



Center for Human Development, Inc.

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TTY Dial 711

February 28, 2014

Jan Kaplan
Principle Executive Manager E, Office of Community Liaison
Oregon Health Authority Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232

Dear Mr. Kaplan,

On behalf of Center for Human Development, Inc., a nonprofit organization delegated to serve as Union County, Oregon's Local Public Health Authority, I am pleased to provide the documents that are needed to assure that our local plan is up-to-date.

Attached please find the following required documents:

- Community Health Assessment and Community Health Improvement Plan
- Assurance that Essential Public Health Services are being provided and that the Local Public Health Authority meets the current Standards for Local Health Departments
- Current Organizational Chart
- Budget and Fiscal Coordinator contact information

Please contact me by phone (541-962-8890) or email (cbrogoitti@chdinc.org) if you need additional information about these documents or our Local Public Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carrie Brogoitti'.

Carrie Brogoitti, MPH
Public Health Administrator

Local Public Health Authority: Union County Center for Human Development

Date: March 1, 2014

Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

I. Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.

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13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No 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.
24. Yes No 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.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No 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.

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28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No 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.
36. Yes No 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.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No 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.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

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40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

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53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No 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.
66. Yes No 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.

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Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes No Local health department supports healthy behaviors among employees.

71. Yes No Local health department supports continued education and training of staff to provide effective health education.

72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

a. Yes No WIC

b. Yes No Family Planning

c. Yes No Parent and Child Health

d. Yes No Older Adult Health

e. Yes No Corrections Health (Not Applicable)

75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

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Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes No 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.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No 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.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

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90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No 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.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

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Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Carrie Brogoitti

Does the Administrator have a Bachelor degree? Yes X No ___

Does the Administrator have at least 3 years experience in Yes X No ___
public health or a related field?

Has the Administrator taken a graduate level course in Yes X No ___
biostatistics?

Has the Administrator taken a graduate level course in Yes X No ___
epidemiology?

Has the Administrator taken a graduate level course Yes X No ___
in environmental health?

Has the Administrator taken a graduate level course Yes X No ___
in health services administration?

Has the Administrator taken a graduate level course in Yes X No ___
social and behavioral sciences relevant to public health problems?

a. Yes X No ___ The local health department Health Administrator meets minimum qualifications:
If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

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b. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

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.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

c. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as an environmental health specialist 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.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

d. Yes No The local health department Health Officer meets 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.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

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Agencies are **required** to include with the submitted Annual Plan:

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Center for Human Development, Inc.
Local Public Health Authority

Union
County

March 1, 2014
Date

**Center for Human Development, Inc.
Projected Revenue
2014-2015**

Out	Projected Award Amount Based on 2013-2014 Award
PE 01: State Support for Public Health	\$24,167
PE 12: Public Health Emergency Preparedness	\$62,455
PE 13: Tobacco Prevention and Education	\$47,440
PE 30: CMMI—Community Outreach	\$180,000
PE 40: Women, Infants and Children	\$117,958
PE 41: Family Planning	\$13,462
PE 42: MCH-Title V – Flexible Funds	\$2,918
PE 42: MCH-Title V – Child and Adolescent Health	\$4,393
PE 42: MCH/Perinatal Health – General Fund	\$10,250
PE 42: MCH/Child and Adolescent Health – General Fund	\$1,554
PE 42: Babies First	\$4,922
PE 43: Immunization Special Payments	\$9,615
PE 44: School Based Health Centers	\$437,834
PE 50: Safe Drinking Water Program	\$12,206

A copy of the Local Public Health Authority public health budget can be obtained using the following contact information.

Rico Weber
Fiscal Coordinator
Center for Human Development, Inc.
1100 K Avenue
La Grande, OR 97850
541-962-8877
www.chdinc.org

UNION COUNTY, OREGON COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN

BUILDING A HEALTHIER UNION COUNTY



CHD

Center for Human Development, Inc.
"Working for Healthy Communities"
www.chdinc.org

ACKNOWLEDGEMENTS

Over thirty community members and organizations from both the private and public sector participated on the Union County Health Action Alliance, and over 100 community members provided input on health priorities and the plan. Together, along with the Center for Human Development, Inc. and Rede Group, they worked on the Union County Community Health Assessment and Community Health Improvement Plan. Their time, unique knowledge, dedication and efforts are greatly appreciated.



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Appendices

A. Data Sources

EXECUTIVE SUMMARY

The Center for Human Development, Inc. and the Union County Health Action Alliance are pleased to present the following Community Health Assessment and Community Health Improvement Plan to community members, community and organizational partners and city and county leaders.

In order to create a healthier Union County, stakeholders and key partners have collaborated in reviewing key health indicators and strategic issues and from there engaging the community to develop solutions for addressing Union County's most pressing health priorities.

The purpose of the first part of this project, the Community Health Assessment, was to:

- Learn about the health status of the people in Union County;
- Determine the important factors that contribute to health;
- Identify areas for health improvement; and
- Identify the resources that can be mobilized to improve the health of Union County.

The purpose of the second part of this project, the Community Health Improvement Plan, was to outline specific strategies that will improve the health of Union County. The Community Health Assessment was used to help guide decisions on effective health improvement strategies.

Through this process the Union County Health Action Alliance developed a vision of Union County where everyone has access to education and resources, including healthy food and places for physical activity, that will enable them to reach optimum health, well-being and quality of life. A healthy Union County is supported by a continually improving, clean, safe and economically sound community. This plan incorporates strategies for making the most timely and critical steps to realize this vision.

VISION STATEMENT

All people in Union County will have access to education and resources, including healthy food and places for physical activity, that will enable them to reach optimum health, well being and quality of life, supported by a continually improving, clean, safe and economically sound community.

Community stakeholders will collaborate and leverage resources to build a healthier Union County.



GUIDING PRINCIPLES

Union County is a place where:

- Each person has the benefit of pre-K – 12 education and access to higher education and economic stability;
- Healthy lifestyles are supported by all sectors of the community – prevention is a shared priority and is integrated throughout all aspects of care and service;
- Each person has access to affordable, healthy food and healthy spaces; and
- A spirit of collaboration, participation, respect and compassion is present in all aspects of the community for Union County citizens and visitors.

INTRODUCTION & BACKGROUND

In early 2012, Union County began the process of conducting a Community Health Assessment and creating a Community Health Improvement Plan. Members of the community came together to create the Union County Health Action Alliance (Health Action Alliance) to help guide this project. The purpose of the Community Health Assessment is to:

- Learn about the health status of the people in Union County;
- Determine the important factors that contribute to health;
- Identify areas for health improvement; and
- Identify the resources that can be mobilized to improve the health of Union County.

The second part of this project is a Community Health Improvement Plan that outlines specific strategies that will improve the health of Union County. The Community Health Assessment provides a baseline of Union County's current health status, which can be used to measure future health improvements.

“Health does not occur in the doctor’s office or hospitals alone ... It also occurs where we work, where we learn, where we play.”

Dr. Regina Benjamin,
US Surgeon General

FRAMEWORK & PLANNING PROCESS

When we use the term health, we mean more than the absence of disease. According to the World Health Organization (1948), “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It includes an understanding that the underlying determinants of health include our health behaviors, environments in which we live, health care settings, educational attainment and social support systems around us.

