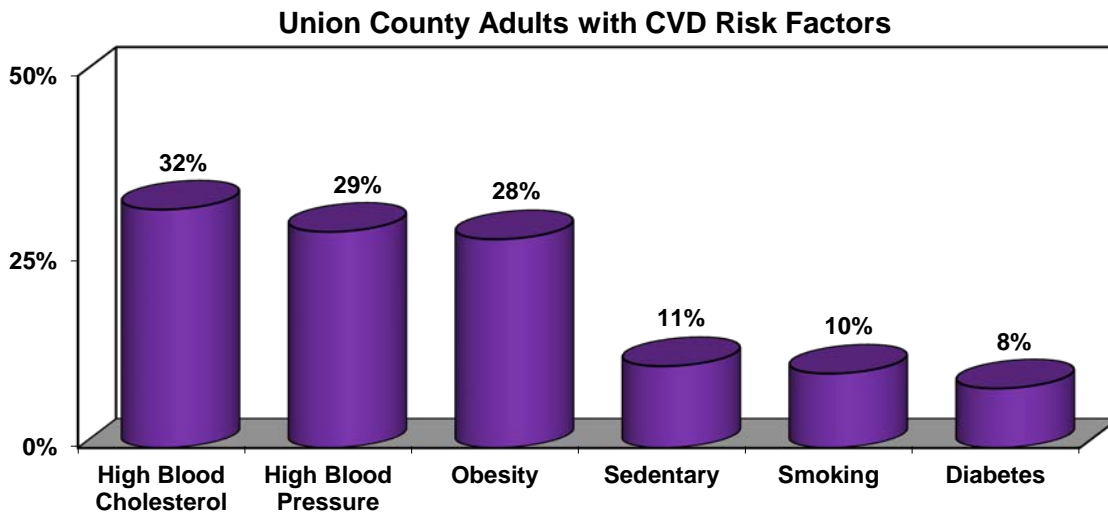
1. Cancers (23% of all deaths)
2. Heart Diseases (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Alzheimer's Disease (4%)

(Source: OHA, Vital Statistics, 2014)

## High Blood Cholesterol

- Nearly one-third (32%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 37% of Oregon adults and 38% of U.S. adults have been told they have high blood cholesterol.
- Almost three-fourths (72%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 74% of Oregon and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Union County adults with high blood cholesterol were more likely to:
  - Have been age 65 years or older (57%)
  - Have rated their overall health as fair or poor (57%)
  - Have been classified as obese by Body Mass Index-BMI (42%)

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



Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Had angina	3%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	2%	3%	3%
Had high blood pressure	29%	32%*	31%*
Had high blood cholesterol	32%	37%*	38%*
Had blood cholesterol checked within past 5 years	72%	74%*	76%*

\* 2013 BRFSS data

## Stroke Warning Signs and Symptoms

F.A.S.T. is an easy way to remember the sudden signs and symptoms of a stroke. When you can spot the signs, you'll know quickly that you need to call 9-1-1 for help. This is important because the sooner a stroke victim gets to the hospital, the sooner they'll get treatment. Being prompt can make a remarkable difference in their recovery. F.A.S.T. is:

- **Face Drooping:** Does one side of the face droop or is it numb? Ask the person to smile.
- **Arm Weakness:** Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **Speech Difficulty:** Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **Time to call 911:** If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

### Beyond F.A.S.T- Other Symptoms to Know

- Sudden confusion or trouble understanding
- Sudden numbness or weakness of the leg or arm
- Sudden severe headache with no known cause
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination

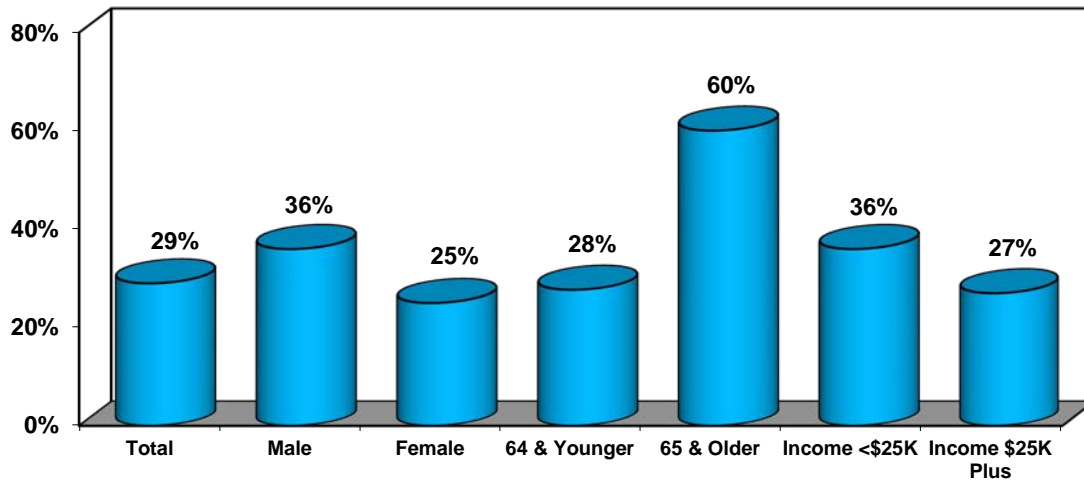


(Source: American Heart Association, Stroke Warning Signs and Symptoms, 2013, [http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms\\_UCM\\_308528\\_SubHomePage.jsp](http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms_UCM_308528_SubHomePage.jsp))



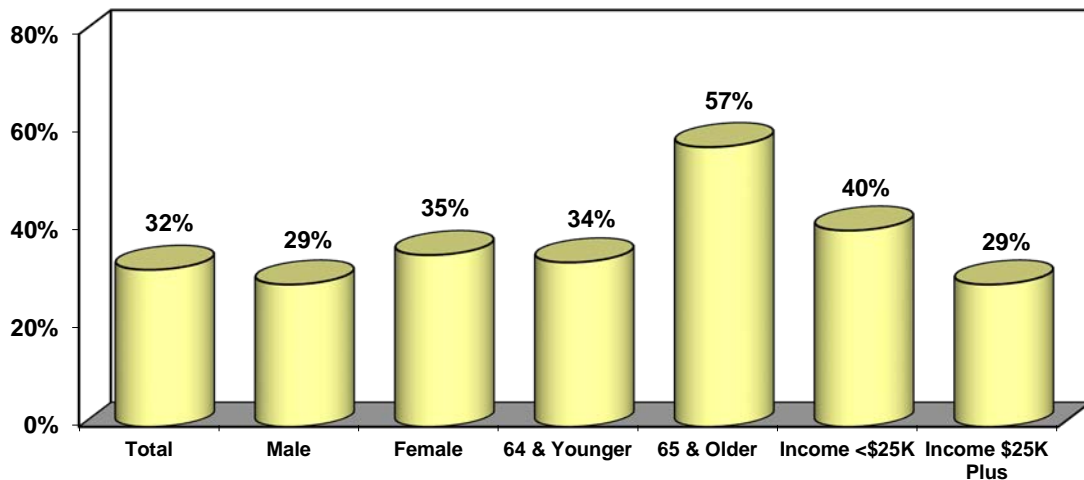
The following graphs show the number of Union County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph includes: 29% of all Union County adults have been diagnosed with high blood pressure, 36% of all Union County males, 25% of all females, and 60% of those 65 years and older.

**Diagnosed with High Blood Pressure\***

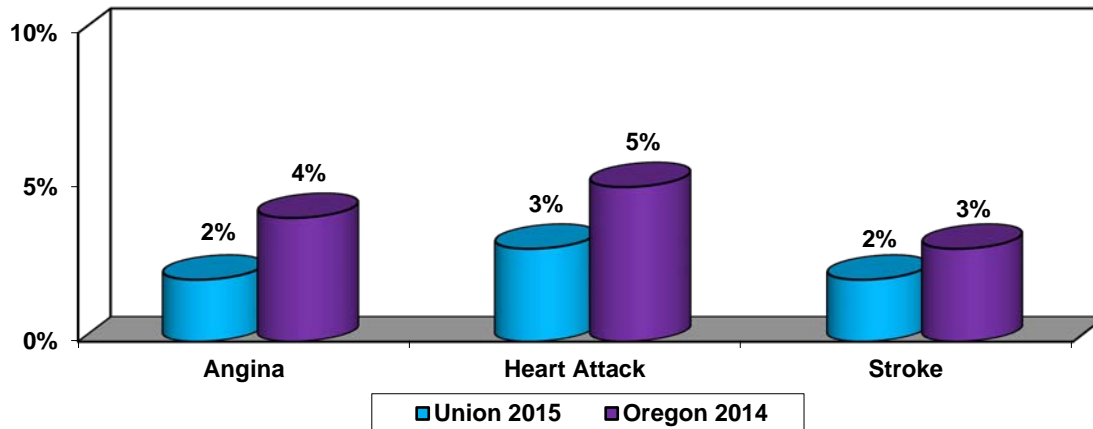


\*Does not include respondents who indicated high blood pressure during pregnancy only.

**Diagnosed with High Blood Cholesterol**



**Cardiovascular Disease Prevalence**

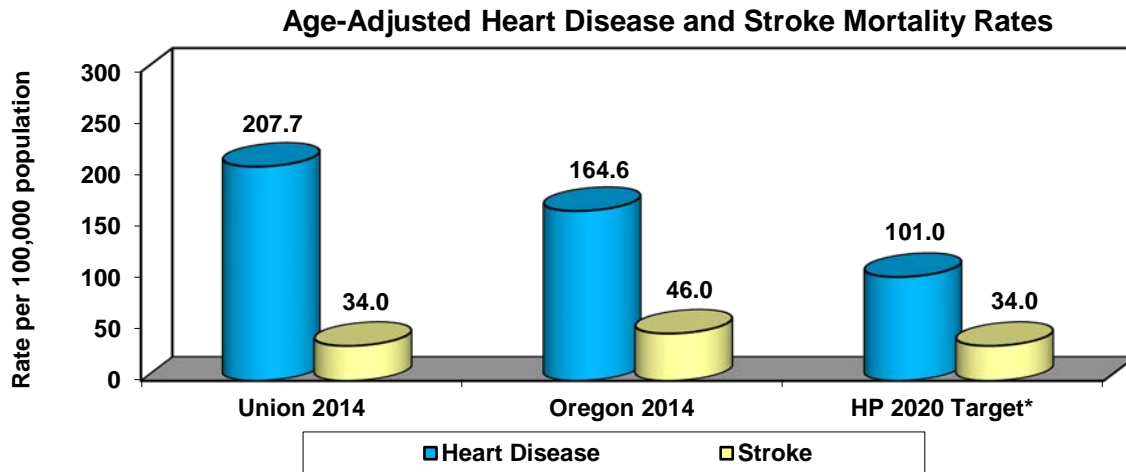


(Sources: 2015 Union County Health Assessment and 2014 BRFSS)



The following graph shows the age-adjusted mortality rates per 100,000 population for heart disease and stroke for Union County, Oregon and the Healthy People 2020 objective.

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



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

### Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Union Survey Population Baseline	U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	29% (2015)	31% Adults age 18 and older (2011)	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	72% (2015)	76% Adults age 18 & older (2011)	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	32% (2015)	38% Adults age 20 & older with TBC > 240 mg/dl (2011)	14%

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

# Adult | CANCER

## Key Findings

In 2015, 11% of Union County adults had been diagnosed with cancer at some time in their life. Oregon Health Authority statistics indicate that from 2009-2014, a total of 350 Union County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

### Union County Incidence of Cancer, 2006-2010

#### All Types: 730 cases

- Prostate: 124 cases (17%)
- Breast: 102 cases (14%)
- Lung and Bronchus: 84 cases (12%)
- Colon and Rectum: 76 cases (10%)

**From 2006-2010, there were 288 cancer deaths in Union County.**

*(Source: OHA, Vital Statistics)*

## Adult Cancers

- 11% of Union County adults were diagnosed with cancer at some point in their lives, increasing to 29% of adults over the age of 65.

***11% of Union County adults had been diagnosed with cancer at some time in their life.***

## Cancer Facts

- The Oregon Health Authority (OHA) vital statistics indicate that from 2009-2014, cancers caused 23% (350 of 1,546 total deaths) of all Union County resident deaths *(Source: OHA, Vital Statistics)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 health assessment project has determined that 10% of Union County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

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

## Lung Cancer

- In Union County, 9% of male adults were current smokers and 57% of them had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- Approximately 10% of female adults in the county were current smokers and 54% had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- According to the American Cancer Society, smoking causes 90% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2015)*.

**9% of Union County male adults and 10% of female adults were current smokers.**

## Breast Cancer

- In 2015, 39% of Union County females reported having had a clinical breast examination in the past year.
- 52% of Union County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99%. However, only 61% of breast cancer cases are diagnosed early at a localized stage (Source: American Cancer Society, Facts & Figures 2015).
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended beginning at age 40 (Source: American Cancer Society, Facts & Figures 2015).

**More than half (52%) of Union County females over the age of 40 had a mammogram in the past year.**

## Prostate Cancer

- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 56% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2015).

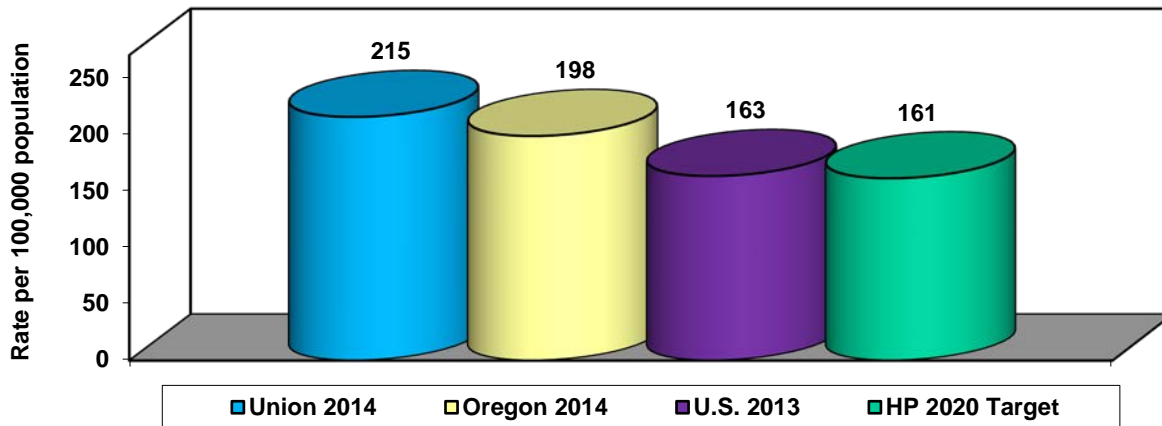
## Colon and Rectum Cancer

- The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, rectum, anus (anal canal & anorectum), liver, gallbladder or pancreas as a digestive cancer.
- In Union County, colorectal cancer was the fourth leading cause of male and female invasive cancer incidence from 2006 to 2010.
- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In 2015, 70% of Union County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life and 50% had been screened in the past 5 years. In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

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

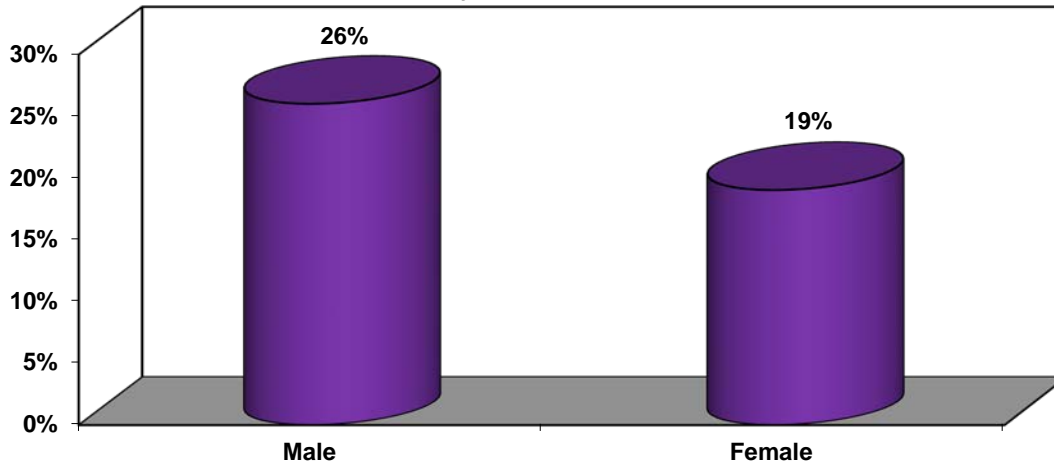
- When age differences are accounted for, Union County had a higher cancer mortality rate than Oregon, the U.S., and the Healthy People 2020 target objective.
- The percentage of Union County males who died from all cancers is higher than the percentage of Union County females who died from all cancers.

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



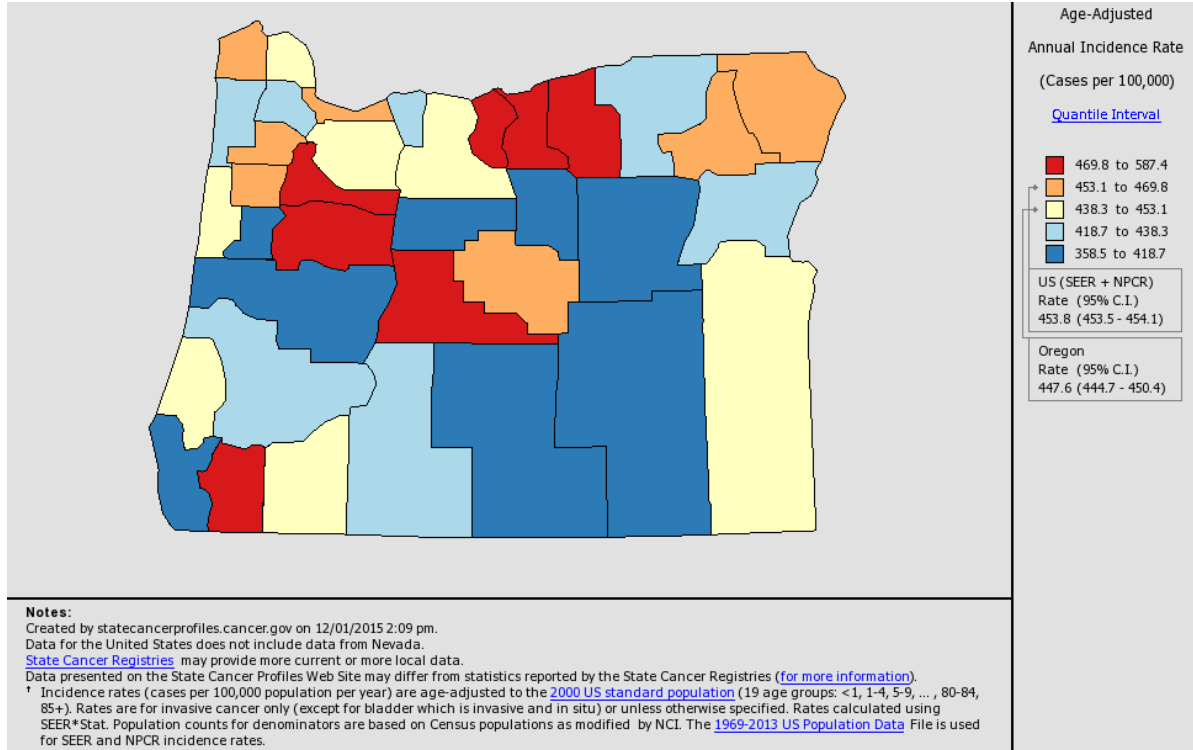
(Source: Health Indicators Warehouse; Healthy People 2020)

**Cancer As Percent of Total Deaths in Union County by Gender, 2009-2013**

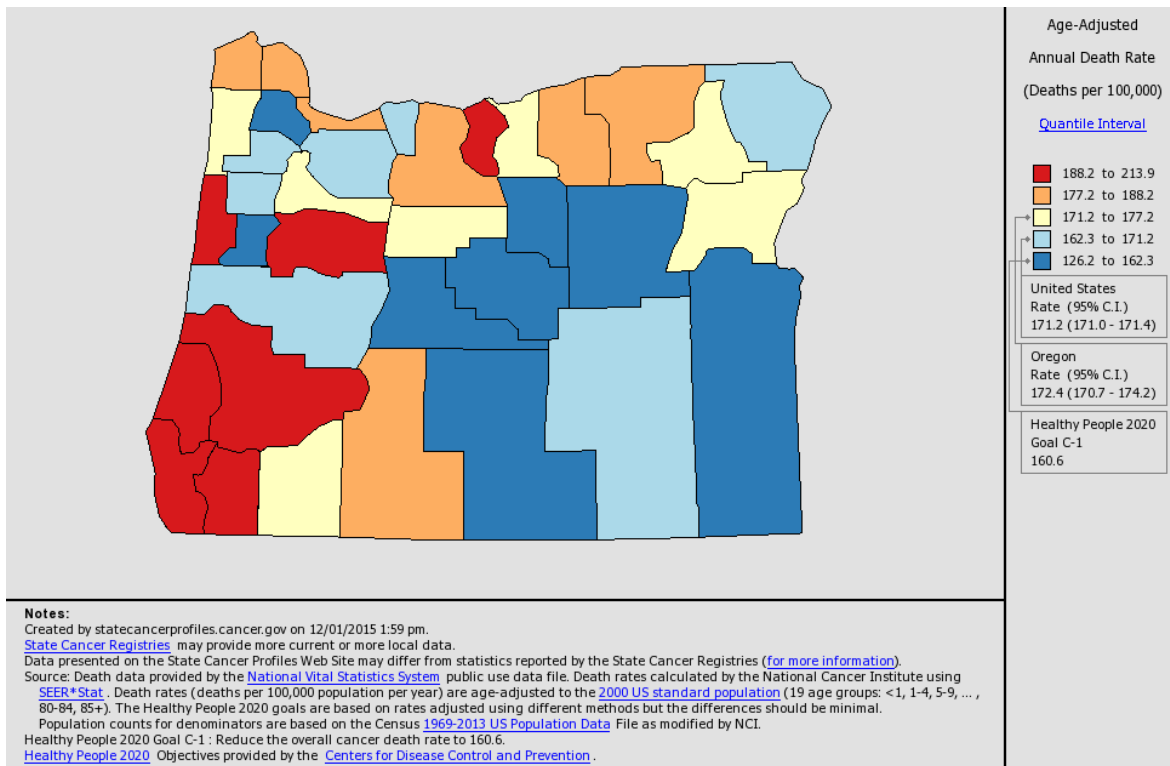


(Source: CDC Wonder, 2009-2013)

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



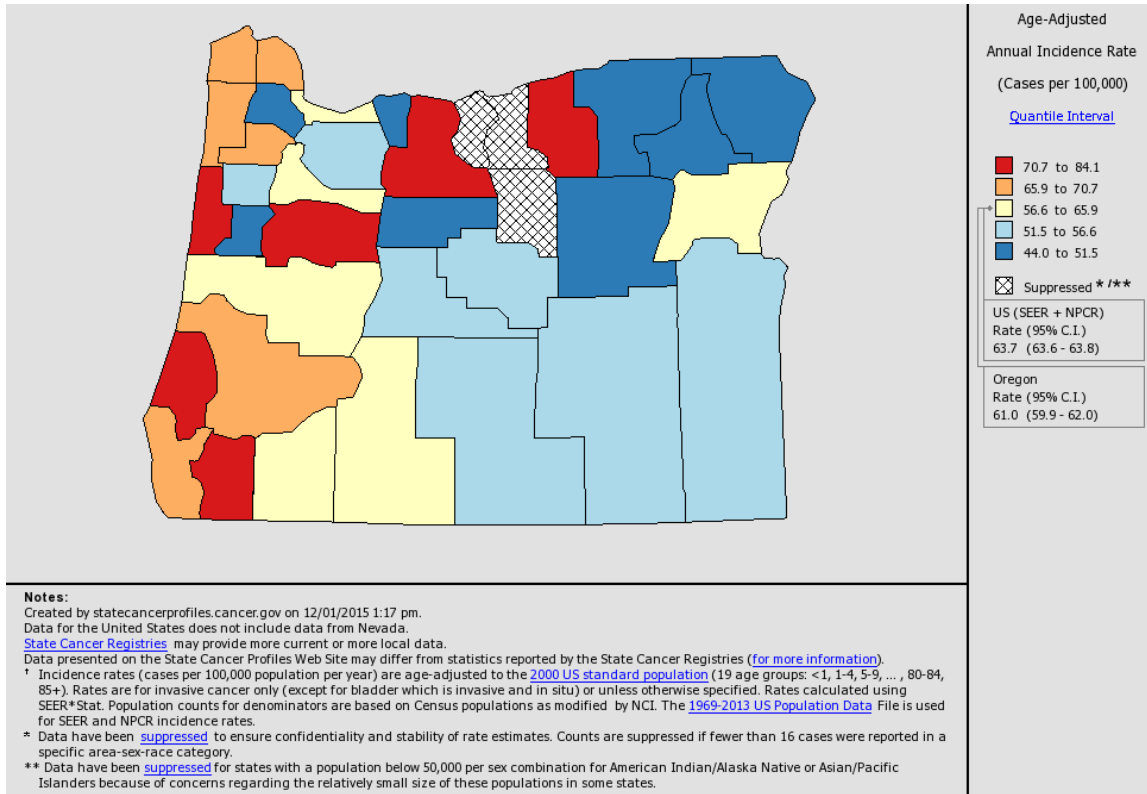
## Age-Adjusted Death Rates for All Cancer Sites, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



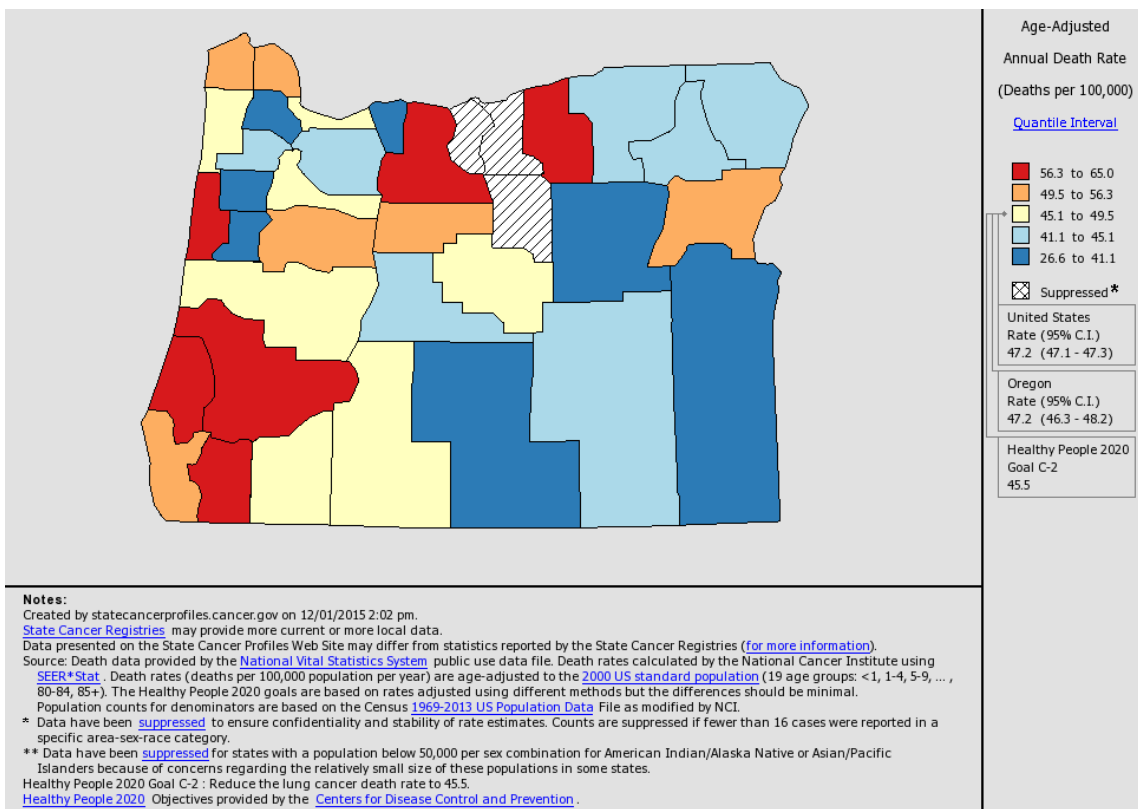
(Source: National Cancer Institute, State Cancer Profiles, 2008-2012, from:  
<http://statecancerprofiles.cancer.gov/>)

