



2021



Umatilla County Community Health Assessment

“Working Together for Better Health and Well-Being”

This document is publicly available online at www.ucohealth.net. If you have questions, comments, or suggested edits for this report, please email health@umatillacounty.net.

Once you have finished reviewing the CHA, we would appreciate it if you would take 2-3 minutes to complete the Community Health Assessment [feedback survey](#).

*Thank you for reviewing the
2021 Umatilla County Community Health Assessment!*

“Working Together for Better Health and Well-Being”	1
Development of the CHA	5
Community Partners	5
About the Data	6
Overview of Umatilla County	6
Umatilla County Demographics	8
Health & Well-Being in Umatilla County	10
Concerns for the Community	11
Health Overview	14
How Is Umatilla County Doing?	15
Leading Causes of Death	18
Leading Causes of Death: Umatilla County	20
Health Status	21
Health Care Access	23
No Health Coverage	23
Shortage of Providers	24
Oral Health	24
Obesity and Chronic Diseases	30
Obesity in Umatilla County	34
Nutrition and Obesity	36
Cancer - Diabetes - Obesity	37
Nutrition	40
Heart Disease	43
Social Determinants of Health	45
Poverty and Economic Stability	46
Food Insecurity	48
Domestic Violence / Intimate Personal Violence	49
2020 Umatilla County Domestic Violence Statistics	50
Drug Convictions & Social Determinants of Health	51
Housing	52
Adverse Childhood Experiences (ACEs)	54
Preventing ACEs Has the Potential to Reduce Leading Causes of Death in Adults	55
Built Environment	60
Behavioral and Sexual Health	63

Mental Health	63
Behavioral Health	64
Smoking	64
Alcohol	67
Drug Usage	70
Maternal, Infant & Child Health	71
Maternal Mortality Rates	71
Oral Health for Expectant Mothers and Children	75
Reproductive Health	76
Other Maternal, Infant & Child Issues	76
Adolescent Health	78
High School Graduation Rates and Absenteeism	78
Teen Pregnancy	80
Emotional Health of Umatilla County Teens	81
Vaping, Tobacco, Marijuana	84
Drugs and Alcohol	85
School-based Health Center	86
Communicable/Infectious Diseases	86
Rabies	89
COVID-19	89
Conclusion	93
References	94

REVISIONS

Posted to www.ucohealth.net:

1. January 19, 2022

Development of the CHA

In early 2020, Umatilla County Public Health Department (UCo Health) began working on the 2021 Umatilla County Community Health Assessment (CHA). The goal was to develop the CHA through a health equity lens. A CHA team was assembled from UCo Health staff, and the team drew up a work plan. First, the team reviewed past Umatilla County CHAs and those from the state and other counties. Next, the CHA team developed a list of common health indicators and organized them into categories/subcategories.

The work plan's initial objective was to assemble secondary data sources and identify any information gaps in health issues faced by the county. The team then would collaborate with community partners to review health indicators and offer ideas on filling gaps with primary data, i.e., community-wide surveys, focus groups, key informant interviews, etc.

The pandemic required a significant amount of time from our staff and those of our partners. As a result, UCo Health decided to pivot to a scaled-back version of the CHA based on available resources.

Ultimately, the CHA team narrowed the indicators down to what is thought to be most relevant to Umatilla County and began searching for supporting county-specific secondary data sources. Finally, links to the data were compiled into a spreadsheet.

The resulting 2021 CHA draft is a narrative drawn from secondary data and primary data from online polling and the 2018 Umatilla County Community Health Assessment from Good Shepherd Health Care System and St. Anthony Hospital.

Community Partners

In March through June 2021, UCo Health invited leading health providers and community advocates in Umatilla County to review the CHA narrative and provide input directly into the document. In addition, partners received an invitation to participate in an online survey. The invited community partners included:

- | | |
|---|--|
| Community Action Program of East Central Oregon | InterMountain Education Service District |
| Domestic Violence Services | Lifeways |
| Douglas Latinas | Moda Health |
| East Oregon Health Equity Alliance | Morrow County Veterans Services |
| Eastern Oregon Coordinated Care Organization | Oregon Health & Science University |
| Eastern Oregon Center for Independent Living | Oregon Washington Health Network |
| Eastern Oregon Healthy Living Alliance | Rental Housing Association |
| Euvalcree | St. Anthony Hospital |

Fair Housing Council of Oregon
Good Shepherd Hospital
Greater Oregon Behavioral Health, Inc.
Healthy Communities Coalition
Home 4 Hope Coalition

Umatilla County CARE program
Umatilla County Local Community Advisory
Council
Umatilla County Veterans Services
Umatilla-Morrow County Head Start

Two UCo Health nursing interns and members of its staff also provided feedback and input.

The first version of the CHA narrative was completed in August 2021. In addition, UCo Health held two virtual CHA presentations for community partners in October 2021. The virtual presentations provided an overview of the CHA, its development, and its timeline. Attendees were able to participate in a discussion with ideas raised to refine the narrative and explore gaps in the information for the future development of a primary data collection plan.

The CHA went live on the UCo Health website in December 2021, along with the secondary data spreadsheet; these will be living documents to be updated frequently.

About the Data

UCo Health collected secondary data from multiple sources that featured county-level data. UCo utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2030, among other national and local sources. Most primary data referenced in this report is from the 2018 Umatilla County Health Assessment (CHA). All other data is cited accordingly.

The CHA also includes data from the 2019 Oregon Healthy Teens (OHT) Survey, a survey of 8th and 11th-grade youth conducted in the spring of 2019. The OHT Survey is conducted in odd-numbered years, alternating with Oregon Health Authority's (OHA) Student Wellness Survey (SWS) administered in even-numbered years. The OHT Survey is an anonymous and voluntary survey sponsored by the Oregon Health Authority (OHA) in collaboration with the Oregon Department of Education. The survey is offered on two platforms: paper or online. The report provides a glimpse into the health and well-being of 8th and 11th graders in Oregon. To view the results of the 2019 Oregon Health Teens Survey, click [here](#).

Overview of Umatilla County

Umatilla County is at the base of the Blue Mountains and is home to approximately 80,075 people.¹

¹[US Census Bureau 2020](#)

Umatilla is an Indian term meaning ‘rippling water’ or ‘water rippling over sand’ and has provided the name both for the county and its major river.²



The county’s economy specializes in agriculture, forestry, fishing, hunting, and utilities; its most prominent industries are retail trade, manufacturing, and health care.³ Umatilla County is rich in productive farmland, with over 1,700 farms throughout the nearly 3,231 square miles (8,370 km²) that make up the county.⁴

Crops grown in Umatilla County include sweet potatoes, vegetables, melons, and potatoes, which racked up sales of \$111 million in 2017. The county is the #1 grower of these products in the state and 26th nationally (in the top 1 percent of counties). Also, in 2017, grains, oilseeds, dry beans, and dry peas brought in sales of \$104 million. Hay and other crops brought \$40 million into the county. Fruits, berries, and tree nuts netted \$29 million.⁵

Tourism is vital to the local economy. The county is known for the Umatilla National Forest, the world-famous Pendleton Round-Up Rodeo, the Umatilla County Fair, and the wineries of Echo and Milton-Freewater.

Just east of Pendleton lies the Umatilla Reservation, home to nearly half of the 3,100 members of the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). CTUIR is a union of three tribes, Cayuse, Umatilla, and Walla Walla, created through a treaty with the U.S. government in 1855.

The county seat is Pendleton, and the largest city is Hermiston.⁶ According to Portland State University, 80% of the growth in the Hermiston-Pendleton Micropolitan Statistical Area from now through 2035 will be in the Hermiston area.⁷ Due to its proximity to major freeways, access to a redundant fiber optic communications system, and low electricity costs, Hermiston has become a hub for logistics and data center activity.⁸

The Umatilla County Board of County Commissioners is the administrative body with statutory responsibility for promoting, protecting, and preserving the health of people living in and visiting Umatilla County.

²[State of Oregon: County Records](#)

³[DataUSA](#)

⁴[Wikipedia](#)

⁵[USDA](#)

⁶[Wikipedia](#)

⁷[Wikipedia](#)

⁸[Wikipedia](#)

The Umatilla County Public Health Department, or UCo Health, operates under the direction of the Board of Commissioners to create and maintain conditions that keep people healthy.

UCo Health's focus includes working to understand the specific health issues of the community, with a particular emphasis on health inequities and root causes of poor health; investigating health problems and threats; preventing and or minimizing infectious disease outbreaks caused by unsafe food, water, environmental hazards, injuries, and risky health behaviors; preventing and or minimizing the impact of chronic diseases such as heart disease, cancer, and stroke; establishing plans and systems for protecting the public's health in the event of a large-scale emergency or disaster; and providing clinical preventive services that are not supported through other aspects of the health care systems because of provider shortages.

Vaccinations. Health screenings. Promoting health behaviors. Preparing for emergencies. Umatilla County Public Health takes essential steps to encourage residents to lead healthier lives with a greater sense of well-being.

Umatilla County Demographics

[Umatilla County's](#) population is 80,075 (2020), and the county has experienced a growth rate of 5.50% since 2010. Umatilla County ranks as the 14th largest of Oregon's 36 counties.⁹ The population of Umatilla County is 65.1% White, 28% Hispanic or Latino, 4.3% Native American and Alaska Native, 1% black, 1% Asian, 0.3% Islander, and 2% Two or More Races. Those 65 and over in Umatilla County make up 16% of the population. English is spoken in 77.1% of homes in the county and languages other than English spoken in 23.1% of homes.¹⁰

Eighty-two percent (82%) of persons aged 25 or over in the county have graduated from high school or achieved higher education.¹¹ The county has a per capita income of \$26,383 and a median household income of \$60,425. Roughly 15% of residents are below the poverty line, which is 25 percent higher than the rate in Oregon and about 20 percent higher than the rate in the United States. Eighteen percent of children (under 18) in the county live in poverty.¹²

⁹ [US Census Bureau 2020](#)

¹⁰U.S. Census

¹¹U.S. Census

¹²U.S. Census

Age and Sex

36.5 +/- 0.3

Median age in Umatilla County,
Oregon

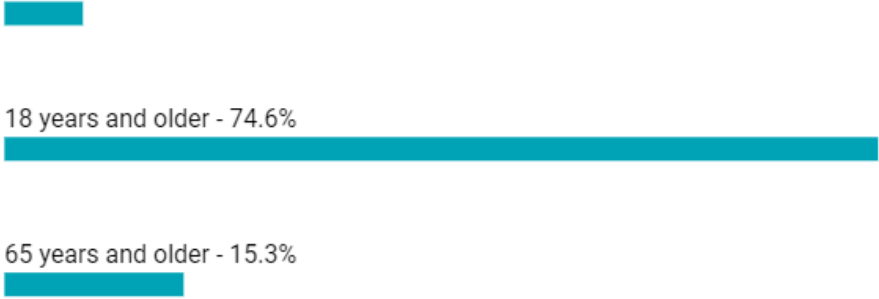
38.1 +/- 0.1

Median age in the United States

Table: DP05
Table Survey/Program: 2019
American Community Survey 5-Year
Estimates

Population by Age Range in Umatilla County, Oregon

Under 5 years - 6.7%



Age Range	Percentage
Under 5 years	6.7%
18 years and older	74.6%
65 years and older	15.3%

18 years and older - 74.6%

65 years and older - 15.3%

WITH GOOD HEALTH COMES
HAPPINESS

WHAT IS WELL-BEING?

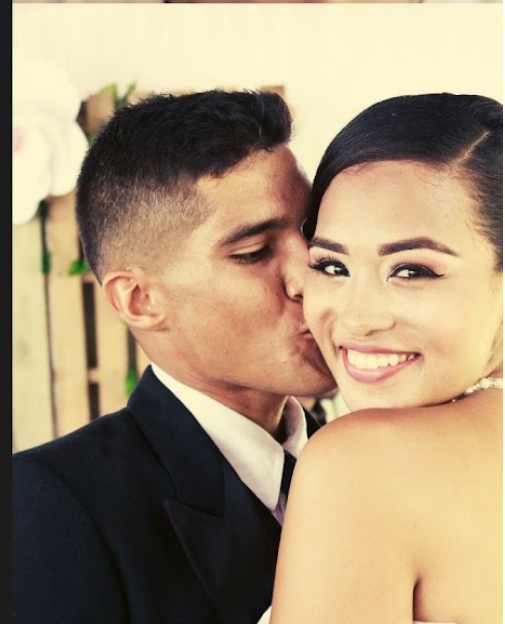
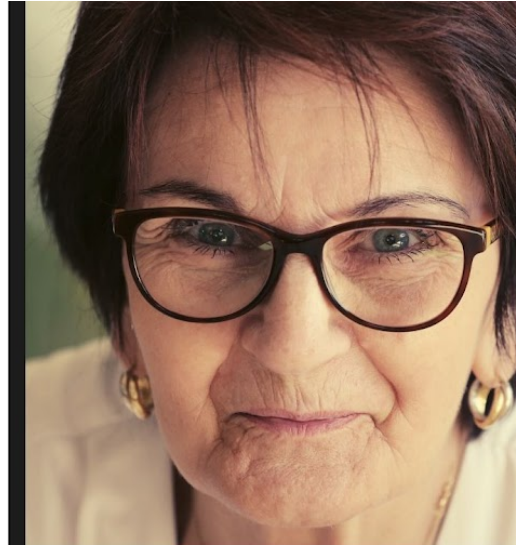
And why is it so important?

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.

In simple terms, well-being can be described as judging life positively and feeling good. Well-being includes the following:

- ENGAGING ACTIVITIES & WORK
- PHYSICAL WELL-BEING
- PSYCHOLOGICAL WELL-BEING
- DEVELOPMENT & ACTIVITY
- SOCIAL WELL-BEING
- EMOTIONAL WELL-BEING
- ECONOMIC WELL-BEING
- LIFE SATISFACTION

National Center for Chronic Disease Prevention and Health Promotion,
Division of Population Health



Health & Well-Being in Umatilla County

Many public health organizations and government agencies provide data on demographics and health topics at a state and county level. This information is helpful as a snapshot of the health of a community.

One such snapshot is the annual [County Health Rankings & Roadmaps](#) (or County Health Rankings), a University of Wisconsin Population Health Institute program. The ranking is not meant to be the ultimate word on the challenges and opportunities we face as a county. Still, it provides a valuable overview of the health of our residents. The ranking also offers ideas on implementing or improving services and programs to improve the lives of those who live, work, and play in Umatilla County.

According to the County Health Rankings, Umatilla County faces many challenges in improving the health and well-being of its residents.

In the Ranking's Health Factors category, which includes length of life and quality of life, the county is below average — #21 out of 34 Oregon counties. (Gilliam and Wheeler County were not ranked.)

In the Health Behaviors category, which includes rankings for obesity, alcohol usage, smoking rates, etc., the county was #26 out of 34 Oregon counties. (Gilliam and Wheeler County were not ranked.) The county is #30 in the Clinical Care category, which looks at factors such as the number of uninsured, the ratio of primary care doctors to population, and the number of preventable hospital visits.

Areas of improvement on issues where we underperform compared to Oregon and the U.S. include:

- Adult Obesity
- Health Perception
- Child Mortality
- Diabetes
- Teen Pregnancies/Births
- Uninsured Rates
- Disconnected Youth
- Suicides
- High School Graduation Rates / Absenteeism
- Children in Poverty & Single-Parent Households
- Firearm Fatalities
- Juvenile Crime

Click [here](#) to view the complete 2021 County Health and Rankings snapshot for Umatilla County.

Other areas for improvement, according to data also referred to in this Community Health Assessment, include:

- Chronic Diseases
- Adult Smoking and Nicotine Usage
- Adverse Childhood Experiences
- Alcohol Abuse

Concerns for the Community

UCo Health conducted an online Facebook survey titled *Concerns for the Community/Preocupaciones de salud para nuestra comunidad* in April 2020. There were 313 English responses and no Spanish responses. Survey respondents were predominantly female (87% compared to Umatilla County’s female population of 47%).

What is your ethnicity?

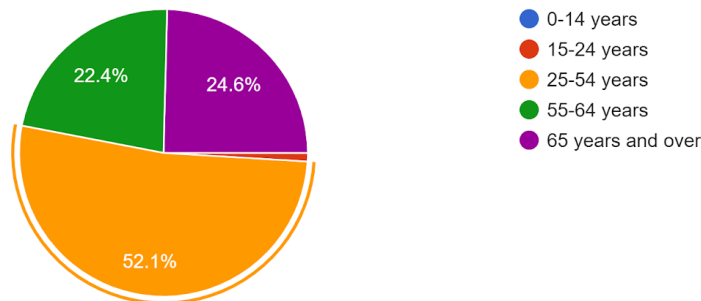
313 responses



The majority of respondents (25%) reported household income (\$50,000 to \$74,999) which falls within the range of the general population household income of \$54,699. In addition, the most responsive age group was between 25-54 years old (52% of responses).

What is your age group?

313 responses



The respondents were asked about their top three concerns for the community. The top concerns of survey participants, regardless of age, included a lack of mental health care (37%), access to

medical care (33%), lack of affordable housing (28%), housing/homelessness (27%), and substance abuse (26%).

