



# 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Umatilla and Morrow Counties, Oregon

Sponsored by

**Good Shepherd Health Care System**

In collaboration with

CHI St. Anthony Hospital

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# INTRODUCTION

# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Good Shepherd Health Care System. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Good Shepherd Health Care System (in collaboration with CHI St. Anthony Hospital) by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

### PRC Community Health Survey

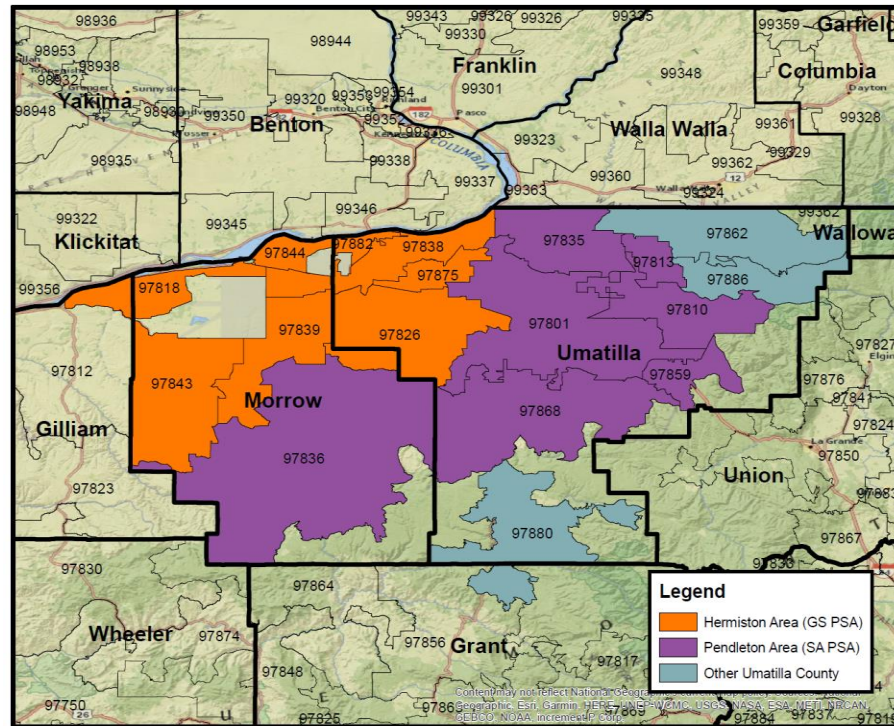
#### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Good Shepherd Health Care System, CHI St. Anthony Hospital, and PRC.



## Community Defined for This Assessment

The study area for the survey effort (referred to as “Umatilla/Morrow Counties” in this report) is defined as each of the residential ZIP Codes comprising Umatilla and Morrow Counties. This community definition, determined based on the ZIP Codes of residence of recent patients of Good Shepherd Health Care System and CHI St. Anthony Hospital, is illustrated in the following map. Throughout this report, references to two specific geographies (the Hermiston Area and the Pendleton Area) are provided for assessment purposes; definitions for these areas are also outlined below.



## Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) as well as a community outreach component promoted by Good Shepherd Health Care System and CHI St. Anthony Hospital through social media posting and other communications.

**RANDOM-SAMPLE SURVEYS (PRC)** ► For the targeted administration, PRC administered 500 random-sample interviews by phone among the following strata: 252 surveys in the Hermiston Area; 206 in the Pendleton Area; and 42 in the Other Umatilla County area.

**COMMUNITY OUTREACH SURVEYS (SPONSORING ORGANIZATIONS)** ► PRC also created a link to an online version of the survey, and Good Shepherd Health Care System and CHI St. Anthony Hospital promoted this link throughout the various communities in order to drive additional participation and bolster overall samples, yielding an additional 329 surveys to the overall sample.

In all, 829 surveys were completed through these mechanisms (475 in the Hermiston Area, 307 in the Pendleton Area, and 47 in the Other Umatilla County area).

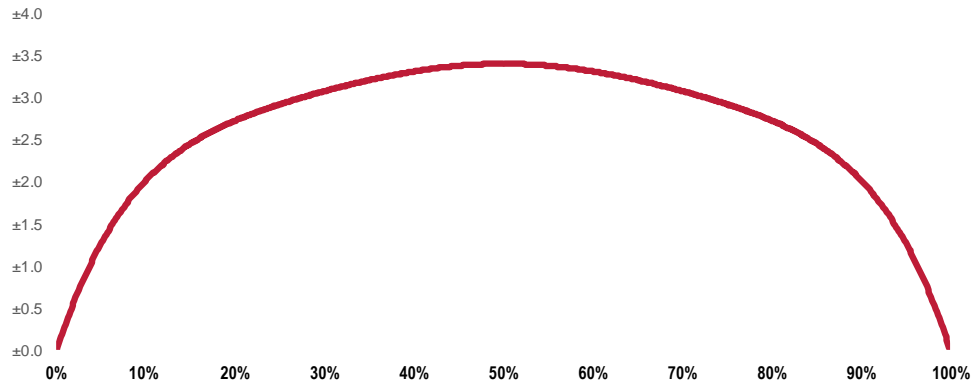
Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the service area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.





For statistical purposes, the maximum rate of error associated with a sample size of 829 respondents is  $\pm 3.4\%$  at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 829 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 829 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% ( $10\% \pm 2.0\%$ ) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.6% and 53.4% ( $50\% \pm 3.4\%$ ) of the total population would respond "yes" if asked this question.

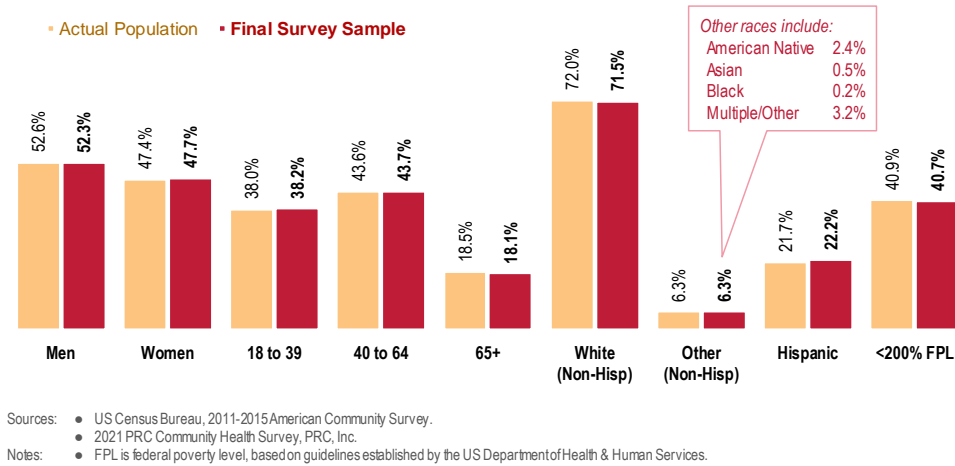
### Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Umatilla/Morrow Counties sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



## Population & Survey Sample Characteristics (Umatilla/Morrow Counties, 2021)



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

### INCOME & RACE/ETHNICITY

**INCOME** ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at \$26,200 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

**RACE & ETHNICITY** ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects non-Hispanic White respondents; “Communities of Color” includes Hispanics and non-White race groups.

### Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Good Shepherd Health Care System and CHI St. Anthony Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 85 community stakeholders took part in the Online Key Informant Survey, as outlined below:



## ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	5
Public Health Representatives	7
Social Services Providers	15
Other Community Leaders	58

Final participation included representatives of the organizations outlined below.

- Blue Mountain Early Learning Hub
- Boardman Police Department
- CAPECO
- City of Hermiston
- Department of Health & Human Services
- Director of Marketing
- Director of Nursing Services
- Director of Physician Clinic
- Eastern Oregon Center for Independent Living (EOCIL)
- Good Shepherd Health Care System
- Head Start
- Hermiston Chamber of Commerce
- Hermiston Police Department
- Hermiston School District
- KOHU Radio
- Lifeways
- Milton–Freewater School District
- Morrow County Health Department
- Oregon Child Development Coalition
- Oregon Department of Transportation
- Oregon Health Authority
- Oregon State Police
- Oregon Washington health Network (OWhN)
- Pendleton Chamber
- Pendleton School District
- SNAP Education
- St. Anthony Hospital
- Umatilla County Public Health
- Umatilla Taxi Co.
- Yellowhawk Tribal Health Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.



## Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Umatilla/Morrow Counties were obtained from the following sources (specific citations are included with the graphs throughout this report):

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau, American Community Survey](#)
- [US Census Bureau, County Business Patterns](#)
- [US Census Bureau, Decennial Census](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Health & Human Services, Health Resources and Services Administration \(HRSA\)](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)

Note that secondary data are county-level data (Umatilla and Morrow Counties).

## Benchmark Data

### Oregon Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.



## Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative’s fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030’s overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

## Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.



## Public Comment

Good Shepherd Health Care System made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Good Shepherd Health Care System had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Good Shepherd Health Care System will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



# IRS FORM 990, SCHEDULE H COMPLIANCE

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	7
<b>Part V Section B Line 3b</b> Demographics of the community	37
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	178
<b>Part V Section B Line 3d</b> How data was obtained	7
<b>Part V Section B Line 3e</b> The significant health needs of the community	16
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	17
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests	10
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	194



# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> <li>▪ Barriers to Access                             <ul style="list-style-type: none"> <li>– Appointment Availability</li> <li>– Inconvenient Office Hours</li> <li>– Finding a Physician</li> </ul> </li> <li>▪ Primary Care Physician Ratio</li> <li>▪ Routine Medical Care (Adults)</li> <li>▪ Emergency Room Utilization</li> <li>▪ Eye Exams</li> <li>▪ Ratings of Local Health Care</li> </ul>
CANCER	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Cervical Cancer Screening [Age 21-65]</li> </ul>
DIABETES	<ul style="list-style-type: none"> <li>▪ Diabetes Deaths</li> <li>▪ Prevalence of Borderline/Pre-Diabetes</li> </ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ High Blood Cholesterol Prevalence</li> <li>▪ Overall Cardiovascular Risk</li> </ul>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> <li>▪ Infant Deaths</li> <li>▪ Teen Births</li> </ul>
INJURY & VIOLENCE	<ul style="list-style-type: none"> <li>▪ Motor Vehicle Crash Deaths</li> <li>▪ Seat Belt/Safety Seat use (Children 0-12)</li> <li>▪ Intimate Partner Violence</li> </ul>
MENTAL HEALTH	<ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ Diagnosed Depression</li> <li>▪ Symptoms of Chronic Depression</li> <li>▪ Suicide Deaths</li> <li>▪ Receiving Treatment for Mental Health</li> <li>▪ Key Informants: Mental health ranked as a top concern.</li> </ul>

—continued on the next page—





## AREAS OF OPPORTUNITY (continued)

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> <li>▪ Low Food Access</li> <li>▪ Fruit/Vegetable Consumption</li> <li>▪ Meeting Physical Activity Guidelines</li> <li>▪ Access to Recreation/Fitness Facilities</li> <li>▪ Overweight &amp; Obesity [Adults]</li> </ul>
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> <li>▪ Multiple Chronic Conditions</li> <li>▪ Activity Limitations</li> <li>▪ High-Impact Chronic Pain</li> <li>▪ Alzheimer’s Disease Deaths</li> <li>▪ Caregiving</li> </ul>
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> <li>▪ Key Informants: Coronavirus Disease/COVID-19 ranked as a top concern.</li> </ul>
SUBSTANCE ABUSE	<ul style="list-style-type: none"> <li>▪ Cirrhosis/Liver Disease Deaths</li> <li>▪ Use of Prescription Opioids</li> <li>▪ Key Informants: Substance abuse ranked as a top concern.</li> </ul>
TOBACCO USE	<ul style="list-style-type: none"> <li>▪ Key Informants: Tobacco use ranked as a top concern.</li> </ul>

## Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Respiratory Disease (esp. COVID-19)
3. Substance Abuse
4. Tobacco Use
5. Diabetes
6. Potentially Disabling Conditions
7. Nutrition, Physical Activity & Weight
8. Heart Disease & Stroke
9. Cancer
10. Injury & Violence
11. Access to Health Care Services
12. Infant Health & Family Planning



## Hospital Implementation Strategy

Good Shepherd Health Care System will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

## Summary Tables: Comparisons With Benchmark Data

### Reading the Summary Tables

- In the following tables, service area results are shown in the larger, gray column.
- The columns to the left of the Umatilla/Morrow Counties column provide comparisons between the subareas; underlining indicates where one subarea compares significantly unfavorably against the opposing area. Note that survey indicators are segmented by the targeted Hermiston and Pendleton areas, whereas secondary data indicators are available and provided at the county level (Umatilla and Morrow Counties).
- The columns to the right of the Umatilla/Morrow Counties column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

*Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*



DISPARITY AMONG SUBAREAS

SOCIAL DETERMINANTS	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Linguistically Isolated Population (Percent)			4.2	<u>5.9</u>
Population in Poverty (Percent)			<u>17.9</u>	14.5
Children in Poverty (Percent)			25.9	22.8
No High School Diploma (Age 25+, Percent)			17.6	<u>24.2</u>
% Unable to Pay Cash for a \$400 Emergency Expense	22.3	21.2		
% Worry/Stress Over Rent/Mortgage in Past Year	<u>32.2</u>	20.7		
% Unhealthy/Unsafe Housing Conditions	7.7	10.4		
% Food Insecure	<u>26.1</u>	18.4		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
4.4	 2.7	 4.3	
17.4	 13.2	 13.4	 8.0
25.5	 16.6	 18.5	 8.0
18.4	 9.3	 12.0	
22.1		 24.6	
26.8		 32.2	
8.7		 12.2	
20.8		 34.1	

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

OVERALL HEALTH	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% "Fair/Poor" Overall Health	17.1	18.1		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% [Age 18-64] Lack Health Insurance	<u>13.5</u>	6.1		
% Difficulty Accessing Health Care in Past Year (Composite)	49.5	47.9		
% Cost Prevented Physician Visit in Past Year	<u>13.8</u>	9.3		
% Cost Prevented Getting Prescription in Past Year	11.6	11.4		
% Difficulty Getting Appointment in Past Year	26.8	29.5		
% Inconvenient Hrs Prevented Dr Visit in Past Year	19.5	19.7		
% Difficulty Finding Physician in Past Year	19.7	19.6		
% Transportation Hindered Dr Visit in Past Year	3.5	<u>6.6</u>		

Umatilla/Morrow Counties	UMATILLA/MORROW COUNTIES vs. BENCHMARKS		
	vs. OR	vs. US	vs. HP2030
18.1	18.2	12.6	

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

Umatilla/Morrow Counties	UMATILLA/MORROW COUNTIES vs. BENCHMARKS		
	vs. OR	vs. US	vs. HP2030
9.5	12.9	8.7	7.9
48.9		35.0	
10.7	13.5	12.9	
10.8		12.8	
28.1		14.5	
19.0		12.5	
19.4		9.4	
6.8		8.9	

DISPARITY AMONG SUBAREAS

ACCESS TO HEALTH CARE (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% Language/Culture Prevented Care in Past Year	0.6	1.1		
% Skipped Prescription Doses to Save Costs	12.6	15.1		
% Difficulty Getting Child's Health Care in Past Year	6.5	5.5		
Primary Care Doctors per 100,000			69.9	73.9
% Have a Specific Source of Ongoing Care	83.8	79.6		
% Have Had Routine Checkup in Past Year	<u>55.5</u>	63.3		
% Child Has Had Checkup in Past Year	78.0	82.6		
% Two or More ER Visits in Past Year	13.6	12.8		
% Eye Exam in Past 2 Years	<u>49.5</u>	60.0		
% Rate Local Health Care "Fair/Poor"	21.6	22.8		

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An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
1.2		 2.8	
12.1		 12.7	
9.3		 8.0	
70.5	 127.4	 100.0	
81.8		 74.2	 84.0
61.4	 73.1	 70.5	
82.6		 77.4	
13.8		 10.1	
53.0		 61.0	 61.1
22.2		 8.0	

  
favorable comparison for Umatilla/Morrow

  
similar to the benchmark

  
unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

CANCER	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Cancer (Age-Adjusted Death Rate)			150.7	134.0
Lung Cancer (Age-Adjusted Death Rate)				
Prostate Cancer (Age-Adjusted Death Rate)				
Female Breast Cancer (Age-Adjusted Death Rate)				
Colorectal Cancer (Age-Adjusted Death Rate)				
Cancer Incidence Rate (All Sites)			435.6	422.2
Female Breast Cancer Incidence Rate			120.5	130.0
Prostate Cancer Incidence Rate			100.2	102.0
Lung Cancer Incidence Rate			53.0	45.5
Colorectal Cancer Incidence Rate			<u>40.2</u>	27.4
% Cancer	7.9	10.3		

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
<b>150.7</b>	 149.9	 149.3	 122.7
<b>30.3</b>	 33.0	 34.9	 25.1
<b>12.5</b>	 20.0	 18.6	 16.9
<b>22.2</b>	 18.8	 19.7	 15.3
<b>15.0</b>	 12.8	 13.4	 8.9
<b>433.8</b>	 430.5	 448.6	
<b>121.8</b>	 128.0	 126.8	
<b>100.5</b>	 93.3	 106.2	
<b>51.9</b>	 52.6	 57.3	
<b>38.4</b>	 34.0	 38.0	
<b>8.3</b>	 13.4	 10.0	

DISPARITY AMONG SUBAREAS

CANCER (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% [Women 50-74] Mammogram in Past 2 Years	69.2	76.0		
% [Women 21-65] Cervical Cancer Screening	70.2	66.2		
% [Age 50-75] Colorectal Cancer Screening	<u>67.4</u>	79.0		
% [Men 50+] PSA Test in the Past 2 Years	49.9	59.1		

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An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
73.9	78.3	76.1	77.1
67.0	78.4	73.8	84.3
72.8	72.6	77.4	74.4
53.1			

favorable comparison for Umatilla/Morrow

similar to the benchmark

unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

DIABETES	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Diabetes (Age-Adjusted Death Rate)				
% Diabetes/High Blood Sugar	15.6	13.0		
% Borderline/Pre-Diabetes	16.2	13.8		
% [Diabetics] A1C Test in the Past Year				

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
33.4	23.2	21.5	
13.5	8.6	13.8	
14.2		9.7	
86.5			

favorable comparison for Umatilla/Morrow

similar to the benchmark

unfavorable comparison for Umatilla/Morrow
















DISPARITY AMONG SUBAREAS

HEART DISEASE & STROKE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Diseases of the Heart (Age-Adjusted Death Rate)			133.9	134.3
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.5	9.2		
Stroke (Age-Adjusted Death Rate)				
% Stroke	3.1	2.2		
% Told Have High Blood Pressure	36.0	40.3		
% Told Have High Cholesterol	<u>45.9</u>	37.4		
% 1+ Cardiovascular Risk Factor	<u>91.3</u>	86.6		

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An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
133.9	 131.1	 163.4	 127.4
7.5	 6.1	 6.1	
33.2	 39.1	 37.2	 33.4
2.7	 3.2	 4.3	
36.7	 30.6	 36.9	 27.7
39.8		 32.7	
89.1		 84.6	

 favorable comparison for Umatilla/Morrow




 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

INFANT HEALTH & FAMILY PLANNING	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Low Birthweight Births (Percent)			6.3	6.9
% [Child 0-17] Child Was Breastfed for 6+ Months	38.8	34.7		

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
6.4	 6.5	 8.2	
34.8		 36.5	









DISPARITY AMONG SUBAREAS

INFANT HEALTH & FAMILY PLANNING (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Infant Death Rate				
Births to Adolescents Age 15 to 19 (Rate per 1,000)			33.0	30.8
% [Adults <50] Always Use Birth Control During Sex				

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
6.8	 4.5	 5.6	 5.0
32.7	 16.8	 20.9	 31.4
53.9			

 favorable comparison for Umatilla/Morrow







 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Unintentional Injury (Age-Adjusted Death Rate)				
Motor Vehicle Crashes (Age-Adjusted Death Rate)				
% [Child Age 0-12] "Always" Uses a Car Seat or Booster Seat				
% [Child Age 4-17] Child "Always" Wears a Safety Helmet	53.0	48.7		
% [Child Age 0-17] Child "Always" Wears a Life Jacket	72.1	76.8		



UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
46.4	 44.8	 48.9	 43.2
15.3	 11.0	 11.3	 10.1
74.9			
56.5			
77.4			

DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
[65+] Falls (Age-Adjusted Death Rate)				
Firearm-Related Deaths (Age-Adjusted Death Rate)				
% Firearm in Home	44.8	<u>58.3</u>		
% [Homes With Children] Firearm in Home	37.7	<u>63.2</u>		
Homicide (Age-Adjusted Death Rate)				
Violent Crime Rate			259.8	<u>360.0</u>
% Victim of Violent Crime in Past 5 Years	4.6	2.6		
% Victim of Intimate Partner Violence	17.3	21.7		
% Feel Unsafe at Home	1.6	<u>4.7</u>		
% Forced or Pressured Into Sexual Activity	14.1	17.6		
% [Child <18] Child is Physically Disciplined	19.5	20.8		

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
<b>69.5</b>	 103.8	 65.1	 63.4
<b>12.9</b>	 12.1	 11.9	 10.7
<b>51.6</b>			
<b>48.6</b>			
<b>5.0</b>	 2.8	 5.6	 5.5
<b>275.2</b>	 265.8	 416.0	
<b>3.7</b>		 6.2	
<b>20.1</b>		 13.7	
<b>2.9</b>			
<b>16.4</b>			
<b>18.9</b>			

DISPARITY AMONG SUBAREAS

INJURY & VIOLENCE (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% [Child Age 5-17] Bullied At School or On the Way	15.9	16.7		
% [Child Age 5-17] Missed School Due to Feeling Unsafe	5.7	7.8		

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An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
21.4			
5.3			

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow





DISPARITY AMONG SUBAREAS

KIDNEY DISEASE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Kidney Disease (Age-Adjusted Death Rate)				
% Kidney Disease	3.3	6.2		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
9.1	 7.6	 12.9	
4.0	 3.1	 5.0	

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

MENTAL HEALTH	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% "Fair/Poor" Mental Health	23.0	26.4		
% Diagnosed Depression	25.6	26.4		
% Symptoms of Chronic Depression (2+ Years)	44.6	39.2		
% Typical Day Is "Extremely/Very" Stressful	17.2	18.4		
Suicide (Age-Adjusted Death Rate)				
% Suicide Ideation	8.7	10.1		
Mental Health Providers per 100,000			<u>204.8</u>	476.0
% Taking Rx/Receiving Mental Health Trtmt	20.3	19.7		
% Unable to Get Mental Health Svcs in Past Yr	8.3	8.2		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
23.0		 13.4	
24.9	 24.6	 20.6	
41.6		 30.3	
15.4		 16.1	
20.7	 19.5	 14.0	 12.8
10.3			
240.6	 280.5	 115.1	
20.9		 16.8	
8.3		 7.8	

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Population With Low Food Access (Percent)			<u>30.5</u>	4.5
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.4	23.2		
% 5+ Servings of Fruits/Vegetables per Day	<u>22.7</u>	30.3		
% [Child Age 2-17] 5+ Servings of Fruits/Vegetables per Day	47.4	41.8		
% 7+ Sugar-Sweetened Drinks in Past Week	60.3	62.0		
% [Child Age 2-17] 7+ Sugar-Sweetened Beverages per Week	10.8	<u>21.6</u>		
% No Leisure-Time Physical Activity	<u>31.8</u>	25.0		
% Meeting Physical Activity Guidelines	15.1	19.3		
% Child [Age 2-17] Physically Active 1+ Hours per Day	57.7	62.7		
Recreation/Fitness Facilities per 100,000				

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
<b>27.2</b>	 17.0	 22.2	
<b>20.7</b>		 21.1	
<b>27.4</b>		 32.7	
<b>42.3</b>		 36.9	
<b>62.4</b>			
<b>15.8</b>			
<b>27.7</b>	 23.9	 31.3	 21.2
<b>16.0</b>	 24.9	 21.4	 28.4
<b>61.9</b>		 33.0	
<b>6.9</b>	 13.4	 12.2	









DISPARITY AMONG SUBAREAS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% Overweight (BMI 25+)	79.1	73.8		
% Obese (BMI 30+)	52.0	46.7		
% Children [Age 5-17] Overweight (85th Percentile)	35.2	42.2		
% Children [Age 5-17] Obese (95th Percentile)	16.4	24.8		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
76.0	 63.9	 61.0	
49.9	 29.0	 31.3	 36.0
37.2		 32.3	
19.0		 16.0	 15.5

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow








DISPARITY AMONG SUBAREAS

ORAL HEALTH	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% Have Dental Insurance	77.8	79.2		
% [Age 18+] Dental Visit in Past Year	57.3	63.9		
% Child [Age 2-17] Dental Visit in Past Year	71.1	80.6		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
77.9		 68.7	 59.8
61.1	 68.0	 62.0	 45.0
76.7		 72.1	 45.0

 favorable comparison for Umatilla/Morrow

 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow








DISPARITY AMONG SUBAREAS

POTENTIALLY DISABLING CONDITIONS	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% 3+ Chronic Conditions	38.4	43.5		
% Activity Limitations	31.1	31.2		
% With High-Impact Chronic Pain	22.1	24.0		
Alzheimer's Disease (Age-Adjusted Death Rate)				
% Caregiver to a Friend/Family Member	30.5	30.1		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
39.0		 32.5	
32.3		 24.0	
23.6		 14.1	 7.0
37.6	 36.3	 30.4	
28.8		 22.6	

 favorable comparison for Umatilla/Morrow







 similar to the benchmark

 unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

RESPIRATORY DISEASE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
CLRD (Age-Adjusted Death Rate)				
Pneumonia/Influenza (Age-Adjusted Death Rate)				
% [Age 65+] Flu Vaccine in Past Year	69.9	78.7		
% [Child Age 0-17] Had a Flu Vaccine in the Past Year	<u>26.4</u>	54.7		

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
49.3	 37.7	 39.6	
13.5	 10.1	 13.8	
74.8	 64.4	 71.0	
37.7			

DISPARITY AMONG SUBAREAS

RESPIRATORY DISEASE (continued)	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% [Adult] Ever Diagnosed With Asthma	14.4	19.5		
% [Child 0-17] Ever Diagnosed With Asthma	7.1	11.5		
% COPD (Lung Disease)	6.6	6.7		
% Fully/Partially Vaccinated for COVID-19	<u>66.9</u>	73.8		
% [Parents] Will Not Have Child Vaccinated Against COVID-19	<u>56.6</u>	38.8		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
14.8	16.8	17.3	
8.0		14.6	
6.4	6.1	6.4	
67.4			
49.1			

favorable comparison for Umatilla/Morrow

similar to the benchmark

unfavorable comparison for Umatilla/Morrow

DISPARITY AMONG SUBAREAS

SEXUAL HEALTH	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
HIV Prevalence Rate			108.7	120.5
Chlamydia Incidence Rate			396.2	<u>483.6</u>
Gonorrhea Incidence Rate			122.1	107.5

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
110.2	197.9	372.8	
407.3	464.0	539.9	
120.2	142.7	179.1	

favorable comparison for Umatilla/Morrow

similar to the benchmark

unfavorable comparison for Umatilla/Morrow



DISPARITY AMONG SUBAREAS

SUBSTANCE ABUSE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)				
% Excessive Drinker	16.2	20.8		
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)				
% Have Been Tested for Hepatitis C	<u>33.6</u>	41.3		
% Illicit Drug Use in Past Month	0.4	0.7		
% Used a Prescription Opioid in Past Year	15.4	18.5		
% Currently Use Marijuana or THC	15.3	13.9		
% Ever Sought Help for Alcohol or Drug Problem	<u>3.6</u>	7.7		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
19.4	 12.9	 11.1	 10.9
18.4	 19.6	 27.2	
7.2	 10.3	 18.8	
36.8			
0.4		 2.0	 12.0
16.6		 12.9	
17.3			
4.7		 5.4	

  
favorable comparison for Umatilla/Morrow

  
similar to the benchmark

  
unfavorable comparison for Umatilla/Morrow



DISPARITY AMONG SUBAREAS

TOBACCO USE	Hermiston Area	Pendleton Area	Umatilla County	Morrow County
% Currently Use Tobacco Products	13.1	18.0		
% [Tobacco Users] Have Quit Using Tobacco 1+ Days in Past Year				
% Currently Use Vaping Products	3.7	3.3		

Note: Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

An underlined value above is significantly worse than the opposing area.

UMATILLA/MORROW COUNTIES vs. BENCHMARKS

Umatilla/Morrow Counties	vs. OR	vs. US	vs. HP2030
14.3			
50.8			
3.3	 4.4	 8.9	

  
favorable comparison for Umatilla/Morrow

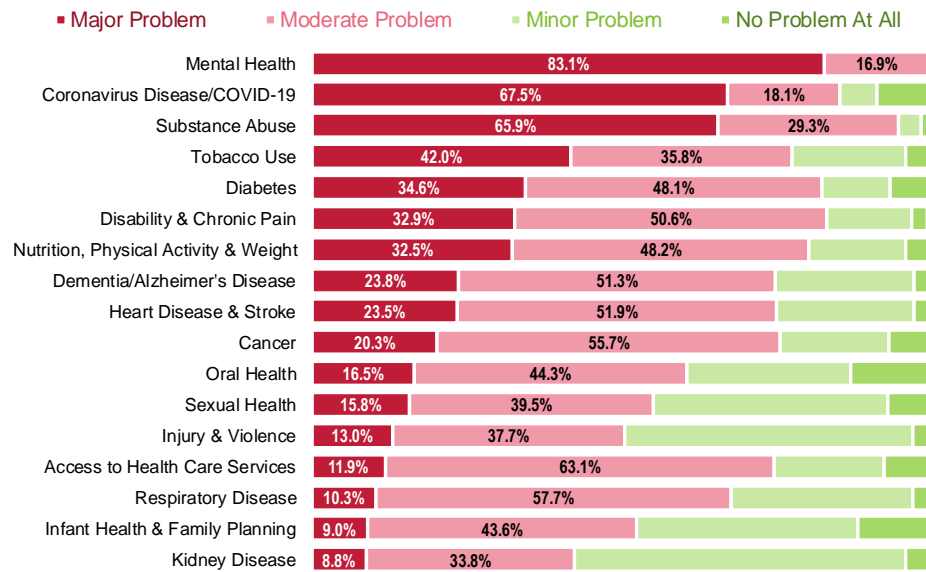
  
similar to the benchmark

  
unfavorable comparison for Umatilla/Morrow

## Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

### Key Informants: Relative Position of Health Topics as Problems in the Community





# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

Umatilla and Morrow Counties, the combined focus of this Community Health Needs Assessment, encompass 5,245.98 square miles and house a total population of 88,432 residents, according to latest census estimates.

Total Population  
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Umatilla County	77,129	3,215.45	23.99
Morrow County	11,303	2,030.53	5.57
Umatilla/Morrow Counties	88,432	5,245.98	16.86
Oregon	4,129,803	95,986.65	43.02
United States	324,697,795	3,532,068.58	91.93

Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

## Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

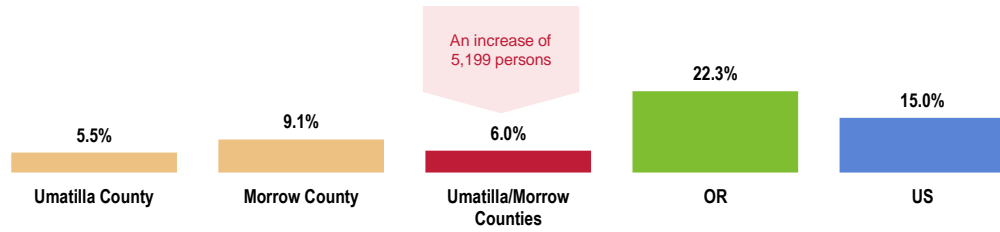
**Between the 2010 and 2020 US Censuses, the population of Umatilla/Morrow Counties increased by about 5,200 persons, or 6.0%.**

**BENCHMARK** ► Well below the Oregon percentage as well as the US percentage.

**DISPARITY** ► A proportionally greater population increase occurred in Morrow County.



## Change in Total Population (Percentage Change Between 2010 and 2020)



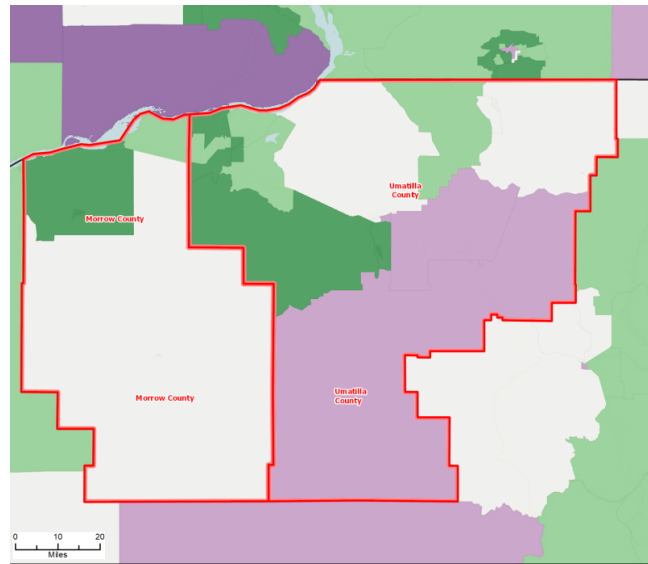
Sources: 

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: 

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



Map Legend

<p>Population Change, Percent by Tract, US Census 2010 - 2020</p> <ul style="list-style-type: none"> <li><span style="color: green;">■</span> Over 10.0% Increase (+)</li> <li><span style="color: lightgreen;">■</span> 2.0 - 10.0% Increase (+)</li> <li><span style="color: lightgrey;">■</span> Less Than 2.0% Change (+/-)</li> <li><span style="color: purple;">■</span> 2.0 - 10.0% Decrease (-)</li> <li><span style="color: darkpurple;">■</span> Over 10.0% Decrease (-)</li> <li><span style="color: grey;">■</span> No Population or No Data</li> </ul>	<p>Report Location, County</p> <ul style="list-style-type: none"> <li><span style="color: red;">□</span></li> </ul>
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## Urban/Rural Population

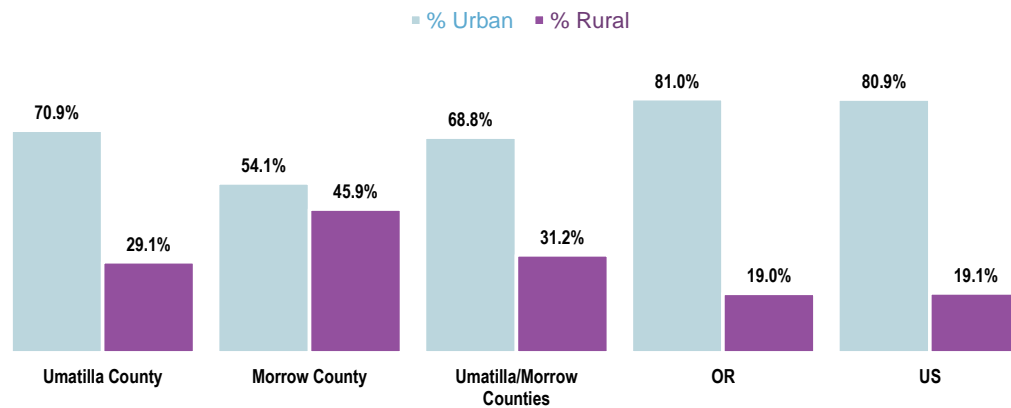
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

**The combined area of Umatilla and Morrow Counties is predominantly urban, with 68.8% of the population living in areas designated as urban.**

**BENCHMARK** ► A lower urban percentage than housed across Oregon and the US overall.

**DISPARITY** ► Residents of Umatilla County are more likely to live in urban areas than those in Morrow County.

### Urban and Rural Population (2010)



Sources: 

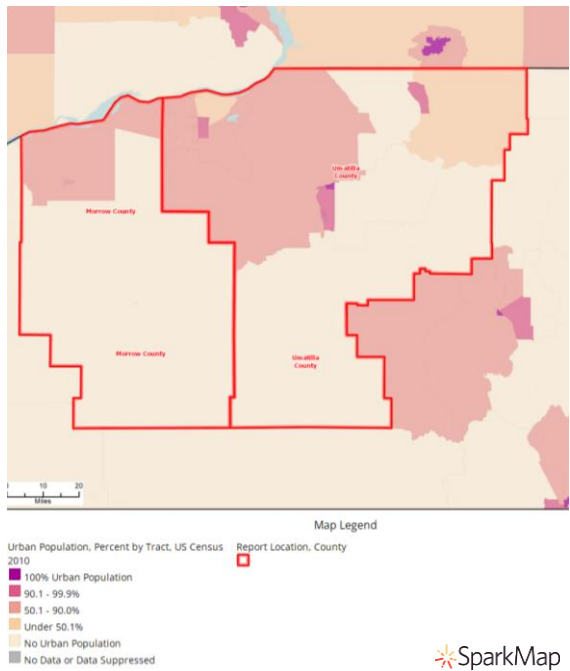
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in Umatilla/Morrow Counties.





## Age

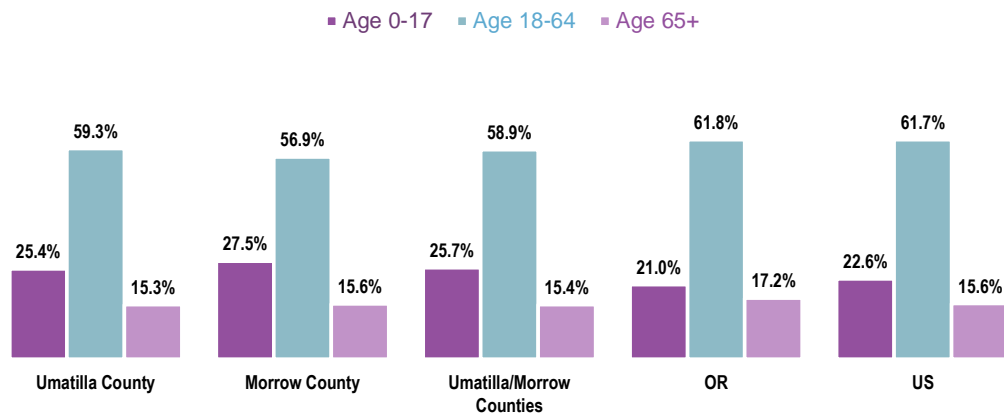
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

**In Umatilla/Morrow Counties, 25.7% of the population are children age 0-17; another 58.9% are age 18 to 64, while 15.4% are age 65 and older.**

**BENCHMARK** ▶ A larger proportion of children than reported statewide and nationally.

**DISPARITY** ▶ Umatilla County houses a larger share of adults under 65 while Morrow County has a larger proportion of children under 18.