The Union County Community Health Improvement Plan identifies priority objectives for improving health and quality of life in Union County. These priorities were chosen based on which accomplishments would offer the

greatest improvements in lifelong health and achieve more equal access to conditions in which people can be healthy.

The Union County Health Action Alliance consists of 30 members from a variety of sectors and groups, including populations experiencing health inequities and public health officials. The Health Action Alliance met five times between April and October 2012 to create a vision of health in Union County, identify health priorities and develop strategies to address health problems. The Health Action Alliance reviewed the results of the Community Health Assessment and deliberated together to recommend health priorities based on current needs and strategic opportunities. Recommendations on strategies to improve health were made based on health data for Union County and information about policies and practices that have been shown to improve health.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
World Health Organization

Together, the Health Action Alliance formed the following vision statement for the health of communities in Union County:

All people in Union County will have access to education and resources, including healthy food and places for physical activity, that will enable them to reach optimum health, well being and quality of life, supported by a continually improving, clean, safe and economically sound community.

Community stakeholders will collaborate to create and leverage resources to build a healthier Union County.

The Health Action Alliance also adopted the following guiding principles in their decision-making processes:

Union County is a place where:

- Each person has the benefit of pre-K – 12 education and access to higher education and economic stability;

- Healthy lifestyles are supported by all sectors of the community – prevention is a shared priority and is integrated throughout all aspects of care and service;
- Each person has access to affordable, healthy food and healthy spaces; and
- A sense of collaboration, participation, respect and compassion is present in all aspects of the community and for Union County citizens and visitors.

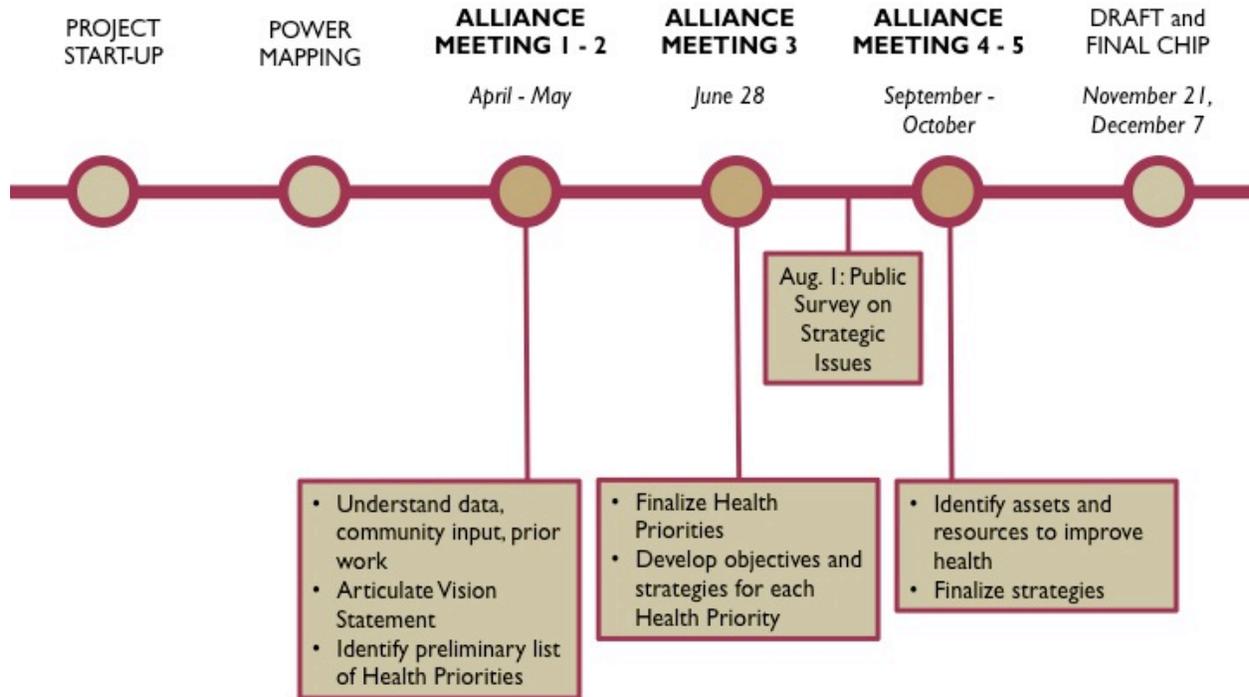
In developing the Union County Community Health Improvement Plan, the Center for Human Development, Inc. and the Union County Health Action Alliance sought to:

- Seek community feedback to ensure timeliness of information;
- Review the full spectrum of public health issues and problems; and
- Create a 5-year Community Health Improvement Plan.

The Health Action Alliance adopted a broad definition of health as “more than just the absence of disease, but a state of optimal well-being.” The Health Action Alliance followed a strategic planning model called Mobilizing for Action through Planning and Partnerships, or MAPP. In August 2012, the Health Action Alliance distributed an electronic survey to the public to help identify health priorities in Union County. Health Action Alliance members distributed the survey throughout their communities, organizations and networks. Page 8 indicates the top five priorities resulting from the community-wide survey.

The timeline on page 7 illustrates the process in developing the Community Health Assessment and Community Health Improvement Plan.

CHA and CHIP Timeline



The following figure represents the top five priorities resulting from the community-wide strategic issues survey.

Union County Community Health Improvement Plan
STRATEGIC ISSUES SURVEY



The following figure represents characteristics of healthy community developed by the Health Action Alliance.



Priority Areas

The Union County Community Health Improvement Plan identifies two priority objectives for improving health and quality of life in Union County within the next five years:

1. Economic development
2. Healthy environments

These priority objectives are offered to focus the attention and work of policy-makers and organizations, including state, local and tribal government agencies, educational institutions, employers, health care organizations, non-profit and community-based organizations, faith communities and others. They were

chosen based on which accomplishments would offer the greatest improvements in lifelong health and advance health equity by providing more equal access to conditions in which people can be healthy.

COMMUNITY HEALTH ASSESSMENT

The Community Health Assessment provides a baseline of Union County's current health status, which can be used to measure future health improvements. More importantly, this assessment should be used to help guide decisions on effective strategies to improve the health of everyone in Union County.

Gaps in Data

The most recent available data for Union County are presented in this Community Health Assessment. Union County's population is approximately 25,000 residents, and some annual estimates of health indicators may not be reliable because of a small number of events or a small number of respondents to a survey. Therefore, for some data sources, multiple years of data are combined to get more reliable estimates.

The Union County Health Action Alliance was interested in a number of health issues where there was not sufficient data:

- Co-occurring health behaviors and health status among those with mental health issues.
- Analyses of health care access and other health issues among people with disabilities.

Moving forward, the Alliance can consider new opportunities to analyze current data sets or to collect additional data on these important issues.

Forces of Change

Health happens in a context, and it is important to understand the broader issues affecting Union County residents when assessing health and designing strategies for improving health. Examples include directly health-related factors, such as state and federal changes to how health care is delivered. Even though they are not usually seen as health-related, other factors, such as the economic downturn, can have profound impacts on health.

Federal health care reform: Health care reform at the national level will impact every community. The potential expansion of Medicaid and implementation of the health insurance exchanges will provide easier access to health insurance for

many Union County residents. Other changes at the federal level will impact health systems and the delivery of care.

Oregon health care transformation: Oregon has also embarked on a transformation of health care delivery, focusing first on the Oregon Health Plan. Coordinated Care Organizations (CCOs) have been authorized in many communities around the state. Eastern Oregon Coordinated Care Organization has been certified to serve a number of counties, including Union County.

