Union County Community Health Assessment

Approved by the Board of Trustees on April 20, 2022

Foreword

Dear Community Member:

Grande Ronde Hospital is pleased to present the 2021 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 2021 through November 2021. 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,

Jefemy Davis President/CEO Grande Ronde Hospital

Roberts

Wendy Roberts Senior Director Administrative Services Grande Ronde Hospital

Acknowledgements

This report has been funded by:

Grande Ronde Hospital

This report has been commissioned by:

2021 Grande Ronde Hospital Community Benefit Health Needs Assessment Task Force

Grande Ronde Hospital Community Benefit Sub-Committee:

Mike Billman – Board Member, Federal Forest Restoration Program Coord., Oregon Dept. of Forestry Jill Boyd – Eastern Oregon Coordinated Care Organization Carrie Brogoitti – Public Health Administrator, Center for Human Development (Public Health Dept.) Teri Champlin – Chair, Board Member, Loan Originator, Fairway Independent Mortgage Corporation Jeremy Davis - President/CEO, Grande Ronde Hospital Mardi Ford - Director of Communications, Grande Ronde Hospital John Garlitz – Board Member, Director of Facilities & Planning, Eastern Oregon University Libby Goben – Retired State of Oregon Department of Human Services Nick Huelter – Board Member, Corrections Division Lieutenant, Union County Sheriff's Department Sam Kimball – Secretary, Board Member, Optometrist, La Grande Family Eye Care Robert Kleng – Director, Eastern Oregon Head Start Wendy Langford – Community Partnership Coordinator, Department of Human Services Jared Rogers – Board Member, Elgin Health District Wendy Roberts - Community Benefit Officer, Senior Dir. Administrative Services, Grande Ronde Hospital Bob Seymour – Chief Financial Officer, Grande Ronde Hospital Abby Stonebreaker – Social Media & Public Relations Specialist, Grande Ronde Hospital

Center for Human Development (Public Health Department) – DeAnne Mansveld City of La Grande – Robert Strope Community Connection of Northeast Oregon – Kathy Ganung and Audrey Smith La Grande Police Department – Gary Bell Oregon State University – Robin Maille State of Oregon Department of Human Services – Chris Evans Union County Commissioner – Matt Scarfo Union County Safe Communities Coalition – Marce Martin Northeast Oregon Area Health Education Center – Meredith Lair

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Written Comments:

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

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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The 2021 Union County Health Assessment is available on the following websites:

Grande Ronde Hospital <u>https://www.grh.org/</u>

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

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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 2021 through November 2021. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national, and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

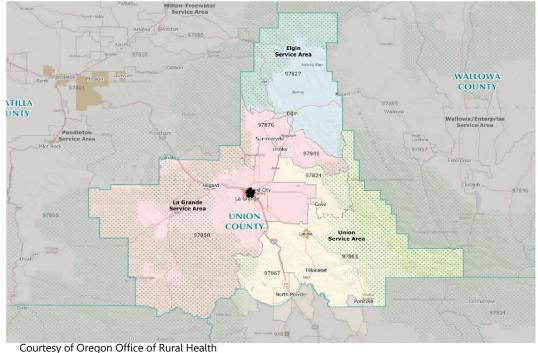
Internal Revenue Services (IRS) Requirements

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

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

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

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



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

Grande Ronde Hospital

INCLUSION OF VULNERABLE POPULATIONS

Union County is a rural county. Approximately 13.6% of Union County residents were below the poverty line, according to the 2019 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 2021 Grande Ronde Hospital Community Health Needs Assessment Task Force. This task force has been in existence for eight 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 2021 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 2021 ~ 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 2021 ~ Ranking of Union County Community Health Needs Summary Ranking form with criteria relating to the seriousness of the problem, severity of consequences, feasibility of solving, resources available and stakeholder vote value. The requirement that the hospital conducts a Community Health Needs Assessment (CHNA) under the Affordable Care Act asks hospitals to pay specific attention to health care concerns that affect vulnerable populations. Consensus was reached within the Community Benefit Subcommittee, resulting in the final prioritized community health needs list depicted below:

- 1. Chronic Disease
- 2. Social Determinants of Health
- 3. Mental/Behavioral Health

EVALUATION OF IMPACT

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

CHNA AVAILABILITY

The 2021 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 <u>https://www.grh.org/</u>

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 2021 Union County Community Health Assessment on April 20, 2022.

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 114 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 20,392 persons ages 19 and older living in Union County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). A sample size of at least 263 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Union County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project team mailed an advance letter to 2,000 adults in Union County. This advance letter was personalized; printed on Grande Ronde Hospital letterhead; and signed by Jeremy Davis (President/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.

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

The response rate for the mailing was 14% (n=267: $CI=\pm$ 5.96). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

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

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Union County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III.

LIMITATIONS

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

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

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

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.

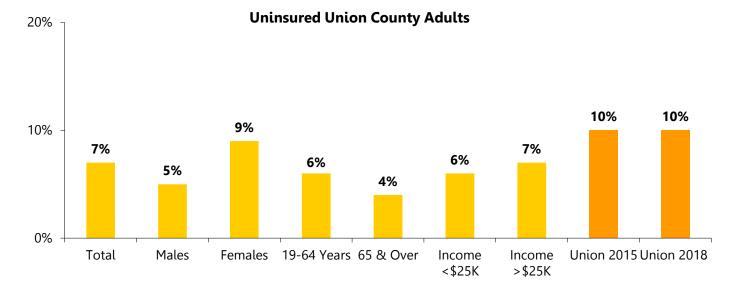
Secondary Data Collection Methods

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 2030, 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 2021 Union County Community Health Needs Assessment (CHNA). All other data is cited accordingly.

Data Summary | Health Care Access

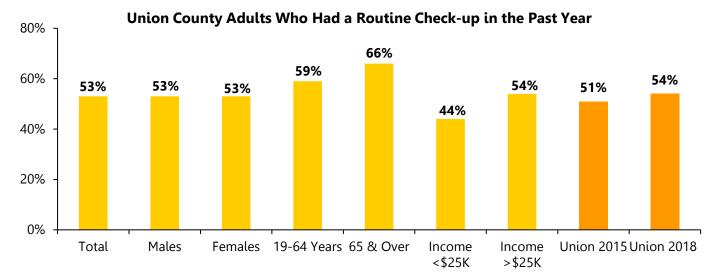
HEALTH CARE COVERAGE

In 2021, 7% of Union County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (34%).



ACCESS AND UTILIZATION

Fifty-three percent (53%) of Union County adults had visited a doctor for a routine checkup in the past year. Over half (54%) of adults went outside of Union County for health care services in the past year.



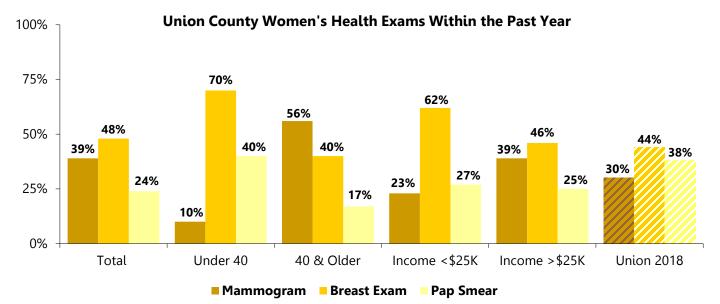
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Sixty-eight percent (68%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (54%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

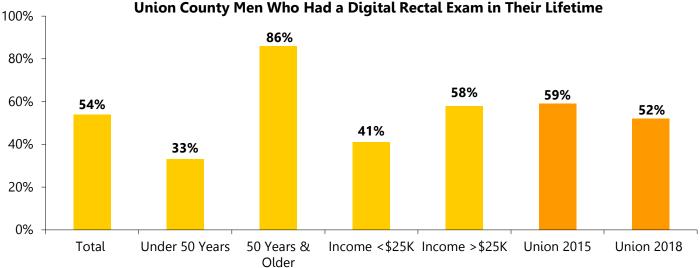
WOMEN'S HEALTH

In 2021, 56% of Union County women over the age of 40 reported having a mammogram in the past year. Fortyeight percent (48%) of women ages 19 and over had a clinical breast exam and 24% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 1% survived a stroke at some time in their life. Fifty-eight percent (58%) were overweight or obese, 31% had high blood pressure, 31% had high blood cholesterol, and 4% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

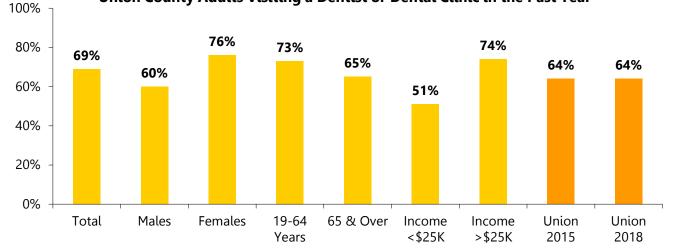
More than half (54%) of men had a digital rectal exam in their lifetime, and 6% had one in the past year. In 2021, 36% of men had been diagnosed with high blood cholesterol, 36% had high blood pressure, and 8% were identified as smokers, which, along with overweight and obesity (72%), are known risk factors for cardiovascular diseases.



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-nine percent (69%) 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 (22%).



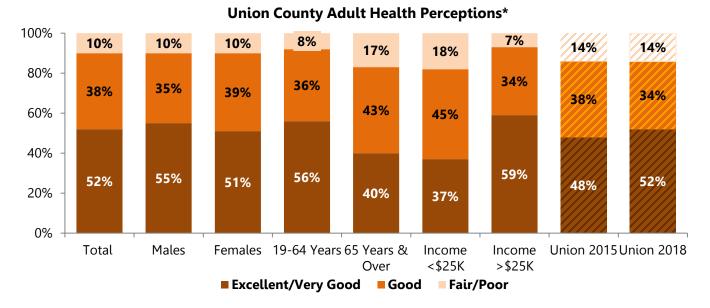


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

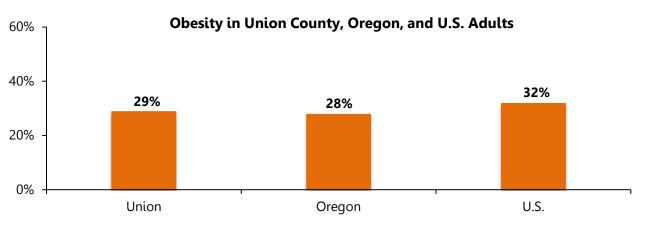
In 2021, 52% of Union County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 18% of those with incomes less than \$25,000, described their health as fair or poor.



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

WEIGHT STATUS

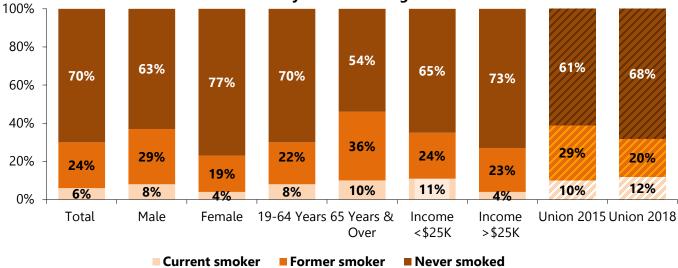
In 2021, 65% of Union County adults were overweight or obese based on Body Mass Index (BMI). Thirteen percent (13%) of adults did not participate in any physical activity in the past month.



(Source: 2021 Union County Health Assessment and 2020 BRFSS)

TOBACCO USE

In 2021, 6% of Union County adults were current smokers, and 24% were considered former smokers. Twenty-three percent (23%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

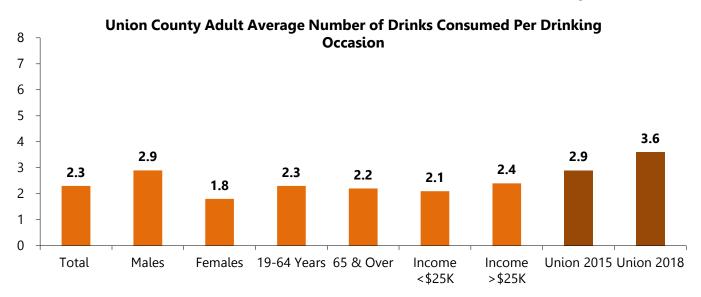


Union County Adult Smoking Behaviors*

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

ALCOHOL CONSUMPTION

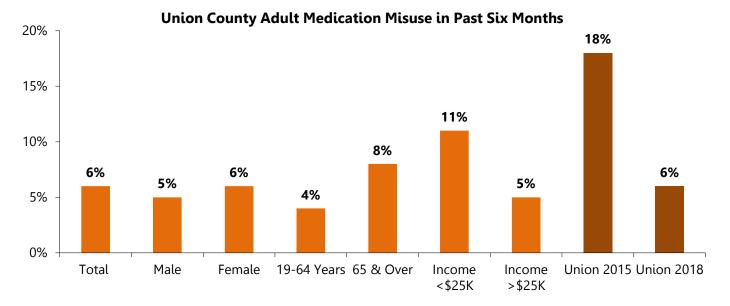
In 2021, 46% of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Sixteen percent (16%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



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

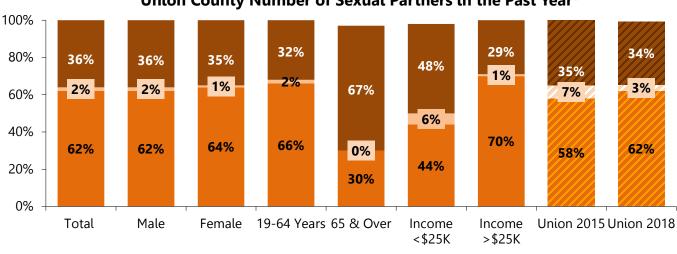
MARIJUANA AND DRUG USE

Ten percent (10%) of Union County adults had used recreational marijuana or hashish during the past month. 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.



SEXUAL BEHAVIOR

In 2021, 64% of Union County adults had sexual intercourse. Two percent (2%) of adults had more than one partner in the past year.



Union County Number of Sexual Partners in the Past Year*

One More than one None

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

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

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

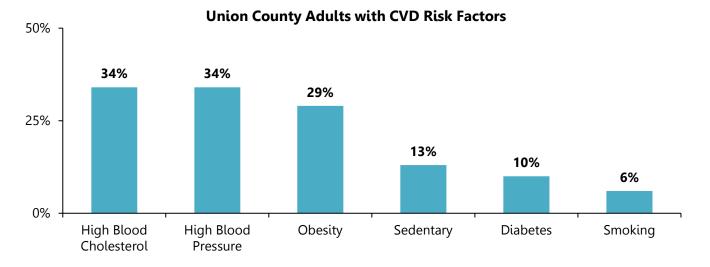
MENTAL HEALTH

In 2021, 3% of Union County adults considered attempting suicide. Seventeen percent (17%) of adults reported they or a family member were diagnosed with, or treated for, anxiety or emotional problems.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Six percent (6%) of adults had survived a heart attack and 5% had survived a stroke at some time in their life. Thirty-four percent (34%) of adults had high blood cholesterol, 34% of adults had high blood pressure, 29% were obese, and 6% were current smokers, four known risk factors for heart disease and stroke.

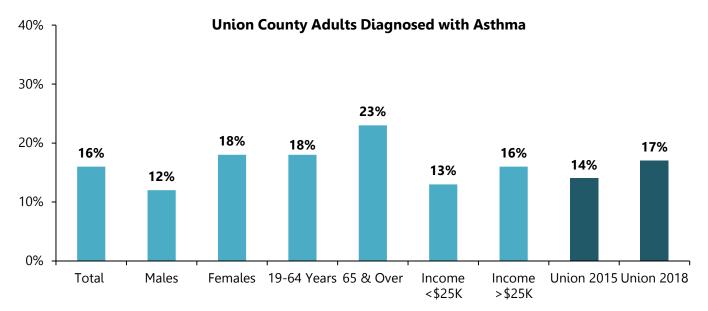


CANCER

Fourteen percent (14%) of Union County adults had been diagnosed with cancer at some time in their life.

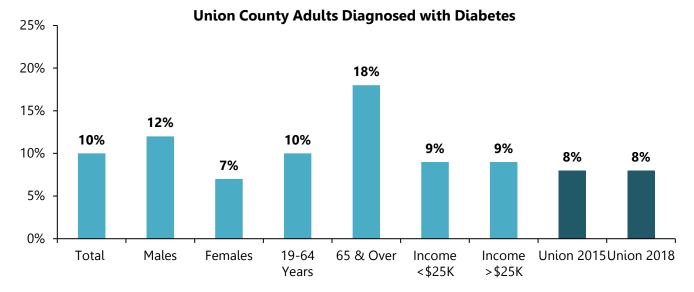
ASTHMA

Sixteen percent (16%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.



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

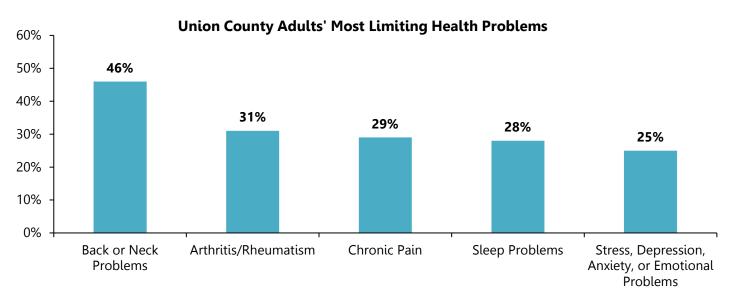


Ten percent (10%) of Union County adults had been told by a doctor or health professional that they had diabetes.

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

QUALITY OF LIFE

In 2021, 49% 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 (46%); arthritis/rheumatism (31%); chronic pain (29%); sleep problems (28%); and stress, depression, anxiety, or emotional problems (25%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2021, 6% of Union County adults experienced more than one food insecurity in the past year. Twenty percent (20%) 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 (11%), mold (3%), temperature regulation (3%), and plumbing problems (3%). Fourteen percent (14%) of adults had a family disaster plan in preparation for a disaster.

PARENTING

Ninety percent (90%) of Union County parents talked to their 12- to 17-year-old about bullying in the past year.

