

Umatilla County Community Health Partnership



Working Together for a Healthier Tomorrow



Umatilla County Community Health Assessment Report 2011



Foreword

The members of Umatilla County Community Health Partnership are pleased to present the 2011 Health Assessment of our community. This is the first comprehensive county-wide community health assessment of its kind. Over the years members of this partnership have done assessments which sought to determine the needs of those they serve. Many are served by multiple members of the partnership. In this time of rising costs and shrinking revenues, we have found it imperative to work together and focus our limited resources on those services and activities that will have the greatest positive impact on our county residents' health. The Data collected is the result of the strong commitment of community partners from across the county who believe by working together on behalf of the residents of Umatilla County, we can bring about a healthier tomorrow.

The Partnership, sought guidance from numerous authoritative sources on how to effectively complete a Community Health Needs Assessment which would meet the needs of all who live in our community. In the process we became aware of The Hospital Council of Northwest Ohio (HCNO) and public health researchers at The University of Toledo who have been conducting assessments for counties in Ohio for a number of years. We chose to do this assessment in collaboration with them because their work has come to the attention of the American Hospital Association, the Association of Community Health Institute and the Center for Disease Control. HCNO have been asked by them to present at their meetings and conferences as an example of best practice of how a good community health assessment should be done.

Every effort has been made to assure that this report contains valid and reliable data. We recognize there is always room for improvement, however we believe this health assessment provides a clearer, more comprehensive view of our collective health status than we have had previously available. It can serve as a strategic planning source for organizations and individuals who are striving to improve the health of the residents of Umatilla County.

Although some comparisons can be made related to previous assessments, we are urged by the researchers to be cautious in comparing previous data to this current assessment. This report provides us with a comprehensive picture of our county, as well as our state and nation and in turn helps us identify our community's unmet needs. This is only the first step. The Partnership will then prioritize these needs and work collaboratively in the development and implementation of a strategic plan in supporting quality programs that will improve the lives of Umatilla County residents.

Sincerely,

Rod Harwood, M.Div., M.A., BCC
Chair
Umatilla County Community Health Partnership

Community Partners

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Cancer Community
Renewal Partnership

CAPECO

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St. Anthony Hospital

Umatilla County
Emergency Management

Umatilla County Public
Health

United Way

Yellowhawk Tribal Health
Center

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

Hospital Council of Northwest Ohio
Britney L. Ward, MPH, Assistant Director of Health Planning
Margaret Wielinski, MPH, Health Improvement Data Specialist
Patrick Trejchel, MPH, Community Improvement & Preparedness Coordinator
Carly Miller, Graduate Assistant
Natalie Dugan, Graduate Assistant

Data Collection & Analysis

James H. Price, Ph.D., MPH, Professor of Health Education,
University of Toledo
Joseph A. Dake, Ph.D., MPH, Associate Professor of Health Education,
University of Toledo
Timothy R. Jordan, Ph.D., M.Ed., Associate Professor of Health Education,
University of Toledo

Contact Information

Rod P. Harwood, M.Div., M.A., BCC
Director of Mission Operations
St. Anthony Hospital
1601 SE Court Ave.
Pendleton, OR 97801
(541) 278-3239

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Umatilla County Community Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Umatilla County adults (19 years of age and older), who participated in a county-wide health assessment survey during 2011. The findings are based on a self-administered survey using a structured questionnaire. The questions were modeled after the survey instrument used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

Design

This community health assessment was cross-sectional in nature and included a written survey of adults within Umatilla County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

Instrument Development

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

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Umatilla County. During these meetings, banks of potential survey questions from the BRFSS survey were reviewed and discussed. Based on input from the Umatilla County planning committee, the Project Coordinator composed drafts of surveys containing 115 items for the adult survey. The draft was reviewed and approved by health education researchers at the University of Toledo. A similar survey was created for the American Indian population with 117 items.

Sampling

Adults ages 18 and over living in Umatilla County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Umatilla County. There were 55,689 persons ages 18 and over living in Umatilla County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5%

Primary Data Collection Methods

margin of error of the survey findings.) A sample size of at least 381 was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Umatilla County was obtained from American Clearinghouse in Louisville, KY.

Procedure

Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Umatilla County. This advance letter was personalized, printed on Umatilla County Community Health Partnership stationery and was signed by Jim Schlenker, Interim President/CEO, St. Anthony Hospital, Dennis Burke, President/CEO, Good Shepherd Health Care System, Brian Williams, Clinical Manager, Mirasol Family Health Center, Tim Gilbert, CEO, Yellowhawk Tribal Health Center, and Genni Lehnert-Beers, Administrator, Umatilla County Public Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the Umatilla County adult mailing was 45% (n=342; CI= 5.28%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Data Analysis

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

Primary Data Collection Methods

Limitations

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Umatilla County adult assessment had a high response rate (45%). However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Umatilla County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

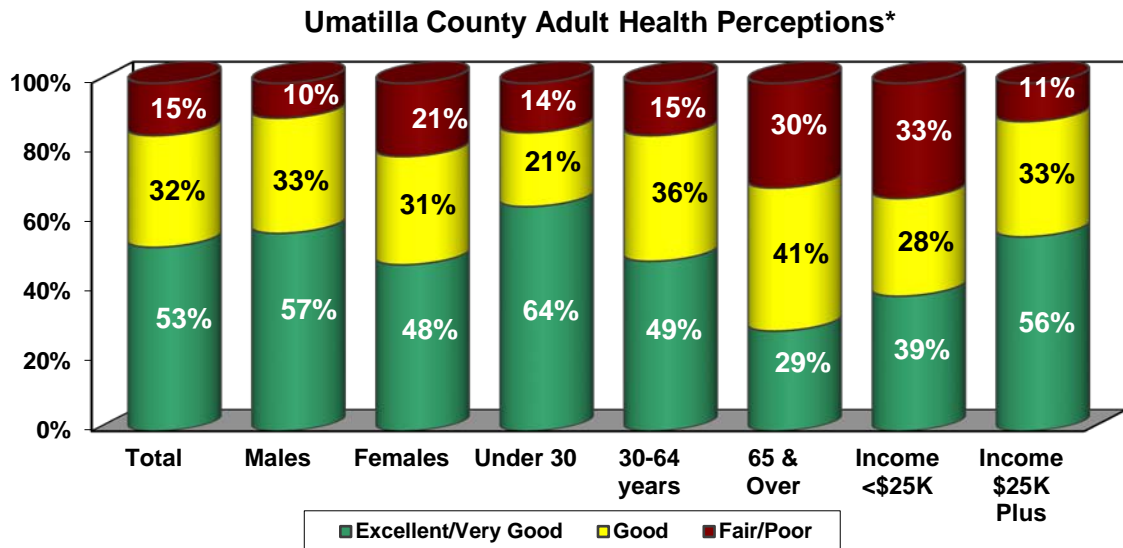
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

Finally, additional efforts were made to reach the American Indian population and only 139 surveys were returned from this population. These results are not generalizable and should be used with caution.

Data Summary

Health Perceptions

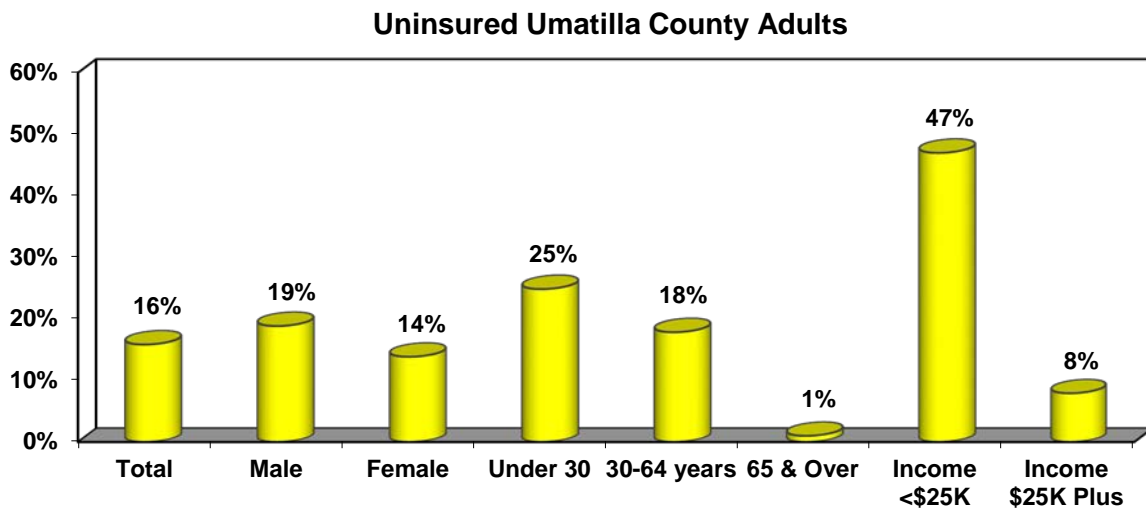
In 2011, more than half (53%) of the Umatilla County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 30% of those over the age of 65, described their health as fair or poor.



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

Health Care Coverage

The 2011 health assessment data has identified that 16% of Umatilla County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Umatilla County, 15.8% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)



Data Summary

Health Care Access

The 2011 health assessment project identified that 51% of Umatilla County adults had visited a doctor for a routine checkup within the last year. 52% reported they had one particular doctor or healthcare provider they went to for routine medical care.

Cardiovascular Health

Heart disease (20%) and stroke (7%) accounted for 27% of all Umatilla County adult deaths in 2009 (Source: OHA, Vital Statistics). The 2011 Umatilla County health assessment found that 5% of adults had a heart attack and 2% had a stroke at some time in their life. Nearly one-third (31%) of Umatilla County adults have been diagnosed with high blood pressure, 36% have high blood cholesterol, and 32% were obese, three known risk factors for heart disease and stroke.

Cancer

In 2011, 9% of Umatilla County adults had been diagnosed with cancer at some time in their life. Oregon Health Authority statistics indicate that in 2009, a total of 133 Umatilla County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Diabetes

In 2011, 13% of Umatilla County adults had been diagnosed with diabetes.

Arthritis

According to the Umatilla County survey data, 32% of Umatilla County adults were diagnosed with arthritis. According to the 2009 BRFSS, 27% of Oregon adults and 26% of U.S. adults were told they have arthritis.

Umatilla County Leading Types of Death 2009

Total Deaths: 631

1. Cancers (21% of all deaths)
2. Heart Disease (20%)
3. Chronic Lower Respiratory Diseases (8%)
4. Stroke (7%)
5. Accidents and Unintentional Injuries (5%)

(Source: OHA, Vital Statistics)

Umatilla County Leading Cancer Frequency 2004 to 2010

Total All Sites = 2,004

- ❖ Breast: 371 cases
- ❖ Prostate: 256 cases
- ❖ Colon and Rectum: 240 cases
- ❖ Lung and Bronchus: 236 cases
- ❖ Melanoma of the skin: 127 cases

In 2009, there were 133 cancer deaths in Umatilla County.

(Source: Blue Mountain Oncology and OHA Vital Statistics, Mortality Data)

Diabetes Facts

- ❖ Diabetes was the 7th leading cause of death in Umatilla County from 2005-2009.
- ❖ Diabetes was the 7th leading cause of death in Oregon from 2005-2009.
- ❖ From 2005-2009, Umatilla County had an average of 27 diabetes related deaths per year.

(Source: OHA, Vital Statistics)

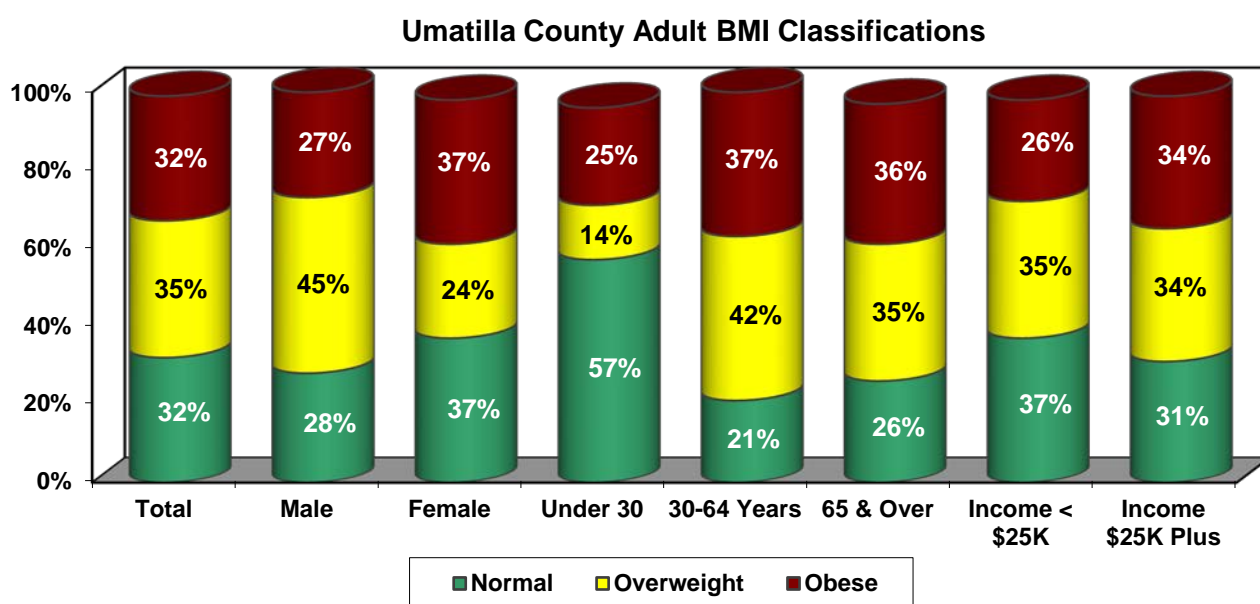
Data Summary

Asthma

According to the Umatilla County survey data, 20% of Umatilla County adults had been diagnosed with asthma.

Adult Weight Status

The 2011 Health Assessment identified that 67% of Umatilla County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 28% of Oregon and U.S. adults were obese by BMI. Nearly one-third (32%) of Umatilla County adults were obese. Over half (52%) of adults were trying to lose weight.

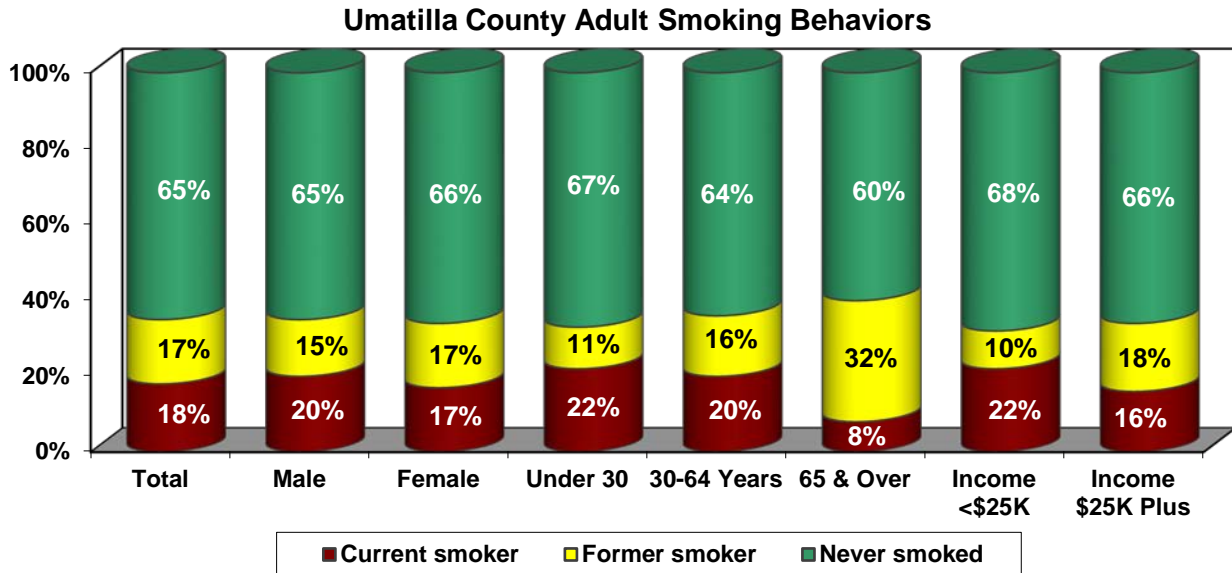


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Adult Tobacco Use

In 2011, 18% of Umatilla County adults were current smokers and 17% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. *(Source: Cancer Facts & Figures, American Cancer Society, 2011)*

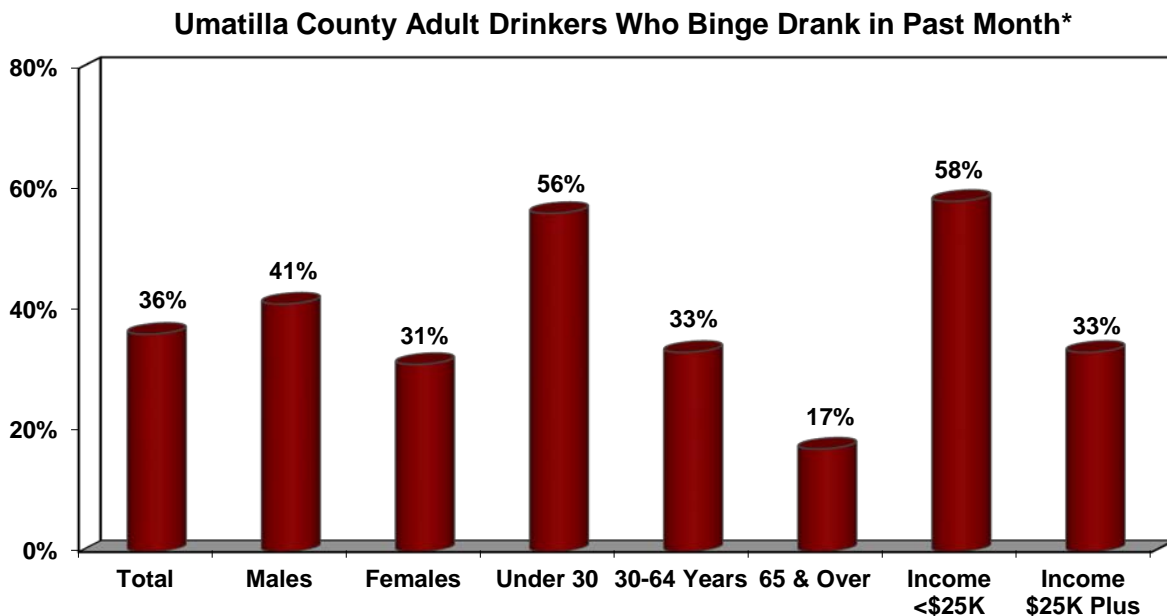
Data Summary



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

Adult Alcohol Consumption

In 2011, the health assessment indicated that 12% of Umatilla County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 36% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. Seven percent of adults drove within a couple hours after drinking alcohol.



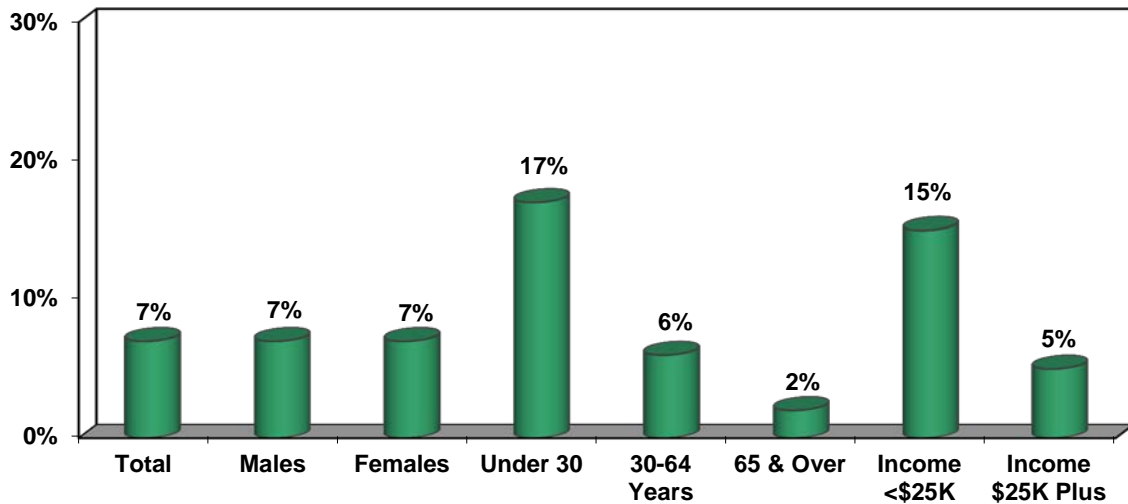
**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

Data Summary

Adult Marijuana and Other Drug Use

In 2011, 7% of Umatilla County adults had used marijuana during the past 6 months. 9% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Umatilla County Adult Marijuana Use in Past 6 Months*

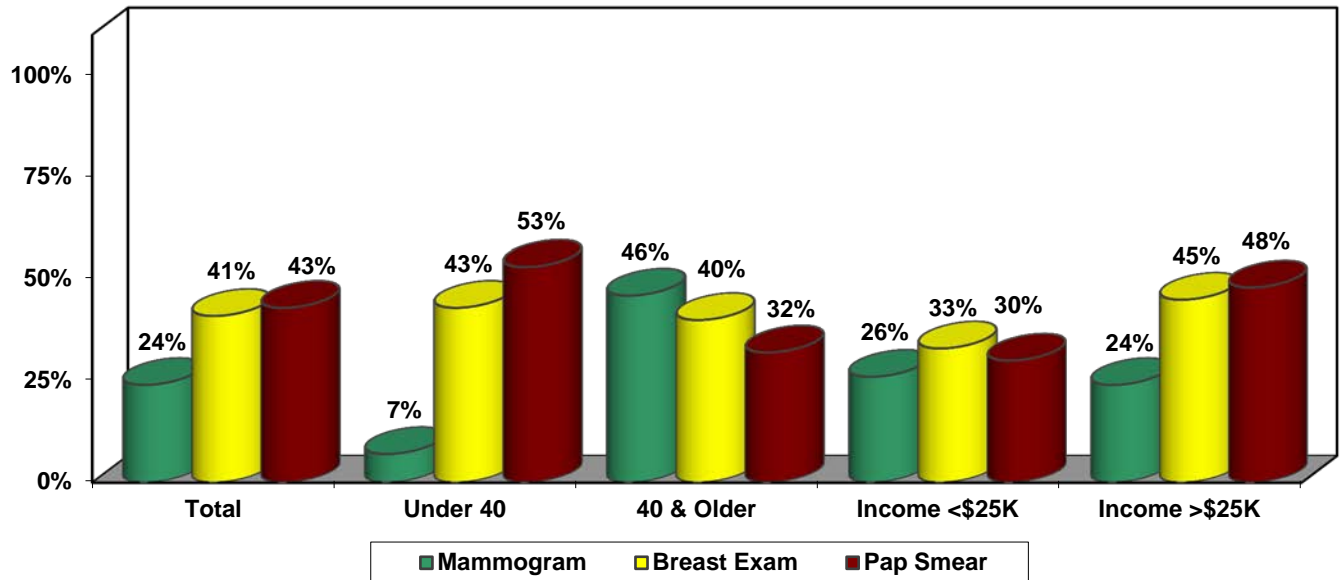


Women's Health

In 2011, nearly half (46%) of Umatilla County women over the age of 40 reported having a mammogram in the past year. 41% of Umatilla County women ages 19 and over have had a clinical breast exam and 43% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined just over one-quarter (26%) of women had high blood pressure, 30% had high blood cholesterol, 37% were obese, and 17% were identified as smokers, known risk factors for cardiovascular diseases.

Data Summary

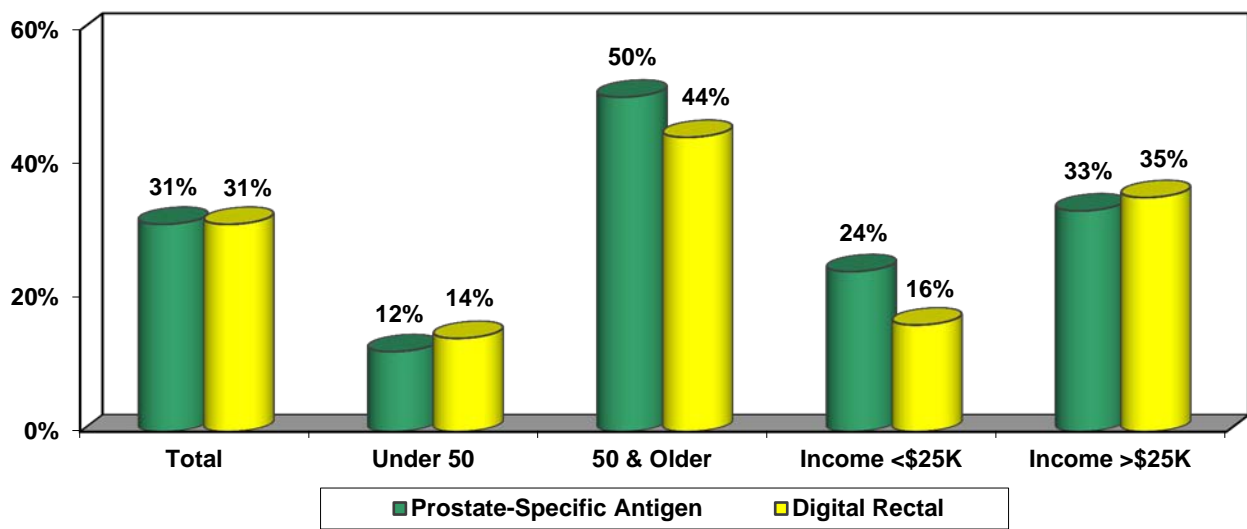
Umatilla County Women's Health Exams Within the Past Year



Men's Health

In 2011, half (50%) of Umatilla County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (44%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 26% and cancers accounted for 25% of all male deaths in Umatilla County from 2009. The health assessment determined that 7% of men had a heart attack, and 2% had a stroke at some time in their life. Almost two-fifths (37%) of men had been diagnosed with high blood pressure, 41% had high blood cholesterol, and 20% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

Umatilla County Men's Health Exams Within the Past Year



Data Summary

Preventive Medicine and Health Screenings

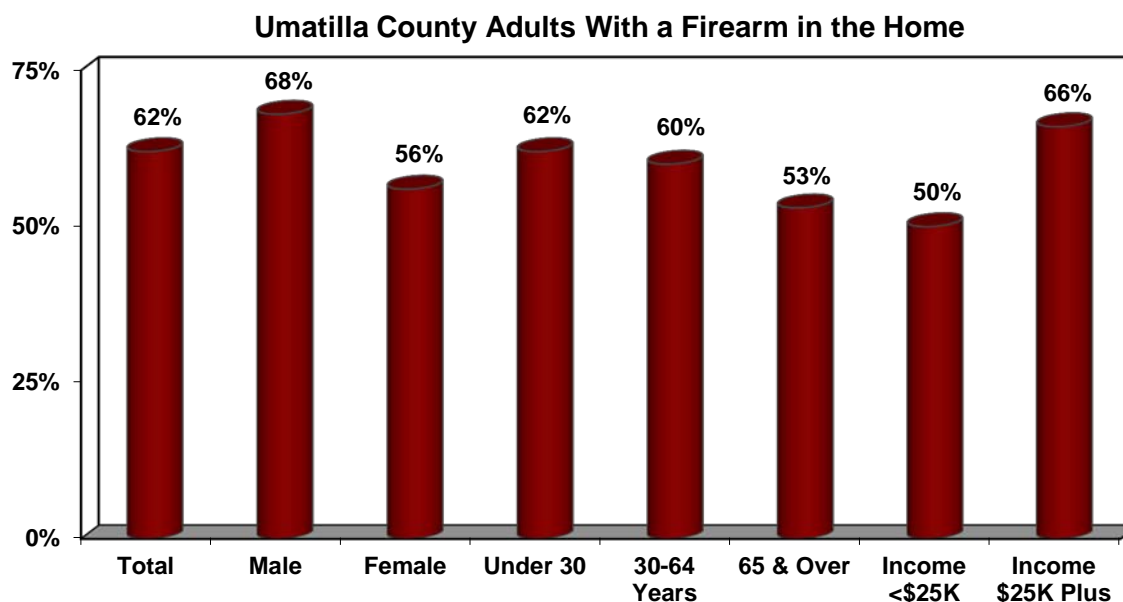
65% of adults over the age of 50 have received a colorectal cancer screening at some time in their life. More than two-thirds (69%) of adults have had a tetanus shot in the past 10 years.

Adult Sexual Behavior & Pregnancy Outcomes

In 2011, over two-thirds (71%) of Umatilla County adults had sexual intercourse. Five percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (*Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance*).

Quality of Life and Safety

In 2011, the health assessment identified that 62% of Umatilla County adults kept a firearm in or around their home. The most limiting health problems were back or neck problems, arthritis, and walking problems.



Social Context

In 2011, 6% of Umatilla County adults were threatened or abused in the past year. 13% of adults needed help with general daily needs, such as food, clothing, shelter or paying utility bills.

Mental Health and Suicide

In 2011, 1% of Umatilla County adults attempted suicide. 21% of adults felt sad, blue or depressed almost every day for two or more weeks in a row.

Data Summary

Oral Health

The 2011 health assessment project has determined that more than three-fifths (63%) of Umatilla County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. and Oregon adults had visited a dentist or dental clinic in the previous twelve months.

Parenting

The 2011 Health Assessment project identified that parents took their child to the doctor an average of 1.5 times for regular checkups and 1.4 times for dental visits in the past year. Nearly three-fourths (71%) of children spent less than one hour of unsupervised time after school on an average day.

American Indian Healthcare Access, Coverage, & Utilization

According to the 2010 U.S. Census demographic profile data, approximately 2,662 American Indians live in Umatilla County (4%). The 2011 Health Assessment reported that more than one-quarter (27%) of American Indians did not have health care coverage. 33% rated their health as fair or poor, and 46% had been to the emergency room in the past year.

American Indian Chronic Diseases and Prevention

34% of American Indians were diagnosed with diabetes and 53% with high blood pressure. 82% of American Indians were either overweight or obese.

American Indian Quality of Life & Safety

54% of American Indians kept a firearm in or around their home. 29% of American Indians needed help meeting general daily needs in the past month, and 37% have attempted to get assistance from a social service agency.

Umatilla County Trend Summary

Adult Variables	Umatilla County 2011	Oregon 2010	U.S. 2010
Alcohol Use			
Had at least one alcoholic beverage in past month	51%	58%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	14%	15%
Tobacco Use			
Current smoker (currently smoke some or all days)	18%	15%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	17%	28%	25%
Arthritis, Asthma, & Diabetes			
Has been diagnosed with arthritis	32%	27%*	26%*
Has been diagnosed with asthma	20%	16%	14%
Has been diagnosed with diabetes	13%	8%	10%
Cardiovascular Health			
Had angina	4%	4%	4%
Had a heart attack	5%	4%	4%
Had a stroke	2%	3%	3%
Has been diagnosed with high blood pressure	31%	27%*	29%*
Has been diagnosed with high blood cholesterol	36%	35%*	38%*
Health Status and Coverage			
Has health care coverage	84%	84%	85%
Rated health as excellent or very good	53%	58%	55%
Rated general health as fair or poor	15%	16%	15%
Preventive Health			
Dental visit within past year	63%	70%	70%
Age 40 & over had a mammogram in past 2 years	67%	71%	75%
Weight Control			
Obese	32%	28%	28%
Overweight	35%	33%	36%

*2009 BRFSS Data

Health Status Perceptions

Key Findings

In 2011, more than half (53%) of the Umatilla County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 30% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- ❖ Umatilla County 53% (2011)
- ❖ Oregon 58% (2010)
- ❖ U.S. 55% (2010)

(Source: BRFSS 2010 for Oregon and U.S.)

General Health Status

- ◆ In 2011, more than half (53%) of Umatilla County adults rated their health as excellent or very good. Umatilla County adults with higher incomes (56%) were most likely to rate their health as excellent or very good, compared to 39% of those with incomes less than \$25,000.
- ◆ 15% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 16% of Oregon and 15% of U.S. adults self-reported their health as fair or poor.
- ◆ Umatilla County adults were most likely to rate their health as fair or poor if they:
 - Were widowed (46%)
 - Had an annual household income under \$25,000 (33%)
 - Had high blood pressure (32%) or high blood cholesterol (19%)
 - Were 65 years of age or older (30%)

Physical Health Status

- ◆ In 2011, 24% of Umatilla County adults rated their physical health as not good on four days or more in the previous month.
- ◆ Umatilla County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (32%)
 - Were female (27%)
 - Were age 30-64 (26%)

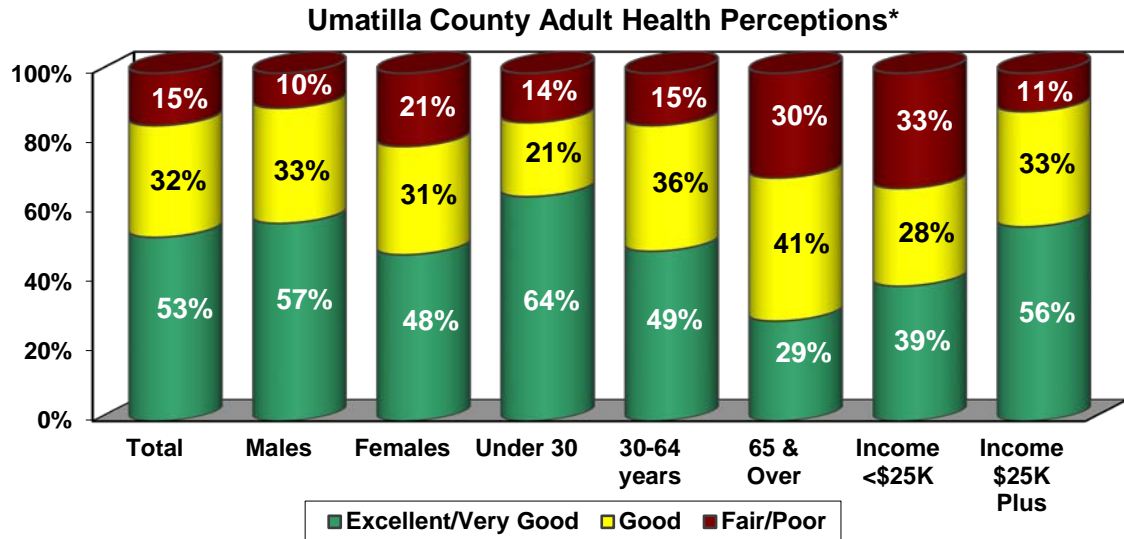
Mental Health Status

- ◆ In 2011, 30% of Umatilla County adults rated their mental health as not good on four days or more in the previous month.
- ◆ Umatilla County adults were most likely to rate their mental health as not good if they:
 - Were less than 30 years old (41%)
 - Had an annual household income under \$25,000 (36%)
 - Were female (33%)
- ◆ More than one in seven (15%) adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation on four or more days in the previous month.

