2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Morrow & Umatilla Counties, Oregon

Sponsored by

GOOD SHEPHERD HEALTH CARE SYSTEM

2024-0414-02

Prepared by
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2021, 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 by Professional Research Consultants, Inc. (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 trending and comparison to benchmark data at the state and national levels.

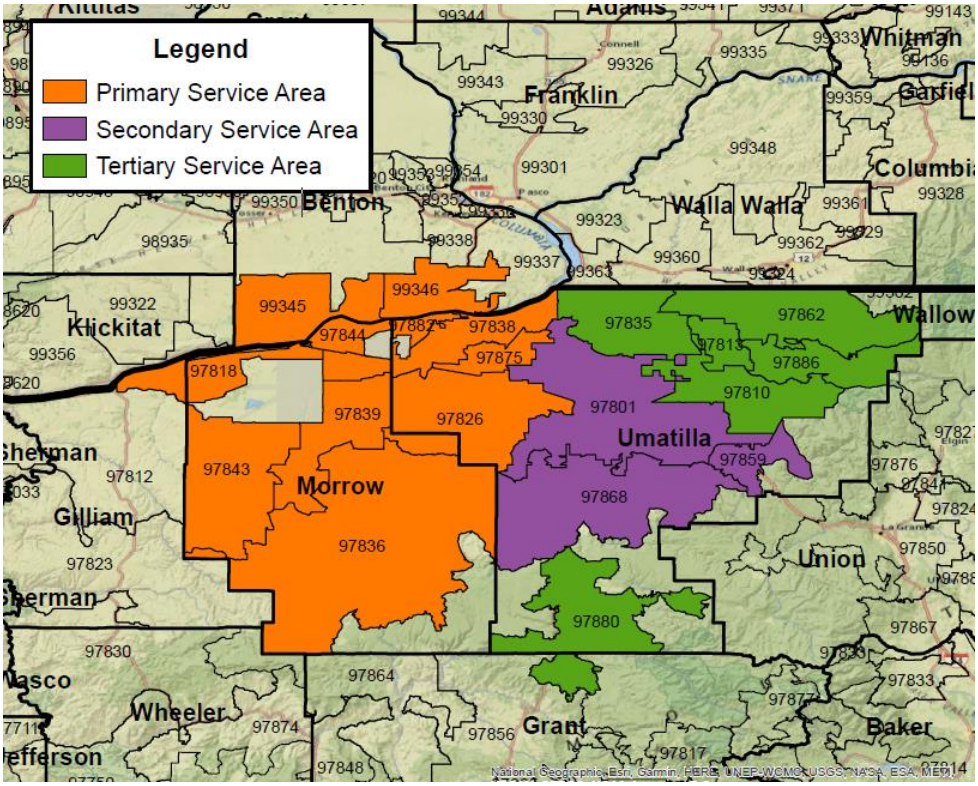
PRC Community Health Survey

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 and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Total Service Area” in this report) is defined as each of the residential ZIP Codes comprising Morrow and Umatilla counties in Oregon. This community definition, determined based on the ZIP Codes of residence of recent patients of Good Shepherd Health Care System, is illustrated in the following map. Throughout this report, references to three specific service areas (Primary, Secondary, and Tertiary) are provided for assessment purposes; definitions for these areas are also outlined below.



Sample Approach & Design

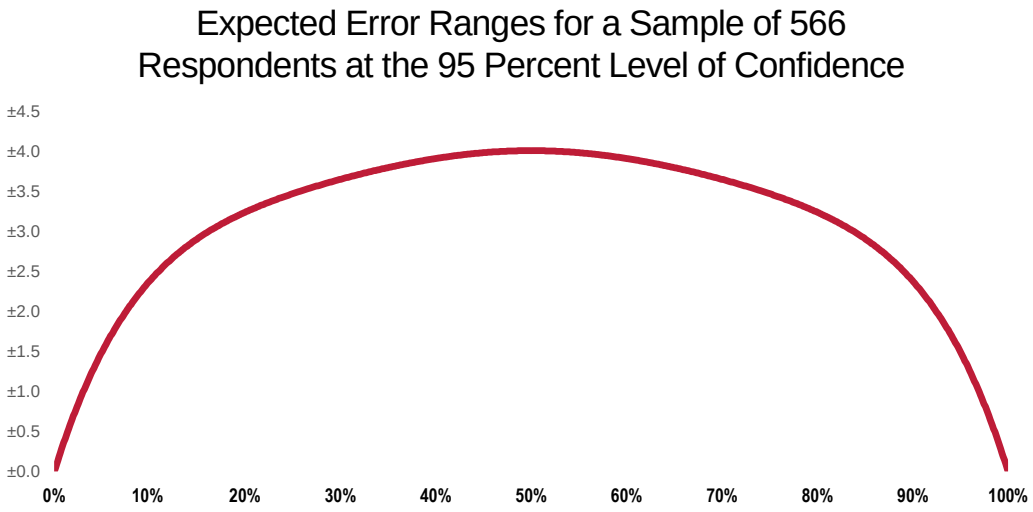
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC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

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 503 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (Good Shepherd Health Care System) ► PRC also created a link to an online version of the survey, and Good Shepherd Health Care System promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 63 surveys to the overall sample.

In all, 566 surveys were completed through these mechanisms, including 312 in the Primary Service Area, 155 in the Secondary Service Area, and 99 in the Tertiary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 566 respondents is ±4.0% at the 95 percent confidence level.



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.

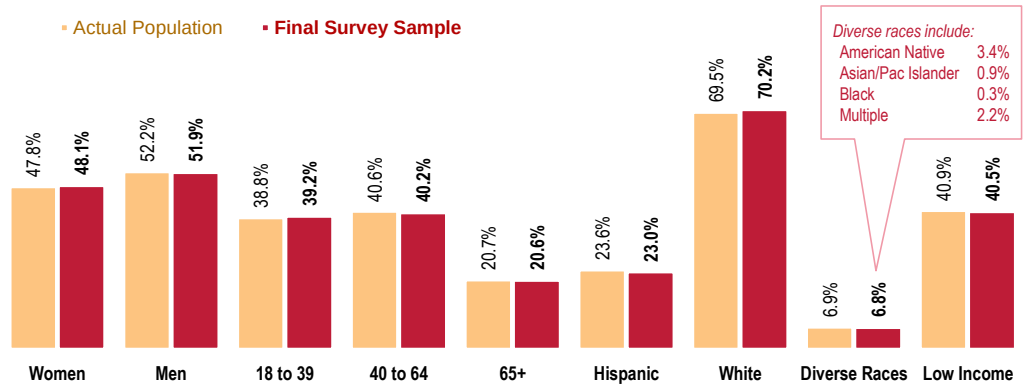
Examples:
- If 10% of the sample of 566 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% (10% ± 2.4%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% (50% ± 4.0%) 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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area 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
(Total Service Area, 2024)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2024 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

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; 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, 76 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	4
Other Health Providers	1
Social Services Providers	12
Other Community Leaders	59

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the following organizations:

- Blue Mountain Early Learning Hub
- Boardman Chamber of Commerce
- Community Counseling Solutions
- Domestic Violence Services
- Eastern Oregon Center for Independent Living
- FarmCity Pro Rodeo
- Good Shepherd Community Health Foundation
- Good Shepherd Health Care System
- Greater Oregon Behavioral Health, Inc.
- Hermiston Chamber of Commerce
- Hermiston Police Department
- Hermiston School District
- K&K Blueberries
- KOHU Radio
- Milton-Freewater School District
- Oregon Child Development Coalition
- Oregon Department of Human Services
- St. Anthony Hospital
- Stanfield School District
- The City of Hermiston
- Umatilla County Fire District #1
- Umatilla County Public Health
- Umatilla Electric Cooperative
- Umatilla School District

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.

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 the Total Service Area 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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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 reflect county-level data.

Benchmark Comparisons

Trending

A similar survey was administered in the Total Service Area in 2021 by PRC on behalf of Good Shepherd Health Care System. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Oregon Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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.

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 receiving feedback from individuals and organizations and input from subject matter experts, the US 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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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 nonprofit 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 (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	33
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	168
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	174

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); identified trends; 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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Lack of Transportation ▪ Primary Care Physician Ratio ▪ Specific Source of Ongoing Medical Care ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Colorectal Cancer Deaths ▪ Cervical Cancer Screening
DIABETES	▪ Diabetes Deaths ▪ Diabetes Prevalence
DISABLING CONDITIONS	▪ Activity Limitations ▪ Alzheimer’s Disease Deaths ▪ Caregiving
HOUSING	▪ Housing Conditions ▪ Financial Resilience ▪ Key Informants: *Social Determinants of Health* ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Teen Births
INJURY & VIOLENCE	▪ Motor Vehicle Crash Deaths ▪ Deaths from Falls (65+) ▪ Feelings of Safety at Home

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
MENTAL HEALTH	▪ Suicide Deaths ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Low Food Access ▪ Meeting Physical Activity Guidelines ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults] ▪ Overweight & Obesity [Children]
RESPIRATORY DISEASE	▪ Lung Disease Deaths
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Cirrhosis/Liver Disease Deaths ▪ Excessive Drinking ▪ Illicit Drug Use ▪ Marijuana/THC Use ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products

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 providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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. Substance Use
3. Social Determinants of Health
4. Diabetes
5. Nutrition, Physical Activity & Weight
6. Access to Health Care Services
7. Tobacco Use
8. Disabling Conditions
9. Infant Health & Family Planning
10. Cancer
11. Injury & Violence
12. Respiratory Diseases

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, Total Service Area results are shown in the larger, gray column.

The columns to the left of the Total Service Area column provide comparisons among Primary, Secondary, and Tertiary Service Areas, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (), unfavorably (), or comparably () to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2021. Note that survey data reflect the ZIP Code-defined Total Service Area.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect county-level data.

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

For secondary data indicators, the Total Service Area results represent combined Morrow & Umatilla County findings; county-specific findings are also presented at left under the Primary Service Area column (Morrow County data) and shared under the Secondary/Tertiary Service Area columns (Umatilla County data).

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

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	6.4		2.6	3.1	2.3	3.9		
Population in Poverty (Percent)	16.7		11.7	12.4	11.9	12.5	8.0	
Children in Poverty (Percent)	26.7		13.7	15.5	13.5	16.7	8.0	
No High School Diploma (Age 25+, Percent)	23.2		15.5	16.5	8.5	10.9		
Unemployment Rate (Age 16+, Percent)	4.4		4.4	4.4	4.4	4.5		8.6
% Unable to Pay Cash for a $400 Emergency Expense	31.1	35.2	31.9	32.3		34.0		22.3
% Worry/Stress Over Rent/Mortgage in Past Year	33.6	33.4	23.4	31.9		45.8		32.2
% Unhealthy/Unsafe Housing Conditions	16.3	13.9	12.3	15.0		16.4		7.7
Population With Low Food Access (Percent)	4.5		30.5	27.2	17.0	22.2		
% Food Insecure	35.5	37.2	39.8	36.7		43.3		26.1

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

better | similar | worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	18.5	21.3	22.9	20.0	17.7	15.7		17.1

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

					better	similar	worse	

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	5.8	5.4	5.8	5.7	7.1	8.1	7.6	13.5
% Difficulty Accessing Health Care in Past Year (Composite)	43.9	48.4	41.2	44.6		52.5		49.5
% Cost Prevented Physician Visit in Past Year	11.0	17.1	14.7	13.3	9.1	21.6		13.8
% Cost Prevented Getting Prescription in Past Year	11.8	9.9	14.7	11.8		20.2		11.6
% Difficulty Getting Appointment in Past Year	28.1	29.4	28.3	28.5		33.4		26.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.6	18.0	10.5	15.9		22.9		19.5
% Difficulty Finding Physician in Past Year	21.2	25.7	14.4	21.2		22.0		19.7
% Transportation Hindered Dr Visit in Past Year	9.3	12.9	15.8	11.4		18.3		3.5

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	1.2	3.0	1.3	1.7		5.0		0.6
% Stretched Prescription to Save Cost in Past Year	9.7	12.6	11.0	10.7		19.4		12.6
% Difficulty Getting Child's Health Care in Past Year				6.0		11.1		6.5
Primary Care Doctors per 100,000	49.2	61.2		59.6	138.8	121.1		
% Have a Specific Source of Ongoing Care	72.4	75.9	65.3	72.1		69.9	84.0	83.8
% Routine Checkup in Past Year	68.2	66.8	65.3	67.3	72.6	65.3		55.5
% [Child 0-17] Routine Checkup in Past Year				83.8		77.5		78.0
% Two or More ER Visits in Past Year	22.6	18.4	11.5	19.5		15.6		13.6
% Rate Local Health Care "Fair/Poor"	19.1	22.2	29.9	21.9		11.5		21.6

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

better | similar | worse

CANCER	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000 (Age-Adjusted)	122.8	153.7		149.8	147.1	146.5	122.7	185.0
Lung Cancer Deaths per 100,000 (Age-Adjusted)				29.5	31.6	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)				17.6	18.9	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)				13.7	19.7	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)				16.4	12.3	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	396.1	377.3		379.9	419.2	442.3		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	44.2	44.3		44.3	49.1	54.0		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	139.4	115.6		119.0	128.8	127.0		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	110.0	89.0		92.0	94.4	110.5		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)		37.3		37.3	32.8	36.5		
% Cancer	10.0	10.2	11.0	10.2	13.1	7.4		7.9

CANCER (continued)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening				76.2	78.0	64.0	80.5	69.2
% [Women 21-65] Cervical Cancer Screening				67.0		75.4	84.3	70.2
% [Age 45-75] Colorectal Cancer Screening				66.6	70.0	71.5	74.4	67.4

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

					better	similar	worse	

DIABETES	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000 (Age-Adjusted)				29.4	23.4	22.6		28.9
% Diabetes/High Blood Sugar	16.4	17.2	20.3	17.3	10.3	12.8		15.6
% Borderline/Pre-Diabetes	11.4	10.2	10.4	10.9		15.0		16.2
Kidney Disease Deaths per 100,000 (Age-Adjusted)				8.8	7.4	12.8		8.5
% Kidney Disease	4.5	6.4	6.5	5.4	3.7	4.1	12.8	3.3

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

					better	similar	worse	

DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	43.5	38.7	40.9	41.7		38.0		38.4
% Activity Limitations	32.7	35.2	32.1	33.3		27.5		31.1
% High-Impact Chronic Pain	22.0	25.7	20.7	22.8		19.6	6.4	22.1
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)				42.7	36.6	30.9		25.7
% Caregiver to a Friend/Family Member	28.7	30.2	21.1	27.7		22.8		30.5

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000 (Age-Adjusted)	159.8	146.3		147.4	131.1	164.4	127.4	141.4
% Heart Disease	9.7	9.6	9.1	9.5	7.2	10.3		6.5
Stroke Deaths per 100,000 (Age-Adjusted)	53.2	33.4		35.6	39.3	37.6	33.4	40.0
% Stroke	1.4	6.4	5.8	3.5	3.9	5.4		3.1

HEART DISEASE & STROKE (continued)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% High Blood Pressure	39.3	43.1	43.6	41.1	30.9	40.4	42.6	36.0
% High Cholesterol	33.3	28.1	30.1	31.4		32.4		45.9
% 1+ Cardiovascular Risk Factor	85.2	87.9	90.7	86.9		87.8		91.3

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	30.3	26.5		27.0	12.4	16.6		
Low Birthweight (Percent of Births)	5.6	6.4		6.3	6.7	8.3		
Infant Deaths per 1,000 Births				6.0	4.2	5.5	5.0	5.6
% [Age 0-17] Child Was Breastfed for 6+ Months				34.7		31.4		38.8

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000 (Age-Adjusted)				52.7	47.2	51.6	43.2	45.3
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)				16.2	11.1	11.4	10.1	
% [Age 2-17] Child "Always" Uses a Car/Booster Seat				66.4				74.9
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)				83.8	104.1	67.1	63.4	
% [Age 4-17] Child "Always" Wears a Safety Helmet				60.5				53.0
% [Age 0-17] Child "Always" Wears a Life Jacket				69.0				72.1
Homicide Deaths per 100,000 (Age-Adjusted)				5.4	2.9	5.9	5.5	
Violent Crimes per 100,000	360.0	259.8		275.2	265.8	416.0		
% Victim of Violent Crime in Past 5 Years	4.5	5.6	4.2	4.7		7.0		4.6
% Victim of Intimate Partner Violence	15.5	23.2	17.2	17.8		20.3		17.3
% Feel Unsafe At Home	6.8	3.8	7.8	6.2				1.6

INJURY & VIOLENCE (continued)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% Forced or Pressured Into Sexual Activity	19.3	16.4	11.7	17.2				14.1

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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MENTAL HEALTH	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	22.6	24.8	21.0	22.9		24.4		23.0
% Diagnosed Depression	26.6	30.4	33.7	28.9	24.0	30.8		25.6
% Symptoms of Chronic Depression	45.0	36.2	35.9	41.0		46.7		44.6
% Typical Day Is "Extremely/Very" Stressful	21.0	19.4	7.2	18.2		21.1		17.2
Suicide Deaths per 100,000 (Age-Adjusted)				19.4	19.2	13.9	12.8	13.2
% Suicide Ideation	9.0	10.0	7.4	9.0				8.7
% [Age 5-17] Child Bullied At School or On the Way				22.3				15.9
Mental Health Providers per 100,000	525.2	277.2		310.0	406.6	186.0		

MENTAL HEALTH (continued)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% Receiving Mental Health Treatment	21.2	17.6	26.9	21.2		21.9		20.3
% Unable to Get Mental Health Services in Past Year	9.9	10.4	9.1	9.9		13.2		8.3

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.8	29.6	26.1	25.2		30.0		22.4
% No Leisure-Time Physical Activity	30.9	28.7	38.3	31.6	19.0	30.2	21.8	31.8
% Meet Physical Activity Guidelines	18.8	21.2	22.8	20.1	24.9	30.3	29.7	15.1
% [Child 2-17] Physically Active 1+ Hours per Day				50.9		27.4		57.7
Recreation/Fitness Facilities per 100,000				6.5	12.6	12.3		
% Overweight (BMI 25+)	72.3	69.9	58.3	69.2	66.9	63.3		79.1
% Obese (BMI 30+)	46.3	41.1	37.3	43.3	30.9	33.9	36.0	52.0

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (cont.)	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% [Child 5-17] Overweight (85th Percentile)				46.3		31.8		35.2
% [Child 5-17] Obese (95th Percentile)				26.8		19.5	15.5	16.4

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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ORAL HEALTH	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% Have Dental Insurance	77.6	80.5	77.0	78.2		72.7	75.0	77.8
% Dental Visit in Past Year	61.4	55.7	57.1	59.1	66.2	56.5	45.0	57.3
% [Child 2-17] Dental Visit in Past Year				71.8		77.8	45.0	71.1

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS: Primary Service Area	Secondary Service Area	Tertiary Service Area	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. OR	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000 (Age-Adjusted)				47.0	36.0	38.1		45.9
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)				12.5	8.8	13.4		11.2
% Asthma	17.8	15.2	16.3	16.8	11.5	17.9		
% [Child 0-17] Asthma				9.6		16.7		7.1
% COPD (Lung Disease)	9.9	8.2	6.5	8.9	6.6	11.0		6.6

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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SEXUAL HEALTH	DISPARITY AMONG SUBAREAS: Primary Service Area	Secondary Service Area	Tertiary Service Area	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. OR	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	110.2	115.5		114.8	206.5	386.6		
Chlamydia Incidence per 100,000	357.7	374.0		371.8	365.7	495.0		
Gonorrhea Incidence per 100,000	121.9	128.8		127.5	129.6	194.4		

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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SUBSTANCE USE	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)				21.8	14.0	11.9		23.6
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)				18.6	12.4	12.5	10.9	
% Excessive Drinking	18.3	21.2	29.8	21.1	20.1	34.3		16.2
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)				9.5	12.5	21.0		
% Used an Illicit Drug in Past Month	4.0	3.9	0.0	3.3		8.4		0.4
% Used a Prescription Opioid in Past Year	20.0	19.2	12.8	18.5		15.1		15.4
% Currently Use Marijuana or THC	21.3	21.4	21.2	21.3				15.3
% Ever Sought Help for Alcohol or Drug Problem	8.8	11.4	2.1	8.3		6.8		3.6
% Personally Impacted by Substance Use	46.3	50.5	47.6	47.7		45.4		

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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TOBACCO USE	DISPARITY AMONG SUBAREAS			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Primary Service Area	Secondary Service Area	Tertiary Service Area		vs. OR	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	19.4	25.7	27.2	22.5	12.4	23.9	6.1	
% Use Vaping Products	13.1	16.8	25.0	16.1	6.9	18.5		3.7
% Use Smokeless Tobacco	13.3	11.7	8.0	11.9	3.4			

Note: In the section above, each subarea is compared against all other areas combined. For secondary data indicators, Primary Service Area data represent Morrow County; Umatilla County data are under the Secondary/Tertiary Service Area columns. 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.

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COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, is predominantly associated with Morrow and Umatilla counties, which together encompass 5,245.09 square miles and house a total population of 92,044 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Morrow County	12,140	2,030.53	6
Umatilla County	79,904	3,215.45	25
Total Service Area	**92,044**	**5,245.09**	**18**
Oregon	4,229,374	95,996.71	44
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Population Change 2010-2020

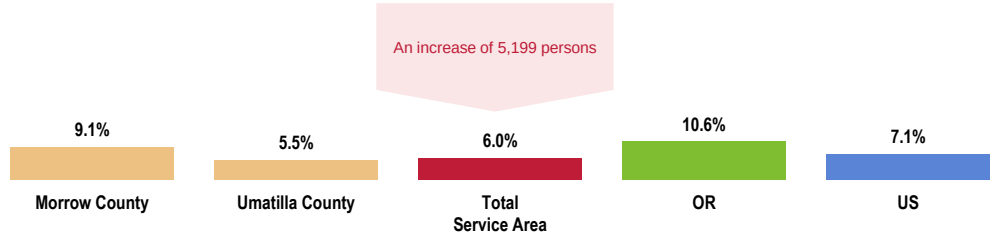
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Service Area increased by over 5,000 persons, or 6.0%.

BENCHMARK ► Proportionally lower than the Oregon and US changes.

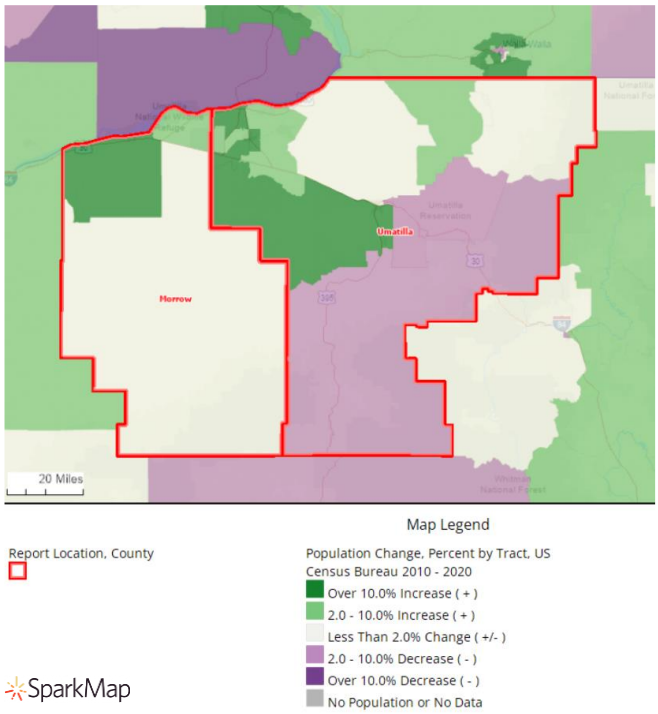
DISPARITY ► The percentage increase is higher in Morrow County.

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 September 2024 via SparkMap (sparkmap.org).

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



Urban/Rural Population

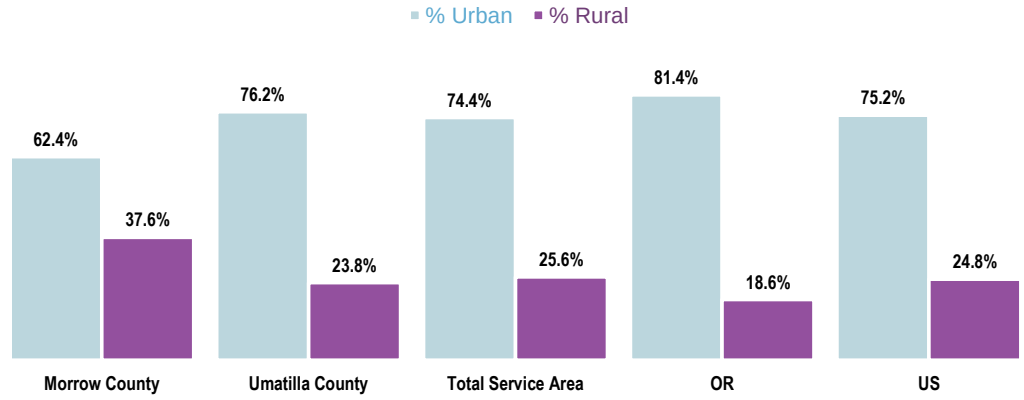
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is predominantly urban, with 74.4% of the population living in areas designated as urban.

BENCHMARK ► The service area houses a larger percentage of rural residents when compared with the state as a whole.

DISPARITY ► Morrow County residents are more likely to live in rural areas when compared with Umatilla County residents.

Urban and Rural Population (2020)



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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.

Age

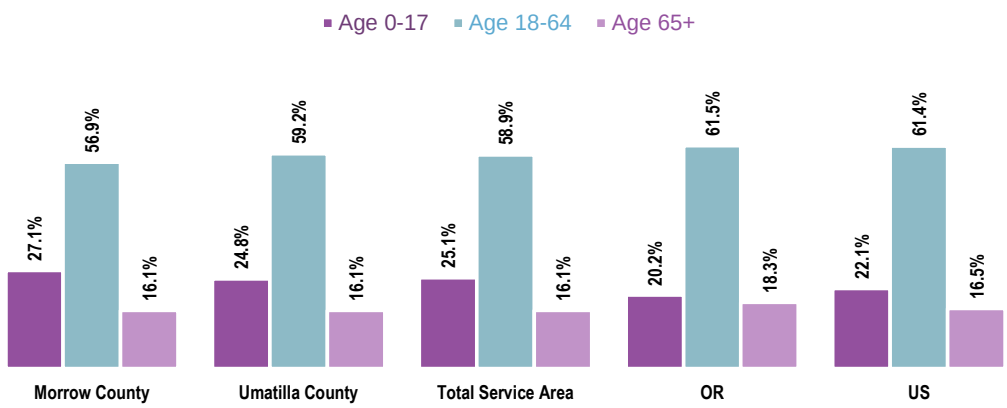
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 25.1% of the population are children age 0-17; another 58.9% are age 18 to 64, while 16.1% are age 65 and older.

BENCHMARK ► The area houses a much larger percentage of residents under age 18 compared with state and national population distributions.

DISPARITY ► The two counties share similar proportions of seniors (age 65+).

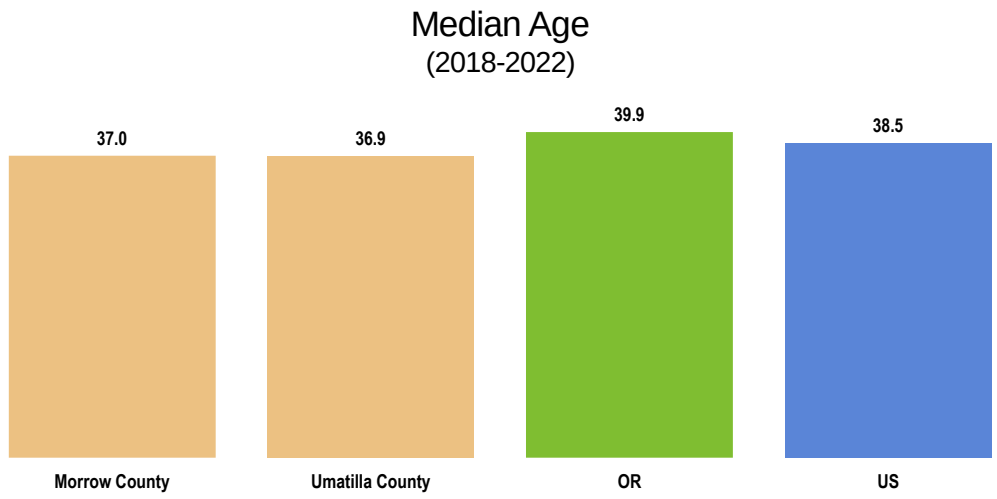
Total Population by Age Groups (2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

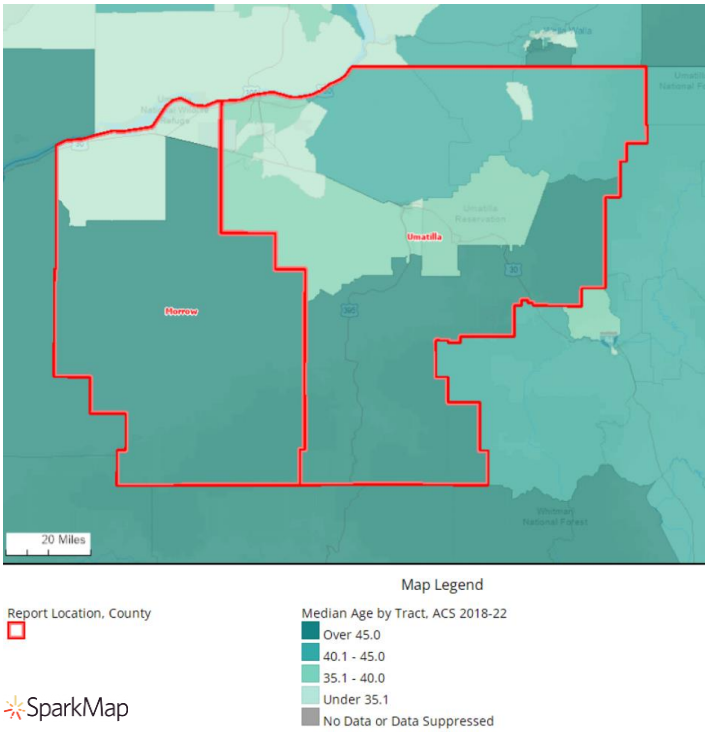
Median Age

The Total Service Area is "younger" than the state and the nation in that the median age is lower. (A composite median is not available for the Total Service Area as a whole.)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout the Total Service Area.



Race & Ethnicity

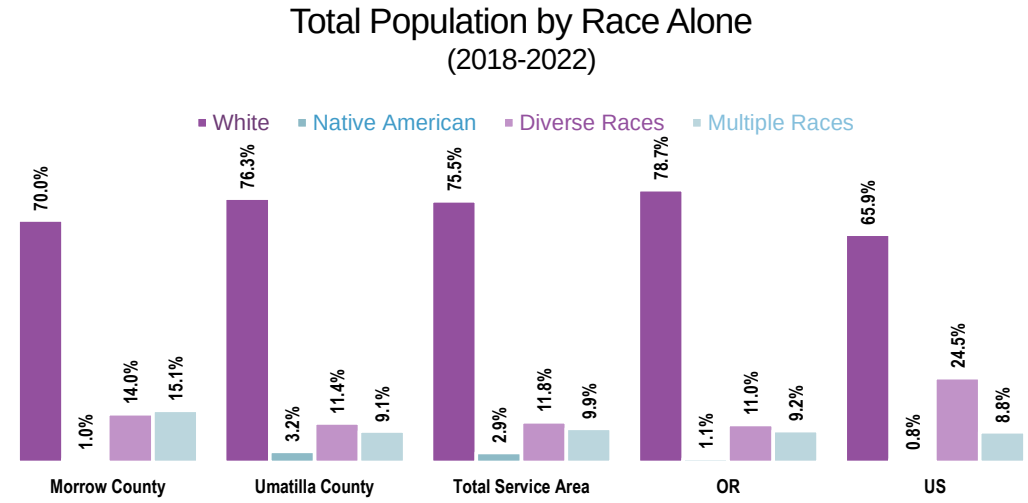
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 75.5% of residents of the Total Service Area are White and 2.9% are Native American.

BENCHMARK ► The service area is less diverse than the nation as a whole.

DISPARITY ► Residents of Morrow County are more likely to be of diverse races or multiple races than those in Umatilla County.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

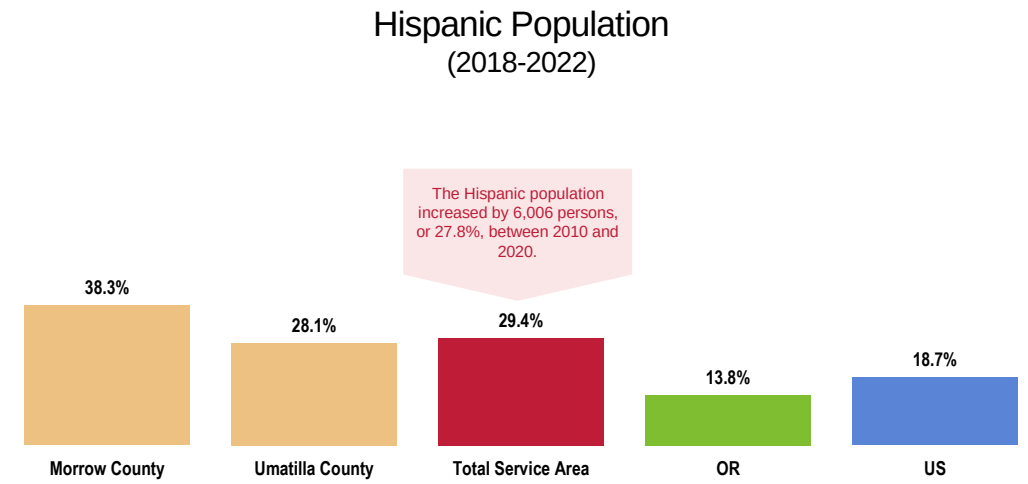
Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 29.4% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► Much higher than the state and national figures.

DISPARITY ► The percentage is much higher in Morrow County.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

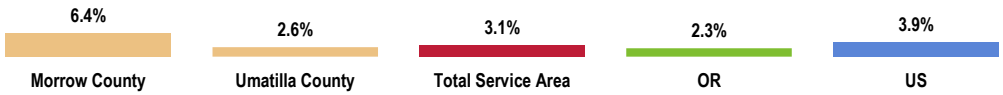
Linguistic Isolation

A total of 3.1% of the Total Service Area 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 percentage but lower than the US.

DISPARITY ► Higher among residents in Morrow County.

