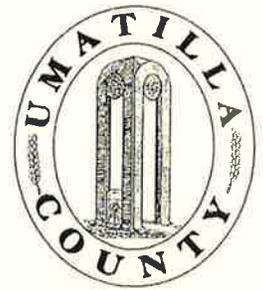


# Umatilla County

## Public Health Department



February 13, 2014

Mr. Jan Kaplan  
Office of Community Liaison  
Oregon Health Authority  
800 NE Oregon Street, Suite 930  
Portland OR 97232

**Director**  
Sarah Williams, RN, BAN

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Heather Blagg, RN, BSN

**Clinic Supervisor**  
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**Environmental Health  
Supervisor**  
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**Office Supervisor**  
Judy A Jenner

Dear Mr. Kaplan:

Enclosed is Umatilla County's 2014-2015 Annual Public Health Plan. Attached you will find the most recent Community Health Assessment as well as an additional assessment completed to gain further information regarding the Hispanic community within Umatilla County (2012 Hispanic Community Health Assessment). Additionally you will find, the checklist which assures Umatilla County is meeting the minimum standards set for Local Health Departments and providing all essential public health services according to OAR 333-014-0050. A current organizational chart has been included as well. At the present time, the 2014-2015 budget has not yet been finalized, information for how to obtain the budget once it has been adopted is included.

As Umatilla County prepares for National Public Health Accreditation, additional documents will be submitted. UCHD intends to seek accreditation in the next 12 months.

I hope you find these documents satisfactory. Please contact me if you require any further information.

Sincerely,

A handwritten signature in cursive script that reads "Sarah R. Williams".

Sarah R. Williams, RN, BAN  
Director

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# Umatilla County Community Health Partnership



*Working Together for a Healthier Tomorrow*



**Umatilla County Community Health Assessment Report 2011**



# Foreword

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

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

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

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

Sincerely,

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

## Community Partners

Blue Mountain  
Community College

Cancer Community  
Renewal Partnership

CAPECO

Clearview Mediation

Commission on Children  
and Family

Domestic Violence  
Services, Inc.

Eastern Oregon  
Alcoholism Foundation

Foster  
Grandparents/Senior  
Companions

Good Shepherd Health  
Systems

Head Start of Umatilla and  
Morrow Counties

Healthy Communities  
Coalition

Lifeways Mental Health  
Services

Mirasol Family Health  
Center

Oregon Child  
Development Coalition

Oregon Department of  
Human Services

Pendleton Ministerial  
Fellowship

Pendleton School District

Milton-Freewater School  
District

Pioneer Relief Nursery

Salvation Army

St. Anthony Hospital

Umatilla County  
Emergency Management

Umatilla County Public  
Health

United Way

Yellowhawk Tribal Health  
Center

# Acknowledgements

**Funding for the Umatilla County Community Health Assessment**

**Provided by:**

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American Indian Health Assessment**

**Provided by:**

Yellowhawk Tribal Health Clinic

St. Anthony Hospital

**Translation of Communication Letters regarding the Assessment into Spanish**

**Provided by:**

Mirasol Family Health Center

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Umatilla County Public Health

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**Provided by:**

Good Shepherd Health Systems

St. Anthony Hospital

**Commissioned by:**

Umatilla County Community Health Partnership

# Acknowledgements

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

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

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University of Toledo  
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University of Toledo

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# Umatilla County Community Health Assessment

## *Executive Summary*

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

## Primary Data Collection Methods

### **Design**

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

### **Instrument Development**

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

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

### **Sampling**

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

## Primary Data Collection Methods

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

### **Procedure**

#### *Adult Survey*

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

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

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

### **Data Analysis**

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

## Primary Data Collection Methods

### Limitations

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

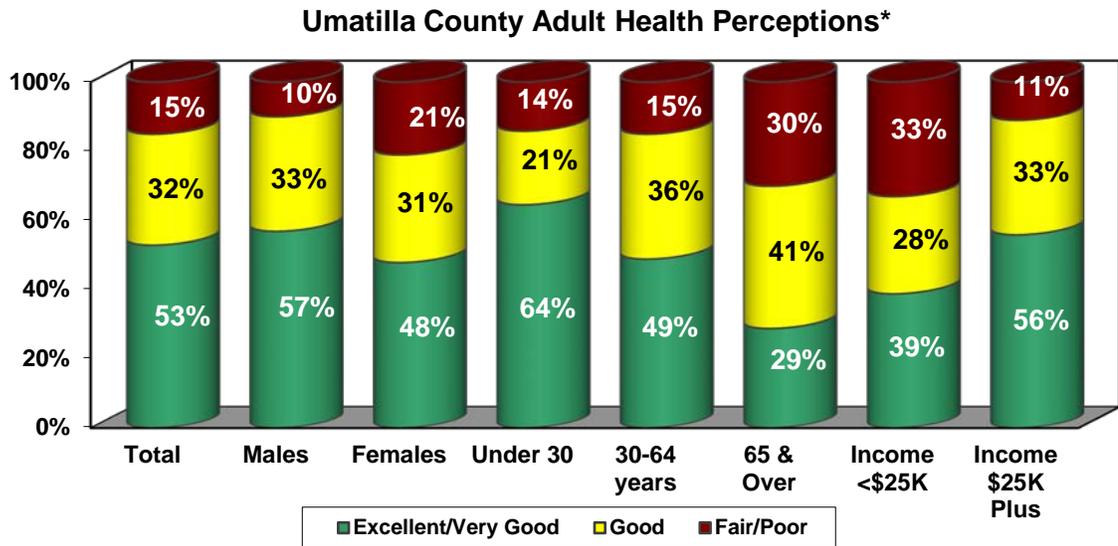
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question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

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

## Data Summary

### Health Perceptions

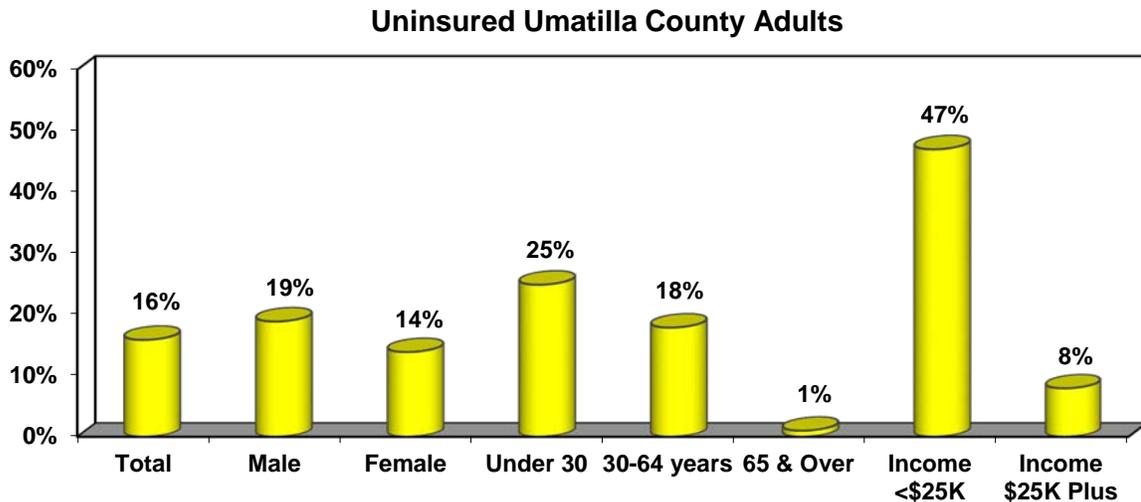
In 2011, more than half (53%) of the Umatilla County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 30% of those over the age of 65, described their health as fair or poor.



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

### Health Care Coverage

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



## Data Summary

### Health Care Access

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

### Cardiovascular Health

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

### Cancer

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

### Diabetes

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

### Arthritis

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

#### Umatilla County Leading Types of Death 2009

**Total Deaths: 631**

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

*(Source: OHA, Vital Statistics)*

#### Umatilla County Leading Cancer Frequency 2004 to 2010

**Total All Sites = 2,004**

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

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

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

#### Diabetes Facts

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

*(Source: OHA, Vital Statistics)*

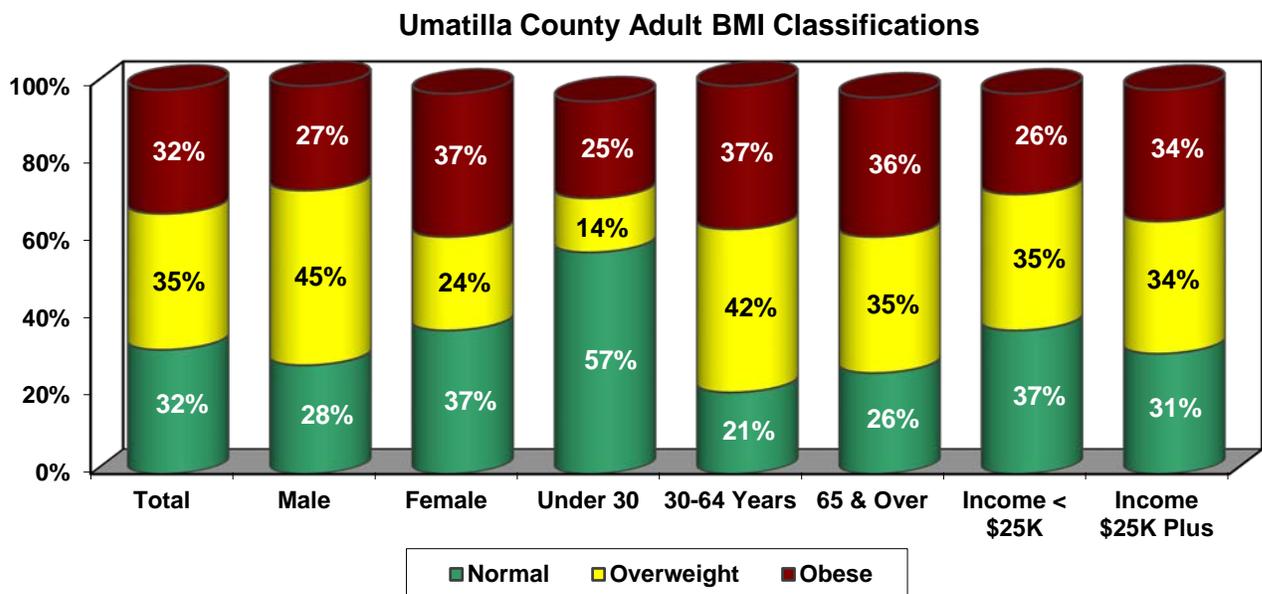
## Data Summary

### Asthma

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

### Adult Weight Status

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



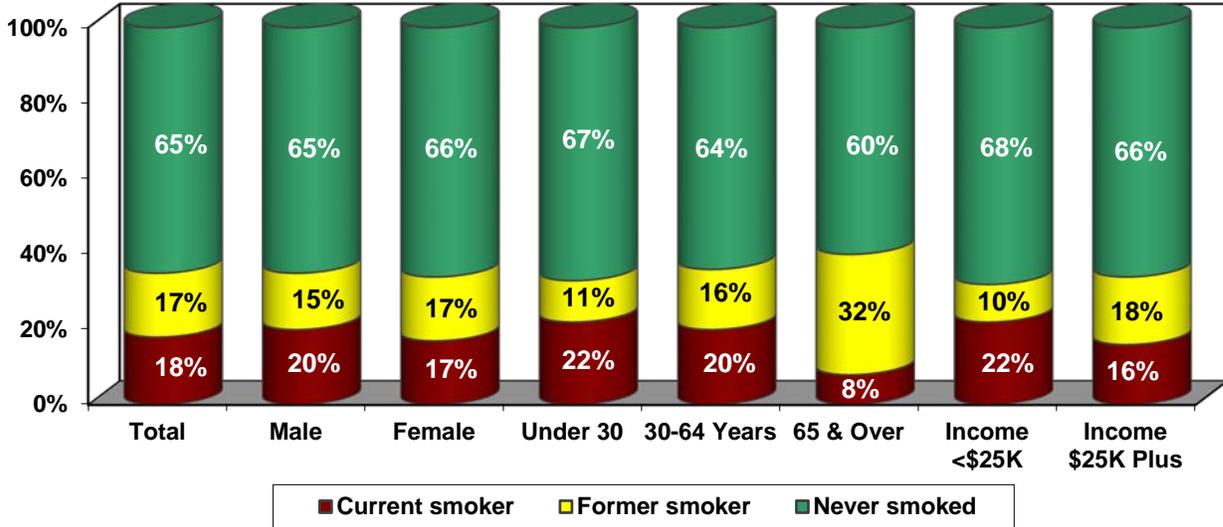
*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)*

### Adult Tobacco Use

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

## Data Summary

### Umatilla County Adult Smoking Behaviors

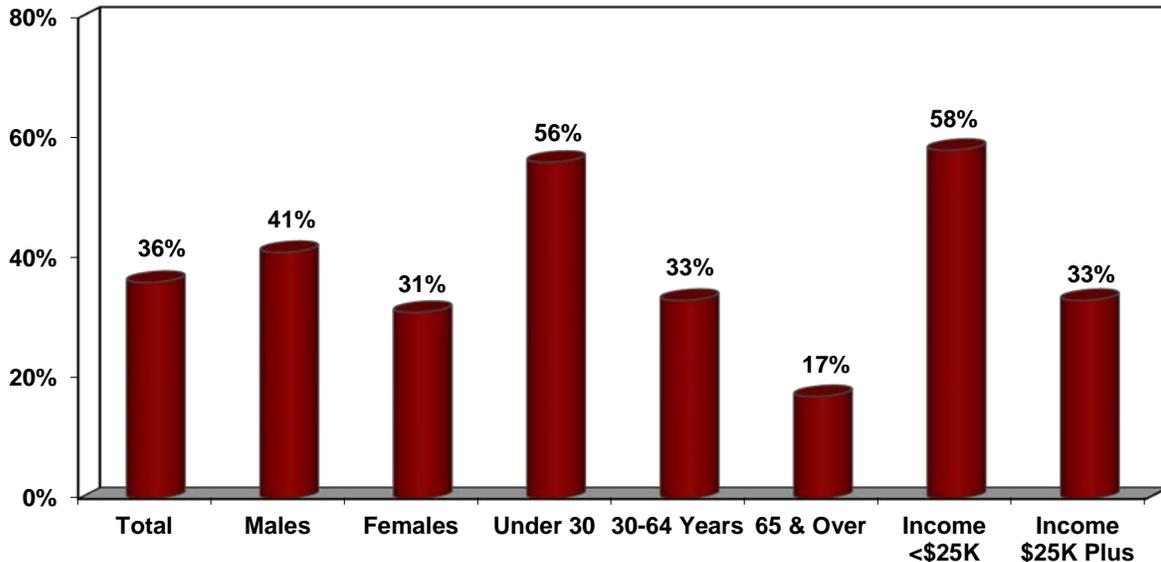


*Respondents were asked:  
 "Have you smoked at least 100 cigarettes in your entire life?  
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

## Adult Alcohol Consumption

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

### Umatilla County Adult Drinkers Who Binge Drank in Past Month\*



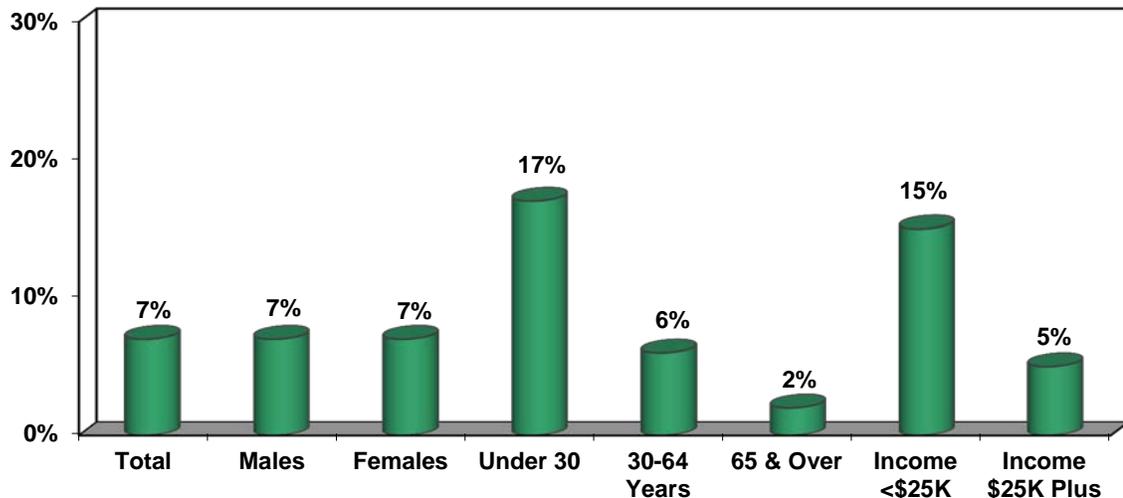
*\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

## Data Summary

### Adult Marijuana and Other Drug Use

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

**Umatilla County Adult Marijuana Use in Past 6 Months\***

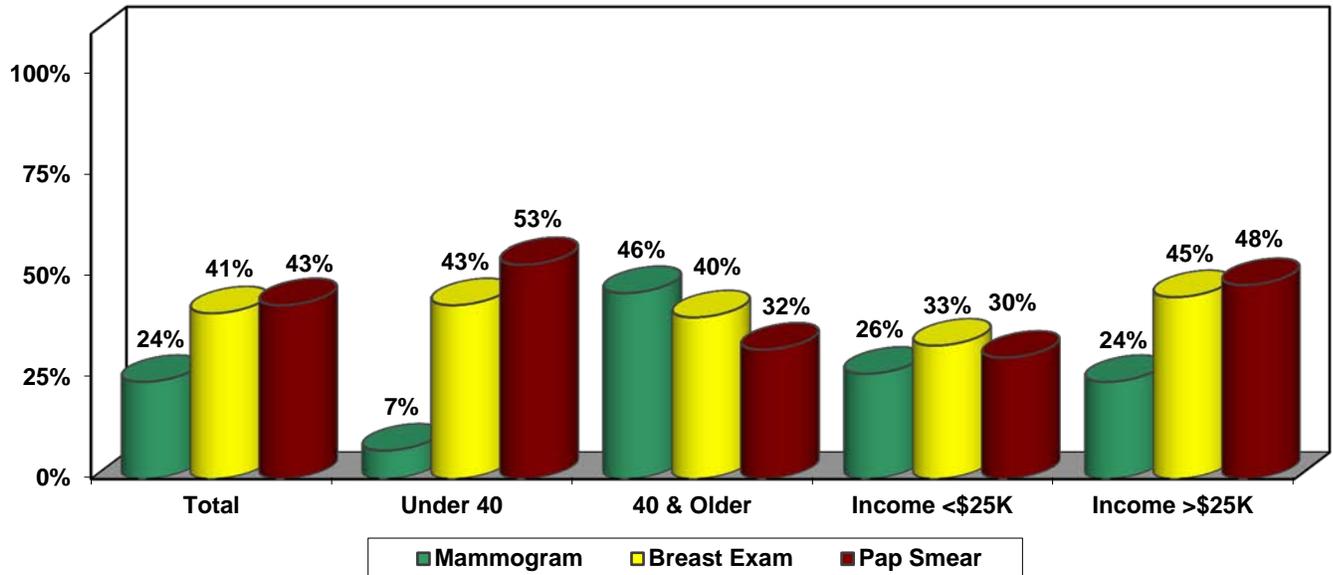


### Women's Health

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

## Data Summary

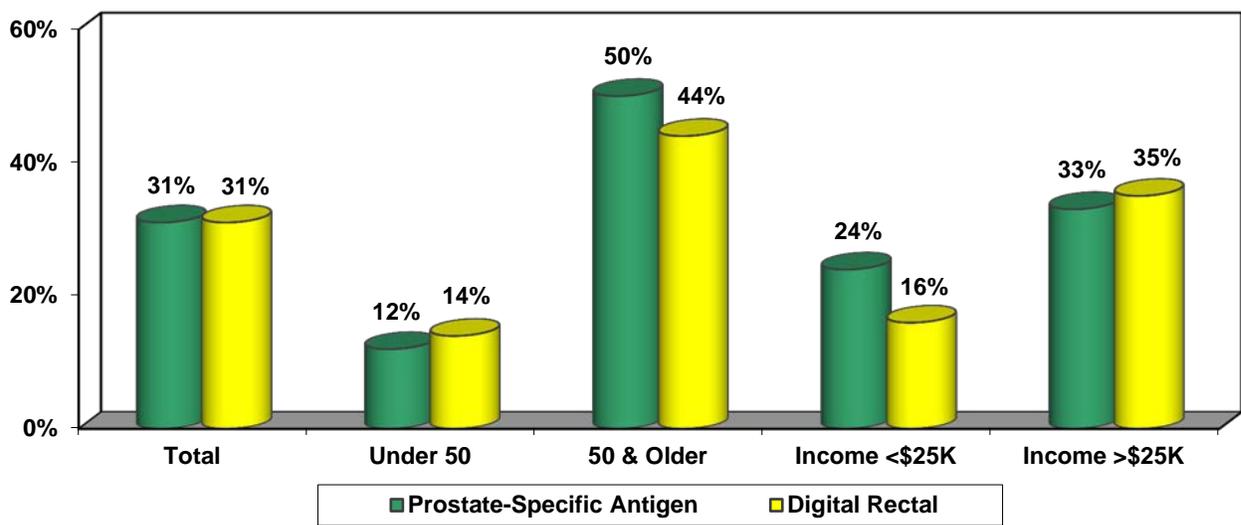
### Umatilla County Women's Health Exams Within the Past Year



## Men's Health

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

### Umatilla County Men's Health Exams Within the Past Year



## Data Summary

### Preventive Medicine and Health Screenings

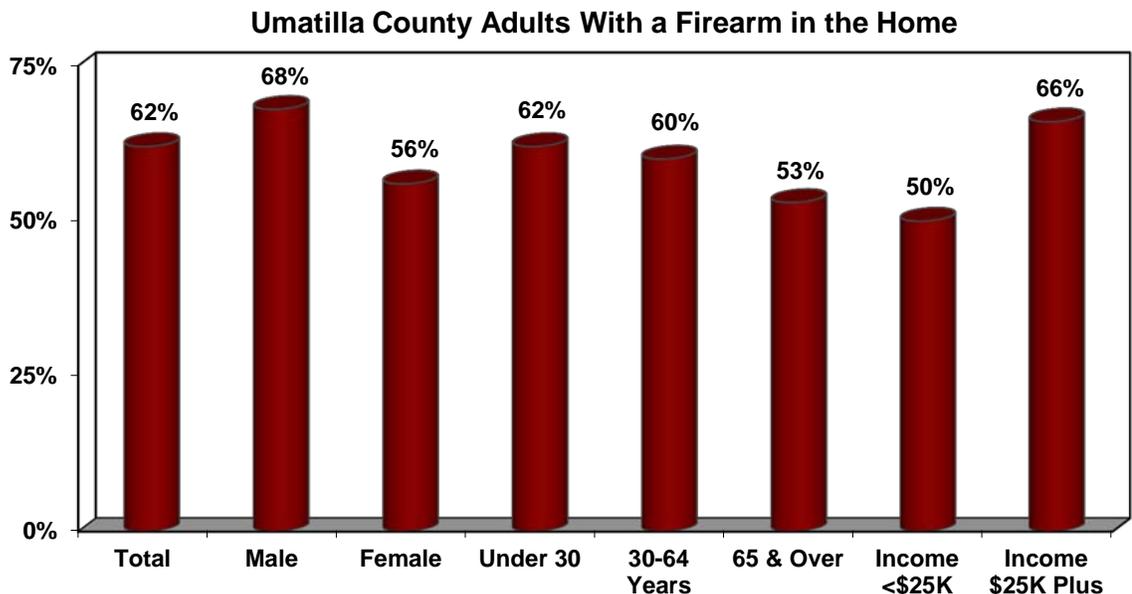
65% of adults over the age of 50 have received a colorectal cancer screening at some time in their life. More than two-thirds (69%) of adults have had a tetanus shot in the past 10 years.

### Adult Sexual Behavior & Pregnancy Outcomes

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

### Quality of Life and Safety

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



### Social Context

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

### Mental Health and Suicide

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

## Data Summary

### **Oral Health**

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

### **Parenting**

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

### **American Indian Healthcare Access, Coverage, & Utilization**

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

### **American Indian Chronic Diseases and Prevention**

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

### **American Indian Quality of Life & Safety**

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

## Umatilla County Trend Summary

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

\*2009 BRFSS Data

# Health Status Perceptions

## Key Findings

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

### Adults Who Rated General Health Status Excellent or Very Good

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

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

## General Health Status

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

## Physical Health Status

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

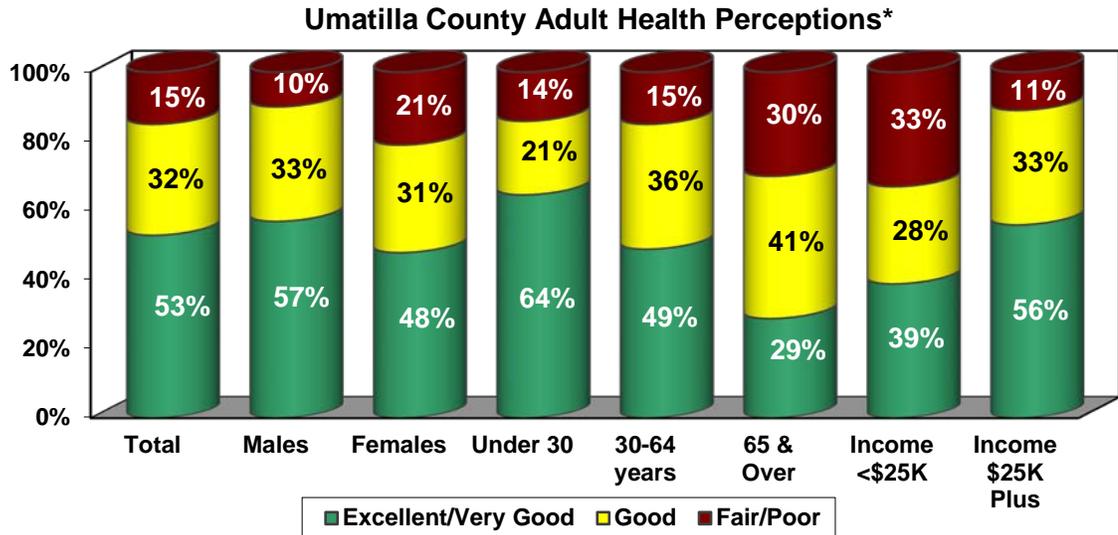
## Mental Health Status

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

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

## Health Status Perceptions

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



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

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

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

# Health Care Coverage

## Key Findings

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

## General Health Coverage

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

(Percentages do not equal 100% because respondents could select more than one reason)

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

\* The enrollment numbers above are for those with Medicare hospital insurance and/or supplemental insurance for each of the categories.  
(Source: Medicare Aged and Disabled, as of July 1, 2010)

## Umatilla County Health Care Statistics

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

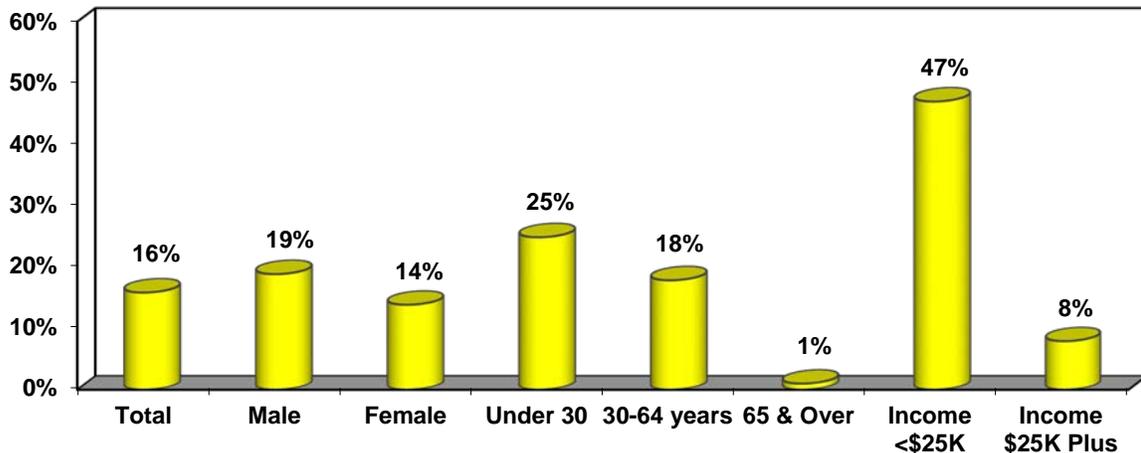
(Source: Office for Oregon Health Policy and Research, Umatilla County Statistics, obtained from: [http://www.oregonhealthinfo.com/oregon\\_health\\_by\\_region\\_display\\_data.php?OHPRGeo=umatilla](http://www.oregonhealthinfo.com/oregon_health_by_region_display_data.php?OHPRGeo=umatilla))

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

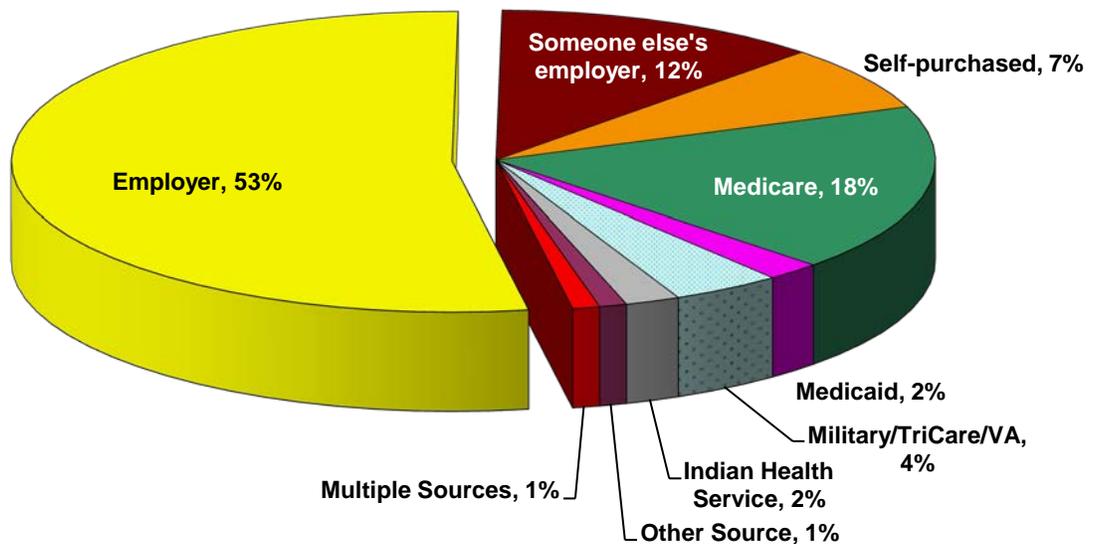
## Health Care Coverage

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

**Uninsured Umatilla County Adults**



**Source of Health Coverage for Umatilla County Adults**



## Health Care Coverage

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

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

### Healthy People 2020 Access to Quality Health Services

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

N/A – Data is not available.

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

# Health Care Access & Utilization

## Key Findings

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

## Health Care Access

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

## Predictors of Access to Health Care

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

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

*(Source: Healthy People 2020 and CDC)*

## Health Care Access & Utilization

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

### Availability of Services

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

### Umatilla County Adults Able to Access Assistance Programs/Services

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

### Forces Affecting Health Care Utilization

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

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

# Cardiovascular Health

## Key Findings

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

## Heart Disease and Stroke

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

## High Blood Pressure (Hypertension)

- ◆ Nearly one-third (31%) of Umatilla County adults had been diagnosed with high blood pressure.

The 2009 BRFSS reports hypertension prevalence rates of 27% for Oregon and 29% for the U.S.

- ◆ Umatilla County adults diagnosed with high blood pressure were more likely to:
  - Be age 65 years or older (61%)
  - Be classified as obese by Body Mass Index-BMI (40%)

## High Blood Cholesterol

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

**Umatilla County  
Leading Types of Death  
2009**

**Total Deaths: 631**

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

(Source: OHA, Vital Statistics)

**Oregon  
Leading Types of Death  
2009**

**Total Deaths: 31,547**

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

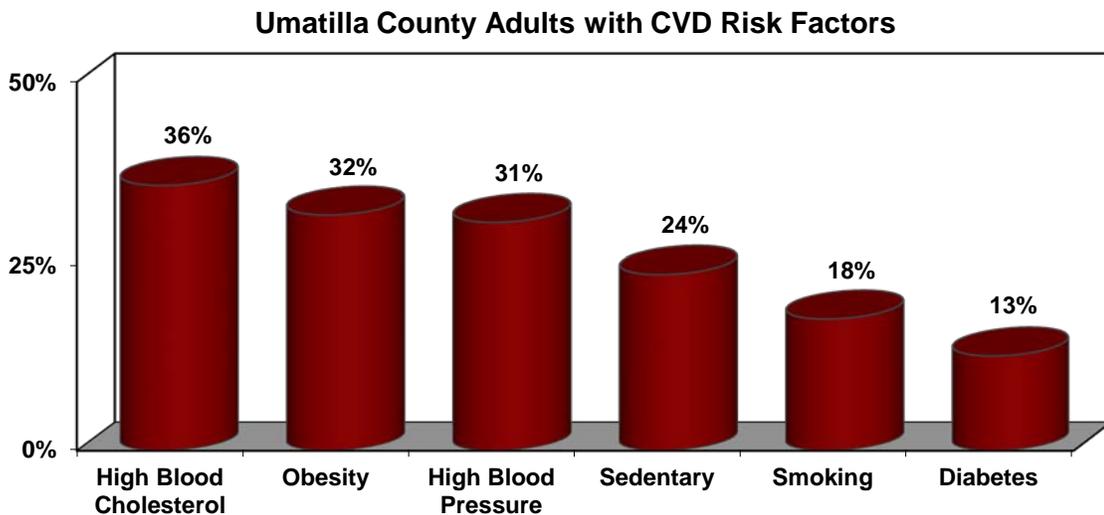
(Source: OHA, Vital Statistics)

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

\*2009 BRFSS Data

## Cardiovascular Health

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



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

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

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

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

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

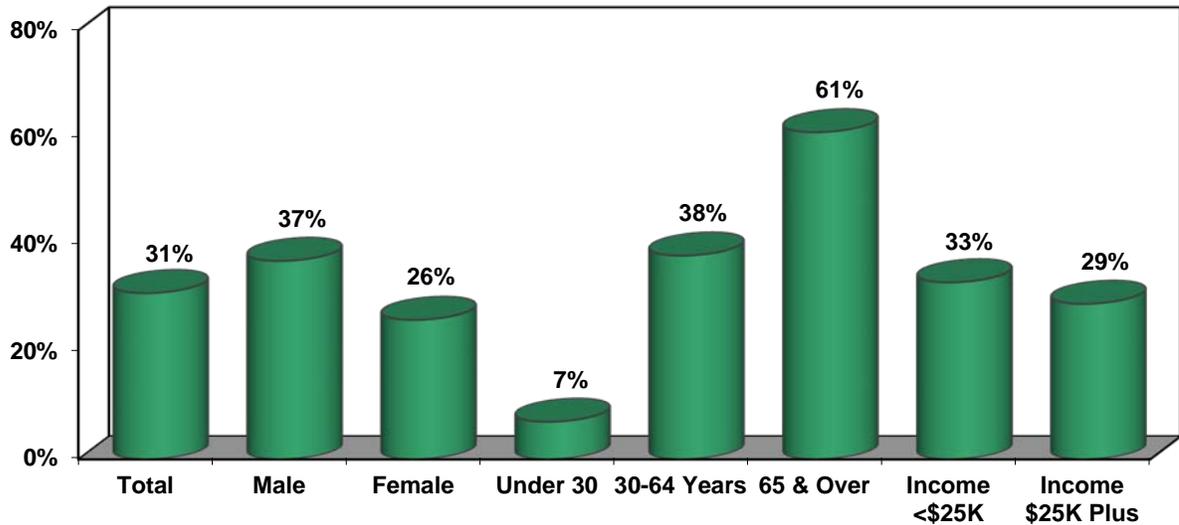
**Physical Inactivity** – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control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

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

## Cardiovascular Health

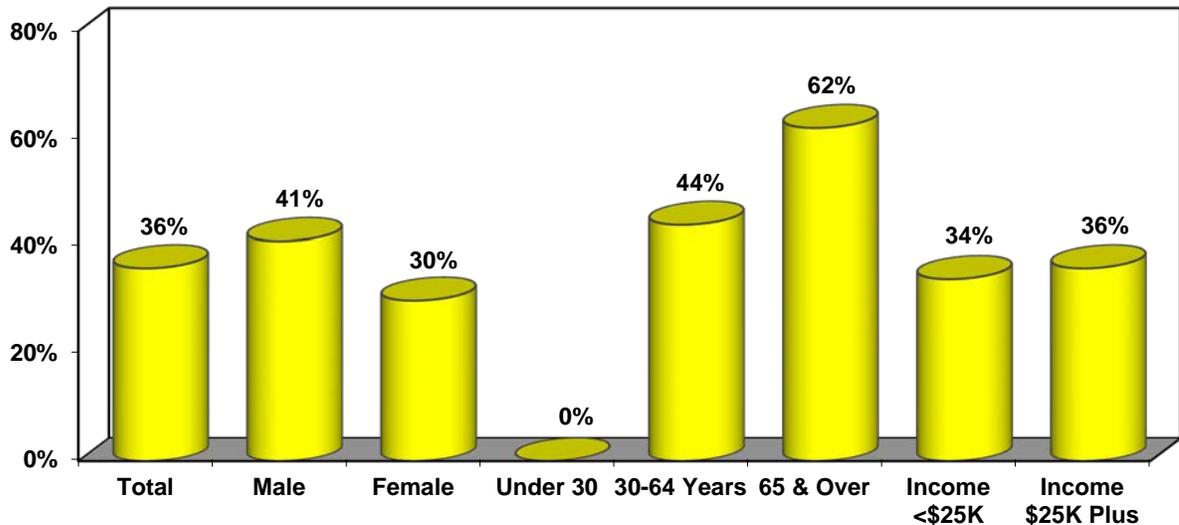
The following graphs show the number of Umatilla County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 31% of all Umatilla County adults have been diagnosed with high blood pressure, 37% of all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

**Diagnosed with High Blood Pressure\***



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

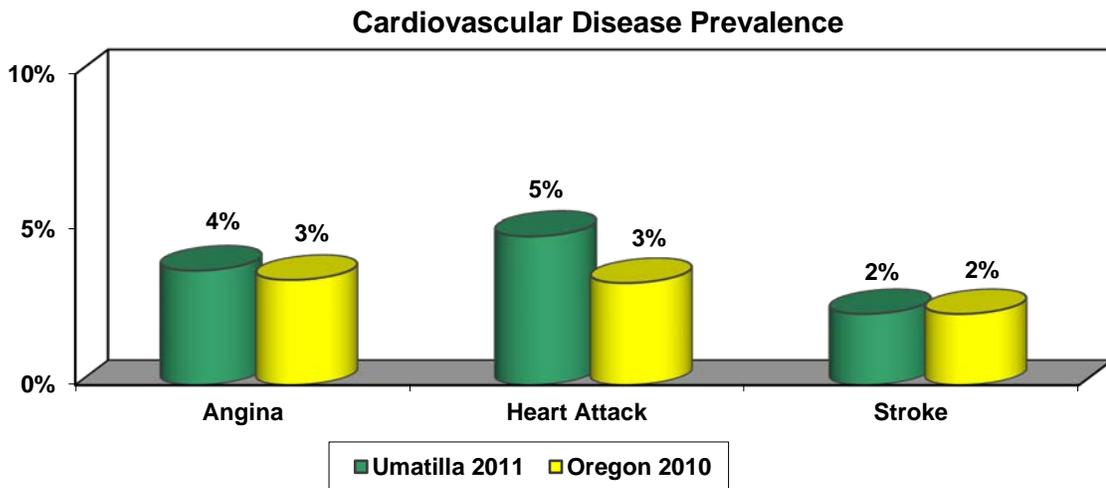
**Diagnosed with High Blood Cholesterol\***



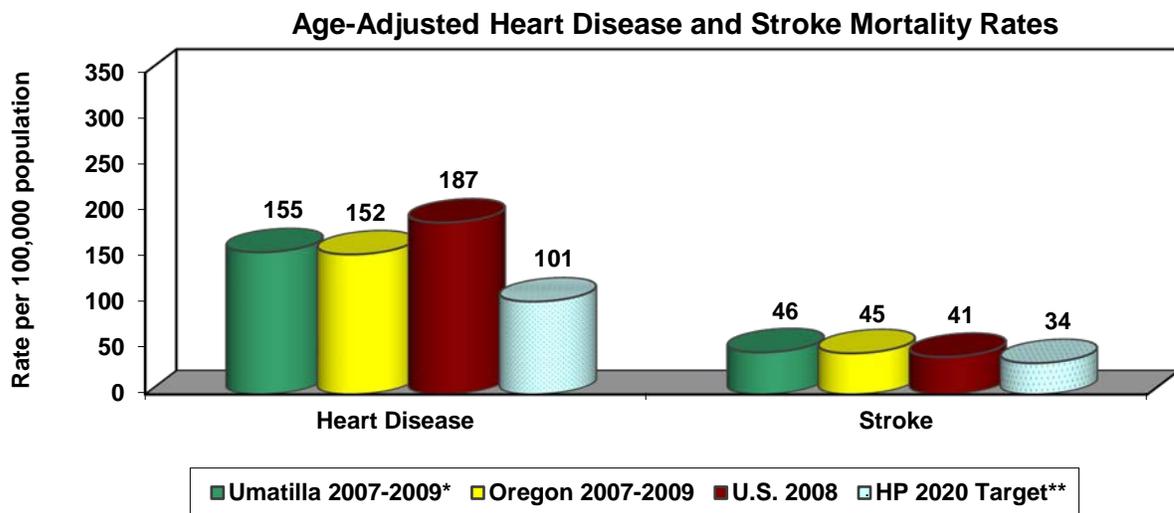
# Cardiovascular Health

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

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



*(Source: 2011 Umatilla Health Assessment and BRFSS)*



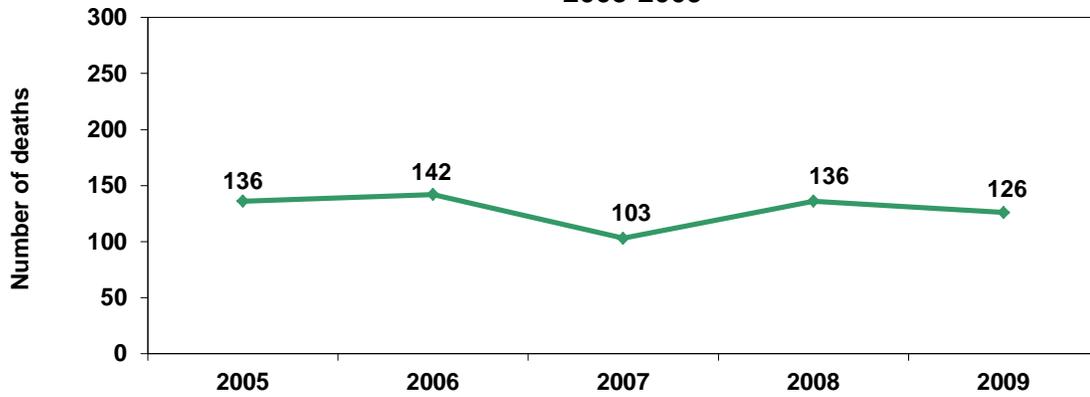
\* Combined Age-Adjusted Rates for Eastern Oregon, including Baker, Grant, Harney, Malheur, Morrow, **Umatilla**, Union, and Wallowa Counties

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

*(Source: OHLA, Vital Statistics, Mortality, Healthy People 2020)*

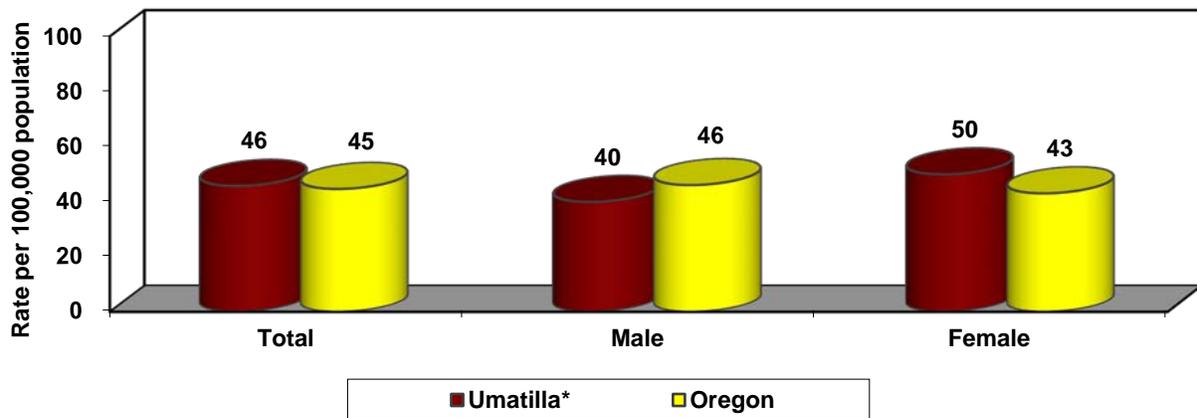
# Cardiovascular Health

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



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

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



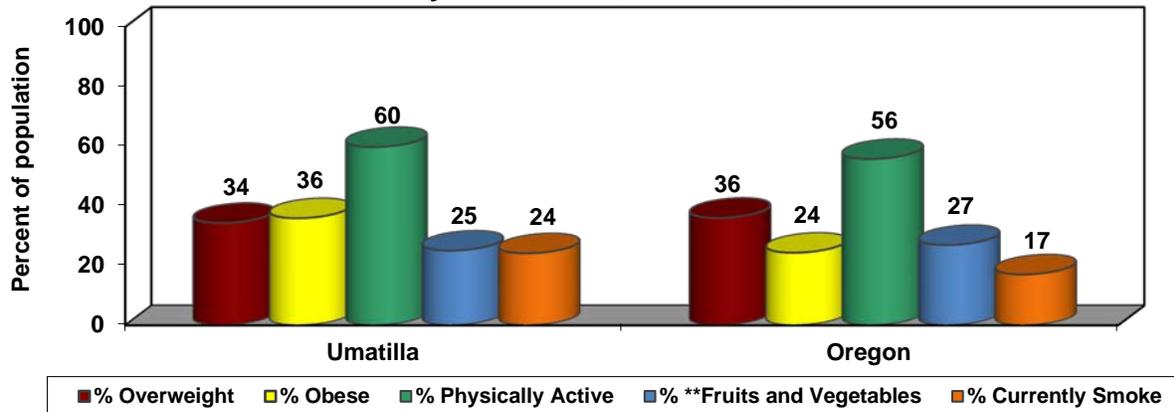
*\*Combined Age-Adjusted Rates for Eastern Oregon, including Baker, Grant, Harney, Malheur, Morrow, **Umatilla**, Union, and Wallowa Counties  
(Source: OHA, Vital Statistics, Mortality)*

## Cardiovascular Health

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

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

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



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

### Healthy People 2020 Objectives

#### High Blood Pressure

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

#### High Blood Cholesterol

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

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

# Cancer

## Key Findings

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

## Adult Cancer

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

## Cancer Facts

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

## Lung Cancer

- ◆ The OHA reports that lung cancer was the leading cause of male cancer deaths from 2004-2008 in Umatilla County, with an age-adjusted mortality rate of 58.6 per 100,000 population. During the same time period, prostate cancer and colorectal cancer followed with age-adjusted mortality rates of 23.9 and 23.5, respectively. In Umatilla County, 20% of male adults are current smokers<sup>1</sup> and 58% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Umatilla County Health Assessment)*
- ◆ The OHA reports that lung cancer (age-adjusted rate = 39.8) was the leading cause of female cancer deaths in Umatilla County from 2004-2008, followed by breast (age-adjusted rate=22.4) and colon & rectum (age-adjusted rate = 18.8) cancers.
- ◆ Approximately 17% of female adults in the county are current smokers<sup>1</sup> and 68% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Umatilla County Health Assessment)*
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

### Umatilla County Leading Cancer Frequency 2004 to 2010

Total All Sites = 2,004

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

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

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

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

# Cancer

## Breast Cancer

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

## Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 15% of all cancer deaths in Umatilla County from 2005-2009. *(Source: OHA, Vital Statistics, Mortality)*
- ◆ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2011, 65% of Umatilla County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.

## Prostate Cancer

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

### 2011 Cancer Estimations

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

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

# Cancer

## Umatilla County Cancer Deaths 2010

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

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

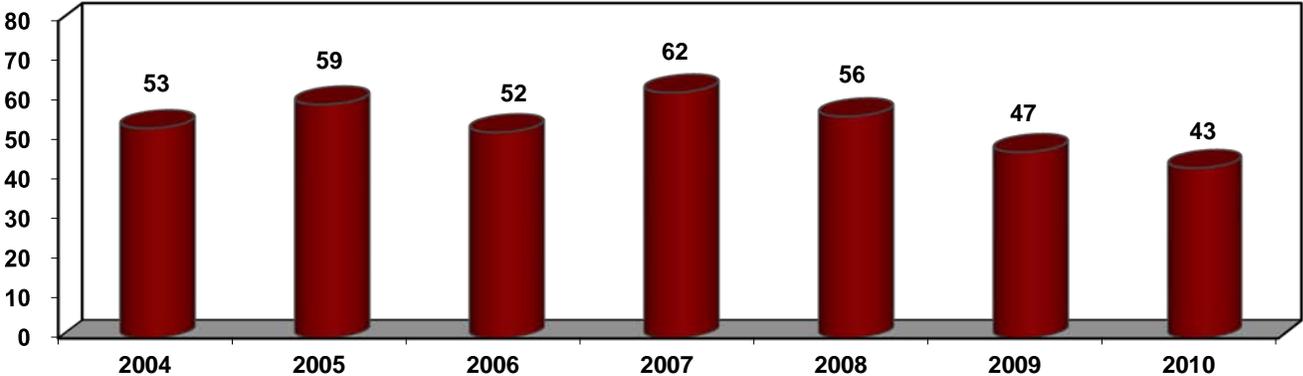
## Umatilla County Number of Cancer Death Cases, 2005-2009

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

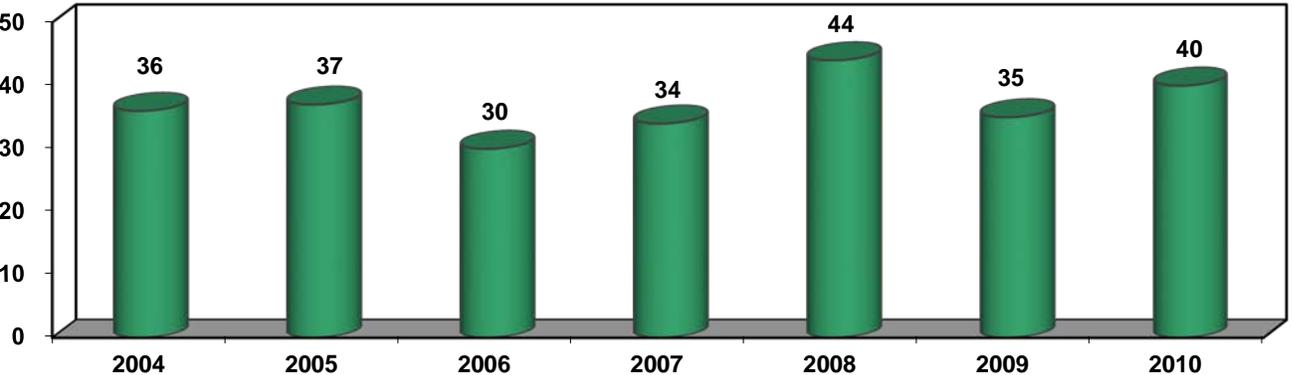
*(Source: OHA, Vital Statistics, Mortality)*

# Cancer

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



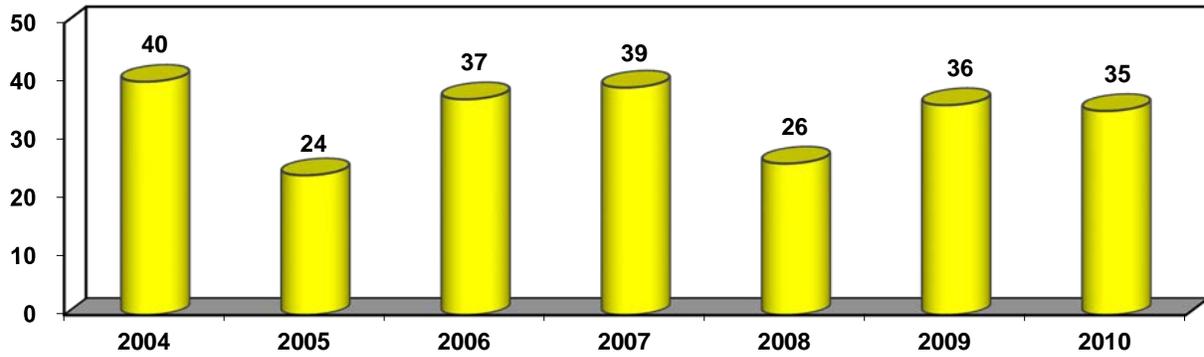
### Umatilla County Annualized Number of Prostate Cancer Cases 2004 - 2010



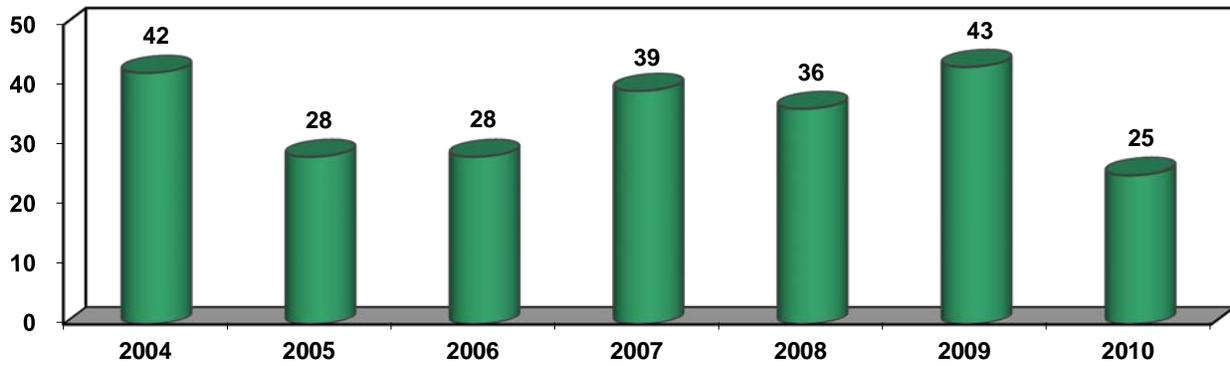
(Source for graphs: Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry, <http://bmop.us/>)

# Cancer

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



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



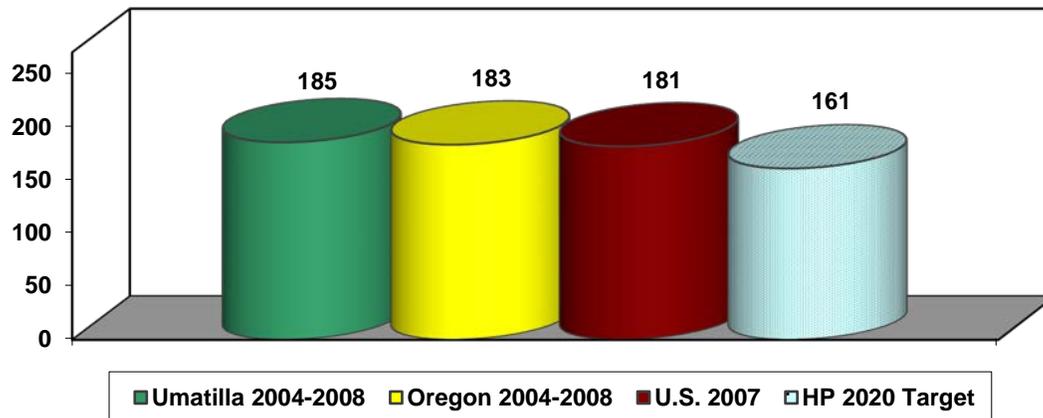
*(Source for graphs: Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry, <http://bmop.us/>)*

# Cancer

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

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

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



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

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

## American Cancer Society Cancer Detection Guidelines

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

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

# Diabetes

## Key Findings

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

## Diabetes

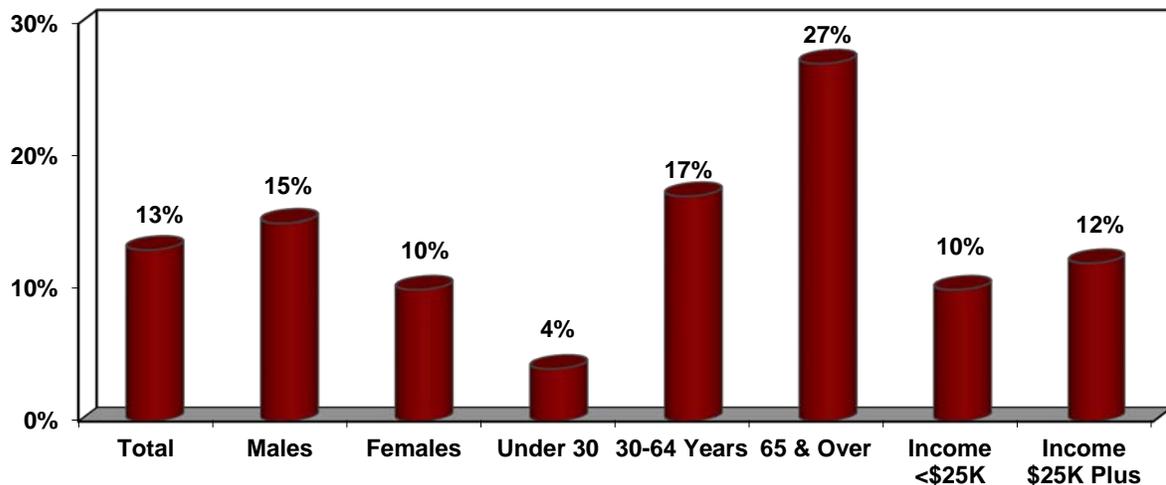
- ◆ The 2011 health assessment project has identified that 13% of Umatilla County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65. The 2010 BRFSS reports an Oregon prevalence of 8% and 10% for the U.S.
- ◆ The average age of onset (diagnoses) was 50.5 years old.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

## Diabetes Facts

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

*(Source: OHA, Vital Statistics)*

**Umatilla County Adults Diagnosed with Diabetes**



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

# Diabetes

## Diabetes Symptoms

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

### Type 1 Diabetes

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

### Type 2 Diabetes

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

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

## Who is at Greater Risk for Type 2 Diabetes

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

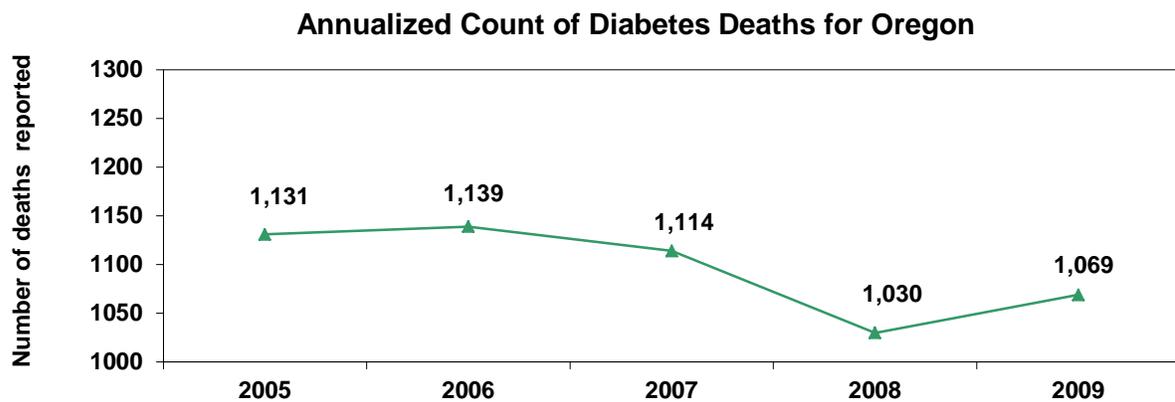
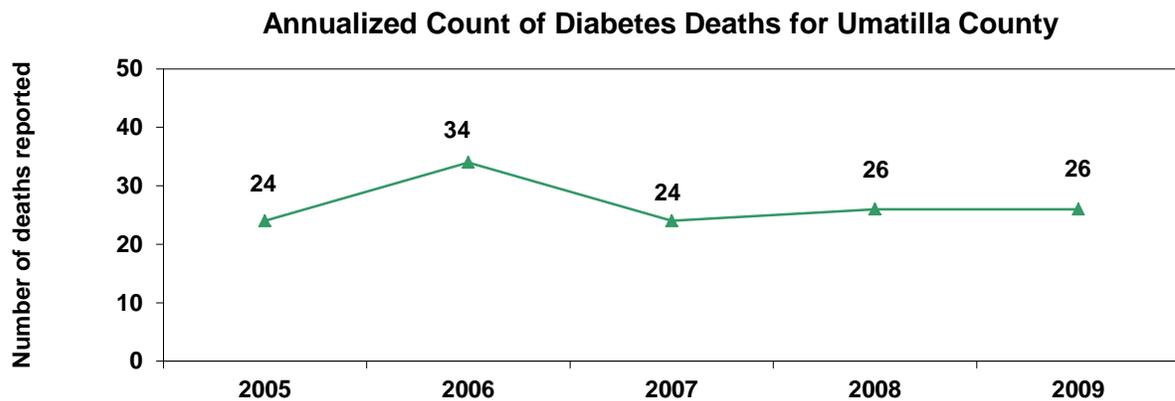
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors/>)