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Rated health as excellent or very good	53%	58%	55%
Rated health as fair or poor	15%	16%	15%
Rated their mental health as not good on four or more days	30%	N/A	N/A

Health Status Perceptions

The following graph shows the percentage of Umatilla County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 53% of all Umatilla County adults, 64% of those under age 30, and 29% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	56%	17%	9%	2%	10%
Females	51%	16%	3%	1%	24%
Total	53%	16%	6%	1%	17%
Mental Health Not Good in Past 30 Days*					
Males	62%	6%	12%	2%	14%
Females	54%	9%	11%	5%	18%
Total	59%	7%	11%	3%	16%

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

Health Care Coverage

Key Findings

The 2011 health assessment data has identified that 16% of Umatilla County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Umatilla County, 15.8% of residents live below the poverty level. (Source: U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)

General Health Coverage

- ◆ In 2011, 84% of Umatilla County adults had health care coverage, leaving 16% who were uninsured. The 2010 BRFSS reports uninsured prevalence rates for Oregon (16%) and the U.S. (15%).
- ◆ In the past year 16% of adults were uninsured, increasing to 25% of those under the age of 30, and 47% of those with incomes less than \$25,000.
- ◆ 21% of adults with children did not have healthcare coverage, compared to 11% of those who did not have children living in their household.
- ◆ The following types of health care coverage were used: employer (53%), Medicare (18%), someone else's employer (12%), self-paid plan (7%), military, CHAMPUS, TriCare, or VA (4%), Medicaid or medical assistance (2%), Indian Health Service (2%), multiple (1%), and other (1%).
- ◆ Umatilla County adult health care coverage included the following: medical (100%), prescription coverage (92%), immunizations (82%), own choice of physicians (80%), dental (76%), preventive care (72%), vision (71%), mental health (64%), their spouse (61%), their children (55%), alcohol or substance abuse treatment (49%), home care (23%), skilled nursing (22%), and hospice (22%).
- ◆ The top five reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the insurance premiums (29%)
 2. They lost their job or changed employers (23%)
 3. They became ineligible (age or left school) (8%)
 4. They became a part-time or temporary employee (5%)
 5. Their insurance company refused coverage (5%)
 (Percentages do not equal 100% because respondents could select more than one reason)

Medicare Enrollment Statistics

	Aged Persons	Disabled Persons	Total Persons Enrolled
Umatilla County	9,428	1,803	11,231
Oregon	523,731	92,067	615,798
United States	39,319,157	7,923,554	47,242,711

* The enrollment numbers above are for those with Medicare hospital insurance and/or supplemental insurance for each of the categories.

(Source: Medicare Aged and Disabled, as of July 1, 2010)

Umatilla County Health Care Statistics

- ◆ In 2008, 2.5% of Umatilla County adults were for the eligible Oregon Health Plan (OHP).
- ◆ In 2008, 3.3% of Umatilla County children were eligible for the State Children's Health Insurance Plan (SCHIP).

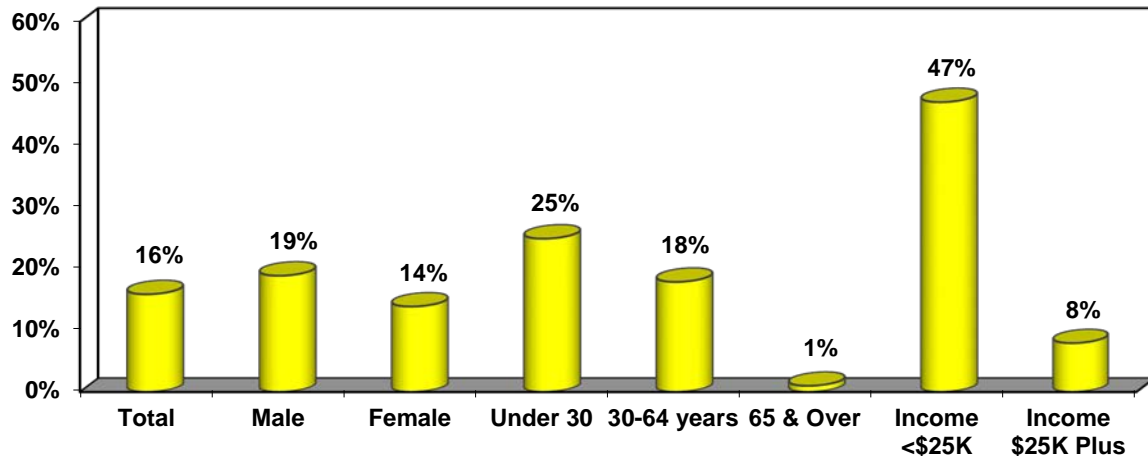
(Source: Office for Oregon Health Policy and Research, Umatilla County Statistics, obtained from: http://www.oregonhealthinfo.com/oregon_health_by_region_display_data.php?OHPGeo=umatilla)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Uninsured	16%	16%	15%

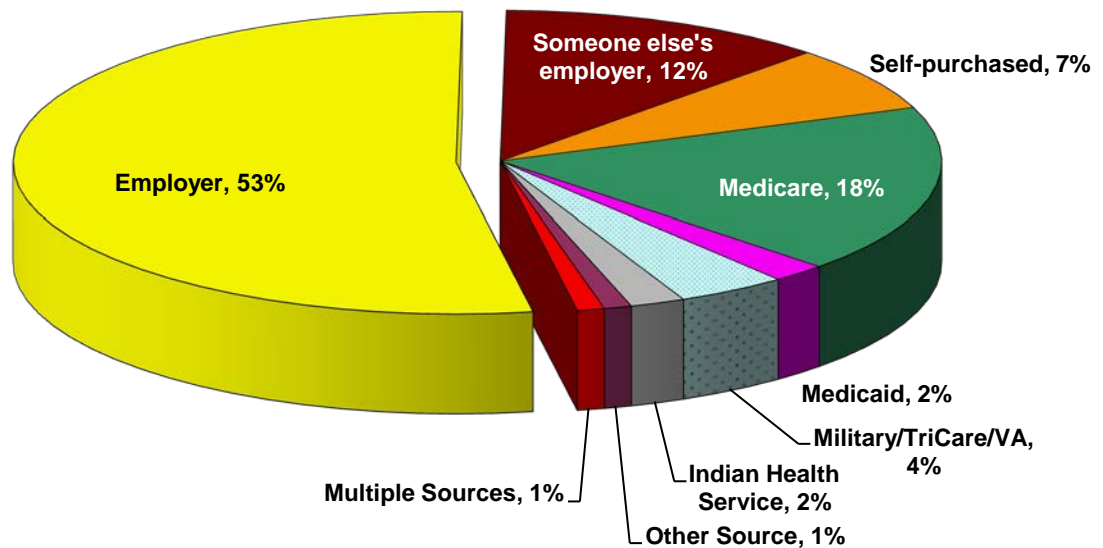
Health Care Coverage

The following graph shows the percentages of Umatilla County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 16% of all Umatilla County adults were uninsured, 47% of adults with an income less than \$25,000 reported being uninsured and 25% of those under age 30 lacked health care coverage. The pie chart shows sources of Umatilla County adults' health care coverage

Uninsured Umatilla County Adults



Source of Health Coverage for Umatilla County Adults



Health Care Coverage

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	0%
Dental	76%	23%	1%
Vision	71%	24%	5%
Mental Health	64%	8%	28%
Prescription Coverage	92%	5%	3%
Home Care	23%	18%	59%
Skilled Nursing	22%	20%	58%
Hospice	22%	20%	58%
Your Spouse	61%	31%	8%
Your Children	55%	36%	9%
Preventive Health	72%	6%	22%
Immunizations	82%	5%	13%
Choice of Physicians	80%	15%	5%
Alcohol/Substance Abuse Treatment	49%	8%	43%

Healthy People 2020 Access to Quality Health Services

Objective	Healthy People 2020 Target	Umatilla County	Oregon	U.S.
AHS-1.1: Persons under age of 65 years with health care insurance	100%	68% age 20-24 80% age 25-34 84% age 35-44 84% age 45-54 80% age 55-64 (2011)	N/A age 18-24 73% age 25-34 84% age 35-44 86% age 45-54 87% age 55-64 (2010)	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64 (2010)

N/A – Data is not available.

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, BRFSS, 2011 Assessment)

Health Care Access & Utilization

Key Findings

The 2011 health assessment project identified that 51% of Umatilla County adults had visited a doctor for a routine checkup within the last year. 52% reported they had one particular doctor or healthcare provider they went to for routine medical care.

Health Care Access

- ♦ In 2011, 51% of Umatilla County adults have visited their doctor for a routine checkup within the past year; 73% have visited their doctor within the past two years; 86% have visited their doctor within the past 5 years; and 1% had never visited their doctor for a routine checkup.
- ♦ 52% of Umatilla County adults reported they had one particular doctor or healthcare professional they go to for routine medical care, decreasing to 38% of those with incomes less than \$25,000. 25% of adults had more than one particular doctor or healthcare professional they go to for routine medical care, and 22% did not have one at all.
- ♦ Umatilla County adults reported the following reasons for not having a usual source of medical care: had not needed a doctor (24%), had two or more usual places (20%), no insurance/cost (17%), no place close enough (8%), previous doctor unavailable/moved (6%), did not like/trust/believe doctors (4%), did not know where to go (4%), and other reasons (14%).
- ♦ 61% of Umatilla County adults chose to go outside of Umatilla County for health care services in the past year. The top 5 services sought outside of Umatilla County were: specialty care (26%), primary care (16%), dental services (14%), obstetrics/gynecology (9%), and orthopedic care (8%).
- ♦ Umatilla County adults went to the following for health care needs outside of Umatilla County: Walla Walla (45%), Tri-city (43%), Portland (18%), Spokane (2%), and some other place (11%).
- ♦ 61% of adults traveled less than 20 miles to the place they usually go when they are sick or need health advice; 19% traveled 20 to 40 miles, 11% traveled 41 to 60 miles, and 9% traveled more than 60 miles.
- ♦ 38% of adults did not get the medical care they needed for the following reasons: cost/no insurance (18%), too long of a wait for an appointment (3%), too long of a wait in the waiting room (2%), distance (2%), could not find a doctor to take them as a patient (2%), could not find a doctor to take Medicaid/Medicare (1%), too embarrassed to seek help (1%), office was not open when they could get there (1%), no transportation (1%), confidentiality concerns (<1%), no child care (<1%), discrimination (<1%), and other reasons (10%).
- ♦ The following might prevent Umatilla County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (35%), no insurance (18%), difficult to get an appointment (14%), hours not convenient (12%), could not get time off work (7%), worried they might find something wrong (5%), frightened of the procedure or doctor (4%), do not trust or believe doctors (4%), difficult to find/no transportation (2%), and some other reason (4%).
- ♦ During the past year, Umatilla County adults did not get a prescription from their doctor filled because: they could not afford to pay the out-of-pocket expenses (14%), they had no insurance (10%), they did not think they needed it (6%), their co-pays were too high (5%), there was no generic equivalent of what was prescribed (5%), they opted out of prescription coverage because they could not afford it (2%), their deductibles were too high (1%), their premiums were too high (1%), they had a high health savings account (HSA) deductible (1%), they did not have transportation (1%), and they were taking too many medications (1%).

Predictors of Access to Health Care

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

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

(Source: Healthy People 2020 and CDC)

Health Care Access & Utilization

- ♦ Umatilla County adults had the following issues regarding their healthcare coverage: deductibles were too high (33%), premiums were too high (29%), co-pays were too high (18%), opted out of certain coverage because they could not afford it (13%), high HSA account deductible (6%), working with their insurance company (4%), opted out of certain coverage because they did not need it (3%), and could not understand their insurance plan (2%).
- ♦ 25% of Umatilla County adults had visited the emergency room 1-2 times in the past year; 3% had been there 3-4 times, and 1% had been to the emergency room 5 or more times.

Availability of Services

- ♦ 9% of Umatilla County adults have looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 74% looked for in-home care, 16% looked for an assisted living program, 6% looked for out-of-home placement, 3% looked for a disabled person program, and 3% looked for multiple types of care.
- ♦ 8% of adults looked for a program to quit smoking.

Umatilla County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Umatilla County adults who have looked but have <u>NOT</u> found a specific program	Umatilla County adults who have looked and have found a specific program
Smoking (8% of all adults looked)	68%	32%

Forces Affecting Health Care Utilization

- ❖ Factors that may decrease health service utilization
 - Decreased number of hospitals and/or physicians
 - Public health/sanitation advances
 - Better understanding of diseases, risk factors and preventive measures
 - Discovery/implementation of treatment to cure or eliminate diseases
 - Shifts to other centers for care declines the use in original centers (e.g. from physicians' offices to outpatient surgery centers and assisted living centers)
 - Payer pressures to reduce costs
 - Changes in practice patterns (e.g. encouraging self-care and healthy lifestyles)
 - Changes in consumer preferences (e.g. alternative medicine)
 - Absence of health insurance or underinsured
- ❖ Factors that may increase health services utilization
 - Increased number of outpatient surgery centers and assisted living centers
 - Growing population
 - Growing elderly population
 - New procedures and technology
 - New diseases entities (e.g. HIV/AIDS, bioterrorism)
 - New drugs and expanded use of existing drugs
 - Increased health insurance coverage
 - Changes in practice patterns (e.g. more aggressive treatment of elderly)
 - Changes in patient preferences and demand (e.g. hip and knee replacements)

(Source: National Center for Health Statistics, Health Care in America: Trends in Utilization, 2003)

Cardiovascular Health

Key Findings

Heart disease (20%) and stroke (7%) accounted for 27% of all Umatilla County adult deaths in 2009 (Source: OHA, Vital Statistics). The 2011 Umatilla County health assessment found that 5% of adults had a heart attack and 2% had a stroke at some time in their life. Nearly one-third (31%) of Umatilla County adults have been diagnosed with high blood pressure, 36% have high blood cholesterol, and 32% were obese, three known risk factors for heart disease and stroke.

Heart Disease and Stroke

- ◆ In 2011, 5% of Umatilla County adults reported they had a heart attack or myocardial infarction, increasing to 18% of those over the age of 65.
- ◆ 2% of Umatilla County adults reported having had a stroke, increasing to 6% of those over the age of 65.
- ◆ 4% of adults reported they had angina or coronary heart disease, increasing to 14% of those over the age of 65.

High Blood Pressure (Hypertension)

- ◆ Nearly one-third (31%) of Umatilla County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 27% for Oregon and 29% for the U.S.
- ◆ Umatilla County adults diagnosed with high blood pressure were more likely to:
 - Be age 65 years or older (61%)
 - Be classified as obese by Body Mass Index-BMI (40%)

High Blood Cholesterol

- ◆ Over one-third (36%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 35% of Oregon adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ More than half (52%) of adults had their blood cholesterol checked in the past year.
- ◆ Umatilla County adults with high blood cholesterol were more likely to:
 - Be age 65 years and older (62%)
 - Be classified as overweight by Body Mass Index-BMI (52%)

Umatilla County Leading Types of Death 2009

Total Deaths: 631

1. Cancers (21% of all deaths)
2. Heart Disease (20%)
3. Chronic Lower Respiratory Diseases (8%)
4. Stroke (7%)
5. Accidents and Unintentional Injuries (5%)

(Source: OHA, Vital Statistics)

Oregon Leading Types of Death 2009

Total Deaths: 31,547

1. Cancers (24% of all deaths)
2. Heart Disease (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Accidents, Unintentional Injuries (5%)

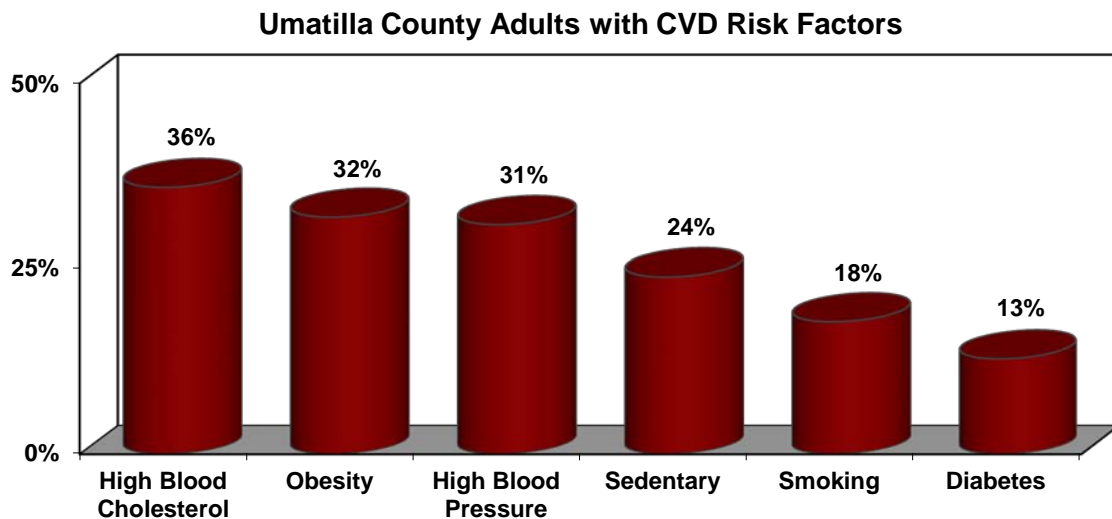
(Source: OHA, Vital Statistics)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Had angina	4%	4%	4%
Had a heart attack	5%	4%	4%
Had a stroke	2%	3%	3%
Had high blood pressure	31%	27%*	29%*
Had high blood cholesterol	36%	35%*	38%*

*2009 BRFSS Data

Cardiovascular Health

The following graph demonstrates the percentage of Umatilla County adults who had major risk factors for developing cardiovascular disease (CVD). (*Source: 2011 Umatilla County Health Assessment*)



Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

Cholesterol – As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.

High Blood Pressure – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

Obesity and Overweight – People who have excess body fat — especially at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. Many obese and overweight people may have difficulty losing weight. But by losing even as few as 10 pounds, you can lower your heart disease risk.

Smoking – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who've never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk is not as great as cigarette smokers. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

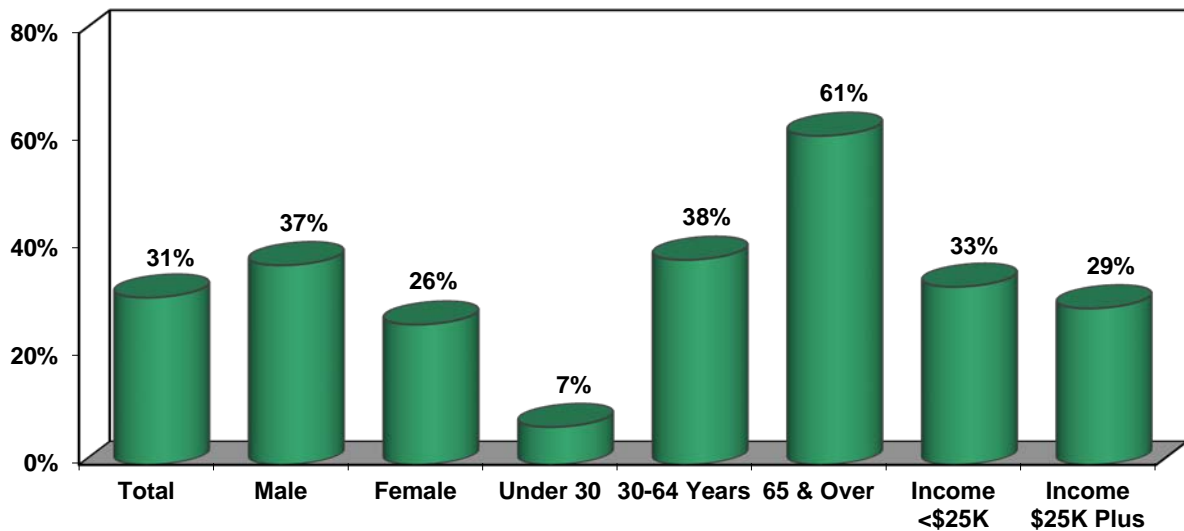
Physical Inactivity – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Diabetes Mellitus – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease. (*Source: American Heart Association, Risk Factors for Coronary Heart Disease, 6-20-11*)

Cardiovascular Health

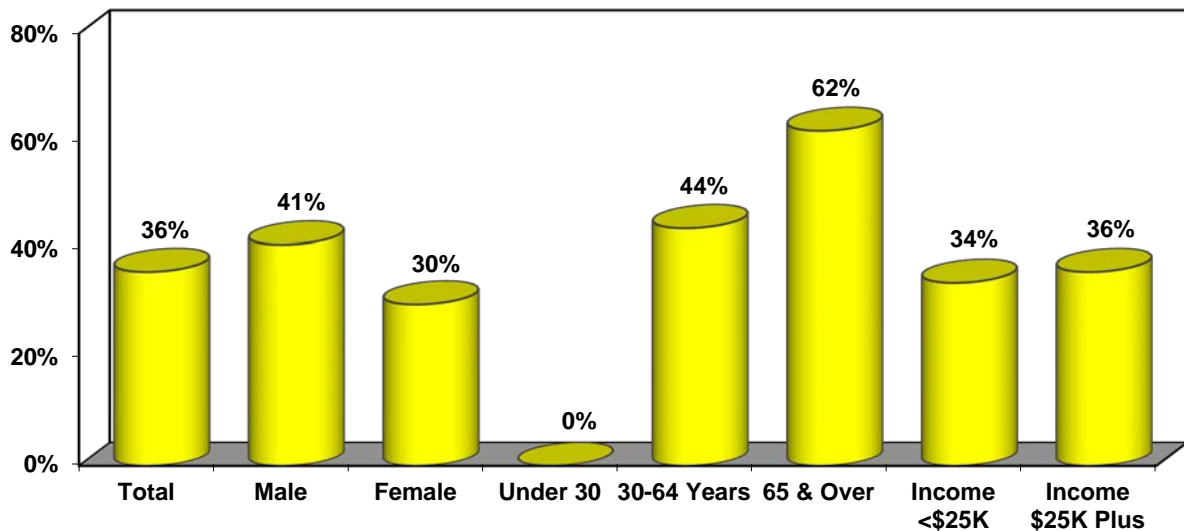
The following graphs show the number of Umatilla County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 31% of all Umatilla County adults have been diagnosed with high blood pressure, 37% of all Umatilla County males, 26% of all females, and 61% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

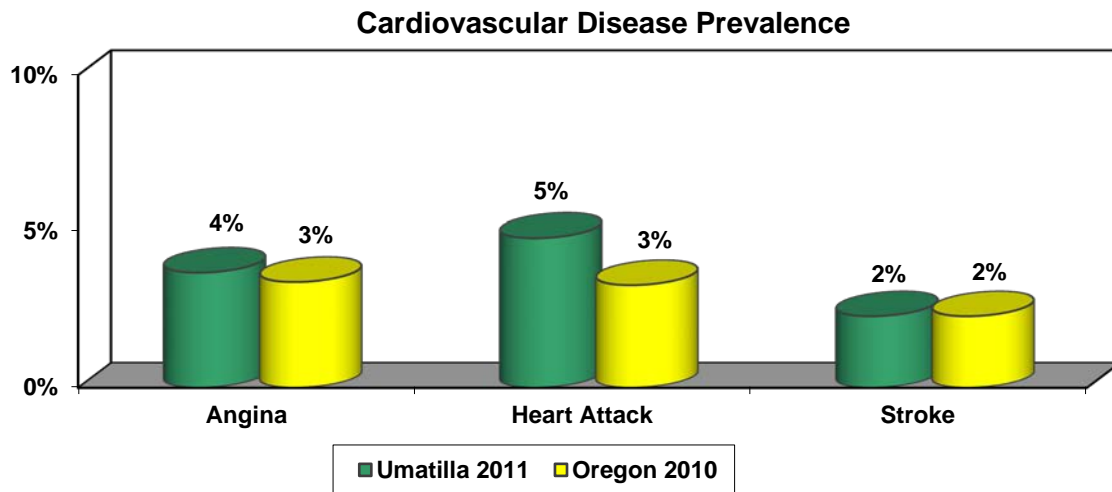
Diagnosed with High Blood Cholesterol*



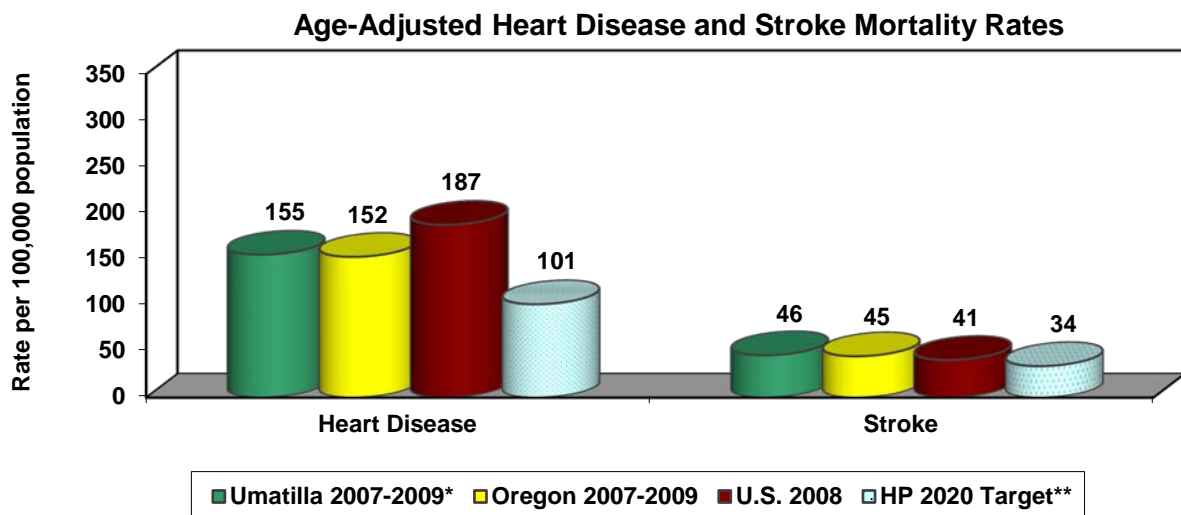
Cardiovascular Health

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

- The 2011 assessment shows that heart attacks are more prevalent than strokes in Umatilla County.
- When age differences are accounted for, the statistics indicate that from 2007-2009, the Umatilla County heart disease mortality rate was higher than the figure for the state and the target objective, but lower than the U.S. figure.
- The Umatilla County age-adjusted stroke mortality rate for 2007-2009 was higher than the state, U.S. figures, and the Healthy People 2020 target objective.



(Source: 2011 Umatilla Health Assessment and BRFSS)



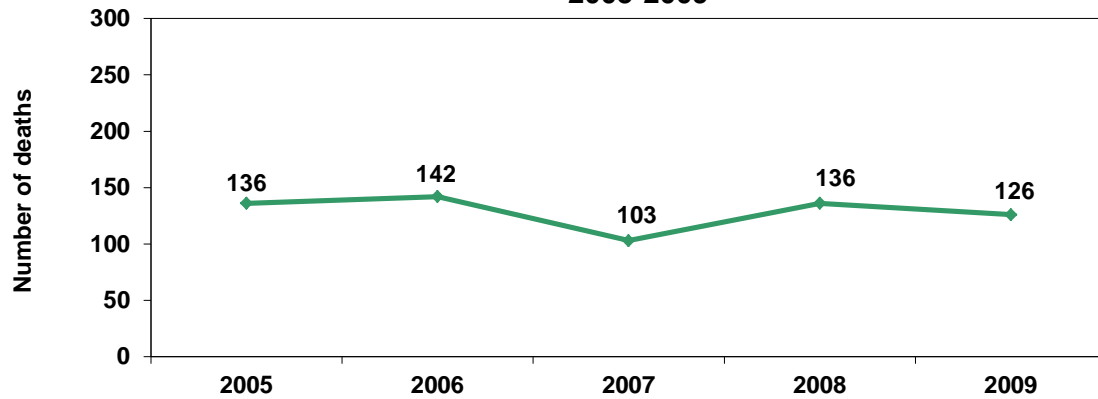
* Combined Age-Adjusted Rates for Eastern Oregon, including Baker, Grant, Harney, Malheur, Morrow, **Umatilla**, Union, and Wallowa Counties

**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.

(Source: OHA, Vital Statistics, Mortality, Healthy People 2020)

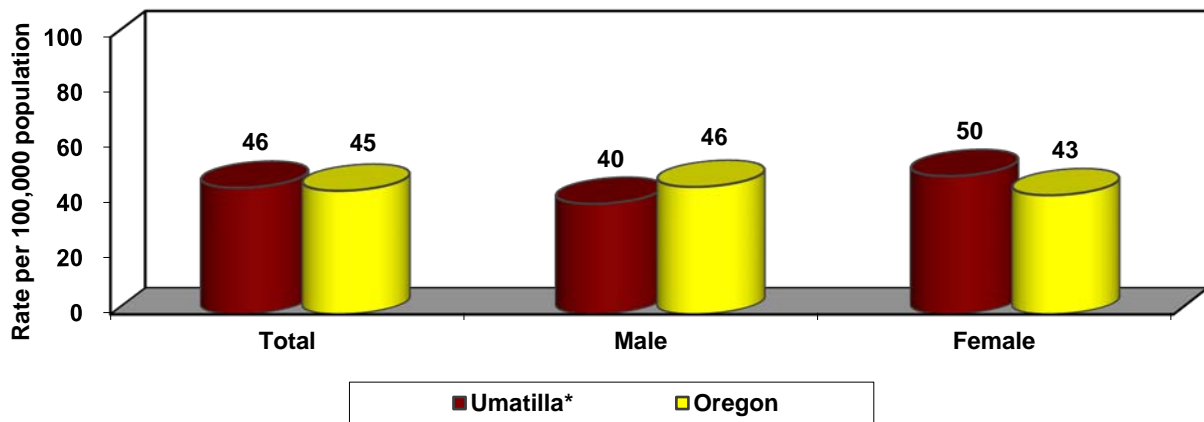
Cardiovascular Health

**Annualized Count of Heart Disease Deaths for Umatilla County
2005-2009**



(Source: OHA, Vital Statistics, County Data Book, Leading Causes of Death)

**Age-Adjusted Stroke Mortality Rates by Gender
2007-2009**



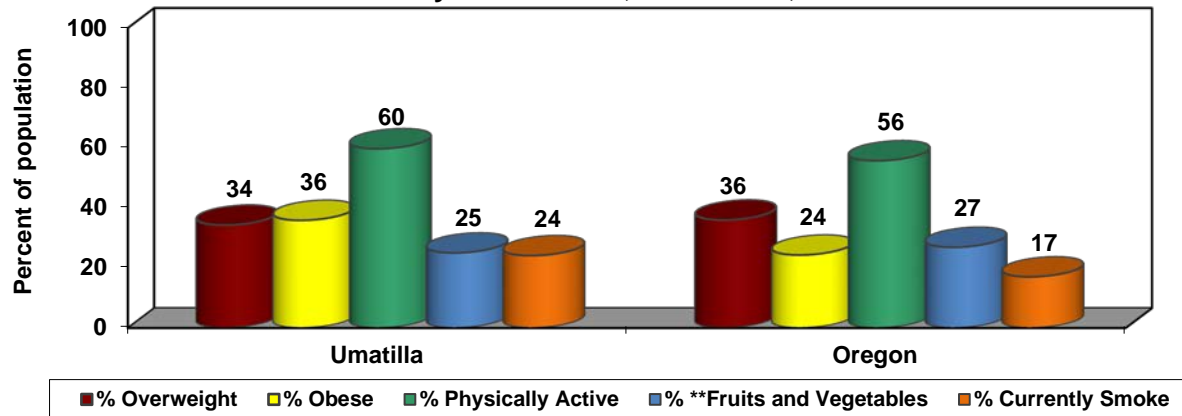
Combined Age-Adjusted Rates for Eastern Oregon, including Baker, Grant, Harney, Malheur, Morrow, **Umatilla, Union, and Wallowa Counties
(Source: OHA, Vital Statistics, Mortality)*

Cardiovascular Health

The following graph shows the Umatilla County and Oregon age-adjusted percentages and mortality rates for heart disease and stroke. The graphs show:

- ◆ From 2006-2009, the percentage of Umatilla County residents who were classified as obese and who currently smoked, were significantly greater than the state percentages.

**Umatilla County Age-Adjusted Percentages of
Heart Disease and Stroke
Lifestyle Behaviors, Box Sexes, 2006-2009**



**Note: These are age-adjusted estimates to the 2000 Standard Population
 **Note: % of adults who consumed at least 5 servings of fruits and vegetables per day, CDC guidelines
 (Source for graph: OHLA, Oregon Behavioral Risk Factor Surveillance System, 2006-2009)*

Healthy People 2020 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Umatilla Survey Population Baseline (2011)
HDS-5: Reduce proportion of adults with hypertension	27%	30% Adults age 18 and older (2005-2008)	31%

High Blood Cholesterol

Objective	Target	U.S. Baseline*	Umatilla Survey Population Baseline (2011)
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	82%	75% Adults age 18 and up (2008)	73%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	14%	15% Adults age 20 & up with TBC > 240 mg/dl (2005-2008)	36%

**All U.S. figures age-adjusted to 2000 population standard.
 (Source: Healthy People 2020)*

Cancer

Key Findings

In 2011, 9% of Umatilla County adults had been diagnosed with cancer at some time in their life. Oregon Health Authority statistics indicate that in 2009, a total of 133 Umatilla County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Adult Cancer

- ◆ 9% of Umatilla County adults were diagnosed with cancer at some point in their lives, increasing to 23% of those ages 65 and over.