Education reform: Education reform efforts are continuing at both the state and national levels. Educational attainment is one of the most important determinants of health, and K-12 schools remain an important setting for youth to learn and model good health behaviors.

Economic downturn: The extended economic downturn has both short-term and long-term health impacts. Unemployment and under-employment can lead to people having less access to affordable housing, transportation, health care and other services with health impacts. Many county governments in Oregon, including Union County, are taking an additional hit to budgets because of the reduced county revenue from federal timber sales.

Electronic health records: Adoption of electronic health records has the opportunity to improve the quality of health care delivery. In addition, data from electronic health records can be aggregated to help give a more accurate description of the community's health status. These opportunities will be greater in the future as more providers adopt electronic health records.

Community Profile

The population of Union County in the 2010 Census was 25,748. This was a 5% increase in the county population from 2000 to 2010. The land area of the county is 2,037 square miles, which means that the county has an average of 12.6 persons per square mile.

Much of the data in this chapter are from the U.S. Census Bureau. These census data for Union County include Eastern Oregon University students who live in the county most of the year. The U.S. Census attempts to collect data on migrant and undocumented workers, but the accuracy of these data is not known. Additional census statistics for Union County can be found at <http://quickfacts.c>

ensus.gov/qfd/states/41/41061.html.

Demographics

Union County has a slightly older population than the state, with 17% of the population (4,308) being 65 years or older, compared to 14% for Oregon. Similar to the rest of the nation, Union County's population is aging. The table below gives the age breakdown of the county population. There are 5,797 youth (23% of the population) under 18 years old.

Union County Population by Age

Age	Number	Percent
Under 5 years	1,630	6%
5-14 years	3,159	12%
15-24 years	3,857	15%
25-34 years	2,963	12%
35-44 years	2,580	10%
45-54 years	3,498	14%
55-64 years	3,753	15%
65-74 years	2,261	9%
75-84 years	1372	5%
85 years and older	675	3%
TOTAL	25,748	100%

Source: U.S. Census Bureau, 2010

The table below shows the county population by race and ethnicity. Approximately 91% of the population is White/Non-Hispanic. The next largest group is Hispanic/Latino, with almost 4% of the population.

Union County Population by Race/Ethnicity

Race/ethnicity	% of population
White	93.1%
Black	0.5%
American Indian and Alaska Native	1.1%
Asian	0.8%
Native Hawaiian and other Pacific	0.9%

Islander	
Two or more races	2.3%
Hispanic or Latino*	3.9%

Source: U.S. Census Bureau, 2010

*Hispanics may be of any race, so also are included in applicable race categories - 90.9% of the Union County population is White and non-Hispanic.

Income and Employment

The county's median household income is \$42,162, which is 14% lower than the median for the state. The poverty rate is 16%, compared to 14% for Oregon. About 2/3 of Union County residents own their home. The unemployment rate for the county has been decreasing for a few years and in October 2012 was 8.8%, slightly higher than the state rate (Source: Oregon Employment Department).

In Union County, about 2,700 households receive benefits from the Supplemental Nutrition Assistance Program (SNAP), and about 200 households receive Temporary Assistance for Needy Families (TANF). The Women, Infants and Children (WIC) program serves approximately 550 families in the county. About 40% of Union County students are eligible for free or reduced price meals at schools. There are approximately 150 homeless students, 4% of all students.

Education

The high school graduation rate is 72% in Union County, as reported by the County Health Rankings. The high school graduation rate is the percent of a ninth-grade cohort in public schools that graduates from high school in four years. Among Union County residents, 20% have a four-year college degree. The illiteracy rate in the county is 9.5%.

Access to Health Care

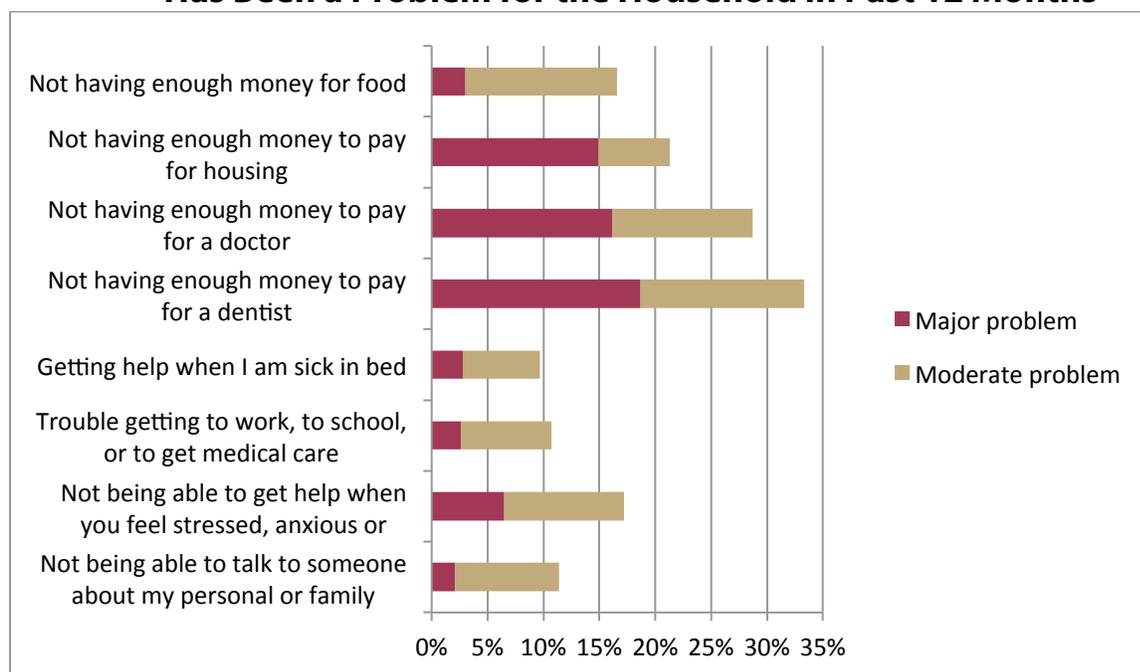
The percentage of the county population under age 65 that has no health insurance coverage is 20%. About 4,500 county residents are enrolled in the Oregon Health Plan. From birth certificate data, 60% of pregnant mothers in the county received medical care in the first trimester, significantly less than the Oregon rate. Additional data comes from the 2010 Northeast Oregon Community Health Needs Assessment, produced by the Northeast Oregon

Network (NEON). Almost 40% of survey respondents in Union County sought medical care outside of the county in the past 12 months. Among survey respondents, 20% had not seen dentist in past 2 years.

Issues of Concern

The chart below shows data from the 2010 NEON Survey about households reporting various health problems in the past year. A significant problem was having money to pay for health care, including doctors and dentists. Access to affordable housing and food were also problems for many households.

Has Been a Problem for the Household in Past 12 Months



Causes of Death and Disease

The top five causes of death in 2010 were the same for Union County and the state. Most of the deaths in the county and in the state are caused by the four leading chronic diseases – cancer, heart disease, cerebrovascular disease and chronic lower respiratory disease. The other leading cause of death was unintentional injury. The unintentional injury deaths in the County in 2010 were mostly from motor vehicle crashes, falls and poisoning or overdoses from drugs/medications.

