

Umatilla County Plan4Health Community Needs & Readiness Assessment



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Final Report

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About the Community Service Center

The Community Service Center (CSC) is a research center affiliated with the Department of Planning, Public Policy, and Management at the University of Oregon. It is an interdisciplinary organization that assists Oregon communities by providing planning and technical assistance to help solve local issues and improve the quality of life for Oregon residents. The role of the CSC is to link the skills, expertise, and innovation of higher education with the transportation, economic development, and environmental needs of communities and regions in the State of Oregon, thereby providing service to Oregon and learning opportunities to the students involved.

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Plan4Health connects communities across the country, funding work at the intersection of planning and public health. Anchored by APA Chapters and APHA Affiliates, Plan4Health supports creative partnerships to build sustainable, cross-sector coalitions. Coalitions work with communities to increase access to healthy food or increase opportunities for active living where residents live, work, and play.

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CHAPTER I: INTRODUCTION

This community needs and readiness assessment aims to help Umatilla County and its “Plan4Health” partners develop a stronger understanding of health outcomes in the county, particularly those related to diet/nutrition and physical activity. By gathering information on existing conditions, as well as investigating the community’s perceptions of health issues, the County can augment its strategy for combatting chronic disease and improving health outcomes for residents. This report presents and evaluates key health issues for Umatilla County and suggests opportunities for long-term investments in health that the County and its partners can pursue.

Background

Although the planning and public health professions originally emerged in the wake of the industrial revolution as closely related disciplines aimed at creating and maintaining healthy communities, the two fields have since diverged. This disconnect has resulted in a lack of coordination between planning practices that seek to create efficient, high quality places, and public health practices that aim to reduce chronic disease in urban and rural environments. In the past several decades, changing health landscapes and community-based research have generated renewed interest in the relationship between the built environment and public health. This in turn has re-established the need for and importance of collaboration between planning and public health professionals.¹

Beginning in the early 2000s, the Centers for Disease Control and Prevention (CDC) began to focus on the interdependent nature of community design (such as walkability, green space, and access to food and recreation) and the physical and mental wellbeing of residents.² Decisions about how we build and manage our cities and towns should have the power to shape our health, not just our built environment. A publication from the nonprofit Sprawl Watch notes that “We must be alert to the health benefits, including less stress, lower blood pressure, and overall improved physical and mental health, that can result when people live and work in accessible, safe, well-designed, thoughtful structures and landscapes.”³

With this framework in mind, the Umatilla County Plan4Health Coalition formed to apply a multidisciplinary approach to improving public health in Umatilla County.

¹ Israel, B., Schulz, A., Parker, E., and Becker, A. “Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health”. Annual Review of Public Health. 1998. <http://www.annualreviews.org/doi/full/10.1146/annurev.publhealth.19.1.173>

² Centers for Disease Control and Prevention. “Healthy Places – CDC Promotes Healthy Community Design.” <https://www.cdc.gov/healthyplaces/about.htm>

³ Jackson, R., Kochtitzky, C. “Creating a Healthy Environment: The Impact of the Built Environment on Public Health”. Sprawl Watch. <http://www.sprawlwatch.org/health.pdf>

Plan4Health Model

“Plan4Health” is a national partnership between the American Planning Association and the American Public Health Association that supports a network of local-level coalitions interested in taking action to improve health outcomes in communities by focusing on the built environment.⁴ The Plan4Health model is anchored in the desire to increase the collaboration between public health, planning, and other sectors that have not traditionally focused on public health. The model aims to increase access to nutritious food, active transportation, and overall healthy living. Funding from the Centers for Disease Control and Prevention (CDC) has allowed Plan4Health to support the formation of coalitions in cities and counties across the nation. Coalitions are composed of public health and planning practitioners, as well as other relevant partners, that collaboratively implement projects designed to improve community health and livability. Examples of Plan4Health projects include creating healthier food selections at convenience stores and designing “complete streets” policies that promote active transportation. By examining the intersection of public health and planning, Plan4Health coalitions can create programs and design cities that better address the health needs of residents.

Umatilla County Plan4Health Needs and Readiness Assessment

Umatilla County applied for and received a capacity building grant to participate in the Plan4Health program in late 2015. The Umatilla County Plan4Health Coalition chose to focus their efforts on information-gathering to support informed decision-making on what types of project to pursue in the future. To this end, the Umatilla Plan4Health Coalition engaged the University of Oregon’s Community Service Center (CSC) to perform a community needs and readiness assessment (CNRA). The information gathered during the CNRA will help the Plan4Health Coalition direct resources towards projects that are achievable based on characteristics of the community. This report (1) assesses health needs and gaps in service within the county and (2) identifies “opportunity areas” where the Plan4Health Coalition can take action.

The Umatilla County Plan4Health Coalition is comprised of members of various backgrounds and affiliations, including county public health workers, city planners, public works officials, and representatives from the private sector. All members are committed to advancing the goals of the Umatilla County Plan4Health Coalition in their respective roles.

By utilizing the Plan4Health approach and bringing diverse voices into the public health dialogue, the Umatilla Plan4Health Coalition hopes to address the issues facing the community, as identified in this report.

By gaining a more complete picture of public health, nutrition, and physical activity issues and opportunities in Umatilla County, the CNRA will help partners better integrate their efforts and take a more holistic approach to chronic disease-reduction. Additionally, as a rural area with limited health care capacity and

⁴ Plan4Health – About Us. <http://plan4health.us/plan4health/>

distance barriers, Umatilla County’s work on public health offers important learning opportunities for other rural areas facing similar issues.

Planning Process

In June 2016, the Umatilla County Plan4Health Coalition engaged the University of Oregon’s Community Service Center (CSC) to assist with completing a community needs and readiness assessment. The CSC team worked closely with the Umatilla County Planning Director, Public Health Director, Healthy Communities Coordinator, and GIS Analyst to collect data and gather input that will inform the future actions of the Umatilla County Plan4Health Coalition. Over the course of six months, the CSC team assessed the public health and planning landscape in Umatilla County using the following methods.

Data Collection and Analysis

The CSC conducted a thorough review of existing health related surveys, research, and public health and planning efforts in Umatilla County. When data was missing or incomplete, such as with recreation facilities and food access, the CSC conducted their own data collection to provide documentation of these resources. The CSC team then combined this data with demographic and socioeconomic data from the U.S. Census Bureau to develop health profiles for the county and incorporated cities. The team then created maps to show how health and wellness characteristics are distributed within Umatilla County.

These profiles provide the County and cities with baseline health and demographic data, which, when compared with state and national averages, highlight how the county stacks up against the rest of the country. The profiles we provide can be used (1) to inform individual communities of their health and wellness conditions, barriers, and opportunities, (2) as resources for the development of public outreach content, (3) as resources for grant and funding proposals, and (4) to provide direction and support for the Umatilla County Plan4Health Coalition’s efforts.

Community Input

In addition to data collection, the CSC team gathered input from residents of Umatilla County to better understand some of the issues and opportunities for action.

Community workshops in several cities created a direct dialogue with residents that helped the CSC team better understand the health and planning needs in the county. Workshops included structured activities and open discussion about participants’ health obstacles and desired programs or improvements for each community through Plan4Health.

To reach an even broader cross-section of the county, the CSC team also administered a **public survey** designed to gauge residents’ current health-related behaviors and attitudes, as well as their access to health assets and other health needs. The survey was provided in both English and Spanish, and was administered in a mixed-method approach, which included:

- 1,500 mailed copies to randomly selected registered voters
- An online survey advertised to the public
- Targeted outreach to groups most affected by chronic disease, including in-person administration of the survey at outreach events.

Finally, the CSC team conducted **stakeholder interviews** with the Umatilla County Plan4Health Coalition members to gather knowledge about key issues and assess capacity for future involvement in the Coalition.

Half-Day Planning Workshop

After the public input and research phase, the CSC team conducted a half-day workshop with the Umatilla County Plan4Health Coalition members to present preliminary findings, including key issue areas where the Coalition might focus their future efforts. Coalition members, together with CSC staff, then synthesized feedback for this final report and identified potential projects related to each identified issue area.

Organization of the Report

In the remainder of this report, we discuss the results of the community needs and readiness assessment and next steps for the Plan4Health Coalition. The report is structured as follows:

Chapter 2: Community Profile describes the current public health landscape in Umatilla County to provide context for the key issues and opportunity areas identified later in the report. Chapter 2 includes community health profiles for the County, each of the incorporated cities, and the Umatilla Indian Reservation.

Chapter 3: Key Issues in Public Health and Planning for Umatilla County identifies and discusses six key issues identified through the data collection and public input process that impact public health in Umatilla County. These issues help illuminate areas of concern and provide some insight into the County’s “readiness” to address the issues.

Chapter 4: Opportunity Areas – Strategic Recommendations lays out the “opportunity areas” identified by the Umatilla County Plan4Health Coalition – areas that both address the key issues and have buy-in and commitment from Plan4Health partners. It then provides strategic recommendations on projects for the Plan4Health Coalition and suggestions about the future structure and operation of the Coalition.

Appendix A: Maps includes maps showing the geographic distribution of health issues and resources throughout the county.

Appendix B: Stakeholder Interviews & Community Workshop Findings provides a summary of the key issues that arose during stakeholder interviews and community workshops.

Appendix C: Community Survey Findings presents the survey results.

Appendix D: Resources contains some resources that might assist implementation of the Chapter 4 recommendations.

CHAPTER 2: UMATILLA COUNTY HEALTH & WELLNESS DATA

The purpose of this chapter is to provide resources, data, and maps of demographics, socioeconomic characteristics, chronic diseases, food, and recreation assets in Umatilla County, the Umatilla Indian Reservation, and for the cities of Adams, Athena, Echo, Helix, Hermiston, Milton-Freewater, Pendleton, Pilot Rock, Stanfield, Ukiah, Umatilla, and Weston. These profiles are broken down into four major sections that address vulnerable populations, chronic diseases and indicators, access to recreation, and access to food and nutrition.

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UMATILLA COUNTY

In 2016, Umatilla County was ranked 25th out of 36 counties in Oregon in health outcomes and 31st in health factors.⁵ Other aggregate health and wellness metrics have similarly indicated that Umatilla County faces both a comparative and an absolute issue concerning health and wellness. Addressing these low rankings requires understanding the underlying demographic, socioeconomic, programmatic, and food and recreation infrastructure of Umatilla and its communities. Umatilla County has taken a proactive approach toward understanding public health and wellness and a number of plans, such as the Community Health Improvement Plan, are already in place. This report seeks to supplement and expand on these existing reports with the goal of highlighting the connection between the physical environment and health and wellness.

Table 2-1: Health and Wellness Rankings

Metric	Description
County Health Rankings	Umatilla County is ranked 25 th in health outcomes and 31 st in health factors.
AARP Livability Index	Livability score of 53 (based on 7 livability categories where a score of 50 is the average).
CDC Community Health Status Indicators (CHSI)	Compares Umatilla County to comparable counties on primary health indicators.

Population Projection

As of 2016, Umatilla County has an estimated population of just under 80,000 people. The County is projected to grow at an average annual growth rate (AAGR) of 0.8% from 2016 to 2035 to approximately 88,000 and at an AAGR of 0.7% from 2035 to 2066 to approximately 118,000. This growth is expected to be heavily concentrated within the urban growth boundaries (UGBs) with AAGR outside of the UGBs less than 0.1% for 2016-2066. Hermiston, Milton-Freewater, Pendleton, and Umatilla are expected to grow at significantly faster rates than the smaller UGBs or the area outside of the UGBs. These four largest UGBs will grow by more than 12,800 from 2016 to 2035 and more than 23,100 from 2035 to 2066. The largest component of growth within the county is expected to occur due to the natural increase of having a higher birth rate than death rate, but in-migration is also expected to play a role in population growth.

TAKEAWAY: A growing urban population in Umatilla County will require expansion of infrastructure and services. This creates an opportunity to emphasize livability and healthy behaviors in the development and improvement of roads, housing, parks, food markets, and public health programming.

⁵ County Health Rankings and Roadmaps. 2016. County Health Rankings.
<http://www.countyhealthrankings.org/app/oregon/2016/rankings/umatilla/county/factors/overall/snapsheet>

Table 2-2: Umatilla County Population Forecast

Metric	2016*	2025	2045	2066
Total Population	79,880	87,818	101,798	118,308
Population in UGBs	56,060	68,573	82,386	98,788
Population Outside of UGBs	23,820	19,245	19,412	19,520

Source: Portland State University, Population Research Center, [Certified Population Estimates 2016](#); and Portland State University, Population Research Center, [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Vulnerable Populations

Health and wellness varies across a population due to a complex combination of personal, social, economic, and environmental determinates of health. It is important to remember that health determinates may show a correlation with health outcomes and not a causal relationship. There is a strong correlation between racial and ethnic minorities and decreased health and wellness outcomes, but race and ethnicity do not in and of themselves cause the decreased health and wellness.

Pinpointing the exact causal determinants of health and wellness is extremely challenging and it is clear that a complex host of interacting variables influences an individual's health and wellness such as insurance coverage (or lack thereof), the absence of a usual source of health care, unhealthy diets, high levels of stress, housing conditions, and inadequate education (in terms of educational attainment and quality of education received).⁶

What is clear is that there are groups of people linked by demographics and/or socioeconomic factors that have limited or constrained access to the full suite of health and wellness opportunities within Umatilla County. These groups are often referred to as vulnerable populations, simply meaning that they are a disadvantaged sub-segment of the population.⁷

Vulnerable populations include, but are not limited to, the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income⁸, the elderly, children, and the homeless.

TAKEAWAY: Umatilla County is nearly one quarter Hispanic or Latino and has a concentrated Native American population on the Umatilla Indian Reservation. High school graduation rates among adults lag behind the county and the country average by roughly 7%. Median income is lower than the state average and similarly, poverty rates are notably higher for the county than the region.

⁶ United States Office of Disease Prevention and Health Promotion – HealthyPeople 2020 Initiative. “Determinates of Health.” <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

⁷ Shivayogi, Preethi. “Vulnerable Population and Methods and for their Safeguard” 2013. *Perspectives in Clinical Research*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3601707/#ref1>

⁸ Low-income is defined as individuals or families earning less than twice the federal poverty line.

Racial and Ethnic Minorities

Minority populations may have decreased access to the full range of health and wellness opportunities in the County due to language, cultural, economic, or other barriers. Inclusivity of services, outreach, recreation opportunities, and food and nutrition should be designed to address and include these populations. **Umatilla County is 25% Hispanic or Latino, a percentage that is substantially higher than the rest of the state and country and the Umatilla Indian Reservation has a considerable population of American Indians.**

Table 2-3: Race and Ethnicity in Umatilla County

Metric	Umatilla County	Oregon Non-Metro	Oregon	USA
Race				
White alone	85.9%	92.3%	85.1%	73.8%
Non-White	14.1%	7.7%	14.9%	26.2%
- Black or African American alone	0.6%	0.3%	1.8%	12.6%
- American Indian alone*	2.1%	2.0%	1.2%	0.8%
- Asian alone	0.7%	0.8%	3.9%	5.0%
- Native Hawaiian or Other Pacific Is. alone	0.1%	0.1%	0.4%	0.2%
- Some other race alone	5.5%	1.7%	3.7%	4.7%
- Two or more races	5.0%	2.8%	3.9%	2.9%
Ethnicity				
Hispanic or Latino	24.9%	6.8%	12.1%	16.9%
Not Hispanic or Latino	75.1%	93.2%	87.9%	83.1%
Language				
Non-English Speaking Population**	9.0%	—	6.0%	9.0%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

*Also includes Alaskan Natives

**Responded that they speak English "less than very well."

[See Appendix A. Maps](#)

- Map A-1: Non-White Population, page A-2
- Map A-2: Hispanic/Latino Population, page A-3
- Map A-3: American Indian Population, page A-4
- Map A-4: Population that is Non-English Speaking, page A-5

Vulnerable Age Groups

Young children and older adults both are vulnerable segments of the population as they are more susceptible to developing health problems and to being affected by environmental stresses.⁹ As shown in Table 2-4, the percentage of youth is higher in Umatilla County than for Oregon, and the percentage of older adults is lower in Umatilla County than in Oregon.

⁹ World Health Organization. "Vulnerable Groups."

http://www.who.int/environmental_health_emergencies/vulnerable_groups/en/

Table 2-4: Age Groups in Umatilla County

Metric	Umatilla County	Oregon Non-Metro	Oregon	USA
Under 5	7%	4%	6%	6%
Under 18	26%	19%	22%	23%
65 or Older	13%	21%	15%	14%
80 or Older	3%	4%	4%	4%
Age Dependent Population*	65.3	67.4	58.7	59.3
Vulnerable Subgroup				
65 or Older and Living Alone	10%	—	11%	10%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number of closer to 100 implies an equal number of working age population as non-working age population.

[See Appendix A. Maps](#)

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- Map A-6: Population Age 65 or Older, page A-7
- Map A-7: Age Dependent Population, page A-8
- Map A-8: Population Age 65 or Older and Living Alone, A-9

Education

Ample evidence exists to suggest that education “has a profound impact on population health”—in the past four decades, Americans with less education have increasingly poor health outcomes than their counterparts with more education.¹⁰ Simply put, those with less education are much more likely to suffer from poor health than those with higher levels of education. **In Umatilla County there is a larger percentage of the over-25 population that lacks any high school education than in the state or country. This educational gap is particularly pronounced in the Hispanic/Latino population where 52% of the over 25 population did not graduate from high school.**¹¹

Table 2-5: Education in Umatilla County

Population over 25	Umatilla County	Oregon Non-Metro	Oregon	USA
Less than 9 th Grade	8%	—	4%	6%
Less than High School	17%	—	11%	14%
High School Graduate	83%	90%	89%	86%
Associates Degree	10%	9%	8%	8%
Bachelor's or Higher	16%	23%	30%	29%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

¹⁰ Zimmerman, Emily, Steven Woolf, and Amber Haley. “Understanding the Relationship Between Education and Health: A Review of the Evidence and an Examination of Community Perspectives.” US Department of Health and Human Services – Agency for Healthcare Research and Quality. 2014. <https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>

¹¹U.S. Census Bureau, 2010-2014 American Community Survey, ID C15002I

[See Appendix A. Maps](#)

- Map A-9: Population with Less Than 9th Grade Complete, page A-10
- Map A-10: Population with Less Than High School Degree, page A-11

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. **The per capita income in Umatilla County is approximately \$6,000 below the state average and the median household income in Umatilla County similarly lags behind the state and national average. Additionally, close to a third of households in the County receive public assistance income which is 10% higher than the state and country.**

Table 2-6: Income in Umatilla County

Metric	Umatilla County	Oregon Non-Metro	Oregon	USA
Per Capita Income	\$20,887	\$27,464	\$27,173	\$28,555
Median Household Income	\$47,185	\$52,806	\$50,521	\$53,482
Less than \$10,000	7%	—	7%	7%
\$10,000 to \$19,999	14%	—	11%	11%
\$20,000 to \$29,999	11%	—	11%	10%
\$30,000 to \$39,999	11%	—	10%	10%
\$40,000 to \$49,999	10%	—	9%	9%
\$50,000 to \$59,999	10%	—	8%	8%
\$60,000 to \$74,999	11%	—	10%	10%
\$75,000 to \$99,999	13%	—	12%	12%
\$100,000 or more	15%	—	19%	23%
Households that Receive Public Assistance Income*	31%	21%	27%	21%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

* Supplemental Security Income (SSI), cash public assistance income, and/or Food Stamp/SNAP

[See Appendix A. Maps](#)

- Map A-11: Median Household Income, page A-12

Poverty

A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Without adequate income, individuals living in poverty may not be able to cover necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food. **Poverty in Umatilla County is more prevalent than in the non-metro region of Oregon and this is most apparent in single female parent households.**

Table 2-7: Poverty in Umatilla County

Metric	Umatilla County	Oregon Non-Metro	Oregon	USA
Persons in Poverty	17%	13%	17%	16%
Children (Under 18)	25%	—	22%	22%
Population 18-64	15%	—	17%	15%
Adults (65 or Older)	8%	—	8%	9%
Families Below Poverty	13%	8%	12%	12%
Families with Children in Poverty	11%	5%	9%	9%
Single Mother Families in Poverty	8%	2%	5%	5%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

[See Appendix A. Maps](#)

- Map A-12: Individuals Living Below the Federal Poverty Level, page A-13
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- Map A-15: Families Living Below the Federal Poverty Level, page A-16

Unemployment

The unemployment rate is a key indicator of the local economy. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. **Unemployment in Umatilla County is higher than in the state or country, but it is comparable with the non-metro region of Oregon.**

Table 2-8: Unemployment in Umatilla County

Metric	Umatilla County	Oregon Non-Metro	Oregon	USA
People that did not work (Labor Participation)	28%	29%	25%	25%
Unemployment	10%	-	11%	9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

[See Appendix A. Maps](#)

- Map A-16: Population that is Unemployed, page A-17

Homelessness

Homelessness can severely effect access to health and wellness opportunities. In 2015, Umatilla County had the highest percentage of Native Hawaiian or Other Pacific Islander homeless (12%) of any county in Oregon.¹² **Through the national Point-In-Time program, the number of homeless individuals in the County was found to be 52 people with 24 sheltered and 28 unsheltered in 2015. However,**

¹² Homelessness in Oregon: 2015 Point in Time Count. Sept 20, 2015. Oregon Housing and Community Services. <https://www.oregon.gov/ohcs/pdfs/2015-Point-In-Time-Count-Summary.pdf>

this may be significant under reporting of the true prevalence of homelessness in Umatilla County due to the challenges of performing a single day count in such a large and rural county. The 2012 *A Home for Hope: A 10-Year Plan to End Homelessness in Umatilla County* report estimated there were 235 individuals without permanent residence.¹³

Cost Burdened Households

The availability of safe and affordable housing can serve as an indicator of the overall social, economic, health, and demographic picture of the community. Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. Individuals with a limited income may not be able to afford the cost of rent and have enough money for other expenses such as food, transportation, and medical. **In Umatilla County cost burdened renters and house owners are less prevalent than in the region, state, or nation.**

Table 2-9: Cost Burden in Umatilla County

Metric	Umatilla County	Oregon	USA
Cost Burdened Renters*	38%	51%	48%
Cost Burdened Owners with Mortgage**	29%	38%	34%
Cost Burdened Owners without Mortgage**	12%	15%	15%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

*Gross rent >30% of household income

** Monthly owner cost >30% of household income

[See Appendix A. Maps](#)

- Map A-17: Cost Burdened Renters, page A-18

Vulnerability Indicators

There are numerous other statistics that can be used to indicate vulnerable populations within Umatilla County. The following metrics are provided at the County level for comparison with Oregon and the nation to provide a baseline of comparison. Maps are available in Appendix A that show these vulnerability indicators vary within the County at the census block level.

Residents of mobile homes often face financial insecurity, social insecurity, and may face environmental health issues related to the structural vulnerability of their homes.¹⁴ Households without a vehicle have limited mobility to access goods and services in the County and are more susceptible in the event of a natural disaster or health emergency. Single parent households have constrained resources and time that can cause stress to them and their child with negative health implications. **Umatilla County has a higher single parent household ratio than the state or**

¹³ A Home for Hope; 10-Year Plan to End Homelessness in Umatilla County. 2012. Home for Hope Coalition. http://www.capeco-works.org/files/10_year_plan_for_Umatilla_County_PDF.pdf

¹⁴ MacTavish, Katherine, Michelle Eley, and Sonya Salamon. "Housing Vulnerability Among Rural Trailer-Park Households." 2006. *Georgetown Journal on Poverty Law and Policy* 13(1), 95-117.

nation, and the County has almost double the rate of mobile home usage than the state or nation.

Table 2-10: Vulnerability Indicators in Umatilla County

Metric	Umatilla County	Oregon	USA
Vision Difficulty ¹	3%	2%	2%
Hearing difficulty ²	5%	5%	3%
Self-Care Difficulty ³	4%	4%	3%
Difficulty Living Independently ⁴	6%	7%	6%
Cognitive Difficulty ⁵	7%	7%	6%
Ambulatory Difficulty ⁶	9%	9%	9%
Mobile Homes	14%	8%	6%
Households with No Vehicle	7%	8%	9%
Single Parent Households	15%	10%	11%
Single Parent Male Households	4%	3%	3%
Single Parent Female Households	10%	7%	9%
Population Uninsured	17%	14%	14%

Source: U.S. Census Bureau, 2010-2014 American Community Survey

1: Responded “yes” when asked if they were blind or had serious difficulty seeing even when wearing glasses.

2: Responded “yes” when asked if they were deaf or had serious difficulty hearing.

3: Responded “yes” when asked if they had difficulty dressing or bathing.

4: Responded “yes” when asked if they had difficulty doing errands alone such as visiting a doctor’s office, or shopping.

5: Responded “yes” when asked if due to physical, mental, or emotional condition, they had serious difficulty concentrating, remembering, or making decisions.

6: Responded “yes” when asked if they had serious difficulty walking or climbing stairs.

[See Appendix A. Maps](#)

- Map A-18: Population with Vision Difficulty, page A-19
- Map A-19: Population with Hearing Difficulty, page A-20
- Map A-20: Population with Self-Care Difficulty, page A-21
- Map A-21: Population with Independent Living Difficulty, page A-22
- Map A-22: Population with Ambulatory Difficulty, page A-23
- Map A-23: Population with Cognitive Difficulty, page A-24
- Map A-24: Occupied Units that are Mobile Homes, page A-25
- Map A-25: Occupied Units with No Vehicle, page A-26
- Map A-26: Single Parent Households, page A-27
- Map A-27: Population without Health Insurance, page A-28

Data Viewers

There is a wealth of demographic and socioeconomic data available through the Census and American Community Survey (ACS) above and beyond the selected data points highlighted in this report. Numerous web based data viewer and mapping programs allow for efficient access to the most current data for Umatilla County and for geographies within the County. The table below presents some of these tools, both government run and private, that may be utilized to provide

supporting statistics and maps for developing a factual base for public outreach, program and policy design, grant proposals, and other health and wellness related efforts.

Table 2-11: Data Viewers

Platform	Description
American Fact Finder	Census and ACS data tables.
Social Explorer	Census and ACS data portal and online mapping.
Census Viewer	Online mapping of Census and ACS data.
Economic Profile System, Headwaters Economics	Socioeconomic reports for communities and counties including aggregations and comparisons for user selected variables.
Populations at Risk, Headwaters Economics	Reports with socioeconomic information about populations more likely to experience adverse social, health, or economic outcomes due to their race, age, gender, poverty status, or other factors.
City-Data	Web based socioeconomic, demographic, and economic profile for Umatilla County.

Chronic Diseases and Indicators

According to the World Health Organization, chronic diseases (or non-communicable diseases) are “not passed from person to person...of long duration, and generally slow progression.”¹⁵ Examples of chronic diseases include obesity, diabetes, cancer, and heart disease. Chronic diseases are often the result of risky behaviors such as lack of exercise or physical activity, tobacco use, and excessive alcohol consumption.¹⁶ Importantly, these behaviors are all *preventable*.

TAKEAWAY: *Chronic disease rates are well documented within Umatilla County and specific disease and indicator rates are available through Table 2-14: Resource Table. The rate of overweight/obese adults within the County is approximately 72% and is indicative of an overall health and wellness problem in the County. Residents’ health perception show that they perceive their health as “excellent or very good” at a much lower rate than the County or country. Likewise, residents report their health as “fair or poor” at a rate 10% higher than the County or country.*

¹⁵ World Health Organization. “Noncommunicable Diseases.”
http://www.who.int/topics/noncommunicable_diseases/en/

¹⁶ Centers for Disease Control and Prevention (CDC). “Chronic Disease Overview.”
<http://www.cdc.gov/chronicdisease/overview/>

Health Perceptions

Resident's perceptions of their own health are important indicators of how aware people are of the prevalence of chronic disease. **Umatilla County residents self-reported themselves as in excellent or very good healthy nearly 20% less than the state or country. Likewise, Umatilla County residents self-reported their health as fair or poor almost 10% more often than the state or country.**

Table 2-12: Health Perception in Umatilla County

Metric	Umatilla County	Oregon	USA
Rated health as excellent or very good	36%	54%	53%
Rated health as fair or poor	27%	17%	16%

Source: [2015-16 Umatilla-Morrow Counties Community Health Assessment Report](#)

Adult Obesity/Overweight

Being overweight or obese is a significant risk factor for developing cardiovascular disease and is an indicator of overall health and wellness issues. **The adult obesity and overweight rate in Umatilla County is 72%, 10% higher than the state and 7% higher than the national rate.**

Table 2-13: Obese/Overweight Adults in Umatilla County

Metric	Umatilla County	Oregon	USA
Adult Obesity	37%	28%	30%
Adult Overweight	34%	34%	35%

Source: [2015-16 Umatilla-Morrow Counties Community Health Assessment Report](#)

The distribution of obesity within Umatilla County have been mapped (See Appendix: County Maps) using the Oregon Environmental Public Health Tracking's methodology that utilizes height and weight data from Oregon driver's licenses and ID cards to estimate adult BMI.¹⁷

It is important to note that height and weight are self-reported for driver's licenses and ID cards and a systematic underreporting of weight and over-reporting of height has been documented in the Oregon Environmental Public Health Tracking report. The authors of the report conclude that DMV data should not be used to calculate the prevalence of obesity due to this self-reporting bias, but that "DMV data [is] more suitable for describing spatial patterns across small areas."

[See Appendix A. Maps](#)

- Map A-28: Body Mass Index in Umatilla County, page A-29

¹⁷https://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/EnvironmentalPublicHealthTracking/Documents/Reports/EPHT_DMV_obesity_tracking.pdf

Resources

The following table provides further health and wellness resources and descriptions for the Plan4Health Coalition to utilize when information above and beyond what has been highlighted in the previous sections is desired.

