2018

Union County Community Health Assessment

Approved by the Board of Trustees on April 24, 2019

Foreword

Dear Community Member:

Grande Ronde Hospital is pleased to present the 2018 Union County Community Health Needs Assessment. The information contained in this report will be invaluable not only to us, but also to our community health partners, other community agencies and businesses as we prioritize the information and incorporate it into action plans and strategies to improve the health of our community.

The information contained in this report is based upon data obtained from responses to written surveys that were collected from September 2018 through November 2018. The surveys focused on adults ages 19 and older.

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

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

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

Sincerely,

Jeremy Davis
President/CEO
Grande Ronde Hospital

Wendy Roberts
Senior Director Administrative Services
Grande Ronde Hospital

Acknowledgements

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

http://www.hcno.org/community/data-indicator.html

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

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

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

Table of Contents

Executive Summary

This executive summary provides an overview of health-related data for Union County adults (ages 19 and older) who participated in a county-wide health assessment survey from September 2018 through November 2018. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national, and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Internal Revenue Services (IRS) Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, for 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

Grande Ronde Hospital (GRH) is a 25-bed Critical Access Hospital founded in 1907. GRH is the only hospital in Union County, serving over 2,038 square miles in northeast Oregon. Through providing high quality, cost effective services, GRH has become known for its effective outcomes, compassionate staff, and commitment to community through educational and disease prevention programs.

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

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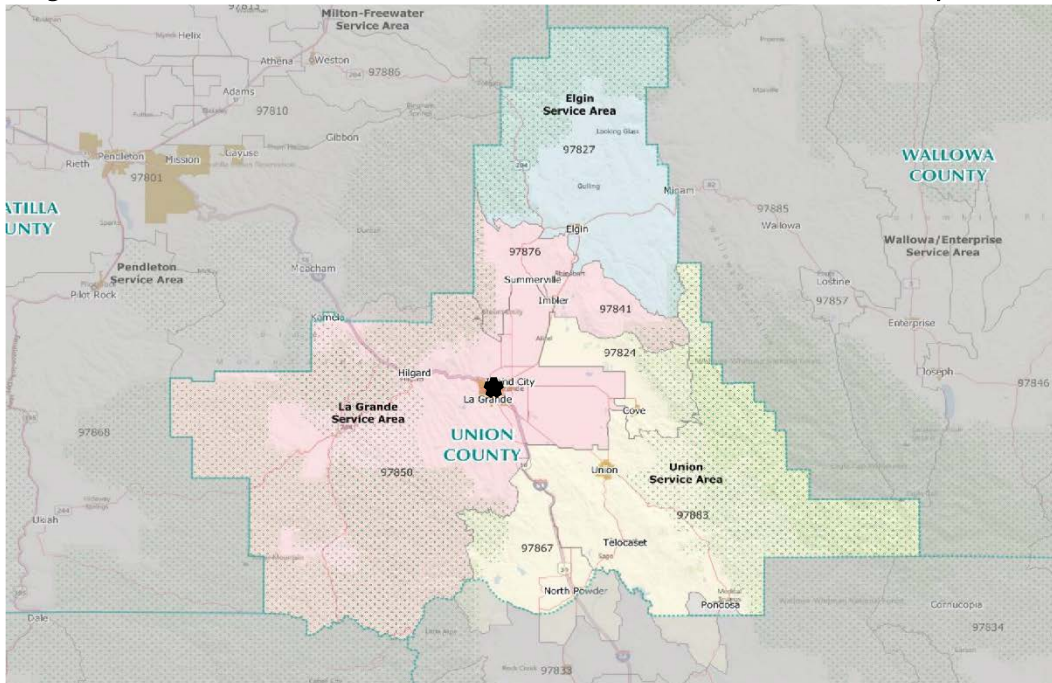
Courtesy of Oregon Office of Rural Health

♣ Grande Ronde Hospital

INCLUSION OF VULNERABLE POPULATIONS

Union County is a rural county. Approximately 17.4% of Union County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than $25,000 and greater than $25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by the 2018 Grande Ronde Hospital Community Health Needs Assessment Task Force. This task force has been in existence for five years and includes approximately 20 organizations. Multiple sectors were asked through email and telephone calls to participate in the process, including defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

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

IDENTIFYING & PRIORITIZING NEEDS

Community health needs identified through primary and secondary data collection are included in this 2018 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 2019 ~ 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 2019 ~ 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, resulting in the final prioritized community health needs list depicted below:

1. Social Determinants of Health
2. Behavioral Health Well Being

EVALUATION OF IMPACT

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

CHNA AVAILABILITY

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

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

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

ADOPTION BY BOARD OF TRUSTEES

The Grande Ronde Hospital Board of Trustees adopted the 2018 Union County Community Health Assessment on April 24, 2019.

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 HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force. During these meetings, HCNO and the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force, the project coordinator composed drafts of surveys containing 115 items for the survey. Health education researchers from the University of Toledo reviewed and approved the draft.

SAMPLING | Adult Survey

The sampling frame for the survey consisted of adults ages 19 and older living in Union County. There were 19,554 persons ages 19 and older living in Union County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 377 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Union County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Union County. This advance letter was personalized; printed on Grande Ronde Hospital letterhead; and signed by James Mattes (CEO, Grande Ronde Hospital) and Wendy Roberts (Senior Director Administrative Services, 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 describing the purpose of the study, a questionnaire printed on white 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 the participants to reply, another copy of the questionnaire on white 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 40% (n=478: CI=± 4.43). 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. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Union County, the adult data collected was weighted by age, gender, race, and income using 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.

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

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

Secondary Data Collection Methods

HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2018 Union County Community Health Needs Assessment (CHNA). All other data is cited accordingly.

HEALTH CARE COVERAGE

In 2018, 10% of Union County adults were without health care coverage. The top reason adults gave for being without health care coverage was cost/they could not afford to pay the premiums (47%).

Uninsured Union County Adults
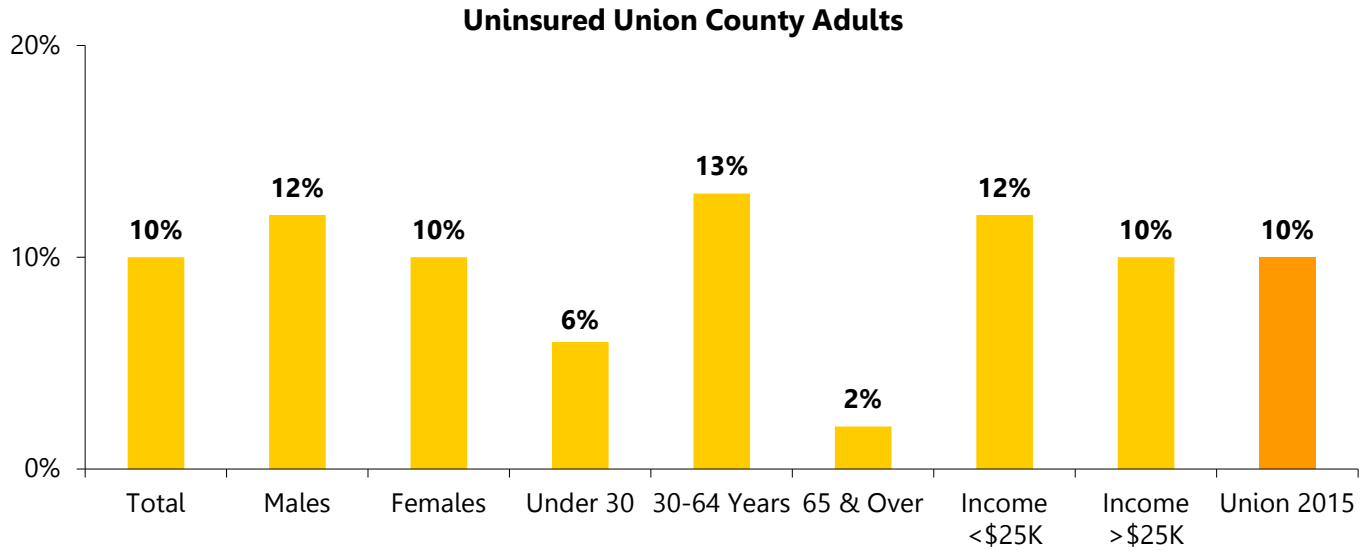
ACCESS AND UTILIZATION

Fifty-four percent (54%) of Union County adults had visited a doctor for a routine checkup in the past year. Over half (56%) of adults went outside of Union County for health care services in the past year.

Union County Adults Who Had a Routine Check-up in the Past Year
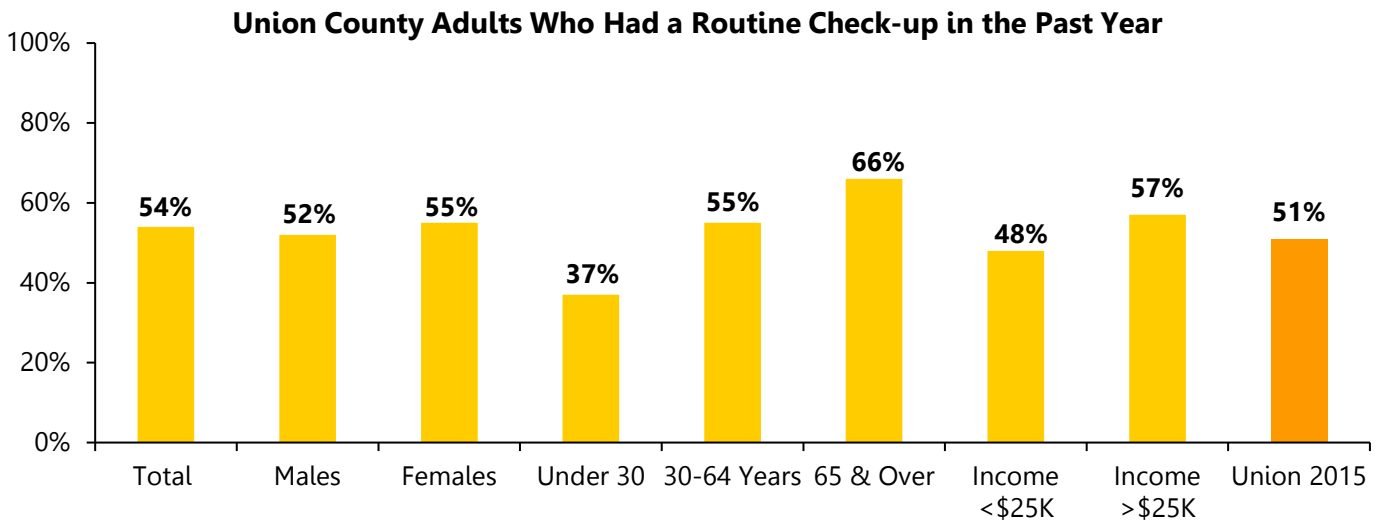
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

WOMEN'S HEALTH

In 2018, nearly half (46%) of Union County women over the age of 40 reported having a mammogram in the past year. Forty-four percent (44%) of women age 19 and over had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 3% survived a stroke at some time in their life. Sixty-eight percent (68%) were obese, 30% had high blood pressure, 24% had high blood cholesterol, and 15% were identified as smokers, known risk factors for cardiovascular diseases.

Union County Women's Health Exams Within the Past Year

Category	Mammogram	Breast Exam	Pap Smear
Total	30%	44%	38%
Under 40	3%	49%	56%
40 & Older	46%	37%	23%
Income <$25K	33%	20%	26%
Income >$25K	26%	53%	44%
Union 2015	32%	39%	27%

MEN'S HEALTH

More than half (52%) of men had a digital rectal exam in their lifetime, and 10% had one in the past year. In 2018, 40% of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 9% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

Union County Men Who Had a Digital Rectal Exam in Their Lifetime

Category	Percent
Total	52%
Under 50 Years	26%
50 Years & Older	76%
Income <$25K	41%
Income >$25K	54%
Union 2015	59%

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

ORAL HEALTH

Sixty-four percent (64%) of Union County adults had visited a dentist or dental clinic in the past year. The top reason adults gave for not visiting the dentist in the past year was cost (32%).
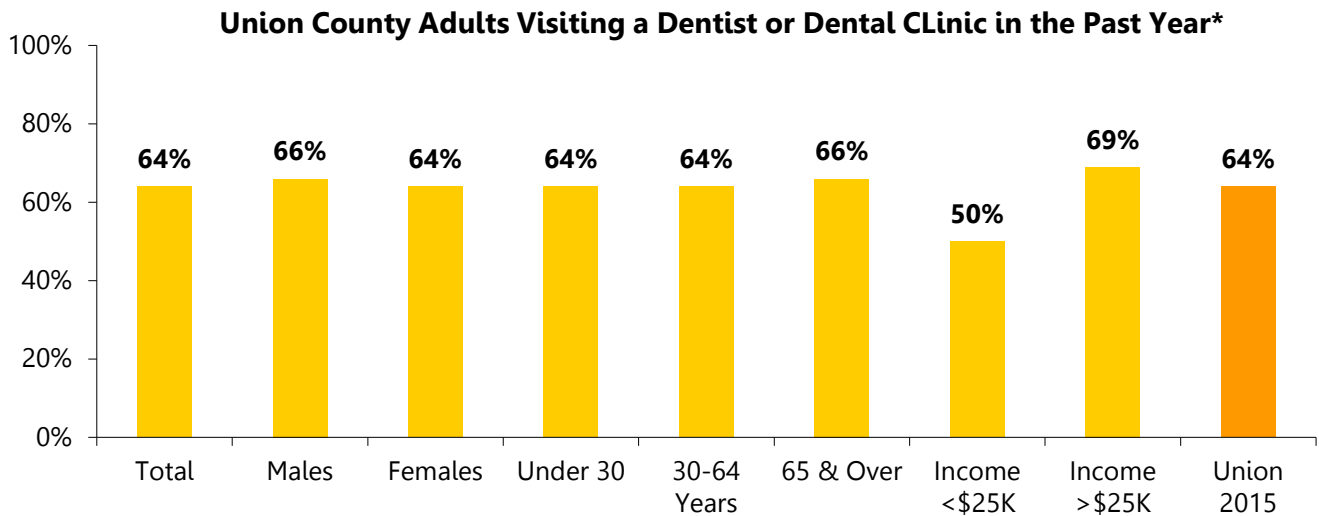
Union County Adults Visiting a Dentist or Dental CLinic in the Past Year*

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

HEALTH STATUS PERCEPTIONS

In 2018, more than half (52%) of Union County adults rated their health status as excellent or very good. Conversely, 14% of adults, increasing to 29% of those with incomes less than $25,000, described their health as fair or poor.

Union County Adult Health Perceptions*

Category	Excellent/Very Good	Good	Fair/Poor
Total	52%	34%	14%
Males	51%	35%	14%
Females	53%	34%	13%
Under 30 Years	57%	34%	9%
30-64 Years	52%	36%	12%
65 Years & Over	40%	38%	22%
Income <$25K	30%	41%	29%
Income >$25K	60%	31%	9%
Union 2015	48%	38%	14%

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

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

ADULT WEIGHT STATUS

Seventy-two percent (72%) of Union County adults were overweight or obese based on Body Mass Index (BMI). The 2017 BRFSS indicates that 29% of Oregon and 32% of U.S. adults were obese by BMI. Sixty-two percent (62%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week.

Obesity in Union County, Oregon, and U.S. Adults

	Obesity
Union	34%
Oregon	29%
U.S.	32%
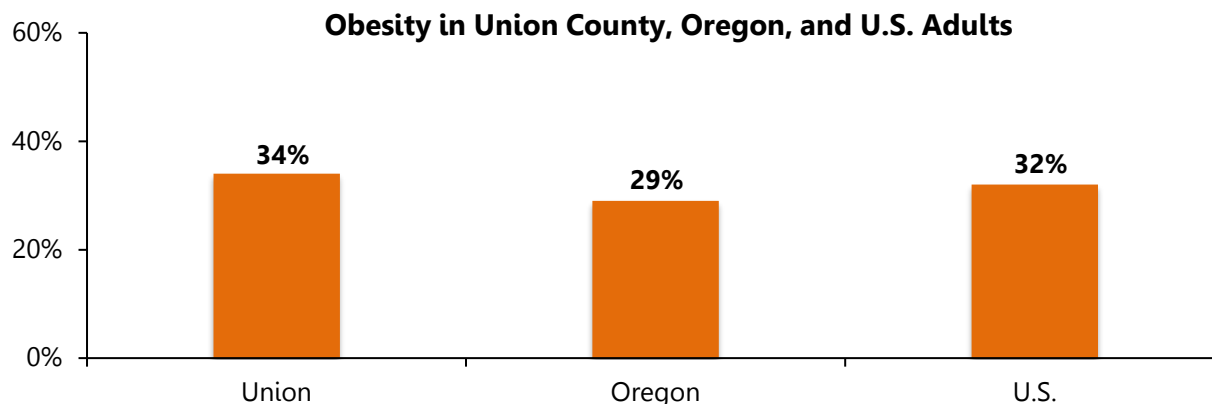
(Source: 2018 Union County Health Assessment and 2017 BRFSS)

ADULT TOBACCO USE

In 2018, 12% of Union County adults were current smokers, and 20% were considered former smokers. Six percent (6%) of adults used e-cigarettes in the past year. Two-fifths (40%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Union County Adult Smoking Behaviors*
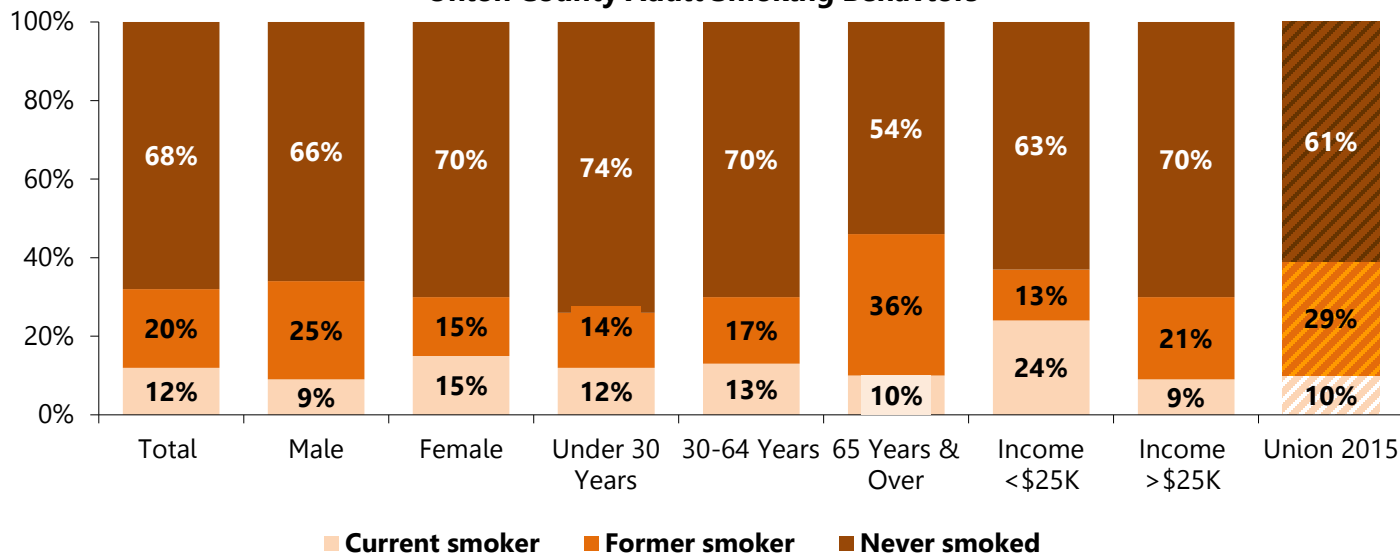
	Total	Male	Female	Under 30 Years	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015
Never smoked	68%	66%	70%	74%	70%	54%	63%	70%	61%
Former smoker	20%	25%	15%	14%	17%	36%	13%	21%	29%
Current smoker	12%	9%	15%	12%	13%	10%	24%	9%	10%

■ Current smoker   ■ Former smoker   ■ Never smoked

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

ADULT ALCOHOL CONSUMPTION

In 2018, 58% of Union County adults had at least one alcoholic drink in the past month. More than one-fifth (21%) of all Union County adults were binge drinkers.

Union County Adult Average Number of Drinks Consumed Per Drinking Occasion

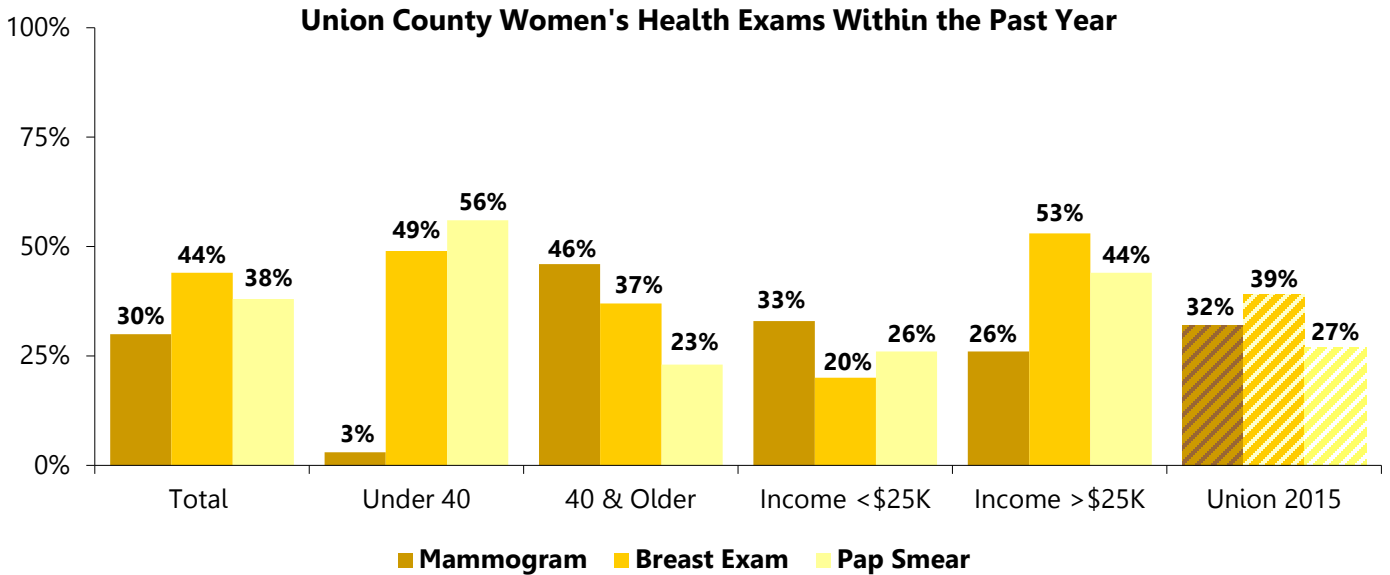| Total	Males	Females	Under 30	30-64 Years	65 & Over	Income <$25K	Income >$25K	Union 2015
3.6	3.6	3.7	5.4	3.8	2.2	5.3	3.3	2.9
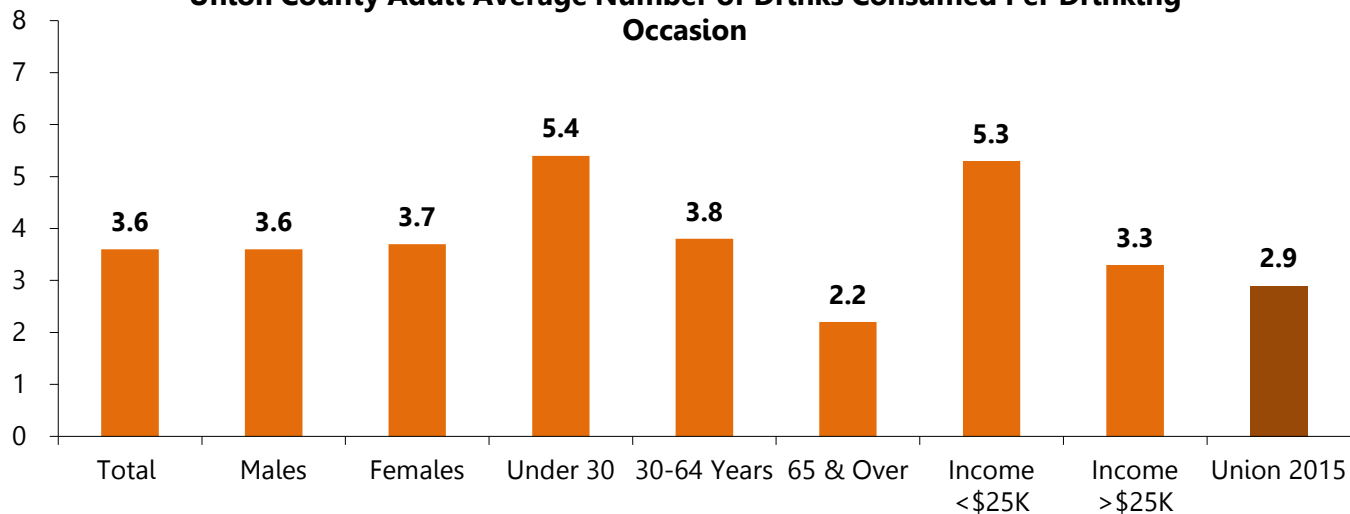
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT DRUG USE

In 2018, 12% of Union County adults had used recreational marijuana or hashish during the past six months. Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Union County Adult Recreational Marijuana Use in Past Six Months

Category	Percentage
Total	12%
Male	13%
Female	12%
Under 30	26%
30-64 Years	12%
65 & Over	3%
Income <$25K	11%
Income >$25K	14%
Union 2015	9%
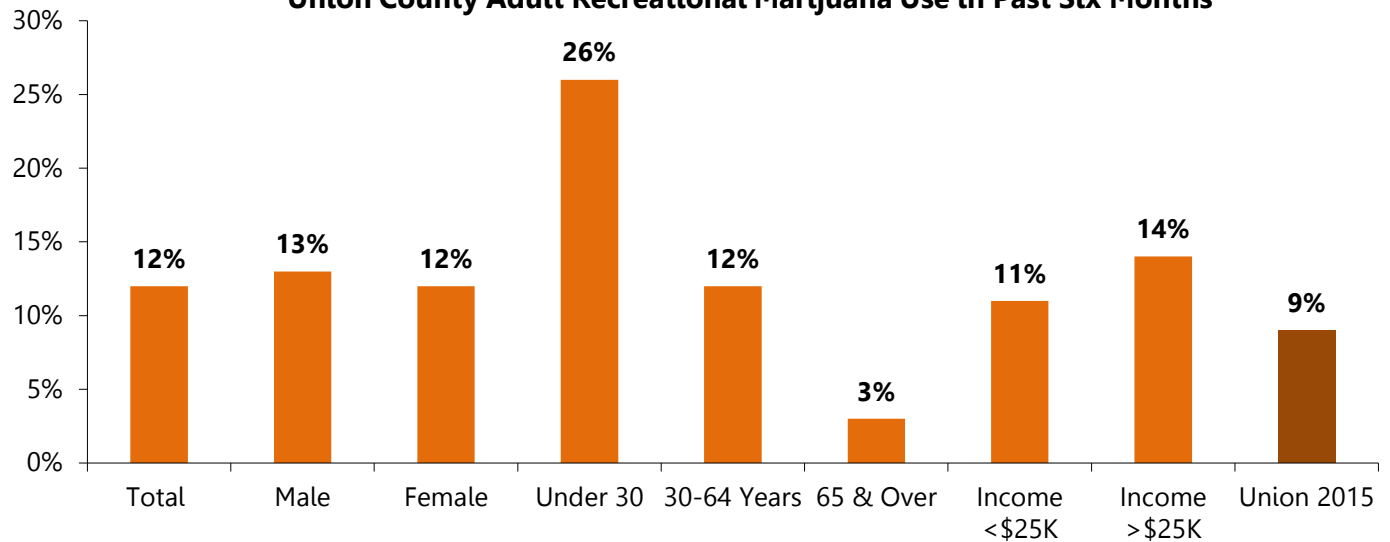
ADULT SEXUAL BEHAVIOR

In 2018, 66% of Union County adults had sexual intercourse. Three percent (3%) of adults had more than one partner in the past year. Thirteen percent (13%) of adults had been forced into unwanted sexual activity.