# Diabetes

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

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

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



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

# Arthritis

## Key Findings

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

## Arthritis

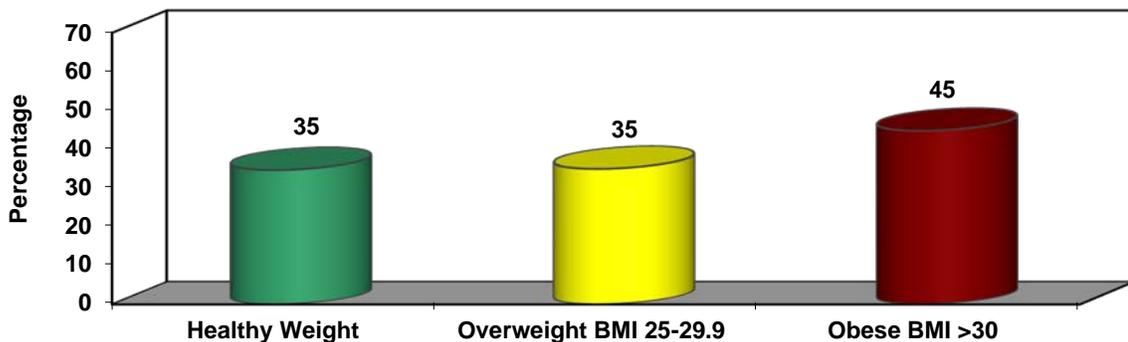
- ◆ Nearly one-third (32%) Umatilla County adults were told by a health professional that they had some form of arthritis.
- ◆ About half (51%) of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 27% of Oregon adults and 26% of U.S. adults were told they have arthritis.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

### What Can Be Done to Address Arthritis?

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

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

**Arthritis-Attributable Activity Limitations Increase with Weight**



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

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

# Asthma

## Key Findings

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

## Asthma & Other Respiratory Disease

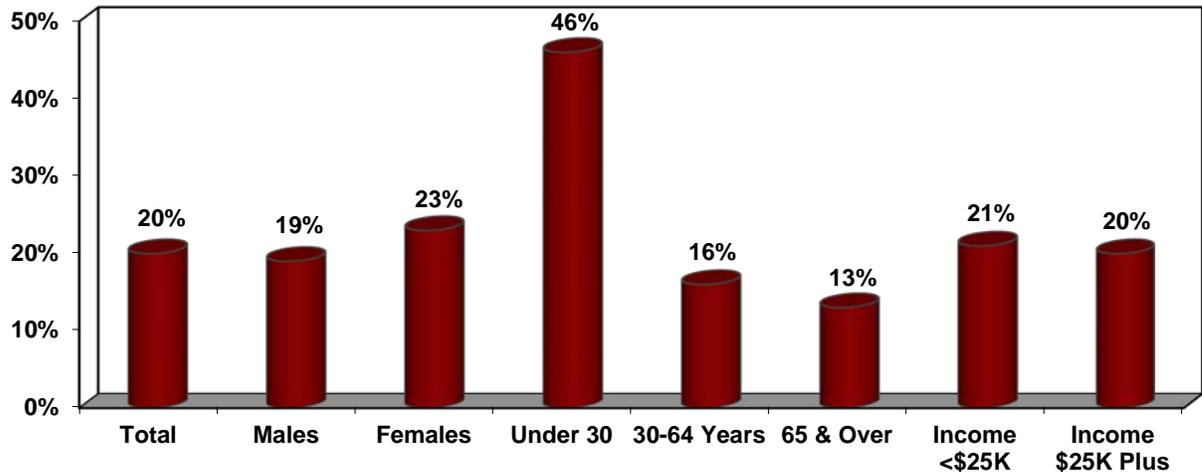
- ◆ In 2011, 20% of Umatilla County adults had been diagnosed with asthma, increasing to 46% of those under the age of 30.
- ◆ In the past year, adults with asthma went to an emergency room or urgent care center because of an asthma attack an average of 0.2 times.
- ◆ 16% of Oregon and 14% of U.S. adults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

**Chronic Respiratory Conditions**

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

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

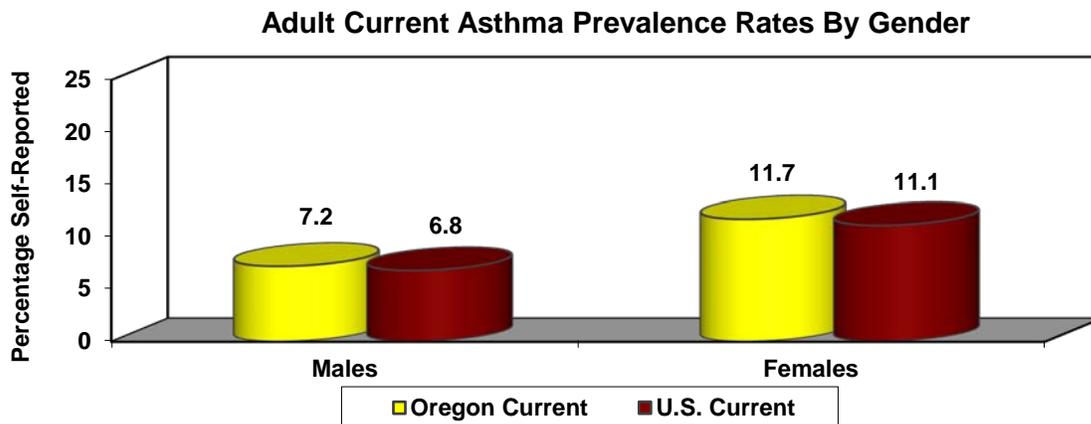
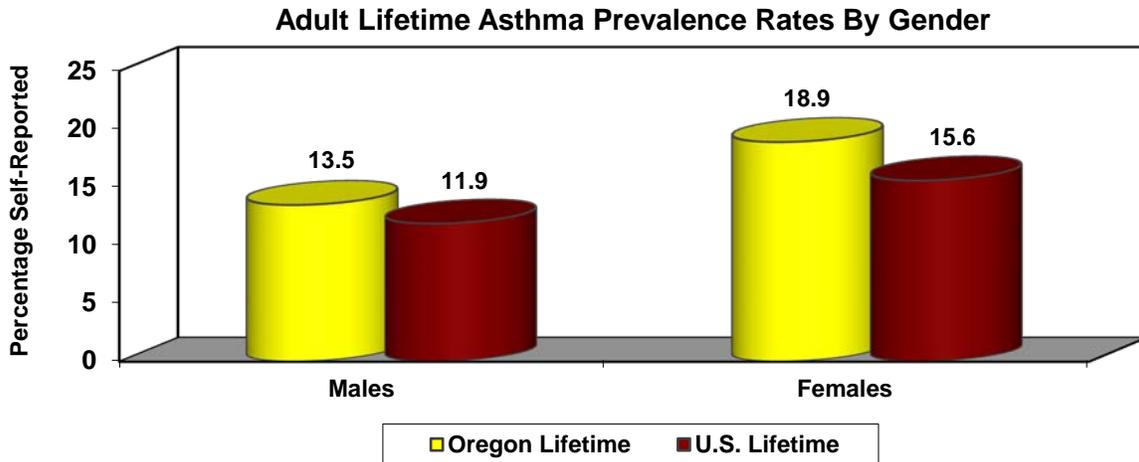
**Umatilla County Adults Diagnosed with Asthma**



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

# Asthma

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



(Source: 2010 BRFSS)

## Reducing Asthma Symptoms in the Home

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

You can also reduce asthma symptoms by:

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

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

# Adult Weight Status

## Key Findings

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

## Adult Weight Status

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

## Defining the Terms

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

*(Source: CDC 2010)*

## Physical Activity

- ◆ In Umatilla County, 56% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week. 33% of adults were exercising 5 or more days per week. Almost one-quarter (24%) of adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Umatilla County adults gave the following reasons for not exercising: time (27%), weather (21%), pain/discomfort (19%), too tired (18%), cannot afford a gym membership (15%), they choose not to exercise (10%), no child care (6%), no sidewalks (5%), no walking or biking trails (4%), do not know what activity to do (3%), no gym available (3%), safety (3%), doctor advised them not to (3%), and other (12%).
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity for Everyone)*

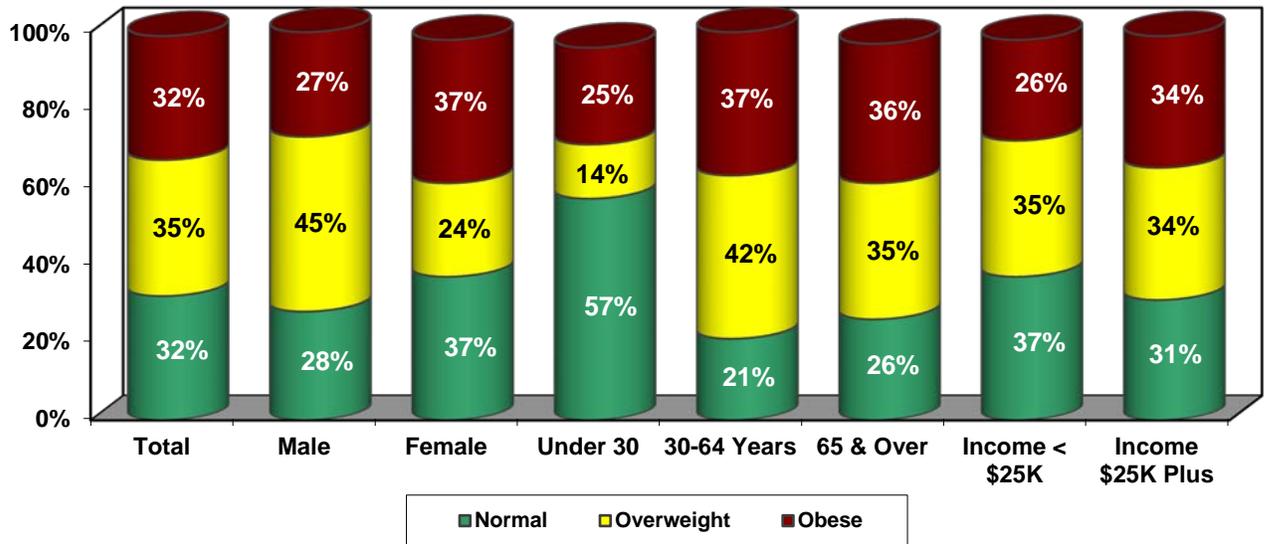
## Nutrition

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

# Adult Weight Status

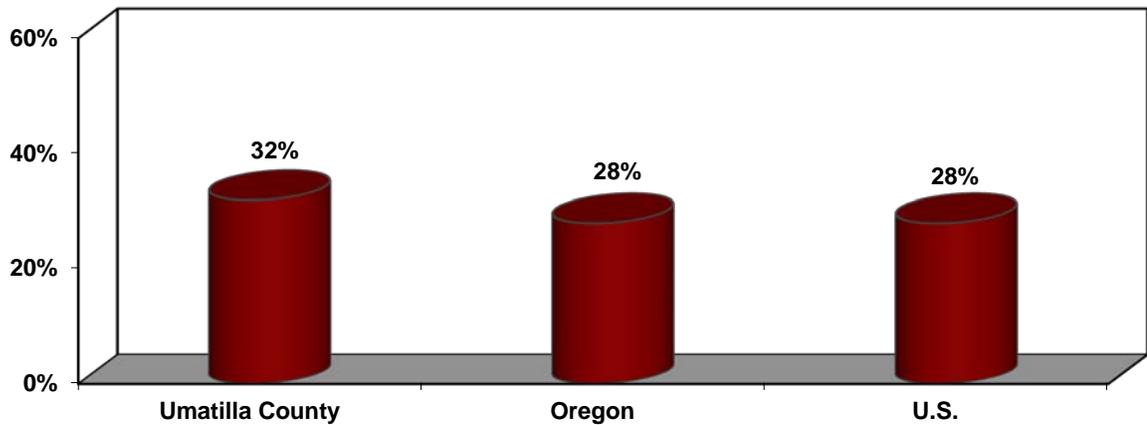
The following graphs show the percentage of Umatilla County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Umatilla County adults who are obese compared to Oregon and U.S. Examples of how to interpret the information include: 32% of all Umatilla County adults were classified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

**Umatilla County Adult BMI Classifications**



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

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



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

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

# Adult Tobacco Use

## Key Findings

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

## Adult Tobacco Use Behaviors

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

### Tobacco Use and Health

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

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

### One Year Economic Costs for Umatilla County

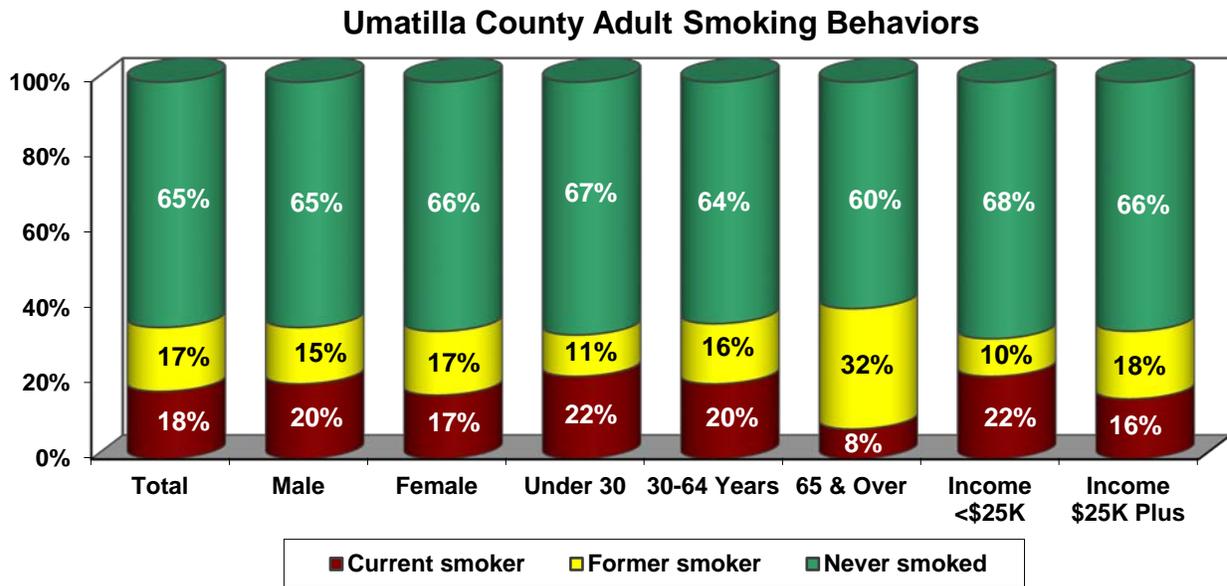
- ◆ \$25 million is spent on medical care for tobacco-related illnesses.
- ◆ \$22 million in productivity is lost due to tobacco-related deaths.

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

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

## Adult Tobacco Use

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



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

### Smoking and Tobacco Facts

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

*(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm))*

### Costs of Tobacco Use

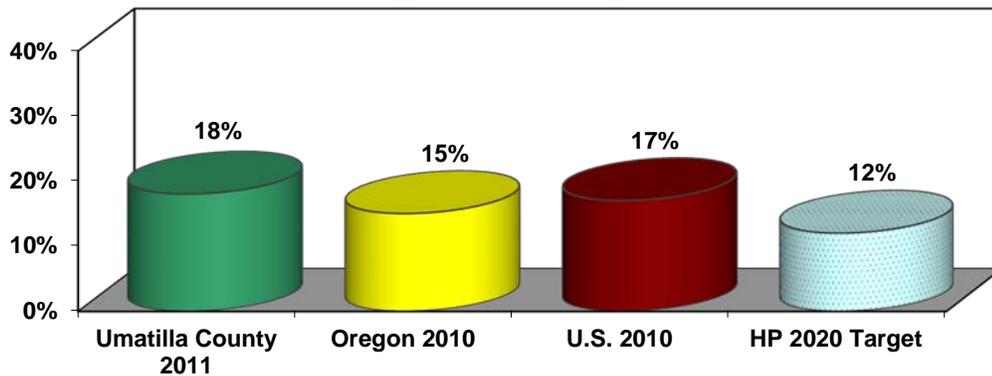
- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 18% of Umatilla County adults indicated they were smokers. That is approximately 10,024 adults.
- ❖ If 10,024 adults spent \$1,456/year, then \$14,594,944 is spent a year on cigarettes in Umatilla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

## Adult Tobacco Use

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

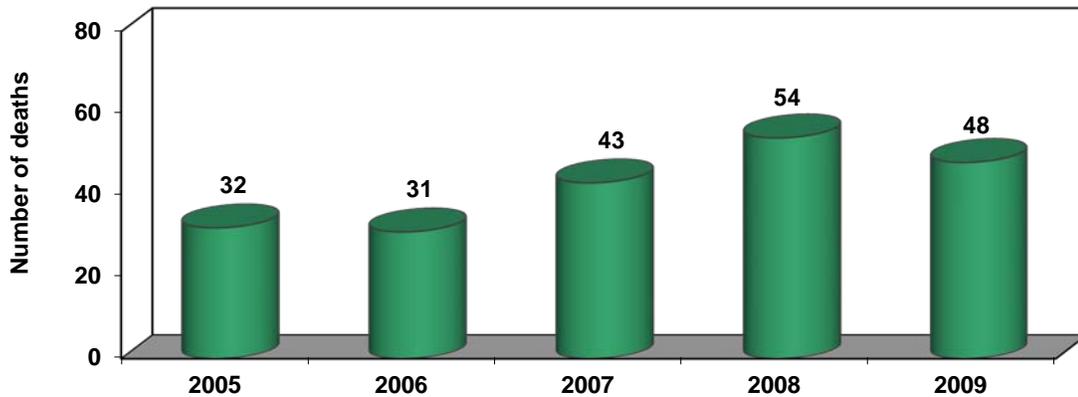
- ◆ Umatilla County adult cigarette smoking rate was higher than the rate for Oregon, the U.S. and Healthy People 2020 Goal.
- ◆ From 2005 to 2009, there was an average of 42 deaths in Umatilla County due to Chronic Lower Respiratory Disease, the 3<sup>rd</sup> leading cause of death.
- ◆ From 2005 to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

**Healthy People 2020 Objectives & Cigarette Smoking Rates**



*(Source: 2011 Assessment, BRFSS and HP2010)*

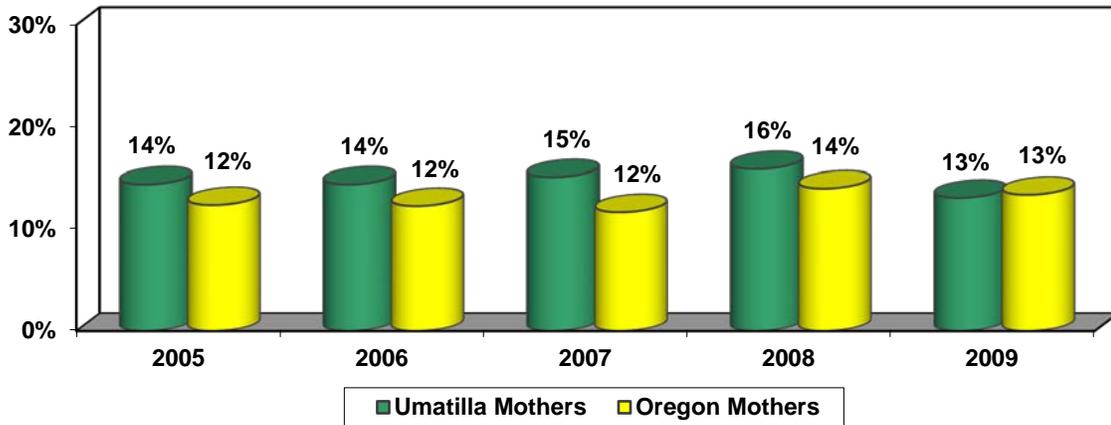
**Umatilla County  
Chronic Lower Respiratory Diseases (Formerly COPD)  
Number of Deaths 2005-2009**



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

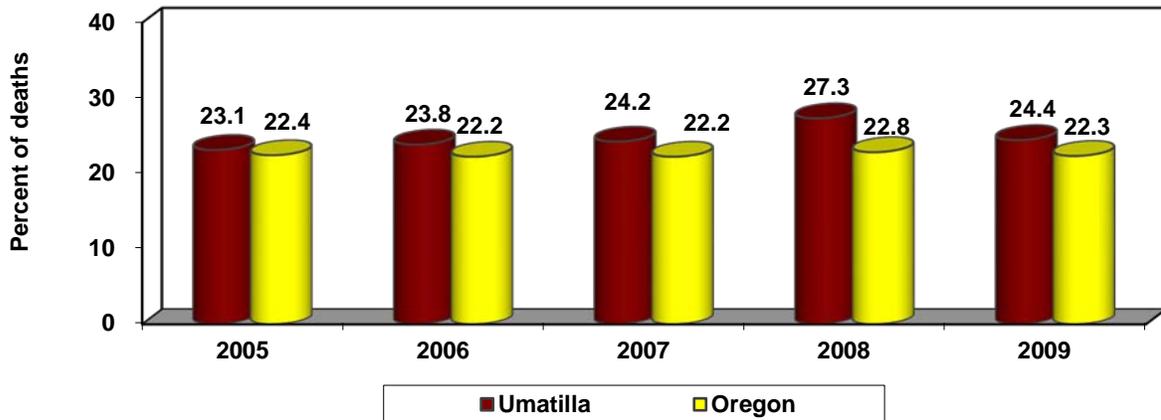
# Adult Tobacco Use

## Births to Mothers Who Smoked During Pregnancy



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

## Umatilla and Oregon Tobacco-linked Deaths 2005-2009



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

### Umatilla Tobacco Facts 2011

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

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

# Adult Alcohol Consumption

## Key Findings

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

## Umatilla County Adult Alcohol Consumption

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

### Binge Drinking Dangers

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

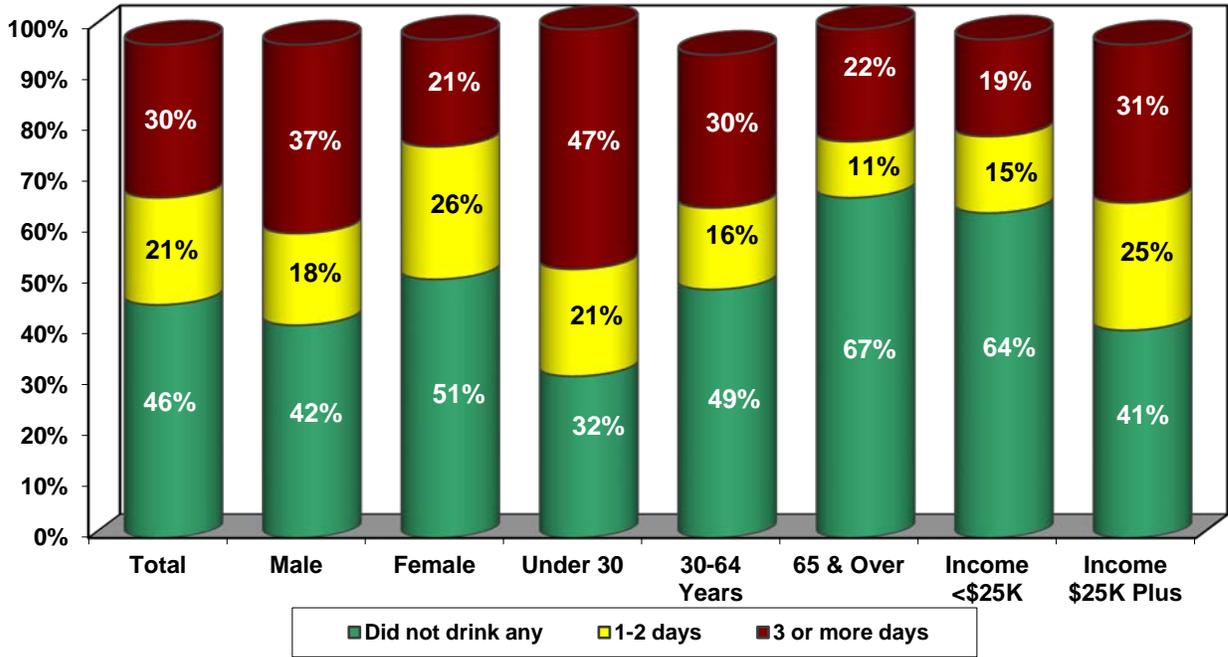
(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)

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

# Adult Alcohol Consumption

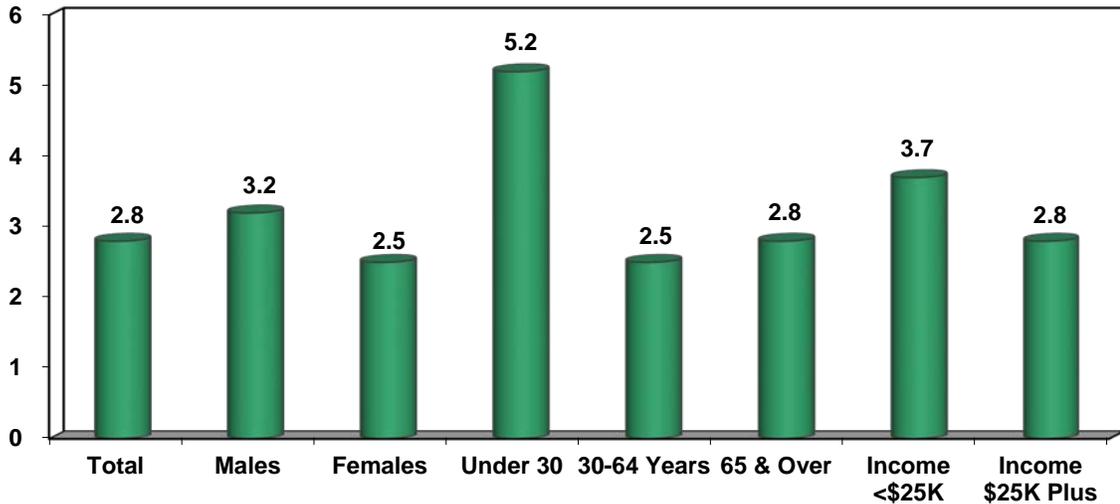
The following graphs show the percentage of Umatilla County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 46% of all Umatilla County adults did not drink alcohol, 42% of Umatilla County males did not drink and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

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



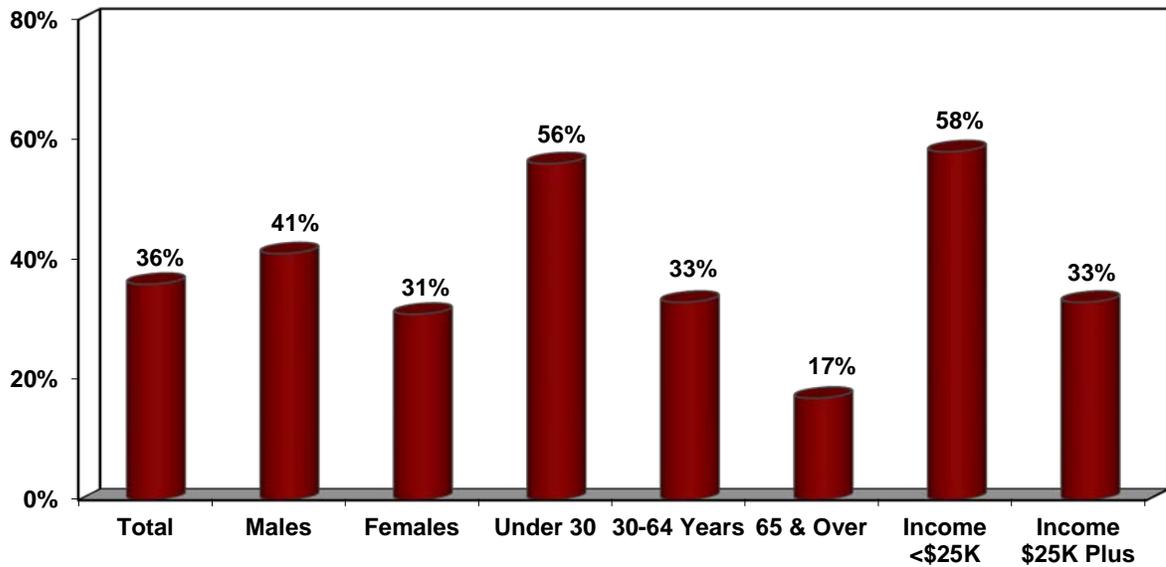
*Percentages may not equal 100% as some respondents answered "don't know"*

**Adults Average Number of Drinks Consumed Per Occasion**



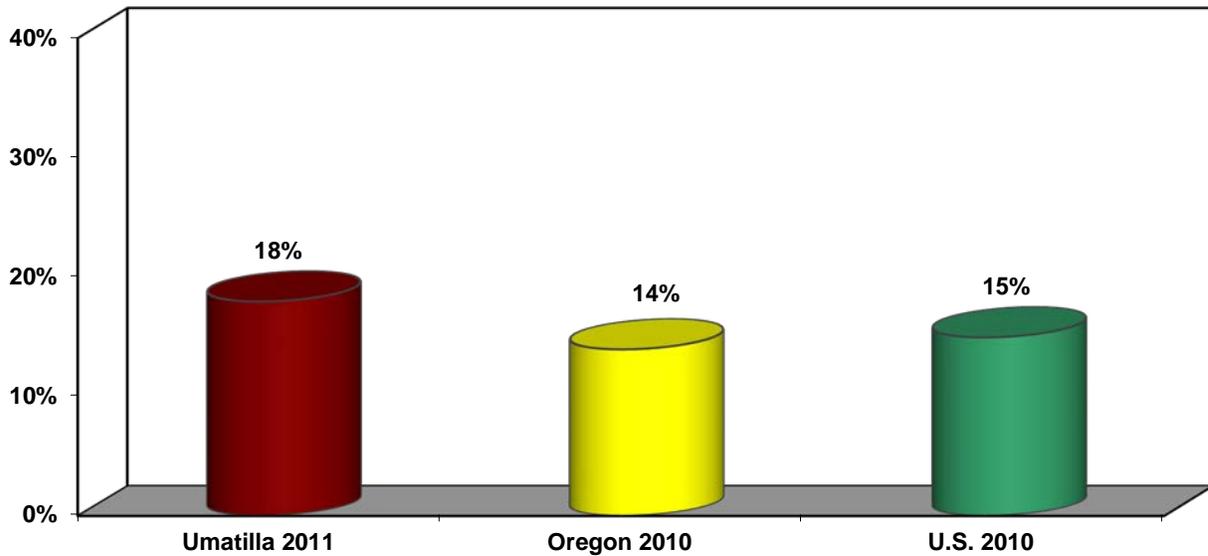
# Adult Alcohol Consumption

**Umatilla County Adult Drinkers Who Binge Drank in Past Month\***



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

**Adult Binge Drinkers\***



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

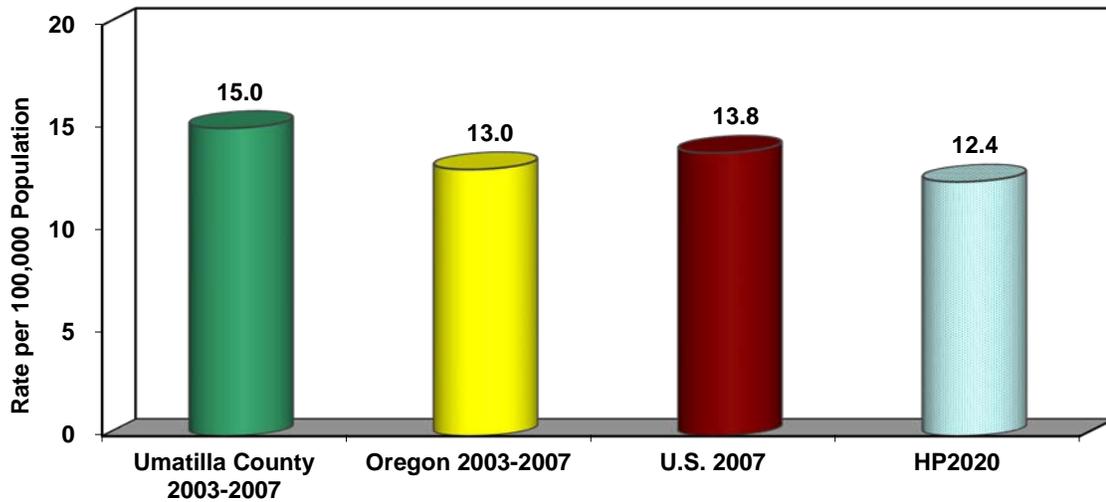
*\*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

## Motor Vehicle Accidents

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

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

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



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

### Caffeinated Alcoholic Beverages

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

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

# Adult Marijuana and Other Drug Use

## Key Findings

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

## Adult Drug Use

- ◆ 7% of Umatilla County adults had used marijuana in the past 6 months, increasing to 17% of those under the age of 30. 3% of adults reported using medical marijuana.
- ◆ 1% of Umatilla County adults reported using other recreational drugs such as cocaine, heroin, LSD, inhalants, ecstasy, and methamphetamines.
- ◆ When asked about their frequency of marijuana and other recreational drugs in the past six months, 18% of Umatilla County adults who used did so every day, and 21% did so less than once a month.
- ◆ 9% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 14% of those under the age of 30.
- ◆ When asked about their frequency of medication misuse in the past six months, 25% of Umatilla County adults who used these drugs did so every day and 54% did so less than once a month.
- ◆ Umatilla County adults indicated they did the following with their unused prescription medication: took as prescribed (36%), threw it in the trash (28%), kept it (20%), flushed it down the toilet (20%), took it to the Medication Collection program (12%), and some other destruction method (3%).

## Drug-Related Emergency Department Visits

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

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

## Commonly Abused Prescription Drugs

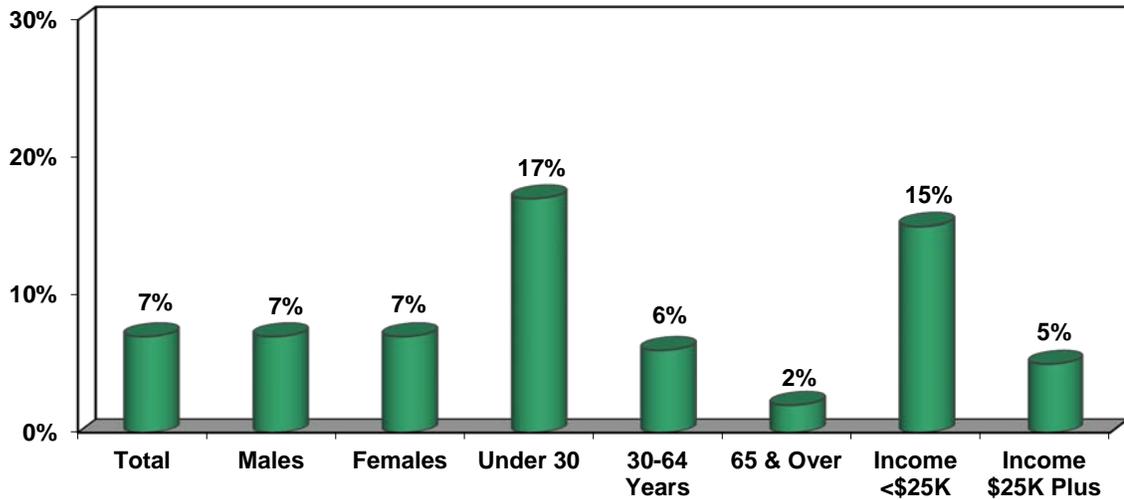
- ◆ **Opioids**—most often prescribed to relieve pain. Examples include: Codeine, Percocet, Darvon (Propoxyphene), Duragesic (Fentanyl), Dilaudid (Hydromorphone), Demerol (Meperidine), OxyContin (Oxycodone), and Vicodin (hydrocodone)
- ◆ **Central Nervous System (CNS) Depressants**—may be used to treat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

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

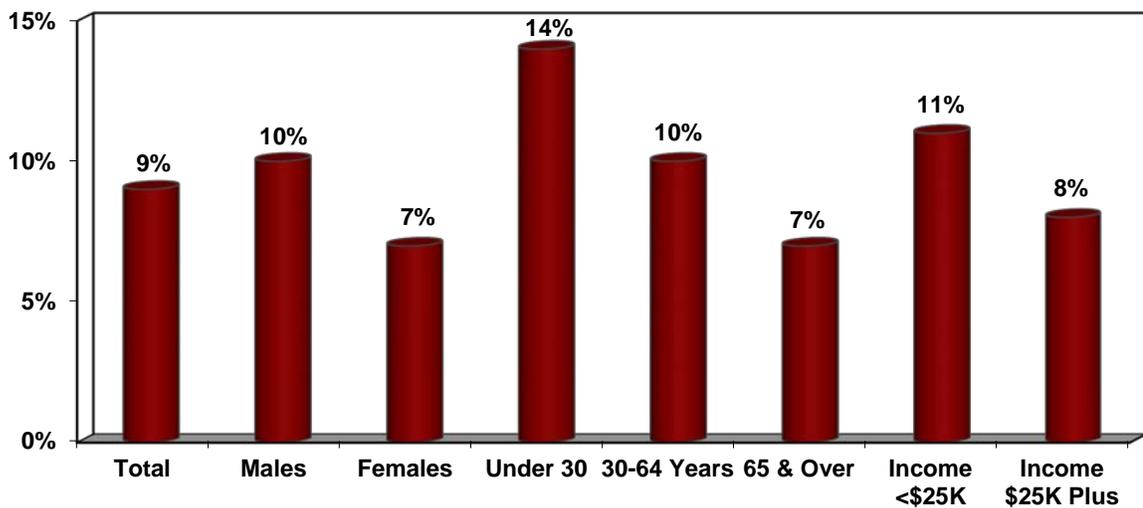
## Adult Marijuana and Other Drug Use

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

**Umatilla County Adult Marijuana Use in Past 6 Months\***



**Umatilla County Adult Medication Misuse in Past 6 Months\***



# Women's Health

## Key Findings

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

**Oregon Female  
Leading Types of Death, 2009**

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

(Source: OHA, Vital Statistics, Mortality)

## Women's Health Screenings

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

## Pregnancy

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

## Women's Health Concerns

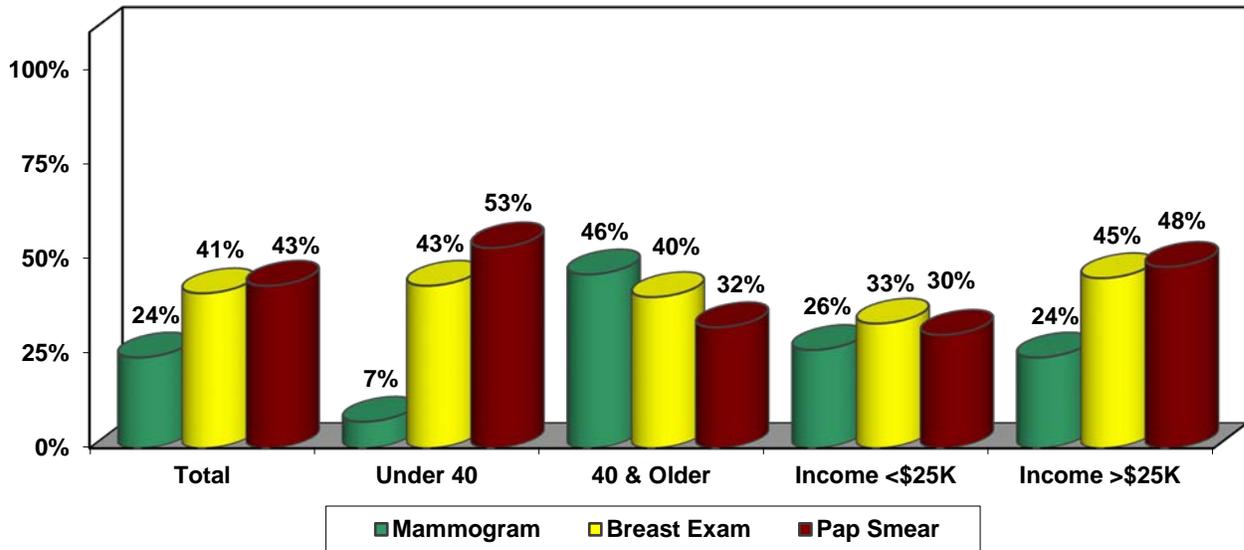
- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (38%), general or family physician (33%), no usual place (9%), community health center (7%), health department clinic (7%), family planning clinic (2%), and some other place (4%).
- ◆ Major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

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

## Women's Health

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

**Umatilla County Women's Health Exams Within the Past Year**



### Cancer and Women

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

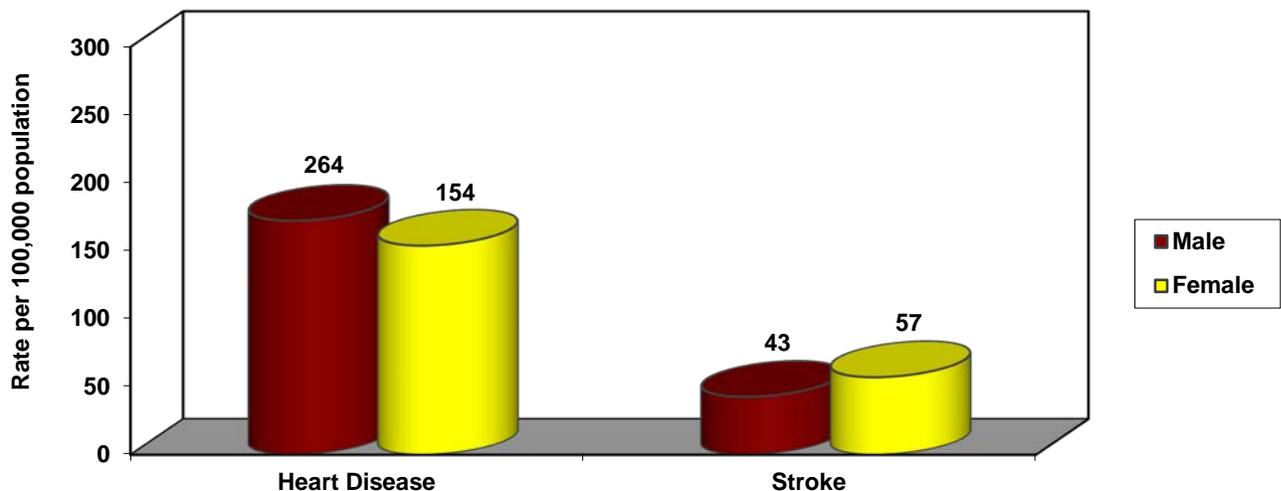
*(Source: Center for Disease Control and Prevention, National Cancer Institute, 2010)*

## Women's Health

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

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

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



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

### Heart Health and Stroke Prevention for Women

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

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

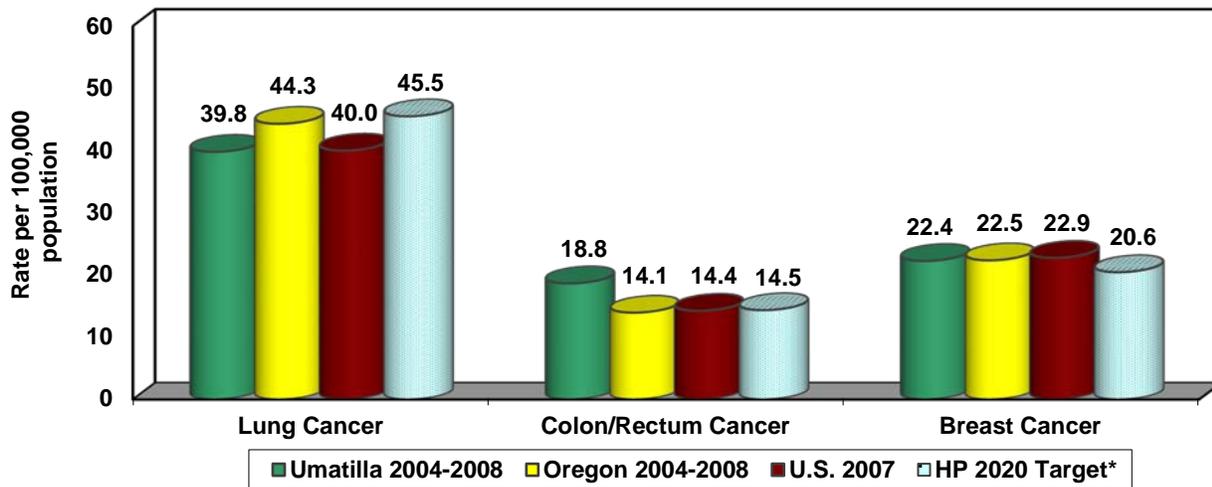
*(Source: U.S. Department of Health and Human Services, Office on Women's Health, updated 2-1-09 and American Heart Association, 2012)*

# Women's Health

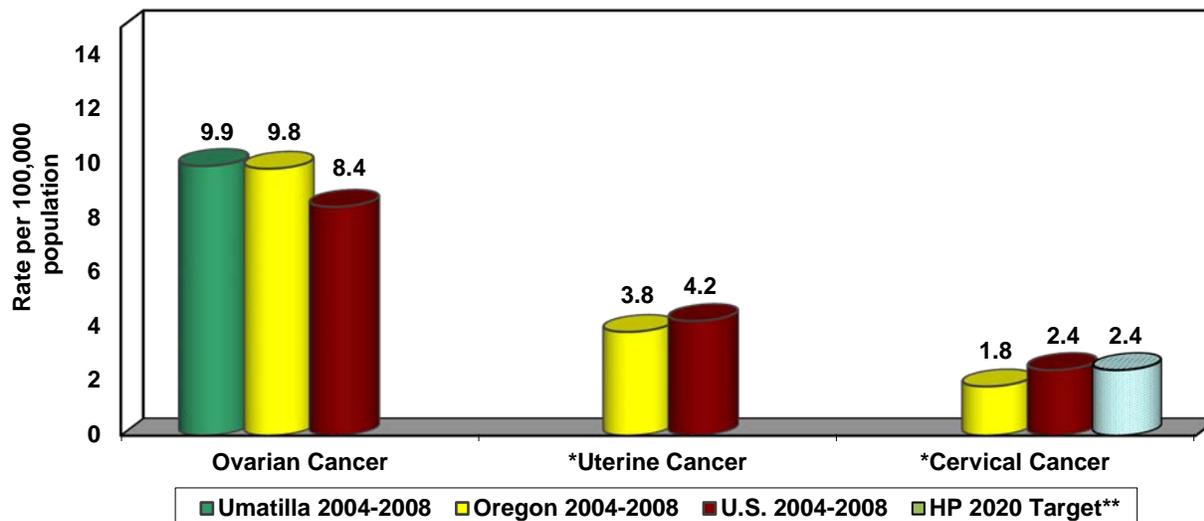
The following graphs show the Umatilla County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

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

**Umatilla County Female Age-Adjusted Cancer Mortality Rates**



**Umatilla County Female Age-Adjusted Cancer Mortality Rates**



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

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

# Men's Health

## Key Findings

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

## Oregon Male

### Leading Types of Death, 2009

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

(Source: OHA, Vital Statistics, Mortality)

## Men's Health Screenings

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

## Men's Health Concerns

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

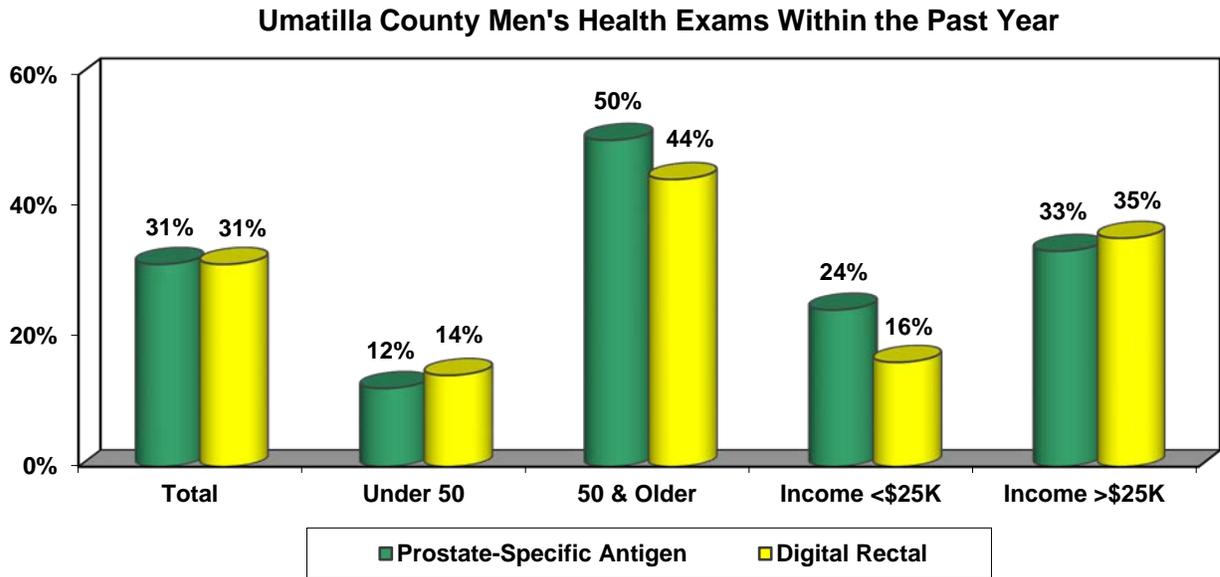
## Cancer and Men

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

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

## Men's Health

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



### Men's Health Data

- ❖ Approximately 12% of adult males aged 18 years or older reported fair or poor health.
- ❖ 22% of adult males in the U.S. currently smoke.
- ❖ Of the adult males in the U.S., 31.5% had 5 or more drinks in 1 day at least once in the past year.
- ❖ Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- ❖ There are 20% of males under the age of 65 without health care coverage.
- ❖ The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

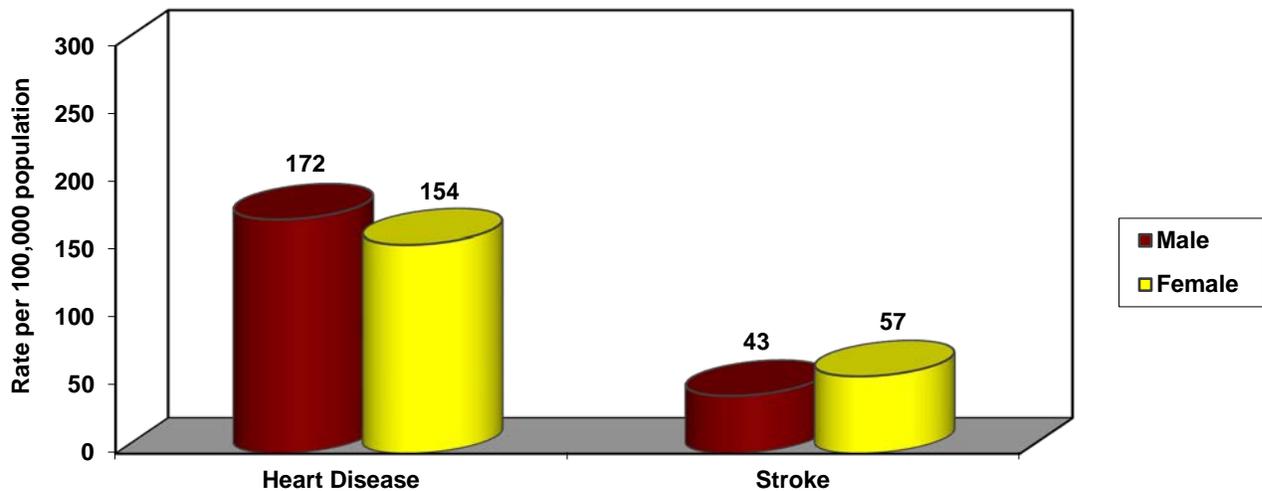
*(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 2/18/2011 from [http://www.cdc.gov/nchs/fastats/mens\\_health.htm](http://www.cdc.gov/nchs/fastats/mens_health.htm))*

## Men's Health

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

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

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



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

### Heart Health and Stroke Facts for Men

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

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

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

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

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

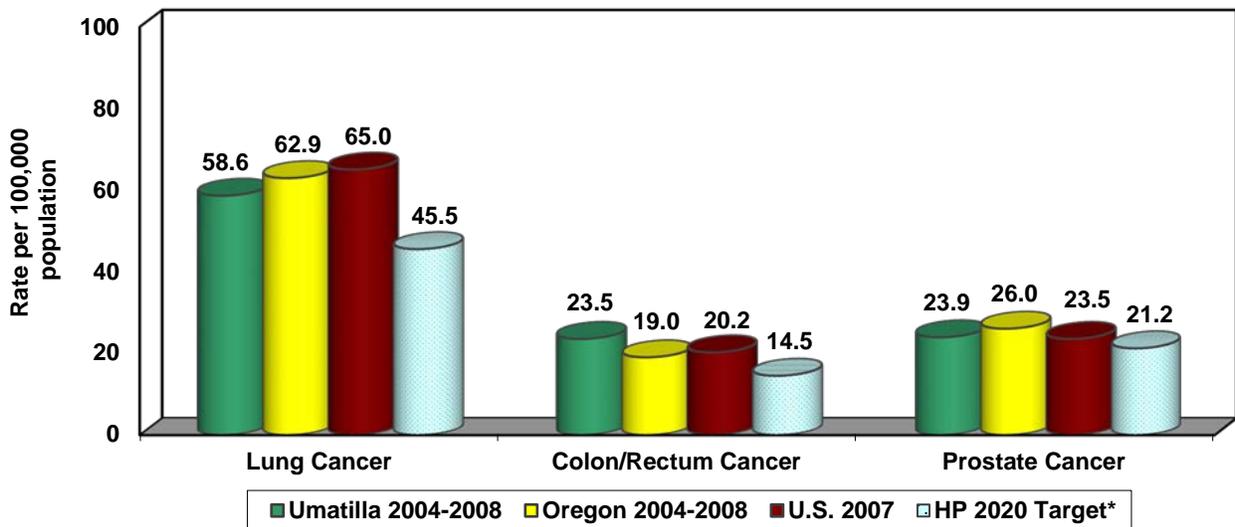
*(Source: CDC, Heart Disease and Stroke, updated 1-14-10)*

## Men's Health

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

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

**Umatilla County Male Age-Adjusted Cancer Mortality Rates**



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

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

# Adult Preventive Medicine and Health Screenings

## Key Findings

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

## Preventive Medicine

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

## Ways to Prevent Seasonal Flu

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

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

## Preventive Health Screenings and Exams

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

## Preventive Counseling Services

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

## Adult Preventive Medicine and Health Screenings

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

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

### Umatilla County Adult Health Screening Results

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

*(Percentages based on all Umatilla County adults surveyed)*

# Environmental Health

## Key Findings

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

## Environmental Health

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

## Potential Health Effects of Mold

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

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

## Disaster Preparedness

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

## Additional Items to Consider Adding to Basic Emergency Supply Kit

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

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Plan. Stay Informed., Emergency Supply List, Obtained from: <http://www.ready.gov/america/downloads/checklist3.pdf>)

# Adult Sexual Behavior and Pregnancy Outcomes

## Key Findings

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

## Adult Sexual Behavior

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

## Ways to Have Safer Sex

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

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

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

## United States 2009 Sexually Transmitted Disease Surveillance Profile

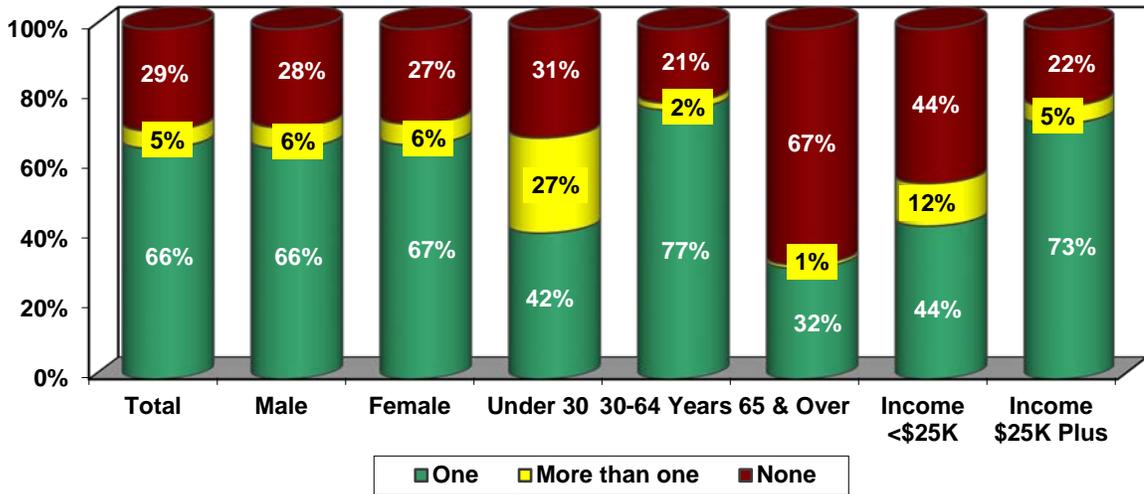
- ❖ Chlamydia is the most commonly reported notifiable disease in the United States and is the most prevalent of all STDs. From 1990-2009, the rate of chlamydial infections increased from 160.2 to 409.2 cases per 100,000 population.
- ❖ Gonorrhea is the second most commonly reported notifiable disease.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

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

## Adult Sexual Behavior and Pregnancy Outcomes

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

**Number of Sexual Partners in the Past Year**



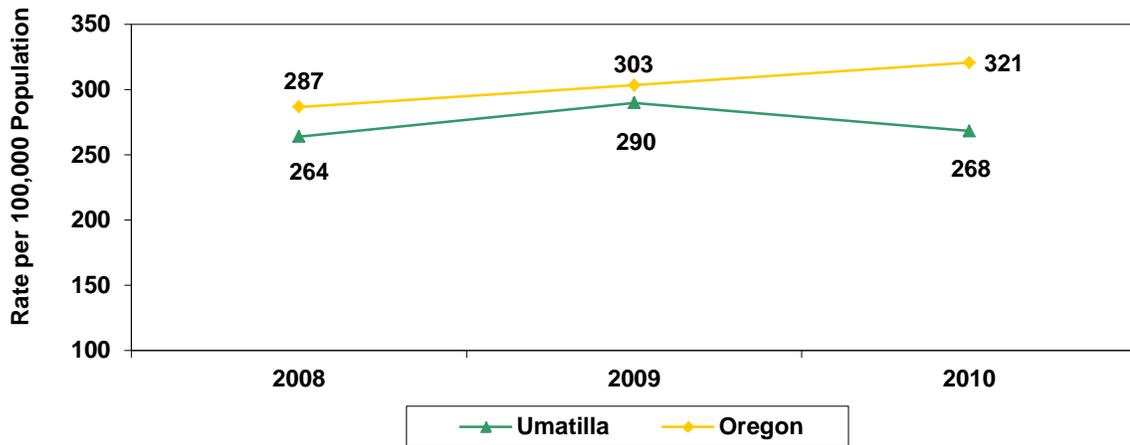
*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*

# Adult Sexual Behavior and Pregnancy Outcomes

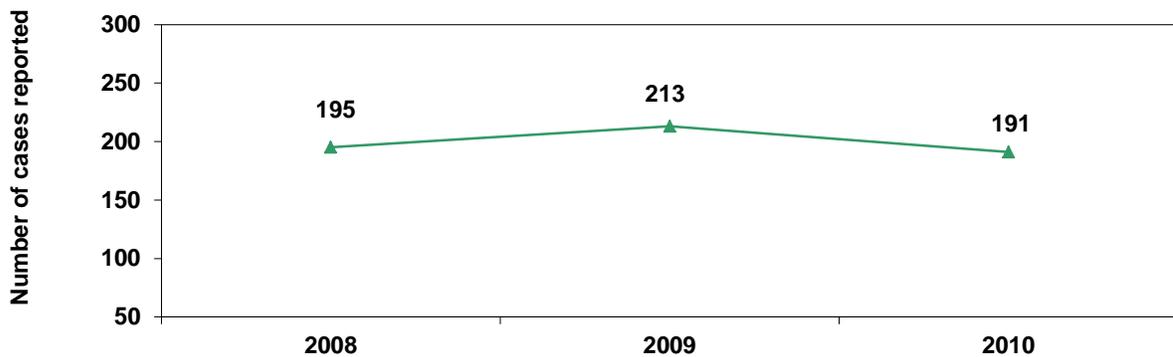
The following graphs show Umatilla County chlamydia and gonorrhea disease rates per 100,000 population updated March 23, 2011 by the Oregon Health Authority. The graphs show:

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

### Chlamydia Annualized Disease Rates for Umatilla County and Oregon



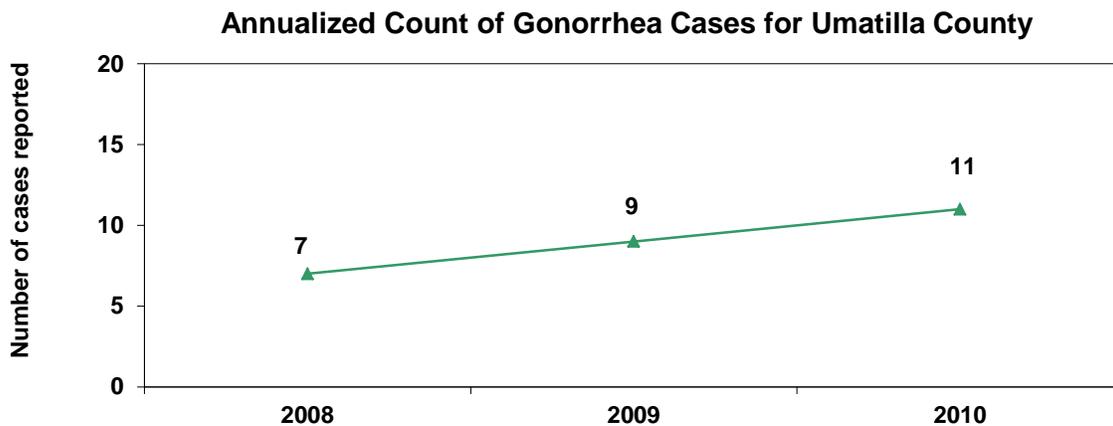
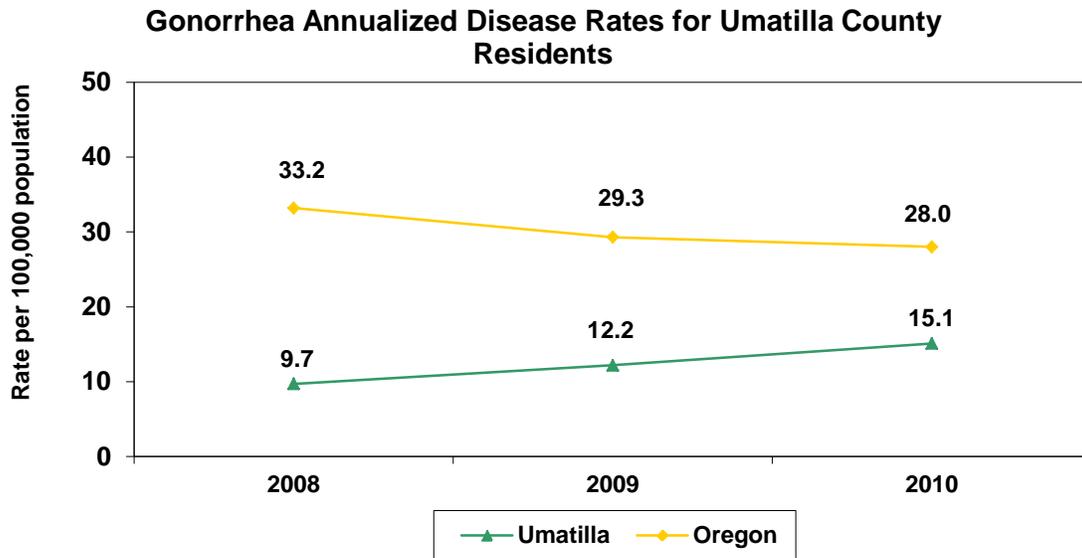
### Annualized Count of Chlamydia Cases for Umatilla County



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

## Adult Sexual Behavior and Pregnancy Outcomes

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



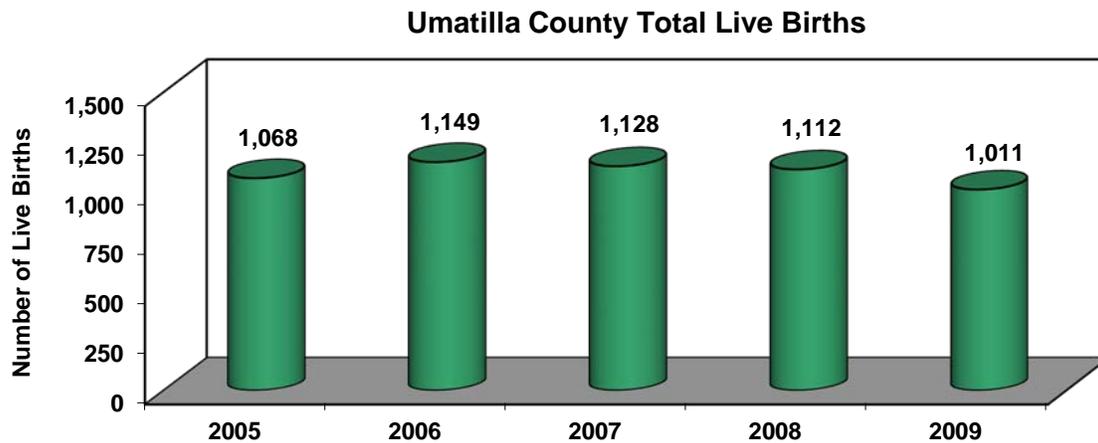
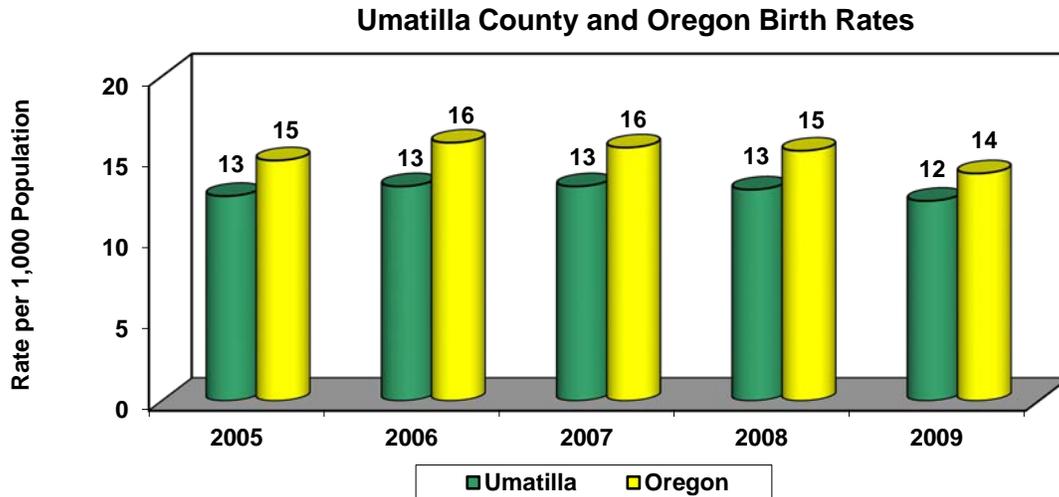
*(Source for graphs: OHA, Reported STDs, through 3-23-11)*

# Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

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

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



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

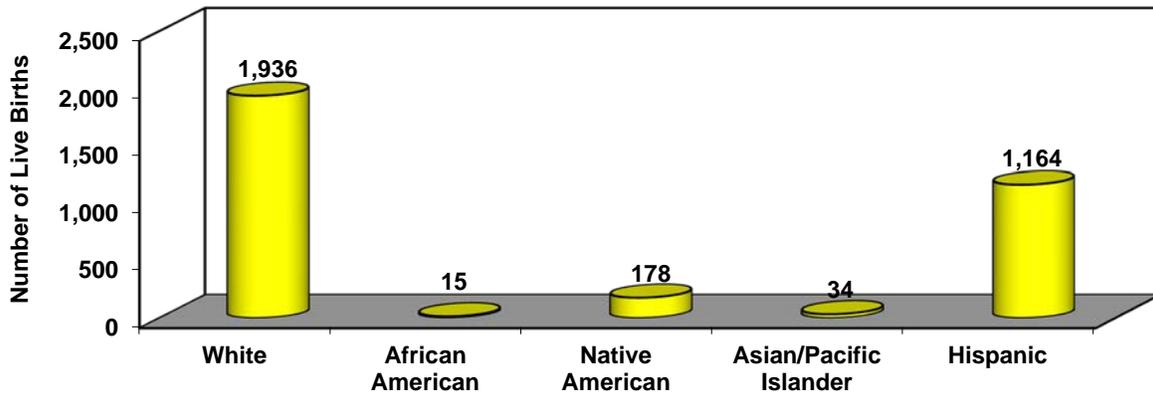
# Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

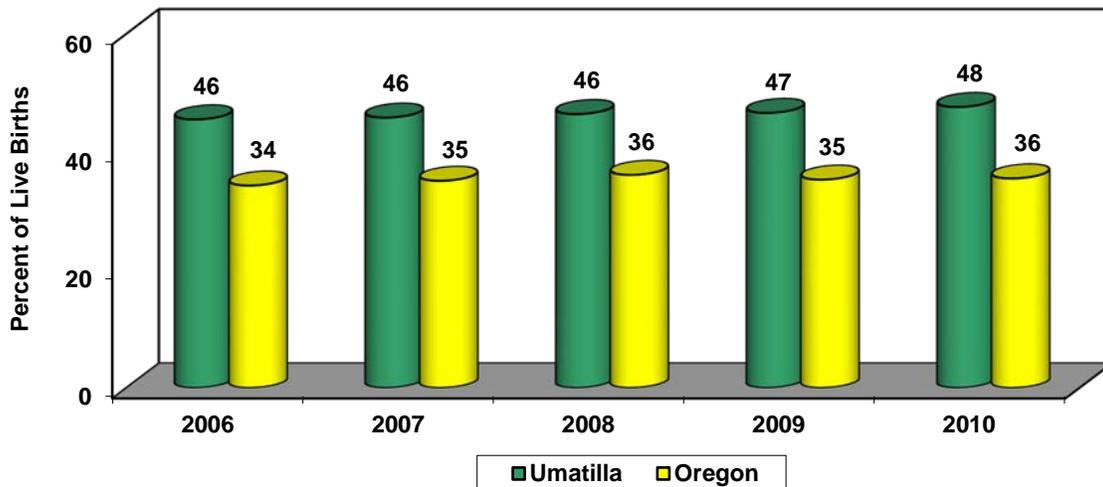
*\*Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

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

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



**Umatilla County Unwed Births**



*(Source for graphs: OHA, Birth Data)*

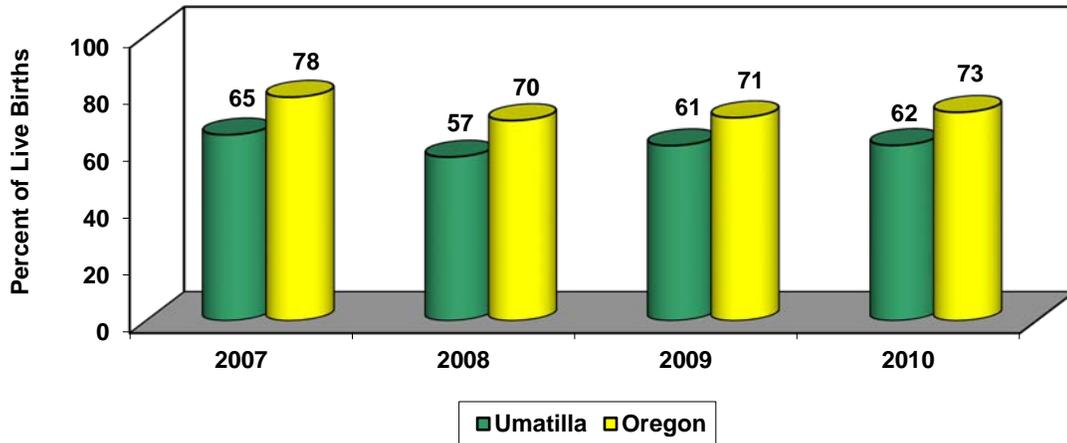
# Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

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

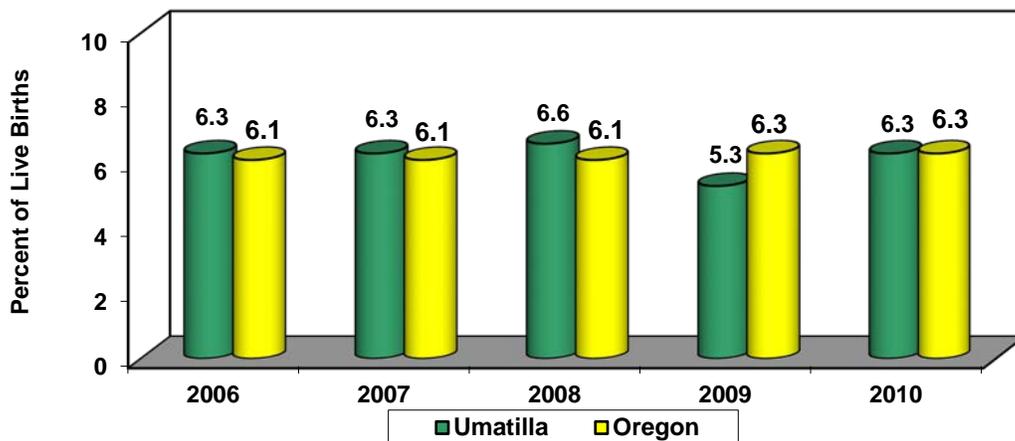
- ◆ In 2010, 73% of Oregon mothers received prenatal care during the first trimester (OHA, Birth Data, 2010).
- ◆ In 2009, 8.2% of all U.S. live births were low birth weight births (Source: CDC, National Vital Statistics Report, 2011).

**Umatilla County Births with First Trimester Prenatal Care**



(Source: OHA, Birth Data)

**Umatilla County Low Birth Weight Births\***



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

# Quality of Life and Safety

## Key Findings

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

## Impairments and Health Problems

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

## Safety

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

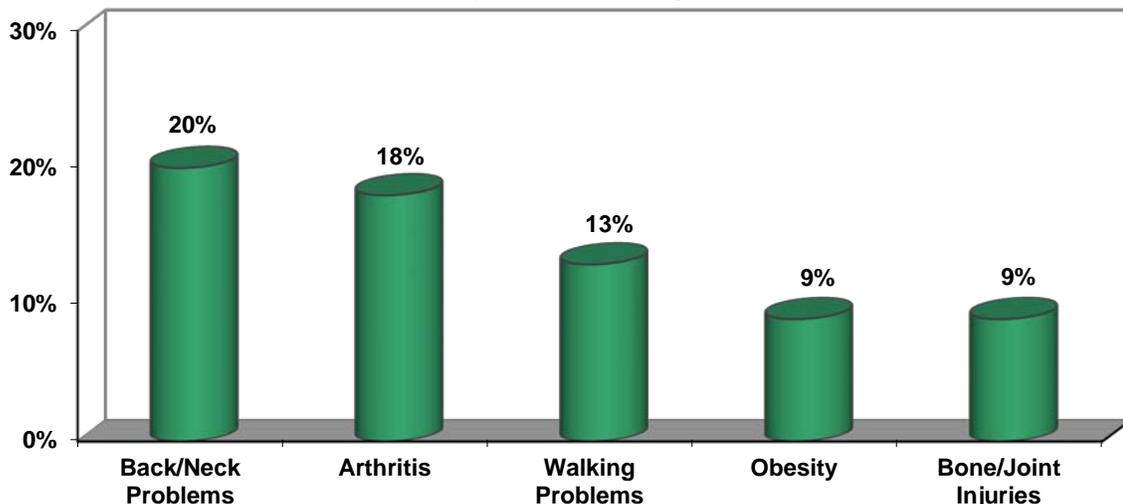
### Back Pain Prevention

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

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

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

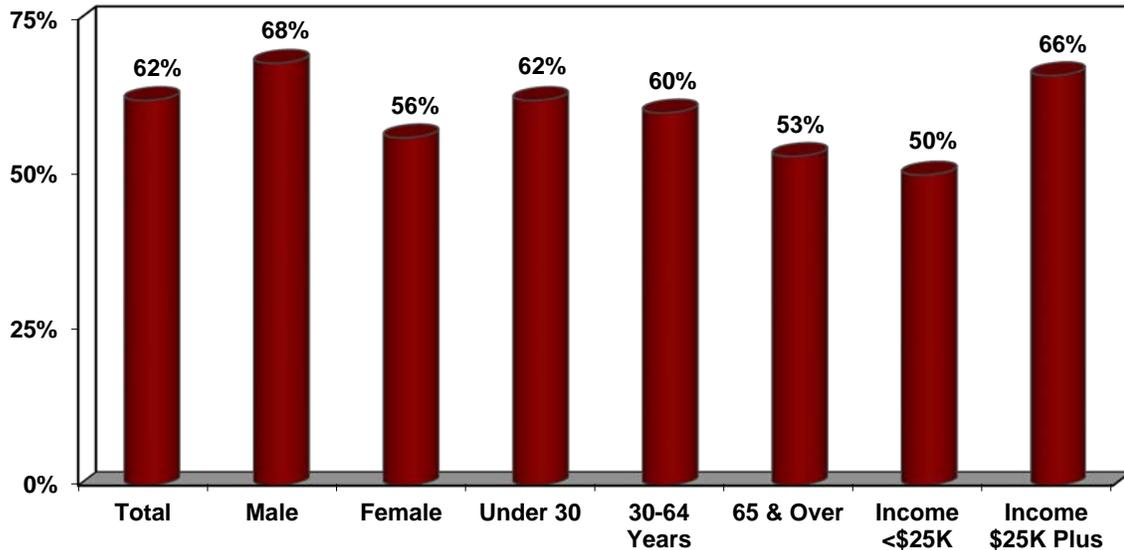
Umatilla County Most Limiting Health Problems



## Quality of Life and Safety

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

**Umatilla County Adults With a Firearm in the Home**



### Firearm Injury Prevention

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

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

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

## Social Context

### Key Findings

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

### Social Context

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

### Food Security:

#### Oregon and the United States

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

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

### Understanding Intimate Partner Violence (IPV)

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

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

# Mental Health and Suicide

## Key Findings

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

## Adult Mental Health

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

## Stigma of Mental Illness

*(Based on 2007 BRFSS data)*

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

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

## Warning Signs for Suicide

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

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

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

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

## Prevention: Take it Seriously

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

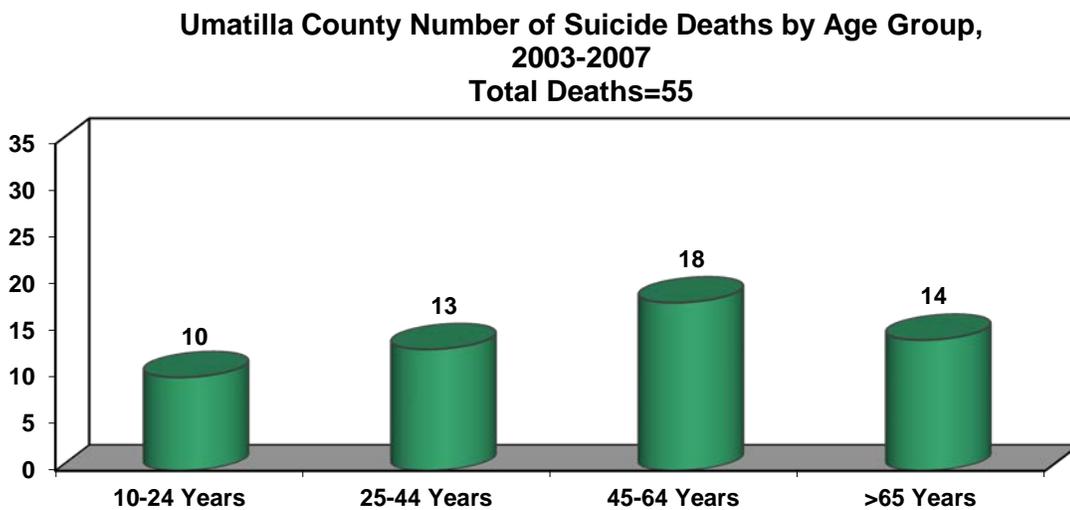
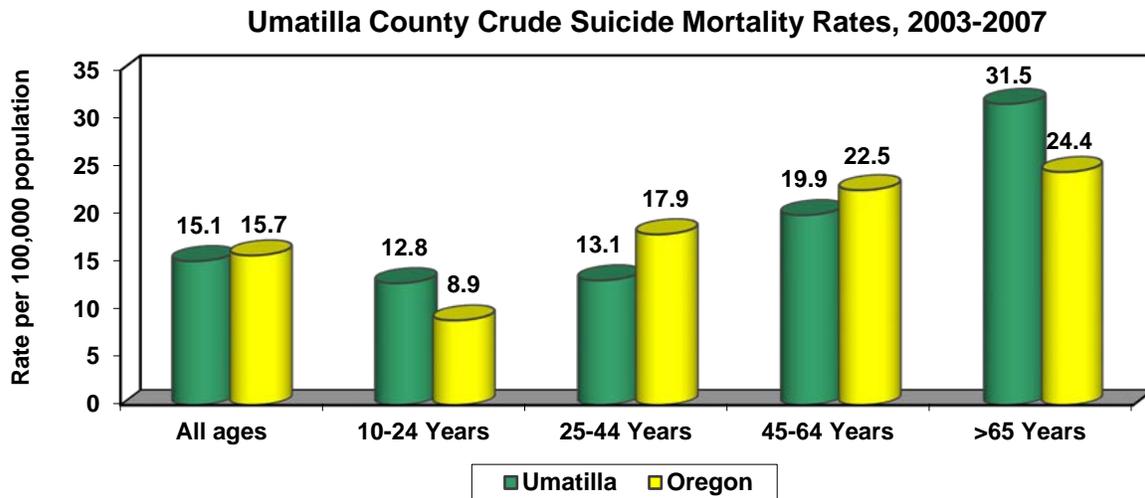
- ◆ Threatening to hurt or kill oneself
- ◆ Talking or writing about death, dying, or suicide
- ◆ Looking for ways to kill oneself (weapons, pills, or other means)
- ◆ Has made plans or preparations for a potentially serious attempt

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

## Mental Health and Suicide

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

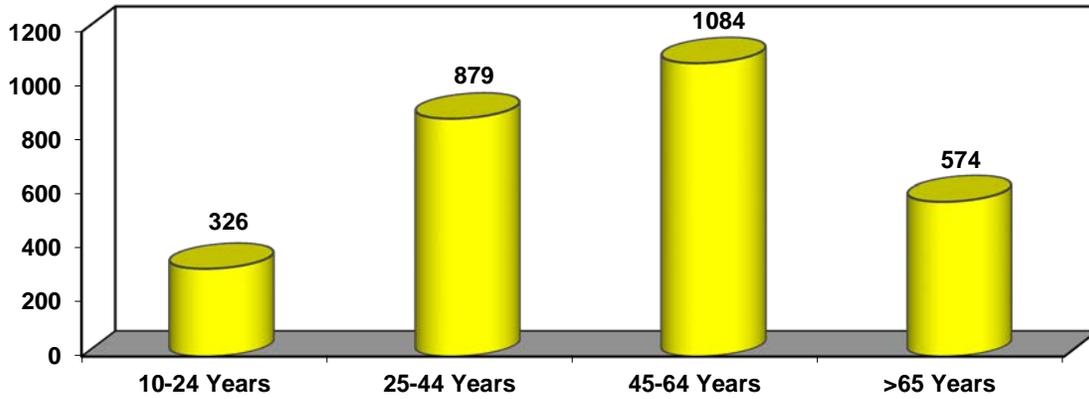
- ◆ The Umatilla County crude suicide mortality rate was below the Oregon rate for those aged 25-44 and 45-64 years old.
- ◆ From 2003-2007, 33% of all Umatilla County suicide deaths occurred to those ages 45-64 years old.
- ◆ From 2003-2007, 38% of all Oregon suicide deaths occurred to those ages 45-64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



*(Source for graphs: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", September 2010, Obtained from: [http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide\\_in\\_Oregon\\_5year\\_data\\_report\\_2010.pdf](http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide_in_Oregon_5year_data_report_2010.pdf))*

# Mental Health and Suicide

**Oregon Number of Suicide Deaths by Age Group, 2003-2007**  
Total Deaths=2862



(Source for graphs: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", September 2010, Obtained from: [http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide\\_in\\_Oregon\\_5year\\_data\\_report\\_2010.pdf](http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Suicide_in_Oregon_5year_data_report_2010.pdf))

# Mental Health and Suicide

## Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

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

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

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

## Suicide Risk Factors

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

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

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

## Suicide Protective Factors

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

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

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

For additional resources please see:

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

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

# Oral Health

## Key Findings

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

## Access to Dental Care

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

### Oral Health and Other Medical Conditions

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

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

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
<b>Time Since Last Visit to Dentist/Dental Clinic</b>					
Males	64%	9%	9%	13%	1%
Females	62%	16%	6%	14%	0%
Total	63%	13%	7%	14%	1%

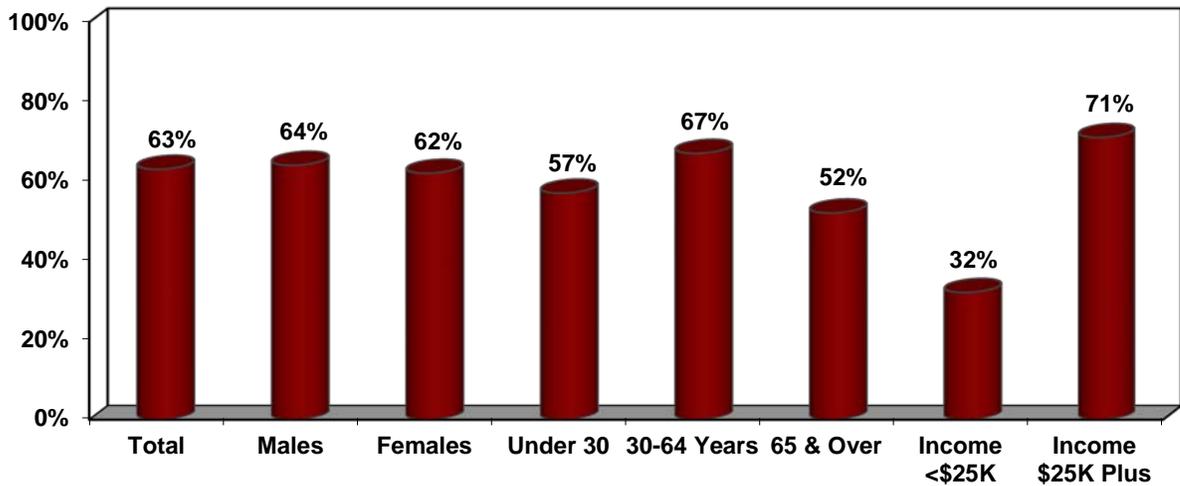
*Totals may not equal 100% as respondents answered do not know.*

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

## Oral Health

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

**Umatilla County Adults Visiting a Dentist in the Past Year**



### Oral Health in Older Adults

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

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

# Parenting

## Key Findings

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

## Parenting

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

### Talking to your teen about safe sex:

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

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

## Child Care and Unsupervised Time

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

*(Sources: Data Resource Center for Child & Adolescent Health, [childhealthdata.org](http://childhealthdata.org))*

# American Indian Healthcare Access, Coverage & Utilization

## Key Findings

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

## Health Status

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

### Pacific Coast: Oregon American Indian Access to Healthcare

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

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

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

## Health Care Access

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

## American Indian Healthcare Access, Coverage & Utilization

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

### Health Care Coverage

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

### Health Care Utilization

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

## American Indian Healthcare Access, Coverage & Utilization

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

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

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

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

(Source: CDC, National Center for Health Statistics, National Health Interview Survey, Obtained from: <http://www.cdc.gov/nchs/data/bus/bus10.pdf#054>)

# American Indian Chronic Disease and Prevention

## Key Findings

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

## General Health

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

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

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

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

## American Indian Chronic Disease and Prevention

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

### Preventive Medicine and Health Screenings

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

## American Indian Chronic Disease and Prevention

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

### Tobacco Use

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

### Drug Use

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

### Women's Health

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

### Sexual Behavior

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

### Weight Control/Physical Activity/Diet and Nutrition

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

## American Indian Chronic Disease and Prevention

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

### Mental Health and Suicide

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

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

\* 2009 BRFSS Data

### Health Disparities

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

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

## American Indian Quality of Life and Safety

### Key Findings

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

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

### Substance Abuse in the U.S.

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

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

### Quality of Life

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

### Social Context

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

## American Indian Quality of Life and Safety

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

### Environmental Health

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

## American Indian Quality of Life and Safety

### Parenting

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

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

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

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

# Umatilla County Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2011. Atlanta: ACS, 2010	<ul style="list-style-type: none"> <li>◆ 2011 Cancer facts, figures, and estimates</li> <li>◆ 2009 Cancer rates</li> <li>◆ ACS cancer detection guidelines</li> <li>◆ Cancer risk factors</li> <li>◆ Nutrition recommendations</li> <li>◆ Screening recommendations</li> <li>◆ Tobacco Use and Health</li> </ul>	<a href="http://www.cancer.org">www.cancer.org</a>
American Dental Association, Oral Changes with Age	<ul style="list-style-type: none"> <li>◆ Oral Health in Older Adults</li> </ul>	<a href="http://www.ada.org">www.ada.org</a>
American Diabetes Association	<ul style="list-style-type: none"> <li>◆ Type 1 and 2 Diabetes Symptoms</li> <li>◆ Risk factors for diabetes</li> </ul>	<a href="http://www.diabetes.org">www.diabetes.org</a>
American Heart Association. <i>Risk Factors for Coronary Heart Disease, 2011.</i>	<ul style="list-style-type: none"> <li>◆ Risk factors for Cardiovascular Disease that can be modified or treated</li> </ul>	<a href="http://www.americanheart.org">www.americanheart.org</a>
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010; 59(39):999-1003</i>	<ul style="list-style-type: none"> <li>◆ What Can Be Done to Target Arthritis?</li> <li>◆ Arthritis statistics</li> </ul>	<a href="http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm">http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>◆ 2009 - 2010 adult Oregon and U.S. correlating statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
Blue Mountain Oncology Program/Blue Mountain Regional Tumor Registry	<ul style="list-style-type: none"> <li>◆ Umatilla cancer deaths 2010</li> <li>◆ Cancer Frequency Data 2004-2010</li> </ul>	<a href="http://bmop.us/">http://bmop.us/</a>
CDC, Morbidity and Mortality Weekly Report, Supplement/Vol. 60, Health Disparities and Inequalities Report – U.S., 2011	<ul style="list-style-type: none"> <li>◆ Health Disparities of American Indian/Alaska Natives</li> </ul>	<a href="http://www.cdc.gov/mmwr/pdf/other/su6001.pdf">http://www.cdc.gov/mmwr/pdf/other/su6001.pdf</a>
CDC, National Cancer Institute	<ul style="list-style-type: none"> <li>◆ Men and Women Cancer</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
CDC, National Center for Health Statistics, National Health Interview Survey	<ul style="list-style-type: none"> <li>◆ Health Status and Utilization</li> </ul>	<a href="http://www.cdc.gov/nchs/data/hus/hus10.pdf#054">http://www.cdc.gov/nchs/data/hus/hus10.pdf#054</a>
CDC, National Center for Injury Prevention & Control, Suicide Fact Sheet	<ul style="list-style-type: none"> <li>◆ Suicide Risk Factors</li> <li>◆ Suicide Protective Factors</li> </ul>	<a href="http://www.cdc.gov/violenceprevention/suicide/">www.cdc.gov/violenceprevention/suicide/</a>
CDC, National Center for Injury Prevention and Control, Understanding Intimate Partner Violence Fact Sheet, 2012	<ul style="list-style-type: none"> <li>◆ Intimate Partner Violence statistics</li> </ul>	<a href="http://www.cdc.gov/ViolencePrevention/pdf/IPV_Factsheet-a.pdf">http://www.cdc.gov/ViolencePrevention/pdf/IPV_Factsheet-a.pdf</a>
CDC, National Depressive and Manic Depression Association	<ul style="list-style-type: none"> <li>◆ Warning Signs of Suicide</li> </ul>	N/A
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> <li>◆ Physical activity recommendations</li> </ul>	<a href="http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html">http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html</a>
CDC, Sexually Transmitted Diseases Surveillance, 2009	<ul style="list-style-type: none"> <li>◆ U.S. Chlamydia and Gonorrhea rates</li> </ul>	<a href="http://www.cdc.gov/std/stats08/Natprouintro.htm">http://www.cdc.gov/std/stats08/Natprouintro.htm</a>

## Umatilla County Health Assessment Information Sources

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

## Umatilla County Health Assessment Information Sources

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

## Umatilla County Health Assessment Information Sources

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

## List of Acronyms and Terms

<b>AI/AN</b>	American Indian or Alaska Native
<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted Mortality Rates</b>	Death rate per 100,000 adjusted for the age distribution of the population.
<b>Binge drinking</b>	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
<b>BMI</b>	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
<b>CDC</b>	Centers for Disease Control and Prevention.
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>Crude Mortality Rates</b>	Number of deaths/estimated mid-year population times 100,000.
<b>HCF</b>	Healthy Communities Foundation of the Hospital Council of Northwest Ohio
<b>HP 2020</b>	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq$ 140 and Diastolic $\geq$ 90
<b>N/A</b>	Data not available.
<b>OHA</b>	Oregon Health Authority

## List of Acronyms and Terms

<b>Race/Ethnicity</b>	<b>Census 2010:</b> U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
<b>Weapon</b>	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
<b>Youth</b>	Defined as 12 through 18 years of age
<b>YPLL/65</b>	<b>Years of Potential Life Lost</b> before age 65. Indicator of premature death.
<b>Youth BMI Classifications</b>	<b>Underweight</b> is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. <b>Overweight</b> is defined as BMI-for-age $85^{\text{th}}$ percentile to $< 95^{\text{th}}$ percentile. <b>Obese</b> is defined as $\geq 95^{\text{th}}$ percentile.
<b>YRBSS</b>	<b>Youth Risk Behavior Surveillance System</b> , a youth survey conducted by the CDC

## Methods for Weighting the 2011 Umatilla County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2011 Umatilla County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Umatilla County based on age, sex, race, and income.

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

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

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

## Methods for Weighting the 2011 Umatilla County Assessment Data

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

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

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

## Methods for Weighting the 2011 Umatilla County Assessment Data

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

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

\* Umatilla County population figures taken from the 2010 Census.

## Umatilla County Sample Demographic Profile\*

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

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

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

## Demographics

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

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

## Umatilla County Profile

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

#### *Total Population*

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

#### Largest City-Pendleton

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

#### *Population By Race/Ethnicity*

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

#### *Population By Age*

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

#### *Household By Type*

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

## Umatilla County Profile

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

*2010 ACS 1-year estimates*

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

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

*2010 ACS 1-year estimates*

#### ***School Enrollment***

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

#### ***Educational Attainment***

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

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

\*(X) – Not available

## Umatilla County Profile

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

*2010 ACS 1-year estimates*

#### ***Marital Status***

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

#### ***Grandparents As Caregivers***

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

#### ***Veteran Status***

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

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

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

*2010 ACS 1-year estimates*

#### ***Employment Status***

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

## Umatilla County Profile

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

*2010 ACS 1-year estimates*

#### **Occupations**

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

#### ***Leading Industries***

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

#### ***Class of Worker***

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

#### ***Median Earnings***

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

## Umatilla County Profile

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

*2010 ACS 1-year estimates*

#### *Income In 2010*

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

#### *Median Household Income*

***\$44,107***

#### *Income In 2010*

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

#### *Median Household Income*

***\$55,265***

#### *Per Capita Income In 2010*

***\$20,101***

#### *Poverty Status In 2010*

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

\*(X) – Not available

## Umatilla County Profile

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

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

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

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

### Employment Statistics

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

\*Rate equals unemployment divided by labor force.

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

## Umatilla County Profile

### Estimated Poverty Status in 2010

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

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

### Federal Poverty Thresholds in 2011 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,702					
1 Person 65 and >	\$10,788					
2 people Householder < 65 years	\$15,063	\$15,504				
2 People Householder 65 and >	\$13,596	\$15,446				
3 People	\$17,595	\$18,106	\$18,123			
4 People	\$23,201	\$23,581	\$22,811	\$22,891		
5 People	\$27,979	\$28,386	\$27,517	\$26,844	\$26,434	
6 People	\$32,181	\$32,309	\$31,643	\$31,005	\$30,056	\$29,494
7 People	\$37,029	\$37,260	\$36,463	\$35,907	\$34,872	\$33,665
8 People	\$41,414	\$41,779	\$41,027	\$40,368	\$39,433	\$38,247
9 People or >	\$49,818	\$50,059	\$49,393	\$48,835	\$47,917	\$46,654

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



# Foreword

The members of the Umatilla County Community Health Partnership are pleased to present the 2012 Hispanic Community Health Assessment Report of our community. Last year this partnership was able to bring to the residents of our county the first comprehensive county-wide community health assessment of its kind. Every effort had been made to assure that this report contained valid and reliable data. Yet, our Hispanic Community, which represents approximately a quarter of our population, was not well represented in this survey.

We presented the 2011 report to residents in two community wide events held in Pendleton and Hermiston. Feedback from these meetings provided the Partnership two mandates: First, they wanted to make sure that we came up with an implementation plan to address the needs identified in the survey. Second, we were charged with identifying the needs of our Hispanic Community. I am proud to say that over the past year our community partners have worked hard to deliver on these issues.

The Partnership formed a Hispanic Community Health Assessment Work Group last August to discuss how we could start the process of the assessment by the fall of 2012. Agencies represented in this work group included: Good Shepherd Health Services, Migrant Health Promotion Inc., Oregon Child Development Coalition, St. Anthony Hospital, Umatilla County Public Health, and Yakima Valley Farm Workers Clinics (Hermiston and Walla Walla). Before the meeting was complete, both the funding of the project and how to deal with the issues that hindered Hispanic participation were addressed. Instead of taking a year to begin the process of the assessment we started last fall. We decided to continue working with The Hospital Council of Northwest Ohio (HCNO), which was the same group that helped us successfully complete the Umatilla County Community Health Assessment earlier that year.

The strategic planning group of the partnership used the date of the report along with the feedback from the community meetings to identify the following issues as a community to work together to address: obesity, tobacco use, diabetes and asthma. It is the intention of the Partnership with local Community Health Partnerships (CHPs) to develop strategic implementation plans to address these needs in their respective communities (Hermiston, Milton-Freewater, Mission and Pendleton). Results of this report will be incorporated into the respective implementation plans. It is anticipated that each of these CHPs will have their part of the strategic implementation plan completed by this summer.

Sincerely,

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

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# Umatilla County Hispanic Adult Health Assessment

## *Executive Summary*

This executive summary provides an overview of health-related data for Umatilla County Hispanic adults (19 years of age and older), who participated in a county-wide health assessment survey during 2012.

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

## Primary Data Collection Methods

### **Design**

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

### **Instrument Development**

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

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

### **Sampling**

Hispanic adults ages 18 and over living in Umatilla County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Umatilla County. There were 10,651 Hispanic adults ages 18 and over living in Umatilla County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5%

## Primary Data Collection Methods

margin of error of the survey findings.) A sample size of at least 371 was needed to ensure this level of confidence. Surveys were collected from three different populations: 1) A random sample of Hispanic adults that use services at various clinics in Umatilla County (Clinic Population); 2) A random sample of Personally Interviewed Hispanic Housing Group adults of North Umatilla County (Hispanic Housing Group-HHG); and 3) a survey sent through the mail to random Hispanic adults in Umatilla County (General Hispanic Population). The random sample of mailing addresses of adults from Umatilla County was obtained from American Clearinghouse in Louisville, KY.

### Procedure

#### *Clinic Surveys*

Surveys were collected from three different sites. Surveys were randomly given to patients that came to the Mirasol Family Health Center and Yakima Valley Farm Workers Clinic. Oregon Child Development Coalition did face-to-face interviews with their client population during regularly scheduled home visits.

#### *Personal Interviews*

Personally Interviewed Hispanic Housing Group of North Umatilla County (HHG) group was designed to reach a population representative of the larger Hispanic community in the given area, whether or not they were receiving services, identified as such by a service agency, and regardless of occupation. Various housing units or areas were identified throughout the given geographical area that was exclusively or almost exclusively Hispanics. Based on an age and gender distribution driven by the nature of the housing unit or area (i.e., areas known to be predominately male were assigned only a gender distribution of males and an elderly area or unit assigned only respondents over 65 years of age), each housing area or unit was assigned a distribution of required respondents. *Promotores(as)* from the community who were bilingual were trained on the sampling design, safety issues, and survey structure and questions, and scenarios on possible difficulties. These interviews were obtained by going door-to-door in the assigned areas and utilizing the sampling plan.

#### *Mail Survey*

Prior to mailing the survey to adults, an advance letter was mailed to 500 adults in Umatilla County. This advance letter was personalized, printed on Umatilla County Community Health Partnership stationery and was signed by Rod Harwood, M.Div, MA, BCC, Director of Mission Operations, St. Anthony Hospital and Chair, Umatilla County Community Health Partnership. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Umatilla County Community Health Partnership stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the Umatilla County adult mailing was 27% (n=127; CI= 8.64%).

## Primary Data Collection Methods

### Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

### Limitations

As with all county assessments, it is important to consider the findings in light of all possible limitations. If any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Umatilla County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. We attempted to minimize this by collecting data in three different ways to reach a diverse sample.

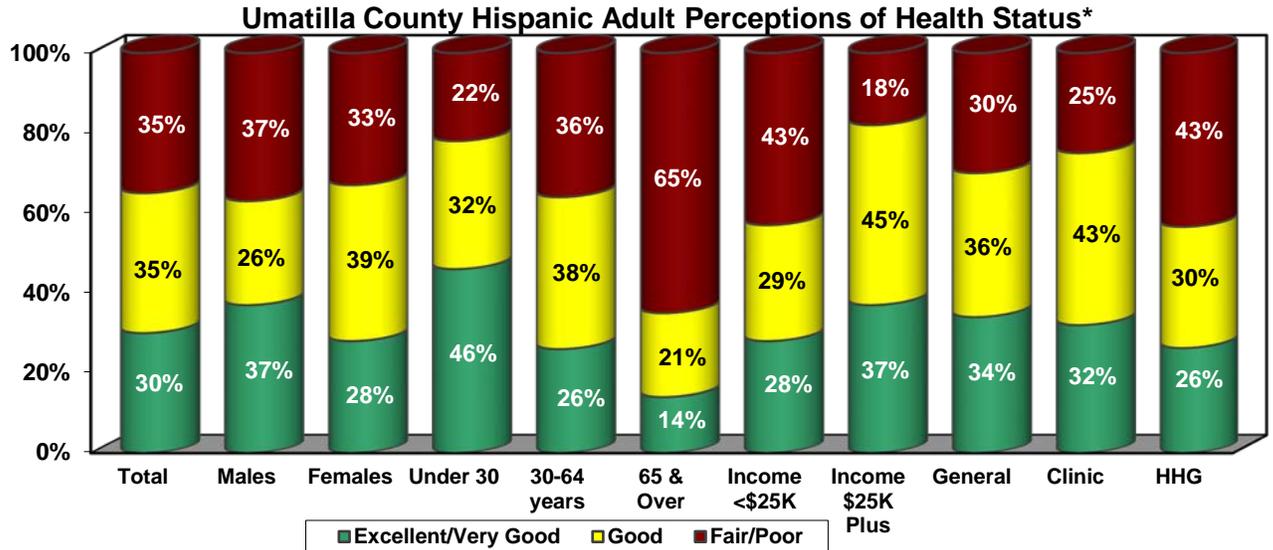
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question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

Finally, like all surveys, the self-reported results are subject to lapses in memory and to responding in a socially desirable manner. If these problems occurred it would be a threat to the internal validity of the findings.

# Data Summary

## Health Perceptions

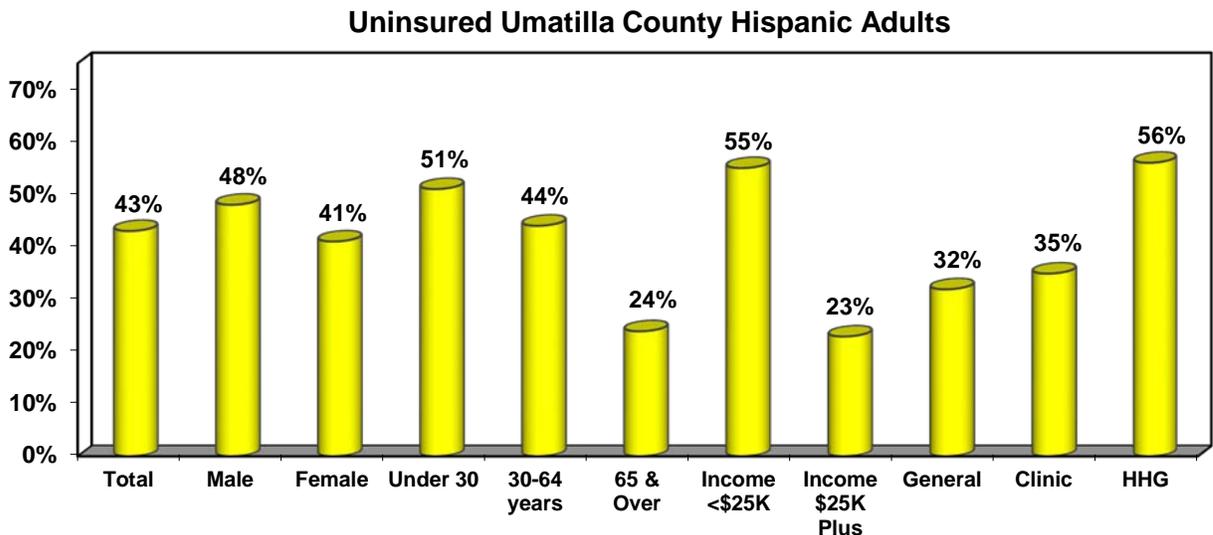
In 2012, nearly one-third (30%) of the Umatilla County Hispanic adults rated their health status as excellent or very good. Conversely, 35% of Hispanic adults, increasing to 65% of those over the age of 65, described their health as fair or poor.



\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"  
 HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

## Health Care Coverage

The 2012 health assessment data has identified that 43% of Umatilla County Hispanic adults were without health care coverage. Those most likely to be uninsured were Hispanic adults under age 30 and those with an income under \$25,000. In Umatilla County, 38.5% of Hispanic residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2009-2011)



HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

# Data Summary

## Health Care Access

The 2012 health assessment project identified that 43% of Umatilla County Hispanic adults had visited a doctor for a routine checkup within the last year. 49% reported they had one particular doctor or healthcare provider they went to for routine medical care.

## Cardiovascular Health

Heart disease (14%) and stroke (6%) accounted for 20% of all Oregon Hispanic adult deaths in 2010 (*Source: OHA Vital Statistics*). The 2012 Umatilla County health assessment found that 3% of Hispanic adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than one-quarter (26%) of Umatilla County Hispanic adults have been diagnosed with high blood pressure, 25% have high blood cholesterol, 43% were obese and 10% were smokers, four known risk factors for heart disease and stroke.

## Cancer

In 2012, 7% of Umatilla County Hispanic adults had been diagnosed with cancer at some time in their life. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

## Diabetes

In 2012, 18% of Umatilla County adults had been diagnosed with diabetes. A major risk factor is obesity.

## Arthritis

According to the Umatilla County survey data, 22% of Umatilla County Hispanic adults were diagnosed with arthritis. According to the 2011 BRFSS, 16% of Oregon Hispanic adults and 15% of U.S. Hispanic adults were told they have arthritis.

## Asthma

According to the Umatilla County survey data, 6% of Umatilla County adults had been diagnosed with asthma.

### Oregon Hispanics Leading Types of Death 2010

**Total Deaths: 702**

1. Cancers (21% of all deaths)
2. Heart Disease (14%)
3. Unintentional Injuries (9%)
4. Diabetes Mellitus (7%)
5. Stroke (6%)

*(Source: OHA Vital Statistics)*

### Oregon Hispanics Leading Cancer Deaths 2010

**Total All Sites: 149**

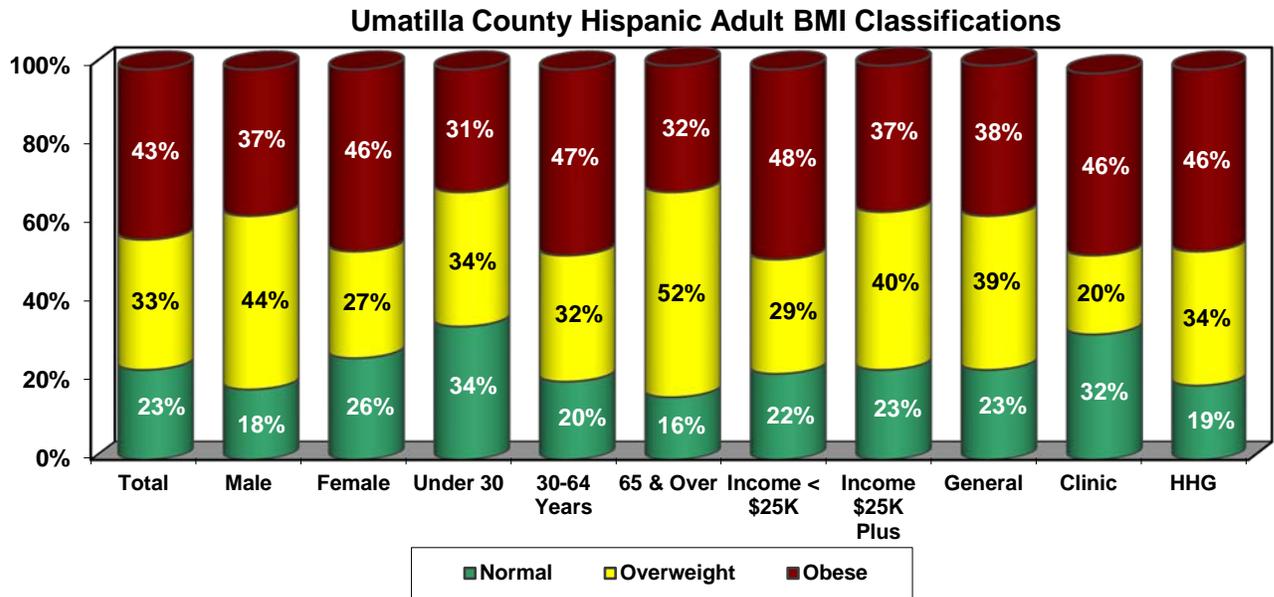
- ❖ Lung and Bronchus: 25 deaths
- ❖ Lymphatic: 18 deaths
- ❖ Colon and Rectum: 12 deaths
- ❖ Pancreas: 11 deaths
- ❖ Breast: 11 deaths

*(Source: OHA Vital Statistics, Mortality Data)*

# Data Summary

## Adult Weight Status

The 2012 Health Assessment identified that 76% of Umatilla County Hispanic adults were overweight or obese based on BMI. The 2011 BRFSS indicates that 29% of Oregon and 29% of U.S. Hispanic adults were obese by BMI. More than two-fifths (43%) of Umatilla County Hispanic adults were obese. More than one-third (37%) of Hispanic adults were trying to lose weight.



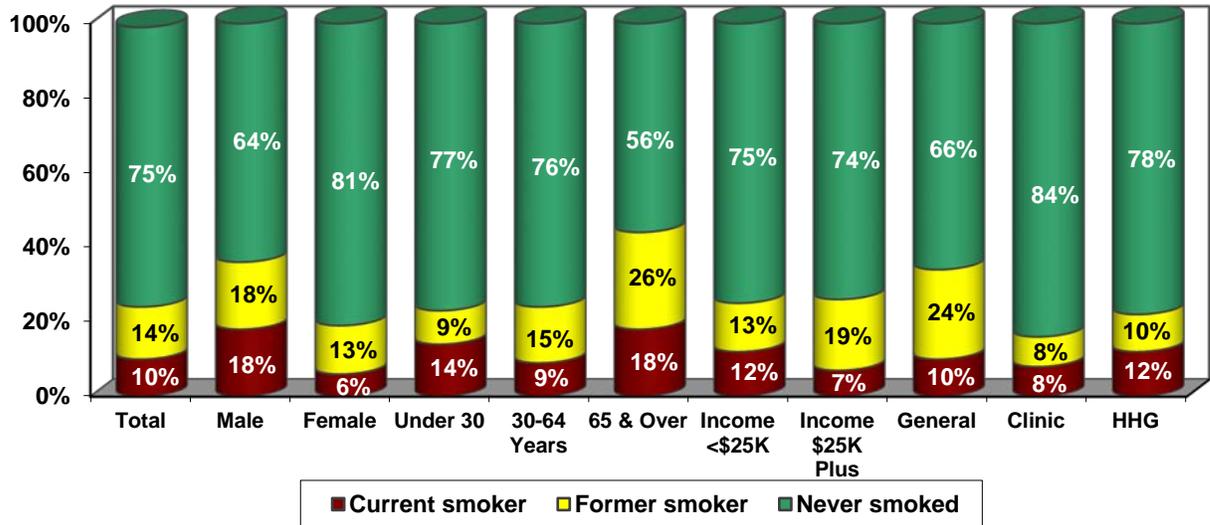
*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

## Adult Tobacco Use

In 2012, 10% of Umatilla County adults were current smokers and 14% were considered former smokers. In 2012, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. *(Source: Cancer Facts & Figures, American Cancer Society, 2012)*

# Data Summary

### Umatilla County Hispanic Adult Smoking Behaviors

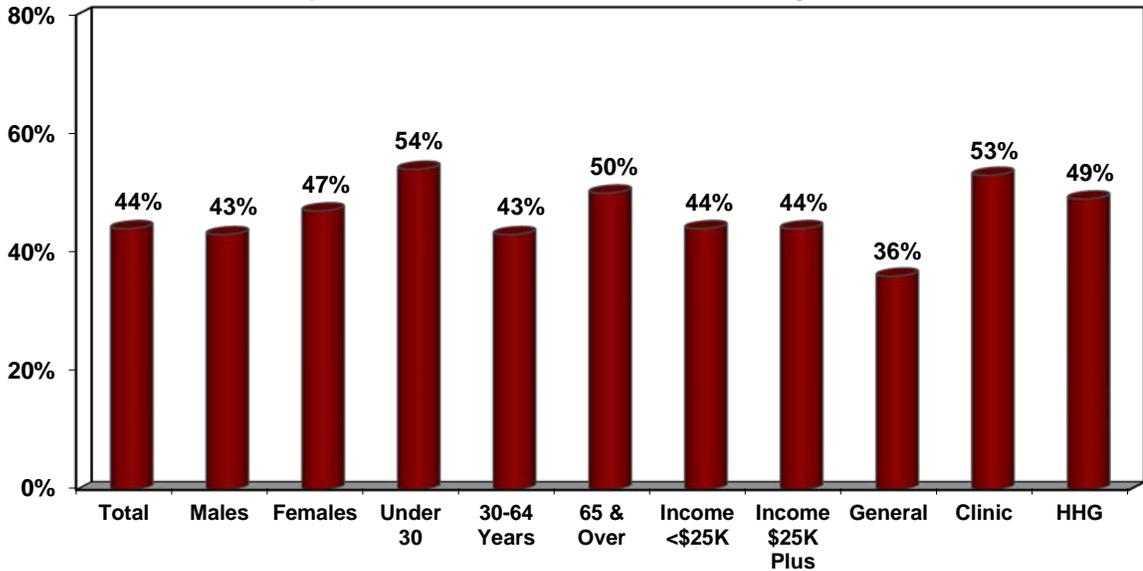


Respondents were asked:  
 "Have you smoked at least 100 cigarettes in your entire life?  
 If yes, do you now smoke cigarettes every day, some days, or not at all?"  
 HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

## Adult Alcohol Consumption

In 2012, the health assessment indicated that 3% of Umatilla County Hispanic adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 44% of Hispanic adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month. Nine percent of Hispanic adults drove within a couple hours after drinking alcohol.

### Umatilla County Hispanic Adult Drinkers Who Binge Drank in Past Month\*

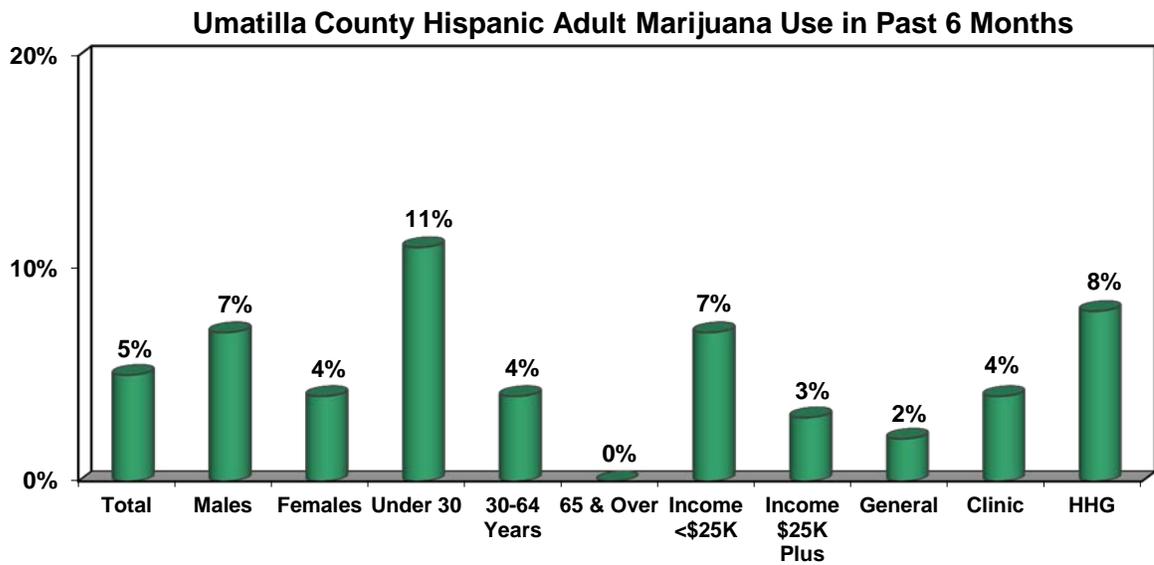


\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.  
 HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

## Data Summary

### Adult Marijuana and Other Drug Use

In 2012, 5% of Umatilla County Hispanic adults had used marijuana during the past 6 months. 8% of Hispanic adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



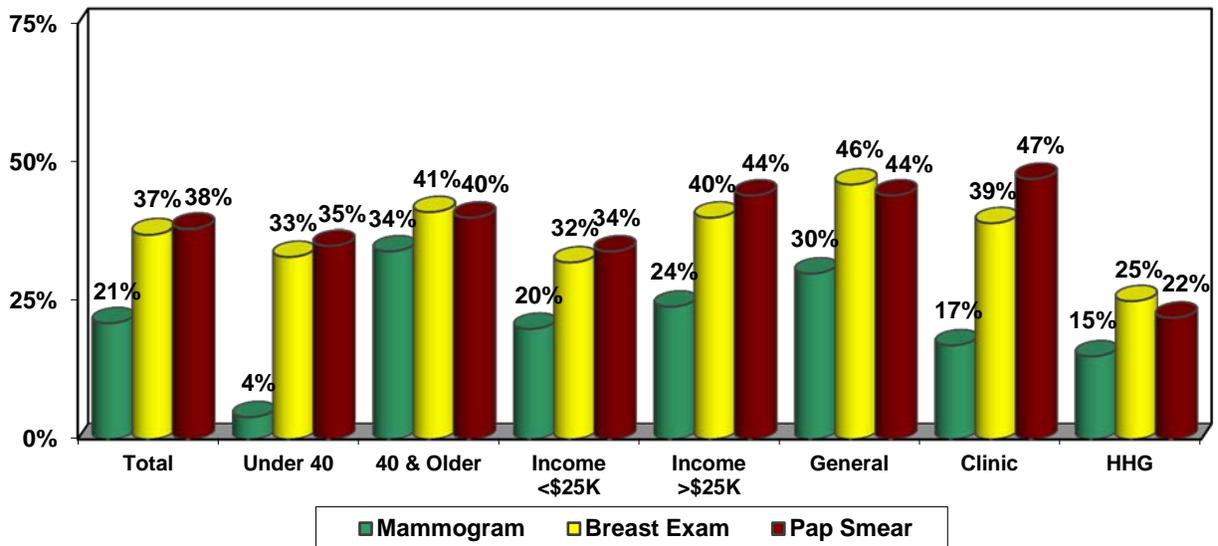
*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

### Women's Health

In 2012, more than one-third (34%) of Umatilla County Hispanic women over the age of 40 reported having a mammogram in the past year. 37% of Umatilla County Hispanic women ages 19 and over had a clinical breast exam and 38% had a pap smear to detect cancer of the cervix in the past year. The health assessment determined just over one-quarter of Hispanic women (27%) had high blood pressure, 28% had high blood cholesterol, 46% were obese, and 6% were identified as smokers, known risk factors for cardiovascular diseases.