Adult Trend Summary

Adult Variables	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Heal	th Status				
Rated health as excellent, very good or good	86%	86%	90%	86%	86%
Rated health as excellent or very good	48%	52%	52%	56%	57%
Rated general health as fair or poor	14%	14%	10%	14%	13%
Rated their mental health as not good on four or more days in the previous month	24%	30%	25%	28%	26%†
Average days that physical health not good in past month	3.2	5.1	4.5	4.7*	3.7*
Average days that mental health not good in past month	4.6	5.4	4.3	4.8*	4.1*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	32%	31%	N/A	N/A
Health Care Coverage	e, Access, and	I Utilization			
Uninsured	10%	10%	7%	9%	11%
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	69%	78%	77%
Visited a doctor for a routine checkup in the past year	51%	54%	53%	73%	76%
Diabete	s & Asthma				
Had been diagnosed with diabetes	8%	8%	10%	10%	11%
Had been diagnosed with asthma	14%	17%	16%	16%	14%
Cardiovas	scular Health				
Had angina or coronary heart disease	2%	5%	6%	3%	4%
Had a heart attack	3%	6%	5%	4%	4%
Had a stroke	2%	4%	2%	3%	3%
Had been diagnosed with high blood pressure	29%	34%	34%	31%††	33%††
Had been diagnosed with high blood cholesterol	32%	32%	34%	30%††	33%††
Had blood cholesterol checked within the past 5 years	72%	73%	73%	88%††	87%††
Weig	ht Status				
Overweight	36%	38%	36%	36%	35%
Obese (includes severely and morbidly obese)	28%	34%	29%	28%	32%
Alcohol	Consumption				
Current drinker (drank alcohol at least once in the past month)	59%	58%	46%	55%	53%
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%	16%	16%
Тора	acco Use				
Current smoker (currently smoke some or all days)	10%	12%	6%	13%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	24%	27%	25%
Tried to quit smoking (of current smokers)	51%	39%	27%	N/A	N/A

N/A - Not Available * 2018 BRFSS Data compiled by 2021 County Health Rankings

† 2019 BRFSS WEAT

++ 2019 BRFSS Data

Adult Variables	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Marijuana	and Drug Use	•	F		
Adults who used recreational marijuana in the past six months	9%	12%	9%	N/A	N/A
Adults who misused prescription drugs in the past six months	18%	6%	6%	N/A	N/A
Sexual	Behavior		1		
Had more than one sexual partner in past year	7%	3%	2%	N/A	N/A
Preventiv	ve Medicine				
Had a pneumonia vaccine (age 65 and older)	69%	71%	68%	71%	72%
Had a flu shot in the past year (age 65 and over)	77%	70%	71%	65%	68%
Had the Zoster (shingles) vaccine in lifetime	15%	17%	24%	36%*	29%*
Had a clinical breast exam in the past two years (age 40 and older)	61%	56%	60%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	65%	62%	69%	71%	72%
Had a Pap smear in the past three years (age 21-65)	51% [¥]	67%	68%	78%	78%
Had a digital rectal exam in the past year	12%	10%	6%	N/A	N/A
Had a sigmoidoscopy/colonoscopy in the past 5 years (age 50 and over)	50%	52%	54%	66%§	66%§
Qualit	ty of Life				
Limited in some way because of physical, mental or emotional problem	24%	33%	49%	N/A	N/A
Menta	al Health				
Considered attempting suicide in the past year	4%	6%	3%	N/A	N/A
Attempted suicide in the past year	2%	1%	1%	N/A	N/A
Oral	Health				
Adults who have visited the dentist or dental clinic in the past year	64%	64%	69%	68%	67%

V/A - Not Available *2017 BRFSS Data § 2018 BRFSS Data ¥reported for women ages 19 and over

Health Care Access: Health Care Coverage

Key Findings

In 2021, 7% of Union County adults were without health care coverage. The top reason adults gave for being without health care coverage was that they lost their job or changed employers (34%).

In Union County, 7% of adults, or approximately 1,427 adults, were uninsured.

General Health Coverage

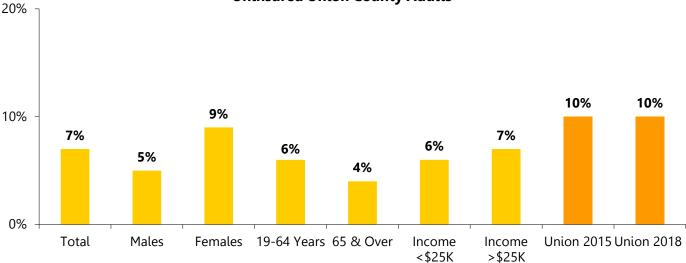
- In 2021, 93% of Union County adults had health care coverage, leaving 7% of adults uninsured.
- The following types of health care coverage were used: employer (37%); someone else's employer (19%); a plan that someone else buys on their own (19%); Medicare (16%); multiple government sources (6%); and multiple private sources (3%).
- The top reasons uninsured adults gave for being without health care coverage were because:
 - 1. They lost their job or changed employers (34%)
 - 2. They could not afford to pay the premiums/cost (21%)
 - 3. Their employer did not offer/stopped offering coverage (15%)

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

- Union County adults had the following issues regarding their health care coverage:
 - Cost (33%)
 - Could not understand insurance plan (13%)
 - Opted out of certain coverage because they could not afford it (11%)
 - Service is not deemed medically necessary (11%)
 - Working with insurance company (6%)
 - Opted out of certain coverage because they did not need it (6%)
 - Service is no longer covered (3%)
 - Provider is no longer covered (2%)
 - Pre-existing conditions (1%)
- Nearly one-third (30%) 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%), insurance denied coverage (21%), they did not think they needed it (21%), too expensive (15%), side effects (9%), there was no generic equivalent (6%), they stretched their prescription by taking less than prescribed (5%), fear of addiction (1%), and transportation (1%).

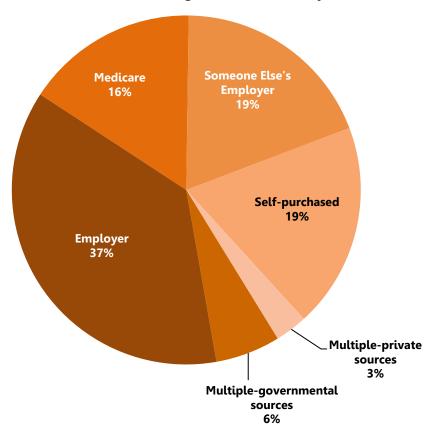
Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Uninsured	10%	10%	7%	9%	11%

The following graph shows the percentage of Union County adults who were uninsured. Examples of how to interpret the information in the graph include: 7% of all Union County adults were uninsured, including 9% of females and 7% of those with incomes higher than \$25,000. 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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	0%
Immunizations	94%	3%	3%
Prescription Coverage	90%	10%	0%
Preventive Health	84%	0%	16%
Union County Physicians	84%	0%	16%
Mental Health	63%	6%	31%
Outpatient Therapy	62%	22%	16%
Dental	60%	33%	7%
Vision/Eyeglasses	59%	16%	25%
Hearing	44%	9%	47%
Home Care	32%	3%	65%
Hospice	29%	3%	68%
Family Members	28%	44%	28%
Long Term Care	23%	16%	61%
Alcohol and Drug Treatment	22%	0%	78%
Skilled Nursing/Assisted Living	16%	0%	84%
Transportation	3%	34%	63%

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

Healthy People 2030 Access to Health Services (AHS)

Objective	Union County 2021	Oregon 2020	U.S. 2020	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	100% age 20-24 89% age 25-34 91% age 35-44 93% age 45-54 96% age 55-64	86% age 18-24 86% age 25-34 88% age 35-44 90% age 45-54 93% age 55-64	82% age 18-24 80% age 25-34 84% age 35-44 86% age 45-54 91% age 55-64	92%

Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2030 Objectives, 2020 BRFSS, 2021 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.

Health Care Access: Access and Utilization

Key Findings

Fifty-three percent (53%) of Union County adults had visited a doctor for a routine checkup in the past year. Over half (54%) of adults went outside of Union County for health care services in the past year.

Health Care Access

- Fifty-three percent (53%) 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.
- Thirteen percent (13%) of adults reported there was a time in the past 12 months they needed care but could not get it, increasing to 21% of females.
- Forty-five percent (45%) of adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-four percent (24%) of adults had more than one person they thought of as their personal health care provider, and 30% 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 (19%), two or more usual places (13%), previous doctor or health care professional is unavailable or has moved (8%), no insurance/cannot afford (1%), did not know where to go (1%), do not like/trust/believe in doctors or health care professionals (<1%), and other reasons (4%).

13%, or approximately 2,651 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 (46%)
 - Grande Ronde Hospital Specialty Clinic (26%)
 - Grande Ronde Hospital Women's Clinic (24%)
 - Grande Ronde Hospital Urgent Care (22%)
 - Grande Ronde Hospital Emergency Room (20%)
 - La Grande Family Practice (18%)
 - Grande Ronde Hospital Dermatology Clinic (17%)
 - Local chiropractor office (13%)
 - La Grande Urgent Care (12%)
 - Grande Ronde Hospital Children's Clinic (10%)
 - Center for Human Development (10%)
 - Grande Ronde Hospital Elgin Clinic (10%)
 - Grande Ronde Hospital Neurology Clinic (5%)
 - Grande Ronde Hospital Union Clinic (4%)
 - Union County VA Clinic (3%)
 - Naturopath (1%)
 - Grande Ronde Hospital Rheumatology (1%)
 - La Grande Post-Acute Rehab (1%)
 - Other (4%)

- In the past year, adults visited the Emergency Room at the following frequencies: 0 times (76%), 1 or 2 times (21%), 3 to 5 times (2%), and 6 or more times (1%).
- Adults who used the Emergency Room for health care reported the following reasons: serious illness/injury (80%), doctor referral (22%), could not get into primary care physician because of time of day/too long of a wait (18%), did not have a primary care physician (2%), and what they have always done/what they were used to (1%).
- 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 (26%)
 - Difficult to get an appointment (21%)
 - Doctor would not take their insurance (14%)
 - Do not trust or believe doctors (8%)
 - Hours not convenient (5%)
 - COVID-19 (5%)
 - Could not get time off work (5%)
 - Frightened of the procedure or doctor (4%)
 - Worried they might find something wrong (4%)
 - Could not find childcare (4%)
 - No transportation or difficult to find transportation (1%)
 - Some other reason (6%)
- Reasons for not getting medical care in the past 12 months included the following: too long of a wait for an appointment (39%), cost/no insurance (21%), too embarrassed to seek help (15%), provider does not take their insurance (15%), COVID-19 (8%), no childcare (8%), no need to go (8%), no transportation (3%), distance (3%), and other (18%).
- Over half (54%) of adults went outside of Union County for the following health care services in the past year: specialty care (47%), dental care (23%), orthopedic care (19%), female health services (17%), primary care (15%), obstetrics/gynecology/NICU (13%), cardiac care (10%), cancer care (10%), mental health care/counseling services (6%), emergency room services (5%), rheumatology care (2%), pediatric care and therapies (2%), developmental disability services (<1%), and another service (18%).
- Reasons for regularly seeking care outside of Union County included the following:
 - Need care that they cannot get locally (47%)
 - Referred by provider (38%)
 - Care is better elsewhere (26%)
 - More privacy (5%)
 - Closer to where they live or work (5%)
 - Their insurance requires it (2%)
 - It costs less (1%)
 - Other (15%)
- Adults went to the following places outside of Union County for their health care needs: Boise (41%), Walla Walla (28%), Portland (16%), Tri-Cities (12%), Baker (8%), Pendleton (4%), Ontario (1%), Spokane (1%), and other (9%).
- Adults preferred to access information about their health or health care services from the following: a doctor (75%); MyChart (40%); through a family member or friend (31%); Internet searches (30%); texts on cell phone (8%); newspaper articles or radio/television news stories (5%); advertising or mailings from hospitals, clinics, or doctors' offices (4%); social networks (3%); billboards (1%); and other (4%).
- Seven percent (7%) of adults experienced one or more of the following transportation issues when they needed services: no car (3%), could not afford gas (2%), disabled (2%), did not feel safe to drive (2%), limited public transportation available or accessible (1%), no public transportation available or accessible (1%), no public transportation available or accessible (1%), no driver's license/suspended license (<1%), and other car issues/expenses (1%).

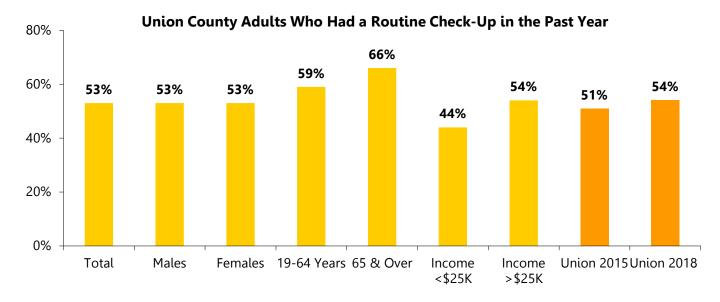
In the past 6 months, adults gave the following reasons that they or someone in their household went without mental health or substance abuse treatment: embarrassed of seeking mental health services (5%), fear of treatment (4%), did not know where to get care (4%), could not get appointment soon enough (3%), costs too much (1%), quit treatment/not helpful (1%), still waiting for treatment (1%), COVID-19 (1%), was in jail or prison (<1%), and other (4%). Eighty-seven percent (87%) of adults indicated this type of treatment was not needed.

Availability of Services

Union County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Union County adults who looked and found a specific program	Access Assistance P Union County adults who looked but did <u>NOT</u> find a specific program	Union County adults who did <u>NOT</u> look for a specific program	Union County adults who did <u>NOT</u> need a specific program
Depression, anxiety, or some mental health problem (20% of all adults looked)	12%	8%	9%	71%
Disability (9% of all adults looked)	8%	1%	5%	86%
Assist in care for the elderly (either in-home or out-of-home) (7% of all adults looked)	4%	3%	7%	86%
Weight problem (6% of all adults looked)	4%	2%	12%	82%
Family Planning (5% of all adults looked)	4%	1%	5%	90%
Outpatient substance abuse/mental health treatment (5% of all adults looked)	2%	3%	4%	91%
End-of-life care or Hospice (4% of all adults looked)	3%	1%	5%	91%
Marital or family problems (4% of all adults looked)	3%	1%	4%	92%
Skilled Nursing (4% of all adults looked)	1%	3%	5%	91%
Alcohol abuse (3% of all adults looked)	3%	0%	9%	88%
Drug Abuse (3% of all adults looked)	2%	1%	5%	92%
Tobacco cessation (2% of all adults looked)	2%	<1%	5%	93%
Detoxification for opiates/heroin (2% of all adults looked)	1%	1%	7%	91%
Inpatient substance abuse/mental health treatment (1% of all adults looked)	<1%	1%	4%	95%
Gambling abuse (1% of all adults looked)	1%	0%	5%	94%

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: 53% of all Union County adults had a routine check-up in the past year, including 53% of males and 44% of those with incomes less than \$25,000.



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

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had at least one person they thought of as their personal doctor or health care provider	77%	76%	69%	78%	77%
Visited a doctor for a routine checkup in the past year	51%	54%	53%	73%	76%

Health Care Access: Preventive Medicine

Key Findings

Sixty-eight percent (68%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (54%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

Preventive Medicine

- More than half (53%) of Union County adults had a flu vaccine during the past year.
- Seventy-one percent (71%) of Union County adults ages 65 and over had a flu vaccine in the past 12 months.

53% of adults, or approximately 10,808 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 68% of those ages 65 and over.
- Union County adults had the following vaccines:
 - MMR in their lifetime (87%)
 - Tetanus, diphtheria, and pertussis (Tdap) in the past 10 years (80%)
 - COVID-19 vaccine in the past year (74%)
 - Chicken pox in their lifetime (61%)
 - Hepatitis B (51%)
 - Hepatitis A (45%)
 - Haemophilus influenzae/Influenza type B vaccine in their lifetime (43%)
 - Meningococcal vaccine in their lifetime (29%)
 - Zoster (shingles) vaccine in their lifetime (24%)
 - Human papillomavirus (HPV) vaccine in their lifetime (15%)

Preventive Wellness

Union County adults reported having access to the following wellness programs through their employer or spouse's employer: free/discounted weight loss program (13%), free/discounted gym membership (12%), health risk assessment (12%), counseling services (12%), stress management/mindfulness programs (12%), lower insurance premiums for participation in wellness programs (9%), gift cards or cash for participation in wellness programs (9%), on-site fitness facility (8%), free/discounted smoking cessation program (8%), gift cards or cash for positive changes in health status (6%), on-site health screenings (3%), on-site health education classes (3%), healthier food options in vending machines or cafeteria (3%), lower insurance premiums for positive changes in health status (6%). Thirty-eight percent (38%) of adults reported having no access to any wellness program.

Preventive Health Screenings and Exams

- Fifty-four percent (54%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- In the past year, 56% 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.

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

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

N/A - Not Available

Healthy People 2030 Immunization and Infectious Diseases (IID)

Objective	Union County 2021	Healthy People 2030 Target	
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	53%	70%	

(Sources: Healthy People 2030 Objectives, 2021 Union County Health Assessment)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had a pneumonia vaccination (age 65 and over)	69%	71%	68%	71%	72%
Had a flu shot in the past year (age 65 and over)	77%	70%	71%	65%	68%
Had the Zoster (shingles) vaccine in lifetime	15%	17%	24%	36%*	29%*
Had a sigmoidoscopy/colonoscopy in the past 5 years (age 50 and over)	50%	52%	54%	66%**	66%**

* 2017 BRFSS Data ** 2018 BRFSS Data

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27-49 years	50-64 years	≥65 years		
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually					
Influenza live, attenuated (LAIV4)	1 dose annually					
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)					
(Tdap or Td)		1 dose Tdap, then Td or T	dap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)					
Varicella (VAR)	2 doses 2 doses 2 doses 2 doses					
Zoster recombinant (RZV)	2 doses for immunocompror	apromising conditions (see notes) 2 doses				
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years				
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 · 1 dose PCV15 followed by PPSV OR 1 dose PCV20 (see notes) 1 dose PCV20					
Hepatitis A (HepA)	2 or 3 doses depending on vaccine					
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition					
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations					
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations 19 through 23 years					
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication					
Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection additional risk factor or another indication of vaccination for adults with an additional risk factor or another indication						

(Source: Centers for Disease Control and Prevention, Recommended Adult Immunization Schedule, 2022)

Health Care Access: Women's Health

Key Findings

More than half (56%) of Union County women over the age of 40 reported having a mammogram in the past year. Forty-eight percent (48%) of women ages 19 and over had a clinical breast exam and 24% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 1% survived a stroke at some time in their life. Fifty-eight percent (58%) were overweight or obese, 31% had high blood pressure, 31% had high blood cholesterol, and 4% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2021, 56% of women had a mammogram at some time in their life, and 39% had this screening in the past year.
- More than half (56%) of women aged 40 and over had a mammogram in the past year, and 69% had one in the past two years.