Total Population by Age Groups  
(2015-2019)



Sources: 

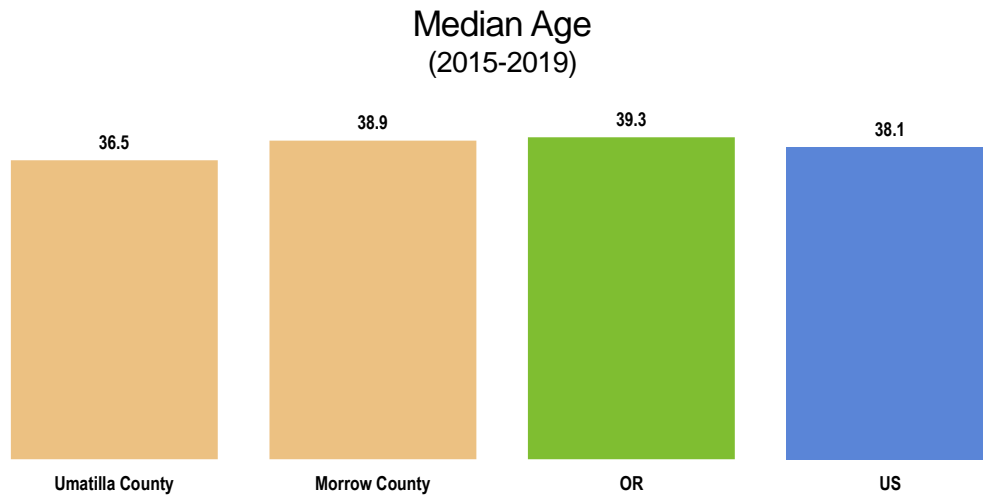
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).





## Median Age

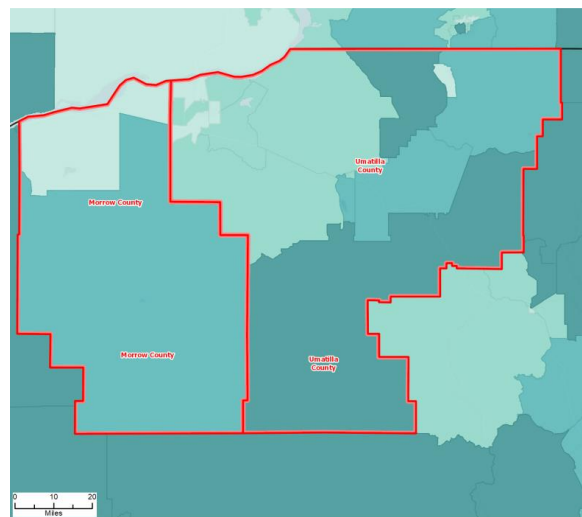
Umatilla County is “younger” than Morrow County, Oregon, and the US in that the median age is lower.



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in Umatilla/Morrow Counties.



SparkMap



# Race & Ethnicity

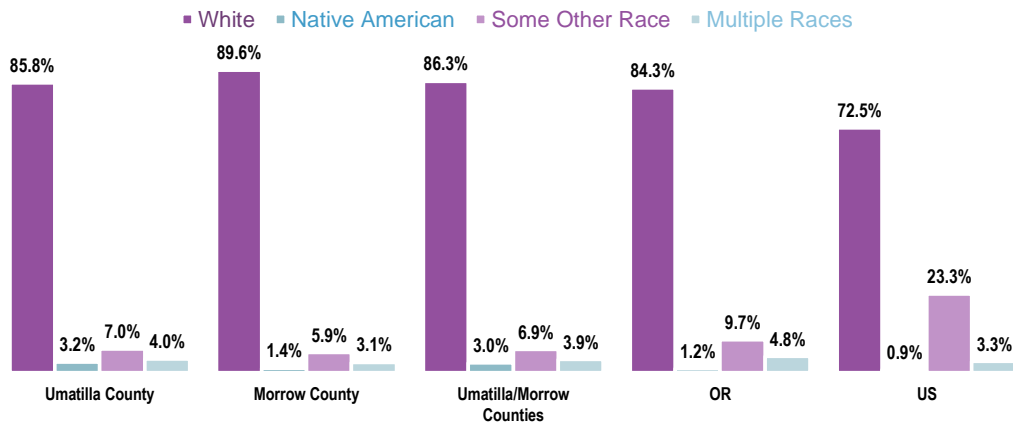
## Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 86.3% of residents of Umatilla/Morrow Counties are White and 3.0% are Native American.

**BENCHMARK** ▶ A less diverse population than Oregon and especially the US.

**DISPARITY** ▶ Morrow County is especially less diverse.

Total Population by Race Alone  
(2015-2019)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

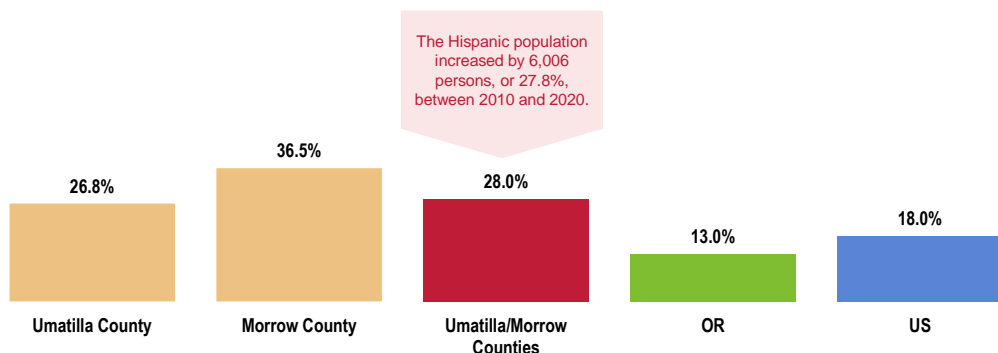
## Ethnicity

A total of 28.0% of Umatilla/Morrow Counties residents are Hispanic or Latino.

**BENCHMARK** ▶ Much higher than state and national proportions.

**DISPARITY** ▶ The Hispanic population is proportionally greater in Morrow County.

Hispanic Population  
(2015-2019)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

  
Notes: 

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



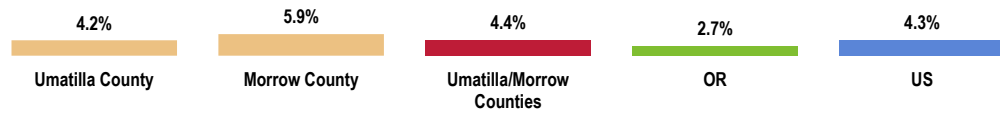
# Linguistic Isolation

A total of 4.4% of the area’s population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

**BENCHMARK** ▶ Higher than the Oregon prevalence.

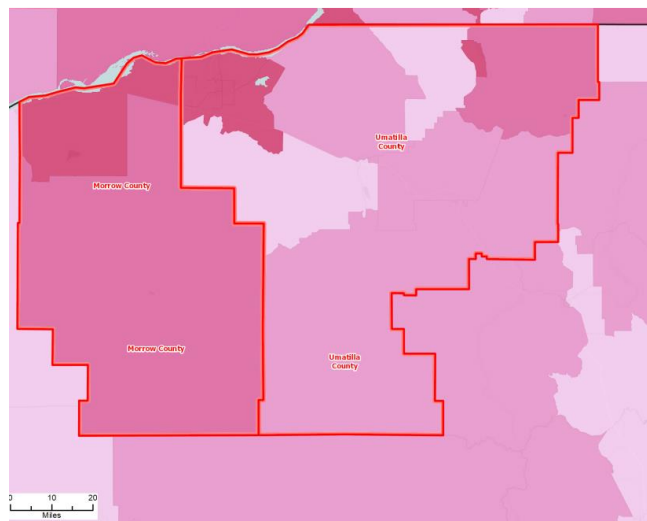
**DISPARITY** ▶ Higher in Morrow County.

## Linguistically Isolated Population (2015-2019)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Umatilla/Morrow Counties.



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

- Healthy People 2030 (<https://health.gov/healthypeople>)

## Poverty

**The latest census estimate shows 17.4% of the Umatilla/Morrow Counties total population living below the federal poverty level.**

**BENCHMARK** ► Worse than state and national percentages. Twice the Healthy People 2030 objective.

**DISPARITY** ► Higher in Umatilla County.

**Among just children (ages 0 to 17), this percentage in Umatilla/Morrow Counties is 25.5% (representing nearly 5,700 children).**

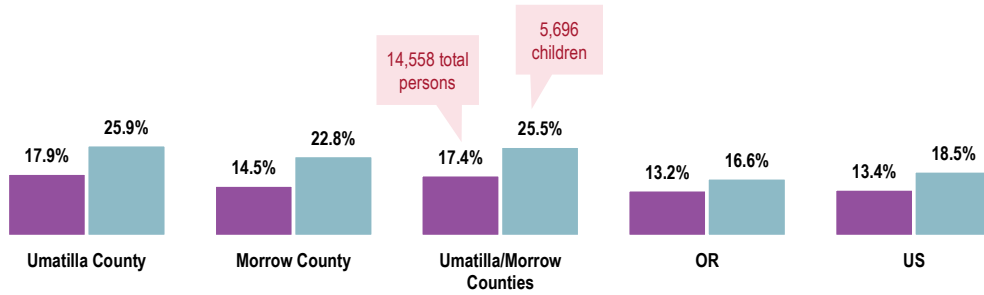
**BENCHMARK** ► Well above state and national figures. Fails to meet the Healthy People 2030 goal.



## Population in Poverty (Populations Living Below the Poverty Level; 2015-2019)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



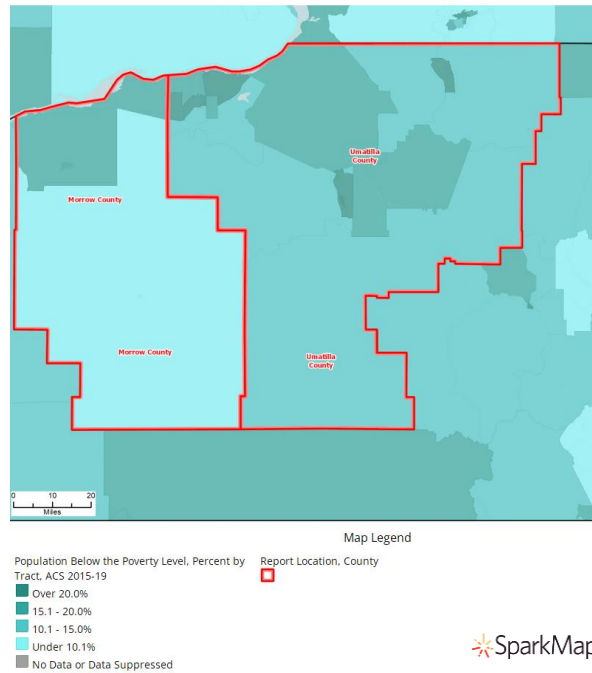
Sources: 

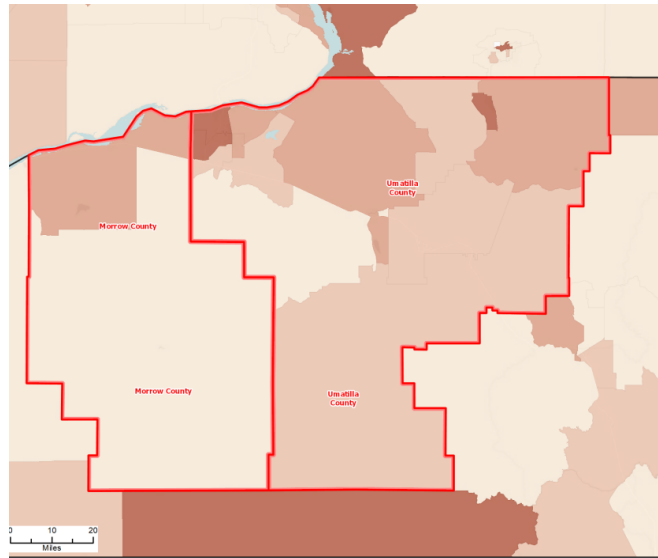
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.





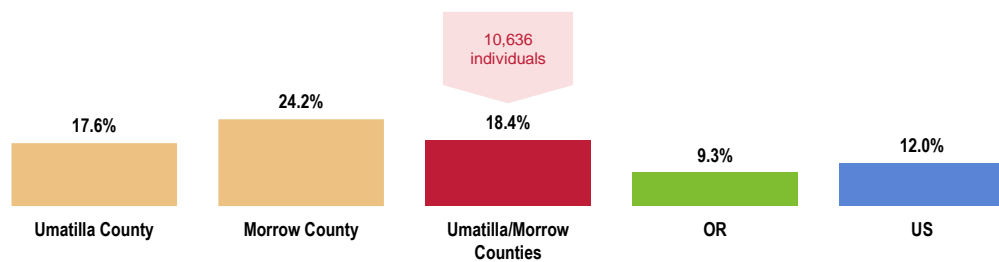
## Education

Among the Umatilla/Morrow Counties population age 25 and older, an estimated 18.4% (over 10,000 people) do not have a high school education.

**BENCHMARK** ► Worse than Oregon and US proportions.

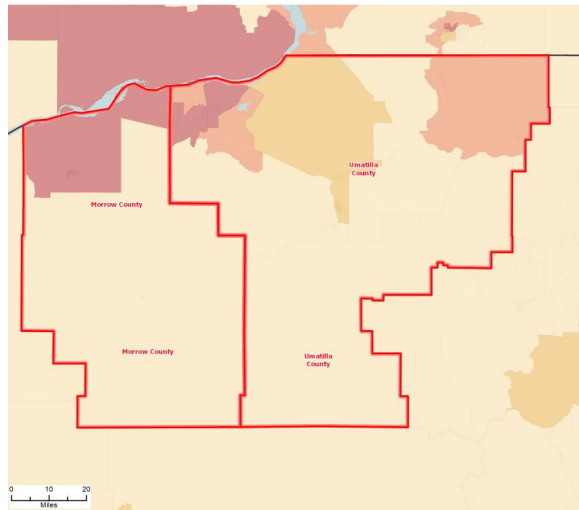
**DISPARITY** ► Much higher in Morrow County.

### Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.





Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County



Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

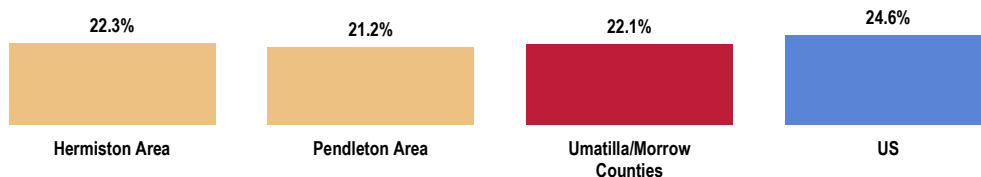
## Financial Resilience

**A total of 22.1% of Umatilla/Morrow Counties residents would not be able to afford an unexpected \$400 expense without going into debt.**

**DISPARITY** ► Reported more often among women, adults under 65, those in low-income households (especially), and communities of color.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

### Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

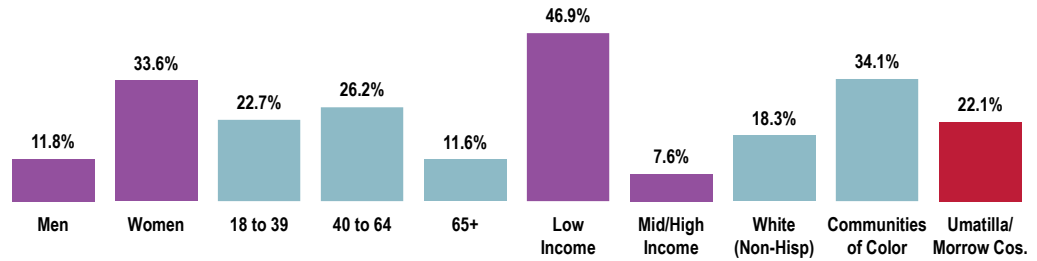
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

## Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]

Notes: • Asked of all respondents.

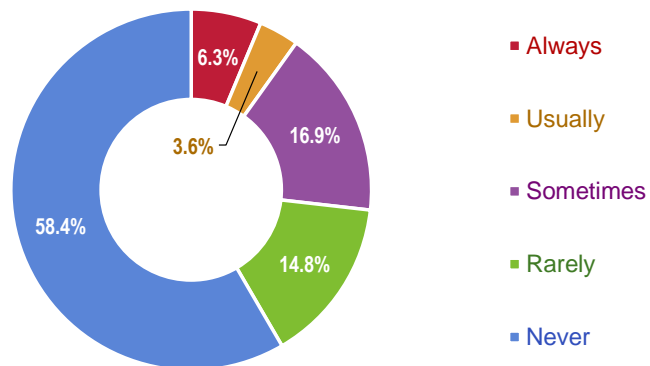
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

## Housing

### Housing Insecurity

**Most surveyed adults rarely, if ever, worry about the cost of housing.**

## Frequency of Worry or Stress About Paying Rent or Mortgage in the Past Year (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]

Notes: • Asked of all respondents.



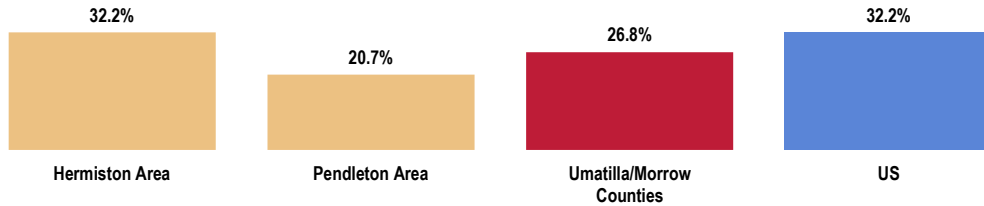


However, a considerable share (26.8%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

**BENCHMARK** ▶ Lower than the national proportion.

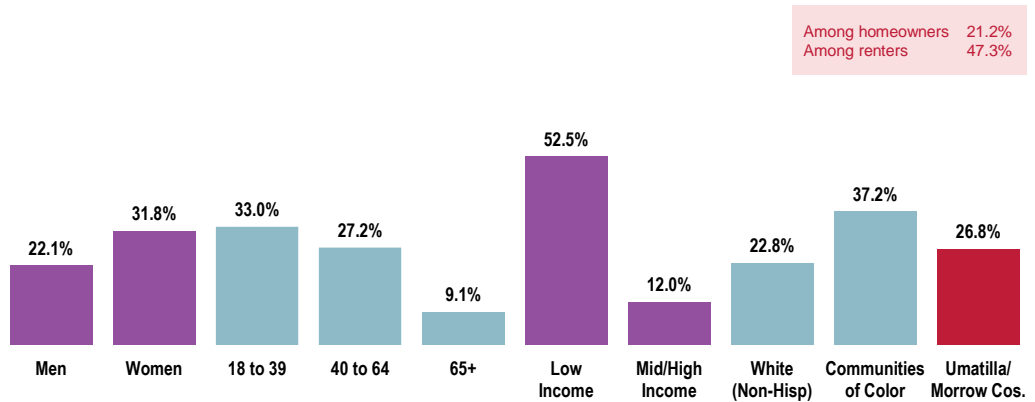
**DISPARITY** ▶ Worse among Hermiston Area respondents. Highest among low-income respondents as well as women, communities of color, and those who rent their homes. Note also the correlation with age.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### “Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]  
 Notes: • Asked of all respondents.



## Unhealthy or Unsafe Housing

A total of 8.7% of Umatilla/Morrow Counties residents report living unhealthy or unsafe housing conditions during the past year.

**BENCHMARK** ▶ Lower than the US figure.

**DISPARITY** ▶ Correlates with age and is reported more often among women, low-income respondents, and those who rent their homes.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

### Unhealthy or Unsafe Housing Conditions in the Past Year



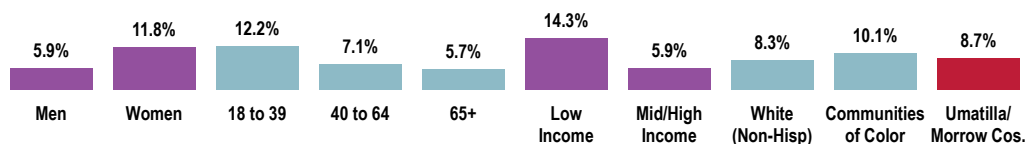
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

### Unhealthy or Unsafe Housing Conditions in the Past Year (Umatilla/Morrow Counties, 2021)

Among homeowners 5.7%  
Among renters 18.5%



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes: • Asked of all respondents.

• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



# Food Access

## Low Food Access

US Department of Agriculture data show that **27.2% of the Umatilla/Morrow Counties population (representing over 23,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

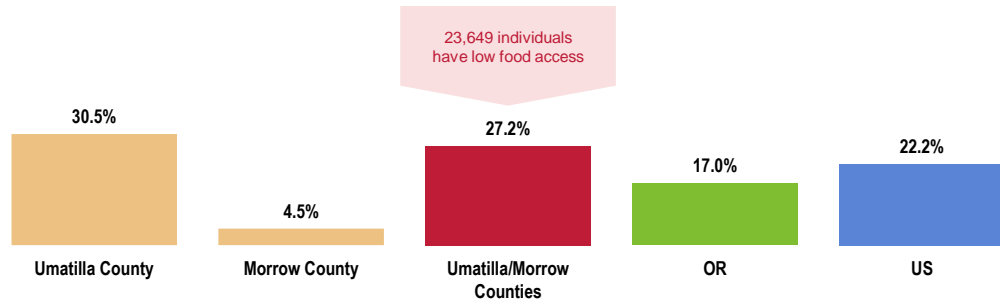
**BENCHMARK** ▶ Much higher than the state and national percentages.

**DISPARITY** ▶ Considerably higher in Umatilla County than in Morrow County.

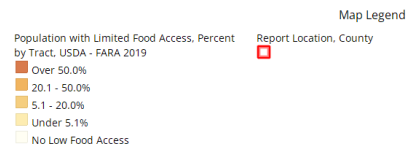
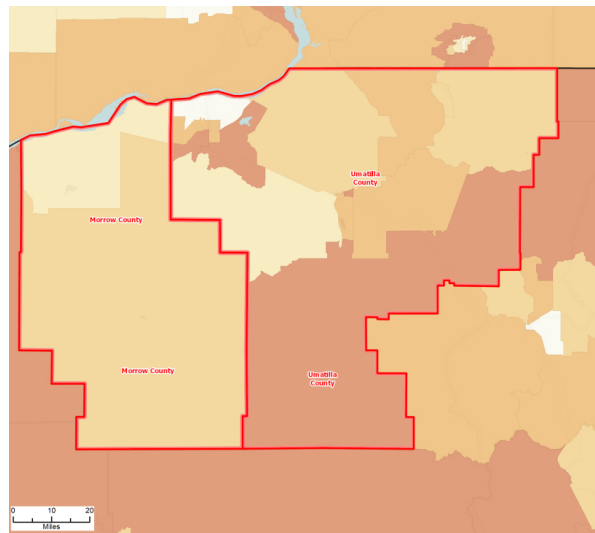
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE  
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.

**Population With Low Food Access**  
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2021)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



## Food Insecurity

Overall, 20.8% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

**BENCHMARK** ▶ Lower than the national figure.

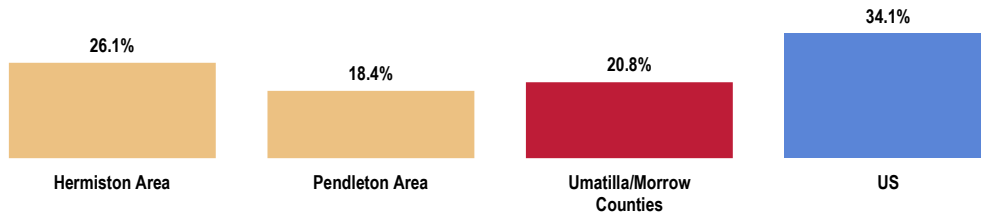
**DISPARITY** ▶ Worse in the Hermiston Area. Reported more often among women, adults under 65, those in low-income households (especially), and communities of color.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

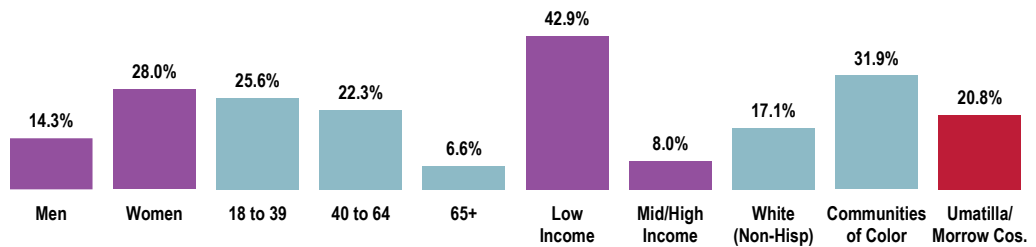
### Food Insecurity



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

### Food Insecurity (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes: • Asked of all respondents.  
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.





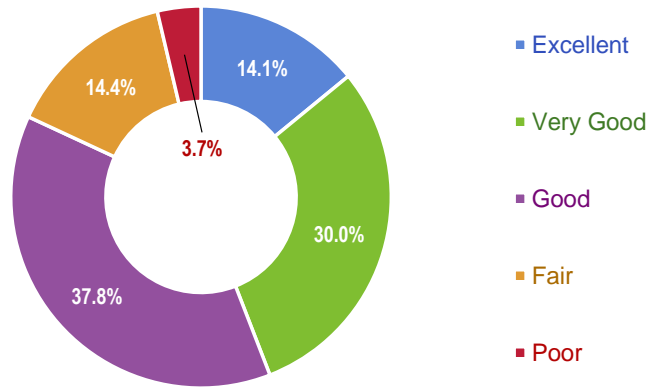
# HEALTH STATUS

# OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

**Most Umatilla/Morrow Counties residents rate their overall health favorably (responding "excellent," "very good," or "good").**

**Self-Reported Health Status**  
(Umatilla/Morrow Counties, 2021)



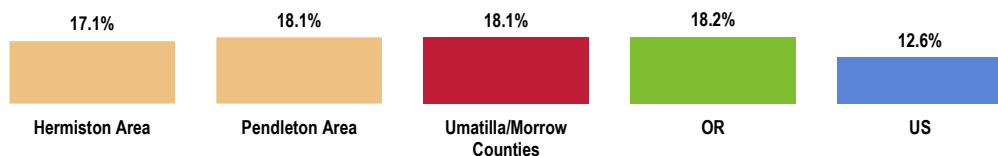
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.

**However, 18.1% of area adults believe that their overall health is "fair" or "poor."**

**BENCHMARK** ► Worse than the national figure.

**DISPARITY** ► Correlates with age and is much higher among low-income respondents.

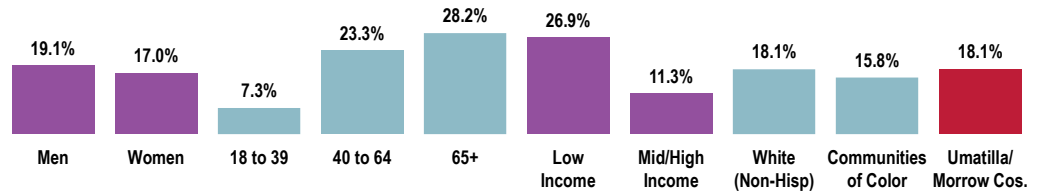
## Experience "Fair" or "Poor" Overall Health



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Experience “Fair” or “Poor” Overall Health (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]  
Notes: • Asked of all respondents.



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

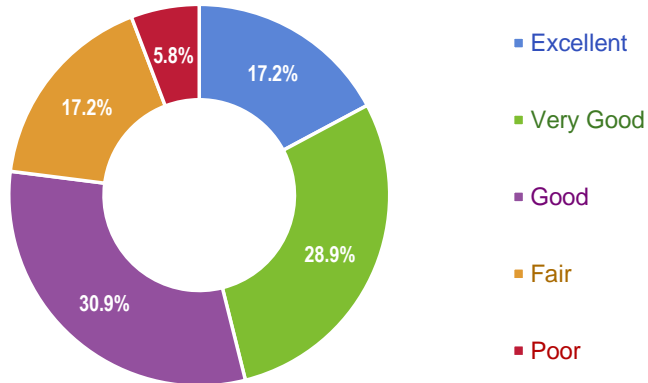
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Status

**Most Umatilla/Morrow Counties adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).**

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status  
(Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]  
Notes: • Asked of all respondents.

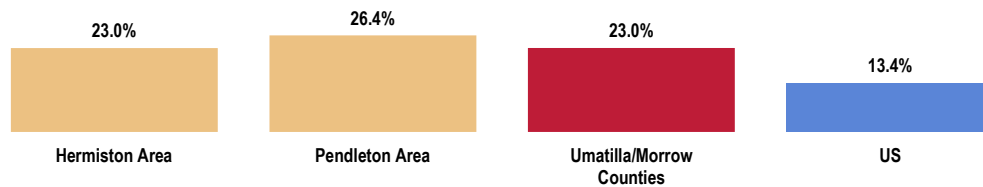




However, 23.0% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► Well above the US percentage.

## Experience “Fair” or “Poor” Mental Health



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 90]  
● 2020 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

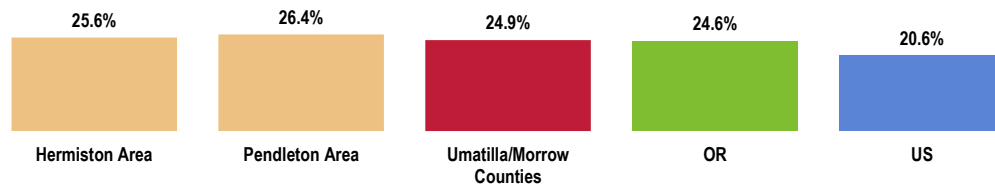
## Depression

### Diagnosed Depression

One in four (24.9%) Umatilla/Morrow Counties adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Worse than the national figure.

## Have Been Diagnosed With a Depressive Disorder



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 93]  
● Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oregon data.

Notes: ● 2020 PRC National Health Survey, PRC, Inc.  
● Asked of all respondents.  
● Depressive disorders include depression, major depression, dysthymia, or minor depression.



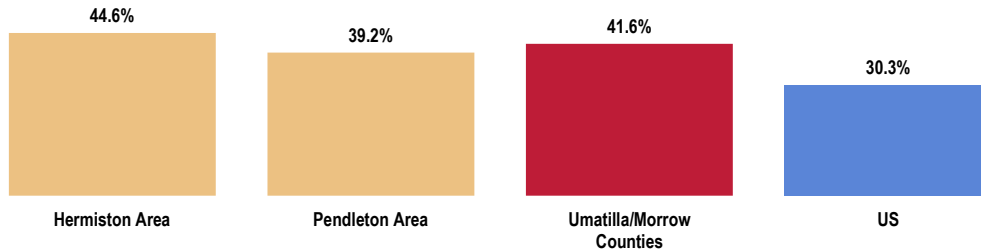
## Symptoms of Chronic Depression

A total of 41.6% of Umatilla/Morrow Counties adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

**BENCHMARK** ► Worse than the prevalence reported nationally.

**DISPARITY** ► Higher among women, adults under 65, those in low-income households, and communities of color.

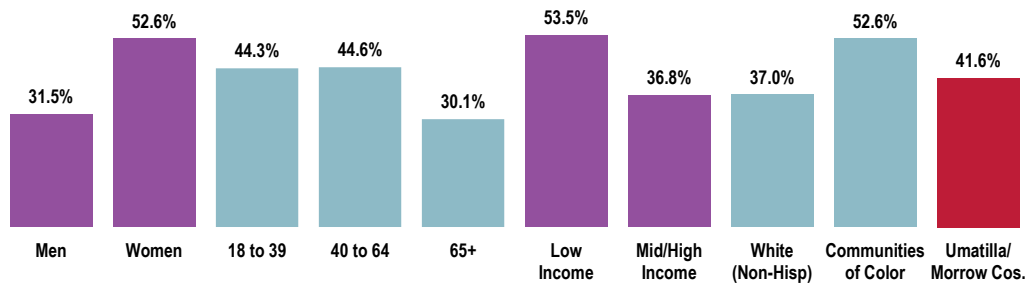
### Have Experienced Symptoms of Chronic Depression



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]  
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

### Have Experienced Symptoms of Chronic Depression (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]

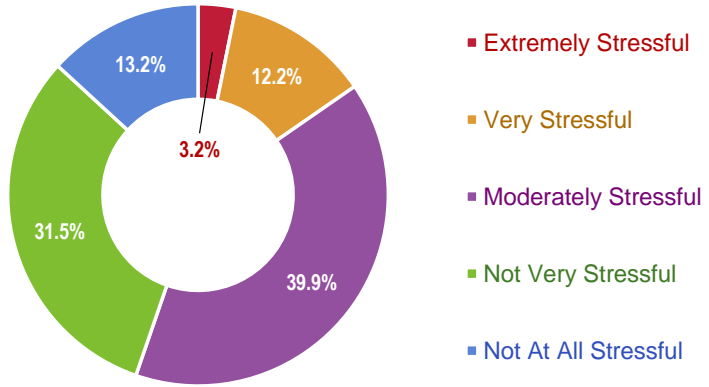
Notes: • Asked of all respondents.  
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



# Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day  
(Umatilla/Morrow Counties, 2021)

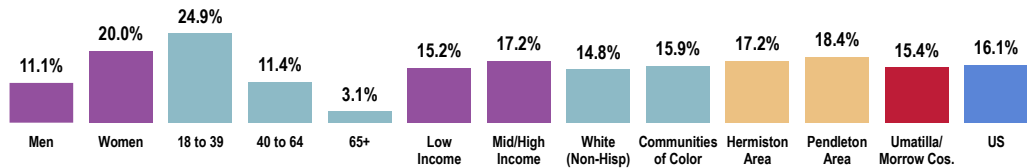


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]  
Notes: • Asked of all respondents.

In contrast, 15.4% of Umatilla/Morrow Counties adults feel that most days for them are “very” or “extremely” stressful.

DISPARITY ► Strong correlation with age and reported more often among women than men.

Perceive Most Days as “Extremely” or “Very” Stressful  
(Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]  
Notes: • Asked of all respondents.

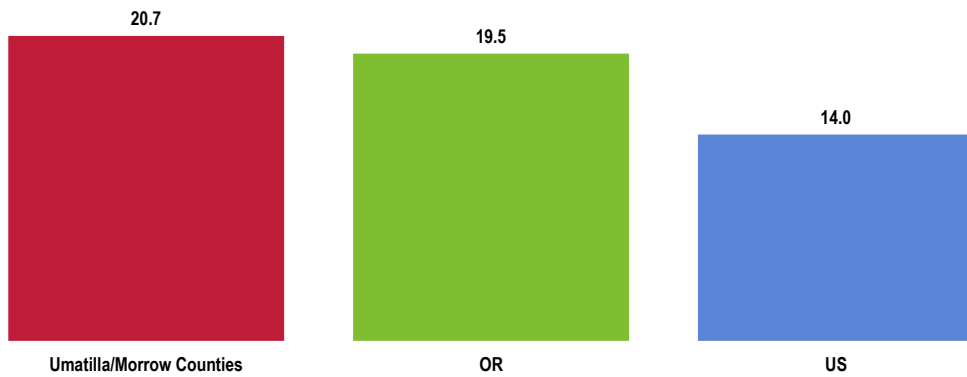


# Suicide

In Umatilla/Morrow Counties, there were 20.7 suicides per 100,000 population (2017-2019 annual average age-adjusted rate).

**BENCHMARK** ▶ Worse than the national suicide rate and far from meeting the Healthy People 2030 objective.

**Suicide: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 12.8 or Lower



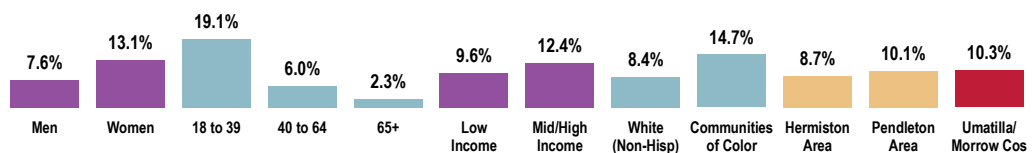
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Suicide Ideation

Among survey respondents, 10.3% report that there was a time in the past 12 months when they considered taking their own life.

**DISPARITY** ▶ Especially high among women and young adults.

**Suicide Ideation**  
(Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 316]  
Notes: • Asked of all respondents.



# Mental Health Treatment

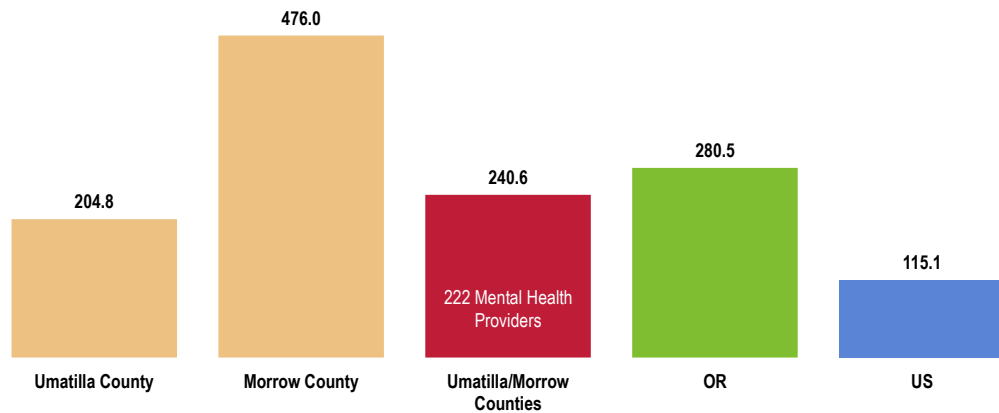
## Mental Health Providers

Umatilla and Morrow Counties currently offer 240.6 mental health providers for every 100,000 population.