CANCER

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

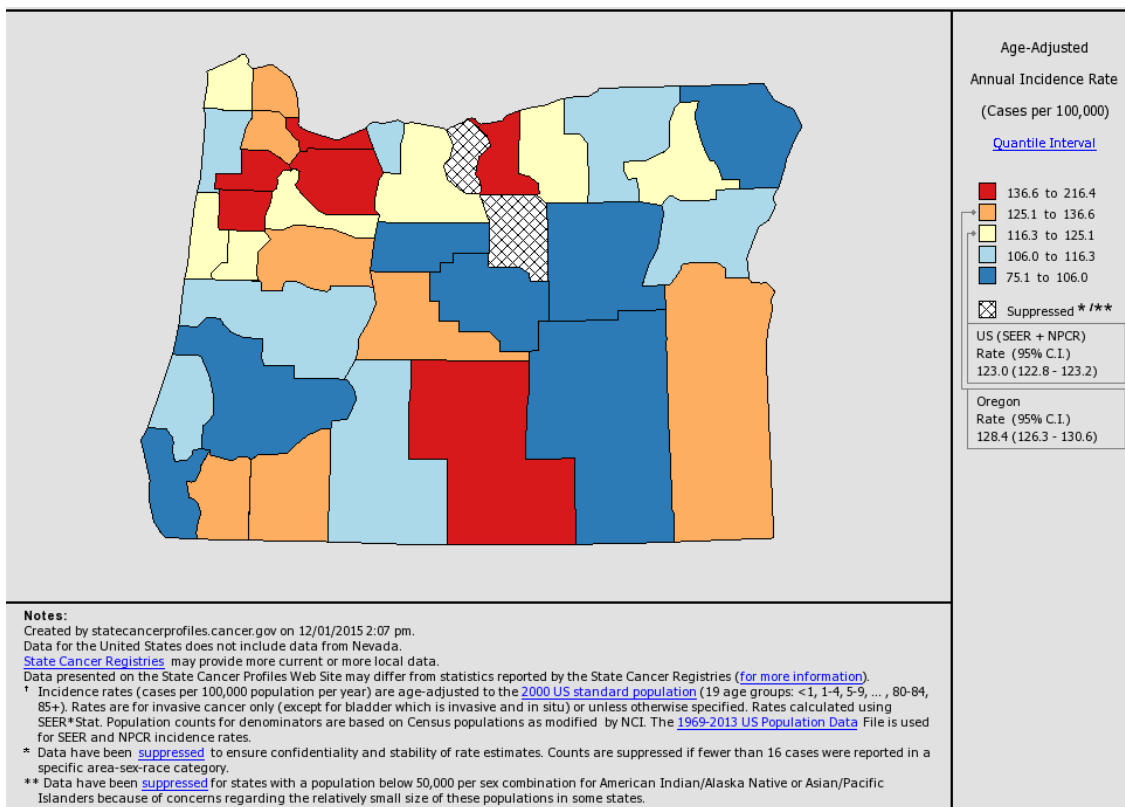


## Age-Adjusted Lung & Bronchus Cancer Death Rates, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages

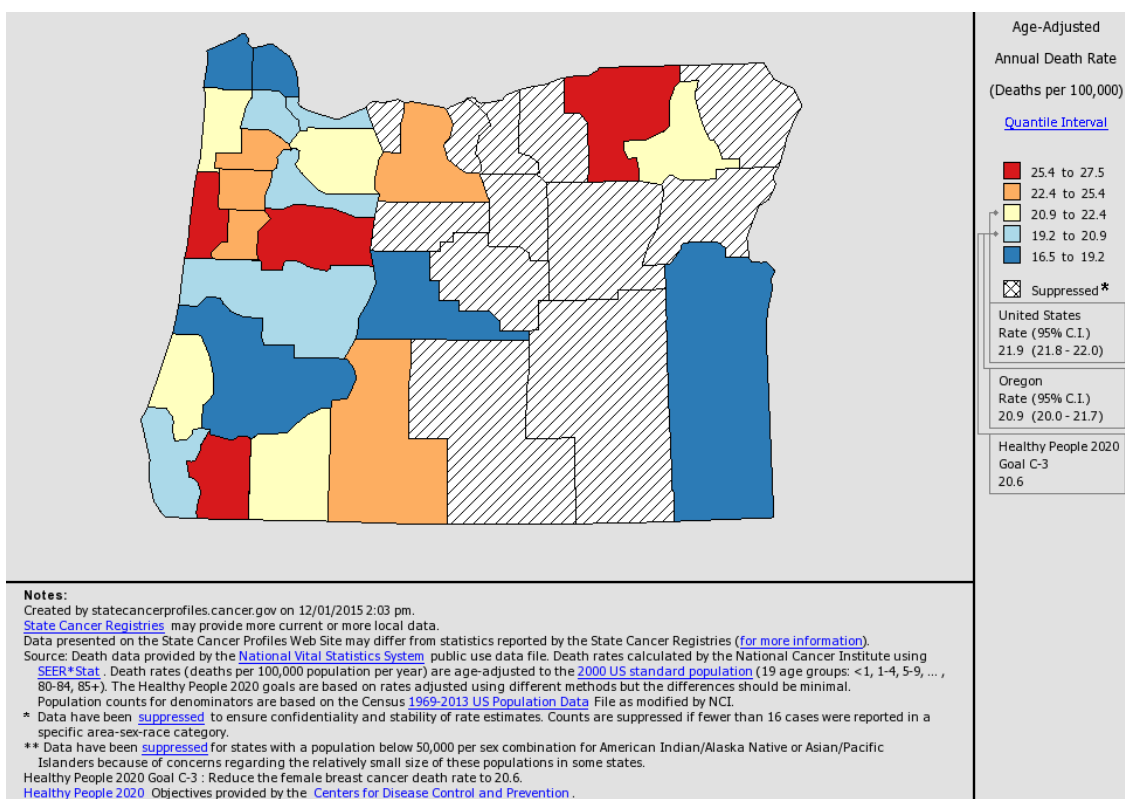


(Source: National Cancer Institute, State Cancer Profiles, 2008-2012, from:  
<http://statecancerprofiles.cancer.gov/>)

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



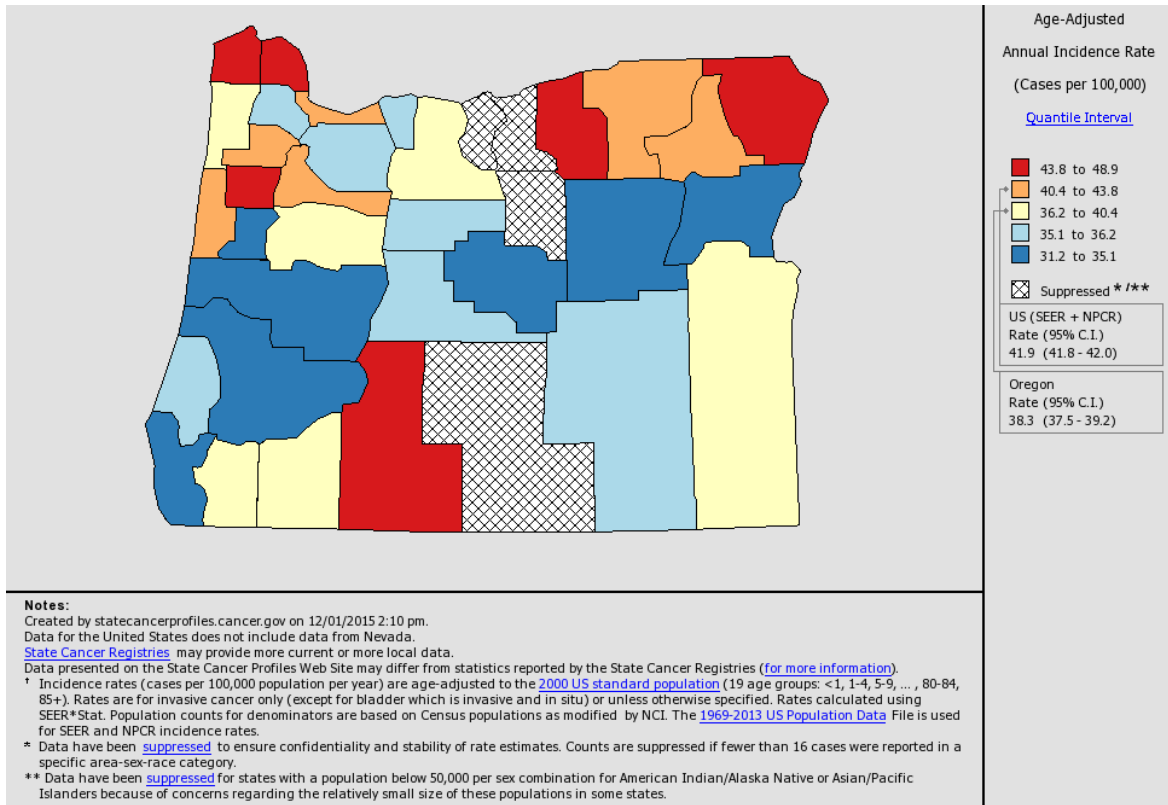
## Age-Adjusted Breast Cancer Death Rates for Oregon, 2008-2012, All Races (including Hispanic), Female



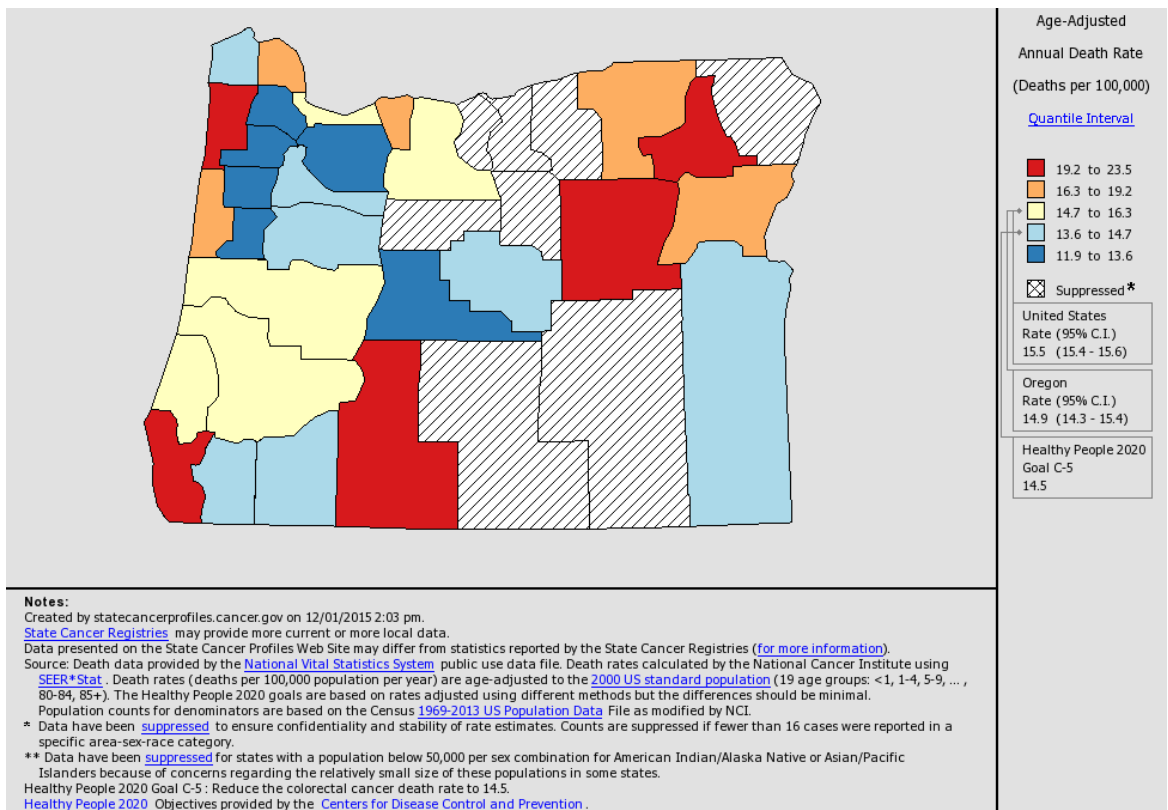
(Source: National Cancer Institute, State Cancer Profiles, 2008-2012, from: <http://statecancerprofiles.cancer.gov/>)



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



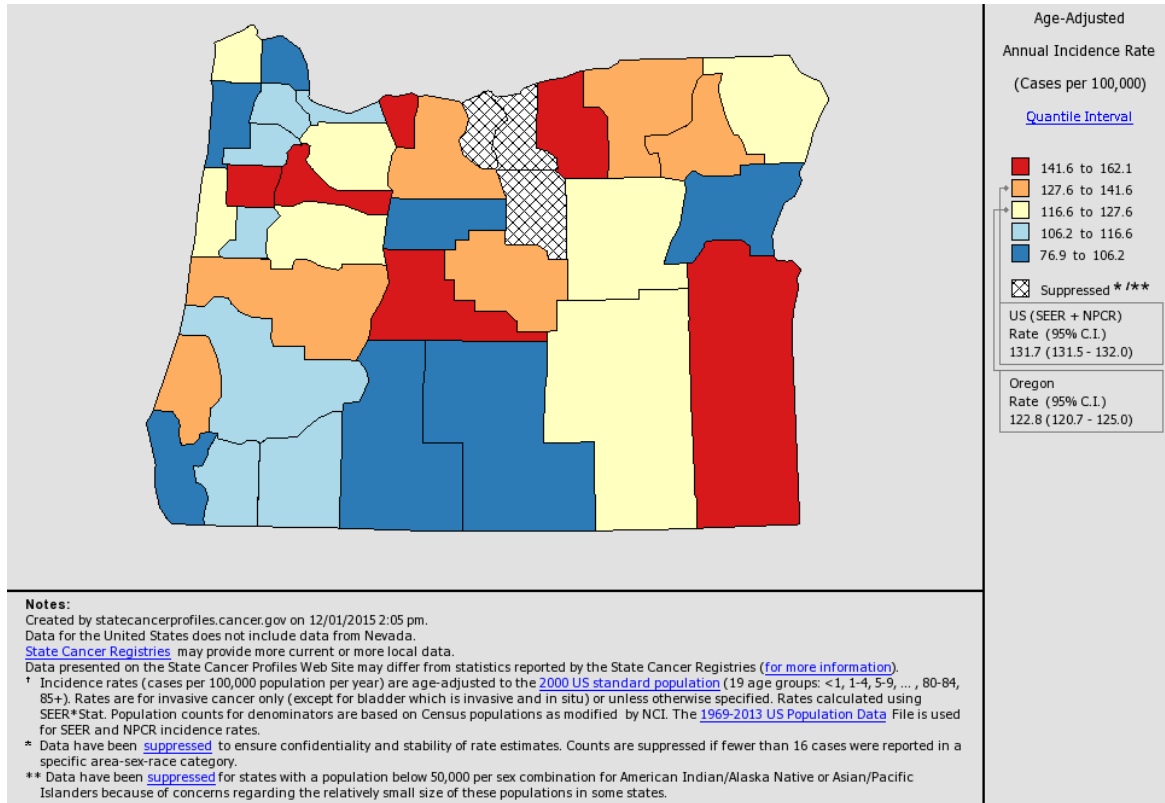
## Age-Adjusted Colon & Rectum Cancer Death Rates, Oregon, 2008-2012, All Races (including Hispanic), Both Sexes, All Ages



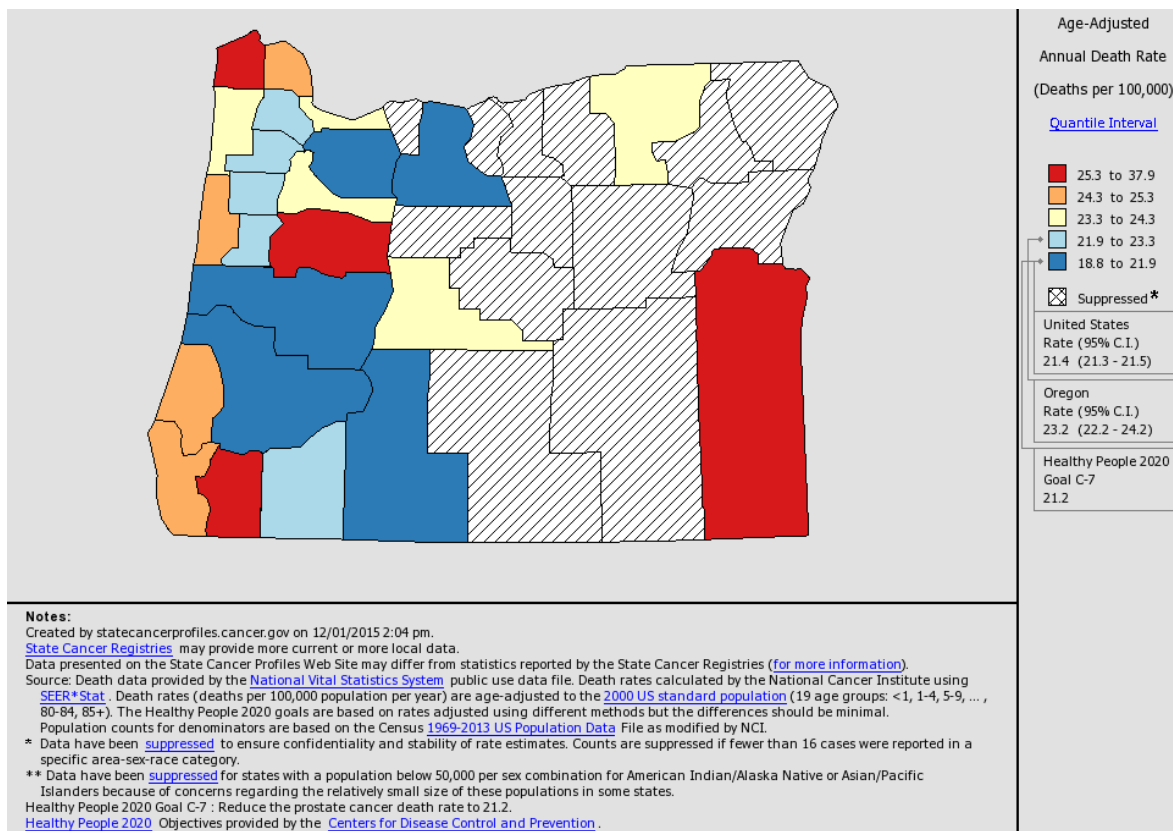
(Source: National Cancer Institute, State Cancer Profiles, 2008-2012, from:  
<http://statecancerprofiles.cancer.gov/>)



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



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



(Source: National Cancer Institute, State Cancer Profiles, 2008-2012, from:  
<http://statecancerprofiles.cancer.gov/>)

# Adult | DIABETES

## Key Findings

In 2015, 8% of Union County adults had been diagnosed with diabetes.

## Diabetes

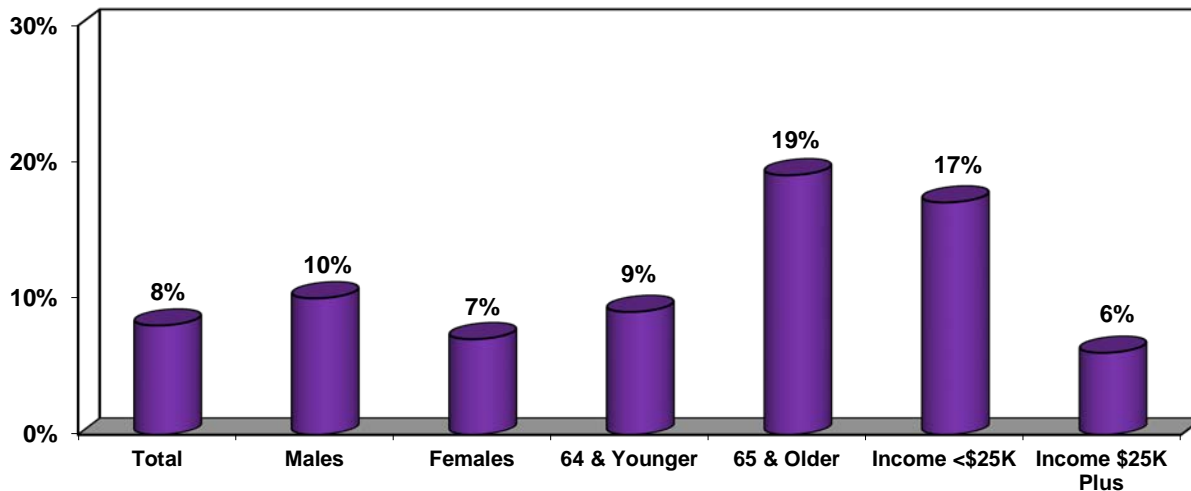
- The 2015 health assessment project has identified that 8% of Union County adults had been diagnosed with diabetes, increasing to 19% of those over the age of 65.
- The 2014 BRFSS reports 10% of Oregon and 11% of U.S. adults had been diagnosed with diabetes.
- 2% of Union County adults had been diagnosed with pre-diabetes.
- 83% of adults with diabetes felt they had received enough information to manage their diabetes themselves.
- Union County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 86% were obese or overweight
  - 62% had been diagnosed with high blood cholesterol
  - 55% had been diagnosed with high blood pressure

**Diabetes Facts**

- Diabetes was the 6<sup>th</sup> leading cause of death in Union County in 2014.
- Diabetes was the 8<sup>th</sup> leading cause of death in Oregon in 2014.
- In 2014, there were 9 deaths caused by diabetes in Union County.

*(Source: OHA, Vital Statistics)*

**Union County Adults Diagnosed with Diabetes**



Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Diagnosed with diabetes	8%	10%	11%

## Diabetes Symptoms

Many people with type 2 diabetes never show any signs, but some people do show symptoms caused by high blood sugar. The most common symptoms of type 2 diabetes are:

### TYPE 1 DIABETES

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and irritability

### TYPE 2 DIABETES

- Any of the type 1 symptoms
- Blurred vision
- Tingling/numbness in hands or feet
- Recurring skin, gum, or bladder infections
- Cuts/bruises that are slow to heal
- Frequent infections

(Source: American Diabetes Association, *Diabetes Basics, Symptoms*, <http://www.diabetes.org/diabetes-basics/symptoms/>)

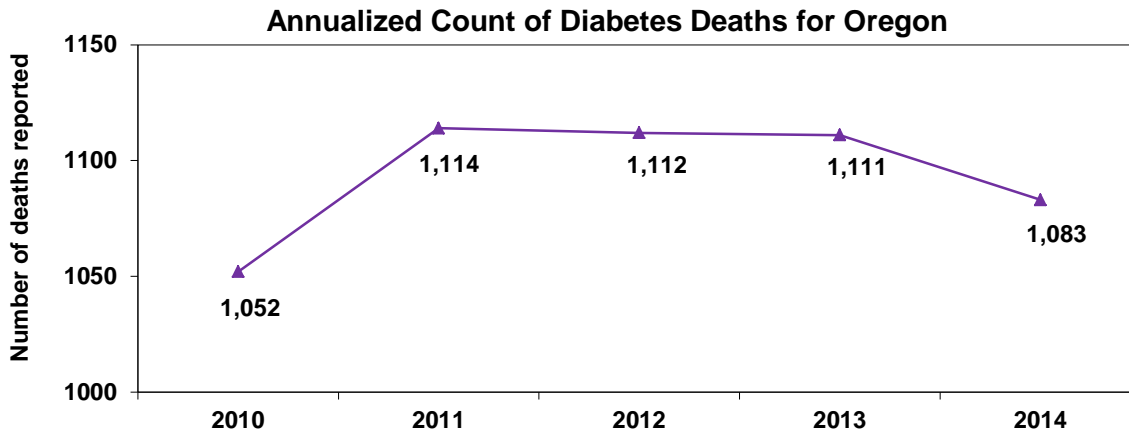
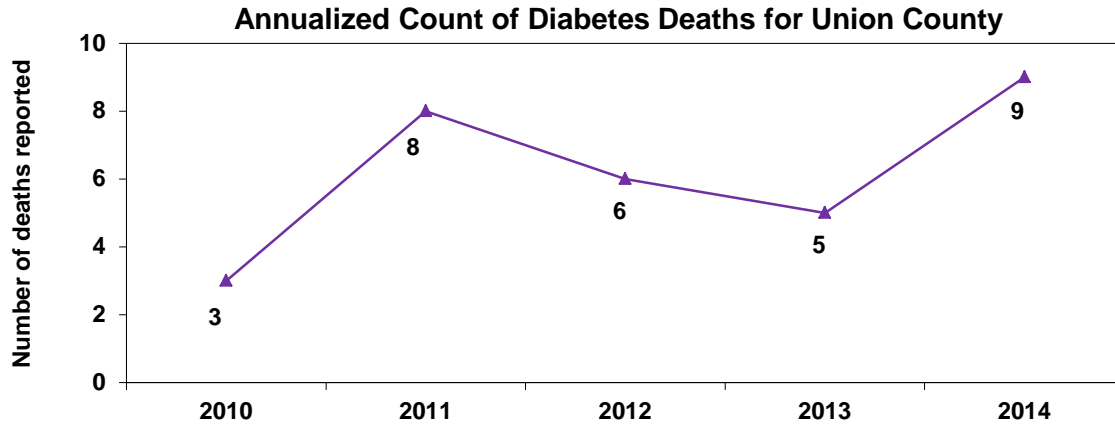
## Who is at Greater Risk for Type 2 Diabetes

- People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- People over age 45
- People with a family history of diabetes
- People who are overweight or obese
- People who do not exercise regularly
- People with low HDL cholesterol or high triglycerides, high blood pressure
- Certain racial and ethnic groups (e.g. Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

The following graphs show annualized diabetes mortality cases for Union County and Oregon residents from 2010 to 2014. The graphs show that:

- From 2010 to 2014, there were a total of 31 diabetes related deaths in Union County.
- The number of diabetes related deaths in Union County fluctuated from 2010 to 2014.



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

### Diabetes Facts

- Nearly 30 million children and adults in the United States have diabetes.
- 86 million Americans have prediabetes.
- 1.7 million Americans are diagnosed with diabetes every year.
- Nearly 10% of the entire U.S. population has diabetes, including over 25% of seniors.
- As many as 1 in 3 American adults will have diabetes in 2050 if trends continue.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- 8.1 million Americans have undiagnosed diabetes
- Diabetes kills more Americans every year than AIDS and breast cancer combined.
- Diabetes is the primary cause of death for 69,071 Americans each year, and contributes to the death of 231,051 Americans annually.