Cancer Facts

- ◆ The OHA vital statistics indicate that in 2009, cancers caused 21% (133 of 631 total deaths) of all Umatilla County resident deaths. From 2005 to 2009, the largest percent (25%) of cancer deaths were from lung and bronchus cancer. *(Source: OHA, Vital Statistics, Mortality)*
- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the lungs, mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the stomach, pancreas, kidney, bladder, uterine cervix, and acute myeloid leukemia. The 2011 health assessment project has determined that 18% of Umatilla County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

Lung Cancer

- ◆ The OHA reports that lung cancer was the leading cause of male cancer deaths from 2004-2008 in Umatilla County, with an age-adjusted mortality rate of 58.6 per 100,000 population. During the same time period, prostate cancer and colorectal cancer followed with age-adjusted mortality rates of 23.9 and 23.5, respectively. In Umatilla County, 20% of male adults are current smokers¹ and 58% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Umatilla County Health Assessment)*
- ◆ The OHA reports that lung cancer (age-adjusted rate = 39.8) was the leading cause of female cancer deaths in Umatilla County from 2004-2008, followed by breast (age-adjusted rate=22.4) and colon & rectum (age-adjusted rate = 18.8) cancers.
- ◆ Approximately 17% of female adults in the county are current smokers¹ and 68% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Umatilla County Health Assessment)*
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

Umatilla County Leading Cancer Frequency 2004 to 2010

Total All Sites = 2,004

- ❖ Breast: 371 cases
- ❖ Prostate: 256 cases
- ❖ Colon and Rectum: 240 cases
- ❖ Lung and Bronchus: 236 cases
- ❖ Melanoma of the skin: 127 cases

In 2009, there were 133 cancer deaths in Umatilla County.

(Source: Blue Mountain Oncology and OHA Vital Statistics, Mortality Data)

¹Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

Cancer

Breast Cancer

- ◆ In 2011, 41% of Umatilla County females reported having had a clinical breast examination in the past year.
- ◆ 46% of Umatilla County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for breast cancer is 93%. *(Source: American Cancer Society Facts & Figures 2011)*
- ◆ For women age 40 and older, the American Cancer Society recommends annual mammograms and annual clinical breast exams. For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. *(Source: American Cancer Society Facts & Figures 2011)*

Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 15% of all cancer deaths in Umatilla County from 2005-2009. *(Source: OHA, Vital Statistics, Mortality)*
- ◆ 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; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer 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. In 2011, 65% of Umatilla County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.

Prostate Cancer

- ◆ Half (50%) of Umatilla County males over the age of 50 had a PSA test in the past year.
- ◆ The Oregon Health Authority statistics indicate that prostate cancer deaths accounted for 5% of all cancer deaths from 2005-2009 in Umatilla County.
- ◆ African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, about 62% of prostate cancers occur in men over the age of 65. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2011, The American Cancer Society)*

2011 Cancer Estimations

- ❖ In 2011, about 171,600 cancer deaths were expected to be caused by tobacco use.
- ❖ One-third of the 571,950 cancer deaths were expected to be related to overweight, obesity, physical activity and poor nutrition.
- ❖ About 78% of all cancers are diagnosed in people 55 years or older.
- ❖ About 1,596,670 new cancer cases are expected to be diagnosed in 2011, not including non-invasive cancers of any site except urinary bladder and does not include basal and squamous cell skin cancer.
- ❖ Approximately 571,950 people are expected to die of cancer, more than 1,500 people per day in 2011.

(Source: American Cancer Society, Facts and Figures 2011)

Cancer

Umatilla County Cancer Deaths 2010

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Lung and Bronchus	40	17%
Breast	35	15%
Colon, Rectum & Anus	30	13%
Prostate	27	12%
Lymphatic	21	9%
Bladder	15	7%
Pancreas	6	3%
Skin (Melanoma/Merkel Cell)	6	3%
Cancer of Cervix	5	2%
Ovary	4	3%
Cancer of the Uterus	4	2%
Kidney and Renal Pelvis	2	<1%
Brain	1	<1%
Other Sites	34	15%
Total Cancer Deaths	230	100%

(Source: Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry, <http://bmop.us/>)

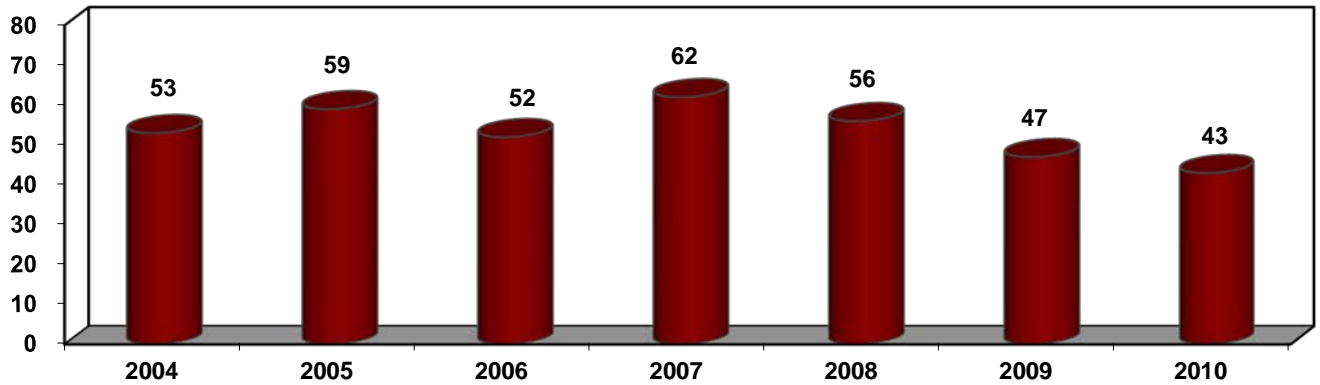
Umatilla County Number of Cancer Death Cases, 2005-2009

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2005	128	11	12	41	9
2006	128	7	14	34	8
2007	139	8	15	29	4
2008	146	11	12	31	9
2009	133	9	12	33	7

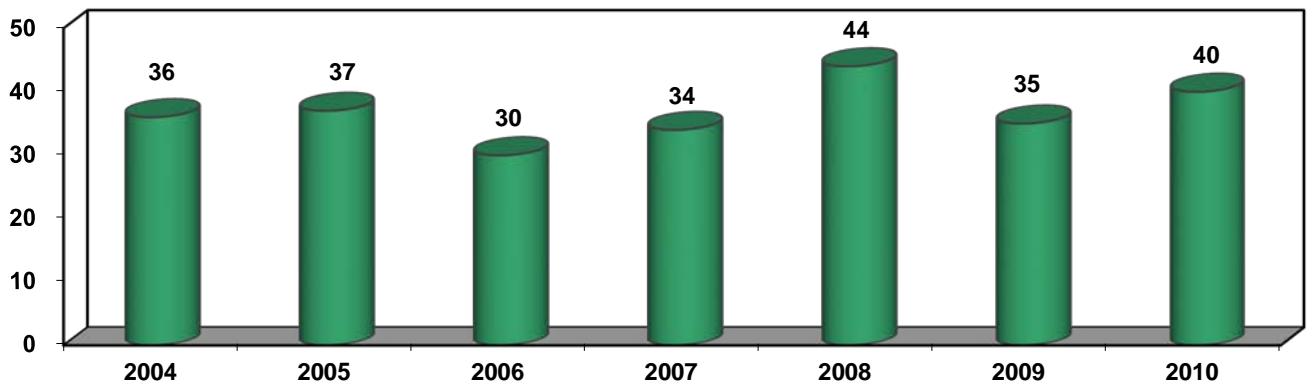
(Source: OHA, Vital Statistics, Mortality)

Cancer

**Umatilla County Annualized Number of Breast Cancer Cases
2004 - 2010**



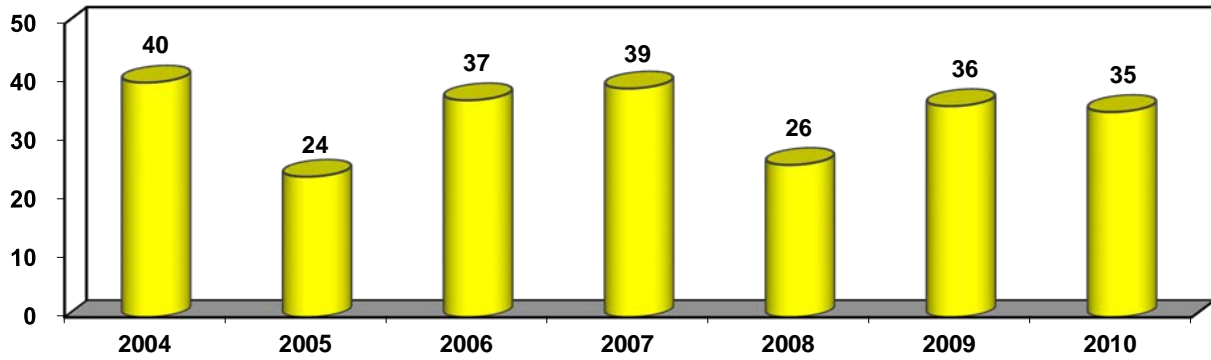
**Umatilla County Annualized Number of Prostate Cancer Cases
2004 - 2010**



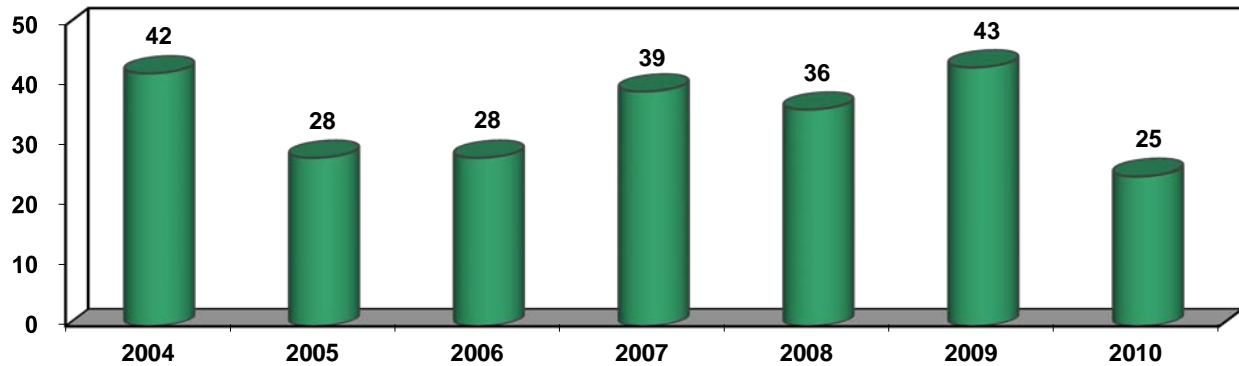
(Source for graphs: Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry, <http://bmop.us/>)

Cancer

**Umatilla County Annualized Number of Lung Cancer Cases
2004 - 2010**



**Umatilla County Annualized Number of Colorectal Cancer Cases
2004 - 2010**



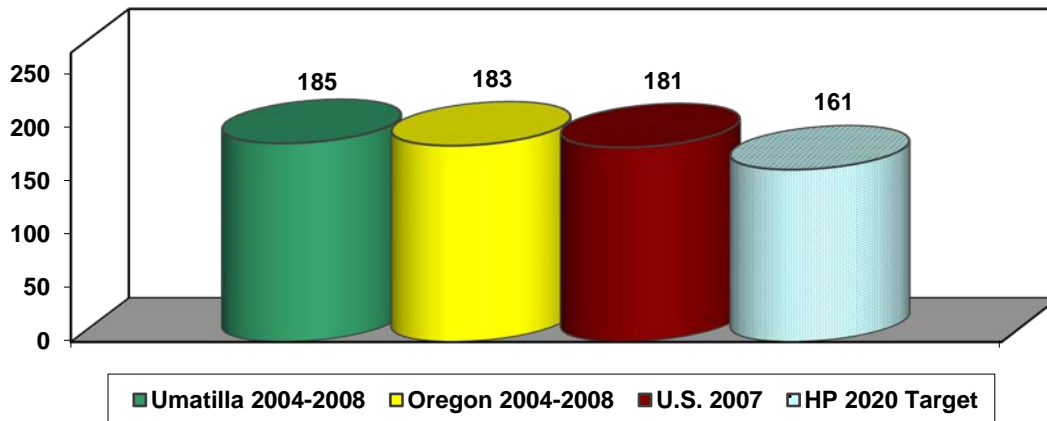
(Source for graphs: Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry, <http://bmop.us/>)

Cancer

The following graph shows the Umatilla County, Oregon and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective. The graph indicates:

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

**Healthy People 2020 Objective
and Age-Adjusted Mortality Rates for All Cancers*
2004-2008**



*Age-adjusted rates/ 100,000 population, 2000 standard

(Source for graphs: National Cancer Institute, State Cancer Profiles, <http://statecancerprofiles.cancer.gov/index.html> and Healthy People 2020)

American Cancer Society Cancer Detection Guidelines

- ❖ For people 20 years old and older having periodic health exams, a cancer-related check-up might include exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some non-malignant (non-cancerous) diseases.
- ❖ Yearly mammogram at age 40 and continuing for as long as a woman is in good health.
- ❖ Clinical breast exam (CBE) every three years for women ages 20-39 and yearly for women 40 and over.
- ❖ Beginning at age 50, both men and women should follow one of these five recommended testing schedules for colon and rectal cancer
 - Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) - Yearly
 - Flexible sigmoidoscopy - Every five years
 - FOBT or FIT plus flexible sigmoidoscopy – Every five years
 - Double-contrast barium enema – Every five years
 - Colonoscopy – Every ten years
- ❖ Beginning at age 50, yearly prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) for men with at least a ten-year life expectancy.
- ❖ All women should have an initial cervical cancer screening approximately three years after their first incidence of vaginal intercourse, but no later than age 21. Pap tests should be done every year with the regular Pap test or every 2 years with the new liquid based Pap test.

(Source: American Cancer Society, "Guidelines for the Early Detection of Cancer", 3/5/12)

Diabetes

Key Findings

In 2011, 13% of Umatilla County adults had been diagnosed with diabetes.

Diabetes

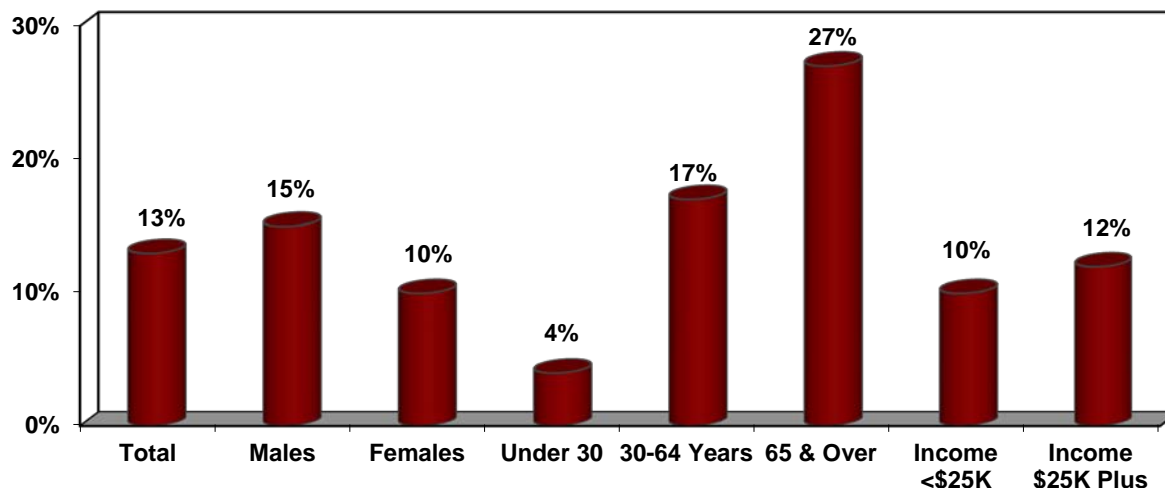
- ◆ The 2011 health assessment project has identified that 13% of Umatilla County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65. The 2010 BRFSS reports an Oregon prevalence of 8% and 10% for the U.S.
- ◆ The average age of onset (diagnoses) was 50.5 years old.
- ◆ Most (98%) adults with diabetes reported that they felt they had received enough information on how to manage their diabetes themselves.
- ◆ Umatilla County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 86% were obese or overweight
 - 77% had been diagnosed with high blood cholesterol
 - 57% had been diagnosed with high blood pressure

Diabetes Facts

- ❖ Diabetes was the 7th leading cause of death in Umatilla County from 2005-2009.
- ❖ Diabetes was the 7th leading cause of death in Oregon from 2005-2009.
- ❖ From 2005-2009, Umatilla County had an average of 27 diabetes related deaths per year.

(Source: OHA, Vital Statistics)

Umatilla County Adults Diagnosed with Diabetes



2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Diagnosed with diabetes	13%	8%	10%

Diabetes

Diabetes Symptoms

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

Type 1 Diabetes

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

Type 2 Diabetes

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

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

Who is at Greater Risk for Type 2 Diabetes

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

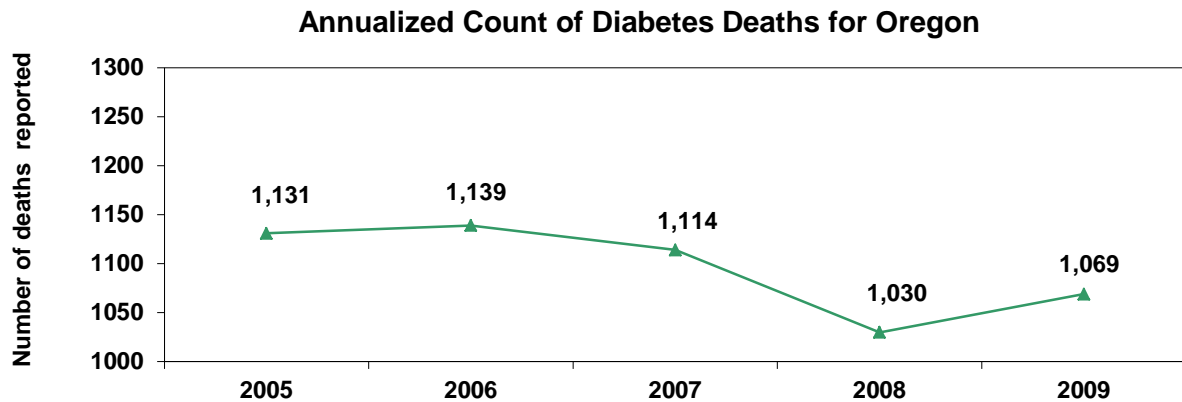
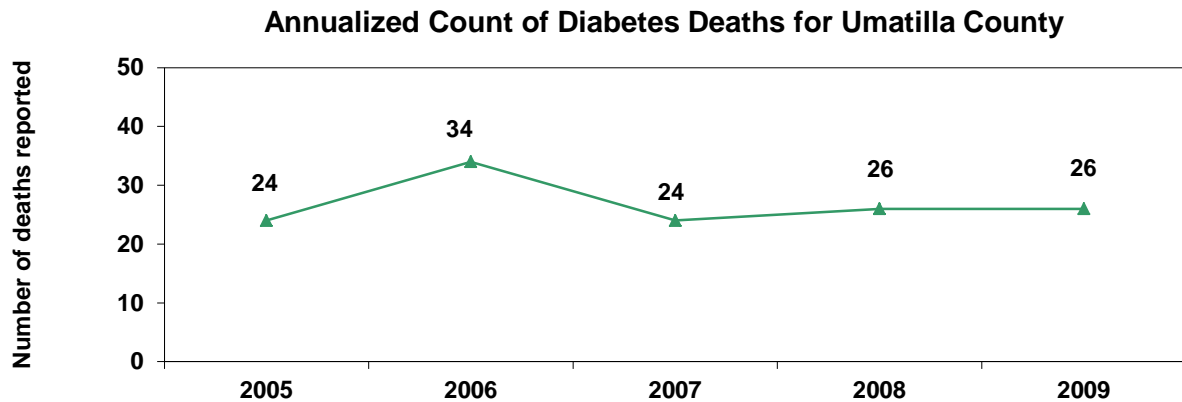
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

Diabetes

The following graphs show the annualized diabetes mortality cases for Umatilla County and Oregon residents from 2005 to 2009.

- ◆ Umatilla County had an average of 27 diabetes related deaths from 2005 to 2009.
- ◆ In 2009, the Oregon age-adjusted diabetes mortality rate of 25.3 deaths per 100,000 population.
- ◆ In 2007, the U.S. age-adjusted diabetes mortality rate was 73.1 deaths per 100,000 population.
- ◆ The Healthy People 2020 target objective is 65.8 deaths per 100,000 population.

(Sources for statistics: OHA, Vital Statistics, Mortality and Healthy People 2020, CDC)



(Source for graphs: OHA, Vital Statistics, County Data Books 2005-2009)

Arthritis

Key Findings

According to the Umatilla County survey data, 32% of Umatilla County adults were diagnosed with arthritis. According to the 2009 BRFSS, 27% of Oregon adults and 26% of U.S. adults were told they have arthritis.

Arthritis

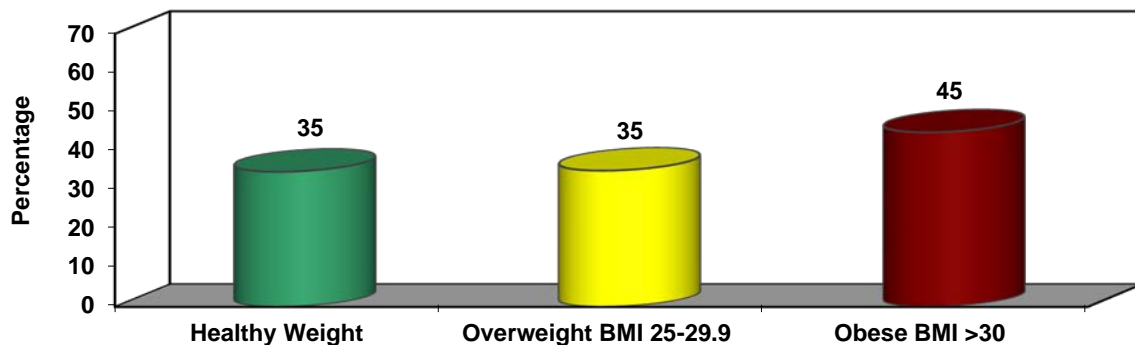
- ◆ Nearly one-third (32%) Umatilla County adults were told by a health professional that they had some form of arthritis.
- ◆ About half (51%) of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 27% of Oregon adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Approximately 1 in 20 of working age adults reported that arthritis limited their work. (Source: CDC Arthritis at a Glance 2011)
- ◆ Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections. (Source CDC)

What Can Be Done to Address Arthritis?

- ❖ Self-management education programs can reduce pain and costs. The Arthritis Foundation holds classes called the Self-Help Program that teaches people how to manage arthritis and lessen its effects.
- ❖ Physical activity can have significant benefits for people with arthritis. The benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- ❖ Weight management and injury prevention are two ways to lower a person's risk for developing osteoarthritis.
- ❖ Early diagnosis and proper management can decrease or avoid the amount of pain that a person may experience or disability that accompanies arthritis.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Arthritis at a Glance 2011)

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: Arthritis at a Glance 2011, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003.)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2009	U.S. 2009
Diagnosed with arthritis	32%	27%	26%

Asthma

Key Findings

According to the Umatilla County survey data, 20% of Umatilla County adults had been diagnosed with asthma.

Asthma & Other Respiratory Disease

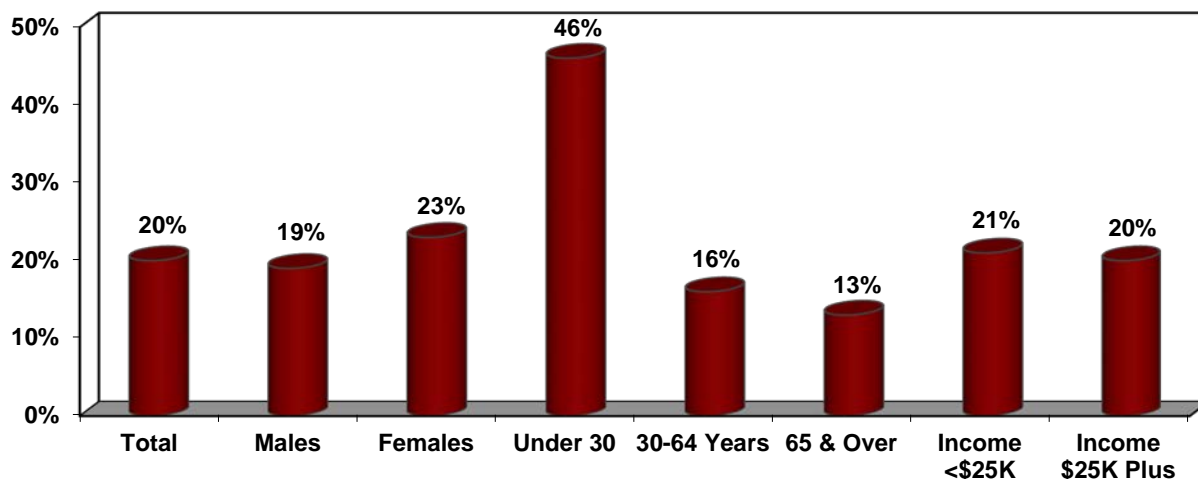
- ◆ In 2011, 20% of Umatilla County adults had been diagnosed with asthma, increasing to 46% of those under the age of 30.
- ◆ In the past year, adults with asthma went to an emergency room or urgent care center because of an asthma attack an average of 0.2 times.
- ◆ 16% of Oregon and 14% of U.S. adults have ever been diagnosed with asthma. (Source: 2010 BRFSS)
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, infections linked to the flu, colds, and respiratory viruses. (Source: CDC- National Center for Environmental Health, 2011)
- ◆ Chronic lower respiratory disease was the 3rd leading cause of death in Umatilla County and in Oregon in 2009. (Source: OHA, Vital Statistics)

Chronic Respiratory Conditions

- ◆ Asthma is a chronic lung disease that inflames and narrows airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing.
- ◆ Chronic bronchitis is a condition where the bronchial tubes (the tubes that carry air to your lungs) become inflamed. Bronchitis can cause wheezing, chest pain or discomfort, a low fever, shortness of breath and a cough that brings up mucus. Smoking is the main cause of chronic bronchitis.
- ◆ Chronic Obstructive Pulmonary Disease (COPD) is a disease that over time makes it harder to breathe. COPD can cause large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Smoking is the main cause of COPD.

(Source: National Heart, Lung, Blood Institute, 2011)

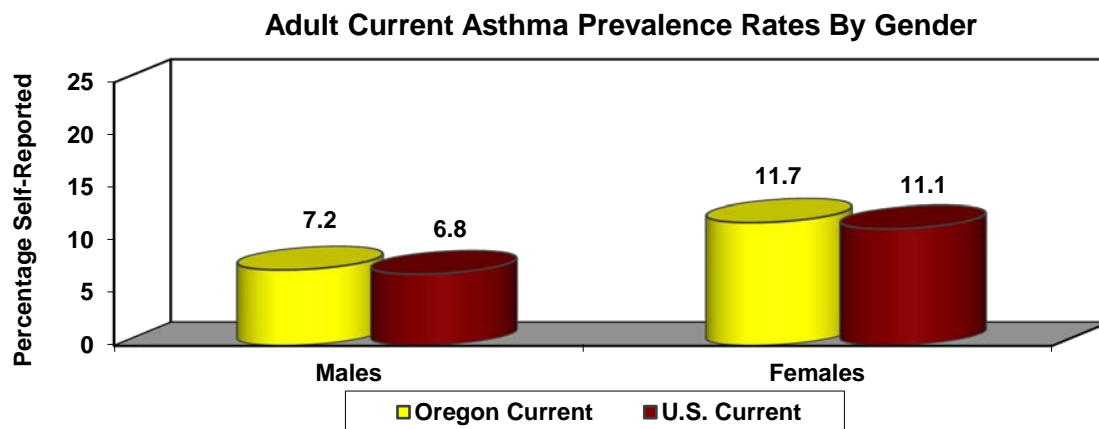
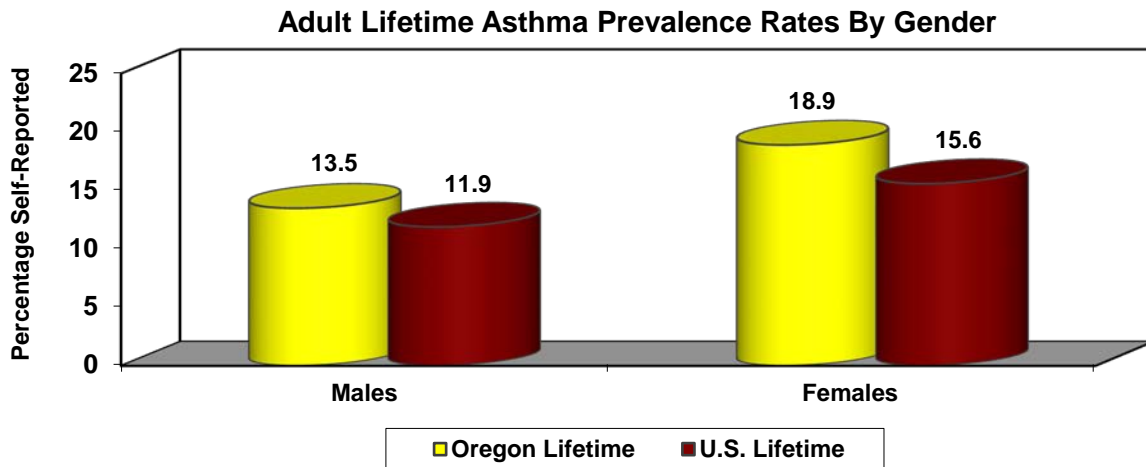
Umatilla County Adults Diagnosed with Asthma



2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Had been diagnosed with asthma	20%	16%	14%

Asthma

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



(Source: 2010 BRFSS)

Reducing Asthma Symptoms in the Home

Eliminating tobacco smoke from the home is the single most important thing a family can do to help household occupants with diagnosed asthma.

You can also reduce asthma symptoms by:

- ❖ Covering bedding with “allergy-proof casings to reduce exposure to dust mites
- ❖ Removing carpets from bedrooms and vacuum regularly
- ❖ Using only unscented detergents and cleaning materials in the home.
- ❖ Keeping humidity levels low and fix leaks to reduce the growth of organisms such as mold.
- ❖ Keeping the house clean and keeping food in containers and out of bedrooms. This helps reduce the possibility of cockroaches, which can trigger asthma attacks in some people.
- ❖ If a person is allergic to an animal that cannot be removed from the home, the animal should be kept out of the bedroom. Place filtering material over the heating outlets to trap animal dander.

(Source: National Center for Biotechnology Information, U.S. National Library of Medicine, *Asthma*, 5-1-11, <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001196/>)

Adult Weight Status

Key Findings

The 2011 Health Assessment identified that 67% of Umatilla County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 28% of Oregon and U.S. adults were obese by BMI. Nearly one-third (32%) of Umatilla County adults were obese. Over half (52%) of adults were trying to lose weight.

Adult Weight Status

- ◆ In 2011, the health assessment indicated that two-thirds (67%) of Umatilla County adults were either overweight (35%) or obese (32%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- ◆ Over half (52%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight and 4% were trying to gain weight.
- ◆ Umatilla County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (51%), exercised (46%), ate a low-carb diet (13%), used a weight loss program (7%), smoked cigarettes (2%), went without eating 24 or more hours (2%), took diet pills, powders, or liquids without a doctor's advice (1%), took prescribed medications (1%), and participated in a prescribed dietary or fitness program (1%).
- ◆ On an average day, adults spent time doing the following: 2.4 hours watching television, 1.4 hours on the computer outside of work, 1.0 hours on their cell phone, and 0.2 hours playing video games.

Defining the Terms

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

(Source: CDC 2010)

Physical Activity

- ◆ In Umatilla County, 56% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week. 33% of adults were exercising 5 or more days per week. Almost one-quarter (24%) of adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Umatilla County adults gave the following reasons for not exercising: time (27%), weather (21%), pain/discomfort (19%), too tired (18%), cannot afford a gym membership (15%), they choose not to exercise (10%), no child care (6%), no sidewalks (5%), no walking or biking trails (4%), do not know what activity to do (3%), no gym available (3%), safety (3%), doctor advised them not to (3%), and other (12%).
- ◆ 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, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity for Everyone)*

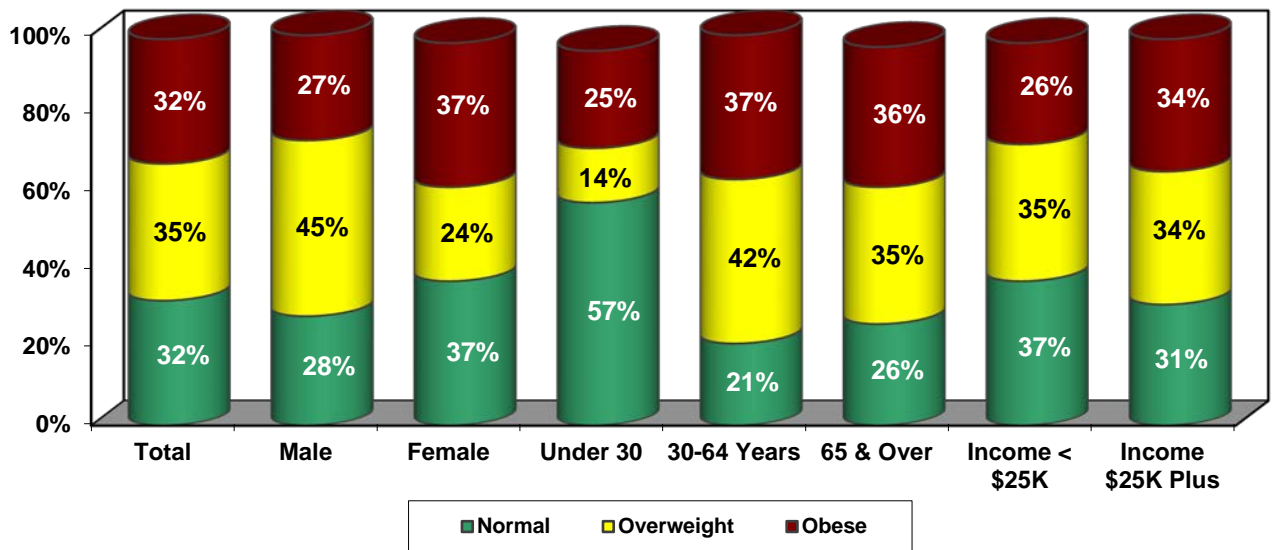
Nutrition

- ◆ In 2011, 7% of adults were eating 5 or more servings of fruits and vegetables per day. 88% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 26% of Oregon adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- ◆ 73% of Umatilla adults drank soda pop, punch, Kool-Aid, energy drinks, sports drinks or other fruit flavored drinks in the past week. 21% of adults drank at least one of these drinks every day.
- ◆ Umatilla adults ate out in a restaurant or brought takeout food home to eat an average of 1.9 times per week.