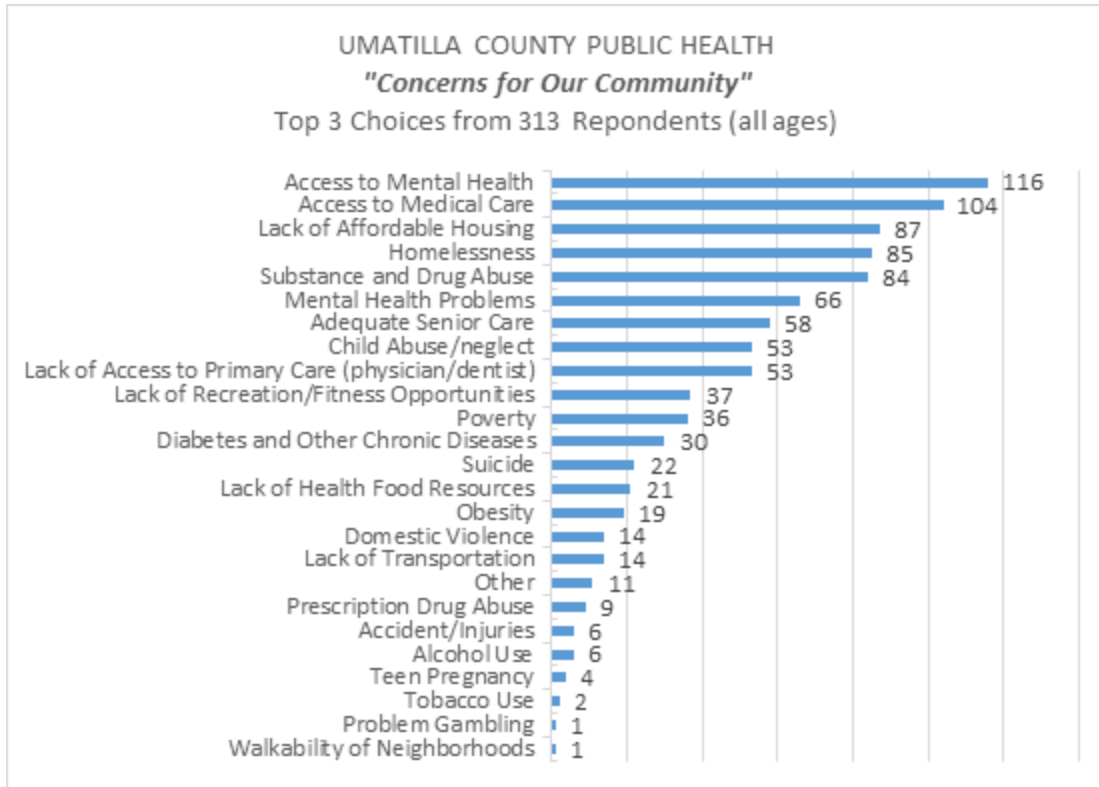
Some priorities were generational.

Access to medical care was a significant concern for those 55 and older but did not rate in the top five for those 54 or younger. For the 25-54 age group, affordable housing was the second most important topic, but not among the top five concerns of those 55 and over.

These concerns either directly or indirectly affect the health and well-being of our county.

Top 10 Concerns for the Community

Lack of mental health care	37%
Access to medical care	33%
Lack of affordable housing	28%
Homelessness	27%
Substance or drug abuse	26%
Mental health problems	21%
Adequate senior care	19%
Child abuse or neglect	17%
Lack of recreational facilities or fitness opportunities	12%
Poverty	12%



Obesity and tobacco use, two of the most significant health-related issues based on past Community Health Assessments, were the top concerns of only 6% and 2% of respondents, respectively.

TOP 5 CONCERNS -- AGES 25-54

Access to mental health care	45%
Lack of affordable housing	32%
Substance or drug abuse	30%
Homelessness	27%
Accidents/injuries	27%

TOP 5 CONCERNS -- AGES 55-64

Access to medical care	40%
Access to mental health care	31%
Substance or drug abuse	30%
Mental health problems	30%
Homelessness	25.71%

TOP 5 CONCERNS -- AGES 65 & OVER

Access to medical care	36%
Access to mental health care	29%
Substance or drug abuse	27%
Mental health problems	27%
Homelessness	23%

Health Overview

According to the Centers for Disease Control and Prevention (CDC), in 2018, life expectancy in the United States ticked up for the first time in four years. The increase was slight — just a month — but marked a temporary halt to a downward trend.

NCHS
National Center for Health Statistics

MORTALITY IN THE UNITED STATES, 2018

A decrease in mortality from

- cancer
- unintentional injuries
- chronic lower respiratory diseases
- heart disease

led to an increase in **life expectancy**

SOURCE: National Center for Health Statistics, National Vital Statistics System.
For more information, visit <https://www.cdc.gov/nchs/products/databriefs/db355.htm> and <https://www.cdc.gov/nchs/data/hestat/life-expectancy/life-expectancy-2018.htm>.

0829204

However, primarily due to COVID-19 deaths, CDC data published in July 2021 found that between 2019 and the first half of 2020, life expectancy decreased 2.7 years for the non-Hispanic black population (74.7 to 72.0). It fell by 1.9 years for the Hispanic population (81.8 to 79.9) and by 0.8 years for the non-Hispanic white population.¹³¹⁴

How Is Umatilla County Doing?

In 2019, Umatilla County's life expectancy was 78.7 years of age¹⁵ compared to the national average of 78.8 years.¹⁶

Between 2015 and 2019, Umatilla County's life expectancy remained fairly consistent among men at 76.4 and women at 80.9, including all races.

One key finding is that there is a disparity in life expectancy between Hispanic and non-Hispanic populations. The life expectancy for Hispanics in Umatilla County from 2015 to 2019 was significantly higher overall than for the non-Hispanic population — 85.6 for Hispanic men and 88.3 for Hispanic women.¹⁷

There could be many reasons for this disparity between Hispanic and non-Hispanic life expectancy rates, but demographers Laura Blue of Princeton University and Andrew Fenelon of the University of Pennsylvania suggest lower tobacco use among Hispanics may be a significant factor.¹⁸

Hispanic/Latino adults have a lower prevalence of cigarette smoking and other tobacco use than other racial/ethnic groups, except for Asian Americans.¹⁹

There is also the [Hispanic Paradox](#).

The Hispanic Paradox, or Latino paradox, refers to the epidemiological finding that despite a lower socioeconomic status, which is generally associated with poorer health and higher death rates, Hispanic men and women are just as healthy or healthier on certain measures compared to non-Hispanics.

This advantage does not extend to all causes of death; their rates of mortality from [liver disease](#), [cervical cancer](#), [AIDS](#), [homicide \(males\)](#), and [diabetes](#) is higher than non-Hispanic whites.²⁰

Besides ethnicity and socioeconomic issues, a multitude of factors plays a role in life expectancy. For example, where you live plays a role in how long you will live. If you live in Mississippi, think

¹³[The National Center for Health Statistics \(NCHS\)](#)

¹⁴[Centers for Disease Control and Prevention](#)

¹⁵Oregon Public Health Assessment Tool 2018

¹⁶[Centers for Disease Control](#)

¹⁷Oregon Public Health Assessment Tool 2018

¹⁸Population Research Bureau

¹⁹Centers for Disease Control and Prevention

²⁰American Journal of Public Health

about moving to Hawaii. There's an enormous gap — almost six years — in the life expectancy between the states, 74.91 and 81, respectively.

Another critical factor in life expectancy is gender.²¹

²¹Population Reference Bureau

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LIFE EXPECTANCY -- DISPARITY BETWEEN MEN AND WOMEN

In the U.S., women can expect to live five or more years longer than men.

"A glance around most nursing homes or assisted living facilities in the U.S. often tells the story: women will usually outnumber men, and the magnitude of the difference is often striking." Harvard Health Blog

In 2019, Umatilla County's life expectancy for men was 76.87, and for women, it was 80.54. This gap between men and women in Umatilla County is slightly better than what is happening nationally. In 2019, there was a 5.4-year difference in life expectancy between men and women in the U.S.

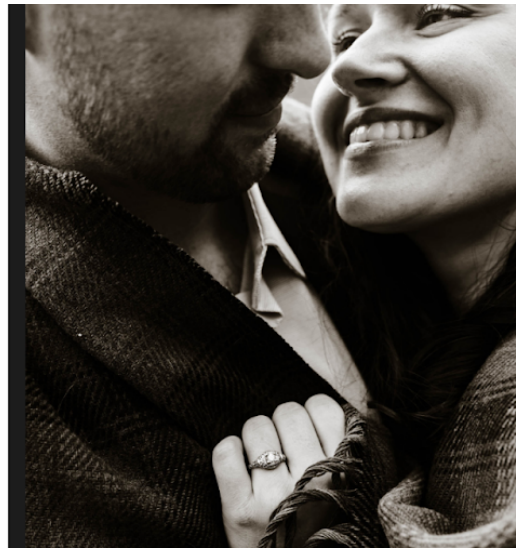
"Men experience more life-threatening chronic diseases and die younger, whereas women live longer but have more nonfatal, acute and chronic conditions and disabilities." The Journals of Gerontology

Why in Umatilla County and the U.S. do women live four years or more than men?

There is an inherent biological advantage for women: genetics and hormonal factors play a role. However, the difference in life expectancy also reflects behavioral differences between men and women.

Men are more frequently exposed to occupational hazards; they drive more miles, drink more alcohol. They are more often exposed to trauma, including homicide. Men also die by suicide at a much higher rate; they are more than three times more likely to kill themselves than women.

Also, more men than women are smokers.



Researchers have found that conditions associated with excess male hospitalizations and deaths tend to be smoking-related.

Source: [Population Research Bureau](#)
Gender Disparities in Health and Mortality. (n.d.).

LIFE EXPECTANCY IN AMERICA			
Year	Females	Males	Gender gap
1900	48.3	46.3	2 years
1950	71.1	65.6	5.5 years
2000	79.7	74.3	5.4 years
2017	81.1	76.1	5 years
2020	80.5	75.1	5.4 years

Source: National Center for Health Statistics

One thing is clear: the gender gap in mortality will remain in flux for quite some time because of the continual shifts in the social, economic, and behavioral dynamics that determine health and longevity for both women and men.

Source: [Why Men Die Younger than Women](#)
Bridget K. Gorman Ph.D.; Jen'nan Ghazal Read Ph.D.

Leading Causes of Death

According to the [CDC](#), people who live in rural areas are more likely than city-dwellers to die prematurely from all five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.

These rural health disparities have many causes:

Health Behaviors

Rural residents often have limited access to healthy foods and fewer opportunities for physical activity than their urban counterparts, leading to conditions such as obesity and high blood pressure. Rural residents also have higher rates of smoking, which increases the risk of many chronic diseases.

Health Care Access

Rural counties have fewer health care workers, specialists (such as cancer doctors), critical care units, emergency facilities, and transportation options. Residents are also more likely to be uninsured and to live farther away from health services.

Healthy Food Access

National and local studies suggest that low-income, minority, and rural neighborhoods often have less access to supermarkets and healthy foods.

Demographic Characteristics

Residents of rural areas are older, with lower incomes and less education than their urban counterparts. These factors are linked to poorer health.

Source: [Centers for Disease Control and Prevention](#)

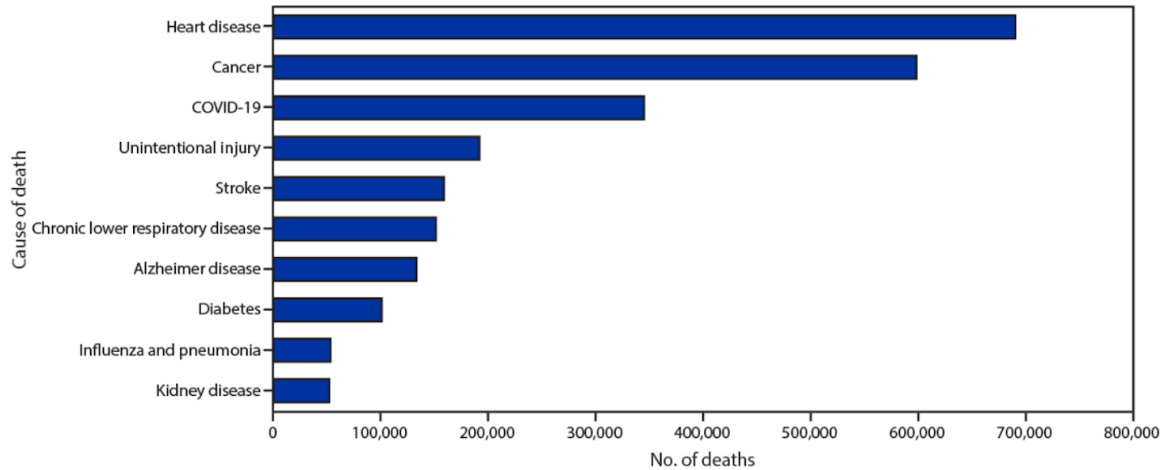
In 2019, the ten leading causes that accounted for 73.8% of all deaths in the United States²² were:

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Diseases
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Influenza and Pneumonia
9. Kidney Disease
10. Suicide

In 2020, according to provisional data from the National Vital Statistics System, COVID-19 overtook unintentional injuries as the third leading cause of death in the U.S.

²²[Centers for Disease Control and Prevention](#)

FIGURE 2. Provisional* number of leading underlying causes of death† — National Vital Statistics System, United States, 2020



* National Vital Statistics System provisional data are incomplete. Data from December are less complete due to reporting lags. Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded.

Deaths for which COVID-19 was a contributing, but not the underlying, cause of death are not included in this figure.

Leading Causes of Death: Umatilla County

There were 673 deaths in Umatilla County in 2019 and 839 in 2020. Ninety-two (92) percent of all deaths were attributed to natural causes in 2019 and natural causes caused 90% of deaths in 2020.²³ Those 65 and older accounted for 75% of all deaths in 2019 and 74% in 2020.²⁴ In 2020, the median age of death was 75.²⁵

Between 2014 and 2017, the leading cause of death in the county was cancer, which claimed the lives of 150 on average each year. That's a cancer death rate of 171 residents per 100,000 of the population. By contrast, Grant County had 114 cancer deaths per 100,000 population. Twenty-one (21) counties in Oregon had lower incidences of cancer deaths than Umatilla.²⁶

Also, between 2014 and 2017, heart disease was the second leading cause of death with an average of 119 deaths annually, followed by chronic lower respiratory disease with an average of 47 deaths annually. In addition, unintentional injuries and strokes each caused 36 deaths on average each year between 2014 and 2017.

In 2019, there were ten deaths by suicide, two homicides, and 42 unintended injury deaths.²⁷ In 2020, there were 19 suicides, eight homicides, and 49 unintended injury deaths (according to preliminary data).²⁸ That's a 90% increase in suicides from 2019 to 2020 and a 300% increase in homicides.

²³[Oregon Health Authority](#) link updated 1/22

²⁴[Oregon Health Authority](#) link updated 1/22

²⁵[Oregon Health Authority](#) link updated 1/22

²⁶[Oregon Health Authority](#) link okay

²⁷[Oregon Health Authority](#) link updated 1/22

²⁸[Oregon Health Authority](#) link updated

Umatilla County also logged ten deaths involving guns (2018) and nine overdose deaths (2018).^{29 30} Alcohol was a factor in 27 deaths in Umatilla County in 2018.³¹

As of August 15, 2021, since the beginning of the pandemic, there have been 123 deaths from COVID-19.

Resources:

[National Suicide Prevention Lifeline](#) — National Institute of Mental Health
[Veteran Crisis Line](#) — U.S. Department of Veterans Affairs

Health Status

How you feel about your life is very important to your health.

Well-being is associated with many health-, job-, family-, and economically related benefits. For example, higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities.



Photo by [VisionPic .net](#) from [Pexels](#)

[Source: Centers for Disease Control and Prevention](#)

According to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) survey, 23% percent of Umatilla County adults report fair or poor health. According to the same survey, the average number of physically unhealthy days reported in the past 30 days was 5.1. Likewise, the average number of mentally unhealthy days reported in the past 30 days was 5.2.³²

Some Umatilla County residents also face disabilities that affect their health status. Six percent report hearing difficulty, 3% vision difficulty, 6% cognitive difficulties, 9% [ambulatory](#) difficulties, 3% self-care difficulty, and 7% independent living difficulty.³³

²⁹Oregon Health Authority

³⁰Oregon Health Authority

³¹Oregon Death Certificate Data and Oregon Behavioral Risk Factor Surveillance System

³²[County Health Rankings and Oregon Behavioral Risk Factor Surveillance System](#)

³³[2019 American Community Survey 5-Year Estimates \(age adjusted\)](#)

WITH GOOD HEALTH COMES
HAPPINESS

ACCESS TO HEALTH CARE IS CRITICAL FOR GOOD HEALTH

And why is it so important?

Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location.

"Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans."

Healthypeople.gov

People without medical insurance are more likely to lack a usual source of medical care, such as a primary care provider, and are more likely to skip routine medical care because of costs, increasing their risk for serious and disabling health conditions.



Health Care Access

Access to health care is critical for good health. Still, residents in rural communities like Umatilla County face many barriers to accessing that care.

A person's ability to access health services has a profound effect on every aspect of his or her health.

People without medical insurance are more likely to lack a usual source of medical care, such as a primary care provider, and are more likely to skip routine medical care because of costs, increasing their risk for serious and disabling health conditions.

When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.³⁴

Source: [Office of Disease Prevention and Health Promotion](#)

No Health Coverage

Umatilla County's uninsured rate in 2019 was 11.7%, according to the most recent data available from the US Census.³⁵

Those most likely to be uninsured were adults with an income level of under \$25,000 (16%). Losing job/changing employers was the primary reason adults gave for being without healthcare coverage (45%).³⁶

For those covered by a plan, the primary health insurance coverage is:

Employee plans	42.6%
Medicaid	22.8%
Medicare	11.4%
Non-group plans	10.8%
Military or VA plans	1.75% ³⁷

In the 2018 Umatilla County Community Health Assessment, adults surveyed said they would include the following to improve the community's access to health care: more urgent care access (40%), more primary care providers (40%), more specialists (36%), access to mental

³⁴Office of Disease Prevention and Health Promotion

³⁵U.S Census

³⁶[Good Shepherd Health Care System and St. Anthony Hospital](#)

³⁷DataUSA

health/behavioral health (23%), access to pain management (21%), expanded hours for outpatient services (18%), more health education (13%), access to drug and alcohol treatment (13%), senior living options (8%), in-home care (5%), transportation assistance (5%), more culturally sensitive care (<1%), and other improvements (11%).

Shortage of Providers

Umatilla County has a difficult time attracting and keeping medical personnel, including mental health providers. The ratio of individuals served by one mental health provider in our county (if the population was equally distributed across physicians) is 250 to 1, which is an improvement from 2019. By comparison, the ratio statewide is 180 to 1. In April 2021, just months after opening, mental healthcare provider Lifeways closed the Aspen Springs Psychiatric Hospital, an acute care hospital in Hermiston with 16 inpatient beds. The organization was unable to find a psychiatrist and nurses to run the facility.

According to the County Health Rankings, the ratio of individuals served by one physician in our county (if the population was equally distributed across physicians) is 2,350 to 1. By comparison, the ratio statewide is 1,030 to 1. In 2018, 71% of adults went outside of Umatilla County for health care services in the previous year.³⁸

“People are going out of town to [the] Tri-Cities or to Pendleton to get prenatal care... because it is hard to get in to here. And it gets expensive back and forth with travel...”