Union County Number of Sexual Partners in the Past Year*
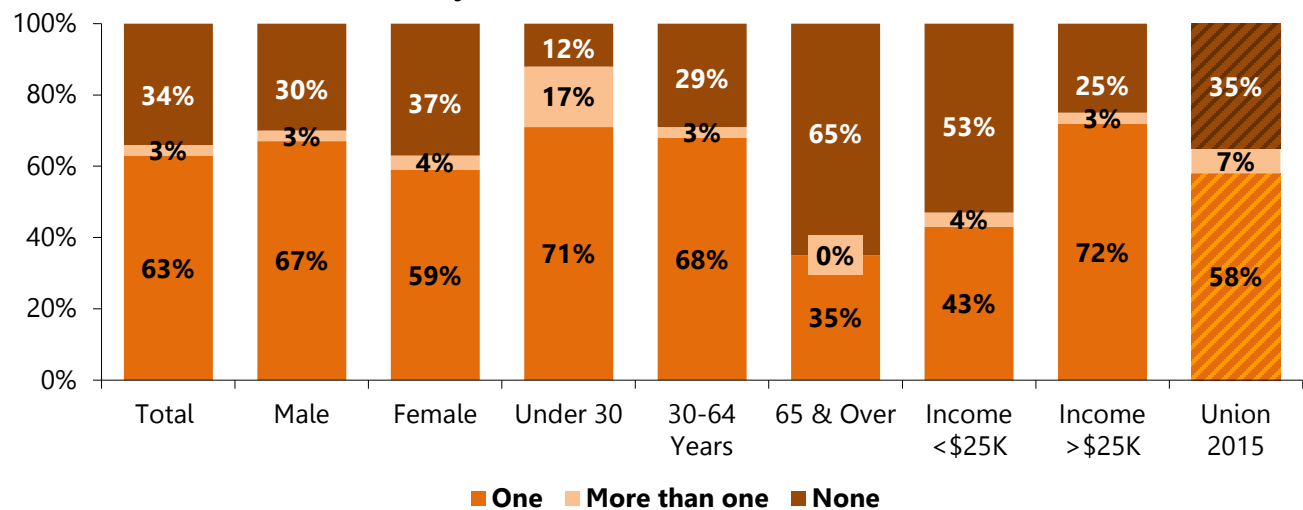
Category	One	More than one	None
Total	63%	3%	34%
Male	67%	3%	30%
Female	59%	4%	37%
Under 30	71%	17%	12%
30-64 Years	68%	3%	29%
65 & Over	35%	0%	65%
Income <$25K	43%	4%	53%
Income >$25K	72%	3%	25%
Union 2015	58%	7%	35%

Legend: ■ One ■ More than one ■ None

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

ADULT MENTAL HEALTH

In 2018, 6% of Union County adults considered attempting suicide. Twenty-one percent (21%) of adults reported they or a family member were diagnosed with, or treated for, depression.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2018, 6% of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Thirty-four percent (34%) of adults had high blood pressure, 34% were obese, 32% had high blood cholesterol, and 12% were current smokers, four known risk factors for heart disease and stroke.
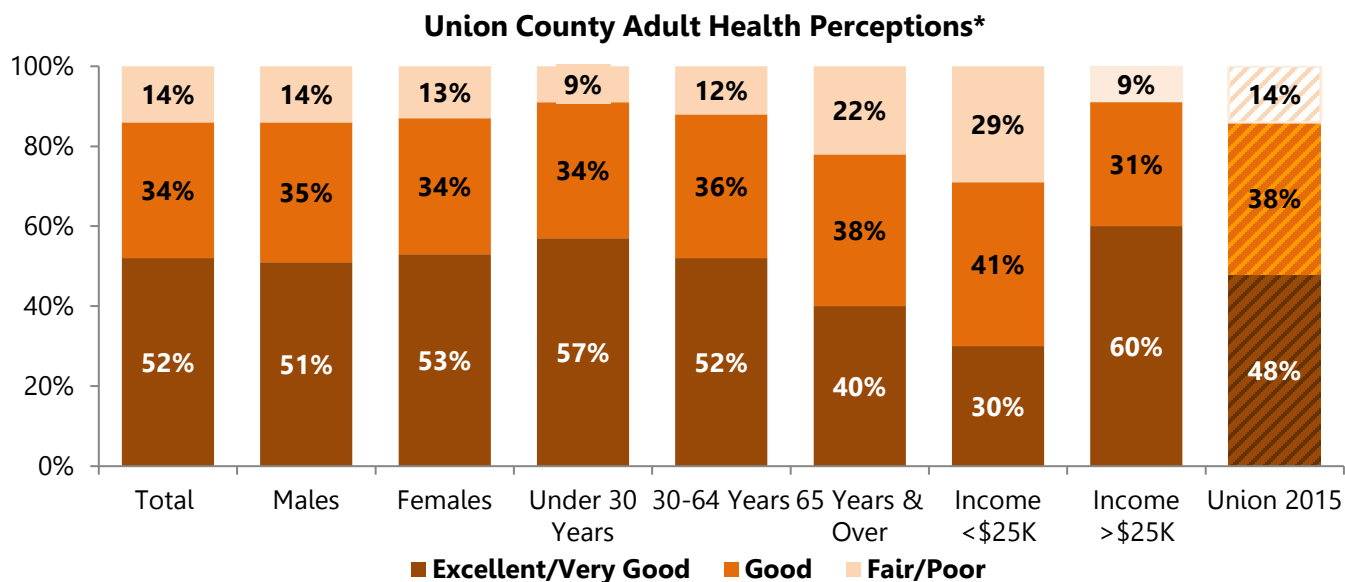
Union County Adults with CVD Risk Factors

(Bar chart)
- High Blood Pressure: 34%
- Obesity: 34%
- High Blood Cholesterol: 32%
- Sedentary: 20%
- Smoking: 12%
- Diabetes: 8%
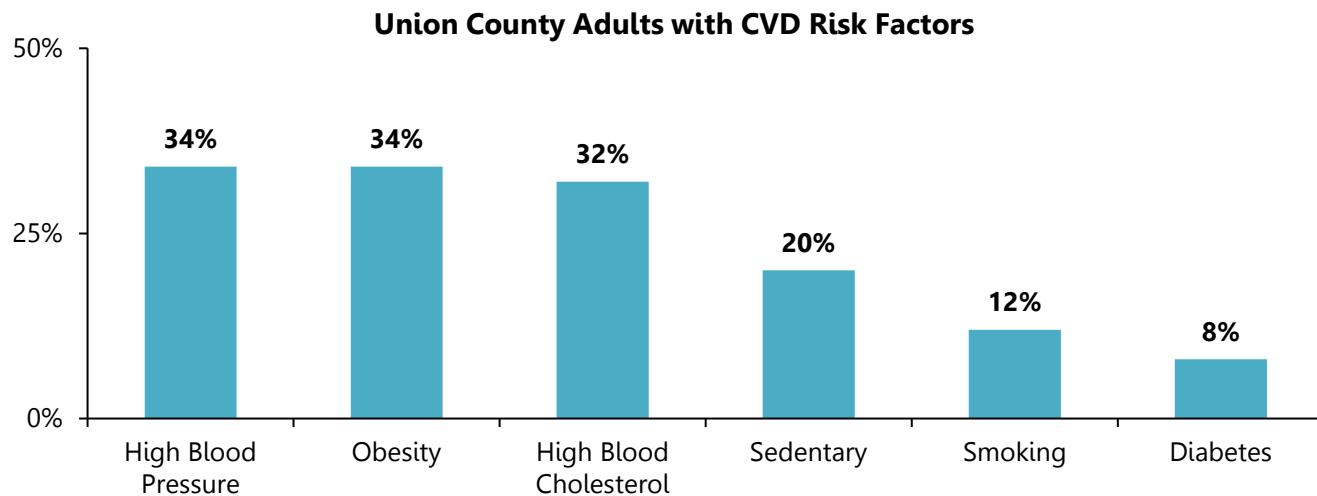
CANCER

In 2018, 11% of Union County adults had been diagnosed with cancer at some time in their life.

ASTHMA

Seventeen percent (17%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.

Union County Adults Diagnosed with Asthma

(Bar chart)
- Total: 17%
- Males: 15%
- Females: 18%
- Under 30: 26%
- 30-64 Years: 15%
- 65 & Over: 14%
- Income <$25K: 17%
- Income >$25K: 17%
- Union 2015: 14%
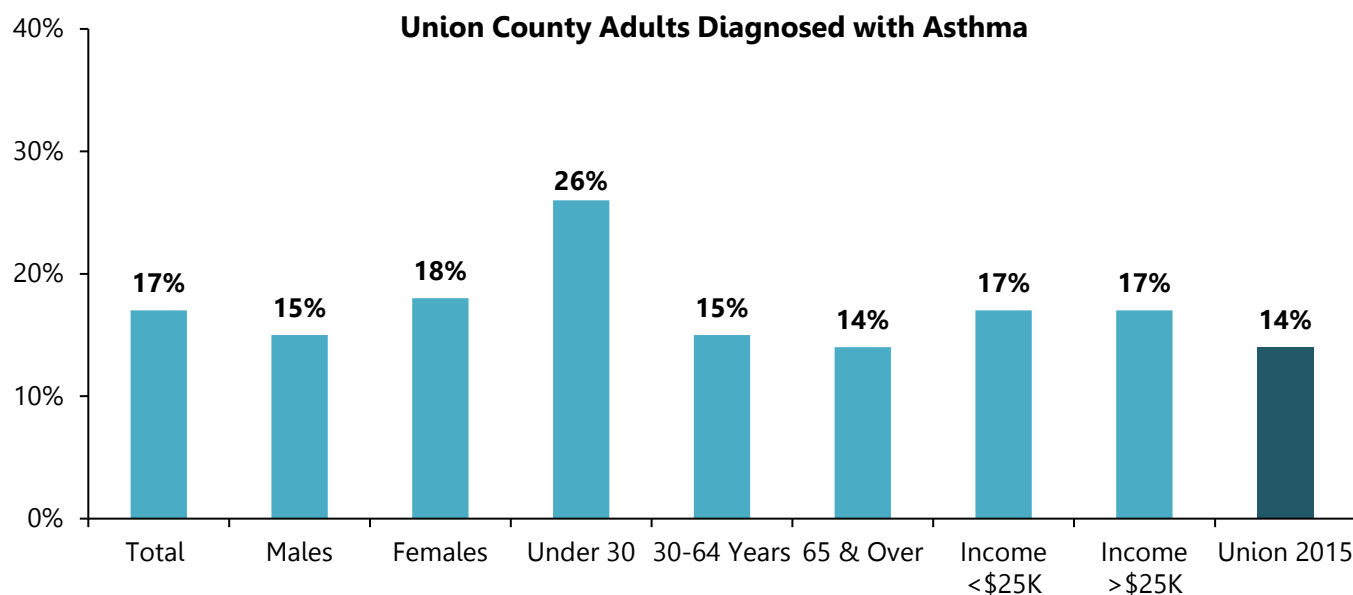
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DIABETES

Eight percent (8%) of Union County adults had been told by a doctor that they had diabetes.

Union County Adults Diagnosed with Diabetes

Category	Percent
Total	8%
Males	12%
Females	5%
Under 30	6%
30-64 Years	7%
65 & Over	17%
Income <$25K	14%
Income >$25K	7%
Union 2015	8%
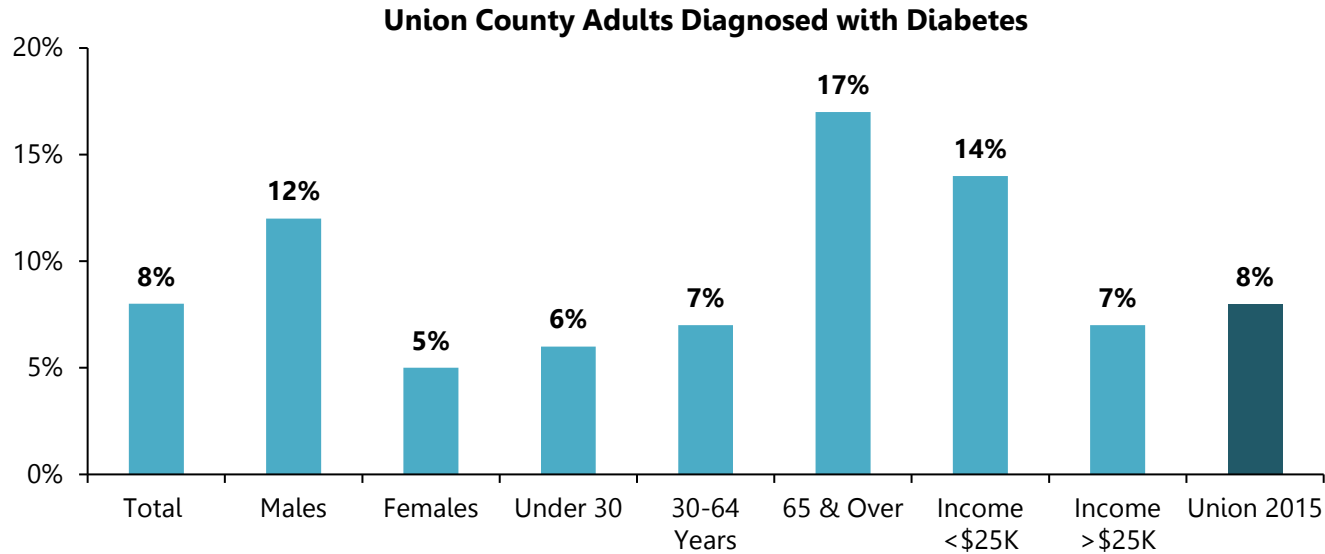
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

QUALITY OF LIFE

In 2018, 33% of Union County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (47%), chronic pain (42%), and arthritis/rheumatism (40%).

Union County Adults' Most Limiting Health Problems

Category	Percent
Back or Neck Problems	47%
Chronic Pain	42%
Arthritis/Rheumatism	40%
Stress, depression, anxiety, or emotional problems	29%
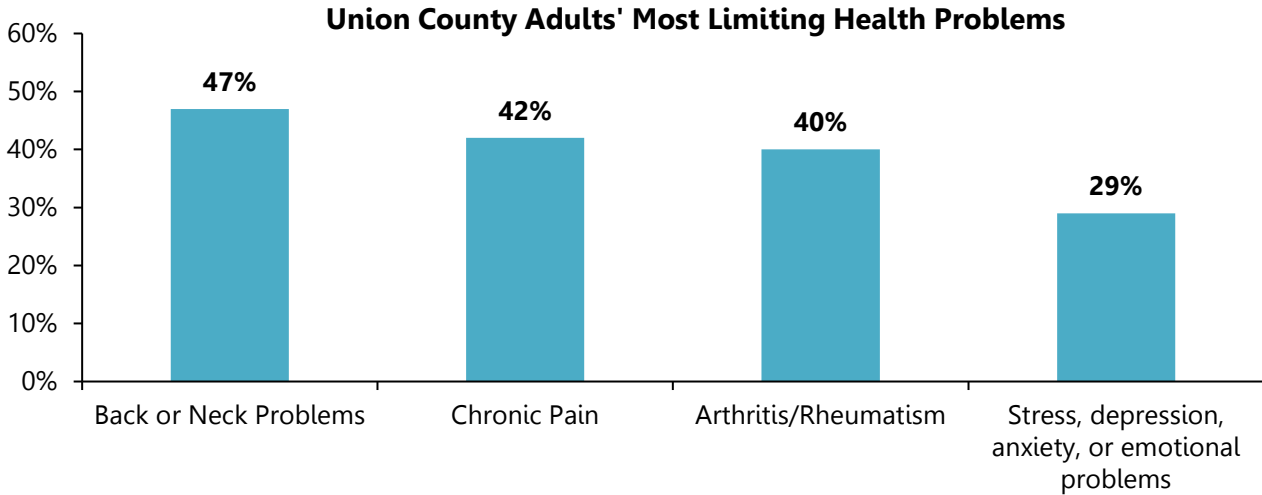
Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2018, 7% of Union County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Seventeen percent (17%) of Union County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime.

ENVIRONMENTAL HEALTH

The top four environmental health issues reported by Union County adults were air quality (18%), insects (8%), mold (6%), and rodents (6%). Sixteen percent (16%) of adults had a family disaster plan in preparation for a disaster.

PARENTING

Sixty-four percent (64%) of Union County parents talked to their 12- to 17-year-old about depression, anxiety, and suicide in the past year.

Adult Trend Summary

Adult Variables	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Health Status				
Rated health as excellent, very good or good	86%	86%	82%	83%
Rated health as excellent or very good	48%	52%	52%	51%
Rated general health as fair or poor	14%	14%	18%	18%
Rated their mental health as not good on four or more days in the previous month	24%	30%	N/A	N/A
Average days that physical health not good in past month	3.2	5.1	3.8‡	3.7‡
Average days that mental health not good in past month	4.6	5.4	4.5‡	3.8‡
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	32%	N/A	N/A
Health Care Coverage, Access, and Utilization				
Uninsured	10%	10%	10%	11%
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	77%	77%
Visited a doctor for a routine checkup in the past year	51%	54%	63%	70%
Diabetes & Asthma				
Had been diagnosed with diabetes	8%	8%	10%	11%
Had been diagnosed with asthma	14%	17%	17%	14%
Cardiovascular Health				
Had angina or coronary heart disease	2%	5%	4%	4%
Had a heart attack	3%	6%	4%	4%
Had a stroke	2%	4%	3%	3%
Had been diagnosed with high blood pressure	29%	34%	30%	32%
Had been diagnosed with high blood cholesterol	32%	32%	32%	33%
Had blood cholesterol checked within the past 5 years	72%	73%	85%	86%
Weight Status				
Overweight	36%	38%	35%	35%
Obese	28%	34%	29%	32%
Alcohol Consumption				
Current drinker (drank alcohol at least once in the past month)	59%	58%	60%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	21%	16%	17%
Tobacco Use				
Current smoker (currently smoke some or all days)	10%	12%	16%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	26%	25%
Tried to quit smoking	51%	39%	N/A	N/A

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

Adult Variables	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Marijuana and Drug Use				
Adults who used recreational marijuana in the past six months	9%	12%	N/A	N/A
Adults who misused prescription drugs in the past six months	18%	6%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	7%	3%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine (age 65 and older)	69%	71%	81%	75%
Had a flu shot in the past year (age 65 and over)	77%	70%	56%	60%
Had the Zoster (shingles) vaccine in lifetime	15%	17%	36%	29%
Had a clinical breast exam in the past two years (age 40 and older)	61%	56%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	65%	62%	67%*	72%*
Had a Pap smear in the past three years	51%¥	67%	79%*	80%*
Had a digital rectal exam in the past year	12%	10%	N/A	N/A
Had a sigmoidoscopy/colonoscopy in the past 5 years (age 50 and over)	50%	52%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	24%	33%	N/A	N/A
Mental Health				
Considered attempting suicide in the past year	4%	6%	N/A	N/A
Attempted suicide in the past year	2%	1%	N/A	N/A
Oral Health				
Adults who have visited the dentist or dental clinic in the past year	64%	64%	68%*	66%*

N/A - Not Available
*2016 BRFSS data
¥reported for women ages 19 and over

Health Care Access: Health Care Coverage

Key Findings

In 2018, 10% of Union County adults were without health care coverage. The top reason adults gave for being without health care coverage was that they could not afford to pay the premiums (47%).

General Health Coverage

- In 2018, 90% of Union County adults had health care coverage, leaving 10% of adults uninsured.

- The following types of health care coverage were used: employer (42%); Medicare (19%); Medicaid or medical assistance (11%); someone else's employer (7%); a plan that someone else buys on their own (6%); military, CHAMPUS, Tricare, CHAMPVA, or the VA (3%); Health Insurance Marketplace (3%); other sources (2%); and don't know (1%).

- The top reasons uninsured adults gave for being without health care coverage were because:
  — They could not afford to pay the premiums/cost (47%)
  — They lost their job or changed employers (41%)
  — They became ineligible (22%)
  — Their employer did not offer/stopped offering coverage (14%)

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

Key Facts about the Uninsured Population

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

- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.

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

- In 2017, uninsured nonelderly adults were three or more times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.

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

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, December 2018)

- Union County adults had the following issues regarding their health care coverage: cost (38%), opted out of certain coverage because they could not afford it (16%), could not understand insurance plan (10%), service is not deemed medically necessary (8%), working with insurance company (6%), service is no longer covered (6%), opted out of certain coverage because they did not need it (6%), limited visits (4%), pre-existing conditions (4%), and provider/facility is no longer covered (3%).

- More than one-fourth (27%) of adults did not get prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (44%), too expensive (39%), they stretched their prescription by taking less than prescribed (15%), they did not think they needed it (12%), side effects (12%), there was no generic equivalent (9%), no insurance (6%), fear of addiction (2%), they were taking too many medications (1%), and transportation (1%).

The following graph shows the percentage of Union County adults who were uninsured. Examples of how to interpret the information in the graph include: 10% of all Union County adults were uninsured, including 12% of those with an income less than $25,000 and 6% of those under the age of 30. The pie chart shows sources of Union County adults' health care coverage.
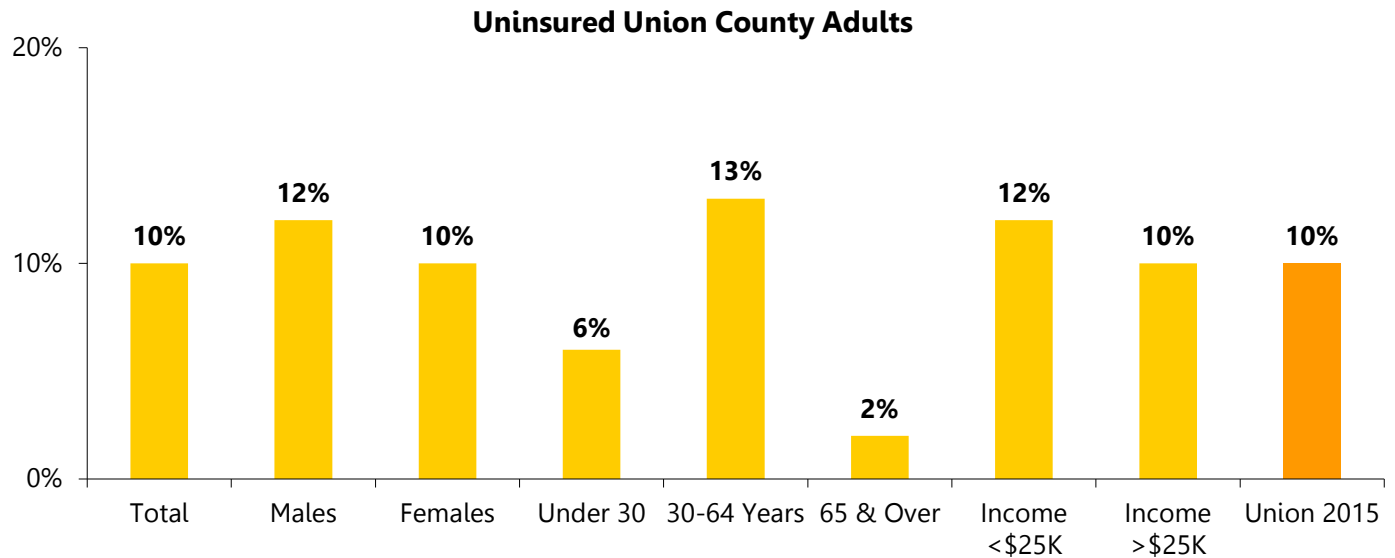
Uninsured Union County Adults

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

Source of Health Coverage for Union County Adults
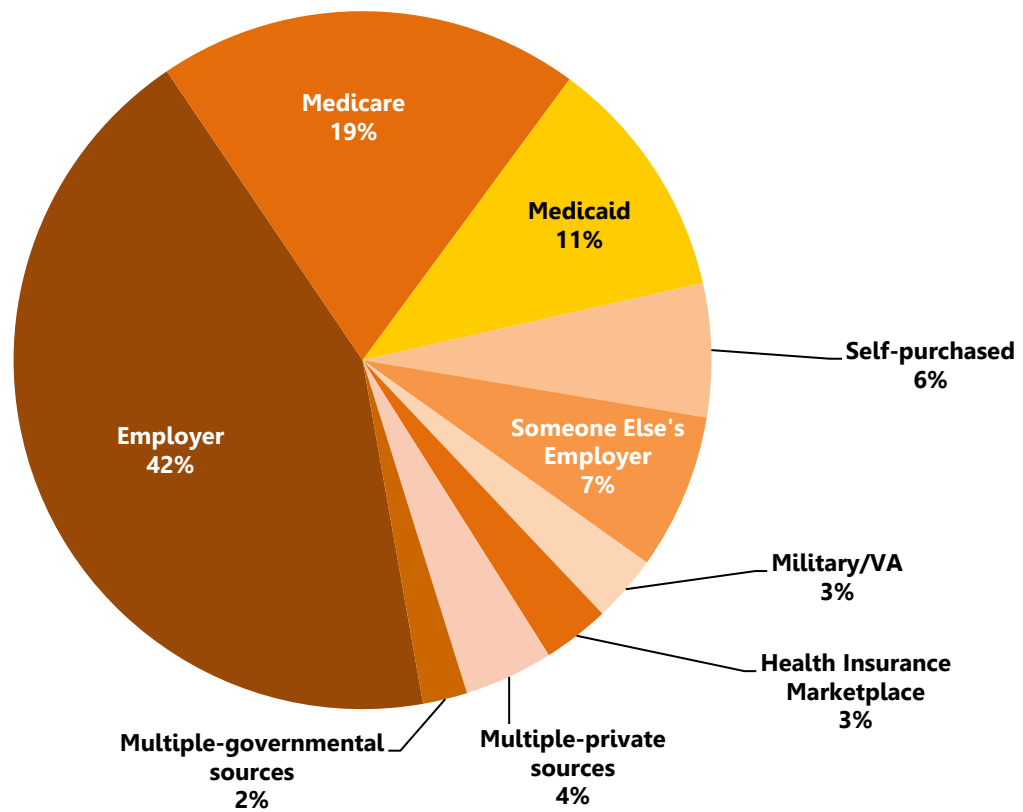
The following chart shows what was included in Union County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	89%	2%	9%
Prescription Coverage	85%	7%	8%
Preventive Health	77%	5%	18%
Immunizations	76%	5%	19%
Outpatient Therapy	62%	6%	32%
Union County Physicians	62%	5%	33%
Dental	57%	32%	11%
Vision/Eyeglasses	55%	31%	14%
Mental Health	54%	7%	39%
Family Members	53%	31%	16%
Alcohol and Drug Treatment	30%	10%	60%
Hearing	26%	27%	47%
Long term care	15%	21%	64%
Skilled Nursing/Assisted Living	15%	14%	71%
Hospice	14%	16%	70%
Home Care	11%	20%	69%
Transportation	5%	33%	62%

Healthy People 2020
Access to Health Services (AHS)

Objective	Union County 2018	Oregon 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 20-24 87% age 25-34 81% age 35-44 89% age 45-54 92% age 55-64	83% age 18-24 84% age 25-34 88% age 35-44 90% age 45-54 92% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

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

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Uninsured	10%	10%	10%	11%

Health Care Access: Access and Utilization

Key Findings

Fifty-four percent (54%) of Union County adults had visited a doctor for a routine checkup in the past year. Over half (56%) of adults went outside of Union County for health care services in the past year.

Health Care Access

- Fifty-four percent (54%) of Union County adults visited a doctor for a routine checkup in the past year, increasing to 66% of those over the age of 65.

- Eighteen percent (18%) of adults reported there was a time in the past 12 months they needed care but could not get it, increasing to 25% of males.

- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (57%), compared to 25% of those without health care coverage.

- Forty-four percent (44%) of adults reported they had one person they thought of as their personal doctor or health care provider. Thirty-two percent (32%) of adults had more than one person they thought of as their personal health care provider, and 23% did not have one at all.

- Union County adults gave the following reasons for not having a usual source of medical care: have not needed a doctor (36%), two or more usual places (18%), no insurance/cannot afford (14%), previous doctor or health care professional is unavailable or has moved (10%), not accepting new patients (5%), do not like/trust/believe in doctors or health care professionals (2%), outstanding bill (2%), and other reasons (7%).

> ### 3,520 Union County adults needed care in the past 12 months but did not get it.

- Adults accessed care in Union County at the following places: Grande Ronde Hospital Regional Medical Clinic (65%), Grande Ronde Hospital Women's Clinic (23%), La Grande Family Practice (19%), Grande Ronde Hospital Emergency Room (19%), local chiropractor office (15%), Grande Ronde Hospital Specialty Clinic (14%), Grande Ronde Hospital Children's Clinic (9%), Center for Human Development (7%), Grande Ronde Hospital Neurology Clinic (6%), Union County VA Clinic (5%), Grande Ronde Hospital Union Clinic (5%), Grande Ronde Hospital Elgin Clinic (4%), Grande Ronde Hospital Dermatology Clinic (3%), naturopath (2%), and other (6%).

- Adults usually visited the following places when they were sick or needed advice about their health: doctor's office (50%), walk-in health center (8%), Internet (5%), public health clinic or community health center (3%), Department of Veteran's Affairs (VA) (2%), urgent care center (1%), alternative therapies (1%), hospital emergency room (1%), chiropractor (<1%), a hospital outpatient department (<1%), and some other kind of place (1%). Five percent (5%) of adults indicated they had no usual place for health care services.

- In the past year, adults visited the Emergency Room at the following frequencies: 0 times (75%), 1 or 2 times (22%), 3 to 5 times (1%), and 6 or more times (<1%).

- Adults who used the Emergency Room for health care reported the following reasons: serious illness/injury (75%), could not get into primary care physician because of time of day/too long of a wait (26%), doctor/health care provider referral (15%), did not have a primary care physician (4%), and what they have always done/what they were used to (3%).

- The following might prevent Union County adults from seeing a doctor or health care provider if they were sick, injured, or needed some kind of health care: nothing (49%), cost (34%), difficult to get an appointment (17%), could not get time off work (6%), doctor would not take their insurance (5%), hours not convenient (4%), worried they might find something wrong (4%), do not trust or believe doctors (4%), frightened of the procedure or doctor (4%), no transportation or difficult to find transportation (3%), could not find child care (2%), discrimination (1%), and some other reason (5%).

- Reasons for not getting medical care in the past 12 months included the following: too long of a wait for an appointment (40%), costs/no insurance (32%), too long of a wait in waiting room (6%), office was not open when they could get there (4%), distance (3%), no child care (3%), too embarrassed to seek help (2%), no need to go (2%), no transportation (1%), no access for people with disabilities (1%), provider does not taken their insurance (1%), and other (27%).

- Over half (56%) of adults went outside of Union County for the following health care services in the past year: specialty care (62%), dental care (16%), female health services (11%), cardiac care (9%), primary care (9%), orthopedic care (9%), cancer care (7%), mental health care/counseling services (7%), pediatric care (5%), obstetrics/gynecology/NICU (5%), hospice/palliative care (2%), pediatric care and therapies (2%), addiction services (1%), emergency room services (1%), and another service (14%).

- Reasons for seeking care outside of Union County included the following: need care that they cannot get locally (54%), care is better elsewhere (39%), referred by provider (29%), it costs less (5%), their insurance requires it (5%), more privacy (2%), closer to where they live or work (<1%), and other (11%).

- Adults went to the following places outside of Union County for their health care needs: Walla Walla (33%), Boise (28%), Tri-Cities (12%), Baker (12%), Portland (11%), Pendleton (3%), Ontario (3%), Spokane (1%), and other (8%).

- Adults preferred to access information about their health or health services from the following: a doctor or health care provider (80%); Internet searches (36%); through family member or friend (17%); texts on cell phone (6%); advertising or mailings from hospitals, clinics, or doctors' offices (5%); newspaper articles or radio/television news stories (4%); social networks (2%); billboards (<1%); and other (5%).

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 (22%); weight problems (10%); disability (8%); family planning (8%); elder care (6%); end-of-life/hospice care (6%); marital/family problems (5%); tobacco cessation (3%); alcohol abuse (2%); drug abuse (2%); detoxification of opiates/heroin (2%); and gambling abuse (1%).

- Adults had the following transportation issues when they needed services: could not afford gas (3%), disabled (3%), other car issues/expenses (2%), did not feel safe to drive (2%), limited public transportation available or accessible (1%), no driver's license/suspended license (1%), could not afford public transportation (1%), no car (1%), no public transportation available or accessible (<1%), and no car insurance (<1%).