Leading Causes of Death, Union County

Cause of death	Number of deaths
Cancer	61
Heart disease	48
Cerebrovascular disease	16
Unintentional injury	12
Chronic lower respiratory disease	10
Alzheimer's disease	9
Hypertension	7
Suicide	6
Flu and pneumonia	5
Diabetes	3
Alcohol-induced deaths	3
Nephritis	3
Parkinson's disease	3
Other causes	63
TOTAL	249

Source: Oregon Vital Statistics County Data Book, 2010

The table below shows the age-adjusted death rates for Union County, for nearby counties and for Oregon. The Union County death rates are generally lower than the state rates, including for three major causes of death – heart disease, stroke and cancer.

Death Rates for Selected Causes

County	All deaths	Heart disease	Stroke	Cancer	Chronic lower resp. disease	Diabetes
Union	785	182	41	182	52	27
Baker	806	197	62	181	54	23
Grant	891	188	55	205	69	20
Umatilla	854	189	64	197	61	30
Wallowa	729	179	66	167	31	11
Oregon	834	192	69	198	49	28

Rates are per 100,000 population and are age-adjusted
 Source: Oregon Vital Statistics, 2000-2004.

As shown in the table below, the Union County cancer incidence rates are lower than the state rates for all cancers combined and for lung and bronchial cancers. Cancer incidence rates are higher in Union County than the state for colorectal and prostate cancers. The death rate from colorectal cancer is significantly higher in Union County than the state rate: 24 versus 18 deaths per 100,000 population. More data on cancer incidence and death rates can be found in the report Cancer in Oregon at <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/arpt2006/Pages/index.aspx>.

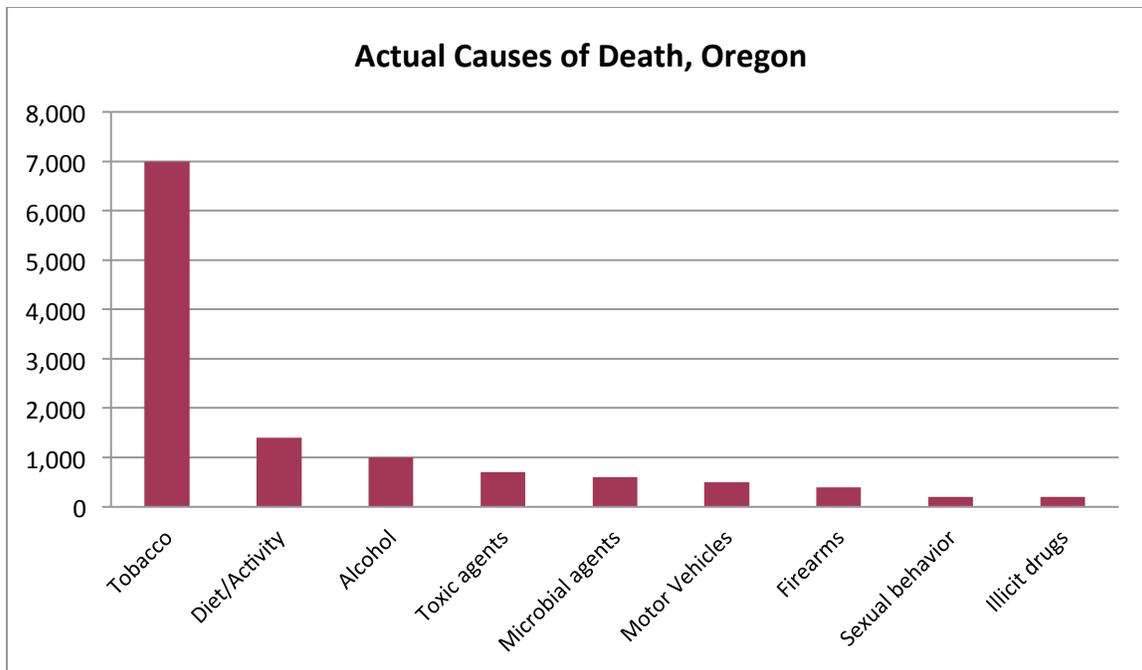
Annual Cancer Incidence Rates for Selected Counties

County	All cancers	Lung & Bronchial Cancer	Colorectal Cancer	Breast Cancer (female)	Prostate Cancer (male)
Union	466	56	54	129	197
Baker	469	62	47	143	160
Grant	423	57	49	102	155
Umatilla	322	65	53	120	172
Wallowa	462	49	45	130	189
Oregon	482	70	49	140	158

Rates are per 100,000 population and are age-adjusted.
 Source: Oregon State Cancer Registry, 1997-2006

Healthy and Unhealthy Behaviors

Research shows that a large percentage of deaths are caused by a person’s behavior, from drinking and driving to smoking cigarettes. A smoker may die from heart disease, but the actual cause of death could be considered tobacco use. The table below shows the breakdown for these actual causes of death for the state. In Oregon and the nation, tobacco is the leading preventable cause of death. Diet/physical activity and the associated health consequences of obesity are the next leading preventable cause of death.



Source: Keeping Oregonians Healthy, Oregon Public Health Division, 2007

The following sections summarize the data for the leading actual causes of death: tobacco; nutrition, physical activity and obesity; and alcohol. Much of these data come from the Behavioral Risk Factor Surveillance System and the Oregon Healthy Teens Survey, and data tables from these surveys are shown next.

Tobacco Use

Tobacco use and exposure to secondhand smoke causes a variety of illnesses, including heart disease, cancer and lung disease. The adult smoking prevalence in Union County is 14%, slightly lower than the state prevalence. More than half (55%) of adult smokers made a quit attempt in the last year. Most smokers start when they are under 18 years old, and 15% of eleventh graders in Union County smoke. The percentage of mothers who used tobacco during pregnancy is 17% (2003-2007), significantly higher than the state rate. No smoking rules are found in 86% Union County homes, and 80% have a no smoking rule in cars.

As in many rural areas, smokeless tobacco use is a significant problem. One in five (20%) of adult males use smokeless tobacco. The prevalence of smokeless tobacco use is even higher (29%) among eleventh grade males. Both the adult and youth rates of smokeless tobacco use are significantly higher than the state rate.

Tobacco use of all kinds results in economic costs to families, businesses and tax payers. The annual economic costs of tobacco in Union County is \$16.2 million, which includes \$8.5 million in direct medical expenditures and \$7.7 million of costs due to lost productivity from disease and death.

Nutrition, Physical Activity and Obesity

Poor nutrition and lack of physical activity can lead to obesity and subsequent health consequences such as diabetes and heart disease. Around the nation, obesity has been increasing for decades.

Currently, 43% of Union County adults are overweight and 17% are obese. About half of adults (51%) meet the recommendations for physical activity, while 28% consume the recommended five servings of fruits and vegetables per day. According to the County Health Rankings, 43% of Union County has access to healthy foods, compared to 61% for the state.

Being overweight as a youth greatly increases the chances of being overweight as an adult. Among Union County eleventh graders, 17% are overweight and 11% are obese. Almost half of eleventh graders (46%) are trying to lose weight. More Union County eleventh graders drink at least a soda a day (23%) than have 5 or more servings of fruits or vegetables in an average day (17%). About a quarter (27%) have 4-5 days of physical education at school in the average week, and 60% are physically active for at least 60 minutes on 5 or more days in a week.