Union County Female Leading Causes of Death, 2018 – 2020

- 1. Heart Disease (23% of all deaths)
- 2. Cancers (19%)
- 3. Alzheimer's Disease (13%)
- 4. Stroke (7%)
- 5. Chronic Lower Respiratory Diseases (6%)

(Source: CDC Wonder, 2018-2020)

Oregon Female Leading Causes of Death, 2018 – 2020

- 1. Cancers (21% of all deaths)
- 2. Heart Disease (17%)
- 3. Alzheimer's Disease (7%)
- 4. Stroke (7%)
- 5. Chronic Lower Respiratory Diseases (6%)

(Source: CDC Wonder, 2018-2020)

- Ninety-nine percent (99%) of Union County women had a clinical breast exam at some time in their life, and 48% had one within the past year. Three-fifths (60%) of women age 40 and over had a clinical breast exam in the past two years.
- Most (98%) Union County women had a Pap smear in their life, and 24% reported having had the exam in the past year. Sixty-eight percent (68%) of women ages 21-65 had a Pap smear in the past three years.

Pregnancy

- Thirty-seven percent (37%) of Union County women had been pregnant in the past five years.
- During their last pregnancy within the past five years, Union County women got prenatal care in the first three months (70%), took a multi-vitamin with folic acid during pregnancy (64%), took a multi-vitamin with folic acid pre-pregnancy (64%), took folic acid/prenatal vitamin (64%), took folic acid during pregnancy (64%), got a dental exam (60%), took folic acid pre-pregnancy (24%), received WIC services (18%), experienced depression (6%), and looked for family planning resources (2%).

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had a clinical breast exam in the past two years (age 40 & over)	61%	56%	60%	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	65%	62%	69%	71%	72%
Had a Pap smear in the past three years (age 21-65)	51%*	67%	68%	78%	78%

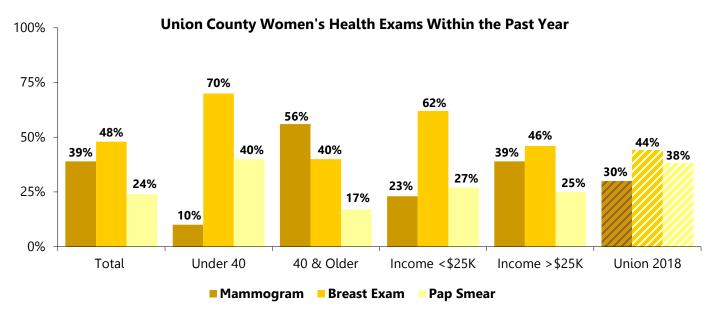
N/A - Not Available

*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 (51%)
 - Grande Ronde Hospital Regional Medical Clinic (20%)
 - Gynecologist outside of Union County (12%)
 - La Grande Family Practice (10%)
 - Family physician/nurse practitioner or physician assistant outside of Union County (7%)
 - Grande Ronde Hospital Elgin Clinic (4%)
 - Grande Ronde Hospital Union Clinic (2%)
 - Center for Human Development (1%)
 - Some other kind of place (2%)
- Five percent (5%) of women indicated they did not have a usual source of care.
- In 2021, 4% of women had survived a heart attack and 1% had survived a stroke at some time in their life.
- From 2018 to 2020, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all female deaths in Union County (*Source: CDC Wonder, 2018-2020*).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County, the 2021 health assessment has identified that:
 - 58% of women were overweight or obese (59% Oregon, 62%* U.S., 2020 BRFSS)
 - 31% were diagnosed with high blood pressure (28% Oregon, 31% U.S., 2019 BRFSS)
 - 31% were diagnosed with high blood cholesterol (30% Oregon, 32% U.S., 2019 BRFSS)
 - 4% of all women were current smokers (12% Oregon, 14%* U.S. 2020 BRFSS)
 - 7% had been diagnosed with diabetes (10% Oregon, 11%* U.S., 2020 BRFSS) *2019 BRFSS Data

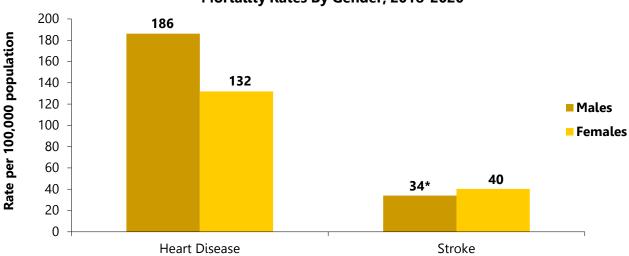
The following graph shows the percentage of Union County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 39% of Union County females had a mammogram within the past year, 48% had a clinical breast exam, and 24% had a Pap smear.



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.

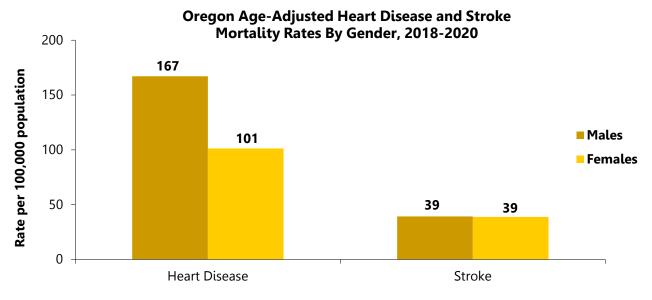
The following graphs show the Union County and Oregon age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2018 to 2020, the Union County female stroke mortality rate was slightly higher than the Oregon female stroke mortality rate.
- The Union County age-adjusted heart disease mortality rate was higher than the Oregon rate for both females and males from 2018 to 2020.



Union County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2018-2020

*Male age-adjusted stroke mortality rate reported for 2017–2020 due to unreliable data



(Source for graphs: CDC Wonder, 2017-2020)

Health Care Access: Men's Health

Key Findings

More than half (54%) of men had a digital rectal exam in their lifetime, and 6% had one in the past year. In 2021, 36% of men had been diagnosed with high blood cholesterol, 36% had high blood pressure, and 8% were identified as smokers, which, along with overweight and obesity (72%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- One-fifth (20%) of men performed at least one selftesticular exam in the past year, including 8% of men who performed 4 or more in the past year. Twenty-one percent (21%) of men reported they had never been taught by a health care professional how to perform one.
- More than half (54%) of men had a digital rectal exam in their lifetime, and 6% had one in the past year.
- Eleven percent (11%) of males ages 50 and over had a digital rectal exam in the past year.

Union County Male Leading Causes of Death, 2018 – 2020

- 1. Heart Disease (22% of all deaths)
- 2. Cancers (22%)
- 3. Chronic Lower Respiratory Diseases (8%)
- 4. Alzheimer's Disease (6%)
- 5. Accidents, Unintentional Injuries (6%)

(Source: CDC Wonder, 2018-2020)

Oregon Male Leading Causes of Death, 2018 – 2020

- 1. Cancers (22% of all deaths)
- 2. Heart Disease (20%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (5%)
- 5. Stroke (5%)
- 6. Alzheimer's Disease (3%)

(Source: CDC Wonder, 2018-2020)

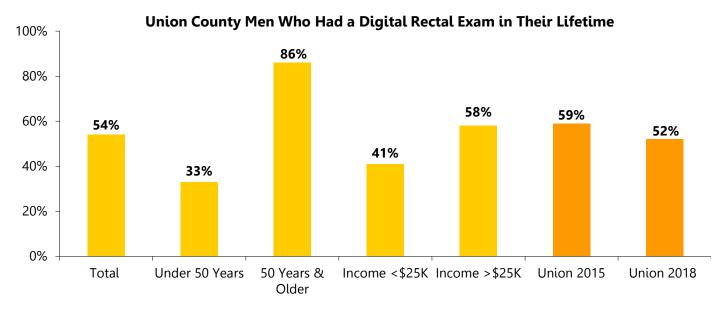
- In 2021, 7% of men had survived a heart attack and 4% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Union County, the 2021 health assessment identified that:
 - 72% of men were overweight or obese (70% Oregon, 71%* U.S. 2020 BRFSS)
 - 36% were diagnosed with high blood pressure (33% Oregon, 35% U.S., 2019 BRFSS)
 - 36% were diagnosed with high blood cholesterol (31% Oregon, 34% U.S., 2019 BRFSS)
 - 8% of all men were current smokers (15% Oregon, 17%* U.S. 2020 BRFSS)
 - 12% had been diagnosed with diabetes (10% Oregon, 12%* U.S., 2020 BRFSS) *2019 BRFSS Data
- Men used the following as their usual source of services for male health concerns: Grande Ronde Hospital Regional Medical Clinic (37%), La Grande Family Practice (12%), family physician/nurse practitioner or physician assistant outside of Union County (7%), Union County VA Clinic (6%), Grande Ronde Hospital Elgin Clinic (3%), Grande Ronde Hospital Union Clinic, (2%), and some other kind of place (2%). More than one-third (36%) of men reported they do not have a usual source of care.
- From 2018 to 2020, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all male deaths in Union County (*Source: CDC Wonder, 2018-2020*).

Men's Health Data

- Approximately 15% of adult males ages 18 years or older reported fair or poor health.
- 15% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 41% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, August 31, 2021)

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: 54% of Union County males had a digital rectal exam in their lifetime, including 86% of those ages 50 and older and 41% of those with incomes less than \$25,000.



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

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had a digital rectal exam in the past year	12%	10%	6%	N/A	N/A

N/A - Not Available

Prostate Cancer Awareness

- The prostate is a walnut-sized organ located just below the bladder and in front of the rectum in men. It produces fluid that makes up a part of semen. The prostate gland surrounds the urethra (the tube that carries urine and semen through the penis and out of the body).
- Prostate cancer is the most common non-skin cancer among American men. Prostate cancers usually grow slowly. Most men with prostate cancer are older than 65 years and do not die from the disease. Finding and treating prostate cancer before symptoms occur may not improve your health or help you live longer.
- 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. The older a man is, the greater his risk for getting prostate cancer. Men also have a greater chance of getting prostate cancer if they 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 or nurse inserts a gloved, lubricated finger into the rectum to
 estimate the size of the prostate and feel for lumps or other abnormalities.
 - Prostate specific antigen test (PSA): Measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, August 23, 2021)

Health Care Access: Oral Health

Key Findings

Sixty-nine percent (69%) of Union County adults had visited a dentist or dental clinic in the past year. Twenty-two (22%) percent of adults did not visit a dentist or dental clinic in the past year due to cost.

During the past year, 69% of adults or approximately 14,070 Union County adults, visited a dentist or dental clinic.

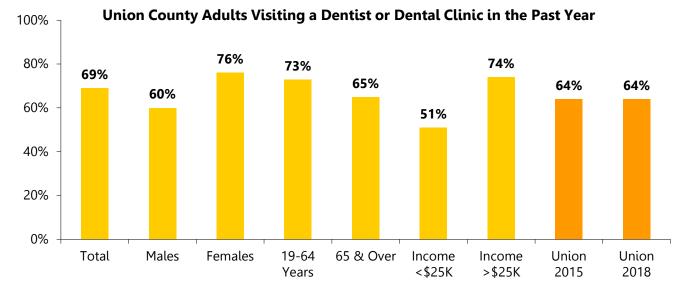
Access to Dental Care

- In the past year, 69% of Union County adults had visited a dentist or dental clinic, decreasing to 51% of those with incomes less than \$25,000.
- Seventy-seven percent (77%) of Union County adults with dental insurance had been to the dentist in the past year, compared to 63% 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 (22%)
 - No reason to go/had not thought of it (20%)
 - Have dentures (10%)
 - Fear, apprehension, nervousness, pain, dislike going (6%)
 - COVID-19 (5%)
 - Did not have/know a dentist (4%)
 - Could not get into a dentist (3%)
 - Could not find a dentist that takes Medicaid (3%)
 - Transportation (1%)
 - Other (12%)
- Union County adults reported having the following oral health issues: pain (12%), difficulty eating/chewing (11%), problems with dentures (5%), loose teeth (5%), no teeth (4%), mouth bleeding (4%), and skipped meals due to pain (<1%). Fourteen percent (14%) 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	60%	5%	18%	10%	0%	
Females	76%	8%	11%	4%	1%	
Total	69%	6%	13%	7%	1%	

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Adults who had visited the dentist or dental clinic in the past year	64%	64%	69%	68%	67%

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: 69% of all Union County adults had been to the dentist in the past year, including 60% of males and 51% of those with incomes less than \$25,000.



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.

Oral Health Disparities

- The nation's oral health has greatly improved since the 1960s, but not all adults have equal access to these advancements. Some racial/ethnic and socioeconomic groups have worse oral health as a result of the social determinants of health (conditions in the places where people are born, live, work, and play). For example:
 - Some people cannot afford to pay out of pocket for dental care, do not have insurance, or cannot get time off of work to get dental care.
 - Some people live in communities where they do not have access to fluoridated water and school sealant programs, healthy foods, and public transportation to get to appointments.
- Many groups experience oral health disparities. Below are examples of disparities among adults ages 65 or older:
 - Untreated cavities and racial or ethnic groups: More than 9 in 10 older adults have had cavities and 1 in 6 have untreated cavities. Older non-Hispanic Black or Mexican American adults have 2 to 3 times the rate of untreated cavities as older non-Hispanic White adults.
 - Untreated cavities and education: Older adults with less than a high school education have untreated cavities at nearly 3 times the rate of adults with at least some college education.
 - Complete tooth loss: Seventeen percent of older adults have lost all their teeth. Low-income
 older adults, those with less than a high school education, or those who are current smokers are
 more than 3 times as likely to have lost all of their teeth as adults with higher incomes, more than
 a high school education, and who have never smoked.

(Source: Centers for Disease Control and Prevention, Oral Health, National Center for Chronic Disease Prevention and Health Promotion, February 5, 2021)

Health Behaviors: Health Status Perceptions

Key Findings

In 2021, 52% of Union County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 18% of those with incomes less than \$25,000, described their health as fair or poor.

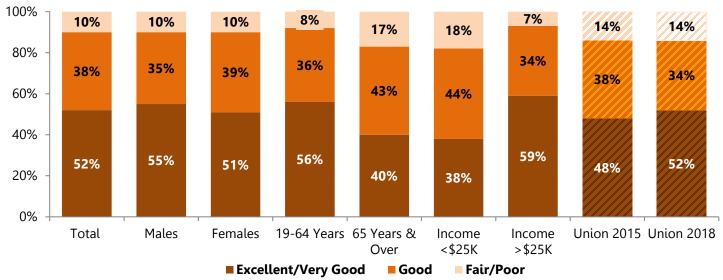
General Health Status

- In 2021, 52% of Union County adults rated their health as excellent or very good. Union County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 38% of those with incomes less than \$25,000.
- Ten percent (10%) 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:
 - Were widowed (23%)
 - Had high blood cholesterol (22%)
 - Had an annual household income under \$25,000 (18%)
 - Had high blood pressure (18%)
 - Had been diagnosed with diabetes (17%)
 - Were 65 years of age or older (17%)

10% of adults, or approximately 2,039 Union County adults, rated their general health as fair or poor.

• Thirty-one percent (31%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation for at least one day during the past month.

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, 56% of those between the ages of 19-64, and 55% of females rated their health as excellent or very good.



Union County Adult Health Perceptions*

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

Adults Who Rated General Health Status Excellent or Very Good

- Union County 52% (2021)
- Oregon 56% (2020)
- U.S. 57% (2020)

(Source: 2021 CHA, 2020 BRFSS for Oregon and U.S.)

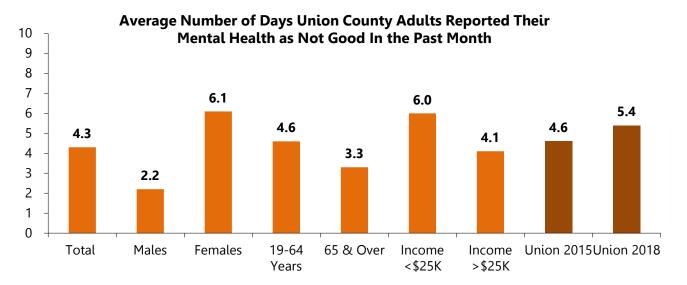
Physical Health Status

- One-quarter (25%) of Union County adults rated their physical health as not good on four or more days in the past month.
- Union County adults reported their physical health as not good on an average of 4.5 days in the past month.
- Union County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (63%)
 - Were male (42%)

Mental Health Status

- Twenty-five percent (25%) of Union County adults rated their mental health as not good on four or more days in the previous month.
- Adults reported their mental health as not good on an average of 4.3 days in the previous month.
- Union County adults were most likely to rate their mental health as not good if they:
 - Were female (52%)
 - Had an annual household income under \$25,000 (50%)

The following graph shows the average number of days that Union County adults reported their mental health as not good in the previous month. Examples of how to interpret the information include: Union County adults reported their mental health as not good on an average of 4.3 days in the previous month, increasing to 6.1 days for females and 6.0 days for those with incomes less than \$25,000.



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	51%	24%	2%	4%	12%		
Females	47%	11%	3%	8%	18%		
Total	48%	16%	2%	6%	16%		
	Mental H	Health Not Goo	od in Past 30 D	ays*			
Males	65%	18%	5%	0%	8%		
Females	42%	18%	8%	1%	25%		
Total	53%	18%	6%	15%	17%		

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

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Rated health as good, very good or excellent	86%	86%	90%	86%	86%
Rated health as excellent or very good	48%	52%	52%	56%	57%
Rated health as fair or poor	14%	14%	10%	14%	13%
Rated their mental health as not good on four or more days in the previous month	24%	30%	25%	28%	26%
Average days that physical health not good in past month	3.2	5.1	4.5	4.7*	3.7*
Average days that mental health not good in past month	4.6	5.4	4.3	4.8*	4.1*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	29%	32%	31%	N/A	N/A

*2018 BRFSS Data compiled by 2021 County Health Rankings N/A – Not Available

Health Behaviors: Weight Status

Key Findings

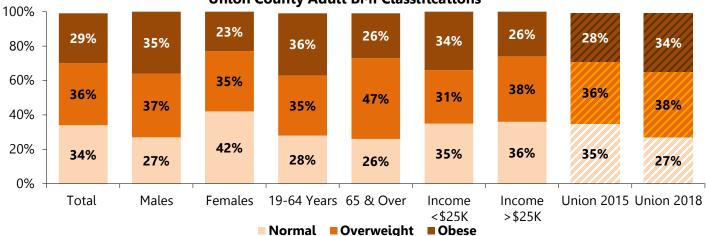
Sixty-five percent (65%) of Union County adults were overweight or obese based on Body Mass Index (BMI). Thirteen percent (13%) of adults did not participate in any physical activity in the past month.