- In the past 6 months, adults gave the following reasons that they or someone in their household went without mental health or substance abuse treatment: costs too much (4%), embarrassed of seeking mental health services (4%), fear of treatment (3%), did not have insurance (3%), did not know where to get care (2%), could not get appointment soon enough (2%), quit treatment/not helpful (2%), insurance was not accepted (1%), was not open when needed (1%), still waiting for treatment (1%), did not want to go to the treatment insurance covered (<1%), and other (3%). Eighty-nine percent (89%) of adults indicated this type of treatment was not needed.

The following graph shows the percentage of Union County adults who had a routine checkup in the past year. Example of how to interpret the information include: 54% of all Union County adults had a routine check-up in the past year, including 52% of males and 48% of those with incomes less than $25,000.

Union County Adults Who Had a Routine Check-up in the Past Year
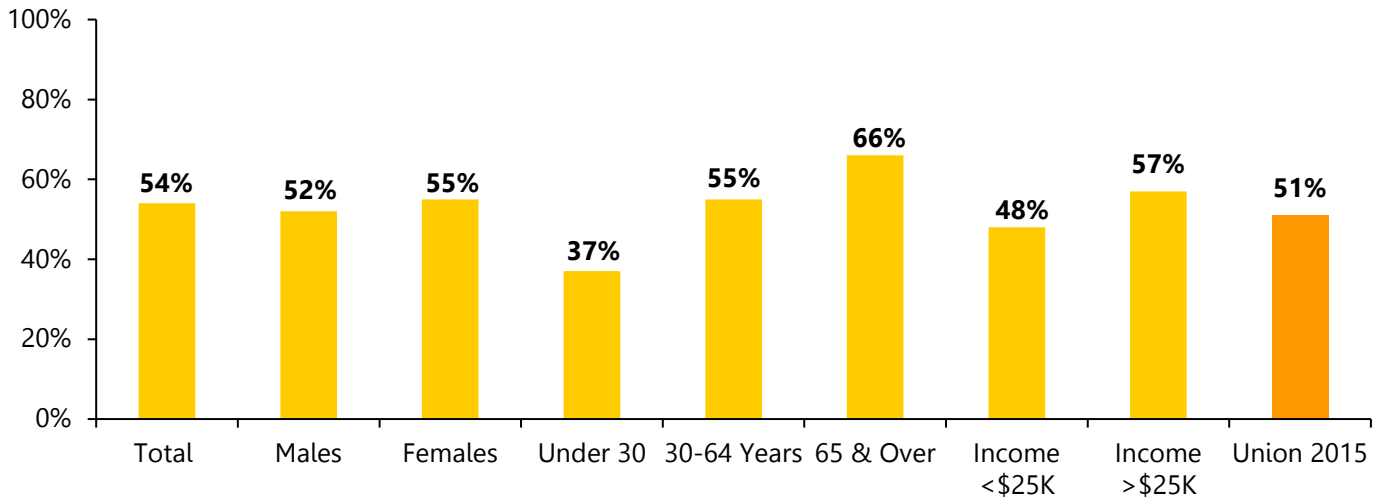
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	77%	77%
Visited a doctor for a routine checkup in the past year	51%	54%	63%	70%

Health Care Access: Preventive Medicine

Key Findings

Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

Preventive Medicine

- Nearly half (48%) of Union County adults had a flu vaccine during the past year.

- Seventy percent (70%) of Union County adults ages 65 and over had a flu vaccine in the past 12 months.

- Adults reported the following reasons for not receiving a flu vaccine: did not need it (45%), it does not work (22%), get sick from it (18%), time (11%), cost (5%), transportation (1%), religious beliefs (1%), vaccine not available (1%), insurance does not cover (<1%), and other (32%).

9,386 adults had a flu vaccine during the past year.

- More than one-third (37%) of adults had a pneumonia vaccine in their life, increasing to 71% of those ages 65 and over.

- Union County adults had the following vaccines:
  — MMR in their lifetime (72%)
  — Tetanus booster (including Tdap) in the past 10 years (65%)
  — Chicken pox in their lifetime (45%)
  — Hepatitis B (44%)
  — Hepatitis A (36%)
  — Pertussis vaccine in the past 10 years (27%)
  — Zoster (shingles) vaccine in their lifetime (17%)
  — Human papillomavirus (HPV) vaccine in their lifetime (13%)

Preventive Wellness

- Union County adults reported having access to the following wellness programs through their employer or spouse's employer: free/discounted gym membership (16%), health risk assessment (12%), lower insurance premiums for participation in wellness programs (10%), on-site fitness facility (9%), counseling services (7%), free/discounted weight loss program (7%), free/discounted smoking cessation programs (5%), stress management/mindfulness (4%), on-site health screenings (4%), on-site health education classes (3%), gift cards or cash for participation in wellness programs (2%), healthier food options in vending machines or cafeteria (2%), lower insurance premiums for positive changes in health status (2%), gift cards for cash or positive changes in health status (1%), and other (5%). Thirty-nine percent (39%) of adults reported having no access to any wellness program.

Preventive Health Screenings and Exams

- Fifty-two percent (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

- In the past year, 46% of Union County women ages 40 and over had a mammogram.

- 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.

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

Health Care Topics	Total 2015	Total 2018
Family history	N/A	43%
Immunizations	18%	41%
Safe use of prescription medication	N/A	29%
Depression, anxiety, or emotional problems	18%	28%
Weight control (diet, physical activity)	N/A	23%
Tobacco use	N/A	16%
Alcohol use	5%	14%
Bone density	N/A	12%
Falls	N/A	11%
PSA test	N/A	11%
Family planning	N/A	10%
Domestic violence	3%	9%
Injury prevention such as safety belt use, helmet use & smoke detectors	3%	9%
Safe use of opiate-based pain medication	N/A	8%
Sexually transmitted diseases (STDs)	N/A	5%
Firearm safety	N/A	5%
Illicit drug abuse	<1%	4%
Self-testicular exams	N/A	3%

N/A - Not Available

Healthy People 2020
Immunization and Infectious Diseases (IID)

Objective	Union County 2018	Oregon 2017	U.S. 2017	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	71%	81%	75%	90%

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

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had a pneumonia vaccination (age 65 and over)	69%	71%	81%	75%
Had a flu shot in the past year (age 65 and over)	77%	70%	56%	60%
Had the Zoster (shingles) vaccine in lifetime	15%	17%	36%	29%
Had a sigmoidoscopy/colonoscopy in the past 5 years (age 50 and over)	50%	52%	N/A	N/A

N/A - Not Available

If you are this age,   talk to your health care professional about these vaccines

If you are this age,	Flu Influenza	Tdap or Td Tetanus, diphtheria, pertussis	Shingles Zoster		Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
			RZV	ZVL	PCV13	PPSV23	MenACWY	MenB		for women	for men				
19 - 21 years	■	■			■	■	■	■	■	■	■	■	■	■	■
22 - 26 years	■				■	■	■	■	■	■	■	■	■	■	■
27 - 49 years	■				■	■	■	■	■			■	■	■	■
50 - 64 years	■		■	■	■	■	■	■	If born in 1957 or later			■	■	■	■
65+ year	■			■	■	■	■	■					■	■	■

More Information:

You should get flu vaccine every year.

You should get 1 dose of Tdap if you did not get it as a child or adult. You should also get a Td booster every 10 years. Women should get 1 dose of Tdap during every pregnancy.

There are 2 types of zoster vaccine. You should get 2 doses of RZV at age 50 years or older (preferred) or 1 dose of ZVL at age 60 years or older, even if you had shingles before.

There are 2 types of pneumococcal vaccine. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you *unless* your health care professional tells you that you do not need it or should not get it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition. Talk to your health care professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your health care professional about which vaccines you may need at least 6 weeks before you travel.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

(Source: Centers for Disease Control and Prevention, Recommended Immunizations for Adults, 2019)

Health Care Access: Women's Health

Key Findings

Nearly half (46%) of Union County women over the age of 40 reported having a mammogram in the past year. Forty-four percent (44%) of women age 19 and over had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 3% survived a stroke at some time in their life. Sixty-eight percent (68%) were obese, 30% had high blood pressure, 24% had high blood cholesterol, and 15% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2018, 57% of women had a mammogram at some time in their life, and 30% had this screening in the past year.

- Nearly half (46%) of women age 40 and over had a mammogram in the past year, and 62% had one in the past two years.

- Ninety-four percent (94%) Union County women had a clinical breast exam at some time in their life, and 44% had one within the past year. Over half (56%) of women age 40 and over had a clinical breast exam in the past two years.

- Most (98%) of Union County women had a Pap smear in their life, and 38% reported having had the exam in the past year. Sixty-seven percent (67%) of women ages 21-65 had a Pap smear in the past three years.

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

1. Heart Disease (22% of all deaths)
2. Cancers (19%)
3. Chronic Lower Respiratory Diseases (9%)
4. Accidents (unintentional injuries) (6%)
5. Stroke (5%) (Tie)
6. Alzheimer's Disease (6%) (Tie)

(Source: CDC Wonder, 2015-2017)

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

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

(Source: CDC Wonder, 2015-2017)

Pregnancy

- Twenty-five percent (25%) of Union County women had been pregnant in the past five years.

- During their last pregnancy within the past five years, Union County women got a prenatal appointment in the first three months (82%), took a multi-vitamin with folic acid during pregnancy (66%), got a dental exam (52%), took a multi-vitamin with folic acid pre-pregnancy (50%), took folic acid/prenatal vitamin (48%), took folic acid during pregnancy (34%), experienced depression (32%), took folic acid pre-pregnancy (28%), looked for family planning resources (26%), received WIC services (18%), used any drugs not prescribed to them (4%), looked for options for unwanted pregnancy (4%), and used opioids (2%).

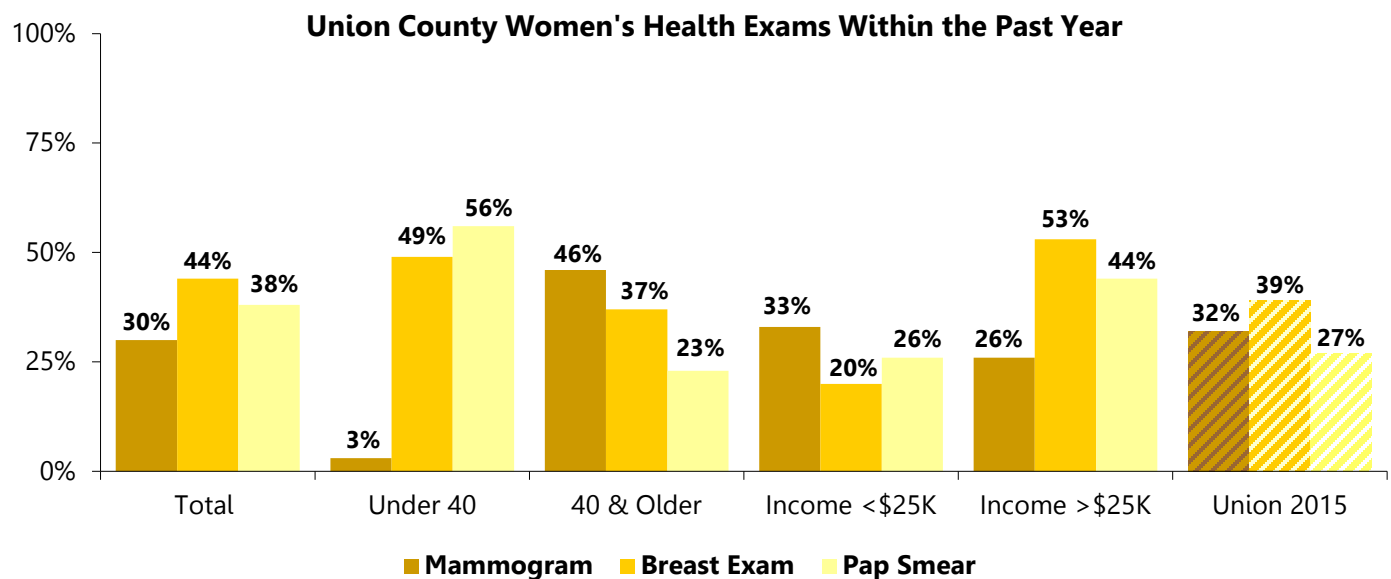| Adult Comparisons	Union County 2015	Union County 2018	Oregon 2016	U.S. 2016
Had a clinical breast exam in the past two years (age 40 & over)	61%	56%	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	65%	62%	67%	72%
Had a Pap smear in the past three years (age 21-65)	51%*	67%	79%	80%

N/A - Not Available
*In 2015, Pap smear was reported for women ages 19 and over

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: Grande Ronde Hospital Women's Clinic (52%), Grande Ronde Hospital Regional Medical Clinic (21%), La Grande Family Practice (13%), Center for Human Development (8%), gynecologist outside of Union County (6%), family physician/nurse practitioner or physician assistant outside of Union County (3%), Grande Ronde Hospital Union Clinic (1%), Grande Ronde Hospital Elgin Clinic (1%), Union County VA Clinic (1%), and some other kind of place (6%). Nine percent (9%) of women indicated they did not have a usual source of care.

- In 2018, 4% of women had survived a heart attack and 3% had survived a stroke at some time in their life.

- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all female deaths in Union County *(Source: CDC Wonder, 2015-2017).*

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County, the 2018 health assessment has identified that:
  — 68% of women were overweight or obese (2017 BRFSS reports 59% for Oregon and 2016 BRFSS reported 59% for the U.S.)
  — 30% were diagnosed with high blood pressure (2017 BRFSS reports 27% for Oregon and 2016 BRFSS
  — reported 30% for the U.S.)
  — 24% were diagnosed with high blood cholesterol (2017 BRFSS reports 30% for Oregon and 2016 BRFSS reported 35% for the U.S.)
  — 15% of all women were current smokers (2017 BRFSS reports 14% for Oregon and 2016 BRFSS reported 14% for the U.S.)
  — 5% had been diagnosed with diabetes (2017 BRFSS reports 9% for Oregon and 2016 BRFSS reported 11% for the U.S.)

The following graph shows the percentage of Union County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 30% of Union County females had a mammogram within the past year, 44% had a clinical breast exam, and 38% had a Pap smear.

Union County Women's Health Exams Within the Past Year

	Mammogram	Breast Exam	Pap Smear
Total	30%	44%	38%
Under 40	3%	49%	56%
40 & Older	46%	37%	23%
Income <$25K	33%	20%	26%
Income >$25K	26%	53%	44%
Union 2015	32%	39%	27%

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

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

- From 2015 to 2017, the Union County female stroke mortality rate was lower than the Oregon female stroke mortality rate.

- The Union County female age-adjusted heart disease mortality rate was lower than the Oregon male rate from 2015 to 2017.

Union County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2015-2017
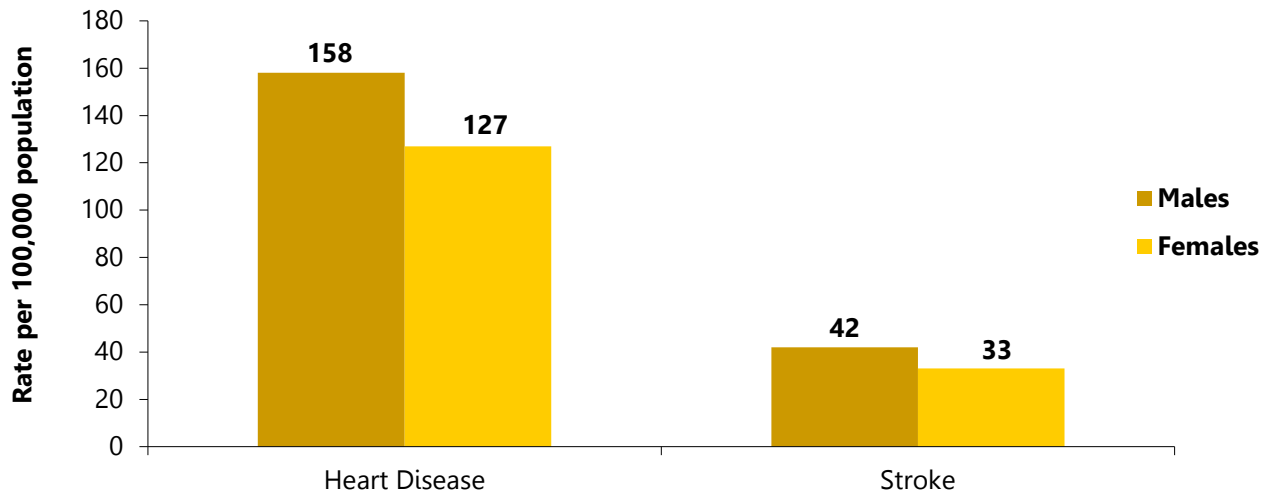
Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2015-2017
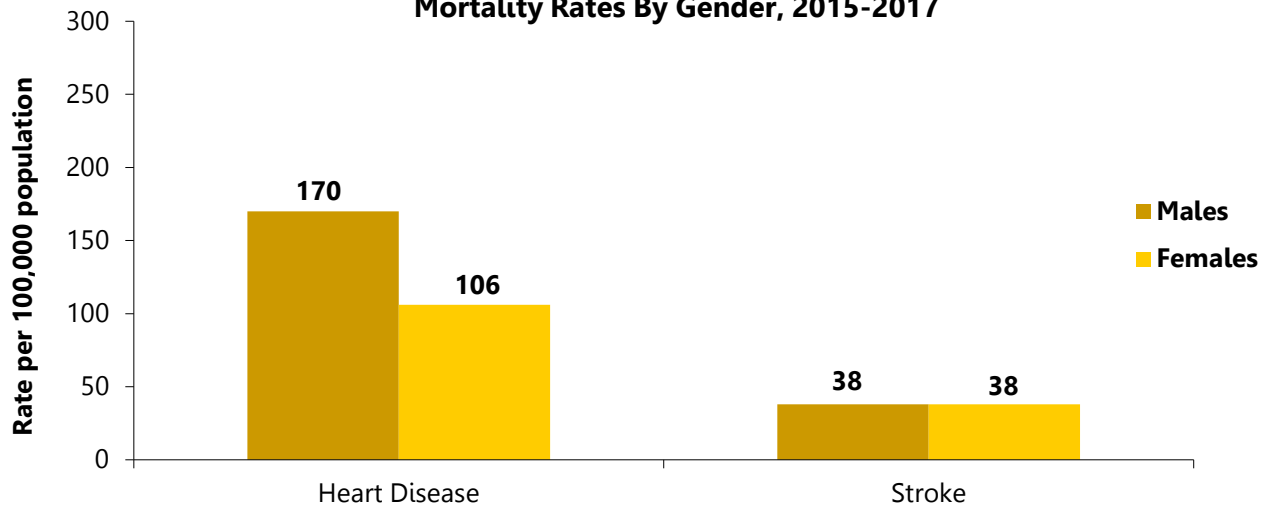
(Source for graphs: CDC Wonder, 2015-2017)

Health Care Access: Men's Health

Key Findings

More than half (52%) of men had a digital rectal exam in their lifetime, and 10% had one in the past year. In 2018, 40% of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 9% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Sixty percent (60%) of men performed a self-testicular exam in their lifetime, and 5% performed a self-testicular exam in the past year. Thirty-two percent (32%) reported they had never been taught by a health care professional how to perform one.

- More than half (52%) of men had a digital rectal exam in their lifetime, and 10% had one in the past year.

- Sixteen percent (16%) of males age 50 and over had a digital rectal exam in the past year.

Union County Male Leading Causes of Death, 2015 – 2017
1. Cancers (26% of all deaths)
2. Heart Disease (21%)
3. Chronic Lower Respiratory Diseases (8%)
4. Accidents, Unintentional Injuries (7%)
5. Stroke (5%)
(Source: CDC Wonder, 2015-2017)

Oregon Male Leading Causes of Death, 2015 – 2017
1. Cancers (23% of all deaths)
2. Heart Disease (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (5%)
5. Stroke (5%)
(Source: CDC Wonder, 2015-2017)

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County, the 2018 health assessment identified that:
  — 76% of men were overweight or obese (2017 BRFSS reports 70% for Oregon and 2016 BRFSS reported 71% for the U.S.)
  — 40% were diagnosed with high blood cholesterol (2017 BRFSS reports 34% for Oregon and 2016 BRFSS reported 38% for the U.S.)
  — 39% were diagnosed with high blood pressure (2017 BRFSS reports 33% for Oregon and 2016 BRFSS reported 34% for the U.S.)
  — 12% had been diagnosed with diabetes (2017 BRFSS reports 10% for Oregon and 2016 BRFSS reported 11% for the U.S.)
  — 9% of all men were current smokers (2017 BRFSS reports 18% for Oregon and 2016 BRFSS reported 19% for the U.S.)

- Men used the following as their usual source of services for male health concerns: Grande Ronde Hospital Regional Medical Clinic (53%), La Grande Family Practice (18%), Union County VA Clinic (5%), family physician/nurse practitioner or physician assistant outside of Union County (5%), Grande Ronde Hospital Elgin Clinic (3%), Center for Human Development (2%), Grande Ronde Hospital Union Clinic, (2%), and some other kind of place (2%). Nineteen percent (19%) of men reported they do not have a usual source of care.

- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all male deaths in Union County *(Source: CDC Wonder, 2015-2017)*.

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had a digital rectal exam in the past year	12%	10%	N/A	N/A

N/A - Not Available

The following graph shows the percentage of Union County male adults that had a digital rectal exam in their lifetime. Examples of how to interpret the information shown on the graph include: 52% of Union County males had a digital rectal exam in their lifetime, including 76% of those ages 50 and older and 41% of those with incomes less than $25,000.
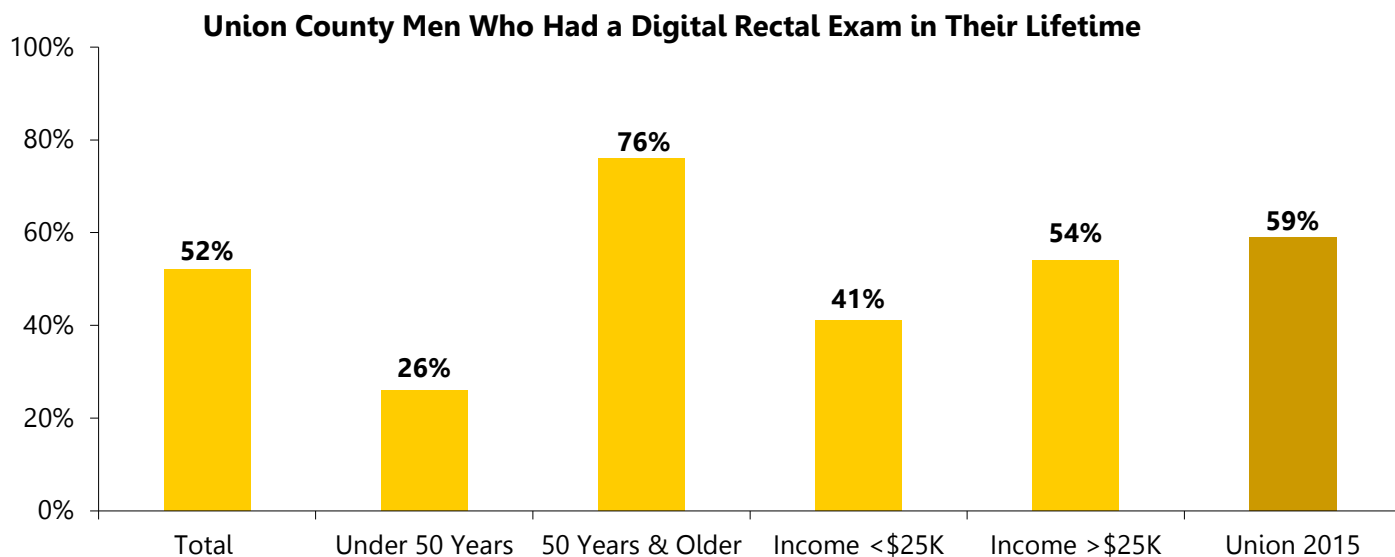
Union County Men Who Had a Digital Rectal Exam in Their Lifetime

Total	Under 50 Years	50 Years & Older	Income <$25K	Income >$25K	Union 2015
52%	26%	76%	41%	54%	59%

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

Prostate Cancer Awareness

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

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

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

- Two tests are commonly used to screen for prostate cancer:
  — **Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.

  — **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, September 17, 2018)

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

- From 2015 to 2017, the Union County and Oregon age-adjusted mortality rates for male lung cancer were lower than the Healthy People 2020 objective.

Union County Male Age-Adjusted Lung Cancer Mortality Rates
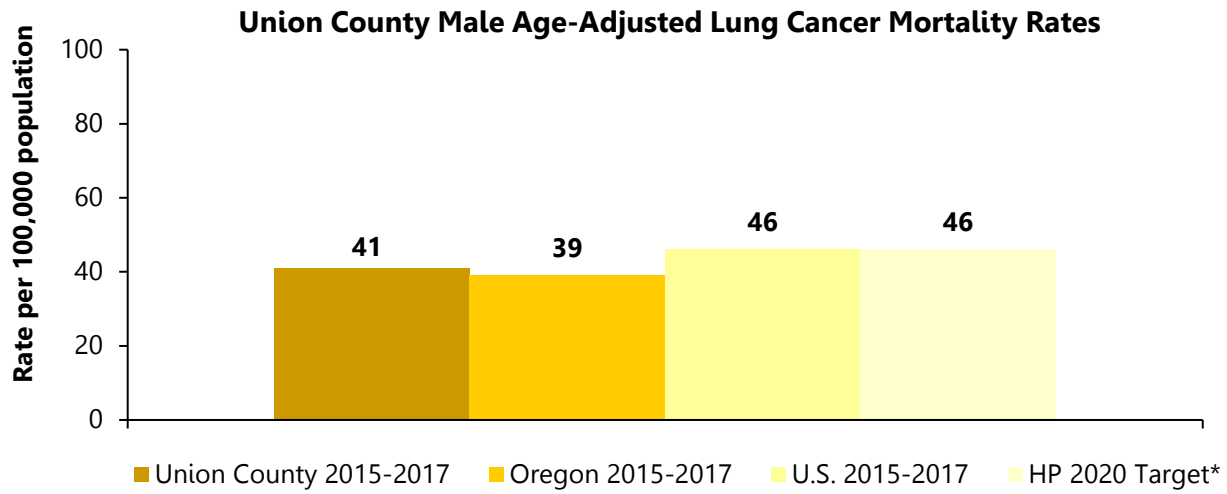
The Healthy People 2020 target rates are not gender specific.
(Source: CDC Wonder 2015-2017 and Healthy People 2020)

Health Care Access: Oral Health

Key Findings

Sixty-four percent (64%) of Union County adults had visited a dentist or dental clinic in the past year. Thirty-two (32%) percent of adults did not visit a dentist or dental clinic in the past year due to cost.

Access to Dental Care

- In the past year, 64% of Union County adults had visited a dentist or dental clinic, decreasing to 50% of those with incomes less than $25,000.

- Sixty-six percent (66%) of Union County adults with dental insurance had been to the dentist in the past year, compared to 47% of those without dental insurance.

- Union County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
  — Cost (32%)
  — No reason to go/had not thought of it (20%)
  — Fear, apprehension, nervousness, pain, dislike going (15%)
  — Have dentures (14%)
  — Dentist did not accept their medical coverage (1%)
  — Could not find a dentist that takes Medicaid (1%)
  — Other (9%)

- Union County adults reported having the following oral health issues: pain (15%), difficulty eating/chewing (10%), mouth bleeding (5%), problems with dentures (4%), loose teeth (4%), no teeth (4%) missed work due to mouth pain (2%), and skip meals due to pain (<1%). Twelve percent (12%) of adults reported having more than one oral health issue.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	66%	10%	9%	13%	0%
Females	64%	13%	14%	7%	1%
Total	64%	12%	12%	10%	1%

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2016	U.S. 2016
Adults who had visited the dentist or dental clinic in the past year	64%	64%	68%	66%

The following graph shows the percentage of Union County adults who visited a dentist or dental clinic in the last year. Examples of how to interpret the information on the first graph include: 64% of all Union County adults had been to the dentist in the past year, including 66% of males and 50% of those with incomes less than $25,000.
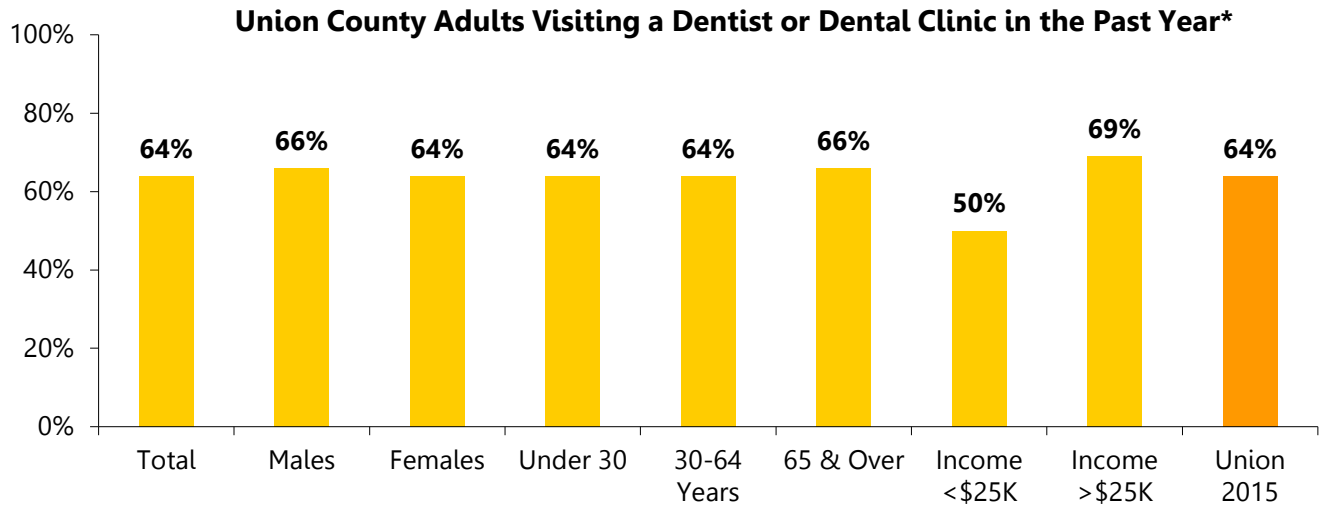
Union County Adults Visiting a Dentist or Dental Clinic in the Past Year*

Category	Percentage
Total	64%
Males	66%
Females	64%
Under 30	64%
30-64 Years	64%
65 & Over	66%
Income <$25K	50%
Income >$25K	69%
Union 2015	64%

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

Facts About Adult Oral Health

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

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

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

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

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

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

Health Behaviors: Health Status Perceptions

Key Findings

In 2018, 52% of Union County adults rated their health status as excellent or very good. Conversely, 14% of adults, increasing to 29% of those with incomes less than $25,000, described their health as fair or poor.
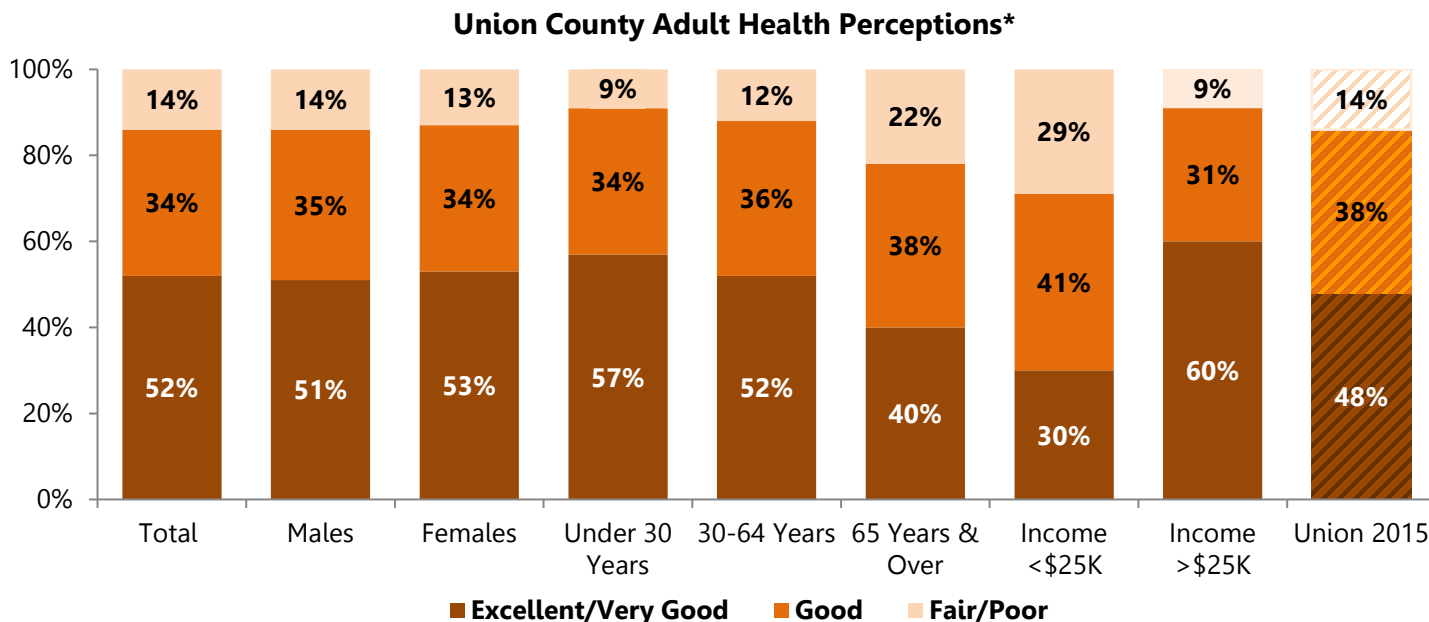
General Health Status

- In 2018, 52% of Union County adults rated their health as excellent or very good. Union County adults with higher incomes (60%) were most likely to rate their health as excellent or very good, compared to 30% of those with incomes less than $25,000.