**BENCHMARK** ► Lower than the Oregon ratio but higher than the US ratio.

**DISPARITY** ► The rate is much higher in Morrow County.

Access to Mental Health Providers  
(Number of Mental Health Providers per 100,000 Population, 2021)



Sources: 

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

## Currently Receiving Treatment

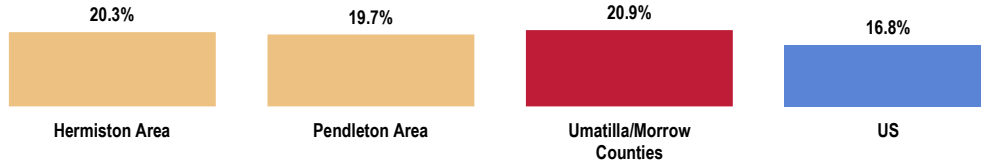
A total of 20.9% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

**BENCHMARK** ► Higher than the national figure.



## Currently Receiving Mental Health Treatment

Among respondents ever diagnosed with a depressive disorder, 62.6% are currently receiving treatment.



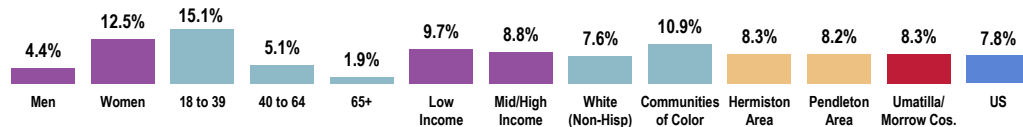
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 94]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - "Treatment" can include taking medications for mental health.

## Difficulty Accessing Mental Health Services

A total of 8.3% of Umatilla/Morrow Counties adults report a time in the past year when they needed mental health services but were not able to get them.

DISPARITY ► Reported more often among women and young adults.

### Unable to Get Mental Health Services When Needed in the Past Year (Umatilla/Morrow Counties, 2021)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



# Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.

## Perceptions of Mental Health as a Problem in the Community (Key Informants, 2021)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

- We have little or no mental health facilities in our area and we see it on a daily bases especially in Pendleton. We need facilities with providers and support staff fully trained in mental health issues to help with keeping them safe and getting them the care they need. We need facilities in both Pendleton and Hermiston. – Community Leader
- Getting in person mental health care. – Physician
- Consistent services and care. – Community Leader
- Lack of services in general. – Community Leader
- Finding a counselor who is taking new patients and having a variety to choose from. – Community Leader
- There is a lack of resources and services available for mental health in our community. For anything other than general counseling needs, usually people are referred outside of the community, then transportation becomes an issue. – Public Health Representative
- Access to high-quality care. Access to any care, not enough providers. – Community Leader
- Adequate services. – Community Leader
- Not enough resources or options for mental health and long wait times to see mental health providers. – Social Services Provider
- Lack of resources, lack of inpatient mental health beds, lack of pediatric mental health care. – Community Leader
- Lack of MH services and treatment centers. – Community Leader
- Long wait-times for mental health referrals. Many individuals do not want to go to the only OHP approved mental health provider. Only one option for OHP members. Not enough mental health clinicians and medication prescribers. – Social Services Provider
- Access to mental health providers and access to behavioral health inpatient facilities. – Community Leader
- Lack of access to services for the homeless who have mental health issues. – Community Leader
- Availability of resources to address mental health issues. Limitations of those resources due to small community. Lack of utilization of resources in Washington. Continuity of care as the county health providers have a hard time keeping providers. – Community Leader
- No resources unless people are in crisis. Even then, there never seems to be enough residential treatment available. – Community Leader
- Lack of resources. – Community Leader
- Lack of access for mental health services. Need hours available to individuals that work. Not being able to see a therapist and/or psychiatrist after work causes issues. Lack of follow up and/or help with housing resources for mental health patients. – Social Services Provider
- Not enough options for treatment. – Community Leader
- Access to counselling is limited. – Public Health Representative
- No sustainable mental health services available. This is a huge problem in our area and hospital and police organizations are not equipped to handle this issue. – Community Leader
- Qualified resources. – Community Leader



I do have friends that have been completely happy with counseling service they were receiving for their son, but that is only one part of the puzzle. – Community Leader

Lack of resources and education. – Social Services Provider

Lack of access to care, few providers available. – Social Services Provider

That there is none or little treatment available. – Community Leader

Too many people with mental health issues and no resources available (especially inpatient treatment facilities). – Community Leader

Lack of inpatient psychiatric beds. – Community Leader

Safe resources for treatment and follow up. Help for families. – Social Services Provider

No psychiatrists and no treatment centers in our area that will accommodate at least a 30 day stay. – Community Leader

## Contributing Factors

We do not have resources for people with mental health issues. Mental health patients become a problem for law enforcement and local emergency departments to deal with. We do not have adequate services in the ED to treat a mental health patient and this is not the best use of the ED. A patient on hold in the ED for sometimes days, then means a bed and resources delayed or unavailable for other patients with medical emergencies. – Community Leader

Lack of resources and providers, community perceptions about behaviors and mental health. – Social Services Provider

Lack of resources and constant battle between mental health and substance abuse. – Social Services Provider

There is no mental health care in our community. Lifeways turns people away. If you have any drugs or alcohol in your system they will not help you. They take their mental health patients to the ER and put a hold on them then come back in 5 days to either release them or try to get a place to go two hours before court. – Public Health Representative

Lack of services. In my observations, both personally and, most of all, professionally, there are no adequate facilities or services for mental health issues. The services that have recently been available, lack qualified personnel. The personnel that were available would simply not respond to police emergencies until the person was taken to the hospital or jail; neither of which is a suitable option. – Community Leader

Limited number of providers and CCO unwillingness to contract with other providers. Private insurance BH panels closed. – Social Services Provider

Not enough health care providers in the mental health arena. Poor reimbursement for services. Not enough residential treatment beds. – Community Leader

Lack of providers, long waiting lists, stigma within community, not taking insurance. – Public Health Representative

Access, limited number of providers, limited diversity of providers, stigmatization of mental health. – Public Health Representative

Patients are not trusting their providers, not accepting help from local mental health clinics. Bad reputations with local clinics. – Social Services Provider

Availability of affordable mental health services. Lack of community resources to address a mental health crisis. Homelessness. – Community Leader

Lack of support, not enough mental health services or beds. – Community Leader

Homeless, lack of professional help. – Community Leader

I have been here 25 years and have seen a continually deteriorate in our mental health care: counselors instead of psychiatrists (we had three when I first came here), the loss of our mental health hospital, the lack of coordination between Lifeways (some of their providers who come to the ED are great, but aging or retiring) and the police and the ED and other providers, the lack of a public commitment from the community and the state and federal governments....etc – Physician

It is a disaster. Hopeful that new servicing group will be an improvement over Lifeways. – Physician

There is a major, ongoing mental health crisis that has been boiling away for years. Community Counseling Solutions and Lifeways are simply not able to keep up with the demand. They can temporarily care for those in acute psychiatric distress but are not able to help with ongoing outpatient care. This is because there are ZERO psychiatrists, and the providers that these two services use are either locum telehealth providers or are just Psychiatric Nurse Pracs, who simply cannot function the same way an MD/DO can. – Community Leader

## Lack of Providers

Not enough quality providers. It is hard to recruit clinicians who want to live in a rural area. – Social Services Provider





No Psychiatrists in the area. Limited number of Psychologists. Counselors who are often unable to recognize and appropriately treat various mental health conditions. Physicians who prescribe medications for treating mental health diagnoses without having in-depth knowledge of the various side effects that might result. – Community Leader

Lack of mental health providers, Lifeways is under staffed and stressed out. – Community Leader

Lifeways and a few smaller general practices are in the area. From my understanding, Lifeways has a hard time getting practitioners in the area because we are rural. Private practice is limited on what insurance they do take. – Community Leader

Lack of enough mental providers. – Community Leader

## Denial/Stigma

Many persons do not think they have a problem, they see it as a normal behavior. There is stigma. – Social Services Provider

## Lack of Collaboration

This is improving, yet there are still some gaps that need to be filled. We need more collaboration from non-mental health facilities in order to build infrastructure in order to support people with mental health issues in our community. – Public Health Representative

## Transportation

Private transportation options outside of OHP coverage. A structured transportation with compassionate and capable staff I feel would be an immense asset to our community. – Community Leader

## Vulnerable Populations

I believe the housing shortage and homeless population can be considered a health condition due to people ending up with physical, mental, and emotional health conditions from being homeless or living in unsafe environments. – Social Services Provider





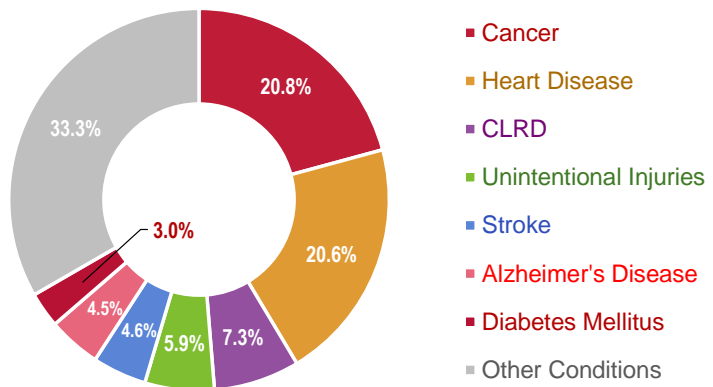
# DEATH, DISEASE & CHRONIC CONDITIONS

# LEADING CAUSES OF DEATH

## Distribution of Deaths by Cause

Together, heart disease and cancers accounted for the greatest share of all deaths in Umatilla/Morrow Counties in 2019.

Leading Causes of Death  
(Umatilla/Morrow Counties, 2019)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

## Age-Adjusted Death Rates for Selected Causes

### AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Oregon and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

The following chart outlines 2017-2019 annual average age-adjusted death rates per 100,000 population for selected causes of death in Umatilla/Morrow Counties.



Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

### Age-Adjusted Death Rates for Selected Causes (2017-2019 Deaths per 100,000 Population)

	Umatilla/Morrow Counties	OR	US	HP2030
<b>Malignant Neoplasms (Cancers)</b>	150.7	149.9	149.3	122.7
<b>Diseases of the Heart</b>	134.3	131.1	163.4	127.4*
<b>Falls [Age 65+]</b>	69.5	103.8	65.1	63.4
<b>Chronic Lower Respiratory Disease (CLRD)</b>	49.8	37.7	39.6	—
<b>Unintentional Injuries</b>	47.9	44.8	48.9	43.2
<b>Alzheimer's Disease</b>	38.0	36.3	30.4	—
<b>Diabetes</b>	35.8	23.2	21.5	—
<b>Cerebrovascular Disease (Stroke)</b>	32.6	39.1	37.2	33.4
<b>Cirrhosis/Liver Disease</b>	20.9	12.9	11.1	10.9
<b>Intentional Self-Harm (Suicide)</b>	19.8	19.5	14.0	12.8
<b>Motor Vehicle Deaths</b>	15.3	11.0	11.3	10.1
<b>Pneumonia/Influenza</b>	13.6	10.1	13.8	—
<b>Firearm-Related</b>	12.9	12.1	11.9	10.7
<b>Kidney Disease</b>	10.1	7.6	12.9	—
<b>Unintentional Drug-Related Deaths</b>	7.8	10.3	18.8	—
<b>Homicide/Legal Intervention</b>	4.9	2.8	5.6	5.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.

Note: • \*The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Heart Disease & Stroke Deaths

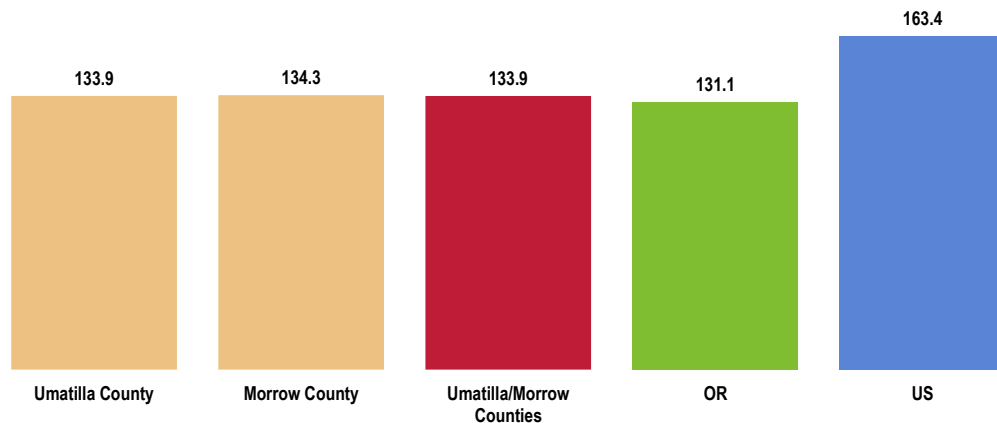
### Heart Disease Deaths

**Between 2017 and 2019, there was an annual average age-adjusted heart disease mortality rate of 133.9 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Lower than the US mortality rate.

The greatest share of cardiovascular deaths is attributed to heart disease.

**Heart Disease: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

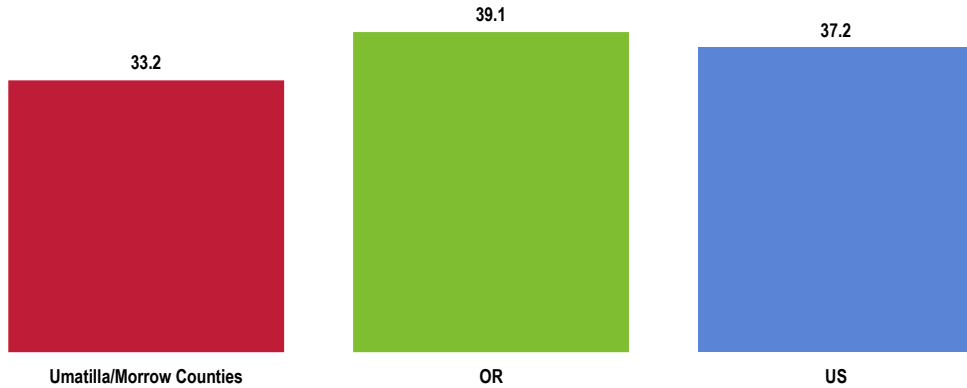


## Stroke Deaths

Between 2017 and 2019, there was an annual average age-adjusted stroke mortality rate of 33.2 deaths per 100,000 population in Umatilla/Morrow Counties.

**BENCHMARK** ▶ Lower than the Oregon mortality rate.

**Stroke: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 33.4 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

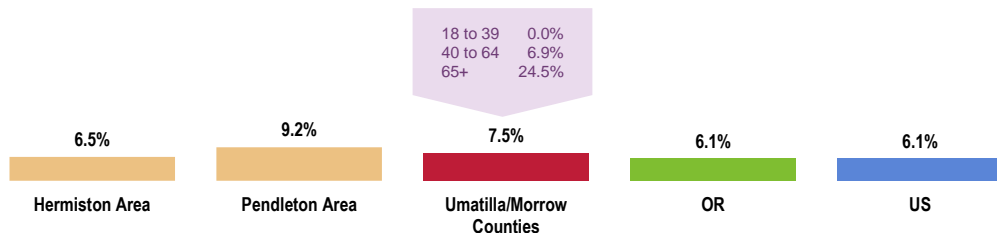
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 7.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

**DISPARITY** ▶ Strong correlation with age among survey respondents.

### Prevalence of Heart Disease



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

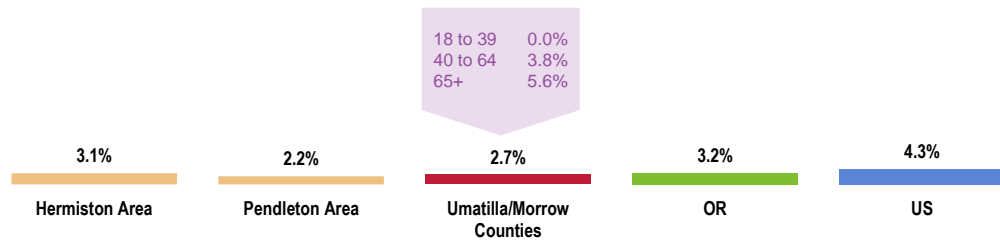


## Prevalence of Stroke

A total of 2.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Increasing with age among surveyed adults.

### Prevalence of Stroke



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

A total of 36.7% of Umatilla/Morrow Counties adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Worse than the Oregon prevalence. Fails to satisfy the Healthy People 2030 objective.

A total of 39.8% of adults have been told by a health professional that their **cholesterol level** was high.

BENCHMARK ► Well above the national figure.

DISPARITY ► Worse in the Hermiston Area (not shown).

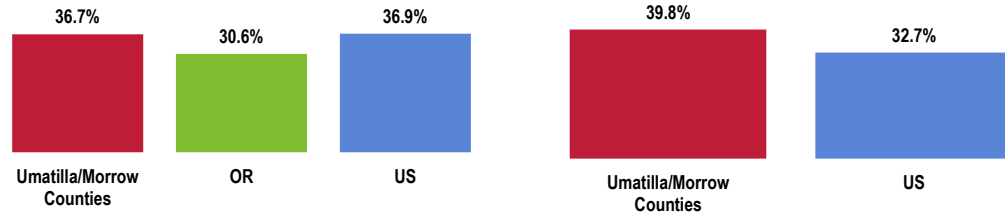


## Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower

## Prevalence of High Blood Cholesterol

Most (88.1%) survey respondents have had their cholesterol levels checked within the past five years.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35, 36, 302]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

## Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

**A total of 89.1% of Umatilla/Morrow Counties adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.**

**BENCHMARK** ► Worse than the national percentage.

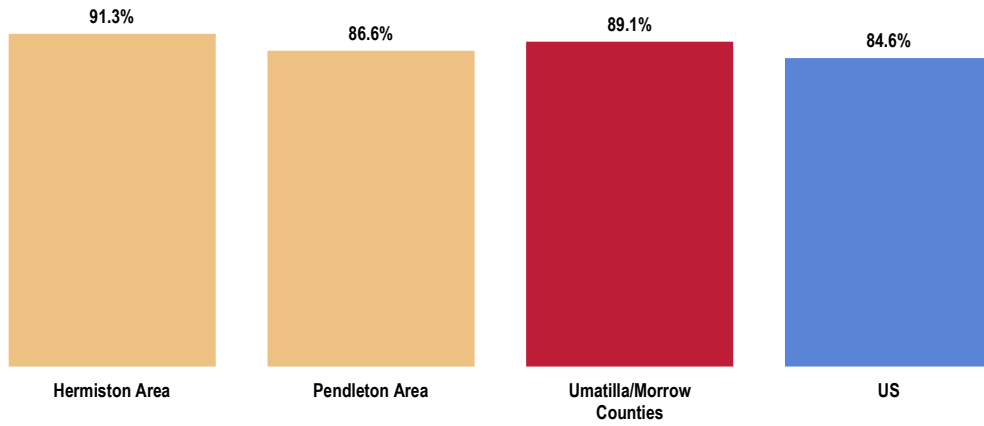
**DISPARITY** ► Higher in the Hermiston Area. Increases with age and is reported more often among men than women.

RELATED ISSUE  
 See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.





## Present One or More Cardiovascular Risks or Behaviors



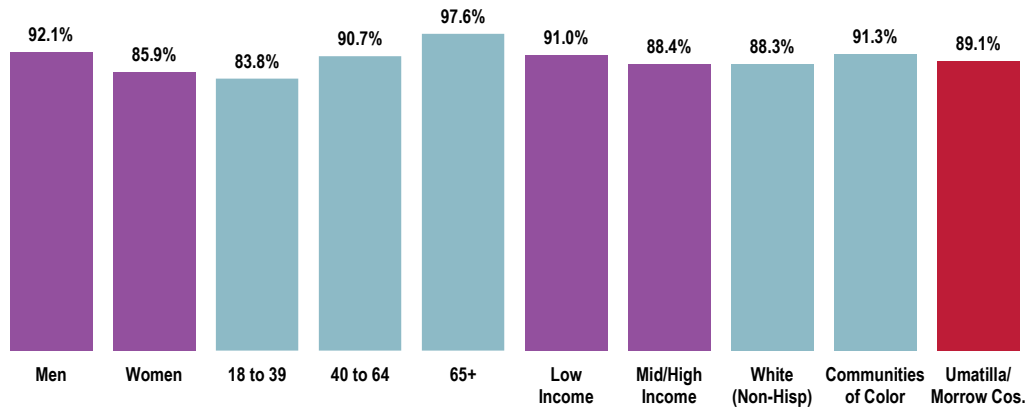
Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

## Present One or More Cardiovascular Risks or Behaviors (Umatilla/Morrow Counties, 2021)



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 115]

Notes: 

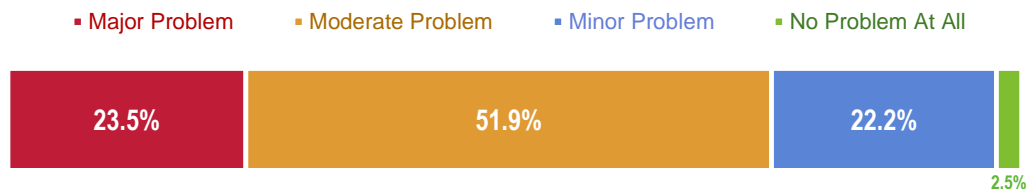
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



# Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

## Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Lack of Providers

We do not have the health care providers to handle the volume. We have to go to Portland, Spokane, Boise, etc. to get a provider. We need quality providers. – Community Leader

Currently, we have one cardiologist group that travels to Hermiston and Pendleton from the Pasco/Kennewick/Richland area. They tend to get overwhelmed flooded with patients because they are the closest to Umatilla and Morrow Counties. Often times, we find some of our patients having longer wait times to get seen locally and having to travel to Washington to be seen sooner. For our elderly and lower income patients, this might cause a financial burden on them. – Community Leader

No specialists. Few cases. – Community Leader

Diagnosis and treatment of heart disease and stroke is lacking in our area. Good Shepherd Medical Center can attempt to stabilize patients, but they must be sent to other locations for appropriate treatment and continuous care. – Community Leader

### Incidence/Prevalence

Heart disease is the number one killer of adults in America. – Community Leader

High population of heart disease and strokes in the community with limited education available. – Community Leader

Statistically, they are the number one cause of death and care may involve being life lighted or transported by ambulance to a major medical center. – Community Leader

Number of patients seen for heart disease, HTN, and stroke that are admitted to a facility for care. – Community Leader

### Comorbidities

Heart disease is an issue across the nation. Several people have high blood pressure or other heart issues. – Community Leader

Heart disease typically (I believe) can go hand in hand with diabetes. We have many obese people (myself included) in this community. – Community Leader

### Awareness/Education

We have an older community with little healthcare resources. People are unaware of stroke symptoms. – Public Health Representative

Need for more community service messaging on stroke signs and symptoms. – Community Leader

### Contributing Factors

They prevent citizens from fully participating with their families, workplaces and community. They create avoidable health care expense. – Community Leader



## No Local Treatment Options

- | No STEMI center or Interventional Cath Lab available. – Community Leader

## Nutrition

- | So many fast food restaurants. – Community Leader



# CANCER

## ABOUT CANCER

Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

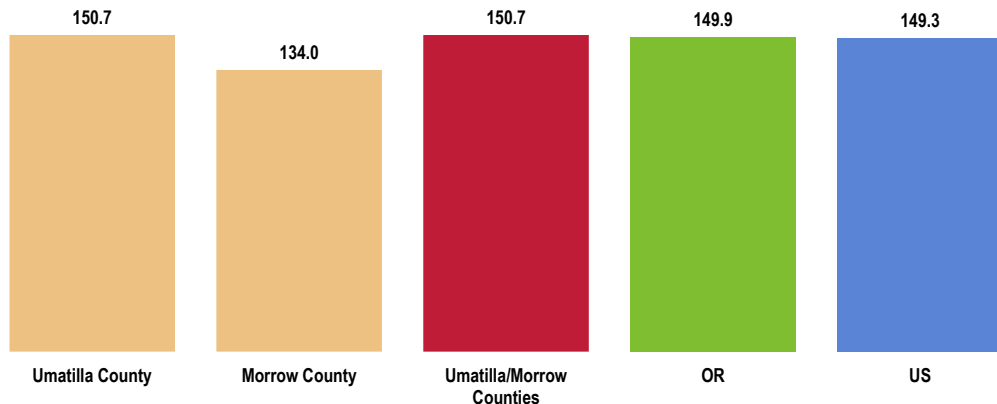
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

**Between 2017 and 2019, there was an annual average age-adjusted cancer mortality rate of 150.7 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ▶ Fails to satisfy the Healthy People 2030 objective.

**Cancer: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



## Cancer Deaths by Site

**Lung cancer is by far the leading cause of cancer deaths in Umatilla/Morrow Counties.**

Other leading sites include female breast cancer, colorectal cancer (both sexes), and prostate cancer.

### BENCHMARK

Lung Cancer ► Lower than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Higher than the Oregon rate. Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Lower than both state and national rates. Satisfies the Healthy People 2030 objective.

**Age-Adjusted Cancer Death Rates by Site**  
(2017-2019 Annual Average Deaths per 100,000 Population)

	Umatilla/Morrow Counties	OR	US	HP2030
<b>ALL CANCERS</b>	<b>150.7</b>	<b>149.9</b>	<b>149.3</b>	<b>122.7</b>
<b>Lung Cancer</b>	<b>30.3</b>	<b>33.0</b>	<b>34.9</b>	<b>25.1</b>
<b>Female Breast Cancer</b>	<b>22.2</b>	<b>18.8</b>	<b>19.7</b>	<b>15.3</b>
<b>Colorectal Cancer</b>	<b>15.0</b>	<b>12.8</b>	<b>13.4</b>	<b>8.9</b>
<b>Prostate Cancer</b>	<b>12.5</b>	<b>20.0</b>	<b>18.6</b>	<b>16.9</b>

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

**The highest cancer incidence rates are for female breast cancer and prostate cancer.**

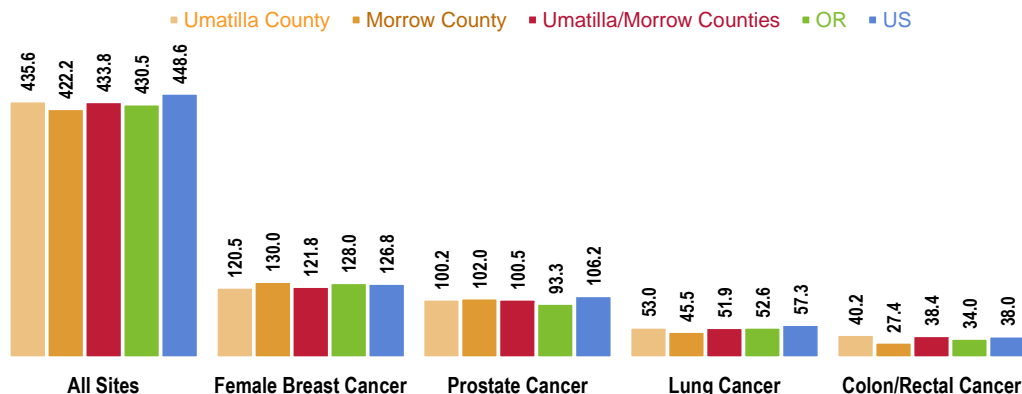
### BENCHMARK

Lung Cancer ► Worse in Umatilla County.

Colorectal Cancer ► Worse in Umatilla County.



## Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources: • State Cancer Profiles.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

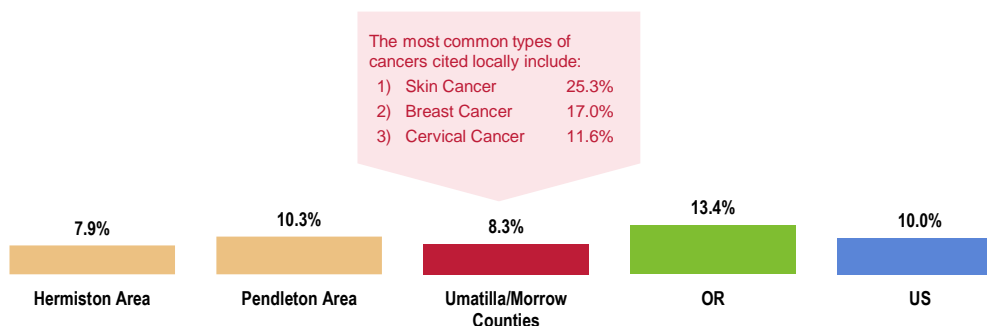
## Prevalence of Cancer

**A total of 8.3% of surveyed Umatilla/Morrow Counties adults report having ever been diagnosed with cancer. The most common types include skin cancer, female breast cancer, and cervical cancer.**

**BENCHMARK** ▶ Lower than the Oregon prevalence.

**DISPARITY** ▶ Highest in seniors (age 65+) and White respondents.

## Prevalence of Cancer

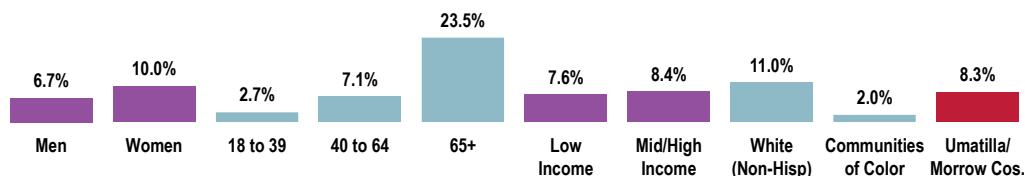


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.



## Prevalence of Cancer (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 25]  
 Notes: • Reflects all respondents.

### ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
  - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

**RELATED ISSUE**  
 See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.



# Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: female breast cancer (mammography); cervical cancer (Pap smear/HPV testing); colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing); and prostate cancer (prostate-specific antigen testing).

## FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

## CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

## COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

**Among women age 50-74, 73.9% have had a mammogram within the past 2 years.**

**Among Umatilla/Morrow Counties women age 21 to 65, 67.0% have had appropriate cervical cancer screening.**

**BENCHMARK** ► Well below the state and national figures. Fails to satisfy the Healthy People 2030 objective.

**Among all adults age 50-75, 72.8% have had appropriate colorectal cancer screening.**

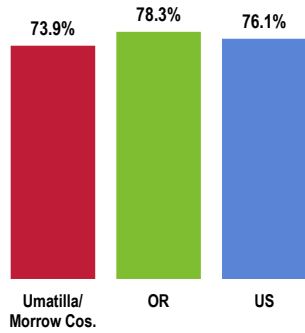
**DISPARITY** ► Lower among Hermiston Area respondents (not shown).

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 65.

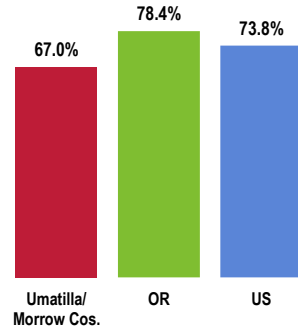
“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.



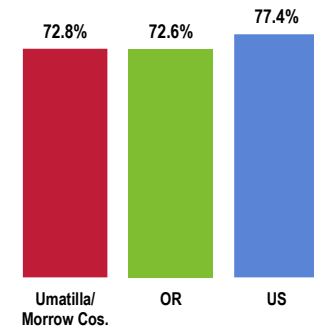
**Breast Cancer Screening**  
(Women Age 50-74)  
Healthy People 2030 = 77.1% or Higher



**Cervical Cancer Screening**  
(Women Age 21-65)  
Healthy People 2030 = 84.3% or Higher



**Colorectal Cancer Screening**  
(All Adults Age 50-75)  
Healthy People 2030 = 74.4% or Higher

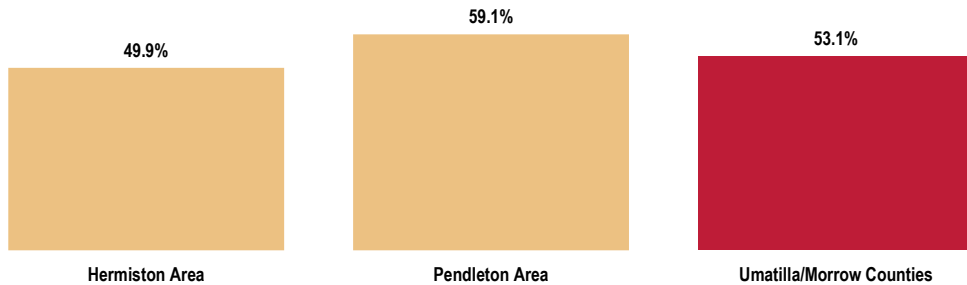


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Each indicator is shown among the gender and/or age group specified.

A prostate-specific antigen test, also called a PSA test, or a digital rectal exam may be used to check for cancers in men.

**Among all men age 50 and older, 53.1% have had a test to check for prostate cancer in the past two years.**

### PSA Test in the Past Two Years (Men Age 50+)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 336]  
 Notes: • Reflects all male respondents age 50+.

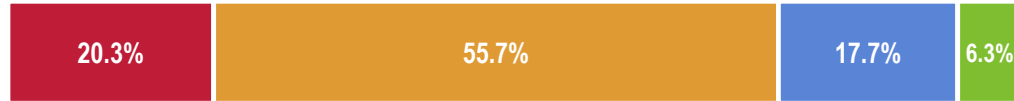
## Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.



## Perceptions of Cancer as a Problem in the Community (Key Informants, 2021)

■ Major Problem   
 ■ Moderate Problem   
 ■ Minor Problem   
 ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
 Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Incidence/Prevalence

- A national issue. More research needed into treatment and behavior changes that will promote prevention. – Community Leader
- Simply due to the number of people, who I know or are close to me, who have had or currently have cancer and the lack of local resources available to them. – Community Leader
- Cancer effects every person and every family. Resources that are cutting edge with higher success rates have to be traveled to and out of the area. – Community Leader
- We have a high rate of cancer diagnoses. – Social Services Provider
- Worldwide problem, we are not exempt. – Physician
- High rate of cancer with minimal number of local providers. – Community Leader

### Lack of Local Care Options

- Although we now have an oncologist at Good Shepherd Medical Center, extensive or ongoing treatment and therapy generally has to be done outside our community. This makes it difficult for many residents who don't have access to transportation or time availability. – Community Leader
- Lack of care services in our area. – Social Services Provider
- We are limited to the number of places a patient can come to without traveling great distances for cancer treatments – Tri-Cities, Walla Walla, Pendleton are close, but more extensive you have to go to Portland, Seattle, Boise, or Spokane. It would be nice to see something or at least transportation benefits for patients who do have to travel longer distances and are on limited income. – Community Leader
- Availability of radiation therapy, along with chemotherapy is limited in this area. – Community Leader

### Contributing Factors

- We live in an area where health care and health education to rural area's is limited and with being an agriculture-based community, we have high risk of cancer. We also do not have the doctors or support staff to care for our cancer patients so we have to go to other areas. – Community Leader

### Awareness/Education

- For certain types of cancer, I think there is still a lack of awareness about the seriousness of preventative care, self exams, etc. – Community Leader

### Diagnosis/Treatment

- Because there is not a cure. – Community Leader

### Environmental Contributors

- It is my belief this area has a higher than average cancer rate, considering our proximity to chemical wastes and agricultural hazards. – Community Leader



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Respiratory Disease Deaths

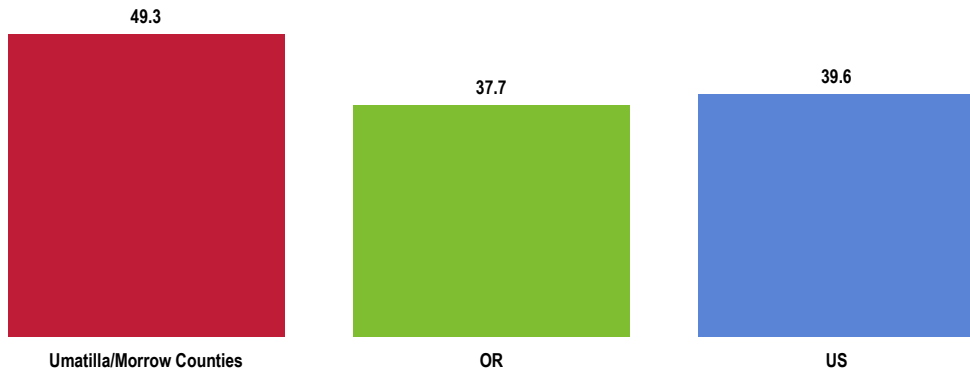
### Chronic Lower Respiratory Disease Deaths (CLRD)

**Between 2017 and 2019, there was an annual average age-adjusted CLRD mortality rate of 49.3 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Well above the Oregon and US mortality rates.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

**CLRD: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

Notes: • CLRD is chronic lower respiratory disease.



# Pneumonia/Influenza Deaths

## ABOUT INFLUENZA & PNEUMONIA

**Influenza** (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

**Pneumonia** is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

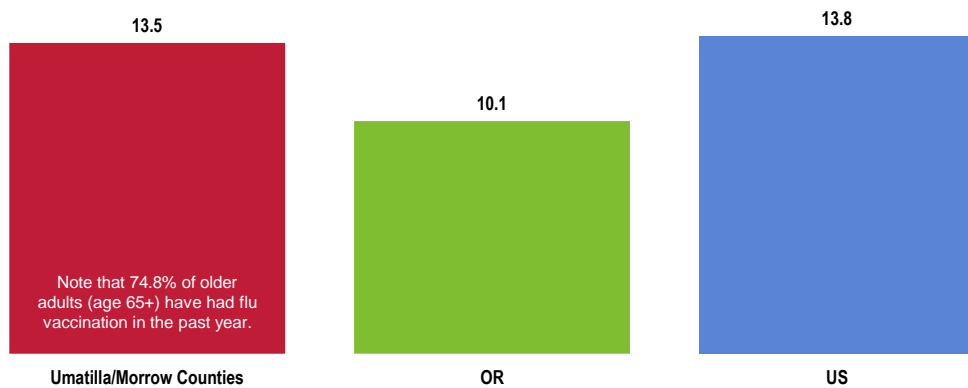
– Centers for Disease Control and Prevention (CDC – [www.cdc.gov](http://www.cdc.gov))

**Between 2017 and 2019, Umatilla/Morrow Counties reported an annual average age-adjusted pneumonia influenza mortality rate of 13.5 deaths per 100,000 population.**

**BENCHMARK** ► Worse than the Oregon mortality rate.

Among the 25.2% of surveyed seniors who have not received a flu vaccination in the past year, most feel no need or desire to get the shot (though some are allergic and others did not have time).

**Pneumonia/Influenza: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

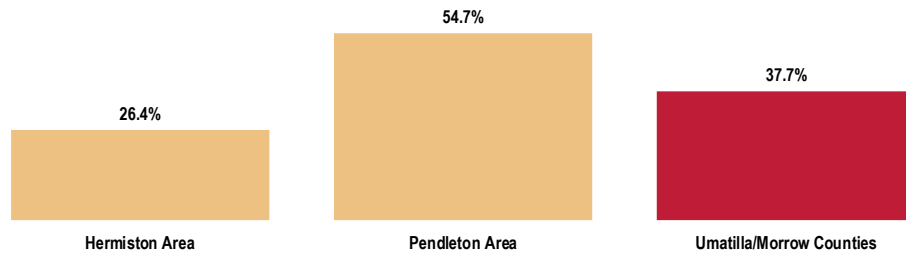


## Children's Seasonal Flu Vaccinations

Among respondents with children under 18 at home, 37.7% report that their child had a seasonal flu vaccine in the past year.