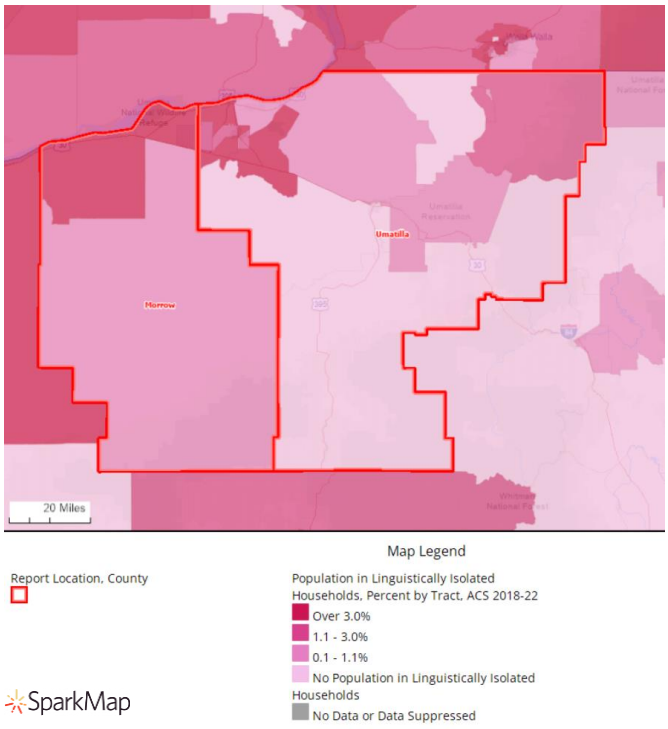
Linguistically Isolated Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Total Service Area.



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

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 12.4% of the Total Service Area total population living below the federal poverty level.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 15.5% (representing an estimated 3,527 children).

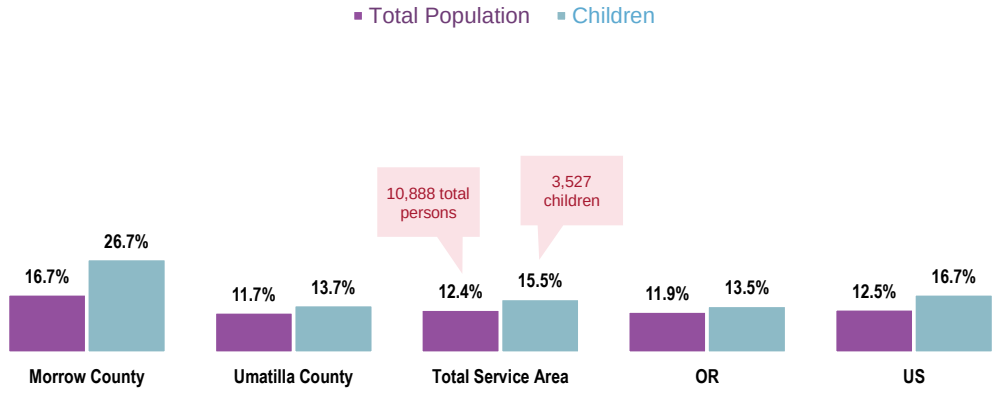
BENCHMARK ► Both figures fail to satisfy the related Healthy People 2030 objective.

DISPARITY ► In both cases, the percentage is lower in Umatilla County.

Percent of Population in Poverty

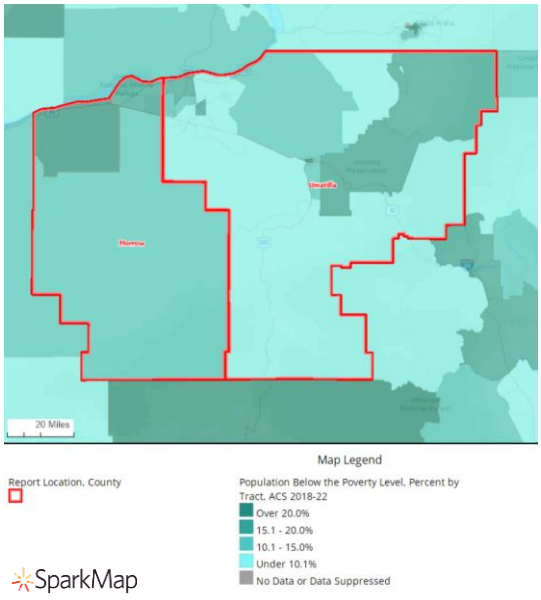
(2018-2022)

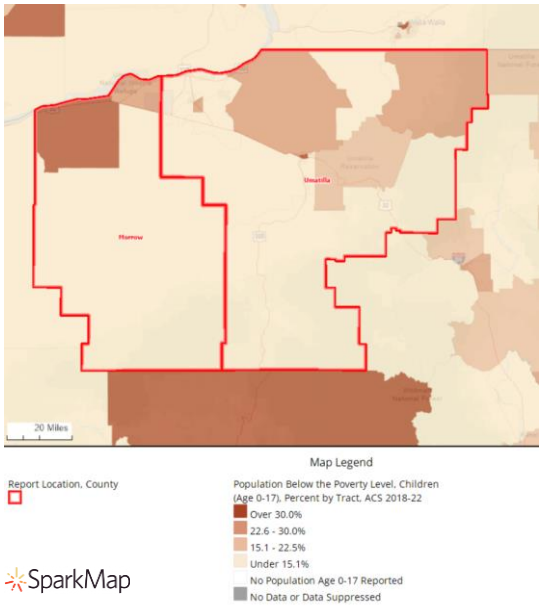
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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





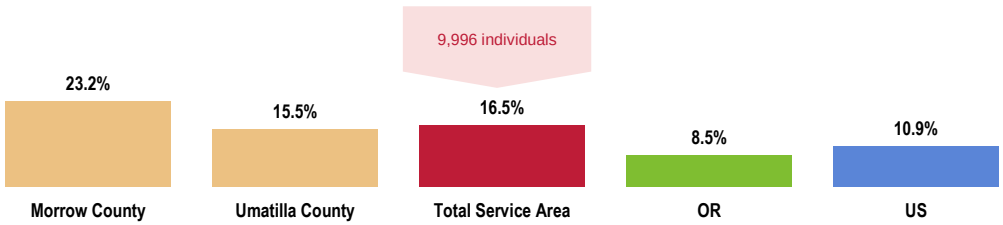
Education

Among the Total Service Area population age 25 and older, an estimated 16.5% (nearly 10,000 people) do not have a high school education.

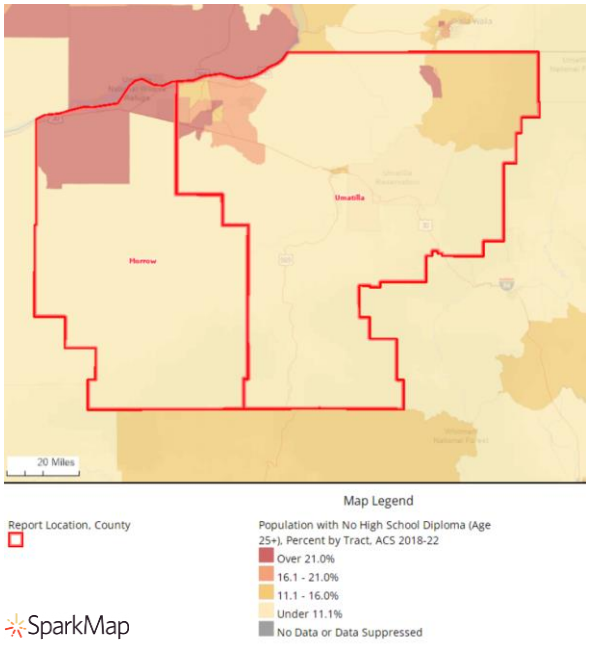
BENCHMARK ► Much higher than the Oregon and US figures.

DISPARITY ► Higher among Morrow County residents.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)



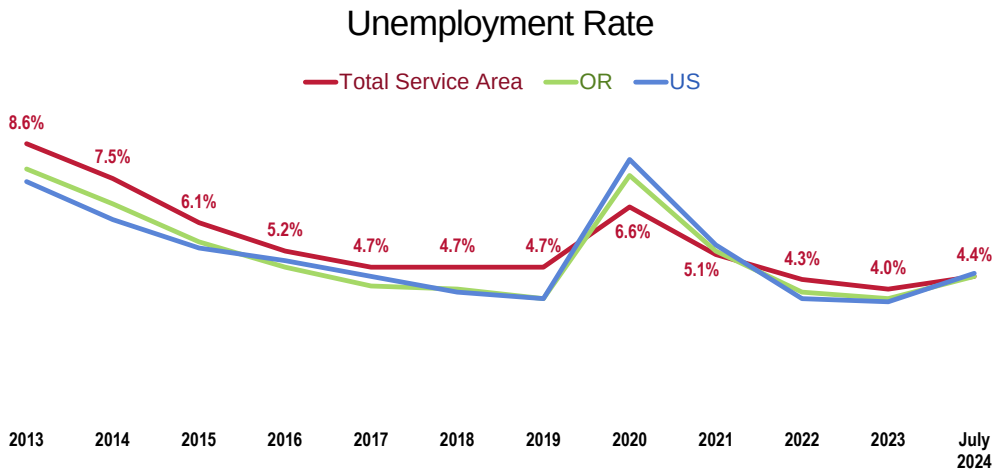
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area as of July 2024 was 4.4%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels and is much lower than found a decade ago.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

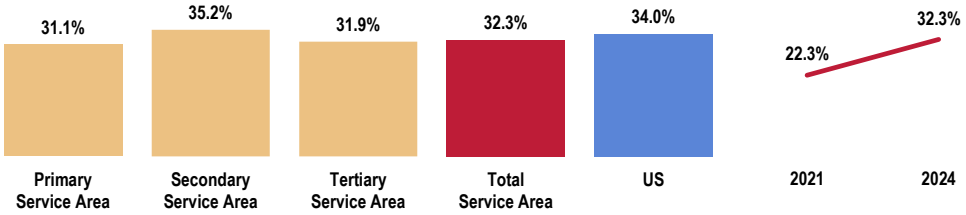
Financial Resilience

A total of 32.3% of Total Service Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

TREND ► The prevalence has increased significantly since 2021.

DISPARITY ► Higher among women, adults under 65 and those living on lower incomes.

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?"

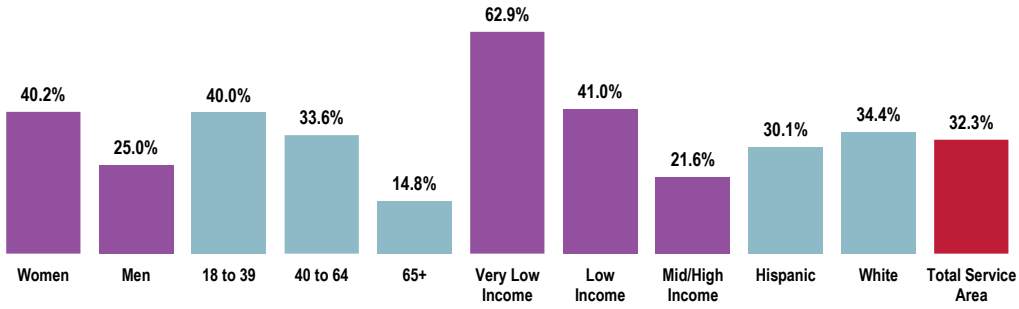


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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.

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
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
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.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data 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 2022 guidelines place the poverty threshold for a family of four at $27,750 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

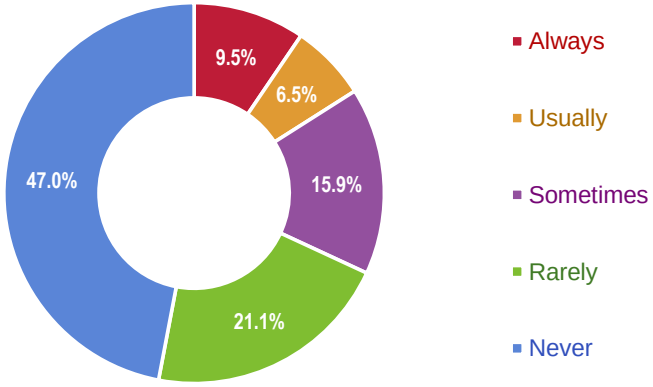
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. "White" reflects those who identify as White alone, without Hispanic origin.

Housing

Housing Insecurity

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

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Total Service Area, 2024)



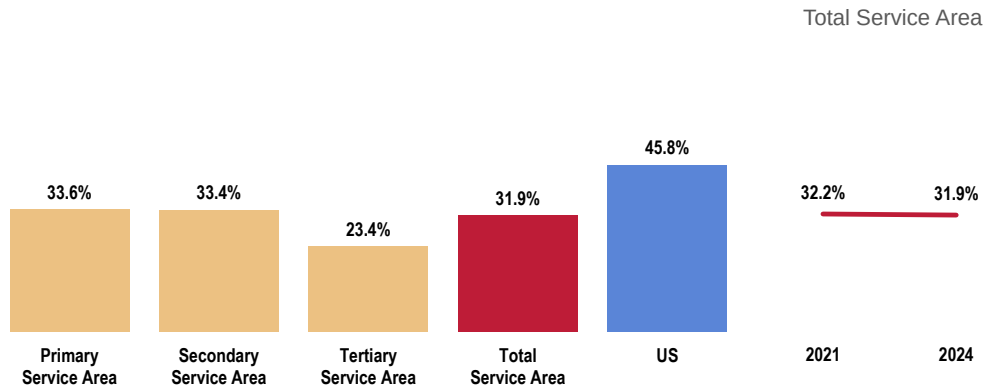
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, a considerable share (31.9%) 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 ► Well below the US prevalence.

DISPARITY ► Lowest in the Tertiary Service Area. There is a strong correlation with respondents' age and household income level. Reported more often among women and those who rent their homes.

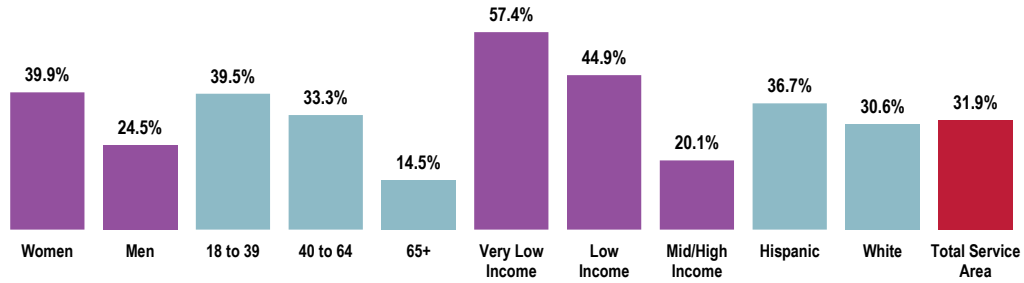
"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Total Service Area, 2024)

Among homeowners 17.5%
Among renters 46.5%



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

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?"

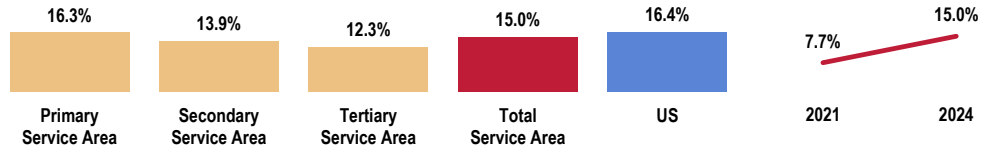
A total of 15.0% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► The percentage has nearly doubled since 2021.

DISPARITY ► Reported more often among young adults, those in lower-income households, and residents who rent their homes.

Unhealthy or Unsafe Housing Conditions in the Past Year

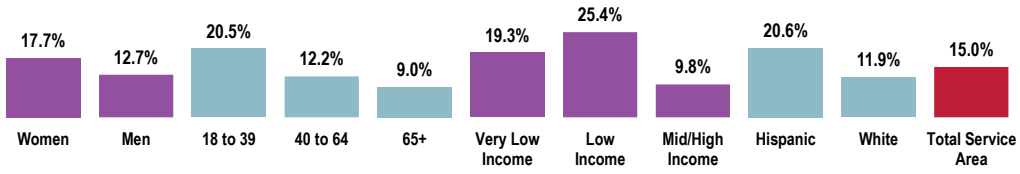
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
• 2023 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
(Total Service Area, 2024)

Among homeowners 10.1%
Among renters 21.2%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

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

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

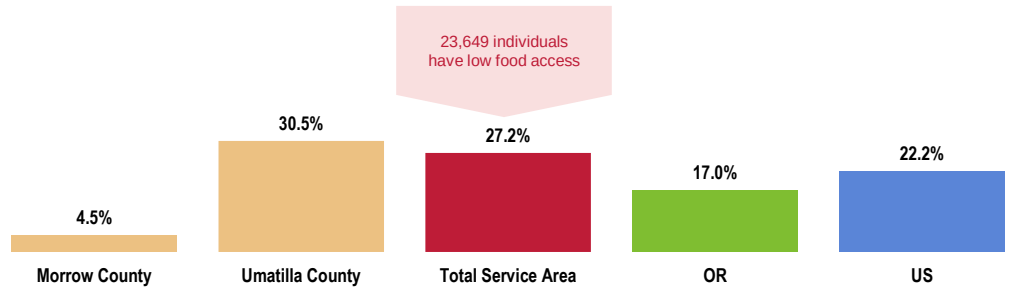
RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

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

BENCHMARK ► Well above the Oregon and US percentages.

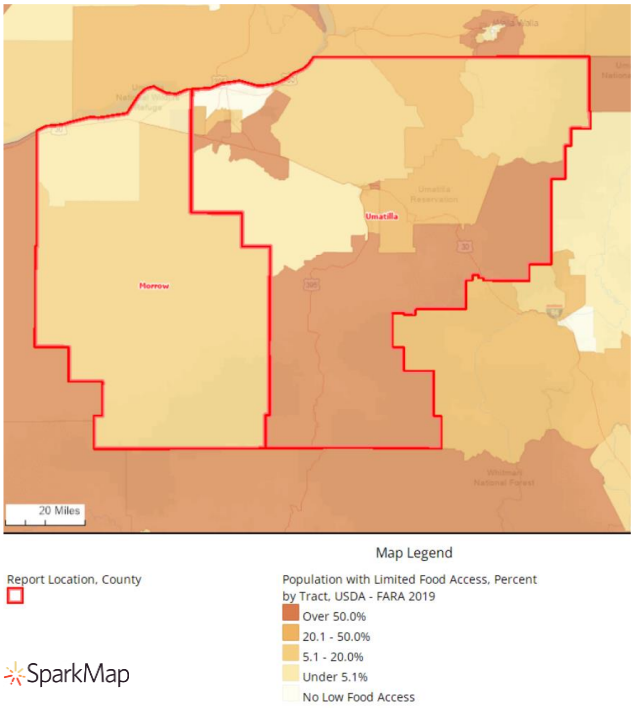
DISPARITY ► More than six times as high in Umatilla County as in Morrow County.

Population With Low Food Access
(2019)



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 September 2024 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Food Insecurity

Overall, 36.7% 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 US figure.

TREND ► Increasing significantly from 2021 findings.

DISPARITY ► Reported more often among women, young adults, those in lower-income households, and Hispanic residents.

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:

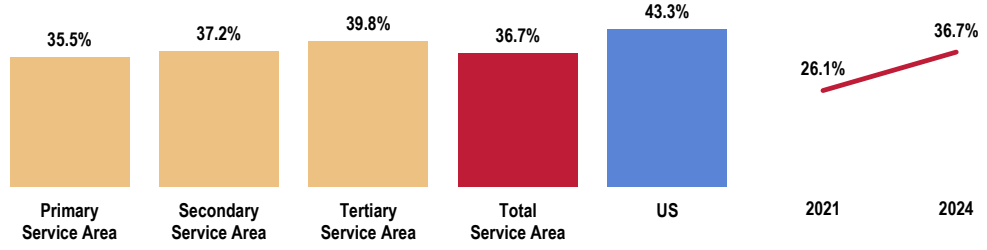
I worried about whether our food would run out before we got money to buy more.

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

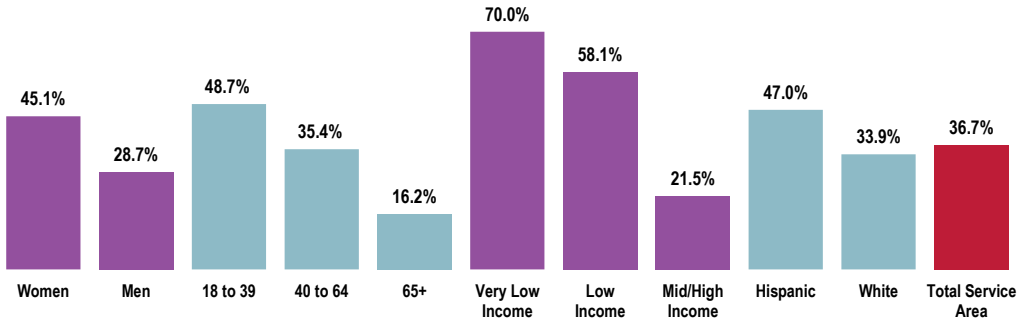
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 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
(Total Service Area, 2024)

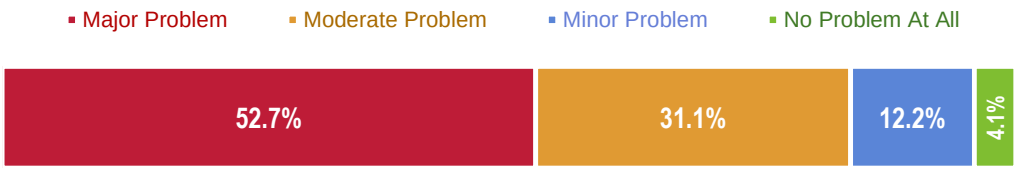


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: • Asked of all respondents.
• Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Social Determinants of Health

Over half of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.

Perceptions of Social Determinants of Health as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 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:

Income/Poverty

> Social determinants of health, including housing, income, education, and discrimination, profoundly affect healthcare outcomes. Generational poverty often traps families in a cycle where inadequate housing and low-income limit access to quality healthcare and education, perpetuating poor health outcomes across generations. Recent immigrants, who may face language barriers and discrimination, often struggle to navigate a complicated healthcare system, further hindering their ability to receive appropriate care. Additionally, a lack of education and resources can diminish a person's sense of self-efficacy, leaving them feeling powerless to advocate for their own health needs. Understanding and addressing these social determinants is essential for creating a more equitable and effective healthcare system for all. – Community Leader

> Stanfield is a high-poverty community. As minimum wage has increased, many folks are now not qualified for some services or housing that they were qualified for a few years ago. They are still struggling financially and have fewer resources available. We have no childcare options. Some families are facing hard choices about leaving the workforce for childcare reasons. We have very limited housing and it is not affordable for everyone. We still have a divide culturally and need to do more for our non-English speaking community members. There may be resources they don't know about. – Community Leader

Income in Umatilla County is generally low, and there are few providers for low-income families and individuals in Umatilla County. Those with lower incomes have difficulty accessing the few services that are available. Housing continues to be a problem in Umatilla County. Housing prices keep increasing on par with metropolitan areas, which makes it harder for those on the lower income levels to afford. Environmental problems continue to grow, with summer air quality continuing to decrease, and water quality issues on the rise. – Community Leader

For those making minimum wage, or living off one income, it has become almost impossible to find affordable housing in our community. For those trying to further their education through our local community college, I am hearing that there are few classes being taught on the Hermiston campus, making it more difficult for those that do not/cannot drive to Pendleton. – Community Leader

Small businesses do not offer health insurance and the state income level is too low. – Community Leader

Poverty, unemployment and low wages. School resources for extracurricular activities, support services. Inadequate housing, transportation. Our seniors can't get to their medical appointments because they don't qualify for services. They should not be driving long distances for care. People are living in unsafe environments due to lack of housing. – Social Services Provider

The cost of living has skyrocketed but wages have not. We're seeing far more families doubled up for housing and that leads to abuse and other challenges for children. It's a tough time to raise kids right now for many parents. – Community Leader

People from lower socioeconomic backgrounds, racial and ethnic minorities and those living in rural or underserved areas are often most affected by these factors. Housing quality, transportation, and access to healthy foods. – Community Leader

Housing

healthcare outcomes. Generational poverty often traps families in a cycle where inadequate housing and low-income limit access to quality healthcare and education, perpetuating poor health outcomes across generations. Recent immigrants, who may face language barriers and discrimination, often struggle to navigate a complicated healthcare system, further hindering their ability to receive appropriate care. Additionally, a lack of education and resources can diminish a person's sense of self-efficacy, leaving them feeling powerless to advocate for their own health needs. Understanding and addressing these social determinants is essential for creating a more equitable and effective healthcare system for all. – Community Leader

I think that housing is incredibly hard to come by especially affordable housing (renting houses/apartments) and it affects people in a wide range of financial situations. We also have a lack of transportation options for our community members to be able to access and that can impact them in a wide range of these areas. Being able to make it to work/school on time, being able to make it to appointments. Being able to walk everywhere isn't always ideal, especially with the heat we've been having in the summers and the cold in the winter. – Public Health Representative

Low- and moderate-income housing is limited and too expensive. Many people with moderate level incomes cannot afford rent and do not quality for low-income housing. Housing gets paid for first, then food, and then not enough remains for basic health care. Also, the cost of healthy food. The more processed the food the cheaper it is. – Community Leader

Lack of housing, the cost of housing and food, having to navigate a complex system that is constantly changing and has high staff turnover. Increases in minimum wage have pushed people over the Federal Poverty Line, cut off for income eligible programs despite the increase in cost of living – Social Services Provider

There is no affordable housing for the working class. People are working but rents are sky high. Our schools are okay but the dropout rate is high. Students are passed along without the basic understandings of reading and math. Our parks are okay but the play equipment needs updating. – Community Leader

Finding affordable housing is next to impossible. Amazon has driven prices so out of control that regular working-class people can't afford to buy a home or even afford rentals at this point. – Community Leader

There is a lack of housing for low-income, immigrant/farming, and veteran populations. Stereotypes of certain populations. Lack of employment opportunities – Public Health Representative

Lack of affordable housing. Low-income families cannot afford the rent in our area. Income based housing is limited. – Social Services Provider

Lack of affordable housing in our area is a big issue here – Social Services Provider

Homelessness

Social determinants of health are the largest contributors to our current major health problems in this community. Unhoused individuals cannot focus on their health, discrimination deters clients from coming in, a lack of education on mental health and addiction causes more discrimination and higher drug rates, pollutants used for agricultural work and smokes from the fires we experience every year greatly affect our citizens and their health. – Social Services Provider

There is a large number of people walking around in our area that are homeless. They have carts with their belongings and post up where they can. – Community Leader

Follow Up/Support

> Most people are focused on solving social determinants of health that their health is the last of their priorities. People don't have the support or the means to access health care. In my opinion this is where the problem begins. – Social Services Provider

Impact on Quality of Life

> Social determinants of health impact all aspects of an individual's health. If not addressed, health outcomes will not improve. – Social Services Provider

Awareness/Education

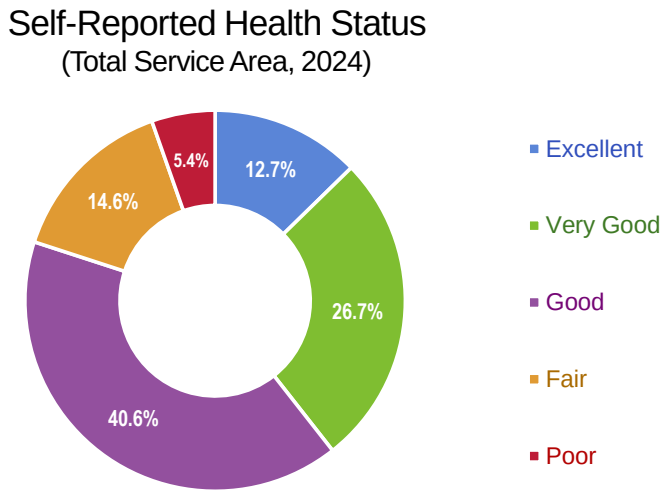
> Low education level, low paying jobs, high food costs, poor health literacy. – Community Leader

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 Total Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

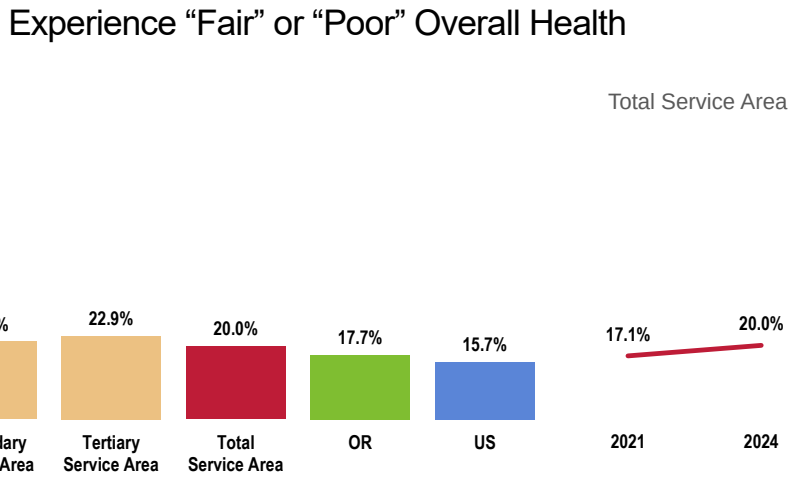


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, one in five (20.0%) Total Service Area adults believes that their overall health is "fair" or "poor."

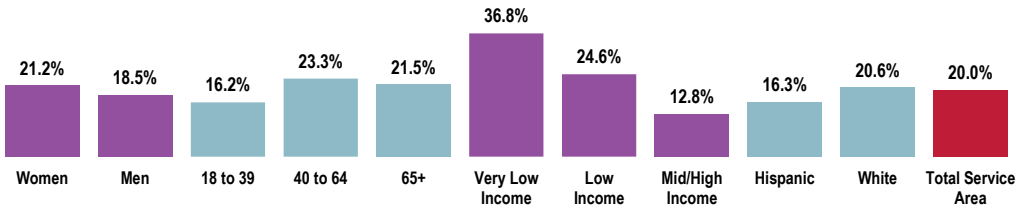
BENCHMARK ► Higher than the US percentage.

DISPARITY ► Note the strong correlation with household income level.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
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 ages 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.

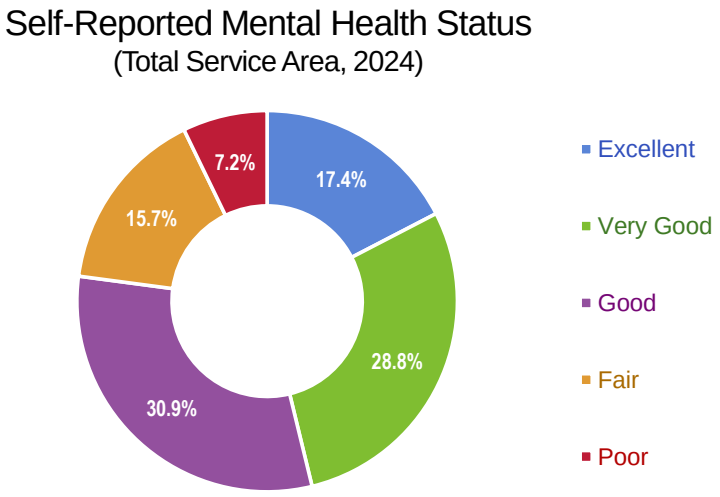
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

"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?"

Most Total Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

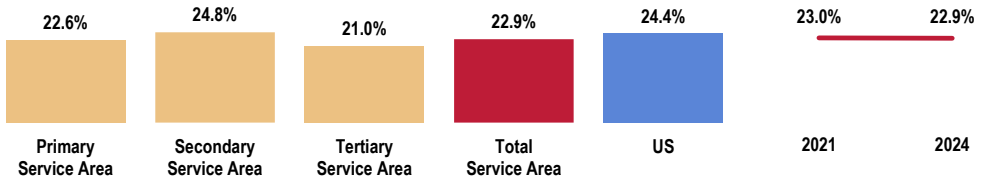


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 22.9% believe that their overall mental health is "fair" or "poor."

Experience "Fair" or "Poor" Mental Health

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

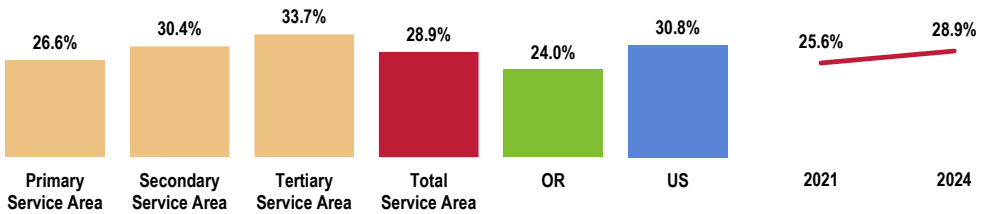
Diagnosed Depression

A total of 28.9% of Total Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the Oregon prevalence.

Have Been Diagnosed With a Depressive Disorder

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

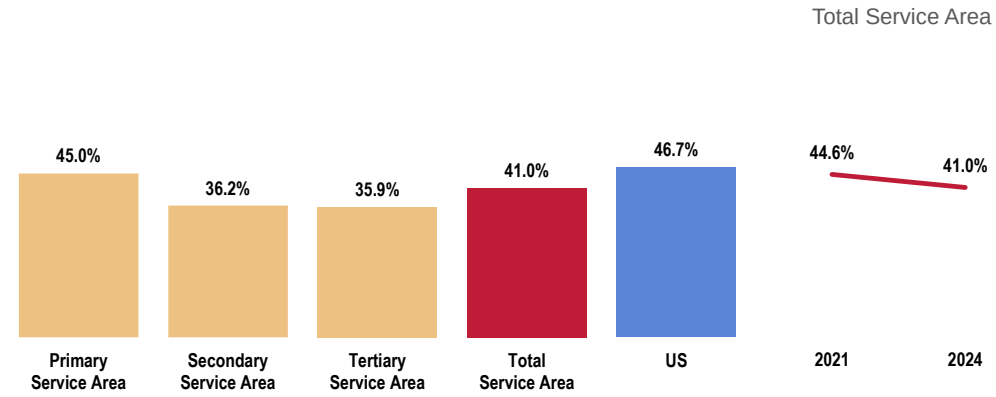
Symptoms of Chronic Depression

A total of 41.0% of Total Service Area 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 ► Lower than the national figure.

DISPARITY ► Highest in the Primary Service Area. Reported more often among women, young adults, and those with lower household incomes.