- Fourteen percent (14%) of adults rated their health as fair or poor.

- Union County adults were most likely to rate their health as fair or poor if they:
  — Had been diagnosed with diabetes (44%)
  — Had an annual household income under $25,000 (29%)
  — Were widowed (24%)
  — Had high blood pressure (21%)
  — Were 65 years of age or older (22%)
  — Had high blood cholesterol (19%)

- Thirty-two percent (32%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation, decreasing to 25% of those with incomes more than $25,000.

> **Adults Who Rated General Health Status Excellent or Very Good**
>
> - Union County 52% (2018)
> - Oregon 51% (2017)
> - U.S. 51% (2017)
>
> *(Source: 2017 BRFSS for Oregon and U.S.)*

The following graph shows the percentage of Union County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 52% of all Union County adults, 57% of those under age 30, and 53% of females rated their health as excellent or very good.

Union County Adult Health Perceptions*

	Total	Males	Females	Under 30 Years	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Union 2015
Fair/Poor	14%	14%	13%	9%	12%	22%	29%	9%	14%
Good	34%	35%	34%	34%	36%	38%	41%	31%	38%
Excellent/Very Good	52%	51%	53%	57%	52%	40%	30%	60%	48%

■ Excellent/Very Good ■ Good ■ Fair/Poor

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

Physical Health Status

- In 2018, 27% of Union County adults rated their physical health as not good on four or more days in the past month.

- Union County adults reported their physical health as not good on an average of 5.1 days in the past month.

- Union County adults were most likely to rate their physical health as not good if they:
  — Had an annual household income under $25,000 (51%)
  — Were 65 years of age or older (39%)

Mental Health Status

- In 2018, 30% of Union County adults rated their mental health as not good on four or more days in the previous month.

- Adults reported their mental health as not good on an average of 5.4 days in the previous month.

- Union County adults were most likely to rate their mental health as not good if they:
  — Were under the age of 30 (56%)
  — Were female (49%)

The following graph shows the average number of days that Union County adults reported their mental health as not good in the previous month. Examples of how to interpret the information include: Union County adults reported their mental health as not good on an average of 5.4 days in the previous month, increasing to 7.8 days for those with incomes less than $25,000.
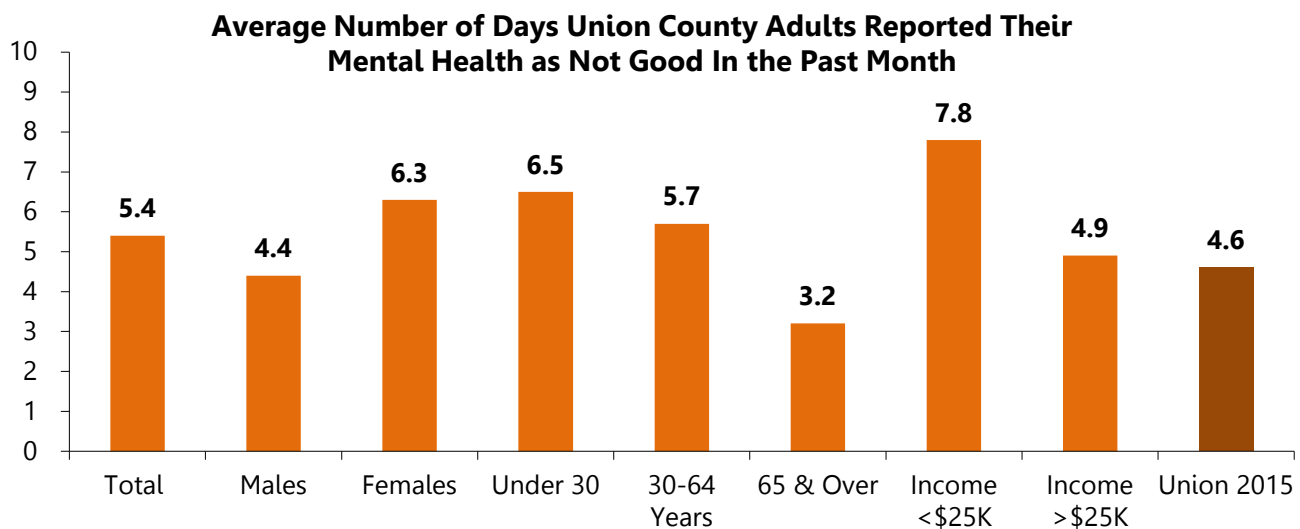
Average Number of Days Union County Adults Reported Their Mental Health as Not Good In the Past Month

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

The following table shows the percentage of adults with poor physical and mental health in the past month.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	52%	11%	6%	2%	17%
Females	41%	19%	8%	5%	17%
Total	47%	15%	7%	3%	17%
Mental Health Not Good in Past 30 Days*					
Males	55%	14%	6%	1%	15%
Females	41%	12%	9%	3%	26%
Total	49%	13%	7%	2%	21%

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

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Rated health as good, very good or excellent	86%	86%	82%	83%
Rated health as excellent or very good	48%	52%	52%	51%
Rated health as fair or poor	14%	14%	18%	18%
Rated their mental health as not good on four or more days in the previous month	24%	30%	N/A	N/A
Average days that physical health not good in past month	3.2	5.1	3.8‡	3.7‡
Average days that mental health not good in past month	4.6	5.4	4.5‡	3.8‡
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	32%	N/A	N/A

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

Health Behaviors: Weight Status

Key Findings

Seventy-two percent (72%) of Union County adults were overweight or obese based on Body Mass Index (BMI). One-fifth (20%) of adults did not participate in any physical activity in the past month.

Weight Status

- In 2018, 72% of Union County adults were either overweight (38%) or obese (34%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.

- Almost half (48%) of adults were trying to lose weight, 28% were trying to maintain their current weight or keep from gaining weight, and 4% were trying to gain weight.

- Union County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (44%); drank more water (43%); exercised (39%); ate a low-carb diet (16%); went without eating 24 or more hours (3%); received health coaching (2%); used a weight loss program (2%); smoked cigarettes (2%); took prescribed medications (1%); had bariatric surgery (1%); took diet pills, powders or liquids without a doctor's advice (1%); and took laxatives (1%).

6,648 Union County adults were obese.

The following graph shows the percentage of Union County adults who were normal weight, overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 27% of all Union County adults were classified as normal weight, 38% were overweight, and 34% were obese.

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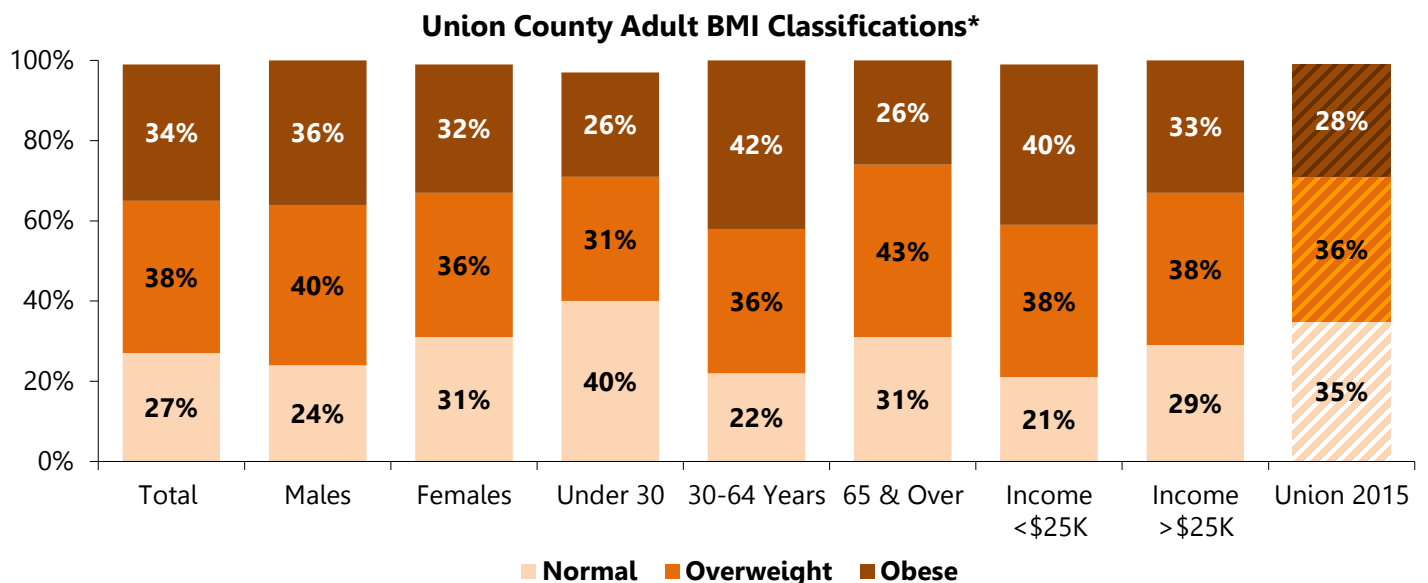
*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Obese	28%	34%	29%	32%
Overweight	36%	38%	35%	35%

Physical Activity

- In Union County, 62% of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week. Thirty-seven percent (37%) of adults exercised five or more days per week. One-fifth (20%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.

- The U.S. Department of Health and Human Services recommends that adults participate in a least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity *(Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans, 2018)*.

- Union County adults reported that the following described what they did at work: mostly sitting (25%), mostly heavy labor or physically demanding work (8%), mostly standing (5%), and mostly walking (5%). Twenty-three percent (23%) of adults indicated their work varies.

- Adults reported the following would help them use community parks, bike trails, and walking paths more frequently: more available parks, bike trails, and walking paths (38%); improvements to existing parks, trails, and paths (22%); designated safe routes (16%); better promotion and advertising of existing parks, trails, and paths (16%); and more public events and programs involving parks, trails, and paths (11%). Fifty percent (50%) indicated that none of the above would help them use community, parks, bike trails and walking paths more frequently.

Nutrition

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

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	13%	73%	13%
Vegetables	3%	20%	72%	5%
Sugar-sweetened beverages	2%	8%	37%	53%
Caffeinated beverages	7%	22%	56%	15%

- In 2018, 37% of adults ate 1 to 2 servings of fruits and vegetables per day, 34% ate 3 to 4 servings per day, and 22% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.

- The American Cancer Society recommends that adults eat at least 2½ cups (five servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health *(Source: American Cancer Society, 2017)*.

- Union County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (65%), healthiness of food (61%), cost (50%), ease of preparation/time (45%), food they were used to (44%), what their family prefers (37%), availability (35%), nutritional content (33%), calorie content (27%), artificial sweetener content (16%), if it is organic (15%), if it is gluten free (7%), other food sensitivities (7%), if it is genetically modified (6%), health care provider's advice (6%), if it is lactose free (4%), limitations set by WIC (1%), and other reasons (7%).

- Adults reported the following barriers to consuming fruits and vegetables: too expensive (19%), did not like the taste (6%), did not know how to prepare (3%), no variety (3%), did not have access (2%), transportation issues (1%), stores do not take Electronic Benefit Transfer (EBT) (<1%), and other barriers (6%). Three-fourths (75%) of adults reported they did not have any barriers in consuming fruits and vegetables.

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

- The food environment index in Union County is 7.6
- The food environment index in Oregon is 7.1
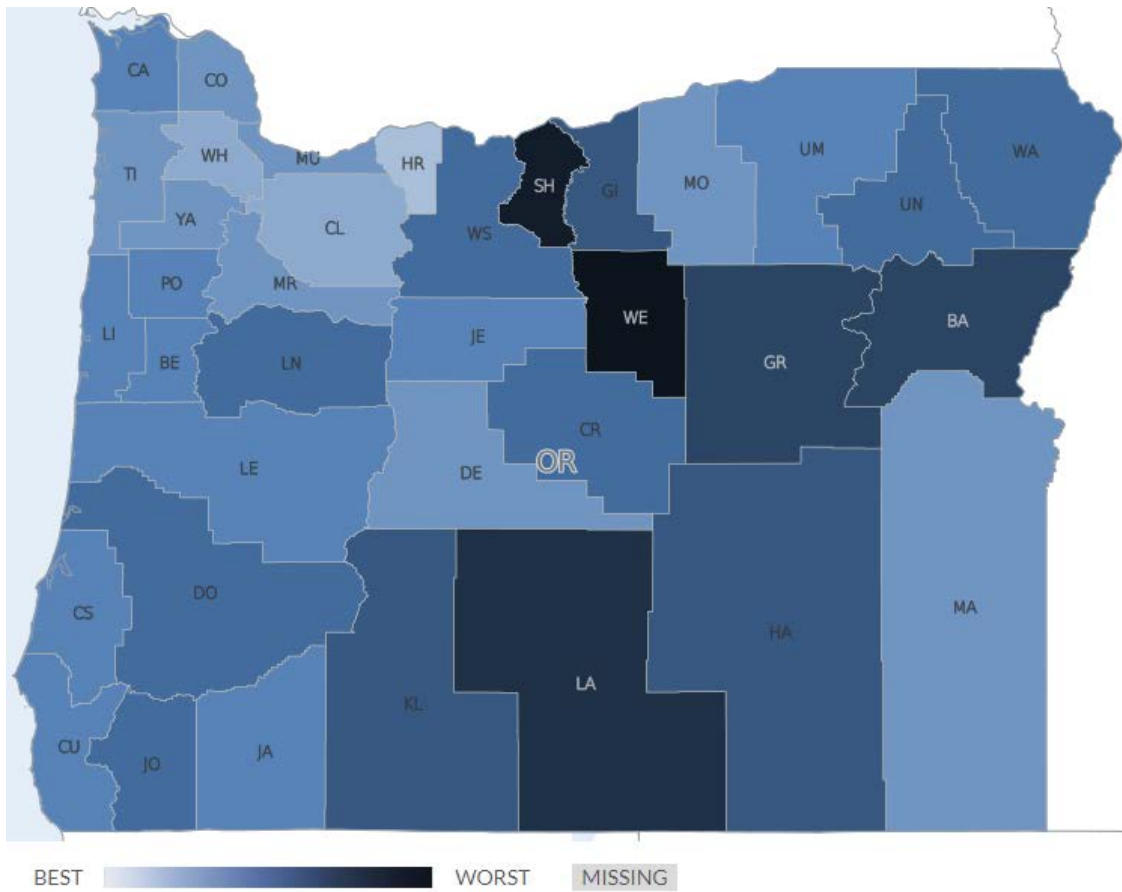
(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

Health Behaviors: Tobacco Use

Key Findings

In 2018, 12% of Union County adults were current smokers, and 20% were considered former smokers. Six percent (6%) of adults used e-cigarettes/vape pens in the past year. Two-fifths (40%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Tobacco Use Behaviors

- Twelve percent (12%) Union County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

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

- About two-fifths (39%) 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.
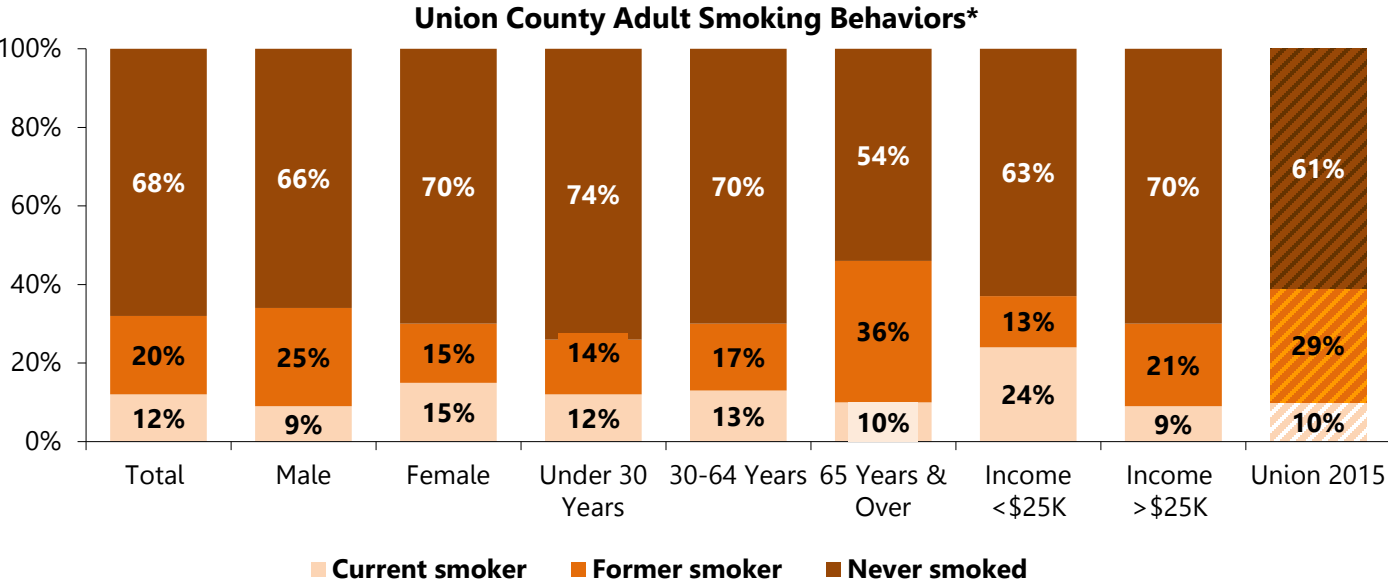
In 2018, 2,346 Union County adults were current smokers.

- Union County adult smokers were more likely to have:
  — Been married (42%)
  — Rated their overall health as poor (35%)
  — Incomes less than $25,000 (24%)
  — Been diagnosed with asthma (23%)
  — Been female (15%)

- Union County adults used the following tobacco products in the past year: cigarettes (15%); chewing tobacco, snuff dip, or betel liquid (8%); e-cigarettes/vape pens (6%); pipes (2%); cigars (2%); little cigars (2%); cigarillos (1%); pouch (1%); hookah (1%); and bidis (<1%). Seven percent (7%) of adults used more than one tobacco product.

- Adults reported currently using chewing tobacco, snuff, or snus at the following frequencies: every day (7%), some days (3%), and not at all (90%).

- Adults believed e-cigarette vapor was harmful to: themselves (55%), others (55%), or not harmful to anyone (2%). Two-fifths (40%) of adults were not sure of the harmfulness of e-cigarette vapor.

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Current smoker (currently smoke some or all days)	10%	12%	16%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	26%	25%
Tried to quit smoking	51%	39%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Union County adults' smoking behaviors. Examples of how to interpret the information include: 12% of all Union County adults were current smokers, 20% of all adults were former smokers, and 68% had never smoked.

Union County Adult Smoking Behaviors*

	Current smoker	Former smoker	Never smoked
Total	12%	20%	68%
Male	9%	25%	66%
Female	15%	15%	70%
Under 30 Years	12%	14%	74%
30-64 Years	13%	17%	70%
65 Years & Over	10%	36%	54%
Income <$25K	24%	13%	63%
Income >$25K	9%	21%	70%
Union 2015	10%	29%	61%

*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes every day, some days or not at all?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows Union County, Oregon, and U.S. adult cigarette smoking rates in comparison with the Healthy People 2020 target objective. This graph shows:

- The Union County adult cigarette smoking rate was lower than the Oregon and U.S. rates and equal to the Healthy People 2020 target objective.

Healthy People 2020 Objective & Cigarette Smoking Rates

| Union County 2018	Oregon 2017	U.S. 2017	HP 2020 Target
12%	16%	17%	12%
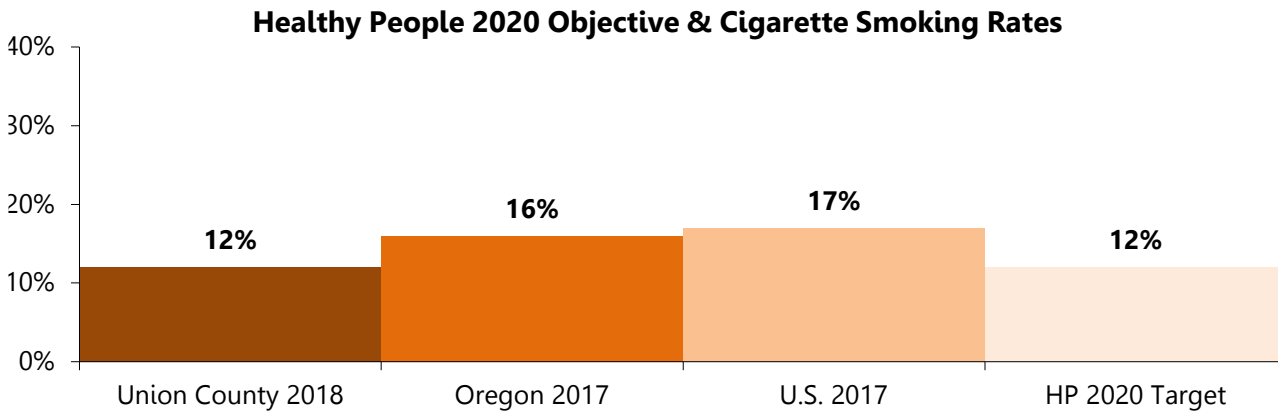
(Source: 2018 Union County Health Assessment, 2017 BRFSS and Healthy People 2020)

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

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

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

Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)
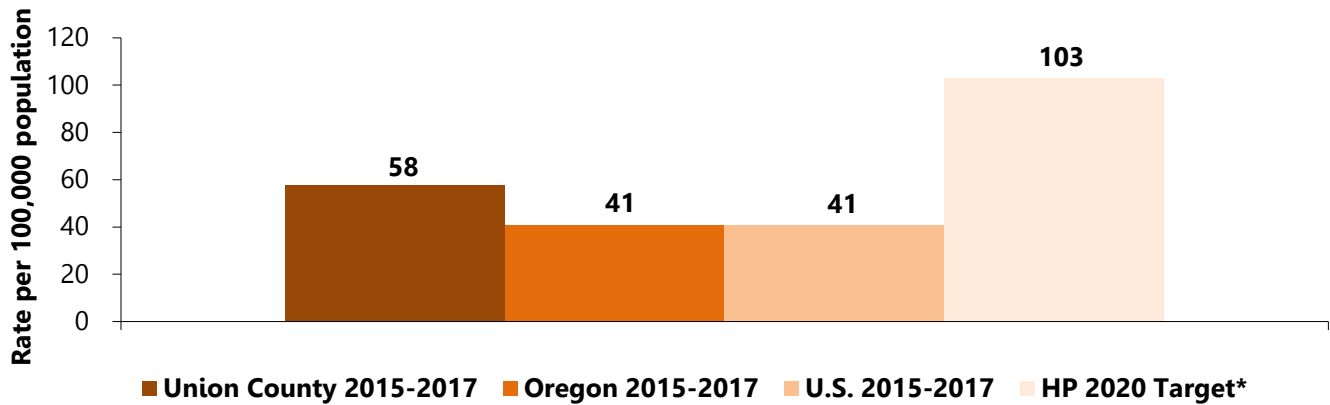
(Sources: CDC Wonder, 2014-2016 and Healthy People 2020 retrieved on December 15, 2017)
*Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.

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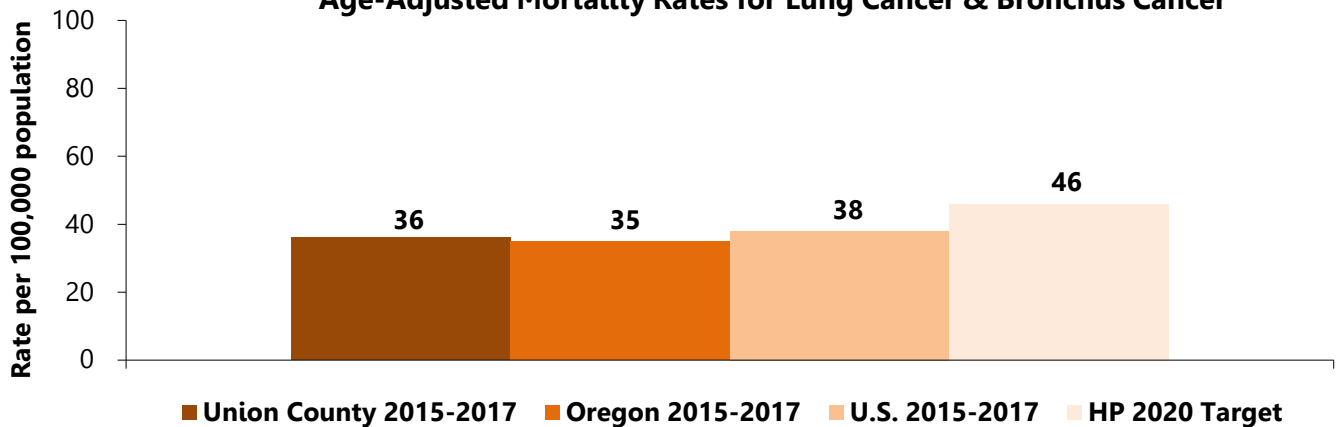
(Sources: CDC Wonder, 2015-2017 and Healthy People 2020)

The following map indicates tobacco-related deaths per 100,000 population by county (2013-2016 combined).

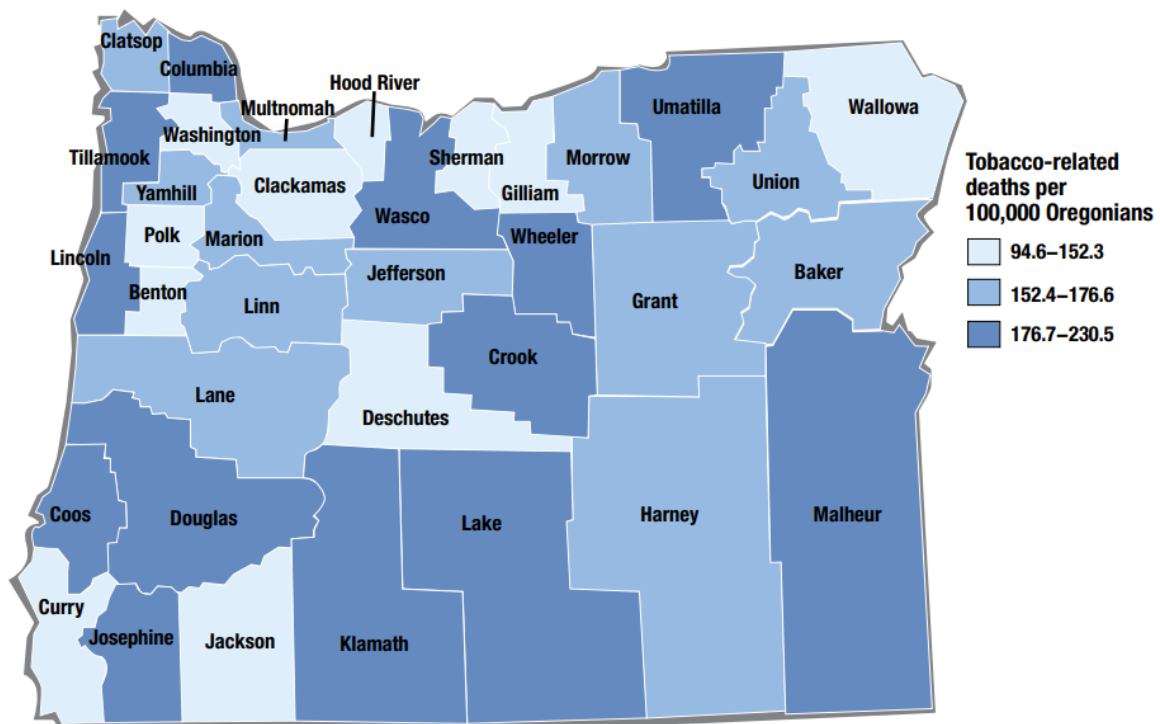(Source: Oregon Center for Health Statistics, Death data, Retrieved December 2018)

Non-cigarette and Flavored Tobacco use Among Youth and Adults

- Cigarette use in the U.S. has declined as laws have limited flavors, labeling and marketing. Cigarettes can no longer contain flavors other than menthol. However, non-cigarette tobacco products such as little cigars, electronic cigarettes and hookah are less regulated.