Adult Weight Status

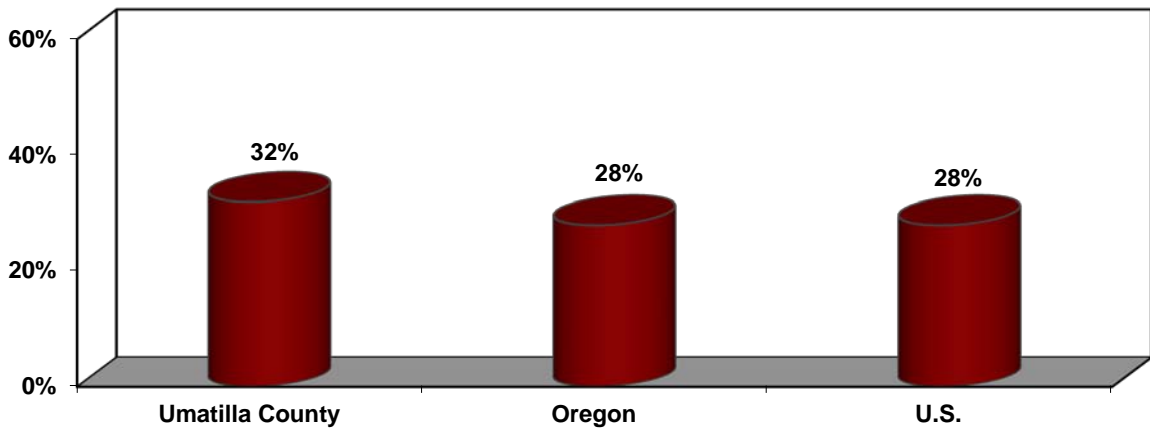
The following graphs show the percentage of Umatilla County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Umatilla County adults who are obese compared to Oregon and U.S. Examples of how to interpret the information include: 32% of all Umatilla County adults were classified as normal weight, 35% were overweight, and 32% were obese.

Umatilla County Adult BMI Classifications



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

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



(Source: 2011 Umatilla County Health Assessment and 2010 BRFSS)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Obese	32%	28%	28%
Overweight	35%	33%	36%

Adult Tobacco Use

Key Findings

In 2011, 18% of Umatilla County adults were current smokers and 17% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)

Adult Tobacco Use Behaviors

- ◆ The 2011 health assessment identified that nearly one-fifth (18%) of Umatilla County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 15% for Oregon and 17% for the U.S. One in six (17%) adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- ◆ Umatilla County adult smokers were more likely to:
 - Have been separated (50%)
 - Have incomes less than \$25,000 (22%)
 - Have been under the age of 30 (22%)
 - Have been male (20%)
- ◆ 7% of Umatilla County adults reported using chewing tobacco, snuff or snus and 6% did so every day.
- ◆ Umatilla County adults used the following other tobacco products: cigars (7%), chewing tobacco (7%), flavored cigarettes (6%), e-cigarettes (5%), snuff (3%), swishers (3%), black and milds (2%), cigarillos (2%), little cigars (1%), snus (1%), and hookah (1%).
- ◆ 61% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- ◆ 8% of adults had looked for a program to stop smoking for themselves or a loved one. Of those who looked, 32% found a program.
- ◆ Umatilla County adults had the following rules about smoking in their home: smoking is not allowed inside their home at any time (88%), there are no rules about smoking (6%), smoking is allowed in some places at some times (4%), and smoking is allowed anywhere (2%).

Tobacco Use and Health

- ◆ Tobacco use is the most preventable cause of death in the U.S. and in the world
- ◆ 87% of all lung cancers deaths and at least 30% of all cancer deaths in the U.S. can be attributed to smoking.
- ◆ When compared to non-smokers, the risk of developing lung cancer is 23 times higher in male smokers and 13 times higher in female smokers.
- ◆ Tobacco use is also associated with at least 20 types of cancer such as cervical, mouth, pharyngeal, esophageal, pancreatic, kidney and bladder.
- ◆ Tobacco use contributes to heart disease, stroke, bronchitis, emphysema, COPD, chronic sinusitis, severity of colds, pneumonia and low birth weight in infants.

(Source: Cancer Facts & Figures, American Cancer Society, 2011)

One Year Economic Costs for Umatilla County

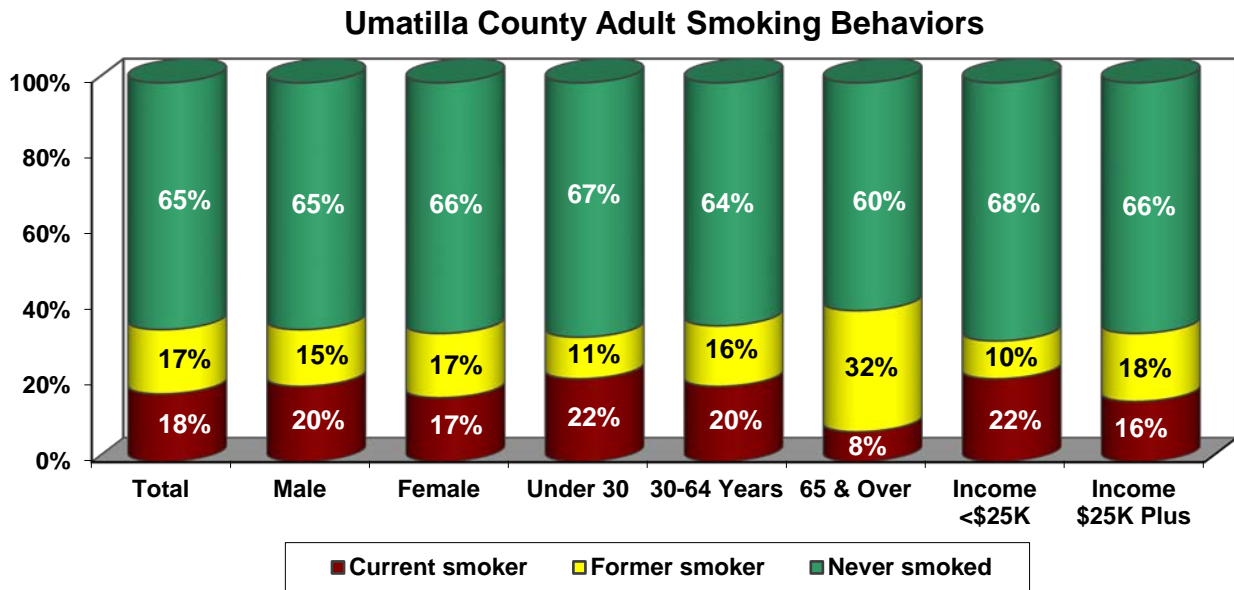
- ◆ \$25 million is spent on medical care for tobacco-related illnesses.
- ◆ \$22 million in productivity is lost due to tobacco-related deaths.

(Source: OHA, Tobacco Prevention and Education Program, 2011 Facts Sheet, <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/umafac.pdf>)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Current smoker	18%	15%	17%
Former smoker	17%	28%	25%

Adult Tobacco Use

The following graph shows the percentage of Umatilla County adults who used tobacco. Examples of how to interpret the information include: 18% of all Umatilla County adults were current smokers, 17% of all adults were former smokers, and 65% had never smoked.



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

Smoking and Tobacco Facts

- ❖ Tobacco use is the most preventable cause of death in the U.S.
- ❖ Approximately 49,000 deaths per year in the U.S. are from secondhand smoke exposure.
- ❖ Typically, smokers die 13 to 14 years earlier than non-smokers.
- ❖ In 2009, cigarette smoking was highest in prevalence in adults among American Indians/Native Americans (23%), followed by whites (22.1%), African Americans (21.3%), Hispanics (14.5%), and Asians (12.0%).
- ❖ Smoking costs over \$193 billion in lost productivity (\$97 billion) and health care expenses (\$96 billion) per year.
- ❖ In 2006, the cigarette industry spent more than \$34 million per day on advertising and promotional expenses.

(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Costs of Tobacco Use

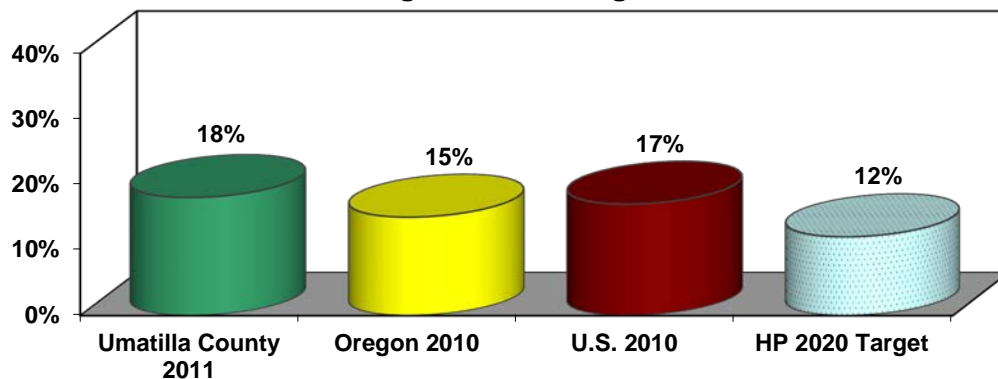
- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 18% of Umatilla County adults indicated they were smokers. That is approximately 10,024 adults.
- ❖ If 10,024 adults spent \$1,456/year, then \$14,594,944 is spent a year on cigarettes in Umatilla County.

Adult Tobacco Use

The following graphs show Umatilla County, Oregon, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objectives. The BRFSS rates shown for Oregon and the U.S. were for adults 18 years and older. These graphs show:

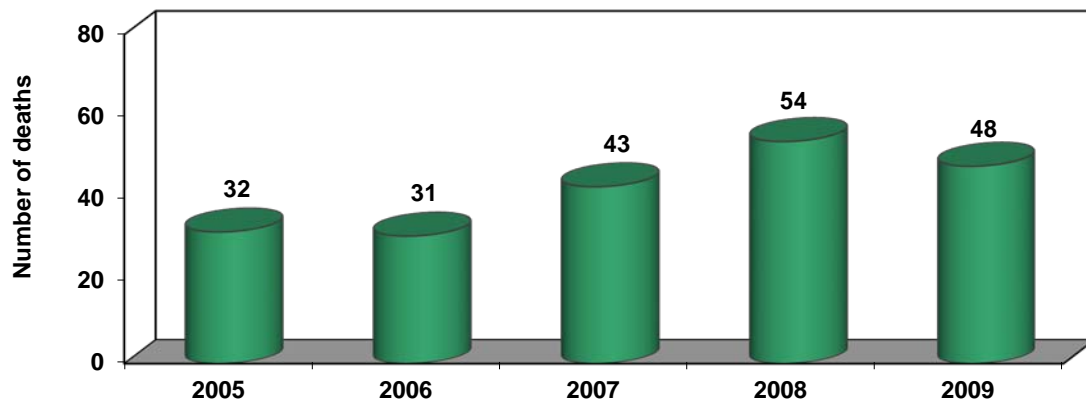
- ◆ Umatilla County adult cigarette smoking rate was higher than the rate for Oregon, the U.S. and Healthy People 2020 Goal.
- ◆ From 2005 to 2009, there was an average of 42 deaths in Umatilla County due to Chronic Lower Respiratory Disease, the 3rd leading cause of death.
- ◆ From 2005 to 2009 the percentage of mothers who smoked during pregnancy in Umatilla County fluctuated slightly from year to year, but was generally higher than the Oregon rate.
- ◆ The percentage of tobacco linked deaths in Umatilla County exceeded the state rate each year, from 2005 to 2009.

Healthy People 2020 Objectives & Cigarette Smoking Rates



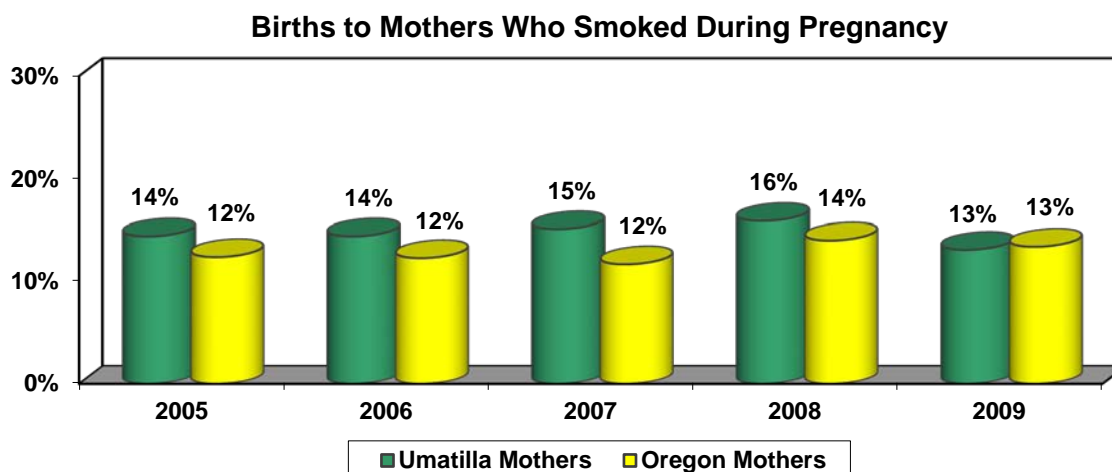
(Source: 2011 Assessment, BRFSS and HP2010)

**Umatilla County
Chronic Lower Respiratory Diseases (Formerly COPD)
Number of Deaths 2005-2009**

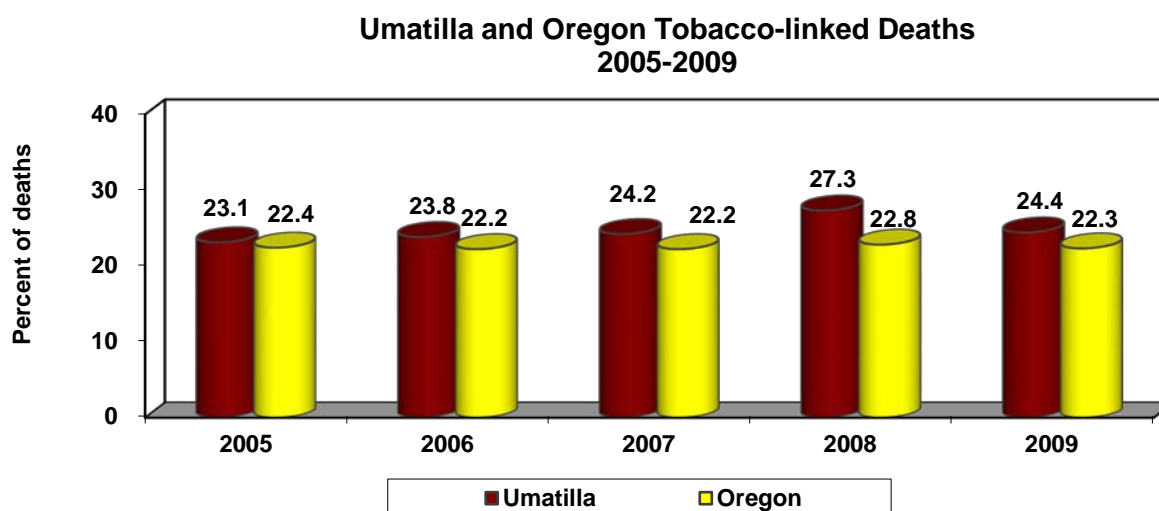


(Source: OHA, Vital Statistics, County Data Book, Leading Causes of Death)

Adult Tobacco Use



(Source: OHA, Vital Statistics County Data Book, Births to Mothers, Tobacco Use by Year, 2005-2009)



(Source: OHA, Vital Statistics County Data Book, Tobacco Related Deaths, Year, 2005-2009)

Umatilla Tobacco Facts 2011

- ❖ 13,117 adults regularly smoke cigarettes in Umatilla County.
- ❖ 2,629 people suffer from a serious illness caused by tobacco use.
- ❖ 135 people die from tobacco use (23% of all deaths in Umatilla).
- ❖ In Oregon, 22% of deaths are linked tobacco use.

(Source: OHA, Tobacco Prevention and Education Program, 2011 Facts Sheet,
<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/umafac.pdf>)

Adult Alcohol Consumption

Key Findings

In 2011, the health assessment indicated that 12% of Umatilla County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 36% of adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month. Seven percent of adults drove within a couple hours after drinking alcohol.

Umatilla County Adult Alcohol Consumption

- ◆ In 2011, half (51%) of the Umatilla County adults had at least one alcoholic drink in the past month, increasing to 68% of those under the age of 30. The 2010 BRFSS reported current drinker prevalence rates of 58% for Oregon and 55% for the U.S.
- ◆ One in eight (12%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Umatilla County adults drank 2.8 drinks per occasion on average, increasing to 5.2 drinks per occasion for those under the age of 30.
- ◆ Nearly one-fifth (18%) of adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 14% for Oregon and 15% for the U.S.
- ◆ 36% of those who drank reported they had five or more alcoholic drinks (for males) or four or more alcoholic drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 7% of adults reported driving within a couple hours after having 2 or more alcoholic beverages, increasing to 11% of those under the age of 30 and those with annual incomes less than \$25,000.
- ◆ 1% of adults have used a program or service to help with alcohol problems for themselves or a loved one. 89% of adults did not need such a service. Reasons for not using such a program include: had not thought of it (3%), could not afford it (1%), stigma of seeking alcohol services (1%), did not know how to find a program (<1%), did not want to miss work (<1%), transportation (<1%), and other reasons (2%).

Binge Drinking Dangers

- ◆ Binge drinking is defined as five or more drinks on one occasion or in a short period of time for men, and four or more drinks for women.
- ◆ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ◆ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ◆ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ◆ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ◆ Most people who binge drink are not alcohol dependent.
- ◆ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

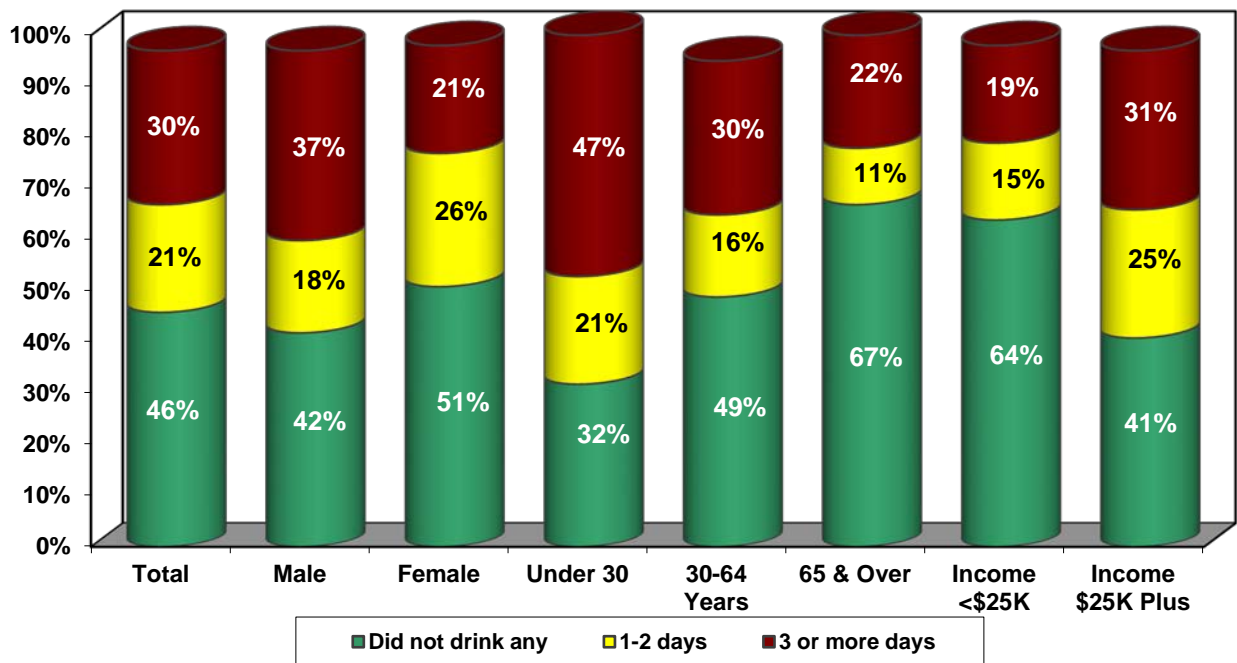
(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Drank alcohol at least once in past month	51%	58%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	14%	15%

Adult Alcohol Consumption

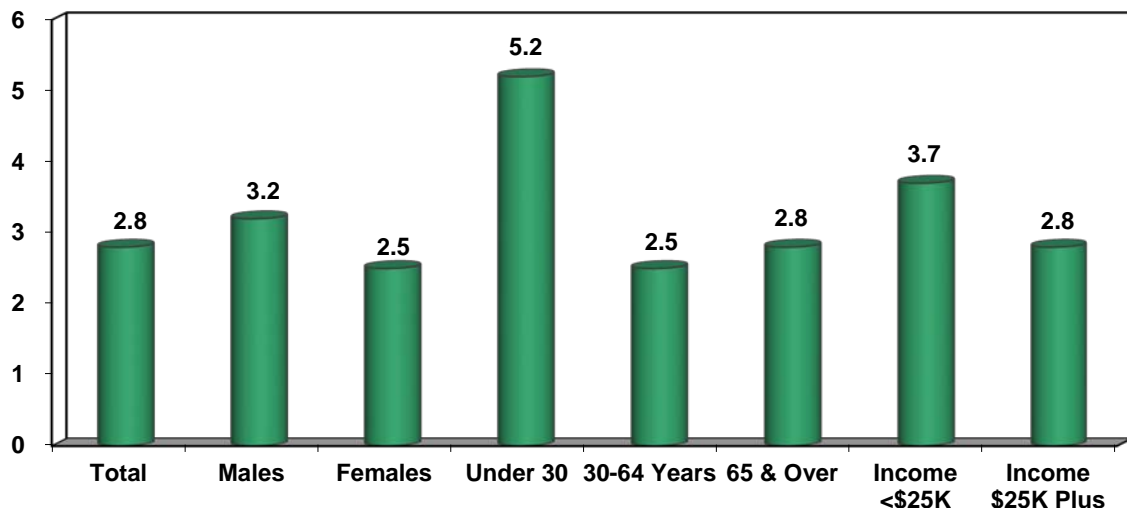
The following graphs show the percentage of Umatilla County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 46% of all Umatilla County adults did not drink alcohol, 42% of Umatilla County males did not drink and 51% of adult females reported they did not drink.

Average Number of Days Drinking Alcohol in the Past Month



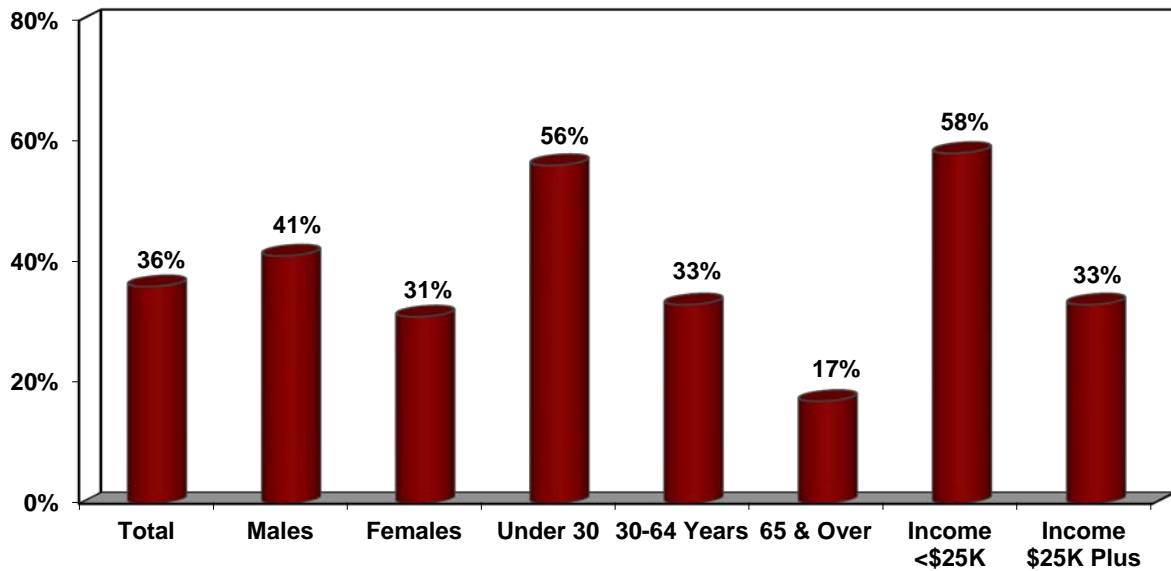
Percentages may not equal 100% as some respondents answered "don't know"

Adults Average Number of Drinks Consumed Per Occasion



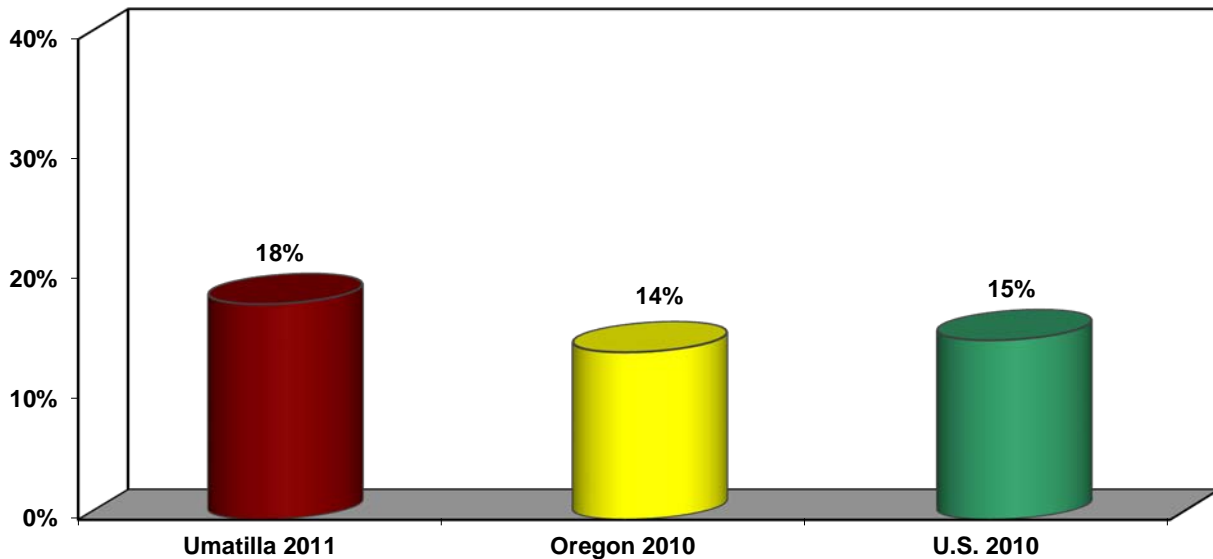
Adult Alcohol Consumption

Umatilla County Adult Drinkers Who Binge Drank in Past Month*



**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

Adult Binge Drinkers*



(Source: 2010 BRFSS, 2011 Umatilla County Health Assessment)

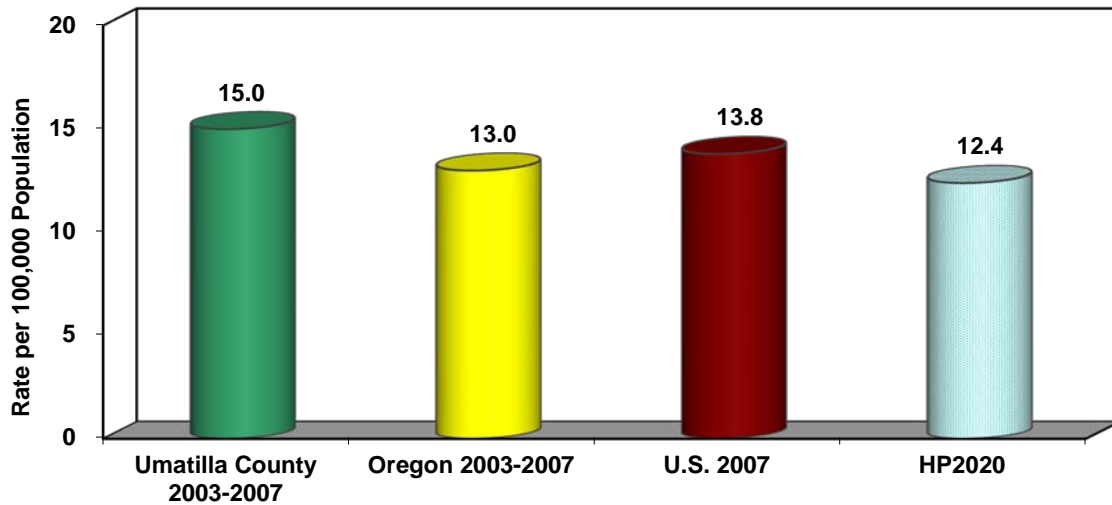
**Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

Motor Vehicle Accidents

The following graph shows Umatilla County and Oregon age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to Healthy People 2020 objectives. The graphs show:

- ◆ From 2003-2007, the Umatilla County motor vehicle age-adjusted mortality rate of 15.0 deaths per 100,000 population is greater than the state rate, national rate and the Healthy People 2020 objective.

Healthy People 2020 Objective and Age-Adjusted Mortality Rates for Motor Vehicle Accidents



(Source: OHA, Umatilla County's Epidemiological Data on Alcohol, Drugs and Mental Health, 2000-2010 and Healthy People 2020)

Caffeinated Alcoholic Beverages

- ❖ Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- ❖ Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to be report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under than influence of alcohol.
- ❖ Currently, more than 25 brands of caffeinated alcoholic beverages are sold in retail alcohol outlets, including convenience stores.

(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, July 2010, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)

Adult Marijuana and Other Drug Use

Key Findings

In 2011, 7% of Umatilla County adults had used marijuana during the past 6 months. 9% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- ◆ 7% of Umatilla County adults had used marijuana in the past 6 months, increasing to 17% of those under the age of 30. 3% of adults reported using medical marijuana.
- ◆ 1% of Umatilla County adults reported using other recreational drugs such as cocaine, heroin, LSD, inhalants, ecstasy, and methamphetamines.
- ◆ When asked about their frequency of marijuana and other recreational drugs in the past six months, 18% of Umatilla County adults who used did so every day, and 21% did so less than once a month.
- ◆ 9% 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 6 months, increasing to 14% of those under the age of 30.
- ◆ When asked about their frequency of medication misuse in the past six months, 25% of Umatilla County adults who used these drugs did so every day and 54% did so less than once a month.
- ◆ Umatilla County adults indicated they did the following with their unused prescription medication: took as prescribed (36%), threw it in the trash (28%), kept it (20%), flushed it down the toilet (20%), took it to the Medication Collection program (12%), and some other destruction method (3%).

Drug-Related Emergency Department Visits

- ❖ In the U.S. in 2009, there were nearly 4.6 million drug-related emergency department (ED) visits. Almost on half (2.1 million) were attributed to drug misuse or abuse.
- ❖ The Drug Abuse Warning Network (DAWN) estimated that of the 2.1 million drug abuse ED visits in 2009, (27.1%) resulted from nonmedical use, (21.2%) illicit drug use, and (14.3%) alcohol in combination with other drugs.

(Source: National Institute on Drug Abuse (NIDA) InfoFats : Drug-Related Hospital Emergency Room Visits, revised May 2011)

Commonly Abused Prescription Drugs

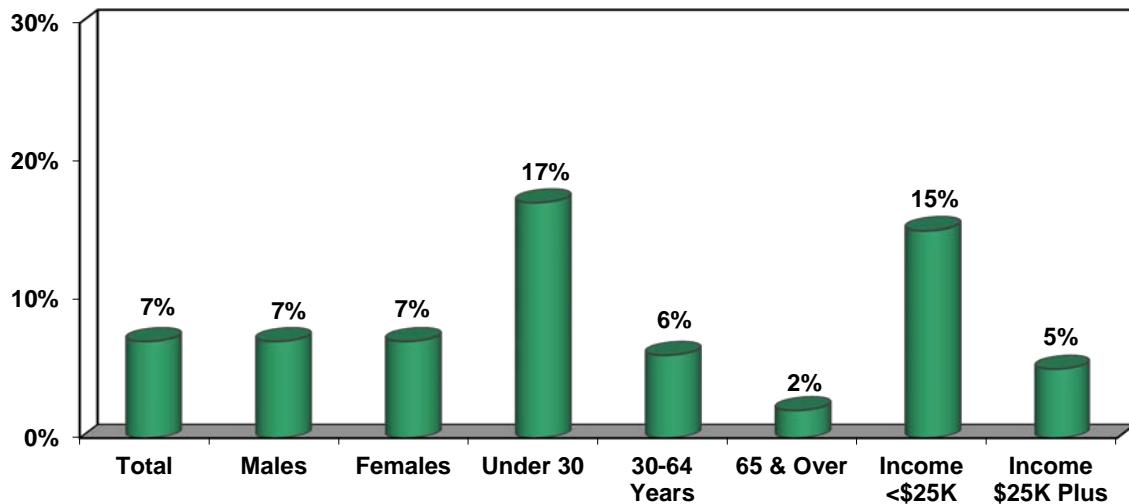
- ❖ **Opioids**—most often prescribed to relieve pain. Examples include: Codeine, Percocet, Darvon (Propoxyphene), Duragesic (Fentanyl), Dilaudid (Hydromorphone), Demerol (Meperidine), OxyContin (Oxycodone), and Vicodin (hydrocodone)
- ❖ **Central Nervous System (CNS) Depressants**—may be used to treat anxiety and sleep disorders. Examples include: Mebaral (mephobarbital), Nembutal (pentobarbital sodium), Valium (diazepam), Librium (chlordiazepoxide HCL), Xanax (alprazolam), and ProSom (estazolam)
- ❖ **Stimulants**—prescribed to treat narcolepsy, attention-deficit hyperactivity disorder (ADHD), asthma and obesity. Examples include: Dexedrine (dextroamphetamine), and Ritalin (methylphenidate)

(Source: National Institute on Drug Abuse, <http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-prescription-drugs-chart>).