Table 2-14: Resource Table

Resource	Description
<u>2015-16 Umatilla-Morrow Counties Community Health Assessment Report</u>	Health related survey report for Umatilla and Morrow Counties concerning the health of adults, American Indians/Alaskan Natives, and Hispanics.
<u>2012 Hispanic Community Health Assessment Report</u>	Health and health care related survey for Hispanic adults in Umatilla County.
<u>Chronic diseases among Oregon adults, by county, 2010-2013</u>	Percent and number of adults for angina, arthritis, asthma, cancer, cardiovascular disease, chronic obstructive pulmonary disease, depression, diabetes, heart attack, stroke, and one or more chronic disease rates for Oregon counties.
<u>Health risk and protective factors among Oregon adults, by county, 2010-2013</u>	Percent and number of adults for obesity, cigarette smoking, alcohol consumption, physical activity, sugar-sweetened beverage consumption, high blood cholesterol, high blood pressure, reducing salt intake, fruit and vegetable consumption, and physical activity.
<u>Health screenings among Oregon adults, by county, 2010-2013</u>	Percent and number of adults for blood sugar test, cholesterol checks, Pap tests, mammograms, and colorectal cancer screenings.
<u>Tobacco use and related topics among Oregon adults, by county, 2010-2013</u>	Percent and number of adults for cigarette smoking, smokeless tobacco use, quit attempts, and smoking rules in the home and family car.
<u>Nutrition, physical activity, and weight status, youth by County, 2015</u>	Percent and number of youth at the 8 th and 11 th grades for consumption of daily breakfast, fruits and vegetables, milk, sodas, or other sugary drinks; physical activity and physical education; screen time, and weight status
<u>Tobacco use and related topics, youth by county, 2015</u>	Percent and number of youth at the 8 th and 11 th grades for overall tobacco use, cigarette smoking, smokeless tobacco use, hookah smoking, quit attempts, sources of tobacco products, and asthma.

Demographics and Vulnerable Populations

While health related data is comprehensive and detailed for Umatilla County, there is less information available for individual cities and the Umatilla Indian Reservation. A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.¹⁸ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

Demographic metrics for small populations can suffer from low reliability due to statistical sampling problems. For this reason, the Coefficient of Variation (CV) is often used to indicate the reliability of an ACS metric.

The CV measures the relative amount of variability associated with a sample estimate. A low CV values indicate more reliable estimates. While there are no steadfast rules as to what constitutes a reliable estimate, the ACS User guide suggests the follow classification scheme; good ($CV \leq 15\%$), fair ($15\% < CV \leq 30\%$), or use with caution ($CV > 30\%$).¹⁹ In the following tables metrics are color coded such that green=good, yellow=fair, red=caution.

¹⁸ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

¹⁹ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-15: Demographic and Vulnerable Population Comparison

Reliability	Metric (% of)	County Estimate	Comparison	Oregon Estimate
-	Age Dependent Population*	65.3	>	58.7
-	Population Under 18	26%	>	22%
●	Population 65 or Older	13%	<	15%
●	Population Non-White (all other races)	14%	<	15%
●	Population Hispanic	25%	>	12%
●	Population without a High School Diploma	17%	>	11%
●	Population that speaks English "Not Well"	6%	>	3%
●	Population in "Poverty"	17%	=	17%
●	Population in "Deep Poverty"	8%	>	7%
●	Families Below Poverty	13%	>	12%
●	Families with Children in Poverty	11%	>	9%
●	Single Mother Households and Below Poverty	8%	>	5%
●	Households Receiving Food Stamps (SNAP)	23%	>	19%
●	People that did not work (Labor Participation)	28%	>	25%
-	Unemployment	10%	<	11%
●	Rentals where Gross Rent Exceeds 30% Household Income	38%	<	51%
●	Housing that are Mobile Homes	14%	>	8%
-	Single Parent Households with Own Child 18 or Younger	15%	>	10%
-	Single Female Households with Own Child 18 or Younger	10%	<	8%
●	Households with No Car	7%	<	8%
●	Population 65 or Older and Living Alone	10%	<	11%
●	Population with Disabilities	14%	=	14%
●	Population without Health Insurance	17%	>	14%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

*The age dependent population is the ratio of individuals 17 or younger and 65 or older compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Recreation opportunities were only analyzed within Umatilla County, but residents living near the County border have recreation access in the surrounding counties. The National Forest lands extends to the South, East, and South-West of the County providing additional hunting, camping, and recreating opportunities. Additionally, the Columbia River to the North provides boating, fishing, walking trails, and other recreation trail to the North of the County. For residents of Umatilla and Hermiston, the Tri-Cities, WA and their recreation opportunities are a 45-minute drive to the North. From Milton-Freewater, Walla Walla, WA it is only a 15-minute drive to the North.

Providing access to recreation from small local parks to large open spaces is important to the general health and wellness of people. Indeed, there is a growing body of research that demonstrates how access to park and recreation facilities

often correlates with increased physical activity.²⁰ Parks and open space facilitate physical activity opportunities that increase fitness and decrease obesity.

TAKEAWAY: *Umatilla County has a considerable amount of public lands under County, State, and Federal management. These resources provide picnicking, camping, wildlife observation, fishing, hunting, boating, hiking, mountain biking, swimming, and running opportunities.*

[See Appendix A. Maps](#)

- Map A-29: Recreation Assets in Umatilla County, page A-30

Table 2-16: County, State, and Federal Recreation Assets

Map #	Name	Assets
1	Hat Rock State Park	Hiking trails, picnic, wildlife observation, horseback riding, bike path, boat ramp, fishing.
2	Cold Springs National Wildlife Refuge	Wildlife observation, hiking, fishing, boating, horseback riding, bicycling, hunting.
3	Bureau of Land Reclamation (BLM)	Public recreation access.
4	McNary National Wildlife Refuge	Wildlife observation, hiking, fishing, boating, horseback riding, bicycling, hunting.
	Warehouse Beach Recreation Area	Camping, picnic, bbq, swimming.
	Sand Station Recreation Area	Camping, picnic, bbq, swimming.
	McNary Beach Recreation Area	Picnic, swimming, playground, hiking.
5	McKay Creek National Wildlife Refuge	Wildlife observation, hiking, fishing, boating, horseback riding, bicycling, hunting.
6	Emigrant Springs State Heritage Area	Camping, hiking, picnic, horseback riding.
7	Blue Mountain Forest State Scenic Corridor	Wildlife viewing.
8	Harris Park Recreation Site	Camping, picnic, bbq, volleyball, fishing, wildlife observation, off-site hiking access.
9	Umatilla National Forest	Campgrounds, winter recreation, trails, and other recreation asset information.
10	North Fork Umatilla Wilderness	Hiking, hunting, horseback riding, fishing.
11	Wallowa-Whitman National Forest	Campgrounds, winter recreation, trails, and other recreation asset information.

²⁰ Godbey, Geoffrey and Andrew Mowen. "The Benefits of Physical Activity Provided by Park and Recreation Services: The Scientific Evidence." 2010. National Recreation and Park Association Research Series.
http://www.nrpa.org/uploadedFiles/nrpa.org/Publications_and_Research/Research/Papers/Godbey-Mowen-Research-Paper.pdf

Table 2-16: County, State, and Federal Recreation Assets (continued)

Map #	Name	Assets
12	North Fork John Day Wilderness	Hiking, hunting, horseback riding, fishing.
13	Ukiah-Dale Forest State Scenic Corridor	Camping, fishing, wildlife viewing.
	Bridge Creek Wildlife Area	Wildlife observation, hunting, trails.
14	Public Domain Lands	Public recreation access.

Source: UO Community Service Center Research 2016

Access to Food and Nutrition

Data on fruit and vegetable purchasing and barriers is available from the Umatilla-Morrow Community Health Assessment Report. As the report name suggests, this data applies to combined populations of Umatilla and Morrow counties.

TAKEAWAY: *Umatilla County residents primarily purchase fruits and vegetables through large grocery stores and local grocery stores. Over one third report gardening or growing their own fruits and vegetables. The largest reported barrier to consuming fruits and vegetables is cost.*

Table 2-17: Fruit and Vegetable Purchasing

Location Type	% Who Utilize
Large Grocery Store	79%
Local Grocery Store	43%
Garden/Grew Their Own	35%
Farmer's Market	20%
Produce Stand	16%
Restaurant	4%
Dollar General/Store	2%
Consumer Supported Agriculture (CSA)	1%
Corner/Convenience Store	1%
Food Pantry	1%
Home Delivery Service	1%
Community Garden	1%
Other Places	3%

Source: [2015-16 Umatilla-Morrow Counties Community Health Assessment Report](#)

Table 2-18: Barriers to Consuming Fruits and Vegetables

Barriers	% Respondents
Too Expensive	15%
No Variety	5%
Did Not Like the Taste	4%
Did Not Know How to Prepare	3%
No Access	2%
Transportations	1%
Did Not Take EBT	<1%
Other Barriers	4%

Source: [2015-16 Umatilla-Morrow Counties Community Health Assessment Report](#)

Table 2-19: Resource Table

Resource	Description
Students Eligible for Free and Reduced Lunch	Downloadable data by school district and individual school on students eligible for free and reduced lunch.
Food Access Research Atlas	Downloadable national dataset and web based map viewer at the census tract geography for food access metrics.
Food Environment Atlas	Downloadable national dataset and web based map viewer for county level and large geographies for food environment factors.

UMATILLA INDIAN RESERVATION

Population Projection

The [Umatilla County Coordinated Population Forecast](#) only forecasts for UGB areas and for the countywide area outside of UGBS, no specific forecast was conducted for the Umatilla Indian Reservation.

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.²¹ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

Demographic metrics for small populations can suffer from low reliability due to statistical sampling problems. For this reason, the Coefficient of Variation (CV) is often used to indicate the reliability of an ACS metric.

The CV measures the relative amount of variability associated with a sample estimate. A low CV values indicate more reliable estimates. While there are no steadfast rules as to what constitutes a reliable estimate, the ACS User guide suggests the follow classification scheme; good ($CV \leq 15\%$), fair ($15\% < CV \leq 30\%$), or use with caution ($CV > 30\%$).²² In the following tables metrics are color coded such that green=good, yellow=fair, red=caution.

²¹ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

²² American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-20: Umatilla Indian Reservation Indicators

Reliability	Metric (% of)	Umatilla Reservation Estimate	Comparison	County Estimate
-	Age Dependent Population*	81.6	>	65.3
-	Population Under 18	28%	>	26%
●	Population 65 or Older	17%	>	13%
●	Population Non-White (all other races)	47%	>	14%
●	Population Hispanic	6%	<	25%
●	Population without a High School Diploma	10%	<	17%
●	Population that speaks English "Not Well"	1%	<	6%
●	Population in "Poverty"	19%	>	17%
●	Population in "Deep Poverty"	8%	=	8%
●	Families Below Poverty	14%	>	13%
●	Families with Children in Poverty	11%	=	11%
●	Single Mother Households and Below Poverty	7%	<	8%
●	Households Receiving Food Stamps (SNAP)	19%	<	23%
●	People that did not work (Labor Participation)	25%	<	28%
-	Unemployment	10%	=	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	36%	<	38%
●	Housing that are Mobile Homes	19%	>	14%
-	Single Parent Households with Own Child 18 or Younger	17%	>	15%
-	Single Female Households with Own Child 18 or Younger	14%	>	10%
●	Households with No Car	10%	>	7%
●	Population 65 or Older and Living Alone	13%	>	10%
●	Population with Disabilities	19%	>	14%
●	Population without Health Insurance	22%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Chronic Diseases and Indicators

Chronic disease and indicator data is available for the Yellowhawk Service Area that includes Umatilla County, Morrow County, and Union County.

TAKEAWAY: *Eighty-one percent of American Indian/Alaska Natives in this service area were either overweight or obese compared to 71% for Umatilla County and 62% for Oregon. The rate of diabetes for American Indian/Alaska Natives in the service area is 26%, which is 12% higher than the County and 16% higher than the state. Also notable is the 23% smoker rate which is 8% higher than the County and 6% higher than the state.*

Table 2-21: Yellowhawk Service Area Chronic Diseases and Indicators

Metric	Yellowhawk Service Area	Umatilla County	Oregon
Obese	53%	37%	28%
Overweight	28%	34%	34%
Diagnosed with Diabetes	26%	14%	10%
Diagnosed with Asthma	16%	24%	17%
Diagnosed with Arthritis	37%	36%	26%
Current Drinker	38%	51%	59%
Current Smoker	23%	15%	17%

Source: [2015-16 Umatilla-Morrow Counties Community Health Assessment Report](#)

Access to Recreation

Figure 2-1: Recreation in Umatilla Indian Reservation

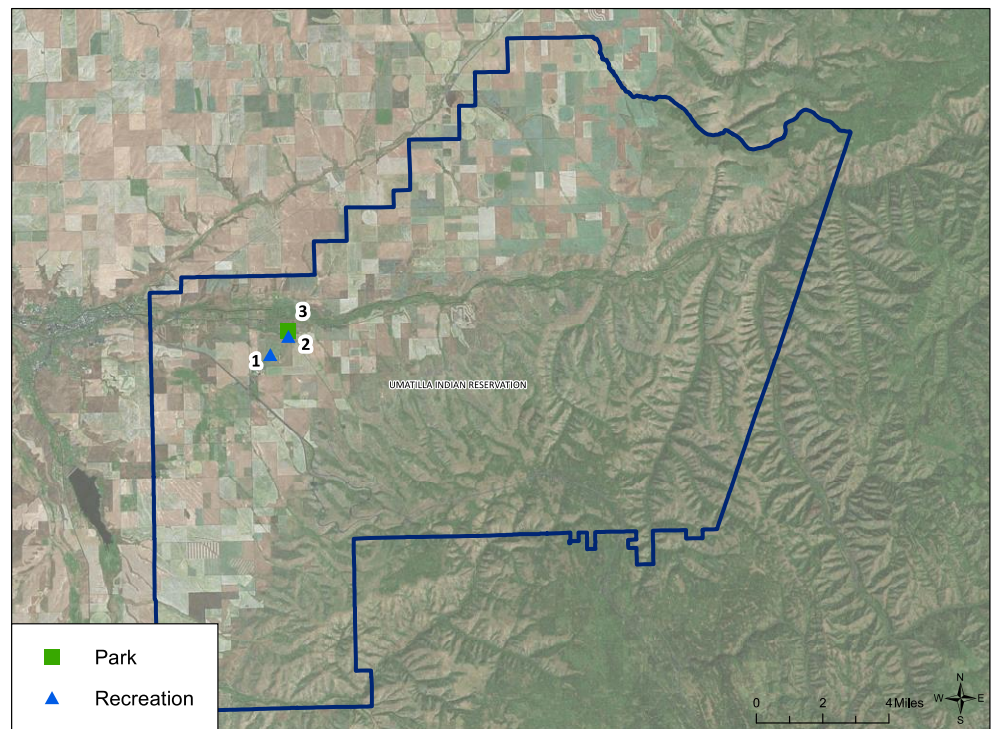


Table 2-22: Recreation in Umatilla Indian Reservation

Map #	Name	Assets
1	Wildhorse Resort Golf Course	Golf course
2	Nixyaawii Community School	Track
3	Wetland Community Park	Grass, basketball court, tennis court, picnic table

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-2: Food Sources in Umatilla Indian Reservation

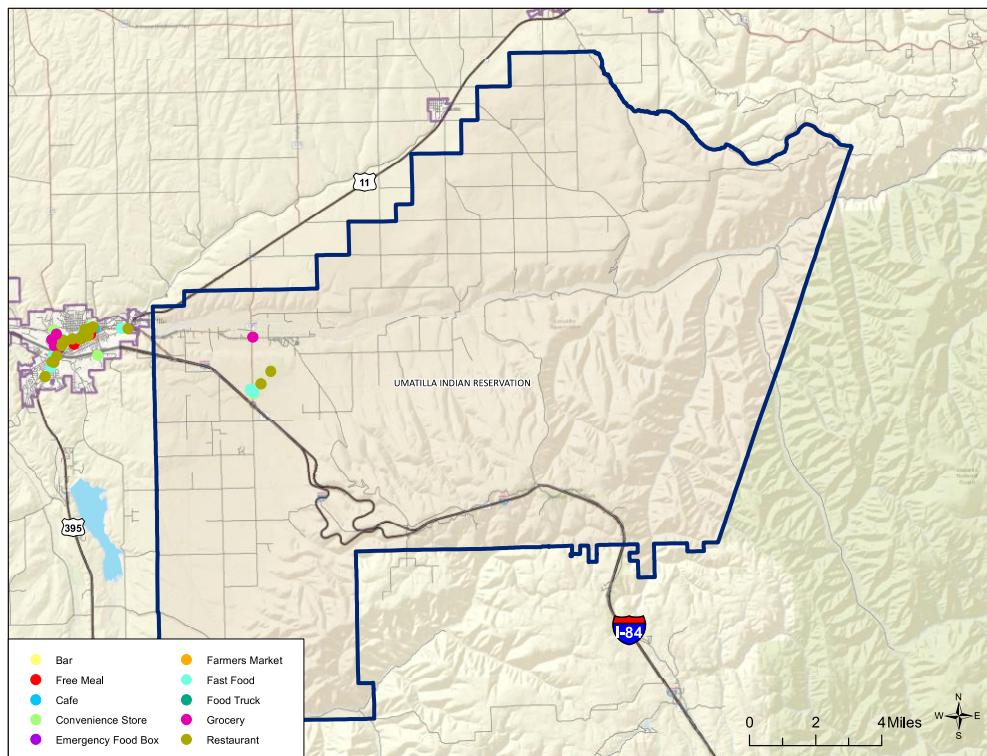


Table 2-23: Food Sources in Umatilla Indian Reservation

Name	Address	Type
Wildhorse Resort and Casino	46510 Wildhorse Blvd	Restaurant
McDonalds	72485 HWY 331	Fast Food
Arrowhead Travel Plaza	72489 HWY 331	Convenience Store
Subway	46440 Kusi Road	Fast Food
Dairy Queen	46440 Kusi Road	Fast Food
Kinship Café	331 Wildhorse Blvd	Restaurant
Mission Market	46493 Mission Road	Grocer

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-24: Adams Population Forecast

Metric	2016	2025	2045	2066
Population	370	382	397	407

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.²³ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

Demographic metrics for small populations can suffer from low reliability due to statistical sampling problems. For this reason, the Coefficient of Variation (CV) is often used to indicate the reliability of an ACS metric.

The CV measures the relative amount of variability associated with a sample estimate. A low CV values indicate more reliable estimates. While there are no steadfast rules as to what constitutes a reliable estimate, the ACS User guide suggests the follow classification scheme; good ($CV \leq 15\%$), fair ($15\% < CV \leq 30\%$), or use with caution ($CV > 30\%$).²⁴ In the following tables metrics are color coded such that green=good, yellow=fair, red=caution.

²³ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

²⁴ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2–25: Adams Indicators

Reliability	Metric (% of)	Adams Estimate	Comparison	County Estimate
-	Age Dependent Population*	51.5	<	65.3
-	Population Under 18	13%	<	26%
●	Population 65 or Older	21%	>	13%
●	Population Non-White (all other races)	5%	<	14%
●	Population Hispanic	3%	<	25%
●	Population without a High School Diploma	7%	<	17%
-	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	8%	<	17%
●	Population in "Deep Poverty"	2%	<	8%
●	Families Below Poverty	4%	<	13%
●	Families with Children in Poverty	1%	<	11%
-	Single Mother Households and Below Poverty	0%	<	8%
●	Households Receiving Food Stamps (SNAP)	16%	<	23%
●	People that did not work (Labor Participation)	24%	<	28%
-	Unemployment	8%	<	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	13%	<	38%
●	Housing that are Mobile Homes	21%	>	14%
-	Single Parent Households with Own Child 18 or Younger	12%	<	15%
-	Single Female Households with Own Child 18 or Younger	18%	>	10%
-	Households with No Car	0%	<	7%
●	Population 65 or Older and Living Alone	18%	>	10%
●	Population with Disabilities	27%	>	14%
●	Population without Health Insurance	17%	=	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-3: Recreation in Adams

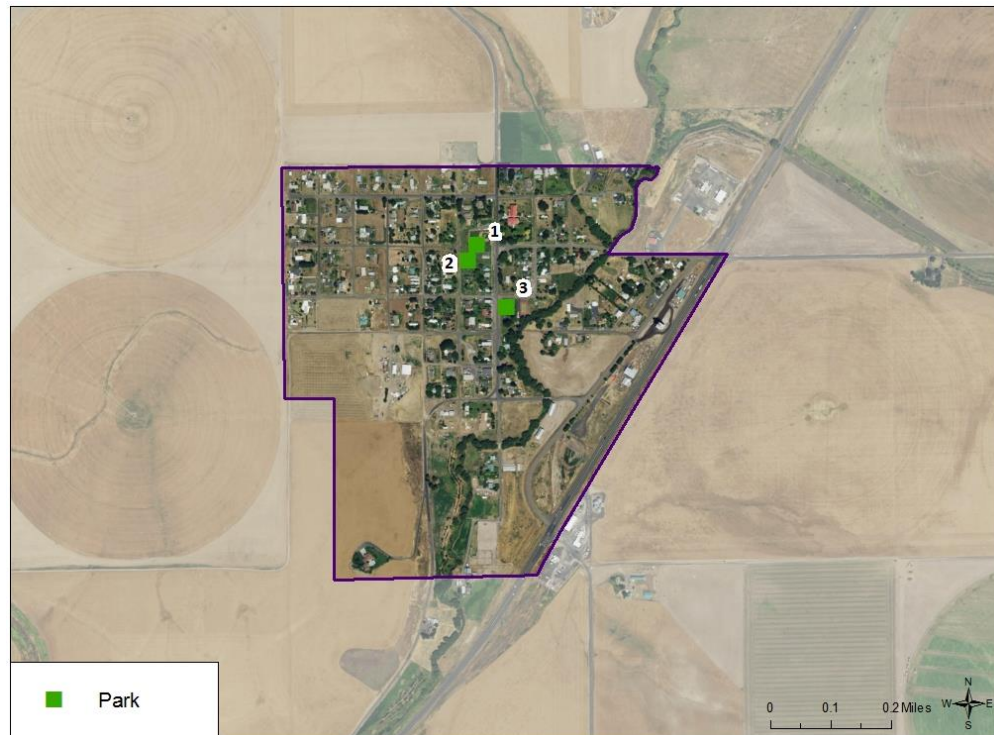


Table 2–26: Recreation in Adams

Map #	Name	Assets
1	Loiland Field	Baseball field
2	Adams Public Skate Park	Concrete skate park
3	Adams City Park	Tennis court, basketball court, playground, walking path

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Table 2–27: Food Sources in Adams

Name	Address	Type
None	na	na

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-28: Athena Population Forecast

Metric	2016	2025	2045	2066
Population	1,151	1,160	1,171	1,180

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.²⁵ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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²⁵ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

²⁶ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-29: Athena Indicators

Reliability	Metric (% of)	Athena Estimate	Comparison	County Estimate
-	Age Dependent Population*	97.9	>	65.3
-	Population Under 18	28%	>	26%
●	Population 65 or Older	22%	>	13%
●	Population Non-White (all other races)	9%	<	14%
●	Population Hispanic	0%	<	25%
●	Population without a High School Diploma	12%	<	17%
●	Population that speaks English "Not Well"	1%	<	6%
●	Population in "Poverty"	23%	>	17%
●	Population in "Deep Poverty"	17%	>	8%
●	Families Below Poverty	21%	>	13%
●	Families with Children in Poverty	16%	>	11%
●	Single Mother Households and Below Poverty	16%	>	8%
●	Households Receiving Food Stamps (SNAP)	22%	<	23%
●	People that did not work (Labor Participation)	26%	<	28%
-	Unemployment	4%	<	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	40%	>	38%
●	Housing that are Mobile Homes	11%	<	14%
-	Single Parent Households with Own Child 18 or Younger	20%	>	15%
-	Single Female Households with Own Child 18 or Younger	12%	>	10%
●	Households with No Car	8%	>	7%
●	Population 65 or Older and Living Alone	14%	>	10%
●	Population with Disabilities	24%	>	14%
●	Population without Health Insurance	12%	<	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-4: Recreation in Athena

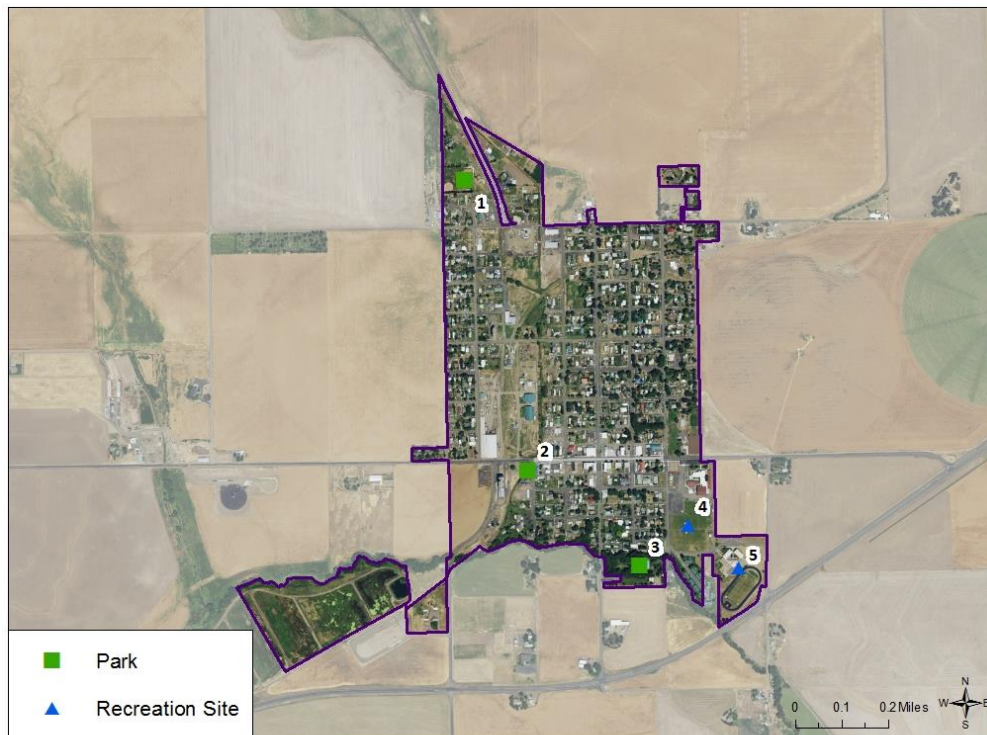


Table 2-30: Recreation in Athena

Map #	Name	Assets
1	Athena Memorial Ball Park	3 baseball diamonds
2	Skate Park	Concrete skate park
3	Athena City Park	Swimming pool, bbq, picnic table, horseshoes
4	Weston-McEwen High School	baseball field, football field, grass
5	Athena Elementary School	Track

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-5: Food Sources in Athena

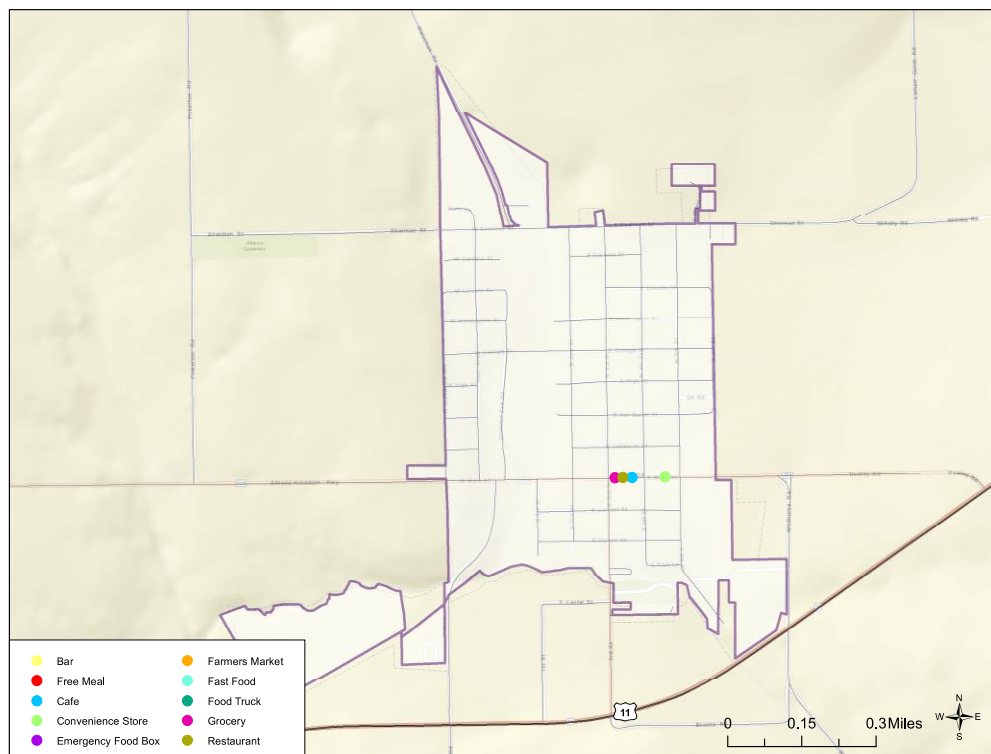


Table 2-3I: Food Sources in Athena

Name	Address	Type
Sugar Shack Espresso Bar	353 E Main St	Coffee
One Stop	457 E Main St	Convenience Store
Taco Bus	Main St	Food Truck
Athena Grocery	313 E Main St	Grocery
Doubletree restaurant & lounge	327 E Main St	Restaurant
Farmers Market		Farmers Market