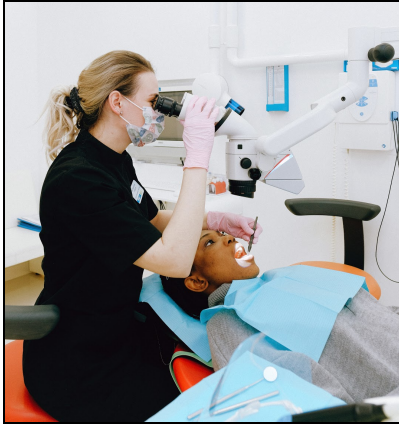
Source: [Eastern Oregon Coordinated Care Organization](#)
Focus Group Participant (June 2018) “Community Health Assessment Focus Group Report: Umatilla County”

UCo Health can fill some gaps by providing direct services for immunizations, reproductive health, and sexually transmitted disease care and prevention through our offices in Pendleton and Hermiston. UCo Health also oversees school-based health centers that provide mental and physical health services at Pendleton’s high school and middle school. In addition, the UCo Health trailer is mobilized to provide vaccinations throughout the county.

Oral Health

Another pressing problem in Umatilla County is access to and utilization of dental care. Untreated dental diseases can lead to serious health effects, including pain, infection, and tooth loss. Oral diseases can also play a significant role in many other health conditions.

³⁸[Good Shepherd Health Care System and St. Anthony Hospital](#)



Umatilla County also has difficulty attracting and keeping dentists. According to the County Health Rankings, the ratio of individuals served by one dentist in our county (if the population was equally distributed across physicians) is 1,770 to 1. By comparison, the ratio statewide is 1,210 to 1.

The lack of a sufficient number of providers is only one barrier to accessing oral healthcare.³⁹

In the 2018 Umatilla County Community Health Assessment, when asked the primary reason for not visiting a dentist in the past year, 50% said cost; 34% said no reason to go/had not thought of it; 18% said their dentist did not accept their medical insurance; 17% could not find a dentist who took Medicaid/OHP; 9% had dentures; 7% said fear, apprehension, nervousness, pain, and the dislike of going; 2% did not have or know a dentist; 1% could not find a dentist who was accepting new patients; 1% used the emergency room for dental issues; 1% had transportation issues.

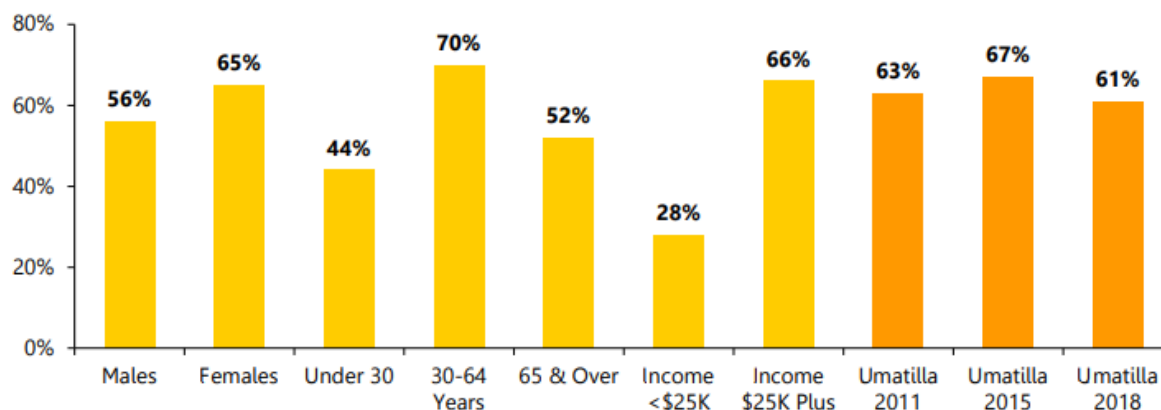
Adult Variables	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Oral Health					
Adults who had visited the dentist in the past year	63%	67%	61%	68%*	66%*
Adults who had one or more permanent teeth removed	40%	32%	39%	41%*	43%*
Adults 65 years and older who had all their permanent teeth removed	17%	14%	15%	13%*	14%*

³⁹[County Health Rankings](#)

ORAL HEALTH

Sixty-one percent (61%) of Umatilla County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist in the past year were cost (50%) and no reason to go/had not thought of it (34%).

Umatilla County Adults Who Visited a Dentist or Dental Clinic in the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

[Source: 2018 Umatilla County Community Health Assessment](#)

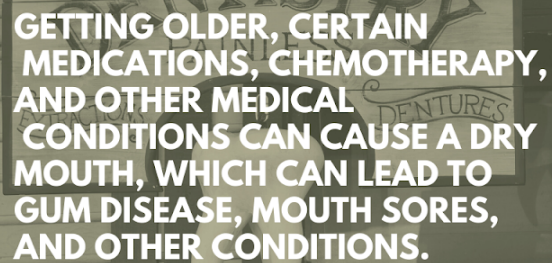
- According to the 2018 Umatilla County Community Health Assessment, sixty-two percent (62%) of Umatilla County adults with dental insurance had been to the dentist in the past year, compared to 50% of those without dental insurance. The number who sought dental care decreased to 28% of those with incomes less than \$25,000.
- Thirty-nine percent (39%) of adults had one or more of their permanent teeth removed, increasing to 69% of those ages 65 and over.
- Fifteen percent (15%) of Umatilla County adults ages 65 and over had all of their permanent teeth removed.⁴⁰

⁴⁰[Good Shepherd Health Care System and St. Anthony Hospital](#)



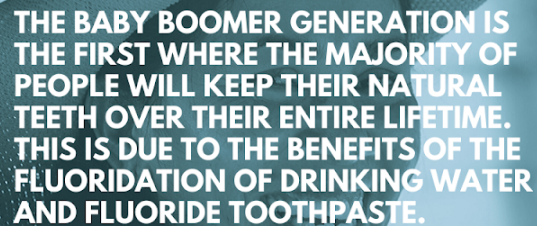
**DID
YOU
KNOW**

THE TEETH ARE THE ONLY NON-SHEDDING SURFACES IN THE BODY.



GETTING OLDER, CERTAIN MEDICATIONS, CHEMOTHERAPY, AND OTHER MEDICAL CONDITIONS CAN CAUSE A DRY MOUTH, WHICH CAN LEAD TO GUM DISEASE, MOUTH SORES, AND OTHER CONDITIONS.

Mayo Clinic



THE BABY BOOMER GENERATION IS THE FIRST WHERE THE MAJORITY OF PEOPLE WILL KEEP THEIR NATURAL TEETH OVER THEIR ENTIRE LIFETIME. THIS IS DUE TO THE BENEFITS OF THE FLUORIDATION OF DRINKING WATER AND FLUORIDE TOOTHPASTE.

National Institutes of Health

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Untreated gum disease and infection may affect several diseases: cardiovascular disease, coronary heart disease, bacterial pneumonia, stroke, and diabetes.⁴¹

Oral disease may affect medical treatments such as some surgeries, organ transplants, chemotherapy, and more.

One connection between gum disease and chronic health conditions is your body's natural response to infection or injury: inflammation.

“The build-up of inflammatory substances in the blood seems to worsen heart disease, diabetes, and other chronic conditions.”

Source: Harvard Health Blog

Corliss, Julie. “Treating Gum Disease May Lessen the Burden of Heart Disease, Diabetes, Other Conditions.” (July 2014)

Treatment of gum disease could lessen the adverse consequences of some chronic conditions.⁴² Treatment of periodontal disease can be as simple as cleaning the teeth above and below the gum line.⁴³

⁴¹Systemic Diseases Caused by Oral Infection

⁴²American Journal of Preventive Medicine

⁴³American Journal of Preventive Medicine

DID YOU KNOW

CURRENT SMOKERS (16%) ARE FOUR TIMES AS LIKELY AS NEVER SMOKERS (4%) TO HAVE POOR ORAL HEALTH STATUS.

CURRENT SMOKERS (19%) WERE ABOUT TWICE AS LIKELY AS NEVER SMOKERS (10%) TO NOT HAVE VISITED THE DENTIST IN MORE THAN 5 YEARS OR (OR HAVE NOT VISITED ONE AT ALL).

COST WAS THE REASON THAT MOST ADULTS WITH AN ORAL HEALTH PROBLEM DID NOT SEE A DENTIST IN THE PAST 6 MONTHS; 56% OF CURRENT SMOKERS COULD NOT AFFORD TREATMENT OR DID NOT HAVE INSURANCE, COMPARED TO 35% OF NEVER SMOKERS.

Source for all facts: Centers for Disease Control and Prevention

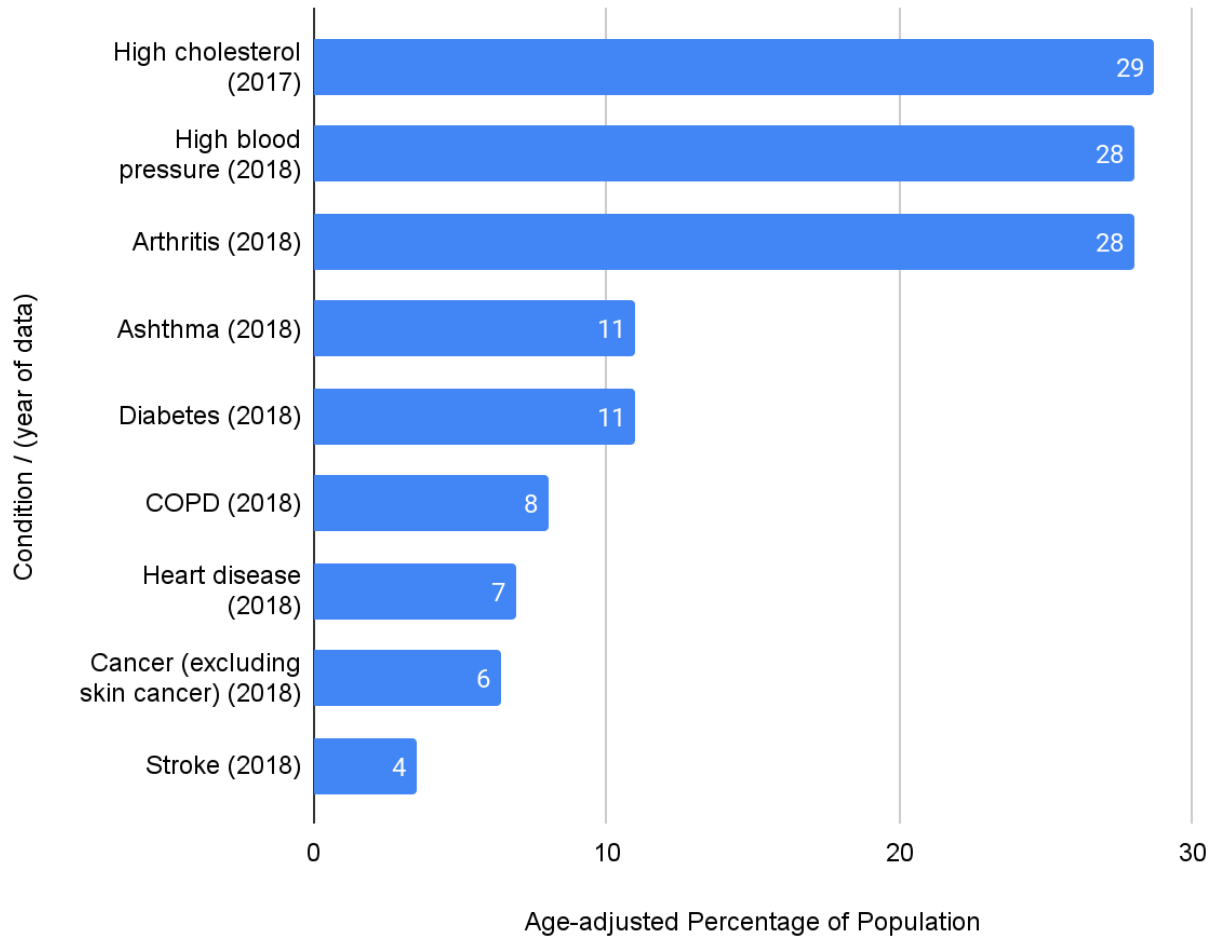
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Medicare Parts A and B don't cover most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices.⁴⁴ To get coverage, a Medicare participant would have to enroll in a supplemental plan, which might not be an option for some seniors on a fixed income. Fortunately, very low-income seniors in Oregon may qualify for dental coverage through the state's Medicaid program, the Oregon Health Plan.

⁴⁴Medicare.gov

Obesity and Chronic Diseases

UMATILLA COUNTY HEALTH CONDITIONS



Data sources: The model-based estimates were generated using BRFSS 2018 or 2017, Census 2010 population counts or census county population estimates of 2018 or 2017, and ACS 2014-2018 or ACS 2013-2017.

Credit: Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA

Obesity — seriously overweight, not just merely overweight — is considered one of the nation's leading public health problems. The American Medical Association defines obesity as a disease.⁴⁵ Obesity is also a predisposing factor for several chronic diseases.

⁴⁵National Institute of Health

Chronic diseases are defined broadly as conditions that last a year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.

Source: [Centers for Disease Control and Prevention](#)

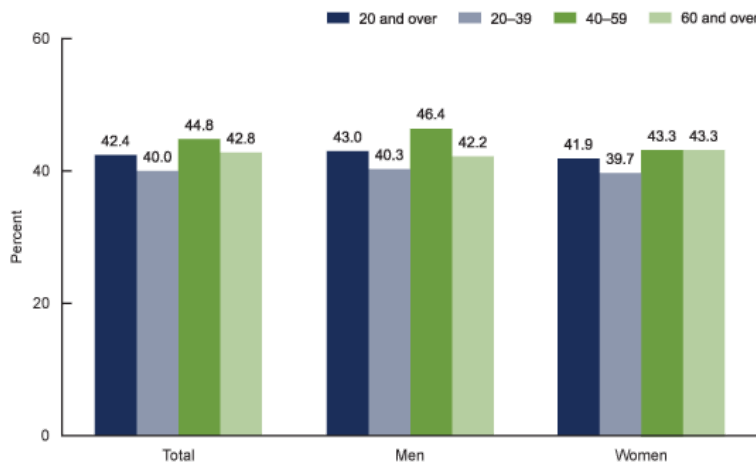


It's known that three behavioral health factors -- smoking, heavy drinking, and obesity -- are causes of chronic health conditions. Obesity, in particular, has risen dramatically in the last two decades.⁴⁶

In February 2020, the CDC published the results of an obesity-related study, and the results were shocking: In 2017–2018, the age-adjusted prevalence of obesity in adults was 42.4%.⁴⁷

The prevalence of severe obesity was the highest among adults aged 40–59 compared with other age groups.

Figure: Prevalence of obesity among adults aged 20 and over, by sex and age: United States, 2017–2018



The prevalence of obesity was the lowest among non-Hispanic Asian adults (17.4%) compared with non-Hispanic whites (42.2%), non-Hispanic blacks (49.6%), and Hispanic (44.8%) adults. Non-Hispanic black adults had the highest prevalence of obesity compared with all other races and Hispanic-origin groups.⁴⁸

⁴⁶[Healthaffairs.org](#)

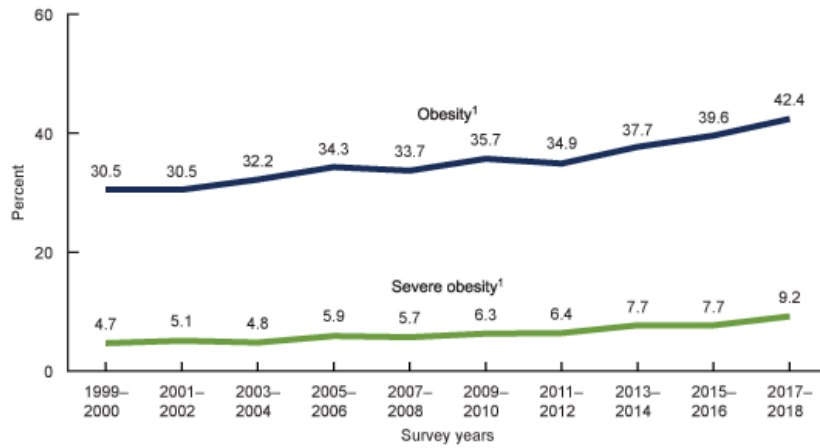
⁴⁷Centers for Disease Control and Prevention

⁴⁸Centers for Disease Control and Prevention

It's a trend that has been steadily on the rise. From 1999 to 2000 through 2017–2018, the age-adjusted prevalence of obesity increased from 30.5% to 42.4%, and the prevalence of severe obesity increased from 4.7% to 9.2%.

[Source: Centers for Disease Control and Prevention](#)

Figure: Trends in age-adjusted obesity and severe obesity prevalence among adults aged 20 and over: United States, 1999–2000 through 2017–2018



DID YOU KNOW

MORE THAN 30 MILLION AMERICANS HAVE DIABETES, AND ANOTHER 84 MILLION ADULTS IN THE UNITED STATES HAVE A CONDITION CALLED PREDIABETES, WHICH PUTS THEM AT RISK FOR TYPE 2 DIABETES.

DIABETES CAN CAUSE HEART DISEASE, KIDNEY FAILURE, AND BLINDNESS, AND COSTS THE US HEALTHCARE SYSTEM AND EMPLOYERS \$237 BILLION EVERY YEAR.

CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTHING KILLS MORE AMERICANS THAN HEART DISEASE AND STROKE. MORE THAN 859,000 AMERICANS DIE OF HEART DISEASE OR STROKE EVERY YEAR—THAT'S ONE-THIRD OF ALL DEATHS.

CENTERS FOR DISEASE CONTROL AND PREVENTION

NINETY PERCENT OF THE NATION'S 3.5 TRILLION IN ANNUAL HEALTHCARE EXPENDITURES ARE FOR PEOPLE WITH CHRONIC AND MENTAL HEALTH CONDITIONS.

CENTERS FOR DISEASE CONTROL AND PREVENTION

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Obesity in Umatilla County

Between 2014-2017, obesity among adults in Umatilla County was 36%, higher than the 29% rate in Oregon.⁴⁹ Only seven counties in Oregon had more obesity than Umatilla — the county ranked in the bottom 25% of counties in the state.⁵⁰ According to the 2018 Community Health Assessment, 42% of Umatilla County adults reported that they had obesity.