# Data Summary

## Umatilla County Hispanic Women's Health Exams Within the Past Year

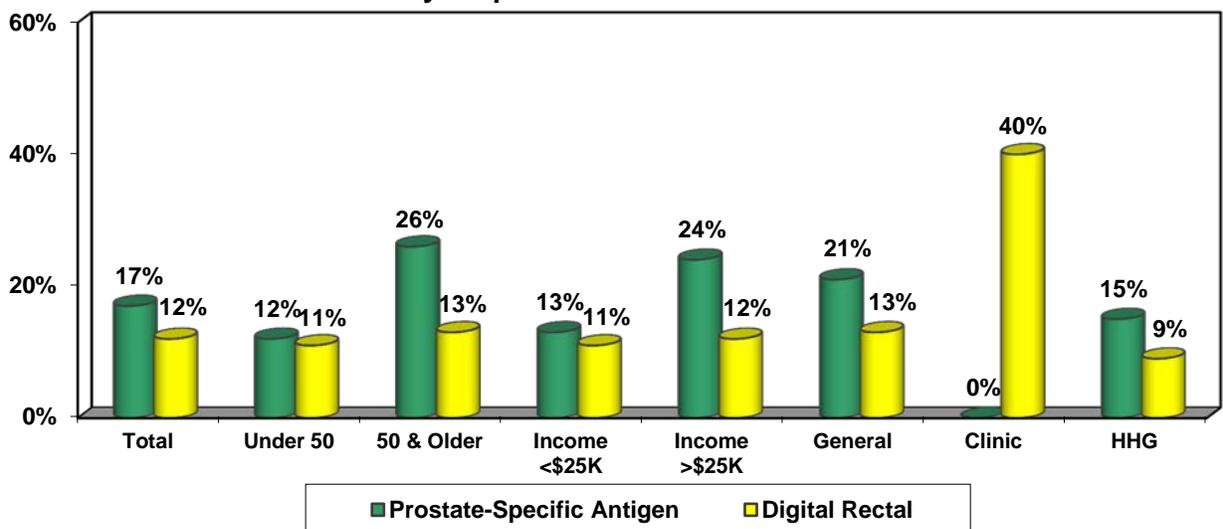


HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

## Men's Health

In 2012, more than one-quarter (26%) of Umatilla County Hispanic males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. One in eight (13%) Hispanic males over the age of 50 had a digital rectal exam in the past year. The health assessment determined that 3% of men had survived a heart attack and 1% had survived a stroke at some time in their life. More than one-quarter (26%) of men had been diagnosed with high blood pressure, 23% had high blood cholesterol, and 18% were identified as smokers, which, along with obesity (37%), are known risk factors for cardiovascular diseases.

## Umatilla County Hispanic Men's Health Exams Within the Past Year



HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

## Data Summary

### **Preventive Medicine and Health Screenings**

42% of Hispanic adults over the age of 50 have received a colorectal cancer screening at some time in their life. Nearly three-fifths (59%) of Hispanic adults have had a tetanus shot in the past 10 years.

### **Adult Sexual Behavior & Pregnancy Outcomes**

In 2012, more than three-fourths (76%) of Umatilla County Hispanic adults had sexual intercourse. 13% of adults had more than one partner.

### **Quality of Life and Safety**

In 2012, the health assessment identified that 22% of Umatilla County Hispanic adults kept a firearm in or around their home. The most limiting health problems were arthritis, back or neck problems, and walking problems.

### **Social Context**

In 2012, 6% of Umatilla County Hispanic adults were threatened or abused in the past year. 15% of Hispanic adults needed help with general daily needs, such as food, clothing, shelter or paying utility bills.

### **Mental Health and Suicide**

In 2012, 5% of Umatilla County Hispanic adults attempted suicide. 26% of Hispanic adults felt sad, blue or depressed almost every day for two or more weeks in a row.

### **Oral Health**

The 2012 health assessment project has determined that nearly half (46%) of Umatilla County Hispanic adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 62% of U.S. Hispanic adults had visited a dentist or dental clinic in the previous twelve months.

### **Parenting**

The 2012 Health Assessment project identified that Hispanic parents took their child to the doctor an average of 1.5 times for regular checkups and 1.0 times for dental visits in the past year. About four-fifths (81%) of children spent less than one hour of unsupervised time after school on an average day.

### **Clinic Hispanics**

The 2012 Health Assessment reported that 35% of Hispanic adults from the clinic did not have health care coverage. 29% of adults had high blood pressure. 8% were current smokers. 24% needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills.

### **Hispanic Housing Group (HHG)**

The 2012 Health Assessment reported that 56% of Hispanic Housing Group (HHG) adults did not have health care coverage. 22% of adults kept firearms in and around their household. 15% of women have had a mammogram in the past year.

## Umatilla County Hispanic Trend Summary

Adult Variables	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
<b>Alcohol Use</b>				
Had at least one alcoholic beverage in past month	29%	51%	59%	49%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	12%	18%	22%	21%
<b>Tobacco Use</b>				
Current smoker (currently smoke some or all days)	10%	18%	20%	20%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	14%	17%	17%	19%
<b>Arthritis, Asthma &amp; Diabetes</b>				
Has been diagnosed with arthritis	22%	32%	16%	15%
Has been diagnosed with asthma	6%	20%	18%	12%
Has been diagnosed with diabetes	18%	13%	N/A	12%
<b>Cardiovascular Health</b>				
Had angina	4%	4%	N/A	3%
Had a heart attack	3%	5%	N/A	3%
Had a stroke	2%	2%	N/A	2%
Has been diagnosed with high blood pressure	26%	31%	13%	22%
Has been diagnosed with high blood cholesterol	25%	36%	23%	33%
<b>Health Status and Coverage</b>				
Has health care coverage	57%	84%	65%	64%
Rated health as excellent or very good	30%	53%	45%	40%
Rated general health as fair or poor	35%	15%	N/A	24%
<b>Preventive Health</b>				
Dental visit within past year	46%	63%	N/A	62%*
Age 40 & over had a mammogram in past 2 years	58%	67%	N/A	N/A
<b>Weight Control</b>				
Obese	43%	32%	29%	29%
Overweight	33%	35%	39%	39%

*N/A – Data is not available*

*\* 2010 BRFSS*

# Hispanic Health Status Perceptions

## Key Findings

*In 2012, nearly one-third (30%) of the Umatilla County Hispanic adults rated their health status as excellent or very good. Conversely, 35% of Hispanic adults, increasing to 65% of those over the age of 65, described their health as fair or poor.*

### Hispanic Adults Who Rated General Health Status Excellent or Very Good

- ❖ Umatilla County 30% (2012)
- ❖ Oregon 45% (2011)
- ❖ U.S. 40% (2011)

*(Source: BRFSS 2011 for Oregon and U.S.)*

## General Health Status

- ◆ In 2012, nearly one-third (30%) of Umatilla County Hispanic adults rated their health as excellent or very good. Umatilla County Hispanic adults with higher incomes (37%) were more likely to rate their health as excellent or very good, compared to 28% of those with incomes less than \$25,000.
- ◆ 35% of Hispanic adults rated their health as fair or poor. The 2011 BRFSS has identified that 24% of U.S. Hispanic adults self-reported their health as fair or poor.
- ◆ Umatilla County Hispanic adults were most likely to rate their health as fair or poor if they:
  - Were widowed (70%)
  - Were 65 years of age or older (65%)
  - Had high blood pressure (51%) or high blood cholesterol (50%)
  - Had an annual household income under \$25,000 (43%)

## Physical Health Status

- ◆ In 2012, 22% of Umatilla County Hispanic adults rated their physical health as not good on four or more days in the previous month.
- ◆ Umatilla County Hispanic adults were most likely to rate their physical health as not good if they:
  - Were 65 years of age or older (38%)
  - Had an annual household income more than \$25,000 (24%)

## Mental Health Status

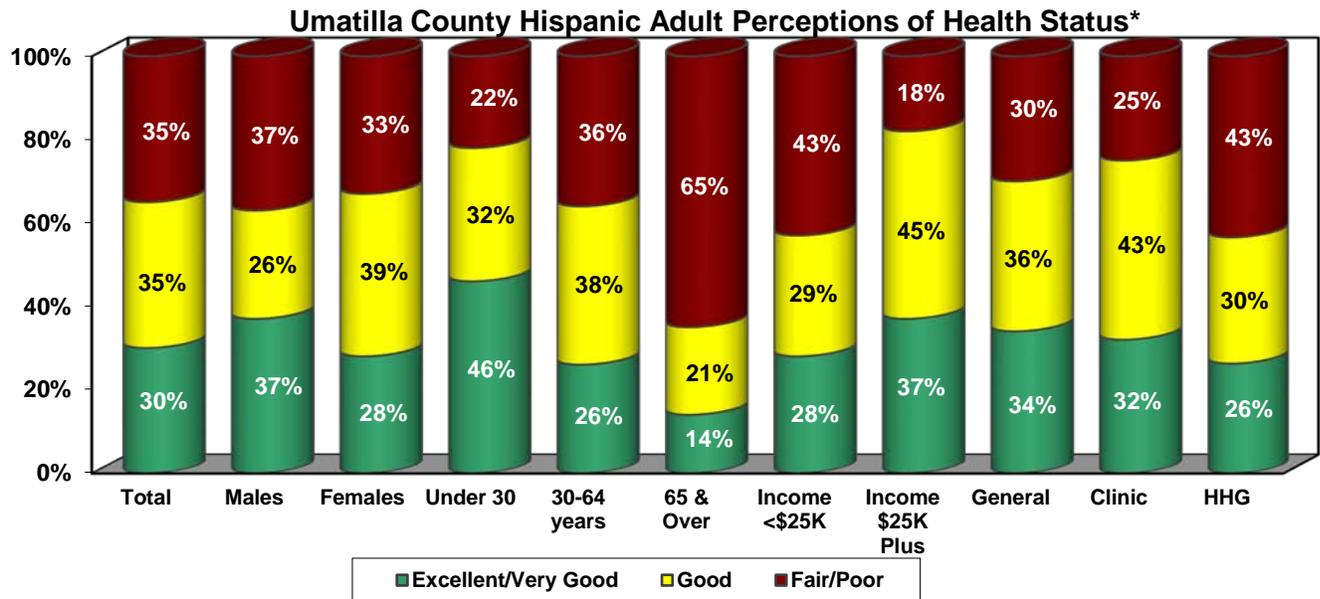
- ◆ In 2012, 22% of Umatilla County Hispanic adults rated their mental health as not good on four or more days in the previous month.
- ◆ Umatilla County Hispanic adults were most likely to rate their mental health as not good if they:
  - Were 65 years of age or older (38%)
  - Were female (27%)
- ◆ One in eight (12%) adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation on four or more days in the previous month.

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Rated health as excellent or very good	30%	53%	45%	40%
Rated health as fair or poor	35%	15%	N/A	24%

*N/A – Data is not available*

# Hispanic Health Status Perceptions

The following graph shows the percentage of Umatilla County Hispanic adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 30% of all Umatilla County Hispanic adults, 46% of those under age 30, and 14% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of Hispanic adults with poor physical and mental health in the past 30 days.



*\*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
<b>Physical Health Not Good in Past 30 Days*</b>					
Males	56%	11%	6%	2%	14%
Females	53%	14%	7%	1%	13%
Total	54%	13%	7%	2%	13%
<b>Mental Health Not Good in Past 30 Days*</b>					
Males	68%	10%	6%	1%	6%
Females	52%	11%	5%	1%	18%
Total	58%	10%	5%	1%	14%

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

# Hispanic Health Care Coverage

## Key Findings

The 2012 health assessment data has identified that 43% of Umatilla County Hispanic adults were without health care coverage. Those most likely to be uninsured were Hispanic adults under age 30 and those with an income under \$25,000. In Umatilla County, 38.5% of Hispanic residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2009-2011)

## General Health Coverage

- ◆ In 2012, 57% of Umatilla County Hispanic adults had health care coverage, leaving 43% who were uninsured. The 2011 BRFSS reports Hispanic uninsured prevalence rates for Oregon (35%) and the U.S. (37%).
- ◆ In the past year 43% of Hispanic adults were uninsured, increasing to 51% of those under the age of 30, and 55% of those with incomes less than \$25,000.
- ◆ 44% of Hispanic adults with children did not have healthcare coverage, compared to 67% of those who did not have children living in their household.
- ◆ The following types of health care coverage were used: employer (48%), Medicaid or medical assistance (13%), Medicare (11%), someone else's employer (8%), multiple-including government sources (6%), multiple-including private sources (6%), self-paid plan (2%), and other (5%).
- ◆ Umatilla County Hispanic adult health care coverage included the following: medical (99%), prescription coverage (86%), dental (80%), vision (72%), immunizations (71%), own choice of physicians (67%), mental health (60%), their children (56%), their spouse (52%), preventive care (51%), alcohol or substance abuse treatment (26%), skilled nursing (15%), home care (14%), and hospice (12%).
- ◆ The top six reasons uninsured Hispanic adults gave for being without health care coverage were:
  1. They could not afford to pay the insurance premiums (25%)
  2. They lost their job or changed employers (23%)
  3. They became ineligible (age or left school) (11%)
  4. They became a part-time or temporary employee (8%)
  5. Their employer did not/stopped offering coverage (6%)
  6. Their benefits from an employer/former employer ran out (6%)

(Percentages do not equal 100% because respondents could select more than one reason)

**Umatilla County Hispanic Health Care Coverage**  
*U.S. Census Bureau, American Community Survey 1-Year Estimates*

- ◆ Hispanics **without** health care coverage by age group:
  - 5% of those ages 6 to 17
  - 9% of those ages 18 to 24
  - 55% of those ages 25 to 34
  - 37% of those ages 35 to 44
  - 37% of those ages 45 to 54
- ◆ 100% of those ages 55 through 75 years and over were estimated to have health insurance coverage in 2011.

(Source: U.S. Census Bureau, ACS 1-year estimates, Hispanic/Latino population, 2011)

## Oregon Health Care Statistics

According to the *Office for Oregon Health Policy and Research*:

- ◆ In 2011, one in four (25.9%) Hispanics/Latinos were identified as uninsured.
- ◆ The rate of uninsured for the Hispanic/Latino population was significantly greater than non-Hispanics, in 2011.

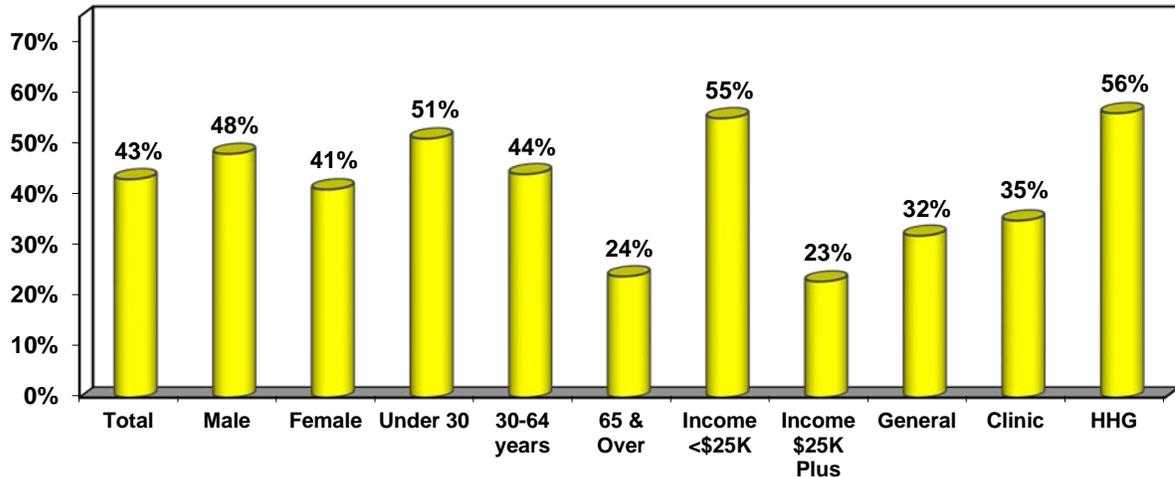
(Source: Office for Oregon Health Policy and Research, Health Insurance Coverage in Oregon, September 2011, from [http://www.oregon.gov/oha/OHPR/RSCH/docs/uninsured/2011\\_obis\\_statewide\\_uninsurance\\_estimates\\_nov21.pdf](http://www.oregon.gov/oha/OHPR/RSCH/docs/uninsured/2011_obis_statewide_uninsurance_estimates_nov21.pdf))

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Uninsured	43%	16%	35%	37%

# Hispanic Health Care Coverage

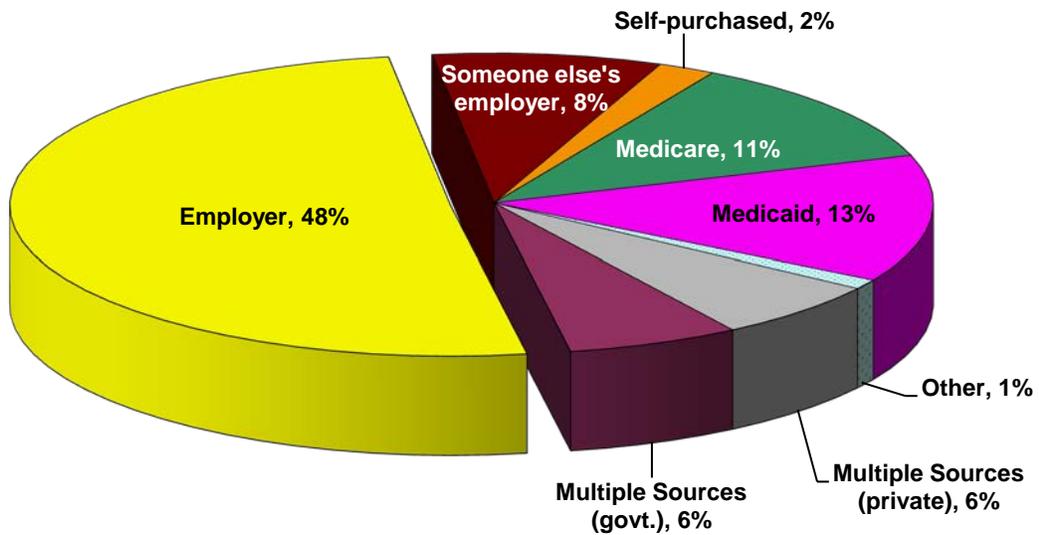
The following graph shows the percentages of Umatilla County Hispanic adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 43% of all Umatilla County Hispanic adults were uninsured, 55% of Hispanic adults with an income less than \$25,000 reported being uninsured, and 51% of those under age 30 lacked health care coverage. The pie chart shows sources of Umatilla County Hispanic adults' health care coverage

**Uninsured Umatilla County Hispanic Adults**



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

**Source of Health Insurance Coverage for Umatilla County Hispanic Adults**



## Hispanic Health Care Coverage

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	1%	0%
Prescription Coverage	86%	5%	9%
Dental	80%	15%	5%
Vision	72%	23%	5%
Immunizations	71%	11%	18%
Choice of Physicians	67%	16%	17%
Mental Health	60%	13%	27%
Your Children	56%	39%	5%
Your Spouse	52%	40%	8%
Preventive Health	51%	13%	36%
Alcohol/Substance Abuse Treatment	26%	17%	57%
Skilled Nursing	15%	27%	58%
Home Care	14%	29%	57%
Hospice	12%	25%	63%

### Healthy People 2020 Access to Quality Health Services

Objective	Umatilla County Hispanic Population (2012)	Oregon Hispanic Population (2011)	U.S. Hispanic Population (2011)	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	54%	65%	64%	100%

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

# Hispanic Health Care Access and Utilization

## Key Findings

*The 2012 health assessment project identified that 43% of Umatilla County Hispanic adults had visited a doctor for a routine checkup within the last year. 49% reported they had one particular doctor or healthcare provider they went to for routine medical care.*

## Health Care Access

- ◆ In 2012, 43% of Umatilla County Hispanic adults had visited their doctor for a routine checkup within the past year; 64% had visited their doctor within the past two years; 74% had visited their doctor within the past 5 years; and 8% had never visited their doctor for a routine checkup.
- ◆ 49% of Umatilla County Hispanic adults reported they had one particular doctor or healthcare professional they went to for routine medical care. 19% of Hispanic adults had more than one particular doctor or healthcare professional they went to for routine medical care, and 31% did not have one at all.
- ◆ Umatilla County Hispanic adults reported the following reasons for not having a usual source of medical care: no insurance/cost (26%), had two or more usual places (23%), had not needed a doctor (17%), did not know where to go (4%), previous doctor unavailable/moved (3%), did not like/trust/believe doctors (2%), language barrier (1%), and other reasons (7%).
- ◆ 43% of Umatilla County Hispanic adults chose to go outside of Umatilla County for health care services in the past year. The top 5 services sought outside of Umatilla County were: dental services (13%), specialty care (11%), primary care (10%), obstetrics/gynecology (8%), and pediatric care (5%).
- ◆ Umatilla County Hispanic adults went to the following places for health care needs outside of Umatilla County: Tri-city (37%), Walla Walla (31%), Portland (11%), Spokane (2%), and some other place (33%).
- ◆ 69% of Hispanic adults traveled less than 20 miles to the place they usually went when they were sick or needed health advice; 19% traveled 20 to 40 miles, 7% traveled 41 to 60 miles, and 2% traveled more than 60 miles.
- ◆ Hispanic adults did not get the medical care they needed for the following reasons: cost/no insurance (40%), distance (4%), no transportation (4%), too long of a wait for an appointment (3%), too long of a wait in the waiting room (3%), could not find a doctor to take them as a patient (3%), language barrier (2%), too embarrassed to seek help (2%), office was not open when they could get there (2%), confidentiality concerns (1%), no child care (1%), could not find a doctor to take Medicaid/Medicare (1%), no access for people with disabilities (1%), discrimination (1%), and other reasons (5%). 45% of Hispanic adults reported receiving medical care.
- ◆ The following might prevent Umatilla County Hispanic adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (49%), no insurance (34%), they might find something wrong (12%), could not get time off work (8%), difficult to find/no transportation (8%), worried/frightened of the procedure or doctor (6%), difficult to get an appointment (4%), hours not convenient (4%), did not trust or believe doctors (3%), and some other reason (4%).

## Hispanics and Health Care in the U.S.

Access to health care can be defined in any number of ways, but one widely used approach is to consider whether a person reports having a usual place, other than an emergency room, to seek health care and advice.

- ◆ Defined this way, having a usual provider correlates with preventive care and monitoring. Both are associated with better long-term health outcomes, including better control of chronic conditions.
- ◆ Latino men (36%) are more likely to lack a regular health care provider than women (17%).
- ◆ Younger Hispanics are especially likely to lack a regular health care provider (37% of those 18-29 do not have one).

*(Source: Pew Hispanic Center, Robert Wood Johnson Foundation, Hispanics and Health Care in the United States: Access, Information and Knowledge, <http://www.pewhispanic.org/files/reports/91.pdf>)*

## Hispanic Health Care Access and Utilization

- ◆ During the past year, Umatilla County Hispanic adults did not get a prescription from their doctor filled because: they had no insurance (29%), they could not afford to pay the out-of-pocket expenses (16%), their co-pays were too high (5%), they did not think they needed it (4%), their deductibles were too high (3%), they did not have transportation (3%), they were taking too many medications (3%), there was no generic equivalent of what was prescribed (2%), their premiums were too high (2%), and they opted out of prescription coverage because they could not afford it (1%). 58% of Hispanic adults reported having all of their prescriptions filled.
- ◆ Umatilla County Hispanic adults had the following issues regarding their healthcare coverage: premiums were too high (24%), deductibles were too high (23%), co-pays were too high (21%), could not understand their insurance plan (7%), opted out of certain coverage because they could not afford it (4%), high HSA account deductible (2%), working with their insurance company (2%), and opted out of certain coverage because they did not need it (<1%).
- ◆ 23% of Umatilla County Hispanic adults had visited the emergency room 1-2 times in the past year; 3% had been there 3-4 times, and 2% had been to the emergency room 5 or more times.

### Availability of Services

- ◆ 6% of Umatilla County Hispanic adults looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 41% looked for in-home care, 18% looked for a disabled person program, 14% looked for an assisted living program, 9% looked for out-of-home placement, 5% looked for day care, and 14% looked for multiple types of care.
- ◆ 5% of Hispanic adults looked for a program to quit smoking.

### Umatilla County Hispanic Adults Able to Access Assistance Programs/Services

Types of Programs (% of all Hispanic adults who looked for the programs)	Umatilla County Hispanic adults who have looked but have <u>NOT</u> found a specific program	Umatilla County Hispanic adults who have looked and have found a specific program
<b>Smoking</b> (5% of all Hispanic adults looked)	60%	40%

### Principles for Culturally Proficient Health Services for Hispanic/Latino Families and Communities

- ◆ Involve family members.
- ◆ Show respect – Always be respectful and explain without being condescending.
- ◆ Get personal – Hispanics prefer being closer to each other in space than non-Hispanic whites.
- ◆ Ask about their life (family, friends, and work), and share life stories and pictures.
- ◆ Encourage them to ask questions.
- ◆ Take seriously the responsibility and respect conferred on the provider.
- ◆ Reach out to the community – Community-based organizations within Hispanic neighborhoods, barrios, colonias, and other ethnic enclaves provide a significant point of entry and opportunity to expand on any outreach effort in which you may be involved.
- ◆ Respect traditional healing approaches – Hispanic patients may combine respect for the benefits of mainstream medicine, tradition, and traditional healing with a strong religious component.

*(Source: American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012-2014, from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>)*

# Hispanic Health Care Access and Utilization

## Latinos and Access to Health Care

According to the National Council of La Raza, nearly one in three (30.7%) people uninsured in the U.S. is Hispanic.

- ❖ Hispanics are nearly three times more likely than Whites to be uninsured.
- ❖ Uninsurance is generally lower among children than adults, but Latino children are still more than two times more likely than White children to be uninsured.
- ❖ 84% of uninsured Latinos live in families, a rate higher than uninsured Whites (69%).
- ❖ Across age groups, rates of uninsurance are substantially higher among noncitizen Latinos than U.S.-born and naturalized Latinos.
- ❖ Employer-based insurance (ESI) is the most common type of coverage held by Hispanics (38.2%), but their likelihood of having ESI is significantly lower than their non-Hispanic peers.
- ❖ Latinos are about two times more likely than Whites to have coverage through Medicaid or the Children's Health Insurance Plan (CHIP); nearly half (49.3%) of Latino children have Medicaid or CHIP.
- ❖ Despite high rates of Medicaid/CHIP coverage, Latinos make up the largest share (39.1%) of children estimated to be eligible for but unenrolled in these programs.
- ❖ Among the nonelderly, about nine-tenths of insured Latinos have a specific, ongoing source of health care (a rate similar to their insured White and Black peers), compared to only about half (49.5%) of uninsured Latinos.
- ❖ Hispanics with private (15%) and public (30.4%) health insurance were more likely than their insured non-Hispanic peers to report not having a usual source of care due to financial or insurance reasons.
- ❖ In 2008, Hispanics made up nearly one-sixth (15.7%) of U.S. residents but less than one-tenth (9%) of the nation's total health care costs.
- ❖ Latinos under age 65 are less likely to have incurred a health expense than their non-Hispanic White peers, a difference that is greatest among the uninsured.
- ❖ Among low-income, nonelderly Latinos, the uninsured incur lower health care expenses but pay more total dollars out-of-pocket than their insured peers.
- ❖ One in four (25%) Hispanics reported withdrawing money from savings to pay for health care costs.
- ❖ Although Hispanics make up about one-third of uninsured Americans, they make up a smaller share—about one-quarter (24.4%) of people receiving uncompensated care.

*(Source: National Council of La Raza, Fast Facts: Latinos and Health Care, January 2012, [http://www.nclr.org/images/uploads/publications/FastFacts\\_LatinosandHealthCare2012.pdf](http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf))*

# Hispanic Cardiovascular Health

## Key Findings

Heart disease (14%) and stroke (6%) accounted for 20% of all Oregon Hispanic adult deaths in 2010 (Source: OHA Vital Statistics). The 2012 Umatilla County health assessment found that 3% of Hispanic adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than one-quarter (26%) of Umatilla County Hispanic adults have been diagnosed with high blood pressure, 25% have high blood cholesterol, 43% were obese and 10% were smokers, four known risk factors for heart disease and stroke

## Oregon Hispanics Leading Types of Death 2010

**Total Deaths: 702**

1. Cancers (21% of all deaths)
2. Heart Disease (14%)
3. Unintentional Injuries (9%)
4. Diabetes Mellitus (7%)
5. Stroke (6%)

(Source: OHA Vital Statistics)

## Heart Disease and Stroke

- ◆ In 2012, 3% of Umatilla County Hispanic adults reported they had survived a heart attack or myocardial infarction, increasing to 22% of those over the age of 65.
- ◆ 2% of Umatilla County Hispanic adults reported having had survived a stroke.
- ◆ 4% of Hispanic adults reported they had angina or coronary heart disease, increasing to 26% of those over the age of 65.

## High Blood Pressure (Hypertension)

- ◆ More than one-quarter (26%) of Umatilla County Hispanic adults had been diagnosed with high blood pressure. The 2011 BRFSS reports hypertension prevalence rates of 13% for Oregon and 22% for the U.S.
- ◆ 3% of Hispanic adults were told they were pre-hypertensive/borderline high.
- ◆ Umatilla County Hispanic adults diagnosed with high blood pressure were more likely to:
  - Be age 65 years or older (67%)
  - Have rated their health as poor (65%)
  - Be classified as obese by Body Mass Index-BMI (33%)

## High Blood Cholesterol

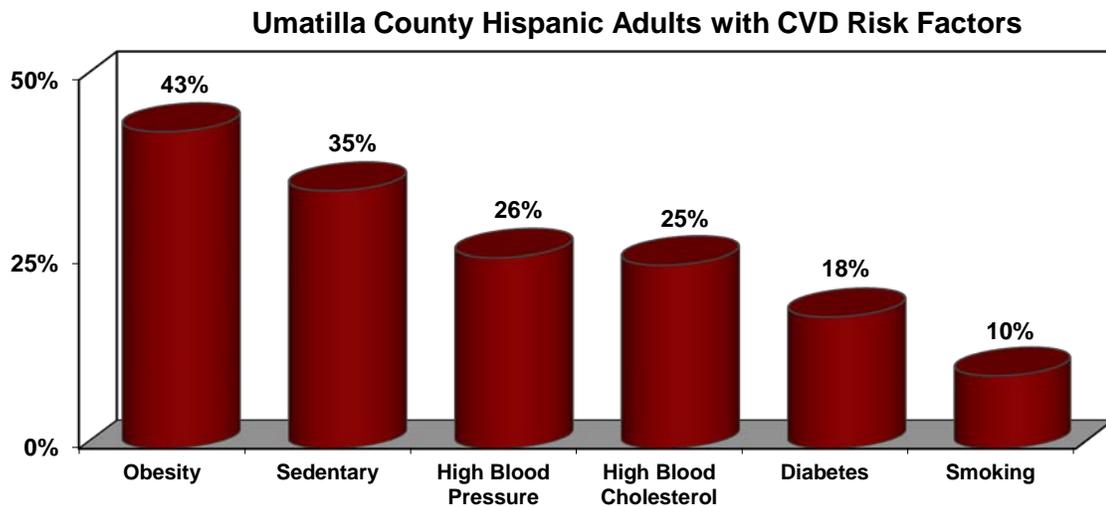
- ◆ One-fourth (25%) of Hispanic adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 23% of Oregon Hispanic adults and 33% of U.S. Hispanic adults have been told they have high blood cholesterol.
- ◆ Nearly two-fifths (39%) of Hispanic adults had their blood cholesterol checked in the past year.
- ◆ Umatilla County Hispanic adults with high blood cholesterol were more likely to:
  - Have rated their health as poor (60%)
  - Be age 65 years and older (57%)
  - Be classified as overweight by Body Mass Index-BMI (29%)

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Had angina	4%	4%	1%*	3%
Had a heart attack	3%	5%	2%*	3%
Had a stroke	2%	2%	2%*	2%
Had high blood pressure	26%	31%	13%	22%
Had high blood cholesterol	25%	36%	23%	33%

\* 2010 Data used from BRFSS

## Hispanic Cardiovascular Health

The following graph demonstrates the percentage of Umatilla County Hispanic adults who had major risk factors for developing cardiovascular disease (CVD). (Source: 2012 Umatilla County Health Assessment)



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

**Cholesterol** – As blood cholesterol rises, so does risk of coronary heart disease. A person's cholesterol level is also affected by age, sex, heredity and diet. Total cholesterol levels should be less than 200 mg/dL. Among Mexican Americans age 20 and older, 50.1% of men and 46.5% of women have total blood cholesterol levels of 200 mg/dL or higher.

**High Blood Pressure** – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases the risk of stroke, heart attack, kidney failure and congestive heart failure. Among Mexicans age 20 and older, 27.8% of men and 28.9% of women have high blood pressure.

**Obesity and Overweight** – People who have excess body fat are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. Among the Mexican Americans age 20 and older, 77.5% of men and 75.1% of women are overweight or obese. Of these, 31.4% of men and 43.4% of women are obese. Many obese and overweight people may have difficulty losing weight. However, just losing as few as 10 pounds can lower risk of heart disease.

**Smoking** – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who have never smoked. In 2010, 15.2% of Hispanic males and 9.0% of Hispanic females age 18 and older smoke cigarettes.

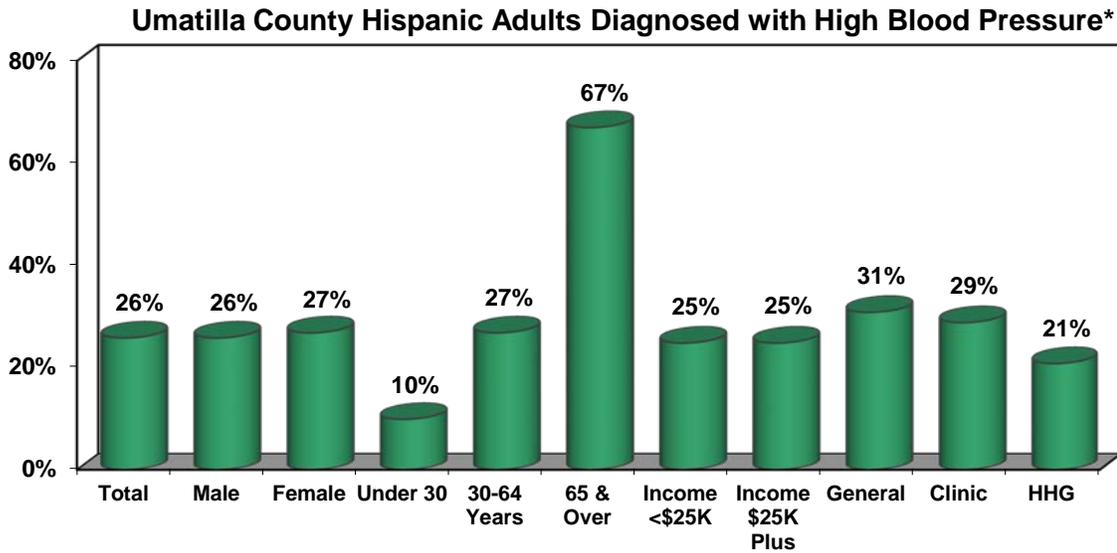
**Physical Inactivity** – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people. In 2010, only 14.4% of Hispanic or Latinos age 18 and older met the 2008 Federal Physical Activity (PA) Guidelines.

**Diabetes Mellitus** – Diabetes seriously increases the risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. Among Mexican Americans, the prevalence of physician diagnosed diabetes is 11.0% in men and 12.7% in women.

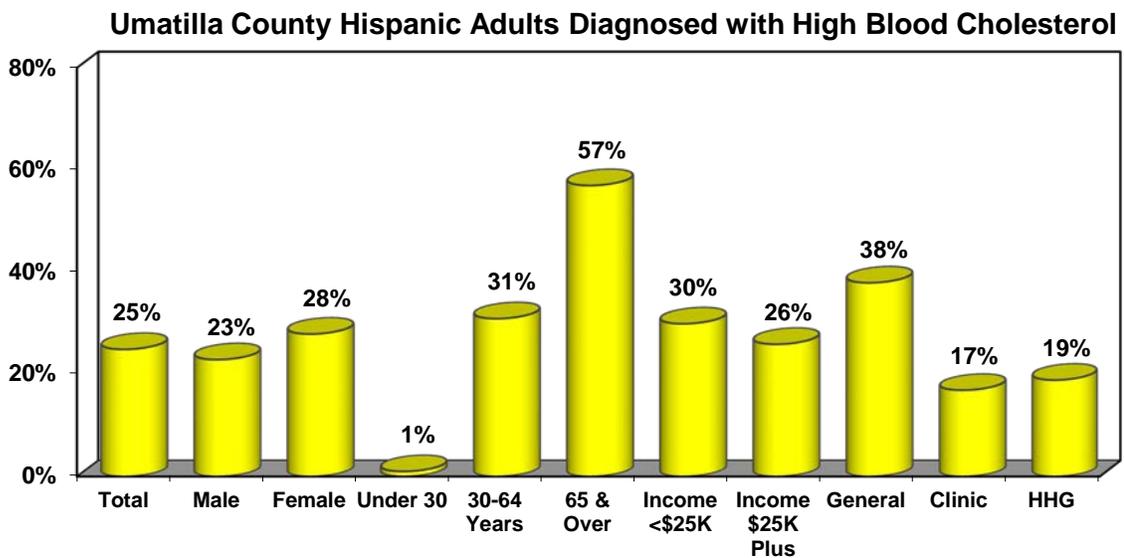
(Source: American Heart Association, Risk Factors for Coronary Heart Disease, 6-20-11 & American Heart Association, Statistical Fact Sheet 2012 Update)

# Hispanic Cardiovascular Health

The following graphs show the number of Umatilla County Hispanic adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 26% of all Umatilla County Hispanic adults have been diagnosed with high blood pressure, 26% of all Umatilla County males, 27% of all females, and 67% of those 65 years and older.



*\*Does not include respondents who indicated high blood pressure during pregnancy only.  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

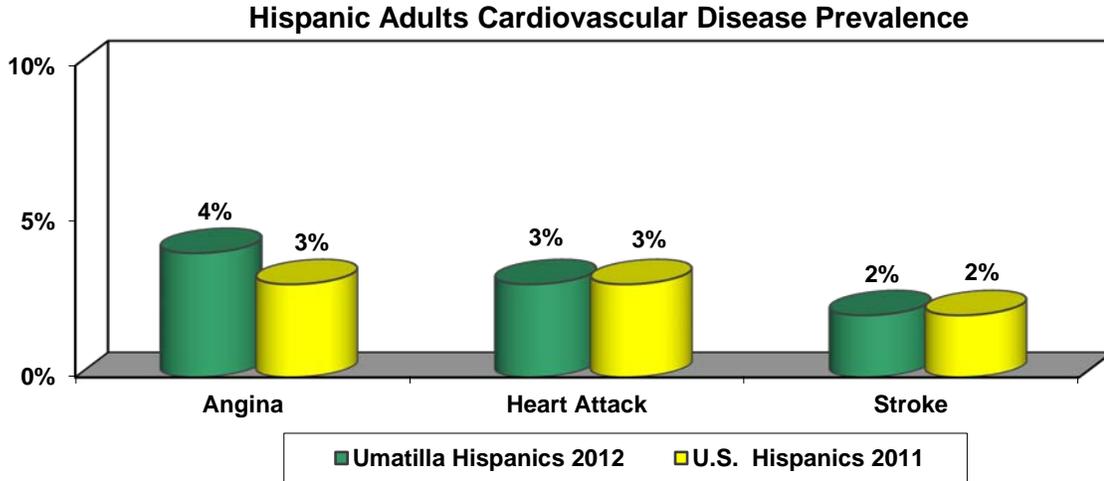


*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

# Hispanic Cardiovascular Health

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

- The 2012 assessment shows that heart attacks are more prevalent than strokes in Umatilla County.



*(Source: 2012 Umatilla County Hispanic Health Assessment and 2011 BRFSS)*

## Healthy People 2020 Objectives

### High Blood Pressure

Objective	Umatilla Hispanic Population Baseline (2012)	Oregon Hispanic Population (2011)	U.S. Hispanic Population (2011)	HP 2020 Target
HDS-5: Reduce proportion of adults with hypertension	26%	13%	22%	27%

*\*All U.S. figures age-adjusted to 2000 population standard.  
(Source: Healthy People 2020, 2011 BRFSS, 2012 Umatilla County Hispanic Health Assessment)*

### High Blood Cholesterol

Objective	Umatilla Hispanic Population Baseline (2012)	Oregon Hispanic Population (2011)	U.S. Hispanic Population (2011)	HP 2020 Target
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	62%	59%	63%	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	25%	23%	33%	14%

*\*All U.S. figures age-adjusted to 2000 population standard.  
(Source: Healthy People 2020, 2011 BRFSS, 2012 Umatilla County Hispanic Health Assessment)*

# Hispanic Cancer

## Key Findings

*In 2012, 7% of Umatilla County Hispanic adults had been diagnosed with cancer at some time in their life. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.*

## Adult Cancer

- ◆ 7% of Umatilla County Hispanic adults were diagnosed with cancer at some point in their lives, increasing to 18% of those ages 65 and over.

## Oregon Hispanics Leading Cancer Deaths 2010

Total All Sites: 149

- ◆ Lung and Bronchus: 25 deaths
- ◆ Lymphatic: 18 deaths
- ◆ Colon and Rectum: 12 deaths
- ◆ Pancreas: 11 deaths
- ◆ Breast: 11 deaths

*(Source: OHA Vital Statistics, Mortality Data)*

## Lung Cancer

- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the lungs, mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the stomach, pancreas, kidney, bladder, breast, uterine, cervix, and acute myeloid leukemia. The 2012 health assessment project has determined that 10% of Umatilla County Hispanic adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.
- ◆ In Umatilla County, 18% of male Hispanic adults are current smokers<sup>1</sup> and 13% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2012 Umatilla County Health Assessment)*
- ◆ Approximately 6% of female Hispanic adults in the county are current smokers<sup>1</sup> and 54% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2012 Umatilla County Health Assessment)*
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

## Breast Cancer

- ◆ In 2012, 37% of Umatilla County females reported having had a clinical breast examination in the past year.
- ◆ 34% of Umatilla County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for breast cancer is 90%. *(Source: American Cancer Society Facts & Figures 2012)*
- ◆ For women age 40 and older, the American Cancer Society recommends annual mammograms and annual clinical breast exams. For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer, smoking, diet) and physician recommendation. *(Source: American Cancer Society Facts & Figures 2012)*
- ◆ Breast cancer can also occur in males. *(Source: American Cancer Society Facts & Figures 2012)*

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

# Hispanic Cancer

## Colon and Rectum Cancer

- ◆ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2012, 42% of Umatilla County Hispanic adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.

## Prostate Cancer

- ◆ More than one-quarter (26%) of Umatilla County males over the age of 50 had a PSA test in the past year.
- ◆ For the most common cancers (prostate, female breast, colorectal, and lung), incidence and death rates are lower among Hispanics than among non-Hispanic whites. In addition, about 60% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2012, The American Cancer Society)*

### 2012 Hispanic Cancer Estimations

- ❖ About 53,000 new cancer cases in men and 59,200 cases in women are expected to be diagnosed among Hispanics in 2012.
- ❖ Prostate cancer is expected to be the most commonly diagnosed cancer in Hispanic men and breast cancer the most common in Hispanic women.
- ❖ 18% of estimated cancer deaths for Hispanic men will be from lung and bronchus cancers (15% Hispanic women)
- ❖ Cancers for which rates are higher in Hispanics than non-Hispanics include stomach, cervix, liver, acute lymphocytic leukemia, and gallbladder.

*(Source: American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012-2014 from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>)*

# Hispanic Diabetes

## Key Findings

*In 2012, 18% of Umatilla County Hispanic adults had been diagnosed with diabetes, a major risk factor is obesity.*

## Diabetes

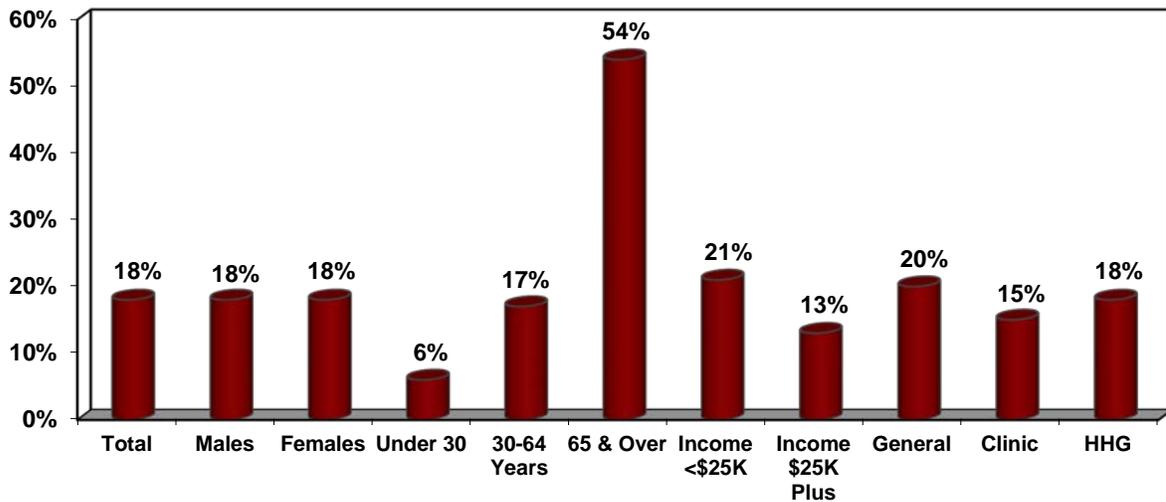
- ◆ The 2012 health assessment project has identified that 18% of Umatilla County Hispanic adults had been diagnosed with diabetes, increasing to 54% of those over the age of 65. The 2011 BRFSS U.S. Hispanic prevalence of diabetes was 12% and was not available for Oregon Hispanic adults.
- ◆ The average age of onset (diagnoses) was 41.2 years old.
- ◆ More than four-fifths (84%) of Hispanic adults with diabetes reported that they felt they had received enough information on how to manage their diabetes themselves.
- ◆ Umatilla County Hispanic adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 88% were obese or overweight
  - 66% had been diagnosed with high blood pressure
  - 60% had been diagnosed with high blood cholesterol

### Diabetes Risk among Hispanic Americans

- ❖ Diabetes is twice as common among Mexican-Americans and Puerto Rican Americans as among Caucasian Americans.
- ❖ Approximately 44% of Mexican-Americans met blood sugar goal levels (A1C) compared to 53% of whites and blacks in 2007-2010 data.
- ❖ Obesity and physical inactivity are the main risk factors for diabetes among Hispanic Americans.
- ❖ Although Hispanic Americans have higher rates of diabetic retinopathy and kidney disease, they have lower rates of heart disease from diabetes than Caucasian Americans.

(Source: Oregon Health & Science University, Diabetes Statistics, National Institutes of Health, "NIH study shows big improvement in diabetes control over past decades", accessed from: <http://www.nih.gov/news/health/feb2013/niddk-15.htm> on February 15, 2013)

**Umatilla County Hispanic Adults Diagnosed with Diabetes**



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Diagnosed with diabetes	18%	13%	N/A	12%

*N/A – data is not available*

# Hispanic Diabetes

## Who is at Greater Risk for Type 2 Diabetes?

### You are at risk for type 2 diabetes if:

- ❖ You are 45 years of age or older
- ❖ You are overweight or obese
- ❖ You have a parent, brother, or sister with diabetes
- ❖ Your family background is Hispanic/Latino, African American, American Indian, or Asian American or Pacific Islander
- ❖ You have had diabetes while you were pregnant (gestational diabetes) or you gave birth to a baby weighing 9 pounds or more
- ❖ You have been told to have high blood sugar (glucose) levels
- ❖ Your blood pressure is 150/90 or higher, or you have been told to have high blood pressure
- ❖ Your cholesterol (lipid) levels are not normal. Your HDL cholesterol (“good” cholesterol) is less than 35 or your triglyceride level is higher than 250
- ❖ You are fairly inactive. You are physical active less than three times a week
- ❖ You have been told to have polycystic ovary syndrome (PCOS)
- ❖ The skin around your neck or in your armpits appears dirty no matter how much you scrub it. The skin appears dark, thick and velvety. This is called acanthosis nigricans
- ❖ You have been told that you have blood vessel problems affecting the heart, brain, or legs

*(Source: National Diabetes Education Program (NDEP), partnership of the National Institutes of Health, CDC, <http://ndep.nih.gov/am-i-at-risk/DiabetesRiskFactors.aspx>)*

## Hispanics/Latinos – Link Between Type 2 Diabetes and Cardiovascular Disease

- ❖ According to the 2011 BRFSS, 12% of Hispanic adults in the U.S. were diagnosed with diabetes.
- ❖ According to the American Diabetes Association, from 2007-2009, the age-adjusted diabetes prevalence rate among Hispanic adults was 12%. Among Hispanics were:
  - 8% for Cubans
  - 13% for Mexican Americans
  - 14% for Puerto Ricans
- ❖ Cardiovascular disease is the leading cause of death for people with diabetes. Adults with diabetes have heart disease rates about two to four times higher than adults without diabetes.
  - In 2011, 3% of Hispanic adults reported having a heart attack (2011 BRFSS).
- ❖ The risk for stroke is two to four times higher among people with diabetes.
  - 2% of Hispanic adults reported having a stroke (2011 BRFSS).
- ❖ About 75% of adults with diabetes also have high blood pressure.
  - 22% of Hispanic adults reported having been diagnosed with high blood pressure, in 2011 (2011 BRFSS).
- ❖ Smoking doubles the risk for heart disease in people with diabetes.
  - In 2011, 20% of Hispanic adults were current tobacco users.

*(Sources: 2011 BRFSS; American Diabetes Association, Diabetes Statistics 2011, <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>; National Diabetes Education Program, The Diabetes Epidemic Among Hispanics/Latinos, updated December 2009, [http://ndep.nih.gov/media/FS\\_HispLatino\\_Eng.pdf](http://ndep.nih.gov/media/FS_HispLatino_Eng.pdf))*

# Hispanic Arthritis

## Key Findings

According to the Umatilla County survey data, 22% of Umatilla County Hispanic adults were diagnosed with arthritis. According to the 2011 BRFSS, 16% of Oregon Hispanic adults and 15% of U.S. Hispanic adults were told they have arthritis.

## Arthritis

- ◆ Nearly one-quarter (22%) Umatilla County Hispanic adults were told by a health professional that they had some form of arthritis.
- ◆ Nearly two-thirds (64%) of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2011 BRFSS, 16% of Oregon Hispanic adults and 15% of U.S. Hispanic adults were told they have arthritis.
- ◆ At least 1 in 5 U.S. Hispanic adults experienced adverse effects associated with arthritis such as activity limitations and pain, in 2009. (Source: CDC Arthritis Spotlight: Hispanics and Arthritis, updated 2011)
- ◆ Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections. (Source CDC)

## Arthritis

An estimated 3.1 million Hispanic adults in the United States have arthritis.

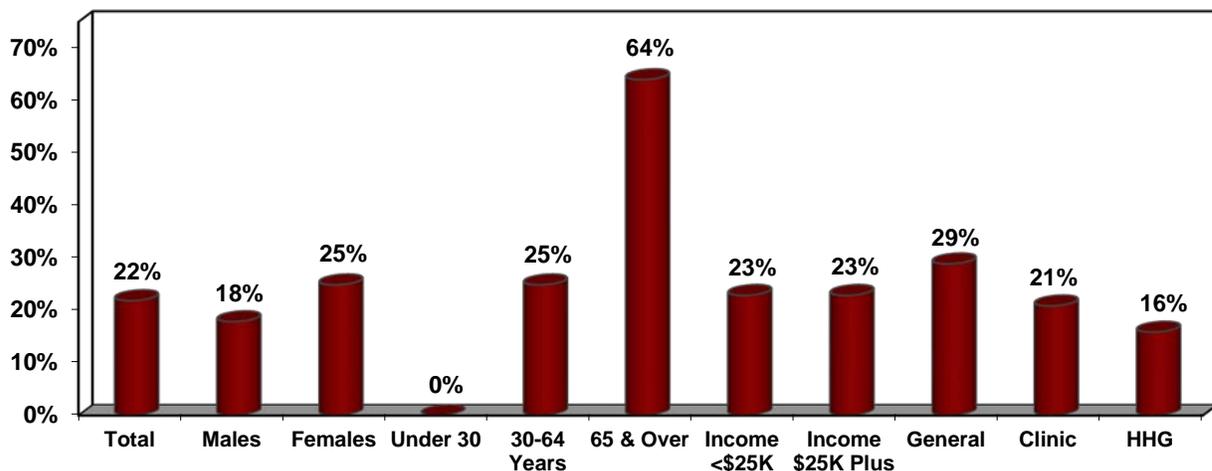
- ◆ Approximately 1.4 million Hispanics had activity limitations due to arthritis, making it the most common attributable effect across Hispanic groups.
- ◆ Puerto Ricans (22%) had the highest percentage of age-adjusted prevalence of arthritis across Hispanic populations.

Obesity is a risk factor for osteoarthritis and joint pain is strongly associated with body weight.

- ◆ Being only 10 pounds overweight increases the force on the knee by 30-60 pounds with each step.
- ◆ 39% of Hispanics in the U.S. are overweight (39% Oregon) and 29% are obese (29% Oregon).
- ◆ Losing weight can decrease the development and progression of arthritis and also lower the risk of adverse effects associated with arthritis.

(Source: CDC, Arthritis: "First study to examine the national burden of arthritis among specific Hispanic groups, 2011, <http://www.cdc.gov/arthritis/resources/spotlights/hispanics-arthritis.htm> & The Johns Hopkins Arthritis Center, Osteoarthritis, 2012, <http://www.hopkinsarthritis.org/patient-corner/disease-management/role-of-body-weight-in-osteoarthritis>)

**Umatilla County Hispanic Adults Diagnosed with Arthritis**



HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Diagnosed with arthritis	22%	32%	16%	15%

# Hispanic Asthma

## Key Findings

According to the Umatilla County survey data, 6% of Umatilla County Hispanic adults had been diagnosed with asthma.

## Asthma & Other Respiratory Disease

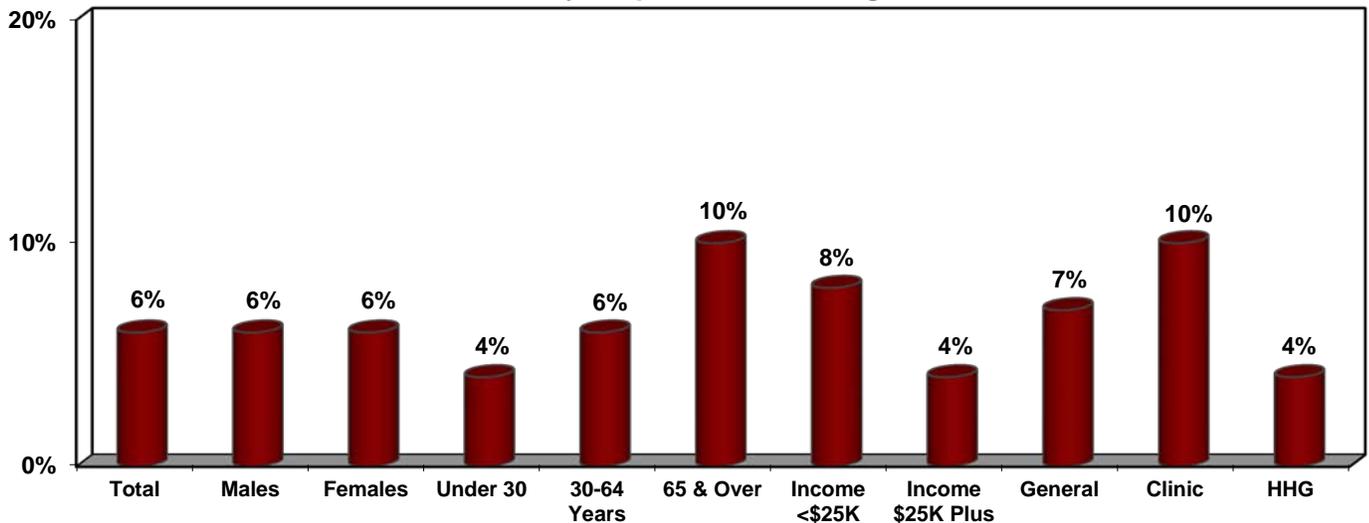
- ◆ In 2012, 6% of Umatilla County Hispanic adults had been diagnosed with asthma, increasing to 10% of those over the age of 65.
- ◆ In the past year, Hispanic adults with asthma went to an emergency room or urgent care center because of an asthma attack an average of 0.2 times.
- ◆ 18% of Oregon and 12% of U.S. Hispanic adults have ever been diagnosed with asthma. (Source: 2011 BRFSS)
- ◆ There are several important factors that may trigger an asthma attack. Respiratory infections, allergens, chemicals, air pollution, odors, physical activity, emotions, seasonal changes, and smoking can all irritate the airways, causing asthma symptoms. (Source: American Lung Association, *Luchando por el Aire: The Burden of Asthma on Hispanics*, 2011)

### Asthma and Hispanic Americans

- ◆ According to The Office of Minority Health, 3,600,000 Hispanics reported that they had asthma, in 2010.
- ◆ Puerto Rican Americans have a 2.6 times higher rate of asthma as compared to the overall Hispanic population.
- ◆ Hispanics are 39% more likely to visit the hospital for asthma, as compared to non-Hispanic Whites.
- ◆ Puerto Rican children are 2.4 times more likely to have asthma, as compared to non-Hispanic Whites.
- ◆ Hispanic children are 40% more likely to die from asthma, as compared to non-Hispanic Whites.

(Source: The Office of Minority Health, *Asthma and Hispanic Americans*, updated 8/24/2012 from <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6173>)

**Umatilla County Hispanic Adults Diagnosed with Asthma**

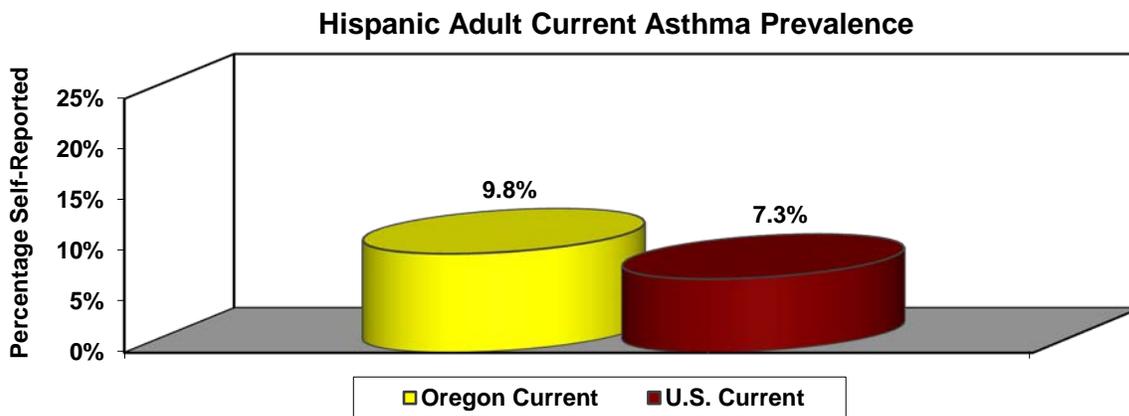
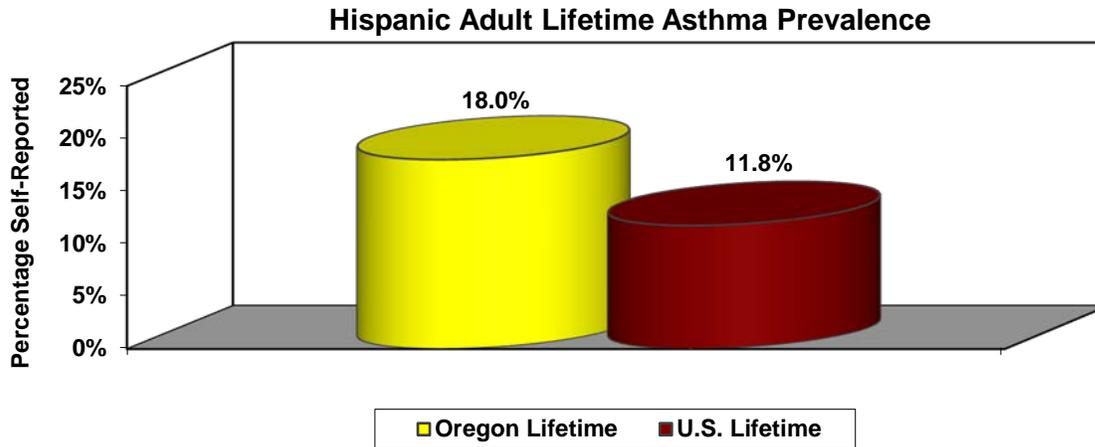


HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Had been diagnosed with asthma	6%	20%	18%	12%

# Hispanic Asthma

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



(Source: 2011 BRFSS)

## Burden of Asthma on Hispanics

### Population:

- ❖ In Oregon, Hispanics make up 12.0% (466,071) of the population (*U.S. Census Bureau, 2011 ACS 1-year estimates*).
- ❖ In Umatilla County, Hispanics make up 24.4% (18,741) of the population (*U.S. Census Bureau, 2011 ACS 1-year estimates*).