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-32: Echo Population Forecast

Metric	2016	2025	2045	2066
Population	744	764	796	824

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.²⁷ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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²⁸ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-33: Echo Indicators

Reliability	Metric (% of)	Echo Estimate	Comparison	County Estimate
-	Age Dependent Population*	62	<	65.3
-	Population Under 18	22%	<	26%
●	Population 65 or Older	16%	>	13%
●	Population Non-White (all other races)	9%	<	14%
●	Population Hispanic	11%	<	25%
●	Population without a High School Diploma	14%	<	17%
-	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	18%	>	17%
●	Population in "Deep Poverty"	7%	<	8%
●	Families Below Poverty	16%	>	13%
●	Families with Children in Poverty	16%	>	11%
●	Single Mother Households and Below Poverty	10%	>	8%
●	Households Receiving Food Stamps (SNAP)	21%	<	23%
●	People that did not work (Labor Participation)	27%	<	28%
-	Unemployment	15%	>	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	38%	=	38%
●	Housing that are Mobile Homes	19%	>	14%
-	Single Parent Households with Own Child 18 or Younger	12%	<	15%
-	Single Female Households with Own Child 18 or Younger	13%	>	10%
●	Households with No Car	2%	<	7%
●	Population 65 or Older and Living Alone	13%	>	10%
●	Population with Disabilities	21%	>	14%
●	Population without Health Insurance	12%	<	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-6: Recreation in Echo



Table 2-34: Recreation in Echo

Map #	Name	Assets
1	Fort Henrietta Park and Campground	Trail, campground, playground
2	Echo Skate Park	Concrete skate park
3	George Park	Gazebo, rose garden, picnic table, grass
4	Oregon Trail Arboretum	Walking path, arboretum
5	Echo Hills Golf Course	Golf course

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-7: Food Sources in Echo

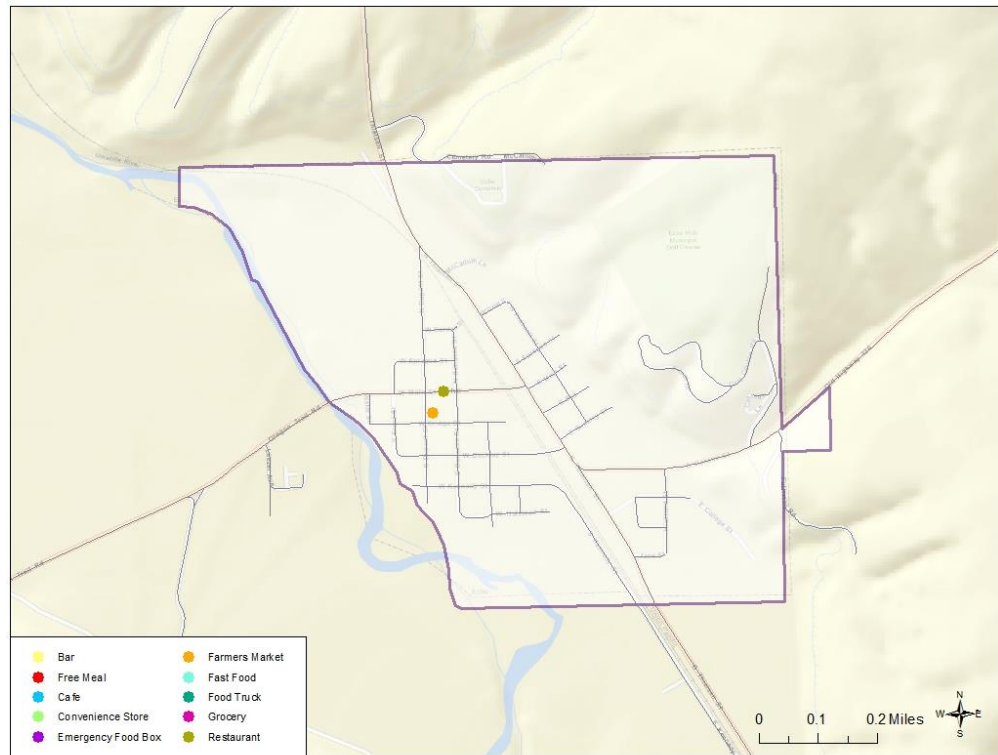


Table 2-35: Food Sources in Echo

Name	Address	Type
H and P Cafe	231 W Main St	Cafe
Echo Open Air Market	N Dupont Street (George Park)	Farmers Market

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-36: Helix Population Forecast

Metric	2016	2025	2045	2066
Population	204	211	213	214

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.²⁹ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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²⁹ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

³⁰ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-37: Helix Indicators

Reliability	Metric (% of)	Helix Estimate	Comparison	County Estimate
-	Age Dependent Population*	78.2	>	65.3
-	Population Under 18	32%	>	26%
●	Population 65 or Older	12%	<	13%
●	Population Non-White (all other races)	6%	<	14%
●	Population Hispanic	1%	<	25%
●	Population without a High School Diploma	4%	<	17%
-	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	11%	<	17%
●	Population in "Deep Poverty"	2%	<	8%
●	Families Below Poverty	9%	<	13%
●	Families with Children in Poverty	9%	<	11%
●	Single Mother Households and Below Poverty	9%	>	8%
●	Households Receiving Food Stamps (SNAP)	17%	<	23%
●	People that did not work (Labor Participation)	21%	<	28%
-	Unemployment	9%	<	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	53%	>	38%
●	Housing that are Mobile Homes	8%	<	14%
-	Single Parent Households with Own Child 18 or Younger	13%	<	15%
-	Single Female Households with Own Child 18 or Younger	12%	>	10%
-	Households with No Car	0%	<	7%
●	Population 65 or Older and Living Alone	0%	<	10%
●	Population with Disabilities	12%	<	14%
●	Population without Health Insurance	15%	<	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-8: Recreation in Helix



Table 2-38: Recreation in Helix

Map #	Name	Assets
1	Helix Community Pool	Swimming pool
2	Helix Park	Playground, grass
3*	Helix School	Track, Tennis Courts

Source: UO Community Service Center Research 2016
 * The Helix School is outside of the City Limits but within the UGB.
 Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-9: Food Sources in Helix

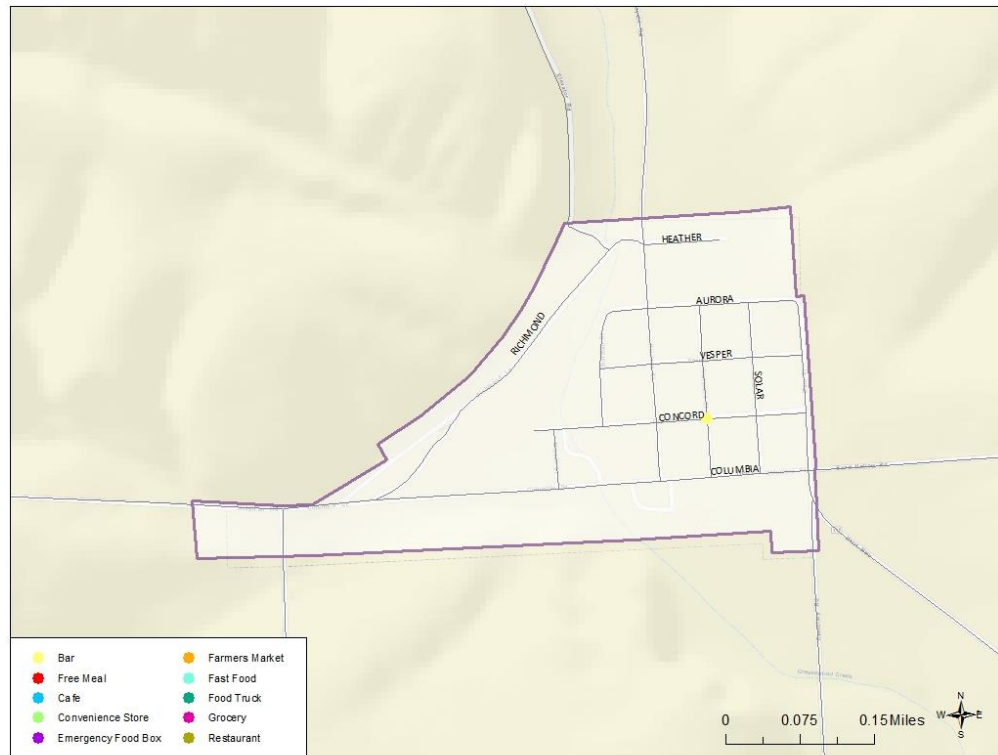


Table 2-39: Food Sources in Helix

Name	Address	Type
Helix Market and Pub	206 Concord St.	Bar

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-40: Hermiston Population Forecast

Metric	2016	2025	2045	2066
Population	21,488	24,859	32,541	41,104

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.³¹ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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³¹ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

³² American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-4I: Hermiston Indicators

Reliability	Metric (% of)	Hermiston Estimate	Comparison	County Estimate
-	Age Dependent Population*	75.2	>	65.3
-	Population Under 18	32%	>	26%
●	Population 65 or Older	11%	<	13%
●	Population Non-White (all other races)	13%	<	14%
●	Population Hispanic	33%	>	25%
●	Population without a High School Diploma	20%	>	17%
●	Population that speaks English "Not Well"	8%	>	6%
●	Population in "Poverty"	21%	>	17%
●	Population in "Deep Poverty"	10%	>	8%
●	Families Below Poverty	16%	>	13%
●	Families with Children in Poverty	14%	>	11%
●	Single Mother Households and Below Poverty	11%	>	8%
●	Households Receiving Food Stamps (SNAP)	25%	>	23%
●	People that did not work (Labor Participation)	22%	<	28%
-	Unemployment	8%	<	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	43%	>	38%
●	Housing that are Mobile Homes	9%	<	14%
-	Single Parent Households with Own Child 18 or Younger	17%	>	15%
-	Single Female Households with Own Child 18 or Younger	19%	>	10%
●	Households with No Car	7%	=	7%
●	Population 65 or Older and Living Alone	10%	=	10%
●	Population with Disabilities	11%	<	14%
●	Population without Health Insurance	18%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-10: Recreation in Hermiston

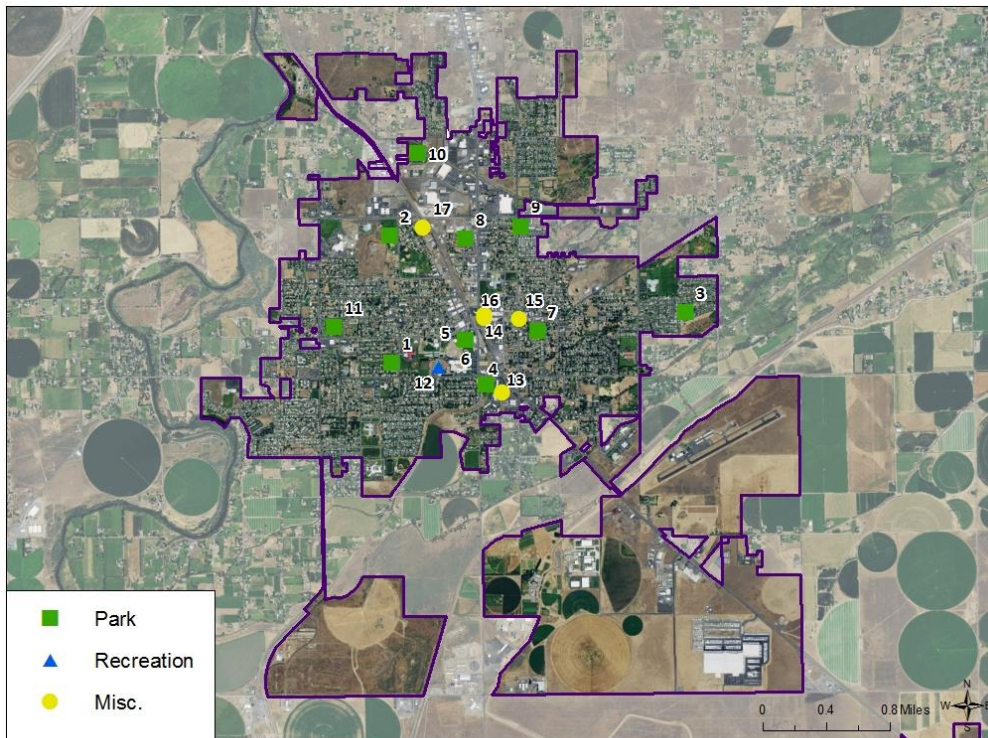


Table 2-42: Recreation in Hermiston

Map #	Name	Assets
1	Belt Park	Picnic tables, grass, walking trail
2	Butte Park	4 soccer fields, playground, trail, picnic table, aquatic center
3	Highland Park	Picnic table, playground, grass
4	Hodge Park	Volleyball court, grass, playground, paved trail
5	Hermiston Skate Park	Concrete skate park
6	McKenzie Park	Playground, baseball field, grass, picnic table
7	Newport Park	3 basketball courts, playground, baseball field
8	Northside Playground	Playground, basketball court
9	Sunset Park	Playground, grass
10	Theater Sports Park	Playground, grass, 2 baseball fields, picnic table
11	Victory Square Park	Paved trail, grass, playground, basketball court, picnic table

Table 2-42: Recreation in Hermiston (continued)

Map #	Name	Assets
12	Hermiston High School Track	Track, football field
13	Club 24	Gym
14	Higher Power Fitness	Yoga and exercise classes
15	Achieve Yoga and Fitness Studio	Yoga and fitness classes
16	Women's Fitness Studio	Fitness classes
17	Hermiston School of Karate	Karate classes

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-11: Food Sources in Hermiston

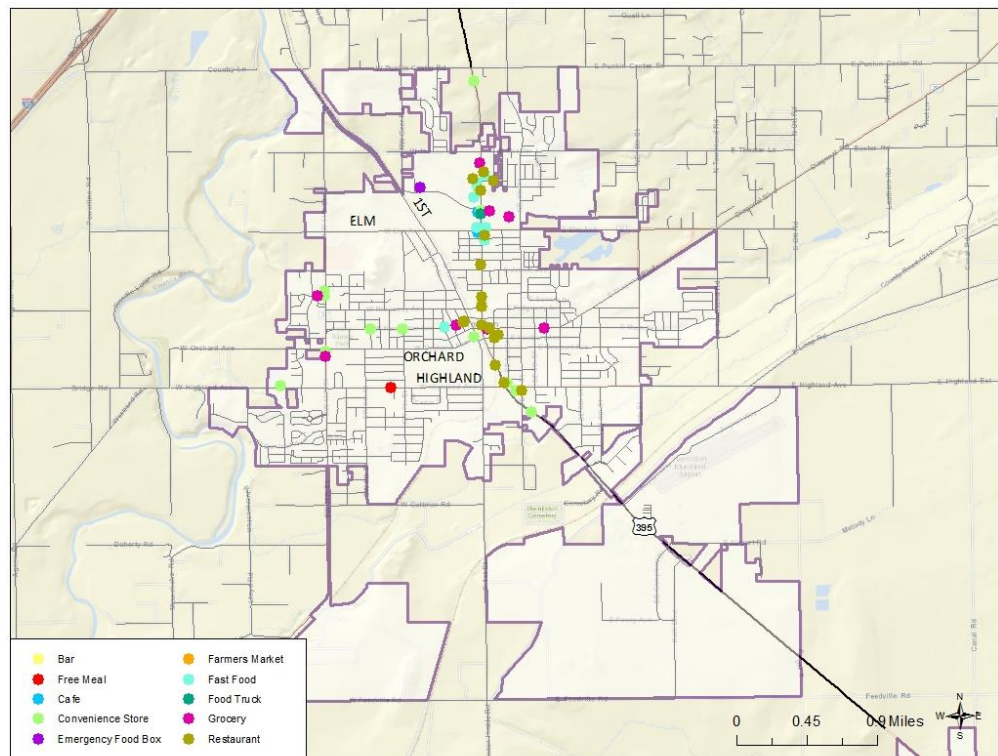


Table 2-43: Food Sources in Hermiston

Name	Address	Type
Starbucks	1235 N 1st St	Cafe
Sorbenots Coffee	1379 N 1st St	Coffee
11th St Market	425 NW 11th St	Convenience Store

Table 2-43: Food Sources in Hermiston (continued)

Name	Address	Type
Mikes Market	905 W Hermiston Ave	Convenience Store
7-Eleven	775 US-395	Convenience Store
Gotta Stop Mini Mart	1580 W Highland Ave	Convenience Store
Dollar Tree	Hermiston Plaza, 880 S Hwy 395	Convenience Store
Bi-Mart	200 S 1st Pl	Convenience Store
Circle K	1430 N 1st St	Convenience Store
One Stop Mart	1295 NW 11th St	Convenience Store
One Stop Mart	1050 S Hwy 395	Convenience Store
76	701 W Hermiston Ave	Convenience Store
Circle K	1423 N 1st St	Convenience Store
Rocket Marts	2403 N 1st St	Convenience Store
Mike's Market	905 W Hermiston Ave	Convenience Store
Rite Aid	835 S Hwy 395	Convenience Store
Hermiston Micro Mart Shell	1655 N 1st St	Convenience Store
11th Street Market	425 NW 11th St	Convenience Store
Mercados Los Gavilanes	305 SW 11th St	Convenience Store
Shell Gas	1430 N 1st St	Convenience Store
AGAPE House	500 W. Harper Rd.	Emergency Food Box
Jack in the Box	1305 N 1st St	Fast Food
McDonald's	1320 N 1st St	Fast Food
Quizno's	1565 N 1st St #9	Fast Food
Burger King	1730 N 1st St	Fast Food
Subway	Hermiston Plaza, 818 US-395	Fast Food
Taco Bell	1677 N 1st St	Fast Food
Dairy Queen	1140 N 1st St	Fast Food
A and W	77522 OR-207	Fast Food
Subway in Walmart Supercenter	Walmart Supercenter, 1350 N 1st St	Fast Food
Mr. Fruta Xavi Taco Stand	100-398 E Cornell Pl	Food Truck
Open Table Meal Site First Christian Church	775 W. Highland Ave.	Free Meal
Fiesta Foods	1875 N 1st St, Hermiston	Grocery
Safeway	Hermiston Plaza, 990 S Hwy 395	Grocery

Table 2-43: Food Sources in Hermiston (continued)

Name	Address	Type
Walmart Super Center	1350 N 1st St	Grocery
Eastside Market	582 E Main St	Grocery
La Mexicana	135 E Cornell Pl	Grocery
Alive and Well	2150 N. 1st St. Hwy 395	Grocery
Los 3 Amigos	1150 W Hartley Ave # A	Grocery
Lorena's	330 SW 11th St	Grocery
East Side Market	582 E Main St	Grocery
Eastern Oregon Mobile Slaughter	253 W Hermiston Ave	Meat Market
Lawan's Thai Garden	325 N 1st St	Restaurant
Walker's Farm Kitchen	920 SE 4th St	Restaurant
Delish Bistro	1725 N 1st St	Restaurant
Taste of Thai	165 W Hermiston Ave	Restaurant
Ixtapa Family Mexican Restaurant	115 E Oregon Ave	Restaurant
Hermiston Brewing Company & Nookies Restaurant	125 N 1st St	Restaurant
Neighbor Dudes - Tap House	405 N 1st St	Restaurant
Hale's Restaurant & Lounge	174 E Main St	Restaurant
Obie's Express	540 S Hwy 395	Restaurant
La Palma	231 E Hurlburt Ave	Restaurant
Nelly's Super Tacos	755 S Hwy 395	Restaurant
USA Subs & Grill	159 W Hermiston Ave	Restaurant
Chen's Chinese Restaurant	204 E Hurlburt Ave	Restaurant
Ye Olde Pizza Shoppe	845 N 1st St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available.

Population Projection

Table 2-44: Milton-Freewater Population Forecast

Metric	2016	2025	2045	2066
Population	7,653	8,180	9,386	10,993

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.³³ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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³³ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

³⁴ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-45: Milton-Freewater Indicators

Reliability	Metric (% of)	Milton-Freewater Estimate	Comparison	County Estimate
-	Age Dependent Population*	76.3	>	65.3
-	Population Under 18	32%	>	26%
●	Population 65 or Older	11%	<	13%
●	Population Non-White (all other races)	15%	>	14%
●	Population Hispanic	55%	>	25%
●	Population without a High School Diploma	38%	>	17%
●	Population that speaks English "Not Well"	16%	>	6%
●	Population in "Poverty"	38%	>	17%
●	Population in "Deep Poverty"	11%	>	8%
●	Families Below Poverty	38%	>	13%
●	Families with Children in Poverty	30%	>	11%
●	Single Mother Households and Below Poverty	21%	>	8%
●	Households Receiving Food Stamps (SNAP)	38%	>	23%
●	People that did not work (Labor Participation)	21%	<	28%
-	Unemployment	17%	>	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	53%	>	38%
●	Housing that are Mobile Homes	12%	<	14%
-	Single Parent Households with Own Child 18 or Younger	24%	>	15%
-	Single Female Households with Own Child 18 or Younger	10%	=	10%
●	Households with No Car	12%	>	7%
●	Population 65 or Older and Living Alone	13%	>	10%
●	Population with Disabilities	12%	<	14%
●	Population without Health Insurance	28%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-12: Recreation in Milton-Freewater

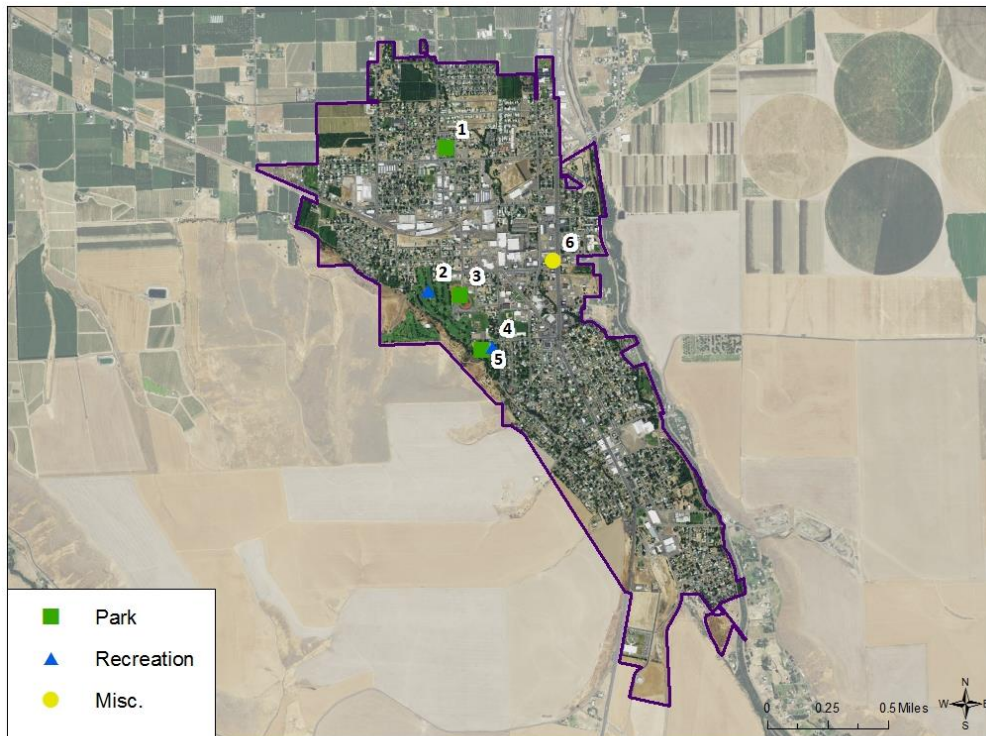


Table 2-46: Recreation in Milton-Freewater

Map #	Name	Assets
1	Freewater Park/ Skate Park	Playground, tennis court, basketball hoop/ Concrete skate park
2	Milton-Freewater Track	Track and sport field
3	Joe Humbert Family Aquatic Center	Swimming pool and aquatic center
4	Yantis Park	Bbqs, 2 baseball fields, playground, band shell, 4 tennis courts
5	Milton-Freewater Golf Course	Golf course
6	Curves	Gym
n/a*	Marie Dorion Park	Playground, grass, trails

Source: UO Community Service Center Research 2016

*Marie Dorion Park is located at the intersection of the Walla Walla River and Couse Creek Road approximately two miles south of Milton-Freewater.

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-13: Food Sources in Milton-Freewater

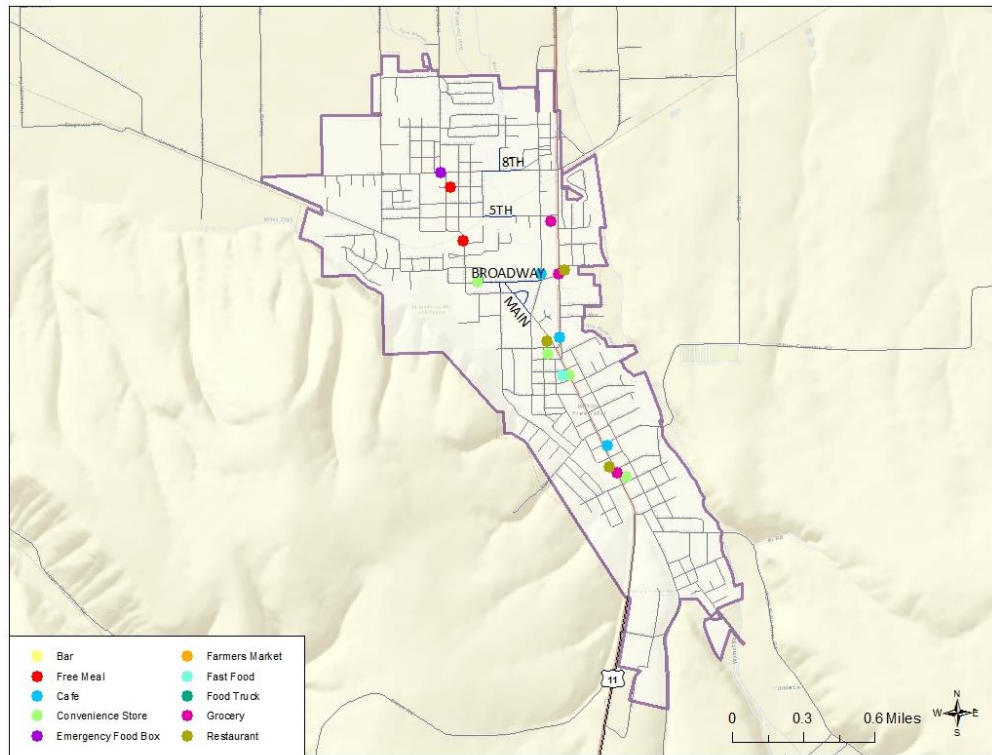


Table 2-47: Food Sources in Milton-Freewater

Name	Address	Type
Sub Shop #38	4 SE 9th Ave	Cafe
Fers Brunch and Lunch	14 N Elizabeth st	Cafe
Milton-Freewater Neighborhood Senior Center	311 N. Main St.	CAPECO Senior Meal
Dutch Brothers Coffee	164 S Columbia St.	Coffee
Wayside Market and Gas	84256 Highway 11	Convenience Store
Sam's Corner Market	107 E Broadway Ave	Convenience Store
Rite Aid	105 Southwest Second Avenue	Convenience Store
Zip Zone	419 S Main	Convenience Store
Sam's Stop and Shop	1121 S Main	Convenience Store
The Valley Cupboard	800 N. Main St.	Emergency Food Box
McDonald's	408 S. Main St	Fast Food
The Bread Basket	8 NE 7th	Food Bank

Table 2-47: Food Sources in Milton-Freewater (continued)

Name	Address	Type
Safeway	455 N Columbia St	Grocery
Supermex	21 N Columbia St	Grocery
Jalisco Market	85720 OR-339	Grocery
Super Milton Market	21 N Columbia St	Grocery
La Calandria Tortilleria	1107 S Main St	Grocery
El Sombrero Family Mexican Restaurant	190 S Main St	Restaurant
Hong's Garden Restaurant	14 N Columbia St.	Restaurant
Milton City Pizza	1014 S Main St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-48: Pendleton Population Forecast

Metric	2016	2025	2045	2066
Population	17,325	17,814	19,006	21,607

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.³⁵ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

Demographic metrics for small populations can suffer from low reliability due to statistical sampling problems. For this reason, the Coefficient of Variation (CV) is often used to indicate the reliability of an ACS metric.