Alcohol and Other Drug Abuse

Alcohol and other drug abuse can have significant impacts on health and quality of life, contributing to injuries, abuse, violence and premature death. Alcohol is the most common addictive drug for both youth and adults, and the rates of alcohol use in Union County are fairly similar to the state rates. In Union County, 57% of adult men and 48% of women drank alcohol in the past month. About half (49%) of Union County eleventh graders drank alcohol in the past 30 days. In 2010 there were 78 outlets with liquor licenses in the county.

Rates of youth use of illicit drugs are generally lower in Union County compared to the state. In Union County, 7% of eleventh graders have used marijuana in the past 30 days, compared to 19% for the state. Among Union County eleventh

graders, 4% used prescription drugs to get high in the past 30 days. Looking at any illicit drug use by eleventh graders in past 30 days (marijuana, prescription drugs, inhalants, stimulants, cocaine, heroin, ecstasy, or LSD), the rates are 14% for Union County, compared to 24% for the state.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey of adults conducted each year in Oregon. The following tables for Union County combine data from 2006-2009. Additional BRFSS data for Union County can be found at public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county.

Health Behaviors and Status – Adults, Union County and Oregon

	Union County	Oregon
Health in general was excellent, very good, or good (other responses were fair and poor)	87%	87%
Had no poor physical health in past 30 days.	66%	64%
Had no poor mental health in past 30 days.	64%	66%
Limitations in any activities, due to physical, mental, or emotional problems	26%	23%
Smoke cigarettes	14%	17%
Smoker made quit attempt during previous year	52%	48%
Smokeless tobacco use by males	21%	6%
No-smoking rules in the home	87%	90%
No-smoking rules in family cars	80%	83%
Overweight	43%	36%
Obese	23%	25%
Met recommendations for physical activity	50%	56%
Consumed at least five serving of fruits and vegetables per day	28%	27%
Had at least one drink of alcohol in the past 30 days - males	57%	64%
Had at least one drink of alcohol in the past 30 days - females	48%	54%

Source: Oregon Behavioral Risk Factor Surveillance System (2006-2009, age-adjusted)

Preventive Health Screenings and Immunizations – Adults, Union County and Oregon

	Union County	Oregon
Cholesterol checked within past five years	70%	71%
PAP test within past three years (women 18-65 years old)	90%	86%
Mammogram within past two years (women 50-74 years old)	72%	82%
Colon cancer screening within past five years (50-75 year olds)	59%	57%
Flu shot within the past year (65 years and older)	58%	69%
Pneumonia shot within the past year (65 years and older)	49%	72%

Source: Oregon Behavioral Risk Factor Surveillance System (2006-2009, age-adjusted)

Prevalence of Selected Health Conditions - Adults, Union County and Oregon

	Union County	Oregon
Arthritis	31%	26%
Asthma	13%	10%
Diabetes	7%	7%
High blood pressure	23%	26%
High cholesterol	36%	33%

Source: Oregon Behavioral Risk Factor Surveillance System (2006-2009, age-adjusted)

Oregon Healthy Teens Survey

Oregon Healthy Teens is a school-based survey of a sample of eighth and eleventh grade students in Oregon public schools. The table below shows data for eleventh grade students, combining surveys from 2007-2008. Additional data for Union County youth, in both eighth and eleventh grades, can be found at public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2007/county.

Oregon Healthy Teens Survey, 11th grade, Union County and Oregon

	Union County	Oregon
Physical health in general was excellent, very good, or good	89%	89%
Emotional and mental health in general was excellent, very good, or good	81%	85%
Been to the dentist in past 24 months	80%	81%
Had a cavity	83%	76%
Have asthma	9%	11%
Had episode of asthma or asthma attack in past 12 months	3%	10%
Had 5 or more servings of fruits or vegetables in average day during past week	17%	17%
Drank soft drinks 1 or more times per day	23%	19%
Physically active for at least 60 minutes on 5 or more days in past week	60%	50%
Had 4-5 days of physical education at school in average week	27%	27%
Watched TV for 3 or more hours on average school day	19%	22%
Overweight	17%	15%
Obese	11%	12%
Trying to lose weight	46%	46%
Seriously considered suicide in past 12 months	14%	13%
Attempted suicide in past 12 months	7%	6%
Ever had sexual intercourse	53%	48%
Smoke cigarettes	15%	16%
Smoked on school property in past 30 days	4%	3%
Tried to quit in past 12 months (smokers)	47%	52%
Used smokeless tobacco - males	29%	14%
Used smokeless tobacco - females	5%	3%
Used smokeless tobacco on school property in past 30 days - males	13%	8%
Drank alcohol in past 30 days	49%	46%
Used marijuana in past 30 days	7%	19%
Used prescription drugs to get high in past 30 days	4%	6%
Any illicit drug use in past 30 days (marijuana,	14%	24%

	Union County	Oregon
prescription drugs, inhalants, stimulants, cocaine, heroin, ecstasy, or LSD)		

Source: Oregon Healthy Teens Survey, 2007-2008. Statewide data are for 2008.

Community Resources

In Union County, there are a variety of organizations that work to improve the community’s health and vitality. Though it is sometimes difficult to make such distinctions, the groups are categorized below as service agencies, community coalitions, educational institutions, employers, government agencies and elected officials.

Service Agencies

Center for Human Development, Inc. (CHD) is a private non-profit organization that is contracted by Union County to serve as the local public health authority. In addition to public health services, CHD has provided behavioral health, developmental disabilities, prevention and veterans’ services for over 30 years. The organization has a long history of best practices in public health, adapting for rural areas and implementing and evaluating evidence-based practices.

CHD's mission is “Working for Healthy Communities.” CHD achieves this mission by developing programs that respond to community needs and available resources while maintaining high standards for quality services. The overarching goals of CHD are:

- To provide high quality internal and external customer service;
- To maintain financial stability at a level that supports our mission, growth and operating objectives;
- To have a positive impact on all Union County residents through direct services and population-based programs;
- To maintain a strong focus on quality improvement processes and compliance; and
- To be a leader in beneficial health care reform.

As the public health authority, CHD assures delivery of the legally required public health functions and services, while responding to public health issues and other needs that are specific to the community. Services include:

- Epidemiology and control of preventable diseases/disorders, including communicable disease prevention and treatment;
- Parent and child health services, including maternal and child health, Women, Infants and Children (WIC) program, adolescent health, immunization and family planning;
- Collection and reporting of health statistics;
- Health information and referral services;
- Environmental health services;
- Emergency preparedness; and
- Prevention activities (tobacco control, chronic diseases, substance abuse, suicide and gambling).

Grande Ronde Hospital is a private, not-for-profit, Critical Access Hospital and is the only hospital in Union County. It is composed of 25 beds, the Family Birthing Center, Home Care Services covering Home Health and Hospice, and a broad range of diagnostic, surgical and therapeutic outpatient services. Grande Ronde Hospital (GRH) has an active medical staff of 49 providers, and continues to successfully recruit world-class professionals to its team. Those providers offer services in 19 patient care departments at the hospital and in seven clinics:

- GRH Walk-In Clinic
- GRH Children’s Clinic
- GRH Women’s Clinic
- GRH Regional Medical Clinic
- GRH Regional Hematology & Oncology Clinic
- GRH Regional ENT Clinic
- GRH Regional Orthopedic Clinic

A state and nationally award-winning telemedicine program continues to expand rural health care by providing additional opportunities for medical consults, specialty care, education opportunities and language interpretation. GRH is currently partnering with specialists across the county to provide consultative services in cardiology, stroke care, neonatology, dermatology, endocrinology and more.