The State of Childhood Obesity, a project of the Robert Wood Johnson Foundation, states that 12.9% of Oregon's youth ages 10 to 17 in Oregon have obesity, ranking Oregon 36th amongst the 50 states and D.C.⁵¹

There are many adverse health outcomes related to obesity.

People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including:

- All causes of death (mortality)
- High blood pressure (hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Inferior quality of life
- Mental illnesses such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning⁵²

Preventing obesity will lower the amount that county residents spend on obesity-related illnesses. It will also reduce the risk of high blood pressure, stroke, and depression, which would improve quality of life.

⁴⁹Oregon Behavioral Risk Factor Surveillance System (BRFSS) telephone surveys from 2014-2017

⁵⁰Oregon Health Authority

⁵¹[State of Childhood Obesity](#)

⁵²Centers for Disease Control and Prevention



Physical activity plays a vital role in your overall health. In May 2020, UCo Health surveyed Umatilla County residents on Facebook (in English and Spanish) to learn more about county residents' physical activities. The survey was titled *Physical Activity and Exercise/Actividad física y ejercicio*.

The survey was completed by 155 county residents (139 English and 16 Spanish).

Survey respondents were predominantly female at 86% (compared to Umatilla County's female population of 47%).

Eighty-seven (87) percent of respondents were White (compared to 12% Hispanic or Latino, 3% Native American or American Indian, and 1.94% Asian/Pacific Islander).

The majority of respondents (25%) reported household income (\$50,000 to \$74,999) that fell within the range of the general population's household income of \$54,699. In addition, the most responsive age group was 25-54 years old (60% of responses).

The top 3 forms of exercise reported by respondents were walking (81%), gardening/yard work (47%), and at-home exercise (43%).

The top 3 barriers preventing respondents from physical activity or exercise a lack lack of motivation (45%), too tired after work (30%), and not enough time (26%).

The most popular reasons for wanting to increase physical activity were to improve physical health (54%), lose weight (52%), and improve emotional/mental health (51%).

An overwhelming number of respondents rated the overall health of the community as very good (59%), as compared to poor (24%), good (14%), very poor (4%), and excellent (0%). As for their health, 41% of respondents rated their health as very good, followed by good (38%), poor (16%), excellent at 3, and very poor at 2%.

Nutrition and Obesity

Food availability remains an important factor associated with obesity that relates to differences in prevalence seen across geographical areas and higher rates of obesity within low socioeconomic status individuals.

Source: [National Center for Biotechnology Information](#)
"Gender Disparities in Health and Mortality."
Population Reference Bureau

How much we eat is an obvious reason for the levels of obesity in America; the average meal in the 1950s was over four times smaller than they are today. The way we eat also has a significant impact on obesity: over 1 in 3 adults in the United States eat fast food on a given day, a CDC survey finds.⁵³

The sheer number of fast-food restaurants, dollar stores, and convenience stores that offer cheap,



⁵³Centers for Disease Control and Prevention

high-calorie foods is an excellent place to understand the obesity crisis.

“It’s no secret that Americans have gotten much, much bigger over the past few decades. The signs are all around us, from XXXL clothing sizes to supersize movie seats and even larger coffins.”

Source: Vox.com

Cancer - Diabetes - Obesity

Obesity has been cited as a contributing factor in approximately 300,000 deaths in the United States. In addition, it has a significant impact on the use and cost of healthcare.

Obesity is second only to cigarette smoking as a leading preventable death in the U.S. Nearly one in five deaths of African Americans and Caucasians age 40 to 85 is attributed to obesity, a rate that is increasing across generations.

Source: [Dana Goldman, PhD](#), USC Leonard D. Schaeffer Center for Health Policy & Economics



Public health departments across the country promote messages to support healthier living, recommending that we eat more fruits and vegetables, exercise, and work to maintain a healthy weight. These are essential steps you may take to improve your overall health and well-being.

Eating healthier and participating in more physical activities reduces your odds of developing diabetes, heart disease, and some forms of cancer.

DID YOU KNOW

ADULTS WITHOUT A HIGH SCHOOL DEGREE OR EQUIVALENT HAD THE HIGHEST SELF-REPORTED OBESITY (35.0%), FOLLOWED BY HIGH SCHOOL GRADUATES (33.1%), ADULTS WITH SOME COLLEGE (33.0%) AND COLLEGE GRADUATES (24.7%)

National Institutes of Health

CANCER RATES OVERALL ARE IN DECLINE, BUT OBESITY-RELATED CANCERS APPEAR TO BE ON THE RISE.

National Cancer Institute, US News and World Report

ADULTS AGED 45-54 YEARS HAD THE HIGHEST PREVALENCE OF OBESITY (36.9%)

National Institutes of Health

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Building a Healthy Community

Resources:

- [Physical Activity Resources](#) — Centers for Disease Control and Prevention
- [Physical Activity Resources](#) — U.S. Department of Health and Human Services
- [Nutrition.Gov](#) — U.S. Department of Agriculture
- [Food & Nutrition](#) — U.S. Department of Health and Human Services

“The link between obesity and cancer risk is clear,” according to an article by Danielle Underferth, health writer for MD Anderson Cancer Center. “Research shows that excess body fat increases your risk for several cancers, including colorectal, postmenopausal breast, uterine, esophageal, kidney and pancreatic cancers.”⁵⁴

There’s also a disparity between the effects of being overweight or obese on men and women.

According to research from the American Cancer Society, excess body weight is thought to be responsible for about 11% of cancers in women and about 5% of cancers in men in the United States, as well as about 7% of all cancer deaths.

Being overweight or obese is linked with an increased risk of many types of cancer, including:

- *Breast cancer (in women past menopause)*
- *Colon and rectal cancer*
- *Endometrial cancer (cancer of the lining of the uterus)*
- *Esophagus cancer*
- *Gallbladder cancer*
- *Kidney cancer*
- *Liver cancer*
- *Ovarian cancer*
- *Pancreas cancer*
- *Stomach cancer*
- *Thyroid cancer*
- *Multiple myeloma*
- *Meningioma (a tumor of the lining of the brain and spinal cord)*

Being overweight or obese might also raise the risk of other cancers, such as:

- *Non-Hodgkin lymphoma*
- *Male breast cancer*
- *Cancers of the mouth, throat, and voice box*
- *Aggressive forms of prostate cancer*

Source: [Cancer.gov](https://www.cancer.gov)

Researchers from the Department of Etiological Research, Cancer Registry of Norway, found that a consequence of obesity is “an increased risk of developing type II diabetes.” They too noticed a solid connection to being overweight and obese and having a higher risk of developing certain cancers.⁵⁵

⁵⁴mdanderson.org

⁵⁵The National Center for Biotechnology Information

An article from the City of Hope Cancer Center states: “That may help explain why obesity is a major risk factor for both diseases. Excess fat may begin that disruption process, as well as increased inflammation, a known trigger for both diabetes and cancer.”

The article says that fat deposited around organs secretes chemicals, sending signals that make cells more aggressive, potentially leading to tumor growth and also creating conditions that could lead to type 2 diabetes.⁵⁶

Cancer cells thrive on glucose (sugar in your body) and use 200 times more glucose than normal cells. People with diabetes have higher-than-normal levels of glucose in their blood.⁵⁷

Being overweight or obese contributed to an alarmingly high incidence of certain cancers: gallbladder cancer in women (54%) and esophageal cancer in men (44%).⁵⁸

Current research makes a strong connection between obesity, diabetes, and some cancers. Therefore, maintaining a healthy weight through physical activity and eating a diet high in fruits and vegetables (and low in fat) may positively impact your health and lower your chances of developing chronic illnesses.

Resources:

[The Health Effects of Overweight and Obesity](#) — Centers for Disease Control and Prevention

[National Cancer Institute](#)

Nutrition



Unhealthy food and beverages are the leading contributors to death in the United States, causing more than 600,000 premature deaths each year, primarily through heart disease, cancer, type 2 diabetes, and stroke.

Source: [Center for Science in the Public Interest](#)

Sugary drinks and sodas impact inflammation in chronic diseases and contribute to obesity. Forty-one percent (41%) of Umatilla County adults reported consuming at least one sugar-sweetened beverage a day. Ten percent (10%) reported consuming 3-4 servings and 5%

⁵⁶City of Hope Hospital

⁵⁷[Webmd.com](#)

⁵⁸Cancer.gov

reporting the consumption of five or more.⁵⁹ According to the Behavioral Risk Factor Surveillance System combined surveys (2014-2017), 20% reported drinking (non-diet) soda seven or more times a week.

“All of this (junk) food is readily accessible, does not spoil, and is very cheap ... so there’s more of it (at home) compared to healthy foods that cost (more) money and can spoil.”

[Source: Umatilla County Health Assessment \(2019\), East Oregon Coordinated Care Organization](#)

⁵⁹[Good Shepherd Health Care System and St. Anthony Hospital](#)

DID YOU KNOW

“If you have a good job, most likely you’re going to have insurance... and you eat healthier because you can afford to buy better food. You don’t eat the cheapest stuff in the store... It’s hard to eat healthy because healthy food is expensive... You have to work for it; you don’t just pop it in the microwave.”

Focus Group Participant, 2018 Umatilla County Health Assessment

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In 2018, 32% of adults ate 1-to-2 servings of fruit or vegetables per day. Forty percent (40%) ate 3-to-4 servings per day, and 27% consumed five or more servings per day. One percent (1%) of adults ate 0 servings of fruits or vegetables per day.⁶⁰

Seventy-four percent (74%) of adults ate out in a restaurant or brought home takeout at least once a week, 4% of whom did so for five or more meals.⁶¹

⁶⁰[Good Shepherd Health Care System and St. Anthony Hospital](#)

⁶¹[Good Shepherd Health Care System and St. Anthony Hospital](#)

Adults purchased their fruits and vegetables from the following places: local grocery store (94%), farmer’s market (35%), grow their own/garden (26%), produce stand (19%), grocery store outside of the county (10%), Dollar General/dollar store (6%), restaurants (5%), home delivery food service (3%), food pantry (1%), community garden (<1%), corner/convenience store (<1%), Group Purchasing/Community Supported Agriculture (CSA) (<1%), and other places (1%).

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	0%	22%	70%	8%
Vegetables	<1%	28%	70%	1%
Sugar-sweetened beverages	7%	10%	41%	42%
Caffeinated beverages	16%	18%	41%	25%

[Graphic Source: 2018 Umatilla County Community Health Assessment](#)

Adults reported the following barriers to consume more fruits and vegetables: too expensive (7%), spoiling too quickly (4%), did not like the taste (1%), did not know how to prepare (<1%), and other barriers (1%). Ninety-two percent (92%) of adults reported they did not have any obstacles in consuming fruits and vegetables.⁶²

Heart Disease

In 2018, 4% of Umatilla County adults had survived a heart attack, and 3% had survived a stroke in their life. Seventy percent (70%) of Umatilla County adults were overweight (28%) or obese (42%) by body mass index (BMI). Twenty-nine percent had high blood cholesterol, 26% had high blood pressure, and 8% were current smokers, all known risk factors for heart disease and stroke.⁶³

⁶²[Good Shepherd Health Care System and St. Anthony Hospital](#)

⁶³[Good Shepherd Health Care System and St. Anthony Hospital](#)

DID YOU KNOW

MEN HAVE A PREVALENCE OF HEART DISEASE 1.5 TIMES HIGHER THAN WOMEN

AMERICAN INDIAN/ALASKA NATIVE AND WHITE ADULTS HAVE HIGHER PREVALENCES OF HEART DISEASE THAN BLACK ADULTS, WHILE ASIAN AND HISPANIC ADULTS HAVE LOWER PREVALENCES

ADULTS AGE 65 AND OLDER HAVE OVER 12 TIMES THE PREVALENCE OF HEART DISEASE COMPARED WITH YOUNGER ADULTS

ADULTS WITH ANNUAL INCOMES LESS THAN \$25,000 HAVE ABOUT 2.5 TIMES THE PREVALENCE OF HEART DISEASE THAN ADULTS WITH INCOMES MORE THAN \$75,000

ADULTS WITH LESS THAN A HIGH SCHOOL EDUCATION HAVE ABOUT 2 TIMES THE PREVALENCE OF HEART DISEASE COMPARED WITH COLLEGE GRADUATES

Source for all facts: American Health Rankings

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Resource:

[Keep Your Heart Healthy](#) — U.S. Department of Health and Human Services

Social Determinants of Health

An essential concept in understanding your health and well-being is to understand social determinants of health.

Social determinants of health are the conditions in which you were born, live, learn, play, work, and grow older. These are life situations — some you control, others you don't — that ultimately affect your health and well-being. For example, being born into a low-income family that does not have access to healthy foods, adequate shelter, or health insurance is an example of social determinants of health. But social determinants of health go deeper than income.

We know that poverty limits access to healthy foods and safe neighborhoods, and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor social determinants of health such as unstable housing, low-income, unsafe neighborhoods, or substandard education.

By applying what we know about social determinants of health, we can not only improve individual and population health but also advance health equity.

Source: [Centers for Disease Control and Prevention](#)

Income levels play a huge role in social determinants of health but so does where you live, opportunities you have, the quality of your social networks, the safety of your neighborhood, your education level, race, gender, sexuality, and more.

The conditions that comprise social determinants of health include your home, school, church, workplace, and even your neighborhoods (such as the quality of the water you drink and the air you breathe).



Why is it vital for you to understand social determinants of health?

The conditions in which we live explain in part why some Americans are healthier than others and why Americans are not as healthy as they could be.

Our health is also determined in part by access to social and economic opportunities; the resources and support available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

Source: [Centers for Disease Control and Prevention](#)

Poverty and Economic Stability

The median household income in Umatilla County in 2019 was \$60,425, which is about 11 percent less than the median in Oregon (\$67,058) and about 9 percent less than the median in the United States (\$65,712).⁶⁴

Roughly 15% of residents in Umatilla County live below the poverty line, which is 25 percent higher than the rate in Oregon and about 20 percent higher than the rate in the United States. Eighteen percent of children (under 18) in the county live in poverty.⁶⁵

Poverty

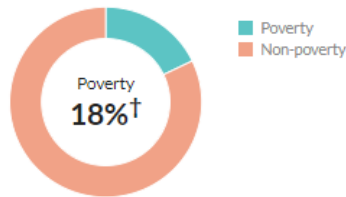
14.5%

Persons below poverty line

about 25 percent higher than the rate in Oregon: 11.4%

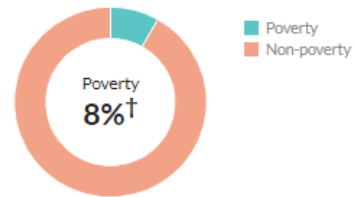
about 20 percent higher than the rate in United States: 12.3%

Children (Under 18)



[Show data / Embed](#)

Seniors (65 and over)



[Show data / Embed](#)

Graphic Source: ACS 2019 1-year unless noted

Eight percent (8%) of those 65 and over live in poverty, the same rate as Oregon (8%) and slightly less than the U.S. (9%).⁶⁶

From 2014 to 2018, the percentage of children that live in a household headed by a single parent in Umatilla County was 35%.⁶⁷ During the period from 2015 to 2019, that rate dropped to 23%.⁶⁸

Nationally, the poverty rate for single-mother families in 2018 was 34%, compared to the rate for married-couple families at 6%.⁶⁹

⁶⁴[ACS 2019 1-year unless noted](#)

⁶⁵[ACS 2019 1-year unless noted](#)

⁶⁶[ACS 2019 1-year unless noted](#)

⁶⁷County Health Rankings

⁶⁸[County Health Rankings](#)

⁶⁹National Women's Law Center, National Snapshot: Poverty Among Women & Families, 2019

There is a disparity between the poverty levels in the county’s largest cities.

Persons Who Live Below Poverty Lines in Umatilla County’s Largest Cities 2015-2019

City	Total Population	Adult (18-64) Poverty	Children (under 18) Poverty	Seniors (65 and over) Poverty
Hermiston	17,423	19.4%	29%	12%
Pendleton	16,733	17.6%	20%	13%
Umatilla	7,162	26.1%	36%	12%
Milton-Freewater	7,037	20.5%	29%	11%

Source: 2015-2019 American Community Survey 5-Year Estimates

“Poverty and low-income status are associated with a variety of adverse health outcomes, including shorter life expectancy, higher rates of infant mortality, and higher death rates for the 14 leading causes of death,” according to the American Academy of Family Physicians.

Residents of impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Some population groups living in poverty may have more adverse health outcomes than others. For example, the risk for chronic conditions such as heart disease, diabetes, and obesity is higher among those with the lowest income and education levels.

In addition, older adults who are poor experience higher rates of disability and mortality.

Finally, people with disabilities are more vulnerable to the effects of poverty than other groups.⁷⁰

Source: [Office of Disease Prevention and Health Promotion](#)

Sixteen percent (16%) of adults surveyed in the 2018 Umatilla County Community Health Assessment said that in the past 30 days, they needed help to meet their general daily needs, such as food, clothing, shelter, or paying utility bills, increasing to 55% of those with incomes less than \$25,000.⁷¹

Umatilla County adults received help for the following in the past year: food (12%); Medicare (10%); dental care (8%); healthcare (8%); clothing (6%); mental illness issues, including depression (6%);

⁷⁰Healthypeople.gov

⁷¹[Good Shepherd Health Care System and St. Anthony Hospital](#)

diapers (6%); credit counseling (3%); utilities (3%); prescription assistance (2%); home repair (2%); free tax preparation (2%); employment (2%); rent/mortgage (1%); transportation (1%); and unplanned pregnancy (<1%).⁷²

Umatilla adults attempted to get social service help from the following places: DHS/Self-sufficiency (8%), friend or family member (8%), WIC (7%), CAPECO/Area Agency on Aging (5%), Lifeways (3%), food pantries (2%), ConneXions/Good Shepherd Health Care System (2%), Mirasol (2%), health department (2%), Agape House (1%), St. Anthony Hospital (1%), St. Mary's Outreach (1%), community health workers (<1%), Clearview (<1%), church (<1%), Salvation Army (<1%), Job and Family Services (<1%), and somewhere else (2%).⁷³

Food Insecurity

People who worry they won't have enough money for food often choose cheaper foods that are less healthy for them. This can lead to obesity, diabetes, and premature death.