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³⁵ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

³⁶ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Tale 2-49: Pendleton Indicators

Reliability	Metric (% of)	Pendleton Estimate	Comparison	County Estimate
-	Age Dependent Population*	59.3	<	65.3
-	Population Under 18	24%	<	26%
●	Population 65 or Older	14%	>	13%
●	Population Non-White (all other races)	14%	=	14%
●	Population Hispanic	8%	<	25%
●	Population without a High School Diploma	9%	<	17%
●	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	14%	<	17%
●	Population in "Deep Poverty"	7%	<	8%
●	Families Below Poverty	11%	<	13%
●	Families with Children in Poverty	9%	<	11%
●	Single Mother Households and Below Poverty	7%	<	8%
●	Households Receiving Food Stamps (SNAP)	22%	<	23%
●	People that did not work (Labor Participation)	31%	>	28%
-	Unemployment	10%	=	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	35%	>	38%
●	Housing that are Mobile Homes	6%	<	14%
-	Single Parent Households with Own Child 18 or Younger	13%	<	15%
-	Single Female Households with Own Child 18 or Younger	13%	>	10%
●	Households with No Car	9%	>	7%
●	Population 65 or Older and Living Alone	12%	>	10%
●	Population with Disabilities	14%	=	14%
●	Population without Health Insurance	11%	<	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-14: Recreation in Pendleton

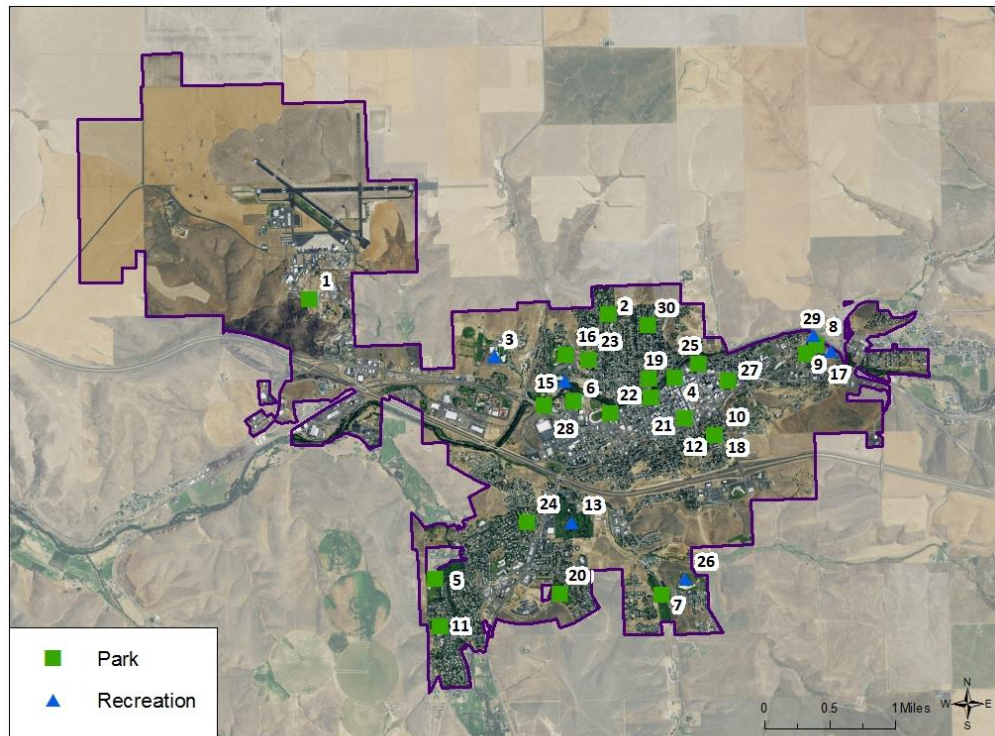


Table 2-50: Recreation in Pendleton

Map #	Name	Assets
1	Airport Park (formerly Pend-Air Park)	Playground equipment, picnic table, grass
2	Aldrich Park	Picnic table, bbq, playground, grass
3	Blue Mountain Community College	Sports field, baseball diamond, tennis courts
4	Brownfield Park	Amphitheatre
5	Community Park - East and West	1 mile paved trail, playground, disc golf, 2 baseball fields, 4 tennis courts, bbq, picnic table
6	Fallen Field	1 baseball field
7	Grecian Heights Park - North & South	Picnic table, bbq, 2 soccer field, playground, 1 mile paved trail
8	Ken Melton Little League Park	4 baseball fields
9	Kiwanis Park	Basketball court, grass, picnic table, playground
10	May Park	Playground, picnic table, grass, basketball court

Table 2-50: Recreation in Pendleton (continued)

Map #	Name	Assets
11	McKay Neighborhood Park	2 sports fields, paved trail,
12	Museum Park	Grass, picnic table
13	Olney Cemetery	Walking trail
14	Pendleton Country Club	Golf Course
15	Pendleton Family Aquatic Center	Aquatic center
16	Pendleton High School Track	Track, football field
17	Pendleton River Parkway (River Walk)	3 mile long trail
18	Pendleton Skate Park	Concrete skate park
19	Pioneer Park & Pioneer Park Cemetery	Grass, playground, picnic table, bbq, bandstand
20	Rice-Blakey Park	Paved trail, grass, picnic table, playground, grass, bbq
21	Riverfront Plaza	Paved trail, grass
22	Roy Raley Park & Ice Rink	Grass, picnic table, basketball court, ice rink, picnic table,
23	Sergeant City Park	Grass, picnic table, playground
24	Sherwood Park	Grass, playground, picnic table, basketball hoop
25	Stillman Park	Grass, tennis court, basketball court, playground, bbq, picnic table
26	Sunridge Middle School	Track, baseball field, football field
27	Till Taylor Park	Grass, pool, picnic table
28	Trailhead Park	Grass, picnic table
29	Union Pacific Shelter	Picnic table, bbq, fishing
30	Vincent Park	Playground, grass, picnic table, tennis court, basketball court

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-15: Food Sources in Pendleton

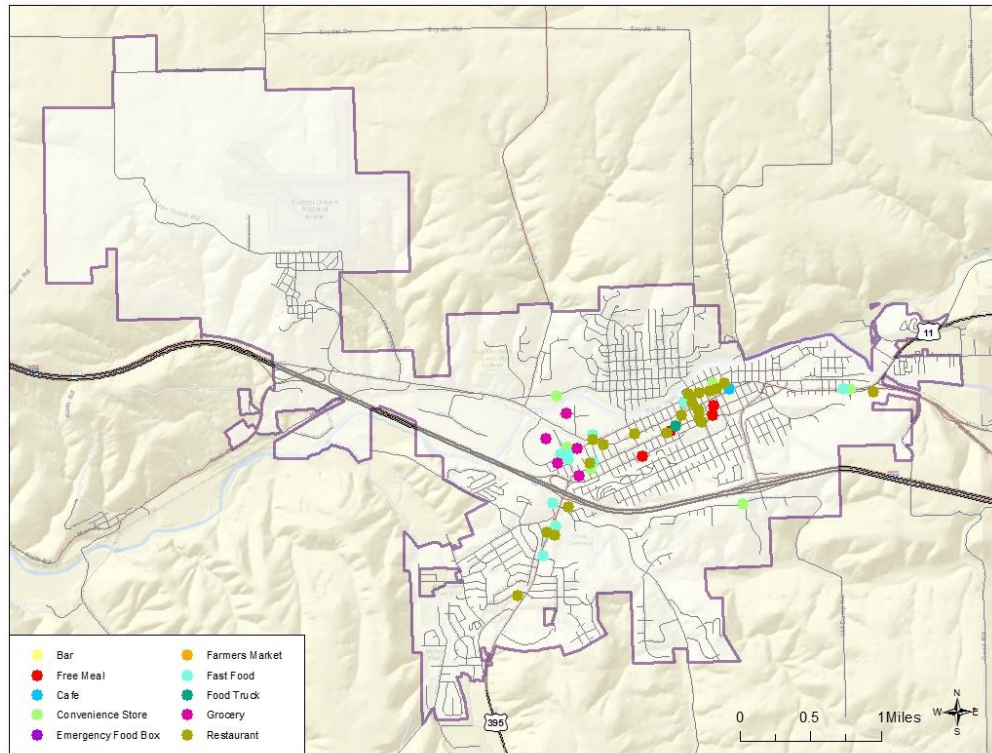


Table 2-51: Food Sources in Pendleton

Name	Address	Assets
Rainbow Cafe	209 S Main St	Cafe
Active Senior Center of Pendleton	510 SW 10th St.	CAPECO Senior Meal
Pendleton Market	2101 SE Court Ave	Convenience Store
Circle K	335 SE Court Ave	Convenience Store
Space Age Rocket Mart (H & S Petroleum)	1700 SW Emigrant Ave	Convenience Store
Rite Aid	Melanie Square, 1900 Sw Court Place	Convenience Store
Walgreens	144 SW 20th St	Convenience Store
Short Stop Food Mart	2012 NW Carden Ave	Convenience Store
Circle K	335 SE Court Ave	Convenience Store
Circle K	309 SE Nye Ave	Convenience Store
Up with Donuts	503 SE Dorion Ave	Donut Shop
Farmer Market	300 block of Main Street	Farmers Market

Table 2-5I: Food Sources in Pendleton (continued)

Name	Address	Assets
Hal's Hamburger's	2001 SE Court Ave	Fast Food
Wendy's	824 Southgate	Fast Food
Quiznos	Melanie Square, 204 SW 20th St	Fast Food
KFC	1615 SW Emigrant Ave	Fast Food
McDonald's	900 Southgate	Fast Food
Burger King	601 Southgate	Fast Food
Taco Bell	2001 SW Court Pl	Fast Food
Jack in the Box	1904 SW Court Pl	Fast Food
Subway	707 Southgate	Fast Food
McDonald's	Arrowhead Travel Plaza, 72489 OR-331	Fast Food
Subway	2203 SW Court Pl	Fast Food
Dairy Queen	1415 SW Court Ave	Fast Food
Helping Hand	346 SE 2nd St.	Food Bank
St. Mary's Outreach	440 SW Emigrant Ave	Food Bank/Emergency Food Box
Nico's Tacos	337 SW Emigrant Ave	Food Truck
Salvation Army	150 SE Emigrant Ave	Free Meal and Food Pantry
Grocery Outlet	1810 SW Court Ave	Grocery
Dean's Market and Deli	412 SW 20th St	Grocery
Safeway	203 SW 20th St	Grocery
Walmart Supercenter	2203 Sw Court Ave	Grocery
El Charrito	212 SW Dorion Ave	Restaurant
Roosters	1515 Southgate	Restaurant
Thai Crystal	210 SE 5th St	Restaurant
Govinda's Garden	103 SE Court Ave	Restaurant
The Saddle Restaurant and Lounge	2220 SE Court Ave	Restaurant
Joe's Fiesta Mexican Restaurant	322 S Main St	Restaurant
Hamley Steakhouse	30 SE Court Ave	Restaurant
Prodigal Son Brewery & Pub	230 SE Court Ave	Restaurant

Table 2-51: Food Sources in Pendleton (continued)

Name	Address	Assets
Mazatlan Mexican Restaurant	1408 SW Court Ave	Restaurant
Mac's Bar and Grill	1400 SW Dorion Ave	Restaurant
Kwong's Cafe	1003 SW Dorion Ave	Restaurant
Su Garden	502 SW Emigrant Ave	Restaurant
Great Pacific Wine and Coffee Co	403 S Main St	Restaurant
Virgil's At Cimmiyotti's	137 S Main St	Restaurant
Main Street Dinner	349 S Main St	Restaurant
Cadillac Jack's Saloon & Grill	1703 SW Emigrant Ave	Restaurant
Golden Fountain	437 S Main St	Restaurant
Sundown Bar and Grill	233 SE 4th St	Restaurant
PCB and Bistro	241 S Main St	Restaurant
Dickey's Barbecue Pit	715 Southgate	Restaurant
Denny's	610 Tutuilla Rd	Restaurant
Abby's Legendary Pizza	828 Southgate	Restaurant
Health Nuts	1848 SW Byers Ave	Specialty Food

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-52: Pilot Population Forecast

Metric	2016	2025	2045	2066
Population	1,576	1,576	1,576	1,576

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.³⁷ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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³⁷ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

³⁸ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-53: Pilot Rock Indicators

Reliability	Metric (% of)	Pilot Rock Estimate	Comparison	County Estimate
-	Age Dependent Population*	64.7	<	65.3
-	Population Under 18	28%	>	26%
●	Population 65 or Older	11%	<	13%
●	Population Non-White (all other races)	10%	<	14%
●	Population Hispanic	3%	<	25%
●	Population without a High School Diploma	7%	<	17%
●	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	8%	<	17%
●	Population in "Deep Poverty"	7%	<	8%
●	Families Below Poverty	5%	<	13%
●	Families with Children in Poverty	5%	<	11%
●	Single Mother Households and Below Poverty	5%	<	8%
●	Households Receiving Food Stamps (SNAP)	17%	<	23%
●	People that did not work (Labor Participation)	31%	>	28%
-	Unemployment	17%	>	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	26%	<	38%
●	Housing that are Mobile Homes	11%	<	14%
-	Single Parent Households with Own Child 18 or Younger	17%	>	15%
-	Single Female Households with Own Child 18 or Younger	10%	=	10%
●	Households with No Car	4%	<	7%
●	Population 65 or Older and Living Alone	14%	>	10%
●	Population with Disabilities	17%	>	14%
●	Population without Health Insurance	10%	<	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-16: Recreation in Pilot Rock

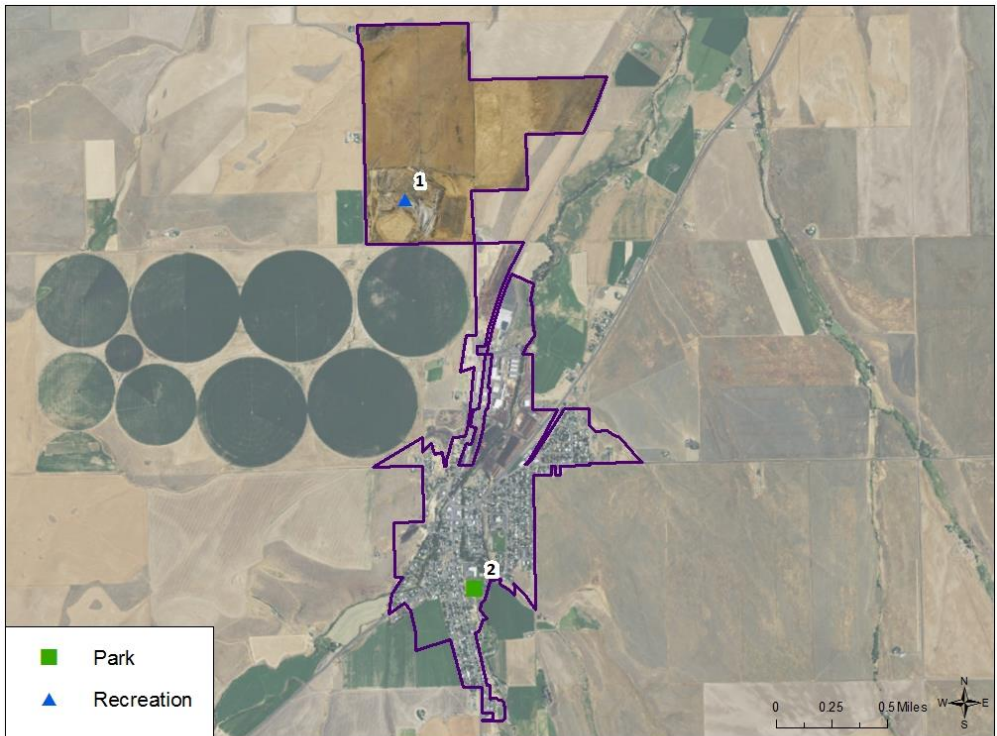


Table 2-54: Recreation in Pilot Rock

Map #	Name	Assets
1	Pilot Rock Bike Pit	Motorcycle and ATV track
2	Pilot Rock Track	Track, football field, 3 baseball fields

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-17: Food Sources in Pilot Rock

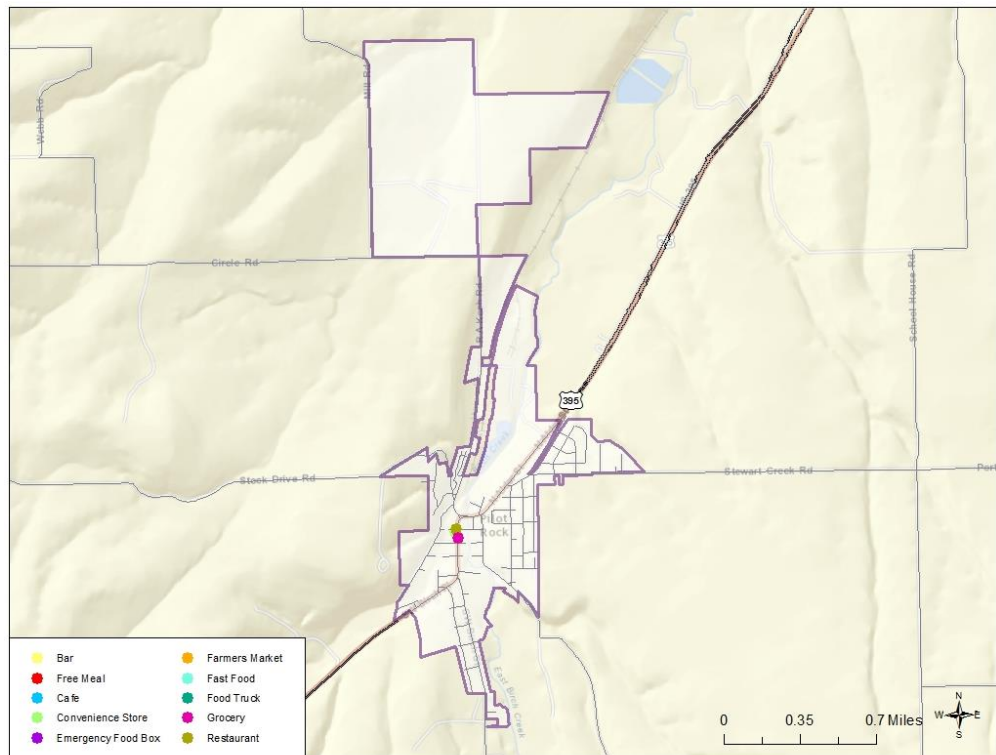


Table 2-55: Food Sources in Pilot Rock

Name	Address	Assets
J and D's Food Mart	111 SW Birch St	Convenience Store
Archie's Restaurant	194 Main St	Restaurant
Family Foods	168 SW Birch St	Grocery

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-56: Stanfield Population Forecast

Metric	2016	2025	2045	2066
Population	2,144	2,223	2,320	2,383

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

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⁴⁰ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-57: Stanfield Indicators

Reliability	Metric (% of)	Stanfield Estimate	Comparison	County Estimate
-	Age Dependent Population*	56.8	<	65.3
-	Population Under 18	24%	<	26%
●	Population 65 or Older	12%	<	13%
●	Population Non-White (all other races)	17%	>	14%
●	Population Hispanic	30%	>	25%
●	Population without a High School Diploma	17%	=	17%
●	Population that speaks English "Not Well"	6%	=	6%
●	Population in "Poverty"	10%	<	17%
●	Population in "Deep Poverty"	4%	<	8%
●	Families Below Poverty	7%	<	13%
●	Families with Children in Poverty	5%	<	11%
●	Single Mother Households and Below Poverty	4%	<	8%
●	Households Receiving Food Stamps (SNAP)	19%	<	23%
●	People that did not work (Labor Participation)	24%	<	28%
-	Unemployment	10%	=	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	41%	>	38%
●	Housing that are Mobile Homes	18%	>	14%
-	Single Parent Households with Own Child 18 or Younger	13%	<	15%
-	Single Female Households with Own Child 18 or Younger	17%	>	10%
●	Households with No Car	3%	<	7%
●	Population 65 or Older and Living Alone	9%	<	10%
●	Population with Disabilities	17%	>	14%
●	Population without Health Insurance	17%	=	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-18: Recreation in Stanfield

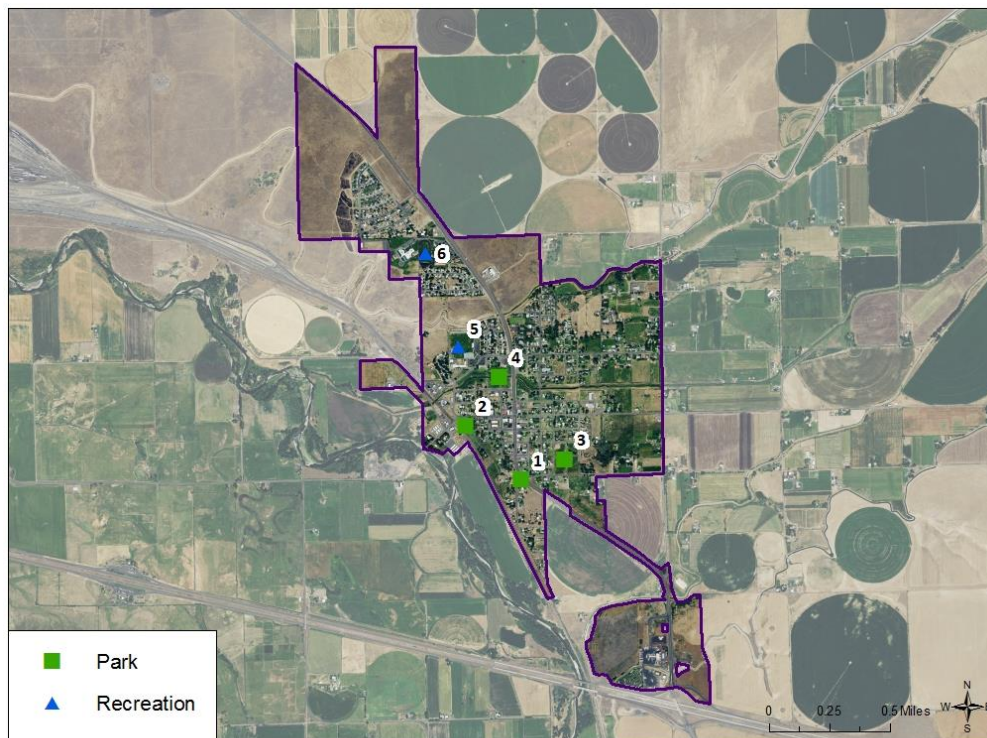


Table 2-58: Recreation in Stanfield

Map #	Name	Assets
1	Charlotte Rauch Park	Picnic table, grass
2	Coe Street Park	Playground, basketball court, bbq, picnic table, grass
3	Stockard Fields	3 baseball diamonds, grass
5	Bard Park	2 basketball courts, grass, 1 soccer field, 1 T-ball field, playground
5	Stanfield Elementary/Secondary School	Track, football field
6	Stanfield Junior High School	4 tennis courts, baseball diamond, grass

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-19: Food Sources in Stanfield

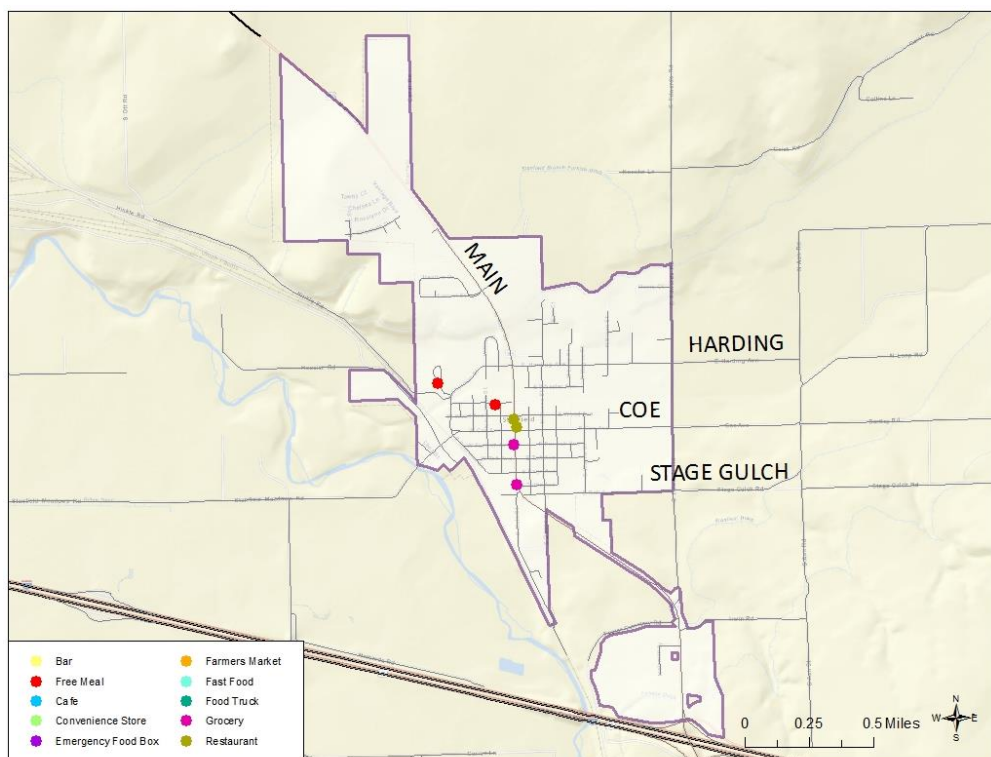


Table 2-59: Food Sources in Stanfield

Name	Address	Assets
Stanfield Senior Center	225 W. Roosevelt	CAPECO Senior Meal
The Food Basket	405 N. Sherman	Food Pantry
Center Market	530 S Main St	Grocery
Main Street Market	225 S Main St	Grocery
EL Erradero	170 N Main St	Restaurant
Blanca Orellana	110 N Main St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-60: Ukiah Population Forecast

Metric	2016	2025	2045	2066
Population	256	257	259	261

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.⁴¹ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

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⁴¹ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

⁴² American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-6I: Ukiah Indicators

Reliability	Metric (% of)	Ukiah Estimate	Comparison	County Estimate
-	Age Dependent Population*	55.6	<	65.3
-	Population Under 18	17%	<	26%
●	Population 65 or Older	19%	>	13%
●	Population Non-White (all other races)	7%	<	14%
●	Population Hispanic	6%	<	25%
●	Population without a High School Diploma	6%	<	17%
●	Population that speaks English "Not Well"	0%	<	6%
●	Population in "Poverty"	21%	>	17%
●	Population in "Deep Poverty"	20%	>	8%
●	Families Below Poverty	12%	<	13%
●	Families with Children in Poverty	12%	>	11%
●	Single Mother Households and Below Poverty	10%	>	8%
●	Households Receiving Food Stamps (SNAP)	10%	<	23%
●	People that did not work (Labor Participation)	34%	>	28%
-	Unemployment	10%	=	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	70%	>	38%
●	Housing that are Mobile Homes	30%	>	14%
-	Single Parent Households with Own Child 18 or Younger	19%	>	15%
-	Single Female Households with Own Child 18 or Younger	20%	>	10%
●	Households with No Car	6%	<	7%
●	Population 65 or Older and Living Alone	0%	<	10%
●	Population with Disabilities	18%	>	14%
●	Population without Health Insurance	32%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

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Access to Recreation

Figure 2-20: Recreation in Ukiah

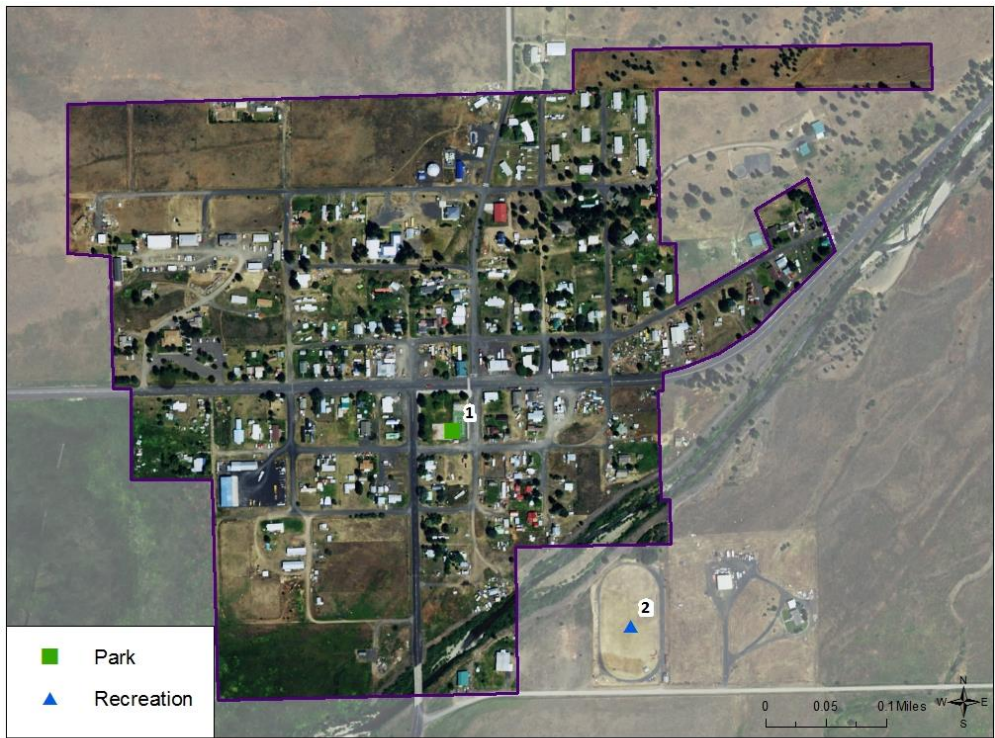


Table 2-62: Recreation in Ukiah

Map #	Name	Assets
1	Park	Grass, playground, picnic table, basketball court, tennis court
2*	Ukiah Track	Track

Source: UO Community Service Center Research 2016
 *Located just outside of the city limits to the South East of Ukiah
 Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-21: Food Sources in Ukiah