Weight Status

- In 2021, 65% of Union County adults were either overweight (36%) or obese (29%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Thirty-six percent (36%) of adults were trying to lose weight, 41% were trying to maintain their current weight • or keep from gaining weight, and 1% were trying to gain weight.
- Union County adults did the following to lose weight or keep from gaining weight: exercised (46%); drank more water (43%); ate less food, fewer calories, or foods low in fat (38%); ate a low-carb diet (22%); received health coaching (6%); went without eating 24 or more hours (2%); participated in dietary or fitness program (2%); used a weight loss program (2%); took diet pills, powders or liquids without a doctor's advice (2%); vomited after eating (1%); took prescribed medications (1%); and had bariatric surgery (1%).

29% of Union County adults, or approximately 5,914 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: 34% of all Union County adults were classified as normal weight, 36% were overweight, and 29% 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	Union County 2021	Oregon 2020	U.S. 2020
Obese (includes severely and morbidly obese)	28%	34%	29%	28%	32%
Overweight	36%	38%	36%	36%	35%

Physical Activity

- On an average day, adults spent an average of: 2.3 hours watching TV, 1.4 hours on a computer/tablet, 1.4 hours on a cell phone, and 0.2 hours playing video games.
- In Union County, 69% of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week. Forty-four percent (44%) of adults exercised five or more days per week. Thirteen percent (13%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity Basics, 2020).*
- Union County adults reported that the following described what they did at work:
 - Mostly sitting (28%)
 - Mostly walking (10%)
 - Mostly heavy labor or physically demanding work (5%)
 - Mostly standing (2%)
 - Their work varied (21%)
- 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 (40%); designated safe routes (22%); improvements to existing parks, trails, and paths (21%); better promotion and advertising of existing parks, trails, and paths (14%); and more public events and programs involving parks, trails, and paths (9%). 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.

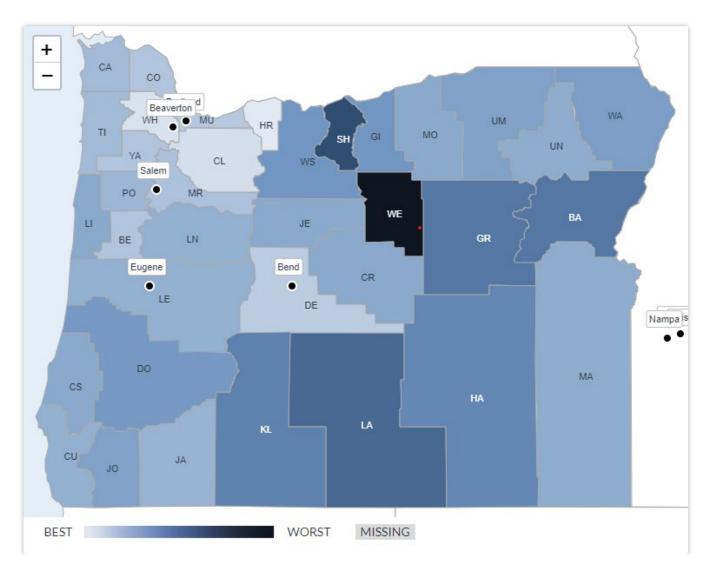
	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	11%	82%	6%
Vegetables	2%	22%	74%	2%
Sugar-sweetened beverages	2%	6%	35%	57%
Caffeinated beverages	4%	18%	61%	17%

- In 2021:
 - Nearly one fourth (24%) of adults ate 1 to 2 servings of fruits, vegetables, or both fruits and vegetables per day.
 - More than half (54%) of adults ate 3 to 4 servings of fruits, vegetables, or both fruits and vegetables per day.
 Twenty-one percent (21%) of adults ate 5 or more servings of fruits, vegetables, or both fruits and
 - Twenty-one percent (21%) of adults are 5 of more servings of fruits, vegetables, or both fruits and vegetables per day.
 - One percent (1%) of adults ate 0 servings of fruits or vegetables per day.
- The American Cancer Society recommends that adults eat at least 2¹/₂ cups of vegetables and 1¹/₂ cups of fruit per day to reduce the risk of cancer and to maintain good health *(Source: American Cancer Society, 2020).*

- Union County adults reported the following reasons they chose the types of food they ate: healthiness of food (70%), taste/enjoyment (64%), cost (51%), ease of preparation/time (50%), food they were used to (47%), nutritional content (44%), what their family prefers (42%), availability (28%), calorie content (27%), if it is organic (17%), if it is lactose free (13%), if it is gluten free (11%), if it is genetically modified (10%), artificial sweetener content (9%), health care provider's advice (8%), other food sensitivities (4%), food pantry availability (3%), limitations set by WIC (2%), and other reasons (6%).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (10%), did not like the taste (5%), did not know how to prepare (4%), no variety (2%), oral health problems (1%), transportation issues (<1%), and other barriers (6%). Over three-fourths (77%) 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 7.4



• The food environment index in Oregon is 7.8

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2021)

Health Behaviors: Tobacco Use

Key Findings

In 2021, 6% of Union County adults were current smokers, and 24% were considered former smokers. Twenty-three percent (23%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Tobacco Use Behaviors

- Six percent (6%) of Union County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Almost one-fourth (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Twenty-seven percent (27%) 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.
- During the past year, adults used the following methods to quit smoking: cold turkey (43%), nicotine gum (14%), nicotine patch (14%), prescribed Chantix (14%), and an intervention (14%). Twenty-nine percent (29%) of adults did not try to quit smoking in the past year.

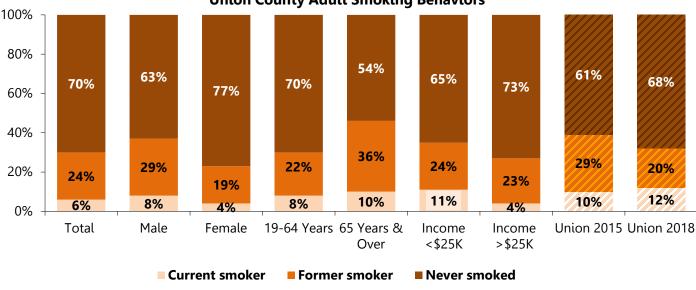
6% of Union County adults, or approximately 1,224 Union County adults, were current smokers.

- Union County adult smokers were more likely to have:
 - Been married (47%)
 - Rated their overall health as fair or poor (25%)
 - Incomes less than \$25,000 (11%)
 - Been male (8%)
- Current smokers used the following tobacco products in the past year:
 - Cigarettes (13%)
 - Little cigars (13%)
 - Pipes (12%)
- Adults believed e-cigarette vapor was harmful to: themselves (70%), others (66%), or not harmful to anyone (2%). Nearly one-fourth (23%) of adults were not sure of the harmfulness of e-cigarette vapor.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Current smoker (currently smoke some or all days)	10%	12%	6%	13%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	29%	20%	24%	27%	25%
Tried to quit smoking (of current smokers)	51%	39%	27%	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: 6% of all Union County adults were current smokers, 24% of all adults were former smokers, and 70% had never smoked.



Union County Adult Smoking Behaviors*

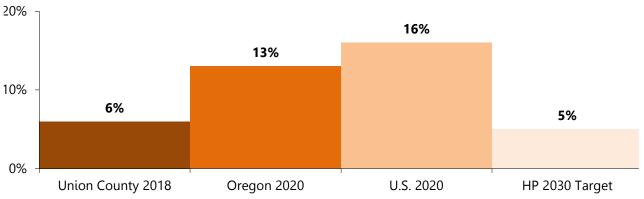
*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life?

If yes, do you now smoke cigarettes every day, some days or not at all?"

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 2030 target objective. This graph shows:

• The Union County adult cigarette smoking rate was lower than the Oregon and U.S. rates and higher than the Healthy People 2030 target objective.

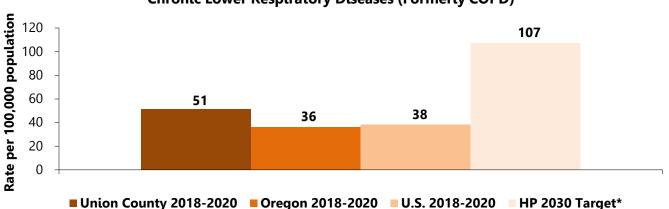


Healthy People 2030 Objective & Cigarette Smoking Rates

(Source: 2021 Union County Health Assessment, 2020 BRFSS and Healthy People 2030)

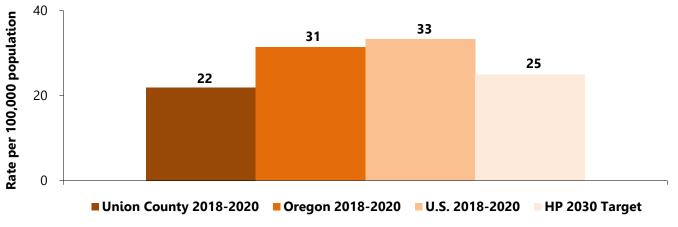
The following graphs show Union County, Oregon, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) and lung cancer in comparison with the Healthy People 2030 objective. These graphs show:

- From 2018 to 2020, 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 2030 target objective.
- The Union County age-adjusted lung cancer mortality rate was lower than the Oregon rate, U.S rate and the Healthy People 2030 target objective.



Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)

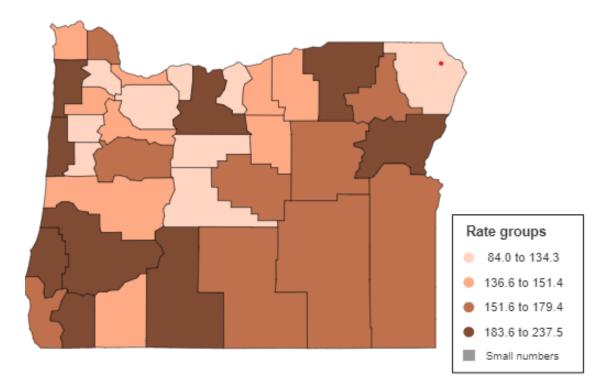
(Sources: CDC Wonder, 2018-2020 and Healthy People 2030) *Healthy People 2030's target rate and the U.S. rate is for adults aged 45 years and older.



Age-Adjusted Mortality Rates for Lung Cancer & Bronchus Cancer

(Sources: CDC Wonder, 2018-2020 and Healthy People 2030)

The following map indicates tobacco-related deaths per 100,000 population by county (2016-2019 combined).



State rate = 1,985.6 deaths per 100,000 population

(Source: Oregon Center for Health Statistics, Death data, August 10, 2021)

Health and Economic Burden of Tobacco

• Tobacco use affects all Oregonians. Tobacco use is the number-one cause of preventable death and disease in Oregon. Each year, tobacco use kills 8,000 Oregonians (see table below) and costs almost 3 billion in medical expenses and lost productivity.

Cause of preventable death	Estimated number of deaths
Tobacco use	8,000
Obesity, poor diet, and physical inactivity	2,500
Alcohol use	2,100
Illicit drug use	600
Motor vehicles (including alcohol related crashes)	600
Firearms	600
Influenza and pneumonia	500

(Source: Oregon Center for Health Statistics, Death data (unpublished), 2019)

Health Behaviors: Alcohol Consumption

Key Findings

Nearly half (46%) of Union County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Sixteen percent (16%) 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

- Nearly half (46%) of Union County adults had at least one alcoholic drink in the past month, increasing to 51% of those between the age of 19-64 years old.
- Of those who drank, Union County adults drank 2.3 drinks on average.

16% of adults, or approximately 3,263 Union County adults, were binge drinkers.

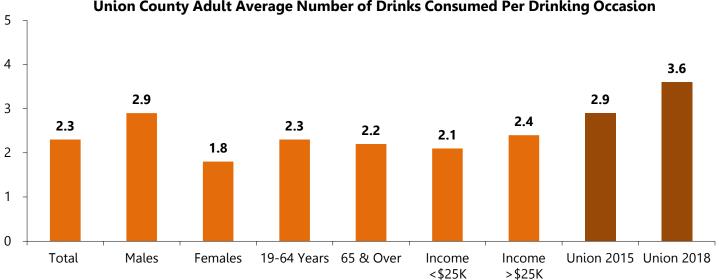
- Sixteen percent (16%) Union County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of current drinkers, 39% were considered binge drinkers.
- Union County adults reported they, an immediate family member, or someone in their household experienced the following in the past six months:
 - Drank more than expected (12%)
 - Drove a vehicle or other equipment after having any alcoholic beverage (9%)
 - Continued to drink despite problems caused by drinking (8%)
 - Spent a lot of time drinking (6%)
 - Failed to fulfill duties at work, home, or school (5%)
 - Used prescription drugs while drinking (3%)
 - Someone expressed concern about their alcohol use (2%)
 - Gave up other activities to drink (3%)
 - Had to drink more to get the same effect (2%)
 - Tried to quit or cut down (3%)
 - Drank to ease withdrawal symptoms (2%)
 - Placed themselves or their family in harm (1%)
 - Had legal problems (<1%)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Current drinker (drank alcohol at least once in the past month)	59%	58%	46%	55%	53%
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%	16%	16%

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: 53% of all Union County adults did not drink alcohol, including 51% of males and 83% of those with incomes less than \$25,000.



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

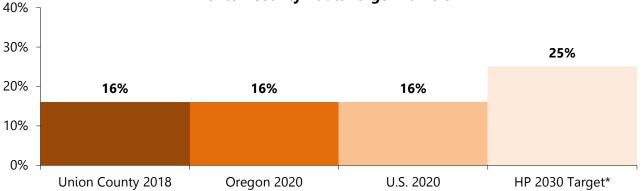


Union County Adult Average Number of Drinks Consumed Per Drinking Occasion

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 2021, Union County had equal percentages of binge drinkers in comparison to Oregon and U.S. rates.



Union County Adult Binge Drinkers*

(Source: 2021 Union County Health Assessment, 2020 BRFSS, Healthy People 2030) *Based on all adults aged 21 and over. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

Health Effects - Excessive Alcohol Use

- Over time, excessive alcohol consumption may lead to chronic diseases and other serious problems, including alcohol use disorder and problems with learning, memory, and mental health. Other chronic health conditions linked to excessive alcohol use include:
 - High blood pressure, heart disease, and stroke: binge drinking, and heavy drinking can cause heart disease, as well as irregular heartbeat, high blood pressure, and stroke.
 - Liver disease: excessive alcohol use takes a toll on the liver and lead to fatty liver disease.
 - **Cancer:** excessive use can lead to cancers of the mouth and throat, larynx (voice box, esophagus, rectum, liver, and breast [in women]). The less alcohol a person drinks, the lower the risk of cancer.
- Alcohol use can also have immediate effects that increase the risk of many harmful health conditions, for example:
 - Injuries, violence, and poisoning: drinking excessively increased the risk of injuries, including those from motor vehicle crashes, falls, drownings, and burns. It also increased the risk of violence, including homicide, suicide, and sexual assault.
 - Unintended pregnancy and sexually transmitted infections (STIs): people who binge drink are more likely to have unprotected sex and multiple sex partners. This increases the risk of unintended pregnancy and STIs.
 - Poor pregnancy outcomes: there is no known safe amount of alcohol use during pregnancy. Alcohol use during pregnancy can cause fetal alcohol spectrum disorders. It may also increase the risk of miscarriage, premature birth, and sudden infant death syndrome.

(Source: CDC, Excessive Alcohol Use, updated November 23, 2021)

Health Behaviors: Marijuana and Drug Use

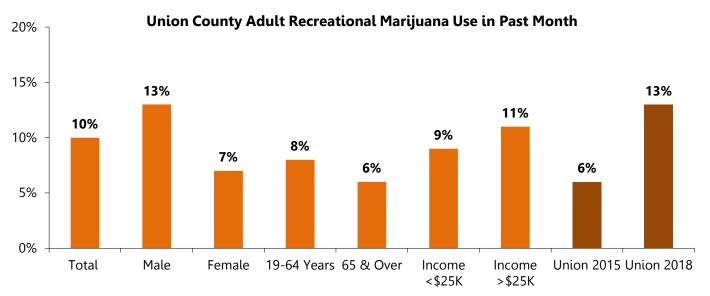
Key Findings

Ten percent (10%) of Union County adults had used recreational marijuana or hashish during the past month. 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 Use

- Adults used the following in the past <u>30 days</u>:
 - Recreational marijuana (10%)
 - Marijuana that they, a family member, or a friend grew (5%)
 - Other products with THC oil (4%)
 - Medicinal marijuana (3%)
- Union County adults used the following in the past <u>6 months</u>:
 - Recreational marijuana or hashish (9%)
 - Wax, oil with THC edibles (9%)
 - Medical marijuana (5%)
 - Synthetic marijuana/K2 (<1%)

The following graph indicates adult recreational marijuana use within the past month. Examples of how to interpret the information include: 10% of all Union County adults used recreational marijuana in the past month, including 7% of females, and 13% of males.