- **Popular among youth**: More than half of Oregon youth who use tobacco use flavored tobacco compared to 26% of adult tobacco users.

- **Widely available**: Nearly 93% of stores in Oregon that sell tobacco sell flavored tobacco products. More than half of Oregon 8th graders (59%) and 11th graders (56%) shop in a convenience store at least once a week.

- **Cheap**: Flavored non-cigarette tobacco products are cheap. Retailers can also sell these products in single units, which reduces the price. Nearly 80% of tobacco stores advertise single, flavored little cigars for under $1.

(Source: Oregon Health Authority, Oregon Tobacco Facts, 2018)

Health Behaviors: Alcohol Consumption

Key Findings

In 2018, 58% of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Twenty-one percent (21%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.
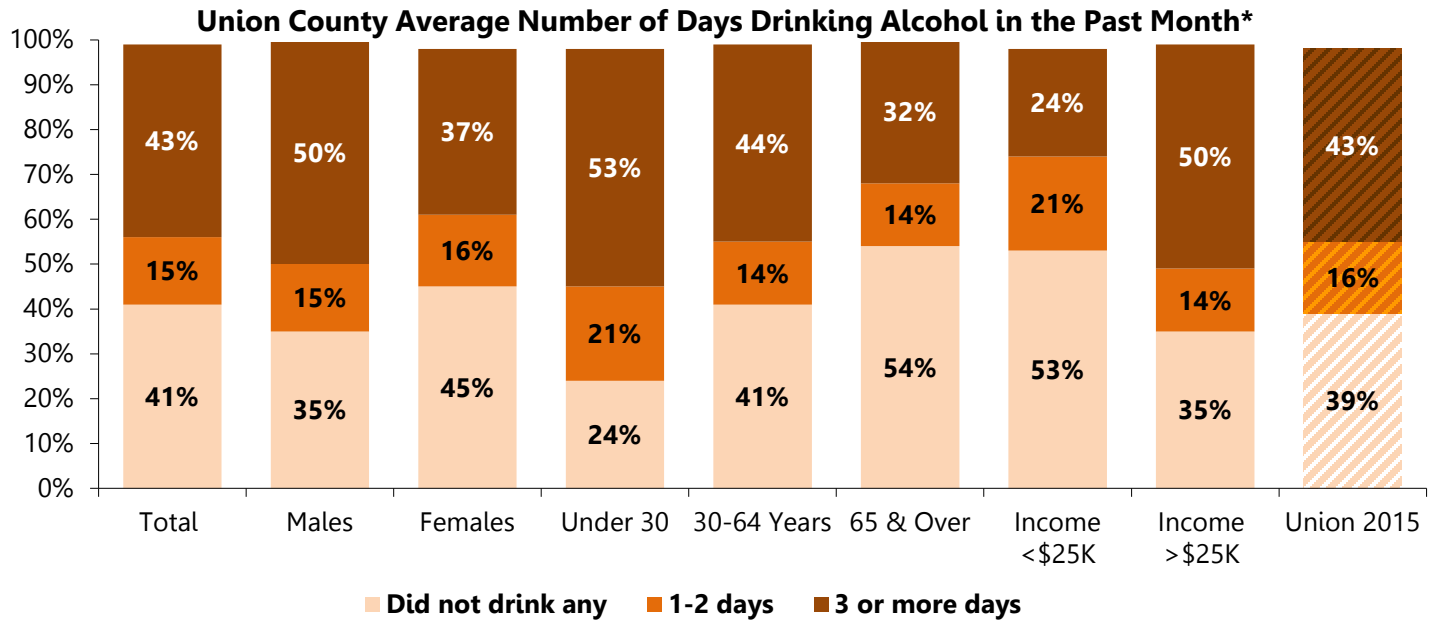
Alcohol Consumption

- In 2018, 58% of Union County adults had at least one alcoholic drink in the past month, increasing to 65% of males and 74% of those under the age of 30.

- Of those who drank, Union County adults drank 3.6 drinks on average.

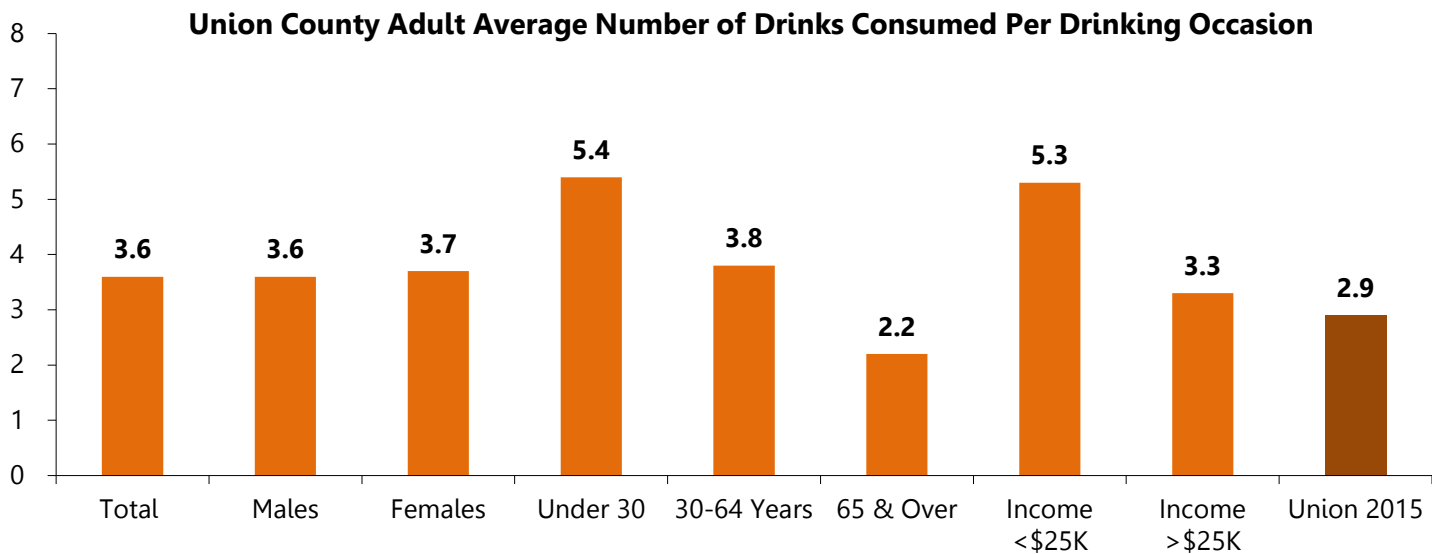### 4,106 Union County adults were binge drinkers

- More than two-fifths (21%) Union County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of current drinkers, 41% were considered binge drinkers.

- Union County adults reported they, an immediate family member, or someone in their household experienced the following in the past six months:
  — Drank more than expected (10%)
  — Drove a vehicle or other equipment after having any alcoholic beverage (7%)
  — Used prescription drugs while drinking (4%)
  — Continued to drink despite problems caused by drinking (3%)
  — Someone expressed concern about their alcohol use (3%)
  — Gave up other activities to drink (2%)
  — Had to drink more to get the same effect (2%)
  — Failed to fulfill duties at work, home, or school (2%)
  — Spent a lot of time drinking (1%)
  — Tried to quit or cut down (1%)
  — Drank to ease withdrawal symptoms (1%)
  — Placed themselves or their family in harm (1%)
  — Had legal problems (1%)

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	59%	58%	60%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	21%	16%	17%

The following graphs show the percentage of Union County adults who consumed alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 41% of all Union County adults did not drink alcohol, including 35% of males and 45% of females.

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

Category	Did not drink any	1-2 days	3 or more days
Total	41%	15%	43%
Males	35%	15%	50%
Females	45%	16%	37%
Under 30	24%	21%	53%
30-64 Years	41%	14%	44%
65 & Over	54%	14%	32%
Income <$25K	53%	21%	24%
Income >$25K	35%	14%	50%
Union 2015	39%	16%	43%

Legend: ■ Did not drink any ■ 1-2 days ■ 3 or more days

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

Union County Adult Average Number of Drinks Consumed Per Drinking Occasion

Category	Value
Total	3.6
Males	3.6
Females	3.7
Under 30	5.4
30-64 Years	3.8
65 & Over	2.2
Income <$25K	5.3
Income >$25K	3.3
Union 2015	2.9

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

The following graph shows a comparison of Union County binge drinkers with Oregon and U.S. binge drinkers.

- In 2018, Union County had a larger percentage of binge drinkers in comparison to Oregon and U.S. rates.

Union County Adult Binge Drinkers*

	Union County 2018	Oregon 2017	U.S. 2017
	21%	16%	17%
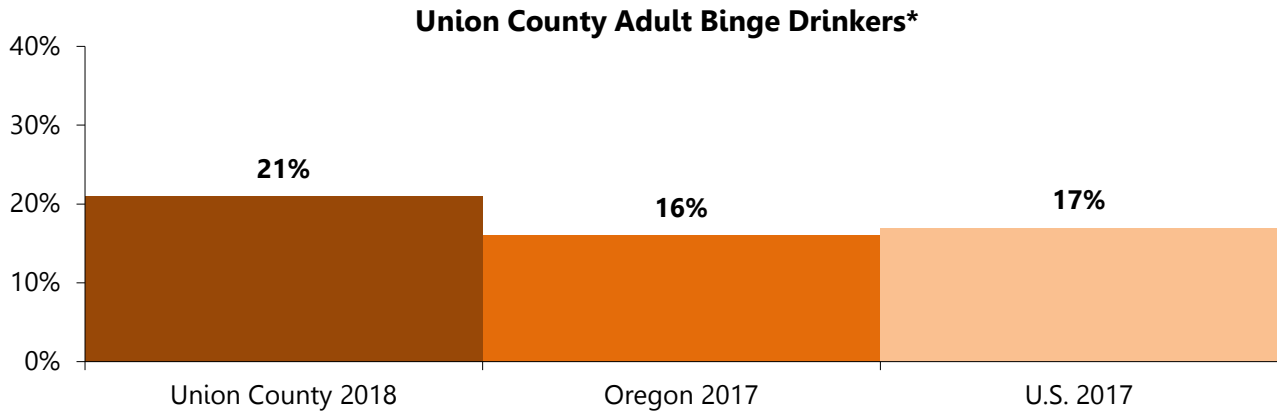
(Source: 2017 BRFSS and 2018 Union County Health Assessment)
*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States $249 billion in 2010. This cost amounts to about $2.05 per drink, or about $807 per person.

- Costs due to excessive drinking largely resulted from loses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.

- Excessive alcohol use cost states and DC a median of 3.5 billion in 2010, ranging from $488 million in North Dakota to $35 billion in California.
  — Excessive alcohol consumption cost Oregon $8.5 billion in 2010. This cost amounts to $2.10 per drink or $739 per person.

- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.

- About $2 of every $5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

(Source: CDC, Alcohol and Public Health – Excessive Drinking, updated July 13, 2018)

Health Behaviors: Marijuana and Drug Use

Key Findings

In 2018, 12% of Union County adults had used recreational marijuana or hashish during the past six months. Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Marijuana and Drug Use

- Union County adults used the following in the past six months: recreational marijuana or hashish (12%); medical marijuana (8%); wax, oil with THC edibles (8%); medicinal marijuana (6%); and synthetic marijuana/K2 (<1%).

- Adults used the following in the past 30 days:
  — Recreational marijuana (13%)
  — Marijuana that they, a family member, or a friend grew (9%)
  — Medicinal marijuana (6%)
  — Other products with THC oil (6%)

- Adults used the following in the past six months: amphetamines, methamphetamines, or speed (1%); and heroin/fentanyl (1%).

- When asked about their frequency of recreational drug use in the past six months, 31% of Union County adults who used drugs did so almost every day, and 26% did so less than once a month.

- Six percent (6%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 10% of those ages 65 and older.

- When asked about their frequency of medication misuse in the past six months, 31% of Union County adults who used these drugs did so almost every day, and 14% did so less than once a month.

- Union County adults indicated they did the following with their unused prescription medications: took as prescribed (43%); threw it in the trash (31%); kept it (28%); flushed it down the toilet (17%); kept in a locked cabinet (14%); took it to the medication collection program (13%); took it in on Drug Take Back Days (8%); took it to the sheriff's office (7%); disposed in RedMed Box, Yellow Jug, etc. (4%); traded it (2%); drugs were stolen (2%); gave it away (1%); mailer to ship back to pharmacy (1%); used drug deactivation pouches (1%); sold it (1%); and some other destruction method (2%).

- Two percent (2%) of Union County adults used a program to help with an alcohol problem for themselves or a loved one. Reasons for not using such a program included the following: wait time (1%), had not thought of it (1%), could not afford to go (1%), no openings (1%), did not know how to find a program (<1%), did not want to miss work (<1%), fear (<1%), stigma of seeking drug services (<1%), stigma of seeking alcohol services (<1%), insurance did not cover it (<1%), and other reasons (2%). Ninety-five percent (95%) of adults indicated such a program was not needed.

- As a result of using drugs, Union County adults reported they or a family member experienced the following: regularly failed to fulfill obligations at work or at home (3%), had legal problems (3%), failed a drug screen (3%), placed themselves in dangerous situations (2%), overdosed and required EMS/hospitalization (1%), had severe dental problems (1%), had housing problems (1%), and became homeless (1%)

The following graph indicates adult recreational marijuana use within the past six months. Examples of how to interpret the information include: 12% of all Union County adults used recreational marijuana in the past six months, including 26% of those under the age of 30 and 13% of males.
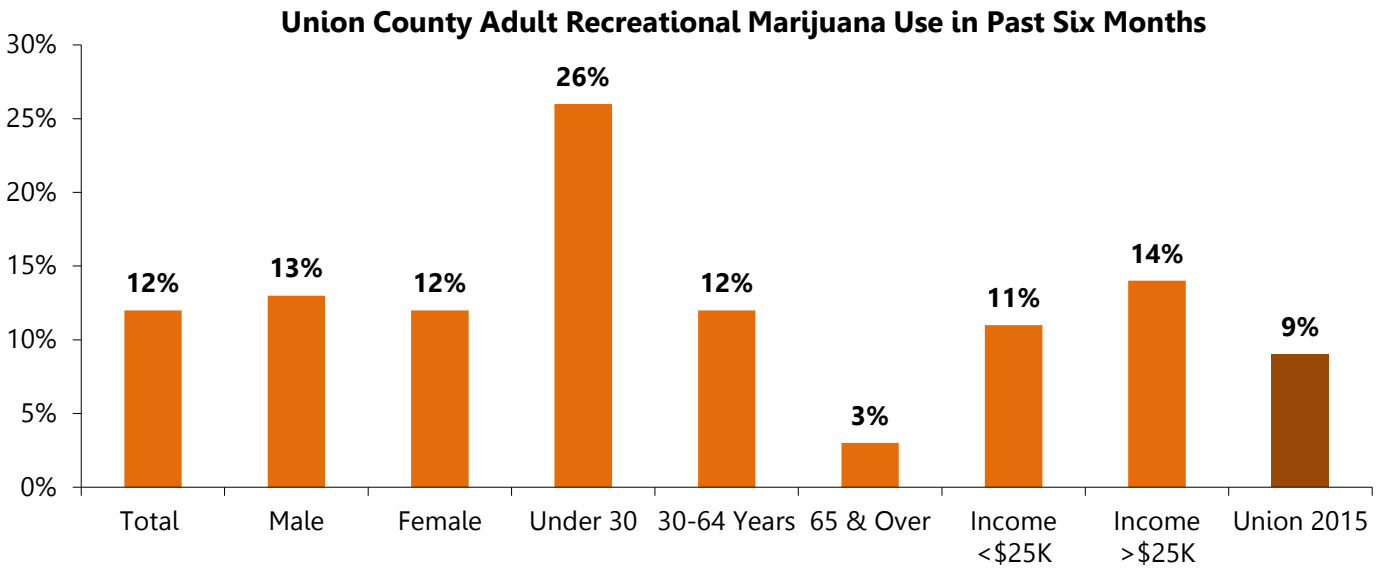
Union County Adult Recreational Marijuana Use in Past Six Months

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

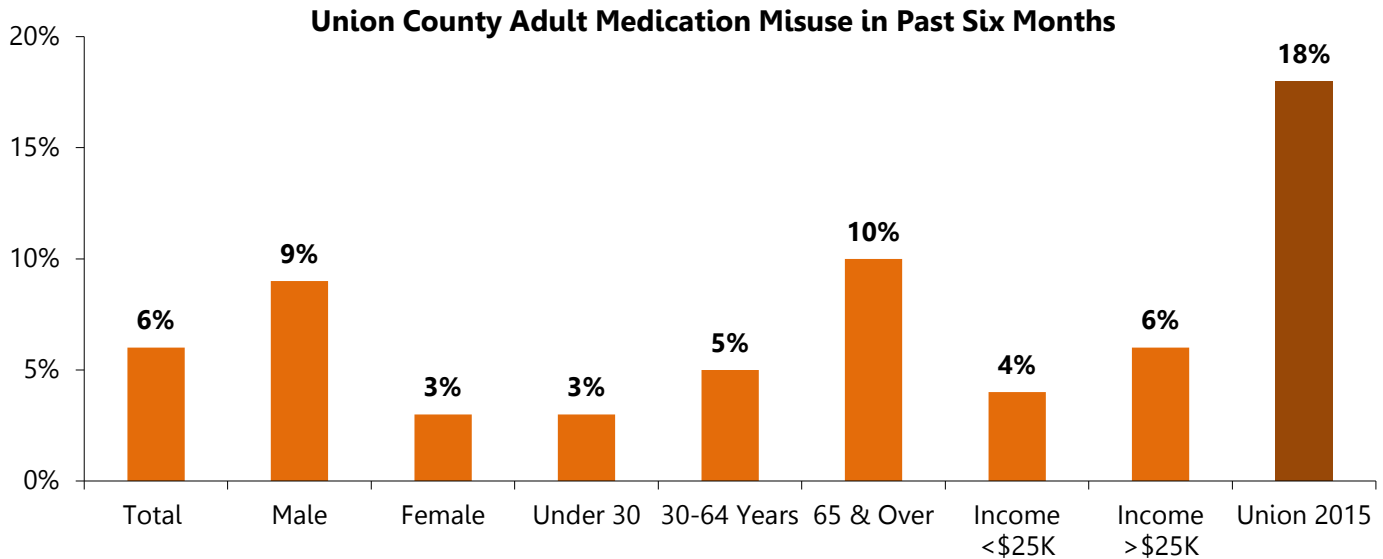| Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Adults who used recreational marijuana in the past six months	9%	12%	N/A	N/A
Adults who misused prescription drugs in the past six months	18%	6%	N/A	N/A

N/A – Not Available

Substance Abuse Use Among Youth

- According to the 2018 Oregon Student Wellness Survey, younger children express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, more youth are exposed to others who use cigarettes, alcohol, or other drugs, their attitudes often shift toward greater acceptance of these behavior. Typically, by grade 11, most students have tried alcohol, and many have tried marijuana, cigarettes, or other tobacco products.

- The table below indicates Union County youth reported substance use in the past 30 days:

Student Reported Substance Use Past 30 Days- Union County	Grade 6	Grade 8	Grade 11
Smoked cigarettes	1.2%	4.3%	7.4%
Used an e-cigarette, vape-pen, or e-hookah	N/A	N/A	17.4%
Had at least one drink of alcohol	6.4%	24.0%	24.4%
Used marijuana	2.5%	7.5%	13.0%
Misused prescription drugs	0.6%	5.6%	3.8%

(Source: Oregon Health Authority, 2018 Oregon Student Wellness Survey).

The following graph indicates adult medication misuse in the past six months. Examples of how to interpret the information include: 6% of all Union County misused medication in the past six months, including 9% of males and 10% of those ages 65 and older.

Union County Adult Medication Misuse in Past Six Months

| Category	Percentage
Total	6%
Male	9%
Female	3%
Under 30	3%
30-64 Years	5%
65 & Over	10%
Income <$25K	4%
Income >$25K	6%
Union 2015	18%

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

### Oregon Prescription Drug Monitoring Program (PDMP)

- **What is the purpose of this program?** Oregon's Prescription Drug Monitoring Program (PDMP) was developed to promote public health and welfare and help improve patient care. The information will aid healthcare providers and pharmacists to better manage patients' prescriptions to improve quality of care. It will also support the appropriate use of prescription drugs.

- **Why was the PDMP started?** The number of deaths related to poisoning in Oregon has increased five-fold since 1990. This increase is mainly due to deaths associated with controlled substance prescription drugs. From 1999 - 2008, more than 1,300 Oregonians died from prescription drug poisonings. For these reasons, Oregon Senate Bill 355 established a PDMP in Oregon when the governor signed the bill into law in July 2009.

- **Which drugs does the PDMP monitor?** The Oregon PDMP collects data on Schedules II, III and IV controlled substances. For a list of these medications and more information, go to http://www.deadiversion.usdoj.gov/schedules/.

- **Who is required to report data to the PDMP?** Pharmacies licensed with the Oregon Board of Pharmacy that dispense controlled substances in the state of Oregon, are required to electronically report prescription data. Neither hospital inpatient dispensing data nor data from veterinarians is collected.

- For more information about Oregon's PDMP, visit: http://www.orpdmp.com/.

(Source: Oregon Health Authority, Prescription Drug Monitoring Program, retrieved January 10, 2019)

Prescriptions totaling more than 90 morphine equivalent doses (MED) per day increase the risk of opioid-related harms and are an indicator of risky prescribing practices. The following graph shows Oregon and Union County rates of high-dose prescribing and are calculated based on the total number of people who exceed the >90 MED threshold in a quarter.

Oregon and Union County Risky Prescribing
Q1 2016 - Q2 2018
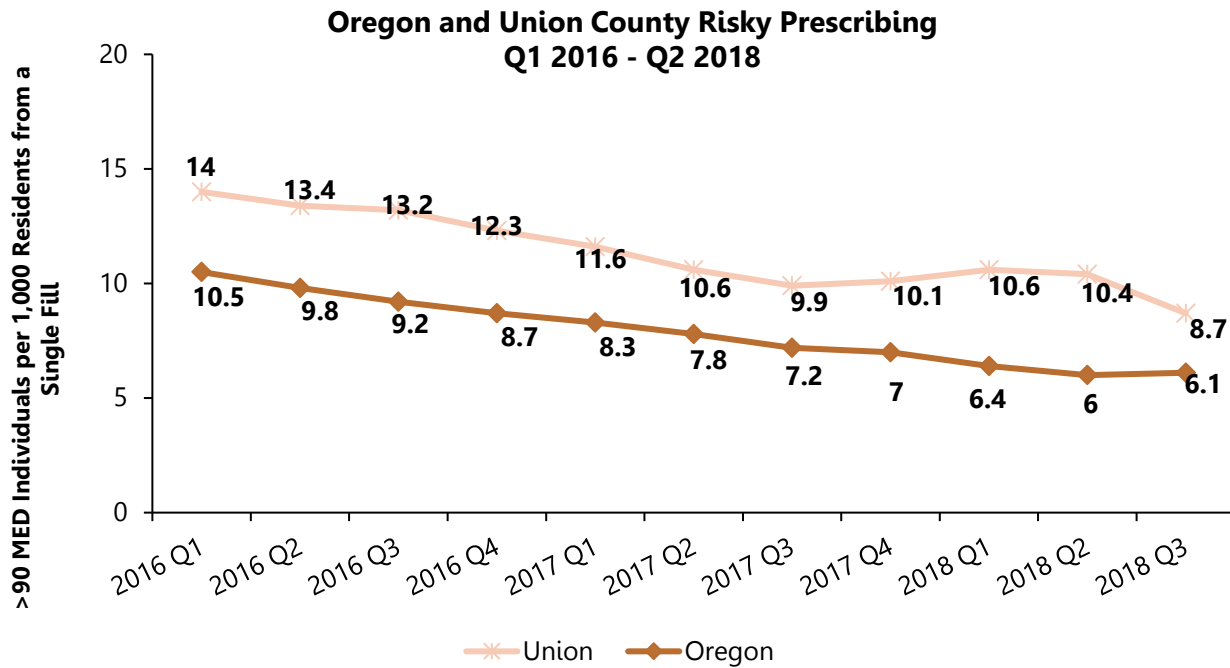
The 4,000 prescribers with the highest amount of controlled substance prescriptions filled by patients in the state are identified each quarter. The chart below shows the percentage of Union County prescribers that utilized the prescription drug monitoring program (PDPM) during that quarter.

Percent of Top Prescribers Querying PDMP
Q1 2016 - Q2 2018
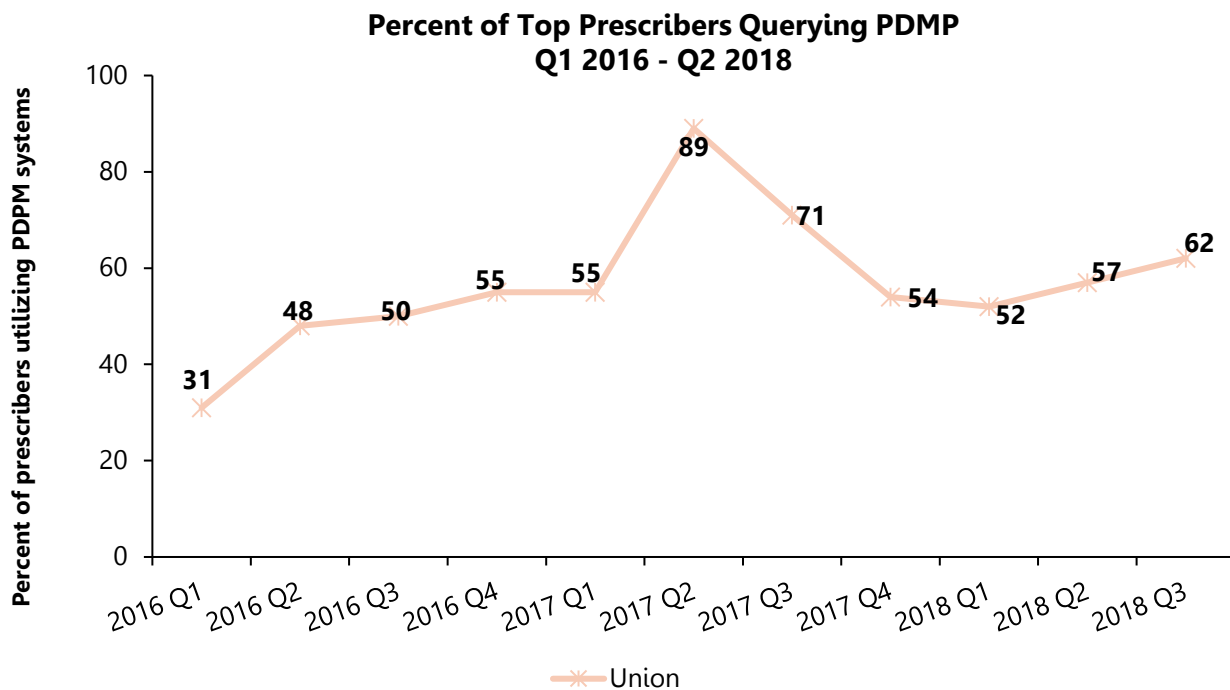
(Source for graphs: Oregon Health Authority, Oregon Prescribing and Overdose Data, Updated December 2018)

Health Behaviors: Sexual Behavior

Key Findings

In 2018, 66% of Union County adults had sexual intercourse. Three percent (3%) of adults had more than one partner in the past year. Thirteen percent (13%) of adults had been forced into unwanted sexual activity.

Sexual Behavior

- In 2018, 66% of Union County adults had sexual intercourse.

- Three percent (3%) of adults reported they had intercourse with more than one partner in the past year, increasing to 9% of those under the age of 30.

- Union County adults used the following methods of birth control:
  — Vasectomy (23%)
  — They or their partner were too old (18%)
  — Condoms (15%)
  — Tubes tied (11%)
  — Hysterectomy (11%)
  — Birth control pill (8%)
  — IUD (7%)
  — Withdrawal (5%)
  — Ovaries or testicles removed (5%)
  — Infertility (3%)
  — Contraceptive implants (2%)
  — Having sex only at certain times (2%)
  — Diaphragm, cervical ring, or cap (1%)
  — Shots (1%)
  — Contraceptive patch (1%)
  — Other (1%)

- Seven percent (7%) of Union County adults did not use any method of birth control.

- Thirteen percent (13%) of adults had been forced to have unwanted sexual activity, increasing to 21% of females and 21% of those with incomes less than $25,000. Of those forced into sexual activity, 21% reported it.

- The following situations applied to Union County adults: had sex without a condom in the past year (29%), were forced to have sex (5%), tested for an STD in the past year (4%), had anal sex without a condom in the past year (3%), had sex with someone they met on social media (3%), tested positive for HPV (2%), had sex with someone they did not know (2%), engaged in sexual activity that they would not have done if sober (1%), had sexual activity with someone of the same gender (1%), treated for an STD in the past year (<1%), they thought they may have an STD (<1%), tested positive for Hepatitis C (<1%), injected any drug not prescribed to them (1%), and tested positive for HIV (<1%).