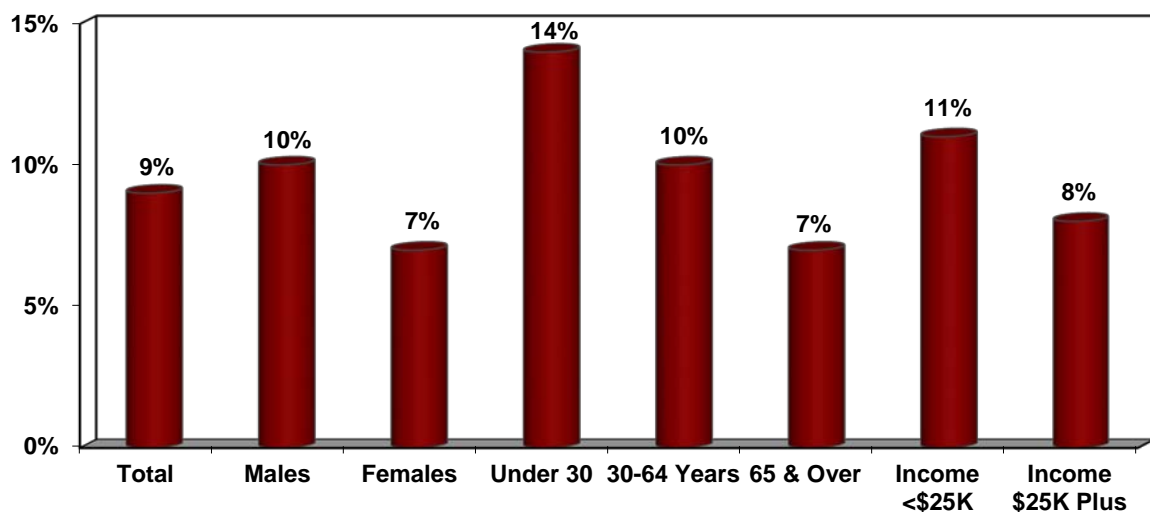
Adult Marijuana and Other Drug Use

The following graphs are data from the 2011 Umatilla County Health Assessment indicating adult marijuana use in the past six months and medication misuse. Examples of how to interpret the information include: 7% of all Umatilla County adults used marijuana in the past six months, 17% of adults under the age of 30 were current users and 15% of adults with incomes less than \$25,000 were current users.

Umatilla County Adult Marijuana Use in Past 6 Months*



Umatilla County Adult Medication Misuse in Past 6 Months*



Women's Health

Key Findings

In 2011, nearly half (46%) of Umatilla County women over the age of 40 reported having a mammogram in the past year. 41% of Umatilla County women ages 19 and over have had a clinical breast exam and 43% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined just over one-quarter of women (26%) had high blood pressure, 30% had high blood cholesterol, 37% were obese, and 17% were identified as smokers, known risk factors for cardiovascular diseases.

Oregon Female Leading Types of Death, 2009

1. Cancers (22% of all deaths)
2. Heart Diseases (19%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Alzheimer's Disease (5%)

(Source: OHA, Vital Statistics, Mortality)

Women's Health Screenings

- ◆ In 2011, 55% of women had a mammogram at some time and nearly one-quarter (24%) had this screening in the past year.
- ◆ Nearly half (46%) of women ages 40 and over had a mammogram in the past year and 67% had one in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in the U.S. and 71% in Oregon had a mammogram in the past two years.
- ◆ Most (91%) Umatilla County women have had a clinical breast exam at some time in their life and 41% had one within the past year.
- ◆ This assessment has identified that 97% of Umatilla County women have had a Pap smear and 43% reported having had the exam in the past year. 64% of women had a pap smear in the past two years. The 2010 BRFSS indicated that 81% of U.S. and 75% of Oregon women had a pap smear in the past three years.

Pregnancy

- ◆ 42% of Umatilla County women had been pregnant in the past 5 years.
- ◆ During their last pregnancy, Umatilla County women: got a prenatal appointment in the first 3 months (75%), took a multi-vitamin (75%), experienced perinatal depression (15%), had a miscarriage (12%), smoked cigarettes (4%), experienced domestic violence (4%), and used drugs (1%).

Women's Health Concerns

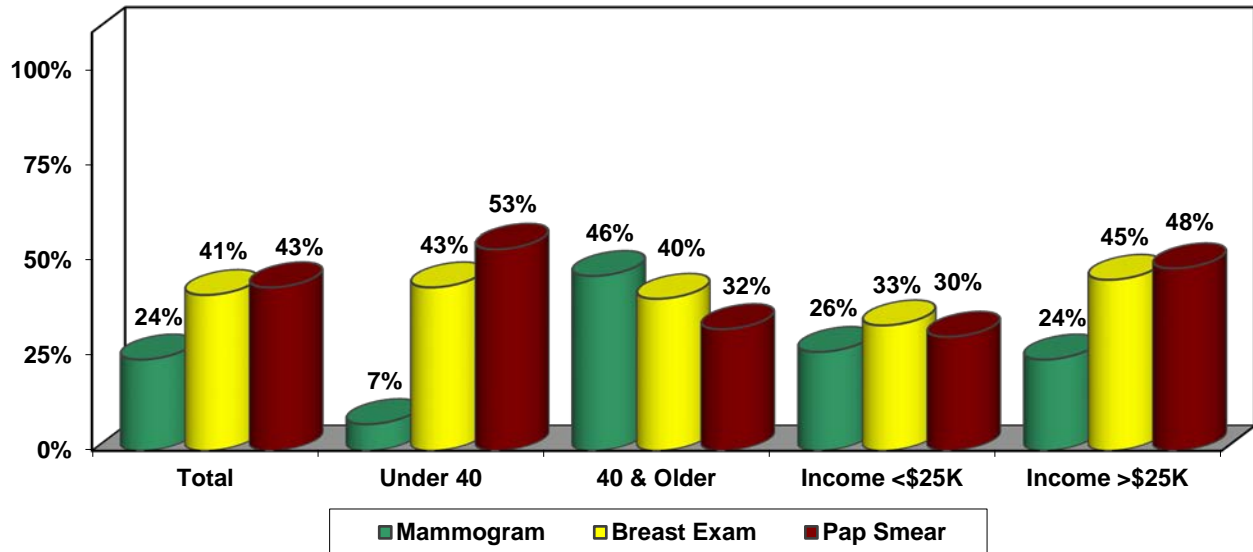
- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (38%), general or family physician (33%), no usual place (9%), community health center (7%), health department clinic (7%), family planning clinic (2%), and some other place (4%).
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Umatilla County the 2011 health assessment has identified that:
 - 17% of all women were current smokers (16% U.S., 15% Oregon, 2010 BRFSS)
 - 61% were overweight or obese (57% U.S., 53% Oregon, 2010 BRFSS)
 - 30% were diagnosed with high blood cholesterol (36% U.S., 34% Oregon, 2009 BRFSS)
 - 26% were diagnosed with high blood pressure (28% U.S. and 25% Oregon, 2009 BRFSS)
 - 10% have been diagnosed with diabetes (10% U.S., 9% Oregon, 2010 BRFSS)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Had a mammogram in the past two years (age 40 & over)	67%	71%	75%
Were current smokers	17%	15%	16%
Were diagnosed with diabetes	10%	9%	10%

Women's Health

The following graph shows the percentage of Umatilla County female adults that had various health exams in the past year. Examples of how to interpret the information shown in the graph include: 24% of Umatilla County females have had a mammogram within the past year, 41% have had a clinical breast exam, and 43% have had a Pap smear.

Umatilla County Women's Health Exams Within the Past Year



Cancer and Women

- ❖ More women in the U.S. die from lung cancer than any other type of cancer. The most important thing you can do to prevent lung cancer is not to start smoking, or to quit if you smoke.
- ❖ Breast cancer is the most common cause of cancer and the second most common cause of cancer deaths in American women. Mammograms are the best way to find breast cancer early, before it can be felt, and when it is easier to treat.
- ❖ Colorectal cancer is the third leading cause of cancer deaths in America women. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.
- ❖ Gynecologic cancers (cervix, ovaries, and uterus) can be prevented by pap tests, which can find abnormal cells and detect cancer early.

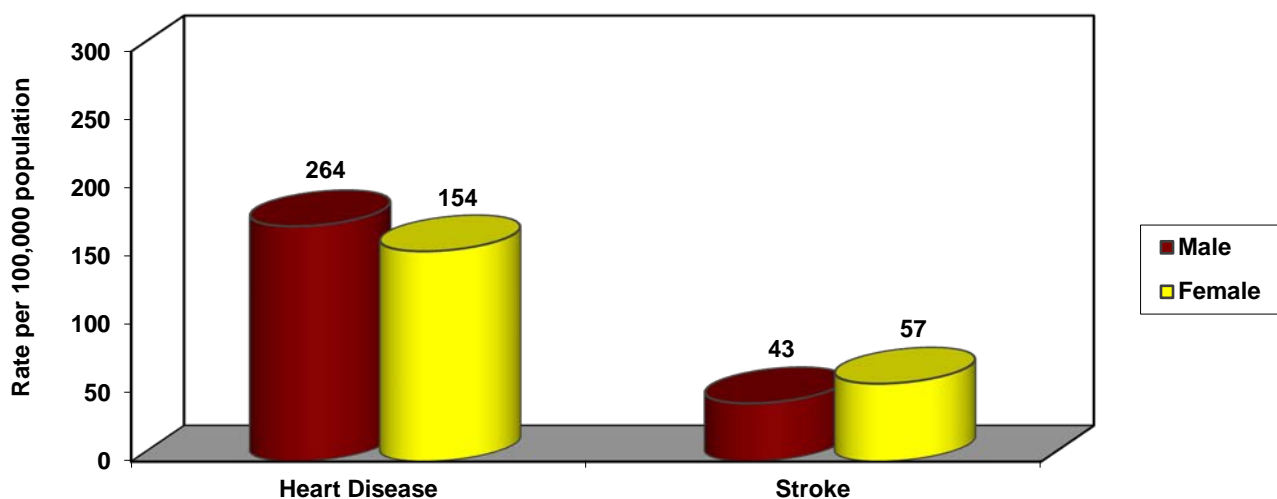
(Source: Center for Disease Control and Prevention, National Cancer Institute, 2010)

Women's Health

The following graph shows the Oregon age-adjusted mortality rate for heart disease and stroke. The graph shows:

- ◆ In 2009, the female age-adjusted mortality rate was lower than the male rate for heart disease but higher for stroke.
- ◆ In 2008, the female U.S. age-adjusted heart disease and stroke mortality rates were 186.5 and 40.7, respectively.

Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2009



**Note – Rates per 100,000 population
(Source for graphs: OHA, Vital Statistics Mortality)*

Heart Health and Stroke Prevention for Women

Heart attack, stroke, and other forms of heart disease are a threat to many women. The most common form of heart disease is coronary artery disease (CAD). Steps can be taken to protect your heart and lower your risk. Steps include:

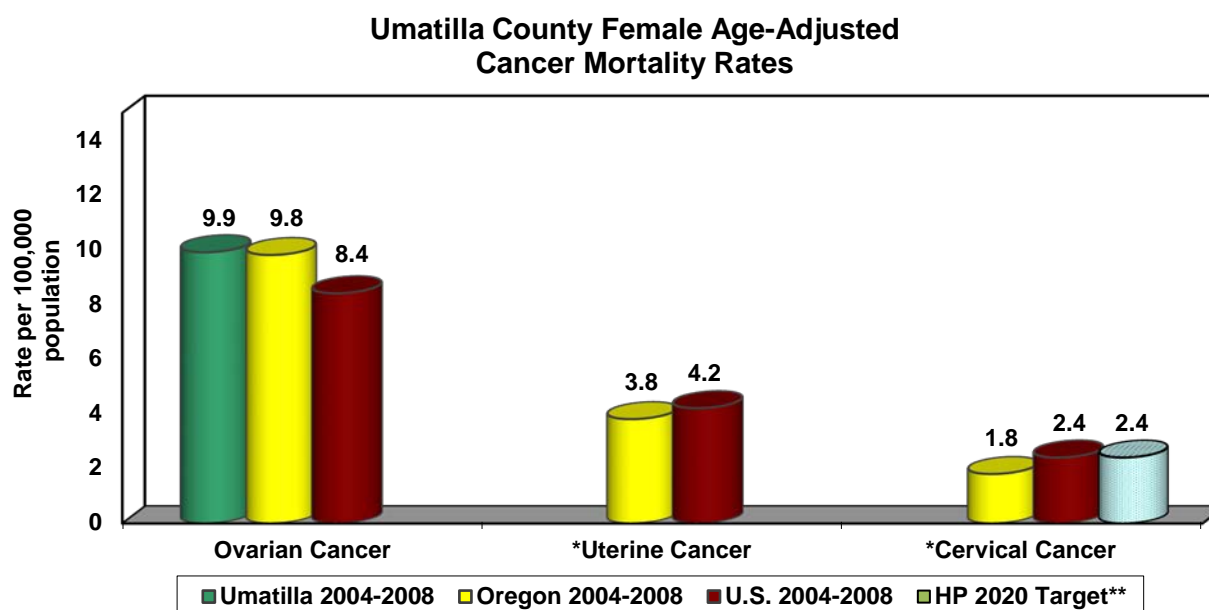
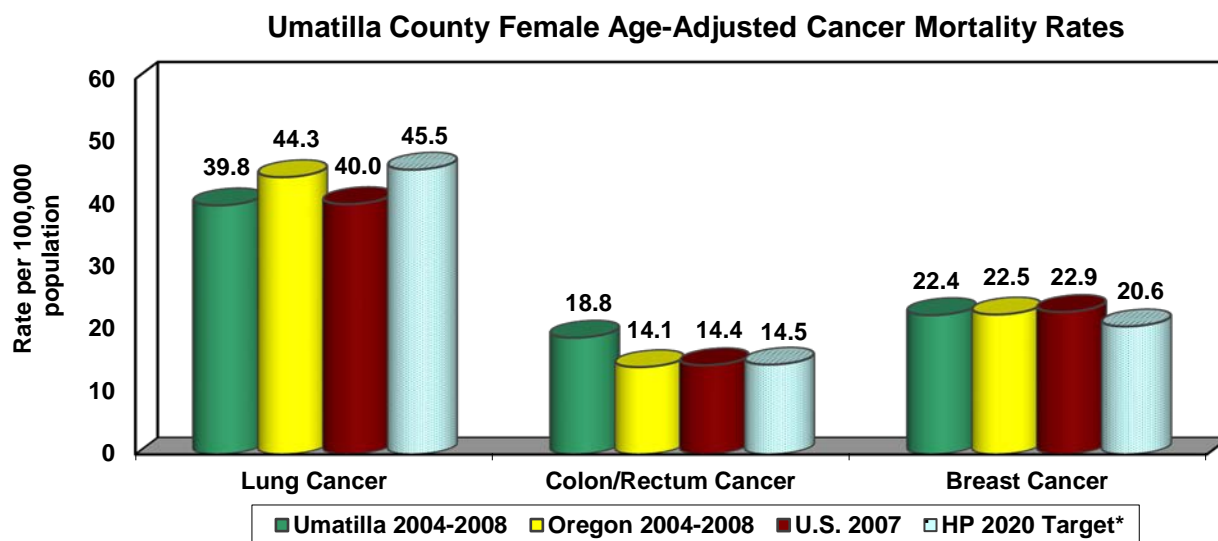
- ❖ Quitting smoking. Cigarette smoking increases the risk of coronary heart disease and stroke. The health benefits from quitting smoking start almost immediately, and within a few years of quitting, your risk becomes similar to non-smokers (*American Heart Association, 2012*).
- ❖ Getting regular physical activity (2 hours and 30 minutes of moderate-intensity aerobic activity OR 1 hour 15 minutes of vigorous-intensity aerobic activity).
- ❖ Making healthy food choices. Unhealthy eating has a direct impact on your arteries, your blood pressure, and your glucose level. Focus on eating fruits, vegetables, whole-grains, fat-free or low-fat dairy products, fish, beans, peas, nuts, and lean meats. If you drink alcohol, do so moderately. Women should drink no more than one alcoholic beverage a day.
- ❖ Know your numbers. Ask your doctor to check your blood pressure, cholesterol, and blood sugar levels. These tests can provide important information about your heart health.
- ❖ Take care of your mental health and get adequate sleep. Stress, anxiety, depression, and lack of sleep have all been linked to increased risk of heart disease. Your doctor or a counselor can teach you healthy ways to reduce stress or suggest treatment for depression or other mental health problems.

(Source: U.S. Department of Health and Human Services, Office on Women's Health, updated 2-1-09 and American Heart Association, 2012)

Women's Health

The following graphs show the Umatilla County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2004-2008, the Umatilla County age-adjusted mortality rate for female lung cancer was lower than the Oregon rate, national rate and the Healthy People 2020 target objective.
- ◆ The Umatilla County age-adjusted colon/rectum cancer mortality rate for 2004-2008 was higher than the state rate, national rate and the Healthy People 2020 target objective.
- ◆ From 2004-2008, the Umatilla County age-adjusted breast cancer mortality rate was slightly lower than the Oregon rate and the national rate but greater than the Healthy People 2020 target objective.



**Note: Umatilla County data was suppressed for Uterine and Cervical Cancer due to few reported cases.*

***Note: the Healthy People 2020 target rates are not gender specific and are not specifically targeted for Ovarian and Uterine Cancer (Source for graphs: National Cancer Institute, State Cancer Profiles, <http://statecancerprofiles.cancer.gov/index.html> and Healthy People 2020)*

Men's Health

Key Findings

In 2011, half (50%) of Umatilla County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (44%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 26% and cancers accounted for 25% of all male deaths in Umatilla County in 2009. The health assessment determined that 7% of men had a heart attack, and 2% had a stroke at some time in their life. Almost two-fifths (37%) of men had been diagnosed with high blood pressure, 41% had high blood cholesterol, and 20% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

Oregon Male

Leading Types of Death, 2009

1. Cancers (25% of all deaths)
2. Heart Diseases (21%)
3. Unintentional Injuries (6%)
4. Chronic Lower Respiratory Disease (6%)
5. Stroke (5%)

(Source: OHA, Vital Statistics, Mortality)

Men's Health Screenings

- ◆ More than two-fifths (43%) of Umatilla County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 31% had one in the past year.
- ◆ Nearly three-fifths (58%) of men had a digital rectal exam in their lifetime and 31% had one in the past year.
- ◆ 72% of males age 50 and over had a PSA test at some time in their life, and 50% had one in the past year.
- ◆ 88% of males age 50 and over had a digital rectal exam at some time in their life, and 44% have had one in the past year.
- ◆ 27% of men have been taught by a healthcare professional how to do a testicular exam.

Men's Health Concerns

- ◆ In 2009, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all male deaths in Umatilla County (Source: OHA, Vital Statistics, Mortality).
- ◆ 25% of Umatilla County male deaths in 2009 were due to cancer (Source: OHA, Vital Statistics, Mortality).
- ◆ In 2011, the health assessment determined that 7% of men had a heart attack and 2% had 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 Umatilla County the 2011 health assessment has identified that:
 - 20% of all men were current smokers (19% U.S., 16% Oregon, 2010 BRFSS)
 - 72% were overweight or obese (71% U.S., 69% Oregon, 2010 BRFSS)
 - 41% were diagnosed with high blood cholesterol (40% U.S., 37% Oregon, 2009 BRFSS)
 - 37% were diagnosed with high blood pressure (30% U.S., 30% Oregon, 2009 BRFSS)
 - 15% have been diagnosed with diabetes (9% U.S., 8% Oregon, 2010 BRFSS)

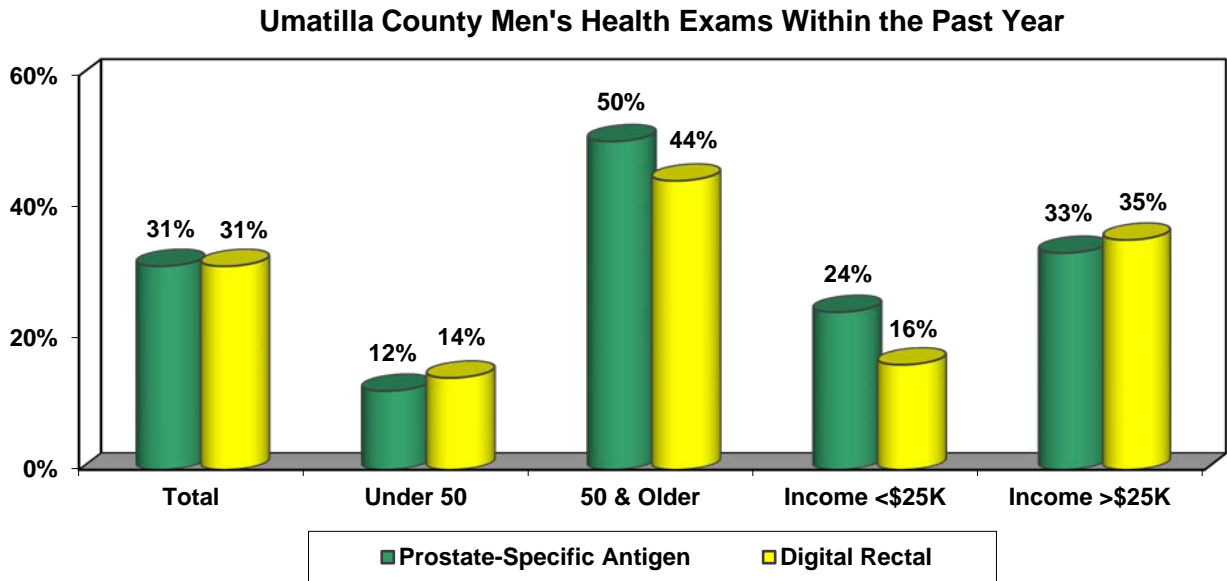
Cancer and Men

- ❖ More men in the U.S. die from lung cancer than any other type of cancer. The most important thing you can do to prevent lung cancer is not to start smoking, or to quit if you smoke.
- ❖ Prostate cancer is the most common cancer in men in the U.S., not counting skin cancer. It is the second most common cause of cancer death in men. While all men are at risk for prostate cancer, some factors increase risk. These include:
 - older age
 - family history of prostate cancer
 - being African American.
- ❖ Colorectal cancer is the third leading cause of cancer deaths in America men. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.

(Source: Center for Disease Control and Prevention, National Cancer Institute, 2010)

Men's Health

The following graph shows the percentage of Umatilla County males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 31% of Umatilla County males have had a PSA test within the past year and 31% have had a digital rectal exam.



Men's Health Data

- ❖ Approximately 12% of adult males aged 18 years or older reported fair or poor health.
- ❖ 22% of adult males in the U.S. currently smoke.
- ❖ Of the adult males in the U.S., 31.5% had 5 or more drinks in 1 day at least once in the past year.
- ❖ Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- ❖ There are 20% 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).

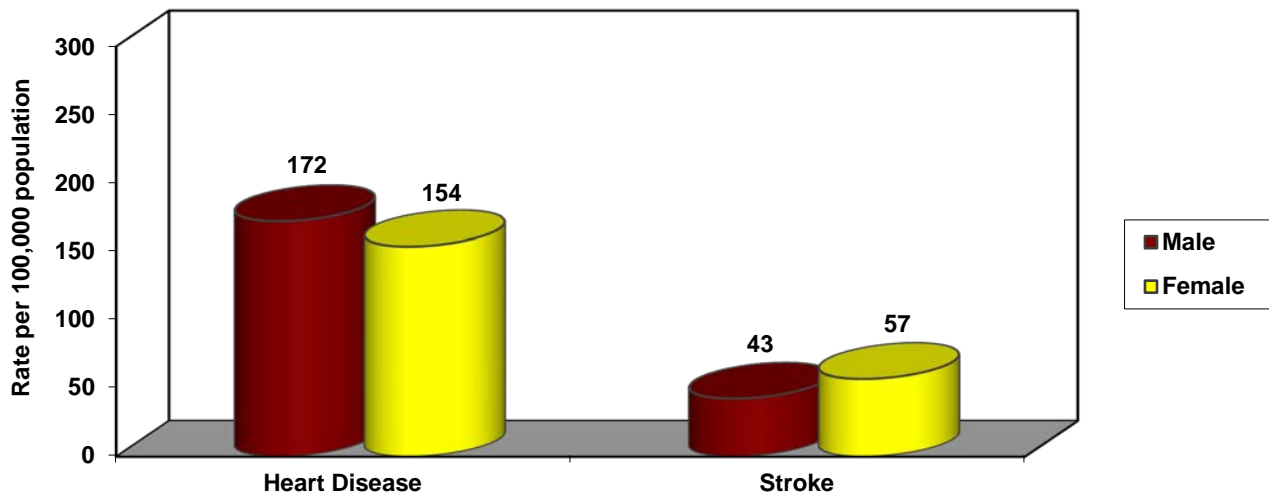
(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 2/18/2011 from http://www.cdc.gov/nchs/fastats/mens_health.htm)

Men's Health

The following graph shows the Oregon age-adjusted mortality rate for heart disease and stroke. The graph shows:

- ◆ In 2009, the Oregon male age-adjusted mortality rate was higher than the female rate for heart disease but lower for stroke.
- ◆ In 2008, the U.S. age-adjusted heart disease and stroke mortality rates were 186.5 and 40.7, respectively.

Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2009



**Note – Rates per 100,000 population
(Source for graph: OHA, Vital Statistics Mortality)*

Heart Health and Stroke Facts for Men

Heart disease is the leading cause of death for men in the United States. Nine out of 10 heart disease patients have at least one risk factor. Several medical conditions and lifestyle choices can put men at higher risk for heart disease, including:

- ◆ High blood cholesterol
- ◆ High blood pressure
- ◆ Diabetes
- ◆ Cigarette smoking
- ◆ Overweight and obesity
- ◆ Poor Diet
- ◆ Physical inactivity
- ◆ Alcohol Use

Stroke is the 5th leading cause of death for men in the United States. Conditional risk factors for stroke are similar to conditional risk factors for heart disease. You can help prevent stroke by making healthy choices and managing any medical conditions you might have. Lifestyle choices to prevent heart disease and stroke include:

- ◆ Eat a healthy diet
- ◆ Maintain a healthy weight
- ◆ Be active
- ◆ Limit alcohol use
- ◆ Don't smoke

It is important to have your blood cholesterol, blood pressure, and blood glucose levels checked by your doctor because these tests can lower your risk for heart disease and stroke.

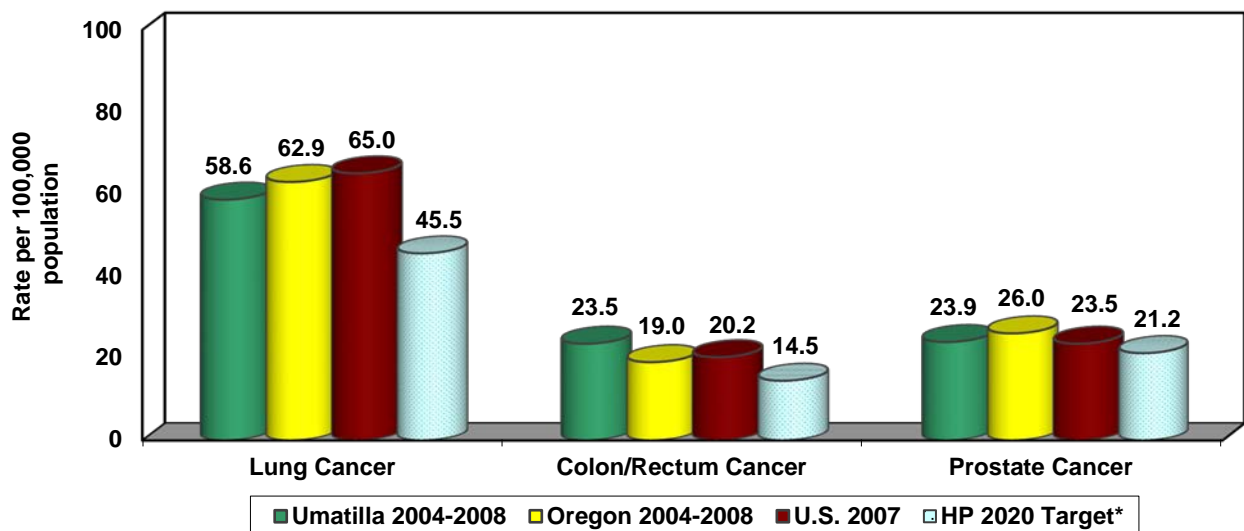
(Source: CDC, Heart Disease and Stroke, updated 1-14-10)

Men's Health

The following graph shows the Umatilla County age-adjusted mortality rates per 100,000 population for men's health with comparison to Healthy People 2020 objectives. The graph shows:

- ◆ From 2004-2008, the Umatilla County age-adjusted mortality rate for male lung cancer was lower than the Oregon and U.S. rate but higher than the Healthy People 2020 objective.
- ◆ The Umatilla County age-adjusted mortality rate from 2004-2008 for colon and rectum cancer was higher than the Oregon rate, U.S. rate and Healthy People 2020 objective.
- ◆ The age-adjusted prostate cancer mortality rate in Umatilla County for 2004-2008 was lower than the Oregon rate but higher than the U.S. rate and Healthy People 2020 objective.

Umatilla County Male Age-Adjusted Cancer Mortality Rates



**Note: the Healthy People 2020 target rates are not gender specific.*

(Source: National Cancer Institute, State Cancer Profiles, <http://statecancerprofiles.cancer.gov/index.html> and Healthy People 2020)

Adult Preventive Medicine and Health Screenings

Key Findings

65% of adults over the age of 50 have received a colorectal cancer screening at some time in their life. More than two-thirds (69%) of adults have had a tetanus shot in the past 10 years.

Preventive Medicine

- ◆ 60% of Umatilla adults received their last flu shot from the following places: store/pharmacy (17%), doctor's office or health maintenance organization (16%), hospital or emergency room (10%), workplace (8%), health department (4%), another type of clinic or health center (2%), senior/recreation/community center (1%), and some other place (2%).
- ◆ Those who did not receive the flu vaccine reported the following reasons for not doing so: did not need it (57%), get sick from it (14%), cost (5%), insurance would not pay for it (5%), time (4%), religious beliefs (3%), vaccine not available (2%), and other reasons (10%).
- ◆ More than two-thirds (69%) of adults have had a tetanus shot in the past 10 years.

Ways to Prevent Seasonal Flu

1. Get vaccinated each year.
2. Avoid close contact with people who are sick.
3. Stay home when you are sick.
4. Cover your mouth and nose.
5. Wash your hands.
6. Avoid touching eyes, nose, or mouth.
7. Practice other good health habits, such as get plenty of sleep, exercise routinely, drink plenty of fluids, eat a nutritious diet.

(Source: Centers for Disease Control, National Center for Immunization and Respiratory Diseases (NCIRD), Fact Sheet: Good Health Habits for Preventing Seasonal Flu)

Preventive Health Screenings and Exams

- ◆ About one-third (32%) of adults had a colorectal cancer screening at some time in their life, increasing to 65% of those ages 50 and over.
- ◆ In the past year, 46% of Umatilla County women ages 40 and over have had a mammogram.
- ◆ In the past year, 50% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Umatilla County adults.
- ◆ Umatilla County adults reported the following as symptoms of a heart attack: chest pain or discomfort (90%), pain or discomfort in the arms and shoulder (80%), shortness of breath (76%), feeling weak, lightheaded, or faint (59%), pain or discomfort in the jaw, neck, or back (56%), and sudden trouble seeing in one or both eyes (34%).
- ◆ Umatilla County adults reported the following as symptoms of stroke: sudden numbness or weakness of face, arm or leg (89%), sudden confusion or trouble speaking (81%), sudden trouble walking, dizziness or loss of balance (79%), sudden trouble seeing in one or both eyes (66%), severe headache with no known cause (55%), and sudden chest pain or discomfort (27%).

Preventive Counseling Services

- ◆ Umatilla County adults indicated that their doctor or other health professional had discussed the following topics with them within the past year: physical activity/exercise (40%), immunizations (28%), diet/eating habits (27%), depression/anxiety/emotional problems (25%), significance of family history (22%), alcohol use when taking prescription drugs (15%), quitting smoking (11%), sexual practices (10%), alcohol use (8%), injury prevention (8%), illicit drug abuse (4%), and domestic violence (2%).

Adult Preventive Medicine and Health Screenings

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

HEALTHCARE TOPICS	2011
Physical Activity or Exercise	40%
Immunization	28%
Dieting or Eating Habits	27%
Depression, Anxiety, or Emotional Problems	25%
Significance of Family Health History	22%
Alcohol Use When Taking Prescription Drugs	15%
Quitting Smoking	11%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	10%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%
Alcohol Use	8%
Drug Use	4%
Domestic Violence	2%

Umatilla County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Cholesterol	36%
Diagnosed with High Blood Pressure	31%
Diagnosed with Diabetes	13%
Diagnosed with a Heart Attack	5%
Diagnosed with a Stroke	2%

(Percentages based on all Umatilla County adults surveyed)

Environmental Health

Key Findings

Rodents and insects were the two most important perceived environmental health issues that threatened Umatilla County adults' health in the past year.

Environmental Health

- ◆ Umatilla County adults thought the following threatened their health in the past year:
 - Rodents or mice (13%)
 - Insects (11%)
 - Mold (7%)
 - Plumbing problems (5%)
 - Temperature regulation (3%)
 - Unsafe water supply (3%)
 - Lead paint (3%)
 - Private well water (3%)
 - Sewage/waste water problems (1%)
 - Safety hazards (1%)
 - Home food preparation (1%)
 - Storage of leftover foods (1%)
 - Chemicals found in household products (1%)
 - Asbestos (1%)
 - Radiation (1%)
 - Excess medications in the home (1%)

Potential Health Effects of Mold

- ❖ Mold does not always cause health problems indoors.
- ❖ People who are sensitive to mold may experience nasal stuffiness, eye irritation, wheezing, or skin irritation when exposed to mold.
- ❖ Severe reactions include a fever and shortness of breath.
- ❖ Increased risk for infections that may develop into fungal infections is more likely in people with chronic lung diseases like COPD and immune-compromised people.

(Source: CDC, National Center for Environmental Health, Facts about *Stachybotrys chartarum* and Other Molds, Obtained from: <http://www.cdc.gov/mold/stachy.htm>)

Disaster Preparedness

- ◆ Umatilla County households had the following disaster preparedness supplies: cell phone (88%), working flashlight and working batteries (85%), 3-day supply of nonperishable food for everyone who lives there (59%), working battery operated radio and working batteries (46%), 3-day supply of prescription medication for each person who takes prescribed medicines (49%), and 3-day supply of water for everyone in the household (1 gallon of water per person per day) (36%).
- ◆ 96% of households had multiple disaster preparedness supplies, and 4% had no disaster preparedness supplies.
- ◆ Umatilla County adults would use the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: radio (60%), television (54%), cell phone (50%), internet (38%), neighbors (19%), land-line telephone (18%), CSEPP Radio (15%), law enforcement (15%), print media (11%), social media (10%), reverse 911 (4%), and other (3%).