### Contributing Factors to Asthma in Hispanics

- ❖ Access to quality of health care
  - They are more likely to work in low-paying agriculture, construction and service jobs that rarely provide health benefits and often expose workers to serious respiratory hazards.
- ❖ Environmental exposures at home, work, and in the community
  - Hispanics are 165% more likely to live in counties with unhealthy levels of particulate matter pollution.
  - 51% more likely to live in counties with unhealthy levels of ozone compared to non-Hispanic Whites.
- ❖ Poverty and social stress
- ❖ Biological susceptibility

(Source: American Lung Association, *Luchando por el Aire: The Burden of Asthma on Hispanics*, <http://www.lung.org/lung-disease/disparities-reports/burden-of-asthma-on-hispanics/asthma-in-hispanics-english.pdf> & U.S. Census Bureau, 2011 ACS 1-year estimates for Oregon and Umatilla County)

# Hispanic Adult Weight Status

## Key Findings

The 2012 Health Assessment identified that 76% of Umatilla County Hispanic adults were overweight or obese based on BMI. The 2011 BRFSS indicates that 29% of Oregon and 29% of U.S. Hispanic adults were obese by BMI. More than two-fifths (43%) of Umatilla County Hispanic adults were obese. More than one-third (37%) of Hispanic adults were trying to lose weight.

## Adult Weight Status

- ◆ In 2012, the health assessment indicated that more than three-fourths (76%) of Umatilla County Hispanic adults were either overweight (33%) or obese (43%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- ◆ More than one-third (37%) of Hispanic adults were trying to lose weight, 36% were trying to maintain their current weight or keep from gaining weight, and 4% were trying to gain weight.
- ◆ Umatilla County Hispanic adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (37%), exercised (31%), ate a low-carb diet (12%), used a weight loss program (2%), went without eating 24 or more hours (2%), took diet pills, powders, or liquids without a doctor's advice (2%), took prescribed medications (2%), participated in a prescribed dietary or fitness program (2%), smoked cigarettes (1%), and vomited or took laxatives (1%).
- ◆ On an average day, Hispanic adults spent time doing the following: 2.7 hours watching television, 1.8 hours on their cell phone, 1.1 hours on the computer outside of work, and 0.3 hours playing video games.

## Physical Activity

- ◆ In Umatilla County, 46% of Hispanic adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 24% of Hispanic adults were exercising 5 or more days per week. More than one-third (35%) of Hispanic adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Umatilla County Hispanic adults gave the following reasons for not exercising: weather (21%), time (20%), too tired (16%), pain/discomfort (12%), could not afford a gym membership (12%), they chose not to exercise (11%), did not know what activity to do (6%), no sidewalks (3%), safety (3%), no child care (2%), no walking or biking trails (2%), no gym available (2%), doctor advised them not to (2%), and other (9%).
- ◆ The Office of Minority Health reported that in 2010, Hispanic adults were 40% less likely to engage in active physical activity as Non-Hispanic Whites (Source: Office of Minority Health).
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, Physical Activity for Everyone)

## Nutrition

- ◆ In 2012, 14% of Hispanic adults were eating 5 or more servings of fruits and vegetables per day. 78% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.
- ◆ 72% of Umatilla Hispanic adults drank soda pop, punch, Kool-Aid, energy drinks, sports drinks or other fruit flavored drinks in the past week. 25% of Hispanic adults drank at least one of these drinks every day.
- ◆ Umatilla Hispanic adults ate out in a restaurant or brought takeout food home to eat an average of 1.6 times per week.

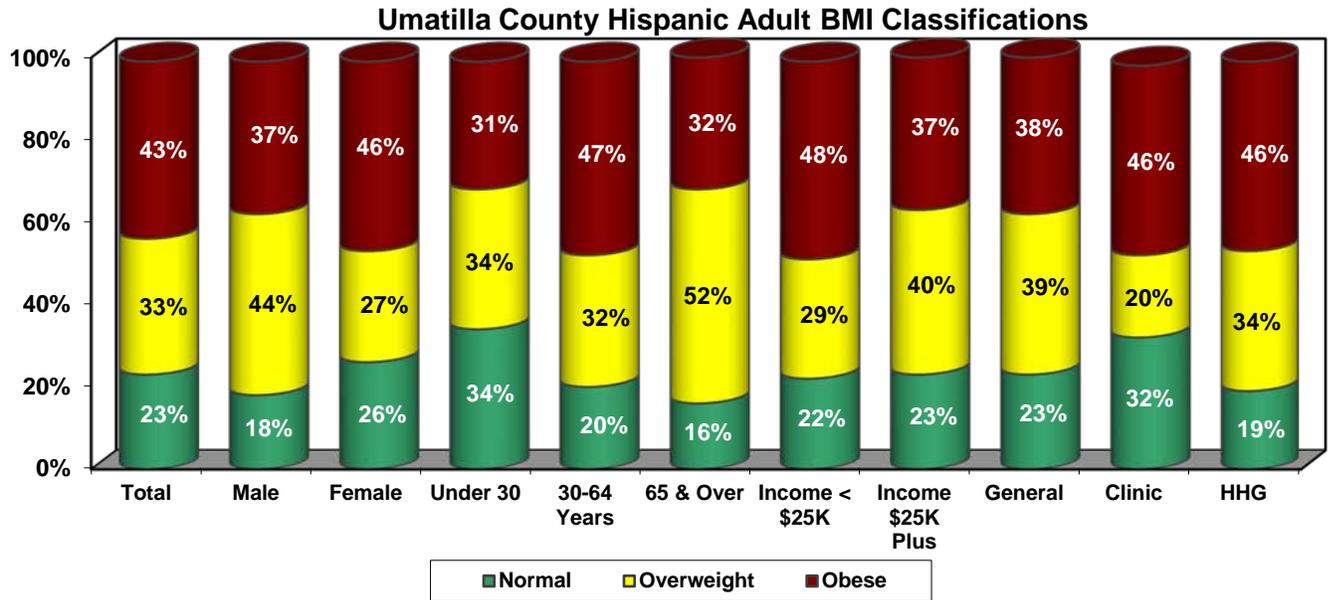
### Obesity & Hispanic Americans

- ◆ In 2010, Hispanic Americans were 1.2 times as likely to be obese than Non-Hispanic Whites, in the U.S.
- ◆ In 2010, Hispanic adults were 40% less likely to engage in physical activity as Non-Hispanic Whites, in the U.S.
- ◆ Overweight: Adults with a BMI of 25 to 29.9.
- ◆ Obese: Adults with a BMI of 30 or greater.

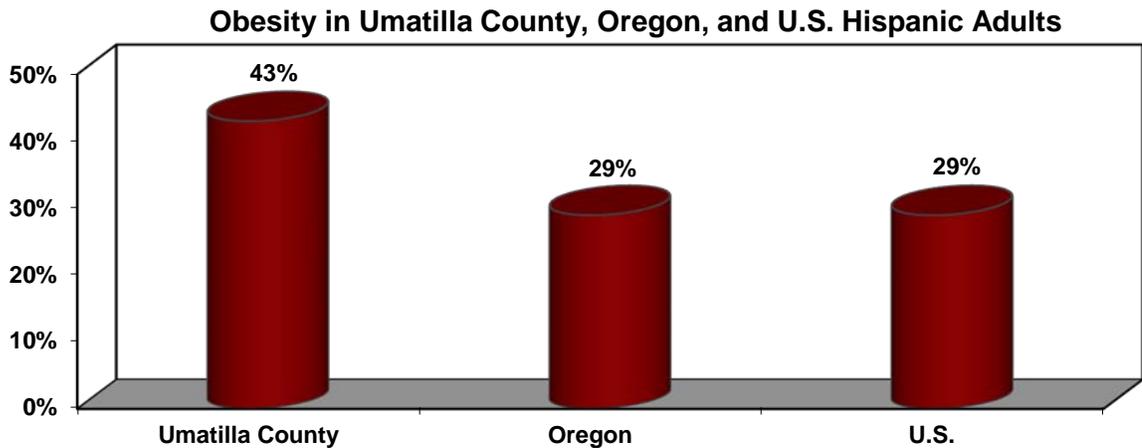
(Source: Office of Minority Health,  
<http://minorityhealth.hhs.gov/templates/content.aspx?ID=6459>, CDC 2010)

## Hispanic Adult Weight Status

The following graphs show the percentage of Umatilla County Hispanic adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Umatilla County Hispanic adults who are obese compared to Oregon and U.S. Examples of how to interpret the information include: 23% of all Umatilla County Hispanic adults were classified as normal weight, 33% were overweight, and 43% were obese.



*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*



*(Source: 2012 Umatilla County Health Assessment and 2011 BRFSS)*

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Obese	43%	32%	29%	29%
Overweight	33%	35%	39%	39%

# Hispanic Adult Tobacco Use

## Key Findings

*In 2012, 10% of Umatilla County Hispanic adults were current smokers and 14% were considered former smokers. In 2012, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for approximately 5 million premature deaths each year, and by 2030 this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2012)*

## Adult Tobacco Use Behaviors

- ◆ The 2012 health assessment identified that one in ten (10%) Umatilla County Hispanic adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2011 BRFSS reported Hispanic current smoker prevalence rates of 20% for Oregon and 20% for the U.S. One in seven (14%) Hispanic adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- ◆ Umatilla County adult smokers were more likely to:
  - Have never been married (22%)
  - Have been age 65 or older (18%)
  - Have been male (18%)
- ◆ 2% of Umatilla County Hispanic adults reported using chewing tobacco, snuff or snus, and <1% did so every day.
- ◆ Umatilla County Hispanic adults used the following other tobacco products: flavored cigarettes (8%), cigarillos (7%), e-cigarettes (3%), hookah (3%), swishers (2%), Black and Milds (2%), cigars (1%), chewing tobacco (1%), little cigars (1%), and bidis (<1%).
- ◆ 28% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- ◆ 5% of Hispanic adults had looked for a program to stop smoking for themselves or a loved one. Of those who looked, 40% found a program.
- ◆ Umatilla County Hispanic adults had the following rules about smoking in their home: smoking is not allowed inside their home at any time (82%), there are no rules about smoking (5%), smoking is allowed in some places at some times (5%), and smoking is allowed anywhere (4%).

## Tobacco Use and Hispanics

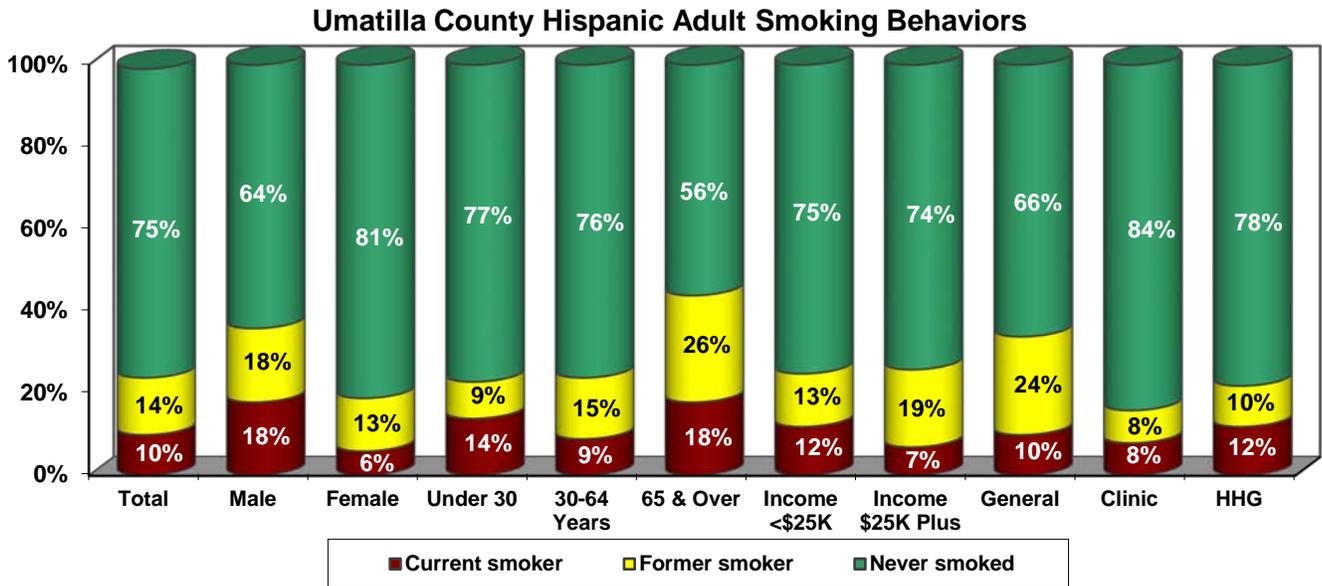
- ◆ According to the 2010 National Health Interview Survey, 12.5% of Hispanic adults in the United States are current smokers (15.8% of men and 9.0% of women).
- ◆ The 2011 BRFSS Hispanic current smoker prevalence rate was 20% in Oregon (20% U.S.).
- ◆ Hispanic smokers tend to consume fewer cigarettes than non-Hispanic white smokers. 13% of Hispanic adults smoke compared to 21% of non-Hispanic whites.
- ◆ While smoking rates among Latina women are lower than those among White or African American women, almost half of Latina women who have ever smoked remain current smokers.

*(Source: Tobacco Free Kids, Tobacco Use and Hispanics, 2012, American Cancer Society, 2012, and 2011 BRFSS)*

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Current smoker	10%	18%	20%	20%
Former smoker	14%	17%	17%	19%

# Hispanic Adult Tobacco Use

The following graph shows the percentage of Umatilla County Hispanic adults who used tobacco. Examples of how to interpret the information include: 10% of all Umatilla County Hispanic adults were current smokers, 14% of all Hispanic adults were former smokers, and 75% had never smoked.



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

*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

## Smoking and Lung Cancer

- ❖ Tobacco use is a major cause of cancer in the U.S. and is responsible for about 30% of all cancer deaths.
- ❖ 87% of all lung cancers deaths in the U.S. can be attributed to smoking.
- ❖ Smoking causes cancers, heart disease, stroke, and lung diseases (including emphysema, bronchitis, and chronic airway obstruction).
- ❖ Lung cancer incidence rates among Hispanics are about half those of non-Hispanic whites because of traditionally lower rates of cigarette smoking. Also, Hispanics who do smoke are less likely to be daily smokers.
- ❖ Lung cancer is the third-most commonly diagnosed cancer in Hispanic men and the fourth most common in Hispanic women.
- ❖ About 3,200 lung cancer deaths in men and 2,100 deaths in women are expected to occur among Hispanics in 2012. Lung cancer is the leading cause of cancer death among Hispanic men and the second-leading cause among Hispanic women.
- ❖ In 2012, there was an estimated 4,700 new cases of lung and bronchus cancer for Hispanic males, and an estimated 4,200 new cases of lung and bronchus cancer for Hispanic females.
- ❖ In 2012, there is an estimated 3,200 lung and bronchus deaths for Hispanic males, and an estimated 2,400 lung and bronchus cancer deaths for Hispanic females.

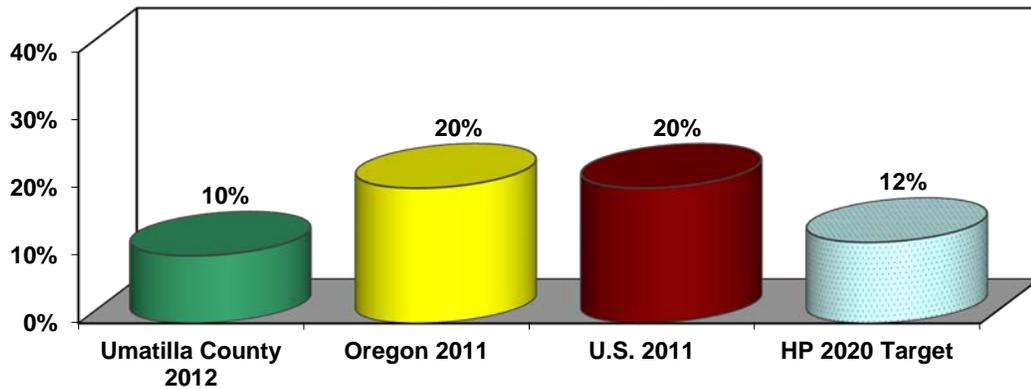
(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm) & American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012, from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>)

## Hispanic Adult Tobacco Use

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

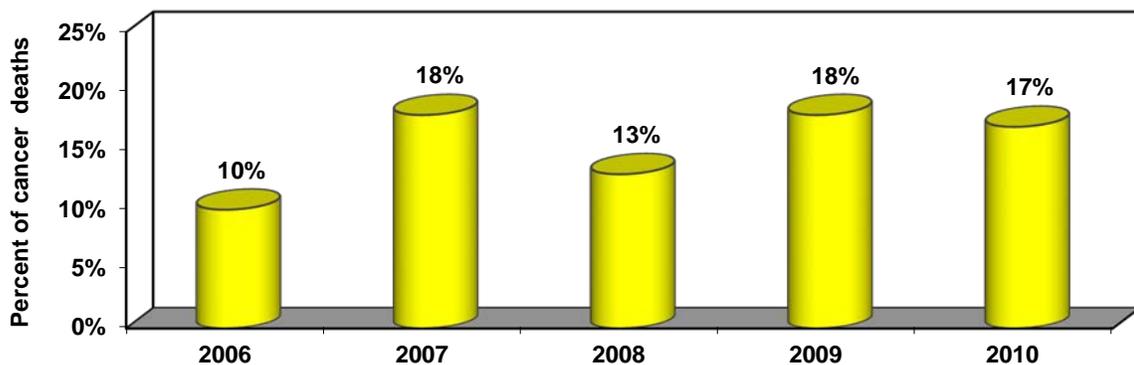
- ◆ Umatilla County Hispanic adult cigarette smoking rate was lower than the rate for Oregon, the U.S. and Healthy People 2020 Goal.
- ◆ The percentage of tobacco linked deaths in Umatilla County exceeded the state rate each year, from 2005 to 2009.
- ◆ From 2005 to 2009 the percentage of mothers who smoked during pregnancy in Umatilla County fluctuated slightly from year to year, but was generally higher than the Oregon rate.

**Healthy People 2020 Objective and Hispanic Adult Cigarette Smoking Rates**



*(Source: 2012 Assessment, 2011 BRFSS and HP2020)*

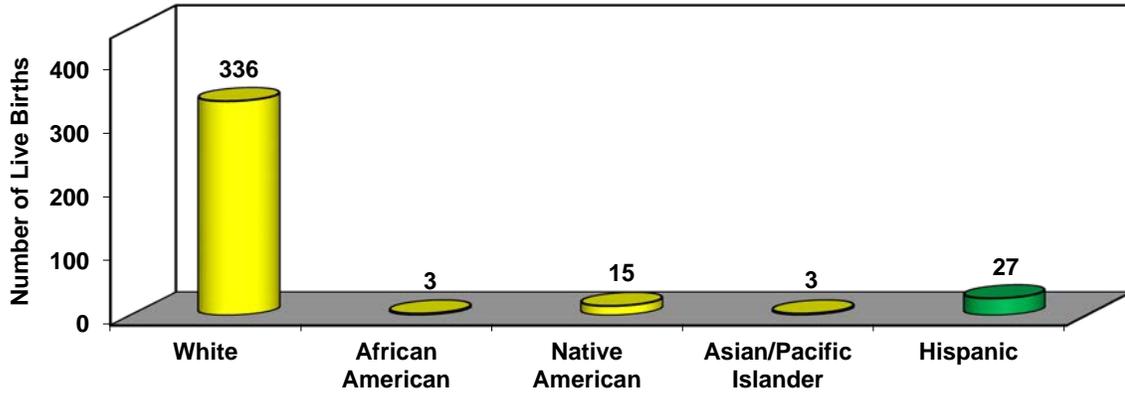
**Oregon Hispanic Adult Lung & Bronchus Cancer Deaths 2006-2010**



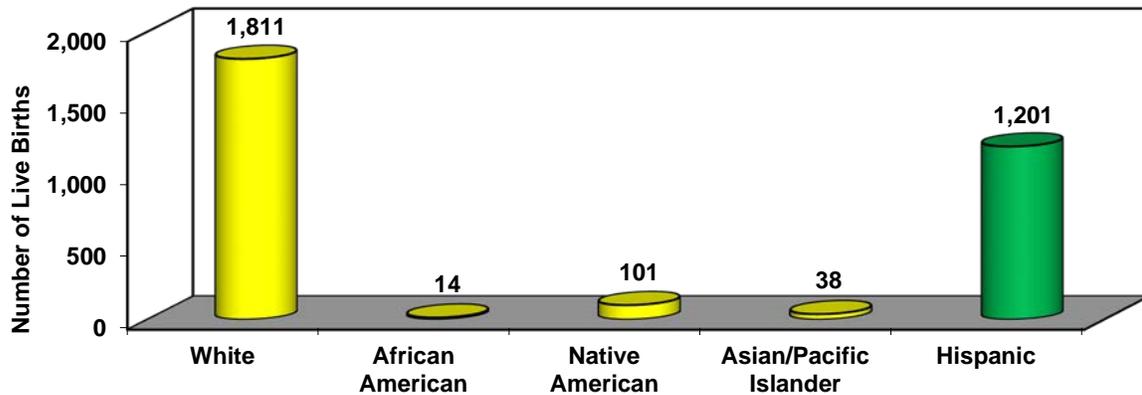
*(Source: OHA, Vital Statistics County Data Books, Mortality, 2006-2010)*

# Hispanic Adult Tobacco Use

### Umatilla County Births to Mothers who Smoked By Race/Ethnicity 2008-2010



### Umatilla County Total Number of Live Births By Race/Ethnicity 2008-2010



(Source for graph: OHA, Demographic Characteristics of Mother by Race/Ethnicity, Umatilla County, 2008-2010, Birth Data)

# Hispanic Adult Alcohol Consumption

## Key Findings

*In 2012, the health assessment indicated that 3% of Umatilla County Hispanic adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 44% of Hispanic adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month. Nine percent of Hispanic adults drove within a couple hours after drinking alcohol.*

## Umatilla County Adult Alcohol Consumption

- ◆ In 2012, more than one-quarter (29%) of the Umatilla County Hispanic adults had at least one alcoholic drink in the past month, increasing to 42% of males. The 2011 BRFSS reported current drinker prevalence rates of 59% for Hispanic Oregon adults and 49% for Hispanic U.S. adults.
- ◆ Three percent (3%) of Hispanic adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Umatilla County Hispanic adults drank 3.1 drinks per occasion on average, increasing to 4.8 drinks per occasion for those under the age of 30.
- ◆ One in eight (12%) Hispanic adults were considered binge drinkers. The 2011 BRFSS reported binge drinking rates of 22% for Oregon Hispanics and 21% for U.S. Hispanic adults
- ◆ 44% of those who drank reported they had five or more alcoholic drinks (for males) or four or more alcoholic drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.
- ◆ 9% of Hispanic adults reported driving within a couple hours after having 2 or more alcoholic beverages, increasing to 13% of those under the age of 30.
- ◆ 2% of Hispanic adults have used a program or service to help with alcohol problems for themselves or a loved one. 91% of Hispanic adults did not need such a service. Reasons for not using such a program include: had not thought of it (2%), could not afford it (2%), did not know how to find a program (2%), did not want to miss work (1%), fear (1%), stigma of seeking alcohol services (<1%), and other reasons (2%).

## Hispanic Adult Alcohol Consumption

- ◆ Excessive alcohol consumption is a primary cause of cirrhosis and liver cancer. Alcohol consumption also increases the risk of cancers of the oral cavity and pharynx, esophagus, larynx, colorectum, and female breast.
- ◆ The American Cancer Society's dietary guidelines for cancer prevention and risk reduction state that individuals should limit their alcohol consumption to no more than 2 drinks per day for men and no more than 1 drink per day for women.
- ◆ Alcohol consumption is of special concern among Hispanics because of their higher rates of liver cancer compared to other population groups.
- ◆ Approximately 2% of Hispanic women and 4% of Hispanic men reported heavy alcohol consumption, compared to 6% of non-Hispanic white women and 7% of non-Hispanic white men.

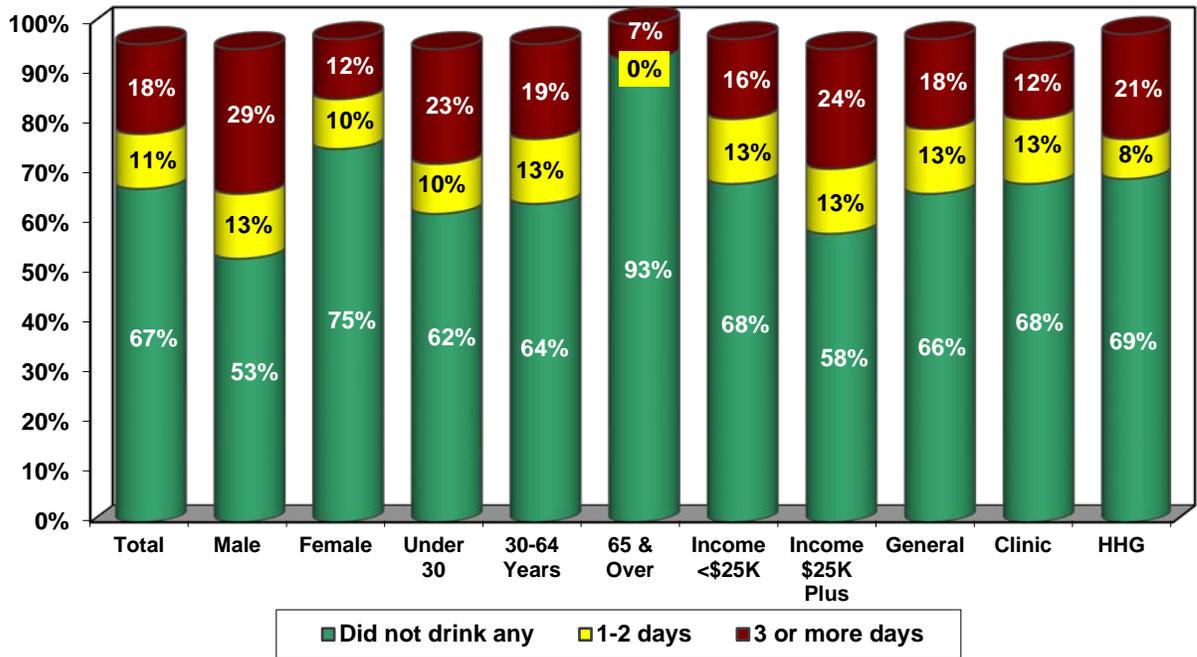
*(Source: American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012)*

2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Drank alcohol at least once in past month	29%	51%	59%	49%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	12%	18%	22%	21%

# Hispanic Adult Alcohol Consumption

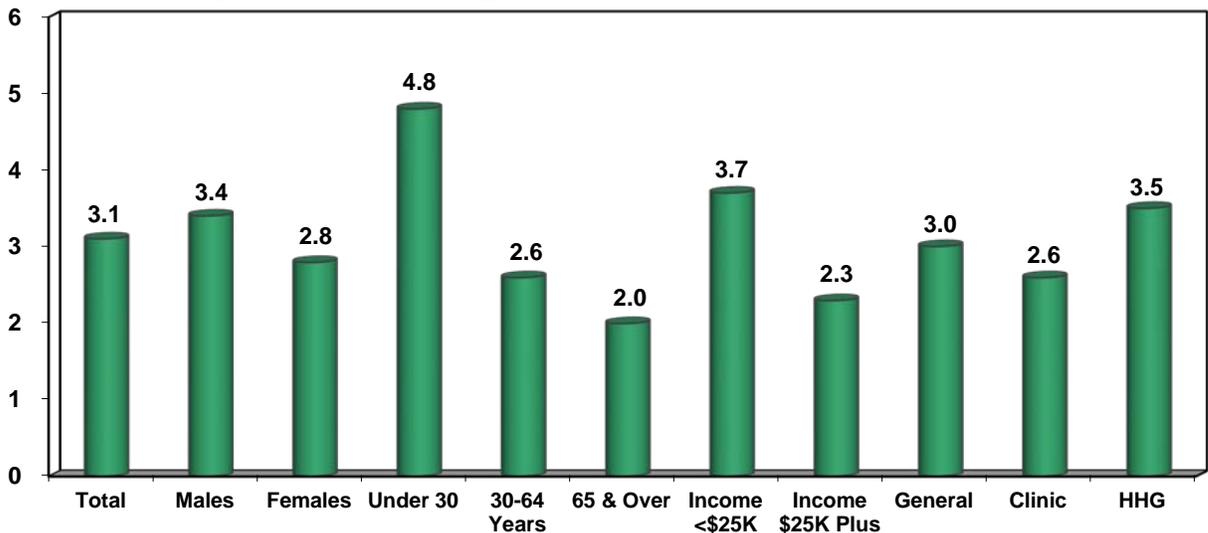
The following graphs show the percentage of Umatilla County Hispanic adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 67% of all Umatilla County Hispanic adults did not drink alcohol in the past month, 53% of Umatilla County males did not drink and 75% of adult females reported they did not drink in the past month.

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



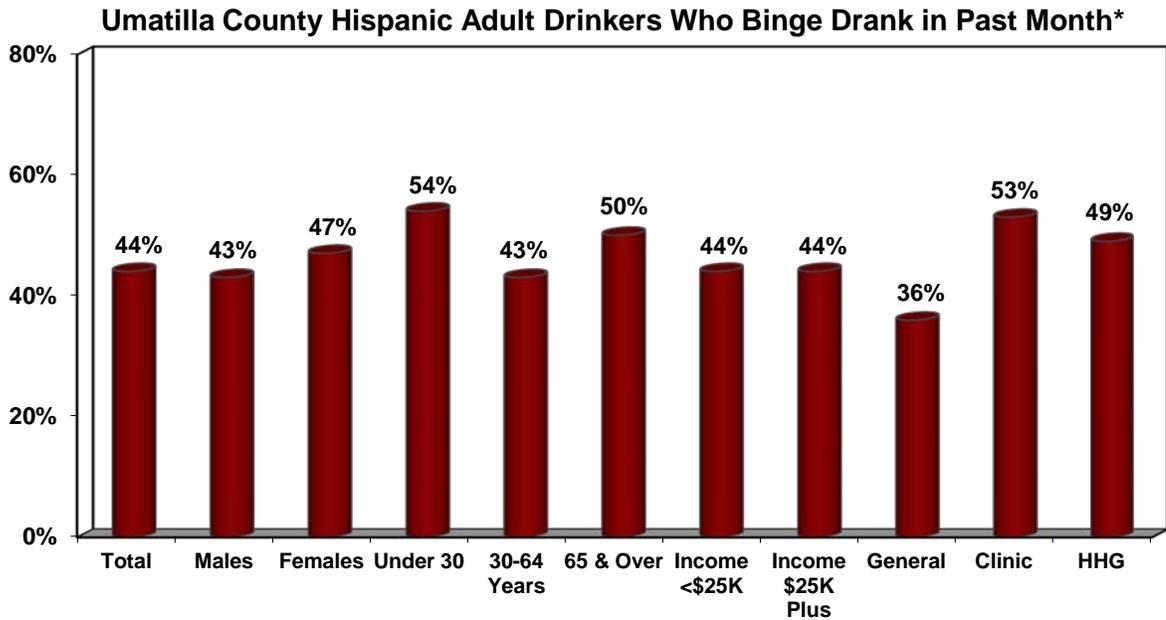
*Percentages may not equal 100% as some respondents answered "don't know"  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

**Hispanic Adults Average Number of Drinks Consumed Per Occasion**

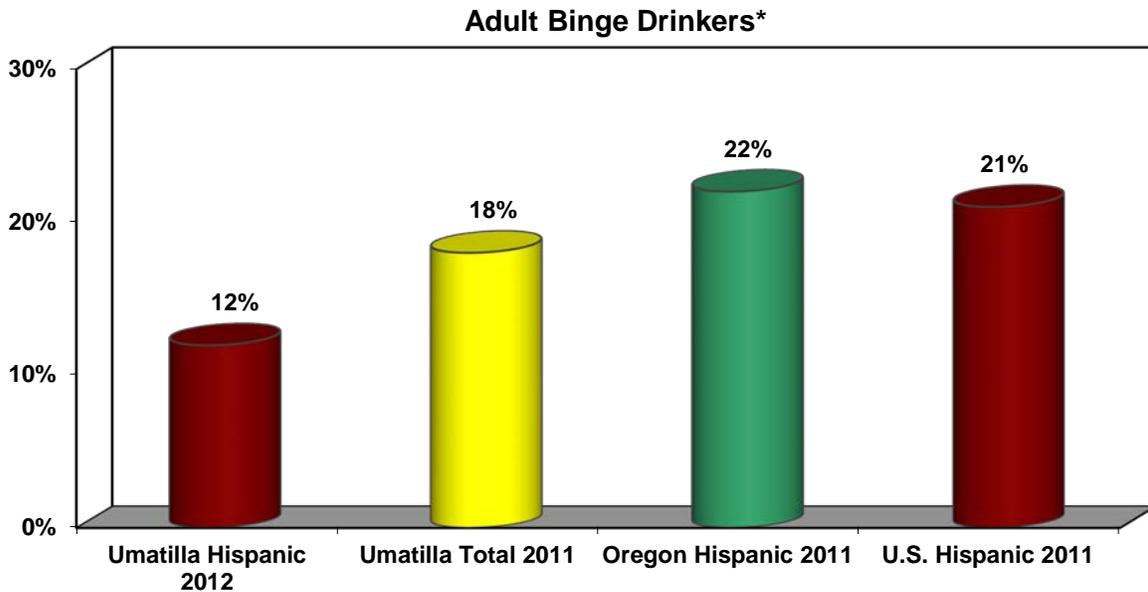


*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

# Hispanic Adult Alcohol Consumption



*\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.  
HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*



*(Source: 2011 BRFSS, 2012 Umatilla County Hispanic Health Assessment)  
\*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

## Hispanic Adult Alcohol Consumption

### Binge Drinking

- ❖ The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours.
- ❖ Binge drinking accounts for more than half of the estimated 80,000 average annual deaths and three quarters of \$223.5 billion in economic costs resulting from excessive alcohol consumption in the United States.
- ❖ The prevalence of binge drinking among non-Hispanic whites (18.0%) was similar to the prevalence among Hispanics (17.9%), but significantly higher than the prevalence for non-Hispanic blacks (12.7%) The frequency of binge drinking was similar across racial and ethnic groups, but the highest intensity was reported by binge drinkers who were non-Hispanics from other racial and ethnic groups (8.7 drinks) and by Hispanics (8.4 drinks on occasion).

*(Source: CDC, Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010)*

# Hispanic Adult Marijuana and Other Drug Use

## Key Findings

*In 2012, 5% of Umatilla County Hispanic adults had used marijuana during the past 6 months. 8% of Hispanic adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.*

## Adult Drug Use

- ◆ 5% of Umatilla County Hispanic adults had used marijuana in the past 6 months, increasing to 11% of those under the age of 30. 2% of Hispanic adults reported using medical marijuana.
- ◆ 2% of Umatilla County Hispanic adults reported using other recreational drugs such as cocaine, heroin, LSD, inhalants, ecstasy, and methamphetamines.
- ◆ When asked about their frequency of marijuana and other recreational drugs use in the past six months, 26% of Umatilla County Hispanic adults who used did so almost every day, and 4% did so less than once a month.
- ◆ 8% of Hispanic adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 12% of those ages 65 and older.
- ◆ When asked about their frequency of medication misuse in the past six months, 25% of Umatilla County Hispanic adults who used these drugs did so almost every day, and 17% did so less than once a month.
- ◆ Umatilla County Hispanic adults indicated they did the following with their unused prescription medication: took as prescribed (41%), threw it in the trash (27%), kept it (20%), flushed it down the toilet (9%), took it to the Medication Collection program (5%), gave it away (2%), sold it (1%), and some other destruction method (11%).

## Substance Use in Hispanics/Latinos

- ◆ In 2010, rates of illicit drug use were lower among Hispanic adults than the national averages for adults. Hispanic adults accounted for 6.6% compared to the national average at 7.9%.
- ◆ Hispanic adults who were born in the United States had higher rates of substance use than Hispanic adults who were not born in the United States, regardless of age.
- ◆ Among Hispanic adults, substance use varied greatly by subgroup:
  - 13% for Spanish origin (from Spain)
  - 4% for Dominican origin

*(Source: Substance Abuse and Mental Health Services Administration (SAMHSA): Behavioral Health and Hispanics/Latinos, 2010)*

## Need for Substance Use Treatment among Hispanics

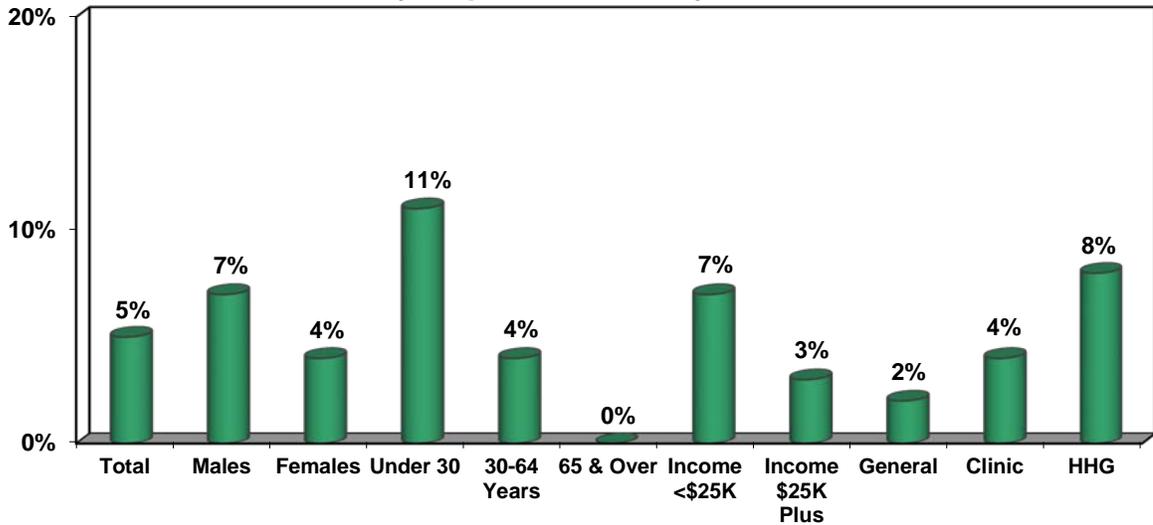
- ◆ Combined 2003 to 2011 data shows that Hispanics were more likely than non-Hispanics to have needed substance use treatment in the past year.
- ◆ 9.9% of Hispanics (3.4 million) needed substance use treatment, compared to 9.2% of non-Hispanics (19.7 million) who needed substance use treatment.
- ◆ An estimated 3.1 million Hispanics needed specialty treatment, but did not get it.
- ◆ Hispanics were less likely than non-Hispanics to have received treatment.
- ◆ Among Hispanics who needed but did not receive treatment in the past year, 94.4% did not feel the need for it, 3.6% felt the need for treatment but did not make an effort to get it, and 2% felt the need for treatment and did make an effort to get it.

*(Source: National Survey on Drug Use and Health: Need for an Receipt of Substance Use Treatment among Hispanics, 2012, <http://www.samhsa.gov/data/2k12/NSDUH117/NSDUHSR117HispanicTreatmentNeeds2012.pdf>)*

# Hispanic Adult Marijuana and Other Drug Use

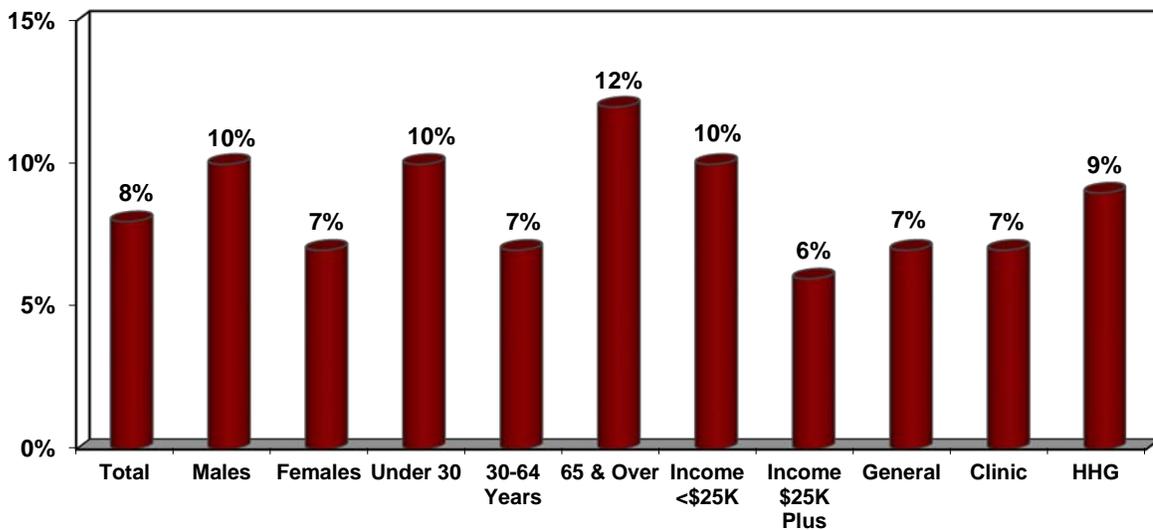
The following graphs are data from the 2012 Umatilla County Health Assessment indicating adult marijuana use in the past six months and medication misuse. Examples of how to interpret the information include: 5% of all Umatilla County Hispanic adults used marijuana in the past six months, 11% of Hispanic adults under the age of 30 were current users, and 7% of Hispanic adults with incomes less than \$25,000 were current users.

**Umatilla County Hispanic Adult Marijuana Use in Past 6 Months**



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

**Umatilla County Hispanic Adult Medication Misuse in Past 6 Months**



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

# Hispanic Women's Health

## Key Findings

In 2012, about one-third (34%) of Umatilla County Hispanic women over the age of 40 reported having a mammogram in the past year. 37% of Umatilla County Hispanic women ages 19 and over had a clinical breast exam and 38% had a pap smear to detect cancer of the cervix in the past year. The health assessment determined just over one-quarter of Hispanic women (27%) had high blood pressure, 28% had high blood cholesterol, 46% were obese, and 6% were identified as smokers, known risk factors for cardiovascular diseases.

## Women's Health Screenings

- ◆ In 2012, half (50%) of Umatilla County Hispanic women had a mammogram at some time and more than one-fifth (21%) had this screening in the past year.
- ◆ About one-third (34%) of Hispanic women ages 40 and over had a mammogram in the past year and 58% had one in the past two years. The 2010 BRFSS reported that 77% of Hispanic women 40 and over in the U.S., and 81% of Hispanic women 50 and over in the U.S. have had a mammogram within the past two years.
- ◆ 83% of Umatilla County Hispanic women have had a clinical breast exam at some time in their life and 37% had one within the past year.
- ◆ This assessment has identified that most (90%) Umatilla County Hispanic women have had a pap smear and 38% reported having had the exam in the past year. 63% of Hispanic women had a pap smear in the past two years.

## Pregnancy

- ◆ 36% of Umatilla County Hispanic women had been pregnant in the past 5 years.
- ◆ During their last pregnancy, Umatilla County Hispanic women: took a multi-vitamin (68%), got a prenatal appointment in the first 3 months (56%), terminated/aborted the pregnancy (21%), experienced perinatal depression (7%), had a miscarriage (4%), experienced domestic violence (3%), and used drugs (1%).

## Women's Health Concerns

- ◆ Hispanic women used the following as their usual source of services for female health concerns: general or family physician (35%), private gynecologist (13%), family planning clinic (13%), no usual place (11%), community health center (10%), health department clinic (10%), and some other place (1%).
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Umatilla County the 2012 health assessment has identified that:
  - 73% of all Hispanic women were overweight or obese.
  - 28% of Hispanic women were diagnosed with high blood cholesterol.
  - 27% of Hispanic women were diagnosed with high blood pressure.
  - 18% of Hispanic women had been diagnosed with diabetes.
  - 6% of all Hispanic women were current smokers.

### U.S. Hispanic Females Leading Types of Death, 2009 Total Deaths: 63,419

1. Cancer (22% of all deaths)
2. Heart Diseases (21%)
3. Stroke (6%)
4. Diabetes (5%)
5. Unintentional Injuries (4%)

(Source: National Vital Statistics Reports, Deaths: Leading Causes for 2009, October 26, 2012, from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_07.pdf))

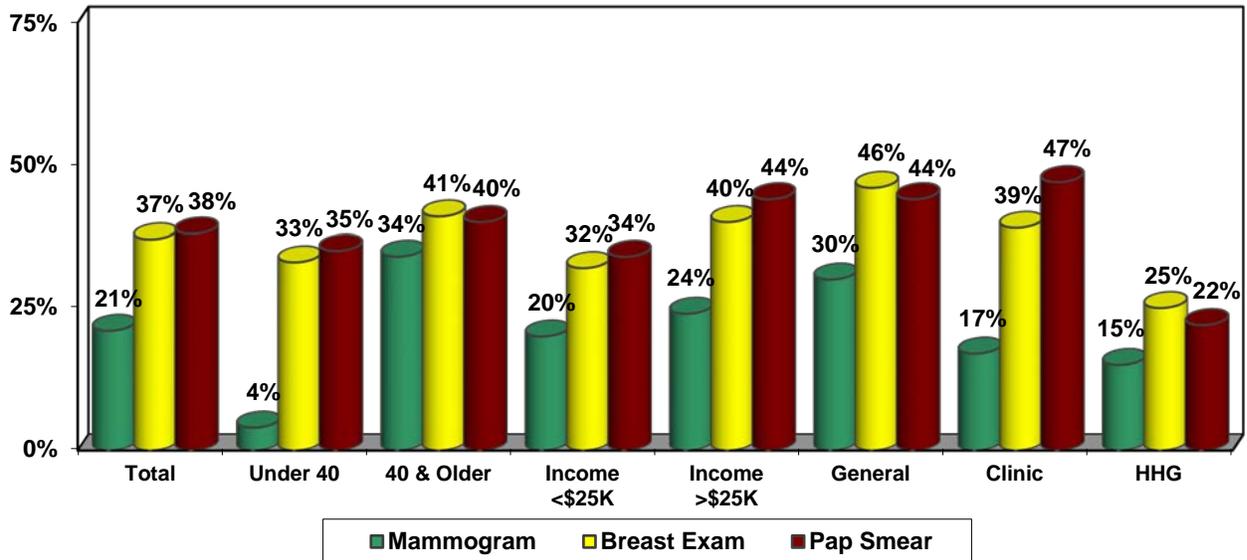
2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Had a mammogram in the past two years (age 40 & over)	58%	67%	N/A	N/A

*N/A – Data is not available*

# Hispanic Women's Health

The following graph shows the percentage of Umatilla County Hispanic female adults that had various health exams in the past year. Examples of how to interpret the information shown in the graph include: 21% of Umatilla County females have had a mammogram within the past year, 37% have had a clinical breast exam, and 38% have had a Pap smear.

**Umatilla County Hispanic Women's Health Exams Within the Past Year**



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

## Screening Guidelines for Hispanic Women

- ❖ **Cervix:** Screening should begin approximately 3 years after a woman begins having vaginal intercourse, but no later than 21 years of age. Doctors recommend Pap tests one every year for women. However, women should get screened more often if she has risk factors such as HIV infection or a weak immune system.
- ❖ **Colon and rectum:** Beginning at age 50, women should begin screening with one of the examination schedules below:
  - A flexible sigmoidoscopy every 5 years.
  - A double-contrast barium enema every 5 years.
  - Computed tomographic colonography every 5 years.
- ❖ **Breast:** The following recommendations for women include:
  - Clinical breast exams about every 3 years for women in their 20s and 30s, and every year for women 40 and older.
  - Yearly mammograms starting at age 40.
  - Knowing how their breasts normally feel and look.
  - Reporting any breast change promptly to their health care providers.

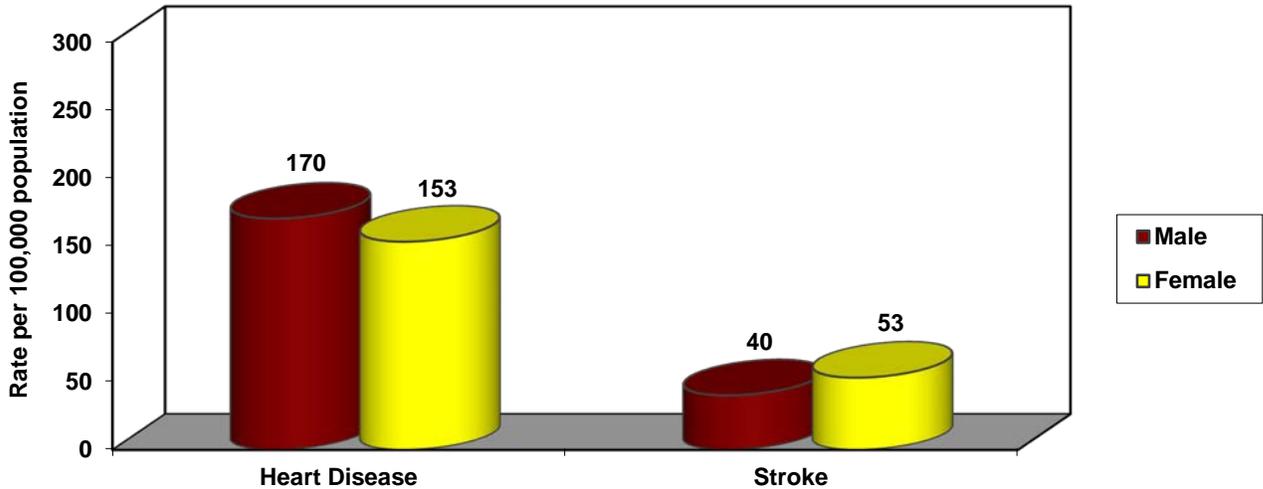
(Source: American Cancer Society, *Cancer Facts & Figures for Hispanics/Latinos, 2012-2014* from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acsfc-034778.pdf>)

## Hispanic Women's Health

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

- ◆ In 2010, the female age-adjusted mortality rate was lower than the male rate for heart disease but higher for stroke.
- ◆ In 2010, the female U.S. age-adjusted heart disease and stroke mortality rates were 153.7 and 56.9, respectively.

**Oregon Adults Age-Adjusted Heart Disease and Stroke Mortality Rates  
By Gender, 2010**



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

### Hispanic Women and Breast Cancer

Breast cancer is the most commonly diagnosed cancer among Hispanic women. An estimated 17,000 Hispanic women are expected to be diagnosed with breast cancer in 2012. Within the Hispanic population, the incidence rate is 50% lower in foreign-born women than in US-born women. Non-modifiable risk factors for breast cancer include:

- ❖ Age: A woman's chance of getting breast cancer increases with age. Rates begin to increase after the age of 40, and are highest in women over 70.
  - Age 20 1 in 1,681      Age 30 1 in 232      Age 40 1 in 69
  - Age 50 1 in 42      Age 60 1 in 29      Age 70 1 in 27
- ❖ Family history: A family history of certain types of cancer can increase your risk of breast cancer. This may be due to genetic factors, shared lifestyle factors, or other family traits. Women who have one immediate female relative with breast cancer have almost twice the risk of a woman without a family history. Women with more than one immediate female relative with a history of breast cancer have a risk about three to four times higher than women without such a history.
- ❖ Early menarche: Starting menstrual periods at a young age has a small link to an increase in breast cancer. Women who began their periods before age 12 have about a 20% higher risk compared to those who began their periods after age 14.
- ❖ Late menopause: The risk for breast cancer increases for women going through menopause at a later age. Women who go through menopause after age 55 have about a 30 % higher risk of breast cancer than women who go through menopause before age 45.

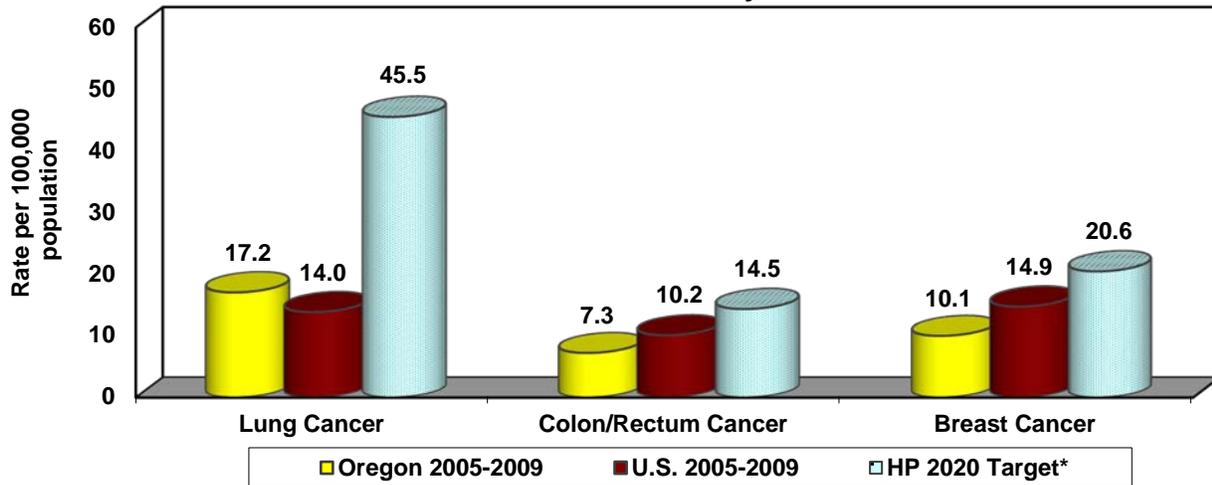
(Source: Susan G. Komen, Breast Cancer Risk Factors Tables, 2012 & American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012-2014 from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>)

## Hispanic Women's Health

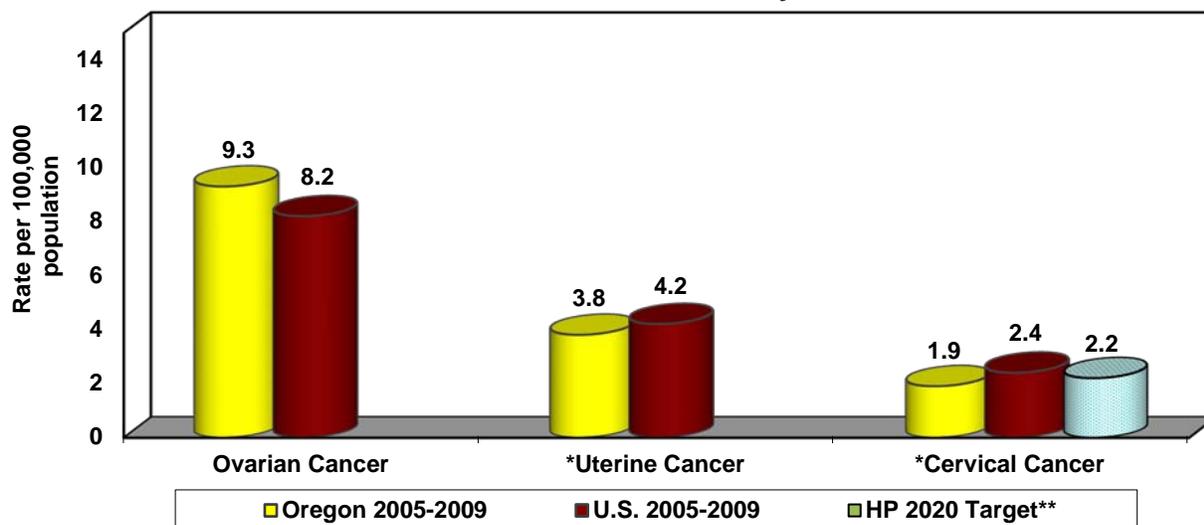
The following graphs show the Umatilla County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2005-2009, the Oregon age-adjusted mortality rate for Hispanic female lung cancer was higher than the national rate but extremely lower than the Healthy People 2020 target objective.
- ◆ The Oregon Hispanic age-adjusted colon/rectum cancer mortality rate for 2005-2009 was lower than the national rate and the Healthy People 2020 target objective.
- ◆ From 2005-2009, the Oregon age-adjusted Hispanic breast cancer mortality rate was lower than the national rate and the Healthy People 2020 target objective.

**Oregon Hispanic Female Age-Adjusted Cancer Mortality Rates**



**Oregon Hispanic Female Age-Adjusted Cancer Mortality Rates**



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

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

# Hispanic Men's Health

## Key Findings

In 2012, more than one-quarter (26%) of Umatilla County Hispanic males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. One in eight (13%) Hispanic males over the age of 50 had a digital rectal exam in the past year. The health assessment determined that 3% of men had survived a heart attack and 1% had survived a stroke at some time in their life. More than one-quarter (26%) of men had been diagnosed with high blood pressure, 23% had high blood cholesterol, and 18% were identified as smokers, which, along with obesity (37%), are known risk factors for cardiovascular diseases.

## Men's Health Screenings

- ◆ One-third (33%) of Umatilla County Hispanic males have had a Prostate-Specific Antigen (PSA) test at some time in their life and 17% had one in the past year.
- ◆ More than one-third (36%) of men have had a digital rectal exam in their lifetime and 12% had one in the past year.
- ◆ 59% of Hispanic males age 50 and over have had a PSA test at some time in their life, and 26% had one in the past year.
- ◆ 63% of Hispanic males age 50 and over have had a digital rectal exam at some time in their life, and 13% had one in the past year.
- ◆ 27% of men have been taught by a healthcare professional how to do a testicular exam, increasing to 36% of those ages 65 and older.

## Men's Health Concerns

- ◆ In 2012, the health assessment determined that 3% of men had survived a heart attack and 1% had survived a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Umatilla County the 2012 health assessment has identified that:
  - 81% of all Hispanic men were overweight or obese.
  - 26% of all Hispanic men were diagnosed with high blood pressure.
  - 23% of all Hispanic men were diagnosed with high blood cholesterol.
  - 18% of all Hispanic men have been diagnosed with diabetes.
  - 18% of all Hispanic men were current smokers.

## U.S. Hispanic Males Leading Types of Death, 2009 Total Deaths: 78,157

1. Heart Disease (21% of all deaths)
2. Cancer (20%)
3. Unintentional Injuries (10%)
4. Stroke (4%)
5. Diabetes (4%)

(Source: National Vital Statistics Reports, Deaths: Leading Causes for 2009, October 26, 2012, from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_07.pdf))

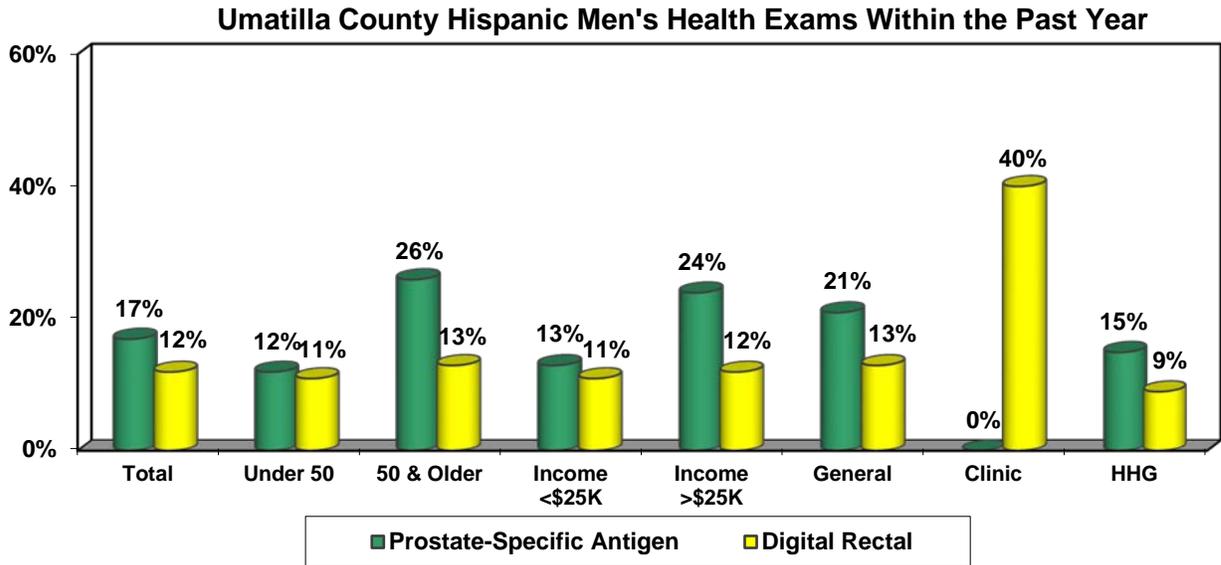
## Hispanic Men and Prostate Cancer

- ❖ An estimated 15,400 Hispanic men are expected to be diagnosed with prostate cancer in 2012, making it the most commonly diagnosed cancer among Hispanic men.
- ❖ An estimated 1,600 deaths from prostate cancer are expected among Hispanic men in 2012, making prostate cancer the fourth-leading cause of cancer death.
- ❖ About 77% of prostate cancers are discovered at a localized stage in Hispanic men compared to 81% in non-Hispanic white men, for which 5-year cause-specific survival is approximately 97% for both groups. The survival rate for those diagnosed at a distant stage is 31.2% among Hispanic men and 28.6% among non-Hispanic whites.