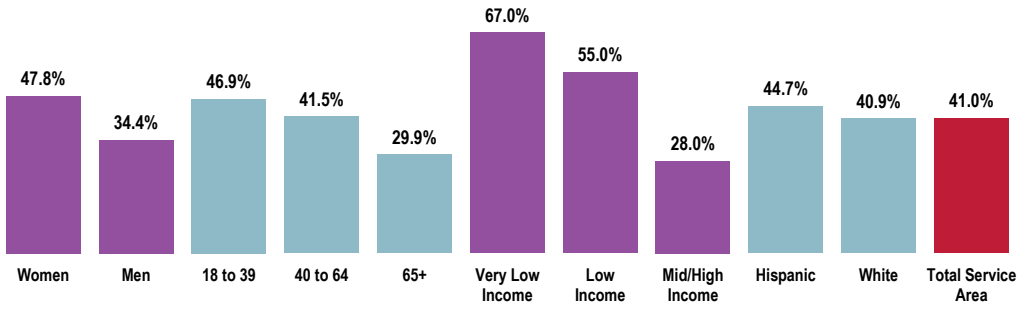
Have Experienced Symptoms of Chronic Depression



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 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
(Total Service Area, 2024)

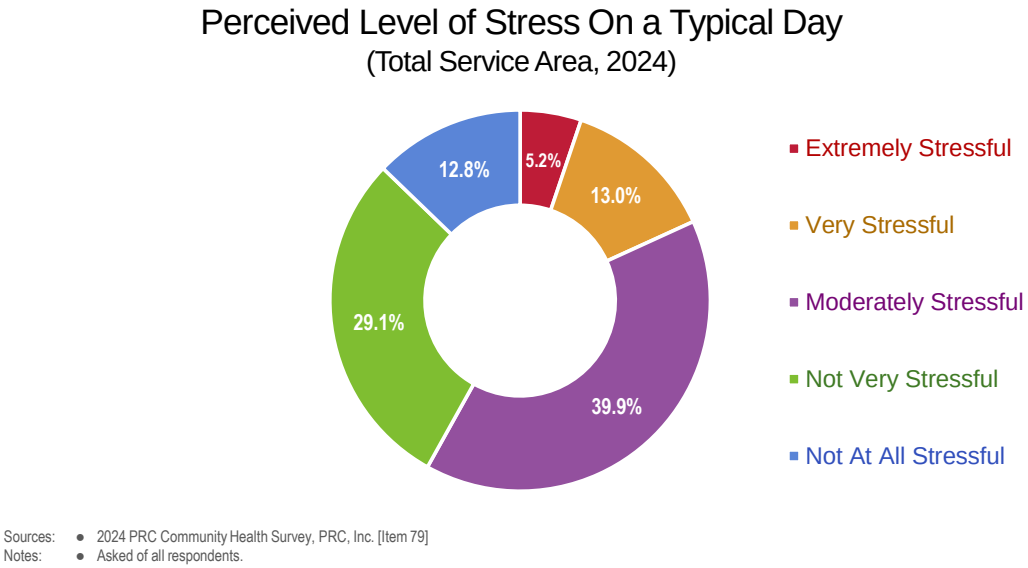


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 78]

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

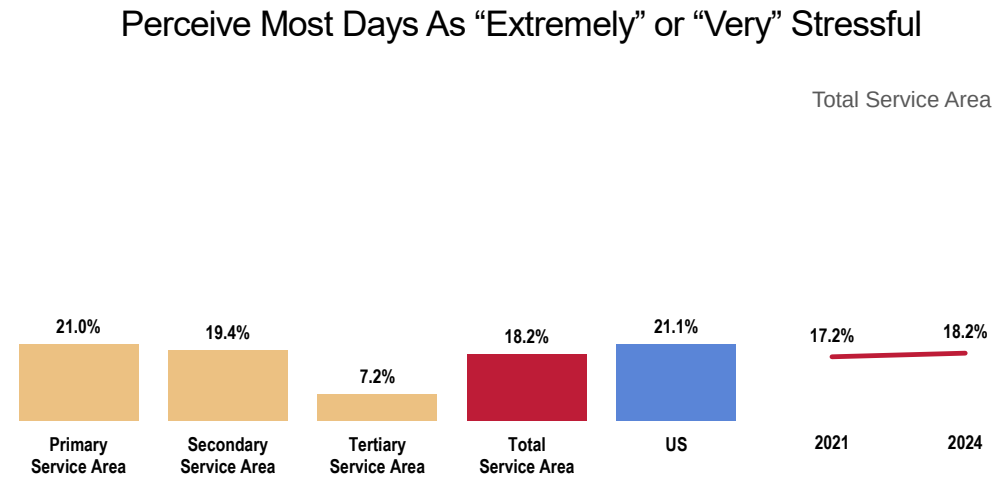
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 18.2% of Total Service Area adults feel that most days for them are "very" or "extremely" stressful.

DISPARITY ► Highest in the Primary Service Area. Also higher among adults under 65, those living on the lowest household incomes, and White residents.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Service Area, 2024)

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Suicide

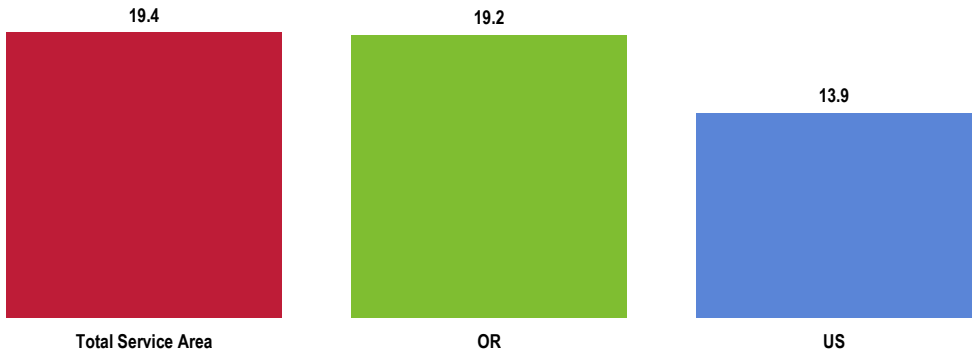
Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.

The Total Service Area reported 19.4 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Well above the national suicide rate.

TREND ► Despite declines in recent years, it has increased overall during the past decade.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

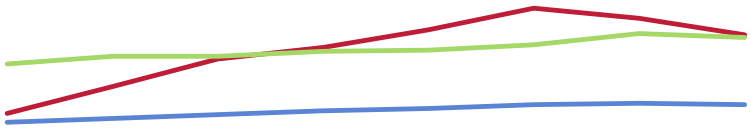


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • 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.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	13.2	15.3	17.5	18.4	19.8	21.5	20.7	19.4
OR	17.1	17.7	17.7	18.1	18.2	18.6	19.5	19.2
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

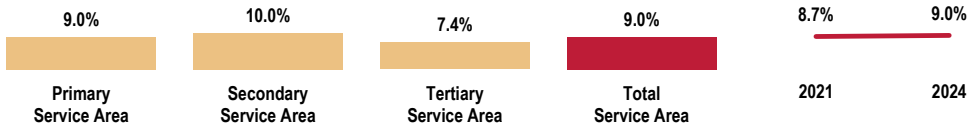
Suicide Ideation

Among survey respondents, 9.0% report that there was a time in the past 12 months when they considered taking their own life.

DISPARITY ► The prevalence decreases with age and is highest among adults living in poverty.

Suicide Ideation

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 308]

Notes:
- Asked of all respondents.

Suicide Ideation
(Total Service Area, 2024)

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: • Asked of all respondents.

Mental Health Treatment

Mental Health Providers

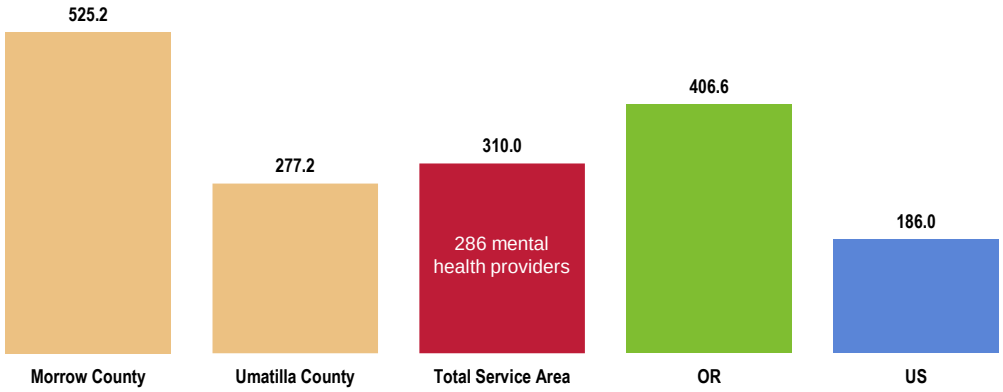
In the Total Service Area, there are 310 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

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

DISPARITY ► Much higher in Morrow County than in Umatilla County.

Number of Mental Health Providers per 100,000 Population
(2024)



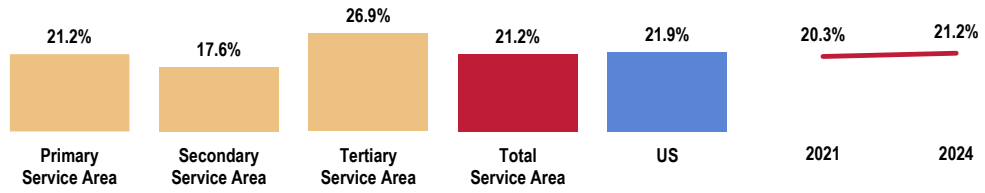
Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 21.2% 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.

Currently Receiving Mental Health Treatment

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

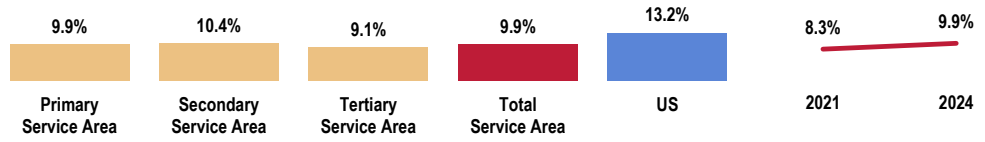
A total of 9.9% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Below the US figure.

DISPARITY ► Reported more often among women, adults under age 65, and those living at lower household income levels.

Unable to Get Mental Health Services When Needed in the Past Year

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

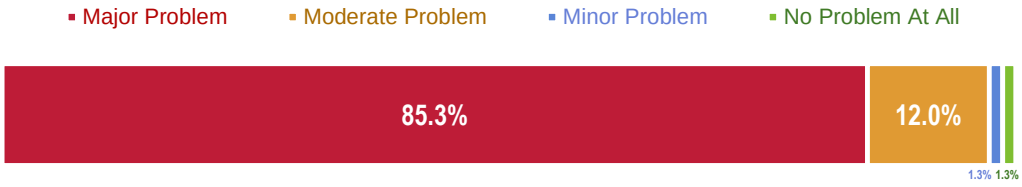
Unable to Get Mental Health Services When Needed in the Past Year
(Total Service Area, 2024)

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

Most key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 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

> Mental health affects children, adults, staff, and the community as a whole and we are facing major issues with mental health care availability and qualifications. There is an increasing need for mental health services in our area, both for standard needs and acute crises. However, the resources available are limited and often not accessible quickly enough to address urgent situations. Our largest challenge is staffing, as we struggle to find qualified professionals to meet the growing demand. This lack of adequate mental health care impacts everyone, underscoring the necessity for improved access and support for our community's well-being. – Community Leader
>
> Mental health resources are scarce and follow ups and effective management of these patients is not reliable or available in the community. Many of these patients suffer crises, lack stability in management and following up, and as a result end up in the emergency department or jail awaiting appropriate intervention and care. – Community Leader
>
> Access to supportive services that encourage them to stay on their meds. Supportive housing, if not currently, is safe, affordable housing. Residential treatment facilities for acute episodes and for those unable to live independently. If mental health problems are part of drug addiction, supportive services that address both issues. – Community Leader

Access to any sort of mental health care. The primary provider, Community Counseling Solutions, does not have enough providers and wait times can be up to six months for people to get in. Outside of Community Counseling Solutions, resources are slim and have excessively high costs for participation. – Community Leader

Having to wait months to get an intake and then a couple of months additionally to see a counselor. We are seeing an average wait of seven or eight months. If someone is in crisis, they can't wait that long. – Community Leader

There is no clinic or physician in the area to assist with mental health issues right away. There is a six month wait, and mental health concerns can't wait. They should be addressed right away. – Community Leader

Access to services. There seem to be services for low-income families, but not middle or upper-income families. The services are provided in Walla Walla, Tri Cities, or virtually. – Community Leader

Access. We're six months out on appointments. Finding in-patient services for high needs students is impossible, and finding risk assessment support and other things is difficult. – Community Leader

Hermiston has no care for mental health other than private counselors. Most people have to go to Portland, Spokane, or Tri Cities for their care. – Community Leader

Services are extremely limited, and unless you are in crisis, you may have to wait months to get in to a provider for help/support. – Community Leader

The time it takes to see a person at CCS or other therapy centers. I think three months is too long to wait. – Community Leader

Accessing providers. Our community mental health provider is booked months out for initial assessments. Challenging for people with immediate needs. – Social Services Provider

Lack of access to mental health professionals. There are just not enough mental health professionals nation-wide to support the demand. – Community Leader

There are not enough facilities/providers to take care of our citizens with mental illness/addiction issues. – Community Leader

Availability of mental health services in Oregon, the state, and the nation. – Community Leader

Access to appointments in a timely manner. Continuity of care. – Community Leader

Lack of resources for those struggling with mental health. – Public Health Representative

No credible resources, and inpatient services are not close. – Community Leader

Lack of adequate resources and education. – Social Services Provider

Lack of services in our area. – Community Leader

Lack of available treatment resources. – Community Leader

Lack of provider access. – Community Leader

Access to care. – Community Leader

Access to services. – Community Leader

Access to treatment. – Community Leader

Lack of resources. – Community Leader

Limited resources. – Community Leader

Lack of Providers

There are not enough providers. The wait to see someone is absurdly long. Even if you can get in to see someone and need ongoing help, you might get to schedule a monthly appointment only. We are seeing young people that need intensive counseling more often. We also have no resources or facilities for the most severe youth mental health needs. We are seeing more kids with extreme issues like Intermittent Explosive Disorder and Schizophrenia. – Community Leader

Lack of providers, lack of specialized providers for children. Cost to access care, not always covered by insurance. Not understanding when and why to see help. Not understanding where to go. Lack of understanding about the various types of therapy and how to find one that works for you. Social determinants of health: lack of resiliency, self-regulation, and connection in community creates an environment where addiction and poor self-care become the norm. – Social Services Provider

There are not enough clinicians in the area, and there are not enough bilingual staff. Most people have to wait months to get in to see someone. – Social Services Provider

Lack of mental and behavioral health providers/clinicians. Long wait times to establish care/services. Only one service provider, CCS, for individuals with OHP. – Social Services Provider

Mental health specialists are needed nationwide. Our nation is in a mental health crisis. – Community Leader

Lack of staff, experience, and facilities. – Social Services Provider

Inadequate number of mental health providers. – Community Leader

Lack of providers. – Community Leader

Alcohol/Drug Use

> Substance abuse, particularly involving opioids and methamphetamines, is prevalent and often co-occurs with mental health disorders, exacerbating the crisis. Limited Healthcare Providers, stigma, high rates of poverty and unemployment, older adults experience depression, anxiety, and cognitive decline. Isolation and lack of access to mental health. Young people in Umatilla County face significant mental health challenges, including high rates of depression, anxiety, and suicidal ideation. Bullying, academic pressure, lack of parental support and lack of mental health resources in schools contribute to this crisis. We need integrated mental health services with primary healthcare that can make it easier for individuals to receive comprehensive care. Training police, firefighters, and EMTs in mental health crisis intervention can improve outcomes for individuals in crisis situations. – Social Services Provider

> Drug use is encouraged. Almost no services for the homeless epidemic, which is more indicative of societal breakdown than of economic conditions, though they do contribute. We seem to have lost any understanding of human nature. – Community Leader

Denial/Stigma

> Mental health is taboo in a lot of areas. The lack of qualified staff in our area is the biggest issue. – Social Services Provider

> Social stigma attached to mental health issues. Lack of insurance to seek support. People feel the issue will pass. – Community Leader

Incidence/Prevalence

> Mental health is becoming a nationwide crisis; our local mental health workers are useless; they are a detriment to our community. Mental health issues lead to disabilities, drug abuse, homelessness, jobless situations that spiral out of control. Drugs and mental health go hand-in-hand, with the current Oregon laws regarding drugs, the mental health crisis has exploded. – Community Leader

> There are many, and our community and state don't really have a good answer of what to do to help all of those with mental health issues. – Community Leader

Homelessness

> Mental illness is rising in our area. Many are houseless and are struggling to survive. Some have addiction issues, and with limited resources offered, it is difficult to assist these people in need. – Social Services Provider

> Several homeless and a large population affected by Covid/isolation. – Community Leader

Disease Management

> I think in terms of medications available to them and the need for them to get seen regularly. – Community Leader

> Difficulty seeking help, social isolation, and cost of treatment. – Community Leader

Awareness/Education

> Access to a proper educational system for young people with mental and emotional challenges. Support services to help them find work and support them through work experience when problems arise. Alternatives other than jail to house them. Alternative holistic medicine to aid in their daily lives. Services to aid them in obtaining social security disability. – Community Leader

Co-Occurrences

> Poor mental health often leads to poor physical health. Lack of mental health seems to lead to deteriorating physical health as someone may pass over physical care--sleep or food--to support their best mental state. Sometimes through drugs or other substance abuse which can have much greater impact on one's physical health. – Community Leader

Isolation

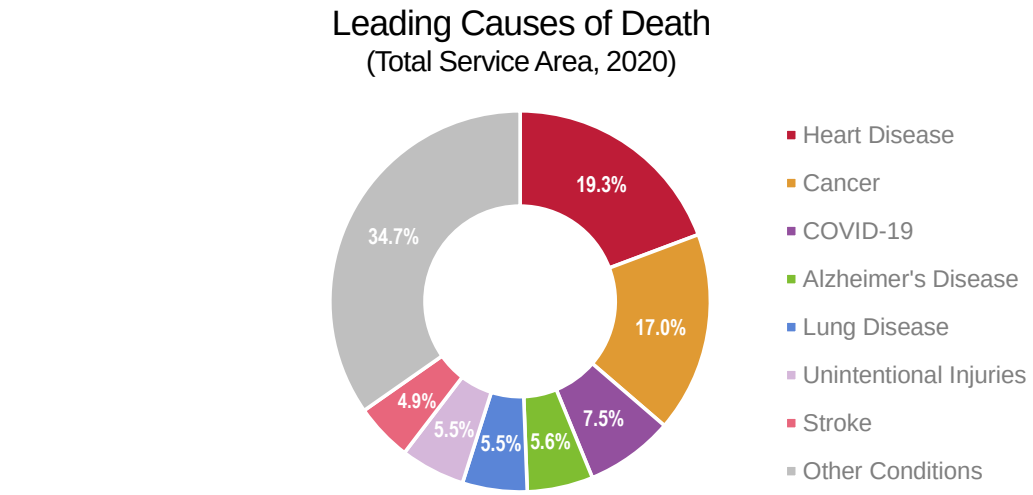
> Isolation and loneliness. Surgeon General says this is a major health issue. – Social Services Provider

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for the largest share of all deaths in the Total Service Area in 2020.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: ● Lung disease includes deaths classified as 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 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Service Area.

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

Leading causes of death are discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Total Service Area	Oregon	US	Healthy People 2030
Cancers (Malignant Neoplasms)	149.8	147.1	146.5	122.7
Heart Disease	147.4	131.1	164.4	127.4*
Falls [Age 65+]	83.8	104.1	67.1	63.4
Unintentional Injuries	52.7	47.2	51.6	43.2
Lung Disease (Chronic Lower Respiratory Disease)	47.0	36.0	38.1	—
Alzheimer's Disease	42.7	36.6	30.9	—
Stroke (Cerebrovascular Disease)	35.6	39.3	37.6	33.4
Diabetes	29.4	23.4	22.6	—
Alcohol-Induced Deaths	21.8	14.0	11.9	—
Suicide	19.4	19.2	13.9	12.8
Cirrhosis/Liver Disease	18.6	12.4	12.5	10.9
Motor Vehicle Deaths	16.2	11.1	11.4	10.1
Pneumonia/Influenza	12.5	8.8	13.4	—
Unintentional Drug-Induced Deaths	9.5	12.5	21.0	—
Kidney Disease	8.8	7.4	12.8	—
Homicide [2011-2020]	5.4	2.9	5.9	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 September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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.

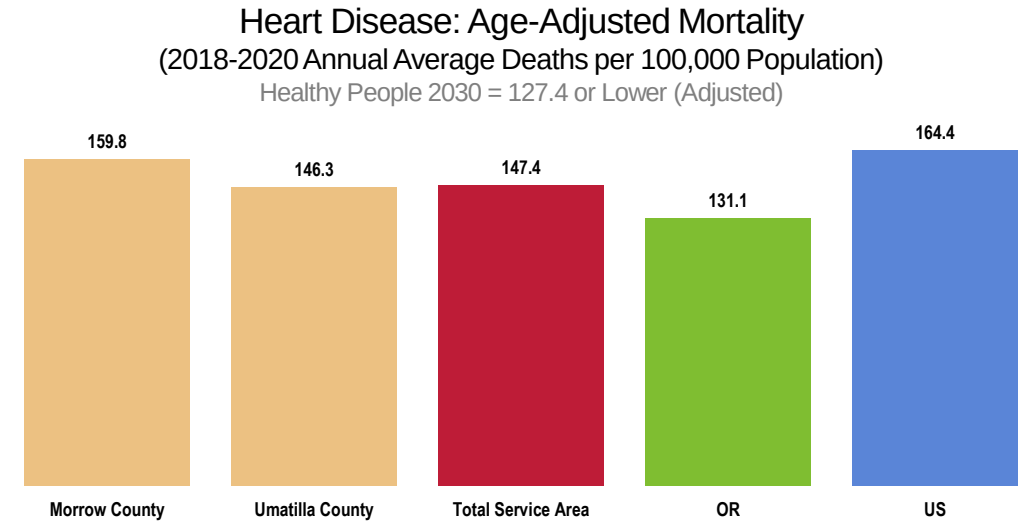
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 147.4 deaths per 100,000 population in the Total Service Area.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	141.4	133.2	137.7	140.2	139.9	132.3	133.6	147.4
OR	133.6	132.5	134.4	134.4	135.0	132.5	131.1	131.1
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

Stroke Deaths

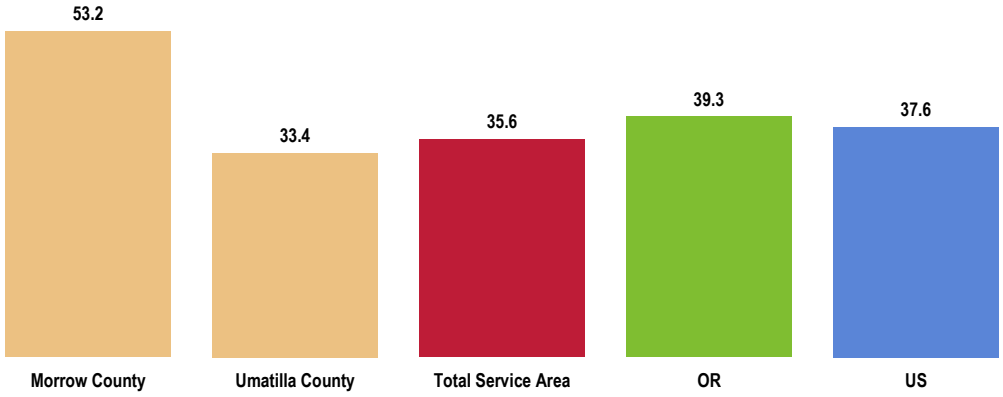
Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 35.6 deaths per 100,000 population in the Total Service Area.

DISPARITY ► Stroke mortality is much higher in Morrow County.

Stroke: Age-Adjusted Mortality

(2018-2020 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 September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	40.0	40.5	41.0	43.4	41.3	37.7	33.3	35.6
OR	38.8	37.4	37.4	37.6	38.4	38.6	39.1	39.3
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Prevalence of Heart Disease & Stroke

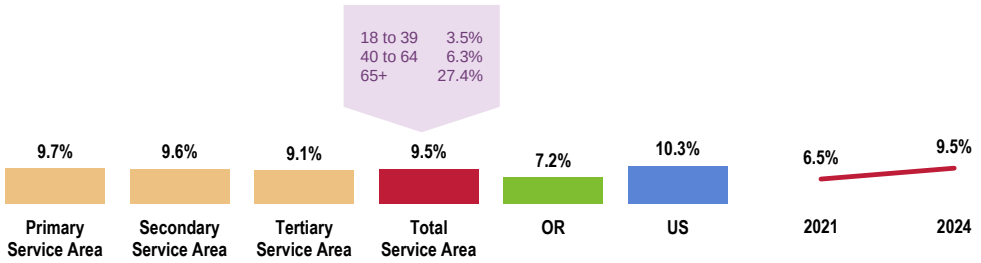
Prevalence of Heart Disease

A total of 9.5% 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 ► Note the strong correlation with age.

Prevalence of Heart Disease

Total Service Area



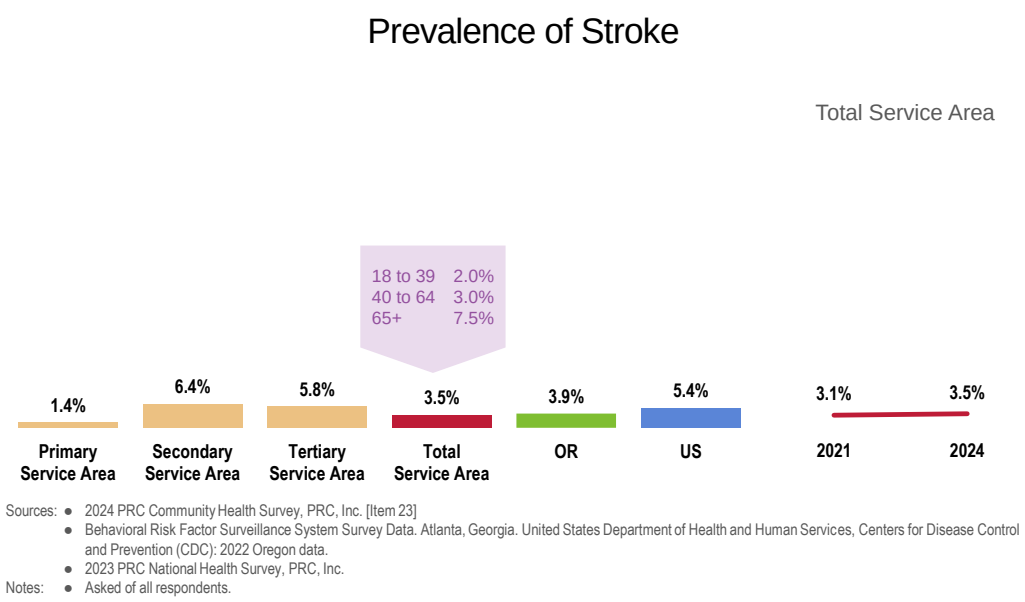
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 3.5% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Lowest in the Primary Service Area. Increasing with age among service area adults.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 41.1% of Total Service Area adults have been told by a health professional at some point that their blood pressure was high.

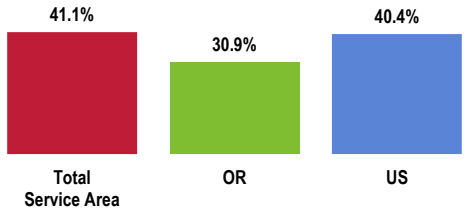
BENCHMARK ► Well above the Oregon prevalence.

A total of 31.4% of adults have been told by a health professional that their cholesterol level was high.

TREND ► Decreasing significantly since 2021.

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



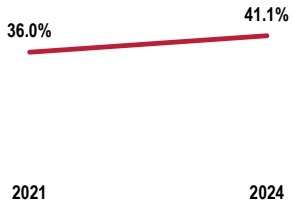
Prevalence of High Blood Cholesterol

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

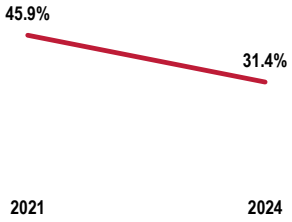
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Total Service Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Total Service Area)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

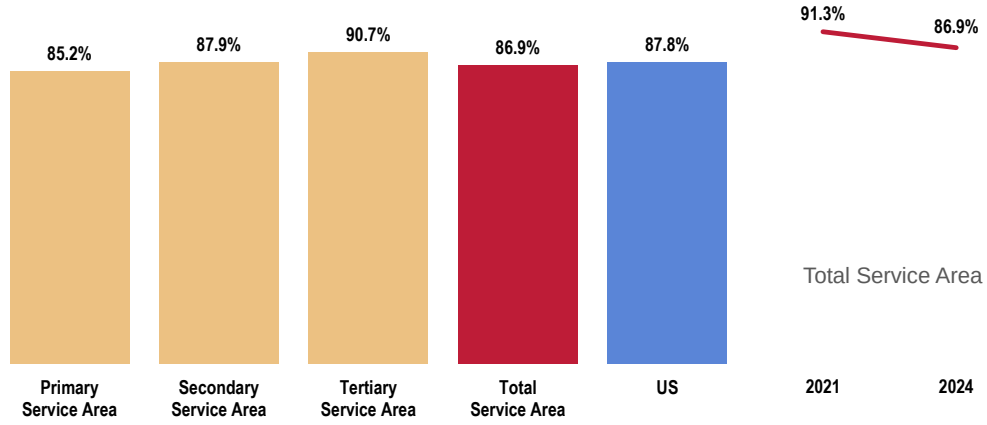
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 86.9% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

TREND ► Decreasing (improving) significantly since 2021.

DISPARITY ► Increasing with age among survey respondents.

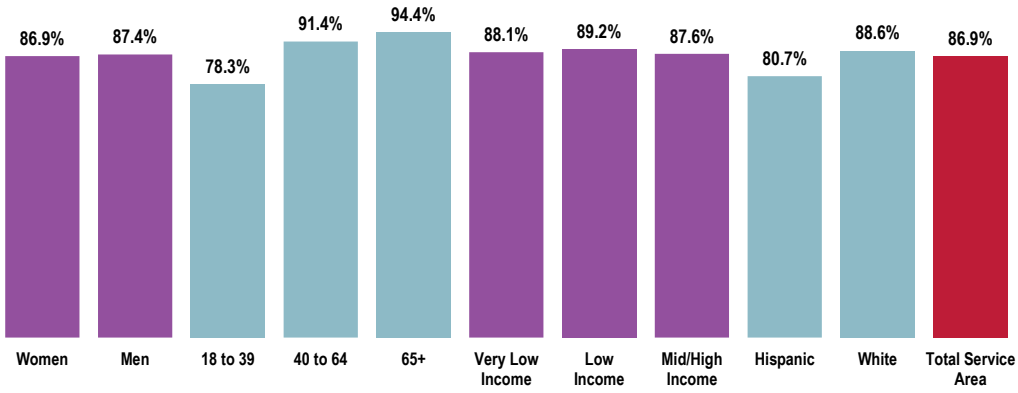
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 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.

Exhibit One or More Cardiovascular Risks or Behaviors
(Total Service Area, 2024)

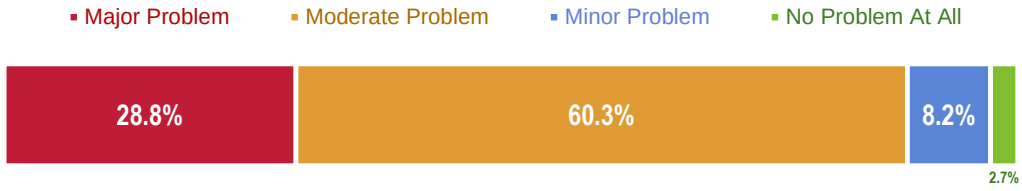


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 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

> There have not been stable cardiology services in Hermiston. If there is someone that comes to the hospital experiencing heart issues, they are immediately transferred to another facility. I am unaware of consistent and ongoing programs to educate the public. – Community Leader
>
> Cardiac rehab and physical therapy are available, but limited help for stroke patients. We could use a resource specifically for them. Cardiac rehab should expand and potentially include outdoor programs when the weather is good. – Community Leader
>
> Limited resources and specialists. – Social Services Provider
>
> Limited providers. Have to travel out of state for specialist appointments. – Social Services Provider

Contributing Factors

> An aging community is likely to have a higher incidence of heart and stroke cases. – Community Leader
>
> Diabetes can lead to heart disease. We have a huge population of people who are overweight and do not see it as a problem. – Social Services Provider

> I feel this is an issue across the United States. Lack of exercise and healthy eating. Sedentary lives make people more at risk for these problems. – Social Services Provider
>
> Lack of healthy diets and heavy weights leading to chronic diseases. – Public Health Representative
>
> Level of obesity and diabetes prevalent in the community. Nature of the disease, silent killers. People not getting preventative care that would screen for issues. Failure to recognize the seriousness of the problem. Ignoring the signs of problems. – Community Leader

Incidence/Prevalence

> Based on conversations/experience with family and friends as well as doctors in the area. – Community Leader
>
> These ailments have a high incidence in the community our facility serves. – Community Leader

Income/Poverty

> Large population on SNAP benefits (not limited to healthy food choices), access to fresh produce, and low health literacy. – Community Leader
>
> Silent killers. These diseases disproportionately affect certain populations, including low-income communities. – Community Leader

Prevention/Screenings

> Preventive care can be difficult to obtain. – Community Leader

CANCER

ABOUT CANCER

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)

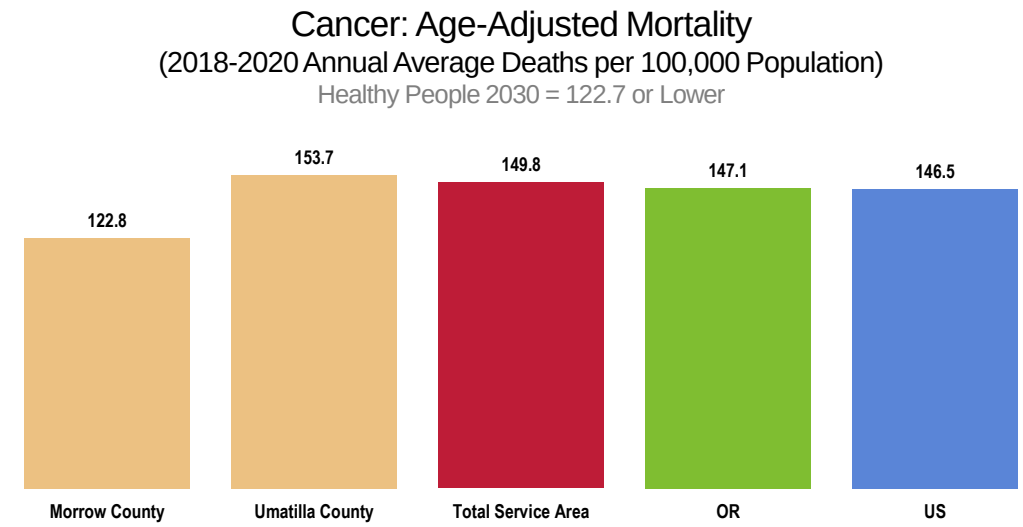
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 149.8 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing over the past decade, echoing state and national trends.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	185.0	173.9	169.0	174.7	172.0	165.2	149.1	149.8
OR	168.0	163.9	161.3	158.8	156.8	153.6	149.9	147.1
US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in the Total Service Area.