Source: [Well-Being in the Nation](#)
"Food and Agriculture in Umatilla County"

Forty-seven percent of 8th graders in the county and 56% of juniors received free or reduced-price lunches at school in 2019.⁷⁴ Eighteen percent of 11th graders "had eaten less than they should because there wasn't enough money to buy food," according to the 2019 Oregon Health Teens Survey. That's compared to 14% of 8th graders reporting food insecurity.

According to a 2019 report by the Oregon Hunger Task Force, in households that did not qualify for federal nutrition assistance, an estimated 15% of the overall Umatilla County population and 23% of children were food insecure, which refers to lack of access to enough or limited or uncertain availability of nutritionally adequate foods.⁷⁵

Over one-fifth (22%) of adults in Umatilla County had experienced at least one issue related to hunger/food insecurity in the past year. The survey participants: had to choose between paying bills and buying food (16%), went hungry or ate less to provide more food for their family (11%), worried food might run out (9%), faced food assistance cuts (8%), did not eat because they did not have enough money for food (7%), and a suffered a loss of income that led to food insecurity issues (2%).⁷⁶

⁷²[Good Shepherd Health Care System and St. Anthony Hospital](#)

⁷³[Good Shepherd Health Care System and St. Anthony Hospital](#)

⁷⁴[2019 Oregon Teen Survey](#)

⁷⁵[Oregon Hunger Task Force](#)

⁷⁶[Good Shepherd Health Care System and St. Anthony Hospital](#)



“If you have a good job, most likely you’re going to have insurance.... and you eat healthier because you can afford to buy better food. You don’t eat the cheapest stuff in the store.... It’s hard to eat healthy because healthy food is expensive....”

Source: [Eastern Oregon Coordinated Care Organization](#)
Focus Group Participant, (June 2018) “Community Health Assessment Focus Group Report: Umatilla County”

While there are several options to access local, healthy foods in the county, including the local farmer’s markets, socially disadvantaged individuals do not always have transportation.

“...all the grocery stores in Pendleton are in one spot. And it couldn’t be further from [the] areas that the socially and economically disadvantaged... You can’t walk from there to Safeway or Walmart. So there is a geographic [barrier for] the people who need it the most.”

Source: [Eastern Oregon Coordinated Care Organization](#)
Focus Group Participant, (June 2018) “Community Health Assessment Focus Group Report: Umatilla County”

Domestic Violence / Intimate Personal Violence

There are many definitions of domestic violence... All include forms of physical injury/abuse, sexual abuse or assault, intimidation, verbal abuse and emotional abuse or threats of such. These tactics are used by one adult to coerce or control another.

When these acts are committed by a spouse, ex-spouse, boyfriend/girlfriend, ex-boyfriend/girlfriend, or date, they are referred to as intimate partner violence. Intimate partner violence and domestic violence are present in all cultures,

ages, socio-economic classes, sexual orientations and communities of faith.

Source: [Oregon Department of Human Services, "What is Domestic Violence"](#)

In 2020, 15,697 domestic violence incidents were reported through the Oregon Uniform Crime Reporting Program by Oregon Law Enforcement Agencies. These incidents resulted in 7,322 arrests.⁷⁷

In Umatilla County, the total number of domestic violence reported in 2020 was 171 resulting in 160 arrests.⁷⁸

2020 Umatilla County Domestic Violence Statistics

Homicide	0	0
Rape	0	0
Aggravated assault	22	16
Burglary-Larceny	4	3
Robbery	0	0
Simple Assault	96	61
Vandalism	6	5
Other Sex Crime	0	0
Disorderly Conduct	0	12
Trespass	0	3
Intimidation Crime Threat	6	7
All Other	2	32
Restraining Order	35	21
Non-Criminal	0	0

Source: 2020 Annual Report prepared from crime data provided through the Oregon Uniform Crime Reporting Program by Oregon Law Enforcement Agencies.⁷⁹

⁷⁷[Oregon Uniform Crime Reporting Program](#)

⁷⁸[Oregon Uniform Crime Reporting Program](#)

⁷⁹[Oregon Uniform Crime Reporting Program](#)

Drug Convictions & Social Determinants of Health

Drug usage, crime, and incarceration rates are all significant social determinants of health. Black and Hispanic people are disproportionately arrested and convicted of drug offenses. In the U.S., one study found that among men ages 18 to 64, 1 in 87 white men were incarcerated, versus 1 in 36 Hispanic men and 1 in 12 black men.⁸⁰

Considering the substantial evidence of the role of social and economic factors in health outcomes, reducing incarceration and felony convictions through policy reform may be a critical component of addressing racial/ethnic disparities in health.

Source: [American Journal of Public Health](#)

In 2017, the Oregon Legislature passed HR 2355, which reduced criminal charges for possessing a small amount of controlled substances, including cocaine, methamphetamine, and heroin. The governor signed the legislation that went into effect on August 15, 2017. The new law had a dramatic impact on the number of felony drug-related convictions.

For black Oregonians, a racial group that has historically experienced the most significant racial disparity compared to whites in possession of controlled substance felony convictions, disparities fell significantly.

Before the passage of HB 2355 in 2016, there were 152 drug-related felony convictions in Umatilla County. In 2018, after the bill's passage, the number of felony convictions dropped to 52, a 66% decrease. First-time felonies dropped from 74 in 2016 to 21 after 2018 — a 72% reduction. Misdemeanor convictions grew after the passage of the bill — from 0 in 2016 to 41 in 2018.

A felony conviction has a significant impact on the social determinants of health for an individual. Felonies impact employment opportunities, the obtainment of suitable housing, the ability to travel, the effect on credit and loans, and the forfeiture of some civil rights.

“Racial/ethnic disparities in convictions... declined significantly since the passage of HB 2355,” according to the *2019 Update to Possession of Controlled Substances Report* by the Oregon Criminal Justice Commission.⁸¹

HR 2355 was intended to improve the social determinants of health for Oregonians and positively impact race equity issues in the criminal justice system.

⁸⁰Healthypeople.gov

⁸¹[Update to Possession of Controlled Substances Report](#)

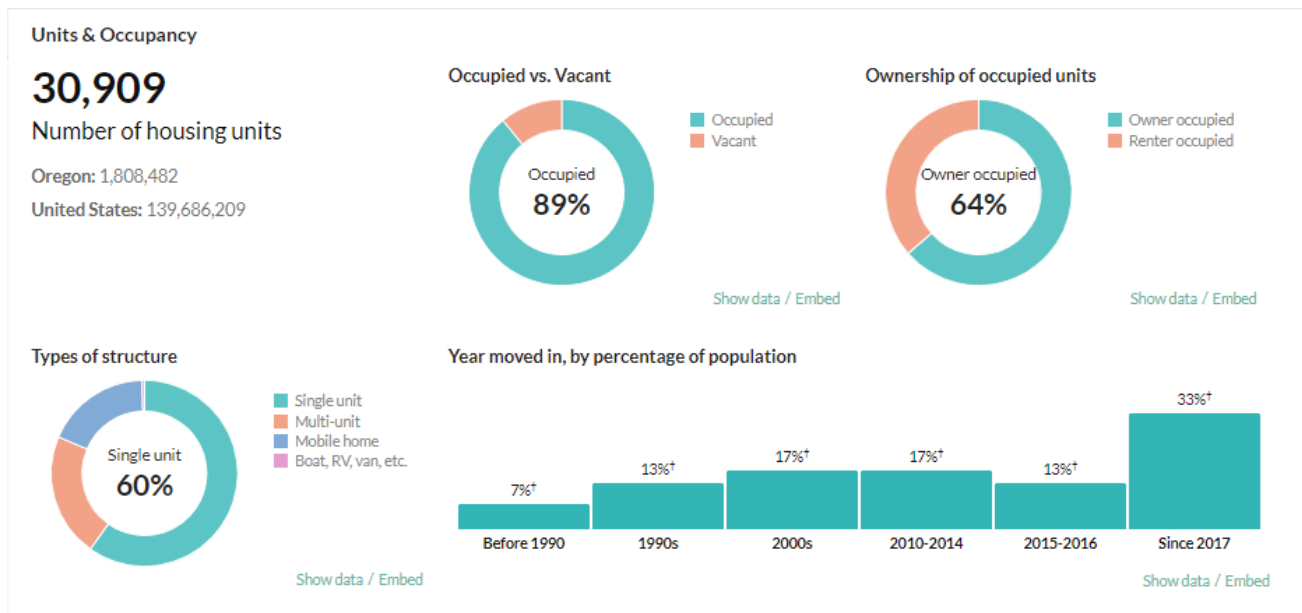
In November 2020, Oregonians passed, by a wide margin, Measure 110, a law that decriminalizes the possession of small amounts of street drugs. Proponents of the new law, which went into effect Feb. 1, 2021, say it will establish a humane, health-based approach to addressing drug addiction. However, opponents of the law fear an increase in crime, drug experimentation, and an already overburdened healthcare system that will not adequately provide addiction recovery services.

Housing

According to the U.S. Census Bureau, there are 30,909 housing units in Umatilla County, 89% occupied. Owners occupy 64% of the units; renters occupy the remaining. The average value of homes is \$199,600.

Umatilla County has 35,728 households with 2.7 people per household, slightly higher than the number of people in an Oregon household, but about the same as the U.S.

Per capita income is \$26,383, approximately three-quarters of Oregon (\$35,531) and the United States (\$35,672). The median household income is \$60,425, lower than the statewide average of \$67,058.⁸²



⁸² U.S. Census Bureau

Households

27,538

Number of households

Oregon: 1,649,352

United States: 122,802,852

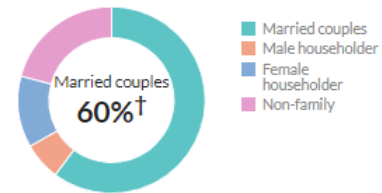
2.7

Persons per household

a little higher than the figure in Oregon: 2.5

about the same as the figure in United States: 2.6

Population by household type



[Show data / Embed](#)

Homelessness

Many people assume that mental illness or addiction is the cause of most homelessness. However, according to a study by ECONorthwest commissioned by the Oregon Community Foundation, “It is impossible to know which of those households will experience domestic violence, the loss of a job, a death, a health event, or other adverse circumstances that can trigger homelessness.”

The report theorizes that high housing costs put tens of thousands of Oregonian households at risk of homelessness at any given time.

Solutions to inadequate housing supply, rising rents, a lack of public services and shelter space must be approached collaboratively by public, private, non-profit and philanthropic sectors.

Source: Oregon Community Foundation
HOMELESSNESS IN OREGON A Review of Trends, Causes, and Policy
Options (March 2019)

Oregon Community Foundation CEO Max Williams was interviewed for an article in the *East Oregonian* newspaper. He said that it's hard to get a sense of the overall picture of homelessness in our county. “The hidden homeless move in and out of homelessness,” Williams said. “They’re always on the edge economically. One bad car repair or medical bill will put them over.”

A homeless census called a Point-In-Time (PIT) occurs annually across the county. Umatilla County’s PIT count was organized by the Community Action Program of East Central Oregon (CAPECO). The 2020 PIT revealed that in Umatilla County, 336 people were without a permanent shelter, with Pendleton having the largest population at 186.⁸³

The homeless situation in Umatilla County is vital to a community’s health and well-being because, among other things, homeless people have a higher risk of poor health outcomes.

Health problems among homeless persons result from various factors, such as barriers to care, lack of access to

⁸³[Home 4 Hope website](#)

adequate food and protection, and limited resources and social services.

Source: [Centers for Disease Control](#)

There are warming stations in Pendleton and Hermiston; however, these are only open when the weather drops below freezing. Pendleton also has a Day Center available every Monday from 1 pm to 4 pm. Those without permanent shelter may receive clothing, sleeping bags, blankets, laundry vouchers, and USPS mail.

Hermiston’s city council passed an ordinance in September 2020 that derailed a planned camp of 20 Conestoga huts modeled after the very successful Conestoga camp in Walla Walla.⁸⁴⁸⁵ However, in April 2021, the Community Action Program of East Central Oregon (CAPECO) opened the Promise Inn (formerly the Whiskey Inn) in Pendleton, a 35-room motel that provides temporary housing for the county’s homeless residents.⁸⁶

Then on September 8, 2021, the Umatilla County Board of Commissioners “agreed to allow a warming station and temporary living huts to go on 10 acres the county owns,” to be located in Hermiston, according to the Walla Walla Union-Bulletin.⁸⁷

[Home 4 Hope](#) is a coalition of individuals and organizations in Umatilla County created to address homelessness. The partnership is broad and includes legal aid, food services, domestic violence, and faith-based organizations, as well as hospitals, clinics, public health, local government, and more. The active coalition provides information on available programs, plans events, and shares resources through bi-monthly meetings and group emails.

Unstable housing, particularly among young people, is also a significant social determinant of health. People without homes experience increased mortality, chronic health conditions, mental illness, substance use, and risky behaviors. For 8- and 11th graders, the rate of children who slept away from parents or guardians because they were abandoned, kicked out, or ran away was 3.4% and 3.3%, respectively.

Adverse Childhood Experiences (ACEs)

It is important to remember that many health problems are related to behavior, from obesity to smoking to drinking to sexual behavior.

Behavioral issues may be influenced by what’s known as Adverse Childhood Experiences (ACEs).

⁸⁴KEPR

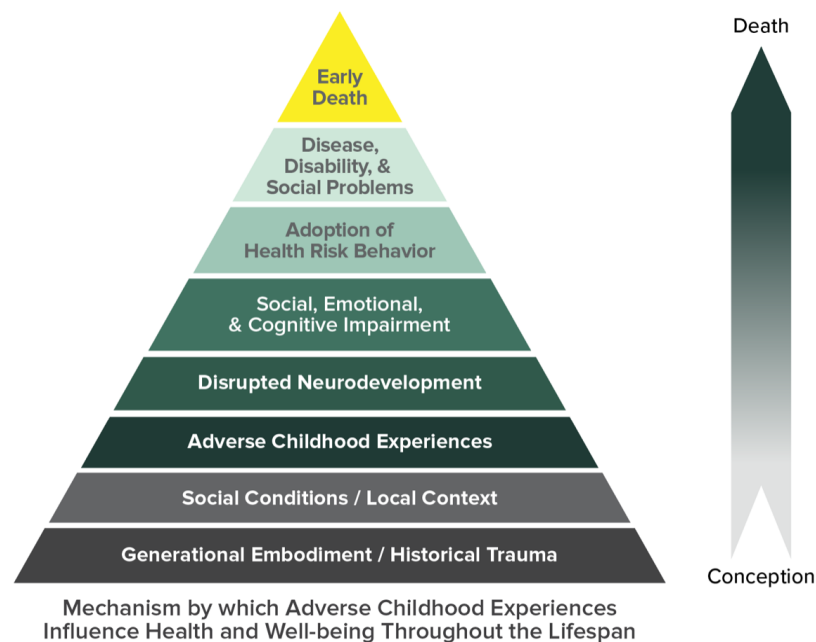
⁸⁵Hermiston Herald

⁸⁶East Oregonian

⁸⁷Walla Walla Union-Bulletin

ACEs are essential to understand as they relate to health and well-being. An ACE describes a traumatic experience in a person's life that occurs in childhood (0-17 years) that the person remembers as an adult.

There are nine defined ACEs, and they are: 1) physical abuse 2) sexual abuse 3) emotional abuse 4) mental illness of a household member 5) problematic drinking or alcoholism of a household member 6) illegal street or prescription drug use by a household member 7) divorce or separation of a parent 8) domestic violence towards a parent 9) incarceration of a household member.



What's your ACE score? Take the test [here](#).

Preventing ACEs Has the Potential to Reduce Leading Causes of Death in Adults

How big is the ACE problem?

One-fifth (20%) of Umatilla County adults had four or more ACEs in their lifetime, increasing to 52% of those with incomes less than \$25,000.⁸⁸

Umatilla County adults experienced the following adverse childhood experiences:

- Their parents became separated or were divorced (33%)
- Lived with someone who was a problem drinker or alcoholic (27%)

⁸⁸[Good Shepherd Health Care System and St. Anthony Hospital](#)

- Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (25%)
- A parent or adult in their home swore at, insulted, or put them down (21%)
- Lived with someone who was depressed, mentally ill, or suicidal (16%)
- Someone at least five years older than them or an adult who touched them sexually (14%)
— Someone at least five years older than them or an adult who attempted to compel them to touch the older person sexually (11%)
- A parent or adult in their home hit, beat, kicked, or physically hurt them (11%)
- Lived with someone who used illegal street drugs or who abused prescription medications (8%)
- Experienced the death of a parent, step-parent, or caregiver (7%)
- Their parents were not married (7%)
- Someone at least five years older than them or an adult forced them to have sex (5%)
- Lived with someone who served time or was sentenced to serve time in prison, jail, or a correctional facility (5%)
- Their family did not look out for each other, feel close to each other, or support each other (4%)
- They didn't have enough to eat, had to wear dirty clothes, and had no one to protect them (2%)

ACEs can affect the way a person's brain develops. They can affect social development and harm a person's immune system. Exposure to ACEs as a child can ultimately lead to substance misuse and other negative coping behaviors.