(American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012, from <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf>)

## Hispanic Men's Health

The following graph shows the percentage of Umatilla County Hispanic males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 17% of Umatilla County Hispanic males had a PSA test within the past year and 12% had a digital rectal exam.



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

### Recommended Health Screenings for Hispanic Men

- ❖ **Blood Cholesterol Screenings:** Have your cholesterol checked regularly starting at age 35. If you are younger than 35, talk to your doctor about whether to have your cholesterol checked if you smoke, have diabetes, or if heart disease runs in your family.
- ❖ **Blood Pressure:** Have your blood pressure checked at least every two years.
- ❖ **Colorectal Cancer Tests:** Regular screening for colorectal cancer begins at age 50, unless earlier screenings are recommended based on family history, medical history and lifestyle. Your doctor can help you decide which test is right for you. How often you need to be tested will depend on which test you have.
- ❖ **Diabetes Tests:** Have a test to screen for diabetes if you have high blood pressure or high cholesterol.
- ❖ **Depression:** If you've felt "down," sad, or hopeless, and have felt little interest or pleasure in doing things for two weeks straight, talk to your doctor about whether he or she can screen you for depression.
- ❖ **Sexually Transmitted Diseases:** Talk to your doctor to see whether you should be screened for sexually transmitted diseases, caused by viruses, such as HIV and Herpes.
- ❖ **Prostate Cancer Screening:** Talk to your doctor about the possible benefits and harms of prostate cancer screening if you are considering having a prostate-specific antigen (PSA) test in which blood is drawn or digital rectal examination (DRE).

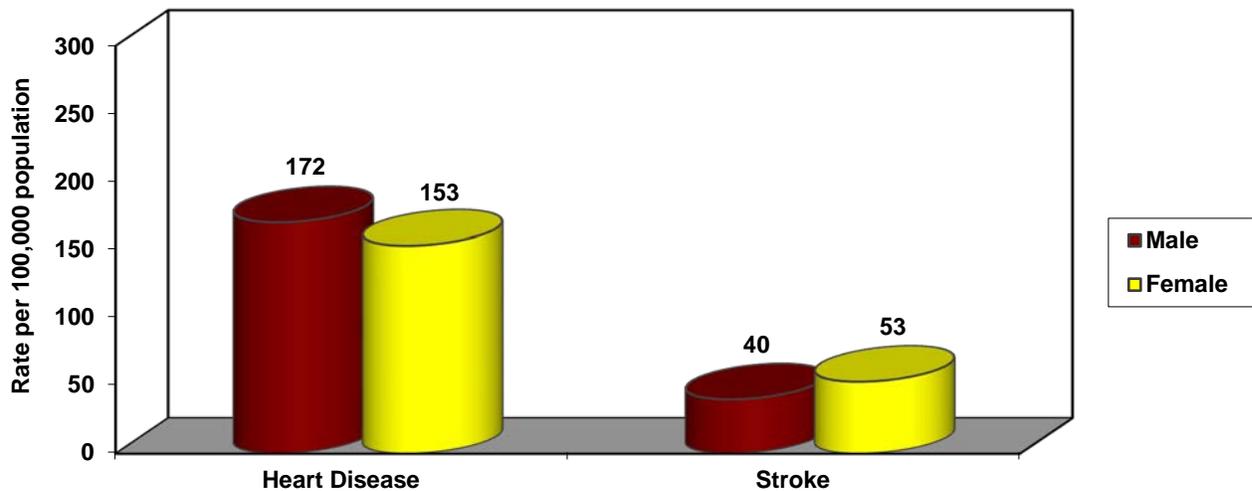
*(The Office of Minority Health, Men's Health 101, updated March 24, 2010, <http://www.minorityhealth.hhs.gov/templates/content.aspx?ID=3733>)*

## Hispanic Men's Health

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

- ◆ In 2010, the Oregon male age-adjusted mortality rate was higher than the female rate for heart disease but lower for stroke.
- ◆ In 2010, the U.S. age-adjusted heart disease and stroke mortality rates were 169.5 and 39.7, respectively.

**Oregon Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2010**



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

### Heart Health Facts for Hispanic Men

- ❖ 31% of Mexican American males age 20 and older have Cardiovascular Disease (CVD), 6% have Coronary Heart Disease (CHD), and 2% have had a stroke.
- ❖ Among Hispanics males age 20 and older, 28% have high blood pressure.
- ❖ In 2010, 15% of Hispanic males age 18 and older smoke cigarettes.
- ❖ 50% of Hispanic men age 20 and older have total blood cholesterol levels of 200 mg/dL or higher. Of these, 17% of men have levels of 240 mg/dL or higher. 42% of men have a LDL cholesterol of 130 mg/dL or higher. 32% of men have HDL cholesterol less than 40 mg/dL.
- ❖ Using the American Diabetes Association criteria of fasting plasma glucose of 126 mg/dL or more, the prevalence of undiagnosed diabetes among Mexican American men is 6%. The prevalence of physician diagnosed diabetes in Hispanic men is 11%, and 45% of Hispanic men have pre-diabetes.
- ❖ Among Mexican Americans age 20 and older, 76% of men are overweight or obese. Of these, 31% of men are obese.

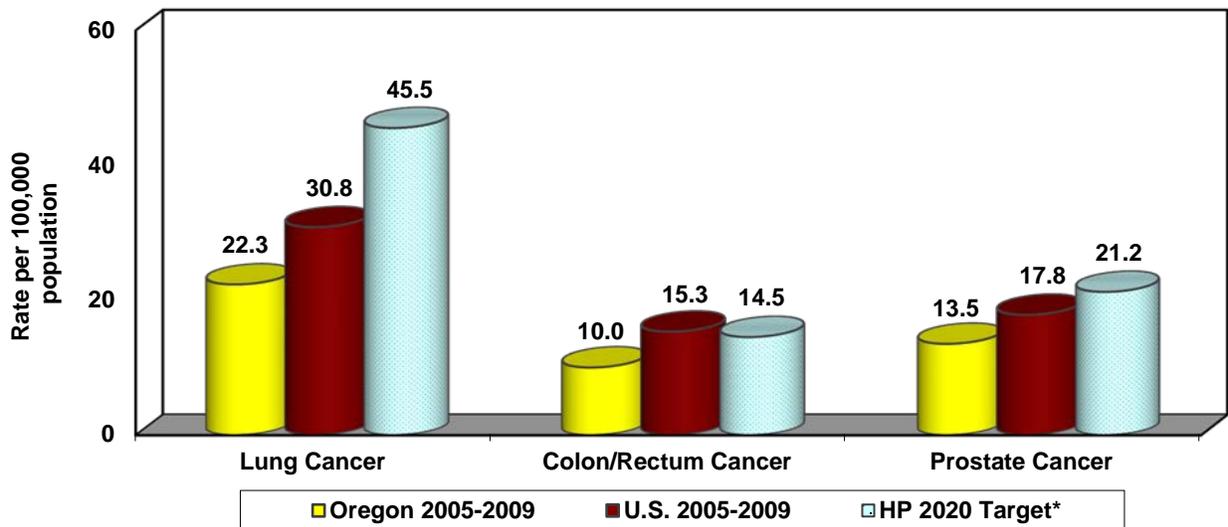
*(Source: American Heart Association, Statistical Fact Sheet 2012 Update,  
[http://www.heart.org/idc/groups/heartpublic/@wcm/@sop/@smd/documents/downloadable/ucm\\_319572.pdf](http://www.heart.org/idc/groups/heartpublic/@wcm/@sop/@smd/documents/downloadable/ucm_319572.pdf))*

## Hispanic Men's Health

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

- ◆ From 2005-2009, the Oregon age-adjusted mortality rate for Hispanic male lung cancer was lower than the U.S. rate and the Healthy People 2020 objective.
- ◆ The Oregon Hispanic age-adjusted mortality rate from 2005-2009 for colon and rectum cancer was lower than the U.S. rate and Healthy People 2020 objective.
- ◆ The age-adjusted prostate cancer mortality rate in Oregon for 2005-2009 was lower than the U.S. rate and Healthy People 2020 objective.

**Umatilla County Hispanic Male Age-Adjusted Cancer Mortality Rates**



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

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

# Hispanic Adult Preventive Medicine and Health Screenings

## Key Findings

*About two-fifths (42%) of Hispanic adults over the age of 50 have received a colorectal cancer screening at some time in their life. Nearly three-fifths (59%) of Hispanic adults have had a tetanus shot in the past 10 years.*

## Preventive Medicine

- ◆ Umatilla Hispanic adults received their last flu shot from the following places: doctor's office or health maintenance organization (23%), workplace (8%), store/pharmacy (6%), health department (6%), hospital or emergency room (5%), senior/recreation/community center (5%), another type of clinic or health center (4%), and some other place (2%).
- ◆ Those who did not receive the flu vaccine reported the following reasons for not doing so: did not need it (45%), cost (30%), got sick from it (11%), insurance would not pay for it (2%), time (1%), religious beliefs (1%), vaccine not available (1%), transportation (1%), and other reasons (8%).
- ◆ Nearly three-fifths (59%) of Hispanic adults have had a tetanus shot in the past 10 years.

## Flu Vaccination Coverage

- ◆ Flu vaccination is the most effective strategy to prevent people from getting the flu and potentially serious flu-related complications. For this reason, the Advisory Committee on Immunization Practices (ACIP) recommends flu vaccination for everyone 6 months and older.
- ◆ U.S. Hispanic adults age 18 and older were less likely than other races to get vaccinated. Reasons could include lack of insurance and time.
- ◆ 2011-2012 flu vaccination coverage for non-Hispanic whites was (42%), compared to African Americans (33%), and Hispanics (30%).

(Source: Centers for Disease Control, Flu Vaccination Coverage, United States, 2011-2012 Influenza Season)

## Preventive Health Screenings and Exams

- ◆ Nearly one-fifth (19%) of Hispanic adults have had a colorectal cancer screening at some time in their life, increasing to 42% of those ages 50 and over.
- ◆ In the past year, 34% of Umatilla County women ages 40 and over have had a mammogram.
- ◆ In the past year, 26% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Umatilla County Hispanic adults.
- ◆ Umatilla County Hispanic adults reported the following as symptoms of a heart attack: chest pain or discomfort (69%), shortness of breath (51%), pain or discomfort in the arms and shoulder (49%), feeling weak, lightheaded, or faint (40%), pain or discomfort in the jaw, neck, or back (32%), and sudden trouble seeing in one or both eyes (25%).
- ◆ Umatilla County Hispanic adults reported the following as symptoms of stroke: sudden numbness or weakness of face, arm or leg (56%), sudden confusion or trouble speaking (51%), sudden trouble walking, dizziness or loss of balance (44%), severe headache with no known cause (43%), sudden trouble seeing in one or both eyes (36%), and sudden chest pain or discomfort (23%).

## Preventive Counseling Services

- ◆ Umatilla County Hispanic adults indicated that their doctor or other health professional had discussed the following topics with them within the past year: physical activity/exercise (37%), diet/eating habits (33%), immunizations (28%), depression/anxiety/emotional problems (22%), significance of family history (19%), sexual practices (15%), injury prevention (14%), alcohol use when taking prescription drugs (13%), domestic violence (8%), quitting smoking (7%), alcohol use (7%), and illicit drug abuse (6%).

# Hispanic Adult Preventive Medicine and Health Screenings

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

HEALTHCARE TOPICS	2012
Physical Activity or Exercise	37%
Dieting or Eating Habits	33%
Immunization	28%
Depression, Anxiety, or Emotional Problems	22%
Significance of Family Health History	19%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	15%
Injury Prevention Such As Safety Belt Use & Helmet Use	14%
Alcohol Use When Taking Prescription Drugs	13%
Domestic Violence	8%
Quitting Smoking	7%
Alcohol Use	7%
Drug Use	6%

## Umatilla County Hispanic Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	26%
Diagnosed with High Blood Cholesterol	25%
Diagnosed with Diabetes	18%
Diagnosed with a Heart Attack	3%
Diagnosed with a Stroke	2%

*(Percentages based on all Umatilla County Hispanic adults surveyed)*

# Hispanic Environmental Health

## Key Findings

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

## Environmental Health

- ◆ Umatilla County Hispanic adults thought the following threatened their health in the past year:
  - Rodents or mice (15%)
  - Bed bugs (10%)
  - Insects (6%)
  - Private well water (4%)
  - Temperature regulation (4%)
  - Mold (2%)
  - Storage of leftover foods (2%)
  - Unsafe water supply (2%)
  - Plumbing problems (1%)
  - Lead paint (1%)
  - Sewage/waste water problems (1%)
  - Safety hazards (1%)
  - Chemicals found in household products (1%)
  - Asbestos (1%)
  - Cockroaches (1%)
  - Radiation (<1%)

## Lead Paint Exposure

In adults, exposure to lead can cause:

- ◆ Muscle and joint pain
- ◆ Memory and concentration problems
- ◆ Nerve disorders
- ◆ Digestive problems
- ◆ High blood pressure
- ◆ Fertility problems (in men and women)
- ◆ Harm to a developing fetus
- ◆ Increased chance of high blood pressure during pregnancy

(Source: Environmental Protection Agency, *Your Family From Lead in Your Home*, 2012, <http://www.epa.gov/lead/pubs/leadpdf.pdf>)

## Disaster Preparedness

- ◆ Umatilla County households had the following disaster preparedness supplies: cell phone (72%), working flashlight and working batteries (48%), 3-day supply of nonperishable food for everyone who lives there (39%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%), 3-day supply of prescription medication for each person who takes prescribed medicines (28%), and working battery operated radio and working batteries (27%).
- ◆ 21% of households did not have any disaster preparedness supplies.
- ◆ Umatilla County Hispanic adults would use the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: cell phone (54%), television (50%), radio (41%), internet (31%), neighbors (22%), land-line telephone (20%), law enforcement (18%), reverse 911 (14%), social media (12%), print media (10%), CSEPP Radio (7%), and other (1%).

## Things You Should Know About Mold

- ◆ Potential health effects and symptoms associated with mold exposures include allergic reactions, asthma, and other respiratory complaints.
- ◆ There is no practical way to eliminate all molds and mold spores in the indoor environment; the way to control indoor mold growth is to control moisture.
- ◆ In areas where there is a perpetual moisture problem, do not install carpeting.
- ◆ Clean mold off hard surfaces with water and detergent, and dry completely.
- ◆ If mold is a problem in your home or school, you must clean up the mold and eliminate sources of moisture.

(Source: Environmental Protection Agency, *Mold and Moisture*, 2012, <http://www.epa.gov/mold/moldresources.html>)

# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

## Key Findings

*In 2012, more than three-fourths (76%) of Umatilla County Hispanic adults had sexual intercourse. 13% of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2011 STD Surveillance).*

## Adult Sexual Behavior

- ◆ Over three-fourths (76%) of Umatilla County Hispanic adults had sexual intercourse in the past year.
- ◆ 13% of adults reported they had intercourse with more than one partner in the past year, increasing to 33% of those under the age of 30.
- ◆ Umatilla County Hispanic adults used the following methods of birth control: abstinence (17%), condoms (17%), tubes tied (15%), hysterectomy (10%), birth control pill (8%), IUD (6%), rhythm method (4%), withdrawal (3%), shots (3%), vasectomy (3%), contraceptive implants (1%), diaphragm (1%), contraceptive patch (<1%), and some other method (1%).
- ◆ 15% of Umatilla County Hispanic adults were not using any method of birth control.
- ◆ 7% of adults had been forced to participate in sexual activity when they did not want to, increasing to 9% of females and those with incomes less than \$25,000.
- ◆ Umatilla County Hispanic adults made the following sexual behavior changes in the past year based on what they know about HIV and STDs: had sexual intercourse with the same partner (47%), decreased their number of sexual partners or became abstinent (10%), and always used condoms for protection (9%). 27% did not make any changes.

## STDs and Hispanics/Latinos

- ◆ In 2010, the gonorrhea rate among Hispanics was 49.9 cases per 100,000 population, which was 2.2 times the rate among whites.
- ◆ Disparity in gonorrhea rates for Hispanics was highest in the Northeast and lowest in the West.
- ◆ In 2010, the chlamydia rate among Hispanics was 369.6 cases per 100,000 population, which was a 4.4% increase from the 2009 rate of 353.9 cases per 100,000 and nearly three times the rate among whites.
- ◆ Hispanics/Latinos are disproportionately affected by HIV/AIDS. In 2009, Latinos accounted for 20% of new HIV infections in the U.S. while representing approximately 16% of the total US population.
- ◆ Latino men accounted for 79% of new infections among all Latinos (21%), in 2009.

*(Source: Centers for Disease Control and Prevention, Health Disparities in HIV/AIDS & STDs in Hispanics/Latinos, <http://www.cdc.gov/nchb/stp/healthdisparities/Hispanics.html#HIV> & <http://www.cdc.gov/hiv/latinos/index.htm>)*

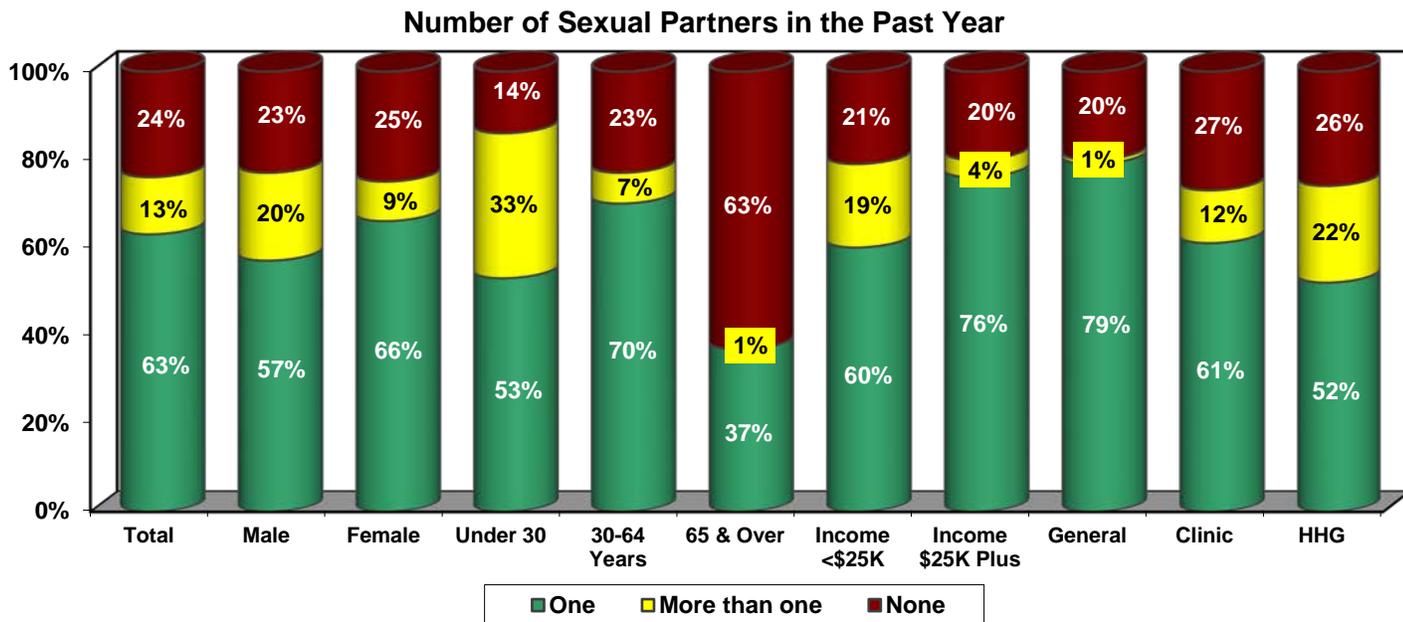
## Contributing Factors to the HIV Epidemic in Latino Communities

- ◆ Cultural factors may affect the risk of HIV infection for Hispanics. Some may avoid testing, counseling, or treatment if infected due to fear of discrimination, stigmatization, or immigration status.
- ◆ Latino men and women are most likely to be infected with HIV as a result of sexual contact with men. Stigma around homosexuality may add to prevention challenges.
- ◆ Socioeconomic factors such as migration patterns, poverty, lower educational attainment, inadequate health insurance, limited access to health care or language barriers add to Latino HIV infection rates.
- ◆ Hispanic immigrants may be less likely to access HIV prevention services, get an HIV test, or receive adequate treatment and care due to fear of disclosure.

*(Source: CDC, HIV among Latinos, updated November 8, 2011, from <http://www.cdc.gov/hiv/latinos/index.htm>)*

# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Umatilla County Hispanic adults. Examples of how to interpret the information in the graph include: 63% of all Umatilla County Hispanic adults had one sexual partner in the last 12 months and 13% had more than one, and 57% of males had one partner in the past year.



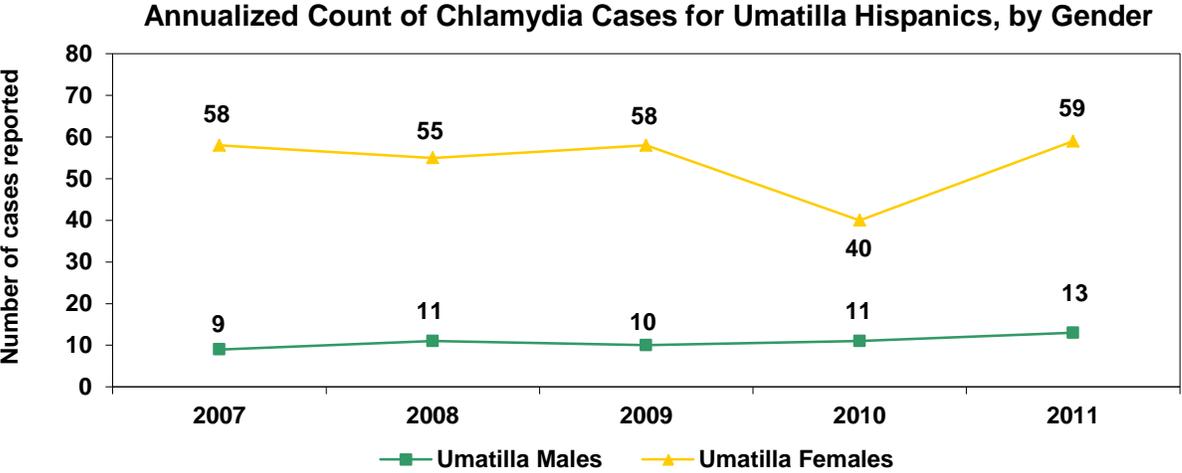
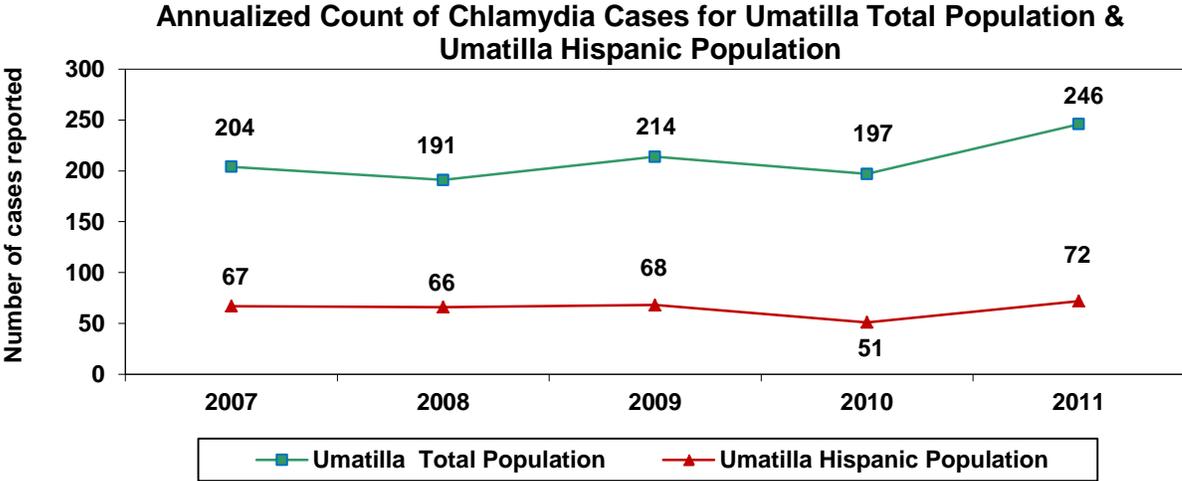
*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*

*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

The following graphs show Umatilla County Hispanic chlamydia and gonorrhea disease cases per 100,000 population, reported by the Oregon Health Authority Epidemiology User System, ORPHEUS. The graphs show:

- ◆ Umatilla County Hispanic chlamydia cases fluctuated from 2007 to 2011.
- ◆ From 2007 to 2011, the number of total Hispanic female chlamydia cases was much greater than the number of total Hispanic male cases.
- ◆ In 2011, the Umatilla County Hispanic/Latino rate for new chlamydia cases was 384.6 per 100,000 population. *(Source: OHA, ORPHEUS, Sexually Transmitted Infections, 2011)*
- ◆ In 2011, the Oregon rate for new chlamydia cases was 356.1 per 100,000 population. *(Source: OHA, ORPHEUS, Sexually Transmitted Infections, 2011)*

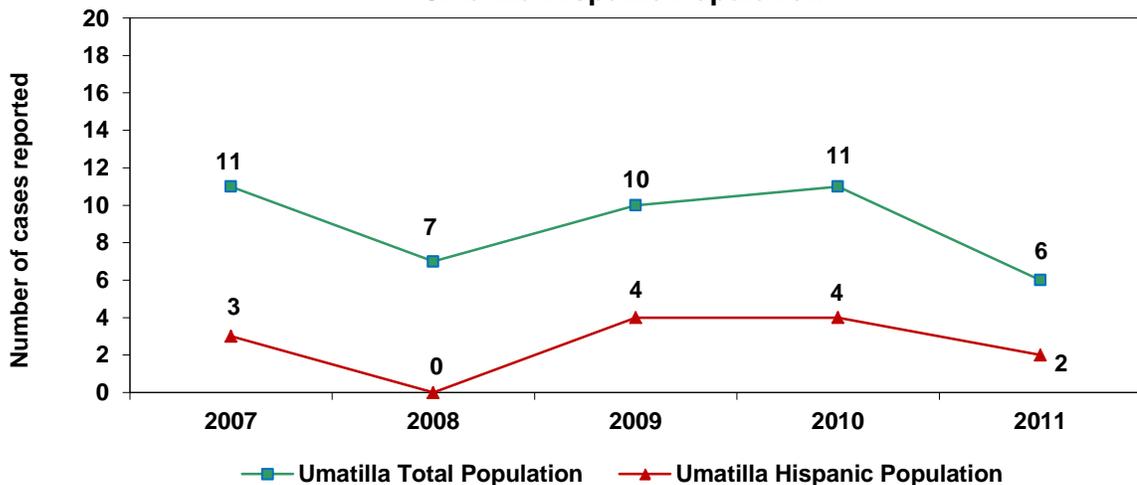


*(Source for graphs: OHA, Oregon Public Health Epi-User System (ORPHEUS) Reported STIs, through 2011)*

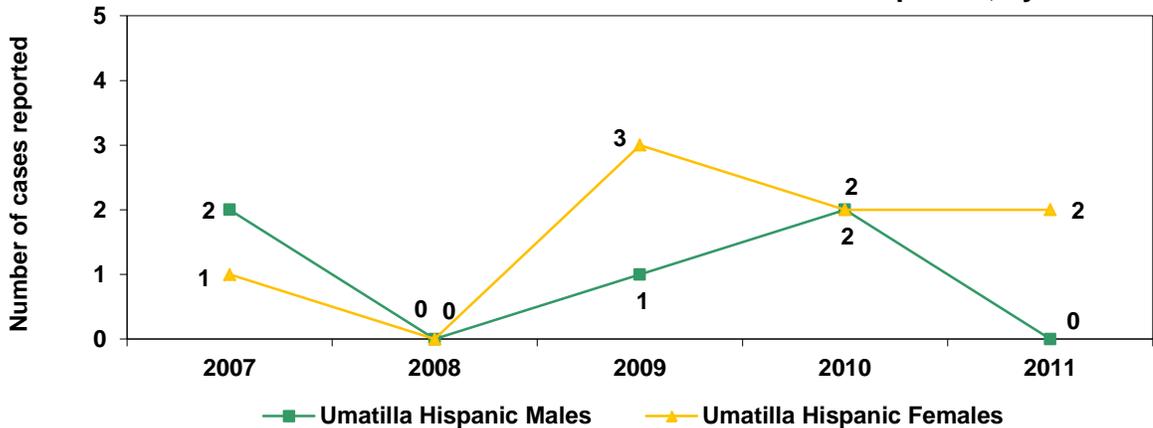
# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

- ◆ Umatilla County Hispanic gonorrhea cases fluctuated from 2007 to 2011.
- ◆ From 2007 to 2011, there was a greater total number of Hispanic female gonorrhea cases, than Hispanic male cases in Umatilla County.
- ◆ In 2011, the Umatilla County Hispanic/Latino rate for new gonorrhea cases for the total population was 10.7 per 100,000 population. *(Source: OHA, ORPHEUS, Sexually Transmitted Diseases, 2011)*
- ◆ In 2011, the Oregon rate for new gonorrhea cases for the total population was 38.8 per 100,000 population. *Source: OHA, ORPHEUS, Sexually Transmitted Diseases, 2011)*

**Annualized Count of Gonorrhea Cases for Umatilla Total Population & Umatilla Hispanic Population**



**Annualized Count of Gonorrhea Cases for Umatilla Hispanics, by Gender**



*(Source for graphs: OHA, Oregon Public Health Epi-User System (ORPHEUS) Reported STIs, through 2011)*

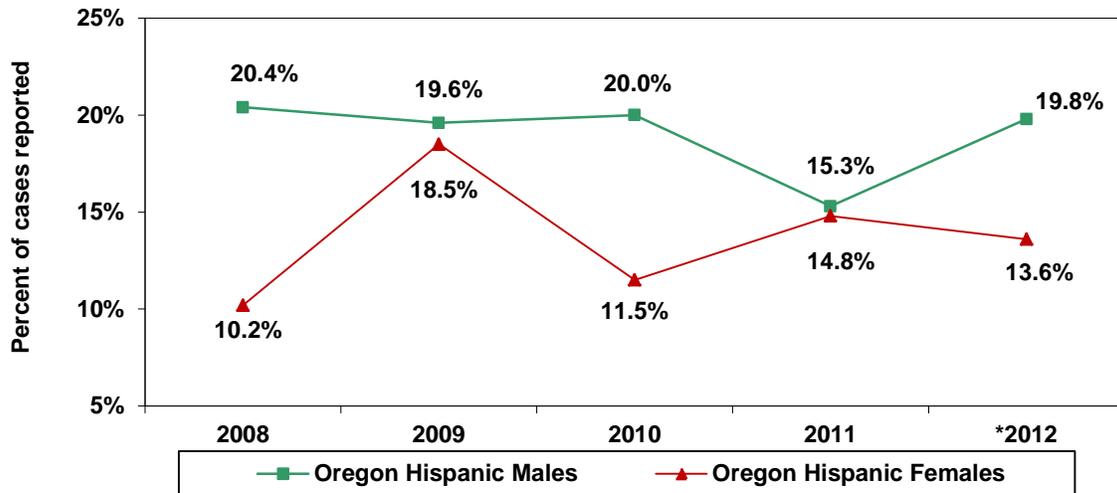
# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

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

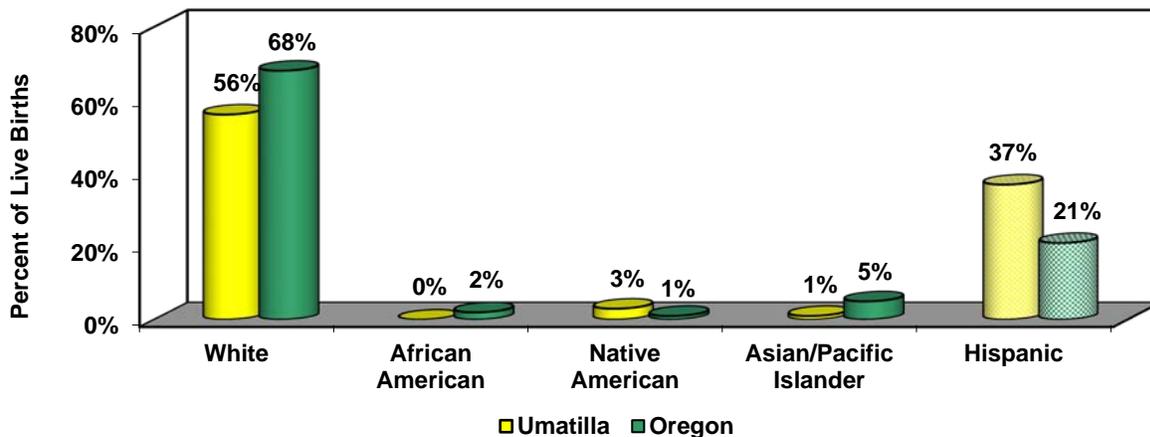
- ◆ The Umatilla County Hispanic birth rate was greater than the Oregon Hispanic birth rate, from 2008 to 2010.

**Oregon HIV Infection Cases for Hispanic Adults by Gender  
2008 to 2012**



*(Source for graph: OHA, Oregon Public Health Epi-User System (ORPHEUS), HIV/AIDS Reports and Data, updated 10/11/2012)  
\*Note: Data for 2012 reported through September 30*

**Umatilla County Total Live Births By Race/Ethnicity  
2008-2010**



*(Source for graph: OHA, Oregon Public Health Epi-User System (ORPHEUS))*

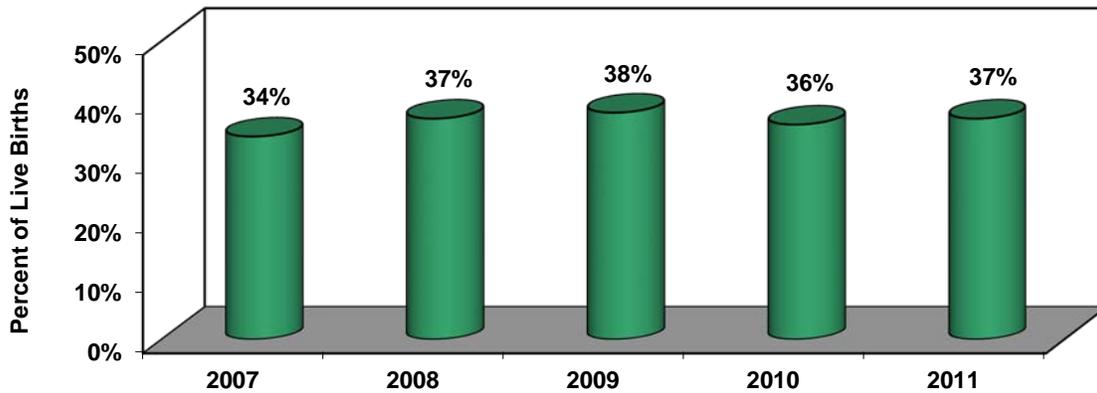
# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

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

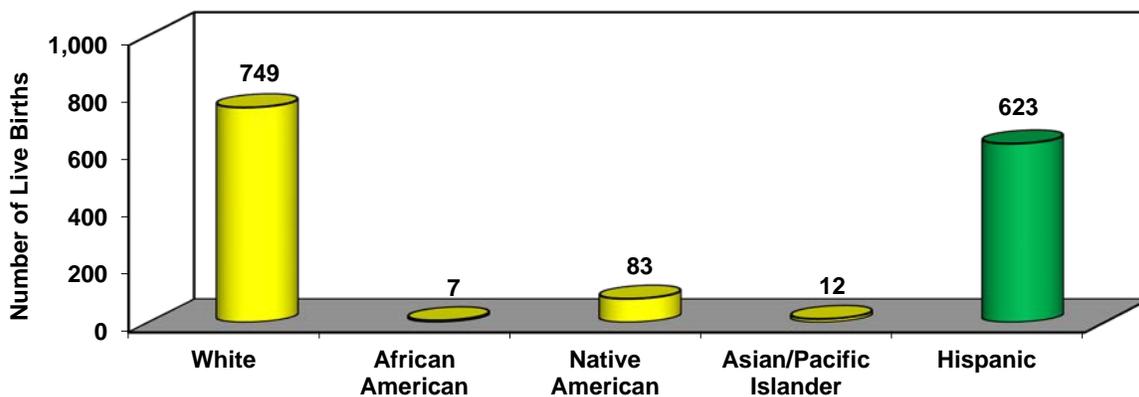
- ◆ The percentage of births to Hispanic unwed mothers in Umatilla County was 41% of all unwed births and 19% of total births in Umatilla County, from 2008 to 2010.
- ◆ In 2010, 49% of Oregon (53% U.S.) births were to unwed Hispanic mothers. *(Source: CDC, National Vital Statistics Report, August 28, 2012)*

**Live Births to Hispanic Mothers in Umatilla County**



*(Source for graphs: OHA, Medical or Health Characteristics of Birth, updated May 7, 2012)*

**Umatilla County Unwed Births By Race/Ethnicity  
2008-2010**



*(Source for graph: OHA, Demographic Characteristics of Mother by Race/Ethnicity, Umatilla County, 2008-2010, Birth Data)*

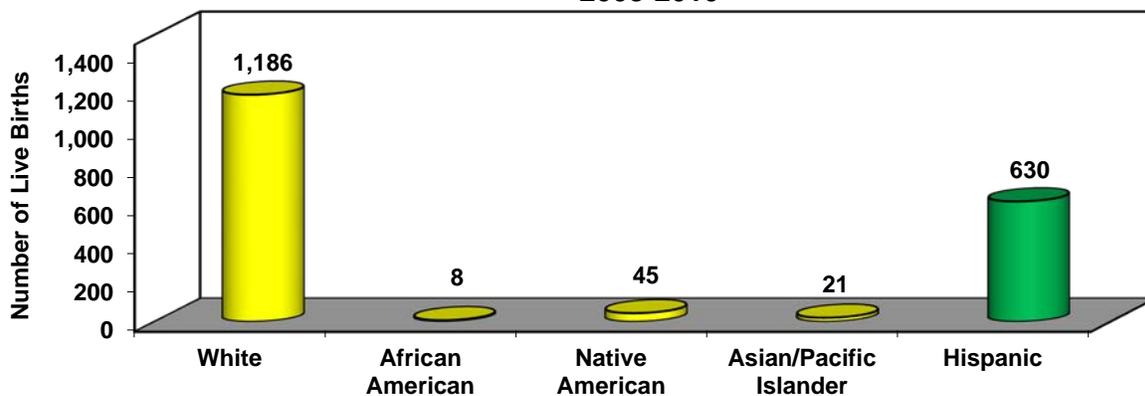
# Hispanic Adult Sexual Behavior and Pregnancy Outcomes

## Pregnancy Outcomes

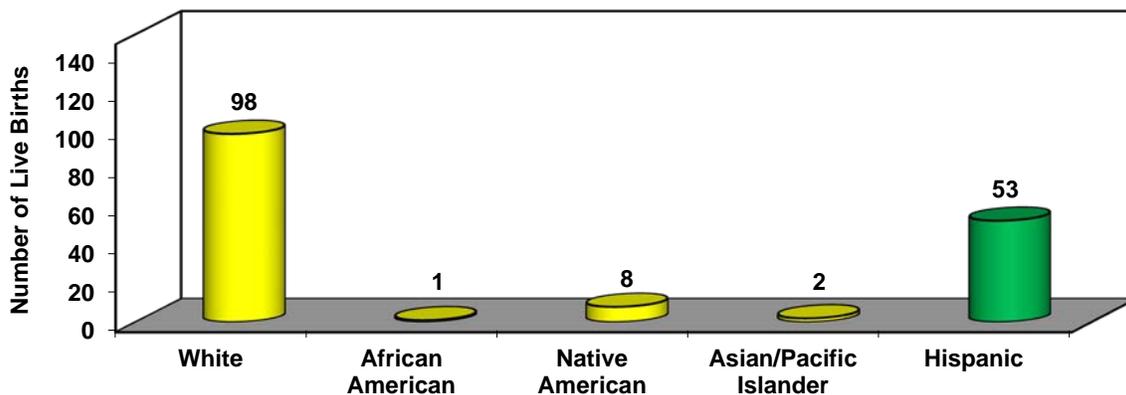
*\*Please note that the pregnancy outcomes data includes all births to adults and adolescents*

- ◆ From 2008 to 2010, 33% of births with 1<sup>st</sup> trimester prenatal care were to Hispanic mothers.
- ◆ In 2011, 64% of Umatilla County (75% Oregon) mothers received prenatal care during the first trimester (OHA, Birth Data, 2011).
- ◆ In 2010, 6.2% of Oregon (7.0% U.S.) live births were low birth weight babies to Hispanic mothers (Source: CDC, National Vital Statistics Report, August 28, 2012)

**Umatilla County Births with First Trimester Prenatal Care  
By Race/Ethnicity  
2008-2010**



**Umatilla County Low Birth Weight Births by Mother's Race/Ethnicity  
2008-2010**



*\*Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.  
This graph shows mothers who delivered low birth weight babies between 28 and 40 weeks of gestation.  
(Source for graphs: OHA, Demographic Characteristics of Mother by Race/Ethnicity, Umatilla County, 2008-2010, Birth Data)*

# Hispanic Quality of Life and Safety

## Key Findings

*In 2012, the health assessment identified that 22% of Umatilla County Hispanic adults kept a firearm in or around their home. The most limiting health problems were arthritis, back or neck problems, and walking problems.*

## Impairments and Health Problems

- ◆ The following impairments or health problems limited Umatilla County Hispanic adults' activities: arthritis (12%), back or neck problems (11%), walking problems (11%), diabetes (8%), depression, anxiety, or emotional problems (6%), high blood pressure (6%), obesity (5%), eye/vision problems (5%), fractures, bone/joint injuries (4%), lung/breathing problems (3%), hearing problems (2%), heart problems (2%), tobacco dependency (1%), cancer (1%), learning disabilities (1%), developmental disabilities (<1%), stroke-related problems (<1%), and other impairments (4%).
- ◆ Umatilla County Hispanic adults' activities were limited because of: physical problems (17%), emotional problems (3%), and mental problems (1%).
- ◆ In the past month, 21% of Umatilla County Hispanic adults provided regular care or assistance to a friend or family member who had a health problem, long-term illness or disability.

## Safety

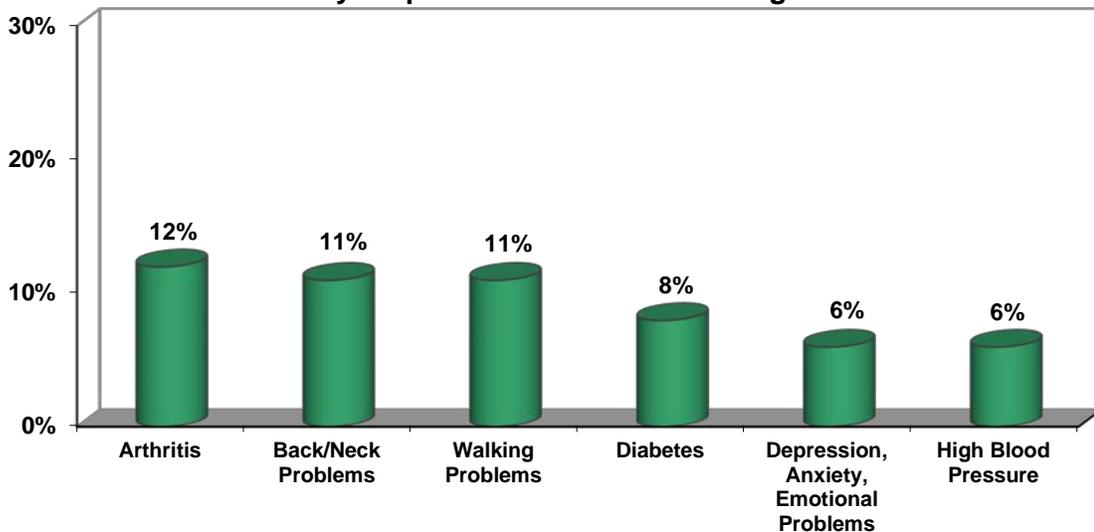
- ◆ More than one-fifth (22%) of Umatilla County Hispanic adults kept a firearm in or around their home. 1% of adults reported they were unlocked and loaded.
- ◆ 15% of Umatilla County Hispanic adults had deliberately tested all of the smoke detectors in their home in the past month; 39% had tested them in the past 6 months; and 49% has tested the smoke detectors in their home within the past year. 7% reported having no smoke detectors in their Umatilla County home.

### Impact of Arthritis on Hispanics

- ◆ Arthritis is the leading cause of disability in the United States, affecting 1 in 5 adults.
- ◆ Arthritis causes more pain and limitations for Hispanics than for whites.
- ◆ Hispanics were 46% less likely to report having arthritis than whites. However, Hispanics with arthritis were almost twice as likely to report severe joint pain and work limitations attributed to their arthritis when compared to whites.
- ◆ The reason for the racial and ethnic differences, while unknown, may result from a lack of access to health care, language barriers and cultural differences.

(Source: Centers for Disease Control and Prevention CDC Newsroom, 2010, <http://www.cdc.gov/media/pressrel/2010/r100415.htm>)

**Umatilla County Hispanic Adults' Most Limiting Health Problems**



# Hispanic Quality of Life and Safety

## Firearm Injury Prevention

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

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

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

## Hispanic Firearm Facts

- ❖ In 2010, Hispanic adults in Oregon were the second leading race/ethnicity to die from gun-related deaths, followed by non-Hispanic Whites. *(Source: OHA, Vital Statistics, County Data Book, Mortality 2010)*
- ❖ In 2008, the age-adjusted firearm-related mortality rate for the U.S. Hispanic population was 10.3.

*(Source: Centers for Disease Control and Prevention, Health, United States, 2011, <http://www.cdc.gov/nchs/data/bus/bus11.pdf#040>)*

# Hispanic Social Context

## Key Findings

*In 2012, 6% of Umatilla County Hispanic adults were threatened or abused in the past year. 15% of Hispanic adults needed help with general daily needs, such as food, clothing, shelter or paying utility bills.*

## Social Context

- ◆ In the past 30 days, 15% of Umatilla County Hispanic adults needed help meeting their general daily needs such as food, clothing, shelter or paying utility bills, increasing to 23% of those with annual incomes less than \$25,000.
- ◆ Umatilla County Hispanic adults sought assistance for the following in the past year: food (23%), utilities (8%), clothing (7%), free tax preparation (5%), rent/mortgage (3%), legal aid services (3%), transportation (2%), home repair (1%), credit counseling (1%), and emergency shelter (1%).
- ◆ More than one-third (35%) Umatilla County Hispanic adults attempted to get assistance from a social service agency. They attempted to get assistance from the following: a community agency (39%), friends or family (4%), and somewhere else (4%). 53% of Hispanic adults attempted to get assistance from multiple places, and 1% did not know where to look for assistance.
- ◆ 13% of Hispanic adults reported that there was a community group that advocated for them.
- ◆ Umatilla County Hispanic adults experienced the following situations in the past year: a close family member had to go in the hospital (25%), death of a family member or close friend (18%), had bills they could not pay (15%), someone in their household lost their job (9%), someone in their household had their work hours reduced (9%), moved to a new address (9%), someone close to them had a problem with drinking or drugs (8%), fear their neighborhood is unsafe (6%), became separated or divorced (5%), had someone homeless living with them (4%), someone in their household went to jail (3%), were hit or slapped by their spouse or partner (2%), were homeless (1%), were involved in a physical fight (1%), and their child was hit or slapped by their spouse or partner (<1%).
- ◆ 6% of Umatilla County Hispanic adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (41%), someone outside the home (18%), a child (9%), another family member (9%), a parent (5%), and someone else (27%).
- ◆ Those who were abused were abused in the following ways: verbally (73%), emotionally (55%), physically (41%), financially (23%), and sexually (23%).
- ◆ Hispanic adults had lived in Umatilla County for: 5 or more years (76%), 3-4 years (11%), 1-2 years (9%), and less than 1 year (4%).
- ◆ Hispanic adults indicated that Umatilla County residents need more education about the following: drug abuse (49%), teenage pregnancy (44%), violence (40%), driving under the influence-DUI (37%), distracted driving (36%), bullying (33%), parenting classes (31%), suicide prevention (26%), sexting (24%), speeding (24%), seat belt/restraint usage (23%), tobacco use (22%), bicycle safety (15%), falls (9%), and other issues (6%).

## Smoke Alarm Safety Tips

- ◆ Install smoke alarms in every bedroom, outside each separate sleeping area and on every level of the home, including the basement. Interconnect all smoke alarms throughout the home. When one sounds, they all sound.
- ◆ Test alarms at least monthly by pushing the test button.
- ◆ Smoke rises; install smoke alarms following manufacturer's instructions high on a wall or on a ceiling. Save manufacturer's instructions for testing and maintenance.
- ◆ Replace batteries in all smoke alarms at least once a year. If an alarm "chirps", warning the battery is low, replace the battery right away.
- ◆ Replace all smoke alarms, including alarms that use 10-year batteries and hard-wired alarms, when they are 10 years old or sooner if they do not respond properly.

(Source: National Fire Protection Association, *Smoke Alarm Safety Tips*, 2013, <http://www.nfpa.org/itemDetail.asp?categoryID=1647&itemID=39905&URL=Research%20Reports/Fact%20sheets/Smoke%20alarms/Smoke%20alarm%20safety%20tips&cookie%5Ftest=1>)

# Hispanic Mental Health and Suicide

## Key Findings

*In 2012, 5% of Umatilla County Hispanic adults attempted suicide. 26% of Hispanic adults felt sad, blue or depressed almost every day for two or more weeks in a row.*

## Adult Mental Health

- ◆ Umatilla County Hispanic adults were diagnosed or treated for the following mental health issues: mood disorder (8%), anxiety disorder (6%), and some other mental health disorder (1%).
- ◆ 6% of Hispanic adults have taken medications for a mental health disorder.
- ◆ In the past year, Umatilla County Hispanic adults experienced the following almost every day for two weeks or more in a row: did not get enough rest or sleep (30%), felt worried, tense, or anxious (30%), felt sad, blue or depressed (26%), had high stress (25%), and felt very healthy and full of energy (15%).
- ◆ Five percent (5%) of Hispanic adults attempted suicide.
- ◆ Umatilla County Hispanic adults received the social and emotional support they needed from the following: family (70%), friends (46%), church (25%), neighbors (7%), a professional (4%), community (4%), self-help group (2%), and someone else (3%).
- ◆ 19% of Hispanic adults have hit their head hard enough that they were dizzy, had a concussion, or were knocked out.

## Hispanics and Mental Health in the U.S.

- ◆ In 2010, the percentage of Hispanics aged 18 or older with past year mental illness was 18%.
- ◆ 5% of Hispanics suffered from a serious mental illness.
- ◆ The percentage of Hispanics who suffered from a major depressive episode was 6%.
- ◆ 4.3% of Hispanics experience a co-occurring mental illness and substance abuse disorder.

*(Source: Substance Abuse and Mental Health Services Administration (SAMHSA): Behavioral Health and Hispanics/Latinos, 2010)*

## Mental Health Needs of Elderly Hispanics

- ◆ Approximately one-fifth of Hispanic and other, non-Hispanic adults age 65 years or older reported that they were not receiving the support they need, compared to one-tenth of older white adults.
- ◆ Hispanics had a higher prevalence of frequent mental distress (FMD) compared to other races.
  - Hispanics: 13%
  - Black, non-Hispanics: 11%
  - White, non-Hispanics: 8%
- ◆ Hispanic adults age 50 or older reported more current depression than other races.
  - Hispanics: 11%
  - Black, non-Hispanics: 9%
  - White, non-Hispanics: 7%
- ◆ Hispanic adults age 50 or older were more likely to report a lifetime diagnosis of an anxiety disorder compared to other races.
  - Hispanics: 15%
  - White, non-Hispanics: 13%
  - Black, non-Hispanics: 11%

## Key Barriers to Mental Health Treatment for Hispanics/Latinos

- ◆ Language barriers
- ◆ Stigma associated with mental illness
- ◆ Economic barriers (cost, lack of insurance)
- ◆ Mental health professional shortages
- ◆ Lack of awareness about mental health issues and services
- ◆ Lack of appropriate intervention strategies
- ◆ Lack of culturally appropriate services
- ◆ Lack of education and pervasive poverty

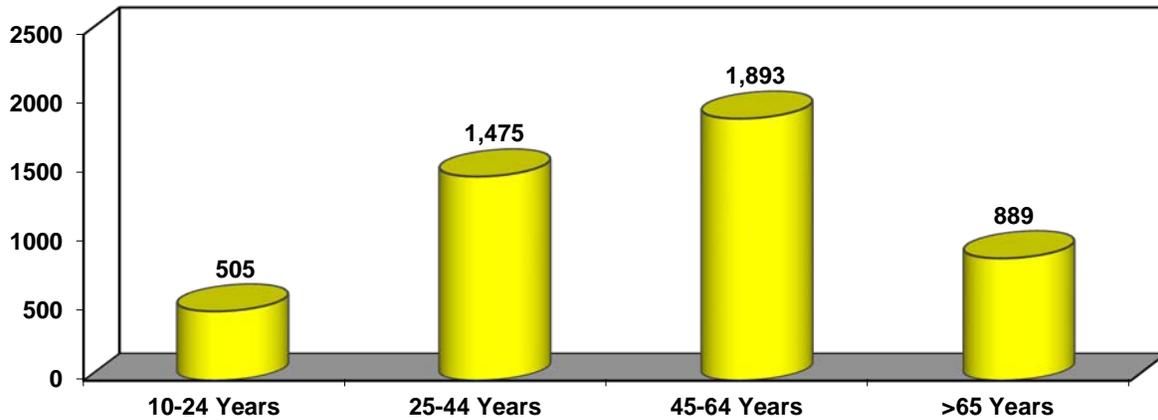
*(Source: American Psychiatric Association (APA): Mental Health Disparities: Hispanics/Latinos, 2010 & Centers for Disease Control and Prevention, The State of Mental Health and Aging in America, 2008, [http://www.cdc.gov/aging/pdf/mental\\_health.pdf](http://www.cdc.gov/aging/pdf/mental_health.pdf))*

# Hispanic Mental Health and Suicide

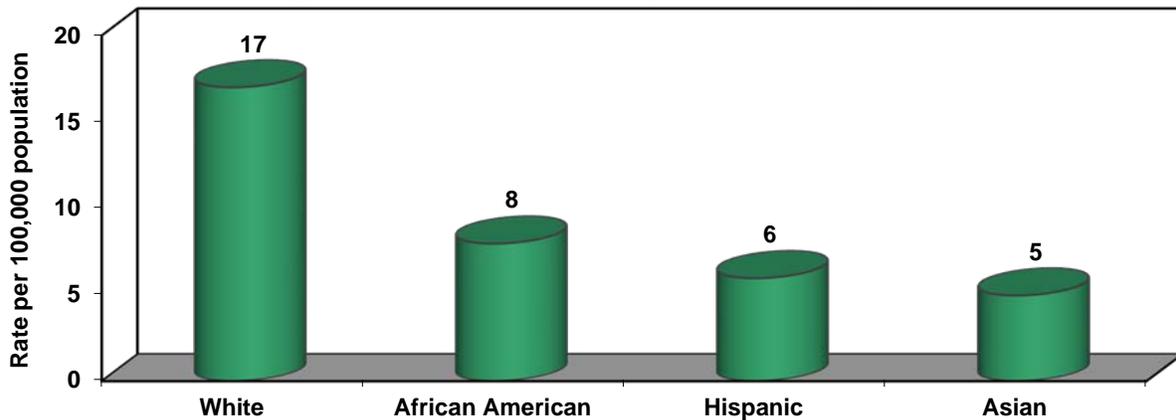
The following graphs show the Oregon crude suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the state. The graphs show:

- ◆ From 2003-2010, 40% of all Oregon suicide deaths occurred to those ages 45-64 years old.

**Oregon Number of Suicide Deaths by Age Group, 2003-2010**  
Total Deaths: 4,772



**Oregon Crude Suicide Rate by Race/Ethnicity, 2003-2010**



*(Source for graphs: Oregon Violent Death Reporting System, Injury and Violence Prevention Program, "Suicides in Oregon: Trends and Risk Factors", 2012, Obtained from: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf>)*

# Hispanic Oral Health

## Key Findings

The 2012 health assessment project has determined that nearly half (46%) of Umatilla County Hispanic adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 62% of U.S. Hispanic adults had visited a dentist or dental clinic in the previous twelve months.

## Access to Dental Care

- ◆ In the past year, 46% of Umatilla County Hispanic adults had visited a dentist or dental clinic, decreasing to 34% of those under the age of 30.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 13% of Umatilla County Hispanic adults reported that it had been more than one year but less than two years, 12% reported that it had been more than two years but less than five years, and 13% responded it had been five or more years ago.
- ◆ More than three-fifths (62%) of Umatilla County Hispanic adults with dental insurance have been to the dentist in the past year, compared to 48% of those without dental insurance.
- ◆ When asked the main reason for not visiting a dentist in the last year, 60% said cost, 40% had no dental insurance, 14% had no reason to go, 9% had not thought of it, 8% said fear, apprehension, nervousness, pain, and dislike going, 8% did not have/know a dentist, 5% could not get to the office/clinic, 3% had other priorities, and 5% had other reasons they did not visit the dentist.
- ◆ More than two-fifths (42%) of Hispanic adults had one or more of their permanent teeth removed, increasing to 79% of those ages 65 and over.

## Oral Health and Hispanics

- ❖ In the U.S Hispanics self-rate their overall oral health as:
  - Excellent 20%
  - Good 47%
  - Fair 21%
  - Poor 11%
- ❖ More than one-third (36%) of U.S. Hispanics say they have experienced oral health problems severe enough to impact daily activities in 2011, compared to one in five (22%) among the general population.
- ❖ Number of licensed dentists in the state: 3,454
- ❖ Number of licensed dental hygienists in the state: 3,284

(Source: Hispanic Dental Association (HDA) Hispanics Open Up About Oral Health Care, November 2011, [http://www.bdassoc.org/site/files/351/14043/428278/586875/FINAL\\_-\\_English\\_-\\_HDA\\_Survey\\_MiniReport.pdf](http://www.bdassoc.org/site/files/351/14043/428278/586875/FINAL_-_English_-_HDA_Survey_MiniReport.pdf) & OHA, Oral Health and Other Medical Conditions, Obtained from: <http://public.health.oregon.gov/prevention/wellness/oralhealth/pages/conds.aspx>)

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
<b>Time Since Last Visit to Dentist/Dental Clinic</b>					
Males	35%	16%	8%	13%	14%
Females	51%	11%	15%	13%	4%
Total	46%	13%	12%	13%	8%

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

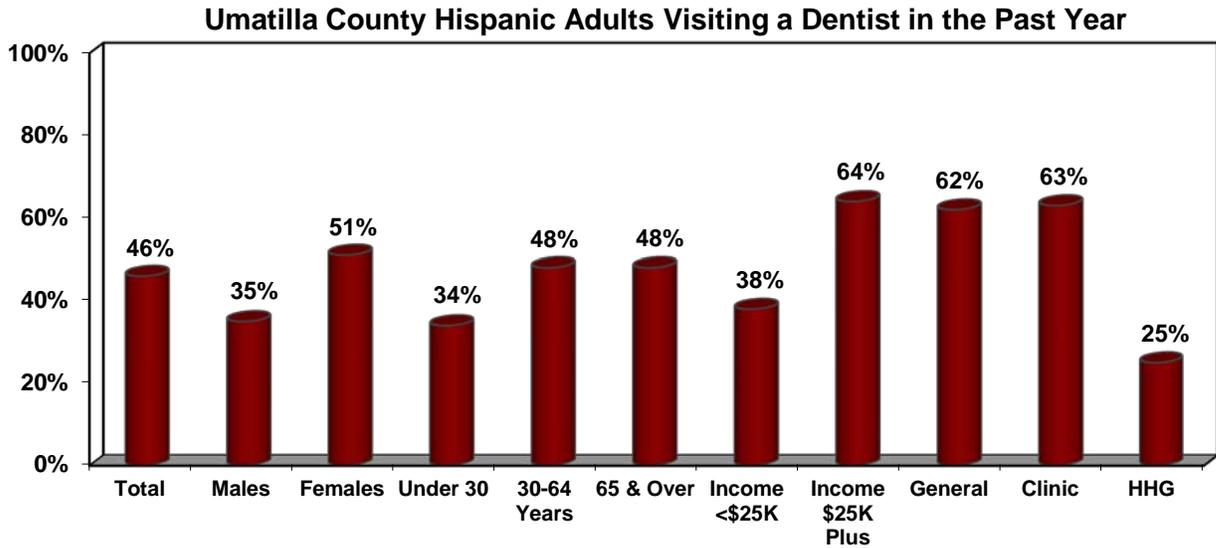
2012 Adult Comparisons	Umatilla County Hispanics 2012	Umatilla County Total Population 2011	Oregon Hispanics 2011	U.S. Hispanics 2011
Adults who have visited the dentist in the past year	46%	63%	N/A	62%*
Adults who had one or more permanent teeth removed	42%	40%	31%*	42%*
Adults 65 years and older who had all of their permanent teeth removed	21%	17%	N/A	14%*

*N/A – data is not available*

*\* 2010 BRFSS data is available*

## Hispanic Oral Health

The following graphs provide information about the frequency of Umatilla County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 46% of all Umatilla County Hispanic adults had been to the dentist in the past year, 34% of those under the age of 30 and 38% of those with incomes less than \$25,000.