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had more than one sexual partner in the past year	7%	3%	N/A	N/A

N/A – Not Available

The following graph shows the sexual activity of Union County adults. Examples of how to interpret the information in the graph include: 62% of all Union County adults had one sexual partner in the past 12 months, and 3% had more than one; additionally, 62% of males had one partner in the past year.
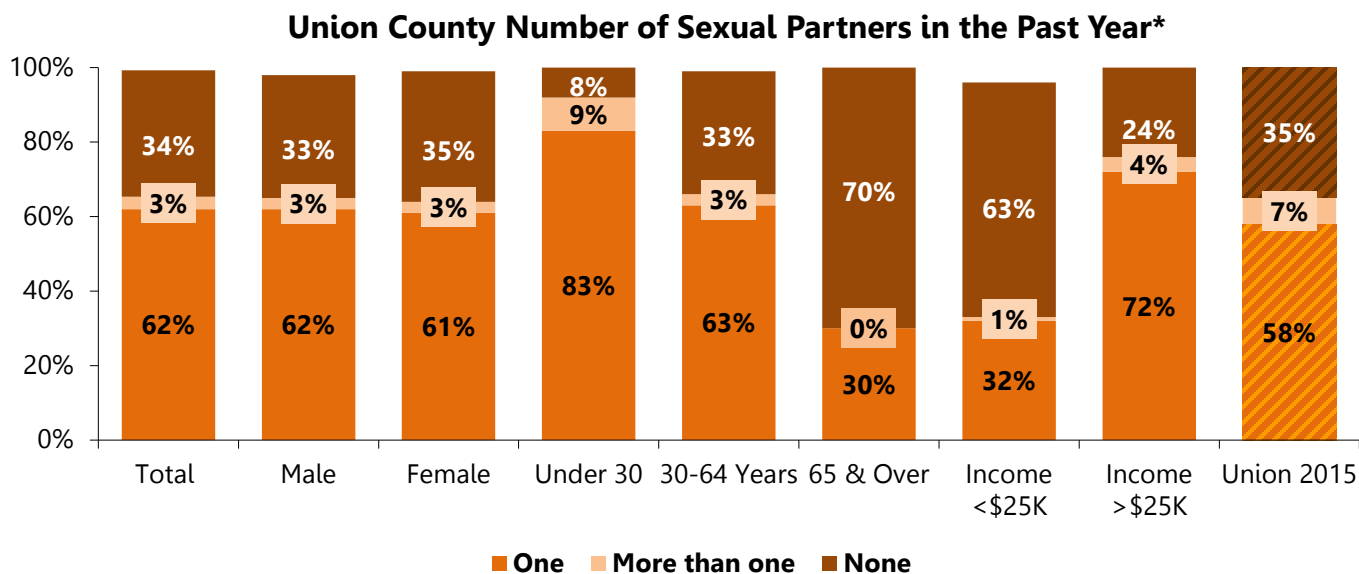
Union County Number of Sexual Partners in the Past Year*

Legend: ■ One ■ More than one ■ None

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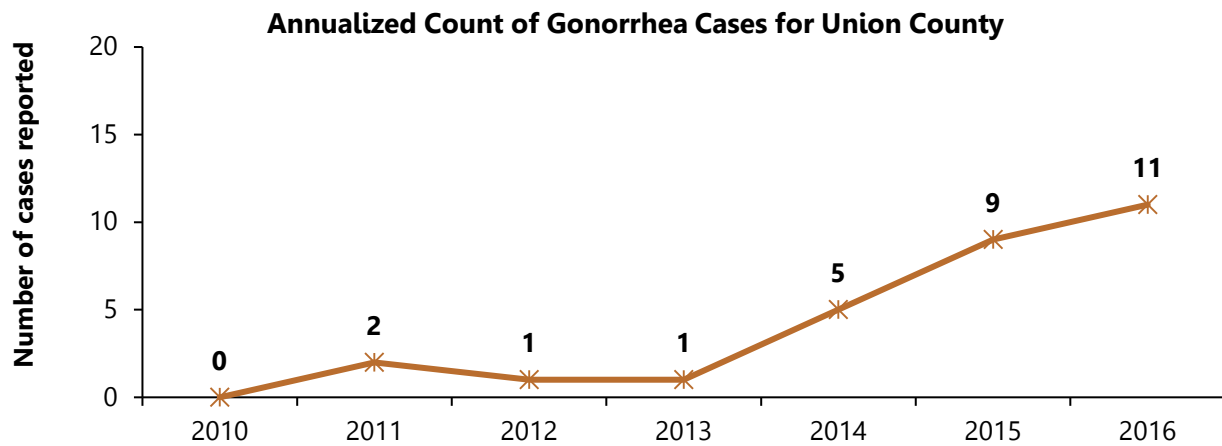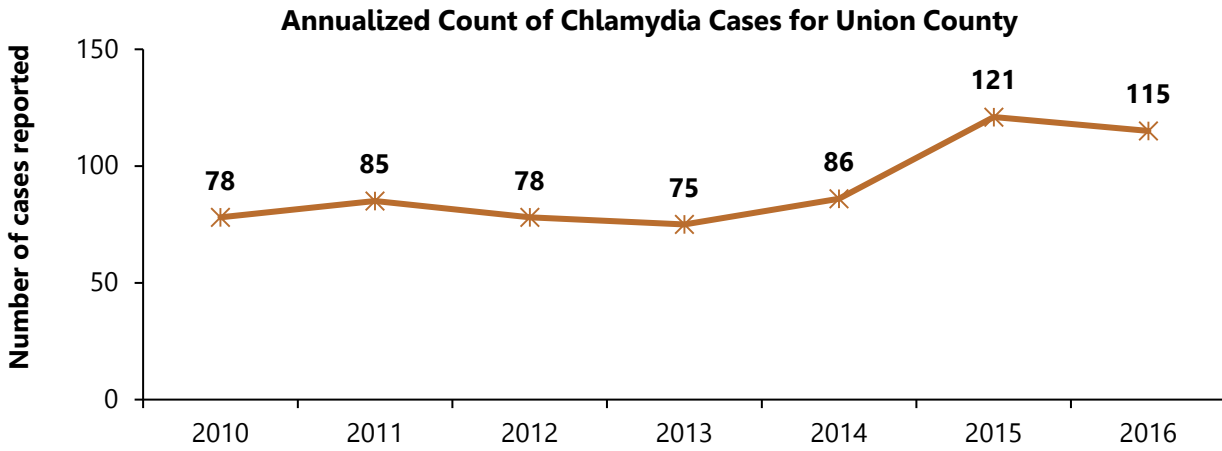
Understanding Sexual Violence

- Sexual violence is a very serious public health that affects millions of women and men. In the United States, 1 in 3 women have experienced completed or attempted rape, and about 1 in 6 men have been made to penetrate someone in their lifetime. Most victims first experienced sexual violence before the age of 25.

- Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence.

- Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victims will or involve a victim who is unable to consent. Sexual violence also includes:
  — Unwanted sexual contact or
  — Non-contact, unwanted sexual experiences (such as verbal sexual harassment)

- Sexual violence can be committed by anyone including:
  — A current or former intimate partner
  — A family member
  — A person in position of power or trust
  — A friend or acquaintance
  — A stranger, or someone known only by sight

- Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. For example, victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence, last updated April 5, 2018)

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

- The number of chlamydia cases in Union County fluctuated from 2010 to 2016.

- Union County chlamydia rates increased significantly from 2013 to 2015.

Annualized Count of Chlamydia Cases for Union County

	2010	2011	2012	2013	2014	2015	2016
Number of cases reported	78	85	78	75	86	121	115

Annualized Count of Gonorrhea Cases for Union County

	2010	2011	2012	2013	2014	2015	2016
Number of cases reported	0	2	1	1	5	9	11

(Source for graphs: Oregon Health Authority, Oregon County STD Data, Updated January 2017)

Health Behaviors: Mental Health

Key Findings

In 2018, 6% of Union County adults considered attempting suicide. Twenty-one percent (21%) of adults reported they or a family member were diagnosed with, or treated for, depression.

Mental Health

- Six percent (6%) of Union County adults considered attempting suicide in the past year.

- One percent (1%) of adults reported attempting suicide in the past year.

- Union County adults reported the following reasons for not using a program or service to help with depression, anxiety, or other emotional problems for themselves or for a loved one: not needed/not necessary (68%), fear (4%), stigma of seeking mental health services (4%), co-pay or deductible is too high (4%), cannot afford to go (4%), took too long to get in to see a doctor (3%), had not thought of it (3%), don't know how to find a program (3%), other priorities (3%), cannot get into the office or clinic (1%), transportation (<1%), and other reasons (6%).

- Union County adults reported they or a family member were diagnosed with, or treated for, the following mental health issues:
  — Anxiety or emotional problems (22%)
  — Depression (21%)
  — Anxiety disorder (e.g., panic attacks, phobia, obsessive compulsive disorder) (14%)
  — Post-traumatic stress disorder (PTSD) (8%)
  — Attention deficit disorder (ADD/ADHD) (5%)
  — Alcohol and illicit drug abuse (4%)
  — Bipolar (4%)
  — Other trauma (3%)
  — Developmental disability (4%)
  — Autism spectrum (2%)
  — Life-adjustment disorder (2%)
  — Eating disorder (1%)
  — Psychotic disorder (1%)
  — Problem gambling (1%)
  — Some other mental health disorder (3%)

- Eighteen percent (18%) of adults indicated they or a family member had taken medication for one or more mental health issues.

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Considered attempting suicide in the past year	4%	6%	N/A	N/A
Attempted suicide in the past year	2%	1%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Union County adults who contemplated suicide in the past year. An example of how to interpret the information includes: 6% of all Union County adults contemplated suicide in the past year, including 12% of those under age 30 and 7% of those with incomes less than $25,000.

Union County Adults Who Contemplated Suicide in the Past Year
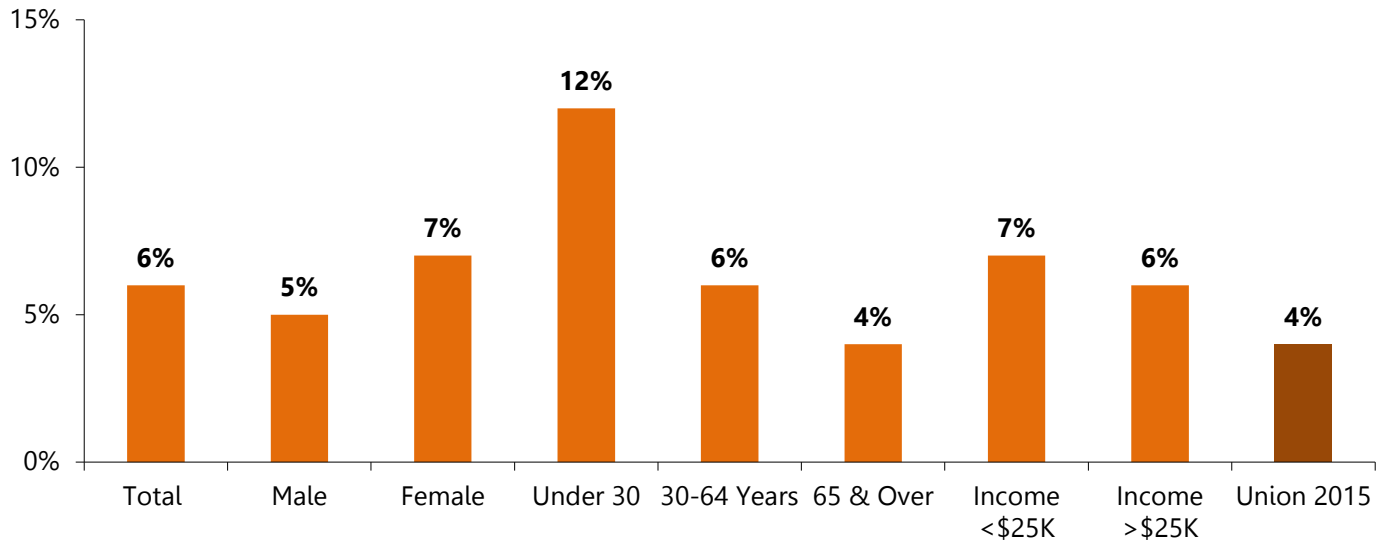
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph indicates the number of suicide deaths by year in Union County. There were 49 total deaths in Union County from 2007-2016.

Union County Number of Suicide Deaths 2007-2016
Total Deaths = 49
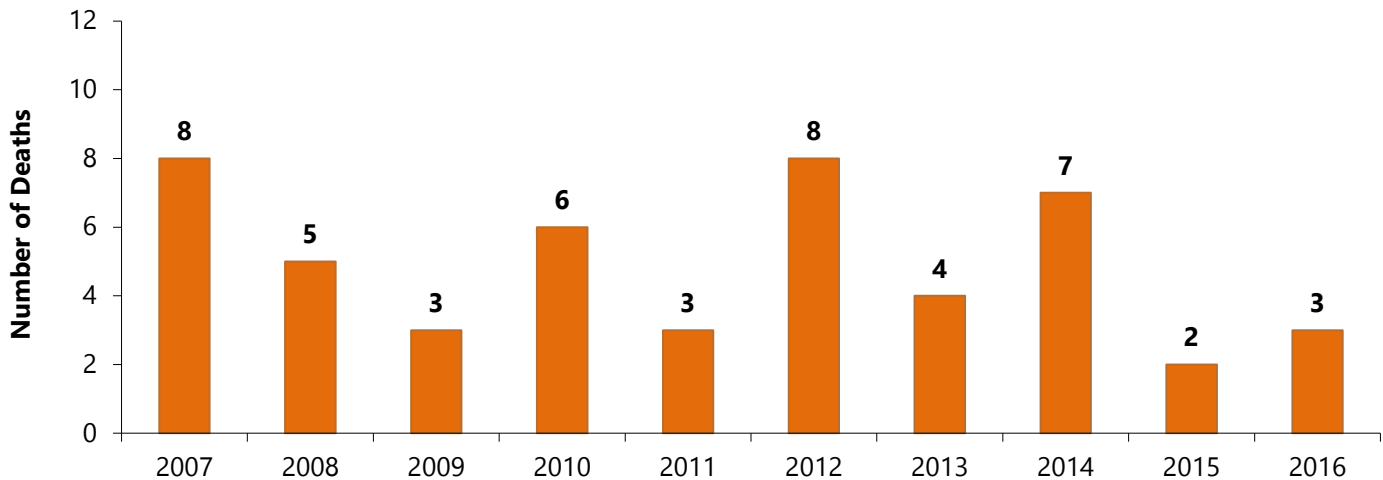
(Source: Oregon Health Authority, Oregon Violent Death Reporting System, updated August 2, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

In 2018, 6% of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Thirty-four percent (34%) of adults had high blood pressure, 34% were obese, 32% had high blood cholesterol, and 12% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2018, 6% of Union County adults reported they had survived a heart attack or myocardial infarction, increasing to 13% of those over the age of 65.

- Four percent (4%) of Union County adults reported they had survived a stroke, increasing to 11% of those over the age of 65.

- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 12% of those over the age of 65.

- Two percent (2%) of adults reported they had congestive heart failure, increasing to 6% of those over the age of 65.

High Blood Pressure (Hypertension)

- More than one-third (34%) of adults had been diagnosed with high blood pressure.

- Union County adults diagnosed with high blood pressure were more likely to have:
  — Been ages 65 years or older (59%)
  — Incomes less than $25,000 (46%)
  — Been classified as obese by Body Mass Index-BMI (45%)
  — Rated their overall health as fair or poor (21%)

High Blood Cholesterol

- Thirty-two percent (32%) of adults had been diagnosed with high blood cholesterol.

- Seventy-three percent (73%) of adults had their blood cholesterol checked within the past five years.

- Union County adults with high blood cholesterol were more likely to have:
  — Been ages 65 years or older (56%)
  — Been classified as obese by Body Mass Index-BMI (40%)
  — Incomes less than $25,000 (39%)
  — Rated their overall health as fair or poor (19%)

Union County
Leading Causes of Death
2015-2017

Total Deaths: 818

1. Cancers (23% of all deaths)
2. Heart Disease (21%)
3. Chronic Lower Respiratory Diseases (8%)
4. Accidents, Unintentional Injuries (7%)
5. Stroke (6%)

(Source: CDC Wonder, 2015-2017)

Oregon
Leading Causes of Death
2015-2017

Total Deaths: 108,107

1. Cancers (22% of all deaths)
2. Heart Disease (19%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (5%)
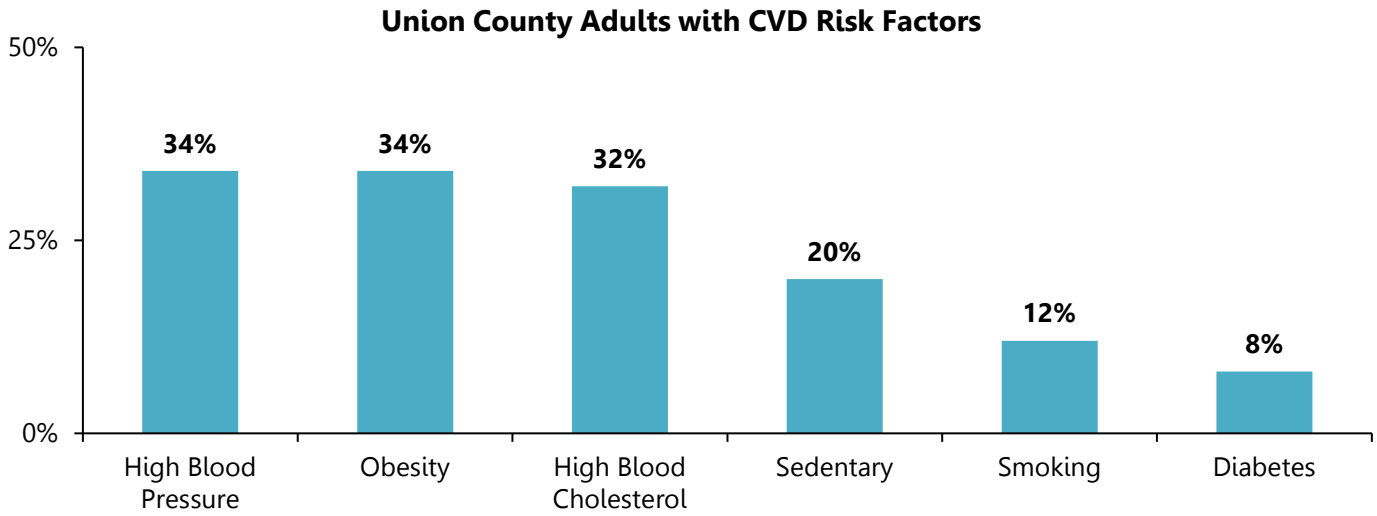
(Source: CDC Wonder, 2015-2017)

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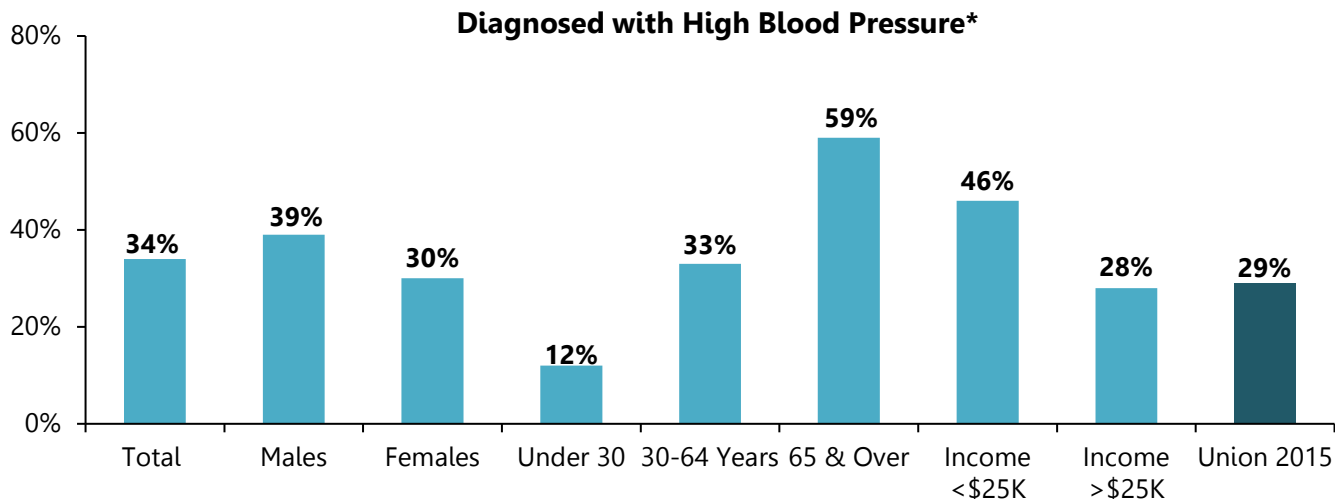
Union County Adults with CVD Risk Factors

	High Blood Pressure	Obesity	High Blood Cholesterol	Sedentary	Smoking	Diabetes
	34%	34%	32%	20%	12%	8%

(Source: 2018 Union County Health Assessment)

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had angina or coronary heart disease	2%	5%	4%	4%
Had a heart attack	3%	6%	4%	4%
Had a stroke	2%	4%	3%	3%
Had high blood pressure	29%	34%	30%	32%
Had high blood cholesterol	32%	32%	32%	33%
Had blood cholesterol checked within past 5 years	72%	73%	85%	86%

Controlling Blood Pressure

- You can make changes to your lifestyle that will help control your blood pressure. Your doctor may provide medications that can help you. By controlling your blood pressure, you will lower your risk for the harmful effects of high blood pressure (including chest pain, heart failure, heart attack, etc.).

- **Work with your health care team**: Team-based care that includes you, your doctor, and other providers can help reduce and control blood pressure. If you already have high blood pressure, your doctor may prescribe medications and lifestyle changes. Follow your doctor's instructions and stay on your medications.

- **Make lifestyle changes**: Lifestyle changes are just as important as medications.
  1. Diet - eat a healthy diet that is low in salt (sodium), total fat, saturated fat, and cholesterol. Eat a diet high in fresh fruits and vegetables.
  2. Be active - try taking a brisk 10-minute walk 3 times a day 5 days a week.
  3. Do not smoke - if you smoke quit as soon as possible. Visit smokefree.gov for tips on quitting.

(Source: Centers for Disease Control and Prevention, Controlling Blood Pressure, Updated July 7, 2014)

The following graphs show the percentages of Union County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 34% of all Union County adults had been diagnosed with high blood pressure, including 39% of males and 59% of those ages 65 and over.

Diagnosed with High Blood Pressure*

Category	Percentage
Total	34%
Males	39%
Females	30%
Under 30	12%
30-64 Years	33%
65 & Over	59%
Income <$25K	46%
Income >$25K	28%
Union 2015	29%

*Does not include respondents who indicated high blood pressure during pregnancy only.
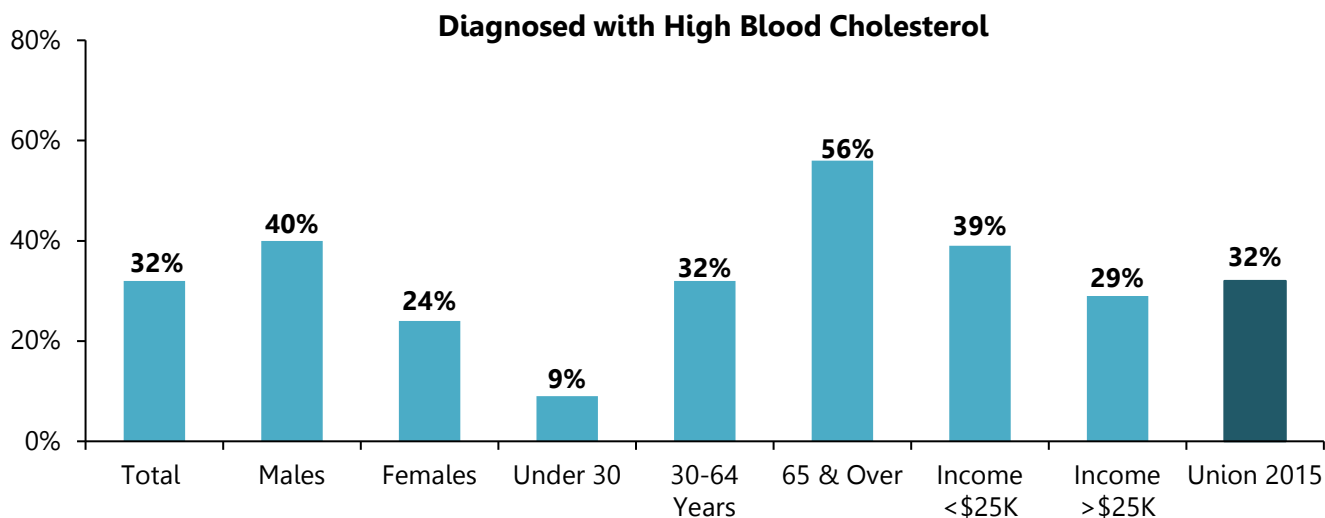
Diagnosed with High Blood Cholesterol

| Category	Percentage
Total	32%
Males	40%
Females	24%
Under 30	9%
30-64 Years	32%
65 & Over	56%
Income <$25K	39%
Income >$25K	29%
Union 2015	32%

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

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

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Union County heart disease mortality rate was higher than the state and the Healthy People 2020 target.

- The Union County age-adjusted stroke mortality rate from 2015 to 2017 was slightly lower than the state and U.S. rate, but higher than the Healthy People 2020 target objective.

- From 2009 to 2017, the total Union County age-adjusted heart disease mortality rate gradually increased.

Union County Age-Adjusted Heart Disease and Stroke Mortality Rates
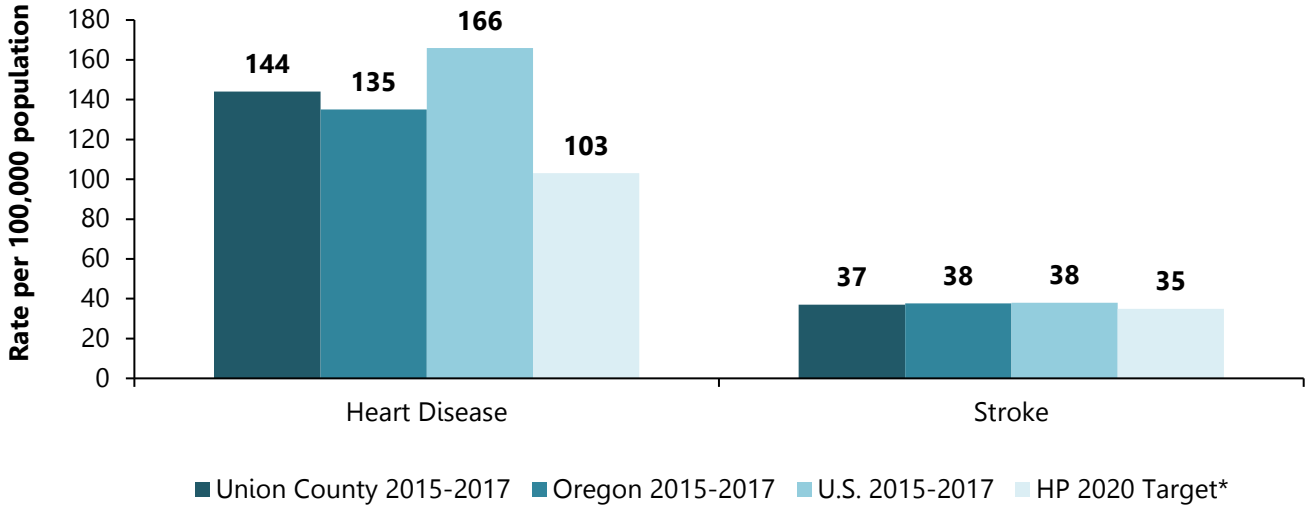
*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: CDC Wonder, Healthy People 2020)

Union County Age-Adjusted Heart Disease Mortality Rates by Gender
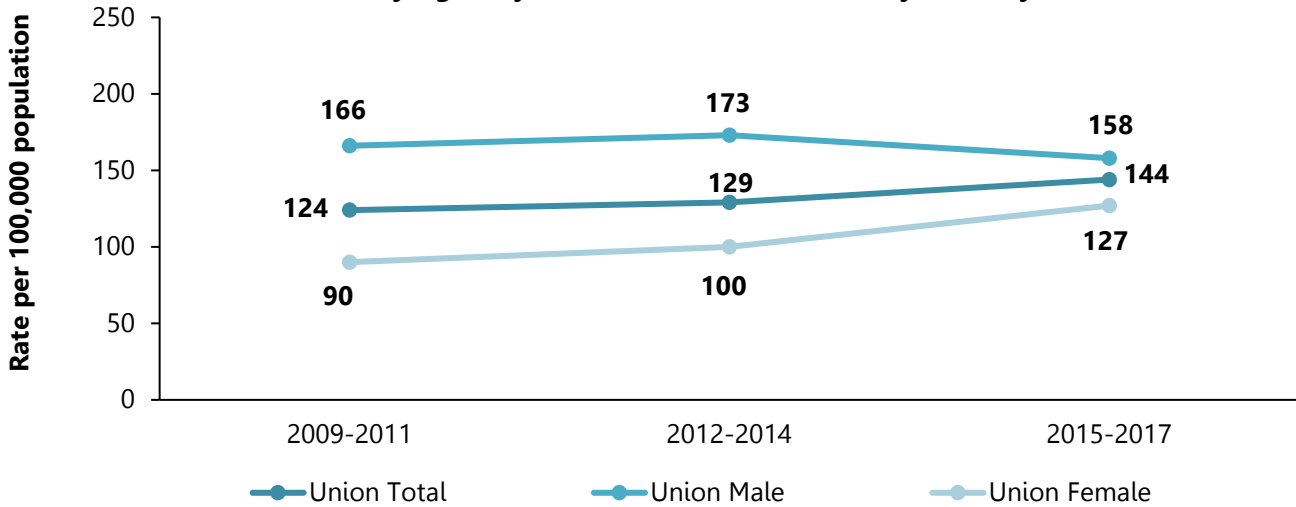
(Source: CDC Wonder, Underlying Cause of Death, 2008-2017)

The following graph shows the age-adjusted mortality rates per 100,000 population stroke by gender.