DISPARITY ► Notably higher in the Pendleton Area.

### Child Has Had a Seasonal Flu Vaccine in the Past 12 Months (Parents of Children Age 0-17; 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 324]  
Notes: • Asked of all respondents with children 0 to 17 in the household.

## Prevalence of Respiratory Disease

### Asthma

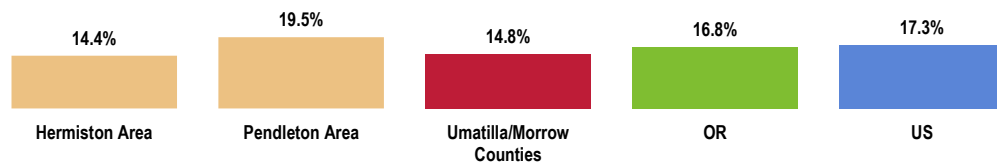
#### Adults

A total of 14.8% of Umatilla/Morrow Counties adults have been diagnosed with asthma.

DISPARITY ► Reported more often among women and low-income residents.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

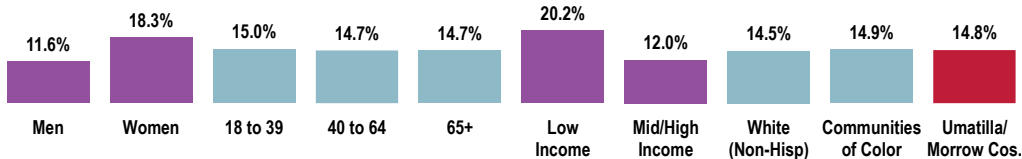
### Ever Diagnosed With Asthma



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 30]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



## Ever Diagnosed With Asthma (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 30]  
 Notes: • Asked of all respondents.

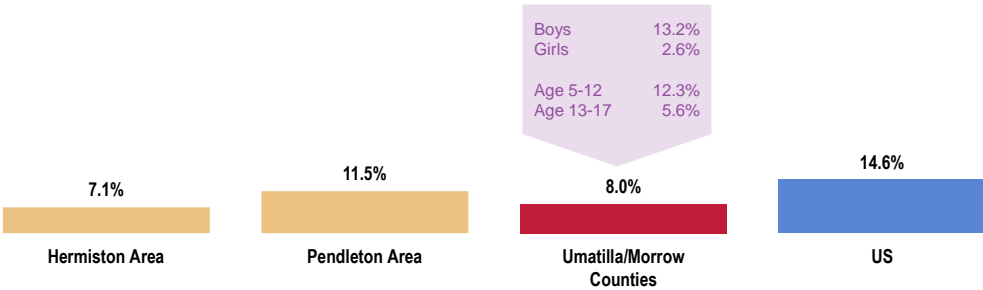
### Children

**Among Umatilla/Morrow Counties children under age 18, 8.0% have been diagnosed with asthma.**

**BENCHMARK** ▶ Lower than the national prevalence of childhood asthma.

**DISPARITY** ▶ Higher among boys and children age 5-12.

## Child Has Been Diagnosed With Asthma (Parents of Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 106]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.

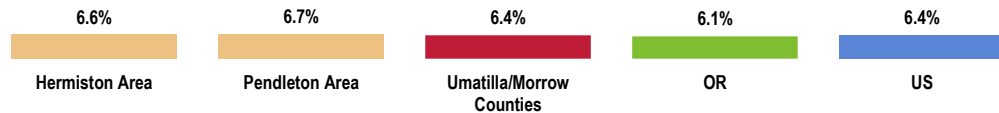


## Chronic Obstructive Pulmonary Disease (COPD)

A total of 6.4% of Umatilla/Morrow Counties adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

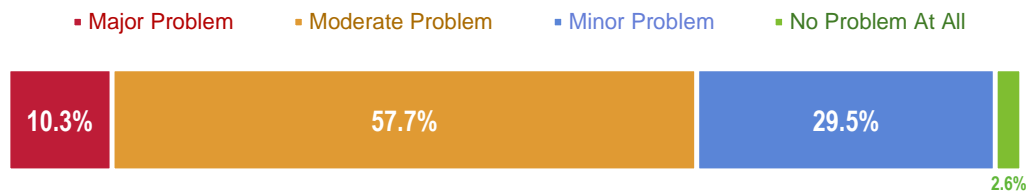


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

## Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



- Sources:
- PRC Online Key Informant Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Incidence/Prevalence

- With COVID, this has put a drain on our respiratory therapists as their attention has been focused on the surges and helping patients recover from breathing issues as a result of COVID. – Community Leader
- High rate of persons with allergies and asthma. – Community Leader



## Contributing Factors

We have a lot of smokers in our community. Not just cigarettes, a lot of THC smokers. Also, the smoke in the air makes it hard for COPD patients to breathe. There is pulmonary rehab at St. Anthony's, but they never call anyone back or have classes anymore. – Public Health Representative

## Tobacco Use

High rate of current and previous smokers who now require care. – Social Services Provider

## Access to Care/Services

COPD is a big concern! COPD patients need local access to resources such as pulmonologist and respiratory therapist. More in home visits needed for managed care. – Social Services Provider

## Co-Morbidities

Smokers, air quality, asthma. – Community Leader

## Lack of Specialists

No local pulmonologist. – Physician



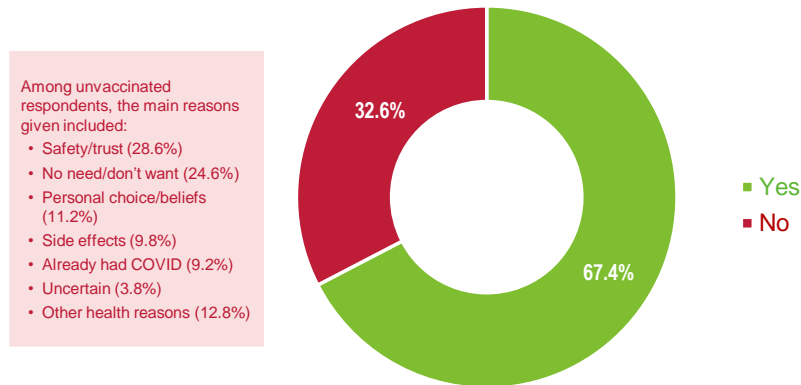


# Coronavirus/COVID-19

## Vaccination Status

Asked about their COVID-19 vaccination status, two in three survey respondents (67.4%) are partially or fully vaccinated.

### Have Received Any COVID-19 Vaccination (Umatilla/Morrow Counties, 2021)



Among unvaccinated respondents, the main reasons given included:

- Safety/trust (28.6%)
- No need/don't want (24.6%)
- Personal choice/beliefs (11.2%)
- Side effects (9.8%)
- Already had COVID (9.2%)
- Uncertain (3.8%)
- Other health reasons (12.8%)

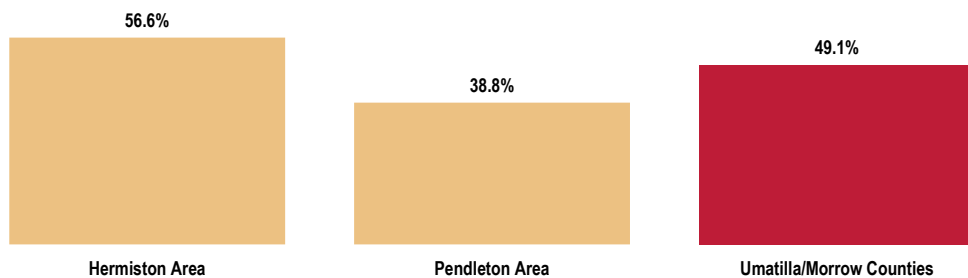
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 309–310]  
Notes: • Asked of all respondents.

## Children's Vaccinations

Among area parents with children under 18 at home, 49.1% would not have their child vaccinated for COVID-19.

DISPARITY ► The prevalence is much higher among parents in the Hermiston Area.

### Will Not Have Child Vaccinated for COVID-19 (Among Children <18; 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 325]  
Notes: • Asked of all respondents about a child under age 18 at home.



# Key Informant Input: Coronavirus Disease/COVID-19

Two in three key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

## Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2021)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Vaccination Rates

- The increase in positive cases and the rate of vaccination. – Social Services Provider
- We have a lot of either anti vax or antigovernment in northeastern Oregon who do not believe in the vaccine. – Community Leader
- Numbers are continuing to rise and there is still a large part of the population who are not vaccinated. – Community Leader
- High case, low vaccination rates. – Public Health Representative
- Strong demographic of individuals who are against the vaccination and/or refusal of preventative practices such as masks and social distancing. – Public Health Representative
- Low vaccination rates and access to accurate information are concerns. – Community Leader
- There is a large amount of unvaccinated persons in the community and a large amount of distrust in the vaccine unfortunately. – Community Leader
- High numbers of COVID patients and low numbers of vaccinated people. – Community Leader
- Low vaccination rate. A high number of cases. – Community Leader
- Number of positive cases. Lack of people vaccinated. – Community Leader
- Lack of vaccination of population and high incidence of infection with high mortality rate in comparison to state and national numbers. – Community Leader
- Low vaccination rates. – Social Services Provider
- Low vaccination rates. – Physician
- Low vaccine rates with high disease rates. – Community Leader
- Community members not receiving vaccines. – Community Leader
- Our counties are not vaccinated. There has been a huge resistance to getting vaccinated. This is from the top down from county commissioners and influential community members. – Community Leader
- Can't get numbers under control. Lack of vaccinated residents. – Social Services Provider
- Low number of vaccinated persons and a high rate of infection. – Social Services Provider
- Amount of unvaccinated people. – Community Leader
- Unfortunately, Morrow and Umatilla counties have been impacted by COVID-19. We have seen a high number of positive cases in addition to some of the lowest vaccination rates in the state. – Public Health Representative
- The county vaccination rate is only 50% and a significant number of health care staff are opting out of healthcare instead of getting the vaccine. – Community Leader
- Extremely high population of COVID-19 outbreaks with low vaccination rate. – Community Leader



## Contributing Factors

The vaccination rate in Umatilla County is horribly low and community members don't seem to realize, or care, about wearing a mask in public. People are more concerned about being comfortable and keeping their "freedoms" than keeping our community members safe. – Public Health Representative

Highly contagious, death can be prevented, individuals refuse to be vaccinated. – Community Leader

Corona virus is new and medical facilities are very new at dealing with it. Vaccines have been available and sadly many have not taken the vaccines which put the entire community at risk. It drastically curtails our economy and events. I want science to be the driving force in resolving the issues of the virus and not politics. – Community Leader

Rampant expansion at this time. Baffling vaccine resistance and indifference to health of community. Citizens who are apparently uneducated about where to find accurate health information. – Community Leader

Not enough people are vaccinated, which when we have surges, can overwhelm our systems. State mandates for healthcare workers is also going to put a drain on our system as we will be understaffed if we do get a large surge of hospital patients again. – Community Leader

State reopened 06/30/21. Umatilla County was less than 40% vaccinated. Whiskey Fest, the Umatilla County Fair and other large events occurred or are planned. Contact tracing is several days behind the positive cases. Notification of contacts is slow or does not happen. – Community Leader

With the continued high rise in COVID cases the ER has been extremely busy and people have had long wait times just to be seen. People who have contracted COVID have less access to services because a lot of resources will not serve people who have COVID. For example, caregivers and transportation. – Social Services Provider

Until 2020, it was an unknown virus. Appropriate treatment protocols are still being determined. It spreads rapidly and seems to strike all ages. It impacts students, employers, employees, the elderly. No one is immune, apparently. – Community Leader

Because COVID is filling up Hospital Beds. This has placed Surgeries on hold and others that should be treated on hold. Ventilators are all spoken for. There's not enough Hospitals with open beds. There was a patient who passed away in the ER because they couldn't find a hospital with a bed open. It's heartbreaking in so many ways. We need funds to educate on the vaccine. The end of the pandemic for our community is not in sight as people are scared of what's in the vaccine with damage it may cause later on in life and the question of fertility. – Community Leader

## Awareness/Education

There is a lack of respect for the disease and its effects on our community. – Social Services Provider

There are too many politically driven, undereducated, mislead people in our community, which has led to low vaccination rates and noncompliance of masking mandates. – Community Leader

People are misinformed and our transmission rates are rapidly rising. – Community Leader

Most people are confused on the guidelines or what to do when exposed since everything is changing so fast. People are following the correct rules/regulations. – Social Services Provider

I think this is pretty obvious. Delta variant has changed the paradigm for the pandemic. The virus and extreme ignorance about the virus are now endemic and pervasive throughout our communities. Those authority figures, Mayors, commissioners, pastors, some public health officials (physician head of UCH), have not been vocal enough and with a clear message about the benefits of vaccines and continued public health measures. The physician's voice has been relegated to a whisper in this hurricane. We can talk to exhaustion with little effect and the state also misunderstands rural medicine; actually choosing to penalize those providers who work in these underserved, anti-vaccine communities by penalizing (Oregon government and EOCCO reimbursement) providers for low vaccination rates. That is really counter-intuitive. The mixed messaging and not speaking with a clear evidenced based message has significant repercussions. – Physician

Need more education surrounding COVID-19 and vaccine education. We need to have resource information provided to individuals out in the community, not just in doctor offices. – Social Services Provider

## Lack of Adherence to Public Health Mitigation Measures

Hospital capacity is limited, there are low vaccine rates and people are not interested in wearing masks. – Social Services Provider

Our case numbers are very high, and our vaccination rate is low and people don't want to wear masks. – Community Leader

Lack of people willing to get the vaccination and comply with mandates that are put in place to protect our community members. – Social Services Provider

Poor compliance with medication issues. Very poor vaccination percentage. – Community Leader



This county has one of the highest rates of unvaccinated residents in the state and has consistently ranked amongst the highest in the number of cases. Hospital staff are exhausted from the first wave of the disease. The delta variant wave has compounded an already stressed system, with the majority of new cases from the unvaccinated. The widespread resistance to preventive measures such as masking and social distancing is mind boggling. – Community Leader

Because it is actively spreading while there are low vaccination rates and reluctance to wear masks. – Public Health Representative

### Incidence/Prevalence

Our cases have increased and are higher now than at the start of the pandemic. – Community Leader

The number of casts exceeds the surrounding counties. – Community Leader

Hospitals full and many staff in all occupations are out quarantined or have it. – Community Leader

The numbers are extremely high, including deaths. – Social Services Provider

The number of positive cases and hospitalizations. – Community Leader

### Local and Federal Leadership

It seems never ending and there continues to be substandard governmental leadership at the State and Federal level. Various mandates continue to polarize community members. This is further complicated by political and health care industry rhetoric that is confusing. The result has been distrust of anything related, including proven prevention and treatment modalities. – Community Leader

### Impact on Education

Impact on the continuity of education. – Community Leader



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Unintentional Injury

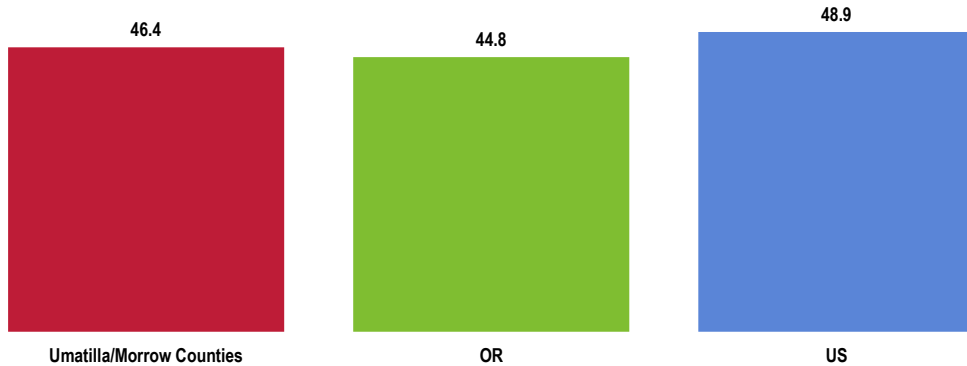
### Age-Adjusted Unintentional Injury Deaths

**Between 2017 and 2019, there was an annual average age-adjusted unintentional injury mortality rate of 46.4 deaths per 100,000 population in Umatilla/Morrow Counties.**



## Unintentional Injuries: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



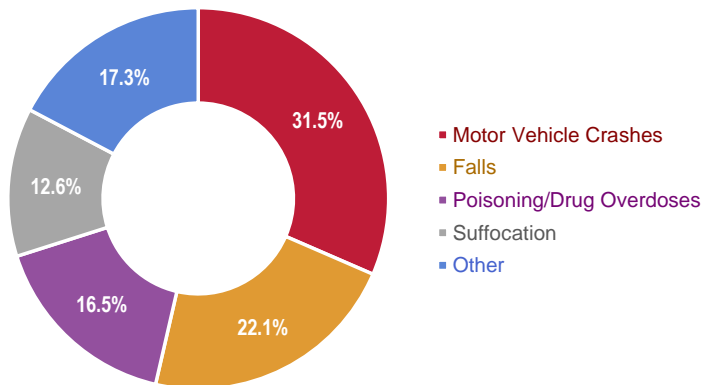
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

### Leading Causes of Unintentional Injury Deaths

**Motor vehicle crashes, falls, poisoning (including unintentional drug overdose), and suffocation accounted for most unintentional injury deaths in Umatilla/Morrow Counties between 2017 and 2019.**

**RELATED ISSUE**  
 For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

### Leading Causes of Unintentional Injury Deaths (Umatilla/Morrow Counties, 2017-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.



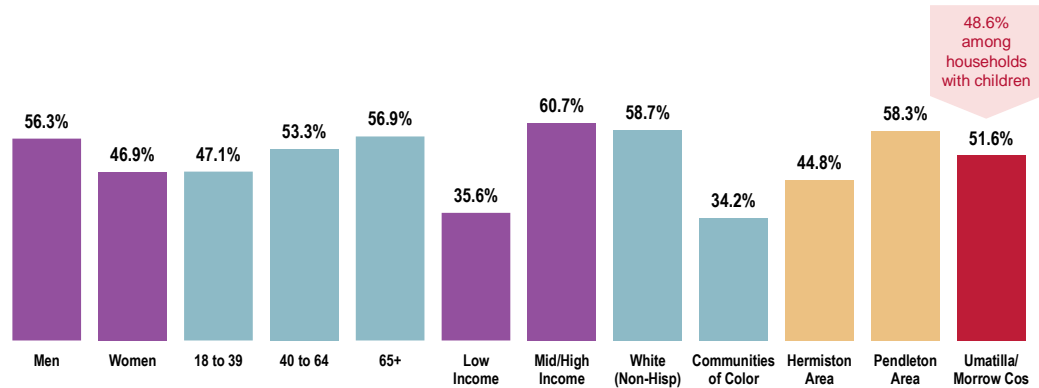
## Prevalence of Firearms

Just over half of survey respondents (51.6%) acknowledge having a firearm in or around the home, including those kept in a garage, outdoor storage area, truck, or car.

In this case, firearms include pistols, shotguns, rifles, and other types of guns (but not starter pistols, BB guns, or guns that cannot fire).

**DISPARITY** ► Higher in the Pendleton Area. Reported more often among men, mid- to upper-income residents, and Whites.

### Have a Firearm In or Around the Home (Umatilla/Morrow Counties, 2021)



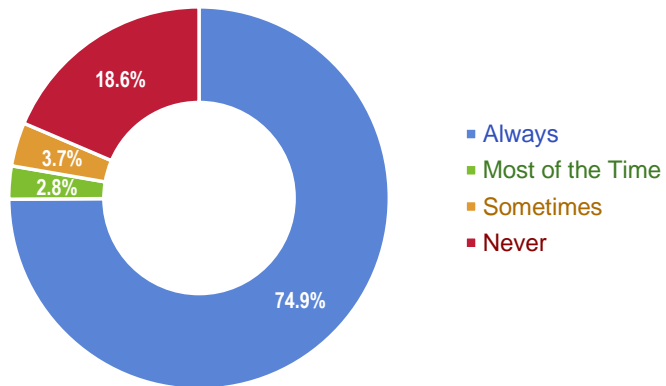
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 304, 335]  
Notes: • Asked of all respondents.

## Child Safety Measures

### Seatbelt and Car Seat Usage

Among surveyed adults with children under age 13, three in four (74.9%) report that the child “always” uses a car seat or booster seat when riding in a vehicle.

### Frequency of Child’s Seatbelt or Car Seat Usage When Riding in a Vehicle (Umatilla/Morrow County Parents of a Child Age 0-12)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 327]  
Notes: • Asked of all respondents about a child age 0-12 at home.

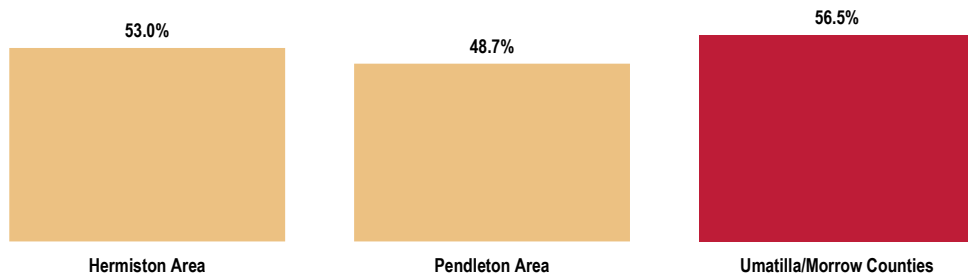


### Helmet Usage

## Helmet Usage

Among surveyed adults with children age 4 to 17, over half (56.5%) report that the child “always” uses a helmet when riding a bike, skateboard, or motorbike.

### Child “Always” Uses a Helmet When Riding a Bike, Skateboard, or Motorbike (Among Children Age 4-17)

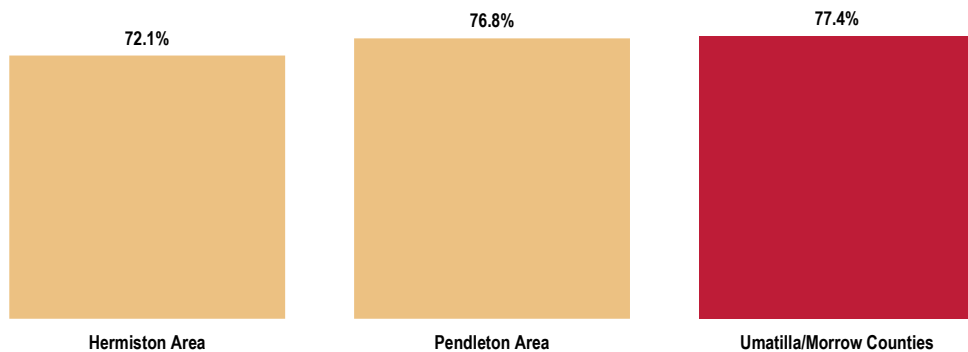


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 326]  
Notes: • Asked of all respondents about a school-age child at home.

## Water Safety

Among area parents of children under 18, 77.4% indicate their child “always” wears a life jacket while boating on a lake, river, or ocean.

### Child “Always” Wears a Life Jacket While Boating on a Lake, River, or Ocean (Among Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 328]  
Notes: • Asked of all respondents about a school-age child at home.





# Intentional Injury (Violence)

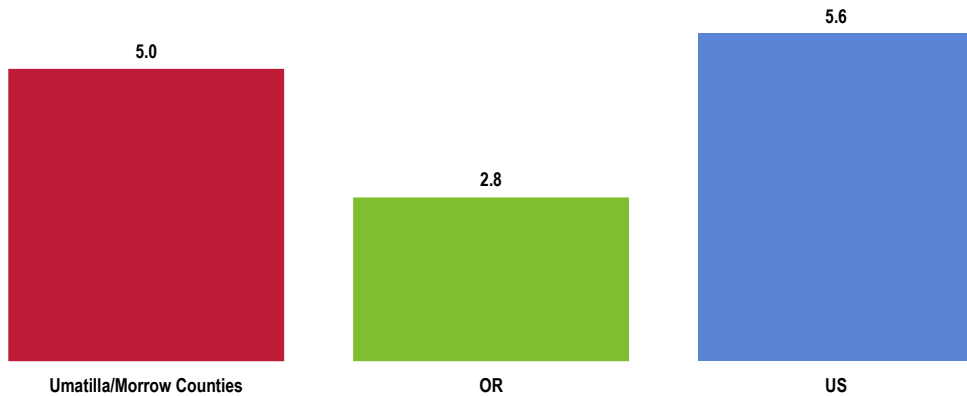
## Age-Adjusted Homicide Deaths

In Umatilla/Morrow Counties, there were 5.0 homicides per 100,000 population (2010-2019 annual average age-adjusted rate).

**BENCHMARK** ▶ Well above the statewide mortality rate.

**RELATED ISSUE**  
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

**Homicide: Age-Adjusted Mortality**  
(2010-2019 Annual Average Deaths per 100,000 Population)  
Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

## Violent Crime

### Violent Crime Rates

In 2016, there were a reported 275.2 violent crimes per 100,000 population in Umatilla/Morrow Counties.

**BENCHMARK** ▶ Lower than the national crime rate.

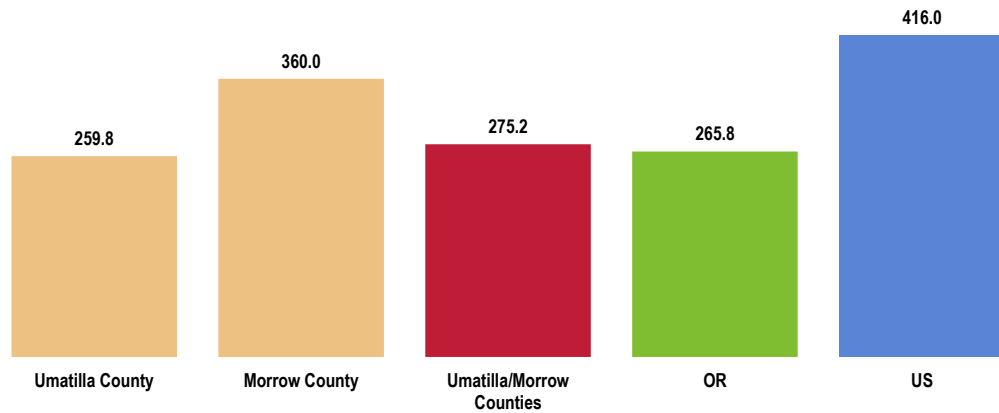
**DISPARITY** ▶ Much higher in Morrow County.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.



## Violent Crime (Rate per 100,000 Population, 2016)



Sources: 

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

### Community Violence

**A total of 3.7% of surveyed Umatilla/Morrow Counties adults acknowledge being the victim of a violent crime in the area in the past five years.**

**BENCHMARK** ► Lower than the national figure.

### Victim of a Violent Crime in the Past Five Years



Sources: 

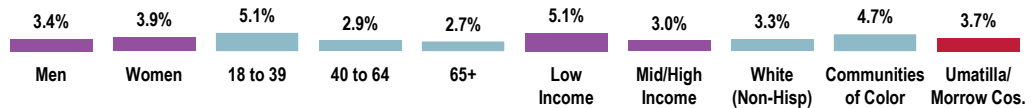
- 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Asked of all respondents.



## Victim of a Violent Crime in the Past Five Years (Umatilla/Morrow Counties, 2021)

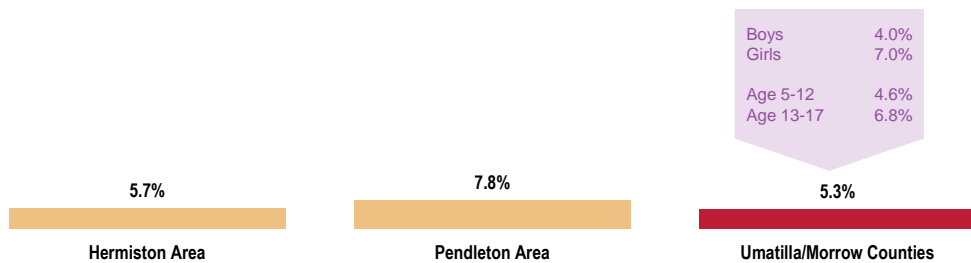


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]  
Notes: • Asked of all respondents.

## Child Safety

Parents report that **5.3%** of school-age children missed school in the past year because they felt unsafe on the way to or from school.

### Child Has Missed School in the Past Year Due to Feeling Unsafe On the Way To or From School (Among School-Age Children, 2021)



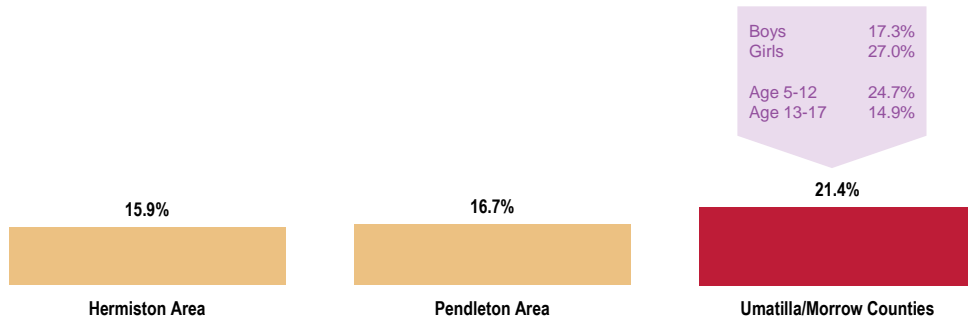
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 322]  
Notes: • Asked of all respondents about a school-age child at home.



When asked, 21.4% of parents with school-age children acknowledge that their child has been bullied in the past year at school or on the way to/from school.

DISPARITY ► Reported more often for girls and children age 5-12.

### Child Has Been Bullied in the Past Year At School or On the Way To or From School (Among School-Age Children, 2021)



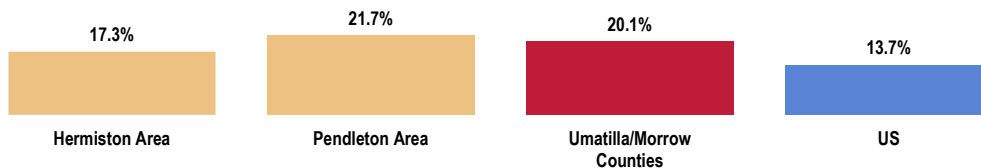
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 323]  
Notes: • Asked of all respondents about a school-age child at home.

### Family Violence

A total of 20.1% of Umatilla/Morrow Counties adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than the US prevalence.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

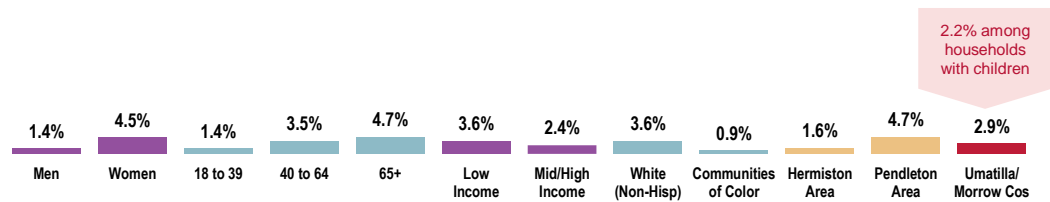
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."



Among survey respondents, 2.9% currently feel physically, mentally, or emotionally unsafe at home.

**DISPARITY** ▶ Higher among Pendleton Area adults. Reported more often among women and adults age 40 and older.

### Currently Feel Physically, Mentally, or Emotionally Unsafe at Home (Umatilla/Morrow Counties, 2021)



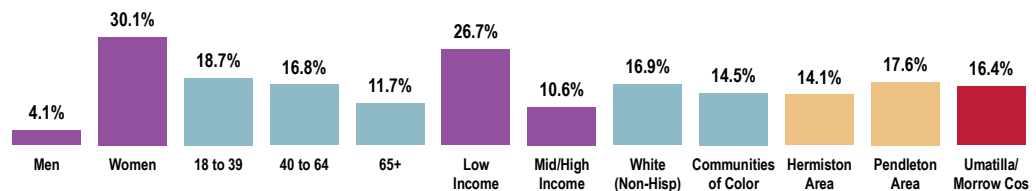
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 303]  
Notes: • Asked of all respondents.

### Sexual Violence

A total of 16.4% of Umatilla/Morrow Counties adults report that they have been forced or pressured into some type of unwanted sexual activity.

**DISPARITY** ▶ Dramatically higher among women than men and reported more often among low-income residents.

### Have Been Forced or Pressured Into Unwanted Sexual Activity (Umatilla/Morrow Counties, 2021)



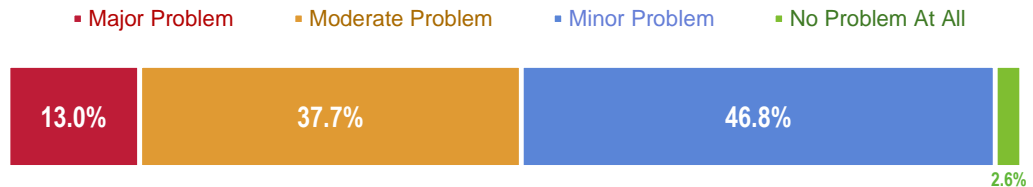
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 314]  
Notes: • Asked of all respondents.



## Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “minor problem” in the community.

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Awareness/Education

It is hard to get accurate data on injury and violence, especially domestic and/or sexual violence, since people tend to not be truthful when answering these questions. Some people aren't aware what constitutes 'violence' or 'abuse' as well. – Public Health Representative

We have an area for high risk injury activities (OHV parks, mountains, etc.) with no community education to prevent injuries. – Community Leader

#### Contributing Factors

There are many gangs in the area, persons do not have anger control, high incidence of substance abuse. – Social Services Provider



# DIABETES

## ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

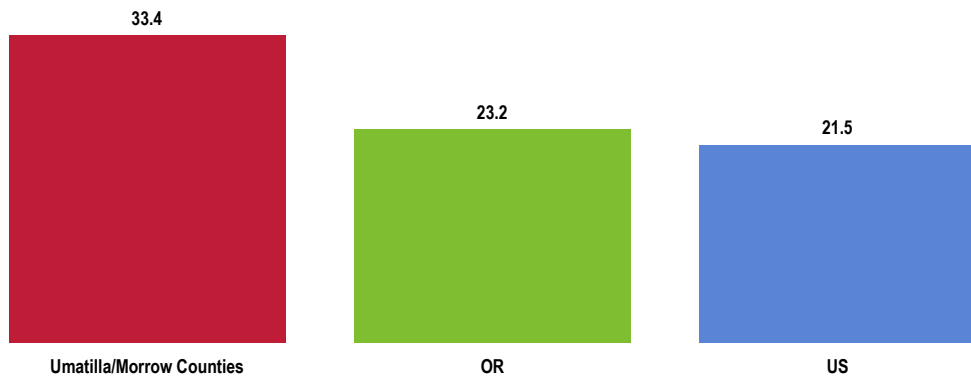
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Diabetes Deaths

Between 2017 and 2019, there was an annual average age-adjusted diabetes mortality rate of **33.4 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Worse than the Oregon and US mortality rates.

Diabetes: Age-Adjusted Mortality  
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.



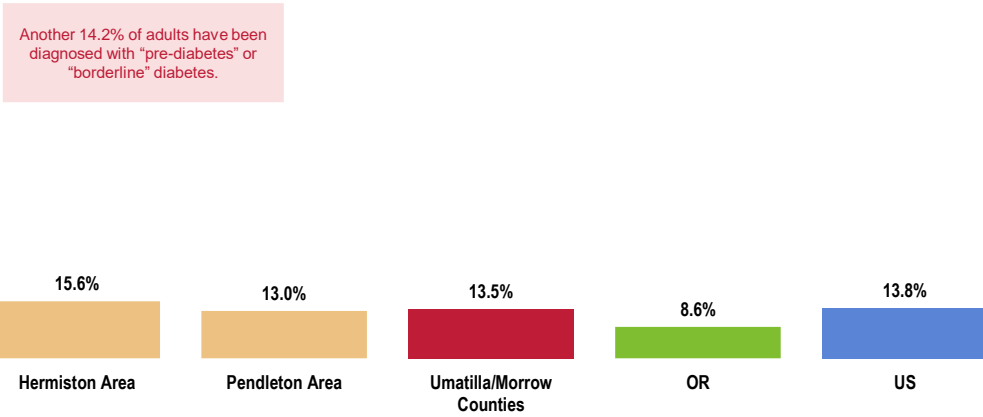
# Prevalence of Diabetes

A total of 13.5% of Umatilla/Morrow Counties adults report having been diagnosed with diabetes.

**BENCHMARK** ▶ Much higher than the statewide prevalence.

**DISPARITY** ▶ Note the strong correlation with age among survey respondents.

## Prevalence of Diabetes



Sources:
 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
- 2020 PRC National Health Survey, PRC, Inc.

 Notes:
 

- Asked of all respondents.

## Prevalence of Diabetes (Umatilla/Morrow Counties, 2021)



Sources:
 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 121]

 Notes:
 

- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

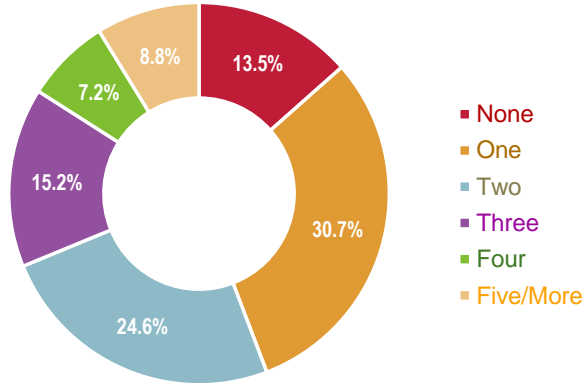




## A1C Testing

Among survey respondents who have been diagnosed with diabetes, most (86.5%) have had at least one A1C test in the past year (including 8.8% who had five or more).