Additional Items to Consider Adding to Basic Emergency Supply Kit

- | | |
|--|-------------------------------------|
| ○ Prescription medications and glasses | ○ Cash or traveler's checks |
| ○ Sleeping bag or warm blanket for each person | ○ Fire extinguisher |
| ○ Additional clothing including a long sleeved shirt, pants and sturdy shoes | ○ Matches in a waterproof container |
| ○ Household unscented chlorine bleach and medicine dropper | ○ Paper and pencil |
| ○ Feminine supplies and personal hygiene items | ○ Infant formula and diapers |
| ○ Mess kits, paper cups, plates and plastic utensils, paper towels | |
| ○ Books, games, puzzles or other activities for children | |
| ○ Family documents such as copies of insurance policies & bank account records in a waterproof, portable container | |

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Plan. Stay Informed., Emergency Supply List, Obtained from: <http://www.ready.gov/america/downloads/checkout3.pdf>)

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2011, over two-thirds (71%) of Umatilla County adults had sexual intercourse. Five percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2010 STD Surveillance).

Adult Sexual Behavior

- ◆ Over two-thirds (71%) of Umatilla County adults had sexual intercourse in the past year.
- ◆ 5% of adults reported they had intercourse with more than one partner in the past year, increasing to 27% of those under the age of 30.
- ◆ Umatilla County adults used the following methods of birth control: vasectomy (21%), abstinence (20%), condoms (15%), hysterectomy (15%), tubes tied (12%), birth control pill (8%), IUD (6%), withdrawal (5%), rhythm method (2%), contraceptive implants (2%), contraceptive patch (1%), shots (1%), diaphragm (1%), emergency contraception (<1%), and some other method (1%).
- ◆ 9% of Umatilla County adults were not using any method of birth control.
- ◆ 9% of adults had been forced to participate in sexual activity when they did not want to, increasing to 16% of females.
- ◆ Umatilla County adults have made the following sexual behavior changes based on what they know about HIV and STDs: have sexual intercourse with the same partner (20%), always use condoms for protection (9%), and decreased their number of sexual partners or became abstinent (9%). 54% did not make any changes.

Ways to Have Safer Sex

- ❖ Be honest with your partner.
- ❖ Protect yourself and your partner from body fluids.
- ❖ Sexual play without intercourse can be enjoyable and safer than intercourse.
- ❖ Ask questions about partner's history (drugs, sexual partners, and whether or not they've been tested).
- ❖ Get the correct treatment if you become infected.
- ❖ Getting tested regularly for HIV/AIDS and other sexually transmitted diseases.

(Source: Planned Parenthood: Preventing STIs/STDs, <http://www.plannedparenthood.org/sexual-bealth/std/preventing-stis-stds.htm>)

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Had more than one sexual partner in past year	5%	N/A	N/A

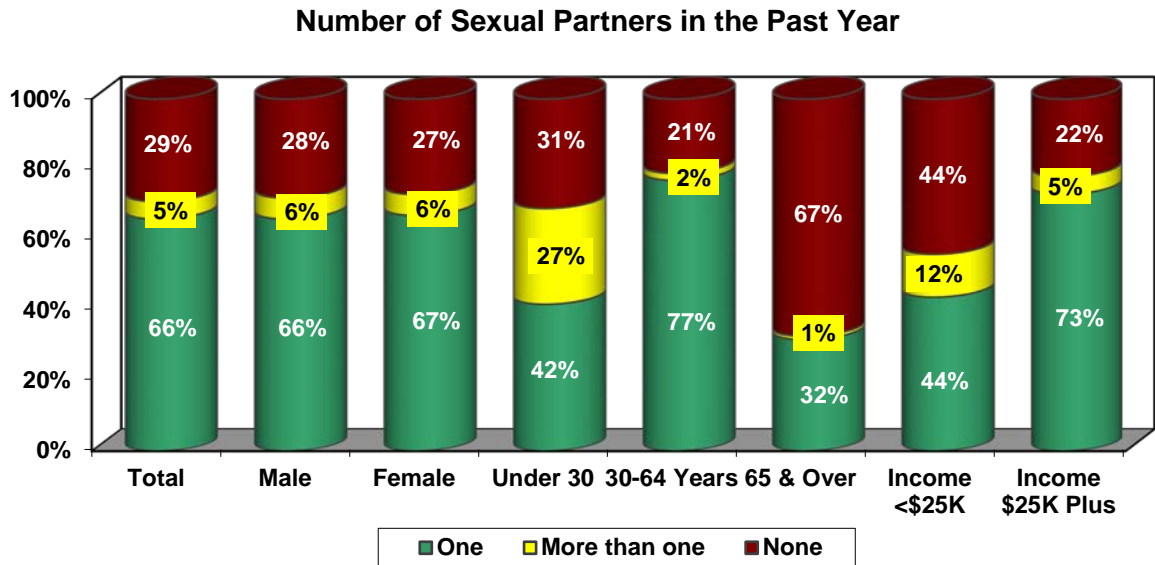
United States 2009 Sexually Transmitted Disease Surveillance Profile

- ❖ Chlamydia is the most commonly reported notifiable disease in the United States and is the most prevalent of all STDs. From 1990-2009, the rate of chlamydial infections increased from 160.2 to 409.2 cases per 100,000 population.
- ❖ Gonorrhea is the second most commonly reported notifiable disease. During 2008-2009, the gonorrhea rate decreased in 84% of the states.
- ❖ Studies from 2003-2005 show that there was an overall high-risk HPV prevalence of 23%. Differences in age groups were observed, such as 35% in those aged 14-19 year olds, 29% in those aged 20-29%, 13% in those 30-39 year olds, 11% in those aged 40-49, and 6.3% in those aged 50-65 year olds.

(Source: CDC, Sexually Transmitted Diseases, 2009 Sexually Transmitted Diseases Surveillance, National Profile, <http://www.cdc.gov/std/stats09/Natprointro.htm>)

Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Umatilla County adults. Examples of how to interpret the information in the graph include: 66% of all Umatilla County adults had one sexual partner in the last 12 months and 5% had more than one, and 66% of males had one partner in the past year.



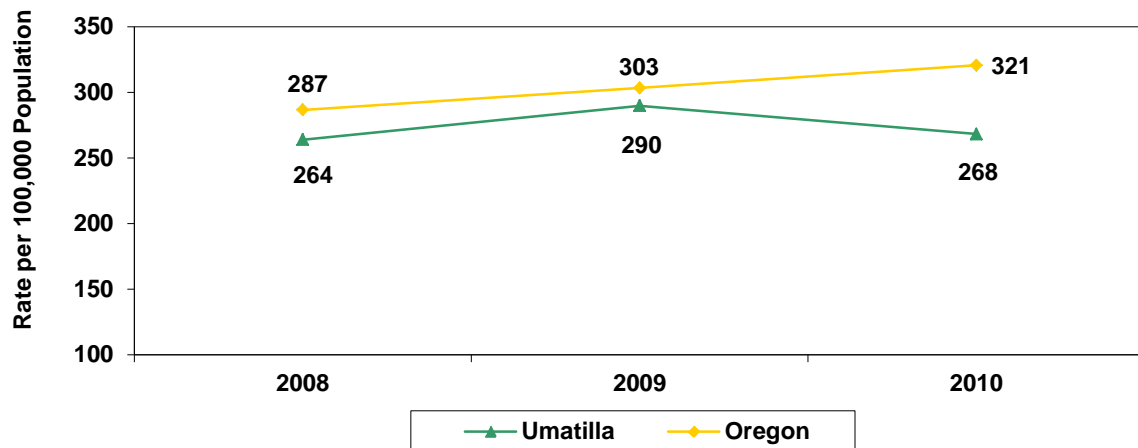
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Adult Sexual Behavior and Pregnancy Outcomes

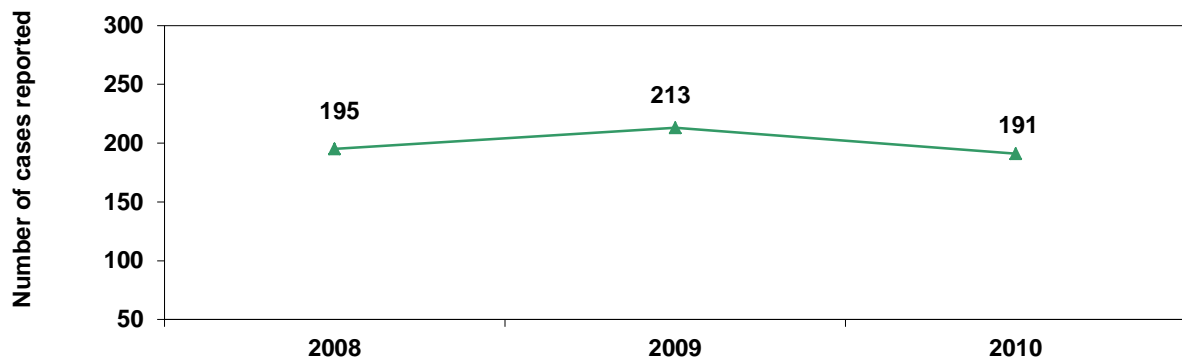
The following graphs show Umatilla County chlamydia and gonorrhea disease rates per 100,000 population updated March 23, 2011 by the Oregon Health Authority. The graphs show:

- ◆ Umatilla County chlamydia rates fluctuated from 2008 to 2010. These rates remained below the Oregon rates.
- ◆ In 2010, the U.S. rate for new chlamydia cases was 426.0 per 100,000 population. (Source: CDC, *Sexually Transmitted Diseases Surveillance*, 2010)

Chlamydia Annualized Disease Rates for Umatilla County and Oregon



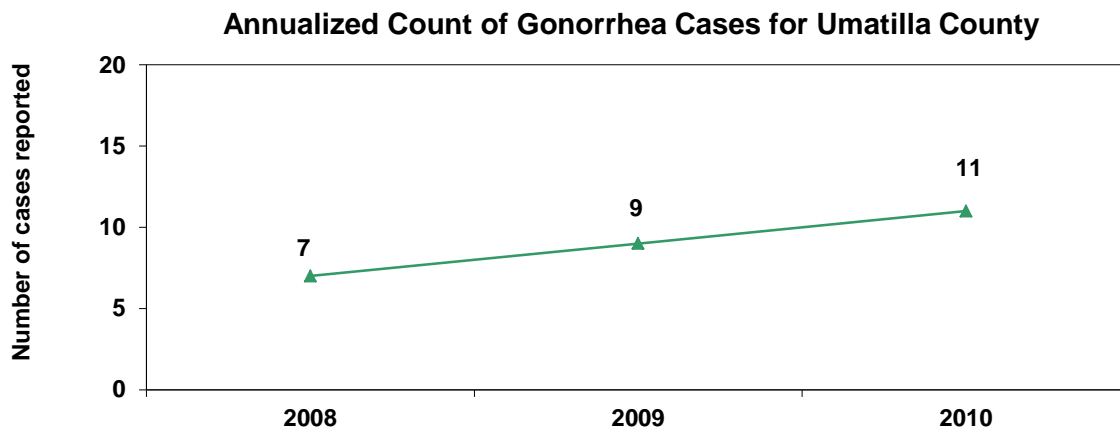
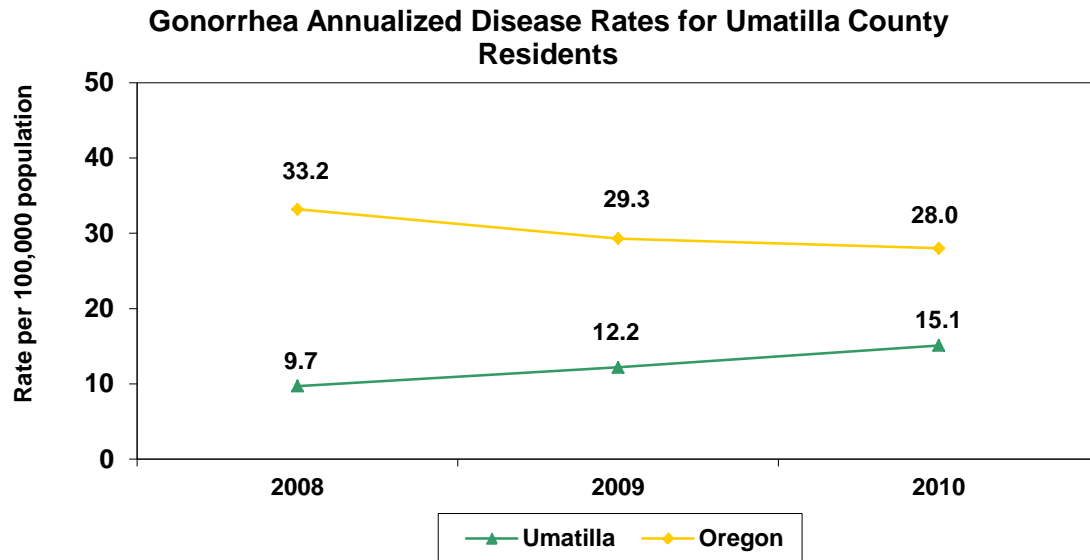
Annualized Count of Chlamydia Cases for Umatilla County



(Source for graphs: OHA, Reported STDs, through 3-23-11)

Adult Sexual Behavior and Pregnancy Outcomes

- ◆ The Umatilla County gonorrhea rate increased from 2008 to 2010, while the Oregon rate decreased during the same time period.
- ◆ In 2010, the U.S. rate for new gonorrhea cases for the total population was 100.8 per 100,000 population. (Source: CDC, *Sexually Transmitted Diseases Surveillance*, 2010)
- ◆ The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: OHLA, Reported STDs, through 3-23-11)

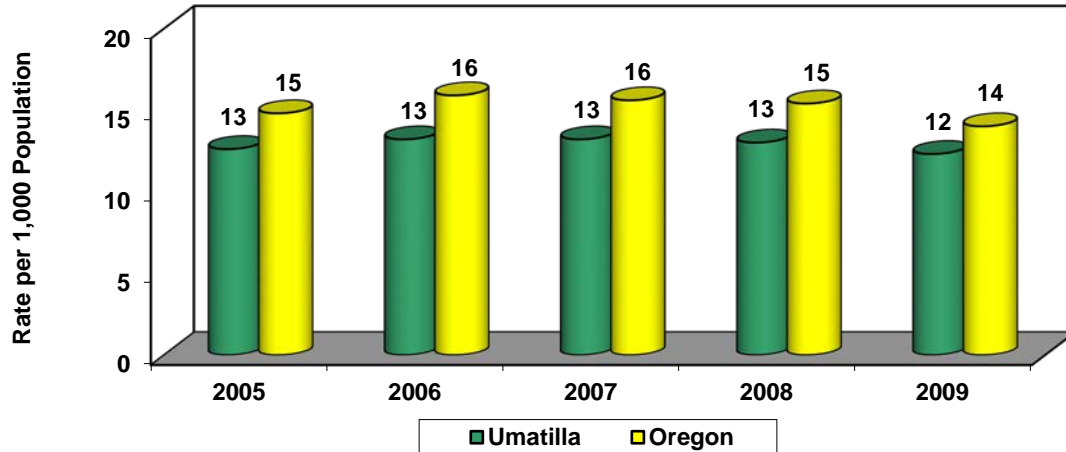
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

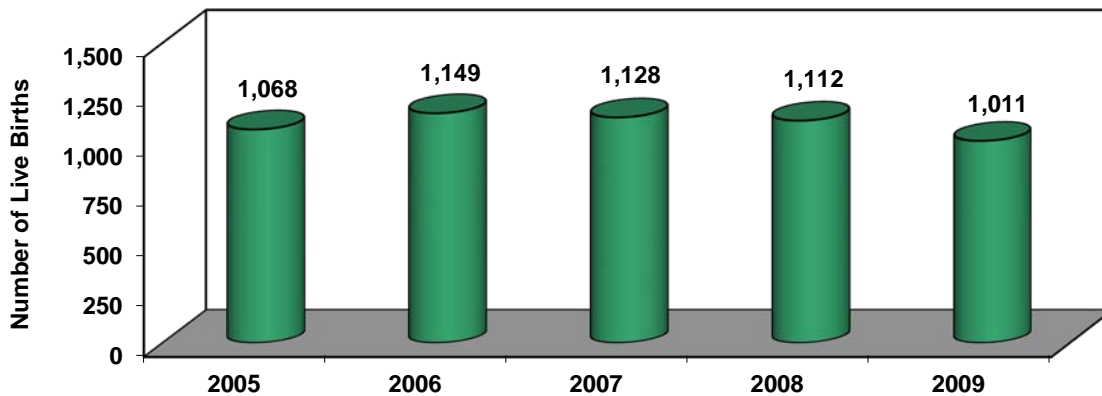
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2005-2009, there was an average of 1,094 live births per year in Umatilla County.
- ◆ In 2009, the U.S. birth rate was 13.5 per 1,000 women (*Source: CDC, National Vital Statistics Report, 2011*).

Umatilla County and Oregon Birth Rates



Umatilla County Total Live Births



(Source for graphs: OHA, Vital Statistics, Perinatal Trends)

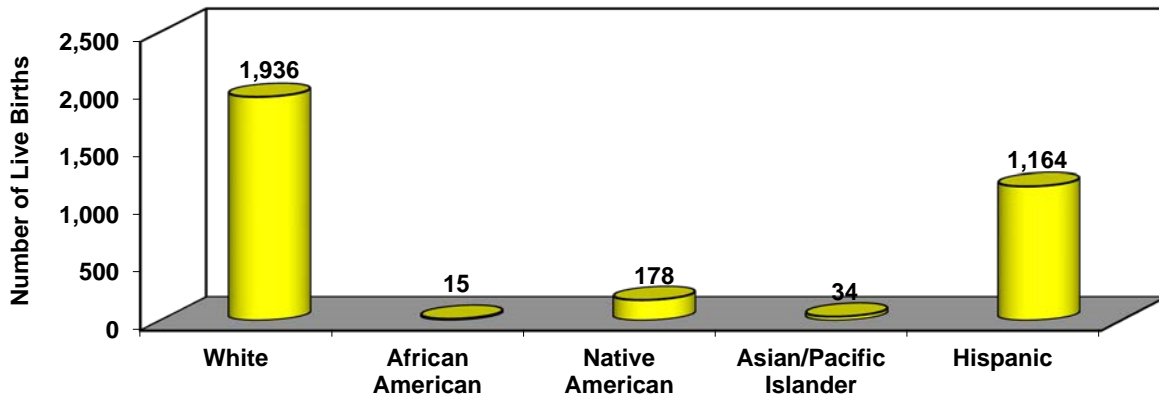
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

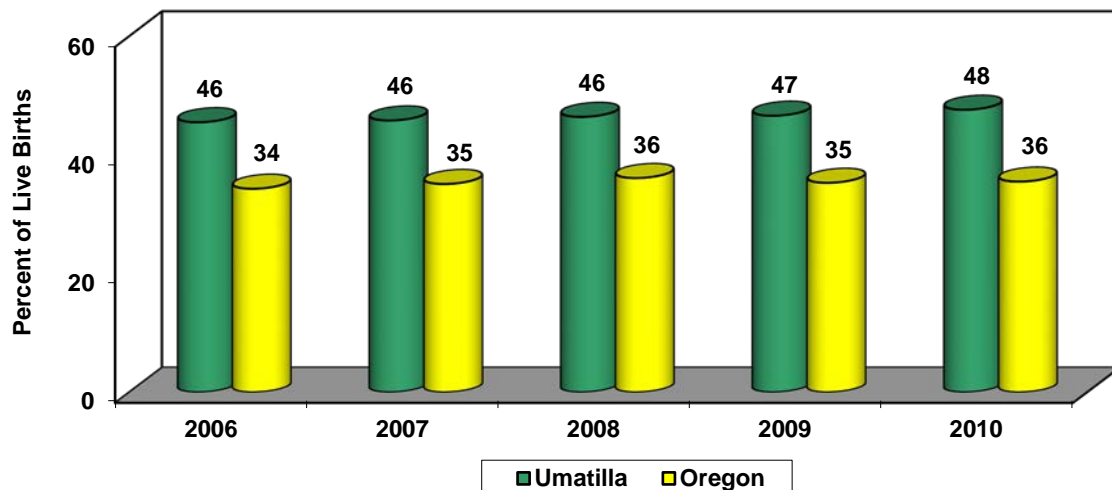
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ The percentage of births to unwed mothers in Umatilla was above the Oregon percentage each year from 2006 to 2010, and increased overall during the five year period.
- ◆ In 2009, 41% of U.S. births were to unwed mothers (*Source: CDC, National Vital Statistics Report 2011*).

**Umatilla County Total Live Births By Race/Ethnicity
2005-2007**



Umatilla County Unwed Births



(Source for graphs: OHA, Birth Data)

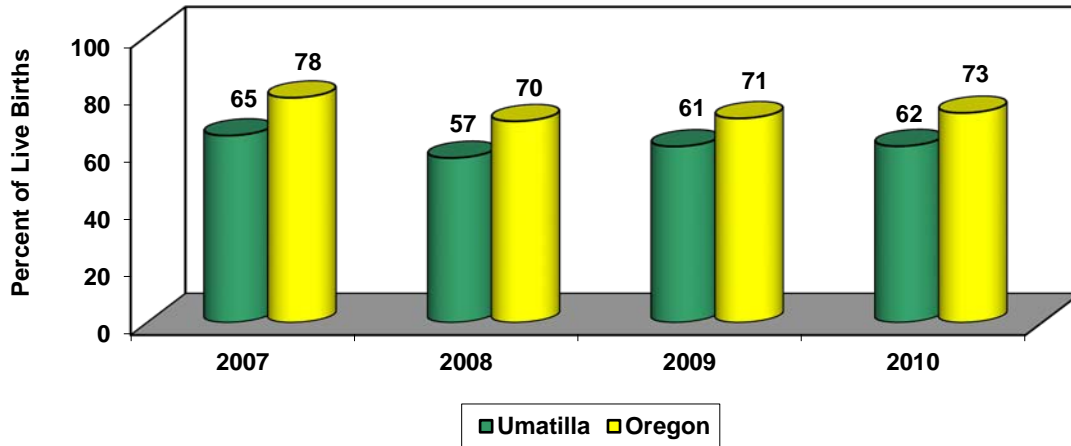
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

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

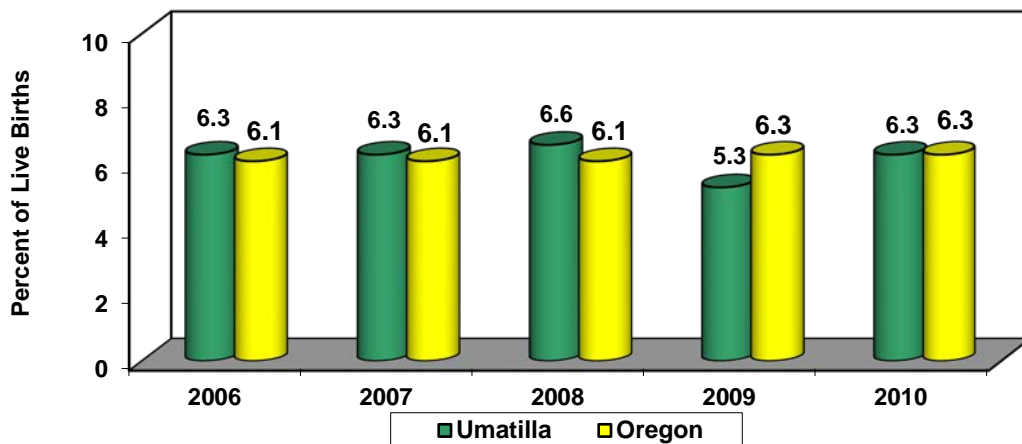
- ◆ In 2010, 73% of Oregon mothers received prenatal care during the first trimester (OHA, Birth Data, 2010).
- ◆ In 2009, 8.2% of all U.S. live births were low birth weight births (Source: CDC, National Vital Statistics Report, 2011).

Umatilla County Births with First Trimester Prenatal Care



(Source: OHA, Birth Data)

Umatilla County Low Birth Weight Births*



**Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: OHA, Birth Data)*

Quality of Life and Safety

Key Findings

In 2011, the health assessment identified that 62% of Umatilla County adults kept a firearm in or around their home. The most limiting health problems were back or neck problems, arthritis, and walking problems.

Impairments and Health Problems

- ◆ The following impairments or health problems limited Umatilla County adults' activities: back or neck problems (20%), arthritis (18%), walking problems (13%), obesity (9%), fractures, bone/joint injuries (9%), lung/breathing problems (8%), depression, anxiety, or emotional problems (8%), eye/vision problems (7%), diabetes (4%), hearing problems (4%), high blood pressure (3%), heart problems (3%), tobacco dependency (3%), cancer (2%), stroke-related problems (1%), alcohol dependency (<1%), and other impairments (3%).
- ◆ Umatilla County adults' activities were limited because of: physical problems (29%), emotional problems (5%), and mental problems (2%).
- ◆ In the past month, 24% of Umatilla County adults provided regular care or assistance to a friend or family member who had a health problem, long-term illness or disability.

Safety

- ◆ More than three-fifths (62%) of Umatilla County adults kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.
- ◆ 17% of Umatilla County adults had deliberately tested all of the smoke detectors in their home in the past month; 43% had tested them in the past 6 months; and 66% has tested the smoke detectors in their home within the past year. Approximately 3% reported having no smoke detectors in their Umatilla County home.

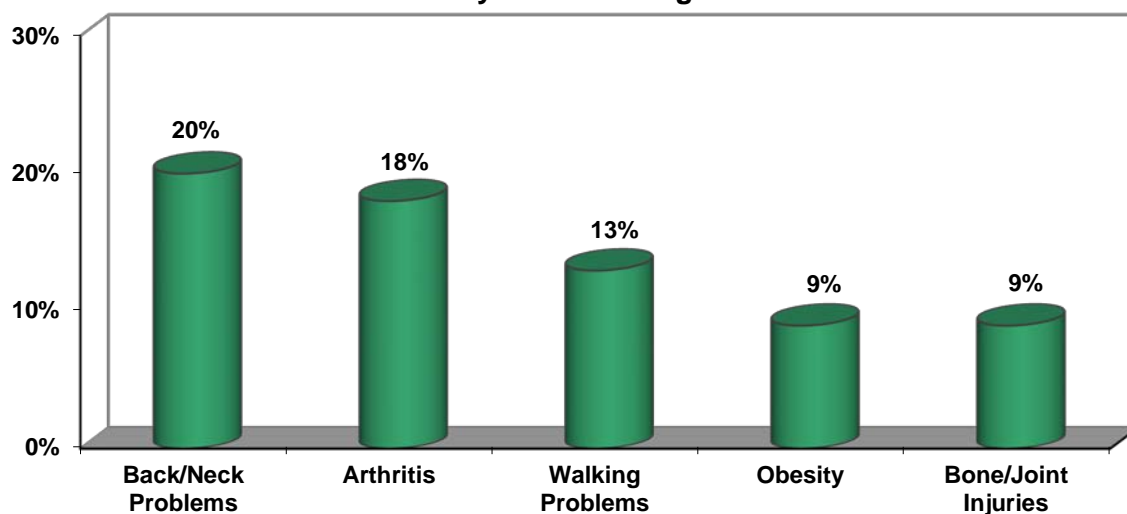
Back Pain Prevention

The best things you can do to prevent back pain are:

- ◆ Exercise often and maintain a healthy weight or lose weight if you weigh too much.
- ◆ Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- ◆ Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, updated 9/09)

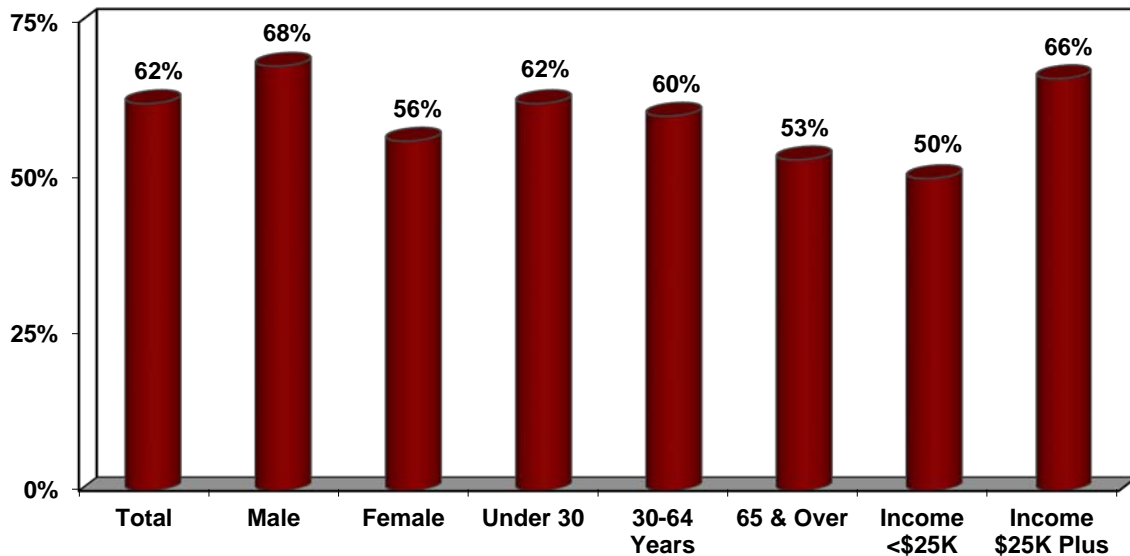
Umatilla County Most Limiting Health Problems



Quality of Life and Safety

The following graph shows the percentage of Umatilla County adults that had a firearm in the home. Examples of how to interpret the information shown in the first graph include: 62% of all Umatilla County adults kept a firearm in their home, 68% of males, and 62% of those under 30 kept a firearm in their home.

Umatilla County Adults With a Firearm in the Home



Firearm Injury Prevention

According to The American College of Emergency Physicians (ACEP), the improper use of firearms results in death and injury. Below are some of the College supported efforts to prevent firearm-related injuries and deaths:

- ❖ Aggressively enforce current laws against illegal possession, purchase, sale, or use of firearms;
- ❖ Encourage the creation and evaluation of community and school-based education programs targeting the prevention of firearm injuries;
- ❖ Educate the public about the risks of improperly stored firearms, especially in the home;
- ❖ Increase funding for the development, evaluation, and implementation of evidence-based programs and policies to reduce firearm-related injury and death
- ❖ Work with stakeholders to develop comprehensive strategies to prevent firearm injury and death

(Source: Firearm Injury Prevention, Annals of Emergency Medicine, v. 57 issue 6, 2011, p. 691)

Social Context

Key Findings

In 2011, 6% of Umatilla County adults were threatened or abused in the past year. 13% of adults needed help with general daily needs, such as food, clothing, shelter or paying utility bills.

Social Context

- ◆ In the past 30 days, 13% of Umatilla County adults needed help meeting their general daily needs such as food, clothing, shelter or paying utility bills, increasing to 32% of those with annual incomes less than \$25,000.
- ◆ Umatilla County adults have sought assistance for the following in the past year: food (9%), utilities (9%), rent/mortgage (3%), legal aid services (3%), transportation (2%), home repair (2%), credit counseling (2%), free tax preparation (1%), and clothing (<1%).
- ◆ One in eight (13%) Umatilla County adults attempted to get assistance from a social service agency. They attempted to get assistance from the following: CAPECO (51%), DHS/Self-sufficiency (34%), a friend or family member (28%), Agape House (23%), church (13%) food pantries (11%), public health (11%), Salvation Army (6%), St. Mary's Outreach (4%), and somewhere else (11%). 1% of adults did not know where to look for assistance.
- ◆ Umatilla County adults experienced the following situations in the past year: a close family member had to go in the hospital (32%), death of a family member or close friend (28%), had bills they could not pay (18%), someone close to them had a problem with drinking or drugs (11%), someone in the household lost their job (9%), someone in the household had their work hours reduced (8%), moved to a new address (7%), fear their neighborhood is unsafe (7%), became separated or divorced (3%), someone in the household went to jail (3%), was homeless (1%), was involved in a physical fight (<1%), and was hit or slapped by their spouse or partner (<1%).
- ◆ 6% of Umatilla County adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (32%), a child (27%), someone outside the home (23%), another family member (5%), and someone else (23%).
- ◆ Those who were abused were abused in the following ways: verbally (71%), emotionally (50%), financially (22%), physically (9%), and through electronic methods (4%).
- ◆ Adults indicated that Umatilla County residents need more education about the following: drug abuse (45%), parenting classes (43%), teenage pregnancy (42%), distracted driving (42%), driving under the influence-DUI (35%), bullying (32%), violence (30%), tobacco use (25%), sexting (18%), suicide prevention (17%), speeding (15%), seat belt/restraint usage (10%), bicycle safety (7%), falls (2%), and other issues (11%).

Food Security:

Oregon and the United States

- ◆ From 2008-2010, 13.7% of all Oregon households were food insecure (14.6% U.S.), while 6.1% had very low food security or hunger (5.6% U.S.).
- ◆ 13.6% of those considered very low food secure in Oregon had less than a high school diploma (10.4% U.S.), and 6.4% were couples with children (3.9% U.S.).

(Source: Oregon State University: Rural Studies Program, Hunger in Oregon during the Great Recession, January 2012)

Understanding Intimate Partner Violence (IPV)

- ◆ IPV usually starts with emotional abuse (threatening a partner, his or her possessions or loved ones, or harming a partner's sense of self-worth).
- ◆ Almost 30% of women and 10% of men in the U.S. have experienced rape, physical violence, and/or stalking by a partner with IPV-related impact.
- ◆ Intimate partner violence caused 2,340 deaths in 2007, 70% which were females.
- ◆ Victims of IPV are linked to unhealthy behaviors, such as smoking, drinking, using drugs, or having risky sexual behavior.

(Source: CDC, National Center for Injury Prevention and Control, Understanding Intimate Partner Violence Fact Sheet, 2012)

Mental Health and Suicide

Key Findings

In 2011, 1% of Umatilla County adults attempted suicide. 21% of adults felt sad, blue or depressed almost every day for two or more weeks in a row.

Adult Mental Health

- ◆ Umatilla County adults were diagnosed or treated for the following mental health issues: mood disorder (22%), anxiety disorder (9%), psychotic disorder (<1%), and some other mental health disorder (2%).
- ◆ 15% of adults have taken medications for a mental health disorder.
- ◆ Umatilla County adults experienced the following almost every day for two weeks or more in a row: did not get enough rest or sleep (39%), felt worried, tense, or anxious (30%), had high stress (23%), felt sad, blue or depressed (21%), and felt very healthy and full of energy (15%).
- ◆ One percent (1%) of adults attempted suicide.
- ◆ Umatilla County adults receive the social and emotional support they needed from the following: family (70%), friends (61%), church (24%), a professional (8%), neighbors (7%), community (5%), self-help group (1%), and other (9%).
- ◆ 42% of adults have hit their head hard enough that they were dizzy, had a concussion, or were knocked out.