(Source: American Diabetes Association, 2014 Fast Facts, [http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14\\_fast\\_facts\\_june2014\\_final3.pdf](http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14_fast_facts_june2014_final3.pdf))

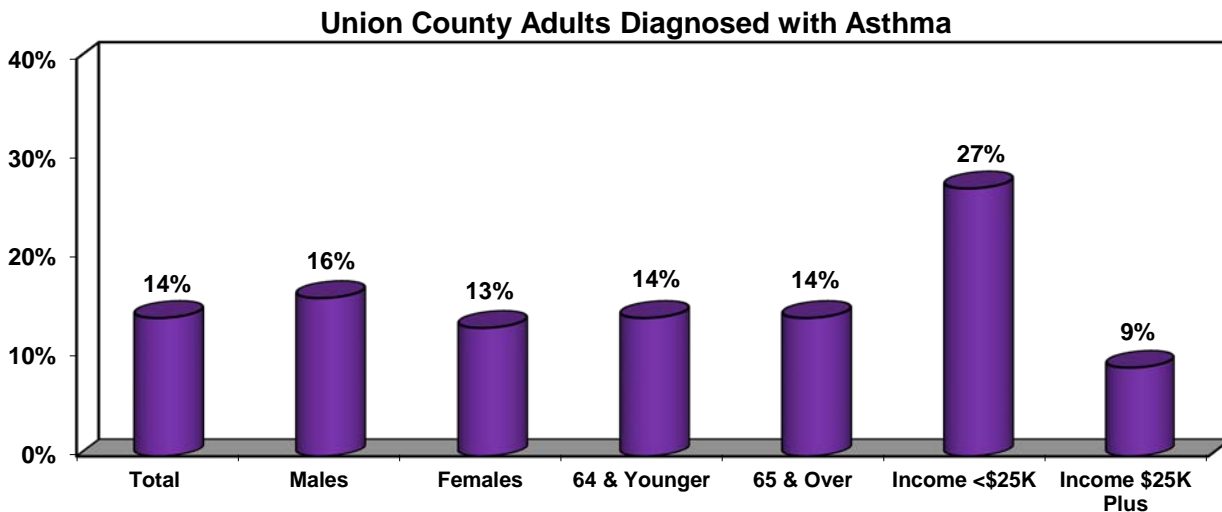
# Adult | ASTHMA AND OTHER RESPIRATORY DISEASES

## Key Findings

According to the Union County survey data, 14% of adults had been diagnosed with asthma.

## Asthma and Other Respiratory Diseases

- In 2015, 14% of Union County adults had been diagnosed with asthma, increasing to 27% of those with incomes less than \$25,000.
- 17% of Oregon and 14% of U.S. adults have ever been diagnosed with asthma (Source: 2014 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2013).
- Chronic lower respiratory disease (CLRD) was the 3<sup>rd</sup> leading cause of death in Union County and in Oregon, in 2014 (Source: OHA, Vital Statistics).

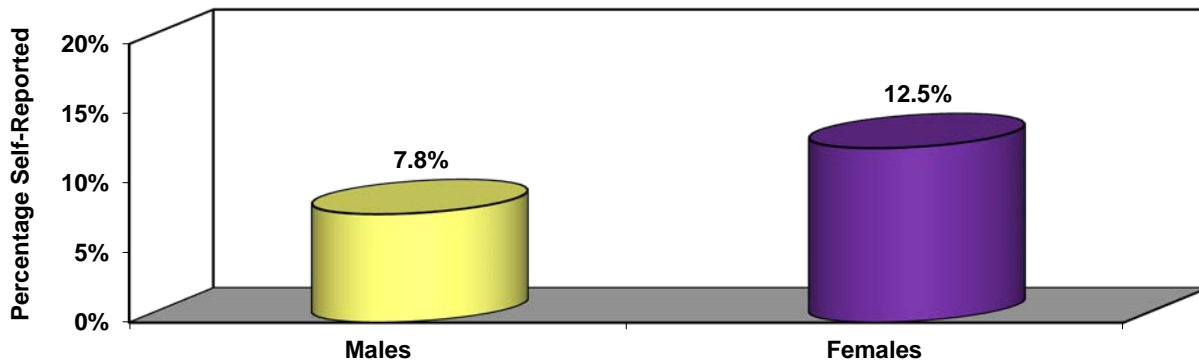


Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Had been diagnosed with asthma	14%	17%	14%

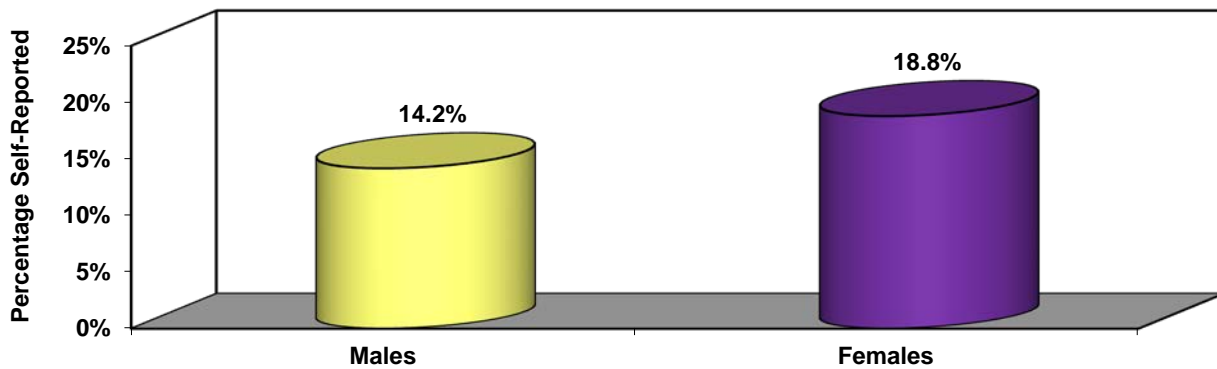
ASTHMA

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

**Oregon Adult Current Asthma Prevalence Rates By Gender**



**Oregon Adult Lifetime Asthma Prevalence Rates By Gender**



(Source for graphs: 2014 BRFSS)

## Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 456,000 hospitalizations and 2.1 million emergency room visits annually.
- Patients with asthma reported 13.9 million visits to a doctor's office and 1.4 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, from: <http://acaai.org/news/facts-statistics/asthma>)

### What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma. Tobacco smoke is unhealthy for everyone, especially people with asthma. If you have asthma and you smoke, quit smoking.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself. Do not use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches are often found where food is eaten and crumbs are left behind. Cockroaches and their droppings can trigger an asthma attack, so vacuum or sweep areas that might attract cockroaches at least every 2 to 3 days.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home. If you can't or don't want to find a new home for a pet, keep it out of the person with asthma's bedroom.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks. Humidity, the amount of moisture in the air, can make mold grow. An air conditioner or dehumidifier will help keep the humidity level low.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- **Other Triggers:** Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks. Physical exercise, some medicines, bad weather, breathing in cold air, some foods, and fragrances can also trigger an asthma attack.

(Source: Centers for Disease Control, *Vital Signs, Asthma*, updated November 21, 2013, <http://www.cdc.gov/asthma/faqs.htm>)

# Adult | WEIGHT STATUS

## Key Findings

The 2015 Health Assessment identified that 64% of Union County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI. More than one-fourth (28%) of Union County adults were obese. Nearly two-fifths (39%) of adults were trying to lose weight.

## Adult Weight Status

- In 2015, the health assessment indicated that nearly two-thirds (64%) of Union County adults were either overweight (36%) or obese (28%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- The 2014 BRFSS indicates that 28% of Oregon and 30% of U.S. adults were obese by BMI.
- Nearly two-fifths (39%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.
- Union County adults did the following to lose weight or keep from gaining weight: exercised (52%), ate less food, fewer calories, or foods low in fat (43%), ate a low-carb diet (11%), used a weight loss program (3%), smoked cigarettes (2%), went without eating 24 or more hours (2%), health coaching (2%), took diet pills, powders or liquids without a doctor's advice (1%), took prescribed medications (1%), participated in a prescribed dietary or fitness program (1%), took laxatives (1%), and vomited after eating (1%).

**28% of Union County adults are obese.**

## Physical Activity

- In Union County, 72% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 38% of adults were exercising 5 or more days per week. One-in-nine (11%) adults were not participating in any physical activity in the past week, including 1% who were unable to exercise.
- Reasons for not exercising included: time (26%), too tired (20%), laziness (16%), pain/discomfort (14%), weather (10%), chose not to exercise (10%), could not afford a gym membership (5%), no exercise partner (3%), no sidewalks (3%), no childcare (2%), no gym available (1%), transportation issues (1%), no walking/biking trails (1%), safety (1%), a doctor advised them not to exercise (1%), and did not know what activity to do (<1%).
- On an average day, adults spent time doing the following: 2.6 hours watching television, 1.0 hour on their cell phone, 1.0 hour on the computer outside of work, and 0.2 hours playing video games.

### Defining the Terms

- Obesity: An excessively high amount of body fat compared to lean body mass.
- Body Mass Index (BMI): The contrasting measurement/ relationship of weight to height. CDC uses this measurement to determine overweight and obesity.
  - Underweight: Adults with a BMI less than 18.5.
  - Normal: Adults with a BMI of 18.5 to 24.9.
  - Overweight: Adults with a BMI of 25 to 29.9.
  - Obese: Adults with a BMI of 30 or greater.

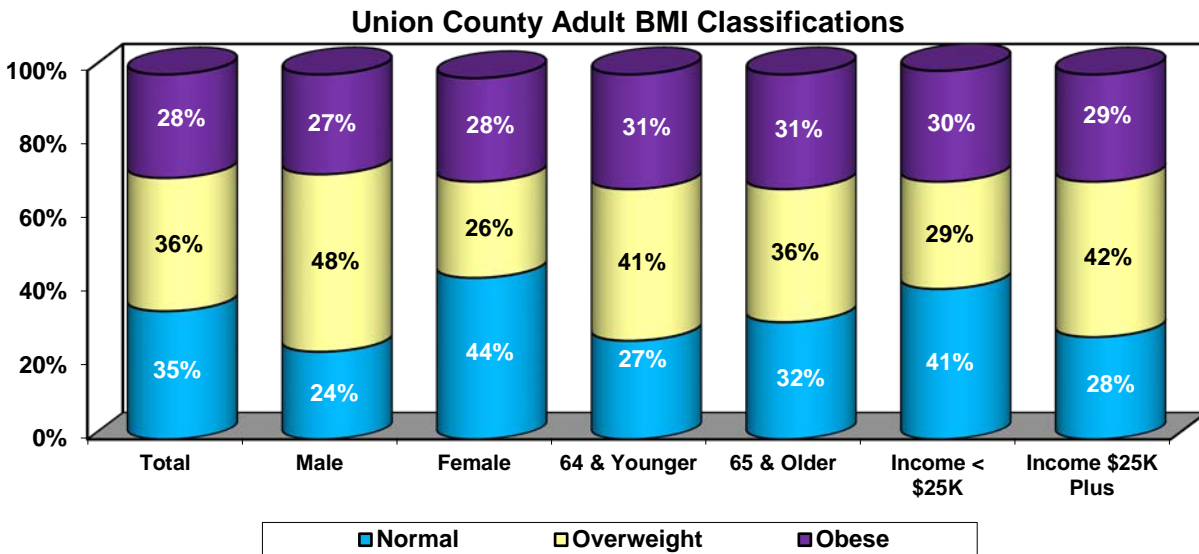
(Source: CDC, *Adult Obesity Facts*, <http://www.cdc.gov/obesity/adult/defining.html>)



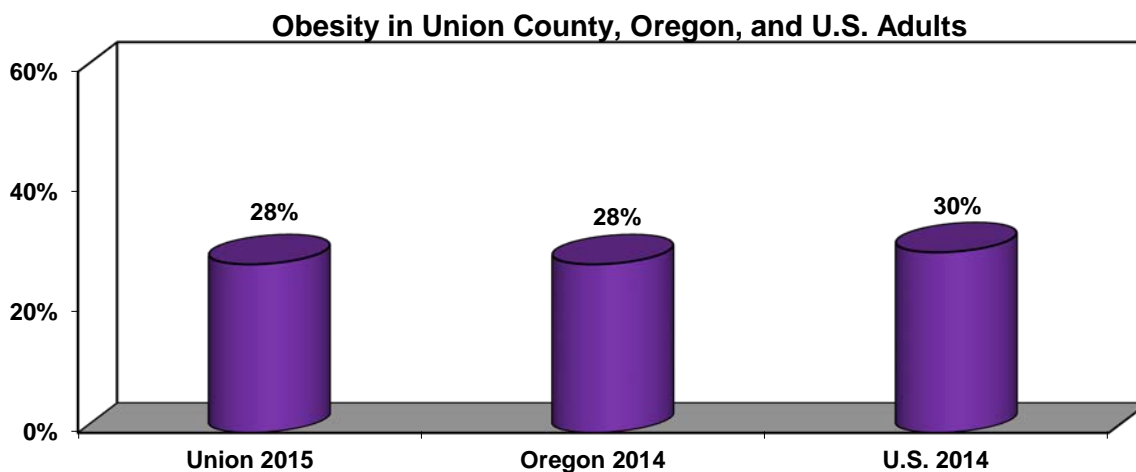
## Nutrition

- In 2015, 8% of adults were eating 5 or more servings of fruits and vegetables per day. 88% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.
- 16% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 42% of adults did not drink any sugar-sweetened beverages in the past week.
- Adults ate out in a restaurant or brought home take-out food an average of 1.5 times per week.

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

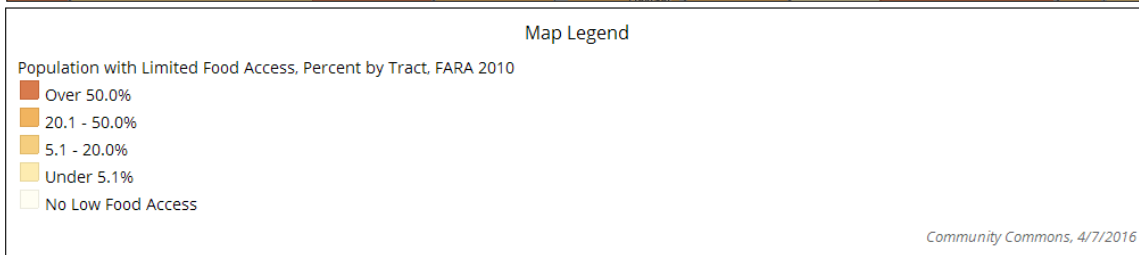
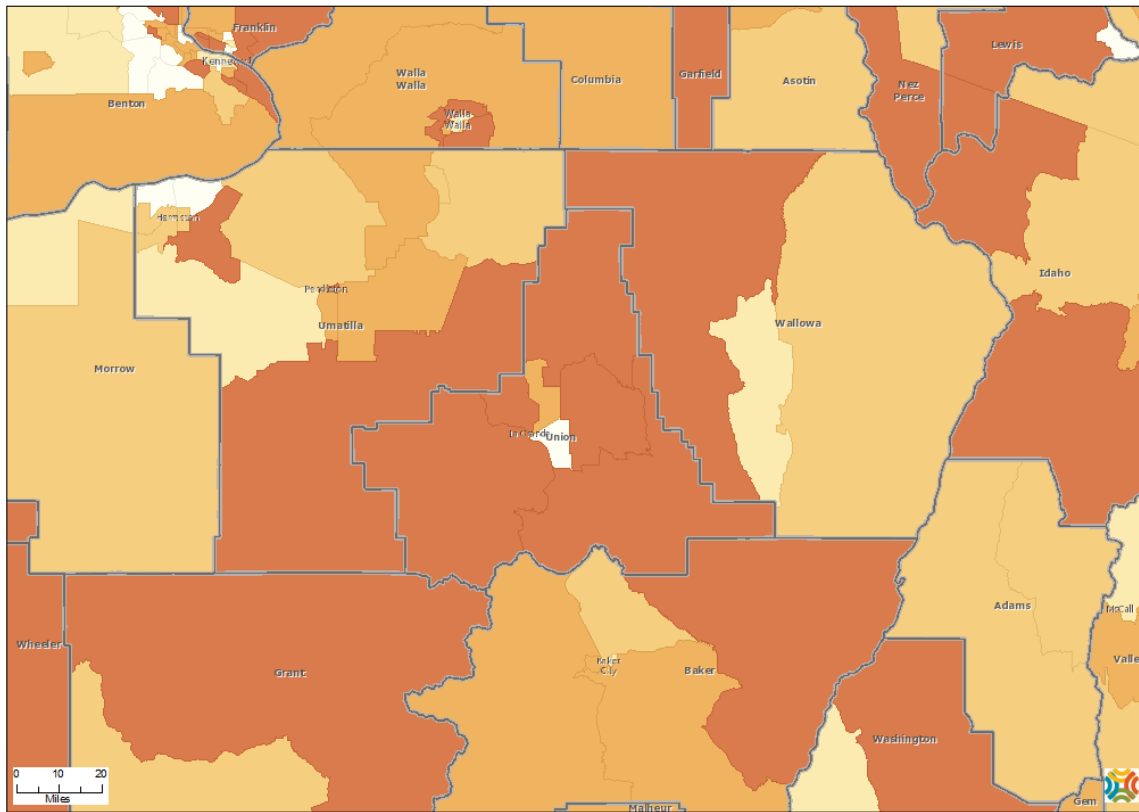


*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)*



*(Source: 2015 Union County Health Assessment and 2014 BRFSS)*

## Population with Limited Food Access, Percent by Tract, USDA Food Access Research Atlas 2010



A population is defined as having limited food access if they are living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.

(Source: Community Commons, updated 4/7/2016)

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Obese	28%	28%	30%
Overweight	36%	34%	35%

# Adult | TOBACCO USE

## Key Findings

In 2015, 10% of Union County adults were current smokers and 29% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2015)

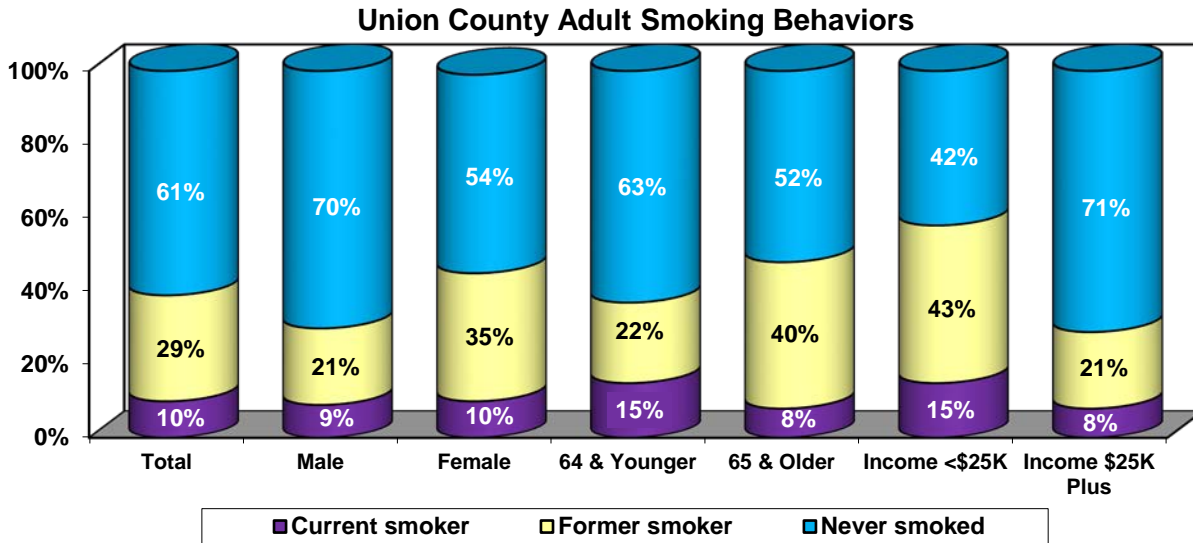
**In 2015, 10% of Union County adults were current smokers.**

## Adult Tobacco Use Behaviors

- The 2015 health assessment identified that one-in-ten (10%) Union County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days).
- The 2014 BRFSS reported current smoker prevalence rates of 17% for Oregon and 18% for the U.S.
- More than one-quarter (29%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2014 BRFSS reported former smoker prevalence rates of 27% for Oregon and 25% for the U.S.
- Union County adult smokers were more likely to:
  - Have been a member of an unmarried couple (43%)
  - Have rated their overall health as fair or poor (29%)
  - Have incomes less than \$25,000 (15%)
  - Have been ages 64 and younger (15%)
- Union County adults used the following tobacco products in the past year: cigarettes (21%), chewing tobacco (6%), e-cigarettes (4%), cigars (4%), roll-your-own (2%), little cigars (1%), swishers (1%), pipes (1%), hookah (1%), snuff (1%), and pouch/snus (<1%).
- 8% of adults reported currently using chewing tobacco, snuff, or snus.
- 51% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Union County had the following rules/practices about smoking in their home: never allowed (92%), allowed anywhere (2%), not allowed when children are present (1%), allowed in some places/at some times (1%), and no rules (1%).
- Adults believed e-cigarette vapor was harmful to: themselves (44%), others (40%), or not harmful to anyone (6%). 48% of adults were not sure of the harmfulness of e-cigarette vapor.

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Current smoker	10%	17%	18%
Former smoker	29%	27%	25%

The following graph shows the percentage of Union County adults who used tobacco. Examples of how to interpret the information includes: 10% of all Union County adults were current smokers, 29% of all adults were former smokers, and 61% had never smoked.



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

*51% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.*

### Smoke-Free Living: Benefits & Milestones

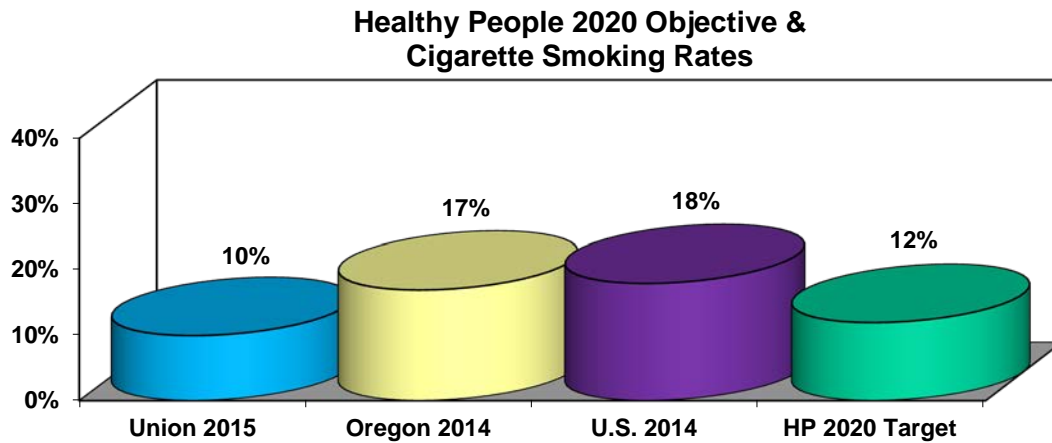
According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover:

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

(Source: AHA, *Smoke-free Living: Benefits & Milestones*, 2012, from: [http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones\\_UCM\\_322711\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp))

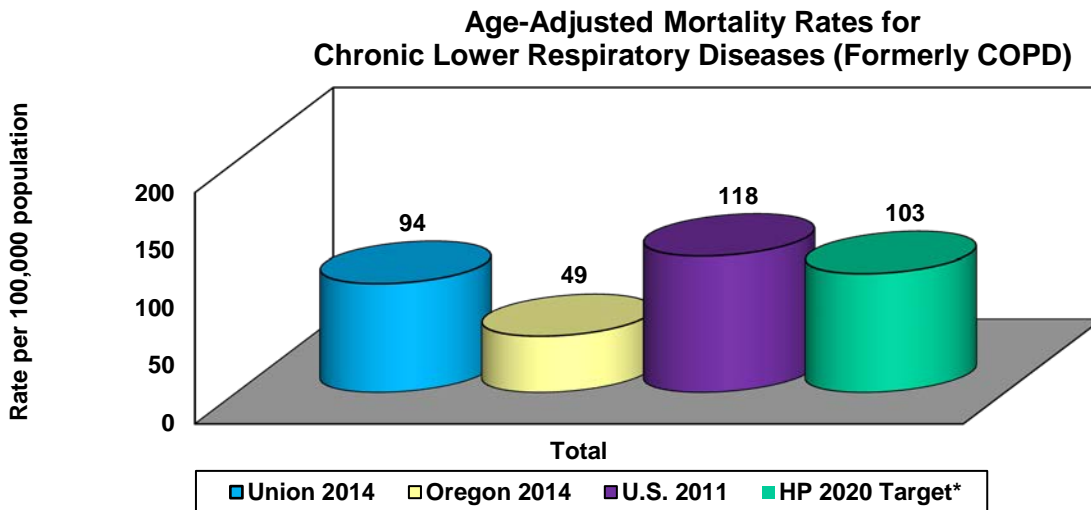
The following graphs show Union County, Oregon, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective. The BRFSS rates shown for Oregon and the U.S. were for adults 18 years and older. This graph shows:

- Union County adult cigarette smoking rate was lower than the Oregon and U.S. rates, and the Healthy People 2020 objective.
- The Union County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Oregon rate, but lower than the U.S. and the Healthy People 2020 target objective.



(Source: 2015 Union County Health Assessment, 2014 BRFSS and Healthy People 2020)

*29% of Union County adults indicated that they were former smokers.*



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

\*\*HP2020 does not report different goals by gender.

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

## Electronic Cigarettes Facts

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

(Source: Philadelphia Department of Public Health, “Electronic Cigarette Fact sheet,” published February 2014, from: [http://www.smokefreephilly.org/smokfree\\_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet\\_2\\_27\\_14.pdf](http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf) & Legacy for Health, Tobacco Fact Sheet, May 2014, from: <http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf>)

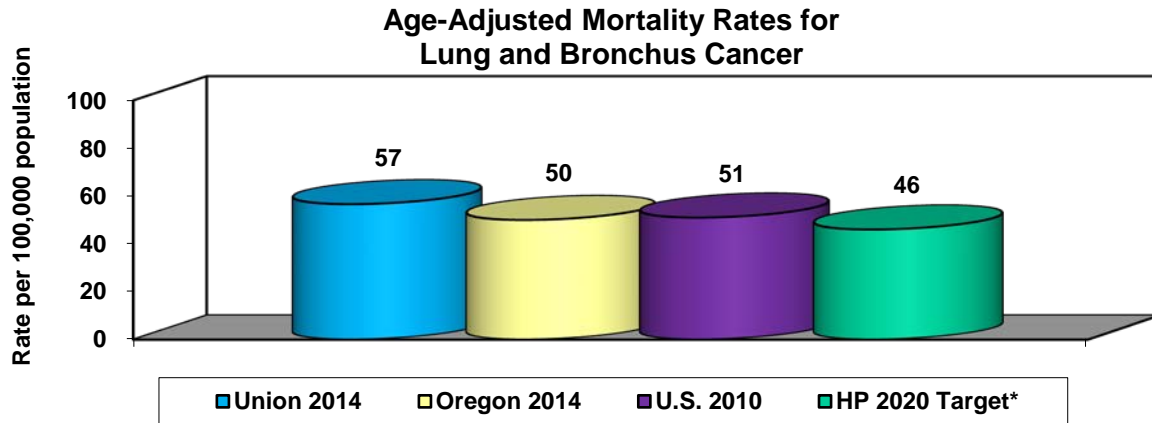
### Union County Tobacco Facts

- In 2012, the tobacco industry spent \$112 million promoting tobacco products in Oregon stores.
- In one year, there will be 58 tobacco related deaths in Union County.
- Tobacco related medical care was \$11.5 million in Union County.
- From 2008-2012, the percentage of pregnant women who smoked cigarettes was approximately 70% higher than Oregon and twice as high as the rest of the U.S.
- More than one-quarter (28%) of Union County 11<sup>th</sup> graders used non-cigarette tobacco products, compared to 17% of Union County 11<sup>th</sup> graders who smoked cigarettes.
- Non-cigarette tobacco products include cigars, pipe tobacco, hookah tobacco, chewing tobacco, dissolvable tobacco and electronic cigarettes.