The effects of ACEs on your health can be lasting and harmful; ACEs could harm your well-being.⁸⁹

⁸⁹[Centers for Disease Control and Prevention](#)

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex			
ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
<u>ABUSE</u>			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
<u>HOUSEHOLD CHALLENGES</u>			
Mother Treated Violently	13.7%	11.5%	12.7%
Substance Abuse	29.5%	23.8%	26.9%
Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
<u>NEGLECT</u>			
Emotional Neglect	16.7%	12.4%	14.8%
Physical Neglect	9.2%	10.7%	9.9%

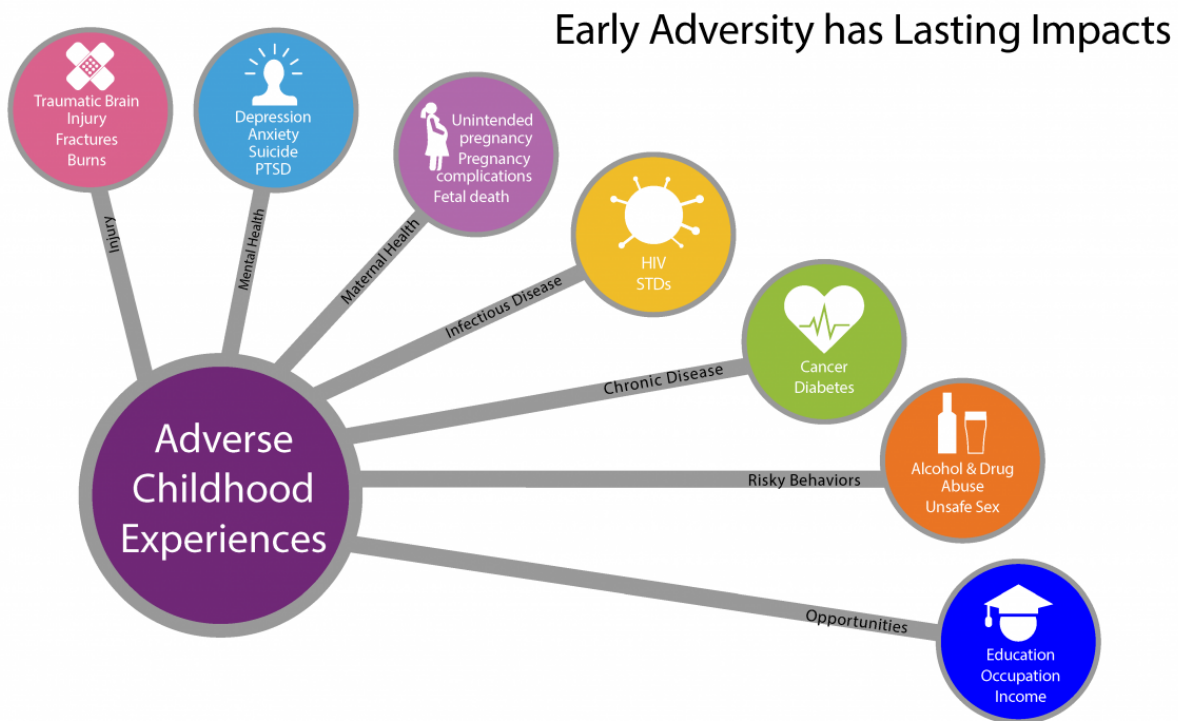
The evidence confirms that these exposures increase the risk of injury, sexually transmitted infections, mental health problems, maternal and child health problems, teen pregnancy, a wide range of chronic diseases and the leading causes of death such as cancer, diabetes, heart disease and suicide.

ACEs can also negatively impact education, employment and earnings potential. The total economic and social costs to families, communities, and society are in the hundreds of billions of dollars each year.

Source: [Preventing Adverse Childhood Experiences \(ACEs\)](#)
Centers for Disease Control and Prevention

Resource:

[The History of the Original ACE Study and the CDC's History of ACEs](#)



Source: [National Center for Injury Prevention and Control, Division of Violence Prevention](#)

About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs might reduce many health conditions.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children.

Some children may face further exposure to toxic stress from historical and ongoing traumas because of systemic racism or the effects of poverty resulting from limited educational and economic opportunities.

Source: [Centers for Disease Control and Prevention](#)

Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help them reach their full potential.

The Centers for Disease Control, U.S. Department of Health and Human Services, and the Children's Bureau also propose the following strategies to address the needs of children and families:

- Home visits to pregnant women and families with newborns
- Parent training programs
- Intimate partner violence prevention
- Social support for parents
- Parent support programs for teen and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- High-quality childcare
- Income support for lower-income families⁹⁰

Resources:

[CDC Fact Sheets and Resources](#)

[Overcoming Adverse Childhood Experiences](#) — Mayo Clinic

[General ACE Fact Sheet](#) — Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services

⁹⁰Centers for Disease Control and Prevention

Built Environment

Umatilla County has a Walkability Index Score of 8.9 — the national median is 9.03. (This measure reflects a county's index score ranging from 1 to 20 — higher is better — on standards of walkable streets, including pedestrian-oriented intersections and the diversity of area businesses.)⁹¹

Twenty-two percent (22%) of the county's population lives within half a mile of a park, compared to 54.3% in the state and 38% in the U.S.

The built environment includes all the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person's level of physical activity.

For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.

Source: [National Center for Environmental Health](#)

The top two environmental health issues for Umatilla County adults that threatened their health in the past year were outdoor air quality (27%) and agricultural chemicals (13%).

"We are all exposed to pesticides all the time. Even if you don't live or work in agriculture because the wind blows... we are surrounded by it... some people don't wash their fruit before they eat it. Especially when you go to the Farmer's Market you know, or you are at Safeway, and you are ingesting this..."⁹²

Source: [Eastern Oregon Coordinated Care Organization](#)
Focus Group Participant, (2018, June) "Community Health Assessment Focus Group Report: Umatilla County"

Water quality for the county has been an issue, and there have been one or more health-based groundwater violations that include Maximum Contaminant Level, Maximum Residual Disinfectant Level, and Treatment Technique violations.⁹³ To run a report for your city or area, please visit the [United States Environmental Protection Agency](#) website.

⁹¹2010-2012; U.S. Environmental Protection Agency

⁹²Eastern Oregon Coordinated Care Organization

⁹³The Safe Drinking Water Information System (SDWIS) (2017)

Umatilla county adults thought the following threatened their health in the past year: outdoor air quality (27%); agricultural chemicals (13%); moisture issues (5%); mold (5%); rodents (4%); insects (3%); plumbing problems (2%); indoor air quality (2%); chemicals found in products (2%); temperature regulation (2%) unsafe water supply/wells (1%); lead paint (1%); radiation (1%); bed bugs (1%); asbestos (2%); safety hazards (<1%); sewage/waste water problems (<1%); lice (<1%).

⁹⁴

Seventy-three percent (73%) of adults had a working flashlight and working batteries in preparation for a disaster.⁹⁵

⁹⁴[Good Shepherd Health Care System and St. Anthony Hospital](#)

⁹⁵[Good Shepherd Health Care System and St. Anthony Hospital](#)

DID YOU KNOW

PHYSICAL INACTIVITY, A KNOWN RISK FACTOR FOR DIABETES, HIGH BLOOD PRESSURE, AND OBESITY IS THE CAUSE OF AN ESTIMATED 11% OF TOTAL HEALTH CARE EXPENDITURES

American Lung Association

IN THE U.S., 58,000 PREMATURE DEATHS EVERY YEAR ARE ASSOCIATED WITH LONG-TERM EXPOSURE TO ROAD TRANSPORTATION POLLUTION, WHICH IS LINKED TO ASTHMA AND CARDIOVASCULAR DISEASE

Centers for Disease Control and Prevention

5,000 PEDESTRIAN AND BICYCLIST INJURY DEATHS OCCUR IN THE UNITED STATES EVERY YEAR

Centers for Disease Control & Prevention

LOOKING OUT FOR YOUR HEALTH AND WELL-BEING!

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Behavioral and Sexual Health

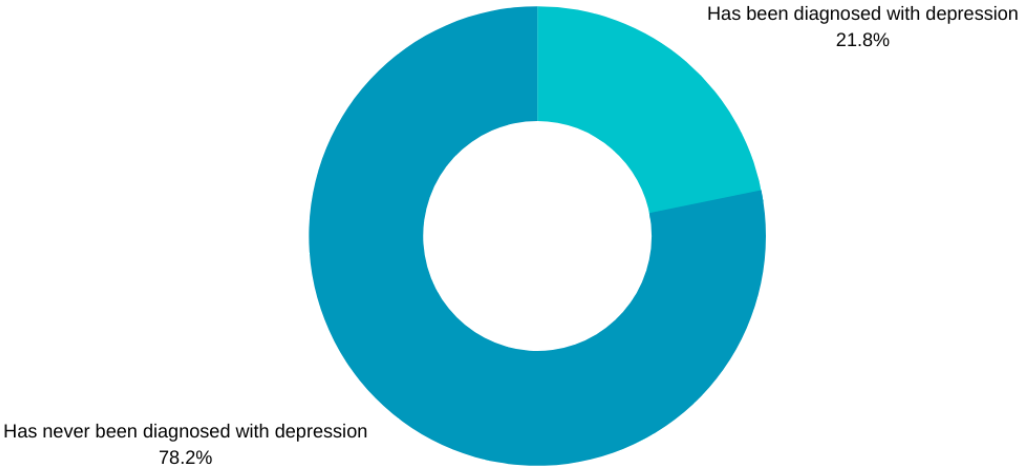
Mental Health

From childhood through adulthood, mental health is essential to our overall health and well-being.

- 1. It affects how we think, feel, and act.
- 2. It involves our emotional, psychological, and social well-being.
- 3. It helps determine how we handle stress, relate to others, and make healthy choices.

Sixty-three percent (63%) of Umatilla County adults reported having no poor mental health in the past 30 days, according to the Oregon Behavioral Risk Factors Surveillance System survey (2014-2017).⁹⁶ However, 21.6% of Umatilla County stated they had been diagnosed with depression at some point in their life (compared to 78.2% who had not been diagnosed with depression).

2014-2017 UMATILLA COUNTY SURVEY
Sample size: 626



Source: Behavioral Risk Factor Surveillance System (BRFSS)

⁹⁶[BRFSS](#)

Umatilla County adults reported that they or a family member were diagnosed with, or treated for, the following mental health issues:⁹⁷

- Anxiety or emotional problems (22%)
- Depression (21%)
- Anxiety disorder (panic attacks, phobias, obsessive-compulsive disorder) (19%)
- Bipolar disorder (14%)
- Alcohol and/or illicit drug abuse (11%)
- Other trauma (5%)
- Attention deficit disorder (ADD/ADHD) (4%)
- Post-traumatic stress disorder (PTSD) (4%)
- Autism spectrum (3%)
- Developmental disability (3%)
- Borderline personality disorder (2%)
- Psychotic disorder (schizophrenia, schizoaffective disorder) (1%)
- Problem gambling (1%)
- Eating disorder (1%)
- Life-adjustment disorder (<1%)
- Other mental health disorders (2%)

In the 2018 Umatilla County Community Health Assessment, 19% of Umatilla County adults indicated that they or someone in their household went without mental health treatment in the past 12 months for the following reasons: cost (36%), did not know where to get care (26%), could not get an appointment soon enough (26%), no insurance (16%), insurance not accepted (6%), fear of treatment (2%), not open when needed (2%), and other reasons (18%).

Behavioral Health

Mental health falls under the broader category of behavioral health. Behavioral health refers to the promotion of mental health, resilience, and well-being; the treatment of mental and substance abuse disorders; and the support of those who experience or are in recovery from these conditions, along with their families and communities.⁹⁸

There is an emphasis on the health and well-being of the body, mind, and spirit. However, behavioral health also has to do with the choices we make and why we make them.

There is a complex interplay between mental and behavioral health problems and medical and socioeconomic problems (such as chronic diseases, poverty, and crime).

Source: [The Peterson-KFF Health System Tracker](#)

Resources:

[Mental Health Resources](#) — Centers for Disease Control and Prevention

Smoking

⁹⁷[Good Shepherd Health Care System and St. Anthony Hospital](#)

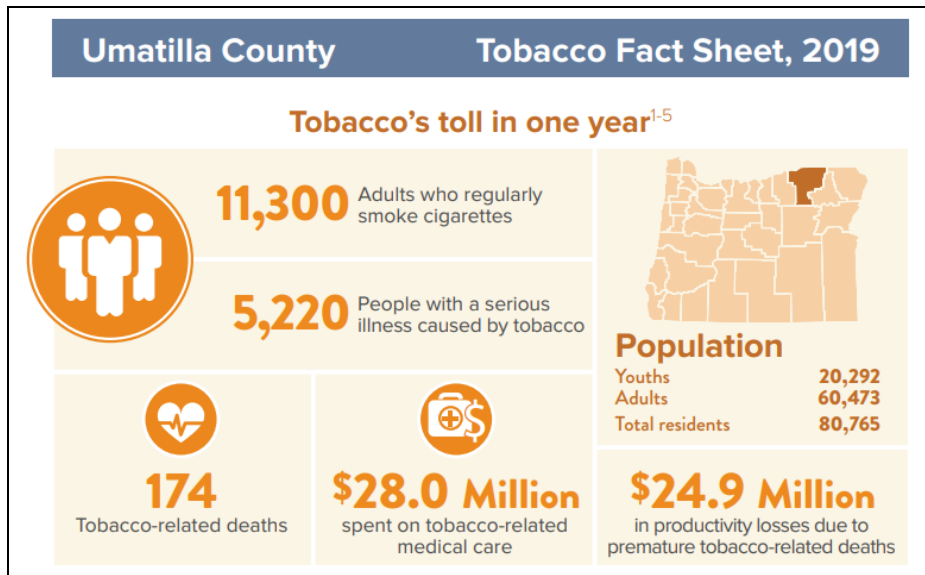
⁹⁸Substance Abuse and Mental Health Services Administration

From 2014 to 2017, approximately 20% of Umatilla County adults were smokers. Cigarette smoking among adults in the county is higher than the U.S. and Oregon’s overall rate.⁹⁹

Tobacco is responsible for nearly half its long-term users’ deaths and is the most preventable cause of death worldwide. Globally, tobacco causes almost 6 million premature deaths, and approximately 80% of those deaths are in poor and middle-income countries. The number of deaths from smoking is expected to rise to 8 million by 2030.¹⁰⁰

Umatilla County smoking facts (2019):

- Number of cigarette smokers: 11,300
- Number of people with a serious illness caused by tobacco: 5,220
- Tobacco-related deaths: 174
- The amount of money spent on tobacco-related medical care: \$28.0 million.
- The amount of money lost in productivity losses because of premature tobacco-related deaths: \$24.9 million¹⁰¹



Source: Oregon Health Authority

In Umatilla County, the number of tobacco-related death rates per 100,000 population and age-adjusted (2015–2018) was 186.8 out of 100,000 deaths. Only ten counties had higher rates of tobacco-related deaths.

In 2019, the use of any tobacco/nicotine product amongst 11th graders and 8th graders in Umatilla County was extremely high at an average of 18%. The county ranked number 3 in Oregon counties

⁹⁹Oregon Health Authority

¹⁰⁰Cancer Facts & Figures, American Cancer Society, 2015

¹⁰¹[Oregon Health Authority](#)

(excluding Wallowa and Wheeler) regarding the number of 8th and 11th-grade teen tobacco/nicotine users.

Among 11th graders, vaping/e-cigarettes were far more popular than cigarettes (22.2 to 3.2%, respectively). For 8th graders, it was vaping/e-cigarettes at 15.7% and cigarettes at 4.5% ¹⁰²

Resource:

[Oregon Tobacco Quit Line](#) — Oregon Health Authority
[I Want to Quit](#) — Smokefree Oregon

DID YOU KNOW

ACCORDING TO A SURVEY BY THE CDC AND OTHER FEDERAL AGENCIES, IT IS ESTIMATED THAT 35 PERCENT OF CIGARETTE SMOKERS HAVE A BEHAVIORAL HEALTH DISORDER AND ACCOUNT FOR 38 PERCENT OF ALL U.S. ADULT CIGARETTE CONSUMPTION.

American Lung Association

IN 2018, 13.7% OF ALL U.S. ADULTS (34.2 MILLION PEOPLE) CURRENTLY SMOKE CIGARETTES: 15.6% MEN, 12% WOMEN.

Centers for Disease Control and Prevention

OF THE MORE THAN 7,000 CHEMICALS IN TOBACCO SMOKE, AT LEAST 250 ARE KNOWN TO BE HARMFUL, INCLUDING HYDROGEN CYANIDE, CARBON MONOXIDE, AND AMMONIA.

AMONG THE 250 KNOWN HARMFUL CHEMICALS IN TOBACCO SMOKE, AT LEAST 69 CAN CAUSE CANCER.

US Department of Health and Human Services

LOOKING OUT FOR YOUR HEALTH AND WELL-BEING!

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Alcohol

Drinking too much can harm your health. Excessive alcohol use led to approximately 95,000 deaths and 2.8 million years of potential life lost (YPLL) each year in the

United States from 2011 – 2015, shortening the lives of those who died by an average of 29 years. Further, excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years.

Source: [Centers for Disease Control](#)

According to the 2018 Umatilla County Community Health Assessment: 54% of Umatilla County adults had at least one alcoholic drink in the past month, increasing to 68% of those with incomes greater than \$25,000 and 71% of males.

Of those who drank, Umatilla County adults drank 3.6 drinks on average per month, increasing to 4.0 drinks for those with incomes less than \$25,000.

Twenty percent (20%) of Umatilla County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) in the last month. Therefore, they would be considered binge drinkers. Out of those who drank in the past month, 39% had at least one episode of binge drinking.

Five percent (5%) of current drinkers reported driving a motor vehicle such as a car, truck, or motorcycle within a couple of hours after having three or more drinks, increasing to 8% of males.

One-in-seven (14%) of current drinkers reported drinking alcohol while on prescription medication, increasing to 37% of those over 65.

Adult Comparisons	Umatilla County 2011	Umatilla County 2015	Umatilla County 2018	Oregon 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	51%	51%	54%	60%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	18%	21%	20%	16%	17%

Resources:

[Behavioral Health Services](#) — Oregon Health Authority
[Alcohol Use Basics](#) — Centers for Disease Control and Prevention

DID YOU KNOW

IN 2010, EXCESSIVE ALCOHOL USE COST THE US ECONOMY \$249 BILLION, OR \$2.05 A DRINK, AND \$2 OF EVERY \$5 OF THESE COSTS WERE PAID BY THE PUBLIC.

EXCESSIVE ALCOHOL USE IS RESPONSIBLE FOR 88,000 DEATHS IN THE UNITED STATES EACH YEAR, INCLUDING 1 IN 10 DEATHS AMONG WORKING-AGE ADULTS.

US ADULTS CONSUME ABOUT 17 BILLION BINGE DRINKS ANNUALLY, OR ABOUT 470 BINGE DRINKS PER BINGE DRINKER. FURTHER, 9 IN 10 ADULTS WHO BINGE DRINK DO NOT HAVE AN ALCOHOL USE DISORDER.

WHILE MOST PEOPLE KNOW THAT DRINKING TOO MUCH ALCOHOL CAN LEAD TO INJURIES AND DEATHS IN CAR CRASHES, MANY PEOPLE DO NOT KNOW THAT DRINKING TOO MUCH ALCOHOL ALSO CAN INCREASE THE CHANCES OF CANCER, SUICIDE, UNINTENDED PREGNANCIES, SEXUALLY TRANSMITTED INFECTIONS, AND OTHER NEGATIVE HEALTH OUTCOMES.