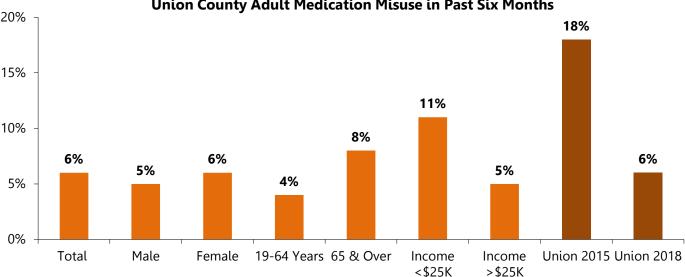


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Medication Misuse

- 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 8% of those ages 65 and older.
- In the past 6 months, adults and/or an immediate family member or someone in their household used the following medications that were not prescribed to them, or took more than was prescribed to feel good or high, or more active or alert: Tramadol/Ultram (4%); Ritalin, Adderall, Concerta or other ADHD medications (3%); Codeine, Demerol. Morphine, Percocet, or Dilaudid, Fentanyl (2%); OxyContin (2%); Suboxone or Methadone (2%); steroids (1%); tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin (1%); Vicodin (1%); and Neurontin (<1%).
- When asked about their frequency of medication misuse in the past six months, 29% of Union County adults • who used these drugs did so almost every day, and 32% did so less than once a month.
- Union County adults indicated they did the following with their unused prescription medications: •
 - Took as prescribed (49%)
 - Threw it in the trash (21%)
 - Kept it (20%)
 - Took it in on Drug Take Back Days (17%)
 - Kept in a locked cabinet (12%)
 - Flushed it down the toilet (10%)
 - Took it to the medication collection program (10%)
 - Took it to the sheriff's office (5%)
 - Disposed in RedMed Box, Yellow Jug, etc. (2%)
 - Gave it away (2%)
 - Mailer to ship back to pharmacy (1%
 - Used drug deactivation pouches (1%)
 - Some other destruction method (5%)

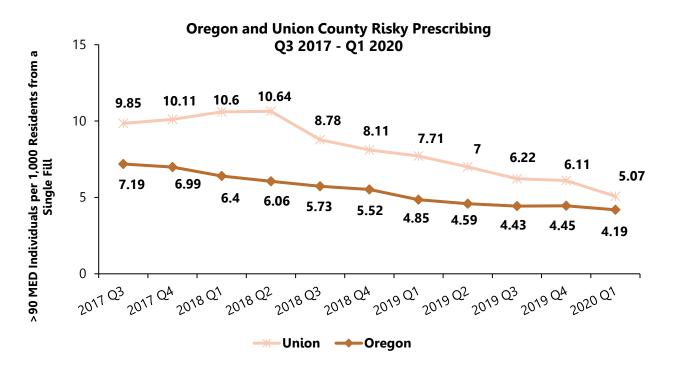
The following graph indicates adult medication misuse in the past six months. Examples of how to interpret the information include: 6% of all Union County adults misused medication in the past six months, including 5% of males and 8% of those ages 65 and older.



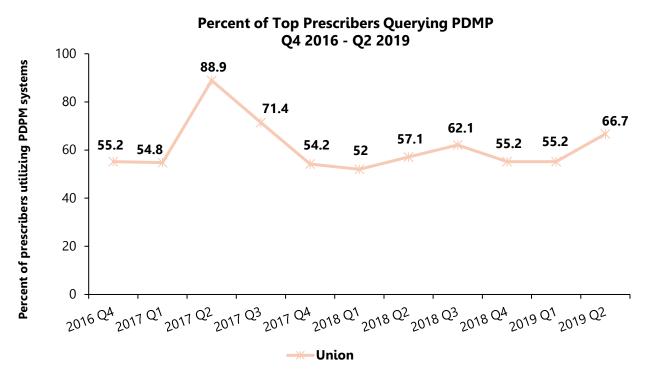
Union County Adult Medication Misuse in Past Six Months

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.

Prescriptions totaling more than 90 morphine equivalent doses (MED) per day increase the risk of opioidrelated 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.



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.



(Source for graphs: Oregon Health Authority, Oregon Prescribing and Overdose Data, Retrieved January 2022)

Drug Use

- In the past 6 months, adults and/or an immediate family member or someone in their household used the following: recreational marijuana or hashish (12%); was, oil with THC edibles (11%); medical marijuana (6%); psilocybin/mushrooms (4%); synthetic marijuana/K2 (1%); amphetamines, methamphetamines, or speed (1%); bath salts (1%); cocaine, crack, or coca leaves (1%); inappropriate use of over-the-counter medications, such as cold or cough medicine (1%); inhalants such as glue, toluene, gasoline, duster or paint (1%); ecstasy or E, or GHB (<1%); heroin/fentanyl (<1%); and LSD, mescaline, peyote, or DMT (<1%).
- When asked about their frequency of recreational drug use in the past six months, 36% of Union County adults who used drugs did so almost every day, and 28% did so less than once a month.
- One percent (1%) of Union County adults used a program to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (4%), fear (2%), didn't want to get in trouble (2%), did not want to miss work (2%), could not afford to go (<1%), stigma of seeking alcohol services (<1%), transportation (<1%), and other reasons (1%). Ninety-one percent (91%) 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: failed a drug screen (3%), had legal problems (2%), placed themselves in dangerous situations (2%), had severe dental problems (2%), had housing problems (2%), and became homeless (2%), and regularly failed to fulfill obligations at work or at home (<1%).

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Adults who used recreational marijuana in the past six months	9%	12%	9%	N/A	N/A
Adults who misused prescription drugs in the past six months	18%	6%	6%	N/A	N/A

N/A – Not Available

Substance Abuse Use Among Youth

• The table below indicates Union County youth who reported substance use in the past 30 days, as reported in the 2019 Oregon Healthy Teens Survey:

Student Reported Substance Use Past 30 Days- Union County	Grade 8	Grade 11
Used any tobacco product	11.4%	33.6%
Smoked cigarettes	0.9%	3.0%
Used e-cigarette/vape	10.3%	33.6%
Had at least one drink of alcohol	12.5%	31.5%
Used marijuana	9.4%	19.8%
Misused prescription drugs	8.4%	1.5%

(Source: Oregon Health Authority, 2019 Oregon Healthy Teens Survey).

Health Behaviors: Sexual Behavior

Key Findings

In 2021, 64% of Union County adults had sexual intercourse. Two percent (2%) of adults had more than one partner in the past year.

Sexual Behavior

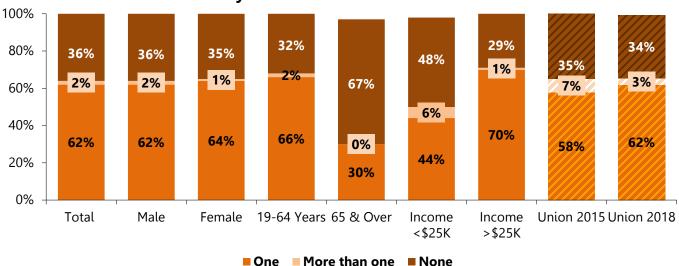
- In 2021, 64% of Union County adults had sexual intercourse.
- Two percent (2%) of adults reported they had intercourse with more than one partner in the past year.
- Union County adults used the following methods of birth control:
 - Vasectomy (18%)
 - They or their partner were too old (18%)
 - IUD (12%)
 - Tubes tied (10%)
 - Hysterectomy (9%)
 - Condoms (7%)
 - Infertility (5%)

- Pill, all kinds (3%)
- Withdrawal (2%)
- Ovaries or testicles removed (2%)
- Having sex only at certain times (2%)
- Gay or lesbian (2%)
- Unable to access contraception options (<1%)
- The following situations applied to Union County adults:
 - Had sex without a condom in the past year (28%)
 - Had anal sex without a condom in the past year (4%)
 - Had sex with someone they met on social media (2%)
 - Tested for an STD in the past year (1%)
 - Had sex with someone they did not know (1%)
 - Engaged in sexual activity that they would not have done if sober (1%)
 - They thought they may have an STD (1%)
 - Treated for an STD in the past year (1%)
 - Were forced to have sexual activity when they did not want to and did not report it (1%)
 - Had sexual activity with someone of the same gender (<1%)
 - Tested positive for HPV (<1%)
 - Injected any drug not prescribed to them (<1%)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had more than one sexual partner in the past year	7%	3%	2%	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 2% 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*

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

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

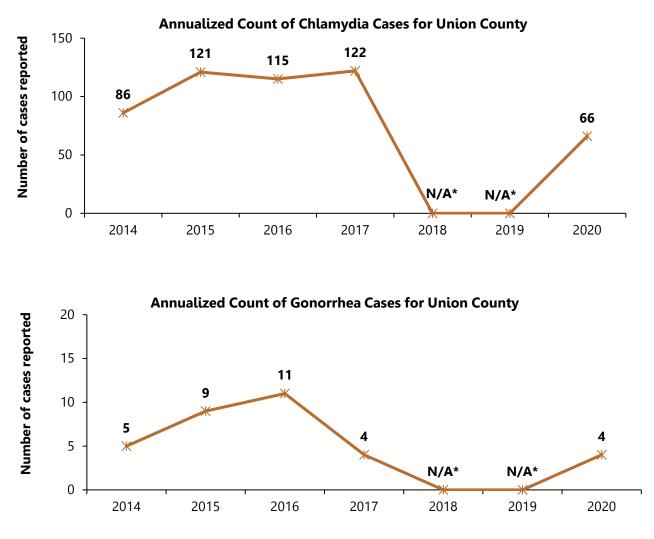
Sexually Transmitted Infections at a Glance

- Sexually transmitted infections (STIs) are very common in the United States. The CDC estimated about one in five people in the U.S. had an STI on any given day in 2018. It is estimated that STIs acquired will cost the American health care system nearly \$16 billion dollars in health care costs alone.
- At a time when the COVID-19 pandemic is worsening racial and ethnic health disparities, straining the public health infrastructure, ad creating additional challenges to delivering services, new strategies for increasing access to quality sexual health care are critical. Below are innovative strategies that are critical to address the STI epidemic:
 - STI express clinics that allow walk-in STI testing and treatment without a full clinical exam.
 - Partnerships with pharmacies and retail health clinics, which can provide new access points for STI services, such as on-site testing and treatment.
 - Telehealth/telemedicine, which can ensure access to health care providers, support self-testing or self-collection, and is especially critical in rural areas.

(Source: CDC, Sexually Transmitted Diseases, Statistics, Updated January 25, 2021)

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

- The number of chlamydia cases in Union County increased from 2014 to 2017 and decreased by 2020.
- Union County gonorrhea cases fluctuated from 2014 to 2020.



⁽Source for graphs: Oregon Health Authority, Oregon County STD Data, Retrieved January 2022) *Case numbers unavailable for 2018 and 2019.

Health Behaviors: Mental Health

Key Findings

In 2021, 3% of Union County adults considered attempting suicide. Seventeen percent (17%) of adults reported they or a family member were diagnosed with, or treated for, anxiety or emotional problems.

Mental Health

- Three percent (3%) 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 (77%), took too long to get

National Suicide Statistics

- 47,511 people in the U.S. died from suicide, and 1,187,775 people attempted suicide in 2019.
- An average of one person killed themselves every 11.1 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.6 male deaths.
- In 2019, there were 906 suicide deaths in Oregon.
 - The leading suicide methods included:
 - Firearm suicides (50.4%)
 - Suffocation/Hanging (28.5%)
 - Poisoning (12.9%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.1%)

(Source: American Association of Suicidology, Facts & Statistics, 2019)

in to see a doctor (4%), don't know how to find a program (3%), fear (2%), stigma of seeking mental health services (2%), co-pay or deductible is too high (2%), cannot afford to go (2%), cannot find provider who accepts Medicare/insurance provider (2%), had not thought of it (2%), other priorities (1%), cannot get into the office or clinic (1%), transportation (1%), and other reasons (6%).

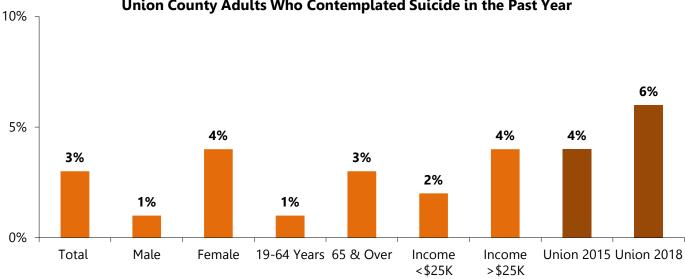
•

- Union County adults reported they and/or a family member were diagnosed with, or treated for, the following
 mental health issues:
 - Anxiety or emotional problems (17%)
 - Depression (17%)
 - Anxiety disorder (e.g., panic attacks, phobia, obsessive compulsive disorder) (11%)
 - Attention deficit disorder (ADD/ADHD) (9%)
 - Other trauma (6%)
 - Post-traumatic stress disorder (PTSD) (6%)
 - Alcohol and illicit drug abuse (6%)
 - Autism spectrum (4%)
 - Developmental disability (3%)
 - Bipolar (2%)
 - Eating disorder (2%)
 - Psychotic disorder (1%)
 - Problem gambling (<1%)
 - Life-adjustment disorder (<1%)
 - Some other mental health disorder (5%)
- Thirteen percent (13%) 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	Union County 2021	Oregon 2020	U.S. 2020
Considered attempting suicide in the past year	4%	6%	3%	N/A	N/A
Attempted suicide in the past year	2%	1%	1%	N/A	N/A

N/A – Not Available

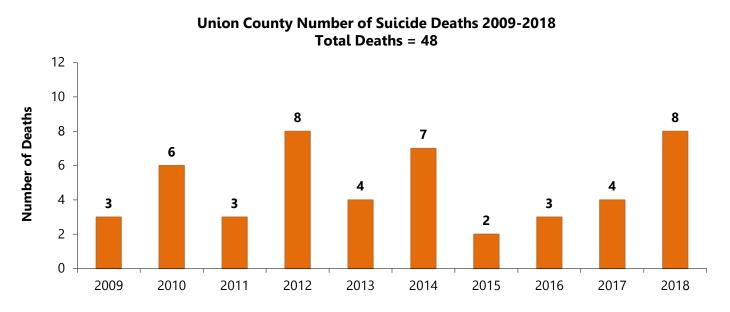
The following graph shows the percentage of Union County adults who contemplated suicide in the past year. An example of how to interpret the information includes: 3% of all Union County adults contemplated suicide in the past year, including 4% of females and 3% of those ages 65 and older.



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 48 total deaths in Union County from 2009 to 2018.



(Source: Oregon Health Authority, Oregon Violent Death Reporting System, retrieved January 2022)

Chronic Disease: Cardiovascular Health

Key Findings

In 2021, 5% of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Thirty-four percent (34%) had high blood cholesterol, 32% of adults had high blood pressure, 29% were obese, and 6% were current smokers, four known risk factors for heart disease and stroke.

High Blood Cholesterol

- Thirty-four percent (34%) 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 (58%)
 - Been classified as obese by Body Mass Index-BMI (41%)
 - Rated their overall health as fair or poor (22%)

The following graph shows the percentages of Union County adults who had been diagnosed with high blood cholesterol. Examples of how to interpret the information on the graph include: 34% of all Union County adults had been diagnosed with high blood cholesterol, including 36% of males and 58% of those ages 65 and over.

Union County Leading Causes of Death 2018-2020

Total Deaths: 905

- 1. Heart Disease (22% of all deaths)
- 2. Cancers (20%)
- 3. Alzheimer's Disease (10%)
- 4. Chronic Lower Respiratory Diseases (7%)
- 5. Stroke (5%)

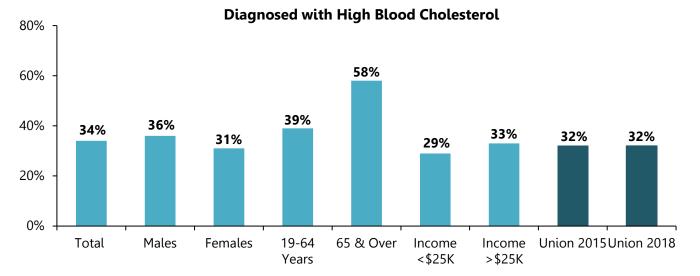
(Source: CDC Wonder, 2018-2020)

Oregon Leading Causes of Death 2018-2020

Total Deaths: 113,777

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

(Source: CDC Wonder, 2018-2020)

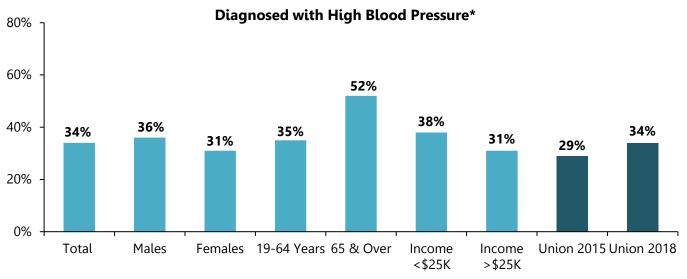


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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 (52%)
 - Incomes less than \$25,000 (38%)
 - Been classified as obese by Body Mass Index-BMI (49%)

The following graph shows the percentages of Union County adults who had been diagnosed with high blood pressure. Examples of how to interpret the information on the graph include: 34% of all Union County adults had been diagnosed with high blood pressure, including 36% of males and 52% of those ages 65 and over.



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

Healthy People 2030 Objectives Heart Disease and Stroke

Objective	Union Survey Population Baseline	2020 U.S. Baseline*	Healthy People 2030 Target	
HDS-04: Reduce proportion of adults with hypertension	32% (2021)	33% Adults age 18 and up	28%	

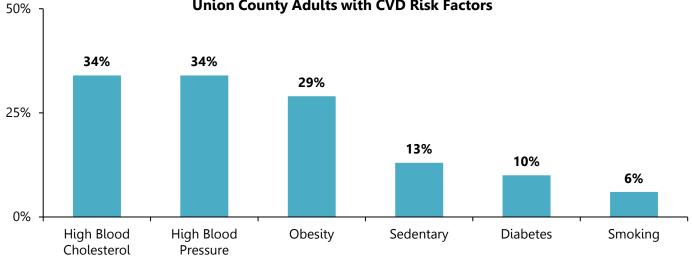
*Note: All U.S. figures age-adjusted to 2000 population standard.

(Source: Healthy People 2030, 2020 BRFSS, 2021 Union County Health Assessment)

Heart Disease and Stroke

- In 2021, 5% of Union County adults reported they had survived a heart attack or myocardial infarction, • increasing to 12% of those over the age of 65.
- Two percent (2%) of Union County adults reported they had survived a stroke, increasing to 7% of those over • the age of 65.
- Six percent (6%) 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 7% of those over the age • of 65.