For many years, the staff at the GRH Children’s Clinic has offered free weekly clinics to children not covered by health insurance. GRH also supports healthy youth activities through financial sponsorship and donations for swim teams, county soccer leagues, youth baseball, 4-H, Future Farmers of America (FFA) and other activities. Each year, GRH donates over \$3 million to local communities, in the form of charity care for those who could not pay their medical bills and through financial and in-kind donations.

The **Union County Commission on Children and Families’** mission is to serve as a catalyst in building a collaborative community that promotes the wellness of families, children and individuals. The Commission envisions Union County as a stable and healthy environment supporting: the physical, mental and social wellness of families, children and individuals; a sense of community among diverse people; lifelong learning and education; and responsible, safe and secure living. The Commission works closely with agencies, schools, government and local business to distribute state and federal funds to a variety of family-related programs and services in the region.

Greater Oregon Behavioral Health, Inc. (GOBHI) was formed by rural and frontier counties that joined together in 1995 when the Oregon Health Plan was launched. These counties recognized that rural counties could be stronger as a collective by sharing innovative programs and costs, rather than each county being at risk.

GOBHI is dedicated to the health care needs of rural Oregonians, promoting localized health care delivery in 17 rural counties so they can mold programs that best fit their communities. GOBHI’s successful model of local and preventative care goes beyond the conventional approach to mental illness and helps build communities that are stronger and healthier. GOBHI’s emphasis on proactive care means coordinating care by preventing problems from becoming chronic conditions. Not only does this produce better outcomes but it is cost effective, dramatically lowering the cost of care per patient and returning the savings to communities through their local health care delivery system.

GOBHI and ODS Community Health have joined together to create a collaborative partnership - the Eastern Oregon Coordinated Care Organization (EOCCO). This new Coordinated Care Organization (CCO) has been certified by the Oregon Health Authority to serve thirteen counties in Eastern Oregon,

including Union County. The EOCCO will manage the full continuum of mental, physical and dental health care services for Oregon Health Plan members.

Northeast Oregon Network (NEON) is a 501(c)(3) nonprofit rural health collaborative of providers, agencies and community members from Union, Wallowa and Baker Counties. NEON was originally formed in 2004 as an informal and mostly volunteer network, and in 2009 was incorporated as a tax exempt nonprofit. NEON members represent the fields of primary care, health education and economic development.

NEON's mission is to increase access to integrated health care by identifying health system gaps, facilitating community developed solutions and advocating for health policy change. NEON strives to: increase access to health care in the community using outreach programs and health education; provide a voice for the community by influencing local, state and national rural health policy development; and engage local communities and stakeholders. NEON seeks to provide a unified voice in order to represent our rural communities. In doing so, NEON has been able to influence health policy development, increase community-based resources and strengthen economic development.

In September 2012, NEON received a \$572,776 Community Transformation Grants-Small Community Award from the Centers for Disease Control and Prevention. This grant will be used to address disease self-management, focusing on low-income, racial/ethnic minority, and medically-underserved communities. The project will work on increasing the use of certified community health workers and implementing a community hub.

Oregon State University Extension Service engages the people of Oregon with research-based knowledge and education that focus on strengthening communities and economies, sustaining natural resources and promoting healthy families and individuals. OSU Extension provides community education in the program areas of health, nutrition and physical activity. Its programs in Union County include: the 4-H Youth Development Program; Agricultural Sciences and Natural Resources Program; Forestry & Natural Resources Program; volunteer-based Master Gardener Program; and a Family & Community Health Program working to address nutrition, food safety and food security among food stamp eligible audiences through the Oregon Family Nutrition Program.

Oregon Rural Action (ORA) is a 501(c)(3) nonprofit membership-based community organization working to promote social justice, agricultural and economic sustainability, and stewardship of the region's land, air and water. ORA brings people together to build strong communities by providing information and tools for local people to use in addressing the issues affecting their communities. In Union County, the Blue Mountain Chapter of ORA is working to promote the installation and use of renewable energy, build successful Farm to School programs in local school districts, provide a Food and Farm directory for the purchase of local produce, as well as support the consumption of organically grown food by families through a community gardens project in partnership with Eastern Oregon University.

The **Oregon Department of Human Services** (DHS) is the state's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves. The DHS mission is to make it possible for people to lead lives that are independent, healthy and safe. DHS employs approximately 9,800 individuals throughout the state to provide crucial safety net services to persons facing job loss, health problems and other uncertainties.

In 2009, the Oregon State Legislature created the **Oregon Health Authority** (OHA). The new agency is comprised of the health-related programs that were part of DHS as well as health programs from other agencies. The transition was completed in 2011, and DHS and OHA became two separate but closely aligned agencies with shared administrative services.

DHS and OHA are part of the public structures providing services that affect everyone in Union County. Some services are provided directly by DHS and OHA staff. Most services are delivered through the partnerships DHS and OHA have with people who live and work in the community – everyone from health care providers to foster parents to public health educators. This helps implement the unique solutions that best meet the needs of each community and its residents.

In Union County, some of the key services and assistance provided by DHS include:

- Long-term services through Seniors and People with Disabilities and its community partners

- Employment related child care assistance payments
- Comprehensive long-term care and support services for individuals with developmental disabilities
- Foster care for at-risk children
- Relief from hunger and food insecurity through the Supplemental Nutrition Assistance Program

OHA provides services and assistance including:

- Health insurance coverage through the Oregon Health Plan and Healthy Kids program
- Prevention and treatment for mental health, gambling, and alcohol and drug problems through programs funded by Addictions and Mental Health
- Testing and treatment of newborns for more than 40 serious health problems through the Oregon Public Health Lab
- Ensuring Oregonians have clean drinking water, safe food and an effective emergency trauma services system.

Additional service providers in Union County include:

- **La Grande Family Practice** is a family practice clinic with four physicians. The clinic serves patients of all ages, from newborn on up.
- **Obsidian Urgent Care** offers family practice and urgent care services, including acute illnesses and injury treatment, for all ages on a walk-in basis—no need to make an appointment. Practitioners at Obsidian also provide mental health services and treatment for chronic illnesses.
- **Union Family Health Center, Elgin Family Health Center, and Elgin Health Center** provide primary care services to residents of the outlying communities of Union and Elgin. The Union Family Health Center also has a Mobile Health Clinic that serves Cove residents and North Powder residents once a month.
- **Mountain Valley Therapy** provides physical and occupational therapy at a clinic in La Grande.
- **Village Health Care** is a primary care facility focusing on skin problems and also providing services for minor health problems such as sinus infections and preventive care such as pregnancy planning. Additionally, Village Health Care helps with psychological matters through counseling for depression and relationship issues, primarily with youth.