Number of A1C Tests in the Past Year  
(Umatilla/Morrow County Adults w/Diabetes, 2021)

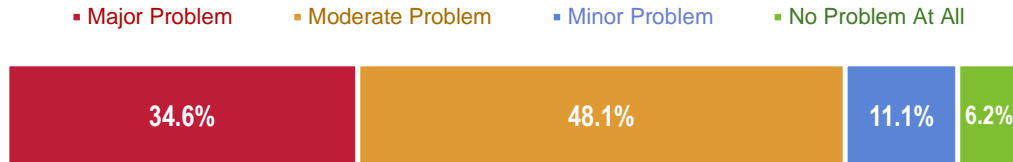


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 301]  
Notes: • Asked of all respondents who have diabetes.  
• An A1C test measures the average level of blood sugar over a period of three months.

## Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.

Perceptions of Diabetes  
as a Problem in the Community  
(Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Awareness/Education

- Lack of resources and education. – Social Services Provider
- Appropriate nutrition and weight control are difficult with limited resources and knowledge. – Public Health Representative
- Nutritional education for management of diabetes at home, support groups to gain individual buy-in to care about taking care of self by managing diabetes (physical activity, nutrition, insulin, etc.). – Public Health Representative
- Healthy options and education. – Social Services Provider



Need free classes. Living with chronic diseases, nutrition classes, shopping for health food at the supermarket to be provided where individuals reside or organizations that they attend. Church, DHS, Head Start, and other community organizations. – Community Leader

Lack of knowledge regarding healthy eating and exercise. Misguided perception of what a healthy weight or diet looks like based on what they view in their communities. Unrealistic gauge of caloric, carbohydrate, and fat consumption. – Public Health Representative

## Access to Care/Services

Limited/no access to endocrinologist in our community. Difficulty with insulin pumps/continuous glucose monitors. – Physician

Access to endocrinology. – Community Leader

No endocrinology services. – Community Leader

Lack of local endocrinologists. Long wait-times for appointments to endocrinologists once referred. Cost of supplies. – Social Services Provider

## Contributing Factors

Poor nutrition, comorbid condition, obesity, smoking, poor access to podiatry and dentistry, overworked PCP, not enough outreach, not enough free nutritional counseling. – Physician

Limited options on activities and need to be educated on the disease so they know how serious it is. They need consistent follow-up care. – Community Leader

## Access to Affordable Healthy Food

Access to healthy food that is money savvy. Too many individuals are living off of limited food stamps. – Social Services Provider

The expense of quality foods. – Social Services Provider

## Nutrition

People do not want to change their food eating habits. – Social Services Provider

Willingness for individuals to eat better. – Social Services Provider

## Incidence/Prevalence

Diabetes. Seems to be very prevalent in this area. – Community Leader

Very high population with diabetes and limited care resources available. – Community Leader

## Co-Occurrences

I have heard of challenges getting quality optometric care for those with diabetes. – Community Leader

## Disease Management

Management and weight control. – Community Leader

## Government/Policy

It may sound mean, but Oregon Trail cards (those receiving assistance) can be used to purchase just about anything. Those cards and that program needs some serious revamping to "force" healthier eating, especially with our youth. – Community Leader

## Lifestyle

Non-compliance. They don't care about what they eat or if they exercise. – Community Leader

## Prevention/Screenings

Prevention of the illness. – Community Leader



# KIDNEY DISEASE

## ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

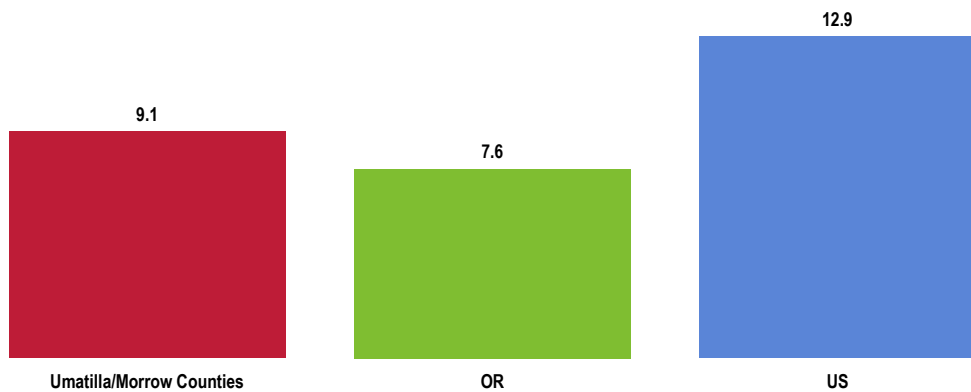
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Age-Adjusted Kidney Disease Deaths

**Between 2017 and 2019, there was an annual average age-adjusted kidney disease mortality rate of 9.1 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ▶ Higher than the Oregon mortality rate but lower than the US as a whole.

**Kidney Disease: Age-Adjusted Mortality**  
(2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

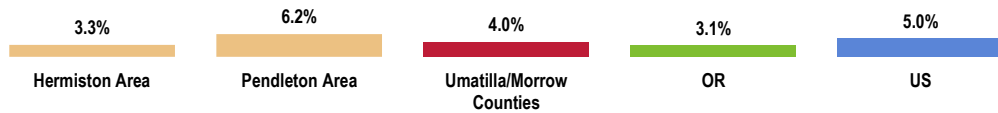


# Prevalence of Kidney Disease

A total of 4.0% of Umatilla/Morrow Counties adults report having been diagnosed with kidney disease.

DISPARITY ► Reported more often among women and seniors (age 65+).

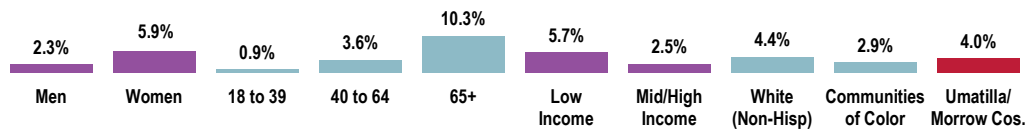
## Prevalence of Kidney Disease



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.  
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Prevalence of Kidney Disease (Umatilla/Morrow Counties, 2021)



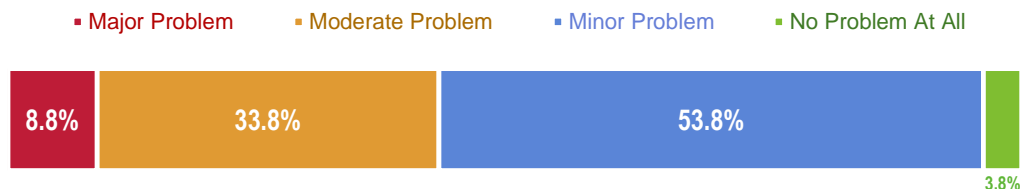
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]  
 Notes: • Asked of all respondents.



## Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “minor problem” in the community.

### Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2021)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Lack of Providers

Lack of local medical specialists to treat. – Social Services Provider

There are no specialists and I can't imagine that there aren't hundreds of people who require this sort of medical attention. I have at least three individuals in my family alone that need a nephrologist. – Community Leader

#### Access to Care/Services

Inpatient dialysis is not available. – Community Leader

Dialysis at local hospitals unavailable. – Community Leader



# POTENTIALLY DISABLING CONDITIONS

## Multiple Chronic Conditions

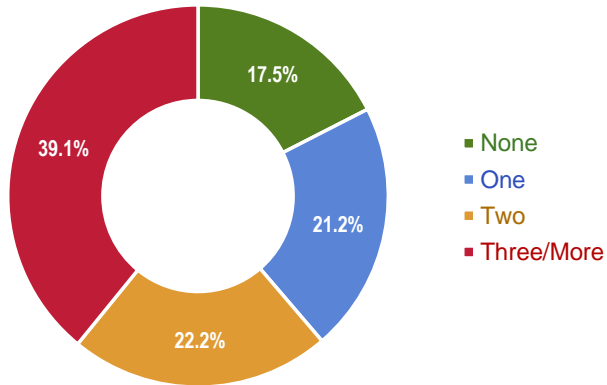
For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Umatilla/Morrow Counties survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions  
(Umatilla/Morrow Counties, 2021)



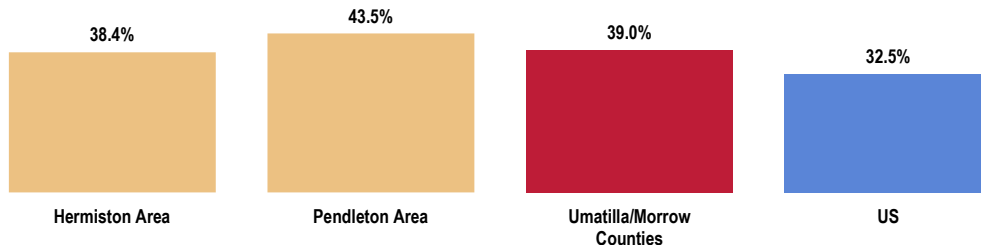
- Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 39.0% of area adults report having three or more chronic conditions.

**BENCHMARK** ► Worse than the national figure.

**DISPARITY** ► Strong correlation with age and reported more often among women and low-income residents.

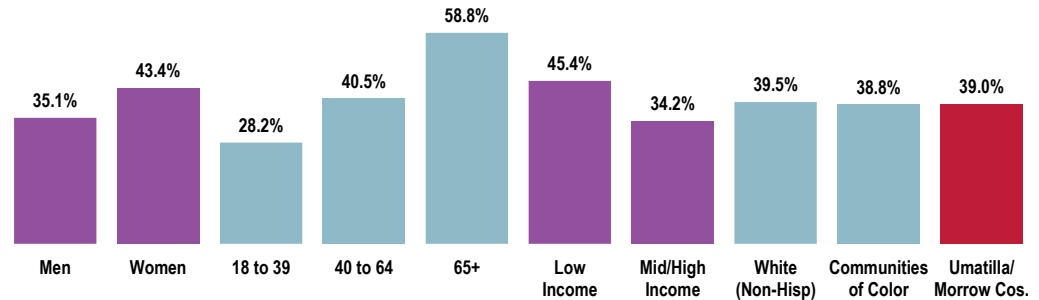
### Currently Have Three or More Chronic Conditions



- Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 143]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



## Currently Have Three or More Chronic Conditions (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

## Activity Limitations

### ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

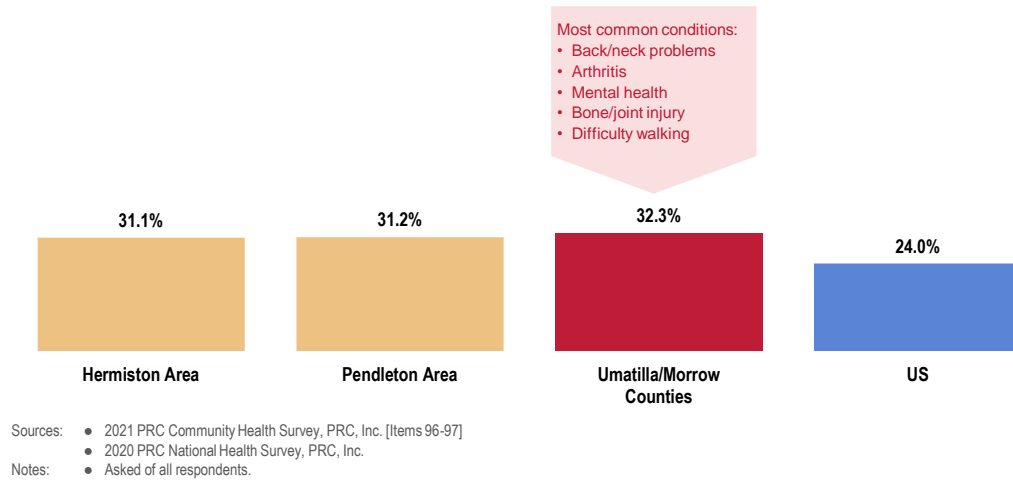
**A total of 32.3% of Umatilla/Morrow Counties adults are limited in some way in some activities due to a physical, mental, or emotional problem.**

**BENCHMARK** ► Well above the national prevalence.

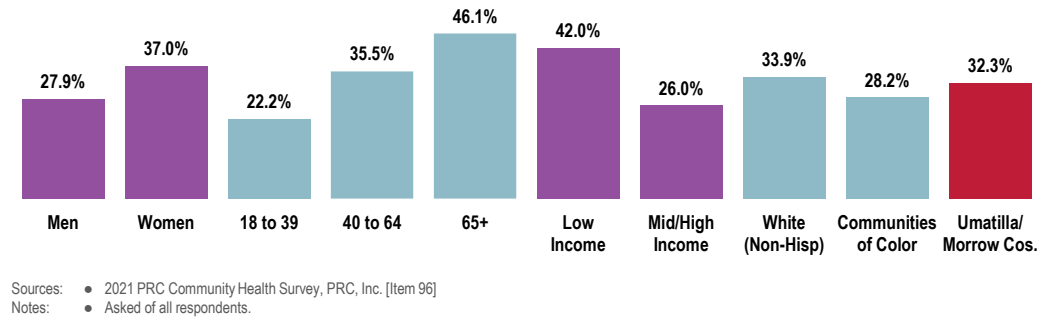
**DISPARITY** ► Reported more often among women, older adults, and those in low-income households.



## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



## Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Umatilla/Morrow Counties, 2021)





# Chronic Pain

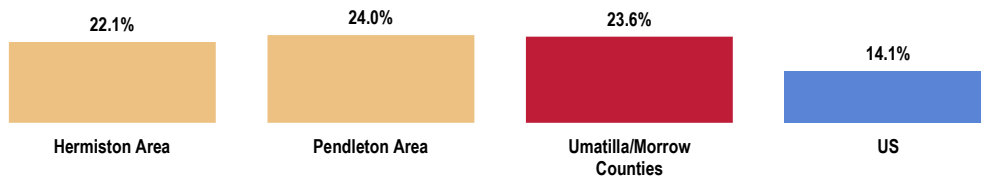
A total of 23.6% of Umatilla/Morrow Counties adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

**BENCHMARK** ▶ Worse than the US figure and fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Increases with age and is more often found among low-income adults and Whites.

## Experience High-Impact Chronic Pain

Healthy People 2030 = 7.0% or Lower

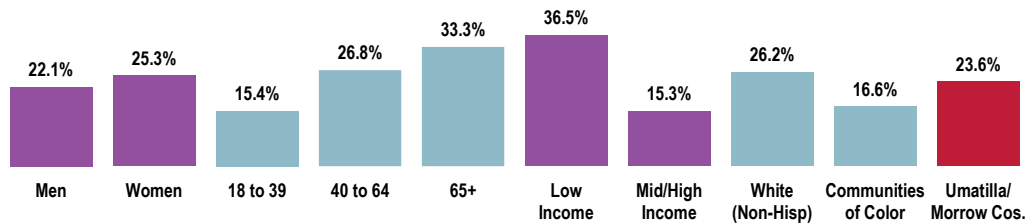


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

## Experience High-Impact Chronic Pain

(Umatilla/Morrow Counties, 2021)

Healthy People 2030 = 7.0% or Lower



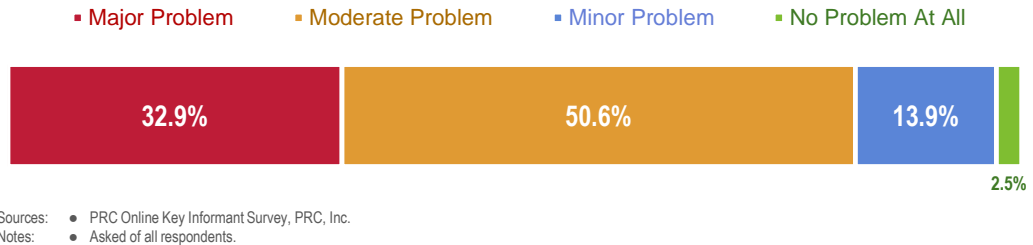
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



## Key Informant Input: Disability & Chronic Pain

Half of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

### Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



Among those rating this issue as a “major problem,” reasons related to the following:

#### Lack of Local Care Options

We have Physical Therapy plenty and a handful of chiropractors. There are no occupational medicine therapists, or physiatrists or interventional pain management providers, other than the two that come in from Hood River and they are only in the area one day a month. – Community Leader

Pain clinic is in Tri-Cities. – Community Leader

Not enough treatment available for the area. – Community Leader

Accessing disability specific health care for pediatric patients is difficult for families. – Community Leader

Long travel times to regional pain centers. Several patients complain of "just being continued on opioids." – Community Leader

Closest comprehensive pain center including mental health is at OHSU. – Physician

Many clients have been on pain medication for a long time, and now are requiring by most insurance to be off pain medication and search other means of pain control. They also are required to see a pain clinic and most clinics are not close to town, making barriers for patients to get to appt. – Social Services Provider

There is a lack of chronic pain clinics and the mental health disabilities are underserved. – Community Leader

There is very little access to pain clinics in the area. – Public Health Representative

#### Incidence/Prevalence

We have a ton of people in the community with chronic pain or disabled. There is no help for them. PCPs don't want to take them. They are considered "med seeking" people and turned away. – Public Health Representative

Rheumatology; everyone has arthritis in a rural farming community, so there should be someone who is adept at easing these conditions. – Community Leader

Number of people that show up for chronic pain treatment at the clinics, EDs. – Community Leader

There appear to be a large number of people with disabilities. The programs in place do not seem to address all individuals and many of the programs, especially the state and county programs, make it difficult to address services. – Community Leader

High number of individuals requesting pain management. – Social Services Provider

High population with chronic pain, not enough care facilities that specialize in treatment of chronic pain. – Community Leader

#### Lack of Providers

No pain management specialist available. – Community Leader

No local chronic pain providers. Most primary care providers will not manage chronic pain. Many primary care providers will not accept patients with chronic pain and/or behavioral health sensibilities. – Social Services Provider

We don't have doctors who treat chronic pain here. – Community Leader

Not so much as disability being an issue in our community but chronic pain issues are. There are not local providers in the area that manage chronic pain, forcing our PCPs to refer patients outside the area to seek treatment. This can be costly for lower income community members. – Community Leader



## Contributing Factors

Disability is a problem because of transportation issues with our senior population. If you do not have EOCCO you are not able to get to appointments without transportation that is affordable. Caregivers are also scarce in our community. Lack of help to the disabled. – Social Services Provider

Some individuals who experience chronic pain cannot have access to pain-relieving medications or comprehensive pain management programs due to insurance eligibility. If physicians are unwilling to prescribe pain-relieving medications, there should be an alternative. – Community Leader

There are a lot of overweight people and unhealthy people as well as users. – Community Leader

## Lifestyle

I have lived a full, active, reckless lifestyle playing contact sports, competing in rodeo and training horses. I am now living with the consequences of having lived a big, full life. Others have chronic pain from a number of reasons. Pain robs us of quality of life and the enjoyment of doing everyday things. When the pain is pervasive at all times in our life it is challenging to have no relief. – Community Leader

## Alcohol/Drug Use

It seems to be a reason patients are turning to drugs. – Social Services Provider

# Alzheimer's Disease

## ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.<sup>1</sup> Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (<https://health.gov/healthypeople>)

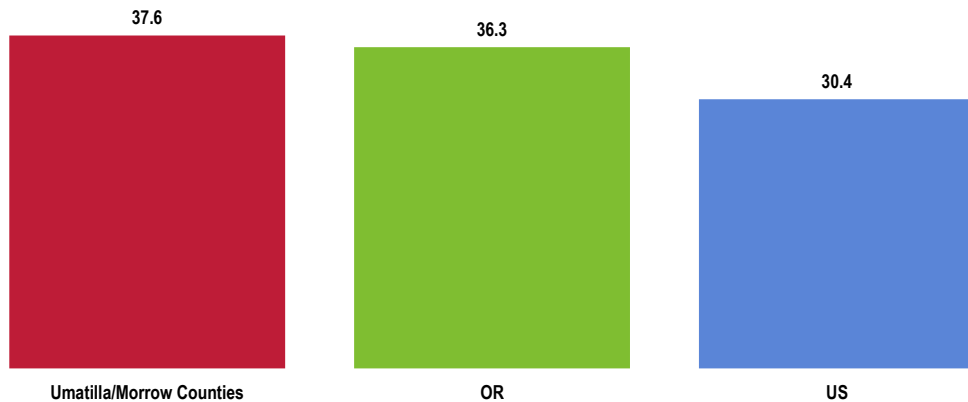
## Age-Adjusted Alzheimer's Disease Deaths

**Between 2017 and 2019, there was an annual average age-adjusted Alzheimer's disease mortality rate of 37.6 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Higher than the US mortality rate.



## Alzheimer's Disease: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)

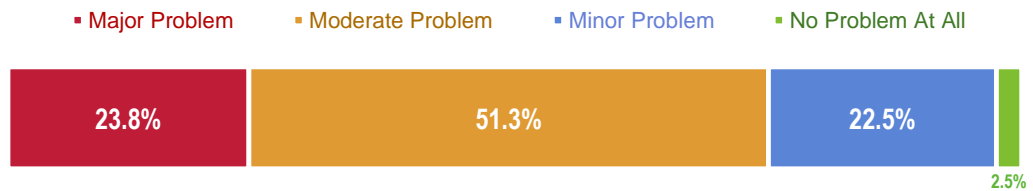


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.

## Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a “moderate problem” in the community.

## Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Lack of Providers

- No neurologist is available locally and out of town neurologists are booked out months. – Physician
- Lack of neurologists in local area. Long wait times for referrals and/or appointments to neurologists. – Social Services Provider
- Access to neurologist is difficult with very long wait times and long distances. This includes dementia, but also seizure and other neurological conditions. – Physician
- We do not have a neurologist who can assist with cognitive decline. There are internal medicine clinics available, but the gerontologists are not specific to these kinds of health problems. As far as I am aware, there is no neuro clinic closer than SE Washington – Community Leader

### Contributing Factors

- We have several lock-down care facilities. All are at capacity. There is a waiting list to get in. Some are private pay- which is not affordable. The staffing is a struggle at most of these places as the pay is minimal for challenging work that plays a physical and emotional toll on the body. – Community Leader



It is utterly devastating to the family and friends of people with dementia/Alzheimer's. Hermiston no longer has a support group; not aware of others. Hermiston's skilled nursing facility is woefully inadequate. The memory care facilities try to do a good job, but don't pay enough to retain quality staff. Umatilla and Morrow Counties are younger than average communities, so resources are targeted at young families. There is little respect or awareness of our elders. – Community Leader

Dementia and Alzheimer's is a thief and robs elderly and families of the joy of aging. There is very little treatment and nothing very promising. My mother has had dementia for 12 plus years and I saw first-hand the sadness and loss it creates. – Community Leader

### Access to Care/Services

No formal professional services available in our area besides assisted living facilities with minor benefit. – Community Leader

There is no care for dementia/Alzheimer's patients. The family is left trying to care for them. – Public Health Representative

In the Umatilla County area, there are not enough secondary facilities that can house these patients or provide the 24 hour care that is needed when they get to the extreme points. – Community Leader

### Incidence/Prevalence

Increasing numbers of patients, treatment facilities not increasing. – Community Leader

High rate and lack of resources. – Social Services Provider

Large population with dementia and limited care facilities that specialize in this care. – Community Leader

### Lifestyle

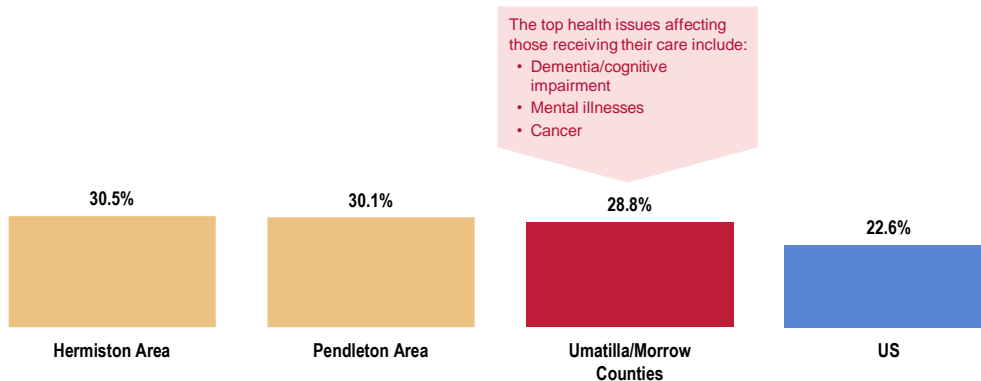
Many clients who are diagnosed with Dementia/Alzheimer's are not willing to make healthy changes. Some also don't have family to help make decisions, therefore they are making unsafe, unhealthy decisions, because they have the right to live the way they want. – Social Services Provider

## Caregiving

**A total of 28.8% of Umatilla/Morrow Counties adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.**

**BENCHMARK** ▶ Well above the US figure.

### Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.





# INFANT & CHILD HEALTH

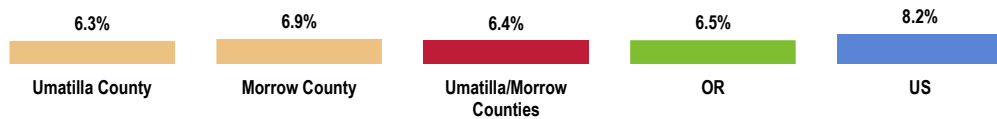
# BIRTH OUTCOMES & RISKS

## Low-Weight Births

A total of 6.4% of 2013-2019 Umatilla/Morrow Counties births were low-weight.

**BENCHMARK** ► Lower than the national figure.

### Low-Weight Births (Percent of Live Births, 2013-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2021.

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

## Infant Mortality

Between 2017 and 2019, there was an annual average of 6.8 infant deaths per 1,000 live births in Umatilla/Morrow Counties.

**BENCHMARK** ► Worse than the Oregon and US infant death rates. Fails to satisfy the Healthy People 2030 objective.

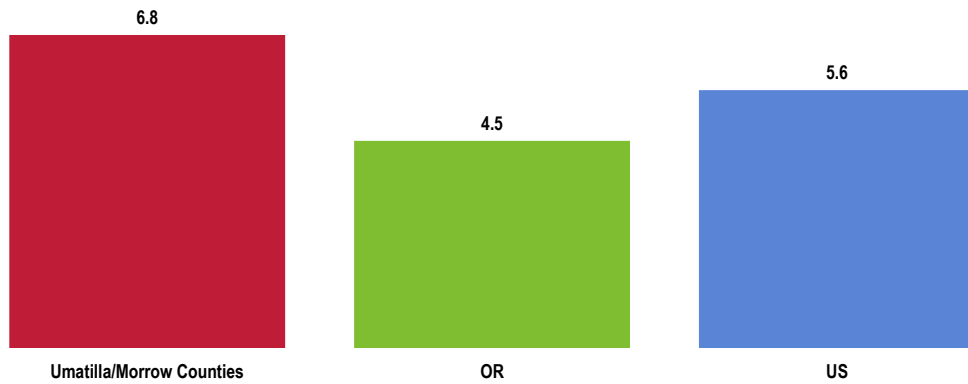
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.



## Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2017-2019) Healthy People 2030 = 5.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2021.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.





# FAMILY PLANNING

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

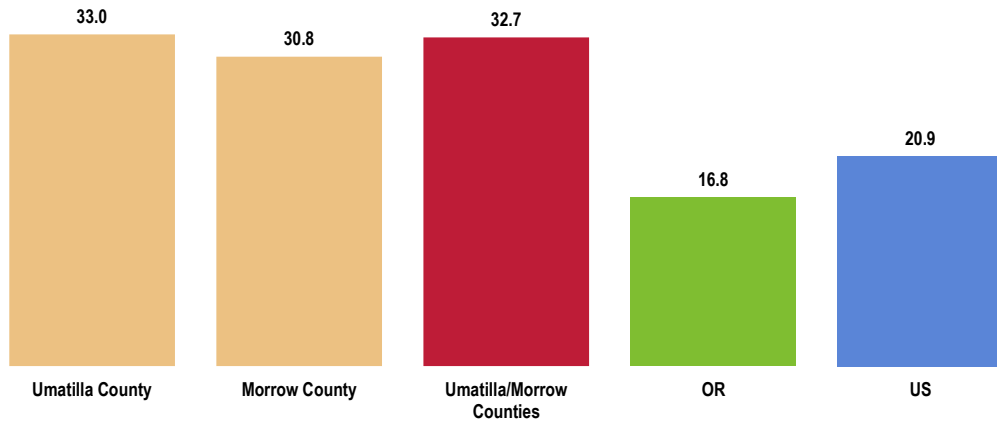
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

**Between 2006 and 2012, there were 32.7 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Umatilla/Morrow Counties.**

**BENCHMARK** ▶ Considerably higher than the Oregon and US teen birth rates.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)  
Healthy People 2030 = 31.4 or Lower



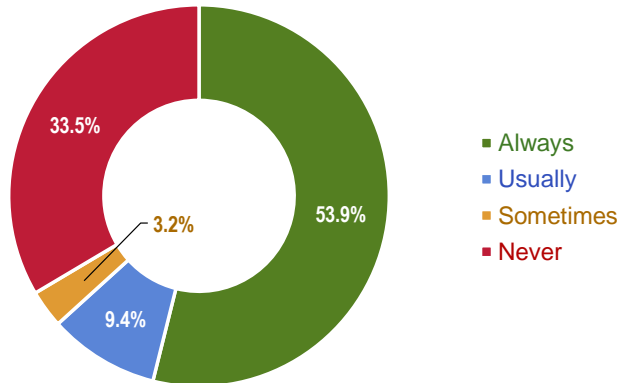
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap ([sparkmap.org](http://sparkmap.org)).
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



## Birth Control

Among survey respondents age 18 to 49, 53.9% “always” use a method of birth control during sex.

Use of Birth Control During Sex  
(Respondents Age 18 to 49)

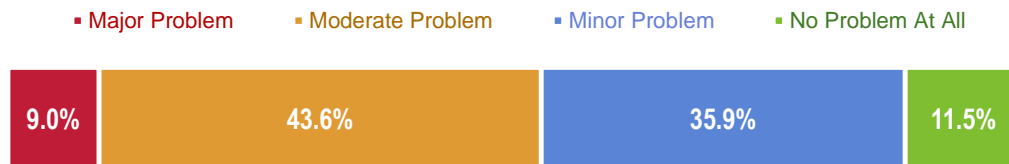


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 313]  
Notes: • Asked of all respondents under the age of 50.

## Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning  
as a Problem in the Community  
(Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Contributing Factors

No Planned Parenthood; not enough marketing, education, and encouragement for birth control, too many pregnancies within unstable family dynamics. – Public Health Representative

With our multi-culture community, we have a major lack of education available to them and with lack of both health care providers and education the infant and families suffer. – Community Leader

There seems to be a large issue with education and resources around family planning. A very conservative atmosphere makes these issues difficult to address. WIC is limited to one provider in the area. Many low-income individuals lack resources to afford health care regarding their infants. – Community Leader



A healthy infant begins with a healthy pregnancy and healthy parents. Being able to time when and whether to give birth is an ongoing decision that females of reproductive age must face. The cost of family planning services can be prohibitive without adequate insurance coverage. Not everyone knows family planning services are available through county public health clinics. Teen birth rate ranks amongst the highest in the state. – Community Leader

### Access to Care/Services

We have limited pediatric care available in our community (although it is growing). – Community Leader

### Childhood Illnesses

Childhood illnesses. – Community Leader

### Awareness/Education

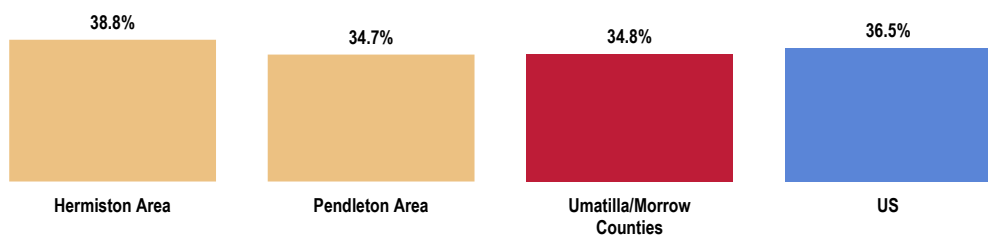
Lack of resources/knowledge for certain populations. – Social Services Provider



# BREASTFEEDING

According to the 2021 PRC Community Health Survey results, just over one-third of area children (34.8%) were breastfed exclusively for at least six months.

Child Was Breastfed Exclusively for 6 Months or More  
(Parents of a Child Under 18)



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 320]
- 2020 PRC National Children's Health Survey, PRC, Inc.

Notes: 

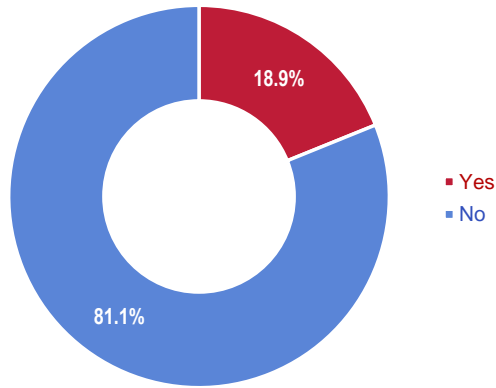
- Asked of all respondents about a child under 18 at home.



# PHYSICAL DISCIPLINE

Among surveyed parents of children under the age of 18, 18.9% acknowledge that their child is physically disciplined (including any physical punishment, from spanking to washing out the mouth, etc.).

Child is Physically Disciplined  
(Parents of a Child Under 18)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 321]  
Notes: • Asked of all respondents about a child under 18 at home.  
• Includes any physical punishment from spanking to washing out the mouth, etc.





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Daily Recommendation of Fruits/Vegetables

### Adults

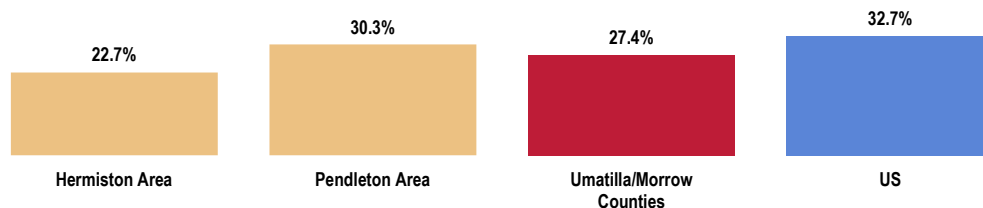
**A total of 27.4% of Umatilla/Morrow Counties adults report eating five or more servings of fruits and/or vegetables per day.**

**BENCHMARK** ► Lower than the US figure.

**DISPARITY** ► Lower among Hermiston Area respondents. Reported less often among adults age 40 to 64 and those in low-income households.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

### Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: 

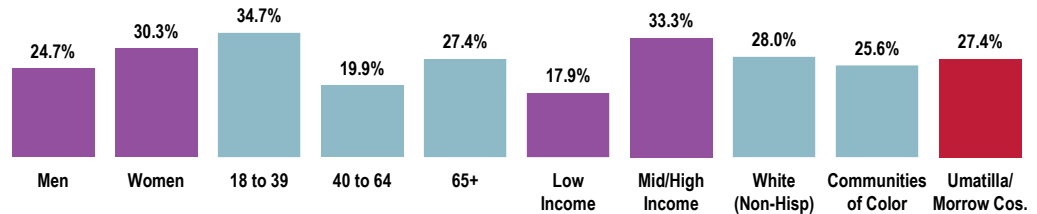
- 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.



## Consume Five or More Servings of Fruits/Vegetables Per Day (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]

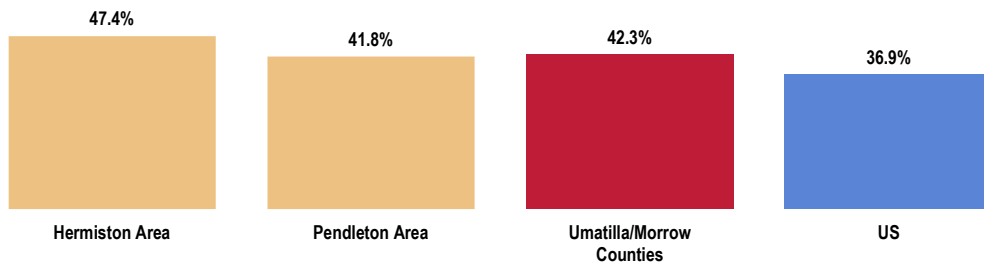
Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

## Children

Among parents of a child age 2-17 at home, 42.3% report that the child eats five or more servings of fruits and/or vegetables per day.

## Child Eats Five or More Servings of Fruits/Vegetables Per Day (Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 333]

• 2020 PRC National Children's Health Survey, PRC, Inc.

Notes: • Asked of parents about a child age 2-17 at home.

• For this issue, respondents were asked to recall their child's food intake on the previous day.

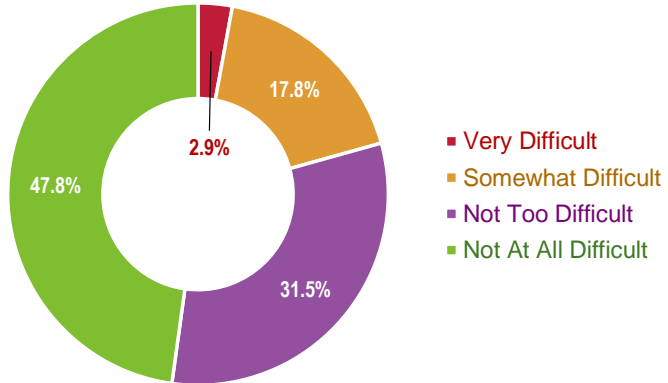




# Difficulty Accessing Fresh Produce

Most Umatilla/Morrow Counties adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price (Umatilla/Morrow Counties, 2021)

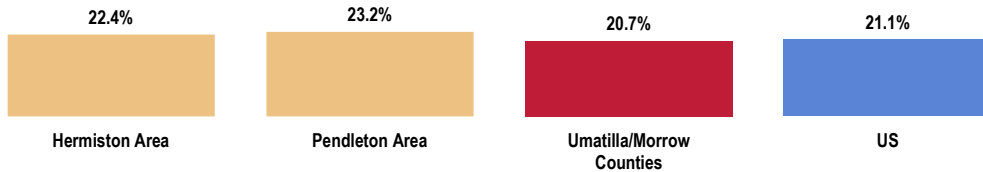


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]  
 Notes: • Asked of all respondents.

However, 20.7% of area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

DISPARITY ► Reported more often among women, young adults, residents in low-income households, and communities of color.

## Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



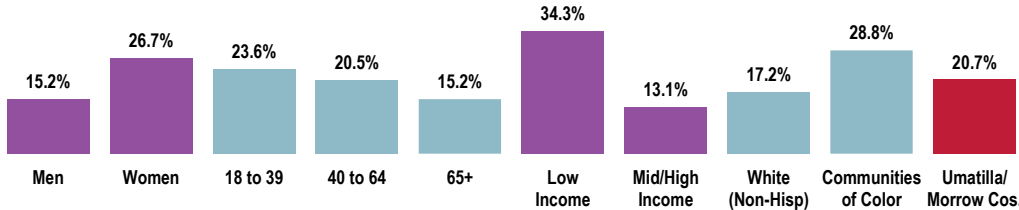
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



Respondents were asked: “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

RELATED ISSUE  
 See also *Food Access* in the **Social Determinants of Health** section of this report.

## Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Umatilla/Morrow Counties, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 79]  
 Notes: ● Asked of all respondents.

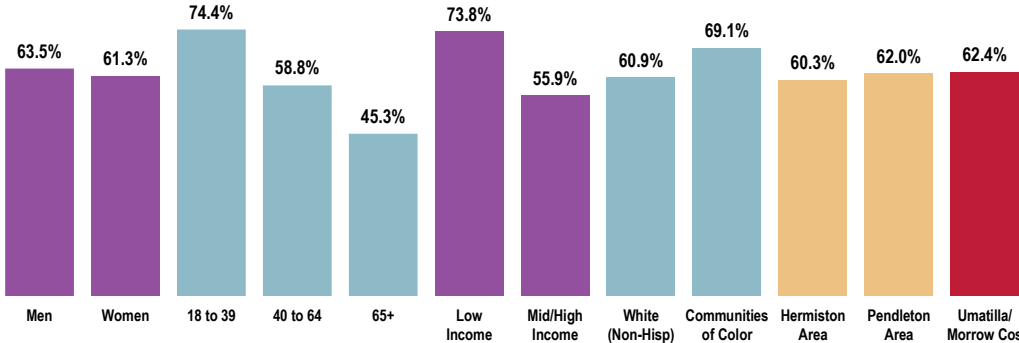
## Sugar-Sweetened Beverages

### Adults

**A total of 62.4% of Umatilla/Morrow Counties adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.**

**DISPARITY** ► Decreases with age and reported among nearly three in four adults in low-income households.

## Had Seven or More Sugar-Sweetened Beverages in the Past Week (Umatilla/Morrow Counties, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 315]  
 Notes: ● Asked of all respondents.

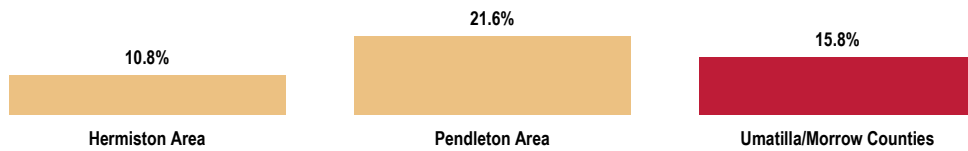


## Children

Among parents of a child age 2-17 at home, 15.8% report that the child had seven or more sugar-sweetened drinks in the past week.

DISPARITY ► Higher in the Pendleton Area.

### Child Had Seven or More Sugar-Sweetened Beverages in the Past Week (Children Age 2-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 317]  
Notes: • Asked of all respondents about a child age 2-17 at home.



# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Leisure-Time Physical Activity

**A total of 27.7% of Umatilla/Morrow Counties adults report no leisure-time physical activity in the past month.**

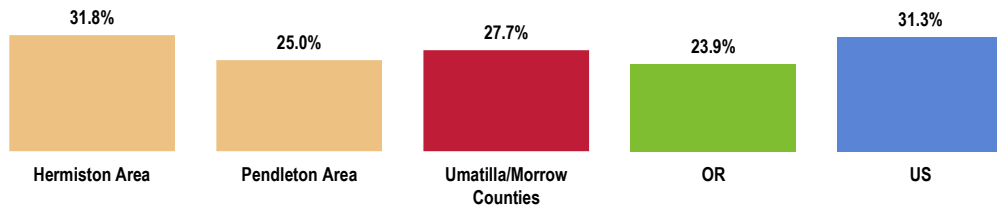
**BENCHMARK** ▶ Higher than the Oregon prevalence and fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Higher among Hermiston Area respondents.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

### No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 89]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



# Activity Levels

## Adults

### ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

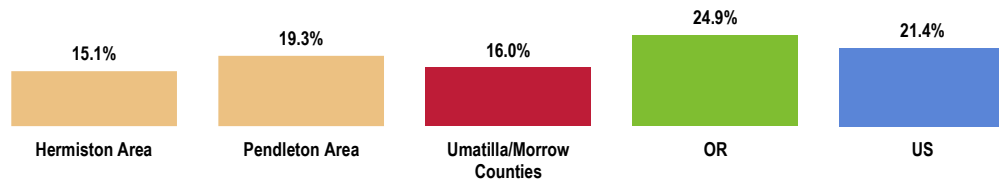
**A total of 16.0% of area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).**

**BENCHMARK** ▶ Much lower than the state and national figures. Fails to satisfy the Healthy People 2030 goal.

**DISPARITY** ▶ Lowest among seniors and low-income residents.

### Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

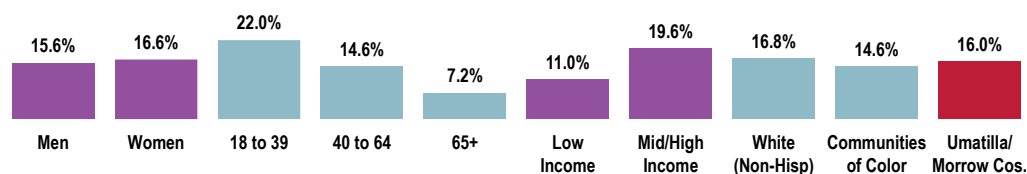


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
  - Asked of all respondents.
- Notes:
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities: **Aerobic** activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

**Strengthening** activity is at least 2 sessions per week of exercise designed to strengthen muscles.

## Meets Physical Activity Recommendations (Umatilla/Morrow Counties, 2021) Healthy People 2030 = 28.4% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
  - Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

## Children

### CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

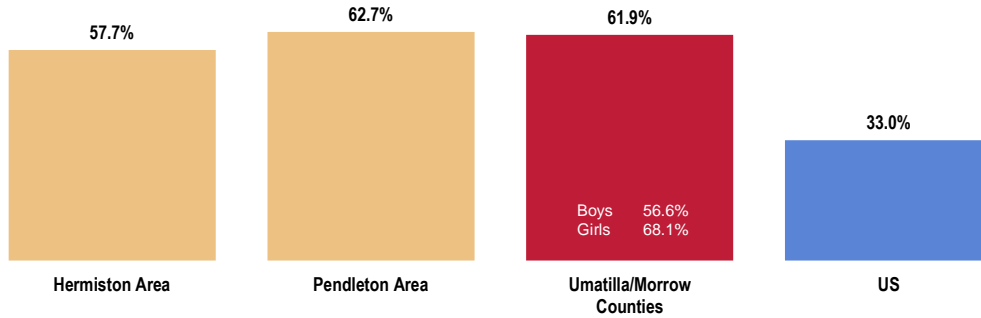
**Among Umatilla/Morrow Counties children age 2 to 17, 61.9% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).**

**BENCHMARK** ► Well above the national percentage.

**DISPARITY** ► Higher among area girls.



## Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

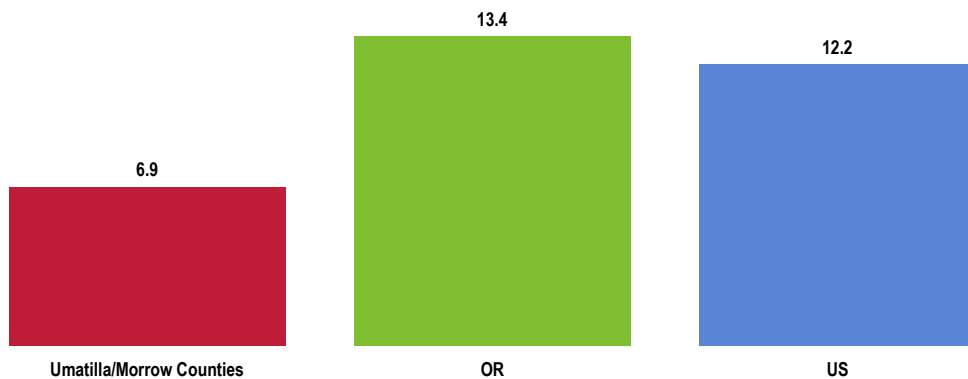
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

## Access to Physical Activity

In 2019, there were 6.9 recreation/fitness facilities for every 100,000 population in Umatilla/Morrow Counties.

**BENCHMARK** ▶ Much lower than state and US figures.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2019)



Sources: 

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).

Notes: 

- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



# WEIGHT STATUS

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.





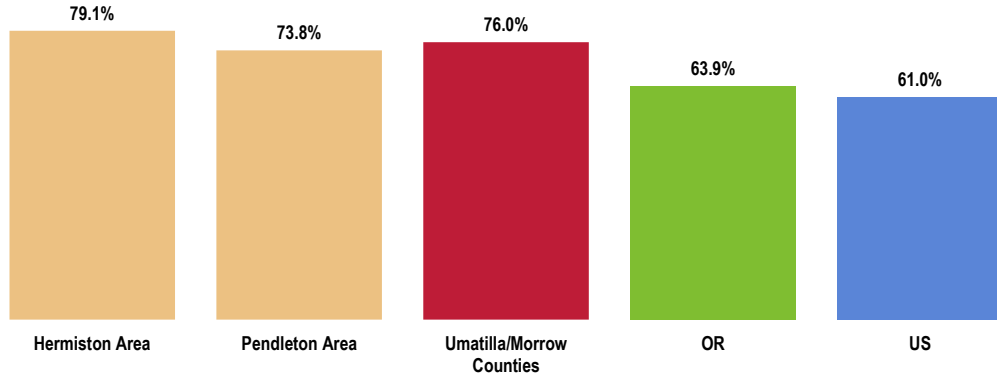
## Overweight Status

A total of three in four Umatilla/Morrow Counties adults (76.0%) are **overweight**.

**BENCHMARK** ▶ Much worse than state and national figures.

Here, "overweight" includes those respondents with a BMI value  $\geq 25$ .

### Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

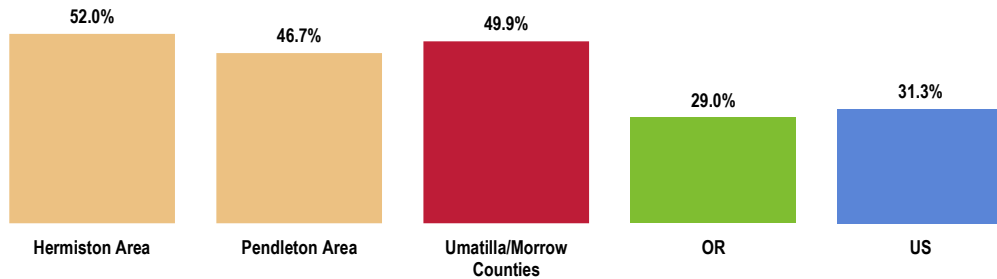
The overweight prevalence above includes half (49.9%) of Umatilla/Morrow Counties adults who are **obese**.

**BENCHMARK** ▶ Much worse than state and national figures and far from satisfying the Healthy People 2030 objective.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value  $\geq 30$ .

### Prevalence of Obesity

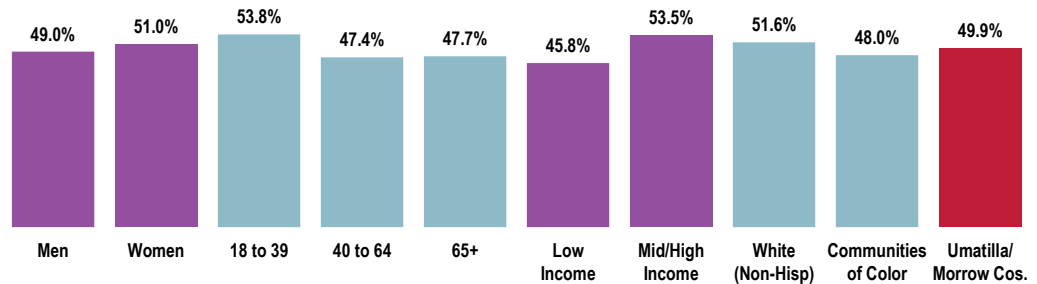
Healthy People 2030 = 36.0% or Lower



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
  - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



## Prevalence of Obesity (Umatilla/Morrow Counties, 2021) Healthy People 2030 = 36.0% or Lower



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

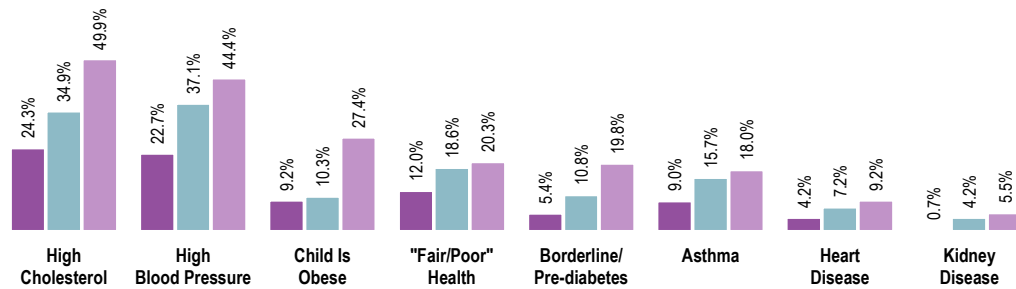
## Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

### Relationship of Overweight With Other Health Issues (Umatilla/Morrow Counties, 2021)

■ Among Healthy Weight   ■ Among Overweight/Not Obese   ■ Among Obese



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 128]

Notes: 

- Based on reported heights and weights, asked of all respondents.



# Children's Weight Status

## ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

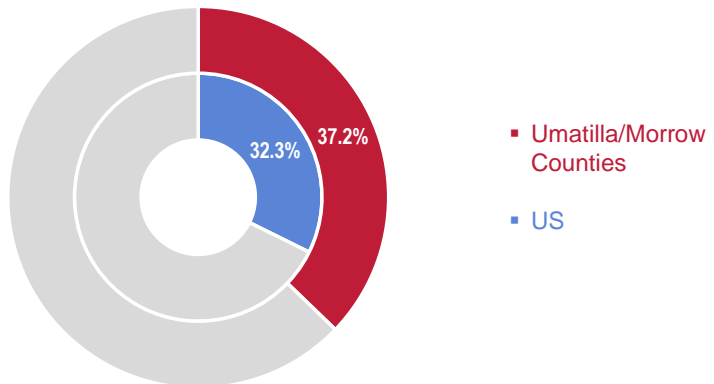
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

– Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 37.2% of Umatilla/Morrow Counties children age 5 to 17 are overweight or obese (≥85th percentile).**

Prevalence of Overweight in Children  
(Parents of Children Age 5-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]  
• 2020 PRC National Health Survey, PRC, Inc.

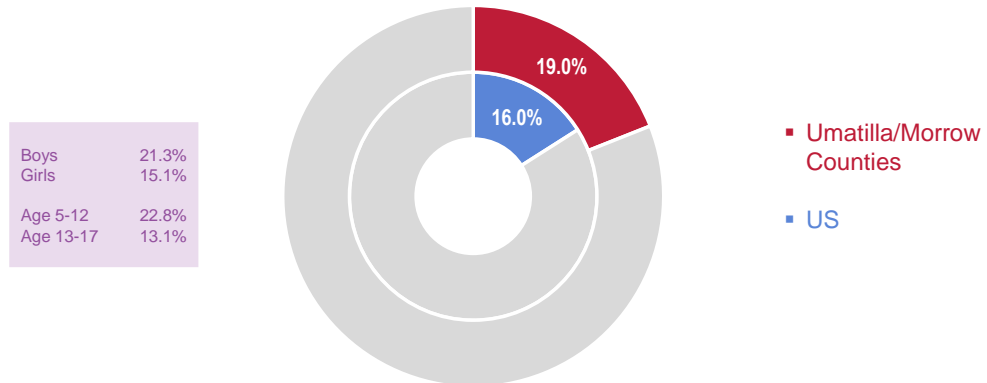
Notes: • Asked of all respondents with children age 5-17 at home.  
• Overweight among children is determined by children's Body Mass



The childhood overweight prevalence above includes 19.0% of area children age 5 to 17 who are obese (≥95th percentile).

DISPARITY ► Higher among boys and children age 5 to 12.

### Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher) Healthy People 2030 = 15.5% or Lower

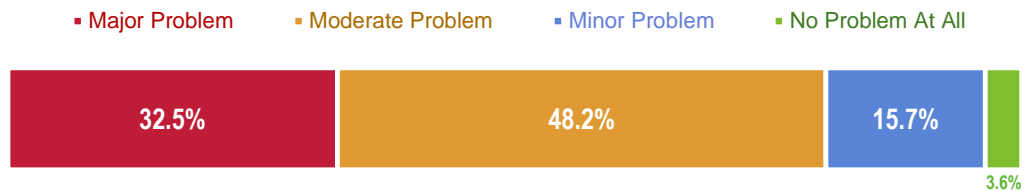


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Obesity among children is determined by children’s Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

### Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Lifestyle

It’s too easy to make choices that are not health-promoting! A year-round swimming pool would make a big difference in available options, especially for those for whom low-impact physical activity is the best choice. – Community Leader



Lack of motivation and personal responsibility. – Community Leader  
Lifestyle choices and lack of high paying jobs in the county that provide the time and means for leisure activities. – Community Leader  
We are all addicted to unhealthy food and resistant to exercise. This won't be solved with classes, brochures, support groups, health clubs, etc. It may take strong disincentives (i.e. higher insurance costs) to achieve any change. – Community Leader  
Lack of desire to change, lack of time to research/educate oneself, lack of patience, lack of support from loved ones. Unrealistic view of existing habits. – Public Health Representative  
People lack community engagement and offerings for gyms and activities are expensive and limited. – Community Leader

## Awareness/Education

The vast majority of our community is either overweight or obese. It is a challenge to engage the community in nutrition and/or physical activity education, they just don't seem interested. – Public Health Representative  
Lack of knowledge about calories and how weight management works. – Community Leader  
Lack of knowledge as to healthy meals and exercise. – Social Services Provider  
We need better education for our multi-culture communities in these areas, starting in our schools. – Community Leader

## Nutrition

Too much fast food and not enough options to keep active. – Community Leader  
Nutritional services. – Community Leader  
This is the common U.S. problem of eating too much unhealthy food and being inactive. – Community Leader

## Contributing Factors

Options for non-grocery food is fast food or dining options that are too expensive for many families within community; people under impression that eating healthy is too expensive (it can be, but buying fresh produce, grains and meats are almost always cheaper than buying prepared or packaged); lack of bulk item food warehouses such as WinCo; lack of affordable gym memberships and lack of gym facility options-- lack of childcare at gym facilities; outdoor physical activity is weather dependent which for our extreme summers and winters, it really affects when people can get out – Public Health Representative  
High rates of obesity, limited access to safe and accessible physical activity opportunities, food deserts. – Public Health Representative

## Access to Affordable Healthy Food

The lack of reasonably priced quality foods and motivation. – Social Services Provider  
Access to healthy foods is limited with there being food deserts. Obesity is on the rise and the health impacts of that. – Social Services Provider

## Obesity

High rates of obesity. – Social Services Provider  
Childhood obesity. – Social Services Provider

## Access to Care/Services

No weight management program available. – Physician  
Options, options, options. There aren't any advertised support groups, annual community events dedicated to weight loss or any walking groups, advertised. Maybe the county or city could contribute for some gym memberships since COVID related weight gain is so common now. (COVID funds) – Community Leader

## Affordable Services

Lack of low-cost activities. – Social Services Provider



# SUBSTANCE ABUSE

## ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

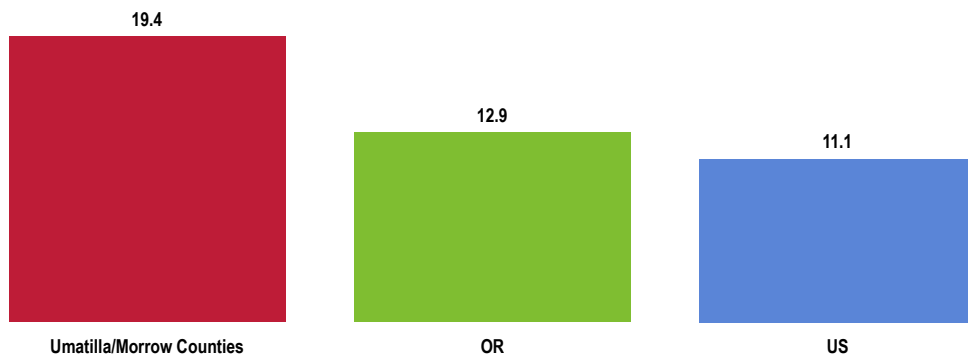
## Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2017 and 2019, Umatilla/Morrow Counties reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 19.4 deaths per 100,000 population.**

**BENCHMARK** ► Well above the Oregon and US mortality rates. Fails to satisfy the Healthy People 2030 objective.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)

Healthy People 2030 Objective = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



# Alcohol Use

## Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

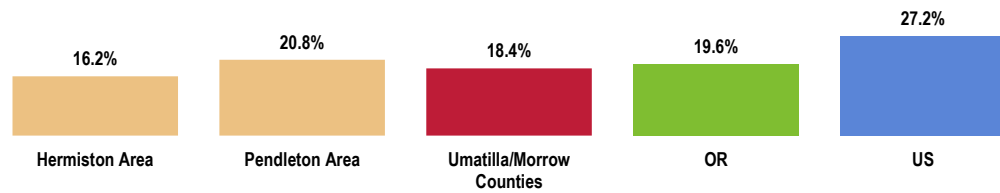
- **HEAVY DRINKERS** ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKERS** ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

**A total of 18.4% of area adults are excessive drinkers (heavy and/or binge drinkers).**

**BENCHMARK** ▶ Lower than the US percentage.

**DISPARITY** ▶ Reported more often among men, young adults, and those in the higher income breakout.

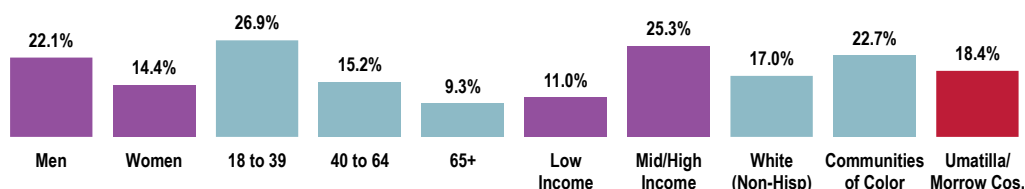
### Excessive Drinkers



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



## Excessive Drinkers (Umatilla/Morrow Counties, 2021)



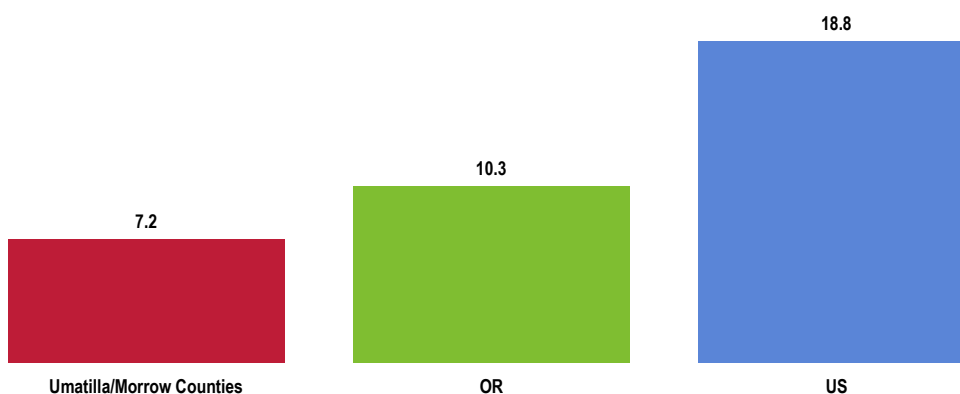
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]  
 Notes: • Asked of all respondents.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

## Age-Adjusted Unintentional Drug-Related Deaths

**Between 2017 and 2019, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.2 deaths per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Well below the related Oregon and US mortality rates.

### Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2017-2019 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2021.





# Illicit Drug Use

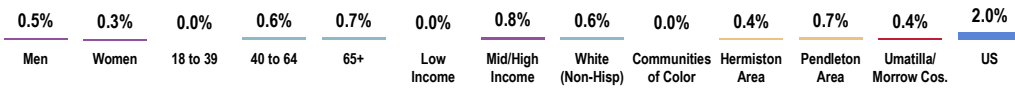
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

**A total of 0.4% of Umatilla/Morrow Counties adults acknowledge using an illicit drug in the past month.**

- BENCHMARK** ▶ Well below the US figure and easily satisfies the Healthy People 2030 goal.
- DISPARITY** ▶ Higher among Whites and those in mid- to upper-income households.

## Illicit Drug Use in the Past Month (Umatilla/Morrow Counties, 2021) Healthy People 2030 = 12.0% or Lower



Sources:
 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

 Notes:
 

- Asked of all respondents.

# Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

**A total of 16.6% of survey respondents report using a prescription opioid drug in the past year.**

- BENCHMARK** ▶ Worse than the national figure.
- DISPARITY** ▶ Increases with age and is more often reported among Whites.

## Used a Prescription Opioid in the Past Year



Sources:
 

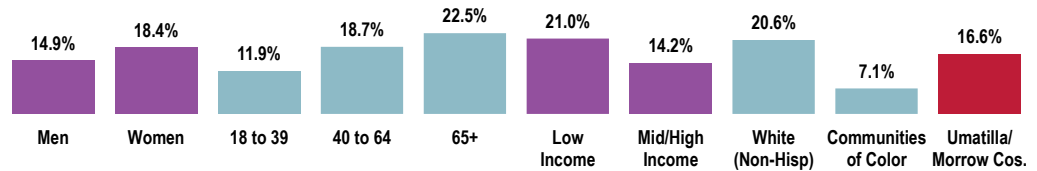
- 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
- 2020 PRC National Health Survey, PRC, Inc.

 Notes:
 

- Asked of all respondents.



## Used a Prescription Opioid in the Past Year (Umatilla/Morrow Counties, 2021)



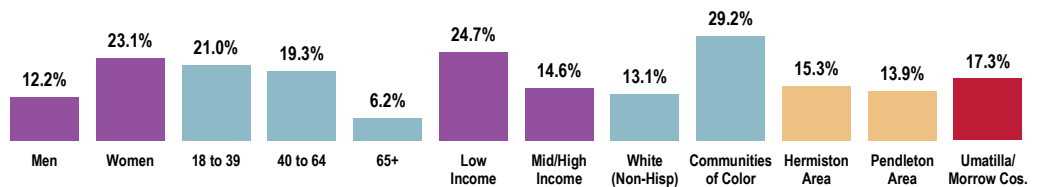
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Use of Marijuana/THC

**A total of 17.3% of survey respondents are marijuana/THC users.**

**DISPARITY** ► Higher among women, adults under 65, those in low-income households, and communities of color.

## Current Marijuana/THC Users (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 307]  
 Notes: • Asked of all respondents.

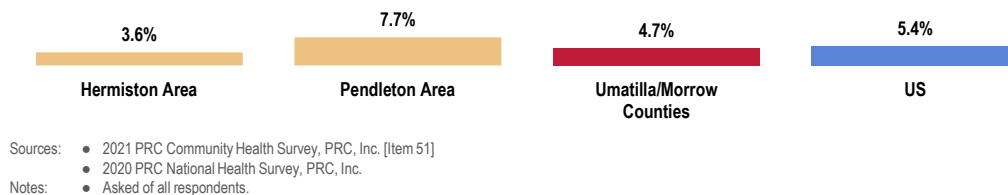


## Alcohol & Drug Treatment

A total of 4.7% of Umatilla/Morrow Counties adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► Higher among Pendleton Area adults.

### Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

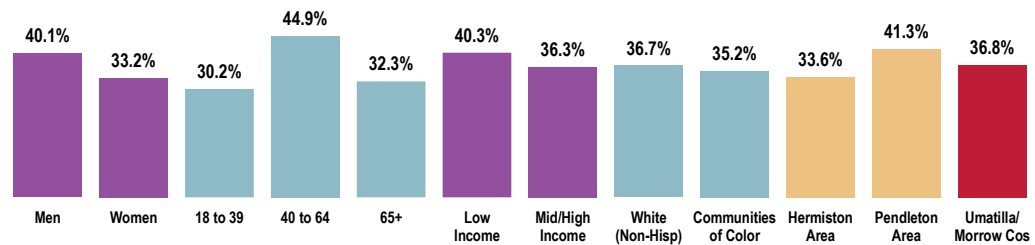


## Hepatitis C

Over one-third of survey respondents (36.8%) have been tested for Hepatitis C.

DISPARITY ► Higher in the Pendleton Area. Reported more often among adults age 40 to 64.

### Have Been Tested for Hepatitis C (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 311]  
Notes: • Asked of all respondents.

The hepatitis C virus causes inflammation and damage to the liver. A person is at higher risk of having hepatitis C if they are over the age of 57 or if they had a blood transfusion before 1992. A person contracts this virus by coming into contact with blood or other bodily fluids from someone else who is already infected with the hepatitis C virus.

“Except for donating or giving blood, have you ever had your blood tested for hepatitis C?”



# Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

## Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

- Lack of medical professionals and qualified service organizations in our area who can adequately address this issue. – Community Leader
- There are limited resources for helping community members with substance abuse issues, peer mentors are the only resources I'm aware of in our area. – Public Health Representative
- Overall, there has been an improvement in options for Methadone/Suboxone. Continue to see limited mental health component to substance abuse unfortunately. – Physician
- Lack of available facilities. – Community Leader
- Lack of available professional services and funding. – Community Leader
- No substance abuse treatment facility close to home that patients can easily access. Public transportation closed due to COVID, no other means of transportation to other towns. – Social Services Provider
- Lack of resource. – Social Services Provider
- Inpatient treatment facilities are not available! – Community Leader
- Complete lack of inpatient treatment centers in our area. – Community Leader
- Lack of resources. – Community Leader
- Lack of access to care. – Community Leader
- Not enough options. – Community Leader
- Availability, laws, treatment options. – Social Services Provider
- Lack of providers, lack of proper SUD and mental health integrated services. – Public Health Representative
- Lack of providers and programs. – Community Leader

### Contributing Factors

- There aren't many resources and people not willing to admit that they are struggling with addiction. – Social Services Provider
- Access and stigmatization. – Public Health Representative
- There is no substance abuse treatment in our community and our community is becoming overrun by homeless people on meth! – Public Health Representative
- Lack of providers, lack of community understanding of what SUD is. – Community Leader
- Cost of treatment and availability of treatment. Few local treatment programs. Those programs are not great at keeping in touch and working with clients with varying issues. – Community Leader
- We need better education to children and families. This is a pandemic in itself that should be addressed by both the state and federal. We need to get people involved in their communities to help drive out the bad influences and create positive role models for everyone and let people know they are valued. I think this can be done one neighborhood at a time if they are given the help and tools to do it. – Community Leader



Stigma, lack of a focal treatment facility, lack of coordinated care for these patients that almost invariably have mental health issues also. Public perception big barrier. – Physician

Decriminalization of drugs and lack of public knowledge as to the severity of the issue. There is no way to force an addict into treatment. Without laws requiring treatment for offenders, offenders will not simply seek out treatment. There is a very base misunderstanding about addiction; it is called psychological and physical dependency. If these two factors are so powerful, which they are, that a person will turn their back on everything they know is right and break any law, sell or submit their own body to abuse and worse, simply to obtain the next hit, how can anyone even begin to think an addict will simply submit to treatment. – Community Leader

## Lack of Providers

No doctors. – Community Leader

Providers. – Community Leader

Limited number of providers. – Social Services Provider

Not enough qualified providers. – Community Leader

Not enough support, counselors, providers. – Community Leader

Lack of providers. – Community Leader

## Addiction

I believe there are treatment resources. Addiction is simply too strong for most abusers to overcome. – Community Leader

Opiate use and addiction. – Physician

The many homeless who vandalize and steal to support their addictions. – Community Leader

## Personal Responsibility

The person not wanting treatment. Courts not being able to hold people accountable because it is no longer a crime to possess controlled substances. Not being accountable for ones own actions. Being allowed to live on the streets, being allowed to pan handle. – Community Leader

Choice. – Social Services Provider

## Affordable Care/Services

Generally, a person needs to be incarcerated to be able to access affordable substance abuse treatment. – Community Leader

## Awareness/Education

I feel as though there are not enough efforts to provide education on substance abuse treatment in general. – Social Services Provider

## Denial/Stigma

The people who need it are the ones who won't seek out treatment. Very limited treatment options in this area. – Community Leader

## Government/Policy

The biggest barrier in my opinion, is the absolute lack of accountability with our legislature decriminalizing nearly everything AND have zero follow-up solutions. Drug court is nearly non-existent even though there was some great success in/with that program. – Community Leader

## Incidence/Prevalence

We have a very large population of substance abusers. We were rated number eight in the US for drug trafficking. We have several heroin addicts, meth addicts and now the drug of choice that is killing many, fentanyl. – Community Leader

## Social Norms/Community Attitude

Belief that drug use is acceptable behavior. – Community Leader

## Transportation

Transportation. – Social Services Provider



## Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines**, **heroin/other opioids**, **prescription medications**, and **marijuana**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
Alcohol	38.6%
Methamphetamines or Other Amphetamines	27.3%
Heroin or Other Opioids	22.7%
Prescription Medications	6.8%
Marijuana	4.5%



# TOBACCO USE

## ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

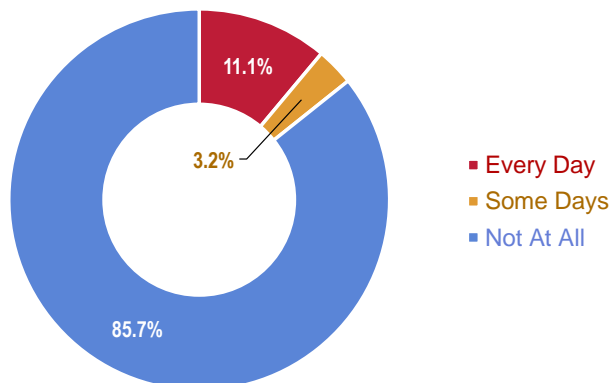
- Healthy People 2030 (<https://health.gov/healthypeople>)

## Tobacco Use

### Tobacco Products

**A total of 14.3% of Umatilla/Morrow Counties adults currently use some type of tobacco products, either regularly (every day) or occasionally (on some days).**

Current Tobacco Use  
(Umatilla/Morrow Counties, 2021)



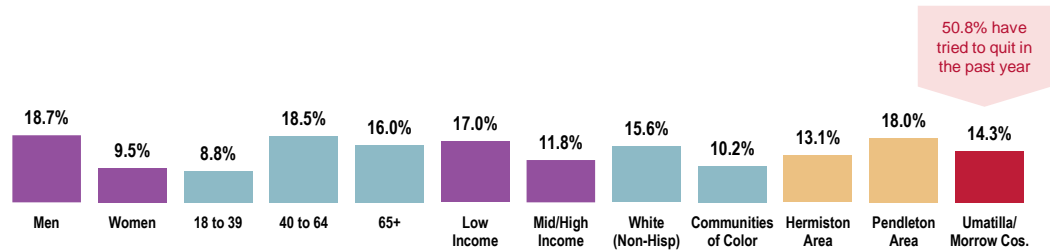
- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 305]
- Notes:
- Asked of all respondents.
  - Includes all tobacco products, including smoking and chewing tobacco.



Note the following findings related to tobacco use in the area.

**DISPARITY** ► Current tobacco use is reported more often among men and adults age 40 and older.

### Current Tobacco Users (Umatilla/Morrow Counties, 2021) Healthy People 2030 = 16.2% or Lower

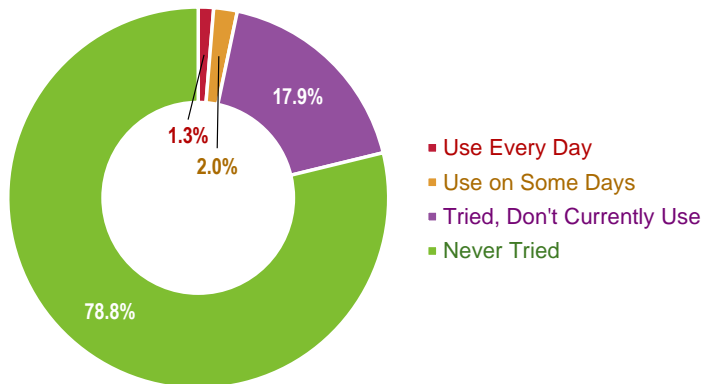


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 305-306]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.  
 • Includes regular and occasion tobacco use (every day and some days) and any tobacco product, including smoking and chewing tobacco.

### Vaping Products

**Most Umatilla/Morrow Counties adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.**

### Use of Vaping Products (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]  
 Notes: • Asked of all respondents.



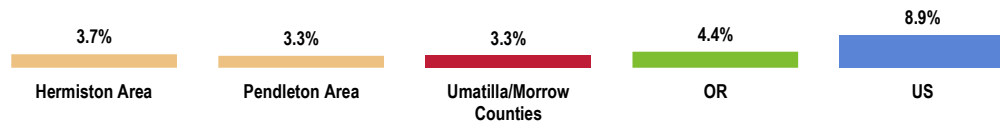


However, 3.3% currently use vaping products either regularly (every day) or occasionally (on some days).

**BENCHMARK** ▶ Lower than the national prevalence.

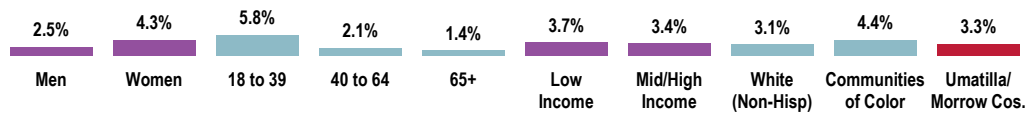
**DISPARITY** ▶ Strong correlation with age.