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

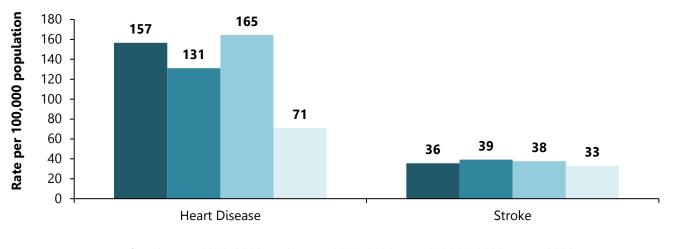
(Source: 2021 Union County Health Assessment)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had angina or coronary heart disease	2%	5%	6%	3%	4%
Had a heart attack	3%	6%	5%	4%	4%
Had a stroke	2%	4%	2%	3%	3%
Had been diagnosed with high blood pressure	29%	34%	34%	31%*	33%*
Had been diagnosed with high blood cholesterol	32%	32%	34%	30%*	33%*
Had blood cholesterol checked within past 5 years	72%	73%	73%	88%*	87%*
*2019 RRFFS	•		•	•	

*2019 BRFFS

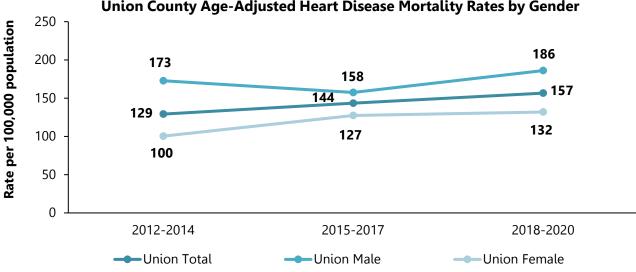
The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that from 2018-to-2020, the Union County heart • disease mortality rate was higher than Oregon and the Healthy People 2030 target, but lower than the U.S. rate.
- The Union County age-adjusted stroke mortality rate from 2018-to-2020 was slightly lower than the state and • U.S. rate, but higher than the Healthy People 2030 target objective.
- From 2012-to-2020, 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 2030 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: CDC Wonder 2018-2020, Healthy People 2030)



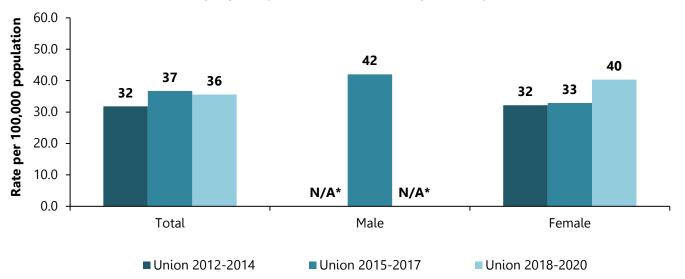
Union County Age-Adjusted Heart Disease Mortality Rates by Gender

(Source: CDC Wonder, Underlying Cause of Death, 2012-2020)

Union County 2018-2020 Oregon 2018-2020 U.S. 2018-2020 HP 2030 Target*

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

• From 2012-to-2020, the Union County stroke mortality rate increased for females.



Union County Age-Adjusted Stroke Mortality Rates by Gender

(Source: CDC Wonder, 2012-2020)

*CDC Wonder male age-adjusted death rate for stroke from 2012-2014 and 2018-202 marked as "Unreliable" when the rate is calculated with a numerator of 20 or less

Chronic Disease: Cancer

Key Findings

In 2021, 14% of Union County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

• Fourteen percent (14%) of Union County adults were diagnosed with cancer at some point in their lives, increasing to 26% of those over the age of 65.

Union County Cancer Incidence, 2018-2020

- 1. Lung and Bronchus: 28 cases (15%)
- 2. Pancreas: 16 cases (9%)
- 3. Prostate: 13 cases (7%)
- 4. Colon: 11 cases (6%)
- 5. Breast: 11 cases (6%)

From 2018 - 2020, there were 184 cancer deaths in Union County.

(Source: CDC Wonder, 2018-2020)

Cancer Facts

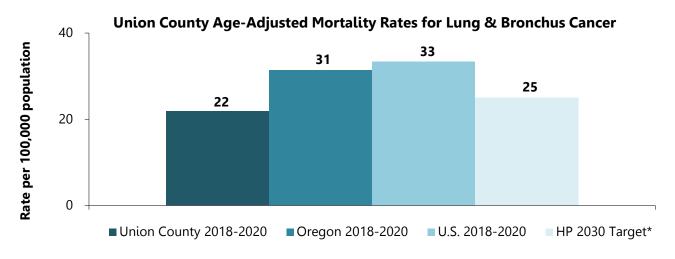
- The Centers for Disease Control and Prevention (CDC) indicates that from 2018 to 2020, cancers caused 20% (184 of 905 total deaths) of all Union County resident deaths. The largest percent (15%) of cancer deaths were from lung and bronchus cancers (*Source: CDC Wonder, 2018-2020*).
- The American Cancer Society states that about 609,630 Americans are expected to die of cancer in 2022. Cancer is the second leading cause of death in the U.S. exceeded only by heart disease (*Source: American Cancer Society, Facts & Figures 2022*).

14% of adults, or approximately 2,855 Union County adults, had been diagnosed with cancer at some point in their lives.

Lung Cancer

- Approximately 4% of females in the county were current smokers, and 17% had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- In Union County, 8% of males were current smokers, and 40% 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=14) were the leading cause of male cancer deaths from 2018 to 2020 in Union County, followed by prostate cancer (n=13) *(Source: CDC Wonder, 2018-2020)*.
- The CDC reports that bronchus or lung cancers were found to be the leading cause of female cancer deaths (n=14) in Union County from 2018 to 2020, followed by breast cancers (n=11) *(Source: CDC Wonder, 2018-2020)*.

The following graphs show the Union County, Oregon, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2030 objective, as well as by gender.

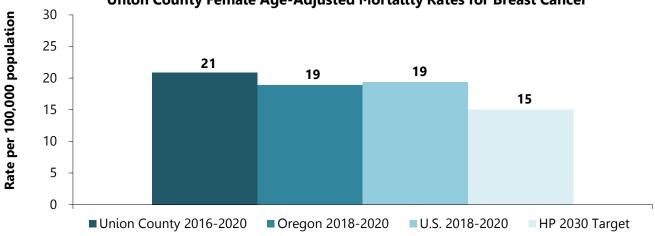


**Healthy People 2030 Target data is for lung cancer only (Sources: Healthy People 2030, CDC Wonder 2018-2020)*

Breast Cancer

- In 2021, 48% of Union County females reported having had a clinical breast examination in the past year.
- Fifty-six percent (56%) 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 2022).*

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



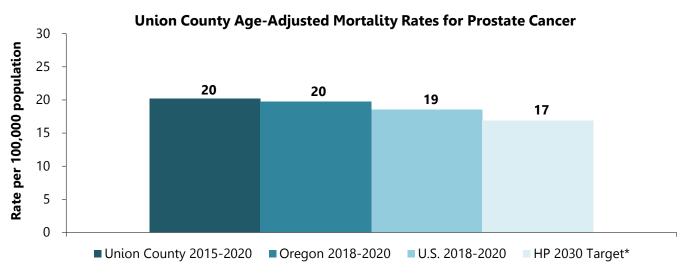
Union County Female Age-Adjusted Mortality Rates for Breast Cancer

(Sources: Healthy People 2030, CDC Wonder 2016-2020) Note: Union County 2016-2020 data used due to unreliable data for 2018-2020

Prostate Cancer

- Fifty-four percent (54%) of Union County men had a digital rectal exam in their lifetime, and 6% had one in the past year.
- Incidence rates for prostate cancer are 73% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, smoking, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world *(Source: American Cancer Society, Facts & Figures 2022).*

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

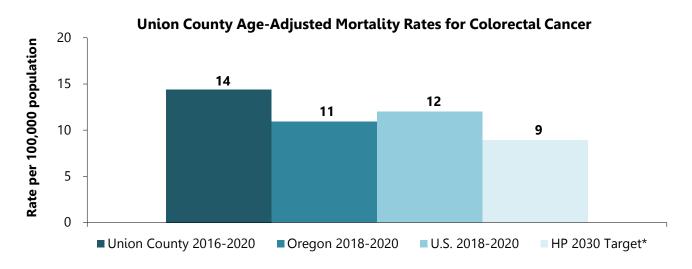


⁽Sources: Healthy People 2030, Wonder 2015-2020) Note: Union County 2015-2020 data used due to unreliable data for 2018-2020

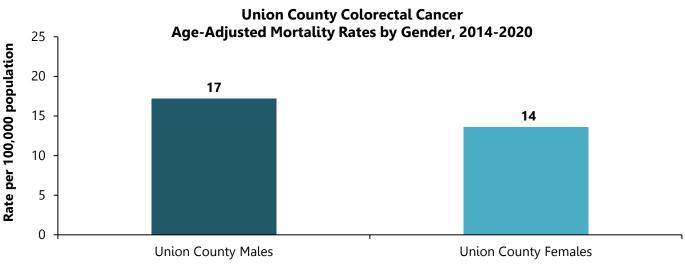
Colon and Rectum Cancers

- In 2021, 54% 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 6% of all male and female cancer deaths from 2018-2020 in Union County (CDC Wonder, 2018-2020).
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In the U.S., 88% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The following graphs show Union County, Oregon, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective, as well as by gender.



(Source: Healthy People 2030, CDC Wonder 2016-2020) Note: Union County 2016-2020 data used due to unreliable data for 2018-2020



(Source: CDC Wonder, 2014-2020)

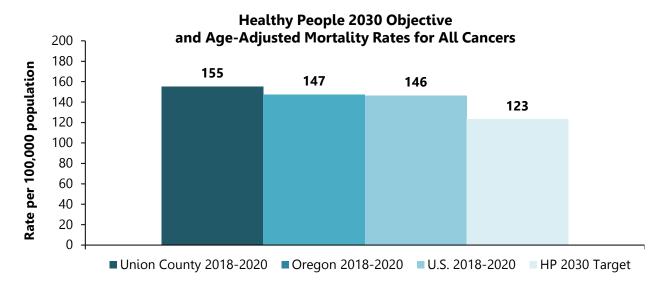
2022 Cancer Estimates

- In 2022, more than 1.9 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about 18% of the new cancer cases expected to occur in the U.S. will be related to being overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,360 Americans are expected to die of cancer in 2022.
- 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2022, estimates predict that there will be 25,130 new cases of cancer and 8,430 cancer deaths in Oregon.
- Of the new cancer cases in Oregon, approximately 2,990 (11.8%) will be from lung and bronchus cancers and 1,850 (7.4%) will be from colon and rectum cancers.
- About 4,070 new cases of female breast cancer are expected in Oregon.
- New cases of male prostate cancer in Oregon are expected to be 3,250 (12.9%).

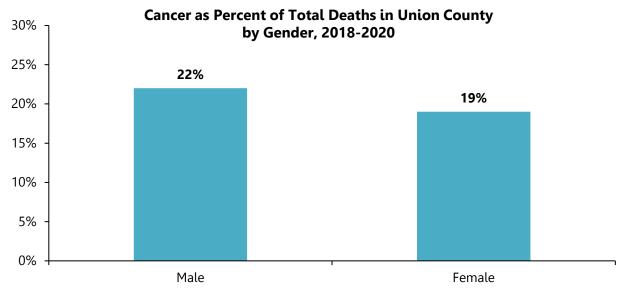
(Source: American Cancer Society, Facts and Figures 2022)

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 2030 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 2030 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.



(Source: CDC Wonder, 2018-2020; Healthy People 2030)



(Source for graphs: CDC Wonder, 2018-2020)

Chronic Disease: Asthma

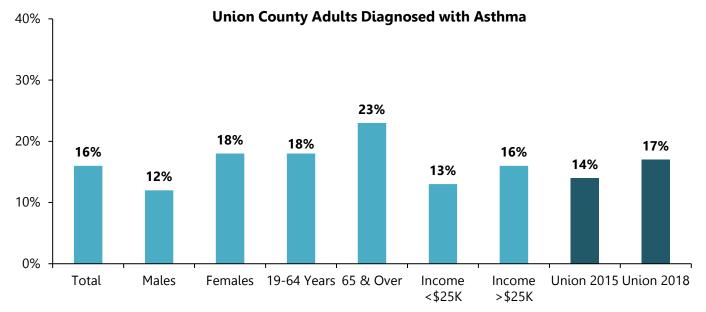
Key Findings

Sixteen percent (16%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.

Asthma and Other Respiratory Disease

- Sixteen percent (16%) of Union County adults had been diagnosed with asthma by a doctor, nurse, or other health professional.
- During the past year, 3% 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 the most common triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pets, mold, smoke from burning wood or grass, and infections like flu. *(Source: CDC, Asthma, Updated July 1, 2021).*
- Chronic lower respiratory disease was the fourth leading cause of death in Union County from 2018-to-2020 *(Source: CDC Wonder, 2018-2020).*

The following graph shows the percentages of Union County adults who had been diagnosed with asthma. Examples of how to interpret the information on the graph include: 16% of all Union County adults had been diagnosed with asthma, including 18% of females and 23% of those ages 65 and over.

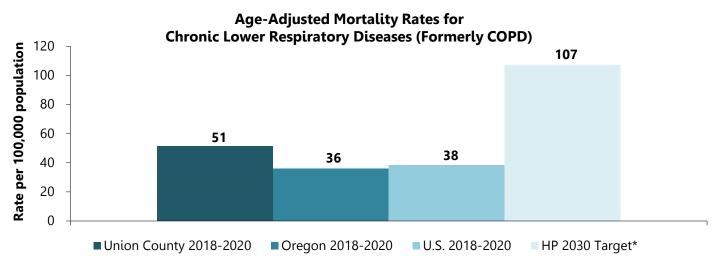


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Adults who had been diagnosed with asthma	14%	17%	16%	16%	14%

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

• From 2018-to-2020, Union County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Oregon and U.S. rate but lower than the Healthy People 2030 target objective rate.



(Sources: Healthy People 2030, CDC Wonder 2018-2020) *Healthy People 2030's target rate is for adults aged 45 years and older.

Urban-Rural Differences in COPD

- Chronic obstructive pulmonary disease (COPD) is a group of respiratory conditions, including chronic bronchitis and emphysema, that makes breathing difficult for millions of Americans.
- COPD comprises the majority of deaths from chronic lower respiratory diseases. A previous 2015 study determined that rural US residents experienced higher rates of Medicare-covered hospitalizations and deaths from COPD than residents living in more urban area (those with populations of at least 10,000 people).
 - Rural populations may have more COPD related issue due to more people smoking, exposure to secondhand smoke, and less access to smoking cessation programs compared to people living in more urban areas. Rural residents are also more likely to be uninsured and have higher poverty levels, which may lead to less access to early diagnosis and treatment.
 - Additional efforts are needed to prevent and reduce risk factors and overcome barriers to early
 diagnosis and appropriate treatment and management of COPD in rural areas. Improving access to
 such health care may improve quality of life and reduce hospital readmissions among COPD and
 reduce COPD-related deaths.
 - This study highlights the need for continued tobacco cessation programs and policies to prevent COPD in rural areas in particular. Health care providers and community partners that serve rural residents can help adults with COPD increase access to and participation in these health care interventions.

(Source: CDC, Chronic Obstructive Pulmonary Disease, June 9, 2020)

Chronic Disease: Diabetes

Key Findings

Ten percent (10%) of Union County adults had been told by a doctor that they had diabetes.

Diabetes

- Ten percent (10%) of Union County adults had been told by a doctor that they had diabetes, increasing to 18% of those over the age of 65.
- Seven percent (7%) of adults had been told by a doctor that they had prediabetes.
- Diabetics were using the following to manage their diabetes: diet control (60%), exercise (51%), checking blood sugar (44%), 6-month checkup with provider (37%), annual vision exam (32%), checking A1C annually (30%), checking their feet (24%), diabetes

Diabetes Fast Facts

- More than **34 million** US adults have diabetes, and 1-in-5 of them do not know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- **Type 2 diabetes** accounts for approximately **90**-**95%** of all diagnosed cases of diabetes.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **doubled** as the American population has aged and become more overweight or obese.
- Medical costs and lost work and wages for people with diagnosed diabetes total \$327 billion annually.

(Source: CDC, About Diabetes, Updated: June 11, 2020)

pills (19%), dental exam (16%), insulin (14%), using injectables (3%), and taking a class (2%). Three percent (3%) of adults diagnosed with diabetes reported they did not have enough information to manage their diagnosis.

- Seventeen percent (17%) 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:
 - 76% were obese or overweight
 - 76% had been diagnosed with high blood pressure
 - 68% had been diagnosed with high blood cholesterol

Prediabetes

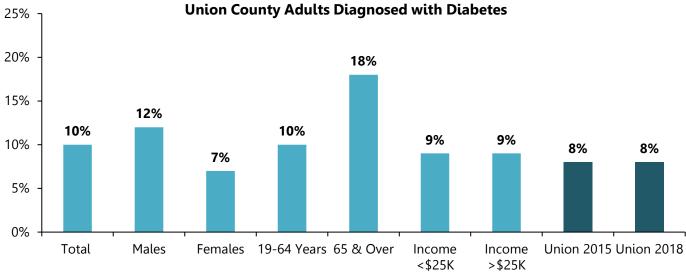
Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. About 96 million American adults – more than 1 in 3 – have prediabetes. Of those with prediabetes, more than 80% don't know they have it. Prediabetes puts you at increased risk of developing type 2 diabetes, heart disease, and stroke.

You can have prediabetes for years but have no clear symptoms. It is important to talk to you doctor about getting your blood sugar tested if you have any of the risk factors for diabetes, which include:

- Being overweight
- Being 45 years or older
- Have a parent, brother, or sister with type 2 diabetes
- Being physically active less than 3 times a week
- Ever having gestational diabetes (diabetes during pregnancy) or giving birth to a baby who weighed more than 9 pounds
- Having polycystic ovary syndrome
- Race and ethnicity are also a factor African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at a higher risk

(Source: Centers for Disease Control and Prevention, Diabetes, December 21, 2021)

The following graph shows the percentage of Union County adults that were diagnosed with diabetes. Examples of how to interpret the information include: 10% of Union County adults were diagnosed with diabetes, including 12% of males and 18% of those 65 and older.

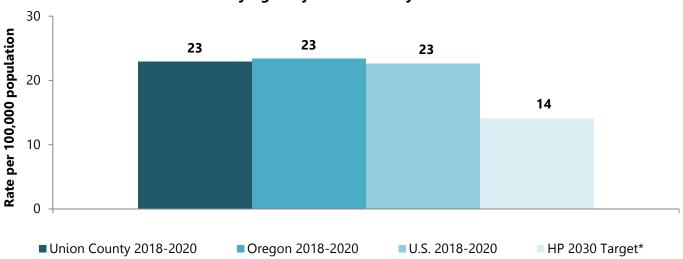


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S. 2020
Had been diagnosed with diabetes	8%	8%	10%	10%	11%

The following graph shows the Union County, Oregon, and U.S. age-adjusted diabetes mortality rate with comparison to the Healthy People 2030 target objective.