- **Grande Ronde Child Center** (GRCC) has a Psychiatric Day Treatment facility and also operates school-based programs. They serve 20-25 elementary aged children and their families each year throughout Union, Baker and Wallowa Counties. GRCC also facilitates a Therapeutic Foster Care program that serves both children and adolescents.
- **Grande Ronde Recovery** offers confidential counseling services for adults, adolescents and families with both individual and group outpatient treatment.
- **Heart Steps Counseling Services** offers outpatient treatment for alcohol and drug abuse and dependence for both adults and youth.
- **Mt. Emily Safe Center** provides comprehensive medical and counseling services to children in Eastern Oregon ages 0-17 who may have been victims of severe physical abuse, sexual abuse, or witness abuse.
- **Shelter from the Storm** provides services to victims/survivors of domestic violence and sexual assault, free of charge. The Shelter provides a variety of services, including counseling and information and support related to legal options, and has a program to help with the transition to a more self-sufficient life style. The Shelter runs parenting classes, the Sexual Assault Response Team and a food bank.
- **Child Care Resource and Referral** trains child care providers on child development and guidance topics, typically for children aged 0-12. They also offer free referrals to child care and preschool programs, including care for children and youth with special needs.
- **American Red Cross** is a humanitarian organization led by volunteers that provides relief to victims of disasters and helps people prevent, prepare for and respond to emergencies. The main functions of the American Red Cross are: helping disaster victims; connecting the armed forces with their families, as well as support for the sick and wounded; teaching lifesaving skills such as CPR and First Aid; collecting, testing and supplying blood; and providing humanitarian aid internationally. The Oregon Trail Chapter of the American Red Cross serves most of northern Oregon, including Union County.
- **Community Connection of Northeast Oregon** provides services to seniors, children, persons with disabilities and low-income persons in Union and Baker counties. Services include the Senior Meals and Meals on Wheels programs, public transit services, food bank warehousing and distribution, a low-income energy assistance program, various housing programs and after school programming.

- **Neighbor to Neighbor Ministries** provides assistance to the elderly, disabled and needy.
- **New Day Enterprises** is a private, non-profit community mental health facility serving adults with developmental disabilities. New Day has 58 clients, providing them a place to live, work and interact within the community.
- **Rise Services** provides support services for children and adults living with developmental disabilities and mental health challenges to help create and sustain the lives they want to live in their homes and in the community.

Community Coalitions

U.C. Fit Kids (Union County Fit Kids) is a coalition that was formed in 2005 to address the problem of childhood obesity. Members include representatives from the six public school districts in Union County, Center for Human Development, Eastern Oregon University, the OHSU School of Nursing in La Grande, the OHSU Department of Public Health and Preventive Medicine and several local organizations that provide food or physical activity programs to children. The lead organization for U.C. Fit Kids is the Union County Commission on Children & Families.

The coalition evolved out of a successful and long-term relationship among the school districts, the School of Nursing and the Commission on Children & Families to provide school-based health services to children living in remote areas of Union County. The coalition completed an assessment of the school and community environments in Union County to identify factors that influence the physical activity patterns and food choices of elementary school children and is working to implement interventions to address the needs identified through the assessment.

The **Union County Safe Communities Coalition's** mission is to work together for a safe, healthy and drug-free community by reducing substance use (specifically alcohol and tobacco) among youth and over time reducing substance abuse among adults. The coalition has been growing steadily since it formally began in 2008. They work to advance prevention outcomes through assessment and the implementation of evidence-based prevention programs, activities and environmental strategies, such as policy change and positive social norms campaigns.

The Safe Communities Coalition has a Youth Council that develops peer messaging and social media targeting youth alcohol and tobacco prevention. The Youth Council organizes age-appropriate, drug-free, adult supervised alternative activities to prevent alcohol and tobacco use. The Coalition also has a Strategic Prevention Framework Advisory Committee, which provides support, input and direction regarding the local Strategic Prevention Framework project that seeks to reduce underage and high-risk alcohol use among 18-25 year olds in Union County.

Educational Institutions

There are six public school districts in Union County, including three that are charter districts – Cove, Imbler and North Powder. School-Based Health Centers are located in La Grande High School and the Union School District. In addition, all schools can impact the health of their students in many ways, including learning about health in the classroom, nutrition in the lunch room, and physical activity in P.E. class and after-school athletics.

Public School Districts in Union County

	Students	Schools (grades)
Cove School District	250	Cove School (K-12)
Elgin School District	376	Stella Mayfield Elementary School (K-8) Elgin High School (9-12)
Imbler School District	325	Imbler Elementary School (K-6) Imbler High School (7-12)
La Grande School District	2,158	Willow Elementary School (K) Central Elementary School (1-5) Greenwood Elementary School (1-5) Island City Elementary School (1-5) La Grande Middle School (6-8) La Grande High School (9-12)
North Powder School District	269	Powder Valley School (K-12)
Union School District	373	Union Elementary School (K-6) Union High School (7-12)

Student enrollment as of October 2011

The Intermountain Education Service District (IMESD) has approximately 235 employees who serve nearly 23,000 students in 19 school districts throughout Baker, Morrow, Umatilla and Union counties. The IMESD is legislatively mandated to provide four core areas of service to students and schools: programs for children with special needs, technology support, administrative services and school improvement services.

Eastern Oregon University (EOU) is located in La Grande and enrolls approximately 4,000 students. EOU offers 24 bachelor's degrees (including nursing); more than 40 different minors; and master's degrees in business, teaching and science in education.

Oregon Health & Science University (OHSU) established an undergraduate nursing program at EOU in 1979 in response to the ongoing need for educating and retaining nurses to work in rural, under-served areas of the state. OHSU has since extended its programs to include masters and doctoral education at the La Grande campus. The program provides critical health care needs in outlying areas. EOU's Science Center also helps attract world-class researchers to join OHSU and work directly with undergraduate students.

Employers

Much of the Union County economy is based in agriculture, ranching and timber. There are a number of major employers, including Boise Cascade, Grande Ronde Hospital, Walmart, Union Pacific Railroad, Outdoors RV and Northwood Manufacturing. The major public employers are Eastern Oregon University, La Grande School District, the City of La Grande and Union County.

More and more, employers are investing in health promotion activities. A healthy community reduces health care costs and increases worker productivity.

Government Agencies

Government agencies can impact health in a variety of ways, from a fast response to a medical emergency, to the building of roads that provide for active transportation such as walking and biking. When working to improve health, communities should consider partnering with agencies involved with public safety (e.g., police, fire and emergency response), parks and recreation, housing, transportation, zoning and land use planning. Health impacts should

be considered by government agencies at all levels – city, county, state and federal.

Elected Officials

Union County is governed by an elected three-person Board of Commissioners. In addition, voters elect county department heads for Assessor, County Clerk, District Attorney, Sheriff, Surveyor and Treasurer. The table below shows the population and governing structures for the cities within Union County.

Cities in Union County - Population and Governing Structure

	Population	Governing structure
Cove	552	Mayor and six City Councilors
Elgin	1,711	Mayor and six City Councilors
Imbler	306	Mayor and six City Councilors
Island City	989	Mayor and six City Councilors
La Grande	13,082	Mayor and six City Councilors, who appoint the City Manager
North Powder	439	Mayor and six City Councilors
Summerville	135	Five City Councilors, who appoint the Mayor
Union	2,121	Mayor and six City Councilors
Unincorporated	6,413	--
TOTAL	25,748	

Source: Population numbers from the 2010 Census; Island City population obtained from city leaders as of May 2012.

South County and Elgin Health Districts: The South County Health District was formed by a vote of residents in Cove, Union and North Powder to form a public entity dedicated to bringing medical care to the underserved areas in the south part of Union County. It is managed by licensed medical professionals with the goal of meeting the healthcare needs of the residents it serves. Its focus is the Union Family Health Center in Union. It has a citizen oversight committee known as CUP, The Cove – Union – Powder Medical Association, which does not participate in the day-to-day business of the clinic. The Elgin Health District operates the Elgin Family Health Center.