### Currently Use Vaping Products (Every Day or on Some Days)



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

### Currently Use Vaping Products (Umatilla/Morrow Counties, 2021)

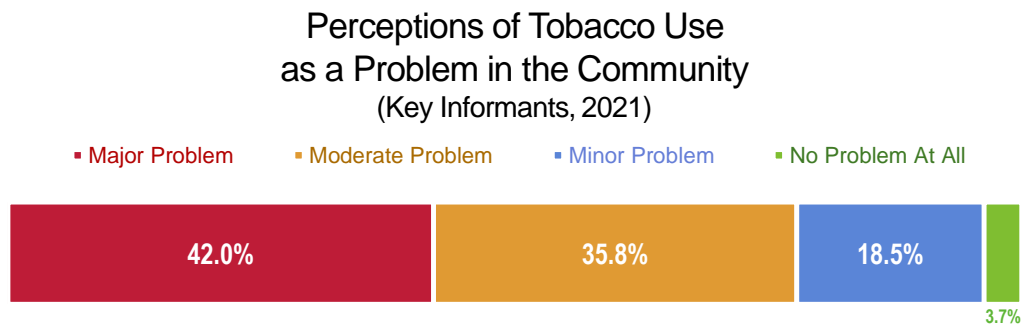


- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 194]
- Notes:
- Asked of all respondents.
  - Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



# Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.



Sources: ● PRC Online Key Informant Survey, PRC, Inc.  
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

## Incidence/Prevalence

- There is a large percentage of the population that uses tobacco on a regular basis. A highly conservative population romanticizes the use of tobacco as something that was taken away by the government. – Community Leader
- Data on percent of tobacco users. – Community Leader
- Umatilla County consistently ranks amongst the highest in users in the state. Tobacco is a major contributor to several diseases. Careless smokers cause fires. – Community Leader
- Tobacco is the most widely used drug and the access to tobacco is easy for kids. – Community Leader
- High rates of cigarette, chew and vape use. – Public Health Representative
- High rates of users. – Social Services Provider
- A lot of people I see smoking. – Community Leader
- The sale of tobacco products appears to be a high use sale at convenience stores. – Community Leader
- Rural areas popular for tobacco use. – Community Leader
- Too many people smoke or chew. – Community Leader
- High rate of tobacco use. Vaping is also on the rise, which can have similar health consequences. – Social Services Provider

## Easy Access

- Easy access, cultural acceptance. – Community Leader
- Access is too easy for tobacco products. – Social Services Provider
- Well known and very easy for all ages to acquire. – Community Leader

## Contributing Factors

- Well, just look at all the COPD we have. Thankfully, it's getting too expensive for some. Also, too many children pick up the habit early. – Physician
- Generational, cultural to rural communities, again, not a lot of healthy activities for youth and teens to do, so it often results in unsafe/unhealthy engagements. – Public Health Representative

## Addiction

- The addiction to it. – Social Services Provider

## Cultural/Personal Beliefs

- Culturally prominent. – Physician



## Personal Responsibility

I am a tobacco cessation counselor and I get a lot of referrals to help people quit their habits and most are not willing to comply. – Social Services Provider



# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

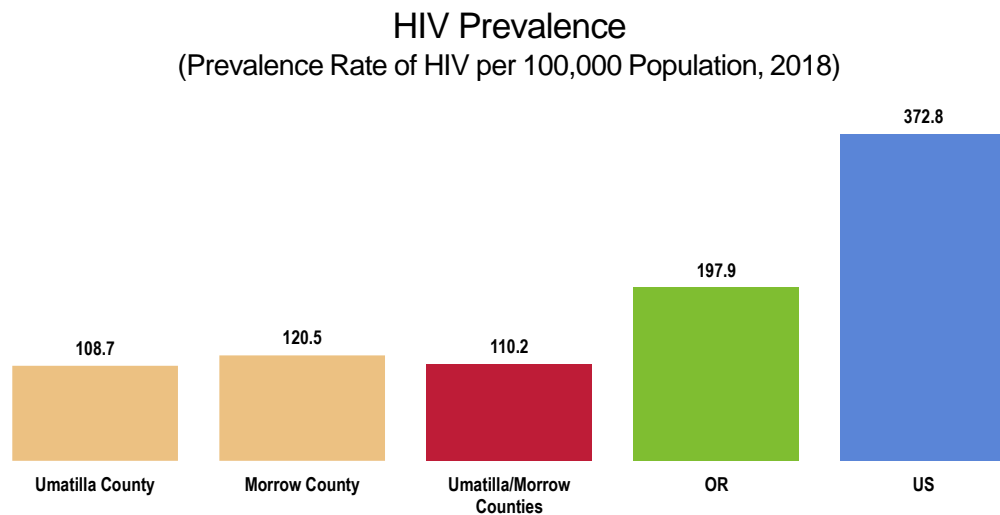
– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

### HIV Prevalence

**In 2018, there was a prevalence of 110.2 HIV cases per 100,000 population in Umatilla/Morrow Counties.**

**BENCHMARK** ► Well below the state and especially the national prevalence rates.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



# Sexually Transmitted Infections (STIs)

## Chlamydia & Gonorrhea

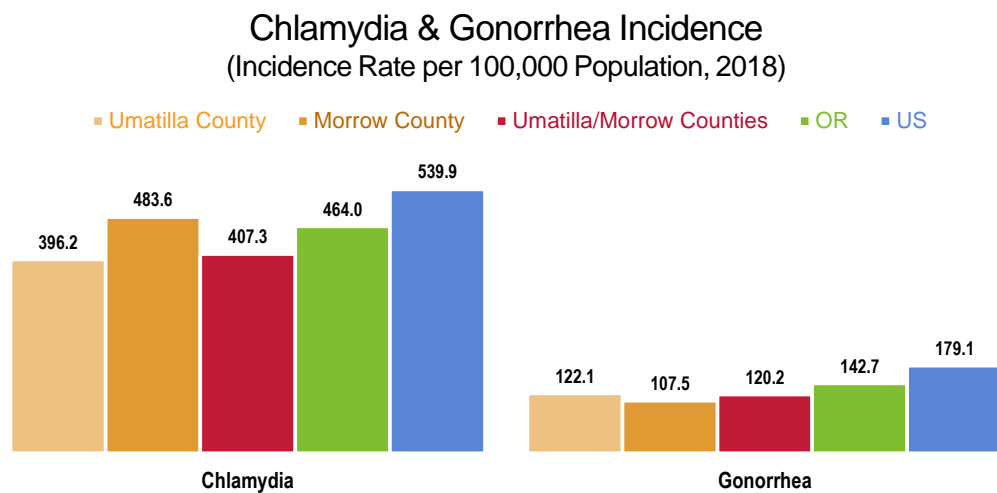
In 2018, the chlamydia incidence rate in Umatilla/Morrow Counties was 407.3 cases per 100,000 population.

**BENCHMARK** ▶ Lower than the national incidence rate.

**DISPARITY** ▶ Much higher in Morrow County.

The Umatilla/Morrow Counties gonorrhea incidence rate in 2018 was 120.2 cases per 100,000 population.

**BENCHMARK** ▶ Well below the Oregon and US rates.

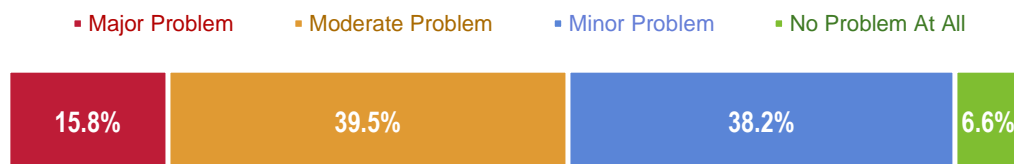


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap (sparkmap.org).  
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Key Informant Input: Sexual Health

A large share of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community, followed closely by “minor problem” ratings.

### Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

### Incidence/Prevalence

STD is rampant. – Community Leader

High percentage of STD for such a small community. – Community Leader

High STI rates. – Public Health Representative

Because STIs are rampant in the community. Poor follow up by patients, hard to contact trace. – Community Leader

### Contributing Factors

High substance use within community leading to less safe sexual practices; lack of safe sex education-- the only conversation around sex is generally church-based abstinence rather than safe sex; stigma around going to health department for safe-sex resources and materials; nothing for teens to do in this community so often it results in them engaging in unsafe behaviors – Public Health Representative

We are still seeing young patients come in pregnant, and patients come in with STDs. Our GYNs are great about providing education. With more and more ads on TV and less censorship our younger population should be made aware of diseases associated with same sexual health. Probably not at such an early age but get something out there. – Community Leader

### Sexual Violence

There are a lot of sexual assaults on the reservation. – Public Health Representative





# ACCESS TO HEALTH CARE

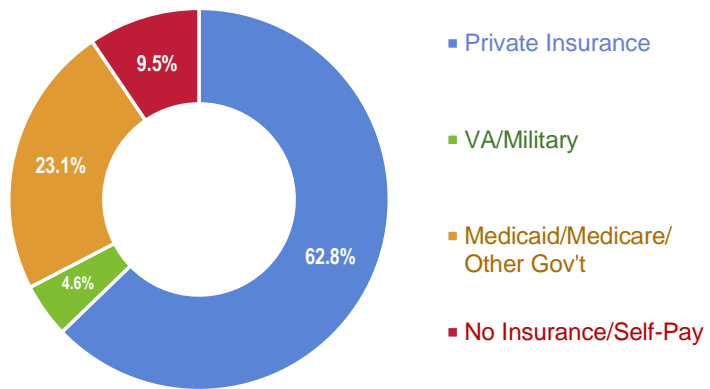
# HEALTH INSURANCE COVERAGE

## Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 62.8% of Umatilla/Morrow Counties adults age 18 to 64 report having health care coverage through private insurance. Another 27.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage  
(Adults Age 18-64; Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]  
Notes: • Reflects respondents age 18 to 64.

## Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 9.5% report having no insurance coverage for health care expenses.

**BENCHMARK** ► Lower than the statewide prevalence.

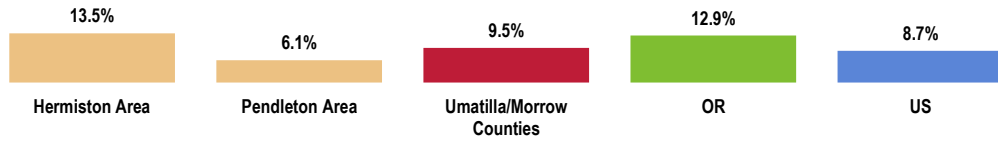
**DISPARITY** ► Higher among respondents in the Hermiston Area. Reported more often among men, low-income residents, and communities of color.





## Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower



Sources:
 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:
 

- Asked of all respondents under the age of 65.

## Lack of Health Care Insurance Coverage (Adults Age 18-64; Umatilla/Morrow Counties, 2021)

Healthy People 2030 = 7.9% or Lower



Sources:
 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:
 

- Asked of all respondents under the age of 65.



# DIFFICULTIES ACCESSING HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

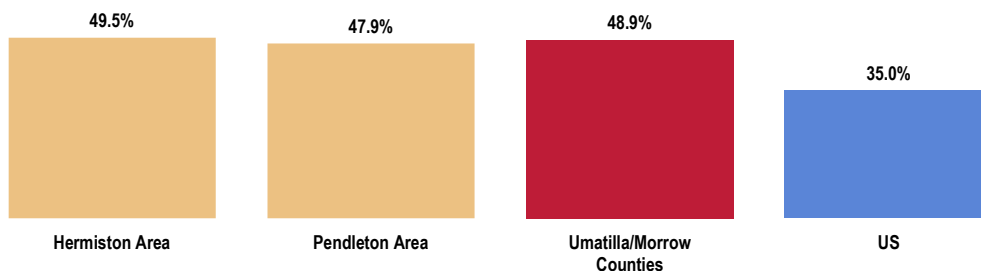
## Difficulties Accessing Services

**A total of 48.9% of Umatilla/Morrow Counties adults report some type of difficulty or delay in obtaining health care services in the past year.**

**BENCHMARK** ► Worse than the national figure.

**DISPARITY** ► Higher among women and young adults.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: 

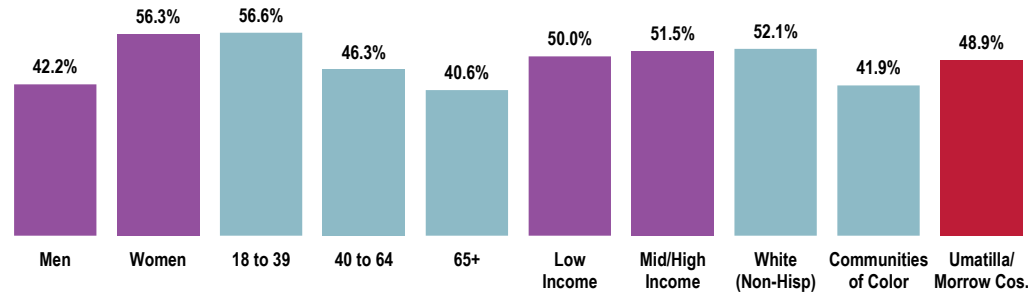
- 2021 PRC Community Health Survey, PRC, Inc. [Item 171]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 

- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Umatilla/Morrow Counties, 2021)



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 171]  
 Notes: ● Asked of all respondents.  
 ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

## Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Umatilla/Morrow County adults.

**BENCHMARK** ► Local barriers are worse than the US for **appointment availability, office hours, and finding a physician** but better than the US for **language/culture** as an obstacle to care.

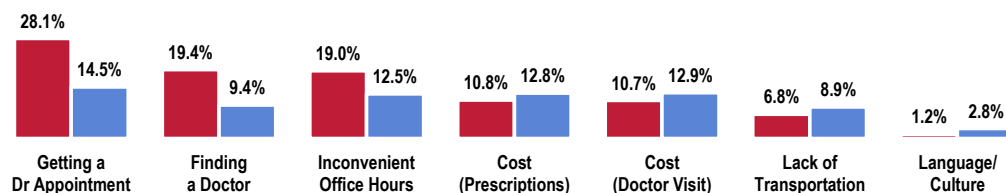
**DISPARITY** ► Cost as a barrier to doctor visits is much higher in the Hermiston Area (not shown). On the other hand, transportation as a barrier is much lower in the Hermiston Area (not shown).

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

## Barriers to Access Have Prevented Medical Care in the Past Year

■ Umatilla/Morrow Counties ■ US

In addition, 12.1% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-13]  
 ● 2020 PRC National Health Survey, PRC, Inc.  
 Notes: ● Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

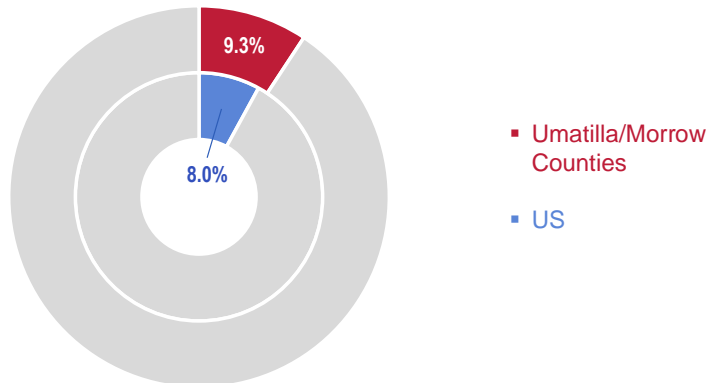
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.



## Accessing Health Care for Children

A total of 9.3% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

### Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

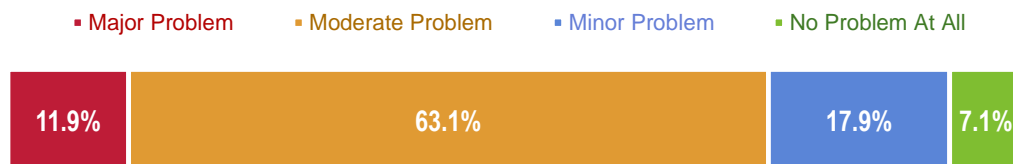


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 104]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children 0 to 17 in the household.

## Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

### Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

#### Access to Care/Services

Availability. – Community Leader

There is no mental health help in our community. It is hard for people to get a PCP due to they won't accept their insurance, no appointments, they want a lifetime history before seeing them, etc. – Public Health Representative

Long wait times to get into doctors and lack of mental health services. – Social Services Provider

Lack of services, as well as high costs for insurance and medications. Not enough access to specialties, mental health, or substance use disorder. – Community Leader



Biggest challenges are limited access to mental health services and substance use programs. We need more Peer Support Specialist in our ERs to be ready and available to our community and patients. We need more CHWs to help individuals such as seniors, adolescents, adult access healthcare and local resources in our communities. – Social Services Provider

Issues with being on the state boarder and lack of Oregon care. Many times, parents are told to drive to Pendleton to receive care and that is not possible. – Community Leader

Access to health care by low-income individuals. It is difficult for individuals that do not have insurance or income to access health care. – Community Leader

## Lack of Providers

Lack of providers in some cases. Mental Health and Behavioral Health for example. Limited Urgent Care hours. Providers often don't stay in the community long enough to establish a stable practice. – Community Leader

This is not a "health" issue as defined, but an issue that is closely related. It is our area's inability to attract quality physicians and resources. – Community Leader

Lack of providers, specialists, advocates, interpreters/translators, long waiting lists, and providers not accepting new patients. – Public Health Representative

The lack of specialists and younger doctors (doctors, not midlevel's). – Community Leader

Not enough primary care providers in Pendleton area to meet the need. – Social Services Provider

## Contributing Factors

Pain management and specialty care physicians and dental for low income and optometry. – Community Leader

As a rural community, it is extremely difficult to retain professional medical services of any type in here. Local turnover rate for professionals in many medical disciplines is very high, which limits accessibility to serious long term medical treatment and care. Invariably, residents must travel outside our area to receive health care for major illness, disease, or treatment. I have personally experience this when being directed to travel 3+ hours for only a test that should have been able to be offered here. Also, treatments that were commenced here in Hermiston with previous medical professionals have had to be referred out when these individuals and services leave suddenly. Our community deserves better medical representation in this area. I do not know the answer to this retention problem. – Community Leader

## Due to Covid-19

Those that are being responsible and doing their part to help contain the spread of COVID. – Community Leader

## Transportation

Availability of transportation. – Social Services Provider

## Insurance Coverage

The severe disparity between those with good health insurance and those without or poorer coverage. – Physician



# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

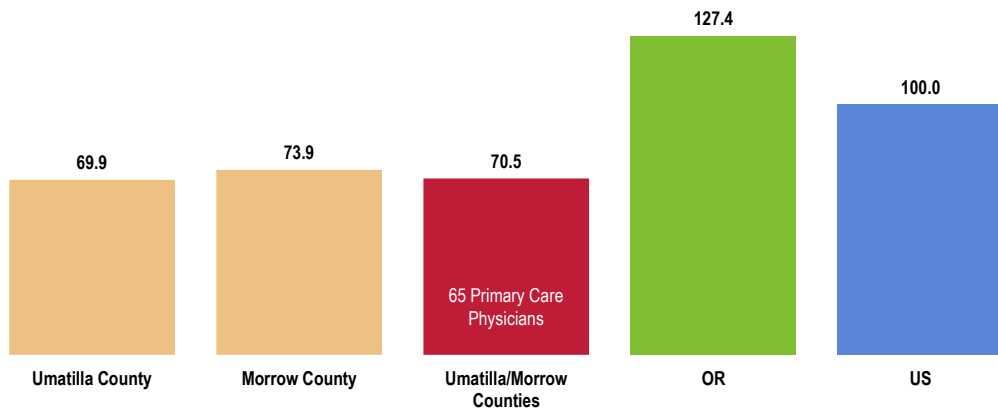
— Healthy People 2030 (<https://health.gov/healthypeople>)

## Access to Primary Care

**In 2017, there were 65 primary care physicians in Umatilla/Morrow Counties, translating to a rate of 70.5 primary care physicians per 100,000 population.**

**BENCHMARK** ▶ Much lower than the Oregon and US ratios.

**Access to Primary Care**  
(Number of Primary Care Physicians per 100,000 Population, 2017)



Sources: 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2021 via SparkMap ([sparkmap.org](http://sparkmap.org)).

Notes: 

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



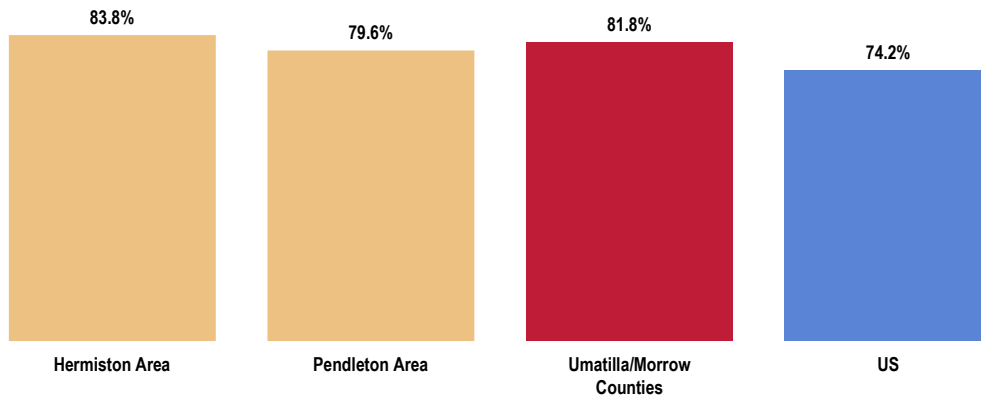
## Specific Source of Ongoing Care

A total of 81.8% of Umatilla/Morrow Counties adults were determined to have a specific source of ongoing medical care.

**BENCHMARK** ▶ Above the national prevalence.

### Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 170]
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

## Utilization of Primary Care Services

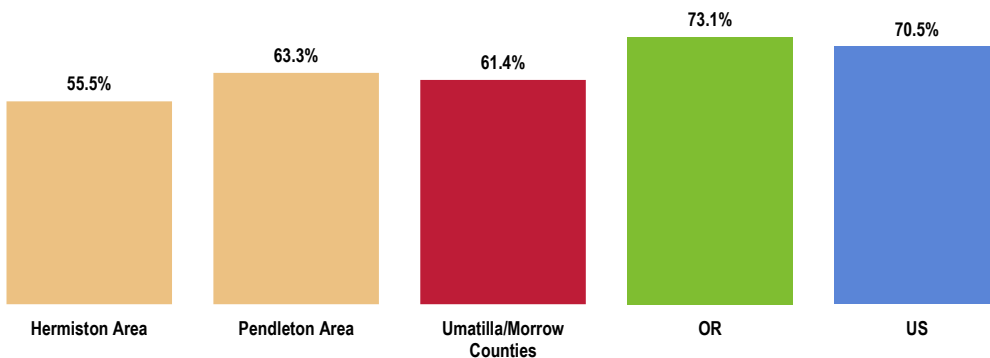
### Adults

A total of 61.4% of area adults visited a physician for a routine checkup in the past year.

**BENCHMARK** ▶ Well below the state and national figures.

**DISPARITY** ▶ Lower among Hermiston Area respondents. Reported less often among young adults, those in the higher income breakout, and communities of color.

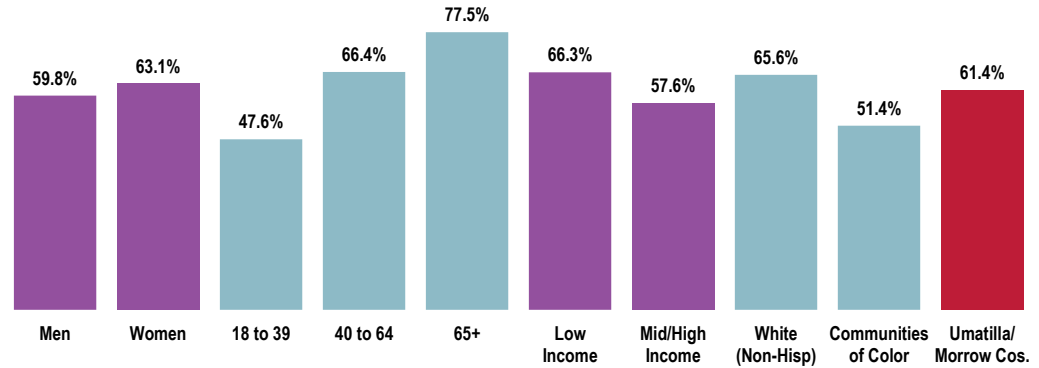
### Have Visited a Physician for a Checkup in the Past Year



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



## Have Visited a Physician for a Checkup in the Past Year (Umatilla/Morrow Counties, 2021)

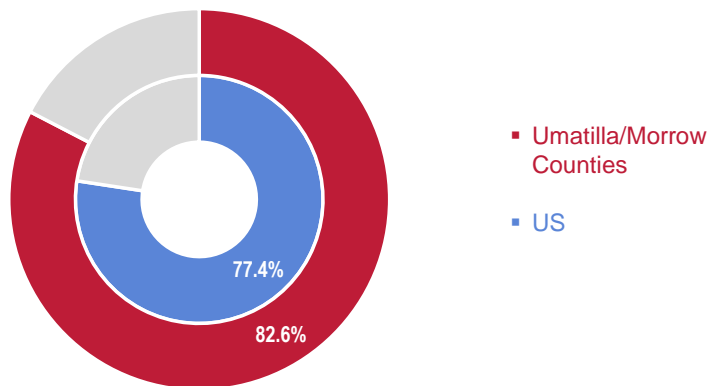


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]  
Notes: • Asked of all respondents.

## Children

Among surveyed parents, 82.6% report that their child has had a routine checkup in the past year.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 120]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children 0 to 17 in the household.



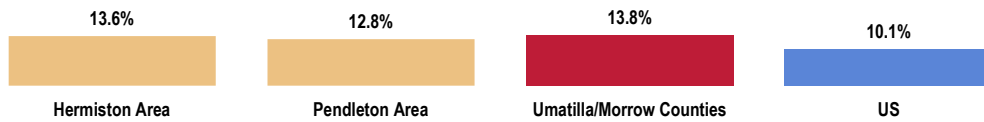


# EMERGENCY ROOM UTILIZATION

A total of 13.8% of Umatilla/Morrow Counties adults have gone to a hospital emergency room more than once in the past year about their own health.

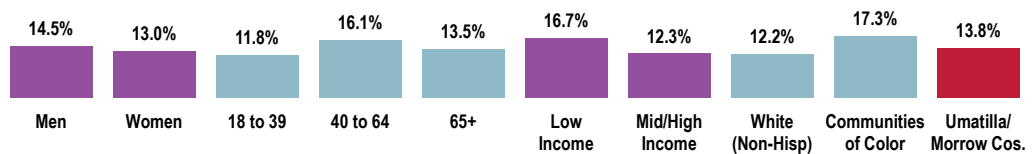
**BENCHMARK** ▶ Higher than the national prevalence.

## Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 300]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Have Used a Hospital Emergency Room More Than Once in the Past Year (Umatilla/Morrow Counties, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 300]  
 Notes: • Asked of all respondents.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

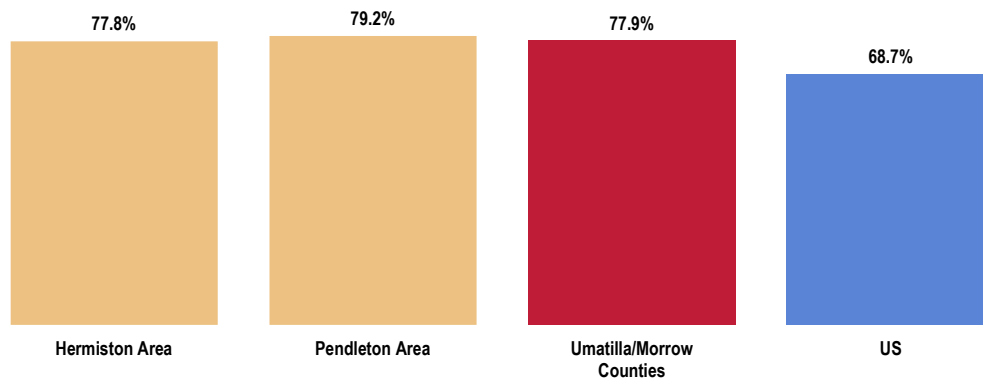
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Insurance

**Over three in four Umatilla/Morrow Counties adults (77.9%) have dental insurance that covers all or part of their dental care costs.**

**BENCHMARK** ▶ Higher than the US figure and satisfies the Healthy People 2030 goal.

**Have Insurance Coverage That Pays All or Part of Dental Care Costs**  
Healthy People 2030 = 59.8% or Higher [Adults <65]



Sources: 

- 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: 

- Asked of all respondents.



# Dental Care

## Adults

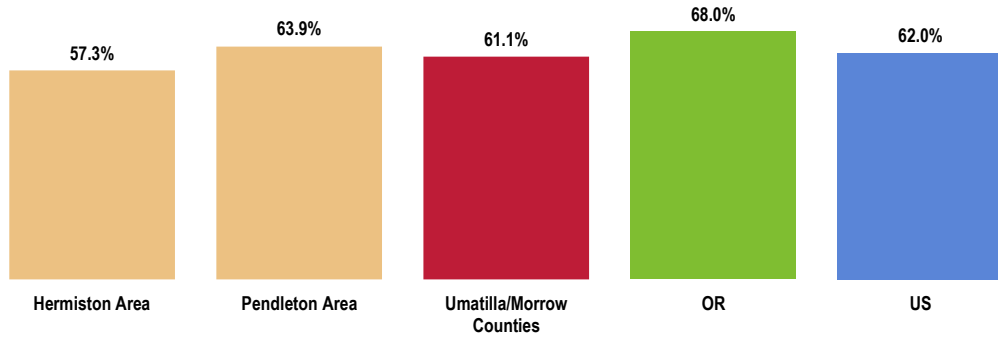
A total of 61.1% of Umatilla/Morrow Counties adults have visited a dentist or dental clinic (for any reason) in the past year.

**BENCHMARK** ▶ Lower than the Oregon percentage but easily satisfies the Healthy People 2030 objective.

**DISPARITY** ▶ Lower among low-income respondents and those without dental coverage.

### Have Visited a Dentist or Dental Clinic Within the Past Year

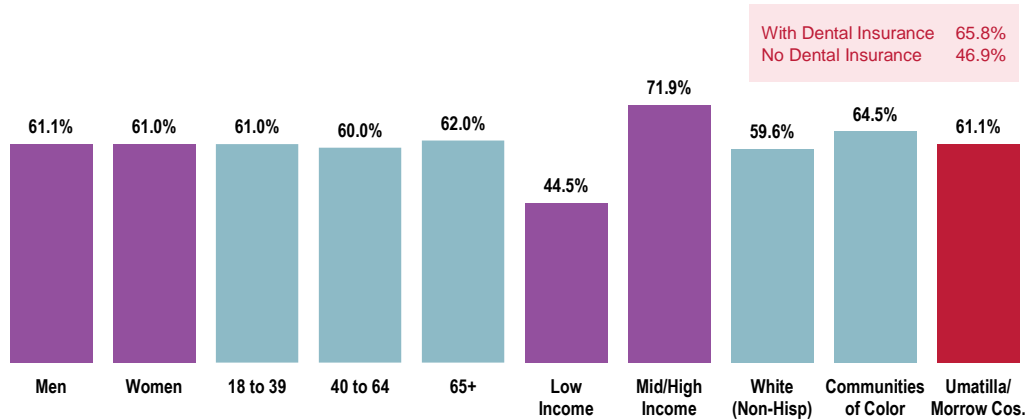
Healthy People 2030 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Oregon data.
  - 2020 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.

### Have Visited a Dentist or Dental Clinic Within the Past Year (Umatilla/Morrow Counties, 2021)

Healthy People 2030 = 45.0% or Higher



- Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
  - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.



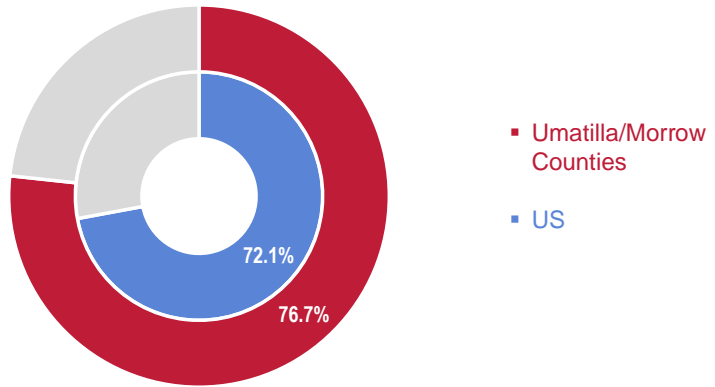
## Children

A total of 76.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Easily satisfies the Healthy People 2030 objective.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher

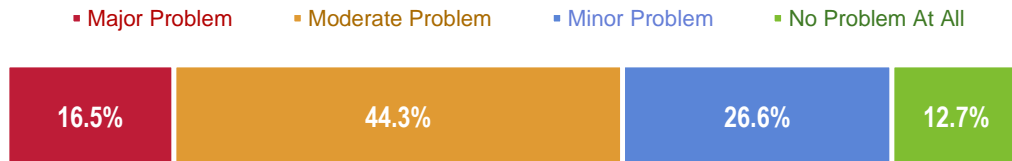


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]  
• 2020 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
Notes: • Asked of all respondents with children age 2 through 17.

## Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

### Access for Medicare/Medicaid Patients

Most patients on Medicare do not have a dental plan and unable to see the dentist regularly. – Social Services Provider

Not a lot of our dental providers in the Umatilla County area take our Medicaid insurance EOCCO. I believe there was or is only one dentist that does accept EOCCO patients. – Community Leader

Every dentist wants cash up front. Only one takes Medicaid. – Community Leader

### Contributing Factors

Lack of accessible money for individuals who do not qualify for EOCCO coverage. It is hard for individuals to afford dentures/tooth infections and they have to utilize the ED for pain management. – Social Services Provider

Lack of knowledge of importance to overall health. Providers that serve Medicaid eligible. – Community Leader

There is a considerable amount of drug use in our community and it shows. When there has been dental clinics in the past it was so busy people were turned away. – Community Leader

### Dental Insurance Coverage

There is little coverage for dental health (or hearing for that matter). No one takes EOCCO (hardly anyone), our patients cannot afford out of pocket payments. I have patients with severe dental health problems that simply go untreated because of cost. – Physician

Oral health is an issue in our area because dental coverage is hard to obtain. It is expensive and not comprehensive. This creates a huge barrier to oral health in our area. – Public Health Representative

### Education/Awareness

Lack of public education relating to oral health. Oral health is not often thought of when thinking about physical health. Lack of preventative care services, people often go in only when needing extreme treatment/in pain. – Public Health Representative

### Vulnerable Populations

There is very little access for low income persons. – Social Services Provider



# VISION CARE

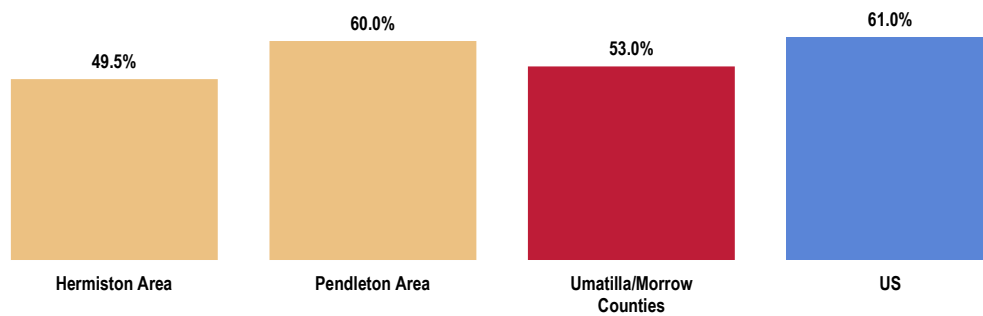
**A total of 53.0% of Umatilla/Morrow Counties residents had an eye exam in the past two years during which their pupils were dilated.**

**BENCHMARK** ▶ Below the US prevalence and fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ▶ Lower among Hermiston Area respondents. Reported less often among men and young adults.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

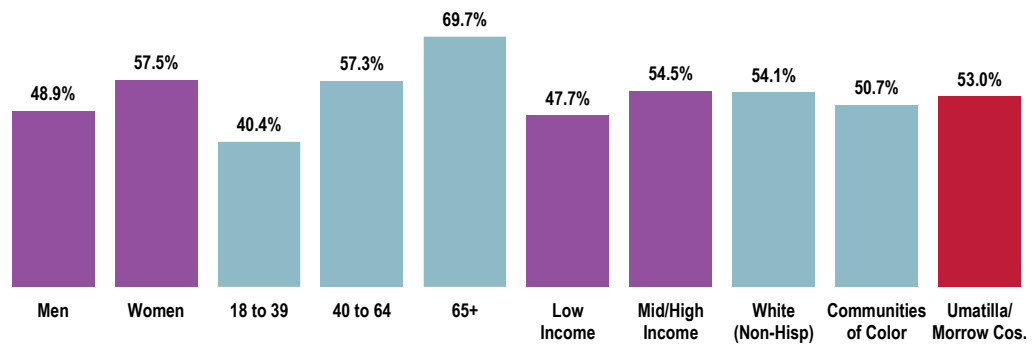
Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • 2020 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.

## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Umatilla/Morrow Counties, 2021)

Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]  
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>  
 Notes: • Asked of all respondents.



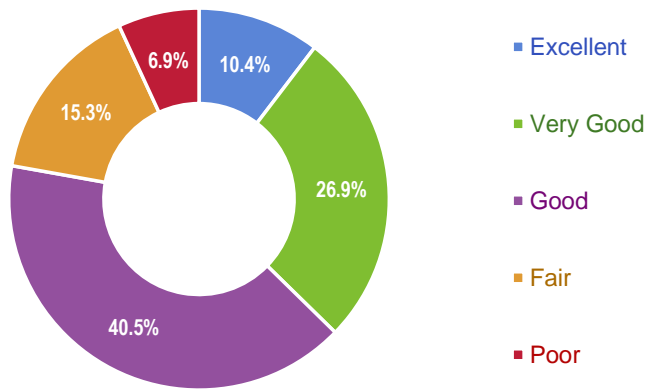


# LOCAL RESOURCES

# PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Many Umatilla/Morrow Counties adults rate the overall health care services available in their community as “excellent” or “very good,” and the largest share of responses is for “good” ratings.

Rating of Overall Health Care Services Available in the Community (Umatilla/Morrow Counties, 2021)



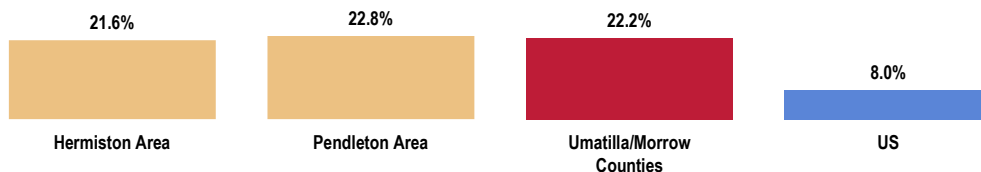
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 22.2% of residents characterize local health care services as “fair” or “poor.”