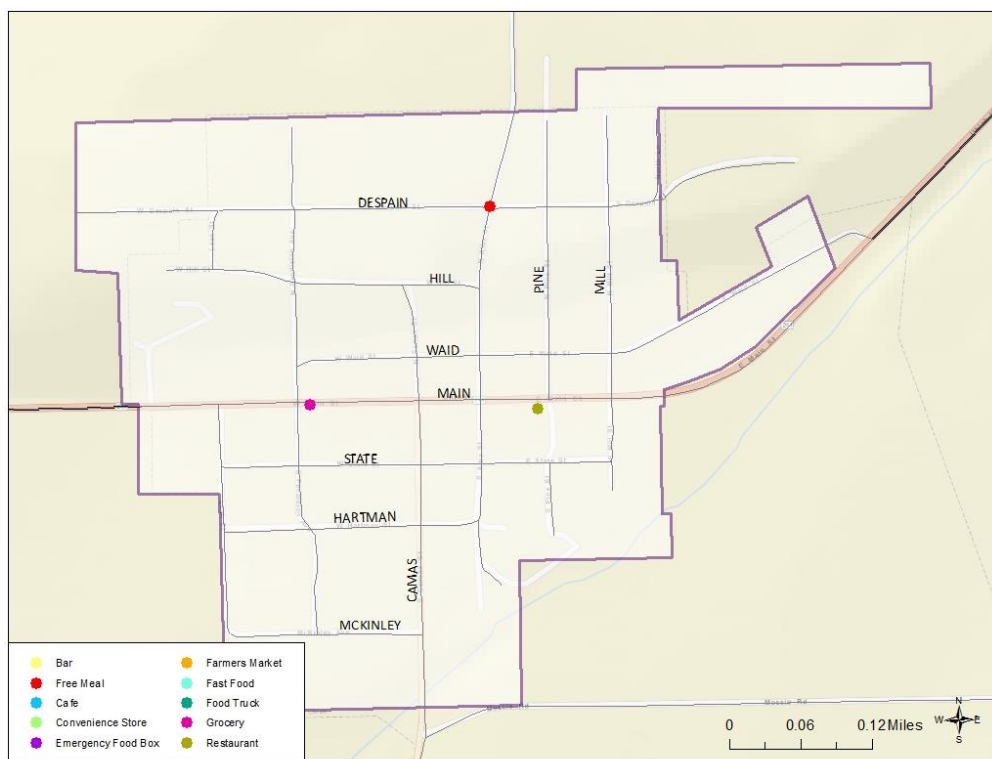


Table 2-63: Food Sources in Ukiah

Name	Address	Assets
Ukiah Senior Center	100 W. Despain	CAPECO Senior Meal
Ukiah Food Pantry, Presbyterian Church	-	Food Pantry
Rhodes Supply	202 E Main St	Grocery
The Thicket Cafe and Bar	108 Main St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-64: Umatilla Population Forecast

Metric	2016	2025	2045	2066
Population	8,714	10,441	13,151	17,517

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

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⁴³ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

⁴⁴ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-65: Umatilla Indicators

Reliability	Metric (% of)	Umatilla Estimate	Comparison	County Estimate
-	Age Dependent Population*	36.6	<	65.3
-	Population Under 18	21%	>	26%
●	Population 65 or Older	6%	<	13%
●	Population Non-White (all other races)	17%	>	14%
●	Population Hispanic	36%	>	25%
●	Population without a High School Diploma	23%	>	17%
●	Population that speaks English "Not Well"	11%	>	6%
●	Population in "Poverty"	20%	>	17%
●	Population in "Deep Poverty"	9%	>	8%
●	Families Below Poverty	18%	>	13%
●	Families with Children in Poverty	15%	>	11%
●	Single Mother Households and Below Poverty	12%	>	8%
●	Households Receiving Food Stamps (SNAP)	36%	>	23%
●	People that did not work (Labor Participation)	51%	>	28%
-	Unemployment	13%	>	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	38%	=	38%
●	Housing that are Mobile Homes	15%	>	14%
-	Single Parent Households with Own Child 18 or Younger	24%	>	15%
-	Single Female Households with Own Child 18 or Younger	5%	<	10%
●	Households with No Car	8%	>	7%
●	Population 65 or Older and Living Alone	5%	<	10%
●	Population with Disabilities	14%	=	14%
●	Population without Health Insurance	28%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number of closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-22: Recreation in Umatilla

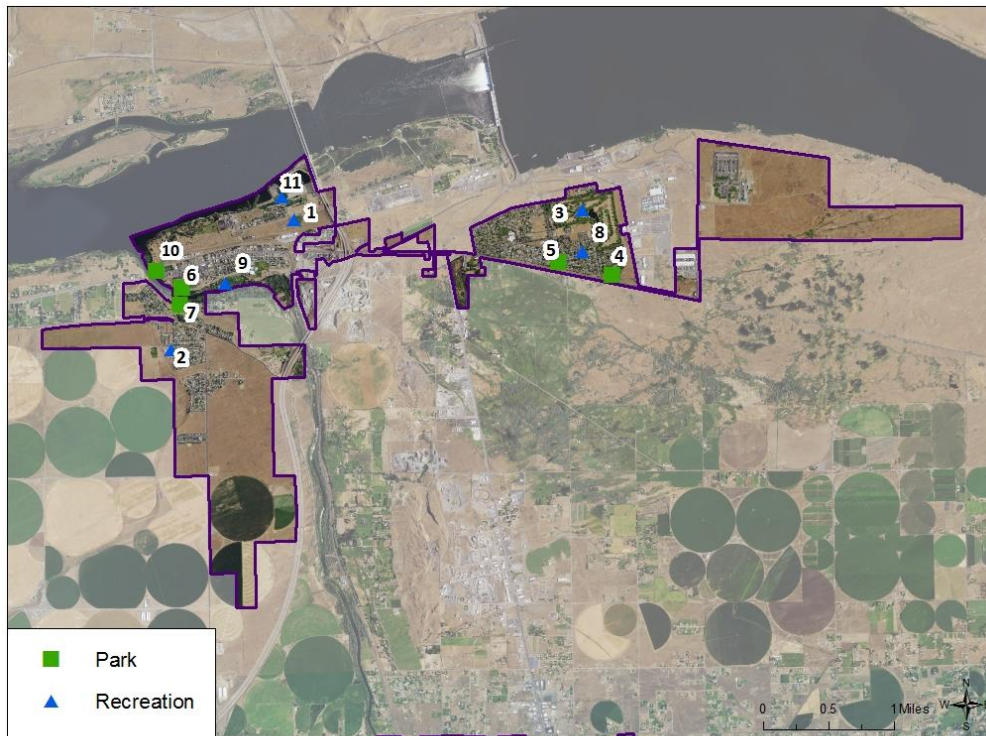


Table 2-66: Recreation in Umatilla

Map #	Name	Assets
1	3rd Street Soccer Field	Soccer field, 3 basketball hoops
2	Basketball Court	Basketball court
3	Big River Golf Course	Golf course
4	Hash Park	Baseball diamond
5	Kiwanis Park	Grass, playground, picnic table, basketball hoop
6	Nugent Park	Baseball diamond, playground, grass, boat ramp, fishing
7	River Park	Grass
8	Tennis Court	2 tennis courts, grass, playground
9	Umatilla High School Track	Track, football field
10	Umatilla Landing	Grass, picnic table
11	Umatilla Marina Park	Grass, picnic table, boat launch, rv hook up, fishing

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-23: Food Sources in Umatilla

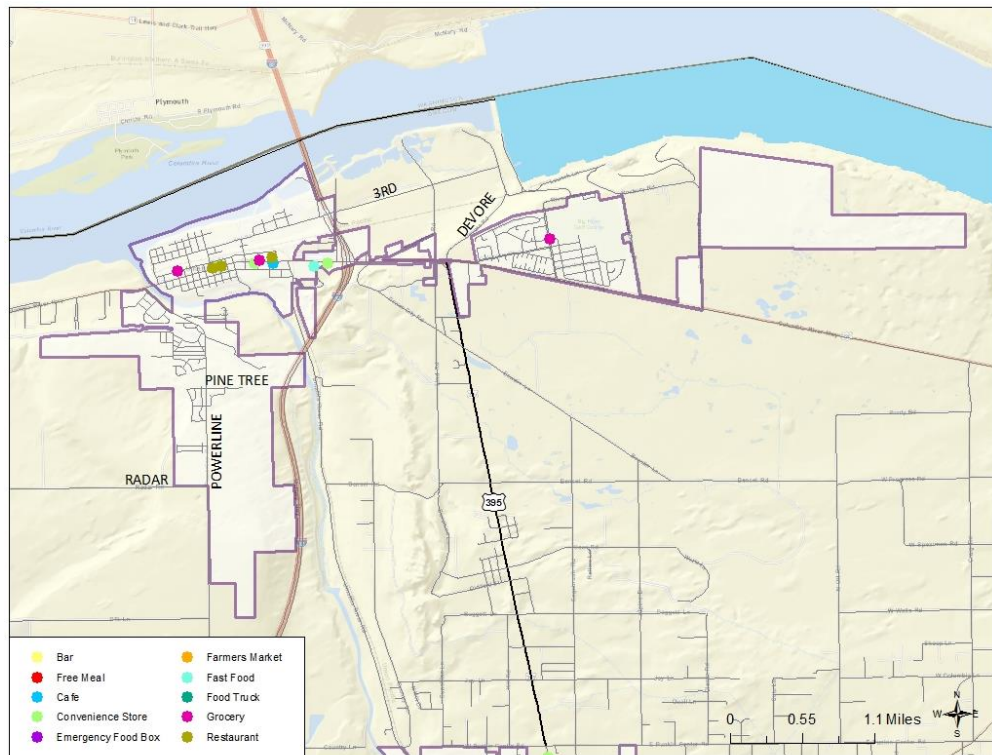


Table 2-67: Food Sources in Umatilla

Name	Address	Assets
Umatilla Java Junkies	1510 6th St	Cafe
Crossroads Truck Stop	2020 US-730	Convenience Store
Novedades Cruz	1360 6th St	Convenience Store
Texaco	1010 6th St	Convenience Store
Subway	1800 6th St	Fast Food
Columbia Harvest Foods	1411 6th St	Grocery
Mercado Latino	900 6th St	Grocery
Baker Produce South	421 5th St	Grocery
McNary Marker	205 Willamette St	Grocery
Doñitas Tacos	900 6th St	Restaurant
G and J Dairy Freeze	1030 6th St	Restaurant
Riverside Sports Bar and Lounge	1501 6th St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Population Projection

Table 2-68: Weston Population Forecast

Metric	2016	2025	2045	2066
Population	695	706	717	722

Source: [Coordinated Population Forecast 2016 through 2066 Umatilla County](#)

Demographics and Vulnerable Populations

A common set of demographic and vulnerable population metrics was selected for all the city and reservation profiles using the Headwater's Economics Population's at Risk tool.⁴⁵ The values for each geography are compared with the Umatilla County value and the column is coded such that bold values are above the County mean and lighter gray values are below the County. A greater than, equal to, and less than column further compares the local geography to the County.

Demographic metrics for small populations can suffer from low reliability due to statistical sampling problems. For this reason, the Coefficient of Variation (CV) is often used to indicate the reliability of an ACS metric.

The CV measures the relative amount of variability associated with a sample estimate. A low CV values indicate more reliable estimates. While there are no steadfast rules as to what constitutes a reliable estimate, the ACS User guide suggests the follow classification scheme; good ($CV \leq 15\%$), fair ($15\% < CV \leq 30\%$), or use with caution ($CV > 30\%$).⁴⁶ In the following tables metrics are color coded such that green=good, yellow=fair, red=caution.

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⁴⁵ Population's at Risk. Headwaters Economics. <https://headwaterseconomics.org/tools/populations-at-risk/about/> Accessed November 16, 2016

⁴⁶ American Community Survey User Guide: ACS Publication No. 1. October 2015. Gardner, Erica Kimpel, Thomas and Zhao, Yi. http://www.ofm.wa.gov/pop/acs/userguide/ofm_acs_user_guide.pdf

Table 2-69: Weston Indicators

Reliability	Metric (% of)	Weston Estimate	Comparison	County Estimate
-	Age Dependent Population*	59.3	<	65.3
-	Population Under 18	18%	<	26%
●	Population 65 or Older	20%	>	13%
●	Population Non-White (all other races)	9%	<	14%
●	Population Hispanic	7%	<	25%
●	Population without a High School Diploma	10%	<	17%
●	Population that speaks English "Not Well"	1%	<	6%
●	Population in "Poverty"	12%	<	17%
●	Population in "Deep Poverty"	5%	<	8%
●	Families Below Poverty	6%	<	13%
●	Families with Children in Poverty	6%	<	11%
●	Single Mother Households and Below Poverty	4%	<	8%
●	Households Receiving Food Stamps (SNAP)	24%	>	23%
●	People that did not work (Labor Participation)	31%	>	28%
-	Unemployment	16%	>	10%
●	Rentals where Gross Rent Exceeds 30% Household Income	13%	<	38%
●	Housing that are Mobile Homes	14%	=	14%
-	Single Parent Households with Own Child 18 or Younger	7%	<	15%
-	Single Female Households with Own Child 18 or Younger	13%	>	10%
●	Households with No Car	6%	<	7%
●	Population 65 or Older and Living Alone	12%	>	10%
●	Population with Disabilities	20%	>	14%
●	Population without Health Insurance	20%	>	17%

Source: Headwater Economics Economic Profile Report and Vulnerable Populations Report, accessed Sep 8 2016; U.S. Census Bureau, 2010-2014 American Community Survey

* The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number closer to 100 implies an equal number of working age population as non-working age population.

Access to Recreation

Figure 2-24: Recreation in Weston

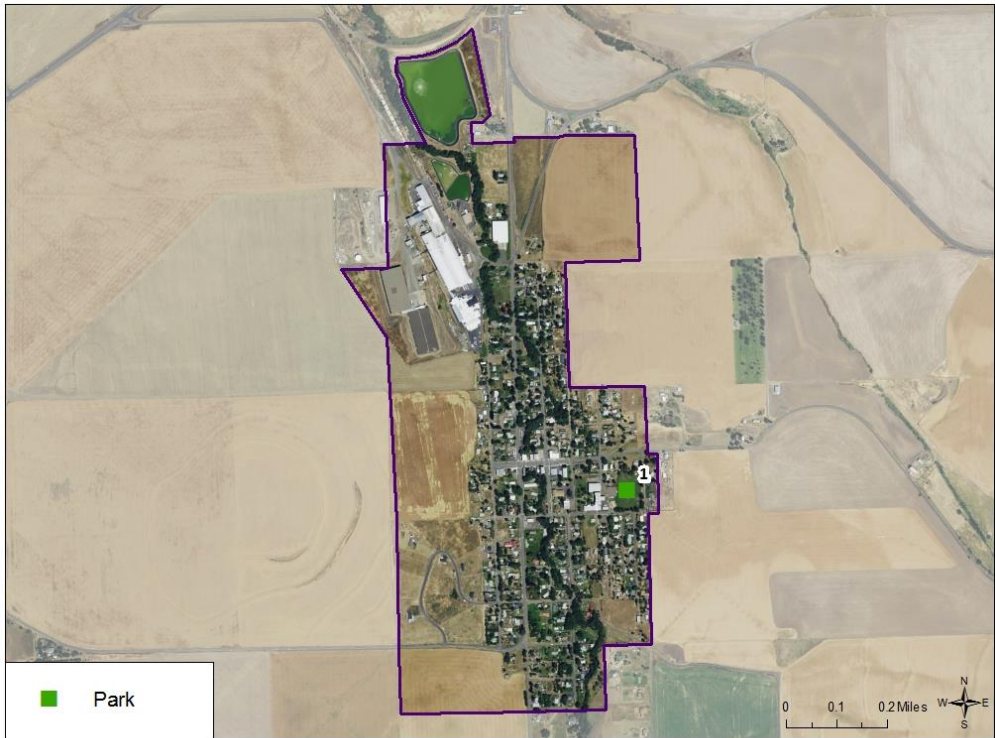


Table 2-70: Recreation in Weston

Map #	Name	Assets
1	Charles Elliott Memorial Park	Playgrounds, sports field, 2 basketball courts

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available

Access to Food and Nutrition

Figure 2-25: Food Sources in Weston

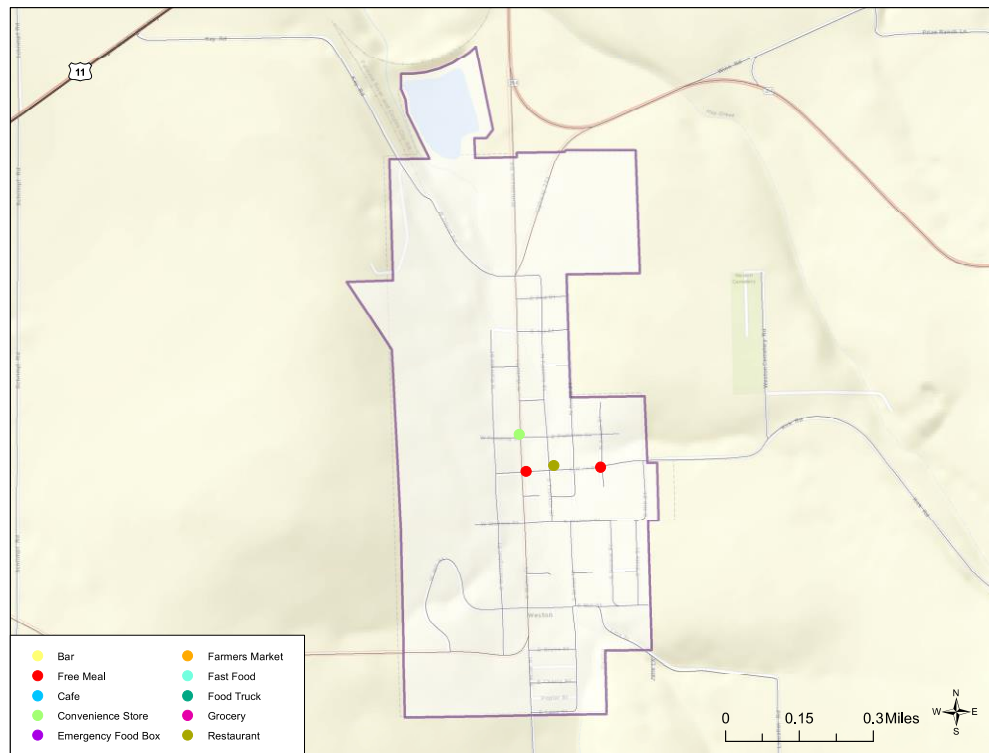


Table 2-71: Food Sources in Weston

Name	Address	Assets
WAHA Senior Center	E. Main St.	CAPECO Senior Meal
Suzi's Handy Mart	211 N Water St	Convenience Store
Weston Food Pantry	114 E. Main St./ City Hall	Food Pantry
Long Branch Cafe and Saloon	201 E Main St	Restaurant

Source: UO Community Service Center Research 2016

Note: All food and recreation asset information was collected in August 2016. The list is intended to be comprehensive but some assets may not be listed if information was not available.

CHAPTER 3: KEY ISSUES FOR PUBLIC HEALTH & PLANNING IN UMATILLA COUNTY

To expand on the health and infrastructure data compiled in Chapter 2, the CSC team worked with the Umatilla County Public Health and Planning departments to gather additional information directly from community members. Through the community survey, a series of workshops, and many face-to-face interactions at public events, community members described a range of issues that impacted their ability to be more physically active or practice a better diet. This chapter summarizes residents' input into five key issue areas—infrastructure, physical access, economic circumstances/affordability, safety and comfort, and information availability/communications—and discusses the county's "readiness" to take action on improving public health.

Infrastructure

Many participants in the community input process described the built environment as creating barriers to engaging in healthy behaviors. In particular, participants in the public workshops criticized transportation infrastructure such as sidewalks and roads, saying the poor condition and limited availability of these assets created obstacles to walking and biking for recreation or transport. Where this type of mobility-promoting infrastructure does exist, alterations or additions would make it more useable.

Community Input: Condition and availability of transportation/mobility infrastructure discourage physical activity.

- Approximately one in five survey respondents said lack of sidewalks prevented them from walking more.
- In Pendleton, utility poles and other obstructions located within sidewalks present obstacles to pedestrians, and make sidewalks inaccessible for residents with ambulatory disabilities.
- Workshop participants noted that there are few ADA accessible routes through towns with continuous sidewalks and curb cutouts.
- 25% of survey respondents said lack of bike lanes prevent them from biking more frequently.
- Survey respondents listed several infrastructure and safety related reasons such as too much car traffic, bad lighting, unsafe intersections or railroad and highway crossings as preventing them from biking more.
- Lack of infrastructure related to public transit may be impacting use of the system. Residents expressed confusion about how to use the bus system and stated that bus stops are not clearly marked and do not consist of supporting infrastructure such as benches and covered seating areas.
- Survey respondents ranked the option of "building, fixing, or improving sidewalks, walking paths, and intersections to make walking safer and more accessible," as the option of greatest importance for increasing physical activity.

Physical Access

Residents of rural Umatilla County may not have the same access to food and physical activity assets (such as grocery stores, parks, and workout facilities) that residents of a large urban area would. Through the community input process, the CSC team identified problems associated with physical access to food and recreation as barriers to healthy behavior in Umatilla County.

Food Access

The majority of studies that have examined the relationship between store access and dietary intake find that better access to a supermarket or large grocery store is associated with healthier food intakes.⁴⁷ Living a significant distance from a store often results in heavier reliance on processed foods of low nutritional density, as shopping trips may be less frequent and access to fresh and perishable foods is not regular.

In Umatilla County, physical distance from food sources such as grocery stores can pose a barrier to residents' food security and nutritional health. Residents living in more rural and isolated parts of the county often do not have a grocery store located in their community, and may have to rely on corner markets to supplement their diet. Commutes to grocery stores can range from 20 minutes to over an hour's drive. Distance from stores can affect residents to varying intensities and in different ways, including negative impacts on health and threatening residents' ability to feed themselves when transportation is unreliable.⁴⁸

Community Input: *Dispersion of food resources creates access challenges, particularly for rural residents.*

- Towns such as Ukiah, Adams, Echo and Weston all have nowhere to buy food other than limited restaurants and convenience stores.
- Many residents drive to shop in Pendleton, Hermiston, or Milton-Freewater, the only areas with a large retailer like Safeway or Walmart.
- Those without a car or reliable transportation face serious obstacles to getting food regularly, and may be dependent on others for assistance. Seasonal conditions such as weather shutting down roads may also impede transportation.
- Survey respondents described obstacles such as living in a "food desert" and "distance from store[s]" as impeding their access to better nutrition.
- One survey respondent noted that, "Bringing in a store like WinCo or Costco would help with available healthy food options. They sell things for cheaper and are better quality than Wal-Mart. Currently I don't shop in Hermiston because of the lack of grocery store options. I would love to give my community the money I spend on food each month rather than going out of town."

⁴⁷Larson et al. "Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences". 2009. United States Department of Agriculture.
http://www.ers.usda.gov/webdocs/publications/ap036/12703_ap036d_1_.pdf

⁴⁸ The community profiles in **Chapter 2** provide more details on food resources and location of grocery stores in each community.

Community Input, continued: *Dispersion of food resources creates access challenges, particularly for rural residents.*

- The County produces an abundance of agricultural products, but food is often shipped to other parts of the state for sale or donation. There may be opportunities to develop partnerships between farms, local agencies, and residents, to better capture the health benefits of agricultural products that originate in Umatilla County.
- In Pendleton, the major grocery stores are concentrated on the west side of town, which is a significant distance from many residential areas, and not well connected through pedestrian and bicycle routes.
- Transportation to stores through public transit can be difficult, especially as bus stops aren't necessarily close enough to residents' homes to easily walk the remaining distance while carrying groceries

Physical Recreation and Activity Access

Neighborhood resources like parks are fairly concentrated within the population hubs (Hermiston, Pendleton, Umatilla, and Milton-Freewater).⁴⁹ Additionally, much of the county's recreational opportunities exist on federal lands outside of urban areas, such as the Blue Mountains. While parks and federal/state lands are important assets for Umatilla County, their use is often limited to those with vehicles and leisure time to spend. Distance from recreation and lack of easy, affordable transportation to recreation limits many residents' physical activity.



The Blue Mountains. Source: [Oregon Sierra Club Blog](#).

Community Input: *Location and/or lack of recreation assets discourages physical activity.*

- One in five survey respondents said that lack of access to facilities prevented them from being more physically active.
- The county only has one park, located outside of Milton-Freewater, which is semi-developed. Outside of the more urban areas, many towns contain very few or no parks. Parks can serve as a vital space to exercise, socialize, and spend time outdoors, all of which are linked to happiness and health.
- Participants at public workshops expressed frustration with the limited hours of parks, many of which are closed at dusk, or do not have sufficient lighting for residents to feel safe during evening hours.
- During workshops, participants expressed a desire to have transit services available which can take residents to common recreation sites, with the ability to transport bikes and equipment as well.

⁴⁹ The Access to Recreation sections of the **Chapter 2** can offer more insight on county-wide and region specific recreation resources as well as underserved areas.

Economic Circumstances and Affordability

Economic status can be a determining factor in health, as level of wealth influences food security, quality of diet, and leisure time available for cooking and exercise. Umatilla County residents fall significantly below the state average in per capita and median income (see Chapter 2), which raises concerns over health outcomes. In discussions with the public, the CSC team identified economic barriers to healthy behaviors as one of the most pressing issues for the Umatilla County Plan4Health Coalition to mitigate.

Price of Food

There is substantial literature demonstrating an inverse correlation between energy density of foods (energy per food weight) and energy cost (dollars per energy). In other words, the cheapest food is often the most unhealthy.⁵⁰ Fresh produce, non-processed, and organic foods are often more expensive than high-calorie options that can provide the same energy with less nutritional benefit.



Fast food: cheap and easy. Source: [Washington Top News](#).

Through the public input processes, residents of Umatilla County expressed that the price of food can create a significant nutritional challenge for low-income residents. Cost disparity between healthy and unhealthy foods puts pressure on families and residents living near or below the poverty line, who may have to choose between healthy eating and sacrificing other necessities.

Community Input: *Price of food can be a challenge for residents and may negatively impact nutrition.*

- Price of food was the most commonly stated reason preventing survey respondents from improving the quality of their diets. Nearly half of the respondents indicated that price was an obstacle to the nutritional quality of their diets (47%).
- One survey respondent noted that, “it is unfortunate that high carbs, or lunch type foods are so inexpensive compared to healthy fruits and veggies.” Another stated that, “I can’t afford to buy health food with the amount of food stamps I get.”
- One quarter of survey respondents reported that in the past year they have run out of money before they were able to buy enough food.

⁵⁰ Drewnoski, A., Darmon, N. “Food Choices and Diet Costs: An Economic Analysis”. 2005. The American Society for Nutritional Sciences. <http://jn.nutrition.org/content/135/4/900.full>

Convenience and Lack of Food Skills

Poor health choices are also promoted by the convenience associated with cheap meal options such as fast food and prepackaged meals. These can be particularly tempting for individuals and families who work long hours and feel they do not have sufficient time to prepare meals. Lack of knowledge of how to prepare food can also discourage residents from cooking at home.

Community Input: *Lack of time and food preparation skills negatively influence nutrition.*

- Nearly one quarter of survey respondents said lack of time prevented them from improving the quality and nutrition of their diet (23%).
- Desire for more nutritional and cooking education opportunities in both schools and the community was frequently expressed at workshops with the public.
- 16% of survey respondents said lack of knowledge about how to prepare/cook food prevented them from improving the quality and nutrition of their diet.
- One survey respondent wrote, “Young people today don't know how to cook. Bringing back Home Economics and Life skills classes to the schools would be a start.”

Free and Reduced-Price Food Resources

While many residents who provided public input were appreciative of the different free meal and food resources that exist within their community, they did not feel they were sufficient to support a person or family suffering from food insecurity (the state of being without reliable access to a sufficient quantity of affordable, nutritious food.)

Community Input: *Selection and availability of food pantries creates barriers for residents.*

- During the Pendleton public workshop, participants described the hours of operation of food pantries as an issue; food is not always available it is most needed, including during emergency situations. One participant proposed making some food available in bins so that it is accessible even when pantries are closed.
- Other conversations during the workshop pointed to dissatisfaction or insufficiency of selection at food pantries. Those without stable housing or access to a kitchen cannot cook many foods that require the use of a stove, or intense preparation. Selection also presents an obstacle for those with dietary restrictions, particularly diabetics.

Physical Activity Barriers

While exercise does not have to be a costly pursuit, some equipment and resources, such as bicycles or gyms, can make physical activity easier but come at a cost. For low-income residents, this expense can pose a significant burden.

Community Input: *Lack of economic stability can create barriers to physical activity and fitness.*

- Over a quarter of survey respondents said the cost of a gym membership prevents them from being more physically active.
- Not having a bike was the single most common reason cited by survey respondents for not biking more (48%). These residents might benefit from programs to make bike ownership more affordable, such as classes or workshops where residents can learn how to fix up old bikes and then keep them. It is also likely that as infrastructure improvements are made, more residents will see it as worthwhile to purchase a bike.

Homeless Population

Research suggests that higher rates of acute and chronic illness are found in homeless populations than in the general public, and that “nutritional deficits, lack of shelter and clothing, poor hygiene, exposure to the elements, and a lack of health care all contribute to the health problems among the homeless”.⁵¹ Traditionally, connecting homeless individuals to healthcare has been difficult, particularly in rural areas where homeless populations are not large enough to necessitate state and federally funded support services.

Most of the information on homeless health issues comes from the public workshop in Pendleton, at which a significant proportion of participants were homeless or had experienced homelessness. Due to a lack of reliable data, it is difficult to gauge the extent and severity of homelessness in Umatilla County, but conversations during public workshops indicate that the homeless population is living in conditions which make it difficult to maintain their health and sense of dignity.

Community Input: *Homeless residents require more support services to maintain health and dignity.*

- Lack of a shelter and laws banning camping within city limits result in individuals walking long distances daily to access resources within the city – free meals or food pantries – and back to an area they can legally camp. Laws also criminalize the presence of many who are trying to find a place to rest for a few hours undisturbed.
- One of the few places to pay to shower is at the CTUIR Resort Tipi and Tent Village. For many individuals, this option is too expensive and not easily accessible. Instead, many resort to using public restrooms for personal hygiene, which often results in maintenance complaints.