• From 2018-to-2020, Union County's age-adjusted diabetes mortality rate was equal to the Oregon and U.S. rates, but higher than the Healthy People 2030 target objective rate.



Union County Age-Adjusted Mortality Rates for Diabetes

*The Healthy People 2030 rate is for all deaths among those diagnosed with diabetes per 1,000 people (Source: CDC Wonder 2018-2020 and Healthy People 2030)

Key Findings

In 2021, 49% 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 (46%), arthritis/rheumatism (31%), and chronic pain (29%).

Impairments and Health Problems

- In 2021, 49% of Union County adults were limited in some way because of a physical, mental or emotional problem, increasing to 64% 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 (46%); arthritis/rheumatism (31%); chronic pain (29%); sleep problems (28%); stress, depression, anxiety, or emotional problems (25%); fitness level (24%); walking problems (22%); fractures, bone/joint injuries (17%); chronic illness (16%); hearing problems (13%); lung/breathing problems (10%); dental problems (10%); memory loss (10%); learning disability (9%); eye/vision problems (8%); providing care to a family member (8%); isolation/loneliness (7%); mental health illness/disorder (2%); confusion (2%); and other impairment/problem (2%).

Healthy People 2030

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Union County 2021	Healthy People 2030 Target
A-02: Reduce the proportion of adults with provider- diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	31%	39%

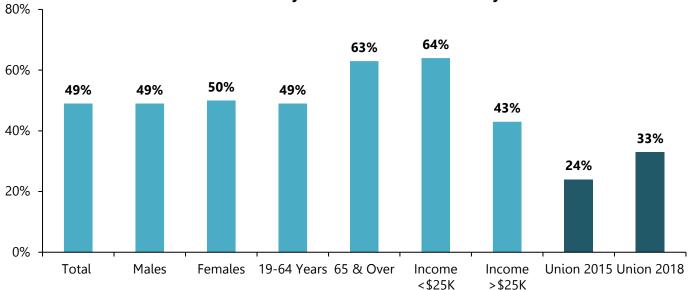
Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2030 Objectives, 2021 Union County Health Assessment)

Adult Comparisons	Union County 2015	Union County 2018	Union County 2021	Oregon 2020	U.S 2020
Limited in some way because of a physical, mental, or emotional problems	24%	33%	49%	N/A	N/A

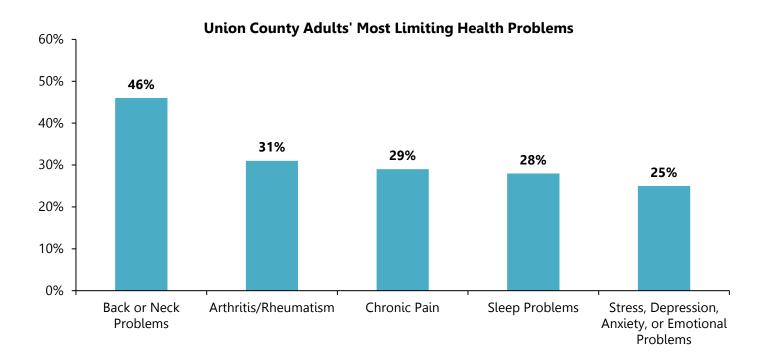
N/A- Not Available

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: 49% of Union County adults were limited in some way, including 63% of those 65 and older and 64% of those with incomes less than \$25,000.



Union County Adults Limited in Some Way

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



Social Conditions: Social Determinants of Health

Key Findings

In 2021, 6% of Union County adults experienced more than one food insecurity in the past year. Twenty percent (20%) of Union County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime.

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

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

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

Social Determinants of Health



Social Determinants of Health

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

(Source: HealthyPeople2030, Retrieved December 26, 2021)

Economic Stability

- Union County adults indicated that they or a loved one received assistance for the following in the past year: health care (15%), food (15%), Medicare (11%), dental care (10%), mental illness issues (8%), prescription assistance (6%), home repair (5%), utilities (4%), rent/mortgage (4%), employment (3%), diapers (3%), free tax preparation (2%), transportation (2%), drug or alcohol addiction (2%), affordable child care (1%), post incarceration transition issues (1%), credit counseling (1%), clothing (1%), and legal aid services (<1%).
- One-fourth (25%) of Union County adults sought assistance for more than one service in the past year.
- Union County adults reported the following percentage of their household income goes to their housing: less than 30% (59%), 30 to 50% (27%), and 50% or higher (5%). Nine percent (9%) reported they did not know.
- Adults reported the following regarding their current housing situation: they had housing but were worried about losing housing in the future (6%), they had housing (93%), and did not know (1%).

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

- Adults experienced the following food insecurity issues in the past year: loss of income led to food insecurity issues (5%), had to choose between paying bills and buying food (4%), was worried food would run out (3%), went hungry/ate less to provide more food for their family (1%), and were hungry but did not eat because they did not have money for food (<1%).
- Six percent (6%) of Union County adults experienced more than one food insecurity in the past year.
- The median household income in Union County in 2020 was \$62,306. The U.S. Census Bureau reports median income levels of \$67,832 for Oregon and \$67,340 for the U.S. *(Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2020).*
- One-in-nine (11.1%) Union County residents were living in poverty, and 11.5% of children and youth ages 0-17 were living in poverty *Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2020).*
- The Union County unemployment rate for November 2021 was 4.7% (Source: Oregon Labor Market, November 2021).
- In 2019, there were 11,829 housing units in Union County. The occupied housing unit rate was 90.5%. Rent in Union County cost an average of \$818 per month *(Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates).*
- Nearly two-thirds (64.5%) of occupied housing units in Union County were owner-occupied, and 35.5% were renter-occupied (*Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates*).

Education

- Nearly ninety-three percent (92.7%) of Union County adults 25 years and over had a high school diploma or higher, leaving 7.3% that had less than a high school diploma (Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates).
- Nearly one-fourth (24.5%) of Union County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates).

Health and Health Care

- In the past year, 7% of adults were uninsured.
- When accessing health care, Union County adults felt confident doing the following: filling out medical forms accurately (93%), following instructions correctly on a medicine prescription container (92%), following the advice of their health care provider (87%), know their health care providers exchange information so they can care for them accurately (72%), and know how to obtain health insurance that best fits their needs (65%).
- The COVID-19 pandemic negatively impacted Union County adults and/or their family's health or well-being in the following ways:
 - Change in mental health (16%)
 - Not seeking health care (8%)
 - Not seeking dental care (8%)
 - Change in physical health (8%)
 - Increased alcohol use (7%)
 - Death or serious illness of loved one(s) (7%)
 - Educational challenges (7%)
 - Loss of household income (7%)
 - Lack of childcare (5%)
 - Financial instability (5%)
 - Changes to employment status (5%)
 - Housing instability (2%)
 - Unable to afford food (2%)
 - Increased drug use (1%)
 - Unable to afford medicine (1%)
 - Lack of internet access (1%)
 - Unable to afford basic needs, such as personal, household, or baby care (1%)
 - Other (5%)
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Union County adults.

Social and Community Context

- Union County adults reported they would support the following community improvement initiatives: more locally grown food or farmer's markets (61%), bike/walking trail accessibility or connectivity (55%), neighborhood safety (45%), local agencies partnering with grocery stores to provide healthier low-cost food items (44%), community gardens (40%), new and/or updated parks (39%), safe roadways (38%), new and/or updated recreation centers (38%), and sidewalk accessibility (34%).
- Two percent (2%) of Union County adults were abused in the past year. They were abused by the following individuals: a spouse or partner (50%), a child (33%), another person outside their home (17%), and someone else (17%).
- Adults who were abused were abused in the following ways: emotionally (71%), verbally (57%), through electronic methods (29%), financially (14%), and physically (14%).

- Union County adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (32%)
 - Lived with someone who was a problem drinker or alcoholic (22%)
 - A parent or adult in their home swore at, insulted, or put them down (21%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (15%)
 - Lived with someone who was depressed, mentally ill, or suicidal (13%)
 - Someone at least 5 years older than them or an adult touched them sexually (11%)
 - Their family did not look out for each other, feel close to each other, or support each other (10%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (10%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (7%)
 - 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 (4%)
 - Someone at least 5 years older than them or an adult forced them to have sex (3%)
- Twenty percent (20%) of Union County adults had 4 or more ACEs in their lifetime.

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: 15% of those who experiences 4 or more ACEs misused medication in the past months, compared to 4% 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
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	61%	48%
Current drinker (had at least one alcoholic beverage in the past month)	44%	37%
Classified as overweight or obese by BMI	35%	23%
Medication misuse in the past 6 months	15%	4%
Had an income less than \$25,000	12%	28%
Contemplated suicide in the past 12 months	12%	1%
Current smoker (currently smoke on some or all days)	6%	5%
Used recreational drugs in the past 6 months	4%	5%

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

Social Conditions: Environmental Health

Key Findings

The top four environmental health issues reported by Union County adults were air quality (11%), mold (3%), temperature regulation (3%), and plumbing problems (3%). Fourteen percent (14%) of adults had a family disaster plan in preparation for a disaster.

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

Environmental Health

- Union County adults thought the following threatened their or their family members' health in the past year: — Air quality (11%)
 - Mold (3%)
 - Temperature regulation (3%)
 - Plumbing problems (3%)
 - Insects (2%)
 - Agricultural chemicals (2%)
 - Chemicals found in products (1%)
 - Moisture issues (1%)
 - Rodents (1%)

- Unsafe water supply/wells (1%)
- Sewage/wastewater problems (1%)
- Sanitation issues (<1%)
- Radon (<1%)</p>
- Safety hazards (<1%)

Disaster Preparedness

Union County households had the following disaster preparedness supplies: working flashlight and working batteries (92%), cell phone (91%), working smoke detector (90%), cell phone with texting (88%), computer/tablet (79%), 3-day supply of nonperishable food for everyone in the household (77%), financial resources (73%), 3-day supply of prescription medication for each person who takes prescribed medicines (62%), working battery-operated radio and working batteries (43%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (41%), generator (32%), communication plan (29%), home land-line telephone (25%), a family disaster plan (14%), and disaster plan (11%). Two percent (2%) indicated they did not have any disaster preparedness supplies.

Moisture and Mold Prevention and Control Tips

Moisture control is key to mold control:

- When water leaks or spills occur indoors act quick. If wet or damp materials or areas are dried 24-48 hours after a leak or spill, in most cases mold will not grow.
- Clean and repair roof gutters regularly.
- Make sure the ground slopes away from the building foundation, so that water does not enter or collect around the foundation.
- Keep air conditioning drip pans clean and the drain lines unobstructed and flowing properly.
- Keep indoor humidity low. If possible, keep indoor humidity below 60 percent relative humidity.
- If you see condensation or moisture collecting on windows, walls or pipes, act quickly to dry the wet surface and reduce the moisture/water source.

(Source: United States Environmental Protection Agency, Mold, Violence Prevention, August 24, 2021)

Social Conditions: Parenting

Key Findings

Ninety percent (90%) of Union County parents talked to their 12- to 17-year-old about bullying in the past year.

Parenting

- Parents discussed the following topics with their 12- to 17-year-old in the past year:
 - Bullying (90%)
 - Negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs (83%)
 - Body image (73%)
 - Career plan (73%)
 - Dating and relationships (70%)
 - Depression/anxiety/suicide (67%)
 - Social media issues (63%)
 - Weight status (eating habits, physical activity, and screen time) (60%)
 - Abstinence/how to refuse sex (60%)
 - Volunteering (60%)
 - School/legal consequences of using tobacco/alcohol/other drugs (50%)
 - Refusal skills/peer pressure (43%)
 - Birth control/condom use/safer sex/STD prevention (40%)
- In the past year, parents took their child to the doctor for the following: regular visits (94%), dental visits (71%), emergency room visits (31%), injuries (28%), asthma (12%), behavioral problems (10%), ear infections (6%), poisonings (1%), and other visits for any illness (39%).
- Union County parents reported their child had difficulties in the following areas: managing emotions (31%), ability to focus (19%), social interaction (14%), following directions (13%), bullying (4%), and other difficulties (7%).
- In regard to community parenting education workshops to improve the connection between caregivers and their children of all ages, parents: have taken at least one series (19%) and did not know of any but would like to attend (17%).
- Union County parents indicated their child spent the following time unsupervised after school: no time unsupervised (68%), less than one hour (7%), 1 to 2 hours (20%), 3 to 4 hours (4%), and more than 4 hours (1%).
- Parents indicated the following day-to-day demands of parenthood/raising children: work schedule (48%); demands of multiple children (43%); child behavioral challenges (16%); single parenting (13%); affordable housing (3%); depression, anxiety, mental health (10%); financial burdens/unemployment (14%); loss of freedom/difficulty with lifestyle changes (13%); parenting skills (9%); affordable utilities (9%); childcare (11%); child special needs (16%); health care insurance (4%); not having a safe/healthy home environment (3%); alcohol or drug addiction (1%); and other (13%). Twenty-eight percent (28%) of adults reported they had no challenges.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer	 2022 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer- facts-statistics/all-cancer-facts- figures/cancer-facts-figures-2022.html
Facts and Figures 2022	 Guidelines for Diet and Physical Activity 	https://www.cancer.org/healthy/eat- healthy-get-active/acs-guidelines- nutrition-physical-activity-cancer- prevention/guidelines.html
American Association of Suicidology	Facts and Statistics	https://suicidology.org/facts-and- statistics/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	 2017 - 2020 Adult Oregon and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
CDC, Excessive Alcohol Use	 Health Effects – Excessive Alcohol Use 	https://www.cdc.gov/chronicdisease/reso urces/publications/factsheets/alcohol.ht m?CDC_AA_refVal=https%3A%2F%2Fww w.cdc.gov%2Fchronicdisease%2Fresourc es%2Fpublications%2Faag%2Falcohol.ht m
CDC, Cancer Prevention and Control	Prostate Cancer Awareness	https://www.cdc.gov/cancer/prostate/ind ex.htm
CDC, Diabetes	Prediabetes	https://www.cdc.gov/diabetes/basics/pre diabetes.html#:~:text=Prediabetes%20is %20a%20serious%20health,t%20know%2 0they%20have%20it.
CDC, National Center for Health Statistics	Men's Health	https://www.cdc.gov/nchs/fastats/mens- health.htm
CDC, Division of Nutrition, Physical Activity, and Obesity	Physical Activity Basics	https://www.cdc.gov/physicalactivity/basi cs/index.htm
CDD, High Blood Pressure	Manage High Blood Pressure	https://www.cdc.gov/bloodpressure/man age.htm
CDC, Oral Health	Oral Health Disparities	https://www.cdc.gov/oralhealth/oral_heal th_disparities/index.htm
CDC, Sexually Transmitted Diseases	 Sexually Transmitted Infections at a Glance 	https://www.cdc.gov/nchhstp/newsroom /2021/2018-STI-incidence-prevalence- estimates-press-release.html
CDC, Chronic Obstructive Pulmonary Disease	Urban-Rural Differences in COPD	https://www.cdc.gov/copd/features/copd -urban-rural-differences.html
CDC, Vaccines	Recommended Adult Immunization Schedule	https://www.cdc.gov/vaccines/schedules/ downloads/adult/adult-combined- schedule.pdf
CDC, Violence Prevention	Adverse Childhood Experiences	https://www.cdc.gov/violenceprevention/ aces/fastfact.html?CDC_AA_refVal=https %3A%2F%2Fwww.cdc.gov%2Fviolencepr evention%2Facestudy%2Ffastfact.html

Source	Data Used	Website
CDC Wonder	 Union Underlying Cause of Death 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
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 2030: U.S. Department of Health & Human Services	 Access to Health Services All Healthy People 2020 Target Data Points Predictors of Access to Health Care Social Determinants of Health Some U.S. Baseline Statistics 	https://health.gov/healthypeople
The Henry Kaiser Family Foundation	 Key Facts about the Uninsured Population 	https://www.kff.org/uninsured/issue- brief/key-facts-about-the-uninsured- population/
	 Oregon Prescribing and Overdose Data 	https://www.oregon.gov/oha/ph/prevent ionwellness/substanceuse/opioids/pages /data.aspx
	Oregon Tobacco Facts	https://www.oregon.gov/oha/ph/prevent ionwellness/tobaccoprevention/pages/or egon-tobacco-facts.aspx
Oregon Health Authority	 Oregon Violent Death Reporting System 	https://www.oregon.gov/oha/ph/disease sconditions/injuryfatalitydata/pages/nvdr s.aspx
	2019 Oregon Healthy Teens Survey	https://www.oregon.gov/oha/PH/BIRTHD EATHCERTIFICATES/SURVEYS/OREGONH EALTHYTEENS/Documents/2019/2019%2 0State%20of%20Oregon%20Profile%20R eport.pdf
	Oregon STD Statistics	https://www.oregon.gov/oha/ph/DISEAS ESCONDITIONS/COMMUNICABLEDISEAS E/DISEASESURVEILLANCEDATA/STD/Pag es/index.aspx
Oregon Center for Health Statistics	 Health and Economic Burden of Tobacco 	https://www.oregon.gov/oha/ph/prevent ionwellness/tobaccoprevention/pages/or egon-tobacco- facts.aspx#:~:text=Tobacco%20use%20is %20the%20number,lost%20productivity %20(Table%202.4)
Stanford Children's Health	How to Increase Your School-Aged Child's Social Ability	https://www.stanfordchildrens.org/en/to pic/default?id=the-growing-child- school-age-6-to-12-years-90-P02278
State of Oregon Employment Department	Oregon Economic Indicators	https://www.qualityinfo.org/home

Source	Data Used	Website
United States Environmental Protection Agency	 Moisture and Mold Prevention and Control Tips 	https://www.epa.gov/mold/brief-guide- mold-moisture-and-your-home
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	 American Community Survey 5-year estimate, 2015-2019 	https://www.census.gov/programs- surveys/acs/
	Federal Poverty Thresholds, 2021	https://www.census.gov/data/tables/time -series/demo/income-poverty/historical- poverty-thresholds.html
	 Small Area Income and Poverty Estimates 	https://www.census.gov/data/datasets/2 020/demo/saipe/2020-state-and- county.html
	GDP & Personal Income	https://apps.bea.gov/iTable/index_region al.cfm

Appendix II: Acronyms and Terms

AHS	Access to Health Services, Topic of Healthy People 2030 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	Arthritis, Osteoporosis, and Chronic Back Conditions
ВМІ	B ody M ass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke, Topic of Healthy People 2030 objectives
HP 2030	Healthy People 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
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	Immunizations and Infectious Diseases, Topic of Healthy People 2030 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	Years of Potential Life Lost before age 65. Indicator of premature death.