BINGE DRINKING IS TWICE AS COMMON AMONG MEN THAN AMONG WOMEN. FOUR IN FIVE TOTAL BINGE DRINKS ARE CONSUMED BY MEN.

Source for all facts: Centers for Disease Control and Prevention

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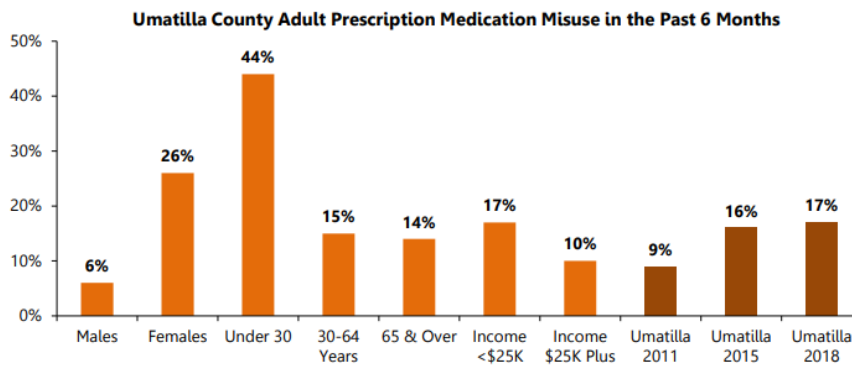
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Drug Usage

According to the 2018 Umatilla County Community Health Assessment, 17% of adults used medication not prescribed or took more than prescribed to feel good or high or more active or alert during the past six months. Twelve percent (12%) of Umatilla County adults used marijuana during the past month.

The following graph shows adult prescription medication misuse in the past 6 months. An example of how to interpret the information includes: 17% of all adults misused prescription medication in the past 6 months, including 26% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The 2018 CHA also reported that drug and alcohol abuse tops the concerns of adults in the county related to public health. Adults reported the following as the most critical health concerns in their community: substance or drug abuse (40%), opioid or other substance abuse (37%), lack of access to mental healthcare (25%), obesity (23%), lack of access to medical care (21%), prescription drug abuse (20%), depression (17%), lack of access to dental care (17%), diabetes and other chronic diseases (16%), alcohol use (15%), lack of recreation facilities or fitness opportunities (15%), accidents/injuries (11%), other mental illnesses (11%), tobacco use (10%), lack of food (9%), child abuse/neglect (9%), domestic violence (8%), suicide (8%), and other concerns (3%).¹⁰³

Resources:

[Behavioral Health Services](#) — Oregon Health Authority

[Teen Pregnancy Information](#) — Centers for Diseases Control and Prevention

¹⁰³[Good Shepherd Health Care System and St. Anthony Hospital](#)

Maternal, Infant & Child Health

Women's health throughout their lifespan is an important determinant of the health of the entire family and community. Parent and child well-being are inextricably linked. Parents are crucial to children's healthy development and to families' ability to move out of poverty.

Poverty has lasting effects, particularly for those who live in poverty as children. Low-income children fare worse on a range of health, education, employment, and economic outcomes in childhood and into adulthood when compared to their higher-income peers.

Source: [Oregon's 2020 Title V Maternal, Child, and Adolescent Health Needs Assessment Data Tools](#) (January 2020)

There are approximately 19,565 individuals under the age of 18 living in the county. Children in the area experience a high poverty rate at 18%, which is 1.4 times higher than the rate in Oregon (13%) and about 10 percent higher than the rate in the United States (17%).¹⁰⁴

From the years 2013 to 2019, the infant mortality rate for the county averaged five deaths per 1,000 live births, equal to Oregon's rate.¹⁰⁵ In 2018, the rate was 4.1 deaths per 1,000 live births but jumped to 9.1 per 1,000 live births, a 112% increase.¹⁰⁶

In 2018, 75.2% of mothers received prenatal care in the first trimester of their pregnancy, compared to 81% in the state.

The percentage of births to mothers who smoked cigarettes during pregnancy in Umatilla County from 2016–2018 was 11%.¹⁰⁷

Maternal Mortality Rates

The U.S. has a maternal mortality problem. The Centers for Disease Control and Prevention (CDC) examined the years 2011 to 2015 and estimated the average maternal mortality rate in the United States to be about 17.2 per 100,000 live births or 700 pregnancy-related deaths each year.

For death to qualify as pregnancy-related, it must occur during or up to one year after pregnancy.

¹⁰⁴[American Community Survey 1-year estimates](#)

¹⁰⁵[County Health Rankings](#)

¹⁰⁶[Our Children Oregon](#)

¹⁰⁷[Oregon Tobacco Facts 2020](#)

Between 2011 and 2015, researchers at the CDC identified at least 3,400 pregnancy-related deaths. Of these, one-third of the women died during pregnancy, another third died during or up to a week following childbirth, and a final third died up to a year after childbirth.

Source: [Rockefeller Institute of Government](#)

Blanchard, Jacklynn (August 2009) "Out of Sight, Out of Mind? What Is the True U.S. Maternal Mortality Rate? No One Knows.)

In 2018, the CDC identified 658 women that died of maternal causes in the United States. The maternal mortality rate was 17.4 deaths per 100,000 live births. The maternal mortality rates increase with age; the rates for women aged 40 and over (81.9) are 7.7 times higher than women under 25.

More mothers die in the U.S. because of pregnancy-related complications than in any other developed country. That number is on the rise — even as rates of maternal deaths have dropped globally (up to 44% declines in some developing countries).¹⁰⁸

It is also important to note that for every woman who dies, there are approximately 50 who suffer severe maternal morbidity — very severe complications of pregnancy, labor, and delivery that bring them close to death. Oregon's maternal death rate, measured as the number of maternal deaths per 100,000 live births, varies from year to year because of the overall small number of deaths but is typically at or below that of the U.S. overall.

Source: [Maternal Mortality and Morbidity Review Committee](#)

However, the actual scope of the problem is unclear — deaths might be under-reported or over-reported, depending on the expert. In addition, existing data on the topic is outdated, flawed, or incomplete.

"Maternal health in the U.S. is simply still not a priority. It's not interesting. Preventable maternal deaths are not in the basement of our priorities, they are in the sub-basement."

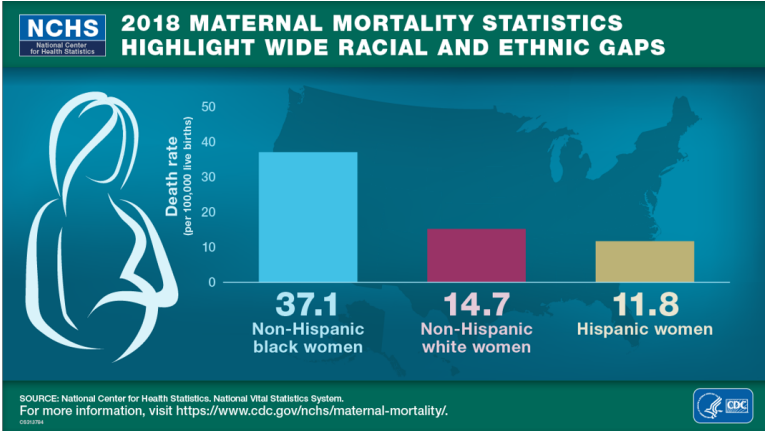
Source: [ProPublica.org](#)

Sexton, Joe. "How Many American Women Die From Causes Related to Pregnancy or Childbirth? No One Knows." March. 2019

Maternal health is also a health equity issue. In 2018, in the U.S., maternal mortality rates were vastly higher for non-Hispanic black women (37 deaths per 100,000 live births) than any other race.

¹⁰⁸Rockefeller Institute of Government

During 2014–2017, the pregnancy-related mortality for non-Hispanic American Indian or Alaska Native women was 28.3 deaths per 100,000 live births.



Resources:

[Maternal and Infant Health](#) — Centers for Diseases Control and Prevention
[Maternal Mortality](#) — Centers for Disease Control and Prevention

DID YOU KNOW

The U.S. maternal mortality rate has significantly increased from 7.2 Deaths per 100,000 live births in 1987 to 17.4 deaths per 100,000 live births in 2018. The data indicate that more than half of these deaths are preventable.

American Action Forum

The United States has one of the highest maternal mortality rates, if not the highest, in the developed world.

Smithsonian Magazine

The CDC indicates that 60 percent of these deaths could have been prevented had the mothers better understood the importance of and been able to access quality prenatal and postpartum care more easily.

Centers for Disease Control & Prevention

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According to the CDC, heart disease and stroke cause most maternal deaths.¹⁰⁹ The cause of most deaths at delivery is “obstetric emergencies,” i.e., severe bleeding and amniotic fluid embolism (which is when amniotic fluid enters a mother’s bloodstream).

In the week after delivery, severe bleeding, high blood pressure, and infection are most common. Cardiomyopathy (weakened heart muscle) is the leading cause of death one week to one year after delivery.¹¹⁰

Factors contributing to maternal deaths include access to care, missed or delayed diagnoses, or not recognizing warning signs.

Many of the deaths are preventable. So it’s essential to identify and close gaps in access to quality care.

Umatilla County Public Health is part of the Nurse-Family Partnership (NFP) that ensures pregnant women receive quality care during and after pregnancy. It’s an evidence-based community health program that helps transform the lives of vulnerable mothers pregnant with their first child.

A registered nurse partners with a pregnant woman who will receive home visits until the child’s second birthday. Independent research proves that communities benefit from this relationship. Every dollar invested in the Nurse-Family Partnership can yield over five dollars in return.

Oral Health for Expectant Mothers and Children

There are striking racial and income-based disparities amongst children in terms of oral health.

One study found more than half of the children living in poverty had cavities, compared to one-third of those living above the poverty level. The study also found that, of families living in poverty, Mexican-American children had the highest prevalence of cavities.

This high rate of cavities may be due, in part, to parents’ lack of awareness of recommendations for early preventive oral health care.

Almost two-thirds of the parents in one study did not get dental care for their children because of cost.

Source: [Healthypeople.gov](https://www.healthypeople.gov)

¹⁰⁹Centers for Disease Control

¹¹⁰CDC

The good news is that an Oregon Health & Science University study found that over 60% of children in Umatilla County enrolled in the Oregon Health Plan of families living in poverty received at least one dental service in 2018. School-based programs provided 10% of those services.¹¹¹

With pregnancy, there is credible evidence linking periodontal disease to spontaneous preterm birth and low birth weight.

Studies have been mixed, but several have suggested that women with moderate to severe periodontal disease who underwent cleaning of their teeth above and below the gum line reduced the incidence of preterm births.

Successful periodontal treatment correlates with full-term birth, according to a study in the American Journal of Preventive Medicine.¹¹²

Reproductive Health

UCo Health conducted a [survey](#) focused on reproductive health in early 2020 that had 350 responses.

Key findings: 92% of the respondents had health insurance in one or more plans. Those who did not have coverage cited cost and availability as significant factors. Out of those insured, 73% were on privately funded programs, and 18% were on government-funded insurance.

According to the survey results, the following are the main barriers to receiving reproductive care: a lack of gynecologists (56%), lack of female gynecologists (89%), lack of time (47%), unaffordability (41%), and transportation issues (12%).

The most popular suggestions to increase access and utilization of reproductive health services were: reduced/free health services (34%), after-hour clinics (28%), childcare (17%), and transportation (6%).

Sixty-four (64) percent of respondents had not been offered the HPV vaccine, and 58% say they have not gotten enough information or education about it. In addition, there are mixed feelings about the HPV vaccine: 10.4% feel the HPV vaccine is not safe, though 10% strongly agree that it is safe. Thirty-five (35) percent are neutral in their feelings about the vaccine. Fifty-six (56) percent agree that the HPV vaccine can reduce cervical cancer.

Other Maternal, Infant & Child Issues

¹¹¹ East Oregonian

¹¹² American Journal of Preventive Medicine

According to the 2020 Kids Count Oregon report from the nonprofit Our Children Oregon, the number of Umatilla County children who were victims of abuse/neglect in 2019 was 17% per 1,000, more than double since 2015.¹¹³

The county has a higher-than-average referral to Juvenile Justice at 14.7 per 1,000 youth ages 0-17, compared to 12.9 per 1,000 for Oregon. The number is down from 20.5 per 1,000 youth referred in 2015. Other areas for improvement, according to the report, include improving rates of immunizations for children, reducing teen pregnancy rates, and increasing the number of children ages 3-4 enrolled in school.¹¹⁴

Each day Umatilla County children spent an average of 1.6 hours playing video games, 1.3 hours watching TV, 1.3 hours reading, 0.7 hours on a computer, and 0.5 hours on a tablet/cellphone.¹¹⁵

SCREEN TIME vs LEAN TIME

Do you know how much entertainment screen time kids get? Time in front of a screen is time kids aren't active. See how much screen time kids of different ages get and tips for healthier activities.

AGE GROUP: 8-10, 11-14, 15-18

CHILDREN AGES 8-10 SPEND ABOUT 6 hours a day IN FRONT OF A SCREEN USING ENTERTAINMENT MEDIA

NEARLY 4 OF THESE ARE SPENT WATCHING TELEVISION

INSTEAD THEY COULD...

- Play a game of basketball
- AND STILL HAVE TIME TO...
- walk the dog
- and...
- dance to their favorite songs
- and...
- jump rope
- and...
- ride their bike

How can parents help?

- 1 Ensure kids have 1 hour of physical activity each day.
- 2 Limit kids' total screen time to no more than 1-2 hours per day.
- 3 Remove TV sets from your child's bedroom.
- 4 Encourage other types of fun that include both physical and social activities, like joining a sports team or club.

FOR MORE INFORMATION, VISIT MakingHealthEasier.org/GetMoving

There is evidence that high levels of screen time are associated with a variety of adverse health consequences (children and adolescents).¹¹⁶ Click [here](#) to learn strategies to encourage children to spend time away from TV, computers, video games, etc.

¹¹³[2020 Kids Count Oregon](#)

¹¹⁴[2020 Kids Count Oregon](#)

¹¹⁵Good Shepherd Health Care System and St. Anthony Hospital

¹¹⁶[BMJ Open](#).

Adolescent Health

High School Graduation Rates and Absenteeism



The graduation rate in Umatilla County in 2019-2020 was 88%, 6% above the state’s 83%.

Cities in the county are making notable progress in graduation rates: the town of Umatilla went from graduating 67 percent of its students in 2013-2014 to 93% percent in 2019-2020. Hermiston High School saw an 84% graduation rate for the 2019-2020 school year, a significant increase over the 2018-2019 school year's rate of 74.37%. Pendleton High School's 2019-2020 graduation rate hung steady from the previous year with 90%.¹¹⁷¹¹⁸

In Umatilla County, the following populations had the highest dropout rates in the last two school years:¹¹⁹

2019-2020 School Year	%	2018-2019 School Year	%
Migrant Students	2.51%	Migrant Students	3.59%
Students with Disabilities	2.69%	Students with Disabilities	3.79%
Current English Learners	2.91%	Current English Learners	4.46%
American Indian/Alaska Native	3.57%	American Indian/Alaska Native	5.63%
Homeless students	5.75%	Homeless students	9.68%

According to a study titled *The Link Between School Attendance and Good Health*, over 6.5 million children in the United States, or approximately 13% of all students, are chronically absent from school (missing 15 or more days of school each year). Income, race, and ethnicity all play an essential role in the levels of chronic school absenteeism.

“(youth), with a lower socioeconomic status... and... (that) also includes a lot of kids from the tribe... (there are) kids who are missing a lot of school, who are living in tents, who have a lot of sickness and a lot of lice issues.”

Source: [Eastern Oregon Coordinated Care Organization](#)

¹¹⁷ [The Oregonian](#)

¹¹⁸ [East Oregonian](#)

¹¹⁹ [Oregon Department of Education](#)

School attendance plays a vital role in the long-term health of a young person. Chronic absenteeism puts students at risk for poor school performance and dropping out; these factors also put them at risk for unhealthy behaviors and poor long-term health outcomes.¹²⁰

During the 2018-2019 school year, Umatilla County had a chronic absenteeism rate of 21.3%.¹²¹ The statewide rate for the 2018-2019 school season was 20.4%.¹²²

Oregon ranked No. 5 of states with the worst school attendance in the nation, according to data from the U.S. Department of Education.

High poverty in rural areas and the state's large population of Native American tribes and communities are factors that could contribute to chronic absenteeism.

Source: [Education Dive](#)

Jacobson, L. (2018, August 31). New national data shows higher chronic student absenteeism rates.

¹²⁰Allison MA, Attisha E; **COUNCIL ON SCHOOL HEALTH**

¹²¹[Oregon Department of Education](#)

¹²²Oregon Department of Education

DID YOU KNOW

THE LESS SCHOOL ATTENDED, THE MORE LIKELY A STUDENT IS TO BE AMONG THE STUDENTS WHO DROP OUT.

MANY HEALTH CONDITIONS SUCH AS HUNGER, RESPIRATORY ILLNESS, DEPRESSION, FEAR OF BULLYING, AND DENTAL PAIN ARE BARRIERS TO CHILDREN ATTENDING SCHOOL

CHRONIC ABSENTEEISM CAN CONTRIBUTE TO A LIFETIME OF HEALTH PROBLEMS

THE LESS EDUCATION AN ADULT HAS, THE MORE LIKELY THEY ARE TO SMOKE, BE OVERWEIGHT, HAVE DIABETES, AND DIE PREMATURELY OF CERTAIN CHRONIC CONDITIONS.

T. Henderson, C. Hill, K. Morton. (2014) "The Connection Between Missing School and Health: A Review of Chronic Absenteeism and Student Health in Oregon"

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Teen Pregnancy

Research has shown that girls who become pregnant in their teens are much less likely to finish high school or pursue higher education. In addition, they are much more likely to be overweight/obese in adulthood and suffer from psychological issues and depression.

In 2019, there were 16 births to teen girls between the ages of 10 and 17 in Umatilla County.¹²³

From 2013 to 2019, in the 15-19 age group, there were 33 births per 1,000. That makes Umatilla County's teen pregnancy rate the third highest in that age group for a county in Oregon.¹²⁴ According to the [Centers for Disease Control and Prevention](#), the national teen birth rate in the same age group was 18.8 per 1,000 young women.