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

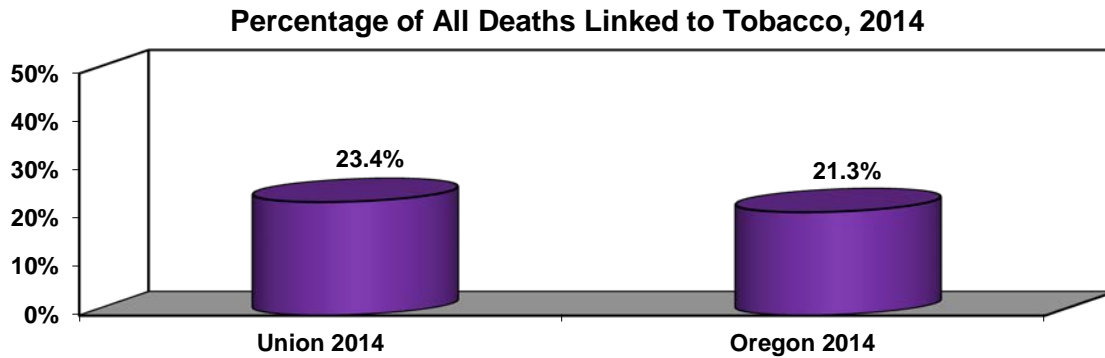
The following graphs show Union County, Oregon, and U.S. age-adjusted mortality rates per 100,000 population for lung and bronchus cancer in comparison with the Healthy People 2020 objective and Union County and Oregon deaths linked to tobacco. These graphs show:

- In 2014, the Union County age-adjusted mortality rate for lung and bronchus cancer was higher than the state rate, the national, and Healthy People 2020 target objective.
- The 2014 Union County tobacco-linked deaths were higher than the percentage of Oregon deaths.



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

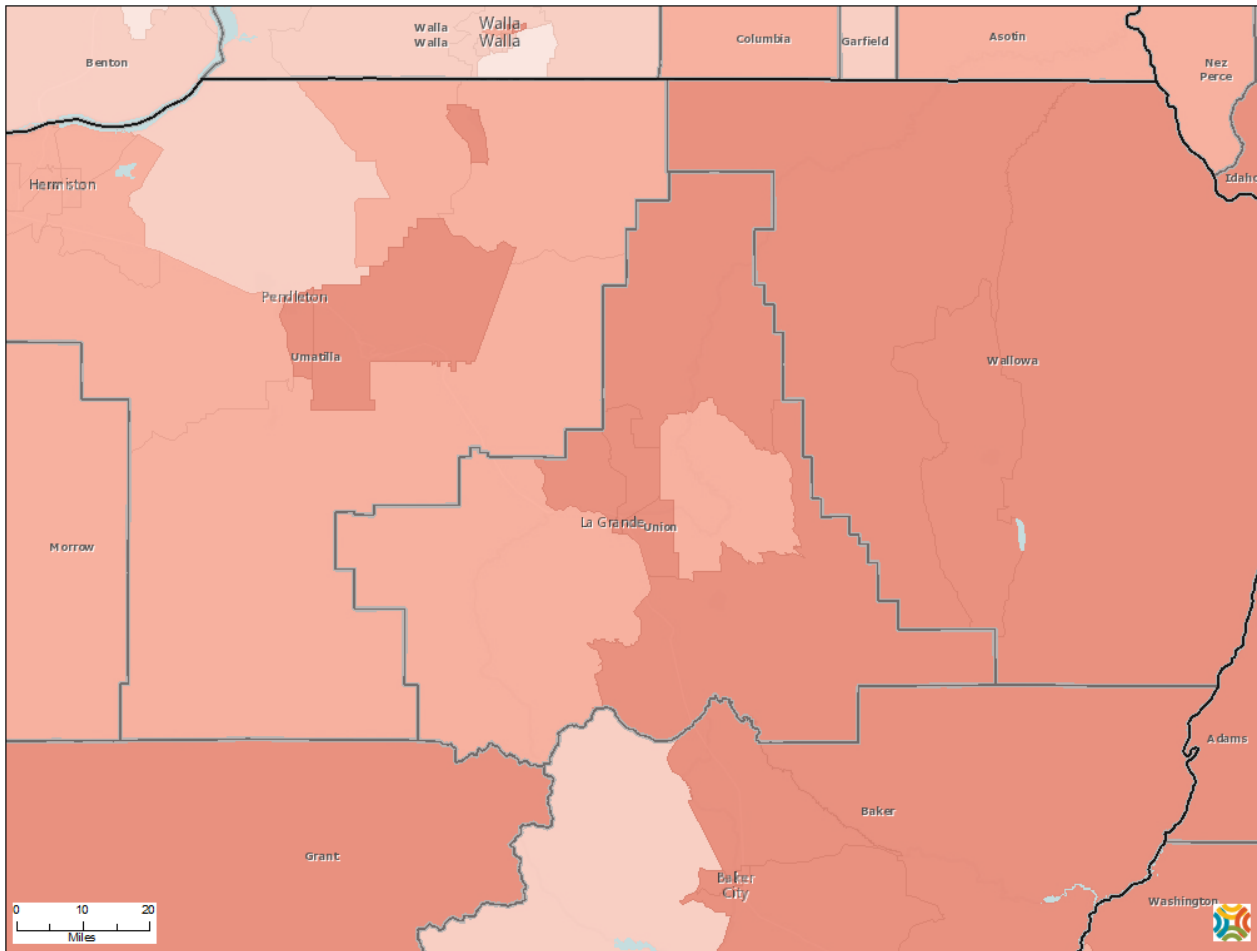
*(Source: OHA Vital Statistics, 2014 and Healthy People 2020)*



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

*(Source: OHA Vital Statistics, 2014)*

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



### Map Legend

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

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

*Community Commons, 10/6/2015*

*(Source: Community Commons, updated 10/6/2015)*



# Adult | ALCOHOL CONSUMPTION

## Key Findings

In 2015, the Health Assessment indicated that 17% of Union County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 36% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month.

**59% of Union County adults had at least one alcoholic drink in the past month.**

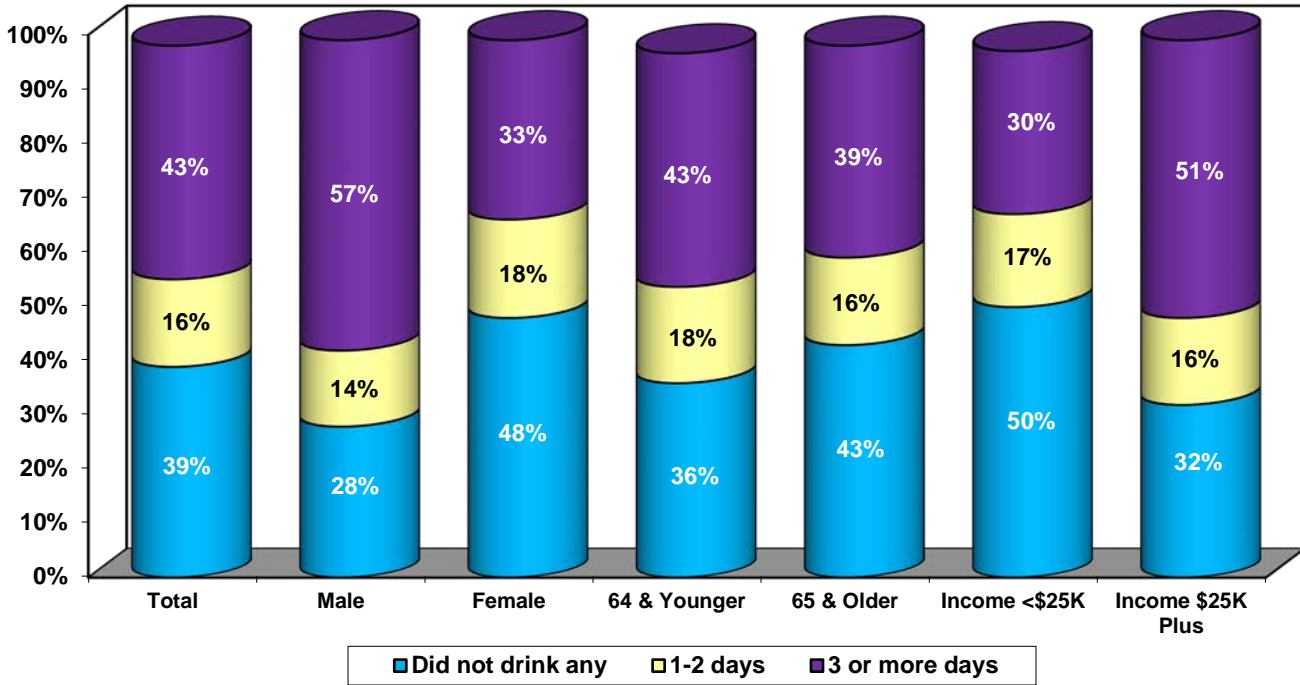
## Adult Alcohol Consumption

- In 2015, 59% of the Union County adults had at least one alcoholic drink in the past month.
- The 2014 BRFSS reported current drinker prevalence rates of 59% for Oregon and 53% for the U.S.
- Approximately one-in-six (17%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Union County adults drank 2.9 drinks on average, increasing to 3.4 drinks for males.
- Nearly one-fifth (19%) of Union County adults were considered binge drinkers.
- The 2014 BRFSS reported binge drinking rates of 17% for Oregon and 16% for the U.S.
- 36% of current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.
- Union County adults experienced the following in the past six months: drank more than they expected (8%), used prescription drugs while drinking (7%), drove a vehicle or other equipment after having any alcoholic beverage (6%), continued to drink despite problems caused by drinking (4%), drank more to get the same effect (4%), gave up other activities to drink (4%), tried to quit or cut down but could not (3%), failed to fulfill duties at home, work or school (3%), spent a lot of time drinking (2%), and drank to ease withdrawal symptoms (2%).

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Drank alcohol at least once in past month	59%	59%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	19%	17%	16%

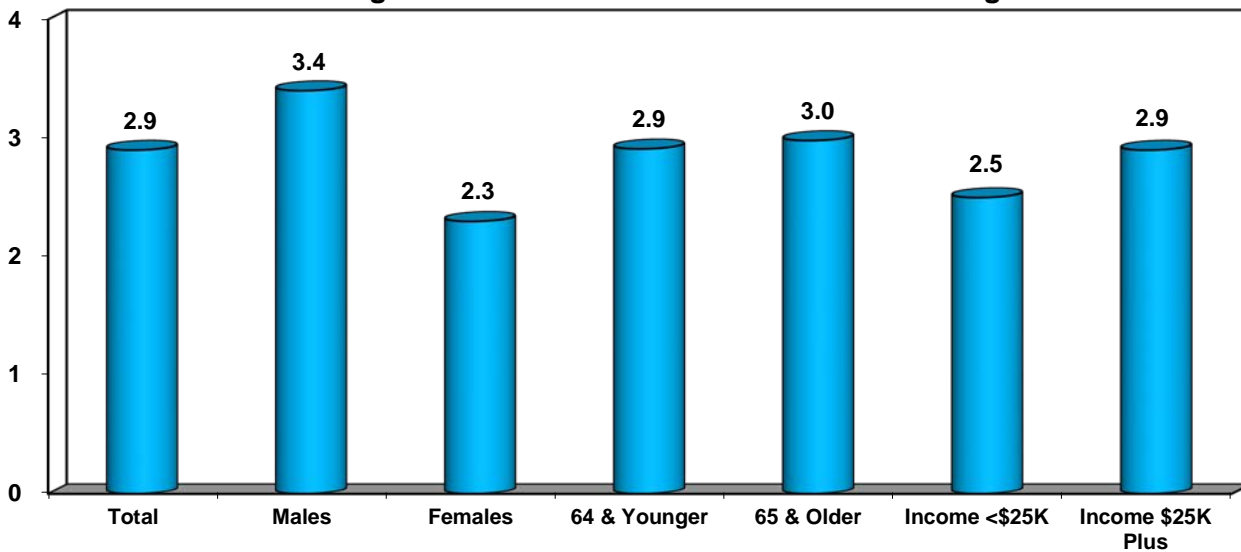
The following graphs show the percentage of Union County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph includes: 39% of all Union County adults did not drink alcohol, 28% of Union County males did not drink, and 48% of adult females reported they did not drink.

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



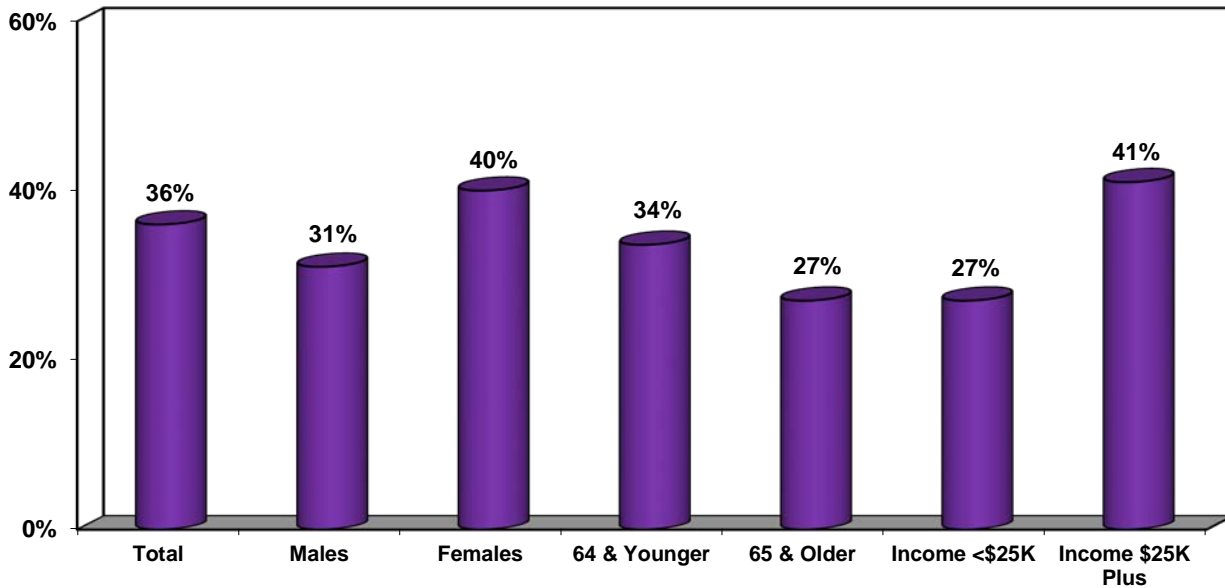
Percentages may not equal 100% as some respondents answered "don't know"

**Adults Average Number of Drinks Consumed Per Drinking Occasion**



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

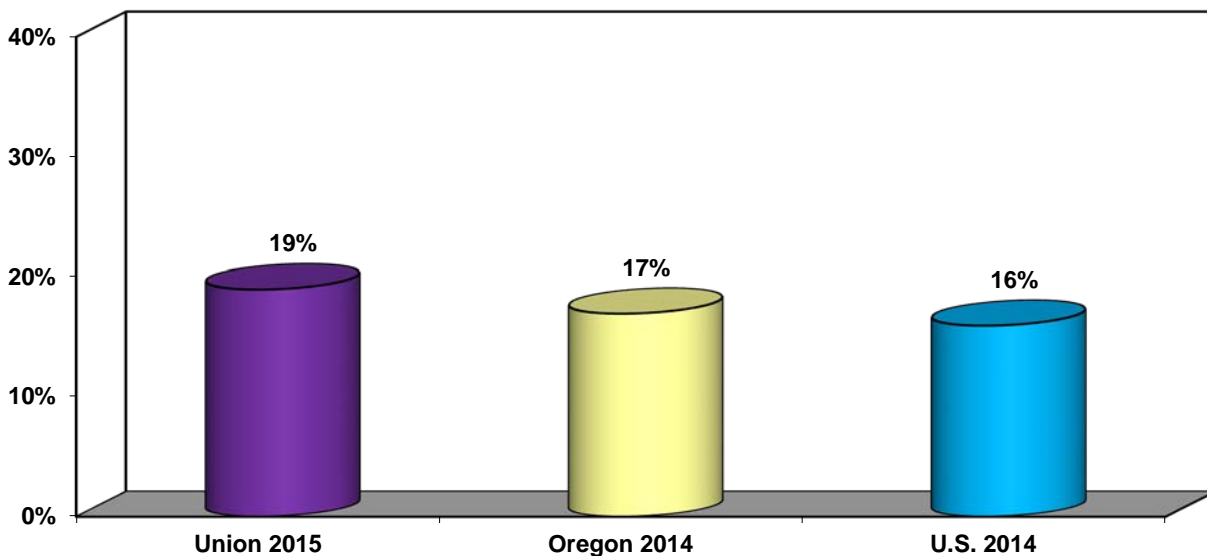
**Union County Adult Drinkers Who Binge Drank in Past Month\***



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

*17% of Union County adults were considered frequent drinkers (drank on an average of three or more days per week).*

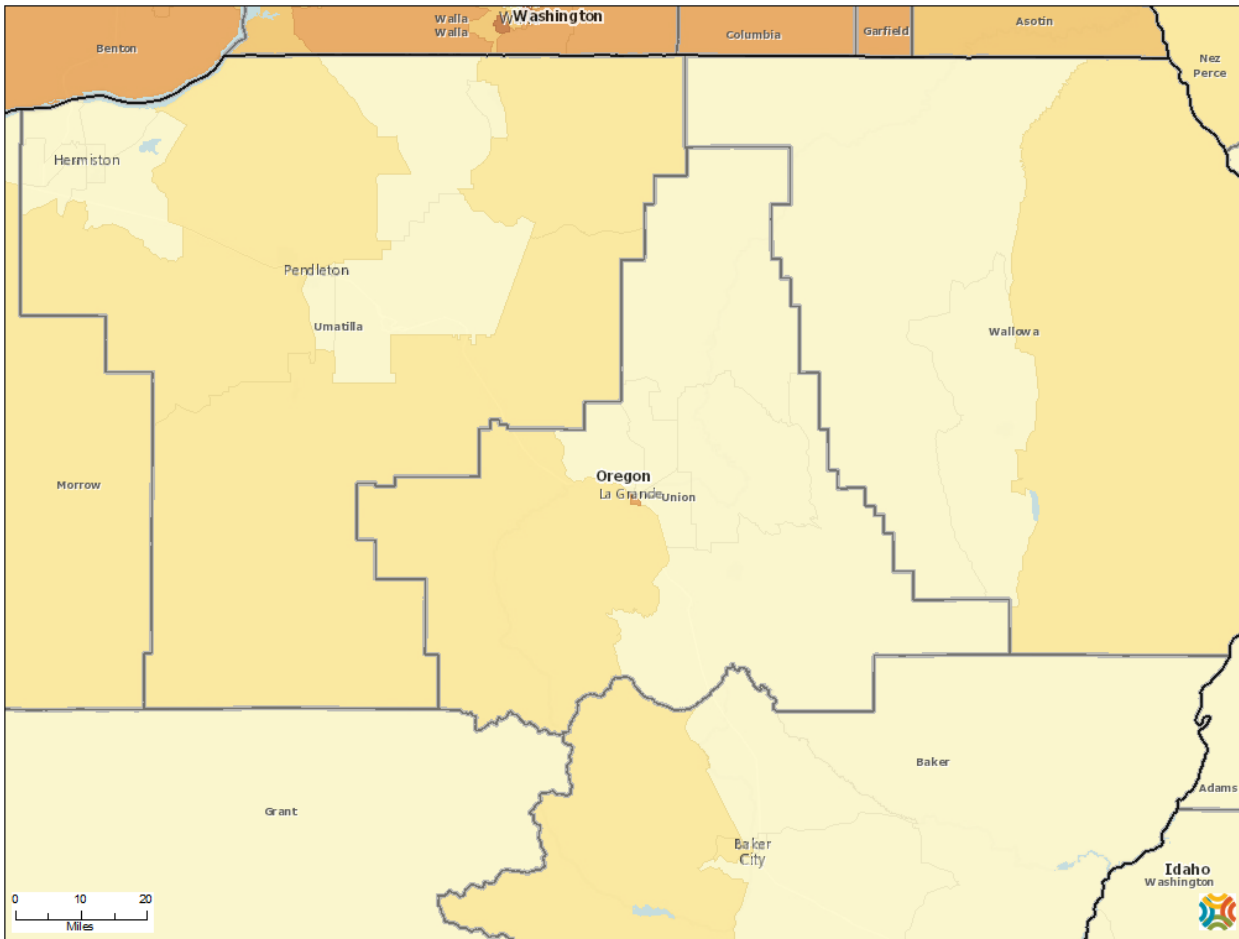
**Adult Binge Drinkers\***



*\*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

(Source: 2015 Union County Health Assessment & 2014 BRFSS)

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



### Map Legend

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

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

*Community Commons, 10/7/2015*

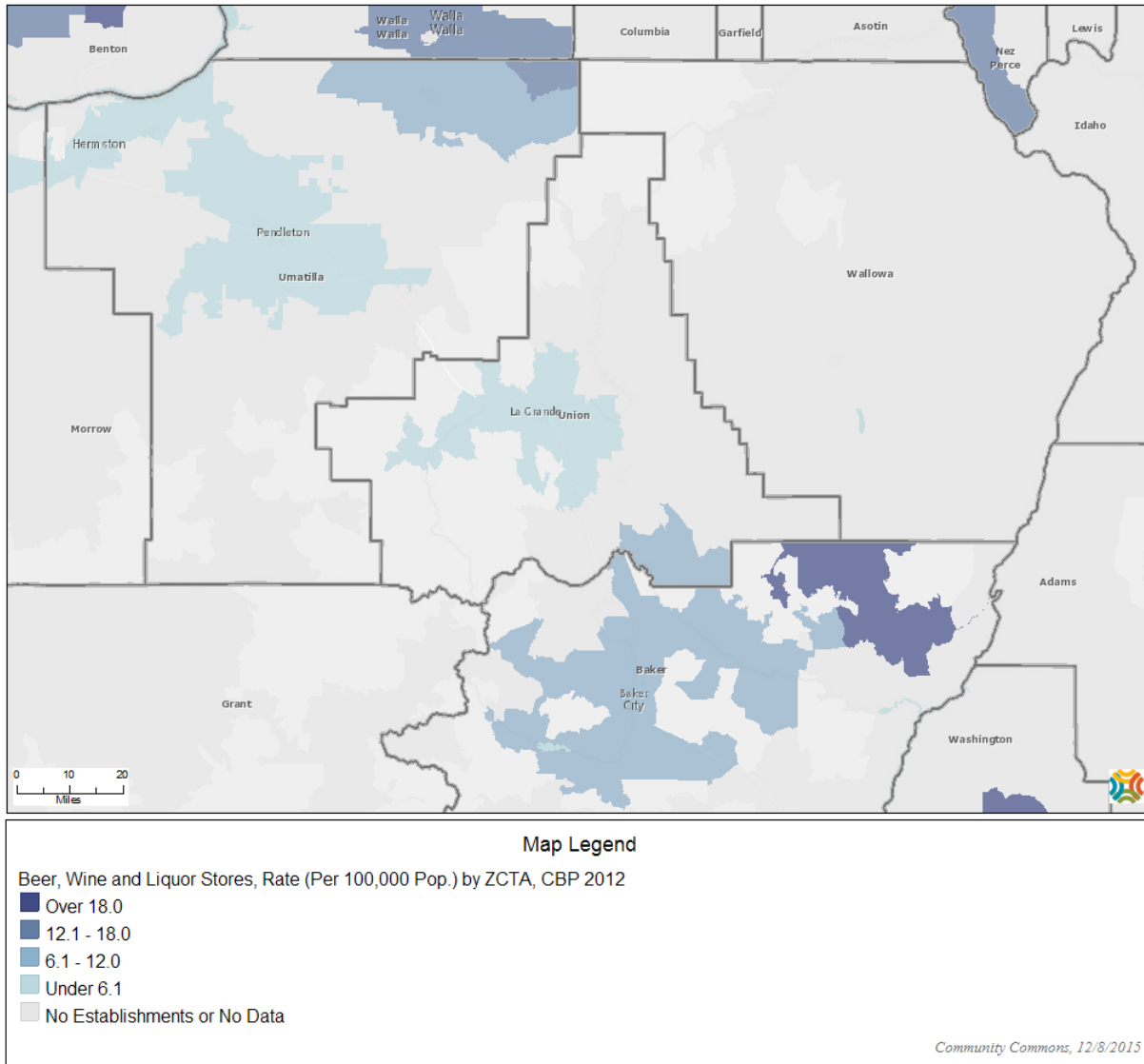
*(Source: Community Commons, updated 10/7/2015)*

## Caffeinated Alcoholic Beverages

- Excessive alcohol consumption is responsible for about 88,000 deaths and 2.5 million years of potential life lost (YPLL) in the United States each year.
- Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under the influence of alcohol.