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

BENCHMARK

Colorectal Cancer ► Higher than both state and national rates. 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

(2018-2020 Annual Average Deaths per 100,000 Population)

	Total Service Area	Oregon	US	Healthy People 2030
ALL CANCERS	**149.8**	**147.1**	**146.5**	**122.7**
Lung Cancer	**29.5**	**31.6**	**33.4**	**25.1**
Female Breast Cancer	**17.6**	**18.9**	**19.4**	**15.3**
Colorectal Cancer	**16.4**	**12.3**	**13.1**	**8.9**
Prostate Cancer	**13.7**	**19.7**	**18.5**	**16.9**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Cancer Incidence

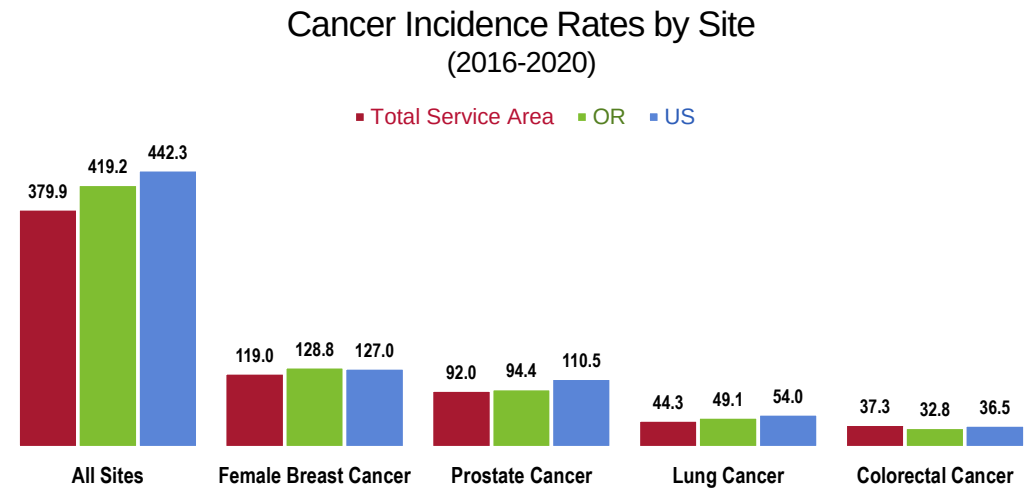
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

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

BENCHMARK

Prostate Cancer ► Lower than the national rate.

Lung Cancer ► Lower than the national rate.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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.

Prevalence of Cancer

A total of 10.2% of surveyed Total Service Area adults report having ever been diagnosed with cancer.

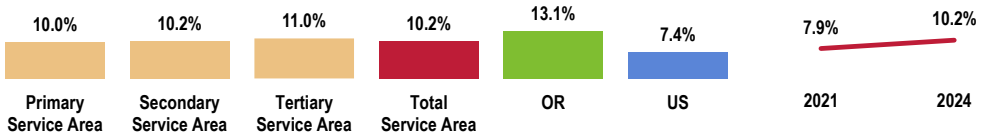
BENCHMARK ► Lower than the Oregon prevalence.

DISPARITY ► Reported more often among adults age 65+ and White respondents.

Prevalence of Cancer

Total Service Area

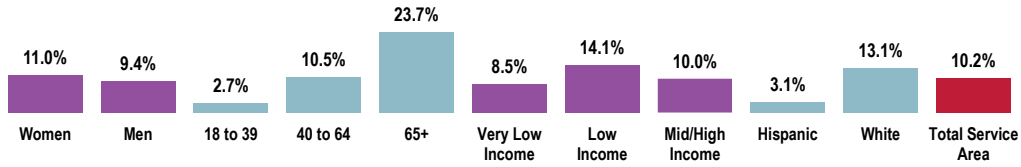
The most common types of cancers cited locally include:
1) Skin/melanoma 30.8%
2) Breast 10.6%



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

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 the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 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 age 21 to 29 years. For women age 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 45 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.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 50 to 74, 76.2% have had a mammogram within the past 2 years.

BENCHMARK ► Higher than the US prevalence.

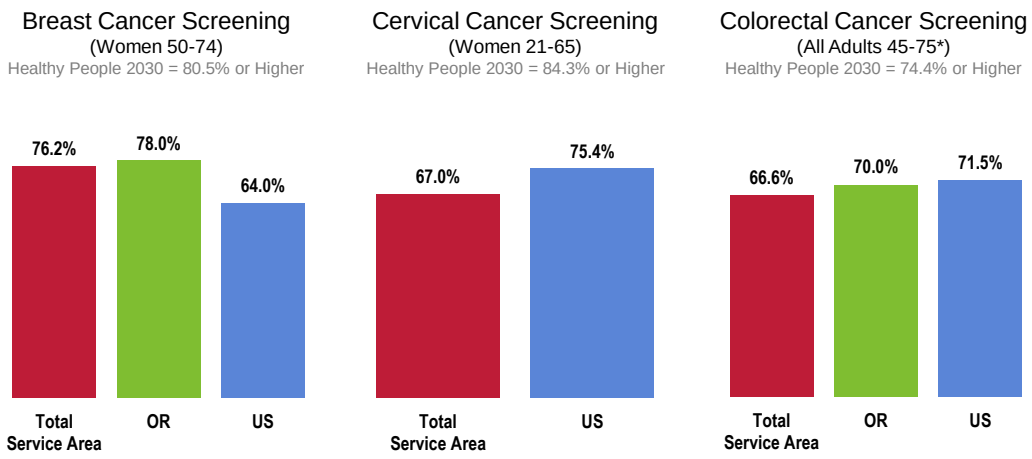
Among Total Service Area women age 21 to 65, 67.0% have had appropriate cervical cancer screening.

BENCHMARK ► Lower than the US figure and fails to satisfy the Healthy People 2030 objective.

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

Among all adults age 45 to 75, 68.4% have had appropriate colorectal cancer screening.

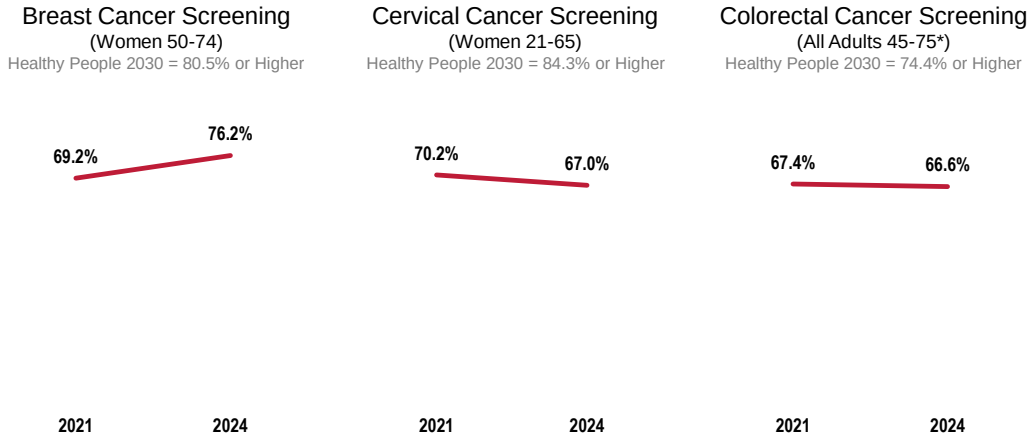
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

* Note that state and national data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.



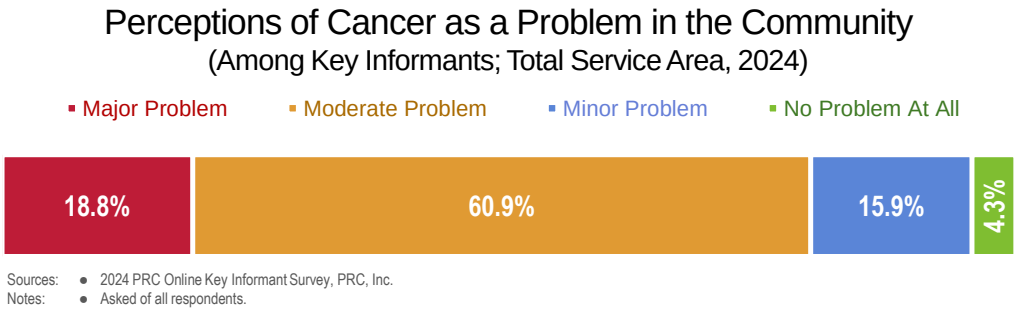
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

* Note that past data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.

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.



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

Incidence/Prevalence

> There are many people that I know that have had cancer or know someone that has cancer. Also considering the area that we live in, due to exposure to our water and chemical plants that have previously been in our area etc. Our hospital has made a cancer clinic to make treatments accessible to this area. – Social Services Provider
>
> Cancer is more common than once believed, including skin cancer. Why doesn't Good Shepherd offer any dermatology services for this issue, which can lead to serious health concerns. – Community Leader
>
> Various forms of cancer affect a lot of people in the community. – Community Leader
>
> High mortality rate and high financial burden. – Community Leader

Access to Care/Services

> Cancer care is available in Hermiston but is provided by a single doctor and a small clinic that doesn't meet the needs of the entire community. As a result, many patients still travel outside the area for their care and treatment which is not optimal for them or their families. Radiation and PET CT scanning, two cancer care modalities that are needed, are lacking in Hermiston. Our community needs to quit relying on adjacent health care providers to care for our community and provide the care we need locally. Good Shepherd needs to invest in improving access to care. – Community Leader
>
> Although Good Shepherd has expanded the Cancer Center, people travel outside of the service area for treatment. More proactive programs should be implemented to educate people about the causes of cancer. – Community Leader
>
> Access to cancer treatment is the problem, not cancer itself (though it is an obvious problem). – Community Leader

Environmental Contributors

> I think high rates of cancer are prevalent in agricultural communities for several reasons. Almost everyone in Eastern Oregon has a relative that has or has had cancer. And it seems like the instances are increasing though I don't have any hard data to give. – Community Leader
>
> Downwinders, Handford, and Columbia River. – Community Leader
>
> Skin cancer. No access to dermatology. – Community Leader
>
> We have a high level of agricultural work, and in return, a high level of cancer. – Social Services Provider We have high cancer rates from all the agricultural equipment, red meat, smoking, and from Hanford's runoff decades ago. People are not apt to get their cancer screenings on time, either. – Public Health Representative

Diagnosis/Treatment

> Mostly because I don't think we are equipped to handle the aftercare of a cancer diagnosis no matter which type. – 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.

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

Note that this section also includes data relative to COVID-19 (coronavirus disease).

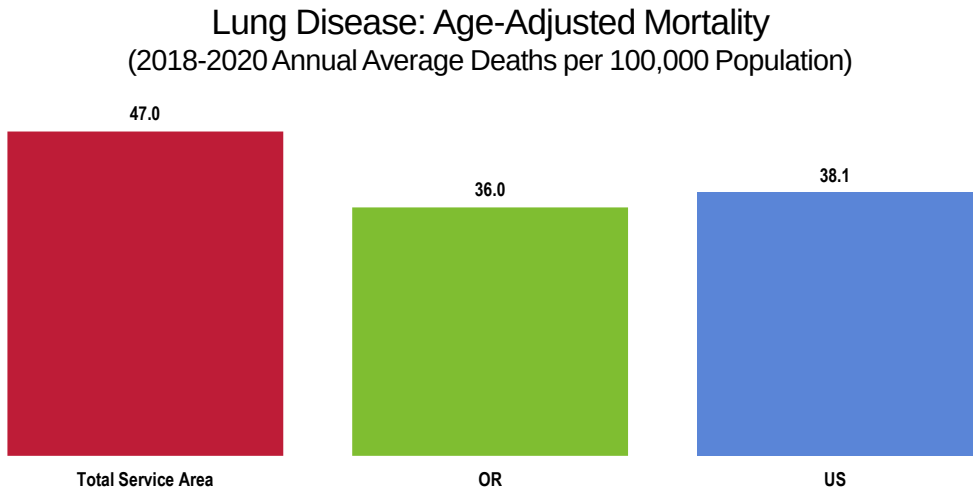
Age-Adjusted Respiratory Disease Deaths

Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted lung disease mortality rate of 47.0 deaths per 100,000 population.

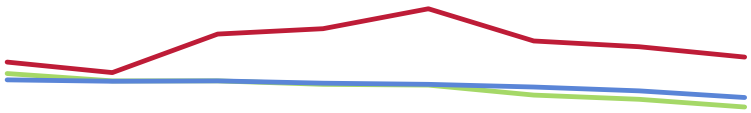
BENCHMARK ► Well above the state and national rates.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- 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.

Lung Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	45.9	43.6	52.1	53.3	57.7	50.6	49.3	47.0
OR	43.4	41.8	41.8	41.0	40.8	38.6	37.7	36.0
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

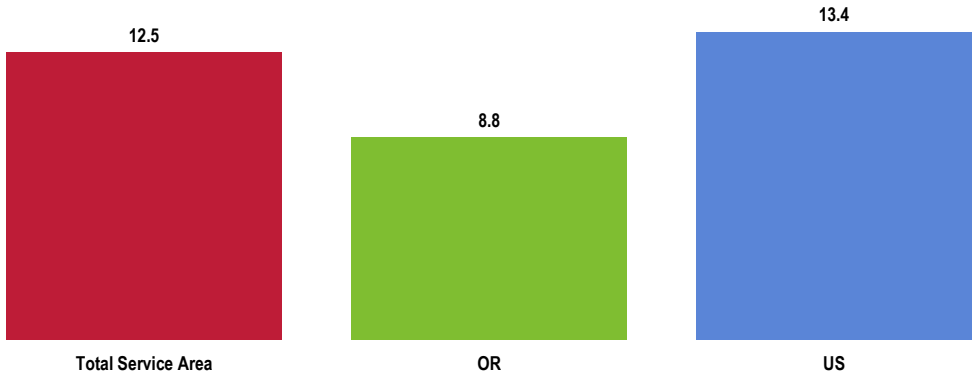
Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza Deaths

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 12.5 deaths per 100,000 population.

BENCHMARK ► Higher than the state mortality rate.

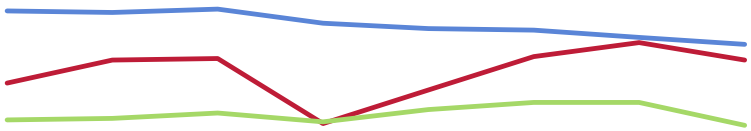
Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- 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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	11.2	12.5	12.6	8.9	10.8	12.7	13.5	12.5
OR	9.1	9.2	9.5	9.0	9.7	10.1	10.1	8.8
US	15.3	15.2	15.4	14.6	14.3	14.2	13.8	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- 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.

Prevalence of Respiratory Disease

Asthma

Adults

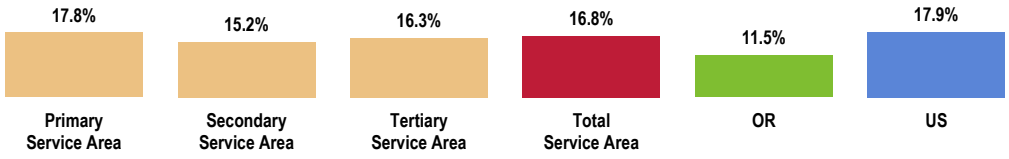
Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 16.8% of Total Service Area adults have asthma.

BENCHMARK ► Higher than the Oregon prevalence.

DISPARITY ► Found more often among women, adults age 40 to 64, and those in lower-income households.

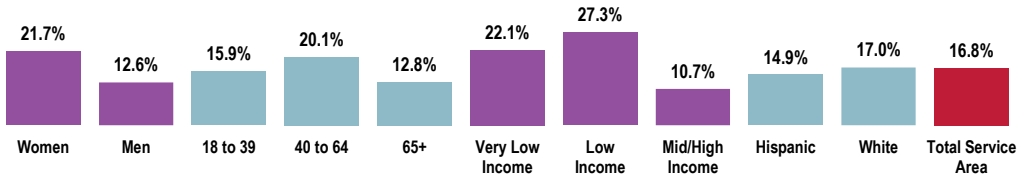
Prevalence of Asthma



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 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): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Total Service Area, 2024)



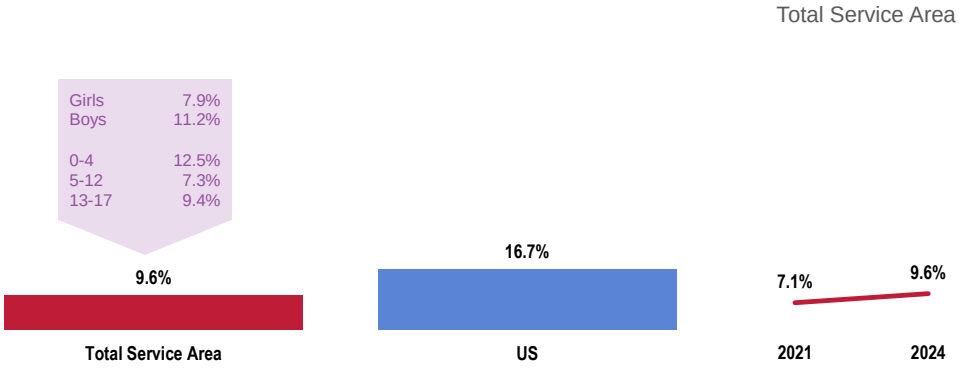
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.

Children

Among Total Service Area children under age 18, 9.6% have been diagnosed with asthma.

BENCHMARK ► Well below the national prevalence.

Prevalence of Asthma in Children
(Children 0-17)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

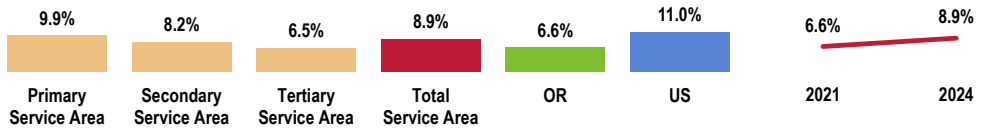
Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 8.9% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD).

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and 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 Disease as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)

Sources:
- 2024 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:

Environmental Contributors

> Air quality including smoking and secondhand smoke can lead to COPD. There are many seniors who either smoked in their youth or still do. Education would prevent the start of smoking. Opportunity to partner with area schools. – Community Leader
>
> Air quality in the region is often poor during wildfire season. I sense a general increase in allergy-related respiratory symptoms. Everyone seems to be nursing a lingering cough. – Community Leader

Tobacco Use

> Tobacco use is prevalent in Umatilla County, plus since the wildfires are rampant in Eastern Oregon, it takes a toll on the older folks and individuals living with respiratory illnesses. We are still seeing cases of COVID-19 among residents of Eastern Oregon, it is not as bad as it was in 2020. But individuals are still not taking precautions against the virus, such as vaccines. – 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.

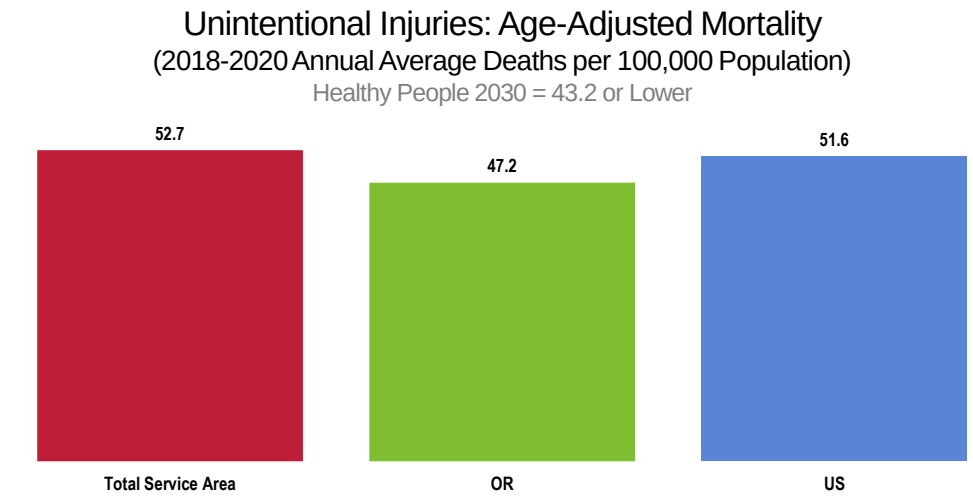
– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 52.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	45.3	43.8	49.0	47.9	46.3	45.6	46.3	52.7
OR	40.2	40.3	41.9	43.8	45.1	44.8	44.8	47.2
US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- 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.

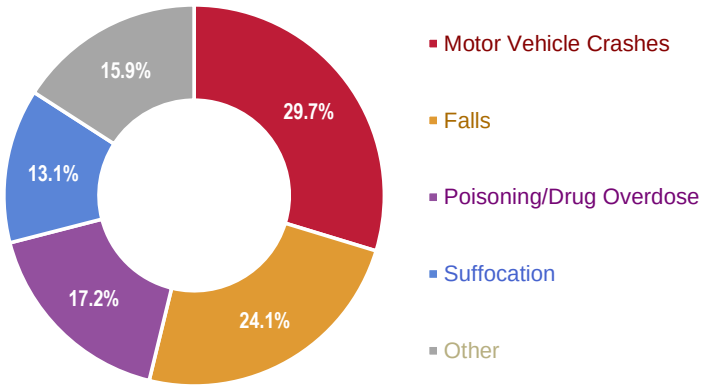
Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, falls, and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the Total Service Area between 2018 and 2020.

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

Leading Causes of Unintentional Injury Deaths

(Total Service Area, 2018-2020)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

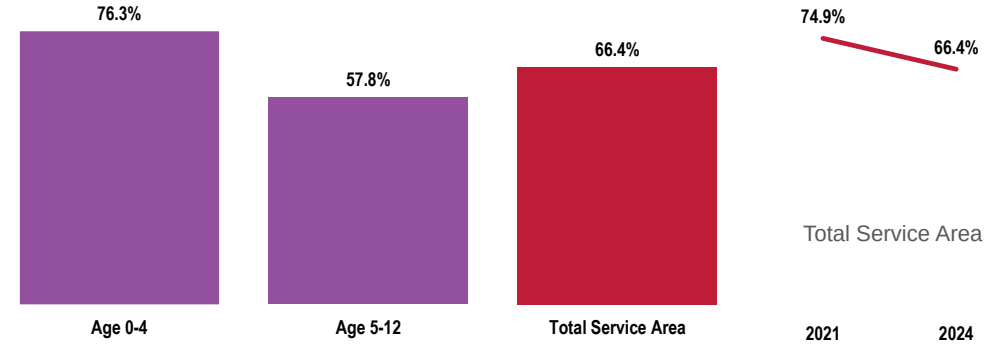
Child Safety Measures

Seat Belt and Car Seat Use

Among surveyed adults with children under age 13, two in three (66.4%) report that the child "always" uses a car seat or booster seat when riding in a vehicle.

DISPARITY ► Lower among children age 5 to 12.

Child "Always" Uses a Seatbelt or Car Seat When Riding in a Vehicle
(Children Age 0-12)

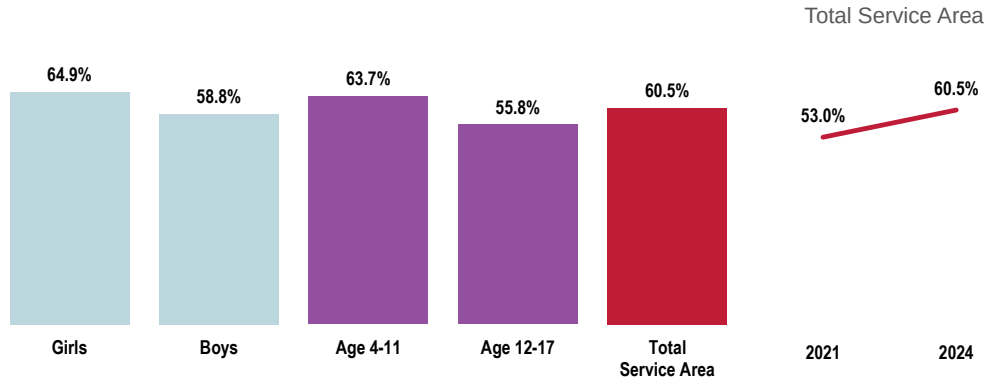


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

Helmet Use

Among parents with children age 4 to 17, a total of 60.5% 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
(Children Age 4-17)

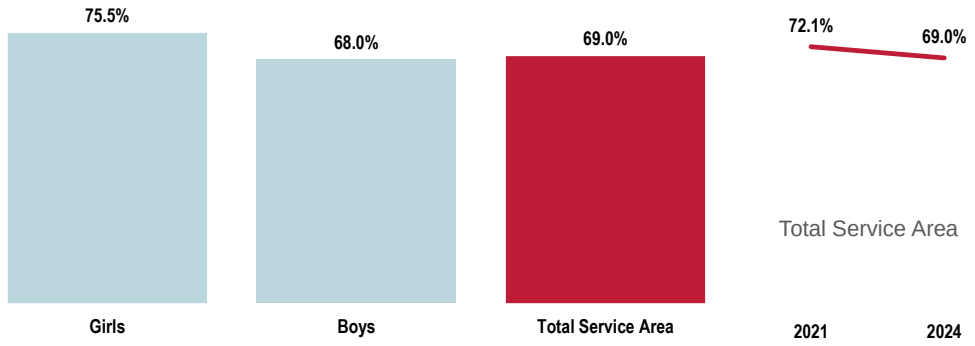


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.

Water Safety

Most parents with children under age 18 at home (69.0%) 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
(Children Age 0-17)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.

Intentional Injury (Violence)

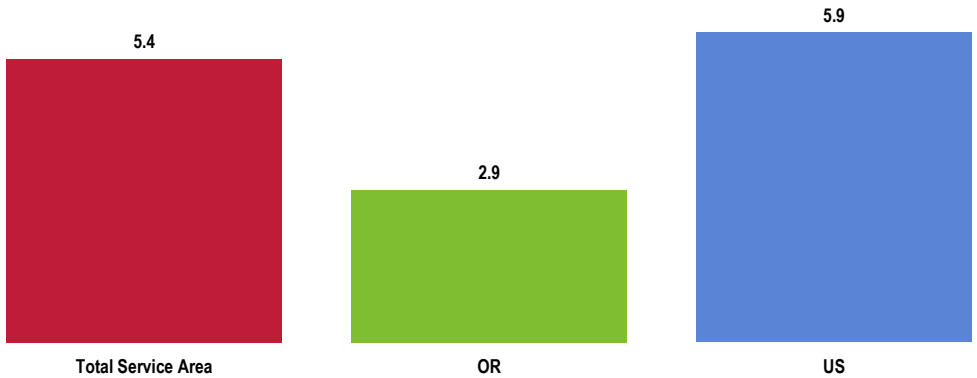
Age-Adjusted Homicide Deaths

In the Total Service Area, there were 5.4 homicides per 100,000 population (2011-2020 annual average age-adjusted rate).

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

BENCHMARK ► Above the statewide homicide rate.

Homicide: Age-Adjusted Mortality
(2011-2020 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 September 2024.
● US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: ● 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.

Violent Crime

Violent Crime Rates

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

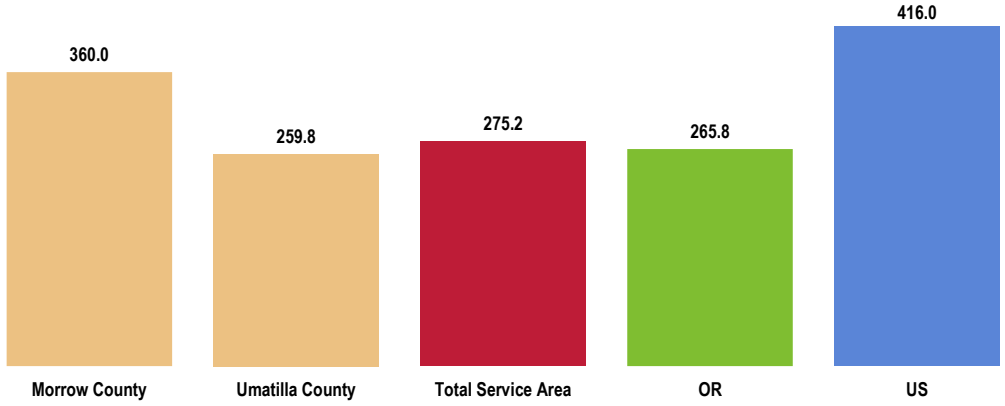
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2015 and 2017, the Total Service Area reported 275.2 violent crimes per 100,000 population.

BENCHMARK ► Lower than the national rate.

DISPARITY ► Higher in Morrow County.

Violent Crime Rate
(Reported Offenses per 100,000 Population, 2015-2017)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 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, forcible rape, robbery, and aggravated assault.
- 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.

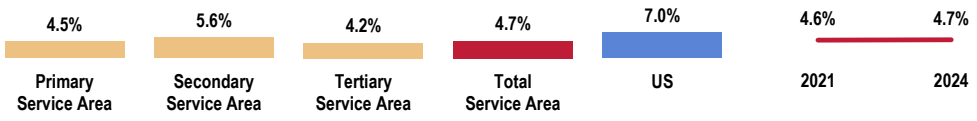
Community Violence

A total of 4.7% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

DISPARITY ► Reported more often among young adults and those in low-income households.

Victim of a Violent Crime in the Past Five Years

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Service Area, 2024)

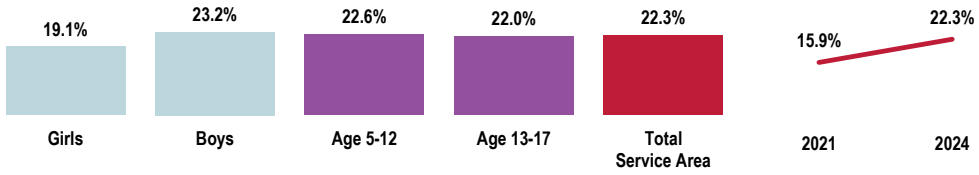
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: • Asked of all respondents.

Child Safety

A total of 22.3% of parents with school-age children acknowledge that their child has been bullied in the past year at school or on the way to or from school.

Child Has Been Bullied in the Past Year at School or on the Way to or from School
(Children Age 5-17)

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.

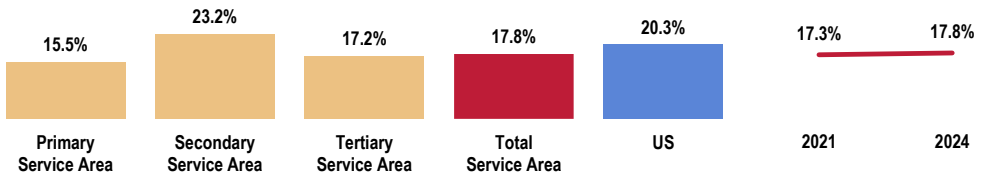
Intimate Partner Violence

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."

A total of 17.8% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

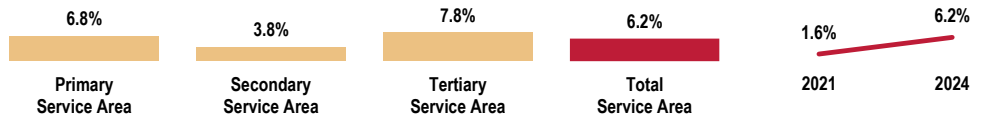
A total of 6.2% of Total Service Area adults currently feel physically, mentally, or emotionally unsafe at home.

TREND ► Denotes a statistically significant increase since 2021.

DISPARITY ► Note the negative correlation with household income level.

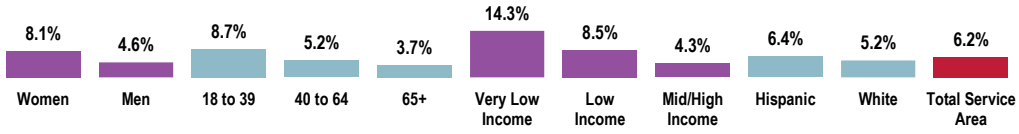
Feel Physically, Mentally, or Emotionally Unsafe at Home

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.

Feel Physically, Mentally, or Emotionally Unsafe at Home
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.

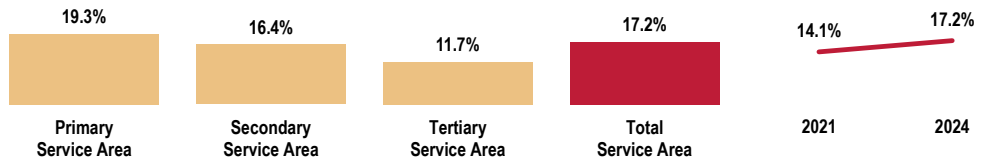
Sexual Violence

A total of 17.2% of Total Service Area adults report that they have ever been forced or pressured into some type of unwanted sexual activity.

DISPARITY ► Reported more often among women, adults under 65, and those living just above the federal poverty level.

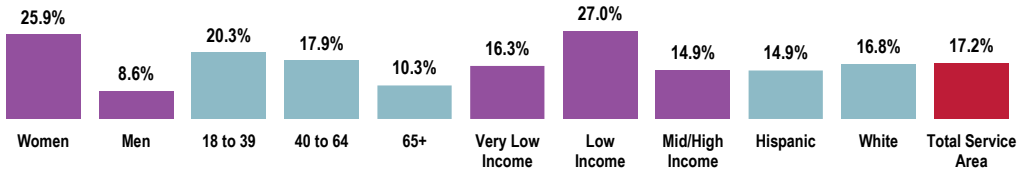
Have Ever Been Forced or Pressured Into Unwanted Sexual Activity

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

Have Ever Been Forced or Pressured Into Unwanted Sexual Activity
(Total Service Area, 2024)

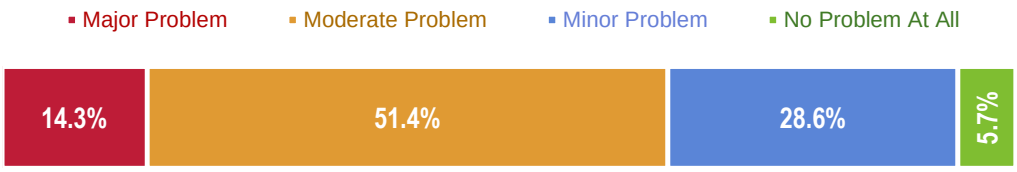


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

Just over half of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: • 2024 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:

Alcohol/Drug Use

> There has been an increase in drug use in our communities that indeed contributes to the violence in our community. Also, mental health wait times to see someone have contributed to self-harm and violence. – Community Leader

> Due to drug use, alcohol abuse, and violence against women; it is a concern. – Community Leader

Domestic Violence

> High number of domestic violence occurrences, particularly within the immigrant population. – Public Health Representative

Gun Violence

> We have a lot of gun violence and domestic violence. – Social Services Provider

Incidence/Prevalence

> Violence against women and children based on my work at Martha's House. – Community Leader

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.