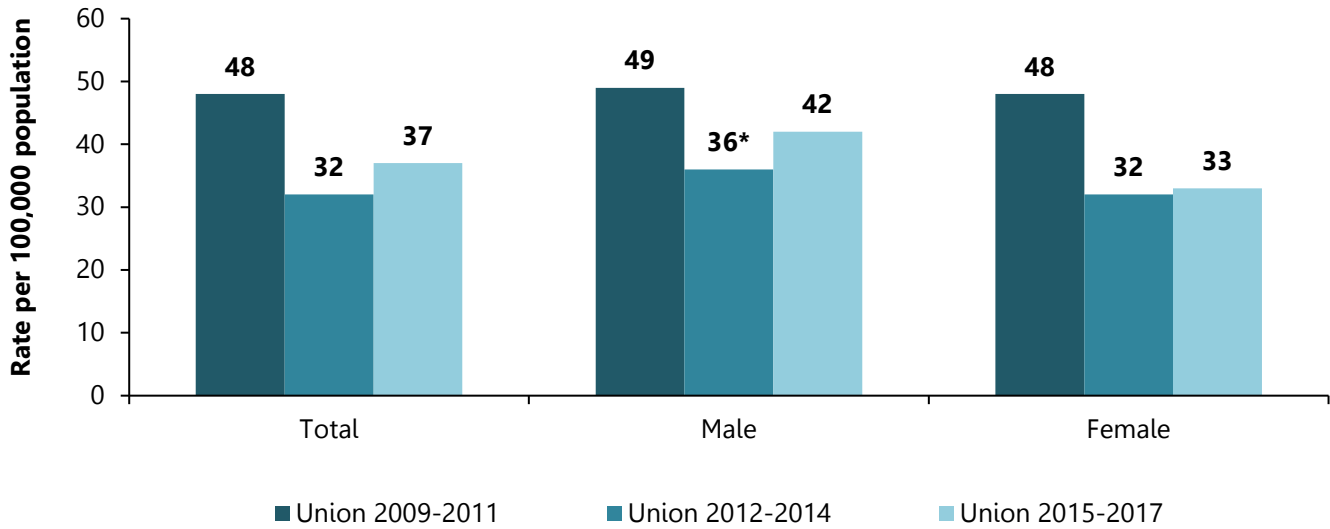- From 2015 to 2017, the Union County stroke mortality rate was slightly higher for males than for females.

Union County Age-Adjusted Stroke Mortality Rates by Gender

(Source: CDC Wonder, 2007-2015)
*2012-2014 male mortality data is reported using 2011-2014 data due to unreliable data

Healthy People 2020 Objectives
Heart Disease and Stroke

Objective	Union Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	34% (2018)	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	73% (2018)	86% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	32% (2018)	33% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2017 BRFSS, 2018 Union County Health Assessment)

Chronic Disease: Cancer

Key Findings

In 2018, 11% of Union County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- Eleven percent (11%) of Union County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65.

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2015-2017, cancers caused 24% (194 of 818 total deaths) of all Union County resident deaths. The largest percent (21%) of cancer deaths were from lung and bronchus cancers *(Source: CDC Wonder, 2015-2017)*.

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

1. Lung and Bronchus: 40 cases (21%)
2. Colon, rectum, and anus: 19 cases (10%)
3. Pancreas: 18 cases (9%)
4. Breast: 15 cases (8%)

From 2015-2017, there were 194 cancer deaths in Union County.

(Source: CDC Wonder, 2015-2017)

2,151 Union County adults had been diagnosed with cancer at some point in their lives.

Lung Cancer

- Approximately 15% of females in the county were current smokers, and 39% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

- In Union County, 9% of males were current smokers, and 36% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

- The CDC reports that bronchus or lung cancers (n=23) were the leading cause of male cancer deaths from 2015-2017 in Union County, followed by colon, rectum, and anus cancers (n=11) *(Source: CDC Wonder, 2015-2017)*.

- The CDC reports that bronchus or lung cancers were found to be the leading cause of female cancer deaths (n=17) in Union County from 2015-2017, followed by breast cancers (n=15). *(Source: CDC Wonder, 2015-2017)*.

Breast Cancer

- In 2018, 44% of Union County females reported having had a clinical breast examination in the past year.

- Forty-six percent (46%) of Union County females over the age of 40 had a mammogram in the past year.

- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30. *(Source: American Cancer Society, Facts & Figures 2019)*.

Prostate Cancer

- Sixty-three percent (63%) of Union County men had a digital rectal exam in their lifetime, and 10% had one in the past year.

- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 *(Source: American Cancer Society, Facts & Figures 2019)*.

Colon and Rectum Cancers

- In 2018, 52% of Union County adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

- The CDC statistics indicate that colon cancer deaths accounted for 10% of all male and female cancer deaths from 2015-2017 in Union County *(CDC Wonder, 2015-2017)*.

- Modifiable factors that increase colon and rectum cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. *(Source: American Cancer Society, Facts & Figures 2019)*.

2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2018, estimates predict that there will be 23,320 new cases of cancer and 8,270 cancer deaths in Oregon.
- Of the new cancer cases in Oregon, approximately 2,900 (15%) will be from lung and bronchus cancers and 1,780 (7%) will be from melanoma (skin) cancer.
- About 3,390 new cases of female breast cancer are expected in Oregon.
- New cases of prostate cancer in Oregon are expected to be 1,950 (9%).

(Source: American Cancer Society, Facts and Figures 2019)

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, as well as cancer as a percent of total deaths in Union County. The graphs show:

- When age differences were accounted for, Union County had a higher cancer mortality rate than Oregon and the U.S., as well as 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**

Rate per 100,000 population

- 172 — Union County 2015-2017
- 157 — Oregon 2015-2017
- 156 — U.S. 2015-2017
- 161 — HP 2020 Target

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

**Cancer as Percent of Total Deaths in Union County
by Gender, 2015-2017**

- Male: 26%
- Female: 19%
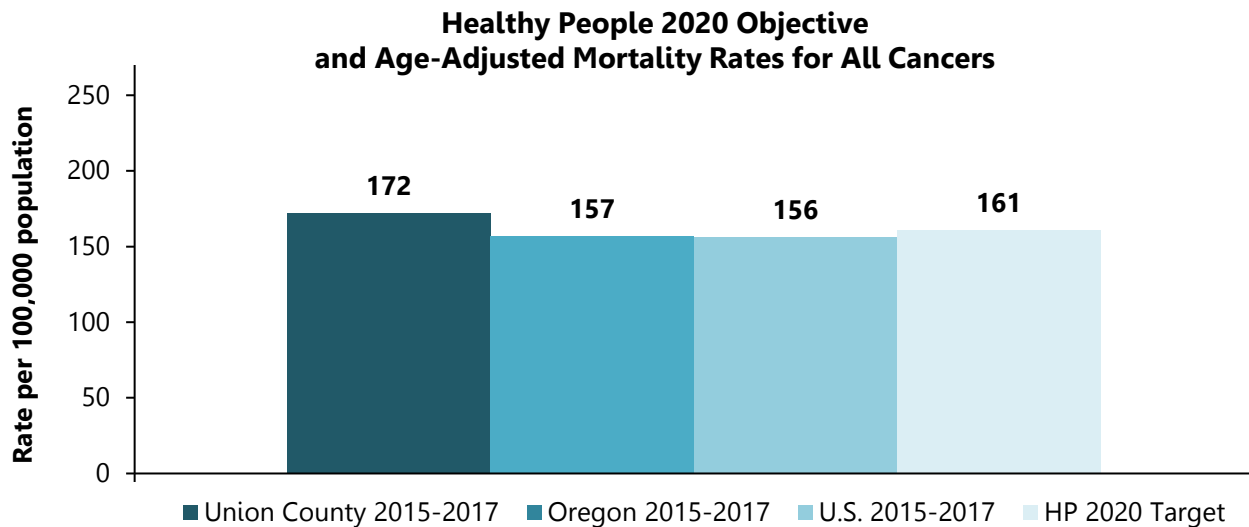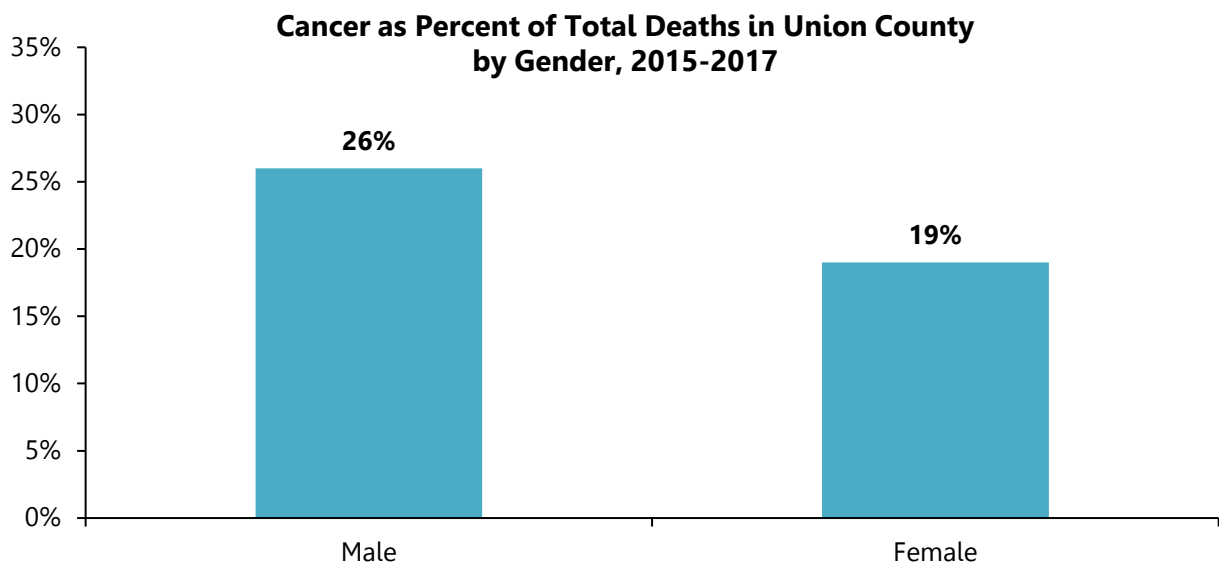
(Source for graphs: CDC Wonder, 2015-2017)

Chronic Disease: Asthma

Key Findings

Seventeen percent (17%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.

Asthma and Other Respiratory Disease
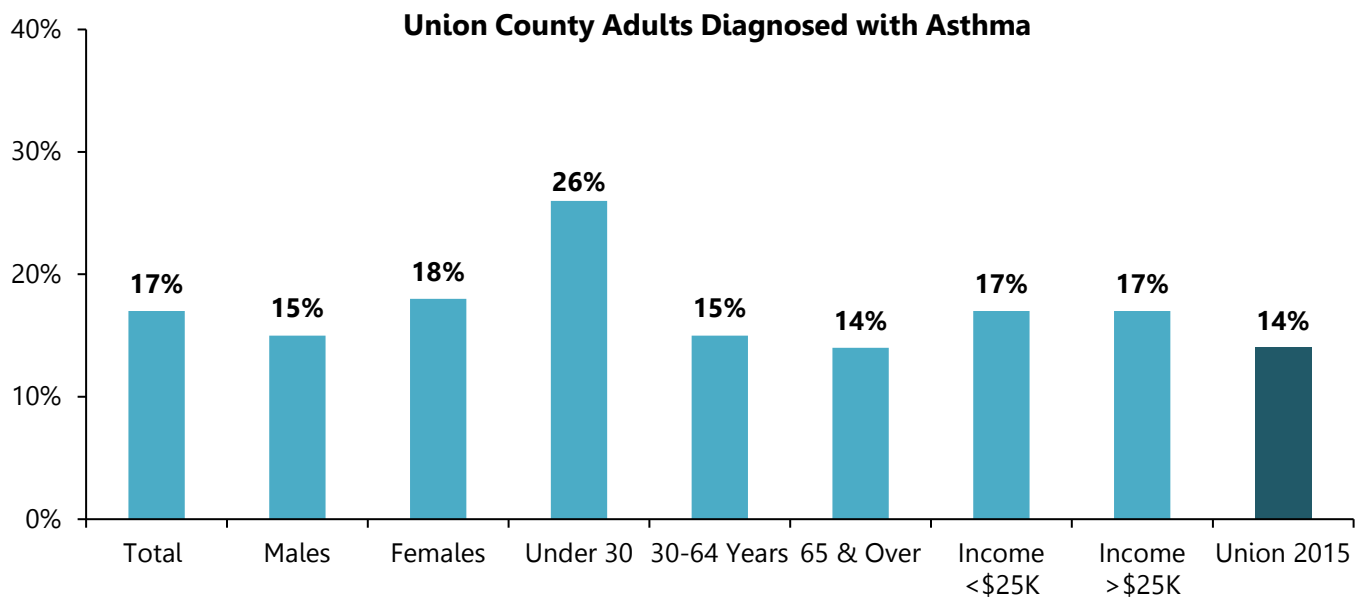
- Seventeen percent (17%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.

- During the past year, 10% of Union County adults had visited an emergency room or urgent care center due to their asthma.

- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergen; pets; mold; smoke from burning wood or grass; and infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2013).*

- Chronic lower respiratory disease was the third leading cause of death in Union County from 2015 to 2017 *(Source: CDC Wonder, 2015-2017).*

Union County Adults Diagnosed with Asthma

Category	Percentage
Total	17%
Males	15%
Females	18%
Under 30	26%
30-64 Years	15%
65 & Over	14%
Income <$25K	17%
Income >$25K	17%
Union 2015	14%

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

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Adults who had been diagnosed with asthma	14%	17%	17%	14%

Chronic Disease: Diabetes

Key Findings

Eight percent (8%) of Union County adults had been told by a doctor that they had diabetes.

Diabetes

- Eight percent (8%) of Union County adults had been told by a doctor that they had diabetes, increasing to 17% of those over the age of 65.

- Six percent (6%) of adults had been told by a doctor that they had pre-diabetes.

- Diabetics were using the following to manage their diabetes: diet control (60%), checking blood sugar (43%), annual vision exam (42%), exercise (40%), 6-month checkup with provider (33%), diabetes pills (31%), checking A1C annually (31%), checking their feet (25%), insulin (18%), dental exam (11%), and using injectables (5%). Four percent (4%) of adults diagnosed with diabetes reported they did not have enough information to manage their diagnosis.

- More than two-fifths (44%) of adults with diabetes rated their health as fair or poor.

- Union County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  — 92% were obese or overweight
  — 68% had been diagnosed with high blood pressure
  — 63% had been diagnosed with high blood cholesterol

Diabetes by the Numbers

- **30.3 million** US adults have diabetes, and 1 in 4 of them do not know they have it.

- Diabetes is the **seventh leading cause** of death in the US.

- Diabetes is the **No. 1** cause of kidney failure, lower-limb amputations, and adult-onset blindness.

- In the last **20 years**, the number of adults diagnosed with diabetes has more than **tripled** as the American population has aged and become more overweight or obese.

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

Types of Diabetes

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

- **Type 1 diabetes** is caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. About 5% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you'll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.

- **Type 2 diabetes** is when the body doesn't use insulin well and is unable to keep blood sugar at normal levels. Most people with diabetes—9 in 10—have type 2 diabetes. It develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults). Symptoms sometimes go unnoticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight if you're overweight, healthy eating, and getting regular physical activity.

- **Gestational diabetes** develops in pregnant women who have never had diabetes. Babies born to women with gestational diabetes could be at higher risk for health complications. Gestational diabetes usually goes away after the baby is born but increases the mother's risk for type 2 diabetes later in life. The baby is more likely to become obese as a child or teen, and more likely to develop type 2 diabetes later in life.

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

The following graphs show the percentage of Union County adults that were diagnosed with diabetes. Examples of how to interpret the information shown on the graph include: 8% of Union County adults were diagnosed with diabetes, including 17% of those 65 and older and 14% of those with incomes less than $25,000.
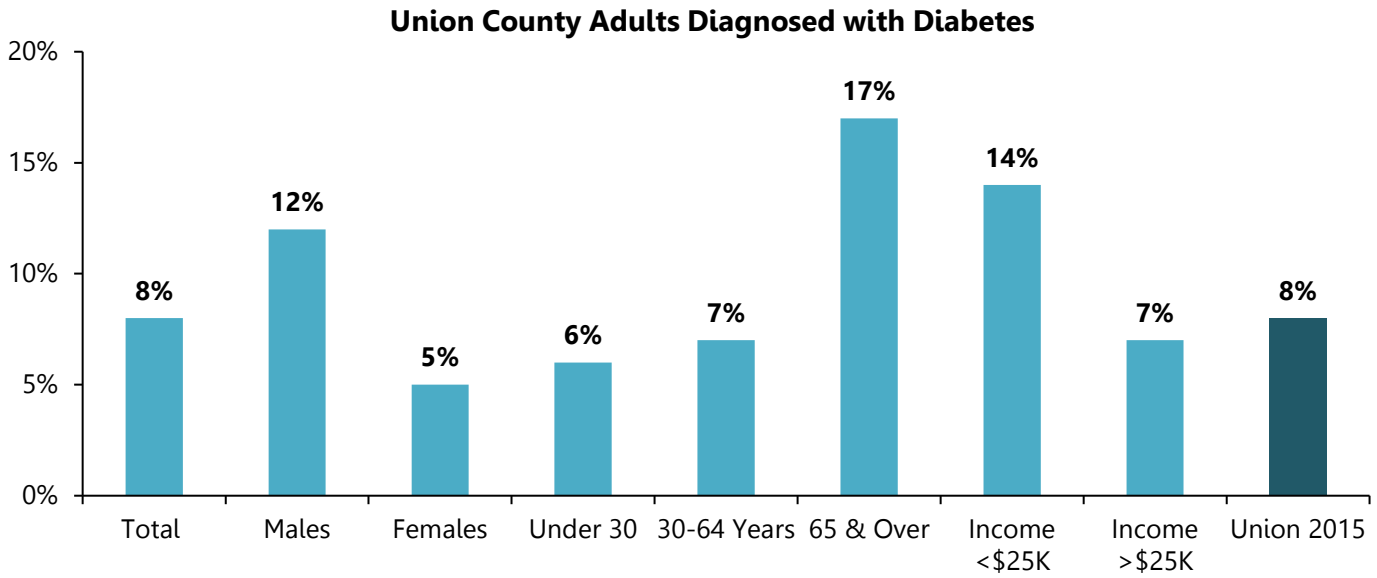
Union County Adults Diagnosed with Diabetes

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

Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S. 2017
Had been diagnosed with diabetes	8%	8%	10%	11%

Chronic Disease: Quality of Life

Key Findings

In 2018, 33% of Union County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (47%), chronic pain (42%), and arthritis/rheumatism (40%).

Impairments and Health Problems

- In 2018, 33% of Union County adults were limited in some way because of a physical, mental or emotional problem, increasing to 46% of those with incomes less than $25,000.

- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (47%); chronic pain (42%); arthritis/rheumatism (40%); stress, depression, anxiety, or emotional problems (29%); walking problems (28%); fitness level (20%); fractures, bone/joint injuries (20%); sleep problems (18%); chronic illness (19%); lung/breathing problems (16%); hearing problems (15%); eye/vision problems (10%); dental problems (9%); memory loss (8%); mental health illness/disorder (6%); confusion (4%); learning disability (4%); providing care to a family member (3%); substance dependency (1%); drug addiction (1%); and other impairment/problem (13%).

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

Objective	Union County 2018	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	40%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2018 Union County Health Assessment)
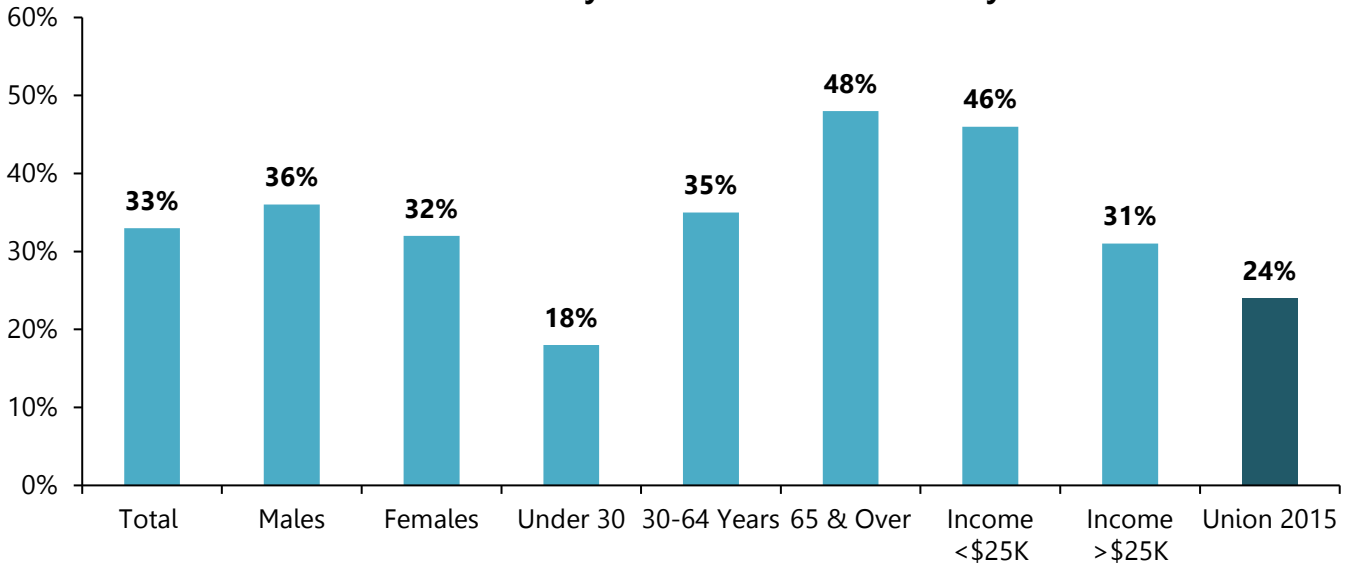
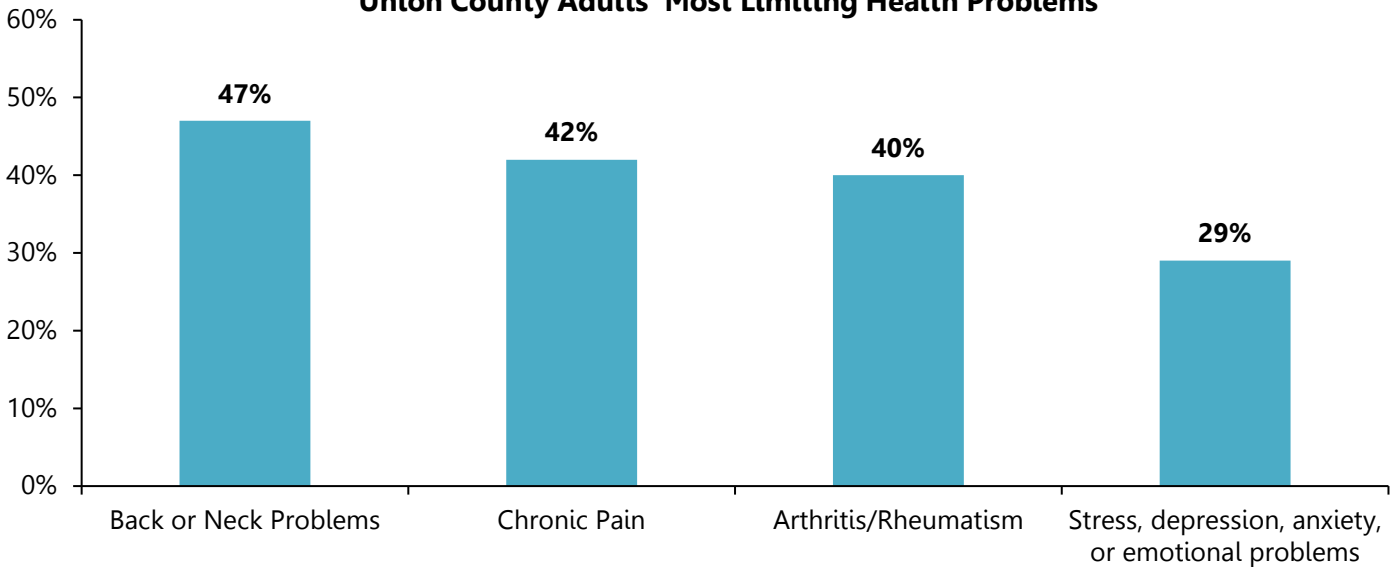| Adult Comparisons	Union County 2015	Union County 2018	Oregon 2017	U.S 2017
Limited in some way because of a physical, mental, or emotional problems	24%	33%	N/A	N/A

N/A- Not Available

The following graphs show the percentage of Union County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 33% of Union County adults were limited in some way, including 48% of those 65 and older and 46% of those with incomes less than $25,000.

Union County Adults Limited in Some Way

Category	Percentage
Total	33%
Males	36%
Females	32%
Under 30	18%
30-64 Years	35%
65 & Over	48%
Income <$25K	46%
Income >$25K	31%
Union 2015	24%

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

Union County Adults' Most Limiting Health Problems

Category	Percentage
Back or Neck Problems	47%
Chronic Pain	42%
Arthritis/Rheumatism	40%
Stress, depression, anxiety, or emotional problems	29%

Social Conditions: Social Determinants of Health

Key Findings

In 2018, 7% of Union County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Seventeen percent (17%) of Union County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime.

Healthy People 2020

- Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:
  — Economic stability
  — Education
  — Social and community context
  — Health and health care
  — Neighborhood and built environment

Economic Stability

- Union County adults indicated that they or a loved one received assistance for the following in the past year: health care (22%), dental care (12%), food (11%), Medicare (11%), prescription assistance (10%), mental illness issues (9%), home repair (6%), utilities (6%), rent/mortgage (6%), free tax preparation (5%), employment (4%), transportation (2%), legal aid services (2%), drug or alcohol addiction (2%), affordable child care (2%), unplanned pregnancy (1%), post incarceration transition issues (1%), credit counseling (1%), diapers (1%), clothing (1%), and gambling addiction (<1%).

- Union County adults reported the following percentage of their household income goes to their housing: less than 30% (49%), 30 to 50% (34%), and 50% or higher (10%). Seven percent (7%) reported they did not know.

Economic Stability – Focus Group Qualitative Data

- The Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment Focus Group was held on July 11th, 2018 at the Northeast Oregon Transit Office in La Grande, Oregon. Focus groups are a method of data collection focusing on qualitative information regarding attitudes, perceptions, and beliefs of the participants. Below are summary findings regarding economic stability in the community:

  — Economic Stability: The participants touched on two main aspects of economic stability in the community that they have struggled with, housing and transportation. Housing and transportation issues, in this focus group, are tied to overall health and safety of the community. Without appropriate transportation, especially for those that live in outlying areas, may struggle with food and economic stability. Also illustrated was the overall financial burden the housing market has placed on the local community, especially individuals that already struggle financially, and finding a safe, affordable place to live (rent or own) is a challenge in this community.
  — Direct quote example: *"It is not cheap to rent a house in this area...it's red tape... to rent a reasonable house in a decent neighborhood is really expensive... the people renting houses are lower income, [with] less resource(s), so that's just putting a burden on those that aren't affluent."*

(Source: Eastern Oregon Coordinated Care Organization Community Health Assessment Focus Group Report, January 2019)

- The median household income in Union County in 2016 was $46,228. The U.S. Census Bureau reports median income levels of $56,119 for Oregon and $57,652 for the U.S. *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*

- Seventeen percent (17.4%) of all Union County residents were living in poverty, and 22% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*.

- The Union County unemployment rate for those 16 years and over was 6.5% *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*.

- There were 11,684 housing units. The occupied housing unit rate was 88%. Rent in Union County cost an average of $746 per month *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*.

- Seventy-eight percent (78%) of occupied housing units in Union County were owner-occupied, and 37% were renter-occupied *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates)*.

Education

- Ninety-three percent (93%) of Union County adults 25 years and over had a high school diploma or higher, leaving 7% that had less than a high school diploma *(Source: U.S. Census Bureau, American Community Survey, 2013-2017)*.

- Twenty-four percent (24%) of Union County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2013-2017)*.

Health and Health Care

- In the past year, 10% of adults were uninsured.

- When accessing health care, Union County adults felt confident doing the following: following instructions correctly on a medicine prescription container (91%), filling out medical forms accurately (89%), following the advice of their health care provider (86%), know their health care providers exchange information so they can care for them accurately (63%), and know how to obtain health insurance that best fits their needs (57%).

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

Health and Healthcare Services – Focus Group Qualitative Data

- The Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment Focus Group was held on July 11th, 2018 at the Northeast Oregon Transit Office in La Grande, Oregon. Focus groups are a method of data collection focusing on qualitative information regarding attitudes, perceptions, and beliefs of the participants. Below are summary findings regarding health and healthcare services in the community:

  — Health and Healthcare Services: The primary focus for this section is on the correlation of accessing healthcare services in a rural community and the difficulties many struggle with in securing transportation, gas and time-off to travel for care not easily accessible in this community The group articulates that those individuals who can acquire and/or afford this type of healthcare (particularly referrals to specialty services) will have better, overall health outcomes than those who cannot.

  — Direct quote example: *"Access to getting to the services that are available...overall we have a provider issue...for health care, for the most part, the services you need are here or you can get a referral to them. But the people that are able to use them are going to do better. They have access, or they can get to the appointment or they can travel to the appointment that is 250 miles away."*

(Source: Eastern Oregon Coordinated Care Organization Community Health Assessment Focus Group Report, January 2019)

Social and Community Context

- Seven percent (7%) of Union County adults were abused in the past year. They were abused by the following individuals: a spouse or partner (31%), another person outside their home (31%), a child (16%), another family member in the household (9%), a paid caregiver (3%), a parent (3%), and someone else (16%).

- Adults who were abused were abused in the following ways: emotionally (63%), verbally (59%), financially (27%), physically (24%), through electronic methods (21%), and sexually (10%).

- Union County adults experienced the following adverse childhood experiences (ACEs):
  — Their parents became separated or were divorced (30%)
  — Lived with someone who was a problem drinker or alcoholic (21%)
  — Lived with someone who was depressed, mentally ill, or suicidal (21%)
  — A parent or adult in their home swore at, insulted, or put them down (19%)
  — Someone at least 5 years older than them or an adult touched them sexually (14%)
  — A parent or adult in their home hit, beat, kicked, or physically hurt them (13%)
  — Their family did not look out for each other, feel close to each other, or support each other (12%)
  — Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (11%)
  — Lived with someone who used illegal street drugs, or who abused prescription medications (10%)
  — Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
  — Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (7%)
  — Someone at least 5 years older than them or an adult forced them to have sex (5%)
  — They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%)
  — Their parents were not married (2%)

- Seventeen percent (17%) of Union County adults had 4 or more ACEs in their lifetime.