*HHG - Personally Interviewed Hispanic Housing Group of North Umatilla County*

### Hispanics and Oral Health: Obstacles to Treatment

- ❖ Hispanics often lack awareness of available oral health services and lack of oral health knowledge.
- ❖ Language barriers negatively affect pathways to health care for the Hispanic/Latino community.
- ❖ Hispanics/Latinos tend to seek less information both before and after being diagnosed with a particular health condition.
- ❖ Research shows that Hispanics want more information about health and are interested in the health care issues relevant to their Latino community.
- ❖ Hispanics report more difficulties in communicating with their physicians than do non-Hispanic Whites.

*(Source: Hispanic Dental Association, CDC, Fast Facts on Hispanic Oral Health, from [http://www.bdassoc.org/site/epage/78844\\_351.htm](http://www.bdassoc.org/site/epage/78844_351.htm), updated 2010)*

# Hispanic Parenting

## Key Findings

The 2012 Health Assessment identified that Hispanic parents took their child to the doctor an average of 1.4 times for regular checkups and 1.0 times for dental visits in the past year. About four-fifths (81%) of children spent less than one hour of unsupervised time after school on an average day.

## Parenting

- ◆ In the past year, Hispanic parents took their child to the doctor for: regular checkups (an average of 1.4 times), dental visits (1.0 times), other visits for an illness (1.0 times), ear infections (0.3 times), injuries (0.2 times), asthma (0.1 times), behavioral problems (0.1 times), and head lice (0.01 times).
- ◆ Umatilla County Hispanic parents indicated they knew which immunizations their child needs through the following: physician or nurse told them (70%), school/day care (38%), their own personal files (30%), received a card in the mail (13%), memory (6%), and other (3%). 4% indicated they did not know which immunizations their child needed.
- ◆ 81% of children spent less than one hour of unsupervised time after school on an average day. 17% spent 1-2 hours, 1% spent 3-4 hours, and 1% spent more than 4 hours per day unsupervised.
- ◆ Hispanic parents discussed the following with their 12-to-17 year old in the past year: eating habits (70%), screen time (56%), respectful communication (55%), exercise (54%), academic performance (48%), dating and relationships (46%), negative effects of marijuana and other drugs (45%), abstinence and how to refuse sex (43%), it is not okay for adults to give minors alcohol (40%), negative effects of alcohol (40%), negative effects of tobacco (37%), school/legal consequences of using tobacco/alcohol/other drugs (37%), social media issues (35%), bullying (30%), body image/weight (29%), drinking and driving (29%), energy drinks (28%), condom use/safer sex/STD prevention (23%), refusal skills/peer pressure (20%), negative effects of misusing prescription medication (17%), anxiety/depression/suicide (17%), birth control (14%), sexting (12%), and hearing protection (9%).
- ◆ Hispanic parents used the following programs for their infant-to-4-year-old child: WIC (75%), Head Start (34%), out-of-home daycare (10%), public health home visits (4%), and Healthy Start (2%).

## Out-of-School Time Programs for Hispanic Children

Out-of-school-time programs can enhance the lives of children of immigrants because these programs can offer resources that may be unavailable at home or at school. Programs provide:

- ◆ Structure and supervision
- ◆ Emotional support
- ◆ Cultural support
- ◆ Additional academic assistance
- ◆ Connection with counseling services

(Source: Child Trends, *Children of Latino Immigrants and Out-of-School Programs*, 2011)

## Tips for Parents to Help Children Maintain a Healthy Weight

The percentage of overweight children and adolescents 6 through 11 years of age in 2007-2011 is higher in racial/ethnic minorities: Mexican American girls (22.4%), Mexican American boys (24.3%), Non-Hispanic White girls (14.0%), and Non-Hispanic White boys (18.6%). According to the CDC, parents should:

- ◆ Encourage healthy eating habits by providing fruits, vegetables, whole grains, low-fat or non-fat dairy products, and lean meats and proteins for their family.
- ◆ Limit or reduce the consumption of calorie-rich, sugary and/or saturated fat in your home.
- ◆ Add physical activity into the family's routine and encourage their child to join. Examples of moderate intensity physical activity include playing tag, jumping rope, playing soccer, swimming, and dancing.
- ◆ Limit the time their children watch television, play video games, or surf the web to no more than 2 hours per day.

(Source: CDC, *Healthy Weight, "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight"*, <http://www.cdc.gov/healthyweight/children/index.html>, October 31, 2011. & The Office of Minority Health, *Obesity and Hispanic Americans*, updated 9/6/2012, <http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=537&ID=6459>)

# Hispanic Adult Clinic Population Health

## Key Findings

*The 2012 Health Assessment reported that 35% of Hispanic adult clinic population did not have health care coverage. 29% of adults had high blood pressure. 8% were current smokers. 24% needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills.*

## General Health and Health Care

- ◆ The data below compares Umatilla County Hispanic adult clinic populations who were given the survey in a clinic to those Hispanic adults who received a general mail survey.
- ◆ In 2012, 35% of the Umatilla County Hispanic adult clinic population did not have health care coverage, compared to 32% other Umatilla County Hispanic adults.
- ◆ 32% of the Umatilla County Hispanic adult clinic population rated their health as excellent or very good, compared to 34% of other Umatilla County Hispanic adults.
- ◆ The Hispanic adult clinic population was less likely to have been diagnosed with:
  - Arthritis (21% compared to 29% of other Umatilla County Hispanic adults).
  - High blood pressure (29% compared to 31% of other Umatilla County Hispanic adults).
  - Diabetes (15% compared to 20% of other Umatilla County Hispanic adults).
  - High blood cholesterol (17% compared to 39% of other Umatilla County Hispanic adults).
- ◆ Hispanic adult clinic population was more likely to have been diagnosed with:
  - Cancer (12% compared to 5% of other Umatilla County Hispanic adults).
  - Asthma (10% compared to 7% of other Umatilla County Hispanic adults).
- ◆ Hispanic adult clinic population was less likely to:
  - Have had a heart attack (4% compared to 5% of other Umatilla County Hispanic adults).
  - Have had their blood cholesterol checked in the past year (38% compared to 53% of other Umatilla County Hispanic adults).
  - Have had a colorectal cancer screening at some time in their life (20% compared to 27% of other Umatilla County Hispanic adults).
  - Have had a mammogram in the past year (17% compared to 30% of other Umatilla County Hispanic adults).
  - Have had a breast exam in the past year (39% compared to 46% of other Umatilla County Hispanic adults).
  - Have had a PSA test in the past year (0% compared to 21% of other Umatilla County Hispanic adults).
  - Be overweight or obese (66% compared to 77% of other Umatilla County Hispanic adults).
  - Be a current smoker (8% compared to 10% of other Umatilla County Hispanic adults).
  - Have consumed alcohol in the past 30 days (26% compared to 31% of other Umatilla County Hispanic adults).
  - Have kept firearms in their household (14% compared to 25% of all Umatilla County General Hispanic adults).

## Hispanic Health Statistics

- ❖ Hispanic adults tend to have a lower prevalence of chronic health conditions than the U.S. adult population.
- ❖ Exceptions to the lower prevalence of chronic conditions in the Hispanic population are diabetes and obesity.
- ❖ 71% of Hispanic adults received information about health and health care from their doctor within the past year.

*(Source: Pew Hispanic Center/Robert Wood Johnson Foundation, "Hispanics and Health Care in the United States: Access, Information and Knowledge", obtained from:*

*<http://www.pewhispanic.org/files/reports/91.pdf>)*

## Hispanic Adult Clinic Population Health

- ◆ Hispanic adult clinic population were more likely to:
  - Have had a stroke (2% compared to 1% of other Umatilla County Hispanic adults).
  - Have used marijuana in the past 6 months (4% compared to 2% of other Umatilla County Hispanic adults).
  - Have had multiple sexual partners in the past year (13% compared to 1% of all Umatilla County adults).
  - Have been forced to have sexual activity when they did not want to (12% compared to 8% of all Umatilla County adults).
  - Eat 5 or more servings of fruits and vegetables per day (11% compared to 8% of other Umatilla County Hispanic adults).
  - Have needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills (24% compared to 14% of all Umatilla County General Hispanic adults).
  - Have been threatened or abused in the past year (10% compared to 5% of all Umatilla County General Hispanic adults).
  - Have attempted suicide in the past year (4% compared to 0% of other Umatilla County Hispanic adults).
  - Have had a pap smear in the past year (47% compared to 44% of other Umatilla County Hispanic adults).
  - Have had a digital rectal exam in the past year (40% compared to 13% of other Umatilla County Hispanic adults).
  - Have been to the doctor for a routine check-up in the past year (55% compared to 51% of the rest of Umatilla County General Hispanic adults).
  - Have been to the dentist in the past year (63% compared to 61% of other Umatilla County Hispanic adults).
  - Have had one or more permanent teeth removed (48% compared to 45% of all Umatilla County General Hispanic adults).

# Hispanic Housing Group Health

## Key Findings

*The 2012 Health Assessment reported that 56% of Hispanic Housing Group (HHG) adults did not have health care coverage. 22% of adults kept firearms in and around their household. 15% of women had a mammogram in the past year.*

## General Health and Health Care

- ◆ The data below compares the Personally Interviewed Hispanic Housing Group of North Umatilla County (HHG) to those Hispanic adults who received a general mail survey.
- ◆ In 2012, 56% of Umatilla County HHG adults did not have health care coverage, compared to 32% of other Umatilla County Hispanic adults.
- ◆ 26% of HHG adults rated their health as excellent or very good, compared to 34% of the rest of Umatilla County General Hispanic adults.
- ◆ Hispanic Housing Group adults were less likely than other Umatilla County Hispanic adults to have been diagnosed with:
  - High blood pressure (21% compared to 31%).
  - High blood cholesterol (19% compared to 39%).
  - Diabetes (18% compared to 20%).
  - Arthritis (16% compared to 29%).
  - Asthma (4% compared to 7%).
- ◆ Hispanic Housing Group adults were less likely compared to other Umatilla County Hispanic adults to:
  - Have had a heart attack (2% compared to 5%).
  - Have had their blood cholesterol checked in the past year (29% compared to 53%).
  - Have had a tetanus shot in the past 10 years (52% compared to 66%).
  - Have had a colorectal cancer screening at some time in their life (13% compared to 27%).
  - Have had a mammogram in the past year (15% compared to 30%).
  - Have had a breast exam in the past year (25% compared to 46%).
  - Have had a pap smear in the past year (22% compared to 44%).
  - Have had a PSA test in the past year (15% compared to 21%).
  - Have had a digital rectal exam in the past year (9% compared to 13%).
  - Have been to the doctor for a routine check-up in the past year (30% compared to 51%).
  - Have been to the dentist in the past year (25% compared to 61%).
  - Have had one or more permanent teeth removed (37% compared to 45%).
  - Have consumed alcohol in the past 30 days (29% compared to 31%).
  - Have been forced to have sexual activity when they didn't want to (4% compared to 8%).
  - Have needed help meeting their general daily needs such as food, clothing, shelter, or paying utility bills (11% compared to 14%).
  - Have kept firearms in their household (22% compared to 25%).

## Hispanic Health Care Access Statistics

- ◆ According to the Pew Hispanic Center and Robert Wood Johnson Foundation Latino Health Survey, 30% of foreign born Hispanic adults lack a usual health care provider.
- ◆ The foreign-born who are, primarily Spanish speaking, lack U.S. citizenship, or who have been in the U.S. for a short period of time, are less likely than other Latinos to lack a usual source for medical treatment.
- ◆ Those Hispanic adults least likely to have a usual health care provider are as follows:
  - Men
  - Young (18-29 years old)
  - Have less than a high school diploma
  - Uninsured

*(Source: Pew Hispanic Center/ Robert Wood Johnson Foundation, "Hispanics and Health Care in the United States: Access, Information and Knowledge", obtained from: <http://www.pewhispanic.org/files/reports/91.pdf>)*

## Hispanic Housing Group Health

- ◆ Hispanic Housing Group adults were more likely than other Umatilla County Hispanic adults to:
  - Have angina or coronary heart disease (5% compared to 3%).
  - Have had a stroke (2% compared to 1%).
  - Be a current smoker (12% compared to 10%).
  - Have used marijuana in the past 6 months (8% compared to 2% Hispanic adults).
  - Have misused prescription drugs in the past 6 months (9% compared to 7%).
  - Have had multiple sexual partners in the past year (22% compared to 1%).
  - Be overweight or obese (80% compared to 77%).
  - Eat 5 or more servings of fruits and vegetables per day (20% compared to 8%).
  - Have been threatened or abused in the past year (6% compared to 5%).
  - Have attempted suicide in the past year (8% compared to 0%).

# Umatilla County Health Assessment

## Hispanic Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2012. Atlanta: ACS, 2010	<ul style="list-style-type: none"> <li>◆ 2012 Cancer facts, figures, and estimates</li> <li>◆ ACS cancer detection guidelines</li> <li>◆ Cancer risk factors</li> <li>◆ Screening recommendations</li> </ul>	<a href="http://www.cancer.org">www.cancer.org</a>
American Cancer Society, Cancer Facts & Figures for Hispanics/Latinos, 2012-2014	<ul style="list-style-type: none"> <li>◆ 2012 Hispanic Cancer Estimations</li> <li>◆ Women and Breast Cancer</li> <li>◆ Screening Guidelines</li> <li>◆ Smoking and Lung Cancer</li> </ul>	<a href="http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf">http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-034778.pdf</a>
American Diabetes Association	<ul style="list-style-type: none"> <li>◆ Diabetes statistics</li> </ul>	<a href="http://www.diabetes.org/diabetes-basics/diabetes-statistics/">http://www.diabetes.org/diabetes-basics/diabetes-statistics/</a>
American Heart Association	<ul style="list-style-type: none"> <li>◆ Statistical Fact Sheet 2012 Update for Hispanics/Latinos</li> </ul>	<a href="http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_319572.pdf">http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_319572.pdf</a>
American Lung Association, <i>Luchando por el Aire: The Burden of Asthma on Hispanics</i> , 2011	<ul style="list-style-type: none"> <li>◆ Burden of Asthma on Hispanics</li> </ul>	<a href="http://www.lung.org/lung-disease/disparities-reports/burden-of-asthma-on-hispanics/asthma-in-hispanics-english.pdf">http://www.lung.org/lung-disease/disparities-reports/burden-of-asthma-on-hispanics/asthma-in-hispanics-english.pdf</a>
<i>American Psychiatric Association (APA), 2010.</i>	<ul style="list-style-type: none"> <li>◆ Barriers to Care</li> </ul>	<a href="http://www.psych.org">www.psych.org</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>◆ 2011 adult Oregon and U.S. correlating statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
CDC, Mental Health and Aging	<ul style="list-style-type: none"> <li>◆ Mental Health Needs for Hispanics</li> </ul>	<a href="http://www.cdc.gov/aging/pdf/mental_health.pdf">http://www.cdc.gov/aging/pdf/mental_health.pdf</a>
CDC, Morbidity and Mortality Weekly Report,	<ul style="list-style-type: none"> <li>◆ Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010</li> </ul>	<a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm</a>
CDC, Health Disparities in HIV/AIDS, Hispanics/Latinos, 2012	<ul style="list-style-type: none"> <li>◆ Hispanic/Latino HIV/AIDS &amp; STD statistics 2009-2010</li> </ul>	<a href="http://www.cdc.gov/nchhstp/healthdisparities/Hispanics.html">http://www.cdc.gov/nchhstp/healthdisparities/Hispanics.html</a> & <a href="http://www.cdc.gov/hiv/latinos/index.htm">http://www.cdc.gov/hiv/latinos/index.htm</a>

## Umatilla County Health Assessment Hispanic Information Sources

Source	Data Used	Website
CDC, Newsroom, 2010	◆ Impact of Arthritis on Hispanics	<a href="http://www.cdc.gov/media/pressrel/2010/r100415.htm">http://www.cdc.gov/media/pressrel/2010/r100415.htm</a>
CDC, Seasonal Influenza (Flu)	◆ Flu Vaccination Coverage	<a href="http://www.cdc.gov/flu/professionals/vaccination/coverage_1112estimates.htm#done">http://www.cdc.gov/flu/professionals/vaccination/coverage_1112estimates.htm#done</a>
CDC, STD Surveillance, 2011	◆ STDs in Adolescents and Young Adults	<a href="http://www.cdc.gov/std/stats11/adol.htm">http://www.cdc.gov/std/stats11/adol.htm</a>
CDC, Physical Activity for Everyone	◆ Physical activity recommendations	<a href="http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html">http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html</a>
Child Trends, 2011	◆ Out of School Programs	<a href="http://www.childtrends.org/Files/Child_Trends-2011_12_01_RB_ImmigrantsOSTProg.pdf">http://www.childtrends.org/Files/Child_Trends-2011_12_01_RB_ImmigrantsOSTProg.pdf</a>
Environmental Protection Agency (EPA)	◆ Lead Paint Exposure 2012 ◆ Mold and Moisture	<a href="http://www.epa.gov">http://www.epa.gov</a>
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	◆ U.S. mortality statistics ◆ U.S. predictors of access to health care ◆ U.S. birth rates	<a href="http://www.cdc.gov/nchs/fastats">www.cdc.gov/nchs/fastats</a>
Firearm Injury Prevention	◆ Annals of Emergency Medicine	<a href="http://www.annemergmed.com/article/S0196-0644(11)00127-2/fulltext">http://www.annemergmed.com/article/S0196-0644(11)00127-2/fulltext</a>
Healthy People 2020: U.S. Department of Health & Human Services	◆ All Healthy People 2020 target data points ◆ Some U.S. baseline statistics	<a href="http://www.healthypeople.gov/2020/topicsobjectives2020">http://www.healthypeople.gov/2020/topicsobjectives2020</a>
Hispanic Dental Health Association (HDA), November 2011	◆ U.S. Hispanic oral health statistics	<a href="http://www.hdassoc.org/site/files/351/14043/428278/586875/FINAL_-_English_-_HDA_Survey_Mini_Report.pdf">http://www.hdassoc.org/site/files/351/14043/428278/586875/FINAL_-_English_-_HDA_Survey_Mini_Report.pdf</a>
Hispanic Dental Association, 2010	◆ Fast Facts on Hispanic Oral Health	<a href="http://www.hdassoc.org/site/epage/78844_351.htm">http://www.hdassoc.org/site/epage/78844_351.htm</a>
John Hopkins Arthritis Center	◆ Arthritis: Osteoarthritis	<a href="http://www.hopkinsarthritis.org/patient-corner/disease-management/role-of-body-weight-in-osteoarthritis/">http://www.hopkinsarthritis.org/patient-corner/disease-management/role-of-body-weight-in-osteoarthritis/</a>

## Umatilla County Health Assessment Hispanic Information Sources

Source	Data Used	Website
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> <li>◆ Arthritis in Hispanic groups</li> <li>◆ Healthy Weight</li> <li>◆ Nutrition and physical activity</li> <li>◆ Obesity statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
National Council of La Raza, January 2012	<ul style="list-style-type: none"> <li>◆ Fast Facts: Hispanic community's access to the health care system</li> </ul>	<a href="http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf">http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf</a>
National Diabetes Education Program (NDEP), partnership of the National Institutes of Health, CDC	<ul style="list-style-type: none"> <li>◆ Type 2 diabetes risk factors</li> <li>◆ Hispanics/Latinos – Link Between Type 2 diabetes and Cardiovascular Disease</li> </ul>	<a href="http://ndep.nih.gov/am-i-at-risk/DiabetesRiskFactors.aspx">http://ndep.nih.gov/am-i-at-risk/DiabetesRiskFactors.aspx</a> & <a href="http://ndep.nih.gov/media/FS_HispLatino_Eng.pdf">http://ndep.nih.gov/media/FS_HispLatino_Eng.pdf</a>
National Fire Protection Association	<ul style="list-style-type: none"> <li>◆ Smoke Alarm Safety Tips</li> </ul>	<a href="http://www.nfpa.org/itemDetail.asp?categoryID=1647&amp;itemID=39905&amp;URL=Research%20&amp;%20Reports/Fact%20sheets/Smoke%20alarms/Smoke%20alarm%20safety%20tips&amp;cookie%5Ftest=1">http://www.nfpa.org/itemDetail.asp?categoryID=1647&amp;itemID=39905&amp;URL=Research%20&amp;%20Reports/Fact%20sheets/Smoke%20alarms/Smoke%20alarm%20safety%20tips&amp;cookie%5Ftest=1</a>
National Institutes of Health, "NIH study shows big improvement in diabetes control over past decades"	<ul style="list-style-type: none"> <li>◆ Diabetes disparities among Hispanics</li> </ul>	<a href="http://www.nih.gov/news/health/feb2013/niddk-15.htm">http://www.nih.gov/news/health/feb2013/niddk-15.htm</a>
National Survey on Drug Use and Health (NSDUH), 2012	<ul style="list-style-type: none"> <li>◆ Substance Use Treatment</li> </ul>	<a href="http://www.samhsa.gov/data/2k12/NSDUH117/NSDUHR117HispanicTreatmentNeeds2012.pdf">http://www.samhsa.gov/data/2k12/NSDUH117/NSDUHR117HispanicTreatmentNeeds2012.pdf</a>
National Vital Statistics Report, CDC, 2012	<ul style="list-style-type: none"> <li>◆ Leading Causes of Death, 2009</li> </ul>	<a href="http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_07.pdf">http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_07.pdf</a>
Office for Oregon Health Policy and Research, September 2011	<ul style="list-style-type: none"> <li>◆ Health Insurance Coverage in Oregon</li> </ul>	<a href="http://www.oregon.gov/oha/OHPR/RSCH/docs/uninsured/2011_ohis_statewide_uninsurance_estimates_nov21.pdf">http://www.oregon.gov/oha/OHPR/RSCH/docs/uninsured/2011_ohis_statewide_uninsurance_estimates_nov21.pdf</a>
Office of Minority Health, 2012	<ul style="list-style-type: none"> <li>◆ Asthma and Hispanic Americans</li> <li>◆ Parenting Tips</li> <li>◆ Health Screenings for Men</li> </ul>	<a href="http://minorityhealth.hhs.gov/templates/content.aspx?ID=6173">http://minorityhealth.hhs.gov/templates/content.aspx?ID=6173</a>

## Umatilla County Health Assessment Hispanic Information Sources

Source	Data Used	Website
Oregon Health Authority	<ul style="list-style-type: none"> <li>◆ County Data Books 2005-2009</li> <li>◆ Cancer Mortality</li> <li>◆ HIV/AIDS incidence</li> <li>◆ Oral health</li> <li>◆ Oregon and Umatilla County Birth Data</li> <li>◆ ORPHEUS STI data through 2011</li> <li>◆ Leading Causes of Death</li> <li>◆ Umatilla and Oregon Gonorrhea and Chlamydia rates</li> </ul>	<a href="http://public.health.oregon.gov/DataStatistics/Pages/index.aspx">http://public.health.oregon.gov/DataStatistics/Pages/index.aspx</a>
Oregon Health & Science University, 2001-2013	<ul style="list-style-type: none"> <li>◆ Diabetes Statistics</li> </ul>	<a href="http://www.ohsu.edu/xd/health/health-information/topic-by-id.cfm?ContentTypeId=85&amp;ContentId=P00353">http://www.ohsu.edu/xd/health/health-information/topic-by-id.cfm?ContentTypeId=85&amp;ContentId=P00353</a>
Oregon Violent Death Reporting System, Injury and Violence Prevention Program, “Suicides in Oregon: Trends and Risk Factors”, September 2012	<ul style="list-style-type: none"> <li>◆ Suicide deaths</li> </ul>	<a href="http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf">http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202012%20report.pdf</a>
Pew Hispanic Center, Robert Wood Johnson Foundation	<ul style="list-style-type: none"> <li>◆ Hispanics and Health Care in the United States: Access, Information and Knowledge</li> </ul>	<a href="http://www.pewhispanic.org/files/reports/91.pdf">http://www.pewhispanic.org/files/reports/91.pdf</a>
Substance Abuse and Mental Health Services Administration (SAMHSA), 2010	<ul style="list-style-type: none"> <li>◆ Substance Use</li> <li>◆ Mental Health</li> </ul>	<a href="http://www.samhsa.gov/obhe/hispanic-latino.aspx">http://www.samhsa.gov/obhe/hispanic-latino.aspx</a>
Susan G. Komen, 2011	<ul style="list-style-type: none"> <li>◆ Breast Cancer Risk Factors</li> </ul>	<a href="http://ww5.komen.org/BreastCancer/BreastCancerRiskFactorsTable.html">http://ww5.komen.org/BreastCancer/BreastCancerRiskFactorsTable.html</a>
Tobacco Free Kid, 2012	<ul style="list-style-type: none"> <li>◆ Tobacco Use and Hispanics</li> </ul>	<a href="http://www.tobaccofreekids.org/research/factsheets/pdf/0134.pdf">http://www.tobaccofreekids.org/research/factsheets/pdf/0134.pdf</a>
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis, Hispanic/Latino population	<ul style="list-style-type: none"> <li>◆ American Community Survey 1 to 3 year estimates</li> <li>◆ Oregon and Umatilla County 2011 Census demographic information</li> <li>◆ Oregon and U.S. health insurance sources</li> <li>◆ Small Area Income and Poverty Estimates</li> <li>◆ Federal Poverty Thresholds</li> </ul>	<a href="http://www.census.gov">www.census.gov</a>

## List of Acronyms and Terms

<b>AI/AN</b>	American Indian or Alaska Native
<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted Mortality Rates</b>	Death rate per 100,000 adjusted for the age distribution of the population.
<b>Binge drinking</b>	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
<b>BMI</b>	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
<b>CDC</b>	Centers for Disease Control and Prevention.
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>Crude Mortality Rates</b>	Number of deaths/estimated mid-year population times 100,000.
<b>HHG</b>	Personally Interviewed Hispanic Housing Group of North Umatilla County
<b>HP 2020</b>	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq$ 140 and Diastolic $\geq$ 90
<b>N/A</b>	Data not available.
<b>OHA</b>	Oregon Health Authority

## List of Acronyms and Terms

### **Race/Ethnicity**

**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.

### **YPLL/65**

**Years of Potential Life Lost** before age 65.  
Indicator of premature death.

## Umatilla County Hispanic Sample Demographic Profile\*

Variable	2012 Hispanic Survey Sample	Umatilla County Hispanic Census 2010	Oregon Hispanic Census 2010
<b>Age</b>			
20-29	23.0%	17.3%	17.3%
30-39	18.6%	14.9%	16.8%
40-49	19.1%	11.6%	11.2%
50-59	19.9%	6.6%	6.2%
60 plus	12.2%	4.4%	4.6%
<b>Marital Status†</b>			
Married Couple	59.8%	46.8%	47.0%
Never been married/member of an unmarried couple	18.0%	40.4%	40.1%
Divorced/Separated	13.0%	11.4%	10.9%
Widowed	5.5%	1.4%	2.0%
<b>Education†</b>			
Less than High School Diploma	46.9%	54.6%	44.9%
High School Diploma	25.2%	23.5%	23.6%
Some college/ College graduate	23.5%	21.8%	31.5%
<b>Income (Families)</b>			
\$14,999 and less	22.9%	21.4%	14.7%
\$15,000 to \$24,999	26.0%	12.5%	16.5%
\$25,000 to \$49,999	19.2%	32.5%	34.1%
\$50,000 to \$74,999	7.8%	18.0%	17.5%
\$75,000 or more	5.3%	15.6%	17.2%

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

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

## Hispanic Demographics

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

Category	Total	Males	Females
<b>Umatilla County</b>	<b>18,107</b>	<b>9,823</b>	<b>8,284</b>
<b>0-4 years</b>	<b>2,300</b>	<b>1,166</b>	<b>1,134</b>
1-4 years	1844	950	894
< 1 year	456	216	240
1-2 years	943	496	447
3-4 years	901	454	447
<b>5-9 years</b>	<b>2,117</b>	<b>1,080</b>	<b>1,037</b>
5-6 years	872	466	406
7-9 years	1,245	614	631
<b>10-14 years</b>	<b>1,918</b>	<b>967</b>	<b>951</b>
10-12 years	1,150	579	571
13-14 years	768	388	380
12-18 years	2,653	1,399	1,254
<b>15-19 years</b>	<b>1,864</b>	<b>1,029</b>	<b>835</b>
15-17 years	1,121	621	500
18-19 years	743	408	335
20-24 years	1,603	931	672
25-29 years	1,532	896	636
30-34 years	1,387	784	603
35-39 years	1,303	694	609
40-44 years	1,141	627	514
45-49 years	952	542	410
50-54 years	752	434	318
55-59 years	445	248	197
60-64 years	298	166	132
65-69 years	214	103	111
70-74 years	119	70	49
75-79 years	88	48	40
80-84 years	47	23	24
85-89 years	20	11	9
90-94 years	6	3	3
95-99 years	1	1	0
100-104 years	0	0	0
105-109 years	0	0	0
110 years & over	0	0	0
<b>Total 85 years and over</b>	<b>27</b>	<b>15</b>	<b>12</b>
<b>Total 65 years and over</b>	<b>495</b>	<b>259</b>	<b>236</b>
<b>Total 19 years and over</b>	<b>10,253</b>	<b>5,777</b>	<b>4,476</b>

# Hispanic Umatilla County Profile

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

### ***Total Hispanic Population***

2010 Total Population	18,107
2000 Total Population	11,366

### Largest City-Hermiston

2010 Total Hispanic Population	5,852	100%
2000 Total Hispanic Population	3,168	100%

### ***Population By Race/Ethnicity***

Total Population	76,725	100%
White Alone	67,745	88.3%
Hispanic or Latino (of any race)	18,107	23.6%
African American	467	0.6%
American Indian and Alaska Native	1,434	1.9%
Asian	765	1.0%
Two or more races	3,175	4.1%
Other	2,874	3.7%

### ***Hispanic Population By Age***

Under 5 years	2,300	12.7%
5 to 19 years	5,899	32.6%
20 to 24 years	1,603	8.9%
25 to 44 years	5,363	29.7%
45 to 64 years	2,447	13.6%
65 years and more	495	2.8%
<b>Median age (years)</b>	<b>23</b>	

### *2006-2010 ACS 5-year estimates*

### ***Household By Type***

Total Households	4,186	100%
Family Households (families)	3,660	87.4%
Married-Couple Family Households	2,176	52.0%
Male householder, no wife present	498	11.9%
Female Householder, No Husband Present	986	23.6%
Non-family Households	526	12.6%
Householder living alone	399	9.5%
65 years and over	73	1.7%

Average Household Size	3.60 people
Average Family Size	3.75 people

# Hispanic Umatilla County Profile

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

*2006-2010 ACS 5-year estimates*

Median Monthly Owner Costs	\$1,007
Housing Units with a Mortgage	1,478
Median Monthly Owner Costs (Not Mortgaged)	\$312
Renter-Occupied	2,137
No Telephone Service	161
Lacking Complete Kitchen Facilities	20
Lacking Complete Plumbing Facilities	64

## *Hispanic/Latino Selected Social Characteristics* (Source: U.S. Census Bureau, Census 2010)

*2006-2010 ACS 5-year estimates*

### *School Enrollment*

Population 3 Years and Over Enrolled In School	5,837	100%
Nursery & Preschool	312	5.3%
Kindergarten	331	5.7%
Elementary School (Grades 1-8)	3,051	52.3%
High School (Grades 9-12)	1,410	24.2%
College or Graduate School	733	12.6%

### *Educational Attainment*

Population 25 Years and Over	7,587	100%
< 9 <sup>th</sup> Grade Education	2,757	36.3%
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	1,391	18.3%
High School Graduate (Includes GED Equivalency)	1,786	23.5%
Some College, No Degree	889	11.7%
Associate Degree	376	5.0%
Bachelor's Degree	325	4.3%
Graduate Or Professional Degree	63	0.8%
Percent High School Graduate or Higher	3,439	45.3%
Percent Bachelor's Degree or Higher	388	5.1%

# Hispanic Umatilla County Profile

## *Hispanic/Latino Selected Social Characteristics, Continued* (Source: U.S. Census Bureau, Census 2010)

*2006-2010 ACS 5-year estimates*

### *Marital Status*

Population 15 Years and Over	10,703	100%
Never Married	4,325	40.4%
Now Married, Excluding Separated	5,005	46.8%
Separated	354	3.3%
Widowed	154	1.4%
Female	132	1.2%
Divorced	865	8.1%
Female	391	3.7%

### *Grandparents As Caregivers*

Grandparent Responsible for Grandchildren	52	100%
30 to 59 years old	52	100%
60 years and over	0	0.0%

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

*2006-2010 ACS 5-year estimates*

### *Employment Status*

Population 16 to 64 years	10,317	100%
In Labor Force	7,202	69.8%
Not In Labor Force	3,115	30.2%
 Females 16 to 64 years	 4,562	 100%
In Labor Force	2,822	61.9%
Not In Labor Force	1,740	38.1%

# Hispanic Umatilla County Profile

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

*2006-2010 ACS 5-year estimates*

### **Occupations**

Employed Civilian Population 16 Years and Over	6,198	100%
Management, Professional, and Related Occupations	667	10.8%
Sales and Office Occupations	700	11.3%
Service Occupations	1,051	17.0%
Production, Transportation, and Material Moving Occupations	1,990	32.1%
Natural Resources, Construction, and Maintenance Occupations	1,790	28.9%

### ***Leading Industries***

Employed Civilian Population 16 Years and Over	6,198	100%
Educational, health and social services	655	10.6%
Trade (retail and wholesale)	850	13.8%
Manufacturing	1,163	18.8%
Arts, entertainment, recreation, accommodation, and food services	580	9.4%
Professional, scientific, management, administrative, and waste management services	378	6.1%
Transportation and warehousing, and utilities	241	3.9%
Finance, insurance, real estate and rental and leasing	76	1.2%
Other services (except public administration)	148	2.4%
Construction	344	5.6%
Public administration	224	3.6%
Information	15	0.2%
Agriculture, forestry, fishing and hunting, and mining	1,524	24.6%

### ***Class of Worker***

Employed Civilian Population 16 Years and Over	6,198	100%
Private Wage and Salary Workers	5,398	87.1%
Government Workers	701	11.3%
Self-Employed Workers in Own Not Incorporated Business	99	1.6%
Unpaid Family Workers	0	0.0%

### ***Median Earnings***

Male, Full-time, Year-Round Workers	\$26,803
Female, Full-time, Year-Round Workers	\$28,475

# Hispanic Umatilla County Profile

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

*2006-2010 ACS 5-year estimates*

### ***Household Income***

Households	4,186	100%
< \$10,000	428	10.2%
\$10,000 to \$14,999	209	5.0%
\$15,000 to \$24,999	639	15.3%
\$25,000 to \$34,999	672	16.1%
\$35,000 to \$49,999	812	19.4%
\$50,000 to \$74,999	825	19.7%
\$75,000 to \$99,999	402	9.6%
\$100,000 to \$149,999	175	4.2%
\$150,000 to \$199,999	14	0.3%
\$200,000 or more	10	0.2%

### ***Median Household Income***

***\$37,591***

### ***Family Income***

Families	3,660	100%
< \$10,000	434	11.9%
\$10,000 to \$14,999	348	9.5%
\$15,000 to \$24,999	458	12.5%
\$25,000 to \$34,999	597	16.3%
\$35,000 to \$49,999	594	16.2%
\$50,000 to \$74,999	659	18.0%
\$75,000 to \$99,999	371	10.1%
\$100,000 to \$149,999	175	4.8%
\$150,000 to \$199,999	14	0.4%
\$200,000 or more	10	0.3%

### ***Median Family Income***

***\$34,855***

### ***Per Capita Income***

***\$10,781***

*2006-2010 ACS 5-year estimates*

### ***Poverty Status in the past 12 months***

All people (in the past 12 months)
People in families (in the past 12 months)

### ***% Poverty Status***

27.6%
26.9%

# Hispanic Umatilla County Profile

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

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

	Income	Rank of Oregon counties
BEA Per Capita Personal Income 2011	\$30,701	26 <sup>th</sup> of 36 counties
BEA Per Capita Personal Income 2010	\$29,349	25 <sup>h</sup> of 36 counties
BEA Per Capita Personal Income 2009	\$29,110	25 <sup>th</sup> of 36 counties
BEA Per Capita Personal Income 2008	\$29,210	28 <sup>th</sup> of 36 counties
BEA Per Capita Personal Income 2000	\$21,944	25 <sup>th</sup> of 36 counties
BEA Per Capita Personal Income 1999	\$21,108	24 <sup>th</sup> of 36 counties

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

## Employment Statistics

Category	Umatilla	Oregon
Labor Force	38,003	1,944,663
Employed	34,642	1,783,409
Unemployed	3,361	161,254
Unemployment Rate* in December 2012	8.0	8.4
Unemployment Rate* in November 2012	8.1	8.4
Unemployment Rate* in December 2011	8.4	9.0

*\*Rate equals unemployment divided by labor force.*

*(Source: Oregon Employment Department, March 2013, Obtained from: <http://www.qualityinfo.org/olmisj/OlmiPortal?zjineid=2b>)*

# Hispanic Umatilla County Profile

## Estimated Poverty Status in 2010

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

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

## Federal Poverty Thresholds in 2012 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,945					
1 Person 65 and >	\$11,011					
2 people Householder < 65 years	\$15,374	\$15,825				
2 People Householder 65 and >	\$13,878	\$15,765				
3 People	\$17,959	\$18,480	\$18,498			
4 People	\$23,681	\$24,069	\$23,283	\$23,634		
5 People	\$28,558	\$28,974	\$28,087	\$27,400	\$26,981	
6 People	\$32,847	\$32,978	\$32,298	\$31,647	\$30,678	\$30,104
7 People	\$37,795	\$38,031	\$37,217	\$36,651	\$35,594	\$34,362
8 People	\$42,271	\$42,644	\$41,876	\$41,204	\$40,249	\$39,038
9 People or >	\$50,849	\$51,095	\$50,416	\$49,845	\$48,908	\$47,620

*(Source: U. S. Census Bureau, Poverty Thresholds 2012, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)*

## Executive Summary

Umatilla County Public Health has continued to strive to deliver quality public health services despite the tough economic times. Staffing levels continue to decline, making our ability to meet all the needs of the community impossible. This is most notably seen in our immunization rates and clinic client encounter data. Clients continue to verbalize their frustration with service availability but this department has prioritized services to assure that those services that remain available are of the highest quality.

The implementation of the CCO in Umatilla County has highlighted new challenges for public health. The change of how services are to be provided to our residents is exciting. This has the potential to change the face of public health and the services that are ultimately provided. Shifting from a reactive medical model to a proactive model is exciting. The decrease in funding that the CCOs have will most certainly result in decreased revenue for public health. The major concern is what services will no longer be affordable to provide. It is my hope that UCHD will play a critical role in the case management of clients. This is a skill that public health has held for decades and one that will serve our population well. Public health is invested and highly interested in assuring the success of the CCO, which ultimately will ensure the health of our residents.

Our newest program, Nurse Family Partnership, has been enthusiastically welcomed by our community partners. The program is fully staffed and clients are currently being enrolled. We continue to partner with Morrow County and provide the program there as well. Providing an evidence based nurse home visit model to first time low-income mothers has been well received and we are anxiously awaiting our data. It is our expectation that we will see an improvement in pregnancy outcomes, an improvement in child health, development and safety, and an enhanced parent life course evidenced by pregnancy planning, educational achievement, and employment of the parents.

The School Based Health Centers continue to provide services to students in both Pendleton High School and Sunridge Middle School. The partnership between public health, St. Anthony Hospital, and the Pendleton School District has ensured the success of these centers during the tough economic times. Without the partnership, this service would have been reduced or possibly removed. The SBHCs have received funding to add a full time mental health provider. This is a very exciting step in increasing UCHD's ability to focus on prevention and health promotion.

Over the past year, public health continued to work in conjunction with multiple county partners to complete and begin implementing a Community Health Improvement Plan (CHIP) based on the 2011 Community Health Assessment and the 2012 Hispanic Community Health Assessment. The top three priorities previously identified are the focus of the group. The group is also working with the CCO to address the priority issues.

The past year has been challenging. In addition to external forces of change, (reduced funding and increased need), there has also been change within the department administration. While change provides significant opportunities for growth, it has proven to be a challenge for all staff. The staff at UCHD remains committed to providing quality public health services in our county during these tough times. The high level of expertise and professionalism possessed by those who work at public health is inspiring as we work together to ensure the health and safety of our community.

## Minimum Standards

I. Organization		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. The Local Health Authority meets at least annually to address public health concerns.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Current local health department policies and procedures exist which are reviewed at least annually.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Ongoing community assessment is performed to analyze and evaluate community data.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Local health officials develop and manage an annual operating budget.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Generally accepted public accounting practices are used for managing funds.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. All revenues generated from public health services are allocated to public health programs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Written personnel policies and procedures are in compliance with federal and state laws and regulations.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Personnel policies and procedures are available for all employees.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. All positions have written job descriptions, including minimum qualifications.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Written performance evaluations are done annually.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Evidence of staff development activities exists.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Personnel records for all terminated employees are retained consistently with State Archives rules.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Records include minimum information required by each program.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. A records manual of all forms used is reviewed annually.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Filing and retrieval of health records follow written procedures.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Retention and destruction of records follow written procedures and are consistent with State Archives rules.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Local health department telephone numbers and facilities addresses are publicized.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Health information and referral services are available during regular business hours.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Certified copies of registered birth and death certificates are issued within one working day of request.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

## Minimum Standards

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. A system to obtain reports of deaths of public health significance is in place.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Health department administration and county medical examiner review collaborative efforts at least annually.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Staff is knowledgeable of and has participated in the development of the county's emergency plan.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Written policies and procedures exist to guide staff in responding to an emergency.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Staff participates periodically in emergency preparedness exercises and upgrade response plans accordingly.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.
II. Control of Communicable Diseases		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. There is a mechanism for reporting communicable disease cases to the health department.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	43. A system exists for the surveillance and analysis of the incidence and prevalence of communicable disease.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	44. Annual Reviews and analysis are conducted for five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Immunizations for human target populations are available within the local health department jurisdiction.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46. Rabies immunizations for animal target populations are available within the local health department jurisdiction.

## Minimum Standards

III. Environmental Health		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	47. Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Training in first aid for choking is available for food service workers.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
<input type="checkbox"/>	<input type="checkbox"/>	51. Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	52. Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	53. Compliance assistance is provided to public water systems that violate requirements. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	54. All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	55. A written plan exists for responding to emergencies involving public water systems. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	56. Information for developing a safe water supply is available to people using on-site individual wells and springs. <i>Drinking water systems are state managed in Umatilla County.</i>
<input type="checkbox"/>	<input type="checkbox"/>	57. A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. <i>Onsite sewage disposal systems are state managed in Umatilla County.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	58. Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	59. School and public facilities food service operations are inspected for health and safety risks.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Indoor clean air complaints in licensed facilities are investigated.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Environmental contamination potentially impacting public health or the environment is investigated.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. The health and safety of the public is being protected through hazardous incidence investigation and response.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

## Minimum Standards

IV. Health Education and Promotion		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. The health department provides and/or refers to community resources for health education/health promotion.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Local health department supports healthy behaviors among employees.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Local health department supports continued education and training of staff to provide effective health education.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. All health department facilities are smoke free.
V. Nutrition		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Local health department reviews population data to promote appropriate nutritional services.
		74. The following health department programs include an assessment of nutritional status:
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
		WIC <i>Not Applicable</i>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Family Planning
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Parent and Child Health
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Older Adult Health <i>General nutritional information is available; No specific information for older adults. Those with questions are referred to primary care or nutrition services through local hospitals.</i>
	<input type="checkbox"/>	<input type="checkbox"/>
		Corrections Health <i>Not Applicable</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Clients identified at nutritional risk are provided with or referred for appropriate interventions.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. Local health department supports continuing education and training of staff to provide effective nutritional education.
VI. Older Adult Health		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. A mechanism exists for intervening where there is reported elder abuse or neglect.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	81. Prevention-oriented services exist for self-health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

## Minimum Standards

<b>VII. Parent and Child Health</b>		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	82. Perinatal care is provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	83. Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	84. Comprehensive family planning services are provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	85. Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	86. Child abuse prevention and treatment services are provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	87. There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	88. There is a system in place for identifying and following up on high risk infants.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	89. There is a system in place to follow up on all reported SIDS deaths.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	90. Preventive oral health services are provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	91. Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	92. Injury prevention services are provided within the community.
<b>VIII. Primary Health Care</b>		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	93. The local health department identifies barriers to primary health care services.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	94. The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	95. The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	96. Primary health care services are provided directly or by referral.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	97. The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	98. The local health department advocates for data collection and analysis for development of population based prevention strategies.
<b>IX. Cultural Competency</b>		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	99. The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100. The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	101. The local health department assures that advisory groups reflect the population to be served.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	102. The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## Minimum Standards

<b>X. Health Department Personnel Qualifications</b>		
<i>Administrator</i>		
Administrator Name: Sarah Williams		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the Administrator have a Bachelor degree?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the Administrator have at least 3 years experience in public health or a related field?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the Administrator taken a graduate level course in biostatistics?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the Administrator taken a graduate level course in epidemiology?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the Administrator taken a graduate level course in environmental health?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the Administrator taken a graduate level course in health services administration?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?
Please see Attachment A		
<b>Supervising Public Health Nurse</b>		
Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does the local health department Supervising Public Health Nurse meet the minimum qualifications? Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency; AND a baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.
Please see Attachment B		
<b>Environmental Health Supervisor</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the local health department Environmental Health Supervisor meet minimum qualifications? Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency OR a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency
<b>Health Officer</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the local health department Health Officer meet minimum qualifications? Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

## Minimum Standards

### Attachment A

The Administrator has a Bachelor's degree in nursing and plans to complete the required courses over the next two years. It is requested that the minimum qualifications be waived as the administrator works towards obtaining the required education.

## Minimum Standards

### Attachment B

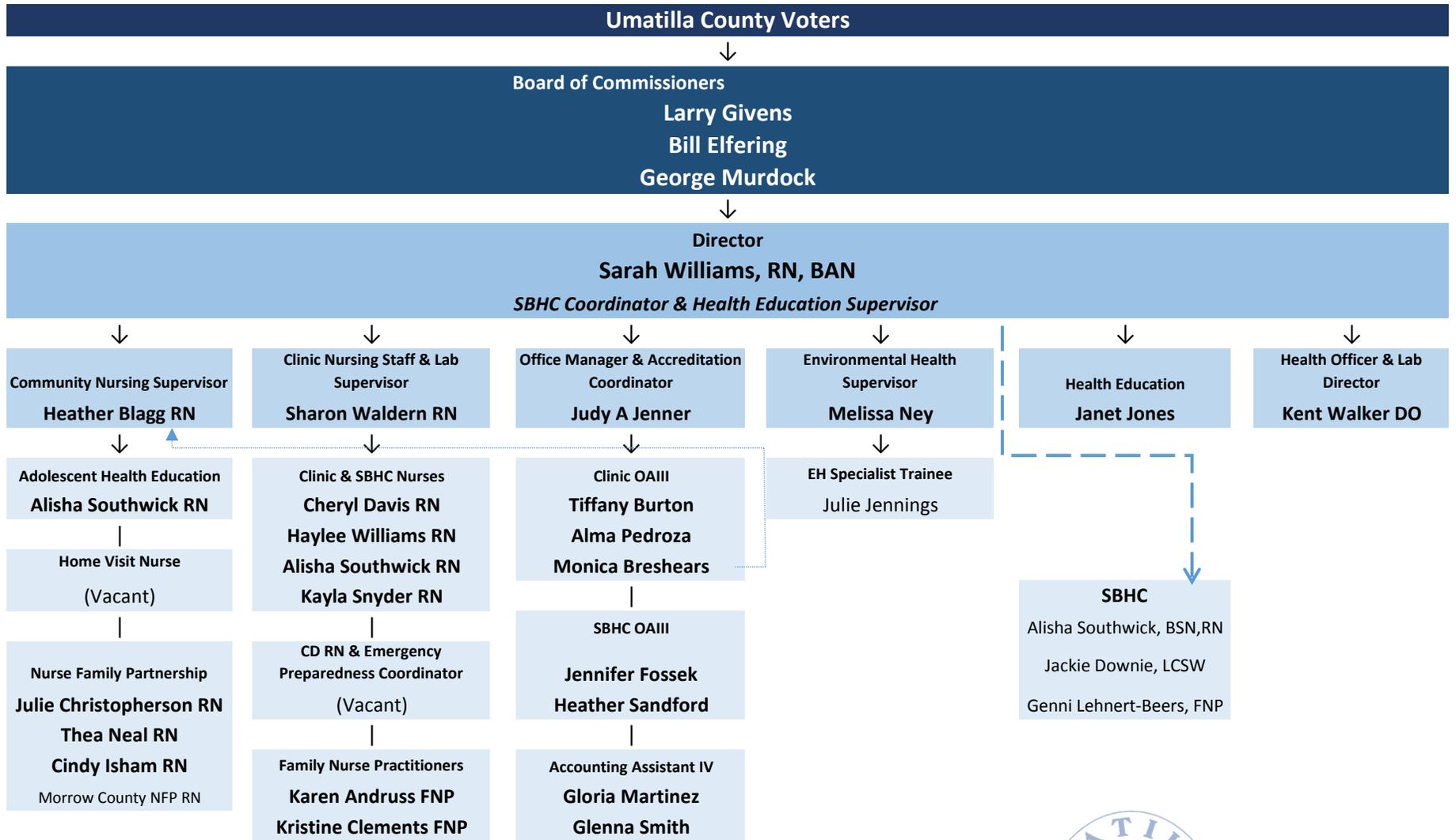
The Clinic Nursing Supervisor has multiple years of public health experience. Due to the rural nature of our county, finding baccalaureate degree nurses or master's level nurses to work in public health is a burden. I request that a waiver be granted for the Clinic Nursing Supervisor.

## Budget

The budget for FY 2014-2015 will be adopted in June. At the time of this report, the budget has yet to be completed. Once adopted, a copy of the budget may be obtained by contacting the Finance Department at the Umatilla County Courthouse:

Bob Heffner  
Budget Officer  
216 SE 4<sup>th</sup> Street  
Pendleton OR 97801  
541-278-6235

**Umatilla County  
PUBLIC HEALTH DEPARTMENT  
2013 ORGANIZATIONAL CHART**





**Umatilla County  
Community Health Improvement Plan**

**2013-2015**

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## Executive Summary

Beginning in 2011, the Umatilla County Community Health Partnership (UCCHP) met to initiate the first collaborative countywide health assessment. In the years leading up to this assessment, numerous agencies had been routinely completing varying degrees of assessments to assist in identifying the needs of county residents. The catalyst for this new, collaborative countywide assessment project occurred during a community coalition meeting to discuss the development of a free medical clinic. The coalition group rapidly recognized—and ultimately recommended—that a comprehensive community health assessment was needed in order to proceed with the project. As a result, the UCCHP was created.

The purpose of the collaborative countywide health assessment is to measure the current health status of Umatilla County residents, identify service gaps and needs, and be a catalyst for positive change. Following the completion and review of the findings from the initial phase of the countywide assessment, a group of stakeholders has met monthly since June 2012. This core group further subdivided into smaller work groups to develop and set goals to address the three top-ranked health issues. Research into **evidence-based practices** that have been successfully employed in similar community settings is being used to help determine the interventions, goals, and measures of success that partner agencies in Umatilla County will utilize to address residents' identified health needs. The UCCHP intends to complete a collaborative countywide health assessment on a triennial basis.

### Strategies:

Priority Health Issues for Umatilla County
1. Decrease obesity rates
2. Decrease tobacco use
3. Decrease chronic disease rates: diabetes & asthma

### Areas of Health Priority:

To decrease **obesity rates**, Umatilla County will focus on the following target impact areas: 1) Decrease the consumption of sugar sweetened beverages, 2) Decrease the total hours of screen time each day, 3) Implement walking school buses, 4) Utilized Employer Wellness Tool Kits, 5) Utilize message boards for wellness education, 6) Implement a Community Wellness Calendar, 7) Collaborate with the Independent Physician Association to provide wellness education to their patients.

To decrease **tobacco use**, as well as decreasing **the burden of asthma**, Umatilla County will focus on the following target impact areas: 1) Promote tobacco free work sites and promotion of the Oregon Tobacco Quit line and local resources to help protect people from secondhand smoke and help people quit, 2) Provide employees, health care clients, and area residents with increased opportunities to quit tobacco.

To decrease chronic disease rates (specifically, **diabetes**) Umatilla County will focus on the following target impact areas: 1) Develop and implement community healthy cooking classes, 2) Utilize 211info.org to provide community with diabetes education and/or resources, 3) Develop and implement a local diabetes supply network for zero to low-income and underinsured persons.

### Action Steps:

To work toward decreasing **obesity**, the following action steps are recommended: 1) Work with Blue Mountain Community College to develop a policy to remove the availability of soda/sugar sweetened beverages on school grounds from vending machines, cafeterias, and snack shops, 2) Utilize the We Can! Awareness campaign to educate parents and caregivers of the benefits of reducing screen time, 3) Work with the school board, PTA, and school administration to implement walking school bus using state guidelines, 4)

Identify four (4) employers who are interested in utilizing Oregon's Wellness Tool Kits to improve the health of their employees, 5) Invite business owners to share wellness messages on bulletin boards every month, 6) Create a wellness calendar quarterly that identifies wellness events in the community, post on various community websites, 7) Utilize primary care provider to provide ongoing education for their elderly patients around healthy diets, weight management, and physical activity.

To work toward decreasing **tobacco use and the burden of asthma**, the following actions steps are recommended: 1) Promote Oregon Tobacco Quit Line and local resources to community members, 2) Provide employees, health care clients, and Umatilla County residents with increased opportunities to quit tobacco by; Increasing the number of face to face tobacco cessation support options in the community to help people quit and by increasing the number of trained tobacco cessation counselors in Pendleton and Umatilla County.

To work toward decreasing **diabetes**, the following actions steps are recommended: 1) Implement community healthy cooking classes, 2) Utilize 2011info.org for education, 3) Implement local diabetes supply network.

An additional action step was identified: to complete a **Hispanic Community Health Assessment** to better understand this population and their needs.

## Partners

### Acknowledgements

The Umatilla County Community Health Partnership wishes to acknowledge the numerous contributions of the following partners and stakeholders.

#### Umatilla County Community Health Partnership Members:

Blue Mountain Community College  
Cancer Community renewal Partnership  
CAPECO  
Clearview Medication  
Commission on Children and Family  
Domestic Violence Services, Inc.  
Eastern Oregon Alcoholism Foundation  
Foster Grandparents/Senior Companions  
Good Shepherd Health Systems  
Head Start of Umatilla and Morrow Counties  
Healthy Communities Coalition  
Lifeways Mental Health Services  
Mirasol Family health Center  
Oregon Child Development Coalition  
Oregon Department of Human Services  
Pendleton Ministerial Fellowship  
Milton-Freewater School District  
Pioneer Relief Nursery  
Salvation Army  
St. Anthony Hospital  
St. Mary Medical Center  
Umatilla County Emergency Management  
Umatilla County Public Health  
United Way  
Yellowhawk Tribal Health Center

Rod Harwood, MDiv, MA, BCC, from St Anthony Hospital Pendleton, Oregon, facilitated this strategic planning process.

## Strategic Planning Model

Beginning in June 2012, the Umatilla County Community Health Partnership Committee began meeting to develop strategies to address the findings identified in the Community Health Assessment. Over the course of next year, this group met on a monthly basis.

1. **Choosing Priorities**- Use of quantitative and qualitative data to prioritize target impact areas
2. **Ranking Priorities**- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. **Resource Assessment**- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. **Gap Analysis**- Determine existing discrepancies between community needs and viable community resources to address local priorities; Identify strengths, weaknesses, and evaluation strategies; and Strategic Action Identification
5. **Best Practices**- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
6. **Goal Development**-Small groups formed to identify goals and best practices to address target areas identified in the Health Assessment.
7. **Draft Plan**- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

## Needs Assessment

The Strategic Planning Committee reviewed the 2011 Umatilla County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following table shows the group results.

What are the most significant **ADULT** health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Obesity (28.4/30 points)	67%	Adults	Men—72% Women—61%
2. Tobacco (26.8/30 points)	18%	Under 30-64 years	Both
3. Chronic Disease (26.4/30 points)			
Asthma	20%	Under 30	Both
Diabetes	13%	Age 65 & over—27%	Males—15% Females—10%
4. Addiction (26.25/30 points)			
Alcohol—Binge Drinkers	18%	Under 30	Males—41% Females—31%
Marijuana/Other Drugs	7%/9%	Under 30	Both
5. Mental Health (24.2/30 points)	21%	Over 45	Unknown
6. Access to Care—Low Income/Underserved (23.4/30 points)	16% Without Insurance 22% Without Primary Physician 38% Did Not Get Care They Needed	Under 30	Both

## Priorities Chosen

The Umatilla County Strategic Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were determined. Based on the results, the group decided to focus on the following three issues: adult obesity, tobacco use and chronic disease-diabetes and asthma. The results were sent out to the full committee for review and approval.

The rankings were as follows:

1. Obesity—28.4
2. Tobacco—26.8
3. Chronic Disease (Asthma/Diabetes)—26.4
4. Addictions—26.25
5. Mental Health—24.2
6. Access to Care (Low Income/Underserved)—23.4

## The Role of the Local Coalition in the CHIP Process

A key part of the implantation strategy for the Umatilla County Community Health Partnership is the local community health coalitions. Hermiston, which is on the west end of the county, has had an active coalition for a number of years called the Healthy Communities Coalition. Pendleton has just started a local coalition called the Pendleton Community Health Partnership. Milton-Freewater plans on starting their own coalition in the next few months. The Umatilla County Community Health Partnership will work with its partners in each part of county to develop and strengthen coalition development. It will also seek ways in which the partners through the coalition can collaborate together. It was decided that in order to effectively address the needs in each part of the county the local community health coalitions would need to develop implementation strategy plans for their part of the county. Key partners in each of these local coalitions are listed below:

<b>Hermiston Healthy Communities Coalition (Westside)</b>	<b>Pendleton Community Health Partnership (Eastside)</b>	<b>Milton-Freewater Community Health Partnership (Northside)</b>
Good Shepherd Health Systems	St. Anthony Hospital	Providence St. Mary Medical Center
Marisol-Yakima Valley Farm Worker Clinic	Yellowhawk Tribal Clinic	Walla Walla General Hospital
Umatilla County Public Health	Umatilla County Public Health	Family Care Clinic- Yakima Valley Farm Workers Clinic
Lifeways (Mental Health)	Lifeways (Mental Health)	Umatilla County Public Health
CAPECO	CAPECO	Walla Walla County Public Health
OCDC		CAPECO

## Umatilla County Forces of Change

Force of Change	Impact
Increased access to fast foods, and less access to recreational facilities in Umatilla County; Lower college graduation rate in Umatilla County	<ul style="list-style-type: none"> <li>Rising rates of obesity and children living in poverty <a href="http://www.countyhealthrankings.org/app/oregon/2013/umatilla/county/outcomes/overall/snapshot/by-rank">http://www.countyhealthrankings.org/app/oregon/2013/umatilla/county/outcomes/overall/snapshot/by-rank</a></li> </ul>
Funding cuts	<ul style="list-style-type: none"> <li>Sequestration affecting many programs</li> </ul>
Affordable Care Act (Medicaid Expansion); Health reform in Oregon; Creation of Coordinated Care Organizations (CCOs) in Oregon—locally the Eastern Oregon Coordinated Care Organization (EOCCO) to address needs of Medicaid recipients  <a href="http://www.oregon.gov/oha/OHPB/pages/health-reform/providers/index.aspx">http://www.oregon.gov/oha/OHPB/pages/health-reform/providers/index.aspx</a>	<ul style="list-style-type: none"> <li>CCOs (locally governed, shared budget) being developed to bring together physical, mental and eventually dental health care services that will focus on prevention, chronic illness management; will have flexibility within the allotted budget to provide services to Medicaid clients</li> <li>Eastern Oregon CCO has 13 counties in it—very difficult to coordinate all the local providers, local health plans, communities, and stakeholders</li> <li>Will encourage development of behavioral/mental health services, &amp; integration into primary care medical home</li> </ul>
Navigation of the market place for health insurance coverage	<ul style="list-style-type: none"> <li>Affordable Care Act will force individuals/employers to purchase health insurance</li> <li>New insurance navigation resource through “Cover Oregon” available 10/1/2013 <a href="http://coveroregon.com/">http://coveroregon.com/</a></li> </ul>
Electronic Health Records (EHR)	<ul style="list-style-type: none"> <li>Increased ability to watch health trends better than in the past</li> </ul>
Medical Home; Patient-Centered Primary Care Homes are a central focus of Oregon’s health system transformation efforts  <a href="http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm">http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm</a>	<ul style="list-style-type: none"> <li>At <b>0.76 primary care physicians/1000 population</b>, there are potentially not enough primary care physicians to serve county population as medical homes</li> <li>Umatilla County has only 2 clinics recognized as Patient-Centered Primary Care Homes by the State of Oregon (one each in Hermiston &amp; Pendleton): <a href="http://www.oregon.gov/oha/OHPR/pages/HEALTHREFORM/PCPCH/recognized-clinics.aspx">http://www.oregon.gov/oha/OHPR/pages/HEALTHREFORM/PCPCH/recognized-clinics.aspx</a></li> </ul>
Shortage of physicians  <a href="http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm">http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm</a>	<ul style="list-style-type: none"> <li>Rural Umatilla County has <b>1.4 physicians/1000 population</b>—compared to 5.2 physicians/1000 population in urban Multnomah County</li> <li>New legislation proposed to pay medical school bills in exchange for service commitment in rural Oregon</li> </ul>
Nurse Practitioners (NPs)—better rate than much of Oregon  <a href="http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm">http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm</a>	<ul style="list-style-type: none"> <li>At <b>0.93 NPs/1000 population</b>, Umatilla County has one of the highest levels of NPs in the state</li> <li>Increases access to care, often for the medically underserved/underinsured</li> </ul>
Health Professional Shortage Area (HPSA) designations for Umatilla County  <a href="http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm">http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/publications/maps.cfm</a>	<ul style="list-style-type: none"> <li>Dental care shortage area for low income population</li> <li>Migrant worker primary health care shortage area</li> <li>Geographical access shortage for mental health services</li> </ul>
Collaborative Community Health Needs Assessment & Strategic Planning	<ul style="list-style-type: none"> <li>Greater cooperation between systems &amp; agencies</li> <li>Shared Community Health Improvement Plan (CHIP)</li> </ul>
Health Department—Accreditation (similar to Joint Commission nation-wide accreditation)	<ul style="list-style-type: none"> <li>Quality improvement</li> </ul>

## Strategy #1: Decrease Obesity Rates

### Obesity Indicators

*67% of Umatilla County adults were overweight or obese based on Body Mass Index (BMI).*

#### Weight Status

The 2011 Umatilla County Health Assessment indicates that 35% of adults were overweight and 32% were obese based on Body Mass Index (BMI). Both of these categories are higher than the state and nation. The 2011 BRFSS reported that 28% of Oregonians and U.S. adults were obese while 28% of Oregonians and 36% of U.S. adults were overweight.