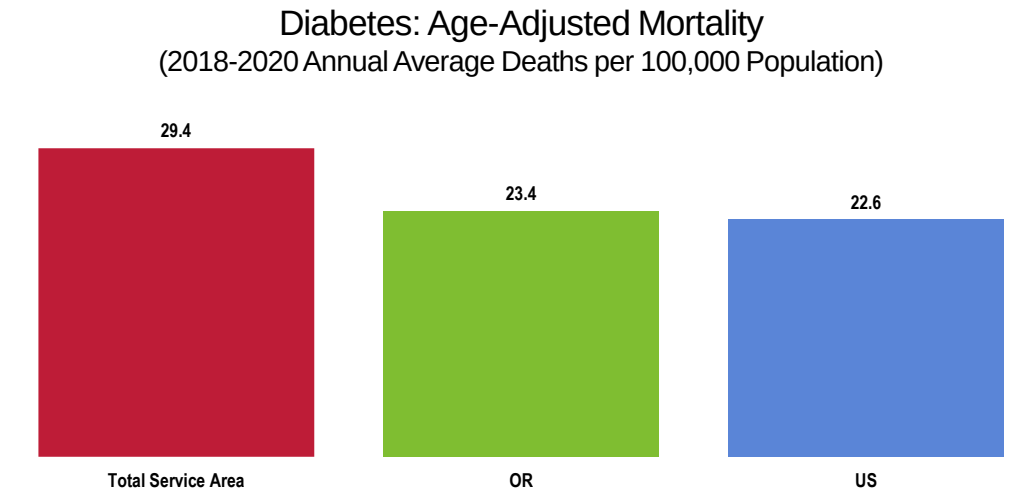
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, the service area reported an annual average age-adjusted diabetes mortality rate of 29.4 deaths per 100,000 population.

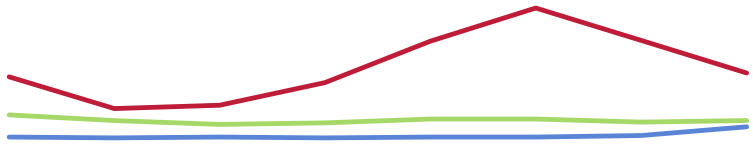
BENCHMARK ► Well above the Oregon and US rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: ● 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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	28.9	24.9	25.3	28.2	33.4	37.6	33.5	29.4
OR	24.1	23.4	22.9	23.1	23.6	23.6	23.2	23.4
US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- 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.

Prevalence of Diabetes

A total of 17.3% of Total Service Area adults report having been diagnosed with diabetes.

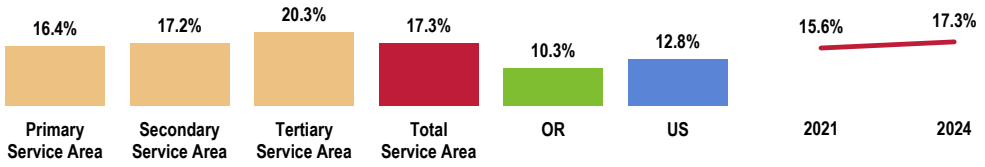
BENCHMARK ► Well above the state and national percentages.

DISPARITY ► The prevalence increases with age and is higher among adults with very low incomes.

Prevalence of Diabetes

Another 10.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

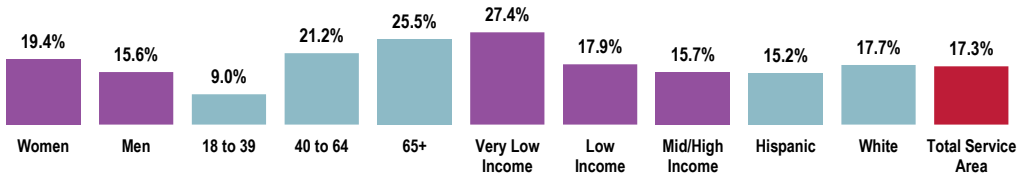
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
Notes: • Asked of all respondents.
• Excludes gestational diabetes (occurring only during pregnancy).

Age-Adjusted Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

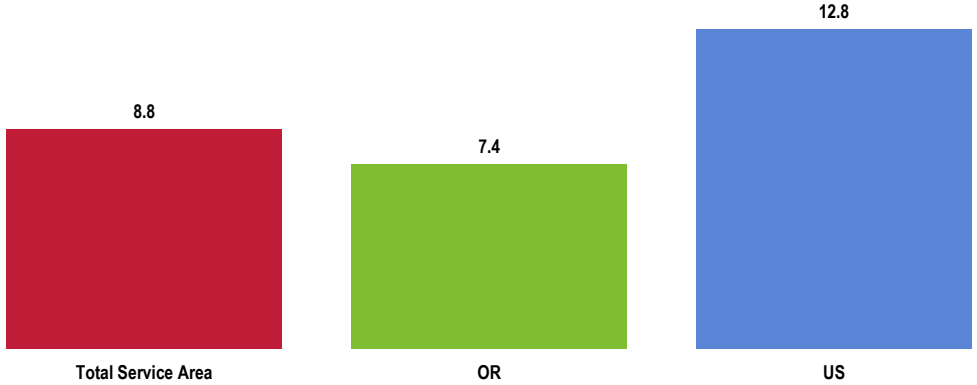
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 8.8 deaths per 100,000 population in the Total Service Area.

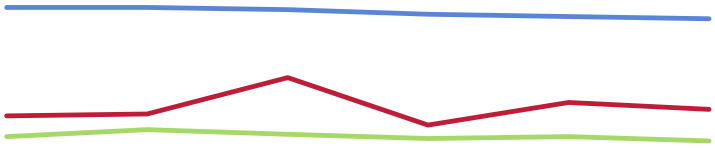
BENCHMARK ► Higher than the Oregon rate but lower than the US rate.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 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 September 2024.
Notes: • 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.

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



	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	8.5	8.6	10.2	8.1	9.1	8.8
OR	7.6	7.9	7.7	7.5	7.6	7.4
US	13.3	13.3	13.2	13.0	12.9	12.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

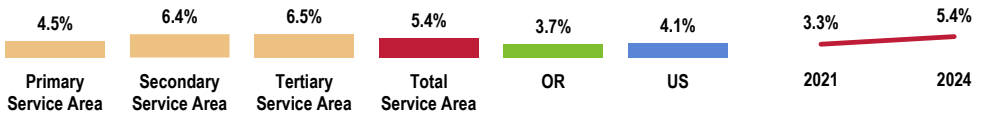
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 5.4% of survey respondents have been diagnosed with kidney disease.

Prevalence of Kidney Disease

Total Service Area

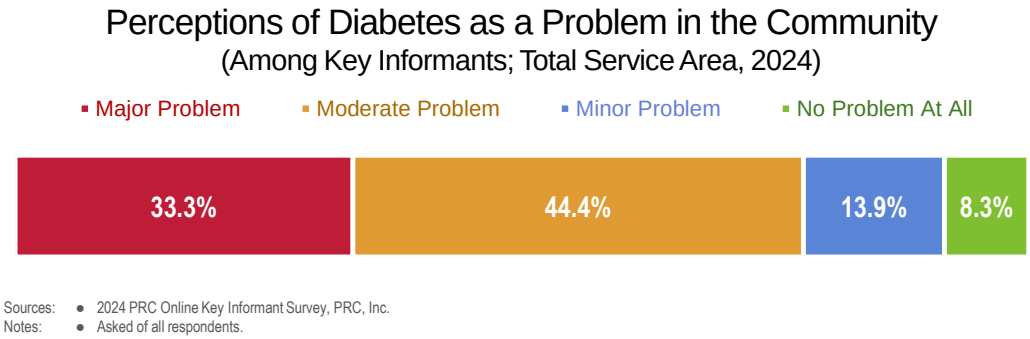


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 301]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

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

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.



Sources: 2024 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 Specialty Care

> For those with diabetes, we have had limited access to endocrinologists in the past. As a community, it also appears there is a lack of understanding and/or follow through in proper diet to avoid or treat diabetes. Insurance has also become a concern as some companies are now denying prescriptions such as the Libre monitors, where they have been covered in the past. – Community Leader
>
> Support/care for individuals with diabetes. There are few endocrinologists and long wait times to see them, or they aren't accepting new patients. Few diabetes educators/coaches and no diabetes support groups. – Social Services Provider
>
> Access to endocrinology, education, and initial primary care. – Community Leader
>
> Access to endocrinology specialists. – Community Leader

Affordable Medications/Supplies

> People with diabetes have difficulty getting or paying for their medicine or testing strips to test their sugar levels. People with diabetes usually end up having a hard time working because of other illnesses they end up getting along with diabetes. – Social Services Provider
>
> The cost of medications to manage disease, including insulin and blood-glucose monitoring strips. – Community Leader
>
> Access to traditional medication. – Community Leader

Incidence/Prevalence

> This community is grossly high in the number of diabetics, but appropriate management of the disease is lacking for many. Many patients are diagnosed, offered therapy, but not provided effective education, monitoring, and compliance follow up. Effective treatment of diabetes requires intensive patient education and follow ups to assure compliance, but all too often these resources are not effectively utilized, and patients are not successful nor compliant in the management of the disease. – Community Leader
>
> Diabetes affects a large portion of our community. For a multitude of reasons, diabetes management is a struggle for many people, therefore increasing complications that affect the entire community and resources. – Community Leader

Awareness/Education

> Lack of awareness of having the disease, failure to properly care for disease, and lack of support from family members to change factors contributing to the problem. – Community Leader
>
> I believe many people do not know they have diabetes, and those that do are not always willing to follow advice, especially because it would mean a change in diet. – Social Services Provider
>
> Lifestyle changes. Reluctance. – Community Leader
>
> Fear of complications, depression, and anxiety. – Community Leader
>
> The challenges are broader than our community. It is a lack of education and maybe motivation to address the issue with lifestyle changes. – Community Leader
>
> Health literacy. – Community Leader

Nutrition

> Americans as a whole are eating poorly, and diabetes is killing us. We need to find a way to culturally change the way we eat and look at nutrition as critical to our life. – Community Leader
>
> Access to healthy foods and medications at a reasonable cost. – Social Services Provider
>
> Understanding that just because it's the norm here doesn't mean that it's healthy or inevitable. There's also a lack of understanding of healthy eating and how to change behaviors. – Public Health Representative
>
> Cost of healthy food. Support systems. – Community Leader

Disease Management

> Management and prevention of Type 2. – Social Services Provider

Transportation

> Lack of transportation to grocery stores to purchase healthy foods. Lack of resources for management of the disease. – Public Health Representative

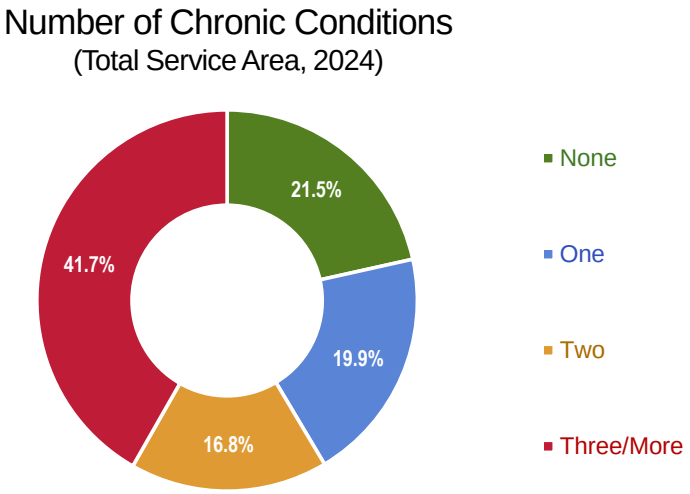
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

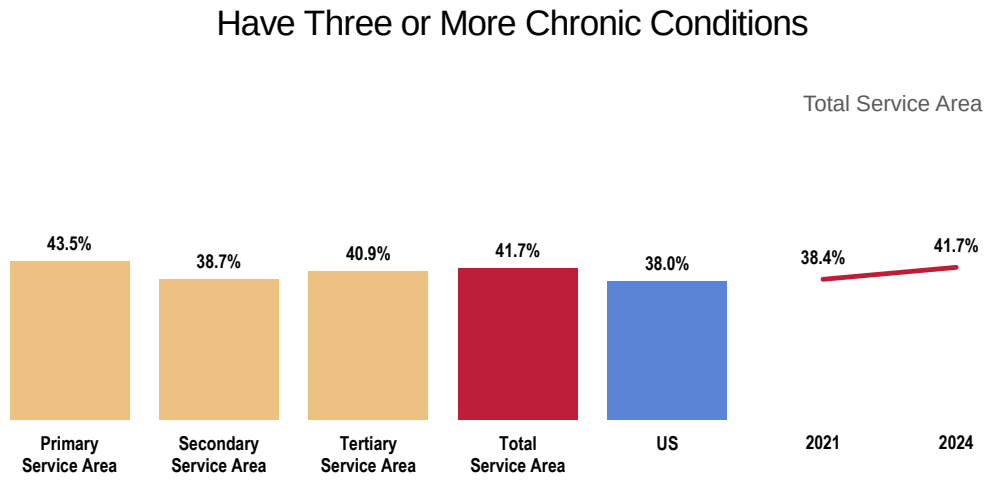
Among Total Service Area survey respondents, most report having at least one chronic health condition.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

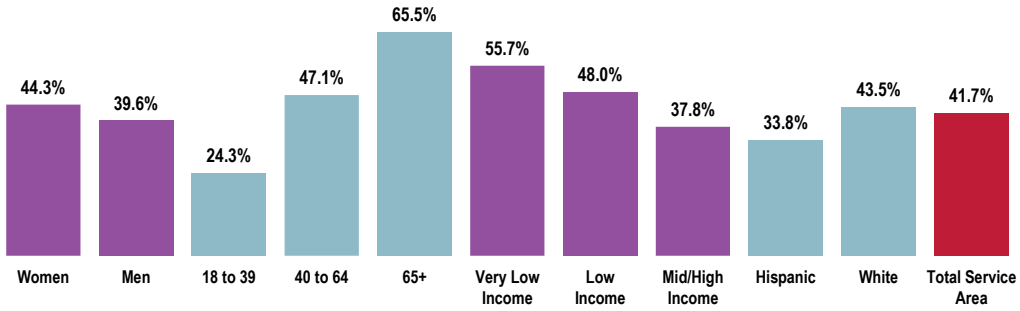
In fact, 41.7% of Total Service Area adults report having three or more chronic conditions.

DISPARITY ► Highest among adults age 65+ and those in lower-income households.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

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.

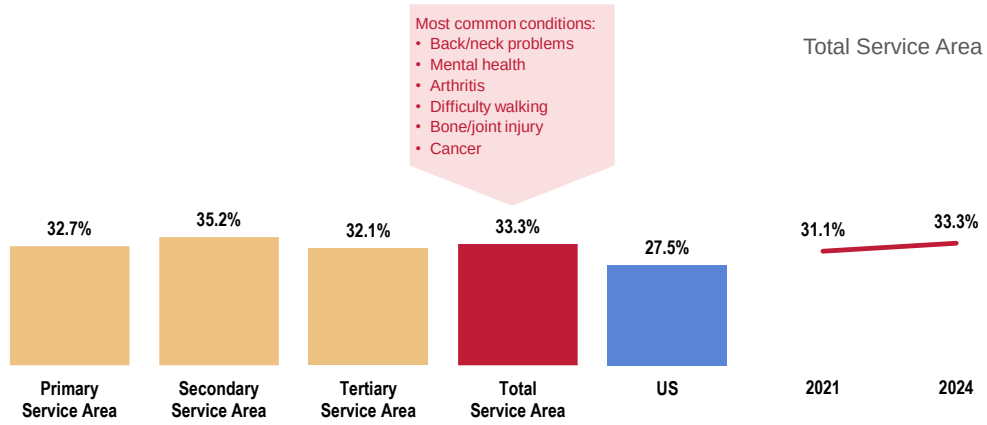
– Healthy People 2030 (https://health.gov/healthypeople)

One in three (33.3%) Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Higher than the national prevalence.

DISPARITY ► Higher among women, older adults, those with lower incomes, and White residents.

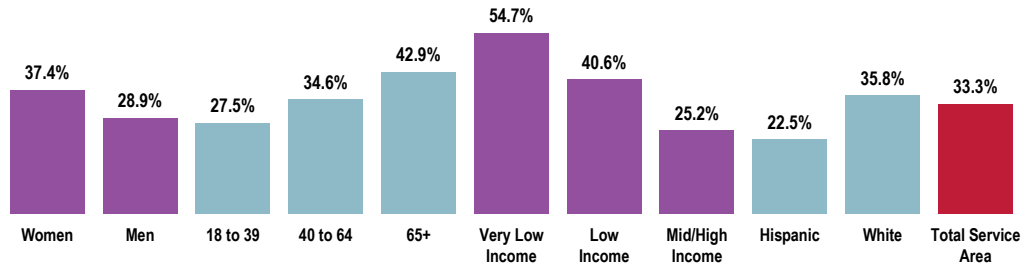
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 83-84]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

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

(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

Chronic Pain

A total of 22.8% of Total Service Area 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.

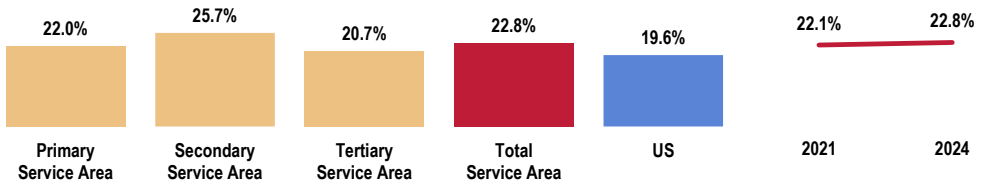
BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

DISPARITY ► The prevalence increases with age and is highest among very low-income adults and White residents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower

Total Service Area



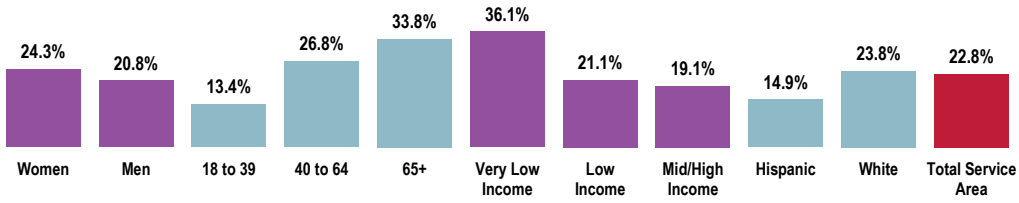
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

(Total Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. 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.

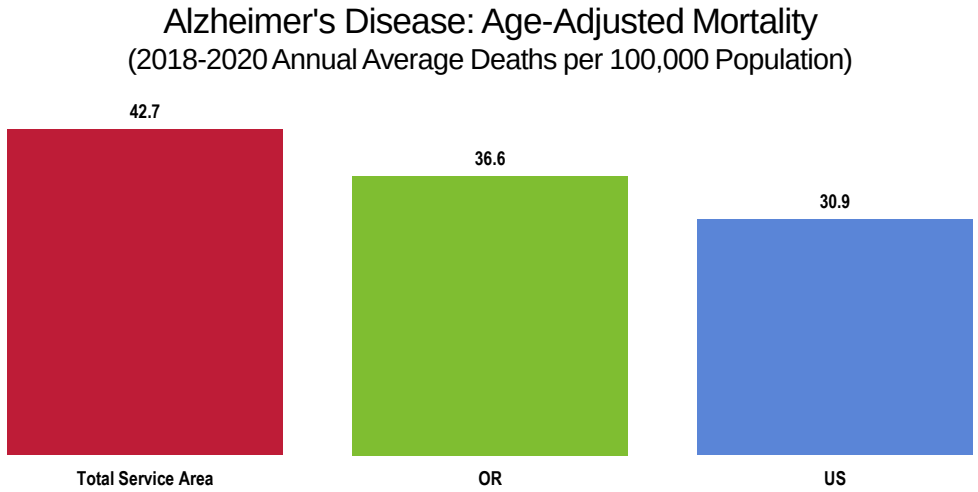
– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 42.7 deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Higher than the national mortality rate.

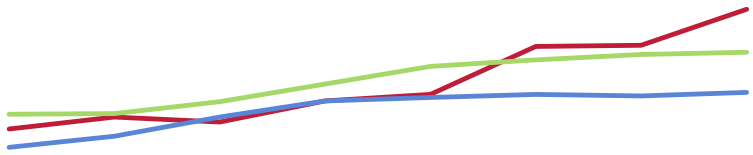
TREND ► Increasing over the past decade.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: ● 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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	25.7	27.4	26.7	29.7	30.6	37.4	37.6	42.7
OR	27.8	27.9	29.6	32.1	34.6	35.5	36.3	36.6
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

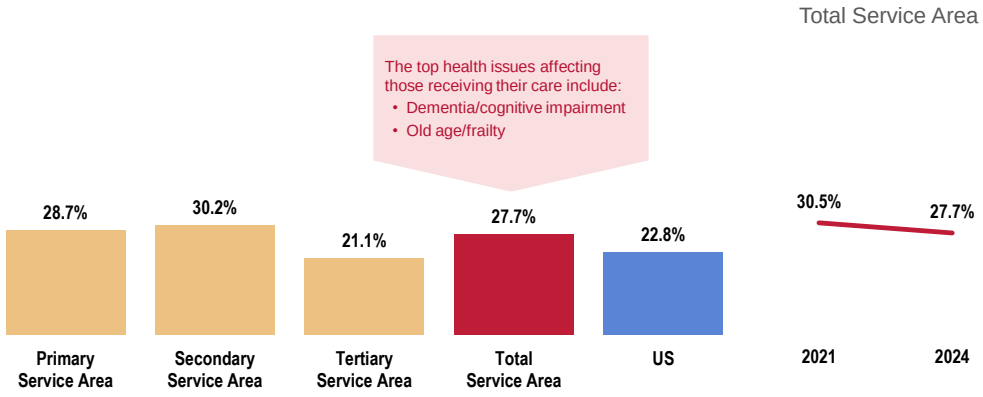
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Caregiving

A total of 27.7% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the US percentage.

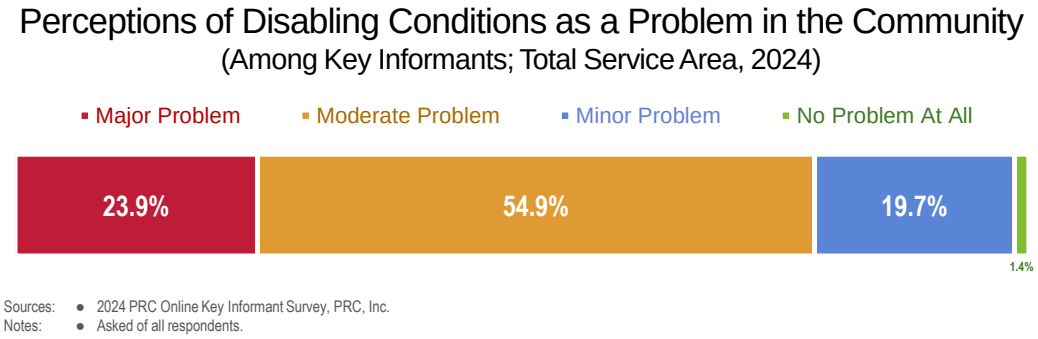
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

Over half of key informants taking part in an online survey characterized *Disabling Conditions* as a "moderate problem" in the community.



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

Access to Care/Services

> There is absolutely no support for children with occupational therapy or physical therapy needs, and limited support for speech therapy needs. No pediatric audiology and only one adult audiologist. – Community Leader
>
> Limited in-home care givers. High cost of in-home care givers. Limited memory care and assisted living facilities. Cost of medications, eye care, and dental/denture care. – Community Leader
>
> The problem is that there are limited specialists who can provide the necessary care for individuals with disabling conditions. As a result, travel is necessary and not always an option or available to many. – Social Services Provider
>
> Lack of care centers for people with dementia. – Social Services Provider
>
> Lack of treatment and care availability. – Community Leader

Aging Population

> Umatilla County, being a rural area, has a higher proportion of older adults and individuals with disabling conditions compared to urban areas. This demographic is more likely to experience chronic health issues and disabilities. Occupational Hazards. The local economy relies heavily on agriculture and other physically demanding jobs, which can lead to higher rates of workplace injuries and long-term disabilities. Lack of Resources. Healthcare Services: There is a scarcity of specialized healthcare services in Umatilla County. Residents often must travel long distances to access specialized medical care, physical therapy, or mental health services. Most of our seniors don't qualify for transportation services. Support Services. Limited availability of support services such as home health aides and rehabilitation centers. – Social Services Provider
>
> As people age, they can become less active. The elderly become an invisible population; more could be done to partner with the community to keep seniors active. – Community Leader
>
> The population is growing older, and with it the need for more services that are proactive in addressing these needs. – Social Services Provider

Awareness/Education

> Poor health literacy, low socioeconomic background, and education level. – Community Leader
>
> Where would people go for help. – Community Leader

Impact on Caregivers/Families

> The highest priority should be supporting people with dementia and their caregivers. Dementia places extraordinary burdens on the caregivers, their families, friends, and employers. It creates chaos in families and disruptions to workplaces. – Community Leader

Impact on Quality of Life

> We have a large number of people in the community affected by a disability, many resulting in homelessness. There are long waits for assistance, and the programs are difficult to navigate with poor staffing. – Community Leader

BIRTHS

BIRTH OUTCOMES

Low-Weight Births

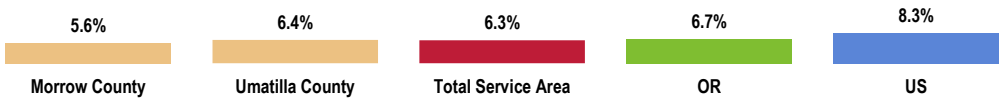
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 6.3% of 2016-2022 Total Service Area births were low-weight.

BENCHMARK ► Lower than the US percentage.

Low-Weight Births
(Percent of Live Births, 2016-2022)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

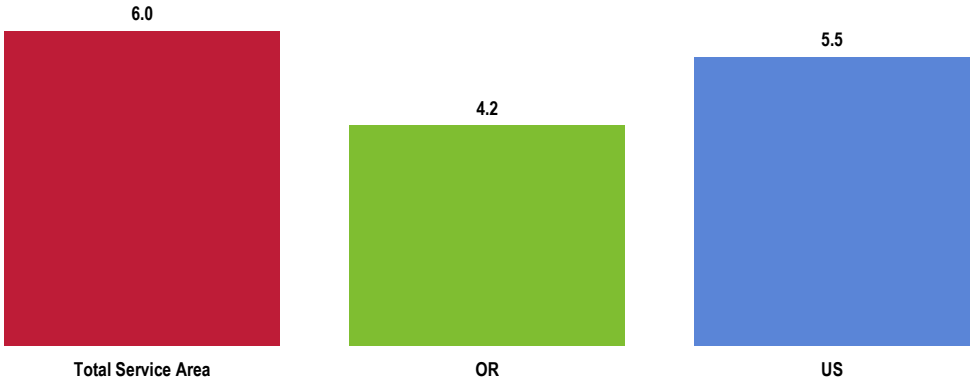
Infant Mortality

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

Between 2018 and 2020, there was an annual average of 6.0 infant deaths per 1,000 live births.

BENCHMARK ► Worse than the state death rate and fails to meet the Healthy People 2030 objective.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



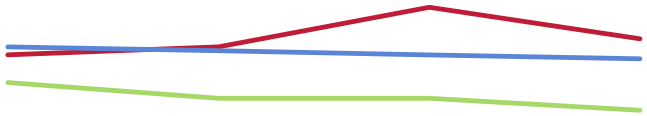
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2024.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	5.6	5.8	6.8	6.0
OR	4.9	4.5	4.5	4.2
US	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2024.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

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.

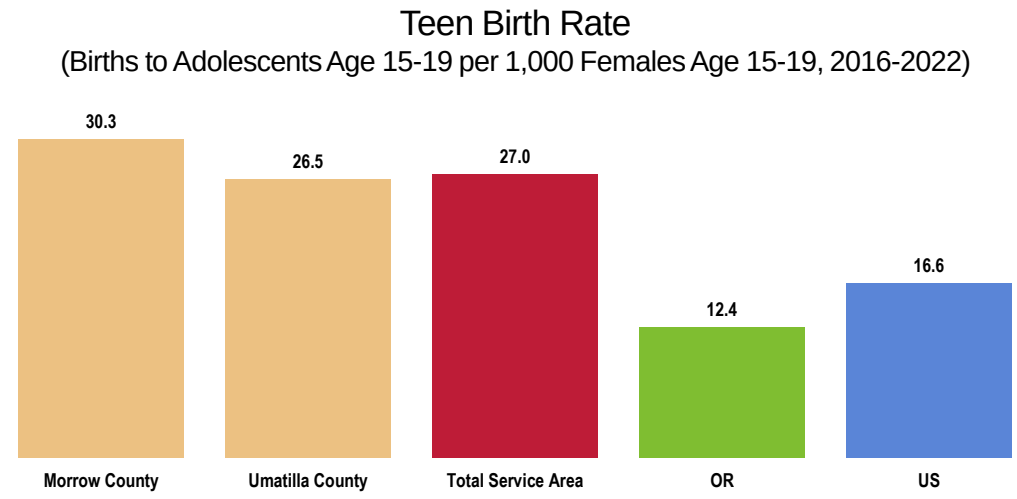
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy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

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

Births to Adolescent Mothers

Between 2016 and 2022, there were 27.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

BENCHMARK ► Well above the Oregon and US rates.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (sparkmap.org).

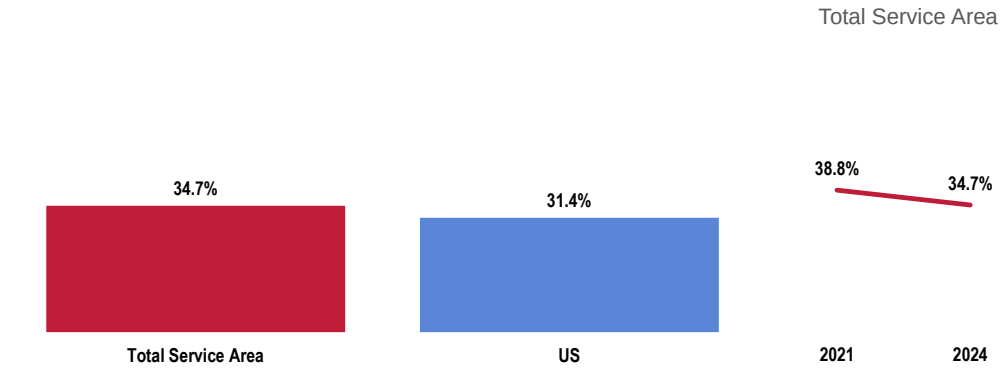
Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

INFANT HEALTH

Breastfeeding

According to the survey findings, 34.7% of area children were breastfed exclusively for at least six months.

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

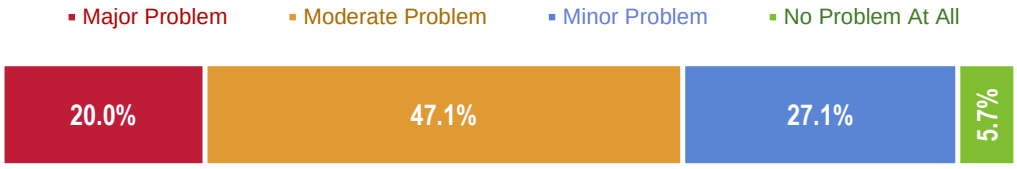


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 310]
● 2023 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with a child under 18 at home.

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 & Family Planning
as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 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

> Access to primary services. Too many freebies. The community takes advantage of all the free services, which I feel encourages people to not do anything to prevent pregnancy. – Community Leader
>
> Care in early pregnancy is lacking. Society is not encouraging families with children. – Community Leader

Teen Pregnancy

> Teen birth rates. Poverty and education. Parenting education. Economic stability. We need Support Programs: Developing and supporting programs that provide parenting education, economic assistance, and social support can help families thrive. Community Outreach: Engaging in community outreach to raise awareness about the importance of family planning and available resources can help bridge gaps in knowledge and access. We need more doulas and bigger reimbursement rates for doulas. – Social Services Provider

> Teen pregnancy rates are much higher in our community than compared to state and national averages. – Public Health Representative

Vulnerable Populations

> Due to the large immigrant population, there is a large number of people who are not seeking services or have a lack of education on infant care. There is a large number of people who do not see providers regularly to get preventative care, pregnancy care, or aftercare. – Public Health Representative

> We have too many homeless people and small kids and not enough programs to help them. – Community Leader

Lack of Providers

> We don't have enough OBGYNs or Pediatricians in our area. Young children are coming to school with a lack of healthcare history. Services for infants are lacking and often require trips to Portland for specialists, and well-child services are strong for established patients but it can be hard to get in as a new patient to limited providers. – Community Leader

Early Childhood

> We are seeing more children in the birth to five-year-old range who have not had adequate socialization, nutrition, and/or medical services, and these kids are not ready for school. Their families are not equipped to handle the needs of these young people. – Community Leader

Pre/Post Natal Care

> Prenatal and postnatal care. There are high instances of post-partum depression and a lack of resources for families. The impact of a child is large on both money and energy which can leave new parents feeling stressed and overwhelmed. – Social Services Provider

Awareness/Education

> How does Good Shepherd educate the public about infant health and family planning. The word does not seem to be reaching the teens that a reported statistic for the first sexual encounter is 13 years old. Those are middle school students. – Community Leader

Cultural/Personal Beliefs

> Cultural and religious barriers, unintended pregnancies, and poverty. – Community Leader

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)

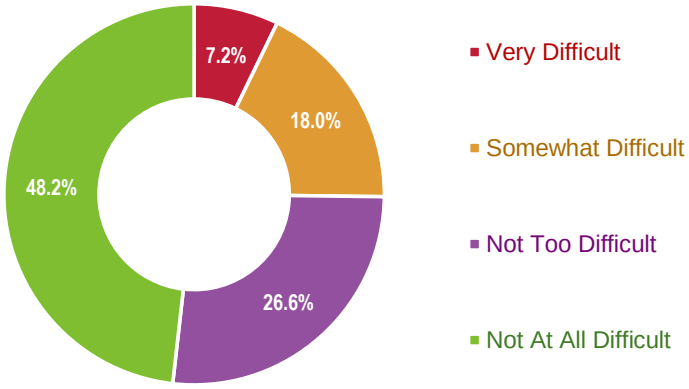
Difficulty Accessing Fresh Produce

Most Total Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

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.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

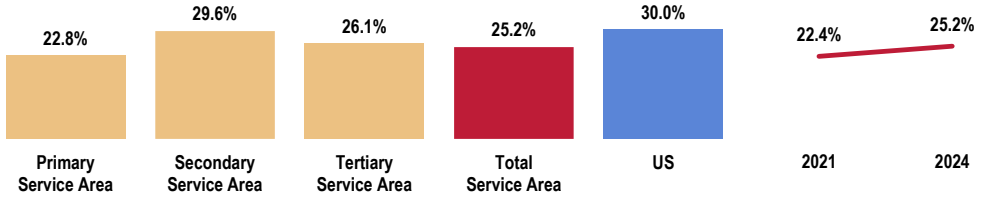
However, 25.2% of Total Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Better than the US figure.