Social and Community Context – Focus Group Qualitative Data

- The Eastern Oregon Coordinated Care Organization (EOCCO) Community Health Assessment Focus Group was held on July 11th, 2018 at the Northeast Oregon Transit Office in La Grande, Oregon. Focus groups are a method of data collection focusing on qualitative information regarding attitudes, perceptions, and beliefs of the participants. Below are summary findings regarding social and community context in the community:

  — Social and Community Context: Participants focused on several positive aspects of being part of a social, rural community. It was evident that the participants have a sense of pride in the collaborative nature of their community, from the innovations to problem solving, to lifting up and supporting programs that will benefit the overall health and wellbeing for those in need.
  — Direct quote example: *"...we honestly want to help people...it is in our hearts to help people. When something happens community wise, the community pulls together and does whatever they can to help whatever the situation is that need to be done."*

(Source: Eastern Oregon Coordinated Care Organization Community Health Assessment Focus Group Report, January 2019)

The table below indicates correlations between adults who experienced 4 or more adverse childhood experiences (ACEs), as well as those who did not experience any ACEs. An example of how to interpret the information includes: 65% of those who experiences 4 or more ACEs were considered current drinkers, compared to 55% of those who did not experience any ACEs.

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

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	80%	71%
Current drinker (had at least one alcoholic beverage in the past month)	65%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	37%	39%
Had an income less than $25,000	21%	22%
Contemplated suicide in the past 12 months	20%	1%
Current smoker (currently smoke on some or all days)	19%	9%
Used recreational drugs in the past six months	16%	10%
Medication misuse in the past six months	6%	6%

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

Adverse Childhood Experiences (ACEs)

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

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

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

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

(Source: CDC, Adverse Childhood Experiences (ACEs), About Adverse Childhood Experiences, Updated 4/1/16)

Social Conditions: Environmental Health

Key Findings

The top four environmental health issues reported by Union County adults were air quality (18%), insects (8%), mold (6%), and rodents (6%). Sixteen percent (16%) of adults had a family disaster plan in preparation for a disaster.

Environmental Health

- Union County adults thought the following threatened their health in the past year:
  - Air quality (18%)
  - Insects (8%)
  - Mold (6%)
  - Rodents (6%)
  - Agricultural chemicals (5%)
  - Temperature regulation (3%)
  - Chemicals found in products (3%)
  - Plumbing problems (3%)
  - Moisture issues (2%)
  - Unsafe water supply/wells (2%)
  - Sewage/waste water problems (2%)
  - Bed bugs (1%)
  - Sanitation issues (1%)
  - Radiation (<1%)
  - Lead paint (<1%)
  - Cockroaches (<1%)
  - Lice (<1%)

Disaster Preparedness

- Union County households had the following disaster preparedness supplies: cell phone (92%), cell phone with texting (87%), working smoke detector (87%), working flashlight and working batteries (86%), computer/tablet (79%), 3-day supply of nonperishable food for everyone in the household (64%), financial resources (64%), 3-day supply of prescription medication for each person who takes prescribed medicines (52%), working battery-operated radio and working batteries (44%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (40%), home land-line telephone (32%), generator (31%), communication plan (28%), disaster plan (17%), and a family disaster plan (16%). Four percent (4%) indicated they did not have any disaster preparedness supplies.

Basic Disaster Supplies Kit

A basic emergency supply kit could include the following recommended items:
- One gallon of water per person per day for at least three days, for drinking and sanitation
- At least a three-day supply of non-perishable food
- A working battery-operated radio and working batteries
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask to help filter contaminated air
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Cell phone with chargers and a backup battery
- Manual can opener for food

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Basic Disaster Supplies Kit, updated 6/10/14)

Social Conditions: Parenting

Key Findings

Sixty-four percent (64%) of Union County parents talked to their 12- to 17-year-old about depression, anxiety, and suicide in the past year.

Parenting

- Parents discussed the following topics with their 12- to 17-year-old in the past year:
  - Dating and relationships (84%)
  - Career plan (81%)
  - Social media issues (80%)
  - Weight status (eating habits, physical activity, and screen time) (75%)
  - Negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs (73%)
  - Bullying (69%)
  - Refusal skills/peer pressure (66%)
  - Depression/anxiety/suicide (64%)
  - Energy drinks (63%)
  - Birth control/condom use/safer sex/STD prevention (55%)
  - Abstinence/how to refuse sex (55%)
  - Volunteering (52%)
  - School/legal consequences of using tobacco/alcohol/other drugs (48%)
  - Body image (45%)

- In the past year, parents took their child to the doctor for the following: regular visits (76%), dental visits (69%), other visits for any illness (50%), emergency room visits (36%), injuries (35%), ear infections (26%), asthma (9%), behavioral problems (7%), poisonings (5%), and head lice (2%).

- Union County parents reported their child had difficulties in the following areas: managing emotions (22%), ability to focus (17%), social interaction (17%), following directions (16%), bullying (3%), and other difficulties (2%).

- During the past 12 months, Union County parents used the following programs for their child: out of home daycare (7%), WIC (6%), Early Intervention Services (5%), and Head Start/Early Head Start (3%). Six percent (6%) reported they were ineligible but wanted to use a program for their child.

- Union County parents indicated their child spent the following time unsupervised after school: no time unsupervised (65%), less than one hour (16%), 1 to 2 hours (14%), 3 to 4 hours (1%), and more than 4 hours (4%).

- Parents indicated the following day-to-day demands of parenthood/raising children: work schedule (46%); demands of multiple children (35%); child behavioral challenges (17%); single parenting (14%); affordable housing (13%); depression, anxiety, mental health (13%); financial burdens/unemployment (12%); loss of freedom/difficulty with lifestyle changes (11%); parenting skills (11%); affordable utilities (10%); childcare (9%); child special needs (7%); health care insurance (5%); not having a safe/healthy home environment (4%); alcohol or drug addiction (3%); violence or abuse in the home (3%); postpartum depression (2%); moving frequently (1%); and other (3%). Almost one-fourth (24%) reported they had no challenges.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2019	• 2019 Cancer Facts, Figures, and Estimates	https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
	• It's Easy to Add Fruits and Vegetables to Your Diet	https://www.cancer.org/healthy/eat-healthy-get-active/eat-healthy/add-fruits-and-veggies-to-your-diet.html
American Association of Suicidology	• National Suicide Statistics	www.suicidology.org/portals/14/docs/resources/factsheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2010 - 2017 Adult Oregon and U.S. Correlating Statistics	https://www.cdc.gov/brfss/index.html
CDC, About Diabetes	• Types of Diabetes • Diabetes by the Numbers	https://www.cdc.gov/diabetes/basics/diabetes.html
CDC, Alcohol and Public Health, Excessive Drinking	• Economic Costs of Excessive Alcohol Use	www.cdc.gov/alcohol/data-stats.htm
CDC, Cancer Prevention and Control	• Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Division of Nutrition, Physical Activity, and Obesity	• Physical Activity Basics	https://www.cdc.gov/physicalactivity/basics/index.htm
CDD, High Blood Pressure	• Controlling Blood Pressure	https://www.cdc.gov/bloodpressure/control.htm
CDC, National Center for Health Statistics, Mental Health	• Mental Health in the U.S.	www.cdc.gov/nchs/fastats/mental-health.htm
CDC, Oral Health, 2017	• Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Overweight & Obesity	• Adult Obesity Facts	www.cdc.gov/obesity/data/adult.html
CDC, Violence Prevention, Sexual Violence	• Understanding Sexual Violence	www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf
CDC, Violence Prevention	• Adverse Childhood Experiences	www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
CDC Wonder	• Union Underlying Cause of Death, 2009-2017 • Union County and Oregon Leading Causes of Death • Union County and Oregon Mortality Statistics	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	• USDA Food Environment Atlas	http://www.countyhealthrankings.org

Source	Data Used	Website
Eastern Oregon Coordinated Care Organization Community Health Assessment, 2019	• Focus Group Qualitative Data (Economic Stability, Health and Healthcare Services, Social and Community Context)	https://www.eocco.com/members/cha
Federal Emergency Management Agency (FEMA)	• Basic Disaster Supplies Kit	www.ready.gov/kit
Healthy People 2020: U.S. Department of Health & Human Services	• All Healthy People 2020 Target Data Points • Some U.S. Baseline Statistics • Predictors of Access to Health Care	www.healthypeople.gov/2020/topicsobjectives2020
	• Social Determinants of Health	www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
The Henry Kaiser Family Foundation	• Key Facts about the Uninsured Population	www.kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/
Oregon Health Authority	• Oregon Prescribing and Overdose Data	https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/data.aspx
	• Oregon Tobacco Facts	https://apps.state.or.us/Forms/Served/le9139.pdf
	• Oregon Prescription Drug Monitoring Program (PDMP)	http://www.orpdmp.com/
	• Oregon Violent Death Reporting System	https://www.oregon.gov/oha/ph/diseasesconditions/injuryfatalitydata/pages/nvdrs.aspx
	• 2018 Oregon Student Wellness Survey – PRIDE surveys	https://oregon.pridesurveys.com/dl.php?pdf=Union_Co_2018.pdf&type=county
Oregon Department of Health & Human Services	• Oregon Center for Health Statistics	https://www.oregon.gov/oha/ph/pages/index.aspx
	• Chlamydia and Gonorrhea statistics	https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/STD/Pages/STDMap.aspx
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	• American Community Survey 5-year estimate, 2013-2017	www.census.gov/programs-surveys/acs/
	• Federal Poverty Thresholds	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	• Oregon and Union County 2015 Census Demographic Information	factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
	• Small Area Income and Poverty Estimates	https://www.census.gov/programs-surveys/saipe.html
U.S. Department of Health and Human Services	• Physical Activity Guidelines for Americans, 2nd edition	https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf

Appendix II: Acronyms and Terms

AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
CDC	**C**enters for **D**isease **C**ontrol and **P**revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
HP 2020	**H**ealthy **P**eople **2020**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
Race/Ethnicity	**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
YPLL/65	**Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death.

Appendix III: Methods for Weighting The 2018 Union County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2017 Union County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Union County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Union County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2017 Union County Survey and the 2016 Census estimates.

	2018 Union Survey		2016 Census estimates		Weight
Sex	Number	Percent	Number	Percent	
Male	272	57.99574	12,706	49.32836	0.850552
Female	197	42.00426	13,052	50.67164	1.206345

In this example, it shows that there was a larger portion of males 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) (49.32836%) and dividing that by the percent found in the 2017 Union County sample (57.99574%) [49.32836/57.99574 = weighting of 0.850552 for males]. The same was done for females [50.67164/42.00426 = weighting of 1.206345 for females]. Thus males' responses are weighted less by a factor of 0.850552 and females' responses weighted heavier by a factor of 1.206345.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 45-54, and with a household income in the $50-$75k category would have an individual weighting of 1.25212 [1.20635 (weight for females) x 0.98653 (weight for White) x 1.18893 (weight for age 45-54) x 0.88493 (weight for income $50-$75k)]. Thus, each individual in the 2017 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 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by income), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by income, the weighting score that was applied during analysis included only age, sex, and race. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Category	Union Sample	%	2016 Census*	%		Weighting Value
Sex:						
Male	272	57.99574	12,706	49.32836		0.850552
Female	197	42.00426	13,052	50.67164		1.206345
Age:						
20-34	62	13.27623	5,069	26.36397		1.98580
35-44	31	6.63812	2,737	14.23519		2.14446
45-54	60	12.84797	2,937	15.27539		1.18893
55-59	38	8.13704	1,933	10.05357		1.23553
60-64	69	14.77516	1,806	9.39304		0.63573
65-74	113	24.19700	2,641	13.73589		0.56767
75-84	73	15.63169	1,461	7.59869		0.48611
85+	21	4.49679	643	3.34426		0.74370
Race:						
White	421	90.92873	23,106	89.70417		0.98653
Non-White	42	9.07127	2,652	10.29583		1.13499
Household Income:						
Less than $25k	107	24.31818	2,843	28.12067		1.15636
$25k-$35k	48	10.90909	1,145	11.32542		1.03816
$35k-$50k	70	15.90909	1,427	14.11474		0.88721
$50k-$75k	87	19.77273	1,769	17.49753		0.88493
$75k-$100k	52	11.81818	1,448	14.32245		1.21190
$100k-$150k	50	11.36364	908	8.98121		0.79035
Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Union County in each subcategory by the proportion of the sample in the Union County survey for that same category. ***Union County population figures taken from the 2016 Census estimates.**						

Appendix IV: Union County Sample Demographic Profile*

Variable	2018 Survey Sample	Union County Census 2013-2017 (5-year estimates)	Oregon Census 2017 (1-year estimates)
Age			
20-29	14.1%	13.6%	13.4%
30-39	18.1%	11.2%	13.9%
40-49	14.7%	10.0%	12.7%
50-59	17.8%	13.3%	12.6%
60 plus	32.8%	25.9%	23.8%
Race/Ethnicity			
White	92.3%	92.2%	84.9%
Black or African American	0.2%	0.8%	1.9%
American Indian and Alaska Native	0.8%	1.1%	1.1%
Asian	0.8%	1.0%	4.1%
Other	2.1%	1.0%	3.0%
Hispanic Origin (may be of any race)	2.5%	4.6%	12.7%
Marital Status†			
Married Couple	62.0%	51.8%	47.8%
Never been married/member of an unmarried couple	13.8%	27.0%	33.7%
Divorced/Separated	15.0%	14.6%	12.8%
Widowed	7.5%	6.6%	5.7%
Education†			
Less than High School Diploma	4.8%	7.3%	9.0%
High School Diploma	22.3%	33.5%	23.2%
Some college/ College graduate	70.8%	59.3%	67.7%
Income (Families)			
$14,999 and less	11.3%	8.0%	5.7%
$15,000 to $24,999	11.4%	9.0%	6.1%
$25,000 to $49,999	25.2%	27.4%	19.8%
$50,000 to $74,999	16.7%	18.2%	19.6%
$75,000 or more	31.2%	37.3%	48.7%

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

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

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

Age	Total	Males	Females
Union County	**25,748**	**12,678**	**13,070**
0-4 years	1,630	834	796
1-4 years	1,317	675	642
< 1 year	313	159	154
1-2 years	659	331	328
3-4 years	658	344	314
5-9 years	1,619	842	777
5-6 years	629	337	292
7-9 years	990	505	485
10-14 years	1,540	766	774
10-12 years	897	436	304
13-14 years	643	330	313
12-18 years	2,337	1,226	1,111
15-19 years	1,928	1,025	903
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
Total 85 years and over	**675**	**218**	**457**
Total 65 years and over	**4,308**	**1,941**	**2,367**
Total 19 years and over	**19,554**	**9,472**	**10,082**

UNION COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)
2013-2017 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	25,810	100%
La Grande		
2017 Total Population	12,999	100%
Population by Race/Ethnicity		
Total Population	25,810	100%
White	23,802	92.2%
Two or more races	698	2.7%
Hispanic or Latino (of any race)	1,182	4.6%
African American	219	0.8%
Asian	246	1.0%
Some other race	246	1.0%
American Indian and Alaska Native	288	1.1%
Population by Age		
Under 5 years	1,492	5.8%
5 to 17 years	4,241	16.5%
18 to 24 years	2,916	11.3%
25 to 44 years	5,753	22.2%
45 to 64 years	6,556	25.4%
65 years and more	4,852	18.8%
Median age (years)	**39.8**	N/A
Household by Type		
Total households	10,291	100%
Total families	6,559	N/A
Households with children <18 years	2,636	N/A
Married-couple family household	5,187	N/A
Married-couple family household with children <18 years	1,707	N/A
Female householder, no husband present	966	N/A
Female householder, no husband present with children <18 years	699	N/A
Nonfamily household (single person)	3,732	N/A
Nonfamily household (single person) living alone	N/A	73.2%
Nonfamily household (single person) 65 years and >	N/A	33.9%
Households with one or more people <18 years	N/A	28.8%
Households with one or more people 60 years and >	N/A	43.1%
Average household size	2.43 people	N/A
Average family size	2.91 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$172,100	N/A
Median housing units with a mortgage	$1,124	N/A
Median housing units without a mortgage	$394	N/A
Median value of occupied units paying rent	$746	N/A
Median rooms per total housing unit	5.2	N/A
Total occupied housing units	10,291	N/A
No telephone service available	200	1.9%
Lacking complete kitchen facilities	86	0.8%
Lacking complete plumbing facilities	72	0.7%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	6,525	100%
Nursery & preschool	323	5%
Kindergarten	326	5%
Elementary School (Grades 1-8)	2,703	41.4%
High School (Grades 9-12)	1,333	20.4%
College or Graduate School	1,840	28.2%
Educational Attainment		
Population 25 years and over	17,161	100%
< 9th grade education	455	2.7%
9th to 12th grade, no diploma	790	4.6%
High school graduate (includes equivalency)	5.754	33.5%
Some college, no degree	5,460	26.6%
Associate degree	1,480	8.6%
Bachelor's degree	2,789	16.3%
Graduate or professional degree	1,333	7.8%
Percent high school graduate or higher	N/A	92.7%
Percent Bachelor's degree or higher	N/A	24.0%
Marital Status		
Population 15 years and over	21,046	100%
Never married	N/A	27%
Now married, excluding separated	N/A	51.8%
Separated	N/A	1.8%
Widowed	N/A	6.6%
Widowed females	N/A	9.5%
Divorced	N/A	12.8%
Divorced females	N/A	13.9%
Veteran Status		
Civilian population 18 years and over	20,073	100%
Veterans 18 years and over	N/A	10.2%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	25,572	100%
Civilian with a disability	4,068	15.9%
Under 18 years	5,699	N/A
Under 18 years with a disability	140	3.3%
18 to 64 years	15,138	N/A
18 to 64 years with a disability	2,126	25.8
65 Years and over	4,735	N/A
65 Years and over with a disability	1,802	79.9%

Selected Economic Characteristics, Continued

Employment Status		
Population 16 years and over	20,669	100%
16 years and over in labor force	12,048	58.2%
16 years and over not in labor force	8,651	41.8%
Females 16 years and over	10,658	100%
Females 16 years and over in labor force	5,725	53.7%
Population living with own children <6 years	1,652	100%
All parents in family in labor force	2,564	70.6%
Class of Worker		
Civilian employed population 16 years and over	11,256	100%
Private wage and salary workers	8,063	71.6%
Government workers	2,104	18.7%
Self-employed workers in own not incorporated business	1,056	9.4%
Unpaid family workers	33	0.3%
Occupations		
Employed civilian population 16 years and over	11256	100%
Production, transportation, and material moving occupations	1,565	13.9%
Management, business, science, and art occupations	3,183	28.3%
Sales and office occupations	2,696	24.0%
Service occupations	2,429	21.6%
Natural resources, construction, and maintenance occupations	1,383	12.3%
Leading Industries		
Employed civilian population 16 years and over	11,256	100%
Manufacturing	1,167	10.4%
Educational, health and social services	2,858	25.4%
Trade (retail and wholesale)	1,549	13.7%
Arts, entertainment, recreation, accommodation, and food services	832	7.4%
Transportation and warehousing, and utilities	627	5.6%
Professional, scientific, management, administrative, and waste management services	640	5.7%
Construction	675	6.0%
Other services (except public administration)	713	6.3%
Finance, insurance, real estate and rental and leasing	571	5.1%
Public administration	760	6.8%
Agriculture, forestry, fishing and hunting, and mining	739	6.6%
Information	121	1.5%

Income In 2017		
Households	10,291	100%
< $10,000	795	7.7%
$10,000 to $14,999	619	6.0%
$15,000 to $24,999	1246	12.1%
$25,000 to $34,999	1,238	12.0%
$35,000 to $49,999	1630	15.8%
$50,000 to $74,999	1712	16.6%
$75,000 to $99,999	1345	13.1%
$100,000 to $149,999	989	9.6%
$150,000 to $199,999	306	3.0%
$200,000 or more	411	4.0%
Median household income	*$46,228*	N/A
Income in 2017		
Families	6,559	100%
< $10,000	312	4.8%
$10,000 to $14,999	212	3.2%
$15,000 to $24,999	592	9.0%
$25,000 to $34,999	751	11.4%
$35,000 to $49,999	1,052	16.0%
$50,000 to $74,999	1,196	18.2%
$75,000 to $99,999	1,011	15.4%
$100,000 to $149,999	854	13.0%
$150,000 to $199,999	246	3.8%
$200,000 or more	333	5.1%
Median family income	*$55,483*	N/A
Per capita income in 2017	**$26,586**	N/A
Poverty Status in 2017		
Families	N/A	12.1%
Individuals	N/A	17.4%

(Source: U.S. Census Bureau, 2017)

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

	Income	Rank of Oregon Counties
BEA Per Capita Personal Income 2017	$38,301	30th of 36 counties
BEA Per Capita Personal Income 2016	$37,042	32nd of 36 counties
BEA Per Capita Personal Income 2015	$37,096	28th of 36 counties
BEA Per Capita Personal Income 2014	$35,272	26th of 36 counties
BEA Per Capita Personal Income 2013	$33,772	25th of 36 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)
Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things

Employment Statistics

Category	Union County	Oregon
Labor Force (October 2018)	11,939	2,111,671
Employed (October 2018)	11,335	2,030,545
Unemployed (October 2018)	604	81,126
Unemployment Rate* (October 2018)	5.1	3.8
Unemployment Rate* (September 2018)	4.8	3.8
Unemployment Rate* (September 2017)	5.2	4.2

*Rate equals unemployment divided by labor force.
(Source: Oregon Labor Market, October 2018, https://www.qualityinfo.org/home)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Union County				
All ages in poverty	4,058	3,346 to 4,770	16.0%	13.2 to 18.8
Ages 0-17 in poverty	1,132	844 to 1,380	19.9%	15.6 to 24.2
Ages 5-17 in families in poverty	734	555 to 913	18.0%	13.6 to 22.4
Median household income	$47,309	$42,726 to $51,892		
Oregon				
All ages in poverty	538,169	524,488 to 551,850	13.4%	13.1 to 13.7
Ages 0-17 in poverty	146,609	139,298 to 153,290	17.2%	16.3 to 18.1
Ages 5-17 in families in poverty	97,096	90,871 to 103,321	15.8%	14.8 to 16.8
Median household income	$57,379	$56,560 to $58,198		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	$57,617	$57,502 to $57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html)

Federal Poverty Thresholds in 2017 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	$ 12,752					
1 Person 65 and >	$ 11,756					
2 people Householder < 65 years	$ 16,414	$16,895				
2 People Householder 65 and >	$14,816	$16,831				
3 People	$19,173	$19,730	$19,749			
4 People	$25,283	$25,696	$24,858	$24,944		
5 People	$30,490	$30,933	$29,986	$29,253	$28,805	
6 People	$35,069	$35,208	$34,482	$33,787	$32,753	$32,140
7 People	$40,351	$40,603	$39,734	$39,129	$38,001	$36,685
8 People	$45,129	$45,528	$44,708	$43,990	$42,972	$41,678
9 People or >	$54,287	$54,550	$53,825	$53,216	$52,216	$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VI: County Health Rankings

	Union County	Oregon	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,000	6,000	6,700
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted)	17%	16%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.0	3.8	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	4.5	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams)	7%	6%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers	18%	16%	17%
Obesity. Percentage of adults that report a BMI of 30 or more	32%	27%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.6	7.7
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity	17%	16%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity	85%	77%	83%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking	18%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement	25%	32%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population	471.0	410.7	478.8
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19	23	22	27

(Source: 2018 County Health Rankings for Union County, Oregon and U.S. data)

	Union County	Oregon	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance	8%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians	1,290:1	1,070:1	1,320:1
Access to dental care. Ratio of population to dentists	1,530:1	1,270:1	1,480:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	43	34	49
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	83%	86%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening	62%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years	85%	75%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education	60%	68%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work	5.9%	4.9%	4.9%
Employment, poverty, and income. Percentage of children under age 18 in poverty	20%	17%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile	4.7	4.6	5.0
Family and social support. Percentage of children that live in a household headed by single parent	28%	31%	34%
Family and social support. Number of membership associations per 10,000 population	19.0	10.2	9.3
Violence. Number of reported violent crime offenses per 100,000 population	141	245	380
Injury. Number of deaths due to injury per 100,000 population	82	71	65

(Source: 2018 County Health Rankings for Union County, Oregon and U.S. data)

	Union County	Oregon	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.0	7.0	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	20%	20%	19%
Transportation. Percentage of the workforce that drives alone to work	74%	71%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes	16%	28%	35%

(Source: 2017 County Health Rankings for Union County, Oregon and U.S. data)
N/A – Data is not available

Union County Community Health Status Assessment 2019
Identifying Key Issues and Concerns

You will be part of a task force 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 task force to do some advance work and study of the County Health Assessment Report 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.

Name & Organization: _____

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

Key Issue or Concern		Demographic (Adult, Youth, and/or Child)	Percent Most at Risk	Age Group or Income Level Most at Risk	Gender Most at Risk
	Example: Obesity	Adult	34%	Age 30-64 (42%) Income: <$25,000 (40%)	Males (36%)
1					
2					
3					
4					
5					

Union County Community Health Status Assessment 2019
Ranking of Union County Community Health Needs
Summary Rankings

	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
1										
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]

Union County Community Event
Tuesday, April 2nd, 2019

What surprised you the most?

- Women experiencing depression during pregnancy (6)
- Percent of adults who experienced four or more ACEs (6)
- High obesity rates (6)
- Anxiety and depression rates (5)
- Low drug use/addiction reported (5)
- Percent of women who experienced unwanted sexual contact (4)
- Poverty is a driver for many health outcomes (3)
- Number of people going out of Union County for care (3)
- E-cigarette use and perception of harm (3)
- Percent reporting that mental health services were not needed seemed high (2)
- Percentage of doctors talking to their patients about depression and anxiety (2)
- Many adults cannot afford health insurance (2)
- 40% believing they receive better health care outside of Union County (2)
- High abuse rates (2)
- Low percentage of those receiving a routine checkup in the past year (2)
- 50% of parents talked to their children about birth control
- Low diabetes numbers
- Smoking percentages improving
- Many using the ER because they could not get into a primary care physician
- Low percentages of those talking to their children about mental health and sexuality
- Marijuana percentage seemed low
- Adult asthma rates
- Data on the number of sexual partners
- Percentage receiving healthcare at La Grande Family Practice
- High percentage of older adults receiving pneumonia vaccine versus flu vaccine
- High percentage of suicide contemplation
- The community health assessment had a high response rate

What would you like to see covered in the report next time?

- More data on the LGBT population (4)
- Breakdown of social determinants data (gender, income, etc.) (4)
- More data on opioids (3)
- More detailed drug use questions (3)
- Housing costs (2)
- Are doctors screening for diabetes and pre-diabetes? (2)
- What resources are known by our population? (2)
- More specifics on services that are not affordable to residents (2)
- Those who are in between incomes and not able to afford insurance or community health services (2)
- More information regarding smokeless tobacco
- More ACEs data
- Oversampling for drug use
- Breaking up drugs by category
- Historical information on those that experienced ACEs (how far back does trauma go?)

What would you like to see covered in the report next time? (continued)

- Understanding correlations between hypertension, mental health, and chronic diseases. Do providers help with addressing these together as a whole?
- Correlations between those who use illicit substances or abuse prescription medication and those who are former tobacco users
- Response rates by demographic areas
- Data broken down by college students
- Take out college students (biased for those with less than $25K income)

What will you or your organization do with this data?

- Grant writing (7)
- Determine best ways to partner with organizations/collaborate to make the largest difference (5)
- Secondary data for needs assessments and community health assignments (4)
- Use as part of graduate research (4)
- Develop programs to address needs identified (mental health, ACEs) (4)
- Determine the most problematic issues within the community and create solutions/plans (3)
- Educate community (2)
- Look at gaps and where services are needed (2)
- Identify focus of care for population we service
- Compare with different counties and states
- Identify several needs to focus our community benefit activities
- Recruit for tele-psychiatry
- Focus on how this data may best influence decisions
- Prepare our clinicians with relevant community health needs data
- Help connect people with resources that can assist in needs

Based on the community health assessment, what health topics do you see as the most important? Please list 2 or more choices.

- Mental health (14)
- Obesity/weight status (12)
- Social determinants of health (7)
- Health care access (5)
- ACEs (4)
- Smoking/vaping (3)
- Drug use (3)
- The impact of poverty on health (3)
- Physical activity (3)
- Quality of life for older adults (2)
- Food insecurity (2)
- Affordable housing (2)
- Men's health
- Correlations between mental health and chronic disease
- Health education
- Financial resources
- Dental health
- High blood pressure
- Parenting

In your opinion, what is the best way to communicate the information from the community health assessment to the rest of the public?

- Newspaper articles/news/reporters (11)
- Social media (8)
- Copies available at agencies/publicly (coffee shops, library) (6)
- Radio (5)
- Websites (Grande Ronde Hospital) (4)
- Dr. offices/clinics/hospital (3)
- La Grande Alive (3)
- Billboards (2)
- Community presentations (2)
- Workplaces (2)
- Center for Human Development (2)
- Add to existing program presentations (2)
- Mail summary findings to all county residents (2)
- Town hall/forums (2)
- Yard sticks
- Word of mouth
- Ambassadors for Grande Ronde Hospital
- Bring information from health assessment to meetings
- Schools
- Churches
- During annual trainings (CHW's)
- Waiting rooms
- Social norm campaigns

What are some barriers people may face regarding the issues identified?

- Low income/cost/financial limitations (15)
- Availability of services/resources (7)
- Health care access/wait time for appointments (5)
- Lack of connections/support/social isolation (4)
- Transportation (4)
- Addiction (3)
- Stigma/fear (3)
- Homelessness (2)
- ACEs/trauma history (2)
- Mental health resources (2)
- Eligibility requirements (2)
- Social determinants of health causing negative health outcomes (2)
- Lack of mobility (2)
- Understanding of self-management skills after diagnosis (2)
- Lack of education (2)
- Lack of healthy food
- Emotional health
- Change is difficult
- Lack of education
- Affordable housing

Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues?

- Center for Human Development (8)
- Community Connection of Northeast Oregon (6)
- Local school districts (6)
- Criminal justice system/law enforcement (6)
- Churches/faith community (5)
- Eastern Oregon University students (5)
- Grande Ronde Hospital (4)
- Head Start (4)
- Northeast Oregon Network (3)
- Northeast Oregon Housing Authority (3)
- Department of Human Services (2)
- Eastern Oregon Coordinated Care Organization (2)
- Community members (2)
- Warming stations (2)
- Community health workers (2)
- Medical professionals (doctors, nurses, primary care providers) (2)
- Social workers (2)
- Mental health providers (2)
- Safe Communities Coalition
- Treatment centers
- Judicial system – Wes Williams
- VA Services
- Greater Oregon Behavioral Health
- Eastern Oregon University - Kelly McNeil
- Senior centers
- Community health centers and clinics
- OPEC
- Local Community Advisory Council
- Parents
- Local civil government
- Large local employers