*(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, November 2014, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)*

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by Zip Code Tabulation Area (ZCTA), Census Business Patterns (CBP), 2012



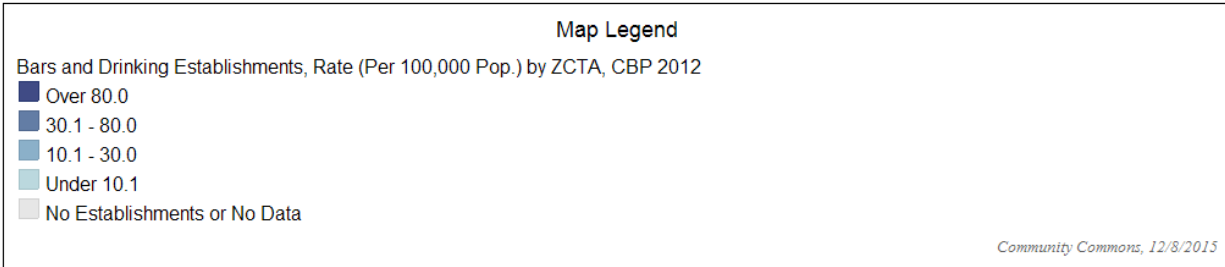
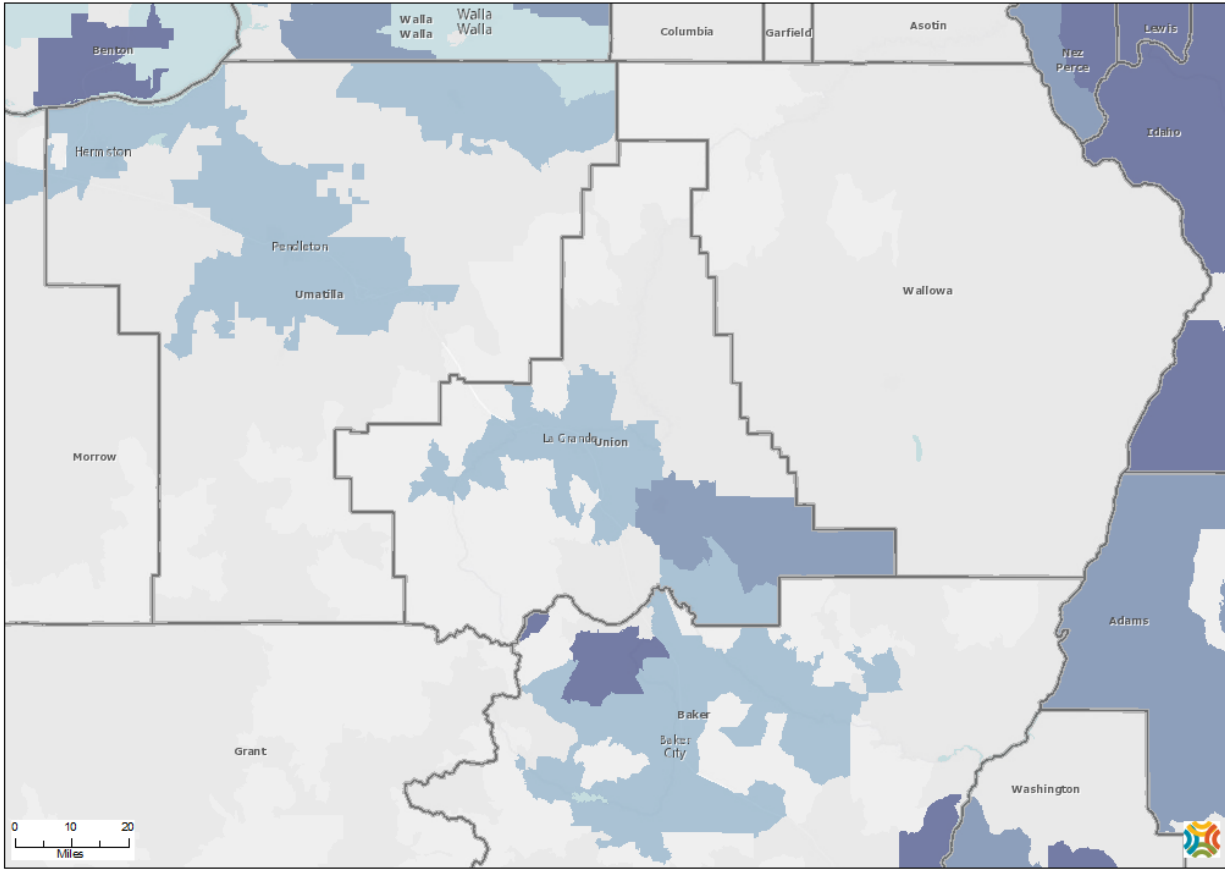
(Source: Community Commons, updated 12/8/2015)

Impaired Driving

- Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 51 minutes.
- The annual cost of alcohol-related crashes totals more than \$59 billion.
- In 2013, 10,076 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States.
- Of the 1,149 traffic deaths among children ages 0 to 14 years in 2013, 200 (17%) involved an alcohol-impaired driver.
- In 2010, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.

(Source: CDC, Injury Prevention & Control: Motor Vehicle Safety, May 19, 2015, [http://www.cdc.gov/motorvehiclesafety/impaired\\_driving/impaired-driv\\_factsheet.html](http://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-driv_factsheet.html))

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by Zip Code Tabulation Area (ZTCA), Census Business Patterns (CBP), 2012



(Source: Community Commons, updated 12/8/2015)

# Adult | DRUG USE

## Key Findings

*In 2015, 9% of Union County adults had used marijuana during the past 6 months. 18% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.*

## Adult Drug Use

- 9% of Union County adults had used marijuana in the past 6 months, increasing to 13% of those ages 64 and younger.
- 4% of Union County adults reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 27% of Union County adults who used drugs did so almost every day, and 30% did so less than once a month.
- 18% of adults had used medications not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 35% of those with incomes less than \$25,000.
- When asked about their frequency of medication misuse in the past six months, 15% of Union County adults who used these drugs did so almost every day, and 69% did so less than once a month.
- Union County adults indicated they did the following with their unused prescription medications: took as prescribed (47%), kept it (23%), flushed it down the toilet (21%), threw it in the trash (20%), took it to the Medication Collection program (7%), kept in a locked cabinet (6%), disposed in RedMed Box, Yellow Jug, etc. (2%), gave it away (1%), mailer to ship back to pharmacy (1%), traded it (<1%), sold it (<1%), and some other destruction method (7%).
- Adults indicated they used the following in the past month: recreational marijuana (6%), medicinal marijuana (5%), other products with THC oil (2%), and marijuana that they, a family member, or a friend grew (1%).

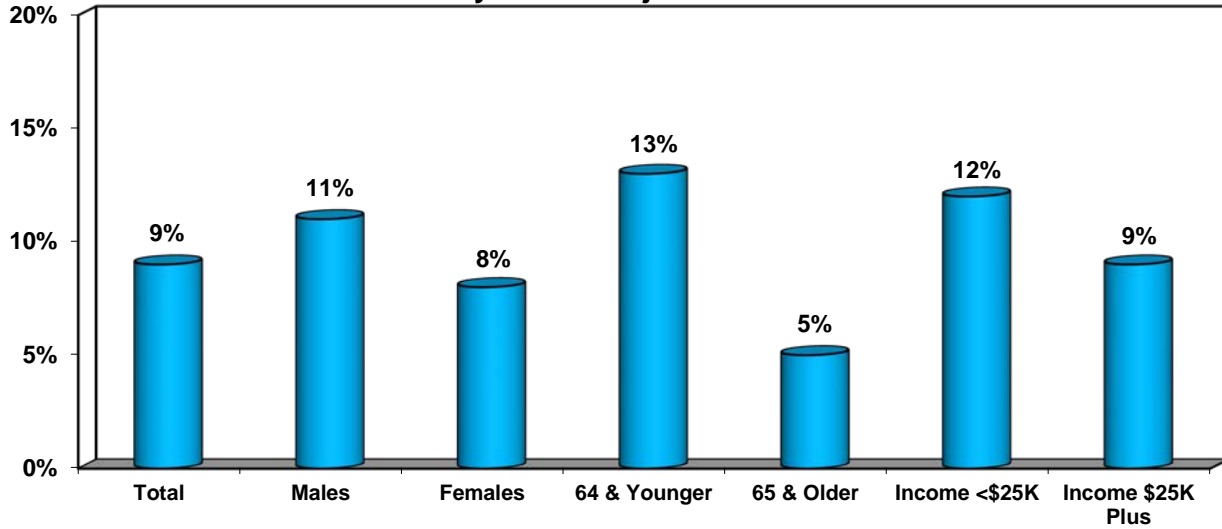
### Recreational Marijuana in Oregon

- Measure 91 allowing for personal possession and home growth of marijuana began July 1, 2015. Recreational marijuana can be purchased in small quantities by persons 21 years of age and older at medical marijuana dispensaries as of October 1, 2015.
- Recreational marijuana products include dried leaves and flowers, immature marijuana plants, and seeds.
- An adult 21 years old and older can purchase one quarter of an ounce of dried leaves and flowers in one day. Four immature marijuana plants can be purchased from a medical marijuana dispensary between October 1, 2015 and December 31, 2016. There is no limit on the amount of seeds that can be sold from a dispensary.
- All marijuana edibles, topicals, concentrates, extracts and other marijuana products can only be sold to Oregon Medical Marijuana Program patients and caregivers.

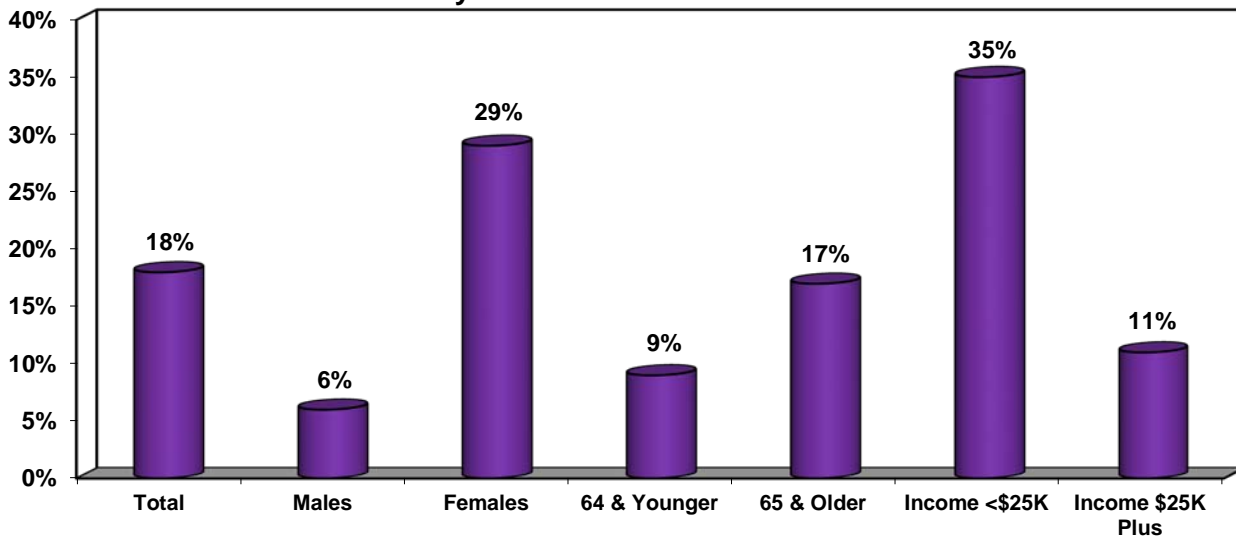
*(Source: Oregon Liquor Control Commission, Recreational Marijuana Program Frequently Asked Questions, from: <http://www.oregon.gov/olcc/marijuana/Pages/Frequently-Asked-Questions.aspx>)*

The following graphs are data from the 2015 Union County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information includes: 9% of all Union County adults used marijuana in the past six months, 13% of adults ages 64 and younger were current users, and 12% of adults with incomes less than \$25,000 were current users.

**Union County Adult Marijuana Use in Past 6 Months**



**Union County Adult Medication Misuse in Past 6 Months**





## Medical Marijuana Use in Union County and Oregon

	Union County	Oregon
Patients	393	75,511
Caregivers	221	36,293
Growers	255	47,892
Grow Sites	212	33,194

\*Participant counts are based on unique combinations of person, role (patient, caregiver, grower) and mailing address county. If one person is the caregiver for three patients and has a mailing county of Union on all three patient applications, he or she would be counted once as a caregiver in Union County. If one person is a caregiver for three patients and has Union as a mailing address on one patient application and Umatilla on the other two patient applications, he or she would be counted once as a caregiver in Union County, and once as a caregiver in Umatilla County.

Grow site address counts are based on unique addresses (street address and county). If one address is designated as the grow site for three patients, it will be counted once. If a participant or grow site does not have a county designated, it will not be counted.

(Source: OHA, Oregon Medical Marijuana Program Statistical Snapshot, 10/2015, Obtained from: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Documents/OMMP%20Statistic%20Snapshot%20-%202010-2015.pdf>)

### Heroin

- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- In 2011, 4.2 million Americans aged 12 or older had used heroin at least once in their lives.
- It is estimated that about 23% of individuals who use heroin become dependent on it.
- Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia.
- Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.

(Source: National Institute on Drug Abuse, Drug Facts: Heroin, October 2014, from: <http://www.drugabuse.gov/publications/drugfacts/heroin>)

# Adult | WOMEN'S HEALTH

## Key Findings

In 2015, more than half (52%) of Union County women over the age of 40 reported having a mammogram in the past year. 39% of Union County women ages 19 and over had a clinical breast exam and 27% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 2% of women survived a heart attack and 2% survived a stroke at some time in their life. One-quarter (25%) had high blood pressure, 35% had high blood cholesterol, 28% were obese, and 10% were identified as smokers, known risk factors for cardiovascular diseases.

## Women's Health Screenings

- In 2015, 73% of women had a mammogram at some time and nearly one-third (32%) had this screening in the past year.
- More than half (52%) of women ages 40 and over had a mammogram in the past year and 65% had one in the past two years. The 2014 BRFSS reported that 73% of women 40 and over in the U.S. and 70% in Oregon, had a mammogram in the past two years.
- More than three-fourths (77%) of Union County women have had a clinical breast exam at some time in their life and 39% had one within the past year. About three-fifths (61%) of women ages 40 and over had a clinical breast exam in the past two years.
- The 2015 health assessment has identified that 87% of Union County women have ever had a Pap smear and 27% reported having had the exam in the past year. 51% of women had a pap smear in the past three years. The 2014 BRFSS indicated that 75% of U.S. and Oregon women had a pap smear in the past three years.

## Pregnancy

- 27% of Union County women had been pregnant in the past 5 years.
- During their last pregnancy, Union County women: took a multi-vitamin (43%), got a prenatal appointment in the first 3 months (37%), took folic acid during pregnancy (33%), took folic acid pre-pregnancy (29%), got a dental exam (24%), had an abortion (8%), experienced perinatal depression (8%), smoked cigarettes (6%), and received WIC services (2%).

## Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: Grande Ronde Hospital Women's Clinic (45%), Grande Ronde Hospital Regional Medical Clinic (20%), La Grande Family Practice (11%), Grande Ronde Hospital Union Clinic (4%), Center for Human Development (4%), gynecologist outside of Union County (4%), family physician/nurse practitioner or physician assistant outside of Union County (3%), Grande Ronde Hospital Elgin Clinic (1%), Union County VA Clinic (1%), and Village Health Care (<1%). 11% indicated they did not have a usual source of services for female health concerns.

### Union County Female Leading Causes of Death, 2013

1. Heart Diseases (20% of all deaths)
2. Cancer (20%)
3. Chronic Lower Respiratory Diseases (10%)

(Source: CDC Wonder, 2013)

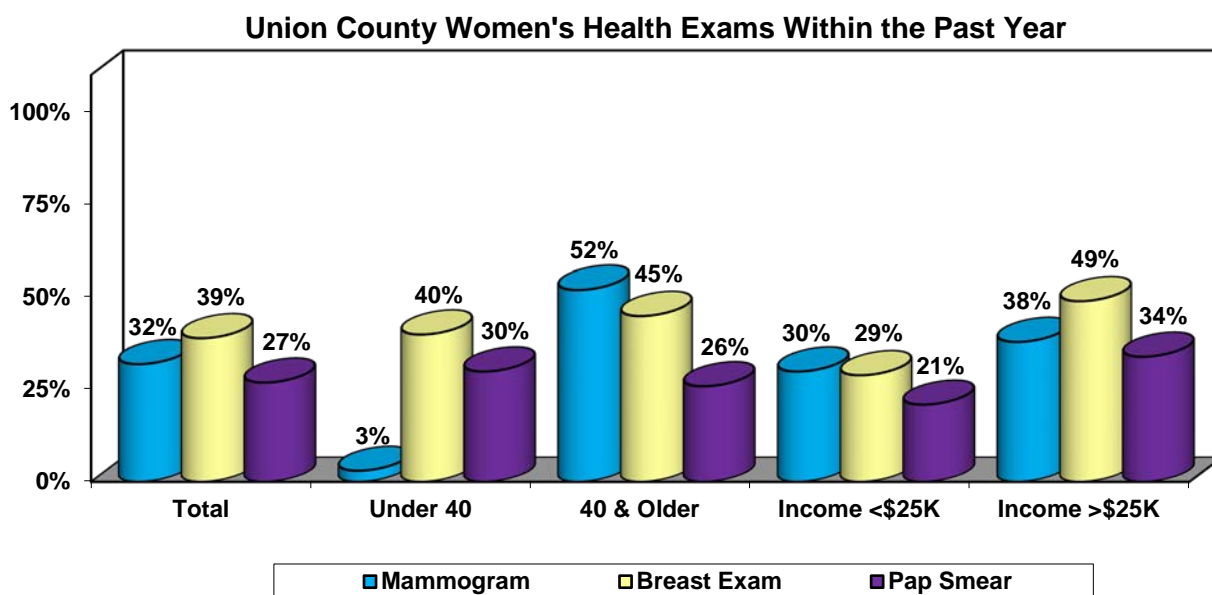
### Oregon Female Leading Causes of Death, 2013

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

(Source: CDC Wonder, 2013)

- In 2015, the health assessment determined that 2% of women had survived a heart attack and 2% had survived a stroke at some time in their life.
  - Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County the 2015 Health Assessment has identified that:
    - 54% of all women were overweight or obese (55% Oregon, 2014 BRFSS\*)
    - 35% were diagnosed with high blood cholesterol (28% Oregon, 37% U.S., 2013 BRFSS)
    - 25% were diagnosed with high blood pressure (28% Oregon, 30% U.S., 2013 BRFSS)
    - 10% of all women were current smokers (16% Oregon, 2014 BRFSS\*)
    - 7% had been diagnosed with diabetes (11% Oregon, 2014 BRFSS\*)
- \* The U.S. data for the BRFSS is not able to be broken down by gender for 2014.

The following graph shows the percentage of Union County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph includes: 32% of Union County females had a mammogram within the past year, 39% had a clinical breast exam, and 27% had a Pap smear.

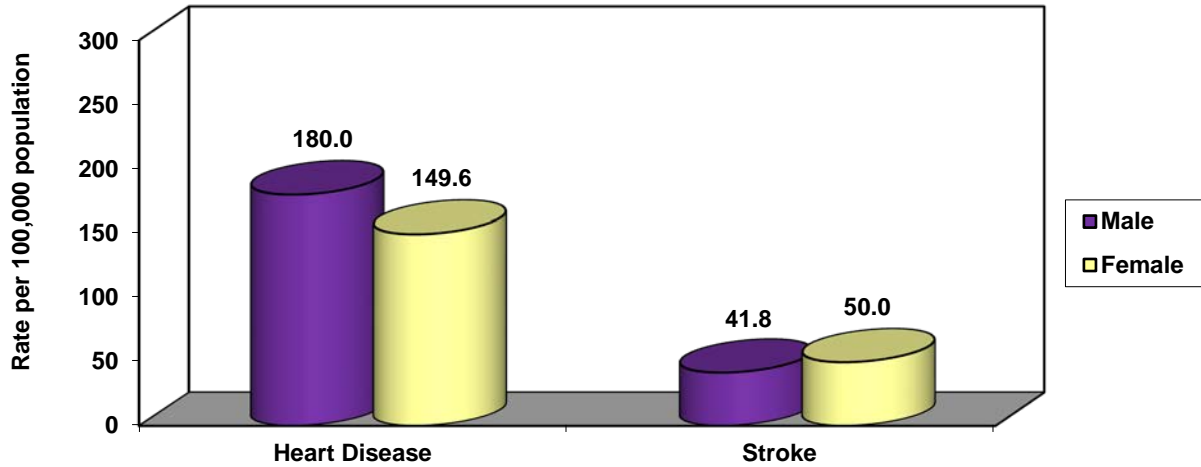


Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Had a mammogram in the past two years (age 40 & over)	65%	70%	73%
Had a pap smear in the past three years	51%	75%	75%

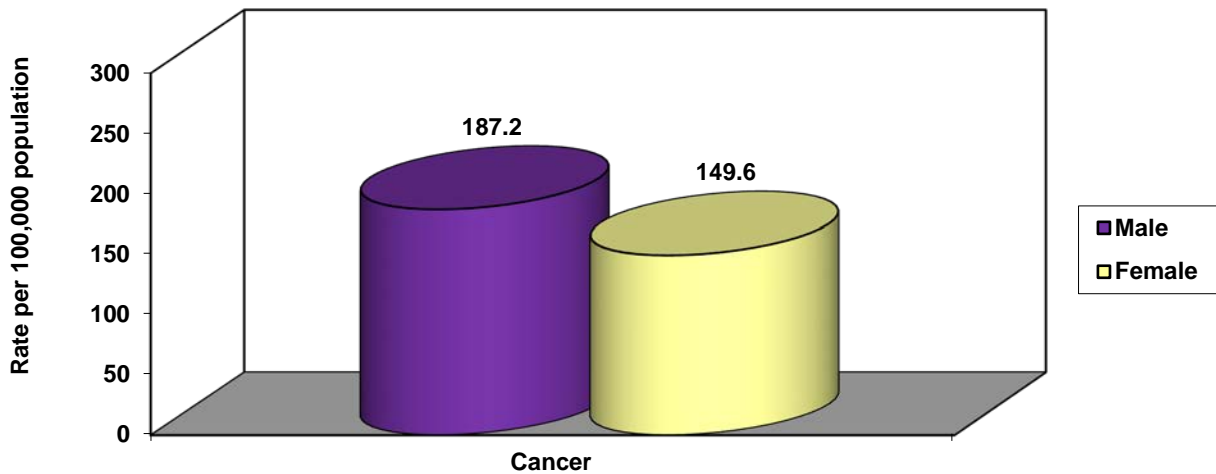
The following graph shows the Oregon age-adjusted mortality rates per 100,000 population for cardiovascular diseases and cancer by gender. The graphs show:

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

**Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2014**



**Oregon Age-Adjusted Cancer Mortality Rates By Gender, 2014**



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

## Human Papilloma Virus (HPV and Vaccine)

- Approximately 79 million Americans are infected with human papillomavirus (HPV), and approximately 14 million people will become newly infected each year.
- Some HPV types can cause cervical, vaginal, and vulvar cancer among women, penile cancer among men, and anal and some oropharyngeal cancers among both men and women.
- Other HPV types can cause genital warts among both sexes. Each year in the United States an estimated 27,000 new cancers attributable to HPV occur, 17,600 among females (of which 10,400 are cervical cancer) and 9,300 among males (of which 7,200 are oropharyngeal cancers).
- There are, however, two HPV vaccines available (Gardasil® and Cervarix®) which protect against the types of HPV infection that cause most cervical cancers (HPV types 16 and 18). Both vaccines should be given as a three-shot series. Clinical trials and post-licensure monitoring data show that both vaccines are safe.
- CDC recommends HPV vaccination for the prevention of HPV infections responsible for most types of cervical cancer.

(Source: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated August 18, 2014, from <http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html>)

### Breast Cancer in Young Women

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

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

# Adult | MEN'S HEALTH

## Key Findings

In 2015, 36% of Union County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Heart disease accounted for 20% and cancer accounted for 21% of all male deaths in Union County in 2013. The Health Assessment determined that 4% of men survived a heart attack and 3% survived a stroke at some time in their life. More than one-third (36%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

## Men's Health Screenings and Concerns

- More than two-fifths (43%) of Union County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 22% had one in the past year.
- 59% of men had a digital rectal exam in their lifetime and 12% had one in the past year.
- 70% of males age 50 and over had a PSA test at some time in their life, and 36% had one in the past year.
- Union County men performed an average of 1.9 self-testicular exams in the past year, increasing to 2.1 for those over the age of 50.

***22% of Union County males had a PSA test in the past year.***

- Men used the following as their usual source of services for male health concerns: Ronde Hospital Regional Medical Clinic (45%), La Grande Family Practice (20%), Grande Ronde Hospital Union Clinic (9%), family physician/nurse practitioner or physician assistant outside of Union County (6%), Obsidian Urgent Care (5%), Union County VA Clinic (5%), Grande Ronde Hospital Elgin Clinic (3%), Center for Human Development (2%), and Village Health Care (1%). 21% indicated they did not have a usual source of services for male health concerns.
- In 2015, the health assessment determined that 4% of men had survived a heart attack and 3% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular diseases include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County, the 2015 health assessment has identified that:
  - 75% were overweight or obese (68% Oregon, 2014 BRFSS\*)
  - 36% were diagnosed with high blood pressure (39% Oregon, 40% U.S., 2013 BRFSS)
  - 29% were diagnosed with high blood cholesterol (39% Oregon, 40% U.S., 2013 BRFSS)
  - 10% had been diagnosed with diabetes (9% Oregon, 2014 BRFSS\*)
  - 9% of all men were current smokers (18% Oregon, 2014 BRFSS\*)

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

### Union County Male Leading Causes of Death, 2013

1. Cancer (21% of all deaths)
2. Heart Diseases (20%)

(Source: OHA, Vital Statistics, Mortality)

### Oregon Male Leading Causes of Death, 2013

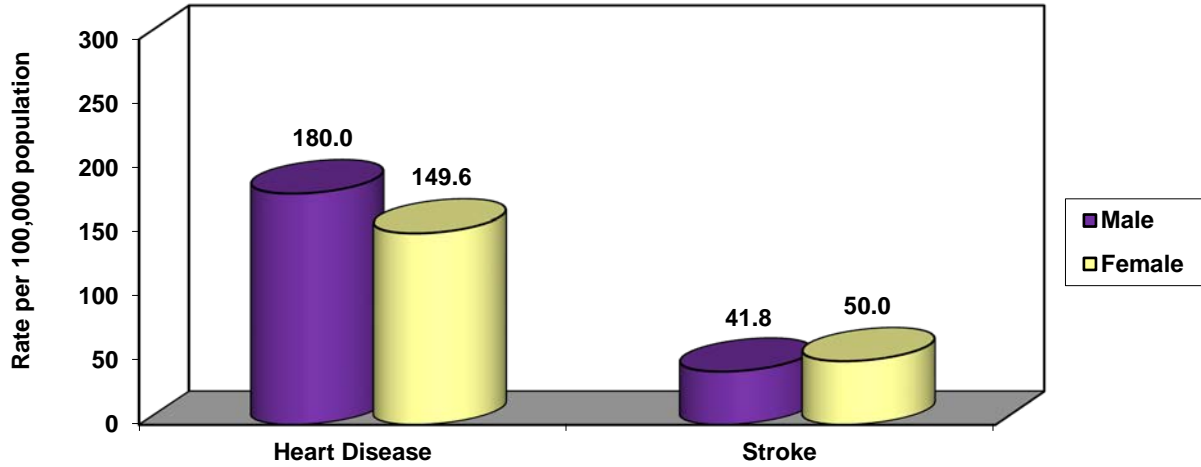
1. Cancer (24% of all deaths)
2. Heart Disease (21%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: OHA, Vital Statistics, Mortality)

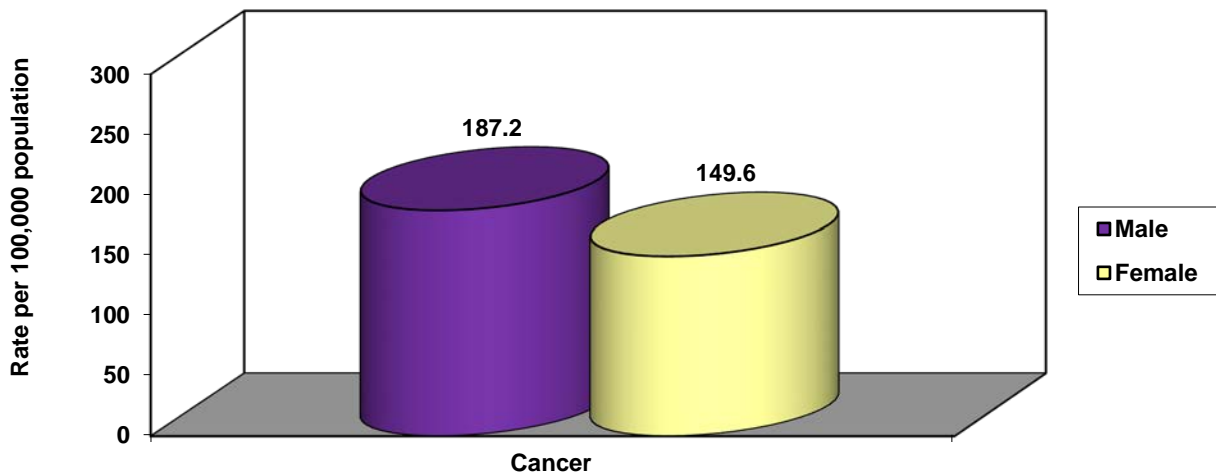
The following graphs show the Oregon age-adjusted mortality rates per 100,000 population for cardiovascular diseases and cancer by gender. The graphs show:

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

**Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2014**



**Oregon Age-Adjusted Cancer Mortality Rates By Gender, 2014**



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

### Men's Health Data

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

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

## Cancer and Men

- Every year, more than 300,000 men in America lose their lives to cancer.
- The most common kinds of cancer among men in the U.S. are skin cancer, prostate cancer, lung cancer, and colorectal cancer.
- Skin cancer is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light from the sun and tanning devices.
- More men in the U.S. die from lung cancer than any other type of cancer, and cigarette smoking accounts for 90% of lung cancer deaths.
- Smoking increases the risk of developing the following types of cancer: esophagus, pancreas, pharynx, larynx, lip, oral cavity, kidney, bladder, stomach, colorectal, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas. Adopting a lifestyle that includes healthy eating and regular physical activity can help lower the risk for several types of cancers.
- Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. For unclear reasons, incidence rates are 63% higher in African Americans than in whites. It is the second most common cause of cancer death in men.