**BENCHMARK** ▶ Nearly three times the US percentage.

**DISPARITY** ▶ Reported more often among adults under 65 and those with recent access difficulties.

## Perceive Local Health Care Services as “Fair/Poor”



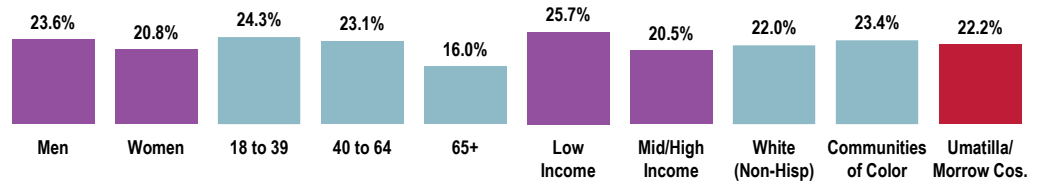
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]  
• 2020 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.





## Perceive Local Health Care Services as “Fair/Poor” (Umatilla/Morrow Counties, 2021)

With Access Difficulty 36.3%  
No Access Difficulty 8.6%



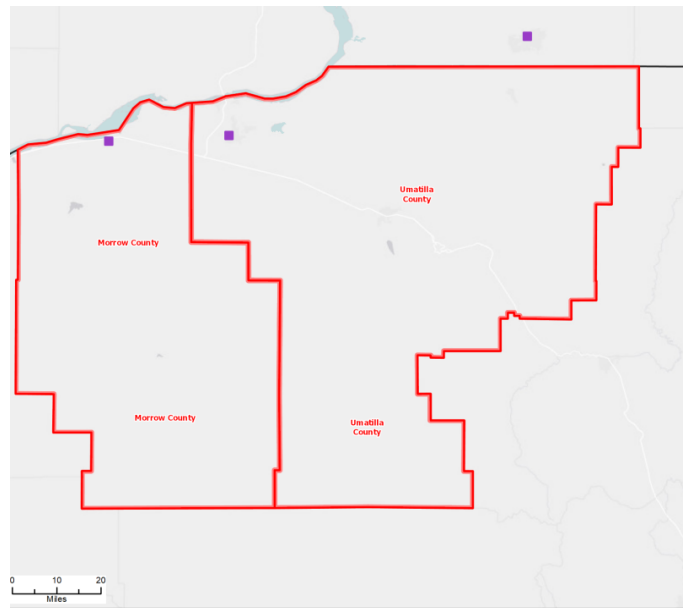
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]  
Notes: • Asked of all respondents.



# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Umatilla/Morrow Counties as of September 2020.



Map Legend

Federally Qualified Health Centers, POS  
September 2020

Report Location, County



SparkMap



# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

## Access to Health Care Services

- Bus
- CAPECO
- Clearview Transportation
- ConneXions
- Community Options Program Entry System
- Department of Human Services
- Doctor's Offices
- Head Start
- Hospitals
- Lifeways
- St. Anthony's Hospital and Clinics
- Telehealth
- Transportation Solutions
- Umatilla County Health Department
- Yellowhawk Clinic

- Columbia River Health Mirasol
- Community Education Programs
- Community Influencers
- Community Members
- ConneXions
- County Health
- Confederated Tribes of the Umatilla Indian Reservation Oregon
- Department of Human Services
- Doctor's Offices
- Euvalcree
- Family Health Associates
- Good Shepherd
- Good Shepherd Hospital
- Good Shepherd Medical Center
- Health Department
- Hermiston City Council
- Hermiston School District
- Hospitals
- Indian Health Service Oregon
- Local Community Advisory Committees
- Media
- Morrow County Health Department
- Murray's Bi-Mart
- National Guard
- Oregon Health Authority
- Pendleton County Health Office
- Pendleton Family Medicine
- Pendleton Pediatrics
- Pharmacies
- Pioneer Memorial Hospital
- Public Health
- Rural Health Clinics
- Safeway
- School System
- Social Media
- St. Anthony's Hospital and Clinics
- Testing Sites
- Transportation Services
- Tribal Health Center Yellowhawk
- U of O Testing
- Umatilla County Health Department
- Umatilla County Commissioners

## Cancer

- Cancer Clinics
- CAPECO
- Community Organizations
- Doctor's Offices
- Eastern Oregon Coordinated Care Organization Resources
- Family Health Associates
- Good Shepherd
- Good Shepherd Medical Center
- Hermiston
- Hospice
- Hospitals
- Kadlec Medical Center
- Pendleton Cancer Center
- Relay For Life
- Support Groups
- Tough Enough to Wear Pink
- Walla Wall Oncology Center

## Coronavirus

- Access to Masks
- Access to Prevention Tools
- Authoritative Voices
- Bi-Mart Pharmacy
- CAPECO



Umatilla County Health Department  
Umatilla County Public Health  
Urgent Care  
Vaccination Sites  
Vaccine Education  
Yellowhawk Clinic

### Chronic Kidney Disease

DaVita

### Dementia/Alzheimer's Disease

Alzheimer's Association Support Group  
Aging and People with Disabilities Oregon  
Ashley Manor  
Assisted Living Facilities  
Desire for Healing  
Doctor's Offices  
Guardian Angels  
Kadlec Medical Center  
Lifeways  
McKay Creek Estates  
Memory Care Facilities  
Oregon Health and Science University  
Positive Approach to Care - Caregiver Training  
Willowbrook

### Diabetes

Blue Mountain Foot Specialists  
Community Health and Outreach  
Diabetes Educators  
Diabetes Prevention Program  
Doctor's Offices  
Eastern Oregon Coordinated Care  
Organization Resources  
Good Shepherd  
Good Shepherd Medical Center  
Hospitals  
Life Time Vision Source  
Proximity to Tri-Cities  
Public Health  
St. Anthony's Hospital and Clinics  
Trauma Informed Health Care  
Umatilla County Health Department  
VA Hospital

### Disabilities

The Arc Oregon  
Brokerage  
Community Developmental Disabilities  
Program Oregon  
Chronic Pain Clinics  
Clearview Disability Resource Center  
Columbia River Pain Management  
County Health  
Department of Human Services  
Doctor's Offices  
Eastern Oregon Center for Independent Living  
Eastern Oregon Physical Therapy  
Eastern Oregon Coordinated Care  
Organization Resources  
Eastern Oregon Center for Independent Living  
Good Shepherd  
Hospitals  
Lions  
Lynx  
Physical Therapists  
State Disability Services

### Infant Health and Family Planning

Certified Midwives, Doulas, Fertility Educators  
Doctor's Offices  
Good Shepherd  
Head Start  
Hermiston School District  
Hospitals  
Nurse Family Partnership  
Pendleton Pediatrics  
Pregnancy Care Services  
St. Anthony's Hospital and Clinics  
State Resources  
TrueCare Pregnancy Services  
Umatilla County Public Health  
WIC

### Heart Disease

CAPECO  
Doctor's Offices  
EOCCO Resources  
Good Shepherd  
Good Shepherd Medical Center  
Health Department  
Hospitals  
Kadlec Medical Center  
Oregon Health and Science University  
Oregon State University Extension  
Parks and Recreation  
Public/Non-Profit Nutrition Programs



School System  
St. Anthony's Hospital and Clinics  
St. Mary's Medical Center  
Therapy Firm for Recovery  
Umatilla County Public Health

### **Injury and Violence**

Domestic Violence Services, Inc.

### **Mental Health**

3D Healthcare  
Aspen Oaks  
Aspen Springs Residential Treatment Center  
Carolyn Garrett  
Coordinated Care Organizations Oregon  
Community Counseling Solutions  
COPEs Program  
Counseling Services  
County  
Doctor's Offices  
Eastern Oregon Coordinated Care  
Organization Resources  
Greater Oregon Behavioral Health Inc.  
Good Shepherd Medical Center  
Government  
Hermiston Police Department  
Hermiston Taxi  
Hospitals  
Law Enforcement  
Lifeways  
McNary  
Mental Health Services  
Mind Matters  
One County Mental Health Program  
Osoa Therapy  
Pendleton Psychological Services  
Psychological Services of Pendleton  
Salvation Army  
School Based Health Centers Oregon  
School System  
Social Workers  
St. Anthony's Hospital and Clinics  
TM Counseling and Consulting  
Umatilla Cab Company  
Umatilla County  
Yellowhawk Clinic

### **Nutrition, Physical Activity, and Weight**

24 Hour Fitness  
Club 24  
Community Education Programs  
Doctor's Offices  
Employers Wellness Programs  
Encore Wellness  
Farmer's Markets  
Fitness Centers/Gyms  
Food Banks  
Good Shepherd Medical Center  
Hospitals  
Medical Insurance Carriers  
North Eastern Tennis Center  
Nutrition Services  
Oregon State University Extension  
Parks and Recreation  
Public Health  
RAC Health Club  
Restaurants  
Round Up Athletic Club  
School System  
SNAP-  
St. Anthony's Hospital and Clinics  
The RAC  
Umatilla County Health Department  
Weight Watchers  
WIC

### **Oral Health**

Advantage Dental  
Dentist's Offices  
Hospitals  
InterMountain Education Service District  
Mcentire Dental  
Umatilla County Free Mobile Dentistry

### **Respiratory Diseases**

Doctor's Offices  
Hospitals  
Kadlec Medical Center  
St. Anthony's Hospital and Clinics  
St. Mary's Medical Center



## Sexual Health

- Doctor's Offices
- Free Condom Distribution
- Good Shepherd
- Good Shepherd Hospital
- Health Department
- Hope With Options
- Morrow County Health Department
- School System
- St. Anthony's Hospital and Clinics
- Umatilla County Health Department
- Umatilla County Public Health
- Yellowhawk Clinic

## Tobacco Use

- County
- Doctor's Offices
- Employers Wellness Programs
- EOCCO Resources
- Good Shepherd
- Health Department
- Hermiston School District
- Hospitals
- Medical Insurance Carriers
- Mental Health Services
- Oregon Quit Smoking Program
- Quitlines
- Retailers Selling Tobacco Products
- School System
- Smoking Cessation Classes
- St. Anthony's Hospital and Clinics
- Umatilla County Health Department
- Umatilla County Public Health

## Substance Abuse

- AA/NA
- CAPECO
- Community Counseling Solutions Oregon
- Churches
- Community Counseling Solutions
- Community Education Programs
- COPES Program
- County Alcohol and Drug Program
- Detox
- Doctor's Offices
- Eastern Oregon Alcohol Treatment Center
- Eastern Oregon Recovery Center
- Eastern Oregon Residential Center
- Eastern Oregon Alcoholism Foundation
- Good Shepherd
- Good Shepherd Medical Center
- Hermiston Area Regional Transit (HART)
- Health Department
- Hermiston Community Connections Program
- Lifeways
- New Horizons
- Oregon Department of Human Services
- Oregon Washington Health Network
- Pendleton Detox
- Pendleton Treatment Center
- Powerhouse
- Salvation Army
- Substance Abuse Treatment Centers
- Umatilla County Human Services
- Umatilla County CARE Program
- Umatilla County Detox





# APPENDICES

# UMATILLA COUNTY TRENDS

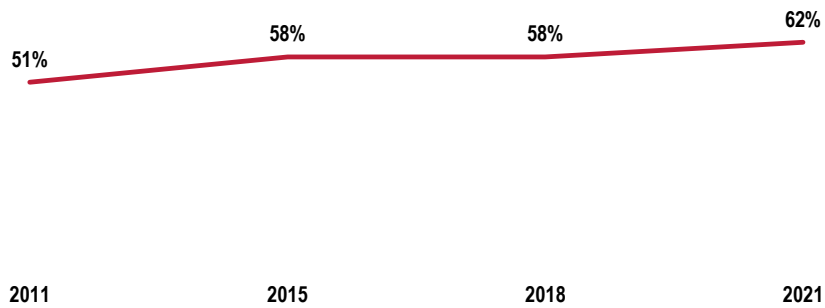
This addendum illustrates Umatilla County findings from the most recent PRC Community Health Survey administration, trended with previous survey results taken from the 2018 Umatilla County Community Health Assessment (conducted by The Hospital Council of Northwest Ohio [HCNO]). Note that these data reflect only residents of Umatilla County.

## Adults

### Routine Preventive Care

**TREND** ▶ Routine checkups have increased among Umatilla County adults since 2011.

Visited a Doctor For a Routine Checkup in the Past Year  
(Umatilla County)



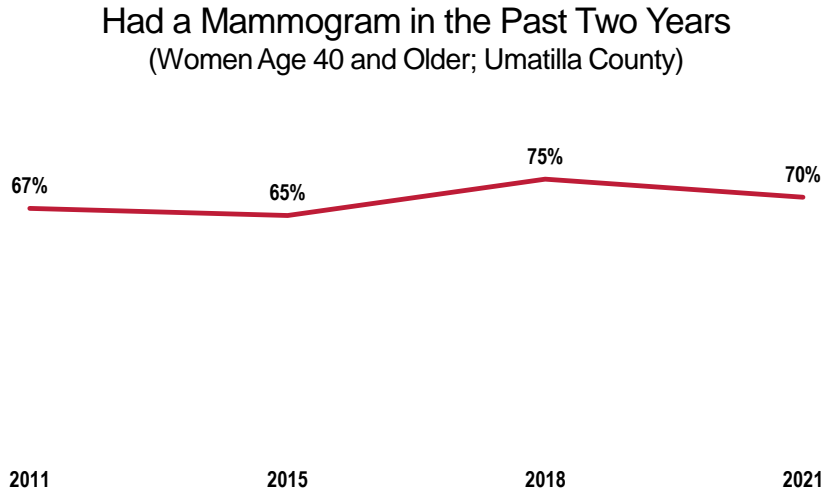
Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).





## Female Breast Cancer Screening

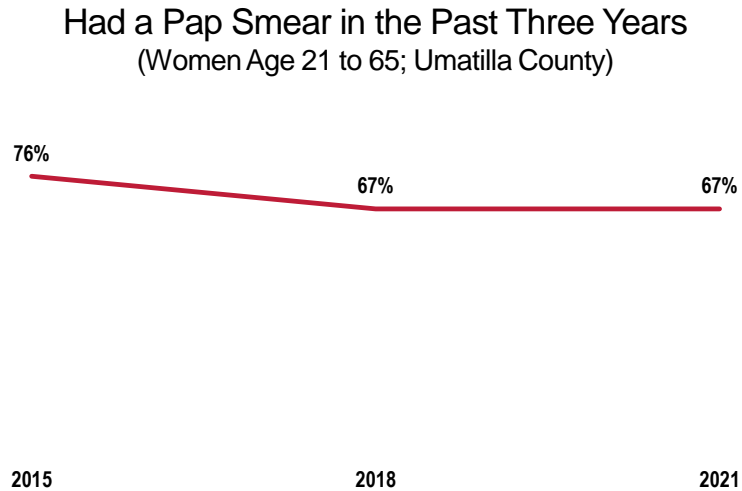
**TREND** ► The prevalence of recent mammograms among women age 40+ in Umatilla County has remained largely unchanged since 2011.



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

## Cervical Cancer Screening

**TREND** ► The prevalence of Pap smears among women age 21 to 65 has decreased since 2015.



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## Prostate Cancer Screening

**TREND** ► Among men age 40+, the prevalence of recent prostate-specific antigen testing has been stable.

### Had a PSA Test in the Past Two Years (Men Age 40 and Older; Umatilla County)

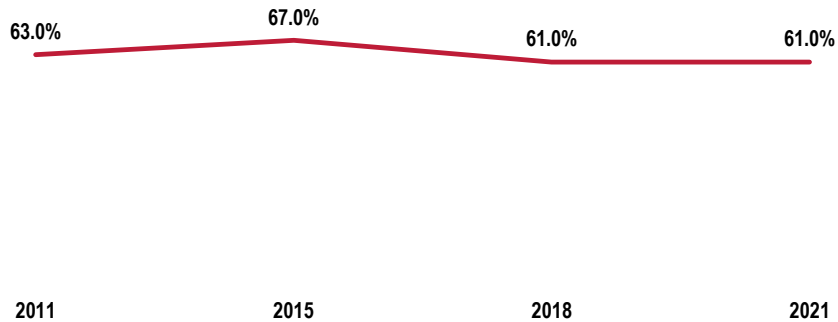


Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

## Recent Dental Visits

**TREND** ► The prevalence of recent dental visits among Umatilla County residents is generally similar to that reported previously.

### Adults Who Visited a Dentist in the Past Year (Umatilla County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## “Fair/Poor” Health

**TREND** ▶ Despite a jump in 2015, the percentage of residents with “fair/poor” ratings of overall health has been stable over time.

**Rated Health as “Fair” or “Poor”  
(Umatilla County)**

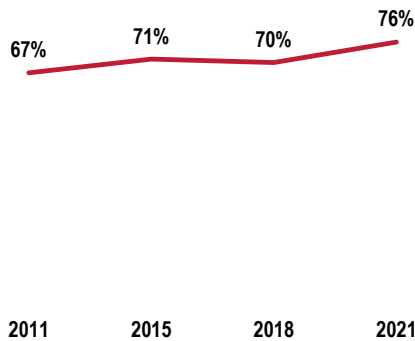


Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

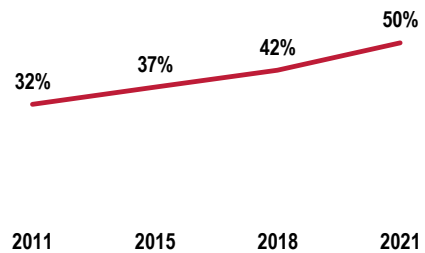
## Overweight/Obesity

**TREND** ▶ Both overweight and obesity have increased from the 2011 survey findings in Umatilla County.

**Overweight or Obese  
(Umatilla County)**



**Obese  
(Umatilla County)**

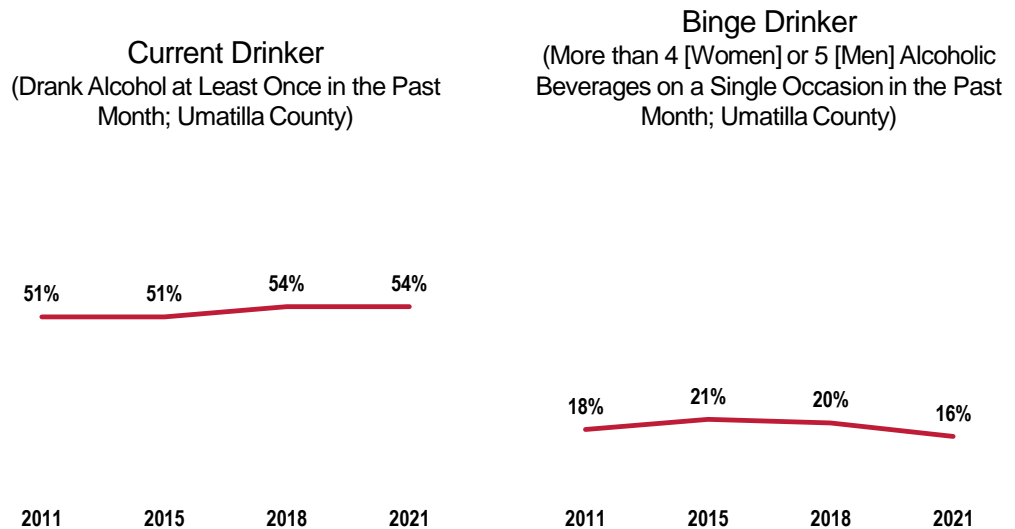


Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## Alcohol Use

**TREND** ► Current drinking levels and binge drinking levels have been stable among Umatilla County residents since 2011.



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

## Suicide Ideation

**TREND** ► The prevalence of Umatilla County adults who considered taking their own life in the past year has increased considerably since 2018.

### Considered Attempting Suicide in the Past Year (Umatilla County)



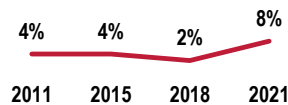
Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



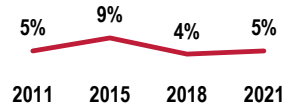
## Heart Disease & Stroke

**TREND** ► Though the prevalence of heart attacks and strokes are unchanged from 2011 survey findings, the percentage of Umatilla County residents with angina or coronary heart disease has doubled from 2011 results.

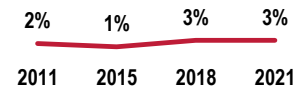
Had Angina or  
Coronary Heart Disease  
(Umatilla County)



Had a Heart Attack  
(Umatilla County)



Had a Stroke  
(Umatilla County)

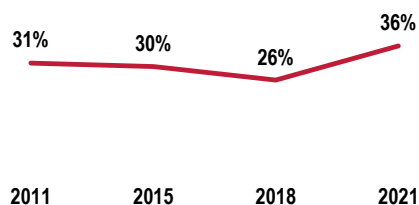


Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

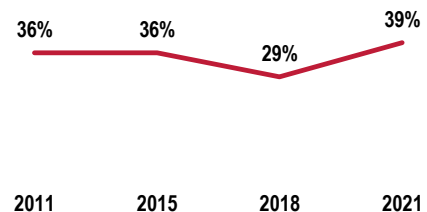
## High Blood Pressure & High Blood Cholesterol

**TREND** ► Since 2011, the prevalence of Umatilla County residents with high blood pressure has increased significantly (the 2021 percentage of those with high blood cholesterol is similar to baseline 2011 findings).

Had High Blood Pressure  
(Umatilla County)



Had High Blood Cholesterol  
(Umatilla County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## Asthma

TREND ► The prevalence of asthma has decreased in recent years among adults in Umatilla County.

### Had Been Diagnosed With Asthma (Umatilla County)

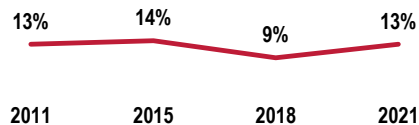


Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

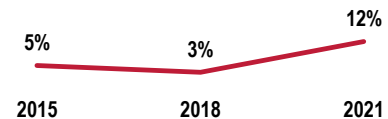
## Diabetes and Pre-Diabetes

TREND ► Though the percentage of county residents with diabetes has not changed significantly, the prevalence of borderline/pre-diabetes has more than doubled since 2015.

### Ever Diagnosed With Diabetes (Excludes Pregnancy-Related Diabetes; Umatilla County)



### Ever Diagnosed With Pre-Diabetes or Borderline Diabetes (Umatilla County)



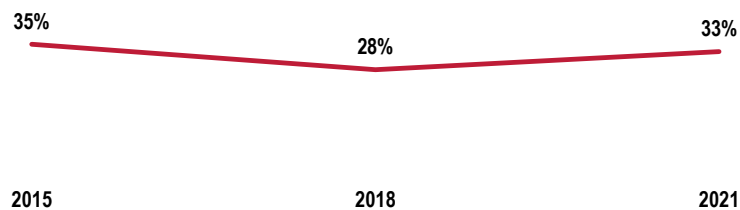
Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## Activity Limitations

**TREND** ► The proportion of county adults who experience some type of activity limitation is similar to baseline (2015) findings.

### Limited in Some Way Because of a Physical, Mental, or Emotional Problem (Umatilla County)



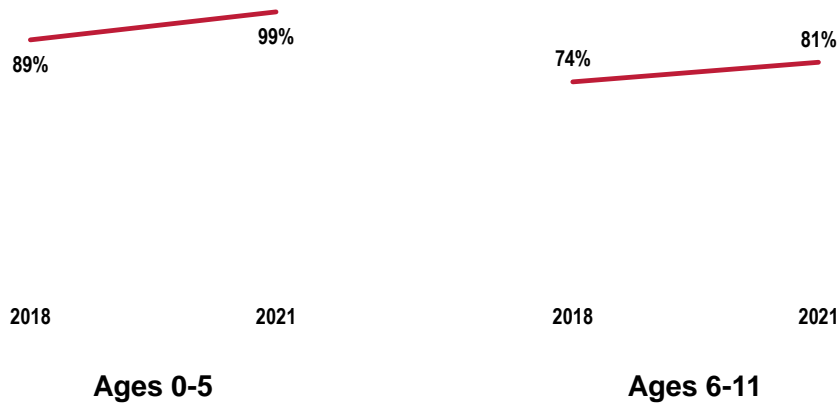
Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

## Children

### Routine Preventive Care

**TREND** ► Routine checkups have increased among Umatilla County children since 2018.

### Child Has Been to a Doctor for Preventive Care in the Past Year (Umatilla County)



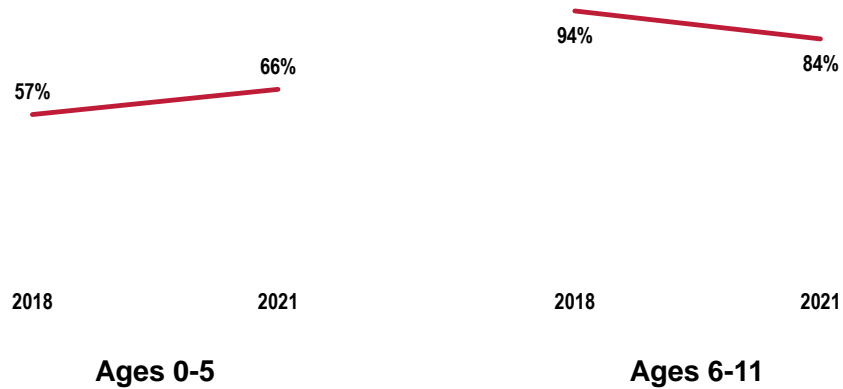
Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



## Recent Dental Care

**TREND** ▶ Routine dental care among Umatilla County children under age 6 has increased since 2018 while decreasing among those age 6-11.

Child Has Had Dental Care Visit In the Past Year  
(Umatilla County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).

## Childhood Asthma

**TREND** ▶ The prevalence of childhood asthma in Umatilla County is largely unchanged since 2018.

Child Has Been Diagnosed With Asthma  
(Umatilla County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).





## Breastfeeding

**TREND** ► The percentage of county children who were never fed breast milk has increased since 2018.

### Child Was Never Breastfed (Children Ages 0-5; Umatilla County)



Sources: • 2021 PRC Community Health Survey, PRC, Inc.  
• 2018 Umatilla County Community Health Assessment, The Hospital Council of Northwest Ohio (HCNO).



# EVALUATION OF PAST ACTIVITIES: GOOD SHEPHERD HEALTH CARE SYSTEM

## Community Benefit

Over the past three years, 2019-2021, Good Shepherd Health Care System has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$58 million in community benefit, excluding uncompensated Medicare.
- More than \$7.5 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

## Addressing Significant Health Needs

Good Shepherd Health Care System conducted its last CHNA in 2018 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Good Shepherd Health Care System would focus on developing and/or supporting strategies and initiatives to improve:

- Social Determinants of Health/Health Equity
- Access to Services
- Obesity
- Chronic Disease
- Violence
- Behavioral Health

Strategies for addressing these needs were outlined in Good Shepherd Health Care System's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Good Shepherd Health Care System to address these significant health needs in our community.



## Evaluation of Impact

Priority Area: Social Determinants of Health/Health Equity	
Community Health Need	Social Determinants of Health/Health Equity
Goal(s)	<ul style="list-style-type: none"> <li>Reduce misuse of Emergency Department and percentage of community member leaving the county to obtain care.</li> </ul>

Strategy 1: By the end of the 2021 Fiscal Year (FY), GSHCS will have increased our staff of healthcare providers by hiring a minimum of 2 more PCPs.	
Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Local Communities' Advisory Council (LCAC)
Results/Impact	<ul style="list-style-type: none"> <li>GSHCS hired at least 2 more PCPs to help serve the community.</li> </ul>

Strategy 2: By the end of the 2021 FY, GSHCS will have extended our Good Shepherd Urgent Care hours by (2) more hours per week.	
Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Local Communities' Advisory Council (LCAC)
Results/Impact	<ul style="list-style-type: none"> <li>Due to COVID pandemic, there was decreased patient demand and therefore Urgent Care expanded to open 7 days/week, but did not increase hours/week.</li> <li>We are working toward this goal in the next fiscal year.</li> </ul>

Strategy 3: By the end of the 2021 FY, an ED vs . Urgent Care Q+A live stream will be posted on applicable GSHCS social media feeds.	
Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Local Communities' Advisory Council (LCAC)
Results/Impact	<ul style="list-style-type: none"> <li>ED vs Urgent Care video was created and released to the public; currently has over 44,400 views.</li> </ul>



**Strategy 4: By the end of the 2021 FY, contingent upon funding, (2000) pieces of information on ED vs . Urgent Care will be distributed to the community.**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adult residents in Umatilla county
<b>Partnering Organization(s)</b>	Internal: Healthy Communities Coalition External: Local Communities' Advisory Council (LCAC)
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Featured in Community Connections newsletter, distributed to 27,141 households (1 per household).</li> </ul>

**Priority Area: Access to Services**

Community Health Need	Access to Services
<b>Goal(s)</b>	<ul style="list-style-type: none"> <li>Reduce barriers for all community members to effectively proactively manage their health</li> <li>Improve health equity through culturally and linguistically relevant and accessible healthcare</li> <li>Reduce racial/ethnic and income based disparities in rates of chronic disease, access to care, understanding of prevention and disease management recommendations, and health status perceptions.</li> </ul>

**Strategy 1: By the end of the 2021 FY, health literacy and cultural humility components will be integrated into the GSHCS Service Excellence Initiative training.**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Good Shepherd Health Care System employees
<b>Partnering Organization(s)</b>	Internal: SEI, Healthy Communities Coalition External: LCAC, OHA, Euvalcree
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Health literacy and cultural humility components have been integrated into GSHCS SEI training for all employees.</li> </ul>

**Strategy 2: By the end of the 2021 FY, at least one community health education class will be offered exclusively in Spanish.**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adult, Hispanic/Latino residents in Umatilla county
<b>Partnering Organization(s)</b>	Internal: Healthy Communities Coalition External: LCAC, OHA, Euvalcree
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>GSHCS offered at least one community health education class exclusively in Spanish, however low community engagement noted.</li> </ul>



**Strategy 3: By the end of the 2021 FY, GSHCS will work collaboratively with community partners to host a community health insurance enrollment event with abundant translation services available.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, OHA, Euvalcree
Results/Impact	<ul style="list-style-type: none"> <li>• Due to the pandemic, GSHCS was not able to host any in-person enrollment events. However, one-on-one and virtual enrollment events were held several time for Medicare throughout 2020/2021.</li> <li>• No Medicaid enrollment events took place.</li> </ul>

### Priority Area: Obesity/Chronic Disease

Community Health Need	Obesity/Chronic Disease
Goal(s)	<ul style="list-style-type: none"> <li>• Decrease in rates of obesity/chronic disease</li> <li>• Increase in rates of physical activity that meet CDC recommendations</li> <li>• Decrease in self-reported sugar-sweetened beverage consumption</li> <li>• Increasing promotion of the ACT program</li> </ul>

**Strategy 1: By the end of the 2021 FY, the Northeast Oregon Prescription Trails (walkrxtrails.com) website and prescription program will be functional and available to the community.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>• Website and prescription program is functional and available.</li> </ul>

**Strategy 2: By the end of the 2021 FY, GSHCS will have recruited and trained at least 10 healthcare providers, to utilize exercise prescriptions with eligible patients.**

Strategy Was Implemented?	Yes
Target Population(s)	GSHCS providers
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>• Training video recorded and shares with all GSHCS providers.</li> </ul>



**Strategy 3: By the end of the 2021 FY, at least 200 exercise prescriptions will have been written for the prevention or treatment of obesity/chronic disease.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>• Currently, there is no way to track # of prescriptions written.</li> <li>• However, ~840 prescription forms have been distributed to provided to utilize with the community.</li> </ul>

**Strategy 4: By the end of the 2021 FY, the GSHCS Education Department will have educated at least 100 community members on the health risks associated with sugar-sweetened beverage consumption.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>• Provided education at 6 health fairs/events during this time frame. Total attendees: 1,776 for all of these events with an average of 20-30% visiting our booth= 355-533 community members.</li> </ul>

**Strategy 5: Increase participation in the ACT program (Act, Conquer, Thrive) program run by Diabetes Education) by 10% through promotion through newspaper, radio and Facebook by the end of the 2021 FY.**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>• Due to the pandemic, the ACT program has not been offered. Therefore, this strategy was not able to be completed within the time frame.</li> </ul>



**Strategy 6: By the end of the 2021 FY, GSHCS will conduct a feasibility analysis of a metabolic and bariatric program**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>The physician champion for this program unfortunately left GSHCS, therefore this strategy has not been able to be implemented.</li> </ul>

**Strategy 7: By the end of the 2021 FY, the GSHCS Education department will have offered screening and education on BMI at (4) community events.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>Offered BMI screening and education on BMI at 6 events within this time frame.</li> </ul>

**Priority Area: Chronic Disease**

Community Health Need	Chronic Disease
Goal(s)	<ul style="list-style-type: none"> <li>Increase in adults who have had their cholesterol checked in the last 5 years</li> <li>Decrease in chronic disease and chronic disease-related morbidity/mortality</li> </ul>

**Strategy 1: By the end of the 2021 FY, GSHCS will utilize innovative approaches to offer at least (50) free A1c/Lipid screenings and health consultations, targeted towards those at increased risk.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Morrow County LCAC, Knight Cancer Institute, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>Offered A1c/lipid screenings at 5 health fairs/events during the time frame to at least 50 individuals.</li> <li>Begun utilizing ConneXions and SHIBA to reach more clients for screenings as well.</li> </ul>



**Strategy 2: By the end of the 2021 FY, GSHCS will be actively collaborating with the Local Community Advisory Council metrics coordinator, to integrate EOCCO incentive measures (including screening/prevention efforts for chronic conditions) into Epic and clinical workflow at GSHCS.**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Morrow County LCAC, Knight Cancer Institute, Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>Some work has been done on this integration, however it is not yet complete. Delays have happened due to the pandemic.</li> </ul>

### Priority Area: Violence

Community Health Need	Violence
Goal(s)	<ul style="list-style-type: none"> <li>Increase community awareness of intimate partner/domestic violence, and sexual violence</li> <li>Improve detection of abuse and referral to treatment</li> <li>Change community norms and remove the stigma associated with being a victim of violence</li> </ul>

**Strategy 1: Contingent upon a continued partnership with Domestic Violence Services, GSHCS will host one “In Her Shoes” domestic violence awareness event annually, starting in 2020.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Domestic Violence Services
Results/Impact	<ul style="list-style-type: none"> <li>Despite the pandemic, one “In Her Shoes” event was able to be held in 2021. More to be offered in the future.</li> </ul>

**Strategy 2: Starting in 2020, GSHCS will integrate a systems model for intimate partner violence prevention; an Epic integration will prompt screening/referral to services for all patients at clinic appointments.**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Domestic Violence Services
Results/Impact	<ul style="list-style-type: none"> <li>Some work has been done on this integration, however it is not yet complete. Delays have happened due to the pandemic.</li> </ul>





**Strategy 3: By the end of the 2021 FY, GSHCS will expand community awareness of the “Start by Believing” campaign, by participating in at least (2) community events annually.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: LCAC, Domestic Violence Services
Results/Impact	<ul style="list-style-type: none"> <li>Despite the pandemic, this campaign has been featured in 2 community events/classes during the time frame.</li> </ul>

**Priority Area: Behavioral Health**

Community Health Need	Behavioral Health - Substance Abuse
Goal(s)	<ul style="list-style-type: none"> <li>Reduce rates of overdose and overdose-related death in the community</li> <li>Reduce incidence and prevalence of substance use disorder in the community</li> <li>Decrease gaps in service for those seeking treatment for substance use disorder</li> <li>Increase community knowledge on the risks associated with using substances</li> </ul>

**Strategy 1: By the end of the 2021 FY, GSHCS will create system wide policies regarding PDMP (Prescription Drug Monitoring Program) dashboard use and Doctor-patient opioid agreements (PDMP use is described by the White House Office of National Drug Control Policy as “critical to improving public health.” It can help curb access to multiple controlled substances which can be used as or transformed into street drugs like painkillers or meth.)**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
Results/Impact	<ul style="list-style-type: none"> <li>Preliminary work has been completed. We will continue working toward this objective next fiscal year.</li> </ul>

**Strategy 2: By the end of the 2021 FY, GSHCS will employ at least (1) Medication Assisted Treatment (MAT) provider.**

Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
Results/Impact	<ul style="list-style-type: none"> <li>In progress – one GSHCS provider will soon be certified.</li> </ul>



**Strategy 3: By the end of the 2021 FY, GSHCS will train at least (10) employees, who have positions requiring external community interaction, in lifesaving Naloxone administration (the National Institute on Drug abuse states, “Naloxone is an extremely safe medication that only has a noticeable effect in people with opioids in their systems.” The CDC identified targeted Naloxone distribution as an evidence based overdose prevention strategy).**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adult residents in Umatilla county
<b>Partnering Organization(s)</b>	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Two Naloxone events were held within the time frame, in which at least 10 community-based GS employees were trained.</li> </ul>

**Strategy 4: By the end of the 2021 FY, GSHCS will host a community training in life saving Naloxone administration.**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adult residents in Umatilla county
<b>Partnering Organization(s)</b>	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Two Naloxone trainings were held within the time frame.</li> </ul>

**Strategy 5: By the end of the 2021 FY, GSHCS will develop an on-site safe medication disposal location.**

<b>Strategy Was Implemented?</b>	Yes
<b>Target Population(s)</b>	Adult residents in Umatilla county
<b>Partnering Organization(s)</b>	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
<b>Results/Impact</b>	<ul style="list-style-type: none"> <li>Complete – medication disposal available at the GS Pharmacy.</li> </ul>



**Strategy 6: By the end of the 2021 FY, GSHCS will have distributed (50) educational pamphlets on drug facts (including accurate information on the potential health impacts of alcohol and marijuana).**

Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network (OWhN)
Results/Impact	<ul style="list-style-type: none"> <li>Distributed over 50 education pamphlets on drug facts to high-risk individuals utilizing community partners.</li> </ul>

**Priority Area: Behavioral Health**

Community Health Need	Behavioral Health – Tobacco/Vaping
Goal(s)	<ul style="list-style-type: none"> <li>Decrease in tobacco and nicotine-containing products use</li> <li>Decrease in tobacco-related cancer rates</li> </ul>

**Strategy 1: By the end of the 2021 FY, GSHCS will integrate tobacco use screening and referral to treatment measures into Epic for all adolescent and adult clinic appointments.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult and adolescent residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>This has been successfully integrated into Epic.</li> </ul>

**Strategy 2: By the end of the 2021 FY, GSHCS will have distributed (50) educational pamphlets on vaping.**

Strategy Was Implemented?	Yes
Target Population(s)	Adult and adolescent residents in Umatilla county
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health
Results/Impact	<ul style="list-style-type: none"> <li>Distributed over 50 educational pamphlets on vaping at 5 health fairs/events within the time frame.</li> </ul>