Appendix III: Methods for Weighting The 2021 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 2021 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 2021 Union County Survey and the 2019 Census estimates.

20	2021 Union Survey 2019 Census estimates		Weight		
<u>Sex</u>	<u>Number</u>	Percent	<u>Number</u>	Percent	_
Male	125	47.70992	13,083	49.67536	1.04120
Female	137	52.29008	13,254	50.32464	0.96241

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) (49.67536%) and dividing that by the percent found in the 2021 Union County sample (47.70992%) [49.67536/47.70992 = weighting of 1.04120for males]. The same was done for females [50.32464/52.29008 = weighting of 0.96241 for females]. Thus males' responses are weighted heavier by a factor of 1.04120 and females' responses weighted less by a factor of 0.96241.

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 1.05240 [0.962413 (weight for females) x 0.97289 (weight for White) x 1.32991 (weight for age 45-54) x 0.84515 (weight for income \$50-\$75k)]. Thus, each individual in the 2021 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 27.0) 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	%	2019 Census*	%	Weighting Value
Sex:					
Male	125	47.70992	13,083	49.67536	1.041196
Female	137	52.29008	13,254	50.32464	0.962413
Age:					
20-34	10	3.87597	5,106	25.94512	6.69384
35-44	19	7.36434	2,957	15.02541	2.04029
45-54	27	10.46512	2,739	13.91768	1.32991
55-59	18	6.97674	1,738	8.83130	1.26582
60-64	35	13.56589	1,857	9.43598	0.69557
65-74	100	38.75969	2,980	15.14228	0.39067
75-84	38	14.72868	1,720	8.73984	0.59339
85+	11	4.26357	583	2.96240	0.69482
Race:					
White	238	91.18774	23,365	88.71550	0.97289
Non-White	23	8.81226	2,972	11.28450	1.28055
Household Income:					
Less than \$25,000	57	23.94958	2,372	22.15373	0.92502
\$25,000 to \$34,999	26	10.92437	1,178	11.00215	1.00712
\$35,000 to \$49,999	28	11.76471	1,704	15.91482	1.35276
\$50,000 to \$74,999	47	19.74790	1,787	16.69002	0.84515
\$75,000 to \$99,999	38	15.96639	1,676	15.65331	0.98039
\$100,000 to \$149,999	32	13.44538	1,218	11.37574	0.84607
\$150,000 or more	10	4.20168	772	7.21024	1.71604

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 2019 Census American Community Survey estimates.

Appendix IV: Union County Sample Demographic Profile*

		Union County	
Variable	2021 Survey	Census 2015-2019	Oregon Census 2019
	Sample	(5-year estimates)	(1-year estimates)
Age			
20-29	1.5%	13.7%	13.3%
30-39	4.5%	10.8%	14.3%
40-49	9.0%	10.8%	12.7%
50-59	12.7%	12.3%	12.1%
60 plus	68.9%	27.3%	24.6%
Race/Ethnicity*			
White	89.1%	94.6%	88.1%
Black or African American	0.7%	1.2%	3.0%
American Indian and Alaska Native	3.7%	2.8%	3.1%
Asian	0%	2.0%	6.2%
Other	3.0%	0.9%	4.2%
Hispanic Origin (may be of any race)	1.5%	4.8%	13.4%
*Race alone or in combination with one or more races			
Marital Status†			
Married Couple	63.3%	51.9%	48.4%
Never been married/member of an			
unmarried couple	10.9%	27.5%	32.4%
Divorced/Separated	15.3%	12.9%	14.2%
Widowed	9.4%	7.7%	5.1%
Education ⁺			
Less than High School Diploma	3.0%	7.3%	8.7%
High School Diploma	29.2%	32.2%	23.0%
Some college/ College graduate	66.7%	60.6%	68.3%
Income (Families)			
\$14,999 and less	9.8%	5.2%	9.1%
\$15,000 to \$24,999	11.6%	7.5%	7.5%
\$25,000 to \$49,999	20.2%	25.2%	20.6%
\$50,000 to \$74,999	17.6%	20.3%	18.2%
\$75,000 or more	29.9%	41.8%	44.7%

* 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.

Appendix V: Demographics and Household Information

UNION COUNTY PROFILE

(Source: U.S. Census Bureau, 2019) 2015-2019 ACS 5-year estimates

Number Percent (%) **Total Population** 2019 Total Population 26,337 100% La Grande 2019 Total Population 13,310 100% Population by Race/Ethnicity* 100% Total Population 26,337 White 24,915 94.6% Hispanic or Latino (of any race) 1,276 4.8% Native Hawaiian and Other Pacific Islander 403 1.5% American Indian and Alaska Native 734 2.8% Asian 514 2.0% Black or African American 326 1.2% 0.9% Some other race 245 Two or more races 769 2.9% *Race alone or in combination with one or more races Population by Age Under 5 years 1,530 5.8% 5 to 19 years 5,127 19.5% 20 to 24 years 2,141 8.1% 25 to 44 years 5,922 22.5% 45 to 64 years 6,334 24.1% 65 years and more 20.1% 5,283 Median age (years) 40.2 N/A Household by Type Total households 10,708 100% 100% Total families 7,032 Households with children <18 years 2,854 26.7% 50.2% Married-couple family household 5,384 Married-couple family household with children <18 years 17.3% 1.852 Female householder, no husband present 1,148 10.7% Female householder, no husband present with children <18 years 728 6.8% Nonfamily household (single person) 3,676 34.3% 71.7% 2,636 Nonfamily household (single person) living alone Nonfamily household (single person) 65 years and > 39.5% 1,453 Households with one or more people <18 years 29.1% 3,116 Households with one or more people 60 years and > 4,883 45.6% Average household size 2.39 people N/A Average family size 2.85 people N/A

General Demographic Characteristics

Housing Occupancy		
Median value of owner-occupied units	\$185,400	N/A
Median monthly owner cost of housing units with a mortgage	\$1,219	N/A
Median monthly owner cost of housing units without a mortgage	\$440	N/A
Median value of occupied units paying rent	\$818	N/A
Median rooms per total housing unit	5.4	N/A
Total occupied housing units	10,708	90.5%
No telephone service available	222	2.1%
Lacking complete kitchen facilities	117	1.1%
Lacking complete plumbing facilities	50	0.5%

General Demographic Characteristics, Continued

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	6,353	100%
Nursery & preschool	379	6.0%
Kindergarten	433	6.8%
Elementary School (Grades 1-8)	2,533	39.9%
High School (Grades 9-12)	1,400	22.0%
College or Graduate School	1,608	25.3%
Educational Attainment		
Population 25 years and over	17,539	100%
< 9 th grade education	344	2.0%
9 th to 12 th grade, no diploma	935	5.3%
High school graduate (includes equivalency)	5,645	32.2%
Some college, no degree	4,632	26.4%
Associate degree	1,682	9.6%
Bachelor's degree	2,904	16.6%
Graduate or professional degree	1,397	8.0%
Percent high school graduate or higher	16,260	92.7%
Percent Bachelor's degree or higher	4,301	24.5%
Marital Status		
Population 15 years and over	21,571	100%
Never married	5,932	27.5%
Now married, excluding separated	11,195	51.9%
Separated	367	1.7%
Widowed	1,661	7.7%
Widowed females*	1,166	10.6%
Divorced	2,416	11.2%
Divorced females*	1,429	13.0%
*Total female population 15 years and over = 10,996		
Veteran Status		
Civilian population 18 years and over	20,504	100%
Veterans 18 years and over	2,052	10.0%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	26,078	100%
Civilian with a disability	4,273	16.4%
Under 18 years	5,754	N/A
Under 18 years with a disability	163	2.8%
18-to-64 years	15,155	N/A
18-to-64 years with a disability	2,145	14.2%
65 Years and over	5,169	N/A
65 Years and over with a disability	1,965	38.0%

Employment Status		
Population 16 years and over	21,221	100%
16 years and over in labor force	12,492	58.9%
16 years and over not in labor force	8,729	41.1%
Females 16 years and over	10,797	100%
Females 16 years and over in labor force	5,844	54.1%
Population living with own children <6 years	1,826	100%
All parents in family in labor force	1,129	61.8%
Class of Worker		
Civilian employed population 16 years and over	11,726	100%
Private wage and salary workers	8,325	71.0%
Government workers	2,297	19.6%
Self-employed workers in own not incorporated business	1,070	9.1%
Unpaid family workers	34	0.3%
Occupations		
Employed civilian population 16 years and over	11,726	100%
Production, transportation, and material moving occupations	1,812	15.5%
Management, business, science, and art occupations	3,519	30.0%
Sales and office occupations	2,345	20.0%
Service occupations	2,758	23.5%
Natural resources, construction, and maintenance occupations	1,292	11.0%
Leading Industries		
Employed civilian population 16 years and over	11,726	100%
Agriculture, forestry, fishing and hunting, and mining	663	5.7%
Construction	789	6.7%
Manufacturing	1,215	10.4%
Wholesale trade	185	1.6%
Retail trade	1,344	11.5%
Transportation and warehousing, and utilities	572	4.9%
Information	146	1.2%
Finance and insurance, and real estate and rental and leasing	529	4.5%
Professional, scientific, and management, and administrative and	525	4.370
waste management services	782	6.7%
Educational services, and health care and social assistance	2,836	24.2%
Arts, entertainment, and recreation, and accommodation and food	2,030	۲.۲.۷/۵
services	1,044	8.9%
Other services, except public administration	793	6.8%

Selected Economic Characteristics, Continued

Income In 2019		
Households	10,708	100%
< \$10,000	612	5.7%
\$10,000 to \$14,999	524	4.9%
\$15,000 to \$24,999	1,237	11.6%
\$25,000 to \$34,999	1,178	11.0%
\$35,000 to \$49,999	1,704	15.9%
\$50,000 to \$74,999	1,787	16.7%
\$75,000 to \$99,999	1,676	15.7%
\$100,000 to \$149,999	1,218	11.4%
\$150,000 to \$199,999	404	3.8%
\$200,000 or more	368	3.4%
Median household income	\$52,171	N/A
Income in 2019		
Families	7,032	100%
< \$10,000	246	3.5%
\$10,000 to \$14,999	120	1.7%
\$15,000 to \$24,999	527	7.5%
\$25,000 to \$34,999	667	9.5%
\$35,000 to \$49,999	1,107	15.7%
\$50,000 to \$74,999	1,425	20.3%
\$75,000 to \$99,999	1,220	17.3%
\$100,000 to \$149,999	1,025	14.6%
\$150,000 to \$199,999	372	5.3%
\$200,000 or more	323	4.6%
Median family income	<i>\$63,265</i>	N/A
Per capita income in 2019	\$27,646	N/A
Poverty Status in 2019		
Families	N/A	9.1%
All People	N/A	13.9%

(Source: U.S. Census Bureau, 2019)

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

	Income	Rank of Oregon Counties
BEA Per Capita Personal Income 2020	\$45,242	32 nd of 36 counties
BEA Per Capita Personal Income 2019	\$40,881	31 st of 36 counties
BEA Per Capita Personal Income 2018	\$39,755	31 st of 36 counties
BEA Per Capita Personal Income 2017	\$37,790	30 th of 36 counties
BEA Per Capita Personal Income 2016	\$36,885	33 rd 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 (November 2021)	12,391	2,168,079
Employed (November 2021)	11,804*	2,076,219
Unemployed (November 2021)	587	91,860
Unemployment Rate** (November 2021)	4.7	4.2
Unemployment Rate** (October 2021)	5.0	4.4
Unemployment Rate** (November 2020)	6.2	6.6

*Total non-farm employment

**Rate equals unemployment divided by labor force. Unemployment rates and figures are seasonally adjusted (Source: Oregon Labor Market, November 2021, https://www.qualityinfo.org/home)

Estimated Poverty Status in 2020

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Union County						
All ages in poverty	3,997	3,023	4,971	11.1	8.4	13.8
Ages 0-17 in poverty	885	606	1,164	11.5	7.9	15.1
Ages 5-17 in families in poverty	620	410	830	10.9	7.2	14.6
Median household income	\$62,306	\$54,576	\$70,036			
Oregon						
All ages in poverty	457,940	442,247	473,633	11.0	10.6	11.4
Ages 0-17 in poverty	102,454	95,611	109,297	12.2	11.4	13.0
Ages 5-17 in families in poverty	70,179	64,179	76,179	11.3	10.3	12.3
Median household income	\$67,832	\$67,028	\$68,636			
United States						
All ages in poverty	38,371,394	38,309,115	38,433,673	11.9	11.9	11.9
Ages 0-17 in poverty	11,204,423	11,176,652	11,232,194	15.7	15.7	15.7
Ages 5-17 in families in poverty	7,798,566	7,778,138	7,818,994	14.9	14.9	14.9
Median household income	\$67,340	\$67,251	\$67,429			

(Source: U.S. Census Bureau, 2020 Poverty and Median Income Estimates,

https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html)

Federal Poverty Thresholds in 2021 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	\$14,097					
1 Person 65 and >	\$12,996					
2 people Householder < 65 years	\$18,145	\$18,677				
2 People Householder 65 and >	\$16,379	\$18,606				
3 People	\$21,196	\$21,811	\$21,831			
4 People	\$27,949	\$28,406	\$27,479	\$27,575		
5 People	\$33,705	\$34,195	\$33,148	\$32,338	\$31,843	
6 People	\$38,767	\$38,921	\$38,119	\$37,350	\$36,207	\$35,529
7 People	\$44,606	\$44,885	\$43,925	\$43,255	\$42,009	\$40,554
8 People	\$49,888	\$50,329	\$49,423	\$48,629	\$47,503	\$46,073
9 People or >	\$60,012	\$60,303	\$59,501	\$58,828	\$57,722	\$56,201
(6-)	Incar II C Canal	BURDOW DOWOW	W Thracholds 202	1		

(Source: U. S. Census Bureau, Poverty Thresholds 2021,

https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

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

Appendix VI: County Health Rankings

	Union County 2021	Oregon 2021	U.S. 2021			
Health Outcomes						
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2017-2019)	7,500	5,900	6,900			
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	20%	18%	17%			
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	4.8	4.7	3.7			
Mental health. Average number of mentally unhealthy days reported in past 30 days (age- adjusted) (2018)	5.1	4.8	4.1			
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013- 2019)	7%	7%	8%			
Hea	lth Behaviors					
Tobacco. Percentage of adults who are current smokers (2018)	20%	16%	17%			
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	40%	29%	30%			
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	7.4	7.8	7.8			
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	19%	17%	23%			
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	85%	88%	84%			
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2018)	21%	19%	19%			
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	32%	31%	27%			
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	324.2	464.0	539.9			
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2013- 2019)	17	17	21			

(Source: 2021 County Health Rankings for Union County, Oregon and U.S. data)

	Union County 2021	Oregon 2021	U.S. 2021
	Clinical Care	-	L
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	8%	8%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	1,320:1	1,060:1	1,320:1
Access to dental care. Ratio of population to dentists (2019)	1,580:1	1,210:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	300:1	180:1	380:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2018)	2,645	2,799	4,236
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2018)	38%	42%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2018)	32%	44%	48%
	Economic Environm	ent	
Education. Percentage of adults ages 25 and over with a high school diploma or equivalent (2015-2019)	93%	91%	88%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	63%	70%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	4.8%	3.7%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	17%	14%	17%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	4.3	4.6	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2015-2019)	28%	21%	26%
Family and social support. Number of membership associations per 10,000 population (2018)	16.3	10.2	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	137	249	386
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	81	75	72

(Source: 2021 County Health Rankings for Union County, Oregon and U.S. data)

	Union County 2021	Oregon 2021	U.S. 2021		
Physical Environment					
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.0	6.4	7.2		
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	16%	19%	18%		
Transportation. Percentage of the workforce that drives alone to work	76%	72%	76%		
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes	16%	30%	37%		

(Source: 2021 County Health Rankings for Union County, Oregon and U.S. data) N/A – Data is not available

Appendix VII: Community Stakeholder Perceptions

In April 2022, Grande Ronde Hospital released the 2021 Union County Community Health Needs Assessment (CHNA) for public viewing and input. Those who viewed the report or short video presentation were directed to submit feedback via an electronic survey platform. Results of the participant feedback are included below:

What surprised you the most?

- Incidence of cancer in our community
- That neighborhood security was within the top three community issues that people would support in Union County
- That there was no mention about inter-facility transfers

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

- Thought it was very complete
- Questions regarding community awareness of local programs. The results show the barriers of income to many health factors, and also the lack of knowledge about resources available for low-income families. If resources are presented as questions, perhaps assistance could reach those in need
- The actual number of patients being transferred out of the area by air or ground ambulances

What will your organization do with this data?

- Track awareness of the local community resources to gauge effectiveness of outreach and ideally see the impact of these programs to increase positive health outcomes
- Present numbers to the Union County Ambulance Service Committee why patients are defaulted to air services and why there is not a priority for establishing, keeping, or utilizing/contracting with existing ground inter-facility services

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

- Cancer diagnosis and treatment or referral
- Parenting support
- Physical health in relation to obesity/overweight issues
- Psychological health and well being
- Income impacting many topics
- Medical necessity of flights
- Availability of air and 911 services for first response and critical care transfers. This frees up hospital wait times, opens up bed space, reduces the cost placed on patients, taxpayers, and insurance companies

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

- Food banks
- Financial assistance locations
- Clinic and hospitals
- Include the major findings in the newsletter the hospital sends out
- A handout with the major findings with the website information to the full report (available at the hospital, clinics, and other health partners)
- Email lists
- Social media
- News outlets

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

- Access to information and ability to find resources
- Income seems to be the major barrier to every issue
- Awareness seems to be a barrier, as the community is, for the most part, unaware of the services provided by Center for Human Development
- Transportation getting to La Grande from outlying communities in Union County can be difficult for families
- No one is looking at what a dedicated inter-facility ground ambulance service does or has done for Union County when Med Transport was operating their service to Grande Ronde Hospital. Now who takes the patients in the middle of the night in inclement weather? How does the Hospital get backed up? When there are multiple patients transferring and the hospital is relying on mainly air services is that fair to the patients or staff?

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
- City of La Grande/Union County (especially in relation to neighborhood safety and access to and extension of walking trails)
- Farmer's Market in relation to people's desire for more access to locally produced/fresh produce
- Med Transport Inc.