*(Source: Center for Disease Control and Prevention, Cancer Prevention and Control, June 9, 2015, <http://www.cdc.gov/features/cancerandmen/>, and American Cancer Society, Cancer Facts & Figures 2015, <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>)*



# Adult | PREVENTIVE MEDICINE AND HEALTH SCREENINGS

## Key Findings

More than two-thirds (69%) of adults ages 65 and older had a pneumonia vaccination at some time in their life. Half (50%) of adults ages 50 and older had a colonoscopy/sigmoidoscopy within the past 5 years.

## Preventive Medicine

- More than half (51%) of Union County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 88% had the shot and 12% had the nasal spray.
- Reasons for not getting the flu vaccine included: did not need it (28%), would get sick from it (9%), does not work (7%), cost (5%), time (4%), insurance would not pay for it (3%), religious beliefs (1%), not available (1%), transportation (<1%), and other reasons (10%).
- 77% of Union County adults ages 65 and older had a flu vaccine in the past 12 months. The 2014 BRFSS reported that 57% of Oregon and 61% of U.S. adults ages 65 and older had a flu vaccine in the past year.
- More than one-fourth (28%) of adults have had a pneumonia shot in their life, increasing to 69% of those ages 65 and older. The 2014 BRFSS reported that 74% of Oregon and 70% of U.S. adults ages 65 and older had a pneumonia shot in their life.
- Union County adults have had the following vaccines: MMR vaccine in their lifetime (70%), tetanus booster (including Tdap) in the past 10 years (63%), chicken pox vaccine in their lifetime (40%), Hepatitis B (34%), pneumonia vaccine in their lifetime (28%), Hepatitis A (25%), pertussis vaccine in the past 10 years (25%), Zoster (shingles) vaccine in their lifetime (15%), and human papillomavirus vaccine in their lifetime (13%).

## Preventive Health Screenings and Exams

- Half (50%) of adults ages 50 and older had a colonoscopy or sigmoidoscopy in the past 5 years.
- In the past year, 52% of Union County women ages 40 and older have had a mammogram.
- In the past year, 36% of Union County men ages 50 and older have had a PSA test.
- See the Women and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Union County adults.

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Had a pneumonia vaccination (ages 65 and older)	69%	74%	70%
Had a flu vaccine in the past year (ages 65 and older)	77%	57%	61%
Ever had a shingles/zoster vaccine	15%	31%	22%

**Union County Adults Having Discussed Healthcare Topics  
With Their Healthcare Professional in the Past 12 Months**

HEALTHCARE TOPICS	Total 2015
Physical Activity or Exercise	30%
Weight, Dieting or Eating Habits	26%
Self-Breast or Self-Testicular Exam	26%
Immunizations	18%
Depression, Anxiety, or Emotional Problems	18%
Significance of Family History	14%
Alternative Pain Therapy	9%
Quitting Smoking	7%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	7%
Alcohol Use When Taking Prescription Drugs	6%
Alcohol Use	5%
Domestic Violence	3%
Injury Prevention Such As Safety Belt Use & Helmet Use	3%
Illicit Drug Abuse	<1%

**Union County Adult Health Screening Results**

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Cholesterol	32%
Diagnosed with High Blood Pressure	29%
Diagnosed with Diabetes	8%
Diagnosed with a Heart Attack	3%
Diagnosed with a Stroke	2%

*(Percentages based on all Union County adults surveyed)*

**Healthy People 2020**

**Immunization and Infectious Diseases (IID) - Pneumonia Vaccination**

Objective	Union County 2015	Oregon 2014	U.S. 2014	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	69%	74%	70%	90%

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

### Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
  - Are aged 6 months through 4 years.
  - Are aged 50 years and older.
  - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
  - Are or will be pregnant during the influenza season.
  - Are American Indians/Alaska Natives.
  - Are morbidly obese (body-mass index is 40 or greater).
  - Are health-care personnel.
  - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
  - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

*(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated in 2011, from: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>)*

### Environmental Health

- Union County households had the following disaster preparedness supplies: working smoke detector (75%), working flashlight and working batteries (74%), cell phone (73%), cell phone with texting (73%), 3-day supply of nonperishable food for everyone in the household (57%), home land-line telephone (47%), working battery-operated radio and working batteries (44%), 3-day supply of prescription medication for each person who takes prescribed medicines (43%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (37%), generator (29%), communication plan (22%), family disaster plan (13%), and a disaster plan (13%).
- Union County adults thought the following threatened their health in the past year:
 

○ Outdoor air quality (19%)	○ Lead paint (1%)
○ Insects (6%)	○ Safety hazards (1%)
○ Mold (5%)	○ Unsafe water supply/wells (1%)
○ Rodents (5%)	○ Bed bugs (1%)
○ Temperature regulation (3%)	○ Lice (1%)
○ Food safety/food-borne infections (3%)	○ General living conditions (1%)
○ Indoor air quality (3%)	○ Sanitation Issues (1%)
○ Agricultural chemicals (3%)	○ Moisture Issues (1%)
○ Sewage/waste water problems (2%)	○ Asbestos (<1%)
○ Plumbing problems (2%)	○ Cockroaches (<1%)

# Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

## Key Findings

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

## Adult Sexual Behavior

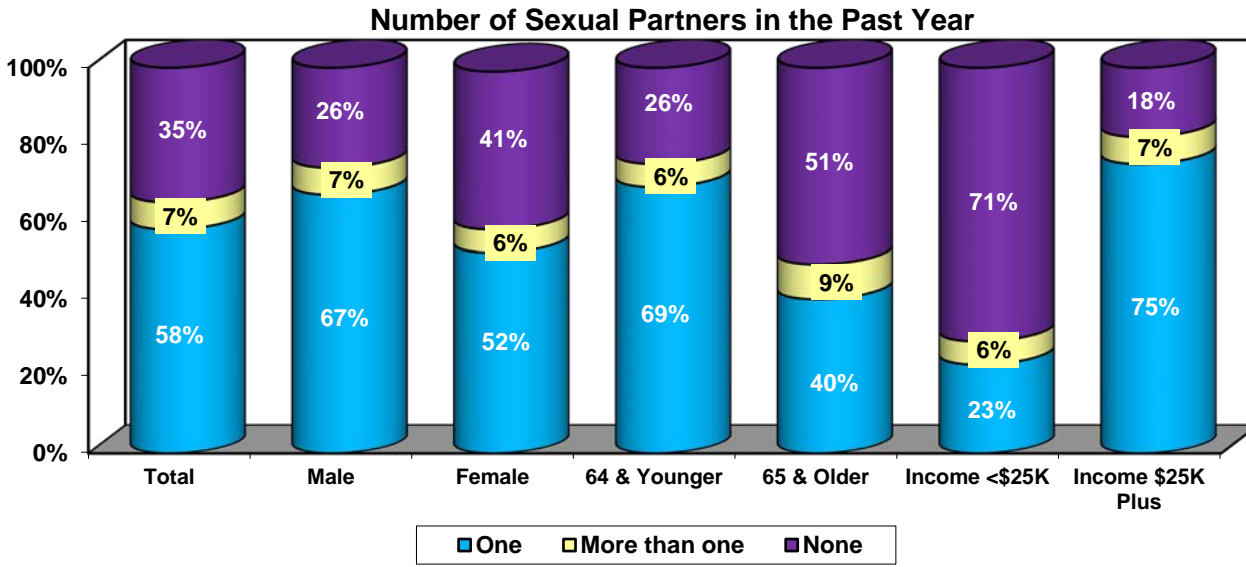
- Nearly two-thirds (65%) of Union County adults had sexual intercourse in the past year.
- 7% of adults reported they had intercourse with more than one partner in the past year.
- Union County adults used the following methods of birth control: vasectomy (22%), they or their partner were too old (16%), hysterectomy (14%), tubes tied (13%), condoms (10%), birth control pill (9%), ovaries or testicles removed (7%), infertility (6%), rhythm method (5%), abstinence (5%), IUD (4%), shots (3%), withdrawal (2%), and contraceptive implants (2%).
- 9% of Union County adults were not using any method of birth control, and 25% were using more than one type of birth control.
- The following situations applied to Union County adults in the past year: had anal sex without a condom (2%), tested for an STD (2%), tested positive for Hepatitis C (2%), treated for an STD (1%), used intravenous drugs (1%), and had sex with someone they did not know (<1%).
- 8% of adults were forced to have sexual activity when they did not want to.

## HIV in the United States

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

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

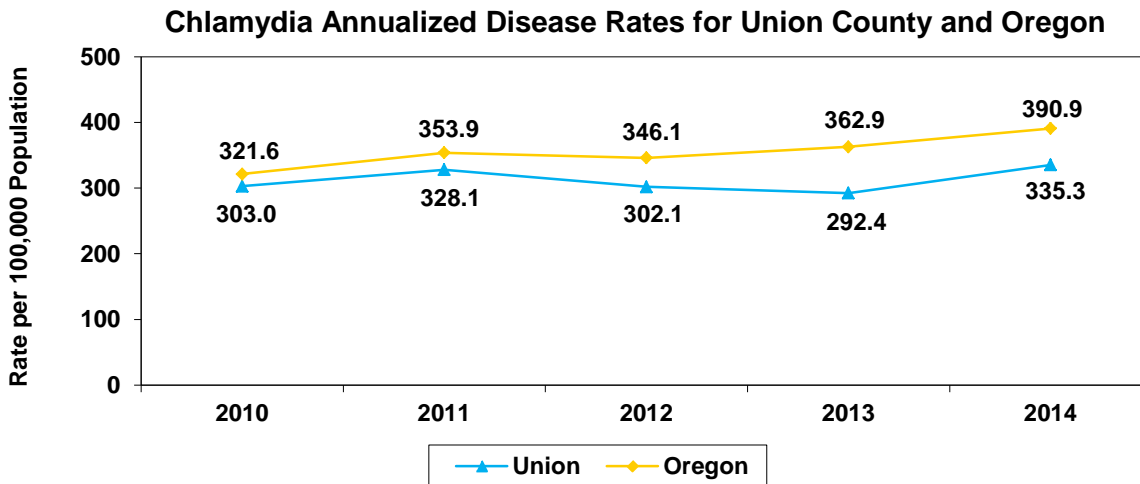
The following graph shows the sexual activity of Union County adults. Examples of how to interpret the information in the graph include: 58% of all Union County adults had one sexual partner in the last 12 months and 7% had more than one, and 67% of males had one partner in the past year.



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

The following graph shows Union County chlamydia disease rates per 100,000 population. The graph shows:

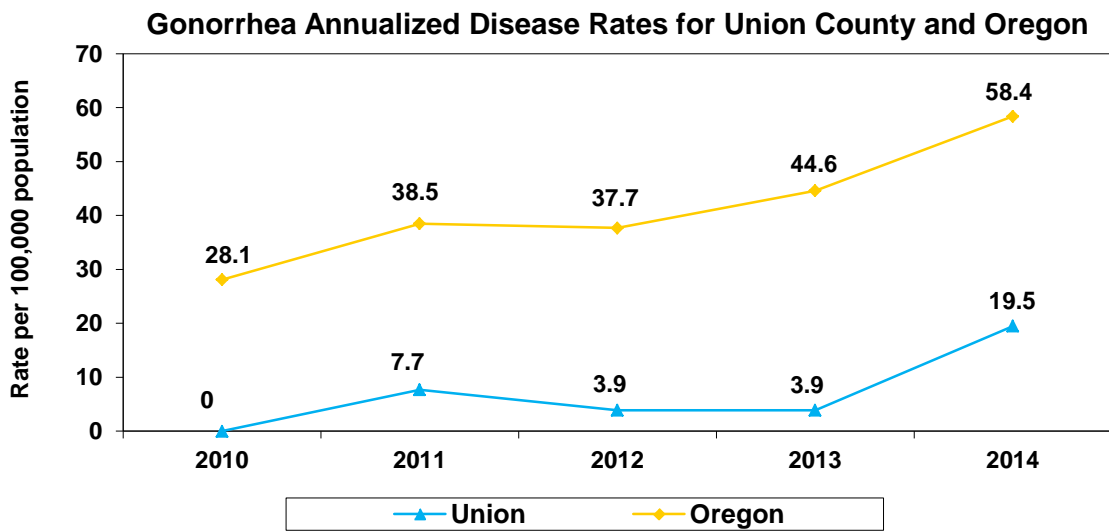
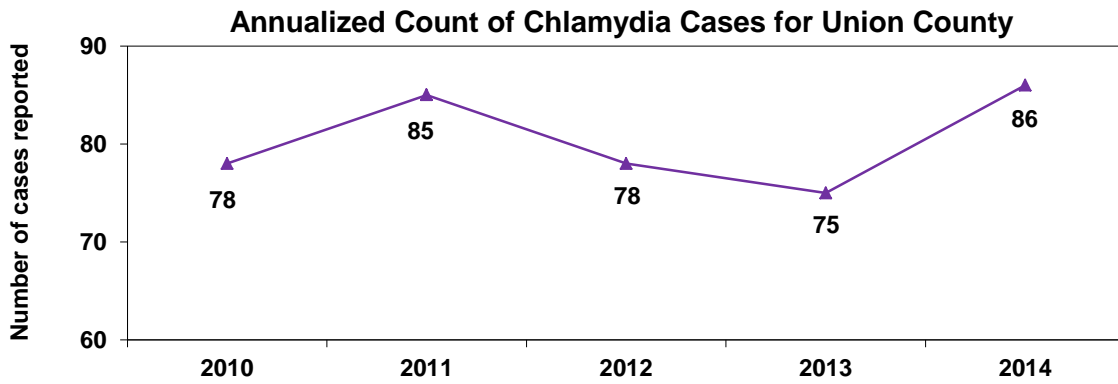
- Union County chlamydia rates fluctuated from 2010 to 2014.
- In 2013, the U.S. rate for new chlamydia cases was 446.6 per 100,000 population (Source: CDC, Reported STDs in the U.S., 2013).



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

The following graph shows the annualized count of Union County chlamydia cases and gonorrhea disease rates per 100,000 population. The graphs show:

- The Union County gonorrhea rate fluctuated from 2010 to 2014, but increased overall.
- The Oregon gonorrhea rate increased from 2010 to 2014.
- In 2013, the U.S. rate for new gonorrhea cases for the total population was 106.1 per 100,000 population (Source: CDC, *Reported STDs in the U.S., 2013*).
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

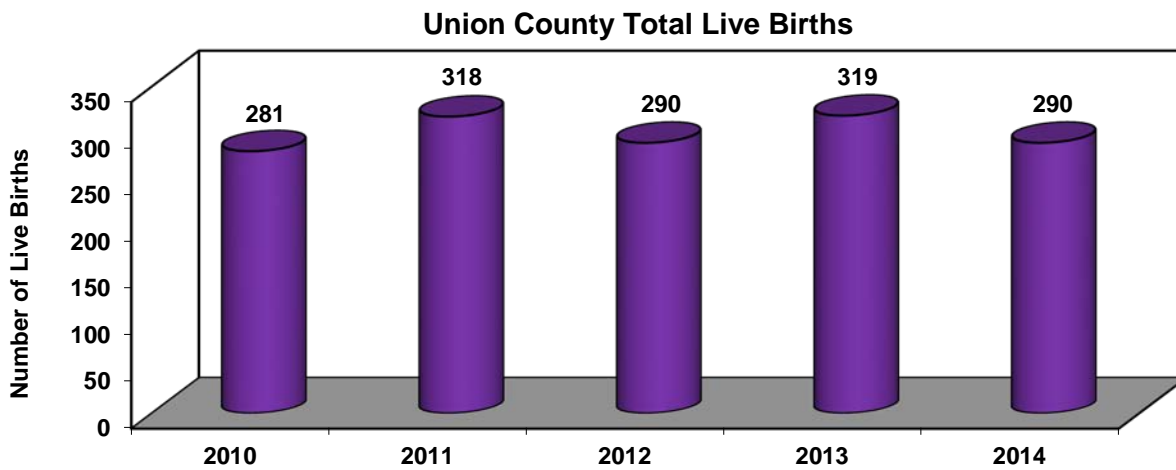
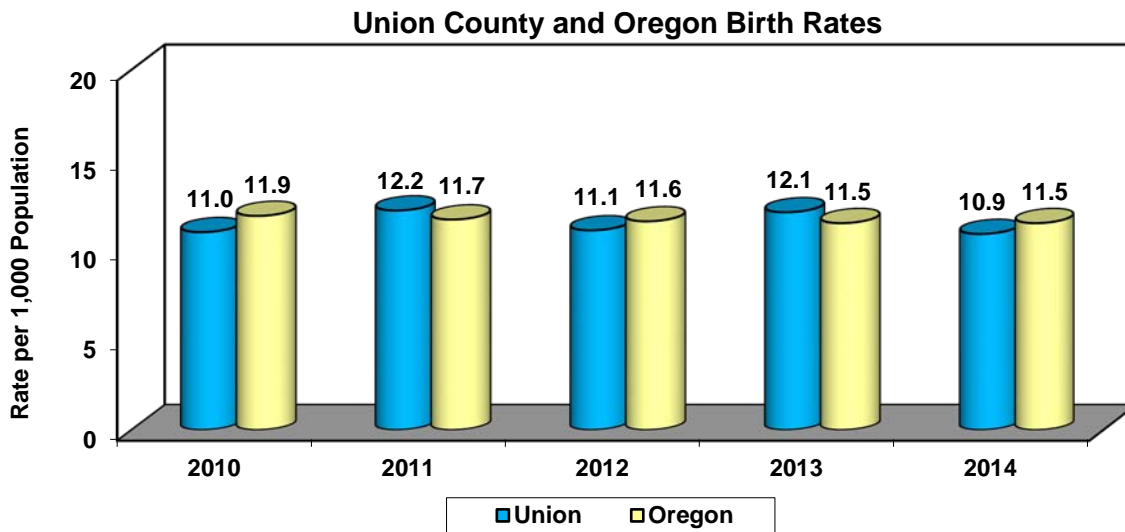


(Source for graphs: OHA, Oregon STD Statistics, Updated 1-15-2015)

## Pregnancy Outcomes

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

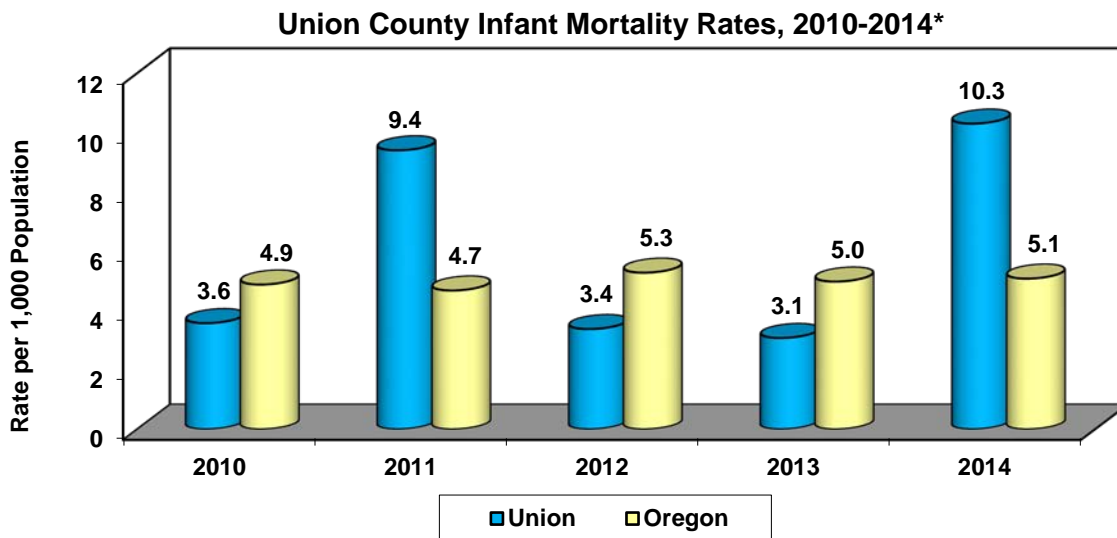
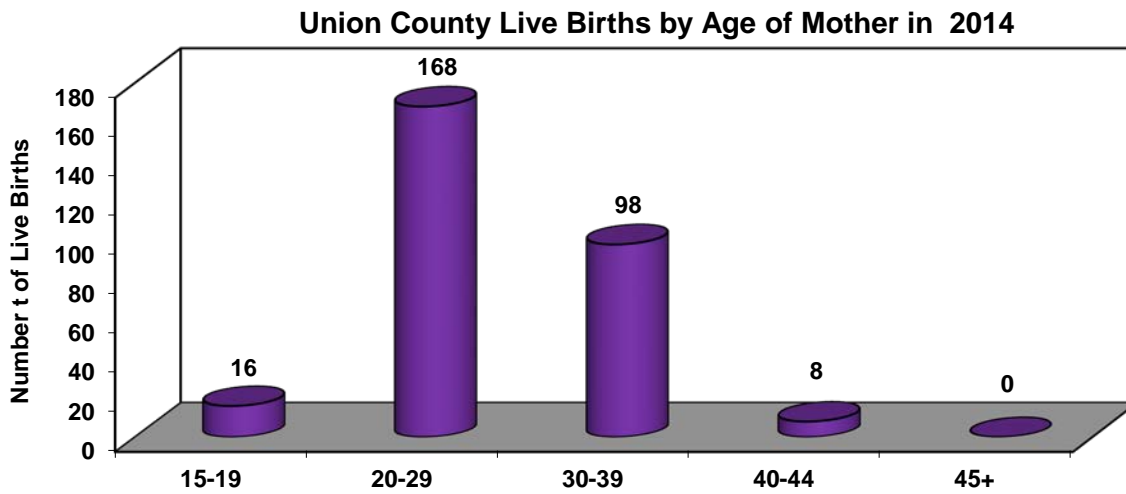
- From 2010-2014, there was an average of 300 live births per year in Union County.
- In 2013, the U.S. birth rate was 12.4 per 1,000 women (Source CDC, Birth and Natality, 2013).



(Source for graphs: OHA, Vital Statistics)

The following graphs show Union County total number of live births by age of the mother and Union County infant mortality rates. The graphs show:

- In 2014, there were a total of 290 live births in Union County.
- In 2014, the Union County infant mortality rate was twice the state rate.



\*Infant deaths are defined as deaths occurring to individuals less than 1 year of age. The infant death rate is the number of resident infant deaths divided by total resident live births X 1,000.

(Source for graphs: OHA, Vital Statistics)



# Adult | QUALITY OF LIFE

## Key Findings

In 2015, 24% of Union County adults were limited in some way because of a physical, mental or emotional problem.

## Impairments and Health Problems

- In 2015, nearly one-fourth (24%) of Union County adults were limited in some way because of a physical, mental or emotional problem (26% Oregon and 20% for the U.S., 2014 BRFSS), increasing to 45% of those over the age of 65.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: fitness level (48%), back or neck problems (43%), arthritis (40%), stress, depression, anxiety, or emotional problems (35%), walking problems (34%), chronic pain (32%), sleep problems (26%), lung/breathing problems (18%), fractures, bone/joint injuries (16%), diabetes (11%), hearing problems (11%), mental health illness/disorder (11%), high blood pressure (10%), eye/vision problems (10%), heart problems (8%), dental problems (8%), tobacco dependency (6%), incontinence (6%), cancer (5%), other mental health issues (4%), stroke-related problems (4%), autism (3%), drug addiction (2%), alcohol dependency (1%), Alzheimer's disease/dementia (1%), a developmental disability (1%), and a learning disability (1%).
- In the past year, Union County adults reported needing the following services: eyeglasses or vision services (18%), help with routine needs (11%), a walker (11%), pain management (8%), hearing aids or hearing care (5%), a cane (4%), help with personal care (4%), medical supplies (3%), a wheelchair (2%), oxygen or respiratory support (1%), wheelchair ramp (1%), mobility aids or devices (1%), a special bed (1%), a special telephone (1%), personal emergency response system (1%), and durable medical equipment (<1%).
- Union County adults were responsible for providing regular care or assistance to the following: multiple children (20%), an elderly parent or loved one (6%), a friend, family member or spouse with a health problem (6%), an adult child (3%), a friend, family member or spouse with a mental health issue (3%), someone with special needs (2%), a friend, family member or spouse with dementia (2%), children with discipline issues (2%), grandchildren (2%), and foster children (<1%).