#### Nutrition

In 2011, 7% of Umatilla County adults ate 5 or more servings of fruits and vegetables per day; 88% of adults ate one to four servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 Oregon Behavioral Risk Factor Surveillance System (BRFSS) reported that only 26% of Oregon adults and 23% of adults nationwide were eating the recommended number of servings of fruits and vegetables.

73% of Umatilla County adults drank soda pop, punch, Kool-Aide, energy drinks, sports drinks, or other fruit flavored drinks in the past week. 21% of adults drank at least one of these drinks daily. Umatilla County adults ate out or had takeout an average of 1.9 times per week.

#### Physical Activity

In Umatilla County, 56% of adults were engaging in physical activity for at least 30 minutes on three or more days per week. 33% of adults exercised five or more days per week and 24% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Umatilla County adults gave the following reasons for not exercising: time 27%, weather 21%, pain/discomfort 19%, too tired 18%, cannot afford a gym membership 15%, they choose not to exercise 10%, no child care 6%, no sidewalks 5%, no walking or biking trails 4%, do not know what activity to do 3%, no gym available 3%, safety 3%, doctor advised them not to 3%, and other 12%.

## Strategy #1: Decrease Obesity Rates

### Obesity Indicators for Youth and Adults

2008 Youth Indicators	Umatilla County 2008 (8 <sup>th</sup> )	Oregon 2008 (8 <sup>th</sup> )	Umatilla County 2008 (11 <sup>th</sup> )	Oregon 2008 (11 <sup>th</sup> )
BMI identified as overweight or obese	31%	25.9%	29%	26.8%
Described themselves as slightly or very overweight	32.5%	28.7%	34.7%	32.2%
Drank 100% fruit juice 1-6 times during the past 7 days	52.2%	53.9%	55%	57.2%
Did not eat any fruit during the past 7 days	11.9%	8.9%	9.2%	8.4%
Did not eat a green salad on any day during the past 7 days	40.2%	35.4%	33.4%	31.3%
Did not eat vegetables during the past 7 days (excluding carrots)	18.6%	15.5%	15.2%	12.9%
Ate breakfast everyday during the past 7 days	46.8%	42.5%	38%	38.3%
Drank soda or pop 1-3 times during the past 7 days	44.2%	42.2%	35.8%	37.9%
Did not purchase any soda or pop at school during past 7 days	80.2%	87.6%	74.9%	82.2%
Did not participate in at least 60 minutes of physical activity on any day in past week	6.1%	7.1%	12.7%	11%
Participate in PE 5 days a week while in school	36.4%	50.6%	18.1%	22.1%
Watched TV 3 or more hours per day on a school day	30.3%	27.3%	25.3%	22.1%
Played video or computer games 2 or more hours per day on a school day	39.4 %	35.4%	33.6%	33.1%

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

## Strategy #1: Decrease Obesity Among Adults and Youth Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Backpack/Food program	Altrusa of Hermiston	All incomes & ages	Prevention/Early Intervention/Treatment	None
Classes, health fairs, community events. Nursing students often assist with health fairs & health screenings. Has active worksite wellness committee for employees.	Blue Mountain Community College	All incomes & ages, may have fees	Prevention/Early Intervention/Treatment	Numbers of participants
Breastfeeding Peer Counseling Program, nutrition education, high risk counseling	WIC	Low income pregnant and breastfeeding women, mothers of at-risk infants & children	Prevention/Early Intervention/Treatment	Weight, height, hematocrit, breastfeeding or bottle feeding
Fitness classes	Club 24 Express Fitness	Those under 18 must be with an adult	Prevention/Early Intervention/Treatment	Numbers of participants
Personal trainers, fitness classes, exercise facilities	Columbia Court Club	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Personal trainers, fitness classes, exercise facilities	Pendleton Round-Up Athletic Club	All incomes & ages, fee based	Prevention/Early Intervention/Treatment	Numbers of participants
Family Health & Fitness Day-GSMC and Healthy Communities Coalition	Good Shepherd Medical Center	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Health & wellness activities for girls 5-9 years old	Girl Scouts of America	Girls age 5-9	Prevention/Early Intervention	None
Assist families in establishing medical and dental homes for children. Assist with appointments, transportation, care plans, children with asthma and/or diabetes, nutrition assessments, and individualized plans to address obesity.	Head Start	Low income children enrolled in Head Start	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Programs and activities for all ages that promote health and wellness.	Pendleton Parks & Recreation	All incomes & ages	Prevention/Early Intervention/Treatment	Numbers of participants
Provides fresh veggies/fruits locally grown, along with activities	Pendleton Farmers' Market/Hermiston Saturday Market	All incomes & ages; Food stamps accepted at many vendors	Prevention/Early Intervention/Treatment	None
Space for community to grow their own vegetables and herbs	Community Garden—Lovin' Spoonful in Hermiston	All incomes & ages	Prevention/Early Intervention	Numbers of participants

## Strategy #1: Decrease Obesity Among Adults and Youth Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Health education programs intended to promote health careers. Programs include: Brain Awareness, Girls in Science, health speakers' series, and In-A-Box.	Northeastern Oregon Area Health Education Center (NEOAHEC) at Eastern Oregon University	Open to schools & colleges in Northeastern Oregon	Prevention/Early Intervention	Numbers of participants
Free summer meal sites and activities—4 locations in Pendleton	Summer Meals—Nourishing Oregon's Kids by Oregon Dept. of Education	Kids and teens ages 1-18	Prevention/Early Intervention	Numbers of participants compared to numbers of children who rely on school lunch
Nurse-Family Partnership is a program for women having a baby. If enrolled, a registered nurse will visit first-time mothers in home and throughout pregnancy until baby is 2 years old.	Umatilla County Public Health Department	First-time mothers	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Providing a coordinated and collaborative delivery system of parent education opportunities.	Oregon Parent Education Collaborative	Open to residents of Umatilla & Morrow Counties	Prevention/Early Intervention	Numbers of participants
Emergency Food Bank	Salvation Army	All people in need	None	Numbers of participants
Midday meal	Pendleton Senior Center	Seniors and disabled individuals, open to the public	Prevention/Early Intervention	Numbers of participants
Supports health and human services throughout Umatilla County.	United Way of Umatilla County	All incomes & ages	Prevention/Early Intervention/Treatment	Programs supported
Master Gardner program, school and community presentations, 4-H Youth Program, SNAP	Umatilla County Extension Services (OSU)	All incomes & ages	Prevention/Early Intervention	Numbers of participants
Health & wellness education, support	PEBB Health Engagement Model	State of Oregon employees & families	Prevention/Early Intervention/Treatment	Employee health status tracking, private information
Master Gardener Community Gardens	OSU Extension	Public volunteers	Prevention/Early Intervention/Treatment	Numbers of participants
Races (Relay for Life, Salmon Walk, Hermiston Fun Run for Education Foundation, etc.)	Various	All ages	Prevention/Early Intervention/Treatment	None
Bicycling events	Pendleton on Wheels	All ages	Prevention/Early Intervention/Treatment	None

## Strategy #1: Decrease Obesity Among Adults and Youth Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Cooking Matters: Cooking classes that are co-sponsored by Head Start and GSMC	Head Start & GSMC	All incomes & ages	Prevention/Early Intervention/Treatment	Numbers of participants
Exercise band class for strength & flexibility	GSMC	Adults	Prevention/Early Intervention/Treatment	Numbers of participants
GSMC Lactation Services: Assisting mothers and families with breastfeeding	GSMC	All incomes & ages, by appointment & referral	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Family Health & Fitness Day: Offers information, screenings, and activities on health, wellness, and safety	GSMC and Healthy Communities Coalition	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Fiesta Foods Health Fair: Offers information and activities on health and wellness	Fiesta Foods Store in Hermiston	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
On staff nurse that assists with health and wellness promotion, assessments, and prevention.	Hermiston School District	Public school students ages 5-18	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
I-Factor: After school program for Sunset Elementary students. Guest presenters share health and wellness information.	Sunset Elementary in Hermiston	Students of Sunset Elementary	Prevention/Early Intervention	Numbers of participants
<b>Living Well with Chronic Conditions:</b> Quarterly classes that provides support and education for those living with a chronic illness. 6-week class focuses on managing chronic illness.	Head Start & GSMC	People with chronic illnesses, their families & friends	Early Intervention/Treatment	Evidence-based program that has demographic information about participants
Provides structured events and activities around health and wellness.	Northwest Housing Authority	Based upon age & income-based housing	Prevention/Early Intervention/Treatment	Numbers of participants
Open Table: Free lunches served: Mon-First Christian Church; Tues/Fri-Catholic Church; Wed/Thurs-Methodist Church-	Hermiston churches	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Comprehensive health and services for parents and children	Oregon Child Development Coalition	Farm workers with children ages 6 weeks to 5 years old	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Safe Solutions Program: Promotes safe biking and pedestrian safety events	ODOT & GSMC	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Tai chi	GSMC	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Wellness assessments—one on one	GSMC	All incomes & ages	Prevention/Early Intervention/Treatment	Demographics of participants
Providing food staples for those in need	Stanfield Food Bank	Underserved & seniors	None	Numbers of participants

## Strategy #1: Decrease Obesity Among Adults and Youth Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Healthier Communities Class Offerings – Hearth Healthy Eating Class, Grocery Store Tour, and others	St Anthony Hospital	All ages, income, and ethnicities	Prevention, early intervention	Pre and post testing of participants
Healthier Communities-Spring Health Fair –Complete Blood Draw Panel & PSA for Men	St. Anthony Hospital	All Ages (free)	Prevention/Early Intervention/Treatment	
Nutrition Services-Provide one-on-one medical nutrition therapy for various health conditions	St Anthony Hospital-Nutrition Services	Age 5 through adult	Prevention/Early Intervention/Treatment	Improvement in intermediate health indicators (cholesterol, weight, etc.)
Nurse Practitioner conducts health and wellness promotion, assessments, diagnosis, treatment, and prevention.	Pendleton High School-Based Health Center	Pendleton High School students	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Karate, Yoga, Dance Classes, etc.	Privately offered classes	Open to public, fee based	Prevention/Early Intervention/Treatment	None
Pendleton River Walk Pathway—distances marked	City of Pendleton	Open to public	Prevention/Early Intervention/Treatment	None

## Strategy #1: Decrease Obesity Rates Gaps & Potential Strategies

Gaps	Potential Strategies
<b>Expand community programs for free or low cost exercise</b>	<ul style="list-style-type: none"> <li>• Work with local businesses to offer rates based on income/need</li> <li>• Encourage employers to provide service to employees</li> <li>• Engage public</li> <li>• Work with Eastern Oregon Coordinated Care Organization (EOCCO) to provide exercise facilities' membership for those insured</li> </ul>
<b>Lack of health insurance</b>	<ul style="list-style-type: none"> <li>• Work with employers to expand coverage</li> <li>• Promote EOCCO coverage</li> </ul>
<b>Awareness of Farmer's Market</b>	<ul style="list-style-type: none"> <li>• Increase awareness of this resource</li> <li>• Utilize community reader boards to advertise</li> <li>• PSAs</li> <li>• Print media</li> </ul>
<b>Worksite wellness programs</b>	<ul style="list-style-type: none"> <li>• Policy issues</li> <li>• Dedicated staff to employer education of worksite wellness</li> <li>• Educate on insurance savings and incentives</li> </ul>
<b>School-based physical education (PE)</b>	<ul style="list-style-type: none"> <li>• Lobby legislature on importance of PE</li> <li>• Work with schools to promote PE</li> <li>• Engage parents</li> <li>• Engage students</li> </ul>
<b>Nutrition education</b>	<ul style="list-style-type: none"> <li>• Promote portion control</li> <li>• Cooking classes</li> <li>• Educate on health effects of poor diet</li> </ul>
<b>Support groups for activity</b>	<ul style="list-style-type: none"> <li>• Engage businesses, churches, and organizations to provide space for groups to meet</li> <li>• Enlist help of local wellness groups to organize</li> </ul>
<b>Sidewalk improvements</b>	<ul style="list-style-type: none"> <li>• Present sidewalk needs to city council</li> <li>• Work with cities to find grants to improve sidewalks</li> </ul>

# Strategy #1: Decrease Obesity Among Adults and Youth

## Best Practices

### Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce obesity**:

1. The CDC states that **eating a diet high in fruits and vegetables** is associated with a decreased risk of many chronic diseases, including heart disease, stroke, high blood pressure, diabetes, and some cancers. Research also has found that replacing foods of high energy density (high calories per weight of food) with foods of lower energy density, such as fruits and vegetables, can be an important part of a weight-management strategy. The following strategies focus on policy and environmental changes that are designed to increase access to and improve the availability of fruits and vegetables, with the expectation that these changes will lead to increased consumption. Strategies were selected on the best available evidence, as well as the knowledge and expertise of the authors and Centers for Disease Control and Prevention (CDC) partners. For more information, go to **The CDC Guide to Strategies to Increase the consumption of Fruits and Vegetables** at <http://www.cdc.gov/obesity/resources/recommendations.html>
  - a. Promote food policy councils as a way to improve the food environment at state and local levels
  - b. Improve access to retail stores that sell high-quality fruits and vegetables or increase the availability of high-quality fruits and vegetables at retail stores in underserved communities
  - c. Start or expand farm-to-institution programs in schools, hospitals, workplaces, and other institutions
  - d. Start or expand farmers' markets in all settings
  - e. Start or expand community-supported agricultural programs in all settings
  - f. Ensure access to fruits and vegetable in workplace cafeterias and other food service venues
  - g. Ensure access to fruits and vegetables at workplace meetings and events
  - h. Support and promote community and home gardens
  - i. Establish policies to incorporate fruit and vegetable activities into schools as a way to increase consumption
  - j. Include fruits and vegetables in emergency food programs
2. The CDC, in its **Implementation and Measurement Guide**, shares that research has shown that the availability of less healthy foods in schools is inversely associated with fruit and vegetable consumption and is positively associated with fat intake among students. In this guide, for each strategy, **measurement questions are suggested to allow communities to track progress over time, and to compare themselves to similar communities**. For more information, please go to **Recommended Community Strategies and Measurements to Prevent Obesity in the United States** at <http://www.cdc.gov/obesity/resources/recommendations.html> Some recommended strategies:
  - a. Schools can restrict the availability of less healthy foods by setting standards for the types of foods sold, restricting access to vending machines, banning snack foods and food as rewards in classrooms, or prohibiting food sales at certain times of the school day.
  - b. Other public service venues that can restrict the availability of less healthy foods include afterschool programs, regulated childcare centers, community recreational facilities (e.g., parks, swimming pools), city and county buildings, and prisons and juvenile detention centers.
3. **Community campaigns to promote physical activity**. Build or become a part of partnerships in your community that include local agencies and organizations that plan and implement initiatives that promote physical activity, such as parks and recreation centers; fitness facilities; and programs in schools, community and senior centers, and hospitals. These partners may be able to offer activities and events as part of the campaign. The Taskforce on Community Preventive Services rates the evidence as strong for communitywide campaigns. For more information, please go to **The CDC Guide to Strategies to Increase Physical Activity** at <http://www.cdc.gov/obesity/resources/recommendations.html>
  - a. Point of decision prompts to encourage use of stairs instead of elevators

## Strategy #1: Decrease Obesity Among Adults and Youth

### Best Practices, continued

- b. Social support interventions in community settings (e.g., “Buddy System,” or “Neighbor Walk”); go to <http://www.americawalks.org>
  - c. Creation of enhanced places for physical activity combined with informational outreach activities
  - d. Community and street-scale urban design and land-use policies
  - e. Active transport to school (including safe walking and biking routes to school)
  - f. Enhanced school-based physical education
4. **Worksite nutrition and physical activity programs** are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies. The Community Preventive Services Taskforce recommends worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees. For more information, please go to <http://www.thecommunityguide.org/obesity/workprograms.html>
- a. Informational and educational strategies aim to increase knowledge about a healthy diet and physical activity. Examples include:
    - i. Lectures
    - ii. Written materials (provided in print or online)
    - iii. Educational software
  - b. Behavioral and social strategies target the thoughts (e.g. awareness, self-efficacy) and social factors that effect behavior changes. Examples include:
    - i. Individual or group behavioral counseling
    - ii. Skill-building activities such as cue control
    - iii. Rewards or reinforcement
    - iv. Inclusion of co-workers or family members to build support systems
  - c. Policy and environmental approaches aim to make healthy choices easier and target the entire workforce by changing physical or organizational structures. Examples of this include:
    - i. Improving access to healthy foods (e.g. changing cafeteria options, vending machine content)
    - ii. Providing more opportunities to be physically active (e.g. providing on-site facilities for exercise)
  - d. Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.
  - e. Worksite weight control strategies may occur separately or as part of a comprehensive worksite wellness program that addresses several health issues (e.g., smoking cessation, stress management, cholesterol reduction).
5. **Behavioral interventions to reduce screen time.** Screen time is time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the Internet. Components of behavioral interventions to reduce screen time (mostly "TV time reduction") include skills building, tips, goal setting, rto enforcement techniques, workbooks, messages, TV turnoff challenges, and family support. The Community Preventive Services Taskforce recommends behavioral interventions aimed at reducing screen time based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes among children and adolescents and in a variety of settings. For more information, please go to <http://www.thecommunityguide.org/obesity/RRbehavioral.html>

## Strategy #1: Decrease Obesity Among Adults and Youth Best Practices, continued

6. **Multi-component coaching interventions** with the goal of influencing weight-related behaviors. **Technology-supported multicomponent coaching or counseling interventions** use technology to facilitate or mediate interactions between a coach or counselor and an individual or group, with a goal of influencing weight-related behaviors or weight-related outcomes. These interventions often also include other components, which may be technological or non-technological. Technology-supported components may include the use of computers (e.g., internet, CD-ROM, e-mail, kiosk, computer program), video conferencing, personal digital assistants, pagers, pedometers with computer interaction, or computerized telephone system interventions targeting physical activity, nutrition, or weight. **Non-technological components** may include in-person counseling, manual tracking, printed lessons, and written feedback. Because of differences in implementation and in the intended outcomes, interventions aimed at reducing weight were considered separately from those intended to maintain weight loss. The Community Preventive Services Taskforce recommends technology-supported multicomponent coaching or counseling interventions intended to reduce weight on the basis of sufficient evidence that they are effective in improving weight-related behaviors or weight-related outcomes. For more information, please go to <http://www.thecommunityguide.org/obesity/RRTechnologicalCoaching.html>

# Pendleton Community Health Partnership - Eastside Strategy #1: Decrease Obesity Among Adults and Youth Action Step Recommendations & Action Plan

## Action Step Recommendations

To work toward decreasing **youth obesity**, the following action steps are recommended:

1. Implement a Walking School Bus for children.
2. Increase opportunities for children to be active by decreasing the total number of screen time hours spent in each day.
3. Implement a soda and sugar sweetened beverage policy at community college.

To work toward decreasing **adult obesity**, the following action steps are recommended:

1. Implement a community bulletin board campaign advertising wellness messages every month.
2. Update and disseminate community wellness calendars that contain information about events where you can be active i.e., bike riding, running, walking, swimming.
3. Utilize wellness tool kits to assist employers in engaging their employees in making better choices related to diet, activity, and a healthy lifestyle.
4. Implement a contract between local providers and EOCCO identifying key educational measures to be provided at medical appointments to include healthy diet, weight management, and physical activity.

## Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 1:</b> Work with local business owner to commit to sharing wellness messages on their public bulletin boards every month.</p> <ul style="list-style-type: none"> <li>• Four local businesses will agree to participate</li> <li>• Wellness bulletin boards will be created by each business</li> <li>• Bulletin boards to be posted for 1 month at each location</li> <li>• End of each month the wellness messages created will be passed to another participating business</li> <li>• Each business is only responsible for creating one wellness bulletin board each year</li> </ul>	Obesity Work Group	May 2014
<p>Obesity Work Group will complete a wellness calendar that will be shared quarterly with the community.</p> <ul style="list-style-type: none"> <li>• List of events from CHA group to be compiled</li> <li>• Outreach to Parks &amp; Rec, CTUIR, School District, County, and City of Pendleton to identify upcoming events.</li> <li>• Posting of the calendar will be on four partnership web pages</li> <li>• Local papers to be provided calendar</li> <li>• Calendars to be provided to Chamber, Parks &amp; Rec, Radio media, Print media, City of Pendleton, and CTUIR</li> <li>• Calendars to be included in water bills quarterly</li> </ul>	Obesity Work Group	August 2013

## Pendleton Community Health Partnership - Eastside Strategy #1: Decrease Obesity Among Adults and Youth Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
<p>Contract to be implemented with EOCCO and local providers to assure that health and wellness education is being provided at all medical appointments.</p> <ul style="list-style-type: none"> <li>• Obesity Work Group to meet with Independent Physician Association (IPA) to discuss obesity issues among their patients.</li> <li>• Identify what providers feel will be best educational areas for their patients in relation to health and wellness</li> <li>• Present desire to cover healthy diet, weight management, and physical activity</li> <li>• Meet with EOCCO to present strategies discussed with IPA in addressing health and wellness education at all medical appointments.</li> <li>• Implement a contract between EOCCO and providers for compensation for providing health and wellness information at each medical appointment.</li> </ul>	Obesity work group	February 2014
<p><b>Year 2:</b> Implement a county-wide campaign to educate community on the importance of screen time reduction</p> <ul style="list-style-type: none"> <li>• Educate service organization about WE Can! Program</li> <li>• Meet with local media for PSA's</li> <li>• Work with school districts/colleges/day cares/parks and rec to educate on the We Can! Program.</li> <li>• Hold a community health event to launch We Can! Program</li> </ul> <p>Utilize a wellness tool kit that will assist employers in getting employees engaged in making better choices related to diet, activity, and a healthy lifestyle.</p> <ul style="list-style-type: none"> <li>• Utilize Oregon Public Health Employer Wellness tool kits</li> <li>• Present information on wellness tool kits to local businesses</li> <li>• Attend local service organization meeting to present information on wellness tool kits</li> <li>• Serve as a resource for the employers</li> </ul>	Obesity Work Group	February 2015
<p>Utilize a wellness tool kit that will assist employers in getting employees engaged in making better choices related to diet, activity, and a healthy lifestyle.</p> <ul style="list-style-type: none"> <li>• Utilize Oregon Public Health Employer Wellness tool kits</li> <li>• Present information on wellness tool kits to local businesses</li> <li>• Attend local service organization meeting to present information on wellness tool kits</li> <li>• Serve as a resource for the employers</li> </ul>	Obesity Work Group	May 2015

**Pendleton Community Health Partnership - Eastside  
Strategy #1: Decrease Obesity Among Adults and You  
Action Step Recommendations & Action Plan, continued**

<b>Decrease Obesity</b>		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 3:</b> Blue Mountain Community College will implement a policy to remove the availability of soda/sugar sweetened beverages on school grounds from vending machines, cafeterias, and snack shops</p> <ul style="list-style-type: none"> <li>• Review current policy from Pendleton School District</li> <li>• Contact Blue Mountain Community College to ascertain if a policy exists</li> <li>• Educate college board and student government on benefits of removal of soda/sugar sweetened beverages from college campuses</li> <li>• Assist Blue Mountain Community College in writing a policy</li> </ul>	Obesity Work Group	June 2016
<p>Create a walking school bus program for local schools</p> <ul style="list-style-type: none"> <li>• Meet with school board to discuss benefits and feasibility of walking school bus</li> <li>• Meet with schools to discuss logistics of walking school bus</li> <li>• Develop an awareness campaign for the community</li> <li>• Meet with PTA and foster grandparents to solicit volunteers</li> </ul>	Obesity Work Group	May 2015

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Tobacco and Asthma Indicators

*In 2011, the health assessment results indicated that 18% of adults were current smokers, and \$25 million is spent on medical care for tobacco-related illnesses, with an additional \$22 million lost in productivity due to tobacco-related deaths. The 2011 health assessment results also indicated that 20% of Umatilla County adults had been diagnosed with asthma, increasing to 46% of those under the age of 30.*

### Tobacco Use and Prevalence of Asthma

One of the most important triggers of asthma attacks is cigarette/secondhand smoke. Eliminating tobacco smoke from the home is the single most important thing a family can do to help household occupants diagnosed with asthma.

According to the 2009 Oregon Behavioral Risk Factor Surveillance System (BRFSS—found at <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Asthma/Pages/burdenrpt.aspx>), those with no high school diploma are more likely to have asthma. In Oregon, tobacco use is higher among people with lower education levels; college graduates have the lowest percentage of smokers. There is also a strong correlation between asthma and income level. Oregonians from a household with an annual income of less than \$15,000 consistently report higher percentages of asthma than all other income levels. Nationally, a higher percentage of people who live below the federal poverty level report having asthma than people who live above the federal poverty level. The percentage of smokers among people with an income of \$15,000 or less is more than three times higher than those making greater than \$50,000. Lower income individuals also have greater exposure to asthma triggers such as mold, mildew, and cockroaches, due to substandard housing.

2011 Adult Comparison of Tobacco Use	Umatilla County 2011	Oregon 2010	U.S. 2010
Current smoker	18%	15%	17%
Former smoker	17%	28%	25%

2011 Adult Comparisons of Asthma	Umatilla County 2011	Oregon 2010	USA 2010
Adults diagnosed with asthma	20%	16%	14%

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Assist with gas cards, lodging, referrals, and resources, as well as health presentations.	American Cancer Society	All incomes & ages	Early Intervention/Treatment	Demographic data about participants
Classes, health fairs, community events. Nursing students often assist with health fairs & health screenings. Has active worksite wellness committee for employees.	Blue Mountain Community College	All incomes & ages, may have fees	Prevention/Early Intervention/Treatment	Numbers of participants
Assesses families for strengths and needs in 10 areas, including tobacco use and readiness to quit and alcohol/drug use (as well as other health factors). Provides resources unique to parent's needs around tobacco quit and reduce children's exposure to second-hand smoke. Link to community resources to address needs and follow care plans, including asthma.	Head Start	Low income children enrolled in Head Start	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Health education programs intended to promote health careers. Programs include: Brain Awareness, Girls in Science, health speakers' series, and In-A-Box.	Northeastern Oregon Area Health Education Center (NEOAHEC) at Eastern Oregon University	Open to schools & colleges in Northeastern Oregon	Prevention/Early Intervention	Numbers of participants
Providing a coordinated and collaborative delivery system of parent education opportunities.	Oregon Parent Education Collaborative	Open to residents of Umatilla & Morrow Counties	Prevention/Early Intervention	Numbers of participants
The <b>Oregon Tobacco Quit Line</b> provides free counseling to help quit tobacco. Some callers may be eligible for free nicotine patches or gum. Additional web resources such as Mylastdip.com are also linked on the web site. Includes assistance for health care providers.	Oregon Tobacco Quit Line	Teens & adults of all ages	Early Intervention/Treatment	Quit Line user multiple demographics report available per month and by county
Tobacco cessation support group; counseling by appointment	GSMC	All incomes & ages	Early Intervention/Treatment	Demographic /numbers of participants
Nurse Practitioner conducts health and wellness promotion, assessments, diagnosis, treatment, and prevention.	Pendleton High School-Based Health Center	Pendleton High School students	Prevention/Early Intervention/Treatment	Medical tracking in individual health records

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Health & wellness education, support	PEBB Health Engagement Model	State of Oregon employees & families	Prevention/Early Intervention/Treatment	Employee health status tracking, private information
<b>Oregon Asthma Resource Bank:</b> In response to the need for easily accessible, reliable materials, a collaboration of healthcare providers in Oregon came together to create the nationally recognized Oregon Asthma Resource Bank website and produce a variety of asthma education handouts and provider tools.	Oregon Health Authority (OHA)	Healthcare providers, patients and families, school staff	Prevention/Early Intervention/Treatment	State & countywide statistics as gathered by the OHA through the BRFSS and the Healthy Teens Survey, as well as other demographic data
Nurse-Family Partnership is a program for women having a baby. If enrolled, a registered nurse will visit first-time mothers in home and throughout pregnancy until baby is 2 years old.	Umatilla County Public Health Department	First-time mothers	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Assists Worksites, Organizations, Schools, Health Care Providers, Communities and families in prevention, education and policy efforts to reduce exposure or access to secondhand smoke, tobacco products, and advertising and promotion of tobacco. Promotes Oregon's Tobacco Quit Line and local Quit resources.	Umatilla County Public Health Tobacco Education and Prevention Program	Open to the public	Prevention/Early Intervention/Treatment	Programs served
Supports health and human services throughout Umatilla County.	United Way of Umatilla County	All incomes & ages	Prevention/Early Intervention/Treatment	Programs supported
Family Health & Fitness Day: Offers information, screenings, and activities on health, wellness, and safety	GSMC and Healthy Communities Coalition	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Fiesta Foods Health Fair: Offers information and activities on health and wellness	Fiesta Foods Store in Hermiston	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
On staff nurse that assists with health and wellness promotion, assessments, and prevention.	Hermiston School District	Public school students ages 5-18	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
I-Factor: After school program for Sunset Elementary students. Guest presenters share health and wellness information.	Sunset Elementary in Hermiston	Students of Sunset Elementary	Prevention/Early Intervention	Numbers of participants
<b>Living Well with Chronic Conditions:</b> Quarterly classes that provides support and education for those living with a chronic illness. 6-week class focuses on managing chronic illness.	Head Start & GSMC	People with chronic illnesses, their families & friends	Early Intervention/Treatment	Evidence-based program that has demographic information about participants
Provides structured events and activities around health and wellness.	Northwest Housing Authority	Based upon age & income-based housing	Prevention/Early Intervention/Treatment	Numbers of participants
Comprehensive health and services for parents and children	Oregon Child Development Coalition	Farm workers with children ages 6 weeks to 5 years old	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Wellness assessments—one on one	GSMC	All incomes & ages	Prevention/Early Intervention/Treatment	Demographics of participants

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Gaps and Potential Strategies

Gaps	Potential Strategies
<b>Casino allows smoking</b>	<ul style="list-style-type: none"> <li>• Work with casino to create policy to implement tobacco free facility</li> <li>• Work with tribal board and members to develop support for tobacco free casino</li> <li>• Engage casino employees</li> </ul>
<b>Mixed State/local policy adoption</b>	<ul style="list-style-type: none"> <li>• Work with both state public health and LPH to create policy at both levels</li> <li>• Engage local legislature</li> <li>• Engage County Commissioners</li> </ul>
<b>Cigarette butt garbage</b>	<ul style="list-style-type: none"> <li>• Use signs to identify area as no smoking</li> </ul>
<b>Not all parks are tobacco free</b>	<ul style="list-style-type: none"> <li>• Engage community and educate about tobacco dangers</li> <li>• Work with city council to create policy</li> <li>• Engage PTA and other organizations that support children and their activities</li> </ul>
<b>Community education program on asthma management to include healthcare providers, patients and their families, and school staff</b>	<ul style="list-style-type: none"> <li>• Engage local hospital and providers to develop talking points based upon the materials available at the <b>Oregon Asthma Resource Bank</b> of the Oregon Health Authority, as well as information about the <b>Asthma Action Plan</b> at the CDC               <ul style="list-style-type: none"> <li>○ PSAs</li> <li>○ Print media</li> <li>○ Radio media</li> </ul> </li> </ul>
<b>Lack of health care specialists who work with asthma</b>	<ul style="list-style-type: none"> <li>• Engage local hospital to look into recruitment of specialist to educate the public about the Asthma Action Plan               <ul style="list-style-type: none"> <li>○ Assist in the implementation of the National Asthma Education and Prevention Program's (NAEPP) <b>Guidelines for the Diagnosis and Management of Asthma</b> among healthcare practitioners, hospitals, health plans, and systems.</li> </ul> </li> </ul>

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Best Practices

### Best Practices

The following programs and policies have been reviewed and have proven strategies to **address tobacco use and asthma**:

#### Reducing the Burden of Tobacco:

1. Public and private policies require workplaces and public places to be tobacco-free. The Community Preventive Services Taskforce recommends **smoke-free policies** to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke-free policies in: reducing exposure to secondhand smoke; reducing the prevalence of tobacco use; increasing the number of tobacco users who quit; reducing the initiation of tobacco use among young people; reducing tobacco-related morbidity and mortality, including acute cardiovascular events. Economic evidence indicates that smoke-free policies can reduce healthcare costs substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants. For more information, please go to <http://www.thecommunityguide.org/tobacco/smokefreepolicies.html>
  - a. Public policies establish outdoor venues such as parks, fairs, and community events as tobacco-free.
  - b. Community colleges adopt tobacco-free policies.
  - c. Hospitals and clinics adopt and enforce tobacco-free campus policies.
  - d. Public and private policies require smoke free multi-unit housing.
2. Integrate into all community & worksite efforts: promotion of the **Oregon Tobacco Quit Line** as well as local quit resources and supports; education about cessation benefits, and warnings of the dangers of tobacco. Quit-lines use the telephone to provide evidence-based behavioral counseling and support to help tobacco users who want to quit. Counseling is provided by trained cessation specialists who follow standardized protocols that may include several sessions delivered over one or more months. The Community Preventive Services Taskforce recommends quit-line interventions, particularly proactive quit-lines (i.e. those that offer follow-up counseling calls), based on strong evidence of effectiveness in increasing tobacco cessation among clients interested in quitting. For more information, please go to <http://www.thecommunityguide.org/tobacco/quitlines.html>
  - a. Quitline counseling is widely accessible, convenient to use, and generally provided at no cost to users.
3. The Community Preventive Services Taskforce recommends community mobilization combined with additional interventions—such as **stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement**—on the basis of sufficient evidence of effectiveness in **reducing youth tobacco use and access to tobacco products** from commercial sources. Preemption is a significant barrier to the implementation of the intervention combinations evaluated in this report. The published literature describes a number of legislative efforts to weaken, replace, or prevent the implementation and conduct of these interventions. For more information, please go to <http://www.thecommunityguide.org/tobacco/RRcommunityinterventions.html>

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Best Practices, continued

4. Substantial evidence shows that **intensive tobacco dependence interventions** produce higher success rates than do less intensive interventions. Intensive tobacco dependence treatment can be provided by any suitably trained clinician. Tobacco dependence interventions offered by specialists represent an important treatment resource for patients even if they received tobacco dependence treatment from their own clinician. In addition, tobacco cessation specialists can serve as resources to non-specialists. For more information, please go to <http://www.ncbi.nlm.nih.gov/books/NBK63953/#A28355>
5. **Worksite-based Incentives and Competitions When Combined with Additional Interventions to Reduce Tobacco Use among Workers.** To support an individual's efforts to quit using tobacco products, in this intervention incentives and competitions are offered in conjunction with additional interventions. These additional interventions may include these components: smoking cessation groups; self-help cessation materials; telephone cessation support; workplace smoke-free policies; and social support networks among others. The Task Force recommends worksite-based incentives and competitions when combined with additional interventions to support individual cessation efforts, based on strong evidence that they are effective in reducing tobacco use among workers. For more information, please go to <http://www.thecommunityguide.org/tobacco/RRincentives.html>

### Reducing the Burden of Asthma:

1. Smoke free worksites, multi-unit housing, and parks.
2. Research and case studies that have looked at ways to best manage asthma in schools found that successful school-based asthma programs: establish strong links with asthma care clinicians to ensure appropriate and ongoing medical care; target students who are the most affected by asthma at school to identify and intervene with those in greatest need; get administrative buy-in and build a team of enthusiastic people, including a full-time school nurse, to support the program; use a coordinated, multi-component and collaborative approach that includes school nursing services, asthma education for students and professional development for school staff; support evaluation of school-based programs and use adequate and appropriate outcome measures. For more information, see **Controlling Asthma in Schools** at <http://www.cdc.gov/asthma/>
  1. Encouraging students with asthma to carry their inhalers at school.
  2. Schools, worksites, and multi-unit housing integrating pest management policies to achieve pest control with fewer toxic methods.
  3. No vehicle idling policies at schools and worksites.
  4. Fragrance free and in-door air quality policies for schools and worksites.
3. **Two or more home-based visits** that use multi-trigger, multi-component interventions for children and adolescents with asthma. These interventions involve trained personnel making one or more home visits to conduct activities within the home. These activities focus on reducing exposures to a range of asthma triggers (allergens and irritants) through environmental assessment, education, and remediation. Most programs include additional components, such as self-management training, social support, and coordinated care, in conjunction with efforts to reduce asthma triggers in the home environment.. The Community Preventive Services Taskforce recommends the use of home-based, multi-trigger, multicomponent interventions with an environmental focus for children and adolescents with asthma on the basis of strong evidence of effectiveness in reducing symptom days, improving quality of life or symptom scores, and in reducing the number of school days missed. The Task Force finds that the combination of minor to moderate environmental remediation with an educational component provides good value for the money invested based on improvement in symptom free days and savings from averted costs of asthma care and improvement in productivity. For more information, please go to <http://www.thecommunityguide.org/asthma/rchildren.html>

## Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Best Practices, continued

4. **Standardize use of self-management tools** (including the personalized Asthma Action Plan as prescribed by the healthcare provider) available for healthcare providers, patients, children and their families, and school staff through the **Oregon Asthma Resource Bank** at <http://public.health.oregon.gov/DISEASES/CONDITIONS/CHRONICDISEASE/ASTHMA/RESOURCEBANK/Pages/index.aspx>
5. **Reimbursement for evidence based self-management programs.** The Stanford Patient Education Research Center developed a Chronic Disease Self-Management Program (CDSMP), a workshop given two and a half hours, once a week, for six weeks in community settings for people with chronic health problems, facilitated by two trained leaders, at least one of whom has a chronic disease themselves. Individuals who participated in the CDSMP—when compared to those who did not—demonstrated significant improvements in exercise, cognitive symptom management, talking with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years. For more information, please go to <http://patienteducation.stanford.edu/programs/cdsmp.html>. In one report, Kaiser Permanente paid approximately \$200 per participant for CDSMP training, materials, and administration. With 489 participants, Kaiser's total cost was \$97,800. However, if the cost to care for each participant decreased \$990 because participants used fewer health services, Kaiser Permanente's net savings would be nearly \$400,000. For more information, please go to <http://www.ahrq.gov/research/findings/factsheets/aging/elderdis/index.html>.

# Pendleton Community Health Partnership - Eastside Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Action Step Recommendations & Action Plan

## Action Step Recommendations

To work toward **decreasing tobacco use**, the following actions steps are recommended:

1. Promote tobacco free worksites
2. Promote Oregon Tobacco Quit Line and local resources
3. Increase number of face to face tobacco cessation support options in the community
4. Increase number of trained tobacco cessation counselors in Umatilla County

## Action Plan

Decrease Tobacco Use		
Action Step	Responsible Person/Agency	Timeline
<b>Promote tobacco free worksites and promotion of the Oregon Tobacco Quit Line and local resources to help protect people from second hand smoke and help people quit</b>		
<b>Year 1:</b> <ul style="list-style-type: none"> <li>• Umatilla County employees will form a Tobacco Policy and Cessation Promotion workgroup to examine current tobacco policies for all County Owned Properties and current employee benefits for cessation. By April 2014 they will present their findings to the Board of Commissioners including any suggestions to strengthen tobacco policies and or/benefits.</li> <li>• Identify seven additional governments, businesses to work with for tobacco policy adoption over the next three years.</li> <li>• Conduct Key Informant interviews with leadership, HR, and employees to determine which organizations are ready to move forward with strengthened tobacco policies in years one, two and three.</li> <li>• Offer to provide tools and technical assistance to businesses as they move towards adopting tobacco-free or smoke-free campus policies.</li> <li>• Continue to offer enforcement, communication and education support to early adopters of tobacco free campuses, and develop talking points with updated tobacco free policy successes.</li> <li>• Support implementation and promotion of the Addictions and Mental Health Tobacco Freedom Policy for AMH facilities in Umatilla County.</li> <li>• Promote cessation throughout the process through promotion of the Tobacco Quit Line, recommendations from “Helping Benefit Oregon Smokers, and working to offer more local quit resources.</li> </ul>	Tobacco workgroup	December 2014

## Pendleton Community Health Partnership - Eastside Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Action Step Recommendations & Action Plan, continued

Decrease Tobacco Use, continued		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 2:</b></p> <ul style="list-style-type: none"> <li>• Through personal visits or calls, contact the identified worksites to provide tools and technical assistance on tobacco-free or smoke-free campus policies.</li> <li>• Update talking points with new success stories. Share updates with community leaders and local media.</li> <li>• Offer assistance with any enforcement issues with businesses, organizations or governments that have adopted tobacco free or smoke-free campuses.</li> <li>• Continue to promote cessation throughout the process through promotion of the Tobacco Quit Line, recommendations from “Helping Benefit Oregon Smokers,” and working to offer more local quit resources.</li> </ul>	Tobacco workgroup	December 2015
<p><b>Year 3:</b></p> <ul style="list-style-type: none"> <li>• Through personal visits or calls, contact the identified worksites to provide tools and technical assistance on tobacco-free or smoke-free campus policies.</li> <li>• Update talking points with new success stories. Share updates with community leaders and local media.</li> <li>• Offer assistance with any enforcement issues with businesses, organizations or governments that have adopted tobacco free or smoke-free campuses.</li> <li>• Continue to promote cessation throughout the process through promotion of the Tobacco Quit Line, recommendations from “Helping Benefit Oregon Smokers, and working to offer more local quit resources.</li> </ul>	Tobacco workgroup	December 2016

## Pendleton Community Health Partnership - Eastside Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Action Step Recommendations & Action Plan, continued

Provide Employees, Healthcare Clients, and Umatilla County Residents with Increased Opportunities to Quit Tobacco		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 1:</b></p> <ul style="list-style-type: none"> <li>• Form a local Tobacco Cessation Task Force to:               <ul style="list-style-type: none"> <li>○ Identify key steps necessary to increase the number of tobacco users who both attempt quitting and are successful in their quit attempts.</li> <li>○ Explore options for bringing tobacco cessation training to local providers and increasing provider awareness of best practices in cessation.</li> <li>○ Determine best methods to reach health care providers to promote the Oregon Quit Line (including Fax Referrals) for patients at <a href="http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/GetHelpQuitting/Pages/oregonquitline.aspx">http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/GetHelpQuitting/Pages/oregonquitline.aspx</a> and resources available for Mental Health and Addictions providers <a href="http://www.oregon.gov/oha/amh/pages/tobacco-freedom/main.aspx">http://www.oregon.gov/oha/amh/pages/tobacco-freedom/main.aspx</a></li> <li>○ Develop a communication time line to promote cessation (using multiple avenues such as newsletters, websites etc.,) for continued outreach to local health care providers (including Mental Health and Addiction providers) and EOCCO contracted providers.</li> <li>○ Develop a Cessation Training time line for Years Two and Three.</li> </ul> </li> <li>• Task force will collaborate with organizations or businesses that are in the process of adopting tobacco free policies to promote optimum quit coverage for employee benefits such as recommendations from “Helping Benefit Oregon Smokers.”</li> </ul>	Tobacco workgroup	December 2014
<p><b>Year 2</b></p> <ul style="list-style-type: none"> <li>• Based on needs identified in Year One, Task Force or community partner will sponsor local provider cessation training such as 5A’s, and/or refresher courses in Motivational Interviewing.               <ul style="list-style-type: none"> <li>○ Work with OHSU Smoking Cessation Center, Umatilla County Public Health, and other local and statewide resources to determine training options including continuing education credits.</li> <li>○ Offer Cessation training to providers.</li> </ul> </li> <li>• Based on communication plan developed in year one, communicate at least twice a year with local providers concerning cessation support available to providers and residents.</li> </ul>	Tobacco workgroup	December 2015

## Pendleton Community Health Partnership - Eastside Strategy #2: Decrease Tobacco Use (and the Prevalence of Asthma) Action Step Recommendations & Action Plan, continued

Provide Employees, Healthcare Clients, and Umatilla County Residents with Increased Opportunities to Quit Tobacco, continued		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 3:</b></p> <ol style="list-style-type: none"> <li>1. Continue communicating at least twice a year with local providers concerning local cessation support (including new supports available as a result of local cessation training).</li> <li>2. Offer a second Cessation Training to providers.</li> </ol> <p><b>Community Partners to engage:</b></p> <ul style="list-style-type: none"> <li>• Umatilla County Public Health Tobacco Prevention and Education Program</li> <li>• St Anthony Hospital</li> <li>• Pendleton Health Care providers</li> <li>• Lifeways</li> <li>• Eastern Oregon Alcohol Foundation</li> <li>• Eastern Oregon Correctional Institute</li> <li>• Eastern Oregon Community Care Organization (EOCCO) and member organizations</li> <li>• County Commissioners, administration, employees, County Counsel, Umatilla County Employee Wellness &amp; Employee Safety Committees</li> <li>• Blue Mountain Community College</li> <li>• Interpath Laboratory</li> <li>• Umatilla Morrow Head Start</li> <li>• Cities of Pendleton, Pilot Rock, and Ukiah</li> <li>• Local organizations, employers and employees and community members</li> <li>• State agencies and wellness committees</li> <li>• Yellowhawk Tribal Health Center, CTUIR Tobacco Coordinator &amp; other Tribal Partners</li> <li>• Good Shepherd Hospital, the Hermiston area Healthy Communities Coalition &amp; Worksite Wellness Committee</li> <li>• Milton-Freewater Community Health Partnership (or other organization(s) established as a result of CHP work</li> </ul>	Tobacco workgroup	December 2016

## Strategy #3: Decrease Diabetes Diabetes Indicators

*In 2011, 13% of Umatilla County adults reported that they had been diagnosed with diabetes.*

The 2011 Umatilla County Health Assessment indicated that 86% were obese or overweight, 77% had been diagnosed with high blood cholesterol, and 57% had been diagnosed with high blood pressure.

Diabetes, especially when combined with high cholesterol and high blood pressure, significantly increases the risk for serious health conditions including eye, foot, and skin complications; kidney disease; heart disease; stroke; cardiovascular disease; and nerve damage. The rise in obesity and diabetes is a public health crisis of gigantic proportions.

According to a report to the 2009 legislature titled “Reversing the Trends of Obesity and Diabetes” (available at <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Diabetes/Pages/index.aspx>), Oregonians with low incomes and those who are African American, American Indian/Alaska Native, and Hispanic/Latino are more commonly affected by diabetes and obesity and have less access to health care. In addition, many Oregon children already are overweight and some even have Type 2 diabetes, a diagnosis previously very rare in children. Social factors such as income, education, race and ethnicity play a key role in determining the incidence and severity of obesity, pre-diabetes and diabetes. Population-based approaches need to recognize these determinants and work to eliminate the disparities they cause. Affected communities need to be part of the discussion and planning.

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

## Strategy #3: Decrease Diabetes Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Classes, health fairs, community events. Nursing students often assist with health fairs & health screenings. Has active worksite wellness committee for employees.	Blue Mountain Community College	All incomes & ages, may have fees	Prevention/Early Intervention/Treatment	Numbers of participants
Assists families in establishing medical and dental homes for children. Assist with appointments, transportation, care plans, children with asthma and/or diabetes, nutrition assessments, and individualized plans to address obesity	Head Start	Low income children enrolled in Head Start	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Health education programs intended to promote health careers. Programs include: Brain Awareness, Girls in Science, health speakers' series, and In-A-Box.	Northeastern Oregon Area Health Education Center (NEOAHEC) at Eastern Oregon University	Open to schools & colleges in Northeastern Oregon	Prevention/Early Intervention	Numbers of participants
Providing a coordinated and collaborative delivery system of parent education opportunities.	Oregon Parent Education Collaborative	Open to residents of Umatilla & Morrow Counties	Prevention/Early Intervention	Numbers of participants
Master Gardener Community Gardens and Master Gardener Program	OSU Extension	Public volunteers	Prevention/Early Intervention/Treatment	Numbers of participants
School and community presentations, 4-H Youth Program, SNAP	Umatilla County Extension Services (OSU)	All incomes & ages	Prevention/Early Intervention	Numbers of participants
<b>Living Well With Chronic Conditions (the Chronic Disease Self-Management Program—CDSMP)</b> program six week workshop that provides tools for living a healthy life with chronic conditions, including diabetes	GSMC & Head Start	People with different chronic conditions and their family or friends	Early Intervention/Treatment	Evidence-based program that has demographic information about participants
Nurse Practitioner conducts health and wellness promotion, assessments, diagnosis, treatment, and prevention.	Pendleton High School-Based Health Center	Pendleton High School students	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Health & wellness education, support	PEBB Health Engagement Model	State of Oregon employees & families	Prevention/Early Intervention/Treatment	Employee health status tracking, private information
Diabetes education for diabetes self-management	St. Anthony Hospital	Referred clients	Early Intervention/Treatment	Medical tracking in individual health records
Nurse-Family Partnership is a program for women having a baby. If enrolled, a registered nurse will visit first-time mothers in home and throughout pregnancy until baby is 2 years old.	Umatilla County Public Health Department	First-time mothers	Prevention/Early Intervention/Treatment	Medical tracking in individual health records

## Strategy #3: Decrease Diabetes Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Supports health and human services throughout Umatilla County.	United Way of Umatilla County	All incomes & ages	Prevention/Early Intervention/Treatment	Programs supported
Nutrition education, high risk counseling by registered dietician	WIC	Low income pregnant and breastfeeding women, infants, and children	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
Healthier Communities Class Offerings: Hearth Healthy Eating Class, Grocery Store Tour, and others	St Anthony Hospital	All ages & incomes	Prevention/Early Intervention/Treatment	Pre and post testing of participants
Healthier Communities: Spring Health Fair: Complete Blood Draw Panel & PSA for Men	St. Anthony Hospital	All Ages (free)	Prevention/Early Intervention/Treatment	Numbers of participants
Nutrition Services: Provide one-on-one medical nutrition therapy for various health conditions	St Anthony Hospital-Nutrition Services	Age 5 through adults	Prevention, early intervention, and treatment	Improvement in intermediate health indicators (cholesterol, weight, etc.)
Cooking Matters: Cooking classes that are co-sponsored by Head Start and GSMC	Head Start & GSMC	All incomes & ages	Prevention/Early Intervention/Treatment	Numbers of participants
Diabetes education for diabetes self-management: Classes, support group, one on one counseling	GSMC	All incomes & ages	Early Intervention/Treatment	Medical tracking in individual health records
Family Health & Fitness Day: Offers information, screenings, and activities on health, wellness, and safety	GSMC and Healthy Communities Coalition	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
Fiesta Foods Health Fair: Offers information and activities on health and wellness	Fiesta Foods Store in Hermiston	Open to public	Prevention/Early Intervention/Treatment	Numbers of participants
On staff nurse that assists with health and wellness promotion, assessments, and prevention.	Hermiston School District	Public school students ages 5-18	Prevention/Early Intervention/Treatment	Medical tracking in individual health records
I-Factor: After school program for Sunset Elementary students. Guest presenters share health and wellness information.	Sunset Elementary in Hermiston	Students of Sunset Elementary	Prevention/Early Intervention	Numbers of participants

## Strategy #3: Decrease Diabetes Gaps & Potential Strategies

Gaps	Potential Strategies
<b>Lack of adequate diabetic education</b>	<ul style="list-style-type: none"> <li>• Need more dedicated diabetic educators</li> <li>• Work with hospital on need to expand program</li> <li>• Offer free diabetic education</li> </ul>
<b>Not enough community gardens</b>	<ul style="list-style-type: none"> <li>• Work with city and county to identify areas for community gardens</li> <li>• Engage community members in identifying locations</li> </ul>
<b>Insurance Incentives</b>	<ul style="list-style-type: none"> <li>• Contact local businesses to discuss incentive options</li> <li>• Work with area insurance companies to provide rate reductions</li> </ul>
<b>Diet education/cooking</b>	<ul style="list-style-type: none"> <li>• Work with local providers to provide more in-depth dietary education</li> <li>• Work with local providers to expand diabetic educators in the community</li> <li>• Create cooking classes specific to diabetic individuals</li> </ul>

## Strategy #3: Decrease Diabetes Best Practices

### Best Practices

The following programs and policies have been reviewed and have proven strategies to **address diabetes**:

1. **Menu labeling.** There is evidence that calorie labels on restaurant menus impacted food choices and intake, suggesting menu label legislation could potentially contribute to obesity prevention. For more information, please go to <http://ajph.aphapublications.org/action/doSearch?searchText=menu+labeling> and <http://www.ajpmonline.org/search/quick>
2. **Tax on sugar sweetened beverages.** Sugar-sweetened beverages are a major contributor to the US obesity and diabetes epidemics. Using the Coronary Heart Disease Policy Model, investigators examined the potential impact on health and health spending of a nationwide penny-per-ounce excise tax on these beverages. Investigators found that the tax would reduce consumption of these beverages by 15 percent among adults ages 25-64. Over the period 2010-20, the tax was estimated to prevent 2.4 million diabetes person-years, 95,000 coronary heart events, 8,000 strokes, and 26,000 premature deaths, while avoiding more than \$17 billion in medical costs. In addition to generating approximately \$13 billion in annual tax revenue, a modest tax on sugar-sweetened beverages could reduce the adverse health and cost burdens of obesity, diabetes, and cardiovascular diseases. For more information, please go to <http://www.ncbi.nlm.nih.gov/pubmed/22232111>
3. **Reimbursement for evidence based self-management programs.** The Stanford Patient Education Research Center developed a Chronic Disease Self-Management Program (CDSMP), a workshop given two and a half hours, once a week, for six weeks in community settings for people with chronic health problems, facilitated by two trained leaders, at least one of whom has a chronic disease themselves. Individuals who participated in the CDSMP—when compared to those who did not—demonstrated significant improvements in exercise, cognitive symptom management, talking with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years. For more information, please go to <http://patienteducation.stanford.edu/programs/cdsmp.html>. In one report, Kaiser Permanente paid approximately \$200 per participant for CDSMP training, materials, and administration. With 489 participants, Kaiser's total cost was \$97,800. However, if the cost to care for each participant decreased \$990 because participants used fewer health services, Kaiser Permanente's net savings would be nearly \$400,000. For more information, please go to <http://www.ahrq.gov/research/findings/factsheets/aging/elderdis/index.html>.
4. **Self-management programs held in community gathering places.** In this intervention, diabetes self-management education (DSME) is provided to people aged 18 years or older in settings other than the home, clinic, school, or worksite (e.g., community centers, faith-based institutions, libraries, or private facilities such as residential cardiovascular risk-reduction centers). Community gathering places have been pursued because traditional clinical settings may not be ideal for DSME of adults, the home setting is conducive only to individual or family teaching, and education at the worksite does not reach those not working outside the home. On the basis of Community Guide rules of evidence, the Task Force on Community Preventive Services concluded that there is sufficient evidence of effectiveness in improving glycemic control to recommend DSME interventions in community gathering places for adults with Type 2 diabetes. It should be noted, however, that these interventions were rarely coordinated with the patient's clinical care provider, and the nature and extent of care in the clinical setting was unclear. DSME for adults with Type 2 diabetes delivered in the setting of community gathering places should be

## Strategy #3: Decrease Diabetes Best Practices, continued

coordinated with the person's primary care provider, and these interventions are not meant to replace education delivered in the clinical setting. For more information, please go to <http://www.thecommunityguide.org/diabetes/supportingmaterials/RRcommunity.html>

5. **Case management, combined with self-management** to improve glycemic control. Case management is “a set of activities whereby the needs of populations of patients at risk for excessive resource utilization, poor outcomes, or poor coordination of services are identified and addressed through improved planning, coordination, and provision of care.” It usually involves the assignment of authority to a single professional (the case manager, most commonly a nurse) who is not a provider of direct health care. The essential features of case management are (1) the identification of eligible patients, (2) the assessment of individual patients' needs, (3) development of an individual care plan, (4) implementation of that care plan, and (5) monitoring of outcomes. Case management is often combined with disease management but can also stand alone as an intervention, or can be combined with other clinical care interventions (e.g., practice guidelines or patient reminders). Case management is strongly recommended by the Task Force based on strong evidence of its effectiveness in improving glycemic control. Evidence is also available of its effectiveness in improving provider monitoring of long-term blood sugar levels, when case management is combined with disease management. These findings are applicable primarily in the U.S. managed care setting for adults with Type 2 diabetes. For more information, please go to <http://www.thecommunityguide.org/diabetes/supportingmaterials/RRcasemgmt.html>

# Pendleton Community Health Partnership - Eastside Strategy #3: Decrease Diabetes Action Step Recommendations & Action Plan

## Action Step Recommendations

To work toward decreasing **diabetes**, the following actions steps are recommended:

1. Increase access to fruits/vegetables
2. Increase diabetes educational opportunities and access to diabetic supplies
3. Increase physical activity

Decrease Diabetes		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 1:</b> Increase access to fresh fruits &amp; vegetables because increased consumption of fruits &amp; vegetables promotes healthy weight.</p> <ul style="list-style-type: none"> <li>• Develop and implement community Healthy Cooking Classes</li> <li>• Obtain commitments from organizations with appropriate facilities</li> <li>• Secure funding for food, advertising and promotion</li> <li>• Enlist volunteers</li> <li>• Involve Farmer’s Market, community gardens, and agricultural farmers for produce and advertising</li> </ul>	Diabetic workgroup	December, 2014
<p><b>Year 2:</b> Increase diabetes educational opportunities and access to diabetes supplies in order to improve control of disease (community-wide, focus mainly on older youth and adults)</p> <ul style="list-style-type: none"> <li>• Utilize 211info.org to provide community with diabetes education and/or resources               <ul style="list-style-type: none"> <li>○ Gather current local info for data input</li> <li>○ Obtain commitment from 211info.org personnel to provide training</li> <li>○ Hold town hall meeting for data entry by community agencies</li> <li>○ Secure computer classroom for town hall meeting for direct data entry</li> </ul> </li> <li>• Develop and implement a local diabetes supply network for zero to low-income and underinsured persons               <ul style="list-style-type: none"> <li>○ Talk with local social service agencies, pharmacies, physicians, and hospitals about current availability of supplies and process for distribution</li> <li>○ Develop a regular source for diabetes supplies Obtain commitment from one agency to provide intake and voucher for supplies</li> </ul> </li> </ul> <p>Obtain commitment from one medical/pharmaceutical business to distribute supplies based on voucher system</p>	Diabetic workgroup	December 2015

**Pendleton Community Health Partnership - Eastside  
Strategy #3: Decrease Diabetes  
Action Step Recommendations & Action Plan, continued**

Decrease Diabetes, continued		
Action Step	Responsible Person/Agency	Timeline
<p><b>Year 3:</b> Increase access to physical exercise to help reduce diabetes and pre-diabetes (community-wide, focus mainly on older youth and adults)</p> <ul style="list-style-type: none"> <li>Implement a Diabetes Prevention Program in Pendleton</li> </ul>	Diabetic workgroup	December 2016

**Contact Us**

For more information about any of the agencies, programs, and services described in this report, please contact the responsible agency listed or the chair of the community served:

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