DISPARITY ► Reported more often among women, adults age 40 to 64, and those in lower-income households.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

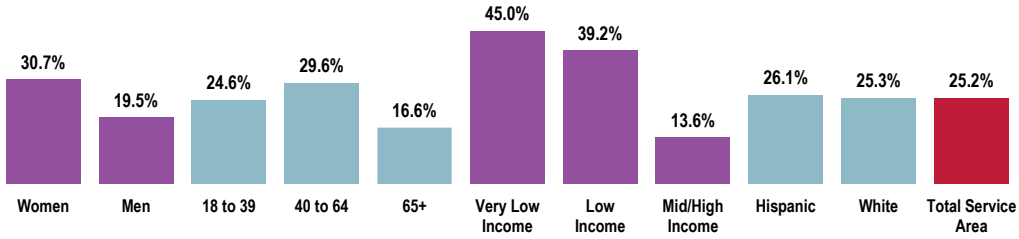
Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(Total Service Area, 2024)



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

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

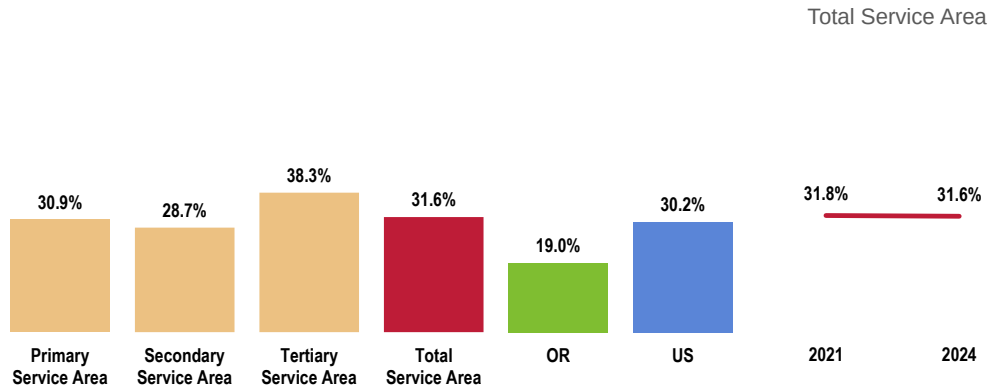
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 31.6% of Total Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Well above the statewide prevalence and fails to satisfy the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "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 (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 20.1% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

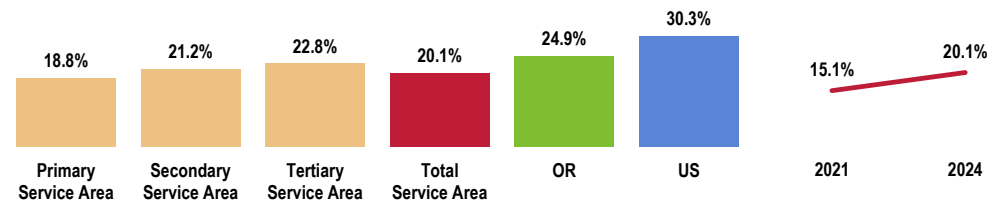
BENCHMARK ► Lower than state and US percentages and far from meeting the Healthy People 2030 objective.

TREND ► However, improving significantly from 2021 findings.

DISPARITY ► The prevalence is lowest among adults age 40 to 64.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(Total Service Area, 2024)

Healthy People 2030 = 29.7% or Higher

Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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* who also 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

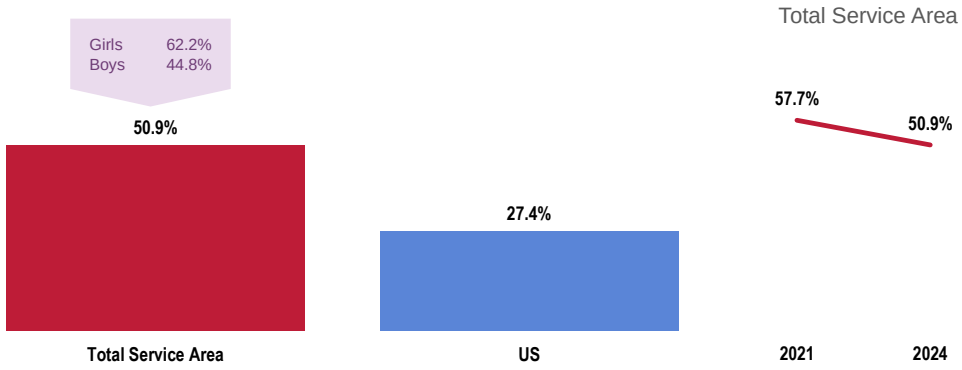
Among service area children age 2 to 17, half (50.9%) are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Well above the prevalence among US children.

DISPARITY ► Higher among service area girls.

Child Is Physically Active for One or More Hours per Day

(Children 2-17)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 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.

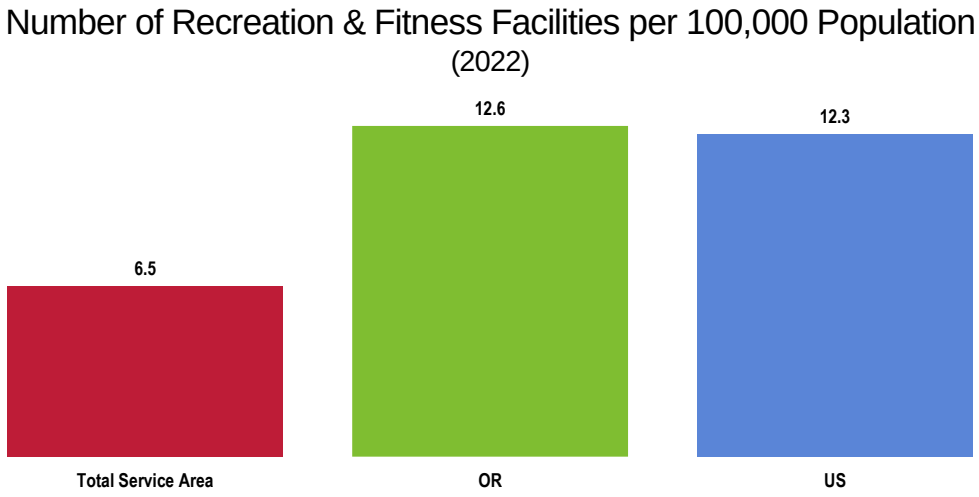
Access to Physical Activity Facilities

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.

In 2022, there were 6.5 recreation/fitness facilities for every 100,000 population in the Total Service Area.

BENCHMARK ► Well below the Oregon and US ratios.



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 September 2024 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.

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: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥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 ≥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
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥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

Here, "overweight" includes those respondents with a BMI value ≥25.

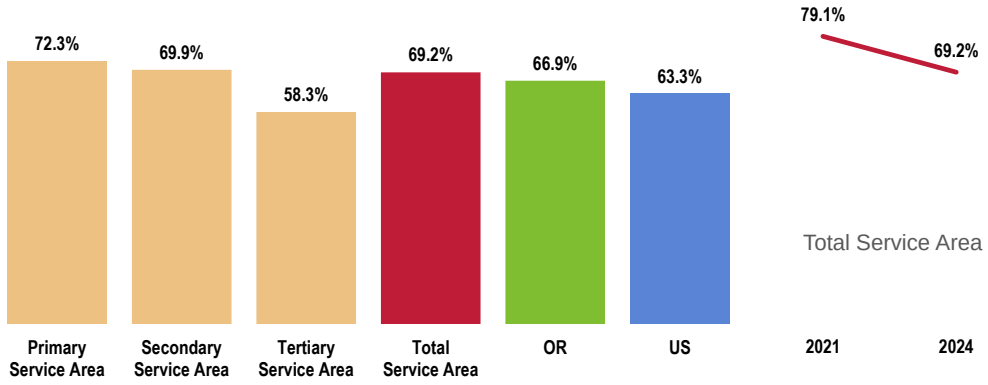
A total of 69.2% of Total Service Area adults are overweight.

BENCHMARK ► Higher than the national figure.

TREND ► Decreasing significantly since 2021.

DISPARITY ► Lowest in the Tertiary Service Area.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 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,. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 43.3% of Total Service Area adults who are obese.

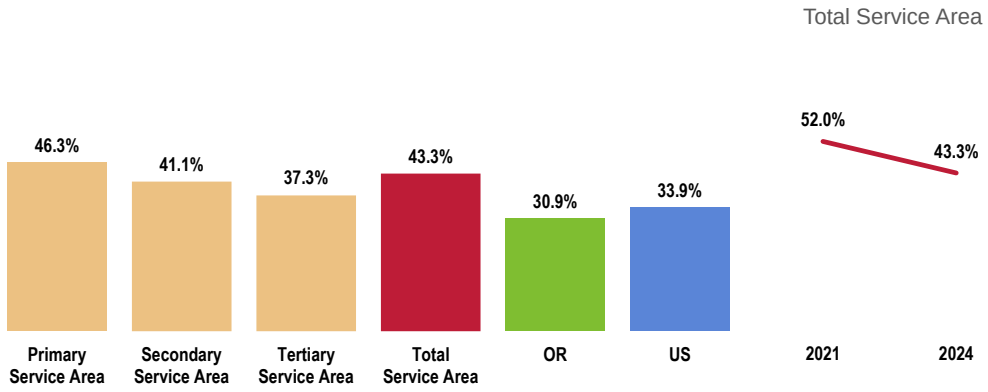
BENCHMARK ► Well above the state and national percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ► However, decreasing significantly from 2021 findings.

DISPARITY ► Highest among adults living at or near the federal poverty level.

Prevalence of Obesity

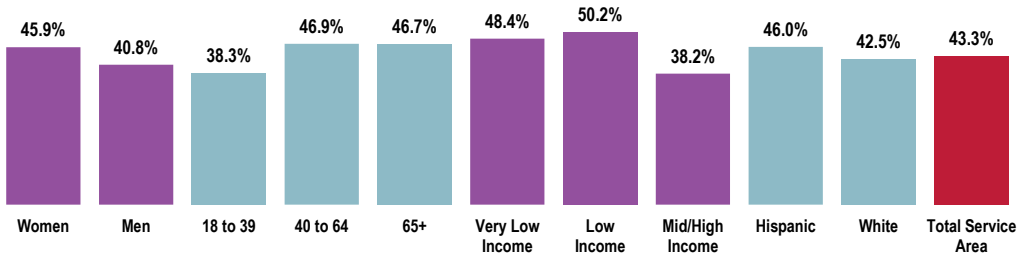
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Prevalence of Obesity
(Total Service Area, 2024)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

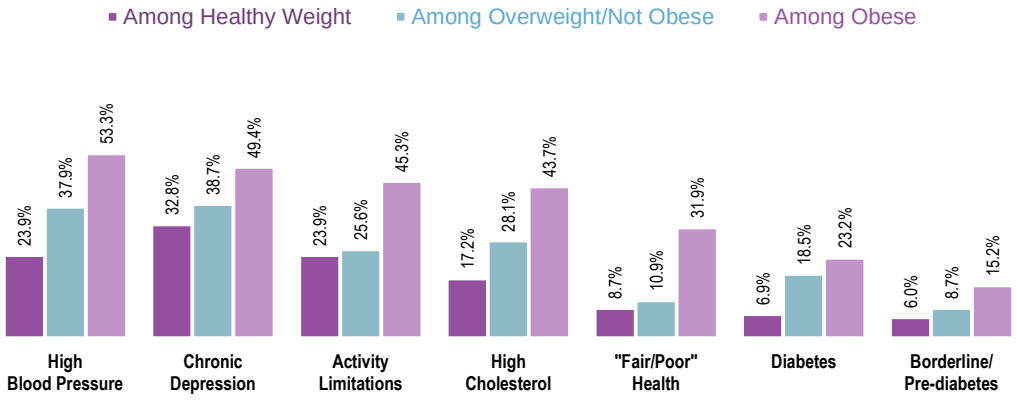
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

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
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 112]

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:

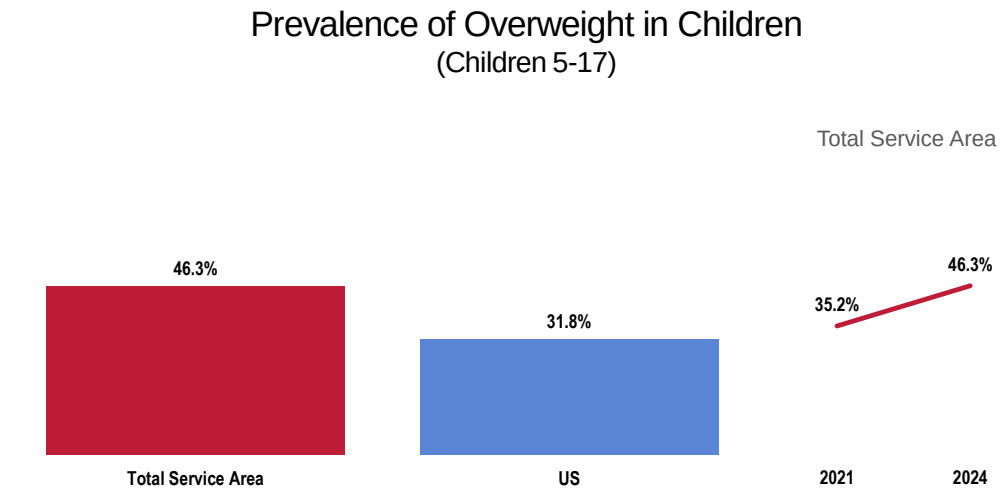
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 46.3% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ► Much higher than the US figure.

TREND ► *The increase over time is not statistically significant*.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

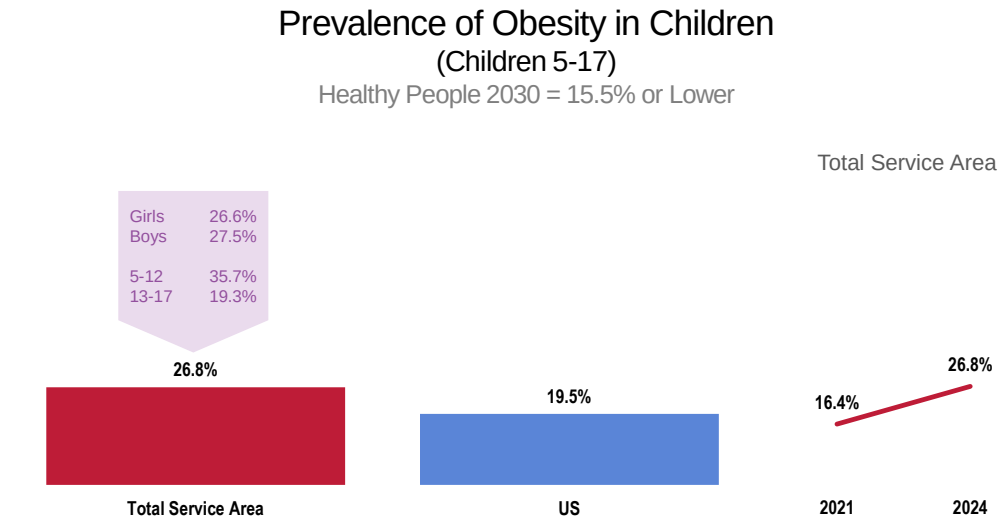
Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 26.8% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Well above the Healthy People 2030 objective.

DISPARITY ► Reported among 35.7% of children age 5 to 12.

TREND ► *The increase over time is not statistically significant.*

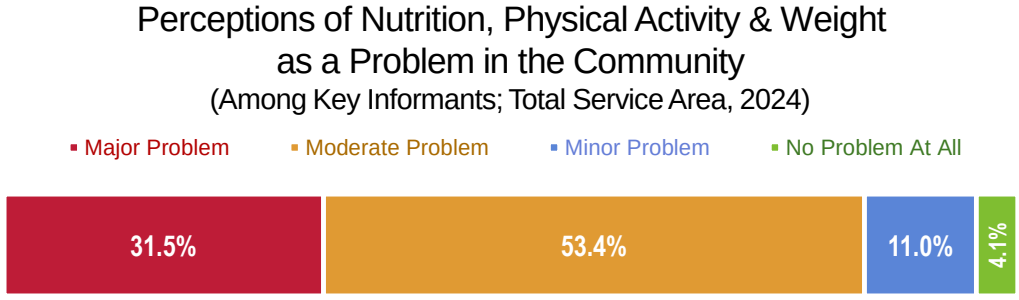


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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 95th 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.



Sources:
- 2024 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:

Insufficient Physical Activity

> People feel they don’t have the time to exercise. Health issues may prevent exercising. Low income prevents the purchase of healthy foods. People have too many issues to deal with in day-to-day life that causes these issues to have low priority. – Community Leader
>
> Most of us don’t have the time for significant exercise, home-prepared meals, and shopping for quality food. Too many parents are working too many hours to attend to these needs. – Community Leader
>
> People are less active and have more access to processed and unhealthy foods. These items are usually more affordable to people, especially on limited budgets. – Social Services Provider
>
> Physical activity could be the best medicine for many medical conditions, but no one emphasizes it enough. – Community Leader

Awareness/Education

> I think most people don’t realize the importance of nutrition and physical activity. They don’t realize how these are factors to their health until it is too late. I also think people are so focused on working, providing for their families that this is not a priority for most families. – Social Services Provider
>
> Lack of easily obtainable information and resources that people can utilize to match our lifestyles of today. – Community Leader
>
> Poor health literacy. – Community Leader

Nutrition

> Many residents face food insecurity, lacking reliable access to nutritious food. This is particularly prevalent among low-income families and older individuals. Limited access to grocery stores and fresh food markets. Convenience stores, which offer limited healthy options, may be the primary food source. High consumption of processed and fast foods, limited availability of parks, gyms, and recreational facilities, making it difficult for residents to engage in regular physical activity. I have concerns about safety, such as poorly lit streets and lack of sidewalks, can deter people from walking, running, or biking in their communities. – Social Services Provider

Income/Poverty

> Our lower socioeconomic standing makes us as susceptible as other such locations to less education on the importance of good nutrition which contributes to increased weight. The increased use of electronics for people of all ages has significantly lowered the amount of physical activity we are getting in our free time. – Community Leader

Access to Affordable Healthy Food

> Healthy food choices in our area are slim. It is much faster, cheaper, and accessible to eat fast food around here. – Public Health Representative

Aging Population

> Lack of activities with physical activity for the older population. – Public Health Representative

Built Environment

> Our community needs an indoor/outdoor Wellness Center that is free to the public and an indoor pool. – Community Leader

Cultural/Personal Beliefs

> Culture and community expectations. Partnerships could be forged with local businesses that include health incentives. Perhaps if we build a wellness center, we could do that. – Community Leader

Lifestyle

> Busy lifestyles and lack of time. Misconceptions about nutrition. – Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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.

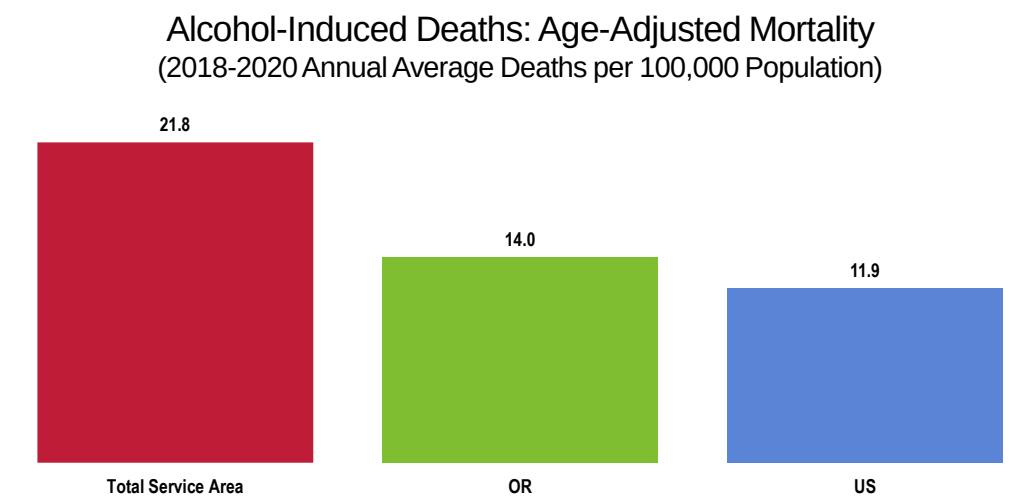
– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Service Area reported an annual average age-adjusted mortality rate of 21.8 alcohol-induced deaths per 100,000 population.

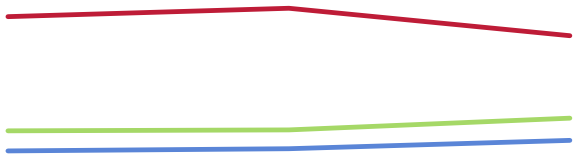
BENCHMARK ► Well above the Oregon and US mortality rates.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes: ● 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.

Alcohol-Induced Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2016-2018	2017-2019	2018-2020
Total Service Area	23.6	24.4	21.8
OR	12.8	12.9	14.0
US	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2024.

Notes:
- 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.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 21.1% of area adults engage in excessive drinking (heavy and/or binge drinking).

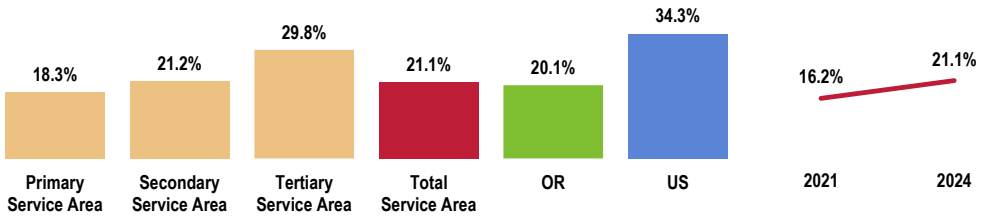
BENCHMARK ► Well below the national percentage.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest in the Tertiary Service Area. Also higher among adults under age 65, those living above the federal poverty level, and Hispanic residents.

Engage in Excessive Drinking

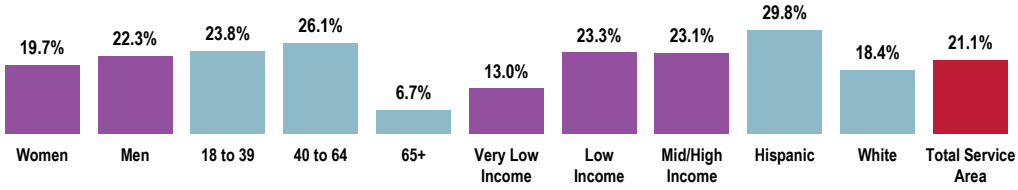
Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

Engage in Excessive Drinking
(Total Service Area, 2024)



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 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.

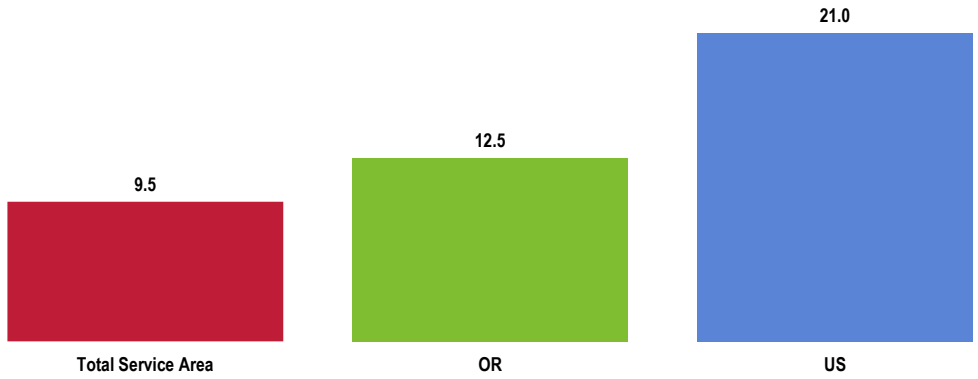
Drug Use

Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 9.5 unintentional drug-induced deaths per 100,000 population in the Total Service Area.

BENCHMARK ► Lower than the state and national rates.

Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 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 September 2024.

Notes:
- 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.

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 3.3% of service area adults acknowledge using an illicit drug in the past month.

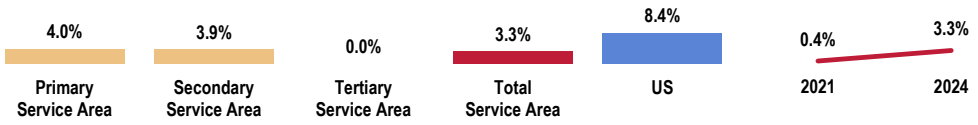
BENCHMARK ► Well below the US figure.

TREND ► Increasing significantly since 2021.

DISPARITY ► Lowest in the Tertiary Service Area. Note the correlations with age and income level.

Illicit Drug Use in the Past Month

Total Service Area



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Service Area, 2024)

Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Use of Prescription Opioids

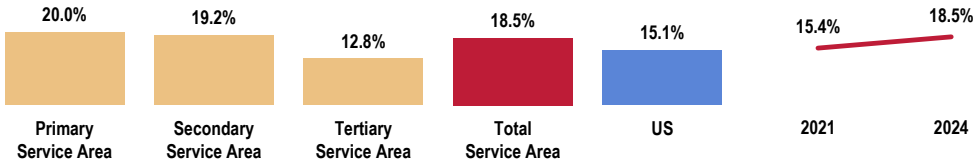
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 18.5% of Total Service Area adults report using a prescription opioid drug in the past year.

DISPARITY ► Reported more often among men, adults age 65+, those in lower-income households, and White respondents.

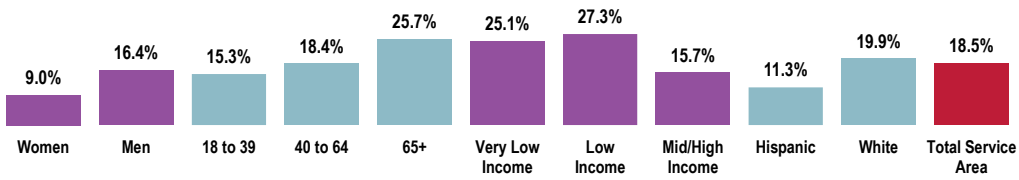
Used a Prescription Opioid in the Past Year

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Marijuana/THC

Among surveyed adults, 21.3% used marijuana or THC in the past 30 days.

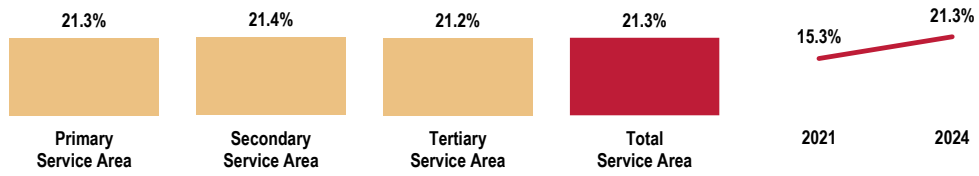
TREND ► Increasing significantly since 2021.

DISPARITY ► More often reported among younger adults and those in lower-income households.

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.

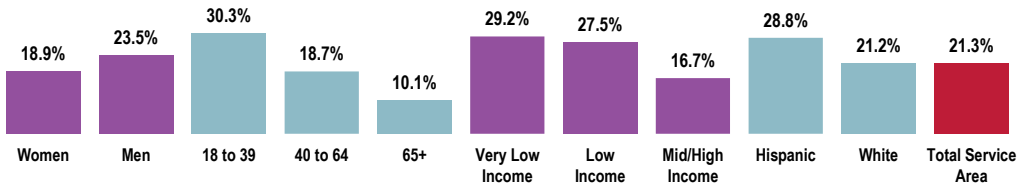
Use Marijuana/THC

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

Use Marijuana/THC
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

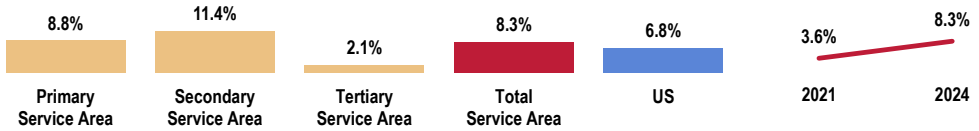
A total of 8.3% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

TREND ► A significant increase from 2021 findings.

DISPARITY ► Lowest in the Tertiary Service Area.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Total Service Area

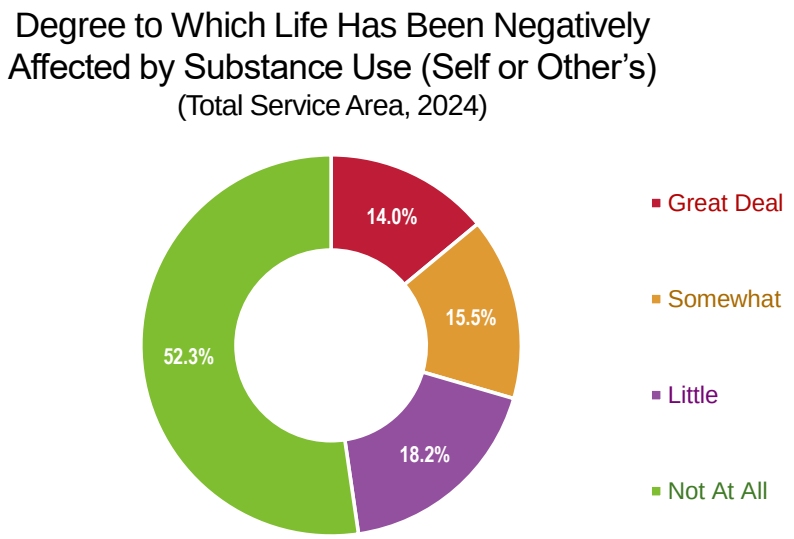


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

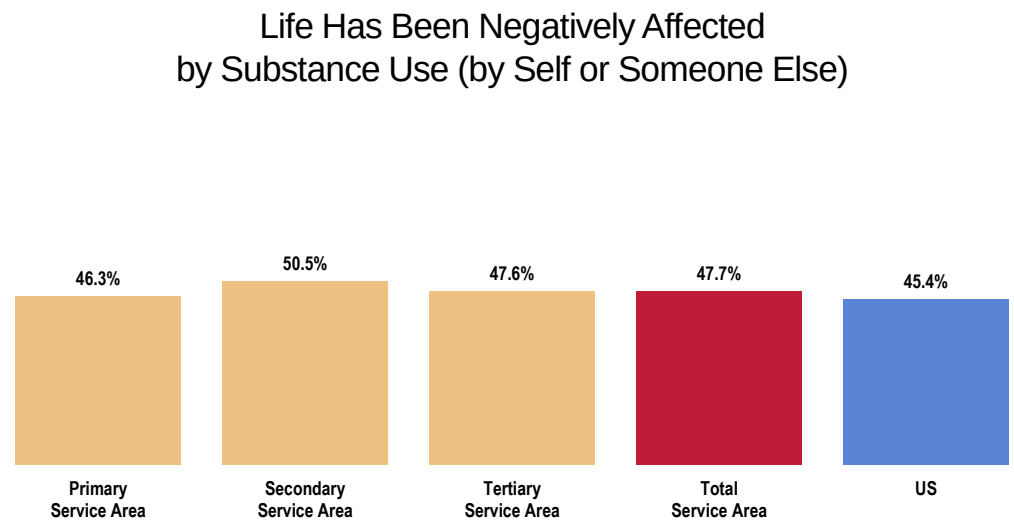
Just over half of Total Service Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

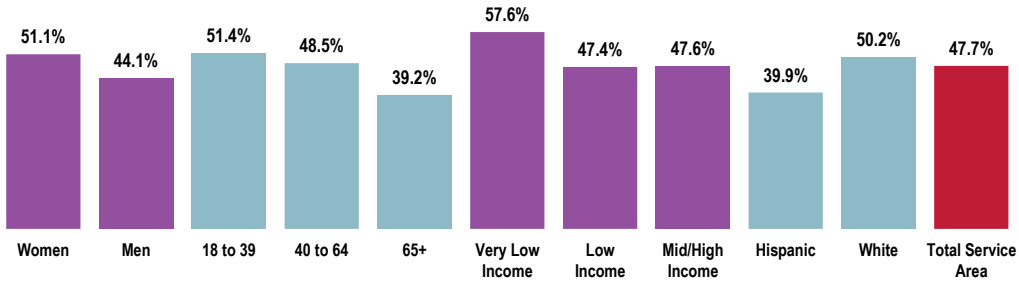
However, nearly as many (47.7%) have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► Reported more often among adults under 65 and those with very low incomes.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Nearly two in three key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Total Service Area, 2024)

Sources: • 2024 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

> There are no specific substance treatment facilities here. (One may have recently opened on 11th St, but not 100% on that.) No place local someone could go if they were ready to rehab. Have to get on a waiting list and by the time a spot becomes available, they have already gotten high again and now no longer want to go. – Community Leader
>
> Our only treatment center with methadone is in Pendleton. Their hours are very early in the morning and only for a limited amount of time for dosing. This makes working very difficult for methadone patients. We need services available in every town if we really want to help the opioid problem. – Community Leader
>
> There are not enough facilities. The private facilities are expensive. People need to be able to access help quickly once they decide to get help. Having to wait weeks or months for a bed to open discourages treatment for people who are already living in chaos and addiction. – Community Leader
>
> Lack of beds. It sometimes takes weeks to get a bed in a residential facility. When an individual is ready for treatment, having to wait for a placement that may not even be in their own community. Need more detox beds. – Social Services Provider
>
> There are no live-in treatment programs in our community. If someone goes off to treatment, there are no halfway houses with continuing treatment programs to come back to, making it that much more difficult to stay clean. – Community Leader

> A disconnect of substance abuse resources from mental health and traditional healthcare resources. Lack of available resources. – Community Leader
>
> No local resources, and our county has the highest meth addiction level in the state. – Community Leader
>
> Again, places to help and people being able to get to those agencies. – Community Leader
>
> Access to help with addiction and substance abuse. – Social Services Provider
>
> Primary care physicians and access to care. – Community Leader
>
> We do not have a treatment facility. – Community Leader
>
> Lack of treatment facilities. – Public Health Representative
>
> Access to services. – Community Leader

Awareness/Education

> Perceptions around addiction and substance use. Addiction is a coping skill and if there are no other coping skills as effective, getting help can be scary. Normalization of substance use. Alcohol is seen as the norm and rite of passage. "I need a drink" is a common day statement. – Social Services Provider
>
> More frequently posted information that people can use. More than just a phone number, but actual information that is useful on a quick poster that people can read as they go by and obtain an idea of how to help themselves. – Community Leader
>
> Where is it located and how do they get there. The concern that people will treat you differently if you seek help. – Community Leader
>
> Awareness of treatment availability, follow up after treatment, and family support during treatment. – Community Leader
>
> Where do we go. What resources are available. – Community Leader
>
> Awareness. – Community Leader

Disease Management

> I don’t know if barriers to accessing treatment are the issue. I believe that substance abuse itself is the issue. Not everyone affected is willing to access treatment. Oregon laws contribute to the problem. – Community Leader
>
> The greatest barrier is people wanting to receive treatment. Most people are mandated due to being arrested, and they really do not want services. – Social Services Provider
>
> Lack of accountability. – Community Leader

Lack of Providers

> Lack of service providers. Length of time it takes to engage in services such as paperwork, intake, assessment, service plan, etc. Cost for those with private insurance or no insurance. Stigma attached to seeking SUD treatment. – Social Services Provider
>
> Shortage of providers, inadequate facilities, cost of treatment, insurance limitations, and mental and physical health issues. – Social Services Provider
>
> Not enough providers. – Community Leader

Affordable Care/Services

> High out-of-pocket expenses, limited treatment availability, and lack of awareness. Unaware of available treatment options. – Community Leader

Government/Policy

> With the current Oregon laws on drugs, the issue has exploded. The quality of life in our community is dropping because of drug abuse, drug/gang violence, Mexican drug cartel activity in Hermiston and the effects of drug use such as loss of jobs, homeless, mental health issues, etc. – Community Leader

Income/Poverty

> Income and funding. Programs cost money. Low-income people with problems can’t get treatment. The setup for treatment court makes it unlikely that people will enter that program. There is little incentive for those with drug habits to get into treatment. – Community Leader

Alcohol/Drug Abuse

> Alcohol and drug abuse. Many families have limited resources and are often torn about by these. – Community Leader

Easy Access

> Ready access to drug of choice without consequence. – Community Leader

Lack of Infrastructure

> Lack of infrastructure and lack of payer source. – Community Leader

Denial/Stigma

> The willingness to make a lifestyle change. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **methamphetamine/other amphetamines** as causing the most problems in the community, followed by **alcohol** and **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
METHAMPHETAMINE OR OTHER AMPHETAMINES	37.8%
ALCOHOL	24.3%
HEROIN OR OTHER OPIOIDS	21.6%
MARIJUANA	5.4%
PRESCRIPTION MEDICATIONS	5.4%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	2.7%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	2.7%

TOBACCO USE

ABOUT TOBACCO USE

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.