These are many of the institutions – government, business and non-profit – that impact the health of Union County. The best resources we have for improving

health are the people of Union County. Wherever we come together, including our sports fields, community celebrations and faith-based institutions, there are opportunities to improve community health.

COMMUNITY HEALTH IMPROVEMENT PLAN

This Community Health Improvement Plan is for all people and organizations interested in improving the health of Union County. The Health Priorities and Strategies are offered to focus the attention and work of policy-makers and organizations, including local government agencies, educational institutions, employers, health care organizations, non-profit and community-based organizations, faith communities and others.

Health Priority #1: Economic Development

Health Priority #2: Healthy Environments

HEALTH PRIORITY ONE: ECONOMIC DEVELOPMENT

The first health priority in Union County is Economic Development. Economic development is important to Union County in order to address the root causes of poor health and increase access to wellness care.

Health Priority #1: Advance economic development, in ways that support community health, to address the root causes of poor health and increase access to opportunities to improve health.

Health Outcomes	
Measurable Objectives	<ul style="list-style-type: none"> • Increase the number of family-wage jobs • Decrease unemployment • Increase median wage



Strategy I: Build connections with county economic development commissions, including the Union County Economic Development Corporation and North East Oregon Economic Development District

<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Number of health organizations represented on economic development boards	Make presentations regarding the health impact of economic development in order to develop connections and partnerships Senior leadership of a local health organization appointed to one of the above boards	Center for Human Development, Inc.

Health Priority #1: Advance economic development, in ways to support community health, to address the root causes of poor health and increase access to wellness care.

Strategy 2: Analyze market opportunities arising from the health care reform efforts in Oregon and nationally.

<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Analysis of market opportunities	Form working group and perform an analysis of market opportunities.	Center for Human Development, Inc., La Grande City Manager, Northeast Oregon Network, and Hospital

Strategy 3: Support the availability of training and education for community health workers.

<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Options identified for more training and education through Eastern Oregon University or other venues/organizations for health professionals, paraprofessionals, and community health workers (especially those with language and cultural competencies) potentially serving the region	Working group created Opportunities identified	Center for Human Development, Inc., Northeast Oregon Network, Northeast Oregon Health Education Center, Eastern Oregon University

Strategy 4: Increase the number of trained community health workers in Eastern Oregon.

<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Explore training and education connections for community health workers.	Play an active role in supporting/working with NEON and other entities interested in and able to create and implement local training opportunities for	NEON, CHD, Educational Institutions

Health Priority #1: Advance economic development, in ways to support community health, to address the root causes of poor health and increase access to wellness care.		
<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
	community health workers.	

Strategy 5: Make Union County more appealing to pro-health commerce/businesses by ensuring healthy, safe, active environments are abundant and visible.		
<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Explore existing and new approaches for increasing information about the importance of healthy environments for attracting, keeping and supporting commerce/business.	<ol style="list-style-type: none"> 1) Make connections, presentations, and partnerships with commerce/business organizations (i.e. Chamber of Commerce) that relate to improving the health impact of commercial enterprises on the local community and environment. 2) Support the adoption of healthier retail items by corner stores as part of the SNACZ project being conducted by the Oregon Health and Sciences University through the Union County Fit Kids coalition. 	CHD, UC Fit Kids, other interested partners

HEALTH PRIORITY TWO: HEALTHY ENVIRONMENTS

The second health priority in Union County is Healthy Environments.

Health Priority #2: Create environments that support healthy lifestyles, including reducing tobacco use, obesity and drug and alcohol abuse.		
Health Outcomes		
Measurable Objectives		
<ul style="list-style-type: none"> • Increase the number of worksites with worksite wellness policies and programs • Decrease underage and binge drinking 		
Strategy I: Implement guidelines for tobacco, nutrition and physical activity for County properties		
<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
<ol style="list-style-type: none"> 1) Create recommendations for guidelines/policy options 2) Present guidelines/policy options 3) Get guidelines/policies adopted and implemented 	<ol style="list-style-type: none"> 1) Healthy options available in vending machines on county properties. 2) Tobacco use not allowed on county worksite campuses. 3) Two Union County parks will be tobacco free. 	Center for Human Development, Inc., Union County Safe Communities Coalition

Health Priority #2: Create environments that support healthy lifestyles, including reducing tobacco use, obesity and drug and alcohol abuse.		
Strategy 2: Support Union County private worksites in creating tobacco, nutrition and physical activity guidelines/policies		
<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
<ul style="list-style-type: none"> 1) Create recommendations for guidelines/policy options 2) Present guidelines/policy options 3) Get guidelines/policies adopted and implemented 	<ul style="list-style-type: none"> 1) Model guidelines are developed 2) Campaign created 	Center for Human Development, Inc.

Strategy 3: Create alcohol and tobacco free events and environments		
<i>Performance Measure</i>	<i>Target by 2017</i>	<i>Responsible Parties</i>
Number of community events that have limited or eliminated alcohol and tobacco use.	<ul style="list-style-type: none"> 1) Develop list of community events that are family oriented to target for discussions about limiting alcohol and tobacco 2) Determine which events to target 3) Approach event organization 	Union County Safe Communities Coalition

CONCLUSION

With the completion of the Community Health Assessment and Community Health Improvement Plan, Union County can begin to implement the identified health improvement strategies. The Union County Community Health Assessment and Community Health Improvement Plan is a living document. While health priorities have been identified, the strategies to improve health will evolve over time. In the years ahead, additional community health assessments will be needed to evaluate these health promotion efforts and assess progress towards the shared vision for a thriving Union County.

We envision a Union County where everyone has access to education and resources, including healthy food and places for physical activity, enabling them to reach optimum health, well-being and quality of life. A healthy Union County is supported by a continually improving, clean, safe and economically sound community.

SPECIAL THANKS

A special thank you to Mosbaek Consulting who provided consultation and direction to the Union County Community Health Assessment and Community Health Improvement Plan. The Center for Human Development, Inc. and Rede Group appreciate and value the collaborative effort it took to create this plan.

APPENDIX A – DATA SOURCES

U.S. Census Bureau - Quick facts about Union County
<http://quickfacts.census.gov/qfd/states/41/41061.html>

County Health Rankings
<http://www.countyhealthrankings.org/>

Communities Reporter by Oregon State University
<http://oe.oregonexplorer.info/rural/CommunitiesReporter/>

Oregon Healthy Teens Survey – Data by county
<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2007/county/Pages/index.aspx>

Behavioral Risk Factor Surveillance System – Data by county
<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx>

Oregon Vital Statistics County Data Book
<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/Pages/cdb.aspx>

Death Rates by County
<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/death/aadeath/Pages/aadeath.aspx>

Cancer in Oregon
<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/arpt2006/Pages/index.aspx>

2010 Northeast Oregon Community Health Needs Assessment
<http://www.neonoregon.org/wp-content/uploads/images/2010-Final-Assessment-Report.pdf>

Union County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2010
<http://www.oregon.gov/oha/amh/ad/data/union.pdf>

2012 Oregon Student Wellness Survey – Union County

<http://www.oregon.gov/oha/amh/2012%20Student%20Wellness/Union.pdf>

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