Stigma of Mental Illness

(Based on 2007 BRFSS data)

- ◆ Most adult with mental health symptoms (78%) and without mental health symptoms agreed that treatment can help persons with mental illness lead normal lives.
- ◆ 57% of adults believed that people are caring and sympathetic to persons with mental illness.
- ◆ Only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness.

(Sources: CDC, National Center for Chronic Disease Prevention and Health Promotion, Stigma of Mental Illness, July 2011, http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm)

Warning Signs for Suicide

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

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

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

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

Prevention: Take it Seriously

Fifty to 75% of all suicides give some warning of their intentions to a friend or family member. Recognize the *Imminent Dangers*:

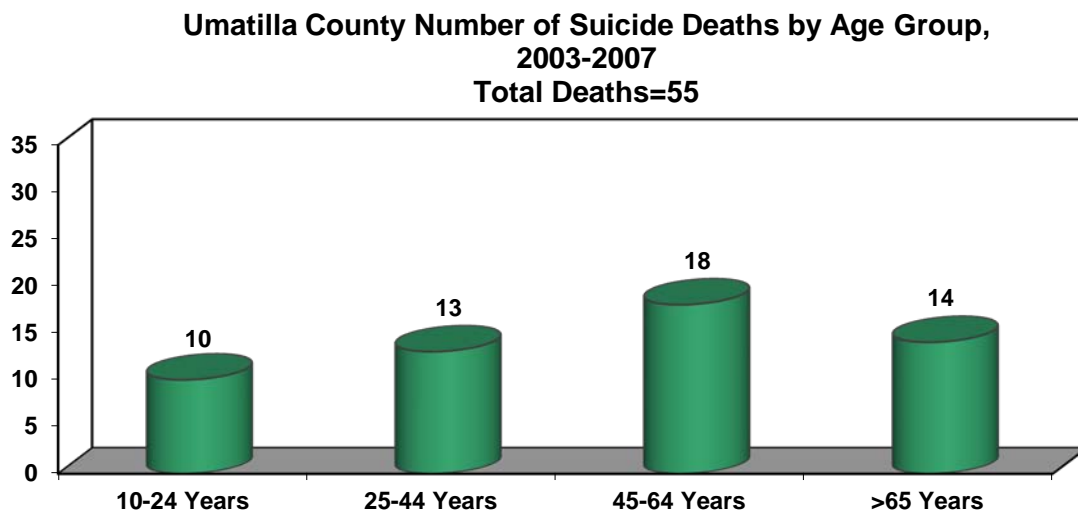
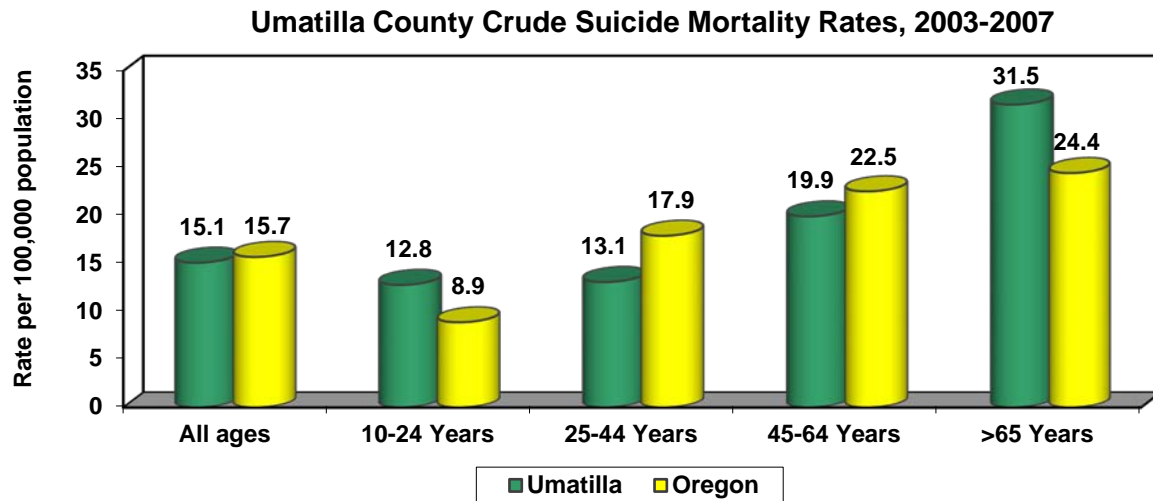
- ◆ Threatening to hurt or kill oneself
- ◆ Talking or writing about death, dying, or suicide
- ◆ Looking for ways to kill oneself (weapons, pills, or other means)
- ◆ Has made plans or preparations for a potentially serious attempt

(Source: American Foundation for Suicide Prevention, When You Fear Someone May Take Their Life, http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=F2F25092-7E90-9BD4-C4658F1D2B5D19A0)

Mental Health and Suicide

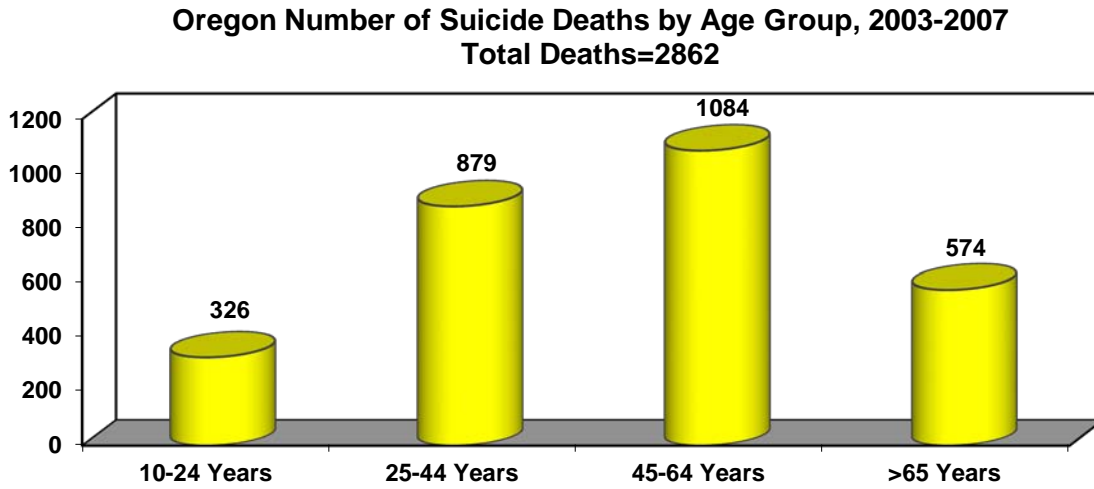
The following graphs show the Oregon and Umatilla County crude suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county and state. The graphs show:

- ◆ The Umatilla County crude suicide mortality rate was below the Oregon rate for those aged 25-44 and 45-64 years old.
- ◆ From 2003-2007, 33% of all Umatilla County suicide deaths occurred to those ages 45-64 years old.
- ◆ From 2003-2007, 38% of all Oregon suicide deaths occurred to those ages 45-64 years old.



(Source for graphs: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", September 2010, Obtained from: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide_in_Oregon_5year_data_report_2010.pdf)

Mental Health and Suicide



(Source for graphs: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", September 2010, Obtained from: http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide_in_Oregon_5year_data_report_2010.pdf)

Mental Health and Suicide

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ❖ Depression
- ❖ Alcohol abuse
- ❖ Aggressive or disruptive behaviors

In 2005, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

- ❖ Depressed mood
- ❖ Substance abuse
- ❖ Difficulties in dealing with sexual orientation
- ❖ Family loss or instability; significant problems with parents
- ❖ Unplanned pregnancy
- ❖ Frequent episodes of running away or being incarcerated
- ❖ Withdrawal from family and friends
- ❖ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ❖ Loss of interest in or enjoyment in activities that was once pleasurable
- ❖ Impulsive, aggressive behavior, frequent expressions of rage

Suicide Risk Factors

A risk factor is anything that increases the likelihood that persons will harm themselves including:

- ❖ Previous suicide attempt(s)
- ❖ History of mental disorders, particularly depression
- ❖ History of alcohol and substance abuse
- ❖ Family history of suicide
- ❖ Family history of child maltreatment
- ❖ Feelings of hopelessness
- ❖ Impulsive or aggressive tendencies
- ❖ Physical illness
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide

(Source: CDC, National Center for Injury Prevention and Control, *Suicide Fact Sheet*, 2010)

Suicide Protective Factors

Protective factors defend people from the risks associated with suicide and include:

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, *Suicide Fact Sheet*)

For additional resources please see:

U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: 1999.

U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention*. Washington, DC: 2001.

Oral Health

Key Findings

The 2011 health assessment project has determined that more than three-fifths (63%) of Umatilla County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. and Oregon adults had visited a dentist or dental clinic in the previous twelve months.

Access to Dental Care

- ◆ In the past year, 63% of Umatilla County adults had visited a dentist or dental clinic, decreasing to 32% of adults with annual household incomes less than \$25,000.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 13% of Umatilla County adults reported that it had been more than one year but less than two years, 7% reported that it had been more than two years but less than five years, and 14% responded it had been five or more years ago.
- ◆ More than three-fourths (77%) of Umatilla County adults with dental insurance have been to the dentist in the past year, compared to 50% of those without dental insurance.
- ◆ When asked the main reason for not visiting a dentist in the last year, 47% said cost, 43% had no dental insurance, 26% had no reason to go, 11% said fear, apprehension, nervousness, pain, and dislike going, 9% did not have/know a dentist, 4% had not thought of it, 3% had other priorities, 2% could not get to the office/clinic, and 4% had other reasons they did not visit the dentist.
- ◆ Two-fifths (40%) of adults had one or more of their permanent teeth removed, increasing to 68% of those ages 65 and over.

Oral Health and Other Medical Conditions

- ◆ Individuals with poor oral health may have other medical conditions that are worsened by the lack of hygiene.
- ◆ Gum disease may cause existing heart conditions to worsen and increase the risk of heart disease and stroke.
- ◆ Poorly controlled diabetes may worsen periodontal disease, which in turn can put people with diabetes at risk for other diabetes-related complications.
- ◆ Pregnant women with periodontal disease are at greater risk of having babies that are preterm or low birth weight (weighing less than 5 pounds, 8 ounces).

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

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	64%	9%	9%	13%	1%
Females	62%	16%	6%	14%	0%
Total	63%	13%	7%	14%	1%

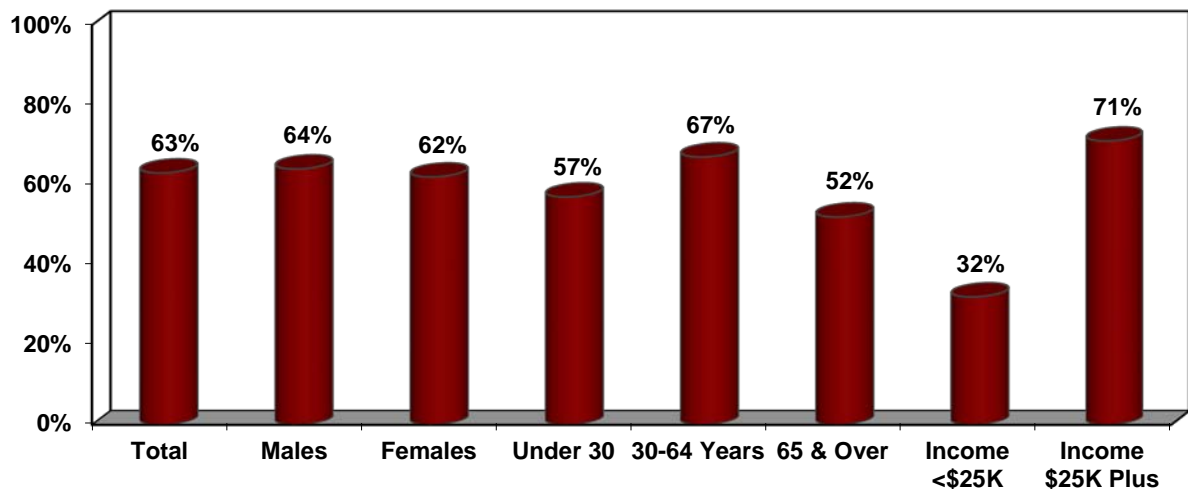
Totals may not equal 100% as respondents answered do not know.

2011 Adult Comparisons	Umatilla County 2011	Oregon 2010	U.S. 2010
Adults who have visited the dentist in the past year	63%	70%	70%
Adults who had one or more permanent teeth removed	40%	37%	44%
Adults 65 years and older who had all of their permanent teeth removed	17%	14%	17%

Oral Health

The following graphs provide information about the frequency of Umatilla County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 63% of all Umatilla County adults had been to the dentist in the past year, 57% of those under the age of 30 and 32% of those with incomes less than \$25,000.

Umatilla County Adults Visiting a Dentist in the Past Year



Oral Health in Older Adults

- ❖ Tooth loss is not inevitable if the teeth are taken care of with good oral health and regular dental check-ups.
- ❖ Root decay can occur when the gums recede and expose the root surface, which is softer and decays more easily than tooth enamel.
- ❖ Even if all natural teeth have been removed, regular dental appointments should be kept to examine the mouth, gums, tongue and screen for oral cancer by a dentist.
- ❖ If you are physically unable to brush your teeth because of shoulder, arm or hand pain, the dentist can suggest alternative techniques to make oral hygiene easier.
- ❖ Older adults often experience dry mouth. Dry mouth can cause sore throat, problems with speaking and swallowing, hoarseness, dry nasal passages and cavities. Persons experiencing routine dry mouth should consult their dentist to discuss methods to restore moisture.

(Source: American Dental Association: Oral Changes With Age)

Parenting

Key Findings

The 2011 Health Assessment project identified that parents took their child to the doctor an average of 1.5 times for regular checkups and 1.4 times for dental visits in the past year. Nearly three-fourths (71%) of children spent less than one hour of unsupervised time after school on an average day.

Parenting

- ◆ In the past year, parents took their child to the doctor for: regular checkups (an average of 1.5 times), dental visits (1.4 times), other visits for an illness (1.1 times), ear infections (0.5 times), injuries (0.3 times), asthma (0.2 times), behavioral problems (0.1 times), and poisonings (0.03 times).
- ◆ Umatilla County parents indicated they know which immunizations their child needs through the following: physician or nurse tells them (69%), their own personal files (26%), school/day care (23%), receive a card in the mail (15%), memory (4%), and other (4%). 6% indicated they do not know which immunizations their child needs.
- ◆ 71% of children spent less than one hour of unsupervised time after school on an average day. 23% spent 1-2 hours, 2% spent 3-4 hours, and 4% spent more than 4 hours per day unsupervised.
- ◆ Parents discussed the following with their 12 to 17 year old in the past year: exercise (74%), eating habits (69%), screen time (69%), respectful communication (67%), dating and relationships (62%), body image (62%), academic performance (52%), bullying (51%), negative effects of alcohol (49%), abstinence and how to refuse sex (48%), negative effects of tobacco (46%), energy drinks (44%), social media issues (44%), negative effects of marijuana and other drugs (44%), refusal skills/peer pressure (43%), drinking and driving (39%), school/legal consequences of using tobacco/alcohol/other drugs (36%), it is not okay for adults to give minors alcohol (34%), condom use/safer sex/STD prevention (30%), birth control (28%), negative effects of misusing prescription medication (28%), anxiety/depression/suicide (25%), hearing protection (25%), and sexting (23%).
- ◆ Parents used the following programs for their infant to 4-year-old child: WIC (29%), out of home daycare (26%), Early Intervention Services (5%), car seat inspection by trained technician (4%), and Head Start (2%).

Talking to your teen about safe sex:

- ❖ Talk calmly and honestly about safe sex
- ❖ Practice talking about safe sex with another adult before approaching your adolescent
- ❖ Listen to your adolescent and answer his/her questions honestly
- ❖ Topics that are appropriate for a safe sex discussion may include: STDs and prevention, peer pressure to have sex, birth control, different forms of sexuality, and date rape

(Source: American Academy of Pediatrics (AAP) <http://www.aap.org/>)

Child Care and Unsupervised Time

- ❖ 23% of U.S. and Oregon parents of 0-5 year olds needed child care but had to make different arrangements due to circumstances beyond your control.
- ❖ Of those children aged 0-5 years that were enrolled in some sort of child care from someone not related to them, such as a day care center, preschool, Head Start Program, 54% of U.S. and 45% of Oregon parents reported their child spends 10 or more hours there per week.
- ❖ 12% of U.S. and 8% of Oregon parents of 0-5 year olds reported that someone in their family had to quit a job, not take a job or greatly change their job because of problems with child care.
- ❖ Of those children ages 6-11 years old, 13% of Oregon parents and 9% of U.S. parents reported their child spent some time alone during the past week.

(Sources: Data Resource Center for Child & Adolescent Health, childhealthdata.org)

American Indian Healthcare Access, Coverage & Utilization

Key Findings

According to the 2010 U.S. Census demographic profile data, approximately 2,662 American Indians live in Umatilla County (4%). The 2011 Health Assessment reported that more than one-quarter (27%) of American Indians did not have health care coverage. 33% rated their health as fair or poor, and 46% had been to the emergency room in the past year.

Health Status

- ◆ This section is NOT generalizable to the Umatilla County American Indian population as only 139 adults responded to the survey.
- ◆ American Indian adults were more likely than the general population to:
 - Have rated their health status as fair or poor (33% compared to 15% of the general population).
 - Have rated their physical health as not good on four or more days in the previous month (43% compared to 24% of the general population).
 - Have reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation on four or more days in the previous month (26% compared to 15% of the general population).
- ◆ American Indian adults were equally as likely as the general population to:
 - Have rated their mental health as not good on four or more days in the previous month (30% compared to 30% of the general population).

Pacific Coast: Oregon American Indian Access to Healthcare

From 2000-2006, the BRFSS reported prevalence estimates of healthcare access among American Indian/Alaska Natives on the Pacific Coast, including California, Idaho, **Oregon**, Washington, and Hawaii. The data reported:

- ◆ 80.0% had healthcare coverage
- ◆ 71.3% felt their health status was (good or better).

(Source: Surveillance for Health Behaviors of American Indians and Alaska Natives – Findings from the BRFSS, 2000-2006, American Cancer Society, Wiley InterScience, vol. 113, <http://onlinelibrary.wiley.com/doi/10.1002/cncr.23727/pdf>).

Health Care Access

- ◆ 37% of American Indian adults did not get the medical care they needed for the following reasons: too long of a wait for an appointment (17%), too long of a wait in the waiting room (8%), cost/no insurance (7%), no transportation (7%), confidentiality concerns (4%), office was not open when they could get there (4%), distance (3%), discrimination (3%), could not find a doctor to take them as a patient (2%), could not find a doctor to take Medicaid/Medicare (2%), too embarrassed to seek help (1%), no child care (1%), no access for people with disabilities (1%), and other reasons (8%).
- ◆ Umatilla County American Indian adults had the following issues regarding their healthcare coverage: premiums were too high (17%), opted out of certain coverage because they could not afford it (14%), deductibles were too high (11%), could not understand their insurance plan (11%), co-pays were too high (10%), working with their insurance company (6%), opted out of certain coverage because they did not need it (5%), and high HSA account deductible (2%).
- ◆ During the past year, Umatilla County American Indian adults did not get a prescription from their doctor filled because: they could not afford to pay the out-of-pocket expenses (12%), they did not think they needed it (9%), they had no insurance (7%), they did not have transportation (7%), there was no generic equivalent of what was prescribed (5%), they opted out of prescription coverage because they could not afford it (3%), their co-pays were too high (2%), their deductibles were too high (2%), their premiums were too high (2%), they had a high health savings account (HSA) deductible (2%), and they were taking too many medications (2%).
- ◆ 10% of Umatilla County American Indian adults looked for a program to stop smoking for themselves or a loved one. Of those who looked, 58% found one and 42% did not find one.

American Indian Healthcare Access, Coverage & Utilization

- ◆ 12% of Umatilla County American Indian adults had looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 33% looked for in-home care, 27% looked for a disabled person program, 13% looked for an assisted living program, 7% looked for out-of-home placement, and 20% looked for multiple types of care.
- ◆ American Indian adults were more likely than the general population to:
 - Have received the medical care they needed (63% compared to 62% of the general population).
 - Have looked for a program to stop smoking (10% compared to 8% of the general population).
 - Have looked for a program to assist in care for the elderly or disabled adult (12% compared to 9% of the general population).
 - Have been to the emergency room in the past year (46% compared to 29% of the general population).

Health Care Coverage

- ◆ 27% of American Indian adults did not have health care coverage, compared to 16% of the general population.
- ◆ The following types of health care coverage were used: Indian Health Service plus a private source (24%), Indian Health Service plus a government source (20%), employer (20%), Indian Health Service (15%), Medicaid or medical assistance (7%), someone else's employer (5%), Medicare (4%), self-paid plan (2%), and other (3%).
- ◆ Umatilla County American Indian adult health care coverage included the following: medical (95%), prescription coverage (82%), dental (75%), immunizations (73%), vision (72%), own choice of physicians (55%), mental health (53%), preventive care (48%), alcohol or substance abuse treatment (38%), their spouse (34%), their children (27%), home care (19%), hospice (19%), and skilled nursing (16%).
- ◆ The top five reasons uninsured American Indian adults gave for being without health care coverage were:
 1. They could not afford to pay the insurance premiums (35%)
 2. They lost their job or changed employers (29%)
 3. Their employer does not/stopped offering coverage (12%)
 4. They became a part-time or temporary employee (12%)
 5. They became ineligible (age or left school) (8%)(Percentages do not equal 100% because respondents could select more than one reason)

Health Care Utilization

- ◆ In 2011, 62% of Umatilla County American Indian adults have visited their doctor for a routine checkup within the past year; 79% have visited their doctor within the past two years; 88% have visited their doctor within the past 5 years; and 3% have never visited their doctor for a routine checkup.
- ◆ 69% of American Indian adults have used the Yellowhawk Tribal Health Center in the past year. Reasons for not using it include: waiting time too long (22%), provider turnover (14%), poor quality of care (13%), have a private doctor (12%), limited services (11%), have not needed medical services (11%), perceived lack of confidentiality (9%), inconvenient hours (9%), not easily accessible (7%), do not use medical services (1%), unaware of services (1%), and other (8%).
- ◆ The following might prevent Umatilla County American Indian adults from seeing a doctor if they were sick, injured, or needed some kind of health care: difficult to get an appointment (39%), cost (18%), no insurance (14%), could not get time off work (13%), difficult to find/no transportation (13%), worried they might find something wrong (7%), hours not convenient (6%), do not trust or believe doctors (5%), frightened of the procedure or doctor (2%), and some other reason (7%).
- ◆ 52% of Umatilla County American Indian adults chose to go outside of Umatilla County for health care services in the past year. The top 5 services sought outside of Umatilla County were: specialty care (29%), cardiac care (9%), primary care (8%), dental services (6%), and obstetrics/gynecology (6%).

American Indian Healthcare Access, Coverage & Utilization

- ◆ 53% of American Indian adults traveled less than 20 miles to the place they usually go when they are sick or need health advice; 17% traveled 20 to 40 miles, 17% traveled 41 to 60 miles, and 13% traveled more than 60 miles.
- ◆ Umatilla County American Indian adults went to the following for health care needs outside of Umatilla County: Walla Walla (60%), Tri-city (35%), Portland (22%), Spokane (4%), and some other place (26%).
- ◆ Umatilla County American Indian adults would be willing to travel to the following places for quality specialty/referred care: Pendleton (89%), Walla Walla (89%), Tri-Cities (80%), Hermiston (72%), and somewhere else (16%).
- ◆ Umatilla County American Indian adults rely on the following sources for health-related information: Yellowhawk (82%), other health provider (36%), friends/family/peers (32%), Internet (28%), CUJ (17%), radio (7%), and other sources (12%).
- ◆ When asked the main reason for not visiting a dentist in the last year, 26% had no reason to go, 23% said fear, apprehension, nervousness, pain, and dislike going, 9% said cost, 9% had no dental insurance, 9% did not have/know a dentist, 5% had not thought of it, 5% had other priorities, 5% could not get to the office/clinic, and 16% had other reasons they did not visit the dentist.
- ◆ American Indian adults were less likely than the general population to:
 - Have gone to the dentist in the past year (55% compared to 63% of the general population).
 - Have gone outside of Umatilla County for health care services in the past year (52% compared to 61% of the general population).
- ◆ American Indian adults were more likely than the general population to:
 - Have visited a doctor for a routine checkup in the past year (62% compared to 51% of the general population).
 - Have had one or more of their permanent teeth removed (65% compared to 40% of the general population).

2011 Adult Comparisons	Umatilla County American Indians 2011	Umatilla County General Population 2011	Oregon General Population 2010	U.S. General Population 2010
Rated health as fair or poor	33%	15%	16%	15%
Uninsured	27%	16%	16%	15%

Health Status and Utilization in the U.S., 2009

- ❖ In 2009, 9.4% of adults in the U.S. rated their health as fair or poor.
- ❖ When asked how they would rate their health, 16.3% of American Indians or Alaska Natives (AI/AN) said that their health was fair or poor in 2009. This was a decrease from 1991 when 18.3% reported their health fair or poor.
- ❖ 17.3% of AI/AN reported not getting or delaying medical care due to cost in 2009. An additional 22.5% did not receive dental care due to cost.
- ❖ 50% of AI/AN reported have 1-3 health care visits to doctor offices, ER or home visits in the past year in 2009.
- ❖ 24% of AI/AN adults reported one or more visits to the ER in the past year in 2009.

(Source: CDC, National Center for Health Statistics, National Health Interview Survey, Obtained from: <http://www.cdc.gov/nchs/data/hus/hus10.pdf#054>)

American Indian Chronic Disease and Prevention

Key Findings

34% of American Indians were diagnosed with diabetes and 53% with high blood pressure. 82% of American Indians were either overweight or obese.

General Health

- ◆ American Indian adults were more likely to have been diagnosed with:
 - High blood pressure (53% compared to 31% of the general population).
 - High blood cholesterol (51% compared to 36% of the general population).
 - Asthma (27% compared to 20% of the general population).
 - Arthritis (50% compared to 32% of the general population).
 - Diabetes (34% compared to 13% of the general population). The average age of onset for diabetes was 49.9 years old, compared to 50.5 years old for the general population.
 - Cancer (13% compared to 9% of the general population).
- ◆ American Indian adults were less likely than the general population to:
 - Have consumed alcohol in the past 30 days (41% compared to 51% of the general population).
 - Be considered a frequent drinker (5% compared to 12% of the general population).
 - Have received enough information on how to manage their diabetes (84% compared to 98% of the general population).
 - Have tried to quit smoking in the past year (43% compared to 61% of the general population).
 - Have had a pap smear in the past year (33% compared to 43% of the general population).
 - Have had a PSA test in the past year (21% compared to 31% of the general population).
 - Have had a digital rectal exam in the past year (27% compared to 31% of the general population).
 - Have been taught by a healthcare professional how to do a testicular exam (23% compared to 27% of the general population).
 - Have had sexual intercourse in the past year (52% compared to 71% of the general population).
 - Not use birth control (8% compared to 9% of the general population).
 - Be trying to lose weight (47% compared to 52% of the general population).
 - Engage in physical activity or exercise for at least 30 minutes on 3 or more days per week (55% compared to 56% of the general population).
 - Eat 1-4 servings of fruits and vegetables per day (84% compared to 88% of the general population).
 - Spend time on the computer (1.2 hours per day compared to 1.4 hours for the general population).
 - Eat out in a restaurant or bring home takeout food (1.6 meals per week compared to 1.9 for the general population).
- ◆ American Indian adults were more likely than the general population to:
 - Be overweight or obese (82% compared to 67% of the general population).
 - Be a current smoker (28% compared to 18% of the general population).
 - Have had a heart attack (11% compared to 5% of the general population).
 - Have angina or coronary heart disease (11% compared to 4% of the general population).
 - Have had a stroke (7% compared to 2% of the general population).
 - Be considered a binge drinker (20% compared to 18% of the general population).

United States American Indian/Alaska Native Leading Causes of Death 2007

1. Heart Disease
2. Cancers
3. Unintentional Injuries
4. Diabetes Mellitus
5. Chronic Liver Disease and Cirrhosis
6. Chronic Lower Respiratory Disease
7. Stroke
8. Suicide
9. Nephritis, Nephrotic Syndrome and Nephrosis
10. Influenza and Pneumonia

(Source: Health, U.S., Leading Causes of Death by Race/Ethnicity, 2010, Table 26)

American Indian Chronic Disease and Prevention

- ◆ American Indian adults were more likely than the general population to:
 - Have misused prescription medications in the past 6 months (22% compared to 9% of the general population).
 - Have used a program or service to help with alcohol problems (13% compared to 1% of the general population).
 - Have had their blood cholesterol checked in the past year (65% compared to 52% of the general population).
 - Have had a flu shot (69% compared to 60% of the general population).
 - Have had a tetanus shot in the past 10 years (87% compared to 69% of the general population).
 - Have a colorectal cancer screening (47% compared to 32% of the general population).
 - Have had a mammogram in the past year (39% compared to 24% of the general population).
 - Have had a clinical breast exam in the past year (44% compared to 41% of the general population).
 - Have two or more sexual partners in the past year (9% compared to 5% of the general population).
 - Have been forced to have sexual activity (15% compared to 9% of the general population).
 - Have drank soda pop, punch, Kool-Aid, energy drinks, sports drinks or other fruit flavored drinks in the past week (85% compared to 73% of the general population).
 - Have attempted suicide (2% compared to 1% of the general population).
 - Have hit their head hard enough that they were dizzy, had a concussion, were knocked out, etc. (48% compared to 42% of the general population).
 - Have felt sad, blue or depressed nearly every day for two or more weeks in a row (26% compared to 21% of the general population).
 - Spend time watching television (3.6 hours per day compared to 2.4 hours for the general population).
 - Spend time on their cell phone (1.2 hours per day compared to 1.0 hours for the general population).
- ◆ American Indian adults were equally as likely as the general population to:
 - Have driven a vehicle within a couple hours after having 2 or more drinks (7%).
 - Eat 5 or more servings of fruits and vegetables per day (7%).
 - Spend time playing video games (0.2 hours per day).

Preventive Medicine and Health Screenings

- ◆ 13% of American Indian adults have used a program or service to help with alcohol problems for themselves or a loved one. 79% of adults did not need such a service. Reasons for not using such a program include: had not thought of it (5%), could not afford it (2%), fear (1%), could not find childcare (1%), stigma of seeking alcohol services (2%), did not know how to find a program (1%), and other reasons (7%).
- ◆ Umatilla County American Indian adults reported the following as symptoms of a heart attack: chest pain or discomfort (84%), pain or discomfort in the arms and shoulder (76%), shortness of breath (70%), pain or discomfort in the jaw, neck, or back (56%), feeling weak, lightheaded, or faint (53%), and sudden trouble seeing in one or both eyes (32%).
- ◆ Umatilla County American Indian adults reported the following as symptoms of stroke: sudden numbness or weakness of face, arm or leg (83%), sudden confusion or trouble speaking (78%), sudden trouble walking, dizziness or loss of balance (74%), severe headache with no known cause (51%), sudden trouble seeing in one or both eyes (49%), and sudden chest pain or discomfort (34%).
- ◆ 69% of Umatilla County American Indian adults received their last flu shot from the following places: doctor's office or health maintenance organization (22%), Yellowhawk (15%), another type of clinic or health center (10%), hospital or emergency room (8%), health department (5%), store/pharmacy (3%), workplace (3%), senior/recreation/community center (2%), and some other place (2%).

American Indian Chronic Disease and Prevention

- ◆ Those who did not receive the flu vaccine reported the following reasons for not doing so: did not need it (40%), get sick from it (33%), time (8%), vaccine not available (6%), cost (2%), insurance would not pay for it (2%), religious beliefs (2%), transportation (2%), and other reasons (2%).

Tobacco Use

- ◆ 28% of Umatilla County American Indians were smokers.
- ◆ Umatilla County American Indian adults used the following other tobacco products: flavored cigarettes (23%), swishers (6%), chewing tobacco (6%), cigars (4%), e-cigarettes (4%), black and milds (4%), cigarillos (2%), little cigars (2%), hookah (2%), snuff (1%), and snus (1%).
- ◆ Umatilla County American Indian adults had the following rules about smoking in their home: smoking is not allowed inside their home (81%), smoking is allowed in some places at some times (8%), there are no rules about smoking (7%), and smoking is allowed anywhere (4%).

Drug Use

- ◆ When asked about their frequency of medication misuse in the past six months, 37% of Umatilla County American Indian adults who used these drugs did so every day and 17% did so less than once a month.
- ◆ Umatilla County American Indian adults indicated they did the following with their unused prescription medication: took as prescribed (40%), threw it in the trash (34%), flushed it down the toilet (20%), kept it (16%), took it to the Medication Collection program (9%), gave it away (1%), and some other destruction method (5%).

Women's Health

- ◆ Women used the following as their usual source of services for female health concerns: no usual place (19%), health department clinic (19%), general or family physician (18%), community health center (18%), private gynecologist (17%), family planning clinic (2%), and some other place (2%).
- ◆ During their last pregnancy, Umatilla County American Indian women: got a prenatal appointment in the first 3 months (43%), took a multi-vitamin (43%), experienced perinatal depression (24%), had a miscarriage (10%), smoked cigarettes (10%), used marijuana (10%), experienced domestic violence (10%), used alcohol (5%), terminated/aborted the pregnancy (5%), and used drugs (5%).

Sexual Behavior

- ◆ Umatilla County American Indian adults used the following methods of birth control: abstinence (41%), tubes tied (25%), hysterectomy (17%), vasectomy (8%), condoms (8%), birth control pill (7%), IUD (3%), rhythm method (3%), withdrawal (2%), and some other method (1%).
- ◆ Umatilla County American Indian adults have made the following sexual behavior changes based on what they know about HIV and STDs: have sexual intercourse with the same partner (37%), decreased their number of sexual partners or became abstinent (16%), and always use condoms for protection (13%). 37% did not make any changes.

Weight Control/Physical Activity/Diet and Nutrition

- ◆ Less than half (47%) of adults were trying to lose weight, 33% were trying to maintain their current weight or keep from gaining weight and 2% were trying to gain weight.
- ◆ Umatilla County American Indian adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (48%), exercised (37%), ate a low-carb diet (10%), smoked cigarettes (8%), used a weight loss program (5%), went without eating 24 or more hours (4%), participated in a prescribed dietary or fitness program (4%), took diet pills, powders, or liquids without a doctor's advice (4%), and vomited or took laxatives (2%).
- ◆ On an average day, 67% of Umatilla County American Indians adults spent three or more hours watching TV; 16% spent three or more hours on the computer, 13% spent three or more hours on their cell phone, and 2% spent three or more hours playing video games.