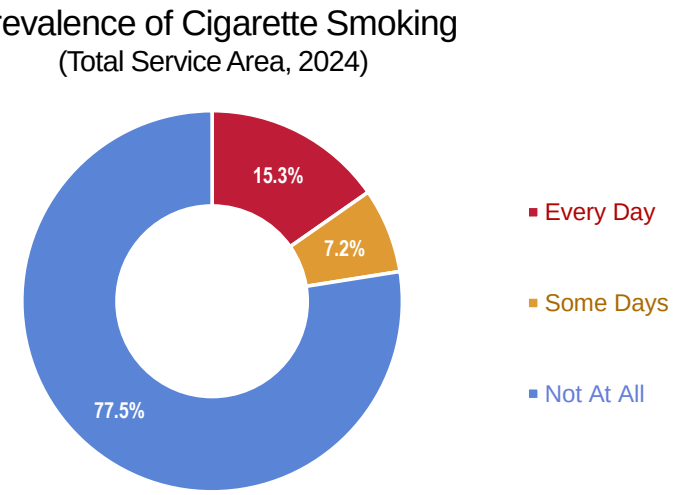
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 22.5% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

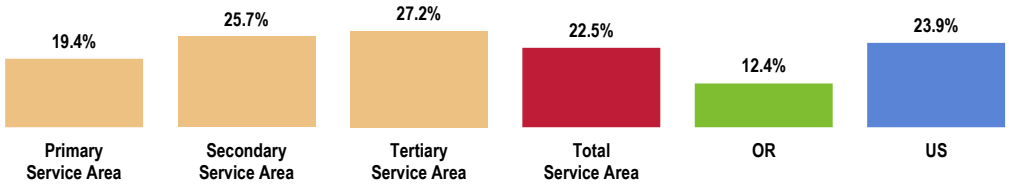
Note the following findings related to cigarette smoking prevalence in the Total Service Area.

BENCHMARK ► Well above the Oregon percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Reported more often among young adults and those living in lower-income households.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



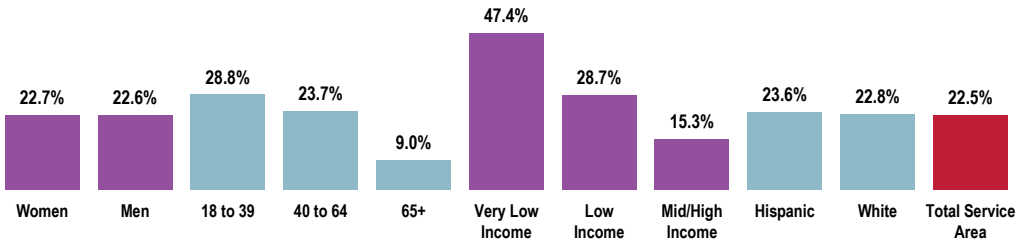
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Total Service Area, 2024)

Healthy People 2030 = 6.1% or Lower

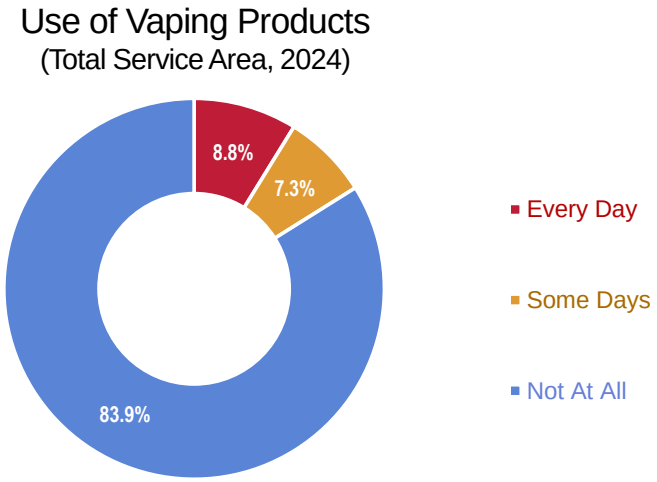


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Use of Vaping Products

Most Total Service Area adults do not use electronic vaping products.



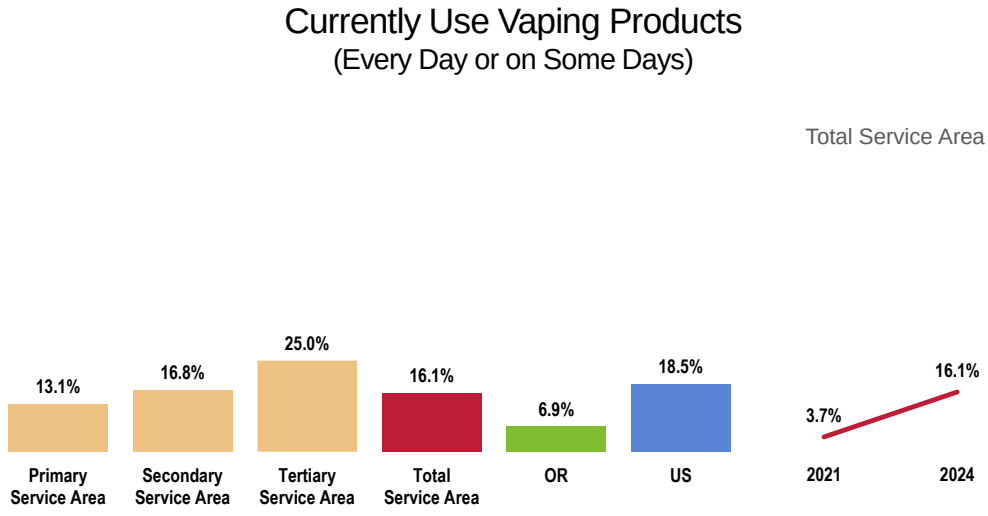
Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: ● Asked of all respondents.

However, 16.1% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Much higher than the statewide prevalence.

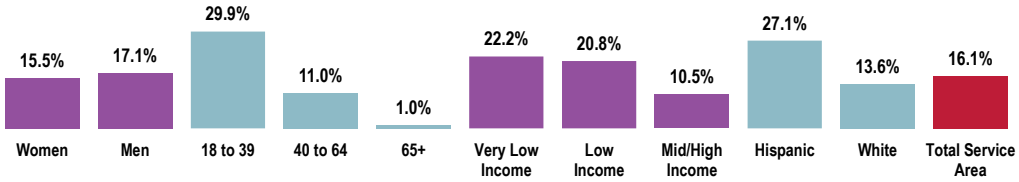
TREND ► Increasing significantly since 2021.

DISPARITY ► Highest in the Tertiary Service Area. Reported more often among young adults, those in lower-income households, and Hispanic residents.



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
● 2023 PRC National Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
Notes: ● Asked of all respondents.
● Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
Notes: • Asked of all respondents.
• Includes those who use vaping products every day or on some days.

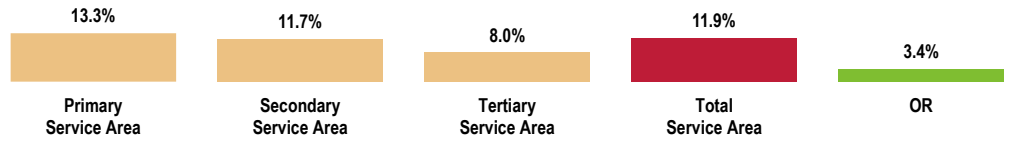
Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 11.9% of Total Service Area adults use some type of smokeless tobacco every day or on some days.

BENCHMARK ► More than twice the Oregon percentage.

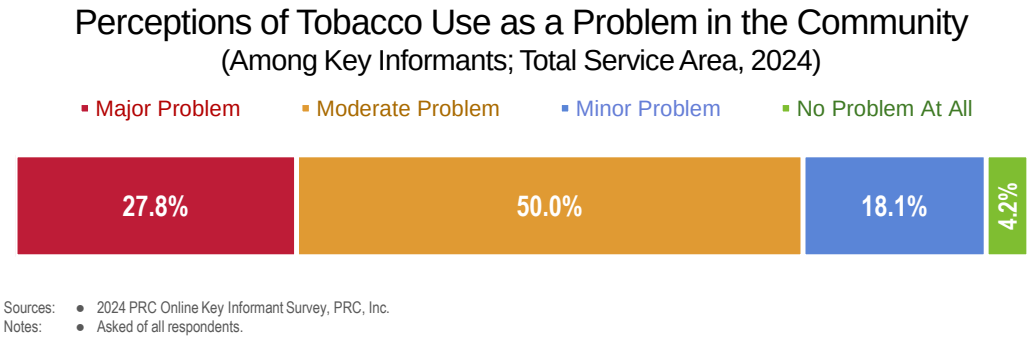
Currently Use Smokeless Tobacco Products
(Every Day or on Some Days)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 304]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
Notes: • Asked of all respondents.
• Includes those who use smokeless tobacco products 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 "moderate problem" in the community.



Sources: • 2024 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:

Cultural/Personal Beliefs

> Our western culture creates and cultivates an environment where tobacco use is normalized and sometimes even encouraged. We are seeing it in a lot of public spaces as well as young adults using in general, but also using during the school day. Tobacco is not something that should be viewed as a necessity in general, but especially in youth. It's not something that should be put before attending classes. – Public Health Representative

> It is more culturally accepted, and major community events are heavily marketed by tobacco companies. – Social Services Provider

Incidence/Prevalence

> Watching the very steady traffic flow through Big Smoke in Hermiston. In addition, the number of walkers and drivers seen daily smoking throughout the day. – Community Leader

> People are still smoking/vaping in high numbers. – Community Leader

E-Cigarettes

> There is a high number of people who are vaping, smoking cigarettes/cigars, or using smokeless tobacco. More commercial use than traditionally used. The age of first use is beginning at younger ages. – Public Health Representative

> Vaping attracts the younger generation and is so easy to obtain. – Community Leader

Vulnerable Populations

> Many low-income people and homeless are seen smoking. Also, the legalization of marijuana. Vaping in junior and high schools since it's easy to hide. – Community Leader

Addiction

> Addiction. It's highly addictive. Health consequences include cancer, heart disease, stroke, and lung disease. – Community Leader

Awareness/Education

> Education and resources to stop. – 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.

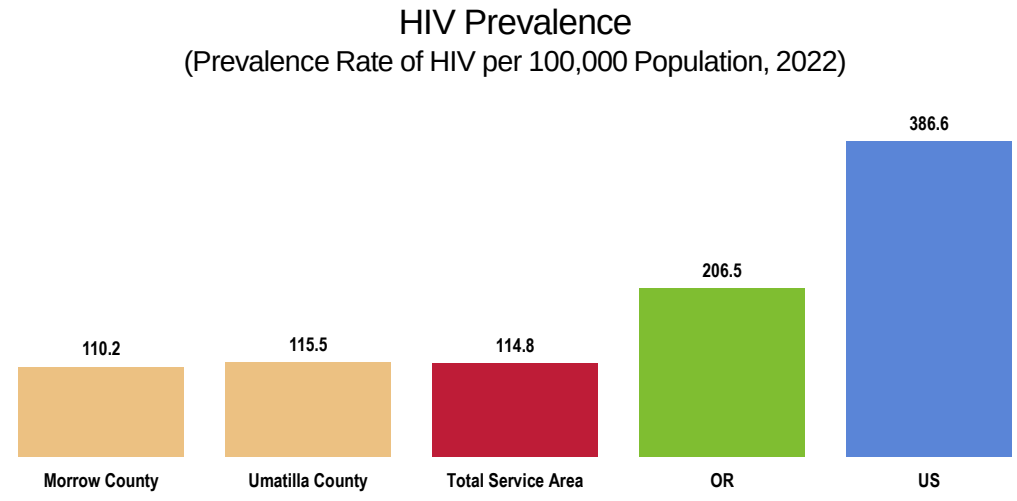
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

HIV

In 2022, the service area reported a prevalence of 114.8 HIV cases per 100,000 population.

BENCHMARK ► Much lower than 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 September 2024 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

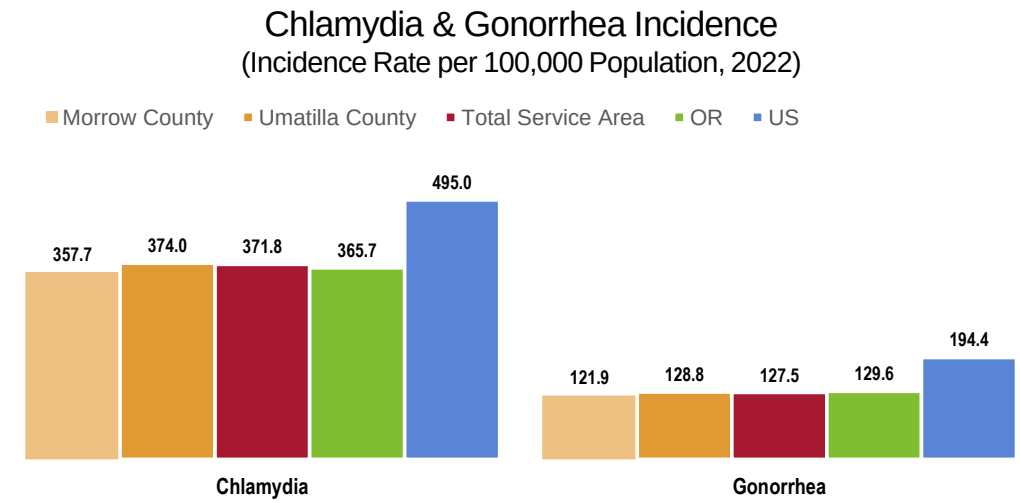
Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the Total Service Area was 371.8 cases per 100,000 population.

BENCHMARK ► Well below the US incidence rate.

The Total Service Area gonorrhea incidence rate in 2022 was 127.5 cases per 100,000 population.

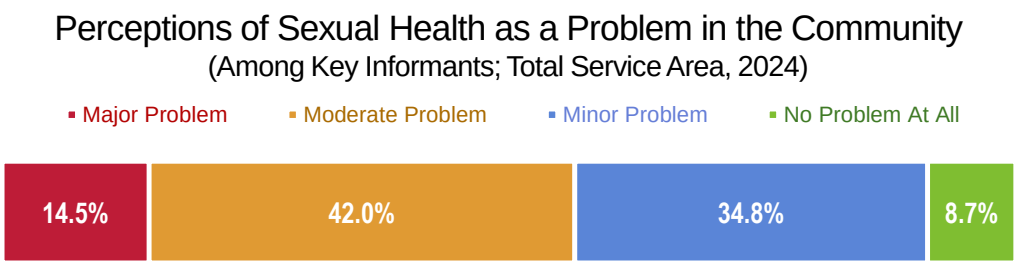
BENCHMARK ► Much lower than the national figure.



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 September 2024 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.



Sources:
- 2024 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

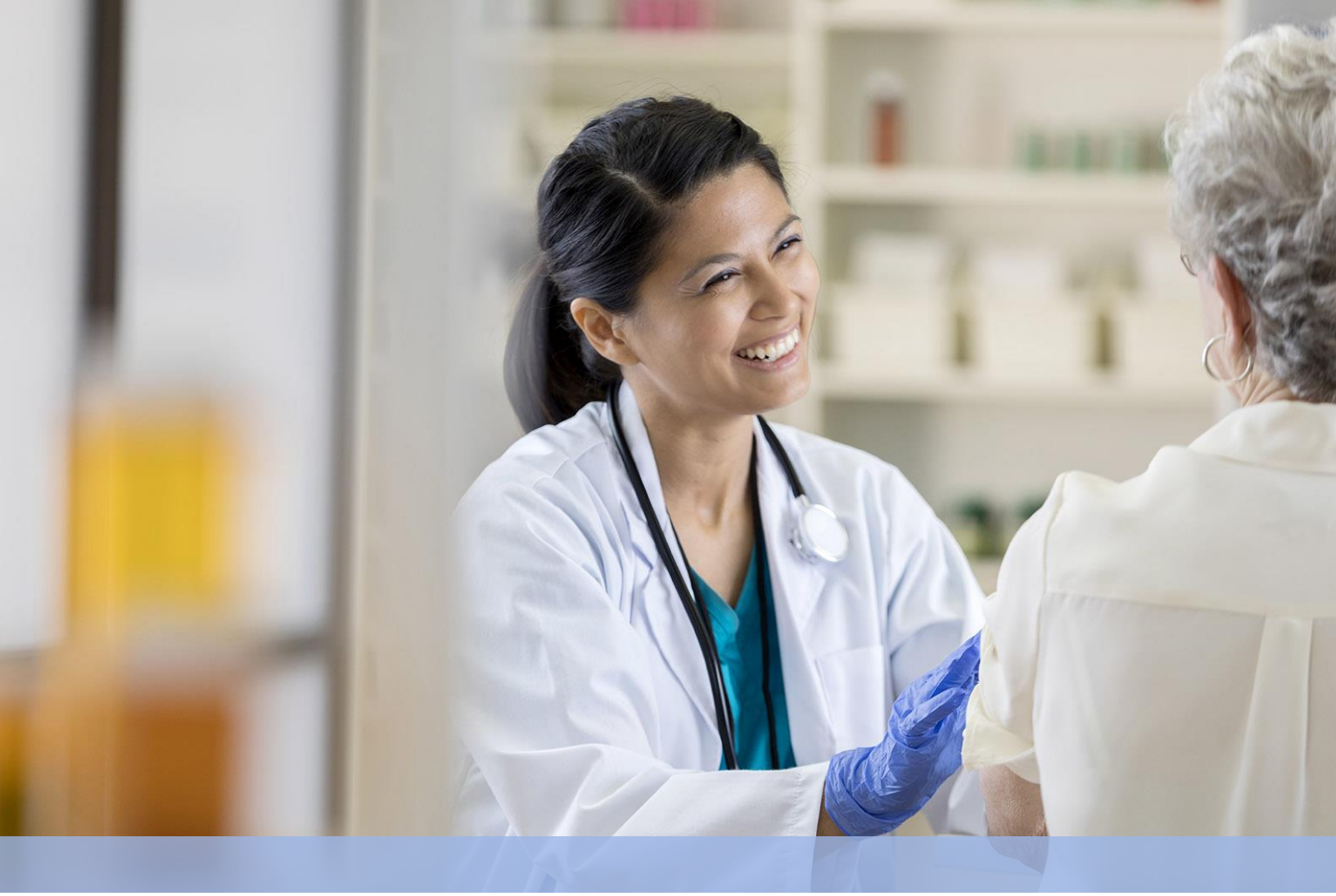
Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

> I know that there are a fair number of STD/STI cases on a consistent basis in our county. I also believe that many people don’t follow up or take care of their STD/STI once it’s been identified. There have been improvements, but no major changes to make me believe the problem has decreased. – Public Health Representative
>
> The statistics for STDs have increased over the past ten years are evidence, as well as the number of early first encounters. The culture of students in area schools is pushing first encounters to a younger and younger age. The adults are seemingly unaware. – Community Leader
>
> I read in the East Oregonian that Umatilla County has high rates of STDs/STIs. Seems like it is a major problem if people outside of the health care community are talking about it as a major issue. – Community Leader
>
> Sexually transmitted diseases, terminating pregnancies without care of the consequences, and disintegration of families. – Community Leader
>
> There is a high occurrence of STDs throughout the county. – Public Health Representative
>
> Umatilla County has a very high STD rate. – Social Services Provider
>
> STD rates in Umatilla County are very high. – Community Leader

Unprotected Sex

> Rise in gonorrhea, syphilis, chlamydia, and HIV is showing that individuals are not practicing safe sex or are not being educated on safe sex practices. – Community Leader



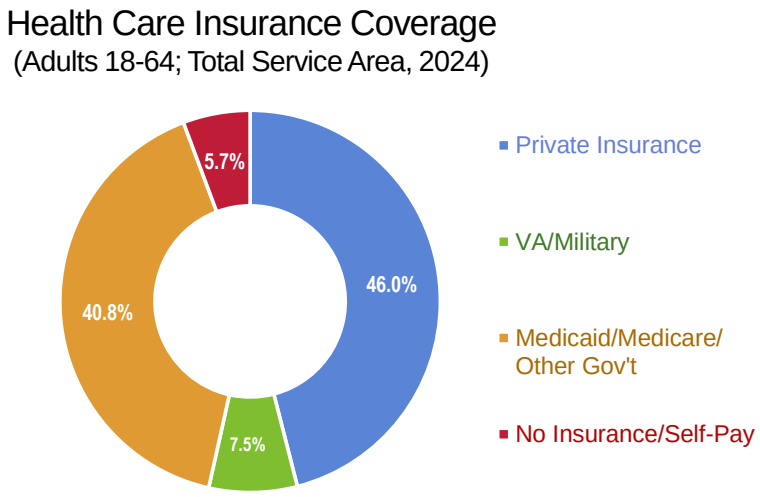
ACCESS TO HEALTH CARE

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 46.0% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 48.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
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, 5.7% report having no insurance coverage for health care expenses.

TREND ► Decreasing (improving) significantly from 2021 findings.

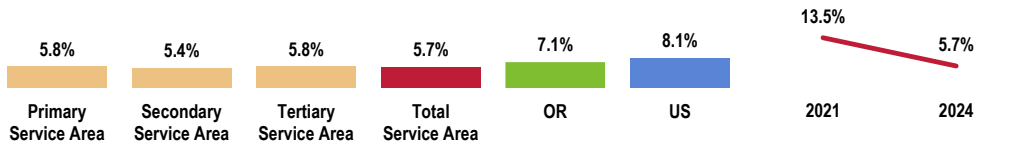
DISPARITY ► Young adults and Hispanic residents are more often uninsured.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower

Total Service Area



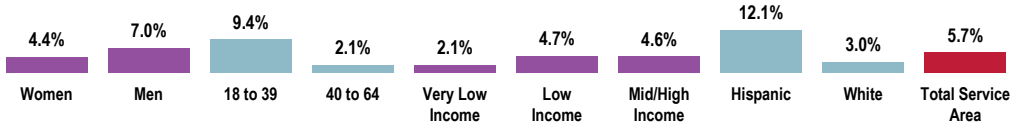
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Total Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …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

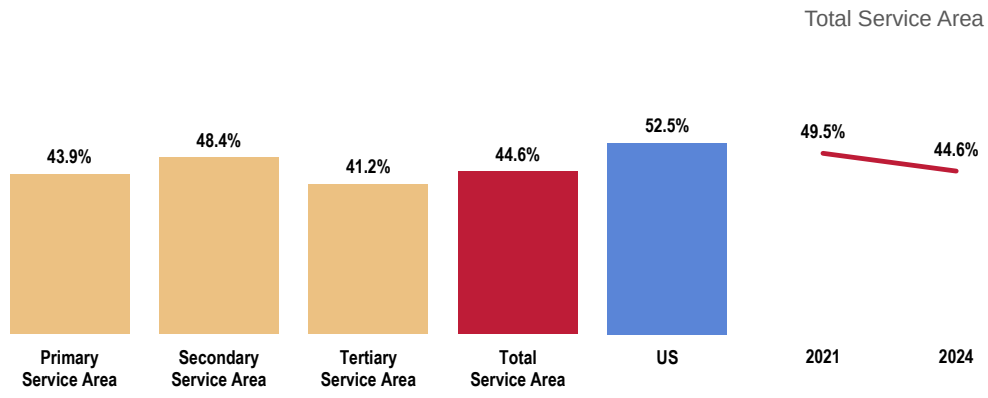
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 44.6% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Reported more often among women than men in the Total Service Area.

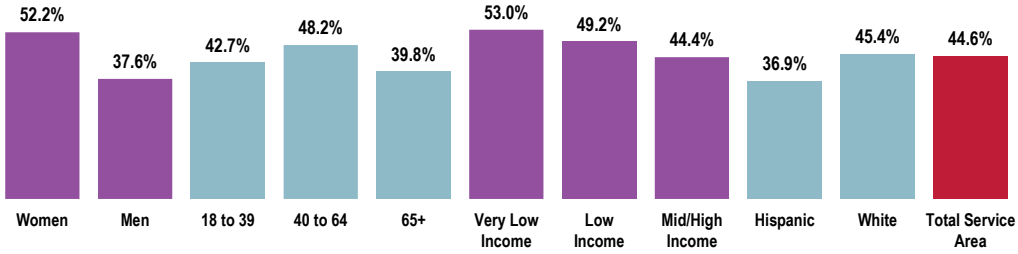
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 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
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
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 Total Service Area adults.

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.

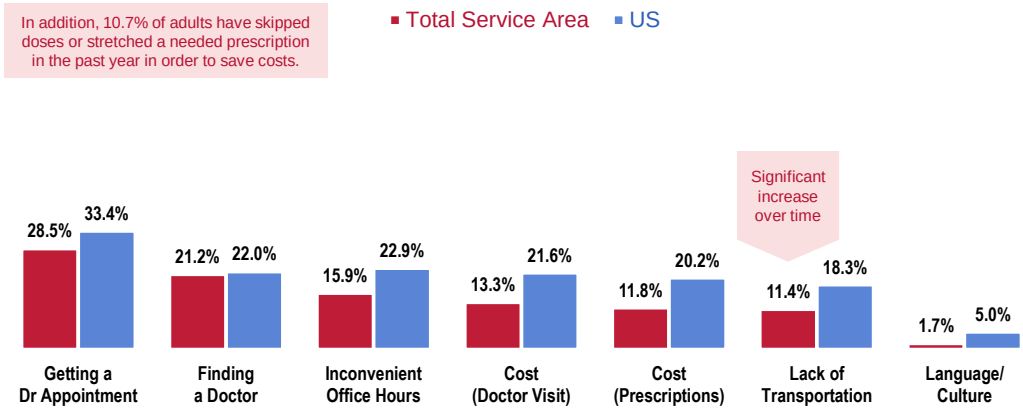
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► With the exception of finding a physician, the service area fared better than the nation as a whole with regard to each barrier illustrated below.

TREND ► Of all the tested barriers, only lack of transportation changed significantly (an increase since 2021).

Barriers to Access Have Prevented Medical Care in the Past Year

In addition, 10.7% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

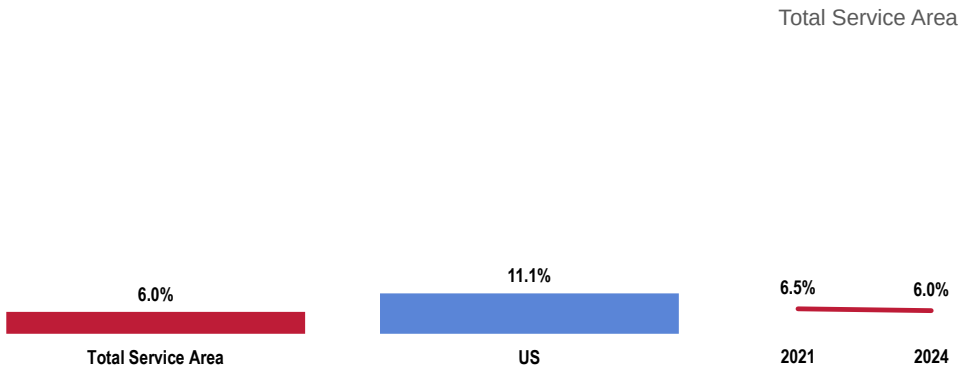
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 6.0% 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.

BENCHMARK ► Well below the US prevalence.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

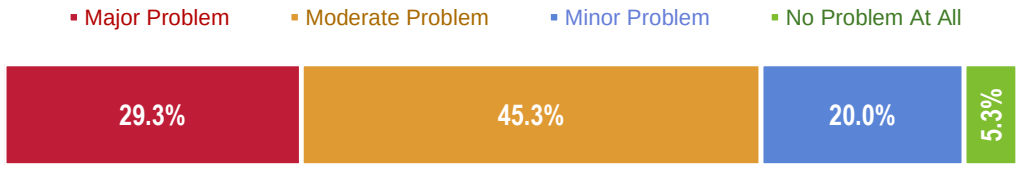


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

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
(Among Key Informants; Total Service Area, 2024)



Sources: ● 2024 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

> There is clearly a lack of available primary care providers and services in this area. Patients are waiting way too long to be seen, are utilizing the ER as primary care, or not being seen at all. There is a lack of health care providers (primary care and specialists) offering services on Friday, therefore most care is offered via urgent care or emergency departments on Friday and weekends in this area, resulting in poor continuity of care and timely follow up. Mental health services are marginal in this area and many patients are lacking care, resulting in prolonged stays in the emergency departments while awaiting appropriate intervention and treatment/transfer. Our community is rapidly outgrowing the capacity of our health care infrastructure and available services. This is not solely related to physicians, as this area is short of many other support and care services that patients need. – Community Leader

There are not enough providers to serve the region. We are incredibly short of mental health providers. The wait for an appointment with a Primary Care Physician is long, so most folks utilize urgent care. We need more access and education for the community about prevention and preventative care where people establish care with a provider instead of using the Emergency Room for everything. There are not enough providers for that though. I work in a school district, and we do a lot of legwork to try to get families connected with the services they need, but this work really should be done by the medical community. – Community Leader

There aren't enough primary care providers to meet the need. If enough providers are available in the future, community members need to be encouraged and incentivized to seek this care, and what resources are available to help them do so. We need to be innovative about training patients to be responsible for their own health issues. – Community Leader

There is a lack of providers locally and a perceived need for support. "Everyone around me eats fast food and fried food and is obese, so I'm just like everyone else and that's how we are here." – Public Health Representative

Not enough primary care providers. Sometimes, long wait times to see a primary care provider and/or specialist. Few specialists in the area. Required travel to see specialists. Costs associated with healthcare that many can't afford. – Social Services Provider

Provider availability, specialties availability, lack of specialists in the area that accept EOCCO, and transportation. – Social Services Provider

Appointments are scheduled many weeks out, or the doctor is not available. – Community Leader

The lack of doctors, especially specialists. The remoteness of some communities, even with transportation, can impact the choice to get care. Cost of deductible can cause people to put off care. – Social Services Provider

There are not enough providers. Transportation is an issue when patients need to go out of town for services. – Social Services Provider

Having enough providers, having specialists within our area, and having enough transportation services. – Community Leader

Shortage of providers for the needed services. – Community Leader

Lack of providers. – Community Leader

Access to Care/Services

I am blessed to have insurance and education and I still have a horrific time getting into doctors, seeing specialists and getting into providers that will take my insurance. My chiropractor ordered the ultrasound that found the golf ball sized gall stone that had been causing me problems for years, not my regular doctor. The list goes on, and on, and on and it's in countless households in our area. Providers are overbooked and are hard to get into (just try to schedule a physical and see what happens). Need to get something paid for by insurance? Good luck getting a doctor's office to do the paperwork/follow-through in time to actually get it done. Add in the nightmare of insurance approvals in general and the advice often given is, "if it gets bad enough, just go to the ER to fast track this." This is wrong. Our system is broken and I don't know if it's just in our area or the healthcare industry in general. – Community Leader

Our town is currently grappling with the absence of essential healthcare facilities, highlighted by the fact that we have only one pharmacy and no local doctor. This lack of access to basic healthcare services exacerbates nonemergency health issues, often forcing residents to seek costly emergency room or urgent care services. These issues profoundly affect our students, parents, and staff, causing stress across the entire community system. One of the biggest challenges we face is staffing a healthcare center; while we have locations available, we lack the necessary medical personnel to provide the needed care. This situation not only strains our healthcare system but also impacts the well-being and productivity of our community, including our students and their families. Addressing these healthcare deficiencies is crucial for the overall health and prosperity of Milton-Freewater. – Community Leader

I think many families in our community are focused on day-to-day issues (social determinants such as food, housing, financial problems). When they finally come around to receiving healthcare services, which is also an issue due to waiting times, or access to a provider. Once seen by a provider, people become concerned with payment of treatments, procedures etc. – Social Services Provider

The availability of same-day appointments is a major issue in our area. Due to this, our emergency room is typically full of patients that should have gone to a primary care provider but weren’t able to get in. – Community Leader

It takes forever for anyone to call back or get seen. – Community Leader

Limited services in the areas. – Community Leader

Income/Poverty

Financially, some do not have the means to pay, get to appointments, or afford medications. – Community Leader

Behavioral Health

> Behavior health is a major issue. There are limited resources. Patients are held in the ED for many days waiting for placement. Behavioral health and substance abuse goes hand in hand. Fix the drug issue and some behavioral health issues will resolve. Resources and inpatient substance abuse facilities are greatly needed. – Community Leader

Transportation

> Transportation, long wait times, and cost are the largest barriers to accessing health care in our area. – Social Services Provider

Coordination of Care

> Outpatient case worker. Coordination of outpatient care. – Community Leader

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)

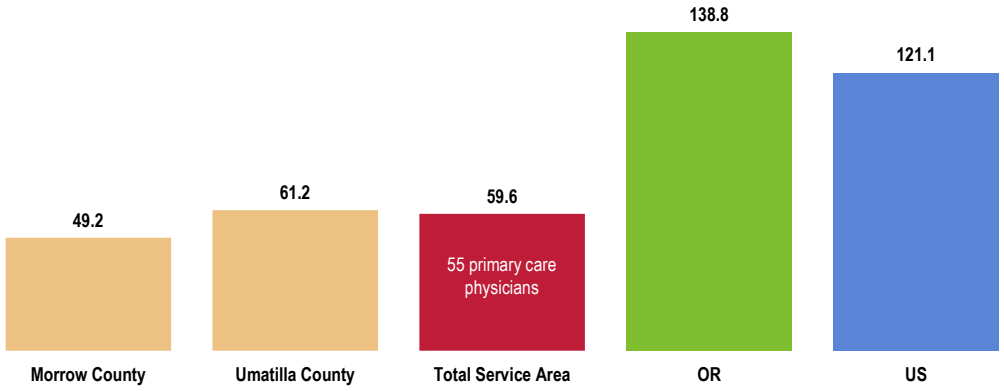
Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

In 2024, there were 55 primary care physicians in the Total Service Area, translating to a rate of 59.6 primary care physicians per 100,000 population.