Resources:

[Pregnancy Prevention](#) — Youth.gov

[Teen Pregnancy Information](#) — Centers for Diseases Control and Prevention

Emotional Health of Umatilla County Teens

The biennial Oregon Healthy Teens (OHT) Survey is a school-based, anonymous survey conducted among 8th and 11th graders statewide. It's an invaluable tool that provides insight into the health and well-being of adolescents in our community.

Important mental health habits - including coping, resilience, and good judgment - help adolescents achieve overall well-being and set the stage for positive mental health in adulthood.

Mood swings are common during adolescence. However, one in five adolescents has had a serious mental health disorder, such as depression and/or anxiety disorders.

Friends and family can watch for warning signs of mental disorders and urge young people to get help. Effective treatments exist and may involve a combination of psychotherapy and medication.

Unfortunately, less than half of adolescents with psychiatric disorders received any kind of treatment in the last year.

Source: [U.S. Department of Health & Human Services](#)

In the 2019 Oregon Healthy Teens Survey, most teens in Umatilla County rated their emotional and mental health as good/very good/excellent: 66.8% of 8th graders and 65.3% of 11th graders. However, that means 33.2% of 8th graders and 34.7% of 11th graders rated their emotional and mental health as fair or poor.

¹²³Oregon Health Authority

¹²⁴[County Health Rankings](#)

There is a mental health crisis among Oregon's youth. In Oregon, suicide is the second leading cause of death among Oregonians aged 10 to 24.

Suicide is one of Oregon's most persistent, yet preventable, public health problems.

Factors associated with an increased risk of suicide among youth include prior attempts, depression, family discord, substance abuse, relationship problems, discipline or legal problems, and access to firearms.

Source: [2019 Oregon Teen Survey](#)

DID YOU KNOW

SUICIDE WAS THE TENTH LEADING CAUSE OF DEATH OVERALL IN THE UNITED STATES, CLAIMING THE LIVES OF OVER 48,000 PEOPLE.

SUICIDE WAS THE SECOND LEADING CAUSE OF DEATH AMONG INDIVIDUALS BETWEEN THE AGES OF 10 AND 34, AND THE FOURTH LEADING CAUSE OF DEATH AMONG INDIVIDUALS BETWEEN THE AGES OF 35 AND 54.

THERE WERE MORE THAN TWO AND A HALF TIMES AS MANY SUICIDES (48,344) IN THE UNITED STATES AS THERE WERE HOMICIDES (18,830).

Centers for Disease Control and Prevention (CDC)

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During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (Umatilla County)

	YES	NO
8th grader	34.5	65.5
11th grader	39.6	60.4

During the past 12 months, did you ever seriously consider attempting suicide? (Umatilla County)

	YES	NO
8th grader	21.3	78.7
11th grader	19.1	80.9

Within 12-months before taking the survey, 11.9% of 8th graders and 7.5% of 11th graders in Umatilla County had attempted suicide one or more times.

5 Action Steps for Helping Someone in Emotional Pain

- ASK**
"Are you thinking about killing yourself?"
- KEEP THEM SAFE**
Reduce access to lethal items or places.
- BE THERE**
Listen carefully and acknowledge their feelings.
- HELP THEM CONNECT**
Save the National Suicide Prevention Lifeline number 1-800-273-8255.
- STAY CONNECTED**
Follow up and stay in touch after a crisis.

For more information on suicide prevention: www.nimh.nih.gov/suicideprevention

NIH National Institute of Mental Health

Vaping, Tobacco, Marijuana

Public health concerns have emerged about the alarming increase in adolescents using vapor devices or e-cigarettes. The CDC says teen vaping has surged to over 1 in 4 high school students. Umatilla County’s vaping/e-cigarette trend reflects the overall national trend.

Have you used vaping products shaped like a USB flash drive, such as JUUL, MarkTen Elite, or myBlu?

	No, never	Yes, in the past 30 days	Yes, but not in the past 30 days
8th Graders	76.1	8.1	15.7
11th Graders	67.0	18.0	15.0

In the 30 days preceding taking the survey, 9% of 8th graders and 16.9% reported using marijuana or hashish (weed, hash, pot). Smoking joints is the most popular delivery system (8th grade — 8% / 11th grade — 13%). The second most popular delivery system for marijuana for 11th graders is vaping at 7.4%, while 4.1% of 8th graders prefer to [dab it](#).

Drugs and Alcohol

Table 28. Past 30-day use

	County 2015		County 2017		County 2019	
	8th	11th	8th	11th	8th	11th
During the past 30 days, on how many occasions (if any)... (Respondents indicating 1 or more times)						
did you have at least one drink of alcohol?	6.0	28.3	13.0	28.4	16.2	22.1
did you smoke cigarettes?	1.0	8.0	1.8	8.5	4.5	3.2
did you use marijuana or hashish (weed, hash, pot)?	4.0	18.0	6.5	23.8	9.0	16.9
have you used prescription drugs (such as Oxycontin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's orders?	4.0	8.9	4.7	6.3	9.3	4.5

Source: [2019 Oregon Healthy Teens Survey](#)

“Of the (Umatilla County) teens that reported drinking alcohol in the past 30 days, liquor was the most frequently consumed type of alcohol (52.2% of 8th graders and 51.4% of 11th graders),” according to the 2019 Oregon Healthy Teens Survey.

While few teens reported driving a car or other vehicle after or while drinking alcohol (none for 8th graders and 2.4% of 11th graders), a higher number reported riding in a car or other vehicle driven by another teenager who had been drinking alcohol (5% both for both grades).¹²⁵

¹²⁵[2019 Oregon Health Teens Survey](#)

School-based Health Center

A school-based health center (SBHC) is a clinic located on a school campus operated by qualified mental and physical health professions. Oregon state law requires a parent or guardian signature for mental health services for students under 14 and medical treatment under five years of age, except for family planning information and sexually transmitted disease service. Parental involvement is encouraged in all decisions about their child's healthcare.

Umatilla County currently has two school-based clinics in Pendleton: Pendleton High School and Sunridge Middle School.

Out of students attending schools with school-based health centers, the number of students reporting using the SBHC one or more times in the past 12 months was 20.6% for 8th graders to 20.5% for 11th graders. Twenty (20) percent of 8th graders reported not having seen a nurse practitioner or had a check-up in over a year, compared to 27% for 11th graders.¹²⁶

Communicable/Infectious Diseases

A communicable disease is an infectious disease that is contagious and that can be transmitted either directly or indirectly from one source to another by an infectious agent or its toxins.

Source: [National Institutes of Health](#)

Communicable and infectious diseases continue to affect the health of individuals and communities throughout Umatilla County.

Over the past few years, UCo Health has engaged community-based organizations through shared education and targeted interventions to tackle gonorrhea and other sexually transmitted infections (STIs).¹²⁷

Umatilla County Health Department distributed more than 8,500 free condoms to healthcare providers and partner agencies in 2018. In 2019, the Oregon Health Authority funded Rapid HIV test kits used in screening outreach efforts by UCo Health.

Chlamydia is the most common reportable disease in Oregon and may lead to infertility if left untreated.¹²⁸

¹²⁶[2019 Oregon Healthy Teens Survey](#)

¹²⁷Umatilla County Public Health Triennial Review

¹²⁸[Oregon's State Health Assessment](#)

In Umatilla County, from 2016-2020, the average number of chlamydia cases diagnosed each year is 324. In 2020, there were 330 cases of Chlamydia or 406 cases per 100,000 people in the county.¹²⁹

Chlamydia Cases by Year

Year	Cases
2015	283
2016	302
2017	323
2018	305
2019	338
2020	339

In 2020, Umatilla County reported 79 cases of gonorrhea and 18 cases of syphilis.¹³⁰

As of April 2019, an estimated 87 people were living with HIV in Umatilla County. Of those, 61 of the individuals were diagnosed with AIDS.¹³¹

Other infectious diseases tracked by the UCo Health in 2020:

- Campylobacterosis -- 6
- Cryptosporidiosis -- 2
- E. Coli (STEC) -- 4
- Giardiasis -- 5
- Haemophilus influenzae -- 0
- Hepatitis A -- 0
- Hepatitis B (acute) -- 0
- Hepatitis B (chronic) -- 1
- Hepatitis C (acute) -- 1
- Hepatitis C (chronic) -- 102
- HIV/AIDS -- 0
- Legionellosis -- 1
- Listeriosis -- 0
- Lyme disease -- 2
- Pertussis (whooping cough) -- 0
- Salmonellosis (non-typhoidal) -- 10
- Shigellosis -- 1
- Vibriosis -- 1
- Yersiniosis -- 1

¹²⁹Umatilla County Public Health

¹³⁰[Oregon Health Authority](#)

¹³¹[Oregon Health Authority](#)

? DID YOU KNOW

FOODBORNE ILLNESS AFFECTS 1 IN 6 AMERICANS (48 MILLION PEOPLE) EACH YEAR. OF THESE, 128,000 ARE HOSPITALIZED AND 3,000 WILL DIE.

CLOSTRIDIUM DIFFICILE INFECTION (CDI) IS THE LEADING CAUSE OF HEALTHCARE-ASSOCIATED INFECTION, AND IT IS SPREADING INTO COMMUNITY SETTINGS. CDI CAUSES HALF A MILLION INFECTIONS AND 14,000 DEATHS ANNUALLY.

OF EVERY 100 PEOPLE INFECTED WITH HEPATITIS C, ABOUT 75 TO 85 WILL BECOME CHRONICALLY INFECTED. THIS CAN LEAD TO SERIOUS HEALTH PROBLEMS SUCH AS LIVER DISEASE, LIVER FAILURE, AND LIVER CANCER.

Oregon Health Authority

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Rabies

An overlooked public health concern that counties face, especially rural ones: animal bites, primarily by dogs. UCo Health receives approximately 15 animal bites (dogs, cats, ferrets) calls each month. The main infectious disease health issue raised by animal bites is rabies.

To learn more about rabies, click [here](#).

COVID-19

On March 2, 2020, the *East Oregonian's* lead headline announced, *Coronavirus Now in Eastern Oregon*. On the same day, a press release from Gov. Kate Brown declared Umatilla County was the home of Oregon's third COVID-19 case.

The Governor declared a State of Emergency on March 8.

Schools closed mid-March, with optimism they would reopen in April. However, on March 16, Gov. Brown ordered restaurants and bars to stop on-site dining and limit sales to takeout and delivery.

And on Monday, March 23, *Stay Home, Save Lives*, or what would come to be known as lockdown, began for the entire county.

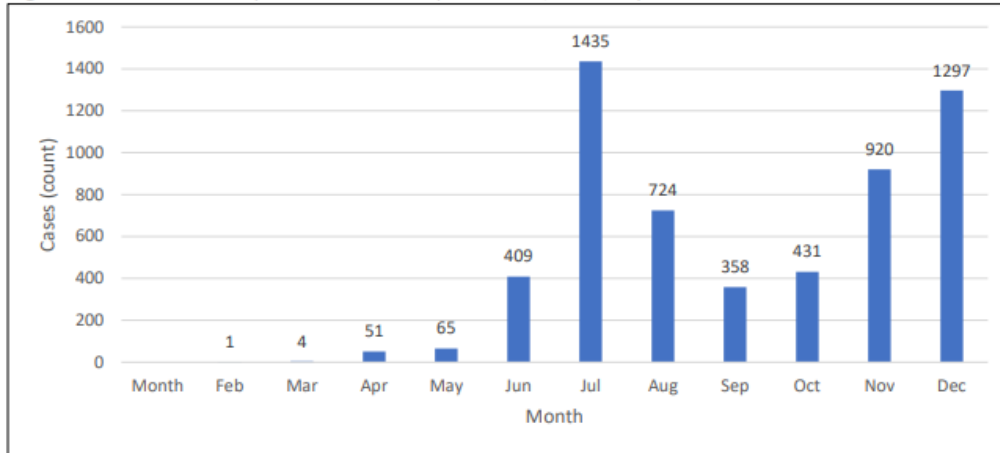
The onslaught of COVID-19 cases was relentless, and Umatilla County was one of the hardest hit. By July 30, 2020, Umatilla County had more cases per capita than any other Oregon county, at 234 cases per 10,000 people. At some point, the county had a weekly test positivity rate of 23%, far above the state average.¹³²

From January 2020 to December 2020, Umatilla County had 5,695 cases of COVID-19 and 190 hospitalizations.

¹³² <https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37062>

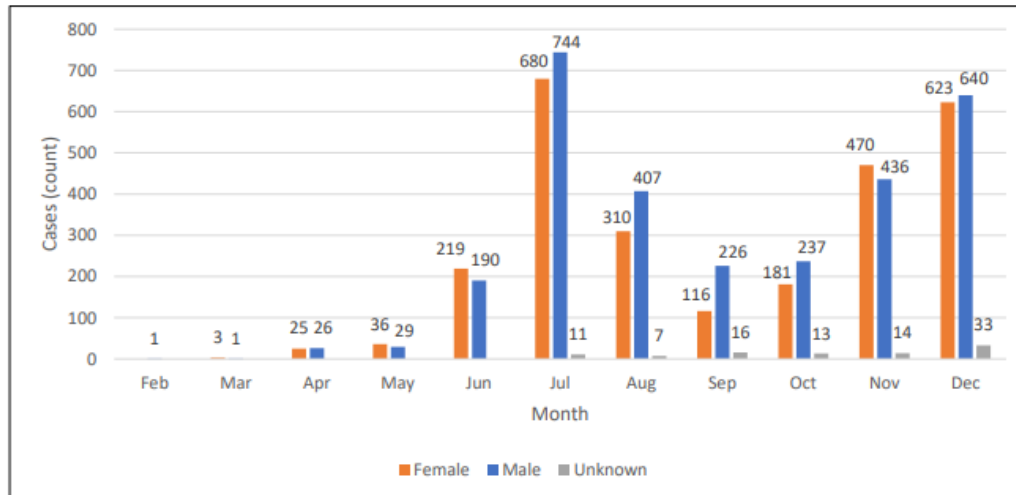
Cases by Month

Figure 1. Umatilla County COVID-19 Cases per Month, February 2020 – December 2020



Source: Umatilla County Public Health

Figure 4. Umatilla County COVID-19 Cases by Gender per Month, February 2020 – December 2020



- The first Umatilla County case was male in the month of February
- Males were the majority of COVID-19 cases from July through October and also in December

Source: Umatilla County Public Health

In 2020, there were a total of 16,047 contacts -- individuals who had been within 6 feet for more than 15 minutes of a positive case or lived in the same household. The ZIP code 97838 (Hermiston) had the most COVID-19 cases. Umatilla County residents were associated with 325 outbreaks that resulted in 3,132 cases. In 2020, Umatilla County reported 63 deaths of individuals who had tested positive for COVID-19.

Umatilla County's total positive COVID-19 cases from 1/1/20 to 12/8/2021 was 15,191. UCo Health staff conducted lengthy initial phone interviews with 70.4% of those cases and collected data on pre-existing conditions.

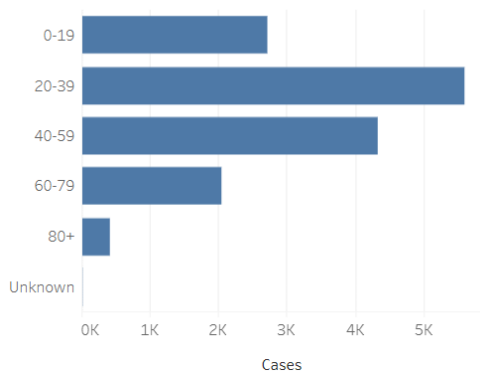
Underlying Conditions	Number	Percentage of Total Positive Cases
FORMER SMOKER	1491	9.8%
OBESITY	1248	8.2%
CHRONIC LUNG DISEASE	1126	7.4%
OTHER CHRONIC DISEASE	1070	7.0%
DIABETES	1023	6.7%
CARDIOVASCULAR DISEASE	935	6.2%
CURRENT SMOKER	673	4.4%
IMMUNOCOMPROMISED	279	1.8%
NEUROLOGIC/DEVELOPMENTAL	252	1.7%
CHRONIC RENAL DISEASE	218	1.4%
CHRONIC LIVER DISEASE	139	0.9%

As of December 1, 2021, during the pandemic UCo Health and its community-based partners fulfilled over 2,500 resource requests for necessities such as food, cleaning supplies, diapers/wipes, and provided information on unemployment, rental assistance, utility assistance, and other services. In addition, UCo Health and its partners successfully provided crucial resources and referrals to more than 8,357 individuals in quarantine.

As of December 1, 2021, the 20-39 age group had the most COVID-19 cases, with 37% of the total number of cases.

Umatilla COVID-19 Cases by Age (December 1, 2021)

Umatilla County COVID-19 Case by Age



Three-percent (3%) of all cases regardless of age required hospitalization.

The pandemic provided an opportunity for local nonprofits, governmental agencies, and the private sector to work together to form or strengthen bonds to help provide for the health and well-being of the county residents. It also raised many health equity issues.

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19.

Source: [Centers for Disease Control and Prevention](#)

Health equity has come to the forefront of people's minds. Consequently, many community-based organizations and local government officials seek to use lessons learned by the pandemic to identify and address the inequity issues faced by individuals and communities. The goal will be to develop effective public health programs and activities that address the issues raised with clear and measurable outcomes.

Conclusion

A healthy community ensures that all residents have equal access to educational and employment opportunities, affordable and stable housing, good jobs with fair pay, public transportation, access to healthy foods, physical activity, and quality healthcare.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief or economic and social condition.

Source: [Constitution of the World Health Organization](#)

Continuing to improve the health of our towns and cities is critical to the growth and development of Umatilla County. There are many signs of positive health factors and outcomes at work in our communities. There is, however, much room for improvement.

Everyone in their community should be able to enjoy the conditions to live a fulfilling and happy life. This Community Health Assessment is a step in making that a reality for Umatilla County.

The Umatilla County Public Health Department will convene online presentations to obtain community stakeholder feedback on this Community Health Assessment. Community partners will also meet to discuss shared concerns and prioritize significant health needs for inclusion in the 2021-2026 Community Health Improvement Plan (CHIP).

UCo Health will implement programs and activities resulting from the insights we have gleaned from this assessment. Our short- and long-term goal is to improve the health and well-being of all Umatilla County residents.

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