⁵¹ Sachs-Ericsson, N, Wise, E, Debrody, C, Paniucki, H. “Health Problems and Service Utilization in the Homeless”. *Journal of Health Care for the Poor and Underserved*. 1999.
<https://www.ncbi.nlm.nih.gov/pubmed/10581887>
<http://iibp.chadwyck.com/iimp/htxview?template=basic.htx&content=frameset.htx&ACCESS=NEW&ALL=Y>

Community Input, continued: *Homeless residents require more support services to maintain health and dignity.*

- Although there are two winter warming stations (one within Pendleton and the other in Hermiston), homeless residents do not have access to more permanent shelters anywhere in the county.
- There are two opportunities in Pendleton to get a free meal once a week, as well as one food bank and a food pantry, but hours are limited. During public workshops several participants requested making food and other necessities, such as used blankets and coats, available through donation bins so that residents could access them when they are most needed regardless of hours of service providers.
- Participants at the Echo workshop noted that although homelessness is not a common problem in their community, when it does arise they do not have access to any resources or programs to offer residents.

Safety and Comfort

Residents' perception and experience regarding safety and comfort influence the degree to which they are able to enjoy the environment, landscapes, and public spaces around them. Feeling safe in one's surrounding environment encourages active transportation and physical activity, which in turn influence physical and mental well-being.

Safety

Throughout the community outreach, residents brought up instances of safety risks as a barrier for recreation. Some communities have unique challenges that impede both recreation and active transportation. Feeling unsafe may also prevent residents from enjoying community assets such as parks and public spaces, particularly among Pendleton residents.⁵²

⁵² See **Appendix B** – Pendleton Workshop for further details about safety. Residents particularly complained about security on the levy walk.

Community Input: *Safety concerns may discourage residents' physical activity and use of public spaces.*

- Many workshop participants discussed not feeling safe walking, particularly at night, due to lack of lighting and a perceived presence of criminal activity.
- Workshop participants reported a perception that criminal and transient activity dominates public spaces, particularly along the levee in Pendleton, which participants said discourages residents from making use of these resources.
- Several residents from Ukiah mentioned that the speed of traffic along Highway 244 can create a hazard, as it passes through town in a location where many residents and visitors walk or bike.
- Some elderly workshop participants in Stanfield mentioned that loose dogs make them feel unsafe when walking.
- Echo workshop participants noted that pedestrian and cyclist safety is threatened by farm trucks paid by the load that have an incentive to speed through town.

Comfort of Use

Within urban areas where more infrastructure exists, those who provided community input suggested that it may not always be comfortable to use, particularly due to weather conditions.

Community Input: *Discomfort due to weather may create a barrier to physical activity.*

- Nearly 1 in 5 survey respondents do not walk more frequently due to the weather.
- Pendleton workshop participants verbally requested more shade trees on frequently traversed sidewalks to increase the comfort of walking during hot summers.
- Stanfield workshop participants indicated that the heat and cold often prevents them from getting outdoor exercise. One participant commented that they preferred to walk in Walmart because of the level surface and climate control.

Information Availability and Communication

Knowledge of public services and resources is a vital component of ensuring public health projects reach their intended beneficiaries. The CSC team identified lack of knowledge of resources as an issue for Umatilla County residents. Strengthening this knowledge through advertising and public awareness campaigns will be important for realizing new Plan4Health projects, as well as for improving use of existing county programs.



Kayak Public Transit – difficult to locate. Source: [East Oregonian](#).

Umatilla County has a well-developed transit system, but there are significant improvements needed for this system to reach its full potential. Kayak, a public transit system run through the Confederated Tribes of the Umatilla Indian Reservation (CTUIR), operates on fixed routes connecting towns throughout the county, and is currently free to the

general public. They also offer voucher-based taxi services to CTUIR residents, seniors, low-income families, and persons with disabilities. Pendleton also operates its own van and taxi services within the city limits.

As evidenced by this robust and highly affordable transit system, many of the prevailing issues in the county do not arise from a lack of services, but rather from a lack of knowledge about what services exist and how to use them. During workshops, many people said they did not understand how to use the transit system, or displayed lack of knowledge that one existed. This issue also arose regarding other support programs such as free and reduced food, healthcare services, and other low-income resources.

Community Input: *Lack of public knowledge of resources contributes to underuse.*

- Some workshop participants did not know how or where to access the bus schedule. Providing transit schedules in multiple, easily accessible formats (not only online) may connect more residents to the public transit system.
- During the Pendleton public workshop, participants pointed out that bus stops do not have adequate identifying infrastructure. They suggested publicizing bus stops with signs and building weather shelters or benches as ways to increase use of the public transit system.
- Advertising transportation resources may increase use and awareness. Survey respondents answered that they would most like to receive information about health, physical activity, and nutrition resources/programs through local newspapers (42%), social media (40%) and mailed fact sheets or brochures (39%).

Underlying Conditions and Systems

With the five key issues presented in this chapter in mind, we now turn our attention to Umatilla County's "readiness" to affect change.

Underlying conditions and systems encompass the attitudes and perceptions of community members as well as the unique social systems and culture of Umatilla County, which may serve as an asset in some areas of development and an obstacle in others. Understanding these parameters can help assess the "readiness" of a

community to undertake new projects and challenges, as well as determine strategies for implementation that will yield the most successful results. The readiness of a community is measured by the attitudes and knowledge surrounding an issue, as well as potential resources and preexisting efforts and activities. Because communities are at different levels of capacity and different stages of readiness for implementing programs, understanding a community's level of readiness is an important factor in determining whether a program will be effective and supported by the community. As the Plan4Health Coalition moves forward, Plan4Health partners should be aware of issues that might impact the success of projects.

Community Readiness

Factors related to individual attitudes and social environments impact “readiness” for change. Attitudes such as perception of health and desire to change health-related behaviors are important to gauge, as they will play a role in the successes or failures of Plan4Health projects. When residents perceive themselves as healthy and do not express a desire to improve health, they may not put in the effort to change their behavior or take advantage of new programs. Similarly, the social, cultural, and physical environment of a community may limit or more easily facilitate implementation of health-related projects.

The following sections discuss these areas in greater depth, presenting an analysis of what the CSC team considers to be the most important elements of community readiness.

Perceptions of Health

Overall, the majority of residents in Umatilla County who participated in the survey reported being concerned with their health and interested in improving it.

- Approximately two-thirds of survey respondents stated they are, “very concerned” or “somewhat concerned” with their health.
- Nine out of ten survey respondents were either interested or very interested in improving their health.

On the surface, these responses point to an overall willingness to focus on improving health outcomes. However, when compared to data on Umatilla County's public health and chronic disease rates, other survey responses related to residents' perception of their health, diet, and physical fitness create some contradictions.

- Over two-thirds of survey respondents rated the quality of their diet and nutrition as either good, very good, or excellent. Nearly 60% also reported being very satisfied, satisfied, or neither satisfied or unsatisfied with their level of physical activity.
- On a scale of 1 to 10 of poor to excellent health, the average survey respondents rated their health between 7 and 8.

Overall, these figures indicate much better health in survey respondents than the county on average. We can assume that those selecting to participate in a health and wellness survey might be those who are already more conscious about and

interested in healthy lifestyles. However, these responses may also signify that residents have unrealistic perceptions of their own health – misperceptions and denial about one’s own health are also common phenomena in the public health context.⁵³ Individuals may condemn others’ health while not realizing or accepting their own health-related issues. Perceptions may also be skewed by the culture of health or lack thereof reflected in family, peers, and the community. During interviews with members of the Plan4Health Coalition, the CSC team repeatedly heard concerns about community members living in denial about their health.

All these factors present an obstacle to the accomplishment of public health goals. Practitioners must find the line between pushing past the “it’s not me” mentality of residents while also being non-threatening and non-judgmental in how they market public health outreach and initiatives. In general, the research advocates approaches that do not blame the individual and do not introduce body stigma. The Obesity Action Coalition, for example, recommends approaches that respectfully portray people, focus on health behaviors, suggest specific action, use sensitive language, challenge stereotypes, and question if “obesity” or weight need to be mentioned at all.⁵⁴ Moving forward, it will be important for the Plan4Health partners to consider these perceptions and misperceptions, both in selecting and implementing public health programs, and in the advertisement of these programs.

Conditions and Culture of Umatilla County

Cultural norms and the built environment of communities are not always optimally aligned to promote healthy behavior. Health can be facilitated, or impeded, by the influence of environment and culture on residents.

Rural areas require different planning and public health strategies than those that might be effective in large urban centers. The fields of both planning and public health developed originally to address the environmental degradation and health problems that emerged from rapid industrialization in the 1900s. More recently however, planners and public health professionals have increasingly shifted their attention to issues created by the design and culture of suburban and rural environments.⁵⁵

The less concentrated design of rural areas means longer commutes to and from work and between centers of commerce, leading to increased reliance on the automobile. Higher reliance on automobiles has resulted in more space allocated to roads and parking lots, rather than to pedestrian-oriented public spaces. This design encourages less active transportation and has been linked to the rise of obesity.

⁵³ Lejuene, T. “Survey: Large gaps seen in health perceptions vs. reality”. EBN. 2013.
<http://www.benefitnews.com/news/survey-large-gaps-seen-in-health-perceptions-vs-reality>

⁵⁴ Puhl, R. “Shame Campaigns - Do they work?” Obesity Action Coalition. 2016.
<http://www.obesityaction.org/educational-resources/resource-articles-2/weight-bias/shame-campaigns-do-they-work>

⁵⁵ Collins Purdue, W, Lesley, S, Lawrence, G. “The Built Environment and Its Relationship to the Public’s Health: The Legal Framework”. American Journal of Public Health. 2003.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447979/>

Rural environments may also not have the population or economic ability to support some private and publicly funded resources. For example, while the lack of full-service grocery stores can lead to poorer nutrition in some more rural areas, a town with a population of a couple thousand or less cannot financially support a large grocery store, and it is unrealistic to expect this sort of expansion to occur. Similarly, while increased public transit between and within cities would facilitate better access, it would not be possible for most towns in Umatilla County to support independent transit systems. The Plan4Health partners must therefore invest in creative solutions to address gaps in needs and service.

One such “creative” option could include tapping into informal networks. Rural areas and the county as a whole are home to many informal networks of action and support that often accomplish public health services without formalized programs existing.

- Many survey respondents and workshop participants discussed sharing or trading resources such as food and firewood with neighbors and friends.
- Workshop participants in rural communities described carpooling on trips to the grocery store or picking up items for neighbors who requested them.
- The mantra of “looking out for and taking care of one another” was commonly repeated in discussions with the public.

A shortcoming of these systems, however, may be that their informal structure unwittingly neglects residents who are not particularly involved in the community. Such support networks often arise out of churches or other community groups, and while they perceive themselves to be open to all, those who are not involved directly may not know of or be able to rely on their benefits. As the Plan4Health Coalition moves forward, there is an opportunity to capitalize on informal networks to disseminate information and build closer relationships with community members, but partners must also make an effort to reach out to those who may be “missed.”

Understanding the underlying factors that may impact “readiness” in Umatilla County will contribute to the success of the Plan4Health Coalition. The conditions described in the above sections highlight the complexity of the built, cultural, and social environments that Plan4Health partners intend to influence. Partners should consider these conditions and attempt to “meet the community where it’s at.” At the same time, partners should not shy away from projects that may challenge the preexisting conditions when necessary.

Plan4Health Coalition Readiness

In addition to overall community readiness, it is essential to understand the *internal readiness* of the Umatilla County Plan4Health Coalition to tackle public health issues. The County’s capacity to implement programs may be limited by availability of resources and buy-in from potential partners. In the presence of such limitations, the County must determine the scale and type of projects which will be manageable and garner support.

Stakeholder interviews with current Plan4Health Coalition members revealed that members are generally committed to supporting the County in its efforts to

improve public health by more collaboratively linking public health with planning and other important resources. It is less clear, however, whether Coalition members could actively drive efforts; members often have many other demands on their time that might prevent active engagement. With limited involvement from Coalition members and limited County staff, some projects and ambitions may need to be scaled back.

Another theme to emerge from the stakeholder interviews was concern over duplication of efforts that may occur due to lack of collaboration. Many agencies and professionals in Umatilla County are already working towards goals of improving the health and wellbeing. Coalition members cautioned that these efforts are often uncoordinated and suggested that Plan4Health seek to simplify rather than complicate existing initiatives.

Focusing on building partnerships and allies between Plan4Health, health care providers, public agencies, and local organizations will broaden the impact of health-oriented projects. Plan4Health must to decide how to concentrate its efforts – on accomplishing difficult but more comprehensive change, or on achieving smaller, focused goals. Keeping the coalition mission and values in mind while accomplishing small steps and projects is still a form of great progress.

CHAPTER 4: OPPORTUNITY AREAS & STRATEGIC RECOMMENDATIONS

Based on the key issues identified in the previous chapter, the Plan4Health Coalition and CSC team identified six “opportunity areas” where the Plan4Health Coalition can focus efforts in the future. The opportunity areas and accompanying recommendations are derived from ideas that emerged during a half-day workshop with Coalition members as well as additional research completed by the CSC team.

In addition to recommendations, we also detail a future organizational structure for the Umatilla County Plan4Health Coalition. This is intended to offer a clear method for implementing the recommendations presented here and harnessing the energy of public health and planning practitioners in Umatilla County far into the future.

Opportunity Areas

For each of the six opportunity areas, we include “desired outcomes” with an accompanying list of a list of recommendations (projects targeting the outcome). We do not prioritize recommendations here. As the County moves forward with the Plan4Health Coalition, it will need to revisit the recommendations and determine which to pursue based on interest and available resources.

Policy Changes (PC)

Umatilla County itself will likely have limited control over many of the recommendations we provide in each of the next five opportunity areas. In many instances, the County will have to serve as a partner and advocate for public health, but will be unable to require other jurisdictions and organizations to change their operations or take on specific projects. Despite these limitations, however, there is a tremendous opportunity for Umatilla County to act as a role model for other jurisdictions and organizations. Specifically, the County has the ability to forge the way through policy changes that others may wish to adopt in the future.

PC - Desired Outcome 1: *Umatilla County emphasizes positive public health outcomes through all County policies.*

Targeted Projects

- Formally adopt a “[Health in All Policies](#)” approach and review process for County policies and projects.⁵⁶
- Review land use and development codes through a Health in All Policies lens and make appropriate code revisions to better promote health outcomes.

⁵⁶ Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. “Health in All Policies: A Guide for State and Local Governments.” 2013. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf

PC - Desired Outcome 2: *Umatilla County actively targets community*

Targeted Projects

- Develop a “Year of Wellness” program similar to the initiative implemented in [Tillamook County](#).⁵⁷

Education (ED)

A large body of research points to the link between education and health outcomes. In general, individuals with higher levels of education experience better health outcomes.⁵⁸ At the same time, there is also evidence to suggest that targeted nutrition and physical education programs can have a direct impact on the behaviors and health of children and families.⁵⁹ For the purposes of the Plan4Health Coalition, we suggest that the County and its partners focus on supporting and expanding educational opportunities for children, families, and seniors (those groups most vulnerable to the impacts of chronic diseases).

ED - Desired Outcome 1: *Schools in Umatilla County offer more opportunities for students to practice healthy eating and physical activity.*

Targeted Projects

- Expand afterschool programs that focus on cooking and nutrition.
- Continue to, and expand, work with schools to explore opportunities for integrating nutrition, healthy eating, and food preparation into the curriculum for all students.
- Support school garden projects or opportunities for students to be involved in community gardens.
- Work with teachers to explore opportunities for adding more physical activity into their everyday curriculum ([kinesthetic learning](#)).⁶⁰
- Develop [Safe Routes to School](#) action plans for each school.⁶¹
- Apply for Safe Routes to School funding for priority projects.

⁵⁷ Tillamook County Health Matters. <http://tillamookcountyhealthmatters.org/>

⁵⁸ “Understanding the Relationship Between Education and Health: A Review of the Evidence and an Examination of Community Perspectives.” Content last reviewed September 2015. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>

⁵⁹ USDA, Food and Nutrition Service, Office of Policy Support. “Supplemental Nutrition Assistance Program Education and Evaluation Study (Wave II).” Dec. 2013.
http://www.fns.usda.gov/sites/default/files/SNAPedWaveII_Summary.pdf

William B. Strong *et al.* “Evidence Based Physical Activity for School-age Youth.” *The Journal of Pediatrics*. Volume 146, Issue 6, June 2005, Pages 732-737.
<http://dx.doi.org/10.1016/j.jpeds.2005.05.023>

⁶⁰ “The Kinesthetic Classroom.” Tedx Talk by Mike Kuczala.
<https://www.youtube.com/watch?v=41gtxgDfY4s>

Lengel, Traci and Mike Kuczala. *The Kinesthetic Classroom: Teaching and Learning through Movement*. Corwin Press. 2010.

⁶¹ Oregon Safe Routes to School. <http://oregonsaferoutes.org/>. Athena-Weston School District has an action plan and applied for infrastructure funding for sidewalks in 2010, but no other school districts in Umatilla County have a Safe Routes to School Program.

- Host annual “[bicycle rodeos](#)” that offer a fun way for children and their families to learn about bicycle safety.⁶²

ED - Desired Outcome 2: *Residents have more access to nutrition and cooking education.*

Targeted Projects

- Partner with food systems stakeholders to offer community cooking classes that focus on preparing low-effort, low-cost healthy meals. Partner with local chefs and nutrition experts and sponsor organizations to host the events for their constituents.

Infrastructure and Changes to the Physical Environment (IS)

The built environment has profound impacts on human activities, including behaviors like physical activity and food consumption. Unfortunately, American cities have not always developed with the health of residents in mind. Car-oriented commercial centers and residential areas have made it easier for residents to drive (a passive, low-physical effort form of activity) rather than walk, bike, or take public transit (active, higher-physical effort forms of activity). Similarly, food access has increasingly become problematic as large grocery stores have concentrated in a few locations, leaving many residents stranded in “food deserts.” The Plan4Health Coalition has the opportunity to influence the development (or re-development) of infrastructure across Umatilla County to make the healthy choice the easy choice.

IS - Desired Outcome 1: *Infrastructure creates a level of safety, comfort, and accessibility that encourages residents to be more physically active.*

Targeted Projects

- Designate more official bike routes through cities using a combination of signage/ wayfinding and street markings.
- Prioritize street repairs on streets designated as bike routes.
- Increase the amount of secure bike parking available at key gathering locations throughout cities (parks, central business districts, etc.).
- Install more lighting in outdoor public spaces and recreation facilities.
- Identify areas of high pedestrian traffic and repair sidewalks to eliminate cracks, bumps, and obstructions.
- Develop educational tools for cities that demonstrate the health and economic benefits of street tree and vegetation shade-coverage. Consider providing a model street-tree policy as reference. Any tools or policy language should also promote native/drought-tolerant landscaping options.⁶³

⁶² Cornell University Extension Services. “An Organizer’s Guide to Bicycle Rodeos.” 2005.

http://www.bike.cornell.edu/pdfs/Bike_Rodeo_404.2.pdf

⁶³ See City of Lebanon for an example:

http://www.ci.lebanon.or.us/sites/default/files/fileattachments/public_works/page/361/streettreepplanforweb.pdf

- Construct shelters and/or seating at all Kayak bus stops.
- Host “Ten Minutes to Transit” forum in early 2017 to evaluate options for expanding access to Kayak bus stops (possibly by reconfiguring existing stops or adding new stops).

IS - Desired Outcome 2: *Cities offer clear connections and directions between key community resources (including commercial destinations, parks and recreation destinations, and government services) for pedestrians and cyclists.*

Targeted Projects

- Improve signage/ wayfinding: ensure that residents and visitors know where to access existing parks, recreation, and “active transportation” (walking, biking, public transit) facilities.
- Work with cycle advocacy groups, cyclists, and bicycle shops to identify cycling routes. Create, publish, and distribute bike maps.⁶⁴

IS - Desired Outcome 3: *Downtowns and key commercial districts are more walkable and bikeable.*

Targeted Projects

- Coordinate with downtown business districts, property owners, businesses, and others to identify key projects to make key commercial areas more walkable and bikeable which will also enhance economic opportunities.

IS - Desired Outcome 4: *Residents have more access to recreational opportunities.*

Targeted Projects

- Develop shuttles to recreation destinations on county, state, and federal lands that may be difficult for those without vehicles to access.
- Develop a Parks and Recreation Master Plan for Umatilla County, in part to assess whether the County should invest in additional parks facilities.⁶⁵ This should include a specific plan for Harris Park and should involve extensive public input. Additionally, the County should update the Recreational Element of the Comprehensive Plan to reflect the findings of this study.

Information Dissemination – Showcasing and Publicizing Existing Features and Resources (ID)

Both survey responses and conversations during workshops demonstrated that residents of Umatilla County generally had low awareness of public health,

⁶⁴ In Pendleton, several organizations have already created maps:

<http://www.pendletononwheels.org/>
<https://www.facebook.com/pendletononwheels/>
<http://www.cyclependleton.com/>

⁶⁵ Consider partnering with state and federal land managers to further develop recreation opportunities.

recreation, and transportation resources. For example, workshop participants in Pendleton commented that it was sometimes difficult to use the Kayak public transit system because it was unclear where to find schedule and stop location information. Plan4Health Coalition members also pointed out that while Umatilla County has many amazing recreational opportunities, these activities and destinations are not well-publicized. While it will be the primary responsibility of facility and resources providers to improve information dissemination, the Plan4Health Coalition can support efforts to make residents more aware of their options.

ID - Desired Outcome 1: *More residents take advantage of the Kayak Public Transit system.*

Targeted Projects

- Improve signage and bus schedule availability at each bus stop by posting route maps and schedules.⁶⁶
- Develop easy-to-access, mobile-friendly online bus schedules and maps.

ID - Desired Outcome 2: *More residents take advantage of existing health, wellness, and food assistance programs.*

Targeted Projects

- Support the efforts of CAPECO (Community Action Program of East Central Oregon), the hospitals, and other resource-providers to better publicize information about existing programs and resources, possibly through hosting/curating a virtual central resource “library.”
- Work with service providers to ensure that all information about resources is provided in Spanish and other appropriate languages, and alternate formats.

ID - Desired Outcome 3: *More residents (and visitors) take advantage of recreational opportunities in the county.*

Targeted Projects

- Promote the recreational activities available in Umatilla County.
- Create, publish, and distribute “bike loop” maps that suggest safe and interesting bike routes through cities and/or around the county.

Food Access and Connections to Local Agriculture (FA)

Umatilla County has deep agricultural roots and agriculture continues to be an important industry, yet many residents have trouble accessing affordable, high-quality fresh food. In recent years, farmers’ markets across the County have made enormous strides in increasing local food access for residents. The Plan4Health

⁶⁶ For more information on transit: <http://ctuir.org/tribal-services/planning/public-transit-service/transit-services>

Coalition now has the opportunity to support and expand these efforts, in particular by helping to develop better systems for connecting farmers with food buyers and food assistance programs.

FA - Desired Outcome 1: *Local producers have relationships with institutional buyers and food assistance providers, as well as a clear system for delivering local products, which increases the availability of local food products.*

Targeted Projects

- Work with the Oregon Farm Bureau and Oregon State University Extension Service to enhance existing, and develop new, connections for delivering local food products.
- Identify mechanisms for improving farmers' ability to deliver products to schools and other institutions. Current limitations include lack of delivery vehicles and lack of relationships between growers and institutions.
- Help school food service providers to access the [Farm to School grant program](#) to help subsidize the purchase of local products for school breakfasts and lunches. Develop a "how to" guide with a pilot school that other schools can emulate.⁶⁷
- Develop a food gleaning program to serve Umatilla County. Utilize resources of local farmers, grocery stores, and other food providers.
- Assess the storage capacity and needs of food pantries; work to improve the ability of food pantries to offer fresh local food options.

FA - Desired Outcome 2: *Residents have more opportunities to purchase, produce, gather, or otherwise access low-cost, high quality food options.*

Targeted Projects

- Support efforts to develop a food hub/permanent year-round location for the Pendleton Farmers Market and new headquarters for CAPECO.
- Develop a [healthy corner store initiative](#) to increase access to healthy food in food deserts.⁶⁸ Consider special financing for food retailers and other strategies as appropriate to increase access to healthy foods.
- Support efforts around CTUIR's First Foods.
- Support OSU Extension's work on the promotion and support of [specialty crops and local foods](#).⁶⁹
- Assess the feasibility of building more community gardens on underutilized land in cities, tribal land, or on underutilized agricultural land; work to create more community gardens and small farms if projects are deemed feasible.

⁶⁷ Oregon Department of Education, Oregon Farm to School and School Garden Program: <http://www.ode.state.or.us/search/results/?id=379>

⁶⁸ US Department of Agriculture, Food and Nutrition Service. "Health Corner Stores: Making Corner Stores Healthier Places to Shop." June 2016. <http://www.fns.usda.gov/sites/default/files/snap/Healthy-Corner-Stores-Guide.pdf>

⁶⁹ Oregon State University Extension Service. <http://oregonstate.edu/dept/NWREC/programs/vegetables>

Changing Organizations' Mindset – Collaboration for Health (CM)

In practice, public health and planning efforts have not been well-aligned in Umatilla County (or, for that matter, in most of the rest of the country). In part, this is because most practitioners become siloed in their own worlds, concerned with their own immediate problems. The Plan4Health Coalition has made important strides in lifting practitioners out of their siloes to think more broadly about the overlap between efforts. It is essential to further cultivate this mindset of collaboration and big-picture thinking.

CM - Desired Outcome 1: *Organizations and agencies that serve Umatilla County are aware of the Plan4Health Coalition and invited to participate.*

Targeted Projects

- Present Plan4Health to all City Councils, School Boards, hospital Boards of Trustees, the Tribal Board of Trustees, and other civic organizations such as Rotary Clubs, Lions Clubs, and Chambers of Commerce to highlight the connections between public health and planning and encourage more active involvement.
- Invite hospitals and other health care providers to participate in local land use planning efforts, for example, by recruiting health professionals to serve on planning commissions.

CM - Desired Outcome 2: *Planning processes at the County and in local government emphasize positive health outcomes.*

Targeted Projects

- Create an ex officio appointment for the Healthy Communities Coordinator (or other health care professionals) on the County planning commission. Explore options for city planning commissions.
- Involve the Healthy Communities Coordinator in long-range planning processes (such as Transportation System Plans, Comprehensive Plans, or Capital Improvement Plans) at the County and local levels. At minimum, the Healthy Communities Coordinator should review and provide comments on all new long-range planning documents at the County.

CM - Desired Outcome 3: *Local governments and businesses are supported by the County in attempts to promote positive health outcomes.*

Targeted Projects

- Develop a Plan4Health “toolkit” of model policies and programs that local governments and businesses can consider implementing. This could include model land use and development codes that emphasize health outcomes or language for adopting “Health in All Policies” into government functions. This information should live on the Umatilla County Plan4Health website.
- Reach out to private sector organizations (such as chambers of commerce) to share Plan4Health and Health in All Policies information.

Umatilla County Plan4Health Coalition Structure

When Umatilla County was selected as a recipient of the Plan4Health grant, leadership at the County dedicated staff time to supporting the Plan4Health effort and convened a temporary Coalition to assist with the Community Needs and Readiness Assessment. With the completion of the grant, the County must now identify ways to sustain the momentum and collaboration. Who will inherit the responsibility of prioritizing and implementing the recommendations that have emerged from this process? Who will ensure that newly connected partners will continue to work together at the nexus of public health and planning?

Based on discussions with the Plan4Health leadership team, we have identified the following staffing structure for incorporating the Plan4Health Coalition into the fabric of Umatilla County's operations:

- **Healthy Communities Coordinator** – 1 grant-funded⁷⁰ FTE dedicated to developing and implementing Plan4Health projects, managing partnerships, and advocating for further county-wide collaboration between planners and public health practitioners.
- **Leadership Team:** Umatilla County Planning Director, Umatilla County Public Health Director, a County Commissioner, and the Healthy Communities Coordinator – The team will serve as the “vision keepers” of the Plan4Health to ensure that projects are moving forward and that staff in the Public Health and Planning departments take a more holistic approach to their work.
- **Umatilla County Capacity Building Team** – Umatilla County recently established a group that draws members from across the organization with the dual aim of (1) creating better coordination within the organization, and (2) providing better support to municipalities and agencies that serve the county. This Capacity Building Team will help with some of the leg-work of translating the County's Plan4Health goals into actionable funding opportunities for local governments, school districts, and other agencies.

In addition to these County staff positions, the Leadership Team will continue to work with representatives from across the county representing the following interests/sectors:

- City and Tribal governments (particularly planning and public works)
- School districts (particularly food service and physical education)
- Regional service providers (including but not limited to CAPECO, the hospitals, Yellowhawk Tribal Health Center, Kayak Public Transit, Head Start, and OSU Extension Services)
- Local service providers (local food pantries, farmers' markets, churches, Main Street and/or economic and downtown development organizations, other civic organizations)
- Private-sector employers
- Farmers and ranchers

⁷⁰ Grant funding for the Healthy Communities Coordinator position is likely to remain available for the foreseeable future.

Formalizing the Plan4Health Coalition

When the Plan4Health grant concludes, it will be important for Umatilla County to formalize support for the Plan4Health Coalition. Initially, this can include a formal recognition of the County's commitment to Plan4Health. It can also take the form of an action from the Board of County Commissioners to adopt an annual action plan developed by the Healthy Communities Coordinator.