BENCHMARK ► Much lower than the ratios reported statewide and nationally.

Number of Primary Care Physicians per 100,000 Population
(2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2024 via SparkMap (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.

Specific Source of Ongoing Care

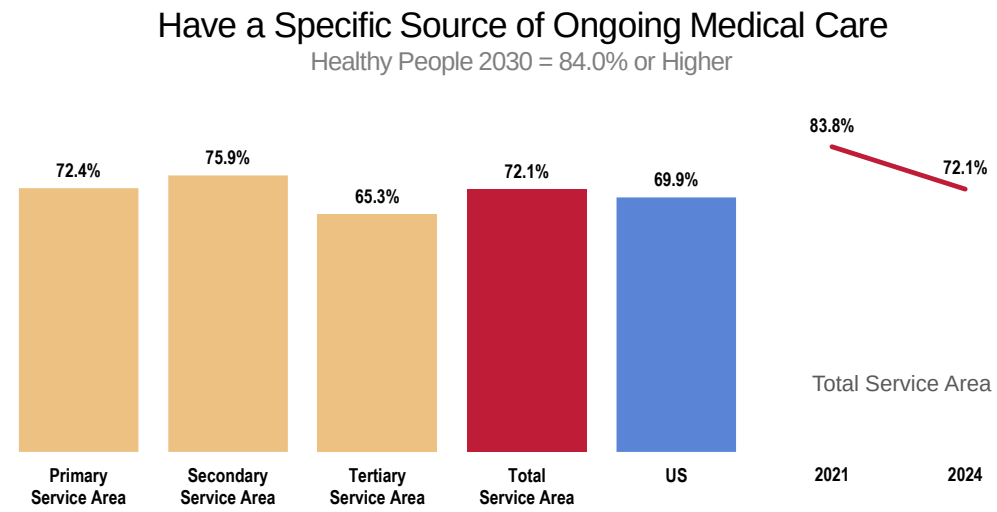
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 72.1% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Denotes a statistically significant decrease since 2021.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

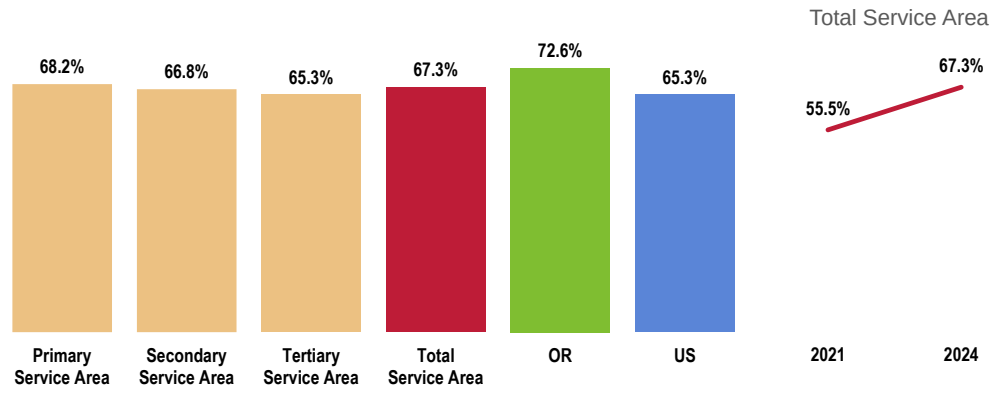
About two-thirds of adults (67.3%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the Oregon prevalence.

TREND ► Increasing significantly since 2021.

DISPARITY ► Note the positive correlation with age among service area adults.

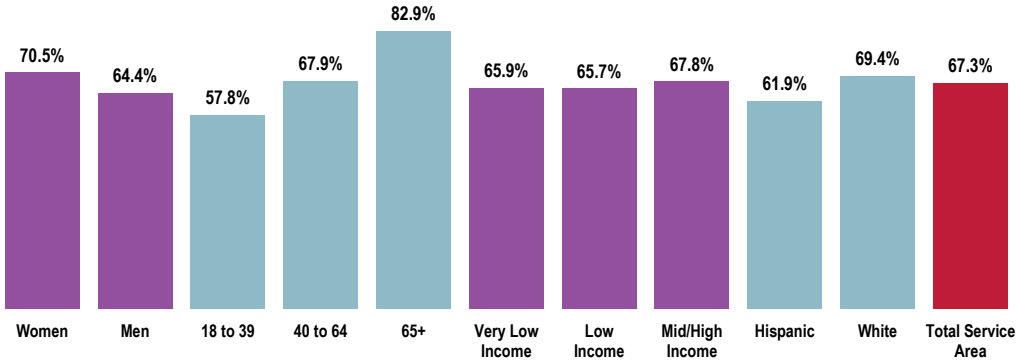
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Service Area, 2024)

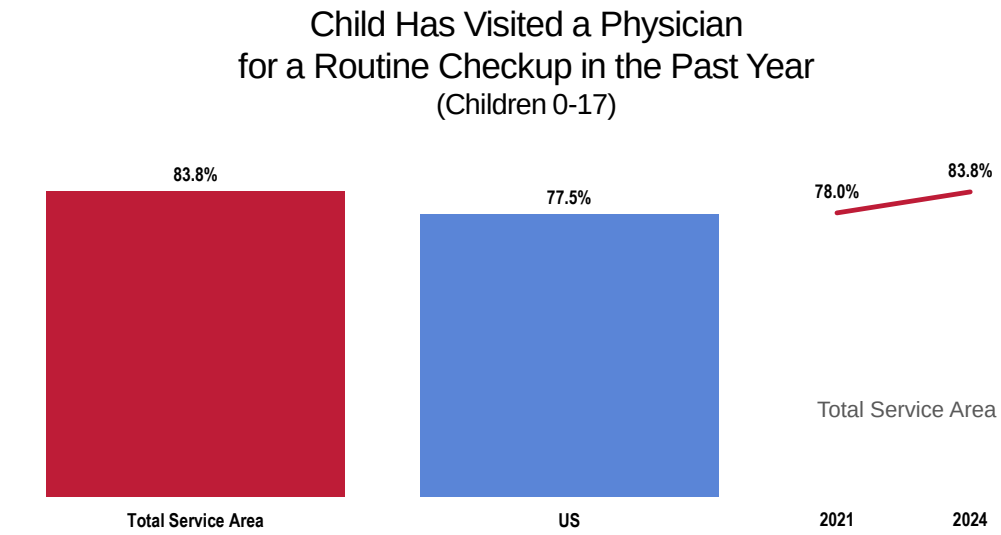


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 83.8% report that their child has had a routine checkup in the past year.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

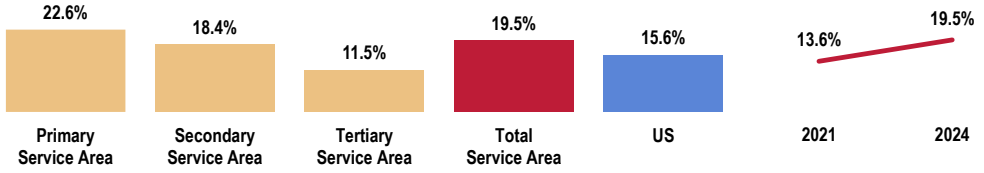
A total of 19.5% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Increasing significantly since 2021.

DISPARITY ► Highest in the Primary Service Area. Reported more often among young adults and those living on the lowest household incomes.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Total Service Area



Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Service Area, 2024)

Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
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.

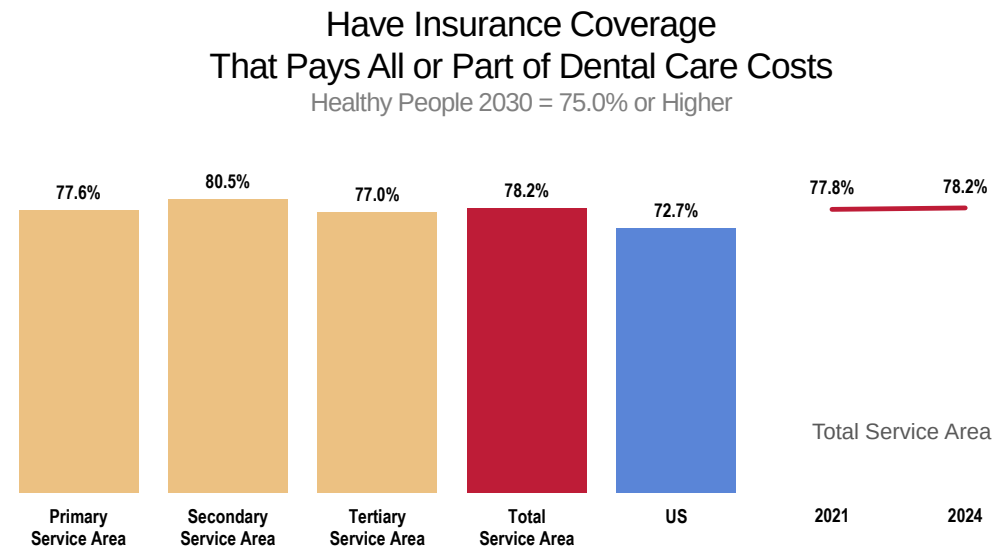
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching 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

Most (78.2%) Total Service Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Higher than the national prevalence.



Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

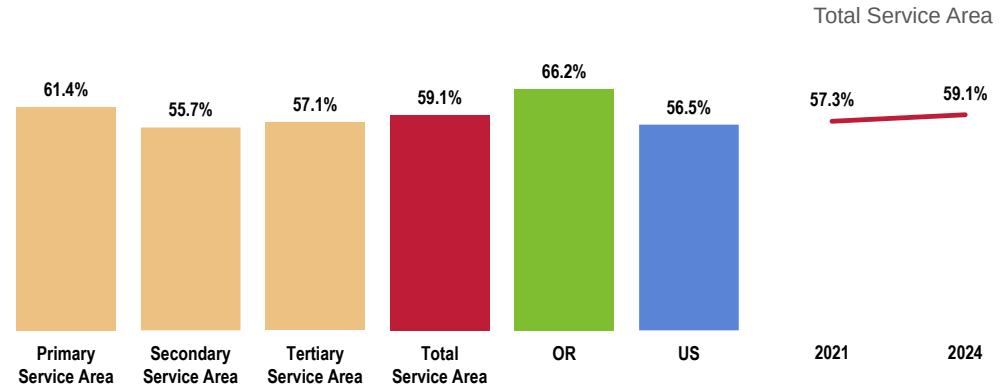
A total of 59.1% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Lower than the Oregon percentage. Satisfies the Healthy People 2030 objective.

DISPARITY ► Lowest among those in very low-income households and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



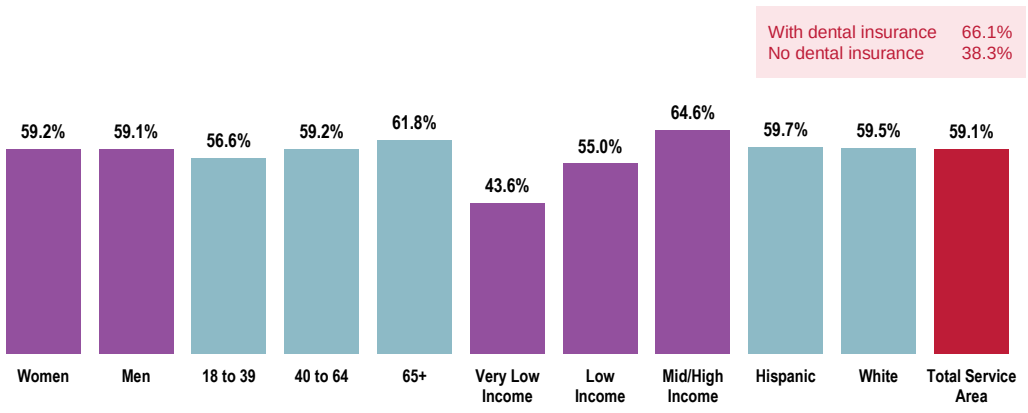
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 Oregon data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2024)

Healthy People 2030 = 45.0% or Higher



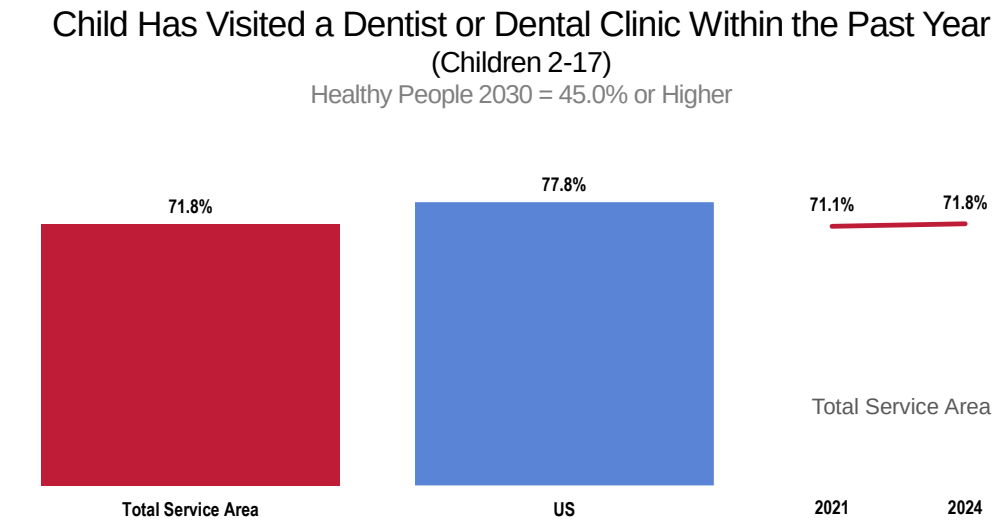
Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Children

A total of 71.8% 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.

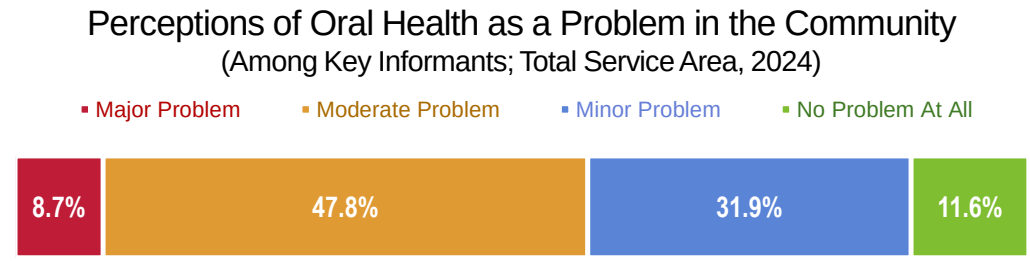


Sources:
- 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.



Sources:
- 2024 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

> Limited access to dental care, cost of care, lack of preventive services. We need mobile dental clinics. Community health centers. Expanding services at community health centers to include dental care can provide comprehensive health services in one location. Tele-dentistry. Using tele-dentistry for consultations and follow-up care can help bridge the gap for residents in remote areas. Collaborating with dental associations, nonprofits, and private dental practices to increase access to care and resources. Policies that support oral health initiatives, such as funding for dental care programs and incentives for dentists to work in underserved areas. – Social Services Provider

Lack of Providers

> Lack of dental providers accepting new patients, limited providers for individuals with OHP, and long wait times for appointments for individuals with OHP. – Social Services Provider

Prevention/Screenings

> We see high rates of students who do not receive regular preventative dental care. – Community Leader

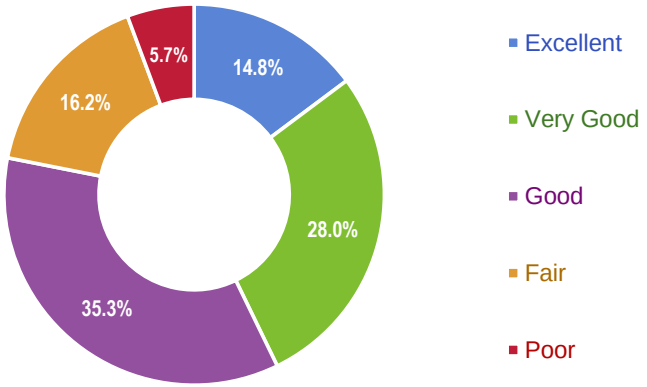
LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Total Service Area adults rate the overall health care services available in their community as "excellent," "very good," or "good."

Rating of Overall Health Care Services Available in the Community

(Total Service Area, 2024)



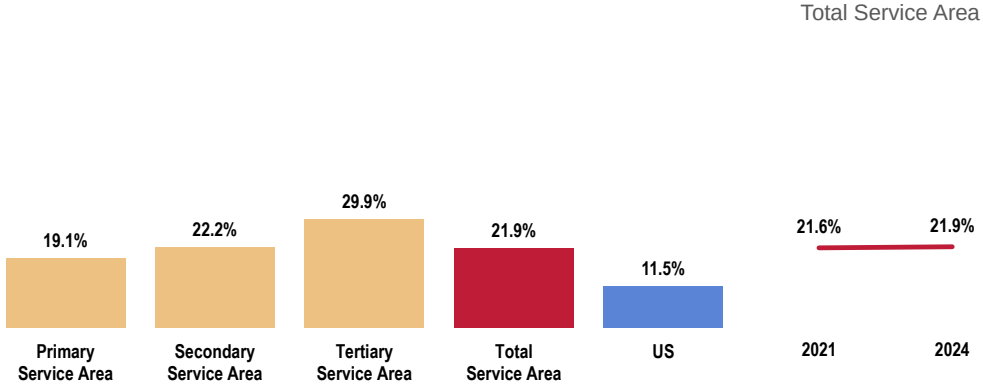
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 21.9% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Nearly twice the national prevalence.

DISPARITY ► Negative ratings are highest in the Tertiary Service Area, and especially high among those with recent access difficulties.

Perceive Local Health Care Services as "Fair/Poor"

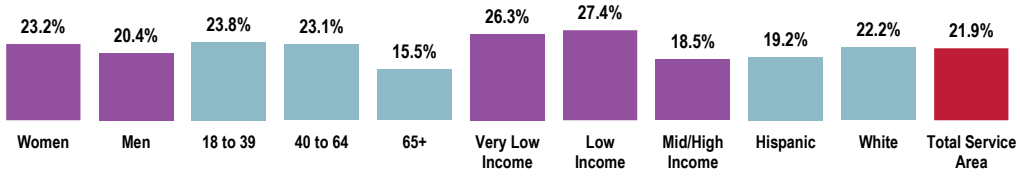


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”

(Total Service Area, 2024)

With access difficulty	35.5%
No access difficulty	10.7%

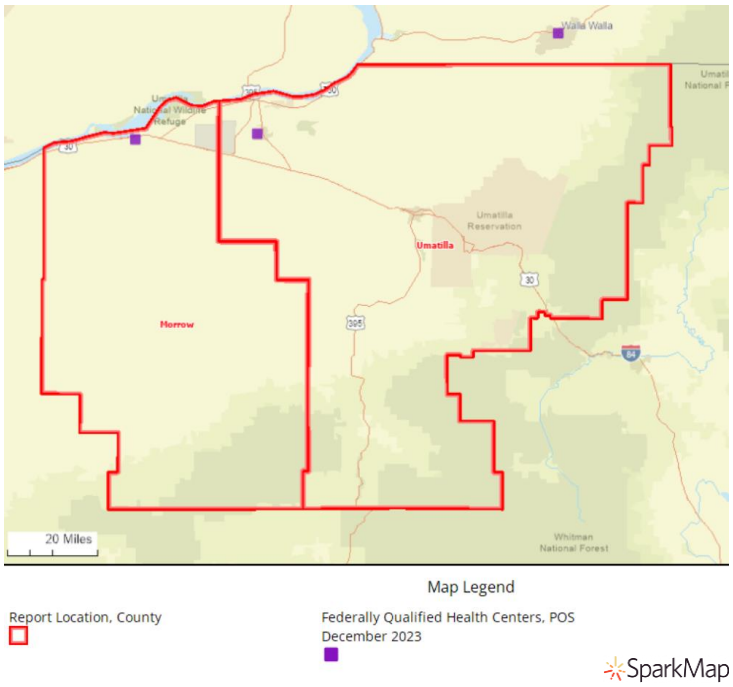


Sources: ● 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of December 2023.



Resources Available to Address 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

- Advantage Dental
- Agape House
- Bus From the Casino
- CareVan
- City/County Government
- Columbia River Health
- Community Action Program of East Central Oregon
- ConneXions
- Department of Human Services
- Diabetes Education
- Doctors' Offices
- Family Health Associates
- Fitness Centers/Gyms
- Good Shepherd Health Care System
- Hospitals
- Greater Oregon Behavioral Health, Inc.
- Irrigon Medical Clinic
- Martha's House
- Mental Health Services
- Mirasol Clinic
- Non-Emergency Medical Transportation
- Oregon Human Development Corporation
- Portland Hospital
- Rural Health Associates
- School System
- Spokane Hospital Systems
- St. Anthony
- Trucare
- Urgent Care
- Walla Walla Clinic
- Yakima Family Farm Workers

Cancer

- Cancer Clinic
- Doctors' Offices
- Eastern Oregon Cancer Center
- Good Shepherd Health Care System
- Kadlec Cancer Center
- School System

Diabetes

- Club 24
- Columbia River Health
- Community Health and Outreach
- Community Health Day
- ConneXions
- Degree Partnership Program
- Diabetes and Nutrition Program
- Diabetes Education
- Doctors' Offices
- Gifford Clinic
- Good Shepherd Diabetes and Nutrition Center
- Good Shepherd Education Department
- Good Shepherd Health Care System
- Hermiston Athletic Club
- Living Well With Diabetes
- Mirasol Clinic
- Mirasol Nutrition Counseling
- Nutrition Services
- Oregon State University
- St. Anthony
- Umatilla County Health
- Women, Infants and Children

Disabling Conditions

- Adult Protective Services
- Aging and People with Disabilities
- Americans with Disabilities Act
- Ashley Manor
- Assisted Living
- Caregiver Training and Support
- Clearview
- Community Action Program of East Central Oregon
- Community Outreach Prevention and Engagement Services
- ConneXions
- Dementia Awareness
- Department of Human Services
- Doctors' Offices
- Eastern Oregon Center for Independent Living

- Eastern Oregon Coordinated Care Organization
- Eastern Oregon Physical Therapy
- Education Service District
- Fitness Centers/Gyms
- GA Memory Care and Assisted Living
- Good Shepherd Community Health and Outreach
- Good Shepherd Health Care System
- Greater Oregon Behavioral Health, Inc
- Hermiston Senior Center
- Horizon Project
- JH Memory Care
- Parks and Recreation
- Respite Care Resources
- Rose Arbor
- Skilled Nursing Facility
- St. Anthony
- Umatilla County Developmental Disabilities Program
- Unite US

Heart Disease & Stroke

- Columbia River Health
- Doctors' Offices
- Gifford Clinic
- Good Shepherd Community Health and Outreach
- Good Shepherd Diabetes and Nutrition Center
- Good Shepherd Education Department
- Good Shepherd Health Care System
- Hospitals
- Kadlec Cardiology
- Mirasol Clinic
- Mirasol Nutrition Counseling
- Occupational/Physical Therapy
- Self-Management Classes
- St. Anthony
- St. Mary's Hospital
- Urgent Care

Infant Health & Family Planning

- CARE
- ConneXions
- Doctors' Offices
- Good Shepherd Health Care System
- Good Shepherd Women's Center
- Head Start
- Health Department
- Intermountain Education Service District
- Nurse Family Partnership
- Nurture Oregon
- School System
- Social Services
- Trucare
- Umatilla County Health
- Umatilla County Public Health

Injury & Violence

- Community Counseling Solutions
- Confederated Tribes of the Umatilla Reservation Family Violence Services
- Domestic Violence Services
- Law Enforcement
- Martha's House
- Stepping Stones Alliance
- Umatilla County Victim Assistance

Mental Health

- 911
- Aging and People with Disabilities
- Aspen Springs
- CARE
- Community Counseling Solutions
- Community Health and Outreach
- Community Outreach Prevention and Engagement Services
- Comprehensive Healthcare Milton Freewater
- ConneXions
- Conscious Discipline
- Counseling Services of Walla Walla
- Counselors
- Department of Human Services
- Detox Center
- Doctors' Offices
- Early Assessment and Support Alliance
- Eastern Oregon Alcoholism Foundation
- Eastern Oregon Center for Independent Living
- Family/Friends
- Good Shepherd Health Care System
- Greater Oregon Behavioral Health, Inc
- Inpatient Mental Health Facility
- Les Is More Mental Health LLC
- Life's Intentions
- Lifeways
- Lines for Life
- Peer Group
- Pendleton Treatment Center
- Private Counseling Clinics
- Religious Organizations
- Rivercrest
- Rivers Edge Acute Center

- School System
- Tele Therapy
- Therapists
- Umatilla County Mental Health
- Umatilla County Public Health
- Veteran Service Officers
- Warmline

Nutrition, Physical Activity & Weight

- Agape House
- Biggest Loser Competitions
- Churches
- Club 24
- Community Gardens
- Cooking Classes
- Eastern Oregon Trade and Event Center
- Eating Healthy on a Budget
- Farmer's Markets
- Fitness Centers/Gyms
- Good Shepherd Community Health and Outreach
- Good Shepherd Diabetes and Nutrition Center
- Good Shepherd Education Department
- Good Shepherd Health Care System
- Head Start
- Hermiston Athletic Club
- Higher Power Fitness
- Hospitals
- Hydroelectric Crossfit
- Nutrition Services
- Parks and Recreation
- School System
- Senior Center
- Thrive
- Women, Infants and Children

Oral Health

- Advantage Dental
- Arrow Dental
- ConneXions
- Good Shepherd Denture Grant
- McEntire Dental
- School System
- St. Anthony

Respiratory Diseases

- Good Shepherd Health Care System
- St. Anthony
- Umatilla County Public Health

Sexual Health

- Doctors' Offices
- Public Health
- School System
- Trucare
- Umatilla County Clinic
- Umatilla County Communicable Disease
- Umatilla County Health

Social Determinants of Health

- Agape House
- Apartments
- CARE
- Community Action Program of East Central Oregon
- Community Counseling Solutions
- Community Health Workers
- Community Outreach Prevention and Engagement Services
- ConneXions
- Department of Human Services
- Eastern Oregon Center for Independent Living
- Eastern Oregon Coordinated Care Organization
- Good Shepherd Health Care System
- Greater Oregon Behavioral Health, Inc.
- Head Start
- Housing and Urban Development
- Housing Authority
- Kayak
- Landlords
- Martha's House
- Patriot Heights
- School System
- St. Anthony
- Stepping Stones Alliance
- Supplemental Nutrition Assistance Program
- Sweet Potatoes Closet
- Umatilla County Health
- Umatilla County Housing Authority
- Umatilla County Wrap-Around Services
- Warming Stations

Substance Use

- 12-Step Programs
- AA/NA
- BURN Funded Programs
- Community Counseling Solutions
- Community Outreach Prevention and Engagement Services
- ConneXions

- Detox Center
- Doctors' Offices
- Eastern Oregon Alcoholism Foundation
- Eastern Oregon Center for Independent Living
- Eastern Oregon Detox Center
- Eastern Oregon Recovery Center
- Greater Oregon Behavioral Health, Inc.
- Inpatient Mental Health Facility
- Law Enforcement
- New Horizons
- Pendleton Treatment Center
- Power House Residential Drug Center
- School System
- Treatment Center
- Yellowhawk

Tobacco Use

- Good Shepherd Health Care System
- Health Department
- Umatilla County Cessation/Prevention
- Umatilla County Health
- Umatilla County Tobacco Prevention and Education Program
- Yellowhawk

APPENDIX

EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

Good Shepherd Health Care System conducted its last CHNA in 2021 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:

- Mental Health
- Obesity/Nutrition/Physical Activity
- Women's, Men's & Infant Health
- 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: Mental Health	
Community Health Need	Mental Health
Goal(s)	• By the time of the next CHNA, reduce rate of suicide by 15% in Umatilla/Morrow Counties. • By the time of the next CHNA, decrease the number of community members who report their mental health as “fair” or “poor” by at least 4%.

Strategy 1: By the end of FY 2025, GSHCS will expand access to mental health services by hiring a minimum of 1 mental health provider(s) to decrease the number of adults who report their mental health as “fair” or “poor” (23%).	
Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla/Morrow counties
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Local Communities Health Partnership (LCHP)
Results/Impact	In process; we continue to actively recruit to meet the healthcare needs of our region.

Strategy 2: By the end of FY 2025, GSHCS will launch a Mental Health Campaign within the community to educate on the importance of Mental Health and reducing the stigma; distribute 5000 pieces of education and offer at least 5 presentations utilizing a variety of multimedia outlets, with Spanish options available.	
Strategy Was Implemented?	Yes
Target Population(s)	Adults, teens, and children residents in Umatilla/Morrow counties
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Oregon Washington health Network, Local Communities Health Partnership (LCHP), Community Counseling Solutions, Local School Districts, Greater Oregon Behavioral Health Inc . (GOBHI), Local Law Enforcement
Results/Impact	This has been accomplished. The annual event, You Are Not Alone Mental & Behavioral Health Awareness, was launched in 2023.

Priority Area: Obesity/Nutrition/Physical Activity	
Community Health Need	Obesity/Nutrition/Physical Activity
Goal(s)	• By the time of the next CHNA, reduce rate of overweight/obese adults in Umatilla/Morrow Counties by at least 4%. • By the time of the next CHNA, reduce rate of overweight/obese children in Umatilla/Morrow Counties by 10%.

Strategy 1: By the end of FY 2025, GSHCS will establish a metabolic and bariatric specialty service line to decrease the number of adults who are overweight/obese (76%).	
Strategy Was Implemented?	No
Target Population(s)	Adult residents in Umatilla/Morrow counties
Partnering Organization(s)	N/A
Results/Impact	Pending dedicated physician

Strategy 2: By the end of FY 2025, GSHCS will offer a 25% increase in education resources and programs related to Obesity, Nutrition and Physical Activity, utilizing a variety of multimedia outlets.	
Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla/Morrow counties
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Local Communities Health Partnership (LCHP), Euvalcree, Oregon State University SNAP Ed, Hermiston Parks & Recreation, Local Senior Centers, Local School Districts, Mirasol Family Health Center, Columbia River Health
Results/Impact	GSHCS has offered an increase in quantity and frequency of classes related to Obesity, Nutrition and Physical Activity. These classes are offered in-person at a variety of locations, most have virtual options, all are free, and recordings available for some for later viewing.

Priority Area: Women's, Men's and Infant Health	
Community Health Need	Women's, Men's and Infant Health
Goal(s)	• By the time of the next CHNA, reduce the rate of infant deaths in Umatilla/Morrow Counties by 15%. • By the time of the next CHNA, increase the number of age-appropriate women receiving cervical cancer screenings to 73.8% or higher. • By the time of the next CHNA, increase the number of age-appropriate men receiving prostate cancer screenings to 63.2% or higher.

Strategy 1: By the end of FY 2025, increase prenatal patient education throughout all trimesters.	
Strategy Was Implemented?	Yes
Target Population(s)	Adult residents in Umatilla/Morrow counties
Partnering Organization(s)	External: Umatilla County Public Health, Local Communities Health Partnership (LCHP), Mirasol Family Health Center, Columbia River Health, Doulas Latinas, WIC
Results/Impact	GSHCS has launched free, virtual, on-demand Childbirth classes through a partnership with Birthly. In addition, all new OB patients at Good Shepherd Women's Center may receive a referral to the ConneXions program, which assesses social determinants of health, education needs, and skill building for families.

Strategy 2: By the end of FY 2025, to increase the number of adults who receive cervical/prostate cancer screenings, GSHCS will integrate cervical cancer and prostate cancer screening questions into Epic to ensure all patients receive the appropriate referrals.	
Strategy Was Implemented?	No
Target Population(s)	GSHCS providers
Partnering Organization(s)	N/A
Results/Impact	In progress

Priority Area: Behavioral Health	
Community Health Need	Behavioral Health
Goal(s)	• By the time of the next CHNA, reduce the mortality rate of those in Umatilla/Morrow Counties with Cirrhosis/Liver Disease by 15%. • By the time of the next CHNA, reduce the number of adults using tobacco products in Umatilla/Morrow Counties by at least 3%. • Decrease the number of adults reporting domestic/sexual violence in Umatilla/Morrow Counties.

Strategy 1: By the end of FY 2025, GSHCS will increase access to Behavioral Health services to reduce rates of tobacco/substance use and domestic/sexual violence.	
Strategy Was Implemented?	Yes
Target Population(s)	Adult and teen residents in Umatilla/Morrow counties
Partnering Organization(s)	Internal: Healthy Communities Coalition External: Umatilla County Public Health, Local Communities Health Partnership (LCHP), Domestic Violence Services Inc., Community Counseling Solutions, Oregon Washington health Network, Local Law Enforcement
Results/Impact	New partnership was formed with Community Counseling Solutions to increase mental and behavioral health services and resources in our area. Community Health & Outreach now provides substance use educational presentations at local schools as well.

Strategy 2: By the end of the FY 2025, GSHCS will create policies regarding PDMP dashboard use and Doctor- patient opioid agreements.	
Strategy Was Implemented?	No
Target Population(s)	GSHCS Providers
Partnering Organization(s)	N/A
Results/Impact	Assessing relevance and effectiveness, as well as how to implement.

Strategy 3: GSHCS will integrate a systems model for intimate partner violence prevention in Epic starting in 2023.	
Strategy Was Implemented?	No
Target Population(s)	GSHCS Providers
Partnering Organization(s)	N/A
Results/Impact	In progress