### The Impact of Arthritis

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

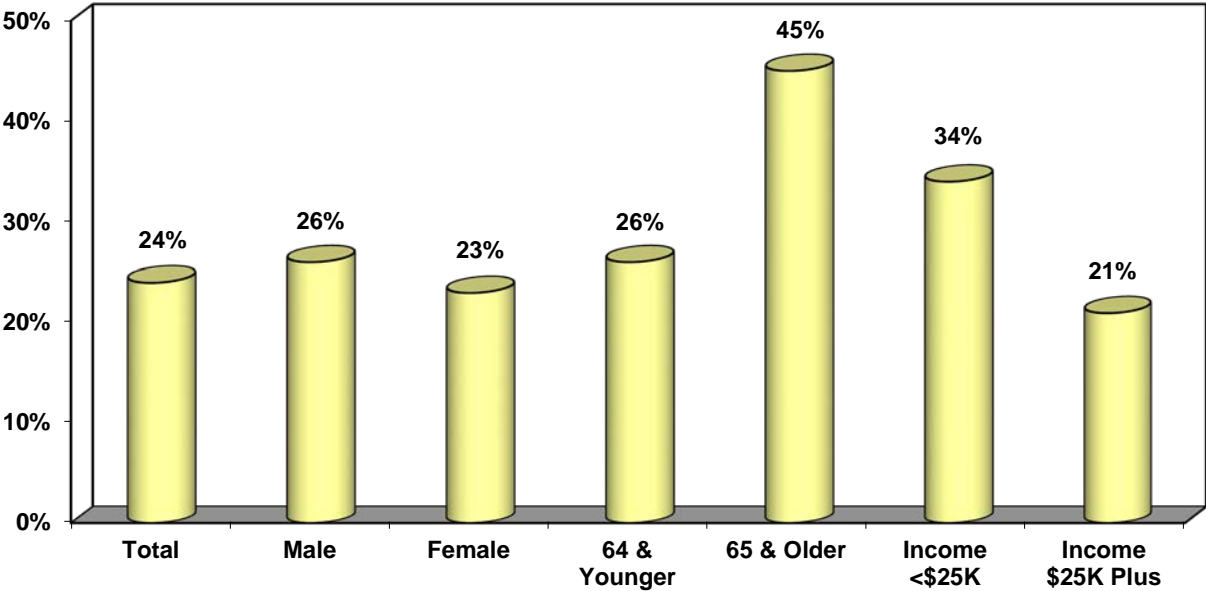
(Source: CDC, Arthritis Data and Statistics, 2011, [http://www.cdc.gov/arthritis/data\\_statistics.htm](http://www.cdc.gov/arthritis/data_statistics.htm) & Murphy, LB. 2012. "Anxiety and depression among US adults with arthritis: Prevalence and correlates," <http://www.ncbi.nlm.nih.gov/pubmed/22550055>)

QUALITY OF LIFE

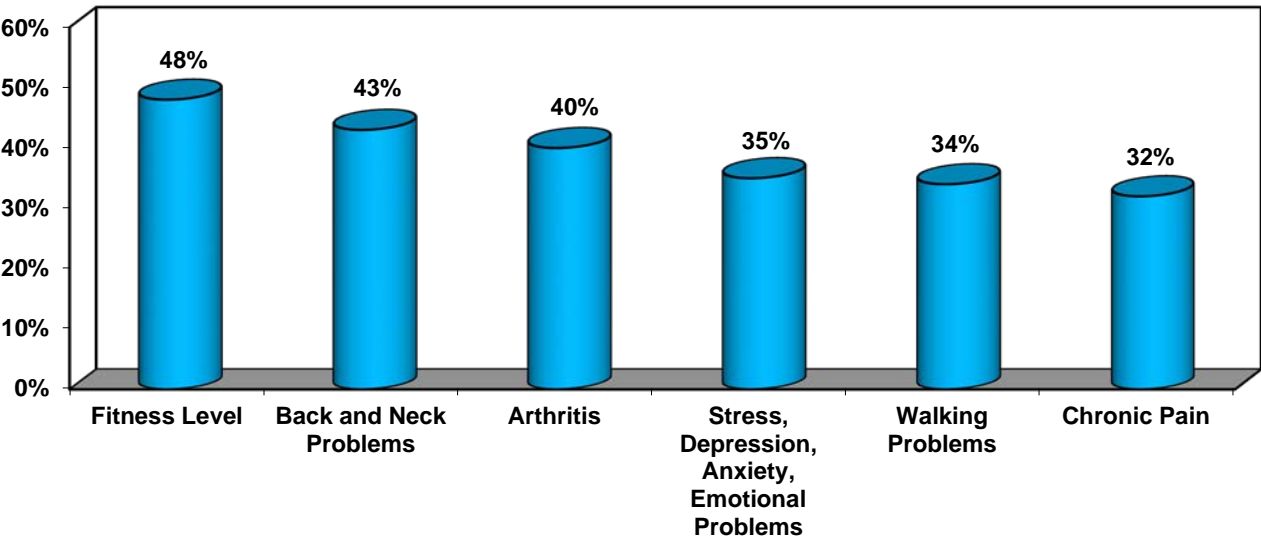
Adult Comparisons	Union County 2015	Oregon 2014	U.S 2014
Limited in some way because of a physical, mental, or emotional problem	24%	26%	20%

The following graphs show the percentage of Union County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph includes: 24% of Union County adults were limited in some way, 26% of males, and 45% of those 65 and older.

**Union County Adults Limited in Some Way**



**Union County Most Limiting Health Problems**



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

Objective	Union County 2015	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	40%	36%

*(Sources: Health People 2020 Objectives, 2015 Union County Health Assessment)*

**Physical Activity among Adults with Disabilities**

- More than 21 million adults in the United States have a disability.
- These are adults with difficulty walking or climbing stairs, hearing, seeing, or concentrating, remembering, or making decisions.
- Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.
- Aerobic physical activity can help reduce the impact of these chronic diseases, yet nearly half of all adults with disabilities get no leisure time aerobic physical activity.
- Adults with disabilities were 82% more likely to be physically active if their doctor recommended it. However, only 44% of adults with disabilities who visited a doctor in the past year received a physical activity recommendation from their doctor.
- Doctors and other health professionals should recommend physical activity, based on the 2008 Physical Activity Guidelines, to their patients with disabilities.
- Adults with disabilities should consider the following when engaging in physical activity:
  - Engage in the amount and types of physical activity that are right for them.
  - Find opportunities to increase regular physical activity in ways that meet their needs and abilities.
  - Start slowly based on their abilities and fitness level.
  - Avoid being physically inactive.
  - Know that most aerobic physical activity may need to be modified, adapted or may need additional assistance or equipment.

*(Source: CDC, Increasing Physical Activity among Adults with Disabilities, 2014, <http://www.cdc.gov/ncbddd/disabilityandhealth/pa.html>)*

# Adult | SOCIAL CONTEXT AND SAFETY

## Key Findings

In 2015, 8% of Union County adults were threatened or abused in the past year. 12% of adults received assistance for healthcare in the past year.

**8% of Union County adults were threatened or abused in the past year.**

## Social Context

- 8% of Union County adults were threatened or abused in the past year. They were threatened or abused by the following: someone outside their home (52%), a spouse or partner (30%), a child (9%), and another family member living in their household (6%).
- Adults who were abused were abused in the following ways: emotionally (88%), verbally (69%), through electronic methods (34%), financially (25%), and physically (9%).
- Union County adults received assistance for the following in the past year: healthcare (12%), food (10%), mental illness issues (7%), utilities (7%), dental care (7%), employment (6%), prescription assistance (6%), rent/mortgage (4%), legal aid services (3%), transportation (3%), home repair (2%), credit counseling (2%), free tax preparation (2%), clothing (2%), emergency shelter (2%), homelessness (2%), abuse or neglect issues (2%), post-incarceration transition issues (1%), unplanned pregnancy (<1%), affordable childcare (<1%), and alcohol or other substance dependency (<1%).
- Union County adults sought assistance from the following: Department of Human Services (DHS)/Self-Sufficiency (16%), Center for Human Development (7%), Community Connection (5%), friend or family member (5%), Union County Veteran's Services (3%), church (3%), food bank (2%), and somewhere else (3%).
- Union County adults experienced the following in the past 12 months: a close family member went to the hospital (24%), death of a family member or close friend (24%), had bills they could not pay (11%), moved to a new address (8%), someone close to them had a problem with drinking or drugs (6%), were abused by someone physically, emotionally, sexually or verbally (6%), had their household income reduce by 50% (5%), someone in their household lost their job (4%), someone in their household had their hours at work reduced (3%), became separated or divorced (3%), had someone homeless living with them (3%), were financially exploited (2%), their child was threatened by someone close to them (2%), were homeless (2%), they or a family member were incarcerated (1%), were threatened by someone close to them (1%), failed a drug screen (1%), were involved in a physical fight (1%), were hit or slapped by their spouse or partner (1%), someone in their household went to jail (1%), and their child was hit or slapped by their spouse or partner (1%).

## Safety

- Union County residents reported needing more education about the following: senior/elder care (15%), nutrition (14%), healthy eating (14%), cooking (8%), disaster preparedness (7%), lack of physical activity (6%), chronic disease prevention (3%), falls (3%), distracted driving (2%), suicide prevention (2%), tobacco use (2%), sexting (2%), homelessness (2%), bullying (1%), violence (1%), seat belt or restraint usage (1%), bicycle safety (1%), DUI (1%), teenage pregnancy (1%), drug abuse (1%), prescription drug abuse (1%), and speeding (<1%).

## Housing Costs in Union County

- In the United States, the housing wage is \$19.35 for a two bedroom unit and \$15.50 for a one-bedroom. The housing wage is an estimate of the full time hourly wage that a household must earn to afford a decent apartment at HUD's estimated Fair Market Rent, without spending more than 30% of income on housing.
- The 2015 Fair Market Rent for a two bedroom apartment in Oregon is \$864.
- A household would have to earn \$2,879 per month or \$34,547 per year to afford the rent and utilities without paying more than 30% of their income on housing.
- The minimum wage is \$9.25 per hour in Oregon. An average renter in Oregon would have to work 72 hours per week or 1.8 full time jobs at minimum wage to afford a 2 bedroom apartment.
- In Union County, a renter would have to make at least \$12.98 per hour to afford a 2 bedroom apartment at the 2015 Fair Market Rent of \$675.

*(Source: National Low Income Housing Coalition, Out of Reach 2015, obtained from: [http://nlihc.org/sites/default/files/oor/OOR\\_2015\\_FULL.pdf](http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf))*

# Adult | MENTAL HEALTH AND SUICIDE

## Key Findings

In 2015, 4% of Union County adults considered attempting suicide. 79% of adults received the social and emotional support they needed from family.

## Adult Mental Health

- 4% of Union County adults considered attempting suicide in the past year.
- Two percent (2%) of adults reported attempting suicide in the past year.
- Union County adults reported having a period of two or more weeks when they experienced the following almost every day: felt worried, tense, or anxious (29%), did not get enough rest or sleep (27%), had high stress (20%), felt sad, blue or depressed (16%), felt very healthy and full of energy (12%), stopped doing some activities (9%), and had an unusual increase or loss of appetite (7%).
- Union County adults received the social and emotional support they needed from the following: family (79%), friends (63%), church (29%), neighbors (8%), Internet (6%), community (5%), a professional (5%), and a self-help group (2%).
- Union County adults reported they were diagnosed with or treated for the following mental health issues: depression (13%), an anxiety disorder (6%), bipolar (3%), post-traumatic stress disorder (PTSD)/traumatic brain injury (TBI) (3%), life-adjustment disorder/issue (2%), a psychotic disorder (1%), attention deficit disorder (ADD/ADHD) (1%), and some other mental health disorder (1%). 9% indicated they had taken medication for one or more mental health issues.

## Suicide Facts

- 41,149 people in the U.S. died from suicide, and 1,028,725 people attempted suicide in the 2013.
- An average of one person killed themselves every 12.8 minutes
- Suicide is the 10<sup>th</sup> ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- The leading suicide methods included:
  - Firearm suicides (51.5%)
  - Suffocation/Hanging (24.5%)
  - Poisoning (16.1%)
  - Cutting/Piercing (1.9%)
  - Drowning (1.0%)

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

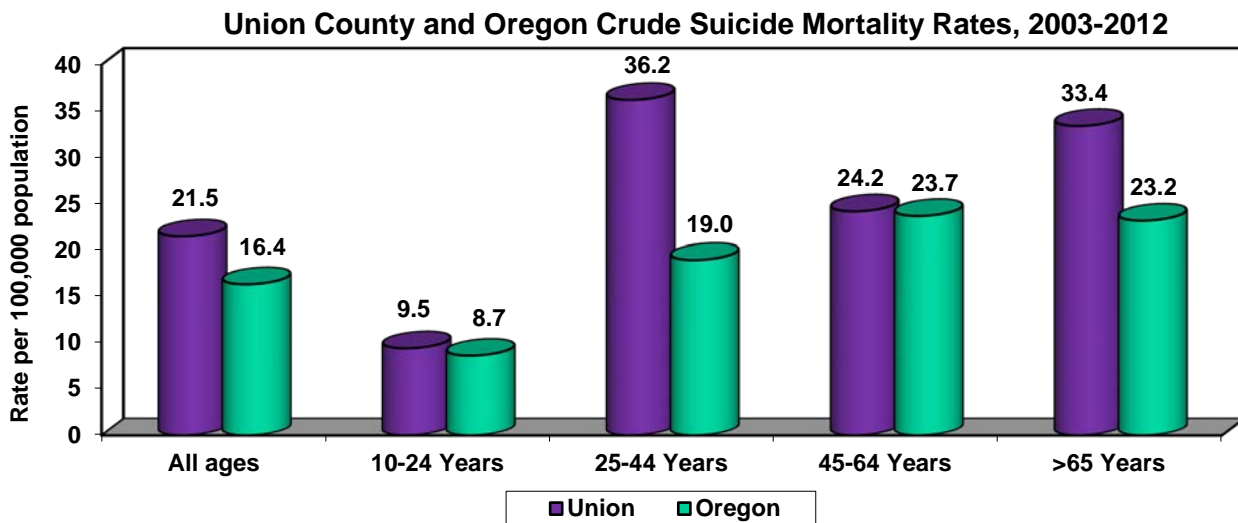
## Depression

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

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

The following graph shows the Oregon and Union County crude suicide mortality rates per 100,000 population by age group. The graph shows:

- Suicide rates in Union County among adults aged 25-44 years were highest followed by adults aged 65 years and older from 2003-2012.



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

## Warning Signs for Suicide

More than 90 percent of people who kill themselves are suffering from one or more psychiatric disorders, in particular:

- Major depression
- Bipolar depression
- Schizophrenia
- Drug abuse & dependence
- Alcohol abuse & dependence
- Post-Traumatic Stress Disorder (PTSD)
- Eating disorders
- Personality disorders

The core symptoms of major depression are a "down" or depressed mood most of the day or a loss of interest or pleasure in activities that were previously enjoyed for at least two weeks, as well as:

- Changes in sleeping patterns
- Change in appetite or weight
- Intense anxiety, agitation, restlessness
- Fatigue or loss of energy
- Recurrent thoughts of suicide
- Decreased concentration, indecisiveness, or poorer memory
- Feelings of hopelessness, worthlessness, self-reproach or excessive or inappropriate guilt

## Prevention: Take it Seriously

Fifty to 75% of all people who committed suicide gave some warning of their intentions to a friend or family member. Recognize the *Imminent Dangers*:

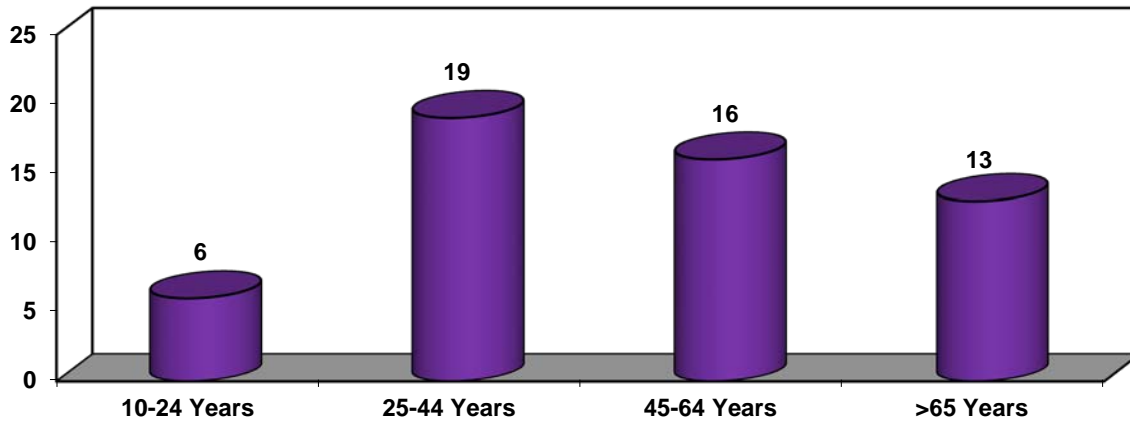
- Threatening to hurt or kill oneself
- Talking or writing about death, dying, or suicide
- Looking for ways to kill oneself (weapons, pills, or other means)
- Has made plans or preparations for a potentially serious attempt

(Source: American Foundation for Suicide Prevention, *When You Fear Someone May Take Their Life*, <https://www.afsp.org/>)

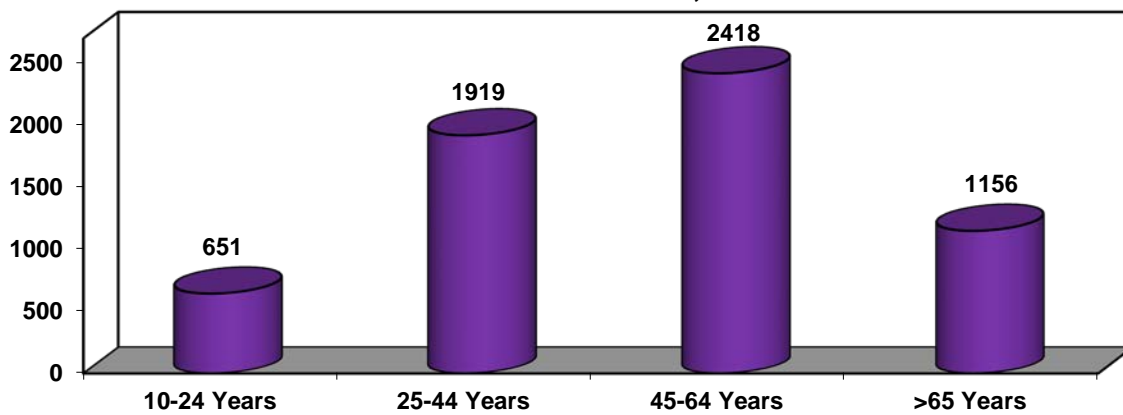
The following graphs show the Oregon and Union County number of suicide deaths by age group. The graphs show:

- From 2003-2012, the highest number of suicide death occurred among adults aged 25-44 years in Union County.
- From 2003-2012, there were 54 suicide deaths in Union County.

**Union County Number of Suicide Deaths by Age Group, 2003-2012**  
**Total Death = 54**



**Oregon Number of Suicide Deaths by Age Group, 2003-2012**  
**Total Death = 6,145**



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



# Adult | ORAL HEALTH

## Key Findings

In 2015, more than three-fifths (64%) of Union County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of U.S. adults and 66% of Oregon adults had visited a dentist or dental clinic in the previous twelve months.

## Access to Dental Care

- In the past year, 64% of Union County adults had visited a dentist or dental clinic, decreasing to 48% of adults with annual household incomes less than \$25,000.
- The 2014 BRFSS reported that 66% of Oregon adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- Nearly two-thirds (64%) of Union County adults with dental insurance have been to the dentist in the past year, compared to 48% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 43% said cost, 24% had no oral health problems, 21% said fear, apprehension, nervousness, pain, and dislike going, 10% did not have/know a dentist, 10% had other priorities, 5% had not thought of it, 4% could not find a dentist who took Medicaid, 4% said the wait for an appointment was too long, 3% said their dentist did not accept their medical coverage, and 3% could not get in to the office/clinic.
- Union County adults had the following oral health issues: pain (14%), difficulty eating/chewing (9%), no teeth (5%), mouth bleeding (4%), skipped meals due to pain (3%), loose teeth (3%), missed work due to mouth pain (3%), and problems with dentures (2%).

### Oral Health and Other Medical Conditions

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

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

Adult Comparisons	Union County 2015	Oregon 2014	U.S. 2014
Adults who have visited the dentist in the past year	64%	66%	65%

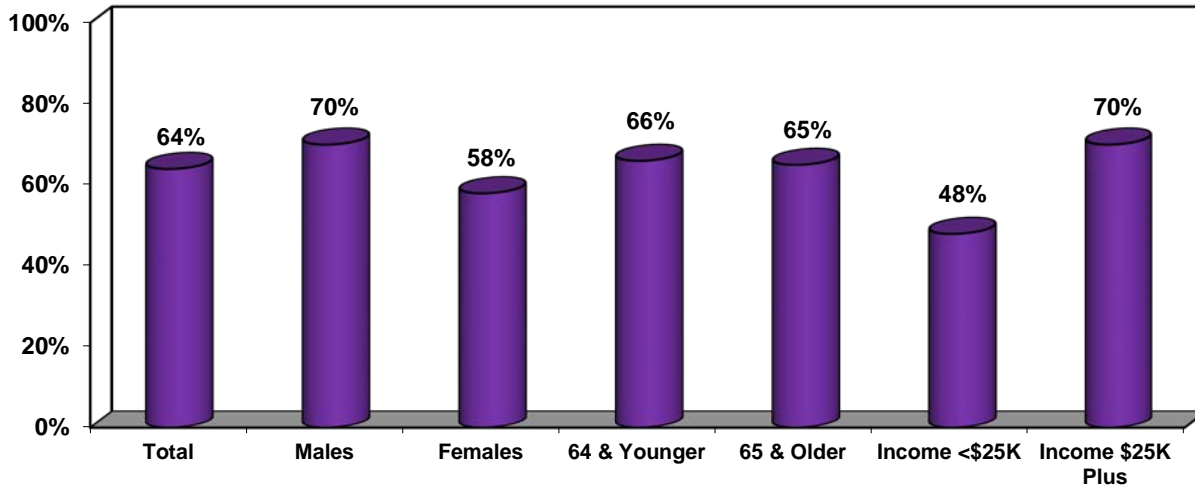
### What You Can Do to Maintain Good Oral Health

- Drink fluoridated water and use fluoride toothpaste. Fluoride's protection against tooth decay works at all ages.
- Take care of your teeth and gums. Thorough tooth brushing and flossing to reduce dental plaque can prevent gingivitis—the mildest form of gum disease.
- Avoid tobacco. In addition to the general health risks posed by tobacco, smokers have 4 times the risk of developing gum disease compared to non-smokers.
- Limit alcohol. Heavy use of alcohol is a risk factor for oral and throat cancers.
- Eat wisely. Adults should avoid snacks full of sugars and starches.
- Visit the dentist regularly. Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage, and in some cases, reverse the problem.

(Source: CDC: Oral Health for Adults, July 2013, from: [http://www.cdc.gov/OralHealth/publications/factsheets/adult\\_oral\\_health/adults.htm](http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adults.htm))

The following graph provides information about the frequency of Union County adult dental visits. Examples of how to interpret the information on the graph includes: 64% of all Union County adults had been to the dentist in the past year, 70% of males, and 48% of those with incomes less than \$25,000.

**Union County Adults Who Visited a Dentist in the Past Year**



### Oral Health in Older Adults

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

*(Source: American Dental Association: Oral Longevity Questions and Answers, from: <http://www.ada.org/en/>)*

# Adult | PARENTING

## Key Findings

The 2015 Health Assessment project identified that 69% of Union County parents discussed dating and relationships with their 12-to-17 year-old in the past year. 30% of children spent time unsupervised after school.

## Parenting

- Union County parents indicated their child spent the following time unsupervised after school: no time unsupervised (70%), less than one hour (14%), 1 to 2 hours (13%), 3 to 4 hours (1%), and more than 4 hours (2%).
- In the past year, parents took their child to the doctor for the following: other visits for any illness (1.6 times), regular visits (1.5 times), dental visits (1.5 times), injuries (0.4 times), behavioral problems (0.3 times), ear infections (0.1 times), and asthma (0.1 times).
- Parents used the following programs for their infant to 4-year-old child: out-of-home daycare (15%), WIC (13%), Early Intervention Services (8%), and Head Start (3%).
- Parents discussed the following topics with their 12 to 17 year-olds in the past year:
  - Dating and relationships (69%)
  - Screen-time (65%)
  - Peer Pressure (63%)
  - Eating habits (61%)
  - Physical activity (57%)
  - Social media issues (57%)
  - Negative effects of marijuana and other drugs (55%)
  - Bullying (51%)
  - Abstinence/how to refuse sex (49%)
  - Negative effects of alcohol (47%)
  - Energy drinks (47%)
  - Negative effects of tobacco (45%)
  - Body image (43%)
  - Refusal skills/peer pressure (41%)
  - Weight status (37%)
  - Condom use/safer sex/STD prevention (37%)
  - Birth control (33%)
  - Anxiety/depression/suicide (33%)
  - School/legal consequences of using tobacco/alcohol/other drugs (31%)
  - Negative effects of misusing prescription medication (24%)

### Talking to your Teen about Drinking

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

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

## Tips for Parents – Ideas to Help Children Maintain a Healthy Weight

- Encourage healthy eating habits by providing fruits, vegetables, whole grains, low-fat or non-fat dairy products, and lean meats and proteins for your family.
- Find ways to make your family's favorite dishes in a healthier way.
- Limit or reduce the consumption of calorie-rich, sugary and/or saturated fat in your home.
- Adding physical activity into the family's routine will lead to it becoming a healthy habit. Some examples of moderate intensity physical activity include brisk walking, playing tag, jumping rope, playing soccer, swimming and dancing.
- Encourage fun activities to reduce the amount of sedentary time watching TV, playing video games or on the computer.
- The goal is to reduce the rate of weight gain in overweight and obese children and teens while still accounting for normal growth and development. Children and teens should not be placed on a diet without consulting a doctor.