American Indian Chronic Disease and Prevention

- ◆ Umatilla County American Indian adults gave the following reasons for not exercising: pain/discomfort (30%), weather (24%), time (19%), too tired (19%), cannot afford a gym membership (9%), they choose not to exercise (9%), safety (7%), do not know what activity to do (5%), no gym available (4%), no child care (3%), no walking or biking trails (2%), doctor advised them not to (2%), no sidewalks (1%), and other (10%).
- ◆ 73% of adults ate out in a restaurant or brought home takeout food at least once per week.

Mental Health and Suicide

- ◆ Umatilla County American Indian adults experienced the following almost every day for two weeks or more in a row: did not get enough rest or sleep (38%), felt worried, tense, or anxious (36%), had high stress (33%), felt sad, blue or depressed (26%), and felt very healthy and full of energy (14%).
- ◆ Umatilla County American Indian adults were diagnosed or treated for the following mental health issues: mood disorder (21%), anxiety disorder (15%), and some other mental health disorder (5%).
- ◆ Umatilla County American Indian adults receive the social and emotional support they need from the following: family (73%), friends (62%), church (21%), a professional (18%), neighbors (11%), community (9%), self-help group (6%), and other (9%).

2011 Adult Comparisons	Umatilla County American Indians 2011	Umatilla County General Population 2011	Oregon General Population 2010	U.S. General Population 2010
Diagnosed with diabetes	34%	13%	8%	10%
Diagnosed with asthma	27%	20%	16%	14%
Diagnosed with arthritis	50%	32%	27%*	26%*
Current drinker	41%	51%	58%	55%
Current smoker	28%	18%	15%	17%

* 2009 BRFSS Data

Health Disparities

- ❖ Men of all races and ethnicities are more likely to die in motor vehicle crashes than women. However, death rates are twice as high among American Indian and Alaska Natives.
- ❖ The suicide rate for American Indian/ Alaska Natives and non-Hispanic whites is greater than twice the rate of African Americans, Asian Pacific Islanders and Hispanics.
- ❖ New diagnosis of HIV is increasing among black and American Indian/Alaska Native males, as other groups' rates are holding steady or decreasing.

Source: CDC, *Morbidity and Mortality Weekly Report, Supplement/ Vol. 60, Health Disparities and Inequalities Report – U.S., 2011*, obtained from: <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

American Indian Quality of Life and Safety

Key Findings

54% of American Indians kept a firearm in or around their home. 29% of American Indians needed help meeting general daily needs in the past month, and 37% have attempted to get assistance from a social service agency.

- ◆ American Indian adults were less likely than the general population to:
 - Have a firearm in or around their house (54% compared to 62% of the general population).
- ◆ American Indian adults were more likely than the general population to:
 - Have provided regular care or assistance to a friend or family member who had a health problem, long-term illness or disability. (33% compared to 24% of the general population).
 - Have needed help meeting general daily needs in the past month (29% compared to 13% of the general population).
 - Have been threatened or abused in the past year (13% compared to 6% of the general population).
 - Have attempted to get assistance from a social service agency (37% compared to 13% of the general population).
 - Have tested the smoke alarms in their home in the past year (68% compared to 66% of the general population).
 - Have no disaster preparedness supplies (9% compared to 4% of the general population).

Substance Abuse in the U.S.

- ❖ The rate of any illicit drug use among persons 12 years old or older in the U.S. was 8.7% in 2009. This rate increased to 18.3% of those persons who were American Indian or Alaska Native (AI/AN)
- ❖ The percentage of American Indian and Alaska Natives who drank alcohol in 2009 was much lower at 37.1% than the total United States percentage of 51.9%. However, those drinkers for AI/AN were more likely to binge drink on 5 or more days in the past month.
- ❖ Tobacco use among AI/AN was greater than the total population at 41.8% and 27.7% respectively.

(Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics, and Quality, National Survey on Drug Use and Health, Table 61. Obtained from: <http://oas.samhsa.gov/12ndub.htm>)

Quality of Life

- ◆ Umatilla County American Indian adults' activities were limited because of: physical problems (40%), mental problems (7%), and emotional problems (6%).
- ◆ The following impairments or health problems limited Umatilla County American Indian adults' activities: arthritis (35%), back or neck problems (33%), walking problems (23%), obesity (18%), fractures, bone/joint injuries (17%), diabetes (15%), high blood pressure (15%), eye/vision problems (14%), depression, anxiety, or emotional problems (14%), hearing problems (9%), lung/breathing problems (7%), tobacco dependency (5%), heart problems (4%), cancer (2%), stroke-related problems (2%), alcohol dependency (2%), developmental disabilities (2%), drug addiction (1%), learning disabilities (1%), and other impairments (5%).

Social Context

- ◆ 13% of Umatilla County American Indian adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (47%), someone outside the home (35%), a child (6%), a parent (6%), and someone else (24%).
- ◆ Those who were abused were abused in the following ways: emotionally (67%), verbally (57%), financially (33%), physically (24%), through electronic methods (10%), and sexually (5%).
- ◆ More than one-third (37%) of Umatilla County American Indian adults attempted to get assistance from a social service agency. They attempted to get assistance from the following: CAPCO (50%), a friend or family member (25%), DHS/Self-sufficiency (21%), St. Mary's Outreach (17%), church (8%), food pantries (8%), public health (2%), Salvation Army (2%), Pioneer Relief Nursery (2%), Agape House (2%), and somewhere else (21%). 5% of adults did not know where to look for assistance.

American Indian Quality of Life and Safety

- ◆ Umatilla County American Indian adults have sought assistance for the following in the past year: utilities (26%), food (23%), transportation (10%), rent/mortgage (8%), free tax preparation (5%), legal aid services (4%), home repair (3%), clothing (3%), credit counseling (2%), and emergency shelter (2%).
- ◆ Adults indicated that Umatilla County residents need more education about the following: drug abuse (58%), distracted driving (45%), violence (45%), parenting classes (43%), bullying (43%), driving under the influence-DUI (42%), suicide prevention (39%), teenage pregnancy (34%), tobacco use (25%), sexting (20%), speed (17%), bicycle safety (11%), seat belt/restraint usage (10%), falls (9%), and other issues (11%).
- ◆ Umatilla County American Indian adults experienced the following situations in the past year: a close family member had to go in the hospital (48%), death of a family member or close friend (43%), had bills they could not pay (34%), someone close to them had a problem with drinking or drugs (28%), moved to a new address (16%), someone in the household lost their job (15%), someone in the household had their work hours reduced (13%), fear their neighborhood is unsafe (12%), became separated or divorced (8%), had someone homeless living with them (6%), someone in the household went to jail (5%), was involved in a physical fight (5%), was homeless (3%), was hit or slapped by their spouse or partner (2%), and their child was hit or slapped by their partner or spouse (1%).
- ◆ 89% of Umatilla County American Indian adults had a working telephone in their household.
- ◆ 90% of adults had a working motor vehicle in their household.
- ◆ 10% of adults were Veterans of the Armed Services.
- ◆ 38% of adults had a facebook page.

Environmental Health

- ◆ Umatilla County adults thought the following threatened their health in the past year:
 - Insects (22%)
 - Mold (16%)
 - Temperature regulation (14%)
 - Rodents or mice (13%)
 - Plumbing problems (6%)
 - Unsafe water supply (5%)
 - Private well water (5%)
 - Sewage/waste water problems (4%)
 - Safety hazards (4%)
 - Home food preparation (2%)
 - Storage of leftover foods (2%)
 - Chemicals found in household products (2%)
 - Asbestos (2%)
 - Excess medications in the home (2%)
 - Cockroaches (2%)
 - Bed bugs (2%)
- ◆ Umatilla County American Indian households had the following disaster preparedness supplies: cell phone (81%), working flashlight and working batteries (79%), 3-day supply of nonperishable food for everyone who lives there (48%), 3-day supply of prescription medication for each person who takes prescribed medicines (48%), working battery operated radio and working batteries (43%), and 3-day supply of water for everyone in the household (1 gallon of water per person per day) (34%).
- ◆ Umatilla County American Indian adults would use the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (75%), radio (62%), cell phone (60%), neighbors (43%), internet (36%), law enforcement (35%), land-line telephone (28%), social media (15%), print media (11%), CSEPP Radio (6%), reverse 911 (2%), and other (3%).

American Indian Quality of Life and Safety

Parenting

- ◆ Umatilla County American Indian parents indicated they know which immunizations their child needs through the following: physician or nurse tells them (77%), school/day care (37%), receive a card in the mail (30%), and their own personal files (13%). 3% indicated they do not know which immunizations their child needs.
- ◆ 73% of children spent less than one hour of unsupervised time after school on an average day. 17% spent 1-2 hours, and 10% spent 3-4 hours per day unsupervised.
- ◆ Parents discussed the following with their 12-to-17 year old in the past year: exercise (81%), academic performance (76%), respectful communication (76%), eating habits (71%), screen time (71%), body image (67%), negative effects of alcohol (67%), negative effects of marijuana and other drugs (67%), refusal skills/peer pressure (67%), dating and relationships (62%), drinking and driving (62%), school/legal consequences of using tobacco/alcohol/other drugs (62%), abstinence and how to refuse sex (62%), negative effects of tobacco (62%), bullying (57%), it is not okay for adults to give minors alcohol (52%), energy drinks (48%), social media issues (48%), condom use/safer sex/STD prevention (38%), birth control (38%), negative effects of misusing prescription medication (29%), sexting (29%), anxiety/depression/suicide (24%), and hearing protection (24%).
- ◆ Parents used the following programs for their infant to 4-year-old child: WIC (54%), Head Start (38%), out of home daycare (23%), car seat inspection by trained technician (15%), Healthy Start (15%), Pioneer Relief Nursery (8%), Early Intervention Services (8%), and public health home visits (8%).

Adult Activity Limitations in the U.S., 1997-2009

- ❖ The age-adjusted percentage of the population with difficulty in at least one basic action or complex activity decreased from 32.5% in 1997 to 31.3% in 2009.
- ❖ The percentage of American Indian or Alaska Native adults with at least one action difficulty decreased from 43.8% in 1997 to 33.5% in 2009. Those adults between the ages of 18-64 years with at least one basic activity difficulty in 2009 was 31.1%
- ❖ The percentage of American Indian or Alaska Native adults with at least one complex activity limitation decreased from 23.7% in 1997 to 15.3% in 2009. Those adults between the ages of 18-64 years with at least one complex activity limitation in 2009 were 14.9%.

(Source: CDC, National Center for Health Statistics, National Health Interview Survey, Obtained from: <http://www.cdc.gov/nchs/data/hus/hus10.pdf#054>)

Umatilla County Health Assessment

Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2011. Atlanta: ACS, 2010	<ul style="list-style-type: none"> ◆ 2011 Cancer facts, figures, and estimates ◆ 2009 Cancer rates ◆ ACS cancer detection guidelines ◆ Cancer risk factors ◆ Nutrition recommendations ◆ Screening recommendations ◆ Tobacco Use and Health 	www.cancer.org
American Dental Association, Oral Changes with Age	<ul style="list-style-type: none"> ◆ Oral Health in Older Adults 	www.ada.org
American Diabetes Association	<ul style="list-style-type: none"> ◆ Type 1 and 2 Diabetes Symptoms ◆ Risk factors for diabetes 	www.diabetes.org
American Heart Association. <i>Risk Factors for Coronary Heart Disease, 2011.</i>	<ul style="list-style-type: none"> ◆ Risk factors for Cardiovascular Disease that can be modified or treated 	www.americanheart.org
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010; 59(39):999-1003</i>	<ul style="list-style-type: none"> ◆ What Can Be Done to Target Arthritis? ◆ Arthritis statistics 	http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> ◆ 2009 - 2010 adult Oregon and U.S. correlating statistics 	www.cdc.gov
Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry	<ul style="list-style-type: none"> ◆ Umatilla cancer deaths 2010 ◆ Cancer Frequency Data 2004-2010 	http://bmop.us/
CDC, Morbidity and Mortality Weekly Report, Supplement/Vol. 60, Health Disparities and Inequalities Report – U.S., 2011	<ul style="list-style-type: none"> ◆ Health Disparities of American Indian/Alaska Natives 	http://www.cdc.gov/mmwr/pdf/other/su6001.pdf
CDC, National Cancer Institute	<ul style="list-style-type: none"> ◆ Men and Women Cancer 	www.cdc.gov
CDC, National Center for Health Statistics, National Health Interview Survey	<ul style="list-style-type: none"> ◆ Health Status and Utilization 	http://www.cdc.gov/nchs/data/hsus/hsus10.pdf#054
CDC, National Center for Injury Prevention & Control, Suicide Fact Sheet	<ul style="list-style-type: none"> ◆ Suicide Risk Factors ◆ Suicide Protective Factors 	www.cdc.gov/violenceprevention/suicide/
CDC, National Center for Injury Prevention and Control, Understanding Intimate Partner Violence Fact Sheet, 2012	<ul style="list-style-type: none"> ◆ Intimate Partner Violence statistics 	http://www.cdc.gov/ViolencePrevention/pdf/IPV_Factsheet-a.pdf
CDC, National Depressive and Manic Depression Association	<ul style="list-style-type: none"> ◆ Warning Signs of Suicide 	N/A
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ◆ Physical activity recommendations 	http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2009	<ul style="list-style-type: none"> ◆ U.S. Chlamydia and Gonorrhea rates 	http://www.cdc.gov/std/stats08/Natprotintro.htm

Umatilla County Health Assessment

Information Sources

Source	Data Used	Website
CDC, Stigma of Mental Illness, 2011	<ul style="list-style-type: none"> Stigma of mental illness, based on 2007 BRFSS data 	http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm
Data Resource Center for Child & Adolescent Health, National Survey of Children's Health, 2007	<ul style="list-style-type: none"> Child care and unsupervised time statistics 	Childhealthdata.org
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> U.S. mortality statistics U.S. predictors of access to health care U.S. birth rates 	www.cdc.gov/nchs/fastats
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 target data points Some U.S. baseline statistics Predictors of access to health care 	http://www.healthypeople.gov/2020/topicsobjectives2020
National Cancer Institute	<ul style="list-style-type: none"> Oregon State Cancer Profile 	http://statecancerprofiles.cancer.gov/index.html
National Center for Biotechnology Information, U.S. National Library of Medicine	<ul style="list-style-type: none"> Asthma 	http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001196/
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> Alcohol and public health Arthritis Binge Drinking Dangers Heart Disease and Stroke Men's Health Nutrition and physical activity Obesity statistics Preventing seasonal flu Tobacco Use Type 2 diabetes Women's Health Vaccines and preventable diseases 	www.cdc.gov
National Center for Environmental Health, CDC, 2011	<ul style="list-style-type: none"> Asthma Triggers Health effects about mold 	http://www.cdc.gov/nceh/
National Center for Health Statistics, Health Care in America: Trends in Utilization, 2003	<ul style="list-style-type: none"> Forces Affecting Health Care Utilization 	http://www.cdc.gov/nchs/data/misc/healthcare.pdf
National Heart, Lung, and Blood Institute, 2011	<ul style="list-style-type: none"> Chronic respiratory conditions 	http://www.nhlbi.nih.gov/
National Institute on Drug Abuse (NIDA), 2011	<ul style="list-style-type: none"> U.S. drug-related emergency room visits 	http://www.drugabuse.gov/publications/infofacts/drug-related-hospital-emergency-room-visits

Umatilla County Health Assessment Information Sources

Source	Data Used	Website
National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	◆ Preventing Back Pain	http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp
National Vital Statistics Report, CDC, 2011	◆ Final Data for Births, 2009	http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf
Oregon Attorney General's Office, 2010 Domestic Violence Report	◆ Domestic violence in Umatilla County	http://www.doj.state.or.us/
Oregon Employment Department	◆ Oregon and Umatilla County employment statistics	http://www.qualityinfo.org/olmisj/OlmisPortal?zineid=2b
Oregon Health Authority	<ul style="list-style-type: none"> ◆ Behavioral Risk Factor Surveillance System 2006-2009 ◆ County Data Books 2005-2009 ◆ Cancer Mortality ◆ Oregon and Umatilla County Birth and Mortality Data ◆ Leading Causes of Death ◆ Umatilla and Oregon Gonorrhea and Chlamydia rates 	http://public.health.oregon.gov/DataStatistics/Pages/index.aspx
Oregon Health Authority, Tobacco Facts Sheet 2011	◆ Umatilla tobacco burden	http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/umafac.pdf
Oregon Health Authority, Umatilla County's Epidemiological Data on Alcohol, Drugs and Mental Health, 2000-2010	◆ Motor Vehicle Accidents	http://www.oregon.gov/OHA/amh/ad/data/umatilla.pdf?ga=t
Oregon State University: Rural Studies Program, <i>Hunger in Oregon During the Great Recession</i> , January 2012	◆ Food security statistics in Oregon	http://ruralstudies.oregonstate.edu/sites/default/files/pub/pdf/Oregon_Hunger_Vulnerability_Fact_Sheet_2011.pdf
Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", September 2010	◆ Suicide deaths	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide_in_Oregon_5year_data_report_2010.pdf
Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics, and Quality, National Survey on Drug Use and Health, Table 61.	◆ American Indian/Alaska Native Substance Abuse	http://oas.samhsa.gov/nsduh.htm

Umatilla County Health Assessment Information Sources

Source	Data Used	Website
<i>Surveillance for Health Behaviors of American Indians and Alaska Natives—Findings from the BRFSS 2000-2006</i> , American Cancer Society, Wiley InterScience, vol. 113	◆ American Indian/Alaska Native Access to Healthcare	http://onlinelibrary.wiley.com/doi/10.1002/cncr.23727/pdf
UNAIDS, <i>Report on the Global AIDS Epidemic 2010</i>	◆ U.S. HIV/AIDS statistics	http://www.unaids.org/en/regionscountries/countries/unitedstatesofamerica
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> ◆ Oregon and Umatilla County 2010 Census demographic information ◆ Oregon and U.S. health insurance sources ◆ Small Area Income and Poverty Estimates ◆ Federal Poverty Thresholds 	www.census.gov
U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Enrollment Reports	◆ Umatilla County, Oregon, & U.S. Medicare enrollment	www.cms.hhs.gov/MedicareEnrpts/

List of Acronyms and Terms

AI/AN	American Indian or Alaska Native
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.
Binge drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	Body Mass 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.
Crude Mortality Rates	Number of deaths/estimated mid-year population times 100,000.
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
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 ≥ 140 and Diastolic ≥ 90
N/A	Data not available.
OHA	Oregon Health Authority

List of Acronyms and Terms

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.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Methods for Weighting the 2011 Umatilla 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 2011 Umatilla County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Umatilla County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Umatilla County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2011 Umatilla County Survey and the 2010 Census.

<u>Sex</u>	<u>2011 Umatilla Survey</u>		<u>2010 Census</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	171	51.975684%	28,010	52.363949%	1.007470
Female	158	48.024316%	25,481	47.636051%	0.991915

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Umatilla County. The weighting for males was calculated by taking the percent of males in Umatilla County (based on Census information) (52.363949%) and dividing that by the percent found in the 2011 Umatilla County sample (51.975684%) [$52.363949\% / 51.975684\% = \text{weighting of } 1.007470 \text{ for males}$]. The same was done for females [$47.636051\% / 48.024316\% = \text{weighting of } 0.991915 \text{ for females}$]. Thus males' responses are weighted heavier by a factor of 1.007470 and females' responses weighted less by a factor of 0.991915.

Methods for Weighting the 2011 Umatilla County Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.5574075 [0.991915 (weight for females) x 0.916270 (weight for White) x 1.526153 (weight for age 35-44) x 1.122810 (weight for income \$50-\$75k)]. Thus, each individual in the 2011 Umatilla County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Methods for Weighting the 2011 Umatilla County Assessment Data

Category	Umatilla Sample	%	2010 Census *	%		Weighting Value
Sex:						
Male	171	51.975684%	28,010	52.363949%		1.00747013
Female	158	48.024316%	25,481	47.636051%		0.99191524
Age:						
20-24	18	5.590062%	4,852	9.070685%		1.62264472
25-34	17	5.279503%	10,024	18.739601%		3.54950091
35-44	38	11.801242%	9,634	18.010506%		1.52615344
45-54	67	20.807453%	10,148	18.971416%		0.91176058
55-59	36	11.180124%	5,057	9.453927%		0.84560123
60-64	45	13.975155%	4,119	7.700361%		0.55100360
65-74	66	20.496894%	5,246	9.807257%		0.47847528
75-84	34	10.559006%	3,086	5.769195%		0.54637669
85+	1	0.310559%	1,325	2.477052%		7.97610813
Race:						
White	283	86.280488%	59,995	79.056253%		0.91627036
Non-White	45	13.719512%	15,894	20.943747%		1.52656643
Household Income						
Less than \$10,000	18	5.901639%	1,874	7.059710%		1.19622863
\$10k-\$15k	22	7.213115%	1,627	6.129215%		0.84973202
\$15k-\$25k	38	12.459016%	3,148	11.859107%		0.95184939
\$25k-\$35k	40	13.114754%	3,255	12.262196%		0.93499247
\$35k-\$50	47	15.409836%	4,401	16.579393%		1.07589681
\$50k-\$75k	61	20.000000%	5,961	22.456206%		1.12281032
\$75k or more	79	25.901639%	6,279	23.654172%		0.91323070

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Umatilla County in each subcategory by the proportion of the sample in the Umatilla County survey for that same category.

* Umatilla County population figures taken from the 2010 Census.

Umatilla County Sample Demographic Profile*

Variable	2011 Survey Sample	Umatilla County Census 2010	Oregon Census 2010
Age			
20-29	7.6%	13.2%	13.5%
30-39	7.6%	12.7%	13.3%
40-49	12.6%	13.0%	13.3%
50-59	23.8%	13.4%	14.3%
60 plus	42.8%	18.2%	20.1%
Race / Ethnicity			
White	86.2%	79.1%	83.6%
Black or African American	0.3%	0.8%	1.8%
American Indian and Alaska Native	3.2%	3.5%	1.4%
Asian	0.3%	0.9%	3.7%
Other	4.1%	12.5%	5.3%
Hispanic Origin (may be of any race)	5.6%	23.9%	11.7%
Marital Status†			
Married Couple	63.3%	48.7%	50.1%
Never been married/member of an unmarried couple	12.3%	28.2%	29.1%
Divorced/Separated	14.7%	17.2%	15.1%
Widowed	5.6%	5.8%	5.6%
Education†			
Less than High School Diploma	6.5%	9.3%	7.2%
High School Diploma	19.1%	28.5%	25.0%
Some college/ College graduate	70.0%	53.5%	63.8%
Income (Families)			
\$14,999 and less	11.8%	9.7%	10.4%
\$15,000 to \$24,999	11.1%	9.0%	9.1%
\$25,000 to \$49,999	25.5%	26.4%	26.1%
\$50,000 to \$74,999	17.9%	23.3%	20.7%
\$75,000 or more	23.2%	30.2%	35.6%

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

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

Demographics

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

Category	Total	Males	Females
Umatilla County	75,889	39,528	36,361
0-4 years	5,645	2,916	2,729
1-4 years	4,576	2,367	2,209
< 1 year	1,069	549	520
1-2 years	2,275	1,179	1,096
3-4 years	2,301	1,188	1,113
5-9 years	5,599	2,799	2,800
5-6 years	2,299	1,160	1,139
7-9 years	3,300	1,639	1,661
10-14 years	5,554	2,853	2,701
10-12 years	3,387	1,749	1,638
13-14 years	2,167	1,104	1,063
12-18 years	7,851	4,058	3,793
15-19 years	5,600	2,950	2,650
15-17 years	3,402	1,793	1,609
18-19 years	2,198	1,157	1,041
20-24 years	4,852	2,721	2,131
25-29 years	5,187	2,919	2,268
30-34 years	4,837	2,689	2,148
35-39 years	4,836	2,577	2,259
40-44 years	4,798	2,584	2,214
45-49 years	5,040	2,702	2,338
50-54 years	5,108	2,630	2,478
55-59 years	5,057	2,626	2,431
60-64 years	4,119	2,083	2,036
65-69 years	3,006	1,496	1,510
70-74 years	2,240	1,138	1,102
75-79 years	1,678	764	914
80-84 years	1,408	593	815
85-89 years	852	338	514
90-94 years	374	128	246
95-99 years	87	19	68
100-104 years	12	3	9
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	1,325	488	837
Total 65 years and over	9,657	4,479	5,178
Total 19 years and over	54,531	28,576	25,955

Umatilla County Profile

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2010)

Total Population

2010 Total Population	75,889
2000 Total Population	70,548

Largest City-Pendleton

2010 Total Population	16,612	100%
2000 Total Population	16,354	100%

Population By Race/Ethnicity

Total Population	75,889	100%
White Alone	59,995	79.1%
Hispanic or Latino (of any race)	18,107	23.9%
African American	638	0.8%
American Indian and Alaska Native	2,662	3.5%
Asian	664	0.9%
Two or more races	2,344	3.1%
Other	9,485	12.5%

Population By Age

Under 5 years	5,645	7.4%
5 to 17 years	14,555	19.2%
18 to 24 years	7,050	9.3%
25 to 44 years	19,658	25.9%
45 to 64 years	19,324	25.5%
65 years and more	9,657	12.7%
Median age (years)	35.7	

Household By Type

Total Households	26,904	100%
Family Households (families)	18,647	69.3%
With own children <18 years	8,726	32.4%
Married-Couple Family Households	13,684	50.9%
With own children <18 years	5,636	20.9%
Female Householder, No Husband Present	3,236	12.0%
With own children <18 years	2,087	7.8%
Non-family Households	8,257	30.7%
Householder living alone	6,654	24.7%
Householder 65 years and >	2,585	9.6%
Households With Individuals < 18 years	9,789	36.4%
Households With Individuals 65 years and >	6,884	25.6%
Average Household Size	2.67 people	
Average Family Size	3.17 people	

Umatilla County Profile

General Demographic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Median Value of Owner-Occupied Units	\$150,700
Median Monthly Owner Costs (With Mortgage)	\$1,176
Median Monthly Owner Costs (Not Mortgaged)	\$390
Median Gross Rent for Renter-Occupied Units	\$619
Median Rooms Per Housing Unit	5.3
 Total Housing Units	 29,693
No Telephone Service	389
Lacking Complete Kitchen Facilities	483
Lacking Complete Plumbing Facilities	108

Selected Social Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	20,321	100%
Nursery & Preschool	1,319	6.5%
Kindergarten	1,155	5.7%
Elementary School (Grades 1-8)	9,295	45.7%
High School (Grades 9-12)	4,559	22.4%
College or Graduate School	3,993	19.6%

Educational Attainment

Population 25 Years and Over	49,075	100%
< 9 th Grade Education	4,204	8.6%
9 th to 12 th Grade, No Diploma	4,588	9.3%
High School Graduate (Includes Equivalency)	14,008	28.5%
Some College, No Degree	14,493	29.5%
Associate Degree	5,337	10.9%
Bachelor's Degree	3,485	7.1%
Graduate Or Professional Degree	2,960	6.0%

Percent High School Graduate or Higher	*(X)	82.1%
Percent Bachelor's Degree or Higher	*(X)	13.1%

*(X) – Not available

Umatilla County Profile

Selected Social Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Marital Status

Population 15 Years and Over	59,268	100%
Never Married	16,734	28.2%
Now Married, Excluding Separated	28,887	48.7%
Separated	960	1.6%
Widowed	3,449	5.8%
Female	2,518	4.3%
Divorced	9,238	15.6%
Female	4,781	8.1%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	2,161	100%
Grandparent Responsible for Grandchildren	917	42.4%

Veteran Status

Civilian Veterans 18 years and over	6,590	11.8%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	71,917	100%
With a Disability	7,904	11.0%
Under 18 years	20,084	100%
With a Disability	480	2.4%
18 to 64 years	42,990	100%
With a Disability	4,723	11.0%
65 Years and Over	8,843	100%
With a Disability	2,701	30.5%

Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Employment Status

Population 16 Years and Over	346,797	100%
In Labor Force	226,404	65.3%
Not In Labor Force	120,393	34.7%
Females 16 Years and Over	182,045	100%
In Labor Force	110,976	61.0%
Population Living With Own Children <6 Years	35,242	100%
All Parents In Family In Labor Force	25,459	72.2%

Umatilla County Profile

Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Occupations

Employed Civilian Population 16 Years and Over	31,498	100%
Management, Professional, and Related Occupations	9,180	29.1%
Sales and Office Occupations	6,491	20.6%
Service Occupations	7,014	22.3%
Production, Transportation, and Material Moving Occupations	4,551	14.4%
Natural Resources, Construction, and Maintenance Occupations	4,262	13.5%

Leading Industries

Employed Civilian Population 16 Years and Over	31,498	100%
Educational, health and social services	5,994	19.0%
Trade (retail and wholesale)	681	2.2%
Manufacturing	3,271	10.4%
Arts, entertainment, recreation, accommodation, and food services	3,697	11.7%
Professional, scientific, management, administrative, and waste management services	1,962	6.2%
Transportation and warehousing, and utilities	1,796	5.7%
Finance, insurance, real estate and rental and leasing	567	1.8%
Other services (except public administration)	1,148	3.6%
Construction	972	3.1%
Public administration	2,363	7.5%
Information	617	2.0%
Agriculture, forestry, fishing and hunting, and mining	3,409	10.8%

Class of Worker

Employed Civilian Population 16 Years and Over	31,498	100%
Private Wage and Salary Workers	22,916	72.8%
Government Workers	6,719	21.3%
Self-Employed Workers in Own Not Incorporated Business	1,863	5.9%
Unpaid Family Workers	0	0.0%

Median Earnings

Male, Full-time, Year-Round Workers	\$38,155
Female, Full-time, Year-Round Workers	\$27,740

Umatilla County Profile

Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Income In 2010

Households	27,295	100%
< \$10,000	2,023	7.4%
\$10,000 to \$14,999	2,307	8.5%
\$15,000 to \$24,999	2,966	10.9%
\$25,000 to \$34,999	3,799	13.9%
\$35,000 to \$49,999	3,925	14.4%
\$50,000 to \$74,999	5,451	20.0%
\$75,000 to \$99,999	3,319	12.2%
\$100,000 to \$149,999	2,293	8.4%
\$150,000 to \$199,999	868	3.2%
\$200,000 or more	344	1.3%

Median Household Income

\$44,107

Income In 2010

Families	18,710	100%
< \$10,000	821	4.4%
\$10,000 to \$14,999	991	5.3%
\$15,000 to \$24,999	1,616	8.6%
\$25,000 to \$34,999	2,654	14.2%
\$35,000 to \$49,999	2,275	12.2%
\$50,000 to \$74,999	4,363	23.3%
\$75,000 to \$99,999	2,961	15.8%
\$100,000 to \$149,999	1,932	10.3%
\$150,000 to \$199,999	764	4.1%
\$200,000 or more	333	1.8%

Median Household Income

\$55,265

Per Capita Income In 2010

\$20,101

Poverty Status In 2010

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	11.7%
Individuals	*(X)	14.3%

*(X) – Not available

Umatilla County Profile

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

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

	Income	Rank of Oregon counties
BEA Per Capita Personal Income 2009	\$30,193	25 th of 88 counties
BEA Per Capita Personal Income 2008	\$29,685	28 th of 88 counties
BEA Per Capita Personal Income 2007	\$27,940	30 th of 88 counties
BEA Per Capita Personal Income 2006	\$25,768	32 th of 88 counties
BEA Per Capita Personal Income 2000	\$21,953	25 th of 88 counties
BEA Per Capita Personal Income 1999	\$21,108	24 th of 88 counties

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

Employment Statistics

Category	Umatilla	Oregon
Labor Force	38,927	1,981,129
Employed	35,037	1,788,197
Unemployed	3,890	192,932
Unemployment Rate* in February 2012	10.0	9.7
Unemployment Rate* in January 2012	10.3	9.6
Unemployment Rate* in February 2011	10.8	10.6

*Rate equals unemployment divided by labor force.

(Source: Oregon Employment Department, February 2012, Obtained from: <http://www.qualityinfo.org/olmisj/OlmisPortal?zineid=2b>)

Umatilla County Profile

Estimated Poverty Status in 2010

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Umatilla County				
All ages in poverty	11,172	9,203 to 13,141	15.5%	15.2 to 15.4
Ages 0-17 in poverty	4,232	3,283 to 5,181	21.3%	16.5 to 26.1
Ages 5-17 in families in poverty	2,777	2,088 to 3,466	19.5%	14.7 to 24.3
Median household income	\$43,691	41,144 to 46,238		
Oregon				
All ages in poverty	596,649	1,746,640 to 1,796,168	15.8%	15.6 to 16.0
Ages 0-17 in poverty	184,511	178,153 to 190,869	21.7%	21.0 to 22.4
Ages 5-17 in families in poverty	119,412	113,929 to 124,895	19.5%	18.6 to 20.4
Median household income	\$46,536	46,018 to 47,054		
United States				
All ages in poverty	46,215,956	45,975,650 to 46,456,262	15.3%	15.2 to 15.4
Ages 0-17 in poverty	15,749,129	15,621,395 to 15,876,863	21.6%	21.4 to 21.8
Ages 5-17 in families in poverty	10,484,513	10,394,015 to 10,575,011	19.8%	19.6 to 20.0
Median household income	\$50,046	49,982 to 50,110		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/bhes/www/saipe/county.html>)

Federal Poverty Thresholds in 2011 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	\$11,702					
1 Person 65 and >	\$10,788					
2 people Householder < 65 years	\$15,063	\$15,504				
2 People Householder 65 and >	\$13,596	\$15,446				
3 People	\$17,595	\$18,106	\$18,123			
4 People	\$23,201	\$23,581	\$22,811	\$22,891		
5 People	\$27,979	\$28,386	\$27,517	\$26,844	\$26,434	
6 People	\$32,181	\$32,309	\$31,643	\$31,005	\$30,056	\$29,494
7 People	\$37,029	\$37,260	\$36,463	\$35,907	\$34,872	\$33,665
8 People	\$41,414	\$41,779	\$41,027	\$40,368	\$39,433	\$38,247
9 People or >	\$49,818	\$50,059	\$49,393	\$48,835	\$47,917	\$46,654

(Source: U. S. Census Bureau, Poverty Thresholds 2011, <http://www.census.gov/bhes/www/poverty/data/threshld/index.html>)