*(Source: CDC, Healthy Weight, "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight", <http://www.cdc.gov/healthyweight/children/index.html>, November 25, 2014)*

# Appendix I | UNION COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

# APPENDIX I

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> <li>▪ Suicide Facts</li> </ul>	<a href="http://www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics">www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics</a>
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> <li>▪ 2015 Cancer Facts, Figures, and Estimates</li> <li>▪ Nutrition Recommendations</li> </ul>	<a href="http://www.cancer.org">www.cancer.org</a>
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> <li>▪ Asthma Facts</li> </ul>	<a href="http://acaai.org/news/facts-statistics/asthma">http://acaai.org/news/facts-statistics/asthma</a>
American Dental Association	<ul style="list-style-type: none"> <li>▪ Oral Health in Older Adults</li> </ul>	<a href="http://www.ada.org/sections/publicResources/pdfs/faq.pdf">www.ada.org/sections/publicResources/pdfs/faq.pdf</a>
American Diabetes Association	<ul style="list-style-type: none"> <li>▪ Type 1 and 2 Diabetes</li> <li>▪ Risk Factors for Diabetes</li> <li>▪ Diabetes Facts</li> </ul>	<a href="http://www.diabetes.org">www.diabetes.org</a>
American Foundation for Suicide Prevention	<ul style="list-style-type: none"> <li>▪ Warning Signs for Suicide</li> </ul>	<a href="http://www.afsp.org/">www.afsp.org/</a>
American Heart Association, 2013	<ul style="list-style-type: none"> <li>▪ Stroke Warning Signs and Symptoms</li> <li>▪ Smoke-free Living: Benefits &amp; Milestones</li> </ul>	<a href="http://www.heart.org/HEARTORG/">www.heart.org/HEARTORG/</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>▪ 2009 - 2014 Adult Oregon and U.S. Correlating Statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> <li>▪ Victims of Gun Violence</li> </ul>	<a href="http://www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf">www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf</a>

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> <li>▪ Asthma</li> <li>▪ Breast Cancer in Young Women</li> <li>▪ Caffeinated Alcohol Beverages</li> <li>▪ Cancer and Men</li> <li>▪ Distracted Driving</li> <li>▪ Health Insurance Coverage</li> <li>▪ HIV in the U.S.</li> <li>▪ Increasing Physical Activity among Adults with Disabilities</li> <li>▪ Obesity Facts</li> <li>▪ Oral Health</li> <li>▪ Smoking facts</li> <li>▪ Tips for Parents</li> <li>▪ Yearly Flu Shots</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
CDC, Arthritis	<ul style="list-style-type: none"> <li>▪ Key Public Health Messages</li> </ul>	<a href="http://www.cdc.gov/arthritis/basics/key.htm">www.cdc.gov/arthritis/basics/key.htm</a>
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> <li>▪ Leading Causes of Death in U.S.</li> <li>▪ Men's Health</li> <li>▪ U.S. Low Birth Weight, Live Births</li> </ul>	<a href="http://www.cdc.gov/nchs/fastats/">www.cdc.gov/nchs/fastats/</a>
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> <li>▪ U.S. Chlamydia and Gonorrhea Rates</li> <li>▪ STD's in Adolescents and Young Adults</li> <li>▪ U.S. STD Surveillance Profile</li> </ul>	<a href="http://www.cdc.gov/std/stats/">www.cdc.gov/std/stats/</a>
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> <li>▪ Human Papillomavirus</li> </ul>	<a href="http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html">www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html</a>
CDC, Wonder	<ul style="list-style-type: none"> <li>▪ About Underlying Cause of Death, 1999-2013</li> </ul>	<a href="http://wonder.cdc.gov/ucd-icd10.html">http://wonder.cdc.gov/ucd-icd10.html</a>
Community Commons	<ul style="list-style-type: none"> <li>▪ Cigarette Expenditures</li> <li>▪ Alcohol Beverage Expenditures</li> <li>▪ Beer, Wine and Liquor Stores</li> <li>▪ Bars and Drinking Establishments</li> <li>▪ Limited Food Access</li> </ul>	<a href="http://www.communitycommons.org/">www.communitycommons.org/</a>
Health Indicators Warehouse	<ul style="list-style-type: none"> <li>▪ Heart Disease and Stroke Mortality Rates</li> </ul>	<a href="http://www.healthindicators.gov/Indicators/Selection">www.healthindicators.gov/Indicators/Selection</a>
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> <li>▪ All Healthy People 2020 Target Data Points</li> <li>▪ Some U.S. Baseline Statistics</li> <li>▪ Predictors of Access to Health Care</li> </ul>	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020">www.healthypeople.gov/2020/topicsobjectives2020</a>

# APPENDIX I

Source	Data Used	Website
Legacy for Health	<ul style="list-style-type: none"> <li>Electronic Cigarette Fact Sheet</li> </ul>	<a href="http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf">www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf</a>
National Alliance on Mental Illness	<ul style="list-style-type: none"> <li>Depression</li> </ul>	<a href="http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression">www.nami.org/Learn-More/Mental-Health-Conditions/Depression</a>
National Cancer Institute	<ul style="list-style-type: none"> <li>Age-Adjusted Cancer Mortality Rates</li> <li>Oregon Cancer Incidence Rate Maps</li> <li>Oregon Cancer Mortality Rate Maps</li> </ul>	<a href="http://statecancerprofiles.cancer.gov/index.html">http://statecancerprofiles.cancer.gov/index.html</a>
National Institute on Drug Abuse	<ul style="list-style-type: none"> <li>Drug Facts: Heroin</li> </ul>	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
National Institute of Health, MedlinePlus	<ul style="list-style-type: none"> <li>Talking to Your Teen About Drinking</li> </ul>	<a href="http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.htm">www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.htm</a>
National Low Income Housing Coalition, Out of Reach 2015	<ul style="list-style-type: none"> <li>Housing Costs and Housing Wages by County and Oregon</li> </ul>	<a href="http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf">http://nlihc.org/sites/default/files/oor/OOR_2015_FULL.pdf</a>
Oregon Health Authority	<ul style="list-style-type: none"> <li>Incidence of Cancer</li> <li>HIV/AIDS Surveillance Program</li> <li>Obesity and Diabetes in Oregon</li> <li>Oral Health and Other Medical Conditions</li> <li>Oregon Medical Marijuana Program</li> <li>Sexually Transmitted Diseases</li> <li>Statistics: Access to Health Services</li> <li>Suicides in Oregon: Trends and Risk Factors</li> <li>Tobacco Fact Sheet</li> <li>Union County and Oregon Birth Statistics</li> <li>Union County and Oregon Mortality Statistics</li> <li>Vital Statistics</li> </ul>	<a href="https://public.health.oregon.gov/Pages/Home.aspx">https://public.health.oregon.gov/Pages/Home.aspx</a>
Oregon Health Authority, Office of Health Analytics	<ul style="list-style-type: none"> <li>Oregon Health Plan Coordinated Care Organization Statistics</li> </ul>	<a href="http://www.oregon.gov/oha/healthplan/DataReportsDocs/February%202016%20Coordinated%20Care%20Service%20Delivery%20by%20County.pdf">www.oregon.gov/oha/healthplan/DataReportsDocs/February%202016%20Coordinated%20Care%20Service%20Delivery%20by%20County.pdf</a>

Source	Data Used	Website
Oregon Labor Market	<ul style="list-style-type: none"> <li>▪ Unemployment Statistics</li> </ul>	<a href="http://www.qualityinfo.org/home">www.qualityinfo.org/home</a>
Oregon Liquor Control Commission	<ul style="list-style-type: none"> <li>▪ Recreational Marijuana in Oregon</li> </ul>	<a href="http://www.oregon.gov/olcc/marijuana/Pages/Frequently-Asked-Questions.aspx">www.oregon.gov/olcc/marijuana/Pages/Frequently-Asked-Questions.aspx</a>
Philadelphia Department of Public Health	<ul style="list-style-type: none"> <li>▪ Electronic Cigarette Factsheet</li> </ul>	<a href="http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf">www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf</a>
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> <li>▪ American Community Survey 5 year estimate, 2013</li> <li>▪ Federal Poverty Thresholds</li> <li>▪ Oregon and Union County 2013 Census Demographic Information</li> <li>▪ Oregon and U.S. Health Insurance Sources</li> <li>▪ Per Capita Personal Income</li> <li>▪ Small Area Income and Poverty Estimates</li> </ul>	<a href="http://www.census.gov">www.census.gov</a>



# Appendix II | UNION COUNTY

## ACRONYMS AND TERMS

<b>AHS</b>	Access to <b>H</b> ealth <b>S</b> ervices (topic area for Healthy People 2020)
<b>AOCBC</b>	<b>A</b> rthritis, <b>O</b> steoporosis, and <b>C</b> hronic <b>B</b> ack <b>C</b> onditions (topic area for Healthy People 2020)
<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted Mortality Rates</b>	Death rate per 100,000 adjusted for the age distribution of the population.
<b>Binge drinking</b>	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
<b>BMI</b>	<b>B</b> ody <b>M</b> ass <b>I</b> ndex is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	<b>B</b> ehavior <b>R</b> isk <b>F</b> actor <b>S</b> urveillance <b>S</b> ystem, an adult survey conducted by the CDC.
<b>CDC</b>	<b>C</b> enters for <b>D</b> isease <b>C</b> ontrol and <b>P</b> revention.
<b>CVD</b>	<b>C</b> ardiovascular <b>D</b> isease
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>CY</b>	<b>C</b> alendar <b>Y</b> ear
<b>FY</b>	<b>F</b> iscal <b>Y</b> ear
<b>HCNO</b>	<b>H</b> ospital <b>C</b> ouncil of <b>N</b> orthwest <b>O</b> hio
<b>HDS</b>	<b>H</b> eart <b>D</b> isease and <b>S</b> troke (topic area for Healthy People 2020)
<b>HP 2020</b>	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq 140$ and Diastolic $\geq 90$
<b>IID</b>	<b>I</b> mmunization and <b>I</b> nfectious <b>D</b> iseases (topic area for Healthy People 2020)
<b>N/A</b>	Data is not available.
<b>OHA</b>	<b>O</b> regon <b>H</b> ealth <b>A</b> uthority

## Race/Ethnicity

**Census 2010:** U.S. Census data consider race and ethnicity (Hispanic origin separately). Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.

# Appendix III | METHODS FOR WEIGHTING THE 2015 UNION COUNTY ASSESSMENT DATA

Data from sample surveys have the potential for bias if there are different rates of responses 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 adequate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2015 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 (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of 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 2015 Union County Survey and the 2013 American Community Survey (Census Estiamtes).

<u>2015 Union Survey</u>			<u>2010 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	189	45.873786	12,665	49.201663	1.072544
Female	223	54.126214	13,076	50.798337	0.938516

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Union County. The weighting for males was calculated by taking the percent of males in Union County (based on Census information) (49.201663%) and dividing that by the percent found in the 2015 Union County sample (45.873786%) [49.201663/45.873786= weighting of 1.072544 for males]. The same was done for females [50.798337/54.126214 = weighting of 0.938516 for females]. Thus males' responses are weighted heavier by a factor of 1.072544 and females' responses weighted less by a factor of 0.938516.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.083008 [0.938516 (weight for females) x 1.000904 (weight for White) x 1.363021 (weight for age 35-44) x 0.845853 (weight for income \$50-\$75k)]. Thus, each individual in the 2015 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 21.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

# APPENDIX III

Category	Union Sample	%	2010 Census *	%	Weighting Value
<b>Sex:</b>					
Male	189	45.873786	12,665	49.201663	1.072544
Female	223	54.126214	13,076	50.798337	0.938516
<b>Age:</b>					
20-24	8	1.995012	977	5.400774	2.707138
25-34	22	5.486284	2,972	16.428966	2.994552
35-44	45	11.221945	2,767	15.295744	1.363021
45-54	41	10.224439	3,281	18.137092	1.773896
55-59	54	13.466334	1,940	10.724157	0.796368
60-64	79	19.700748	1,759	9.723604	0.493565
65-74	104	25.935162	2,358	13.034826	0.502593
75-84	47	11.720698	1,398	7.728027	0.659349
85+	1	0.249377	638	3.526810	14.142510
<b>Race:</b>					
White	387	93.478261	24,084	93.562799	1.000904
Non-White	27	6.521739	1,657	6.437201	0.987038
<b>Household Income</b>					
Less than \$10,000	16	4.371585	1,161	11.343429	2.594809
\$10k-\$15k	10	2.732240	564	5.510503	2.016844
\$15k-\$25k	43	11.748634	1,486	14.518808	1.235787
\$25k-\$35k	43	11.748634	1,134	11.079629	0.943057
\$35k-\$50	72	19.672131	1,535	14.997557	0.762376
\$50k-\$75k	78	21.311475	1,845	18.026380	0.845853
\$75k or more	104	28.415301	2,510	24.523693	0.863045
<p>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.</p> <p>* Union County population figures taken from the 2013 American Community Survey (Census Estimates).</p>					

# Appendix IV | UNION COUNTY

## SAMPLE DEMOGRAPHIC PROFILE\*

Variable	2015 Survey Sample	Union County Census 2013 (5 year estimate)	Oregon Census 2013
<b>Age</b>			
20-29	2.8%	14.0%	13.4%
30-39	9.7%	10.3%	13.4%
40-49	8.8%	11.5%	12.9%
50-59	19.0%	14.4%	13.8%
60 plus	54.7%	23.9%	22.1%
<b>Race/Ethnicity</b>			
White	94.1%	93.6%	85.2%
Black or African American	0.2%	0.6%	1.8%
American Indian and Alaska Native	2.4%	0.4%	1.2%
Asian	0.7%	1.0%	3.8%
Other	2.7%	0.7%	3.7%
Hispanic Origin (may be of any race)	0.9%	4.1%	11.9%
<b>Marital Status†</b>			
Married Couple	68.2%	54.6%	49.2%
Never been married/member of an unmarried couple	6.1%	27.3%	30.3%
Divorced/Separated	14.5%	12.3%	15.0%
Widowed	9.0%	5.8%	5.5%
<b>Education†</b>			
Less than High School Diploma	4.8%	9.4%	10.2%
High School Diploma	26.5%	33.6%	24.3%
Some college/ College graduate	67.1%	57.0%	65.5%
<b>Income (Families)</b>			
\$14,999 and less	6.2%	8.3%	8.0%
\$15,000 to \$24,999	10.2%	10.8%	8.4%
\$25,000 to \$49,999	27.3%	28.8%	23.8%
\$50,000 to \$74,999	18.5%	19.6%	19.9%
\$75,000 or more	24.6%	32.5%	39.8%

\* 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.

# Appendix V | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

Union County Population by Age Groups and Gender  
U.S. Census 2010

Age	Total	Males	Females
<b>Union County</b>	<b>25,748</b>	<b>12,678</b>	<b>13,070</b>
<b>0-4 years</b>	<b>1,630</b>	<b>834</b>	<b>796</b>
1-4 years	1,317	675	642
< 1 year	313	159	154
1-2 years	659	331	328
3-4 years	658	344	314
<b>5-9 years</b>	<b>1,619</b>	<b>842</b>	<b>777</b>
5-6 years	629	337	292
7-9 years	990	505	485
<b>10-14 years</b>	<b>1,540</b>	<b>766</b>	<b>774</b>
10-12 years	897	436	304
13-14 years	643	330	313
12-18 years	2,337	1,226	1,111
<b>15-19 years</b>	<b>1,928</b>	<b>1,025</b>	<b>903</b>
15-17 years	1,008	558	450
18-19 years	920	467	453
20-24 years	1,929	917	1,012
25-29 years	1,611	828	783
30-34 years	1,352	709	643
35-39 years	1,267	598	669
40-44 years	1,313	676	637
45-49 years	1,618	731	887
50-54 years	1,880	888	992
55-59 years	2,002	1,042	960
60-64 years	1,751	881	870
65-69 years	1,287	635	652
70-74 years	974	497	477
75-79 years	782	346	436
80-84 years	590	245	345
85-89 years	400	149	251
90-94 years	199	53	146
95-99 years	65	15	50
100-104 years	10	0	10
105-109 years	1	1	0
110 years & over	0	0	0
<b>Total 85 years and over</b>	<b>675</b>	<b>218</b>	<b>457</b>
<b>Total 65 years and over</b>	<b>4,308</b>	<b>1,941</b>	<b>2,367</b>
<b>Total 19 years and over</b>	<b>19,554</b>	<b>9,472</b>	<b>10,082</b>

# UNION COUNTY PROFILE

## General Demographic Characteristics (Source: U.S. Census Bureau, Census 2013)

2013 ACS 5-year estimates

### Total Population

2013 Total Population	25,741
2000 Total Population	24,530

### Largest City-La Grande

2013 Total Population	13,114	100%
2000 Total Population	12,327	100%

### Population By Race/Ethnicity

Total Population	25,741	100%
White Alone	24,084	93.6%
Hispanic or Latino (of any race)	1,061	4.1%
African American	144	0.6%
American Indian and Alaska Native	102	0.4%
Asian	260	1.0%
Two or more races	737	2.9%
Other	174	07%

### Population By Age 2010

Under 5 years	1,630	6.3%
5 to 17 years	4,167	16.2%
18 to 24 years	2,849	11.1%
25 to 44 years	5,543	21.5%
45 to 64 years	7,251	28.2%
65 years and more	4,308	16.7%
<b>Median age (years)</b>	<b>39.9</b>	

### Household By Type

Total Households	10,235	100%
Family Households (families)	6,763	66.1%
With own children <18 years	2,776	27.1%
Married-Couple Family Households	5,465	53.4%
With own children <18 years	1,893	18.5%
Female Householder, No Husband Present	820	8.0%
With own children <18 years	591	5.8%
Non-family Households	3,472	33.9%
Householder living alone	2,635	25.7%
Householder 65 years and >	997	9.7%
Households With Individuals < 18 years	2,988	29.2%
Households With Individuals 65 years and >	2,901	28.3%



**General Demographic Characteristics, Continued**  
(Source: U.S. Census Bureau, Census 2013)

**2013 ACS 5-year estimates**

Median Value of Owner-Occupied Units	\$156,600
Median Monthly Owner Costs (With Mortgage)	\$1,149
Median Monthly Owner Costs (Not Mortgaged)	\$384
Median Gross Rent for Renter-Occupied Units	\$664
Median Rooms Per Housing Unit	5.3
Total Housing Units	10,235
No Telephone Service	309
Lacking Complete Kitchen Facilities	94
Lacking Complete Plumbing Facilities	7

**Selected Social Characteristics**  
(Source: U.S. Census Bureau, Census 2013)

**2013 ACS 5-year estimates**

**School Enrollment**

Population 3 Years and Over Enrolled In School	6,571	100%
Nursery & Preschool	372	5.7%
Kindergarten	382	5.8%
Elementary School (Grades 1-8)	2,513	38.2%
High School (Grades 9-12)	1,201	18.3%
College or Graduate School	2,103	32.0%

**Educational Attainment**

Population 25 Years and Over	17,113	100%
< 9 <sup>th</sup> Grade Education	562	3.3%
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	1,048	6.1%
High School Graduate (Includes Equivalency)	5,756	33.6%
Some College, No Degree	4,430	25.9%
Associate Degree	1,466	8.6%
Bachelor's Degree	2,541	14.8%
Graduate Or Professional Degree	1,310	7.7%

Percent High School Graduate or Higher	*(X)	90.6%
Percent Bachelor's Degree or Higher	*(X)	22.5%

\*(X) - Not available

**Marital Status**

Population 15 Years and Over	21,016	100%
Never Married	5,730	27.3%
Now Married, Excluding Separated	11,475	54.6%
Separated	298	1.4%
Widowed	1,223	5.8%
Female	966	4.6%
Divorced	2,290	10.9%
Female	1,188	5.7%

**Selected Economic Characteristics**  
 (Source: U.S. Census Bureau, Census 2013)

**2013 ACS 5-year estimate**

**Grandparents As Caregivers**

Grandparent Living in Household with 1 or more own grandchildren <18 years	340	100%
Grandparent Responsible for Grandchildren	139	40.9%

**Veteran Status**

Civilian Veterans 18 years and over	2,286	11.4%
-------------------------------------	-------	-------

**Disability Status of the Civilian Non-institutionalized Population**

Total Civilian Noninstitutionalized Population	25,427	100%
With a Disability	4,207	16.5%
Under 18 years	5,723	100%
With a Disability	223	3.9%
18 to 64 years	15,477	100%
With a Disability	2,043	13.2%
65 Years and Over	4,227	100%
With a Disability	1,941	45.9%

**Employment Status**

Population 16 Years and Over	20,756	100%
In Labor Force	11,921	57.4%
Not In Labor Force	8,835	42.6%
Females 16 Years and Over	10,647	100%
In Labor Force	5,592	52.5%
Population Living With Own Children <6 Years	1,809	100%
All Parents In Family In Labor Force	1,010	55.8%

**Selected Economic Characteristics, Continued**  
(Source: U.S. Census Bureau, Census 2013)

**2013 ACS 5-year estimate**

**Occupations**

Employed Civilian Population 16 Years and Over	10,800	100%
Production, transportation, and material moving occupations	1,328	12.3%
Management, business, science, and art occupations	3,285	30.4%
Sales and office occupations	2,565	26.4%
Service occupations	2,417	22.4%
Natural resources, construction, and maintenance occupations	1,205	11.2%

**Leading Industries**

Employed Civilian Population 16 Years and Over	10,800	100%
Manufacturing	910	8.4%
Educational, health and social services	2,881	26.7%
Trade (retail and wholesale)	1,568	14.5%
Arts, entertainment, recreation, accommodation, and food services	759	7.0%
Professional, scientific, management, administrative, and waste management services	686	6.4%
Transportation and warehousing, and utilities	625	5.8%
Finance, insurance, real estate and rental and leasing	491	4.5%
Other services (except public administration)	533	4.9%
Construction	568	5.3%
Public administration	719	6.7%
Information	260	2.4%
Agriculture, forestry, fishing and hunting, and mining	800	7.4%

**Class of Worker**

Employed Civilian Population 16 Years and Over	10,800	100%
Private wage and salary workers	7,556	70.0%
Government workers	2,174	20.1%
Self-employed workers in own not incorporated business	1,026	9.5%
Unpaid family workers	44	0.4%

**Median Earnings**

Male, Full-time, Year-Round Workers	\$44,329
Female, Full-time, Year-Round Workers	\$31,555

**Selected Economic Characteristics, Continued**  
 (Source: U.S. Census Bureau, Census 2013)

**2013 ACS 5-year estimate**

**Income In 2013**

Households	10,235	100%
< \$10,000	1,161	11.3%
\$10,000 to \$14,999	564	5.5%
\$15,000 to \$24,999	1,486	14.5%
\$25,000 to \$34,999	1,134	11.1%
\$35,000 to \$49,999	1,535	15.0%
\$50,000 to \$74,999	1,845	18.0%
\$75,000 to \$99,999	1,264	12.3%
\$100,000 to \$149,999	804	7.9%
\$150,000 to \$199,999	192	1.9%
\$200,000 or more	250	2.4%
<b>Median Household Income</b>	<b>\$42,542</b>	

**Income In 2013**

Families	6,763	100%
< \$10,000	370	5.5%
\$10,000 to \$14,999	188	2.8%
\$15,000 to \$24,999	730	10.8%
\$25,000 to \$34,999	835	12.3%
\$35,000 to \$49,999	1,118	16.5%
\$50,000 to \$74,999	1,325	19.6%
\$75,000 to \$99,999	1,066	15.8%
\$100,000 to \$149,999	754	11.1%
\$150,000 to \$199,999	162	2.4%
\$200,000 or more	215	3.2%

**Median Household Income (families)** **\$51,973**

**Per Capita Income In 2013** \$22,684

**Poverty Status In 2013**

	<b>Number Below Poverty Level</b>	<b>% Below Poverty Level</b>
Families	*(X)	13.0%
Individuals	*(X)	18.6%
*(X) – Not available		

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

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

	<b>Income</b>	<b>Rank of Oregon Counties</b>
BEA Per Capita Personal Income 2013	\$34,792	22 <sup>nd</sup> of 36 counties
BEA Per Capita Personal Income 2012	\$33,951	23 <sup>rd</sup> of 36 counties
BEA Per Capita Personal Income 2011	\$32,802	22 <sup>nd</sup> of 36 counties
BEA Per Capita Personal Income 2010	\$30,704	23 <sup>rd</sup> of 36 counties
BEA Per Capita Personal Income 2000	\$23,819	17 <sup>th</sup> of 36 counties

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

**Employment Statistics**

<b>Category</b>	<b>Union</b>	<b>Oregon</b>
Labor Force	11,978	2,018,108
Employed	11,128	1,921,481
Unemployed	850	96,627
Unemployment Rate* in February 2016	7.1	4.8
Unemployment Rate* in January 2016	6.7	5.1
Unemployment Rate* in February 2015	7.5	5.8

*\*Rate equals unemployment divided by labor force.  
 (Source: Oregon Labor Market, February 2016, <https://www.qualityinfo.org/home>)*

### Estimated Poverty Status in 2014

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
<b>Union County</b>				
All ages in poverty	4,418	3,706 to 5,130	17.7%	14.8 to 20.6
Ages 0-17 in poverty	1,219	956 to 1,482	22.0%	17.3 to 26.7
Ages 5-17 in families in poverty	841	660 to 1,022	21.1%	16.6 to 25.6
Median household income	\$44,841	\$41,885 to \$47,797		
<b>Oregon</b>				
All ages in poverty	637,156	621,361 to 652,951	16.4%	16.0 to 16.8
Ages 0-17 in poverty	179,110	171,930 to 186,290	21.3%	20.4 to 22.2
Ages 5-17 in families in poverty	117,394	111,176 to 123,612	19.3%	18.3 to 20.3
Median household income	\$51,088	\$50,607 to \$51,569		
<b>United States</b>				
All ages in poverty	48,208,387	47,966,830 to 48,449,944	15.5%	15.4 to 15.6
Ages 0-17 in poverty	15,686,012	15,564,145 to 15,807,879	21.7%	21.5 to 21.9
Ages 5-17 in families in poverty	10,714,518	10,632,252 to 10,796,784	20.4%	20.2 to 20.6
Median household income	\$53,657	\$53,564 to \$53,750		

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

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

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

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

# Appendix VI | PRIORITIZATION METHODOLOGY

## PROCESS

### Summary Findings

- Community health needs identified through primary and secondary data collection are included in this 2015 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 2015 - 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 20 health issues were then ranked by the Grande Ronde Hospital Community Benefit Subcommittee utilizing the Union County Community Health Status Assessment 2015 - 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 group by making small adjustments to the initial prioritized list, resulting in the final prioritized community health needs list depicted below:

- 1. Preventive Care*
- 2. Mental Health*

### INFORMATION GAPS

- Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in the Grande Ronde Hospital community. In some cases, the ability of GRH to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information pertaining to Union County.



# Union County Community Health Status Assessment 2015

## Identifying Key Issues and Concerns

You will be part of a committee assembled to begin to determine key issues and concerns identified during the completion of the Health Assessment. To facilitate this process, it will be important for each member of the committee to do some advance work and study of the County Health Assessment Reports as well as other local data. Please review the report carefully and write your answers to the following questions. Be as specific as possible identifying the key issue, the percent of the population it affects, and the age group and/or gender most affected. Please bring your answers with you to the next meeting.

Q. What are the five (5) most significant ADULT health issues or concern identified in the health assessment report in no particular order?

Key Issue or Concern		% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1				
2				
3				
4				
5				

NAME & ORGANIZATION: \_\_\_\_\_





# Union County Community Health Status Assessment 2015

## Ranking of Union County Community Health Needs

### Community Benefit Committee Survey

1	Health Issue (Prioritized by Stakeholder Votes)	# of Key Stakeholder Votes	Stakeholder Vote Value (1 to 20)	Seriousness of the Problem (1 to 10)	Severity of Consequences (1 to 10)	Feasibility of Solving (1 to 30)	Resources Available (1 to 30)	Total Score (5 to 100)	Ranking by Score
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

**Stakeholder Votes:** Each stakeholder identified their top five concerns, which were assigned a value from 1 (lowest priority) to 20 (highest priority) based on the number times noted in their responses.

**Seriousness of the Problem:** How serious is the problem based on how many people might be directly or indirectly impacted? [10 most serious and 1 least serious]

**Severity of the Consequences:** What degree of disability or premature death occurs? What are the social and economic burdens to our community? [10 most severe and 1 least severe]

**Feasibility of Solving:** Are interventions scientifically feasible and acceptable to the community? Is the problem preventable? [30 most feasible and 1 least feasible]

**Resources:** Are staffing and financial resources available to effect a change? Are there partners to collaborate with? [30 means significant resources are available and 1 means no resources are available]

# Appendix VII | RESOURCES

Union County has many health resources available for vulnerable populations and the community as a whole. These resources were considered by the CBSC when prioritizing health needs and will be utilized for creation of the Implementation Strategy.

## Preventive Care: Existing Initiatives and Organizations

- **Center for Human Development provides the following services:**
  - Immunizations
  - School-Based Health Centers in La Grande and Union
  - Babies First - home visiting program
  - Teen pregnancy prevention
  
- **Grande Ronde Hospital provides the following services:**
  - Patient Centered Primary Care Homes provide better coordination of care
  - Walk-in clinic housed in the regional medical clinic for those who do not have a primary care provider
  - Childbirth education classes
  - Health care student training and shadowing
  - American Heart Association healthcare provider CPR and recertification classes
  - Certified Diabetes education
  - Transfer training and fall prevention
  - Life & Health Newsletter
  - Diabetes Support Group
  - Cancer Support Group
  - Parkinson's Support Group
  - Growing Through Grief Support Group
  - Autism Spectrum Disorder Early Identification Team
  - H2N – Healthy Heart Northwest – participation in a national research project to improve cardiac care
  - Comprehensive primary care initiative – triple aim and behavioral health integration
  - Emergency Department Resource Navigator
  - Evidence based medical practice integration performance improvement projects
  
- **Community Connections of Northeast Oregon provides the following services:**
  - “Living Well With Chronic Conditions” six-week long class series on living well with chronic conditions
  - Diabetes prevention program
  - Food banks
  - Meals on Wheels
  - Senior meals and activities
  - Public transit
  - Nutrition education
  - Health promotion and disease prevention – blood pressure clinics, cholesterol clinics, foot clinics, eye screening and hearing aid screening
  - Summer food service program (SFSP)

- **AARP Driver Safety Program**
- **Nest Steps Pregnancy Information Center in La Grande offers pregnancy testing, counseling education and classes**
- **Immunizations at various locations in the community**

## **Mental Health: Existing Initiatives and Organizations**

- **Center for Human Development provides the following services:**
  - Individual and group counseling – children, teens, adults and families
  - Treatment of anxiety, depression and behavioral health
  - School counseling services
  - EASA (Early Assessment and Support Alliance)
  - Anger management and assertiveness classes
  - Evaluation and treatment of sexual abuse
  - Education and support for caregivers or older adults
  - 24-hour crisis services
  - Post-trauma stress support for Veterans
- **Grande Ronde Hospital provides the following services:**
  - Behavioral health coordinator - treating clinic patients
  - Behavioral health clinic case management – triage and coordinate community resources of patients in transition
  - Comprehensive primary care initiative – triple aim and behavioral health integration
  - Collaboration with the Center for Human Development on placing a mental health worker in the regional medical clinic for OHP patients
- **Blue Mountain Associated provides the following services:**
  - Medication management
  - Therapy and counseling
  - Advocacy
- **Alcoholics Anonymous is offered at various times and locations in Union County**
- **Narcotics Anonymous is offered at various times and locations in Union County**