Meeting Schedule

Through stakeholder interviews, the CSC team heard repeatedly that current Plan4Health coalition members were concerned about meeting fatigue and duplication of efforts. Based on this feedback, we recommend very limited formal meetings for Plan4Health partners, but a more regular schedule for the Leadership Team.

We recommend that the **Leadership Team** convene monthly to receive updates from the Healthy Communities Coordinator, discuss existing projects, communicate new opportunities, and tackle any issues that might arise. We outline a tentative standing agenda below:

- Healthy Communities Coordinator updates – *Discuss active projects and troubleshoot*
- Updates from Public Health and Planning departments – *What's going on in the departments' work? Are there possible opportunities for collaboration planning/public health projects?*
- Partnership management – *What's going on in the rest of Umatilla County? Are there any emerging opportunities for collaborating with local governments and service providers?*
- What do we hope to accomplish in the next month?

Each year, the Leadership Team should also revisit the Plan4Health action plan to revise and update it as necessary. The action plan should then be presented to the Board of County Commissioners for adoption.

In addition to this standing meeting, the County will host an annual or semi-annual **Plan4Health Summit** with a dual purpose: (1) bring partners together to network and share ideas, and (2) take action on one or two ideas or projects agreed upon by the group. These summits should be action-oriented to maintain the momentum. The projects identified during the summits can be small and discussions during the summit should result in clear actions each attendee commits to taking to further the identified project(s).

Finally, the Healthy Communities Coordinator may convene **topical work-groups** as needed around projects that the Leadership Team has prioritized. Attendance at these project meetings will be voluntary and based on the interest of Plan4Health partners.

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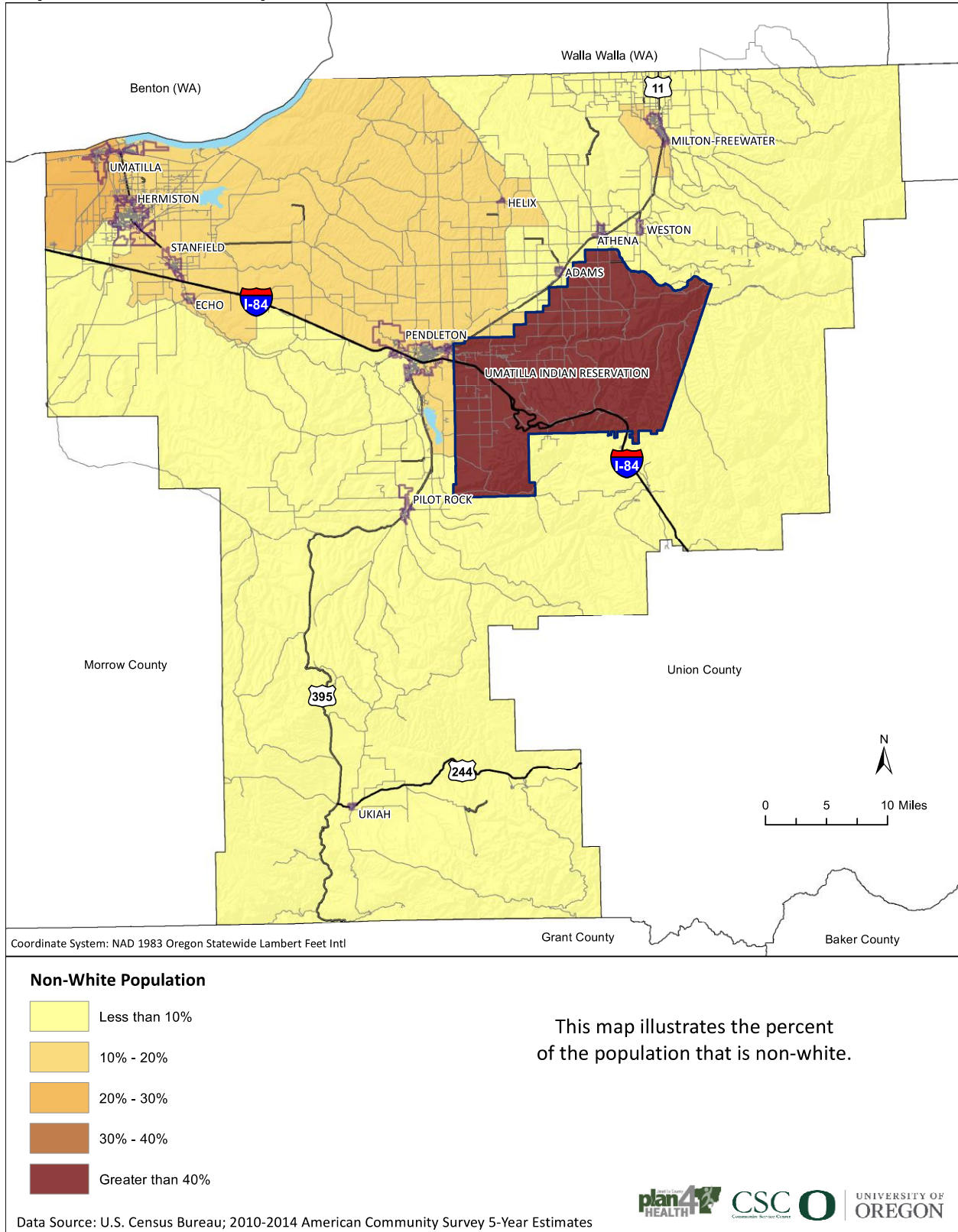
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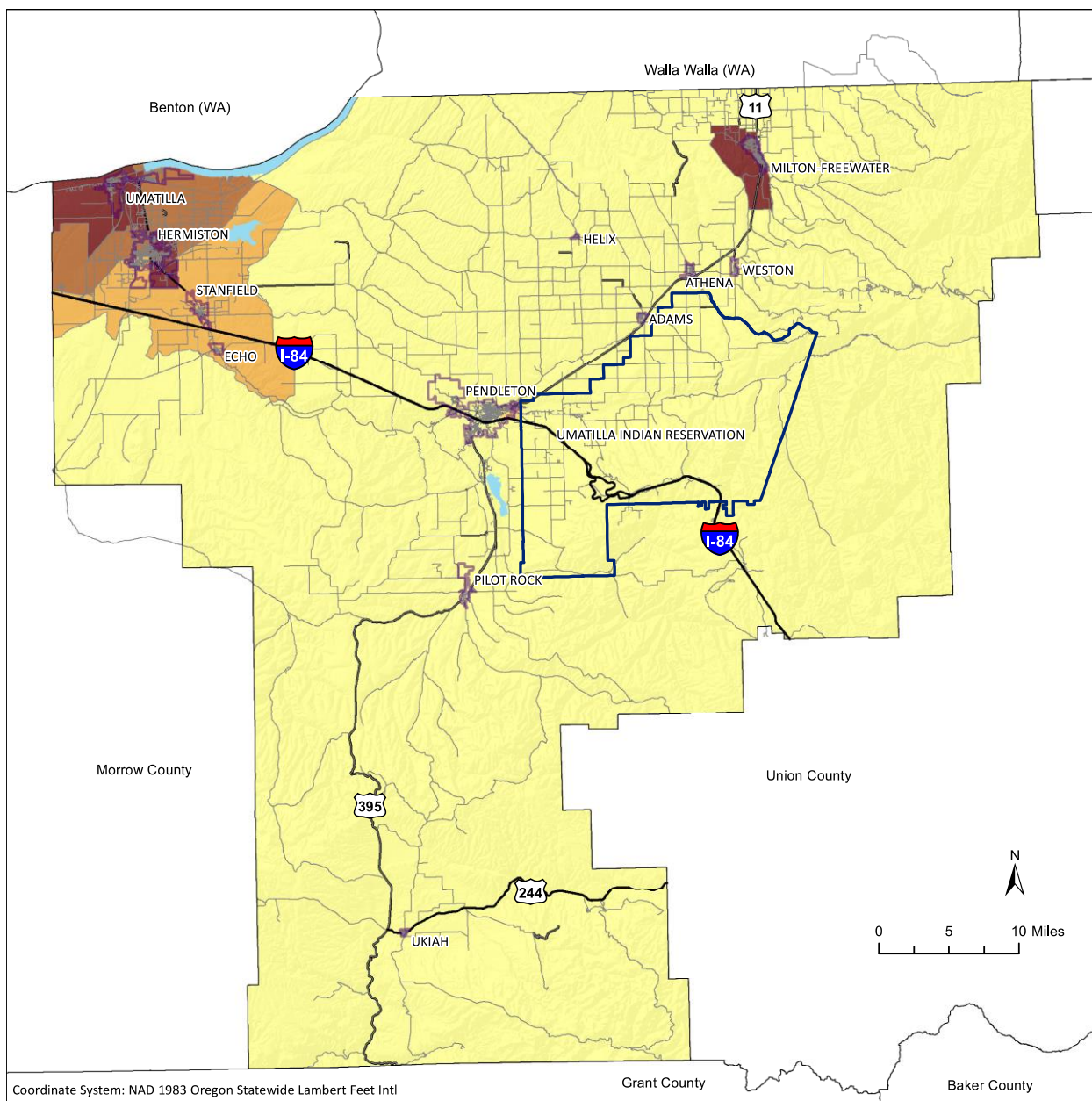
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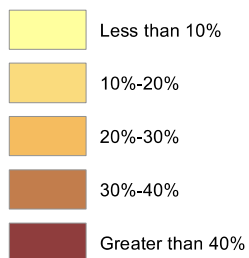
Map A-I: Non-White Population



Map A-2: Hispanic or Latino Population



Hispanic/ Latino Population



This map illustrates the percent of the population that is Hispanic or Latino.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

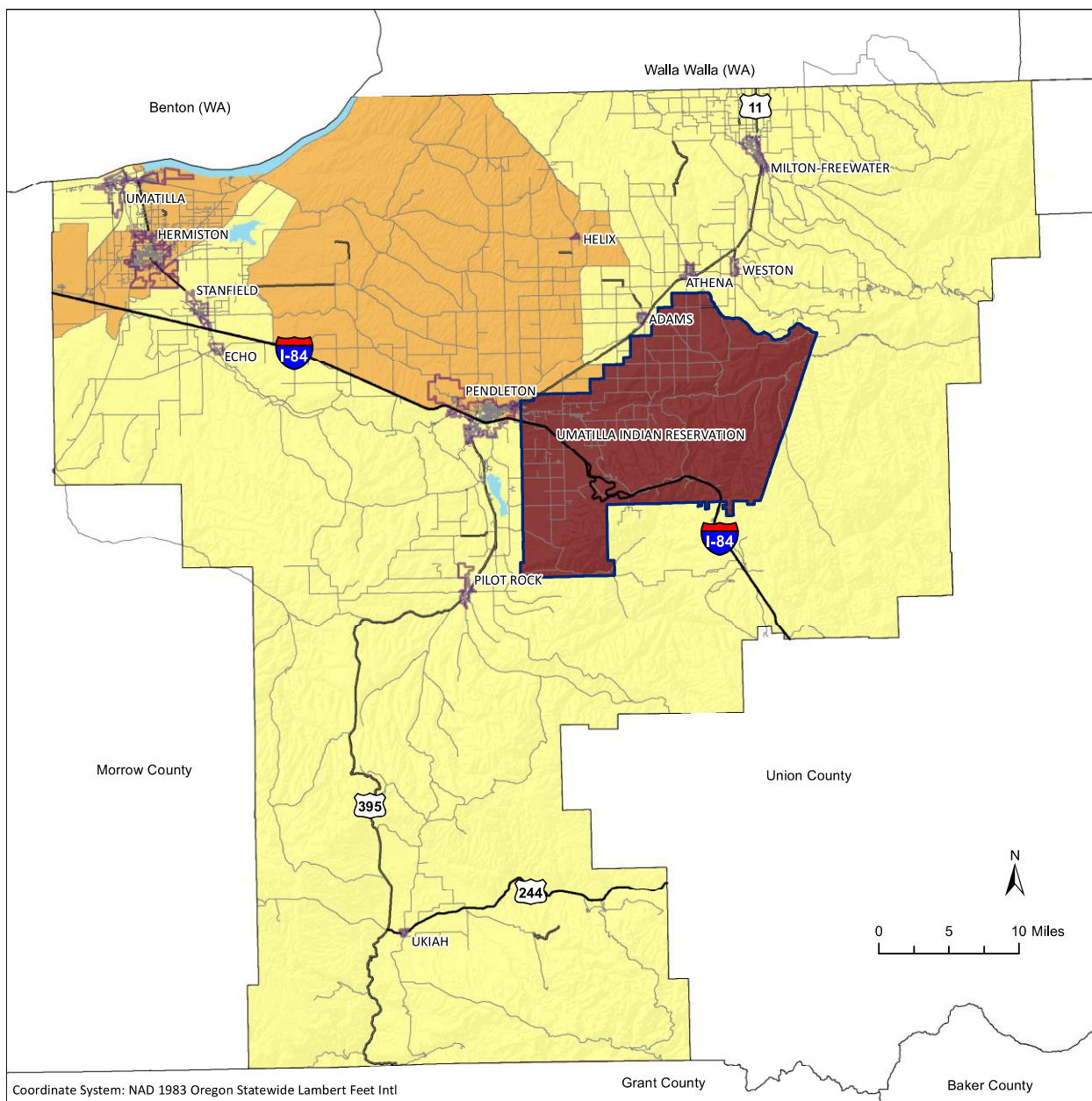


CSC
Community Service Center

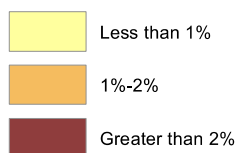


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Map A-3: American Indian Population



American Indian Population

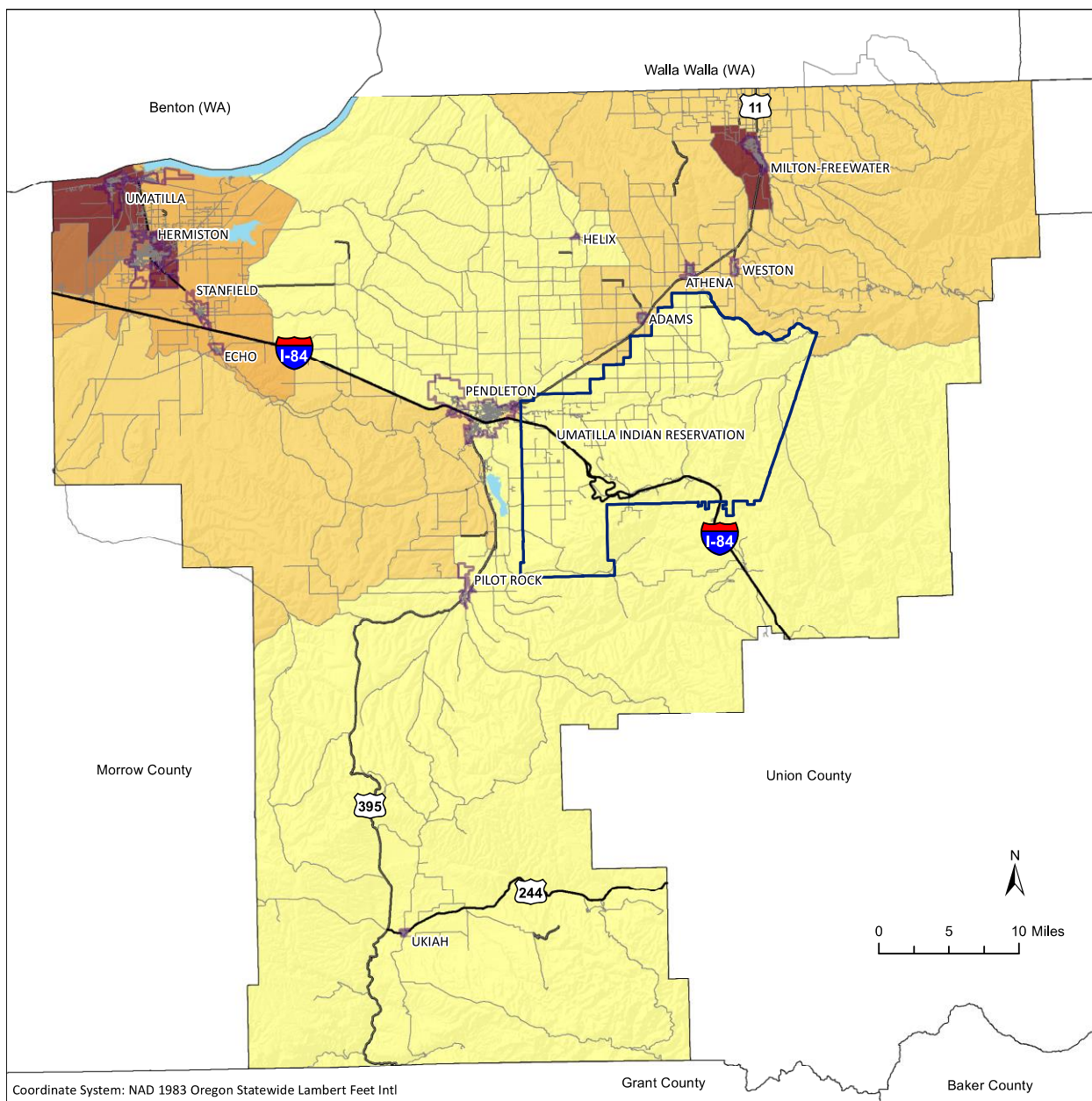


This map illustrates the percent of the population that is American Indian or Alaskan Native.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

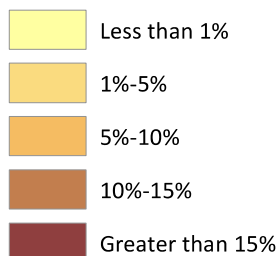


Map A-4: Population that is Non-English Speaking



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

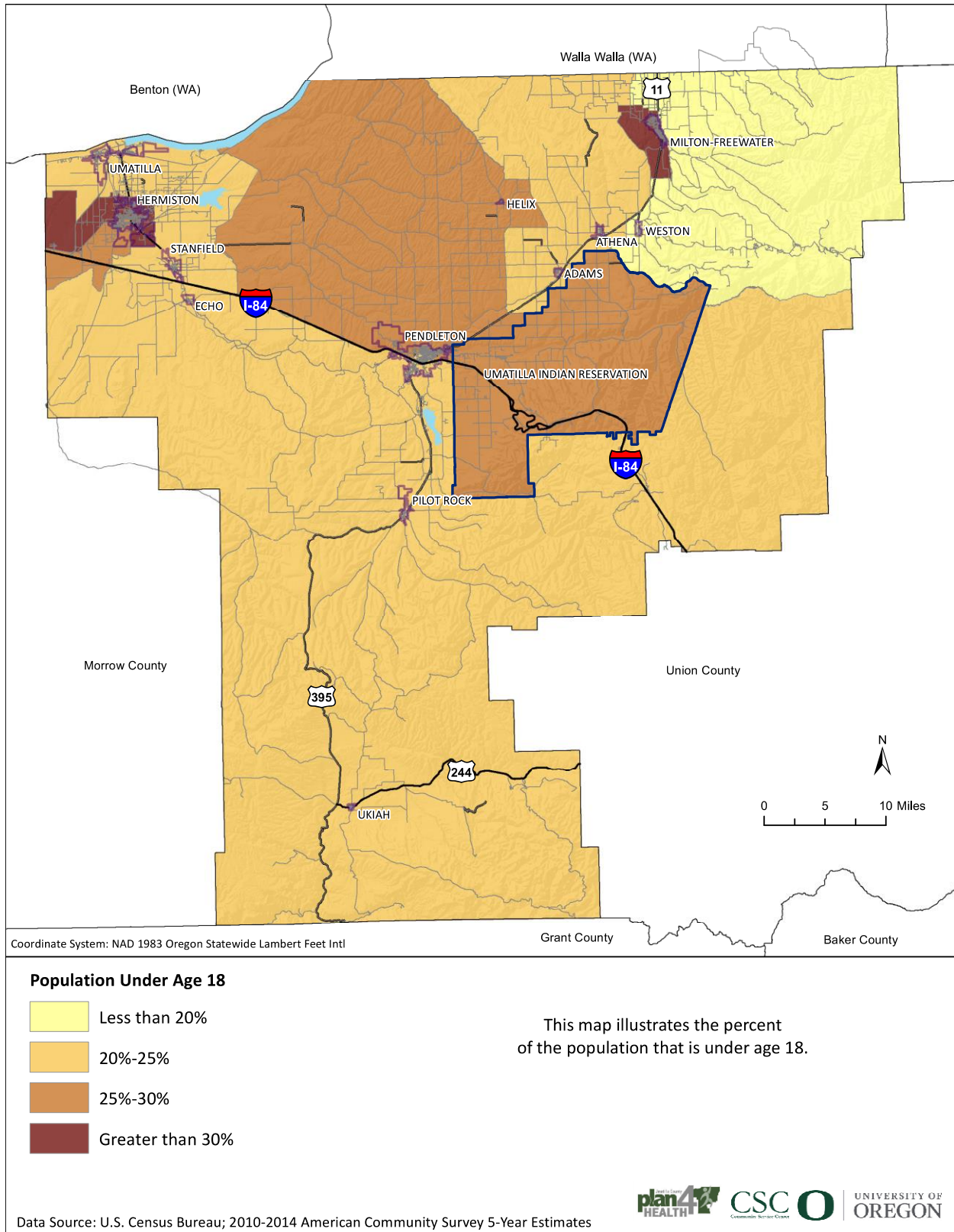
Population that is Non-English Speaking



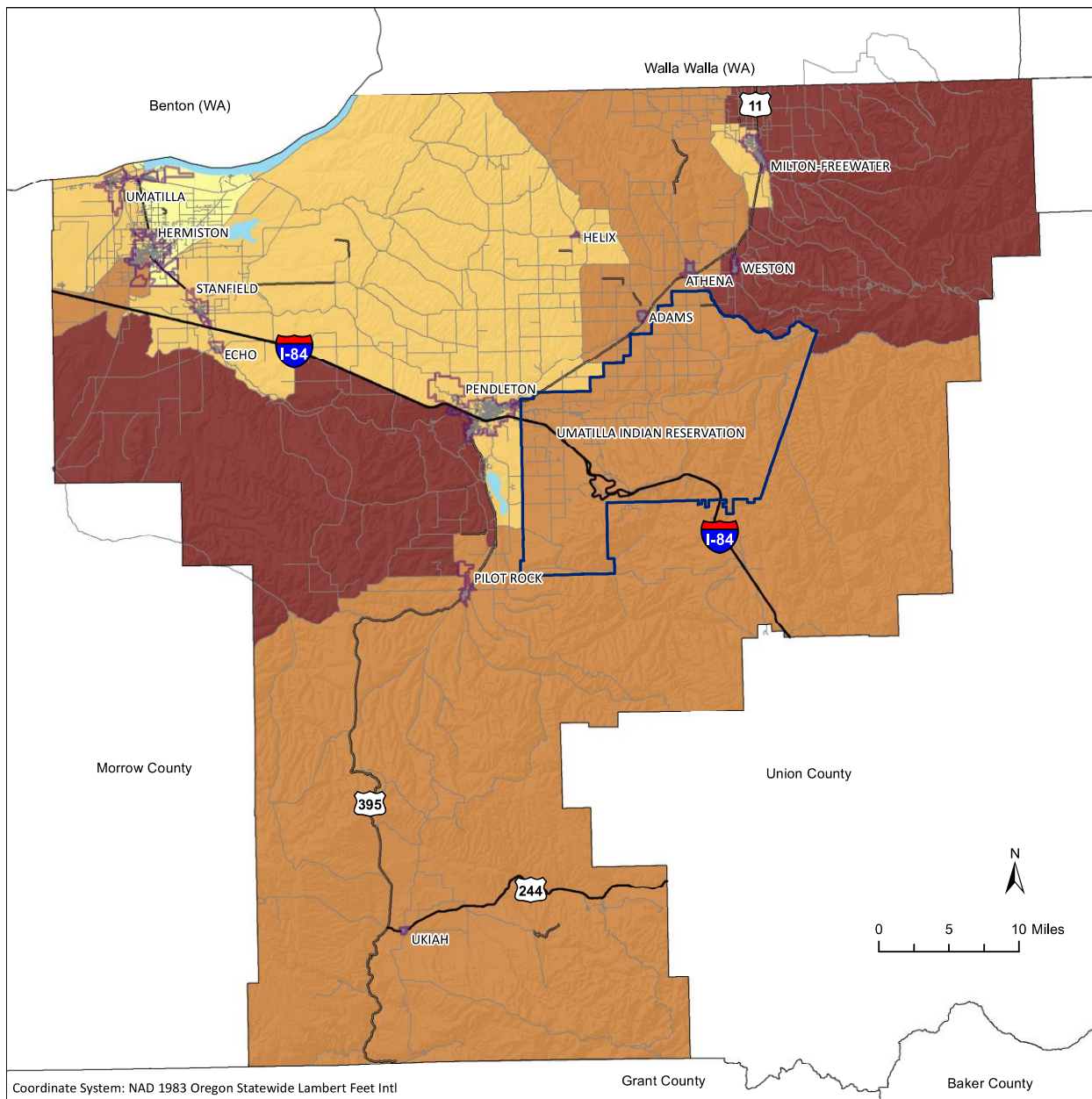
This map illustrates the percent of the population (5+ years) who speak English "less than very well".

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

Map A-5: Population Under Age 18

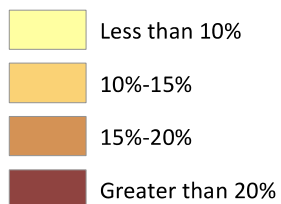


Map A-6: Population Age 65 or Older



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

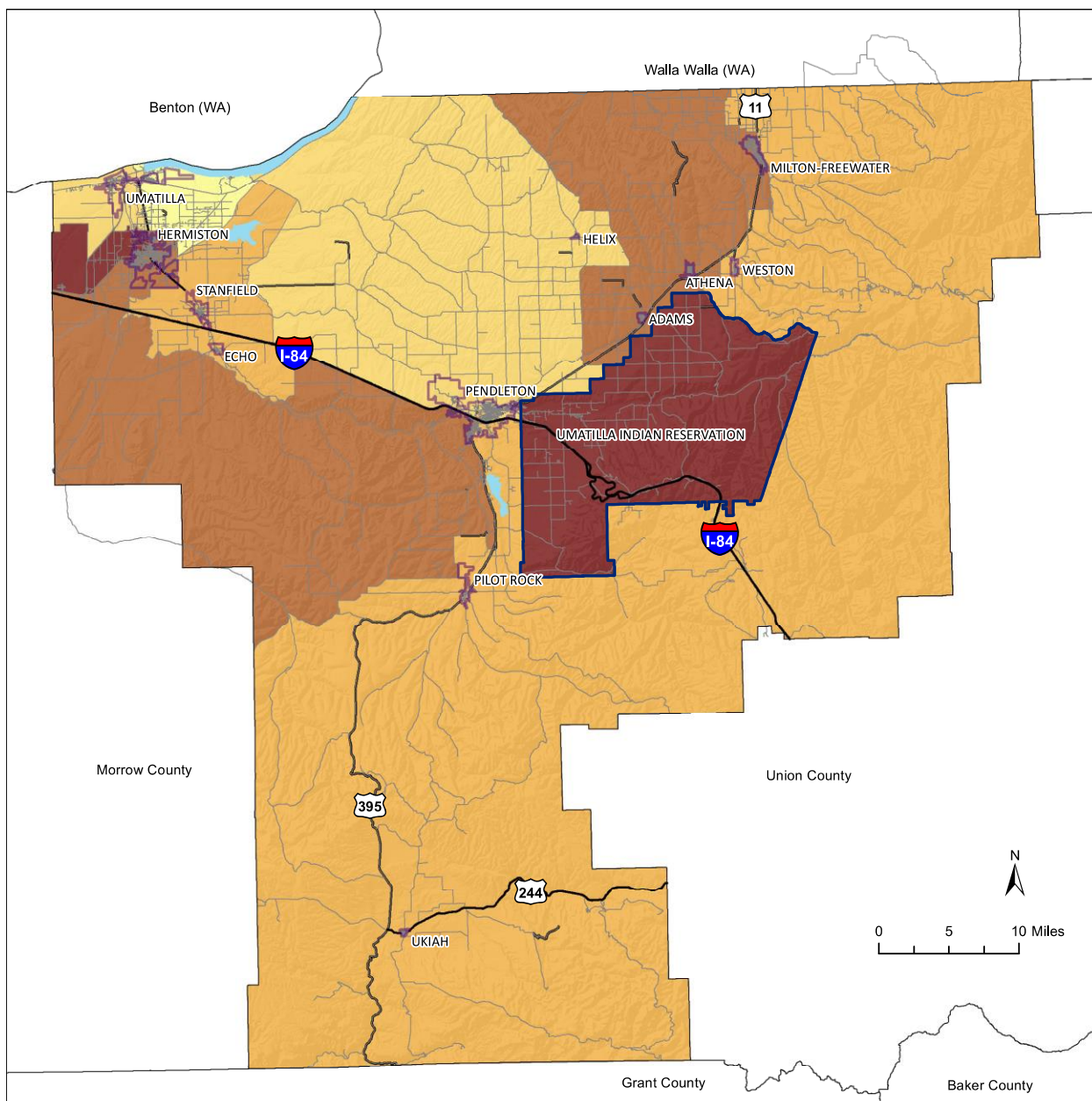
Population Age 65 or Older



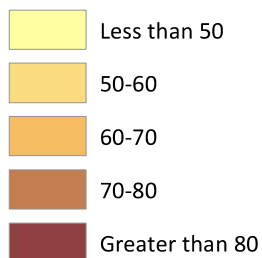
This map illustrates the percent of the population that is age 65 or older.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

Map A-7: Age Dependent Population



Age Dependent Population



The age dependent population is the ratio of individuals under the age of 18 and over the age of 64 compared to the rest of the population (18-64). A number close to 50 indicates that about twice as many people are of working age than non-working age. A number of closer to 100 implies an equal number of working age population as non-working age population.

Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

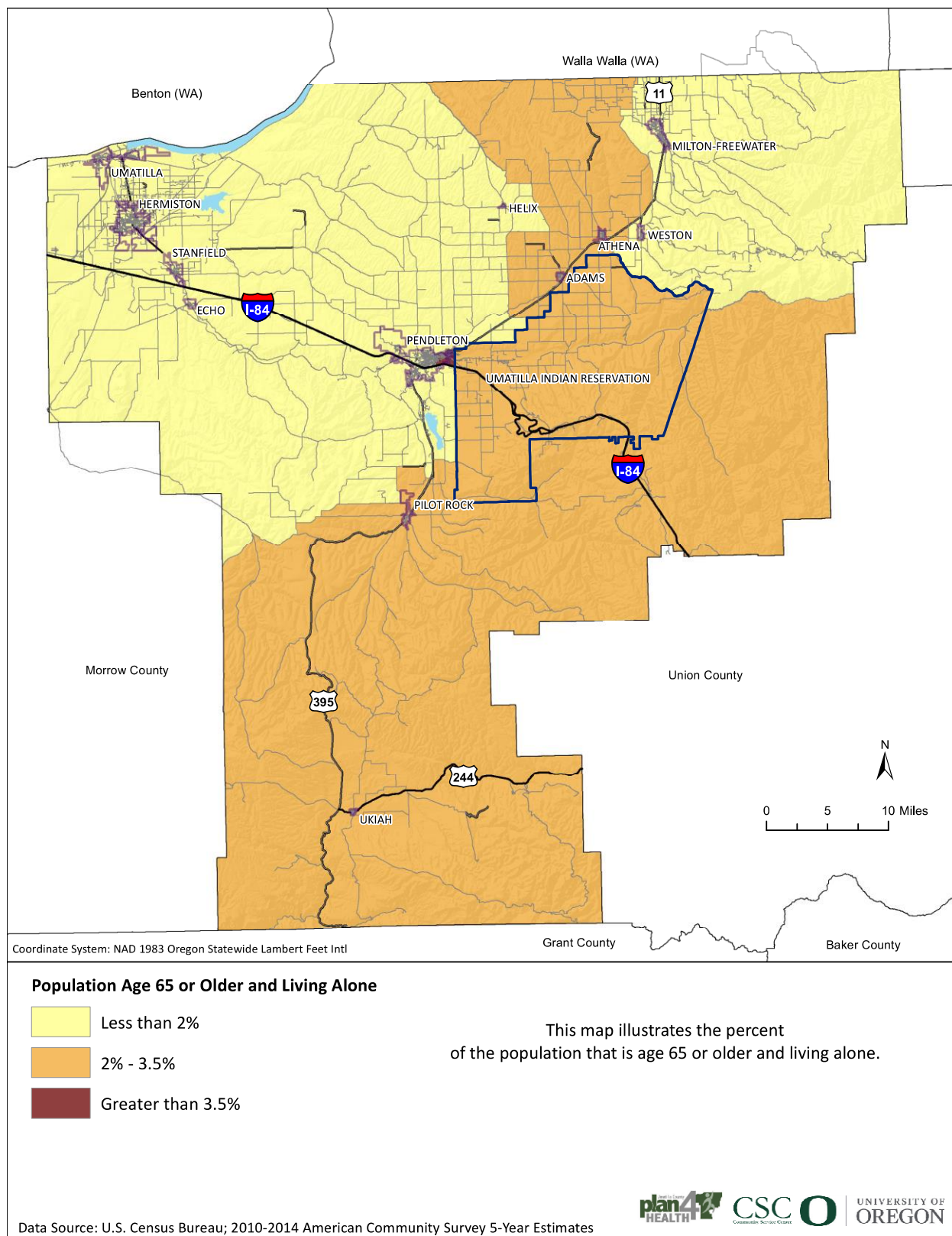


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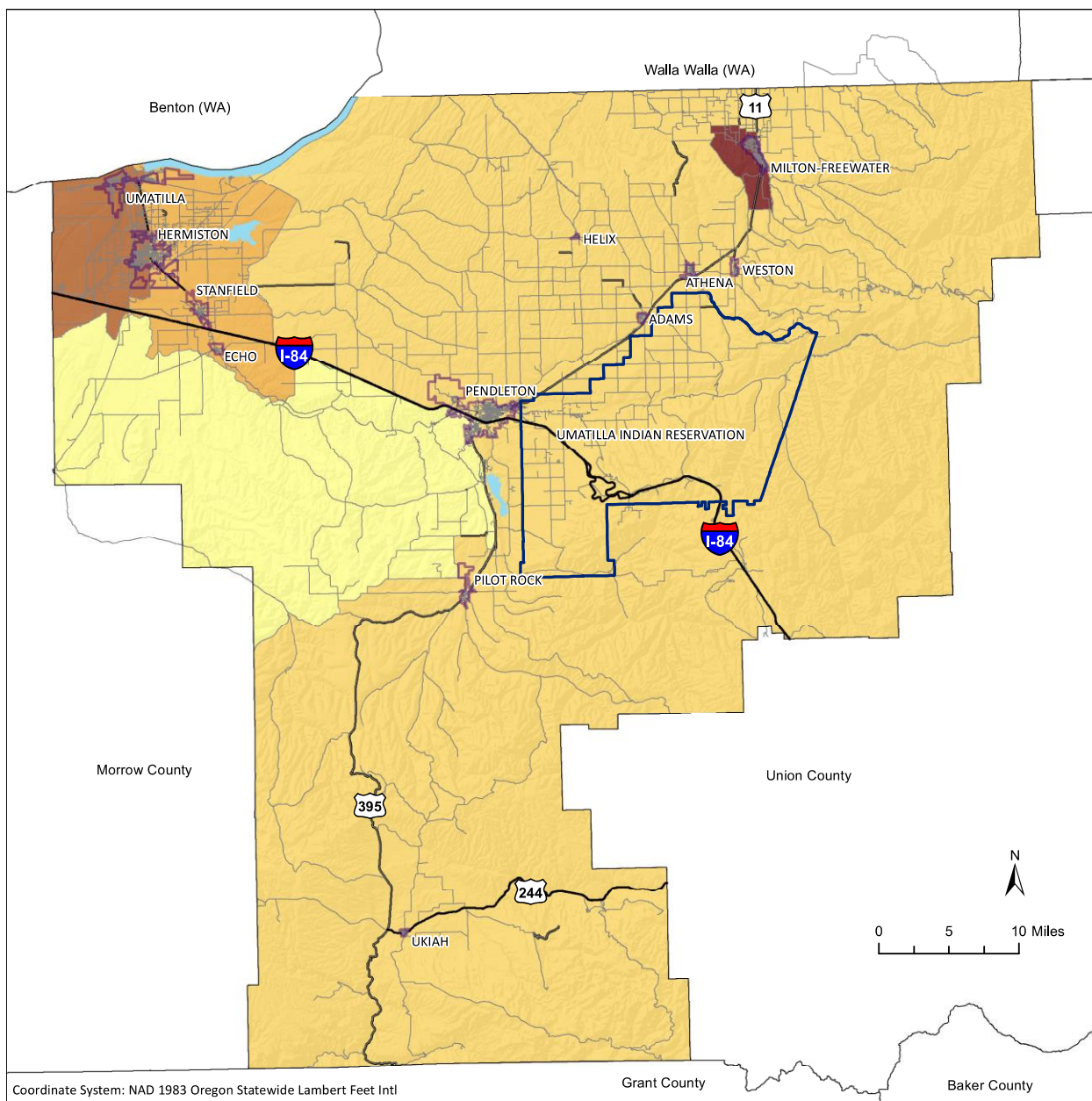


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Map A-8: Population Age 65 or Older and Living Alone

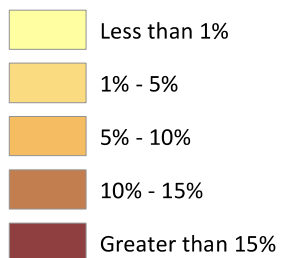


Map A-9: Population with Less Than 9th Grade Complete



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Population with Less than 9th Grade Complete



This map illustrates the percent of the adult population (25+ years) who did not complete 9th grade.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

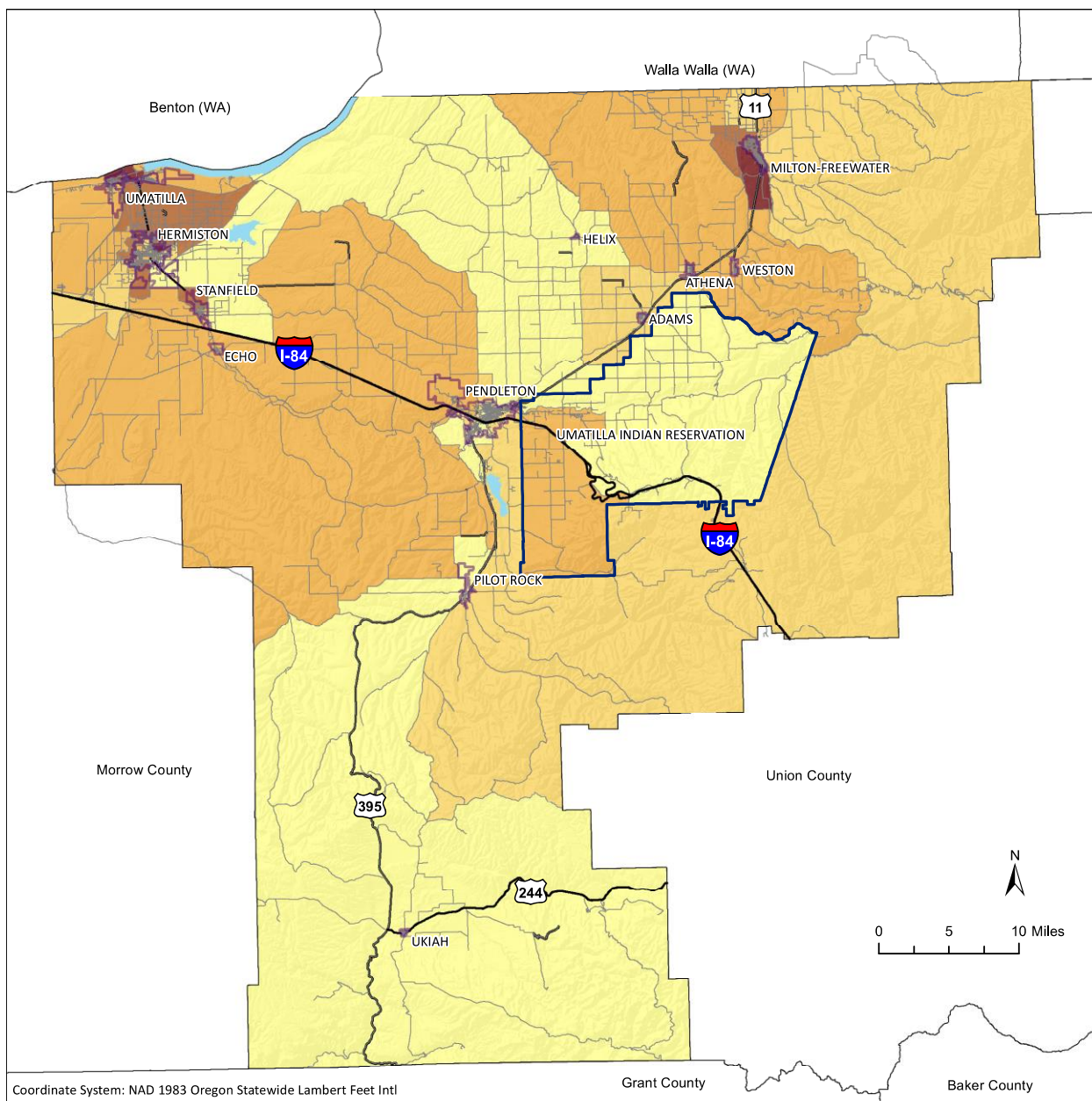


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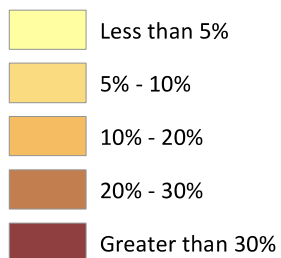
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Map A-I0: Population with Less Than High School Degree



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Population with Less than High School Degree



This map illustrates the percent of the adult population (25+ years) who did not graduate from high school.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

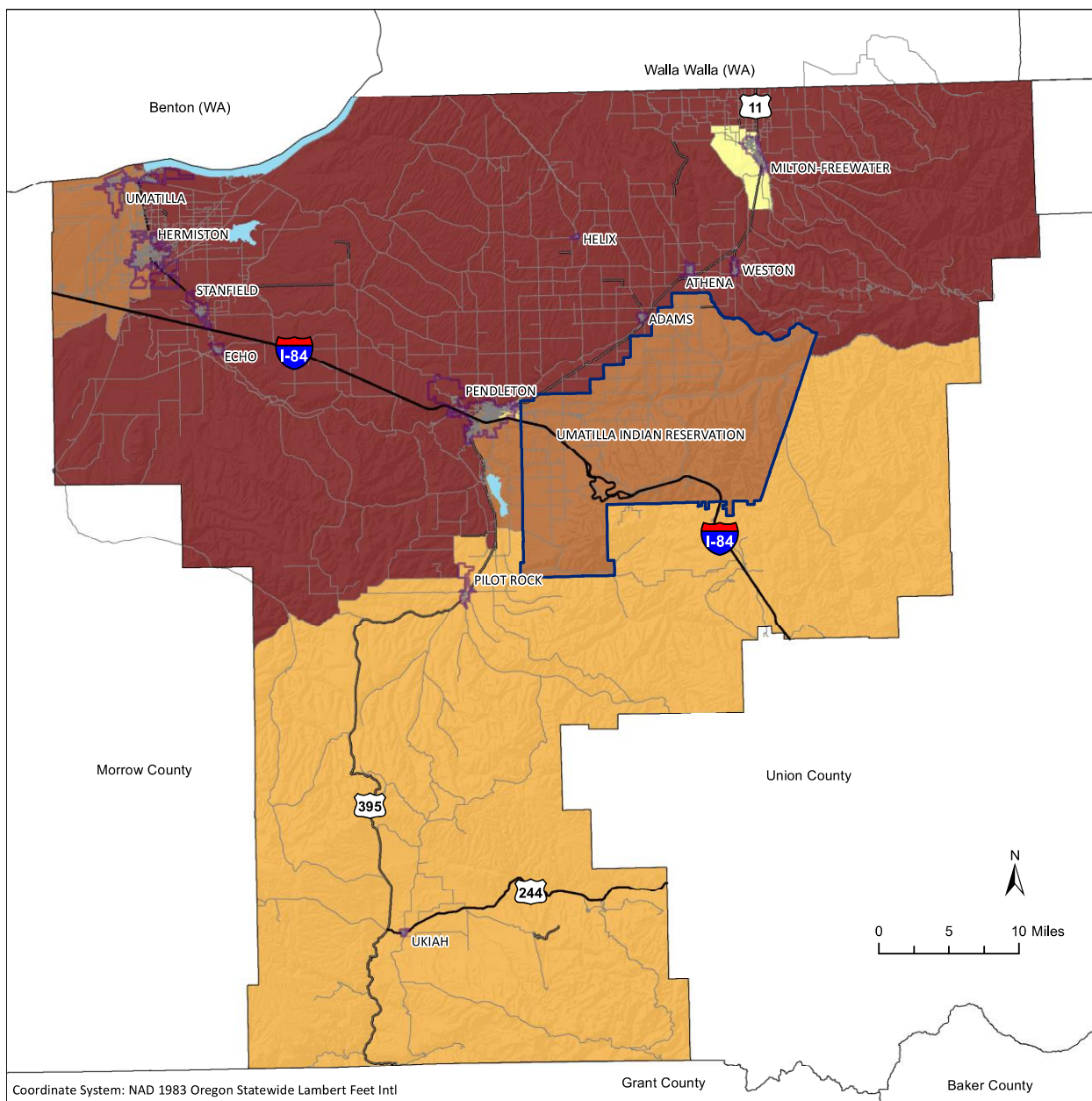


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Map A-11: Median Household Income

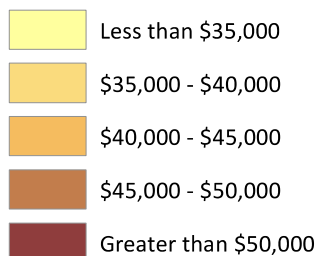


Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Grant County

Baker County

Median Household Income



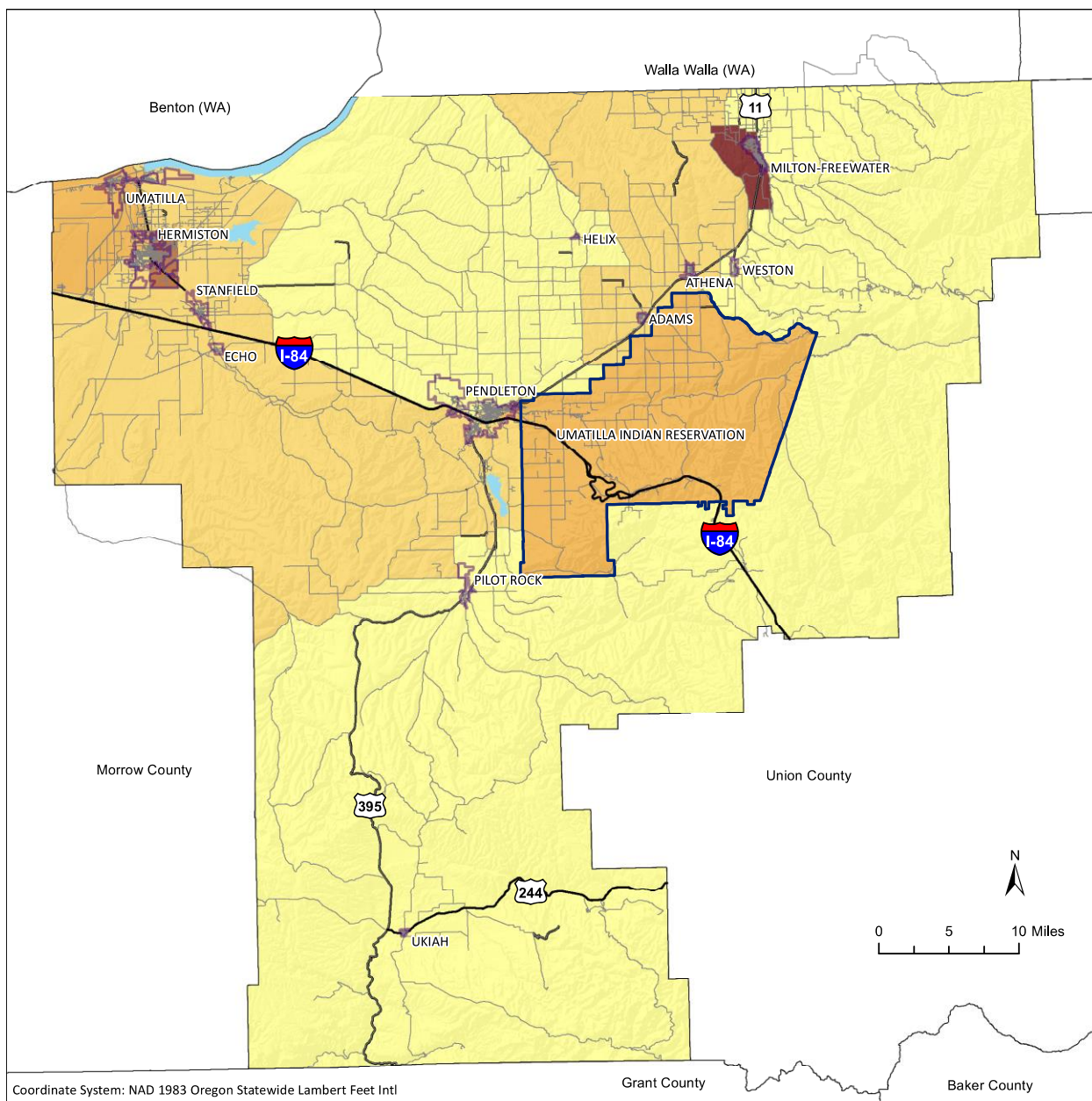
This map illustrates the median household income for Umatilla County Census Tracts.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

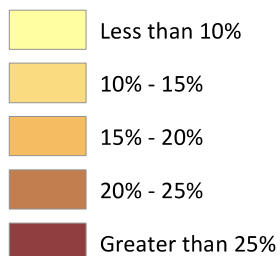


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Map A-12: Individuals Living Below the Federal Poverty Level



Individuals Living Below the Federal Poverty Level



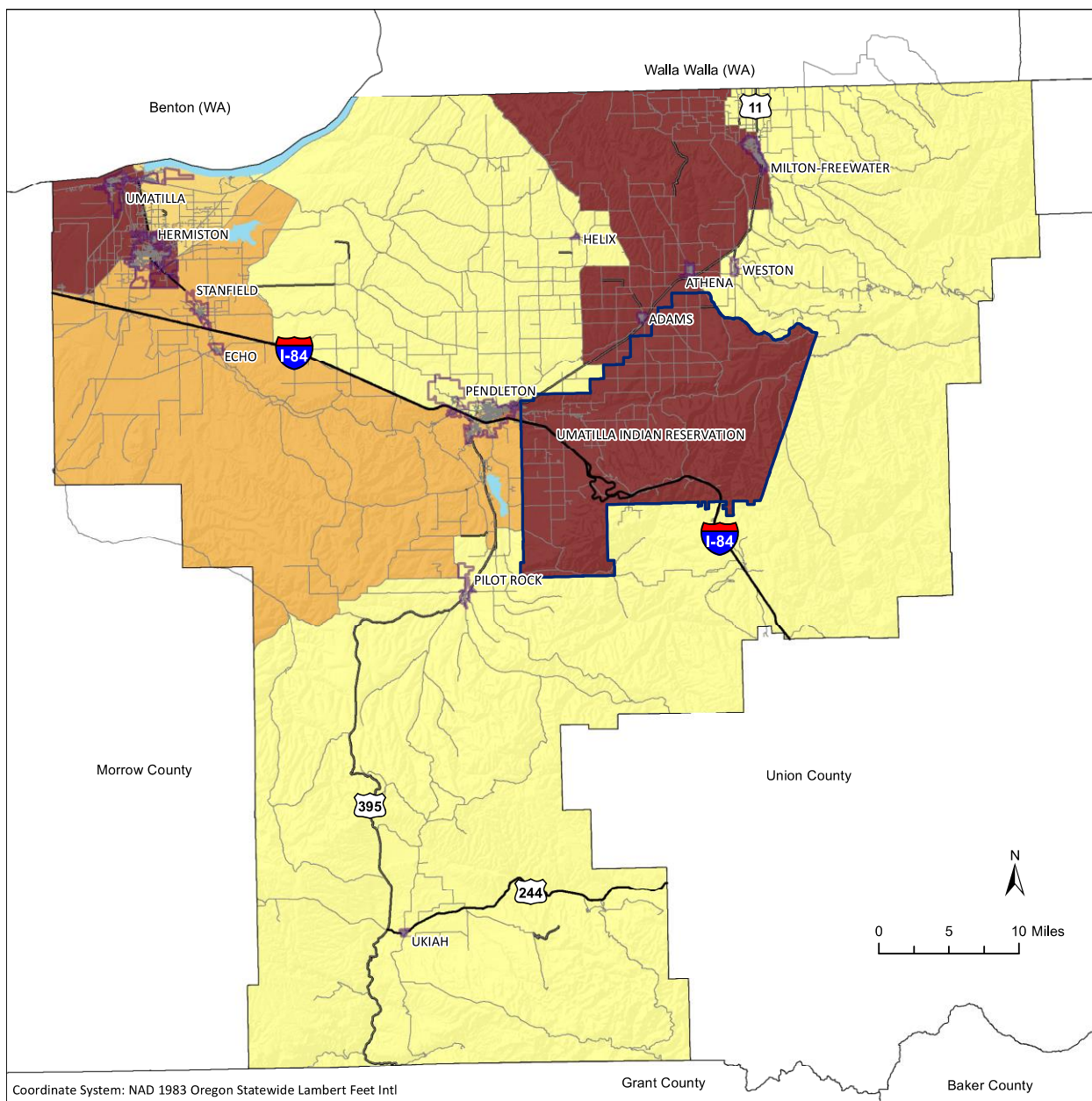
This map illustrates the percentage of individuals living below the federal poverty level (threshold).

The Census Bureau defines poverty by comparing pre-tax cash income against the associated threshold limit. Updated every year for inflation, the thresholds do not vary geographically, and are determined by the age and number of family members. Thresholds are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates



Map A-13: Children Living Below the Federal Poverty Level



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Children Living Below the Federal Poverty Level

- Less than 10%
- 10% - 15%
- 15% - 20%
- 20% - 25%
- Greater than 25%

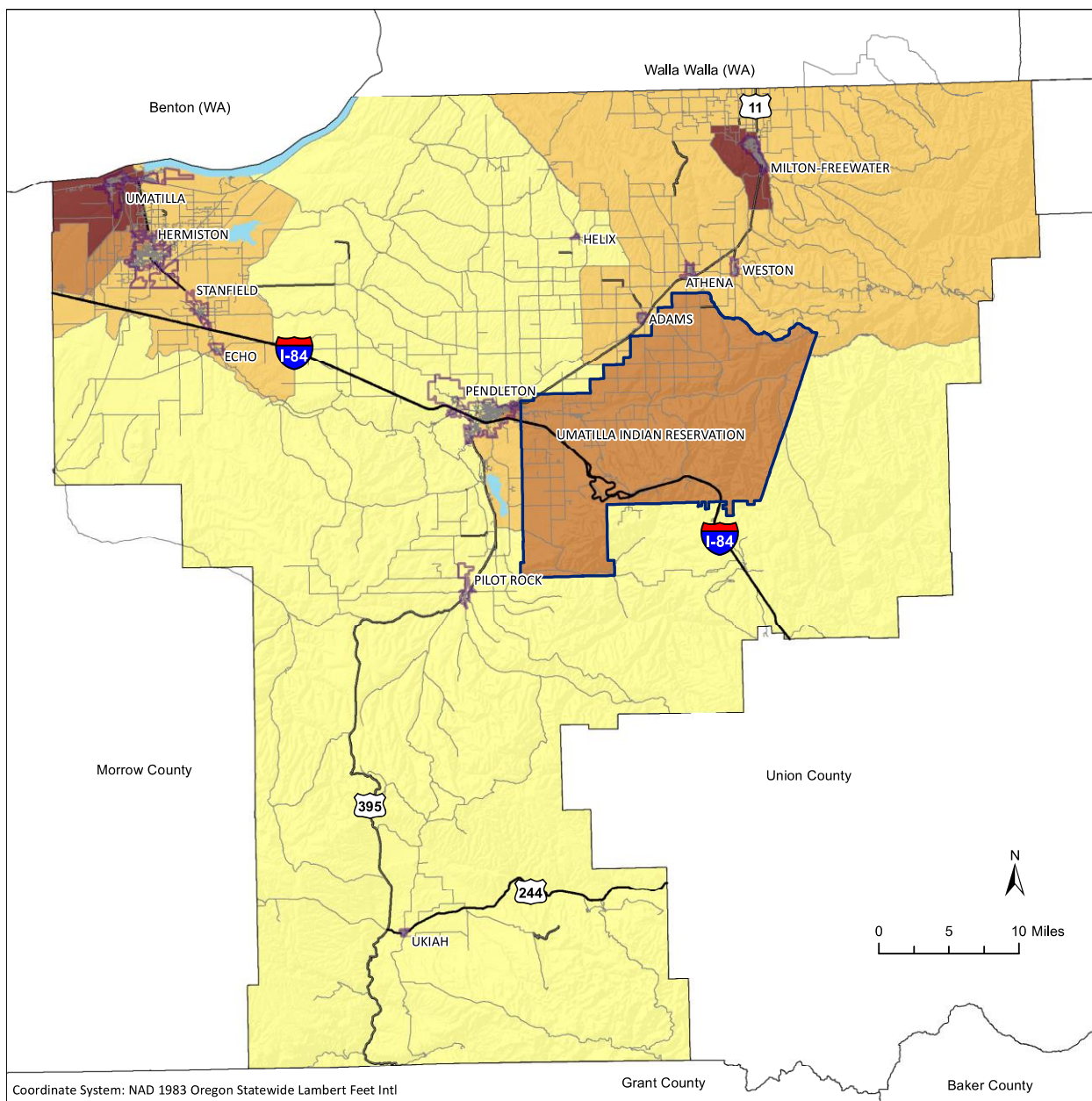
This map illustrates the percentage of children (under 18) living below the federal poverty level (threshold).

The Census Bureau defines poverty by comparing pre-tax cash income against the associated threshold limit. Updated every year for inflation, the thresholds do not vary geographically, and are determined by the age and number of family members. Thresholds are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates



Map A-14: Seniors Living Below the Federal Poverty Level



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Seniors Living Below the Federal Poverty Level

- Less than 5%
- 5% - 10%
- 10% - 15%
- Greater than 15%

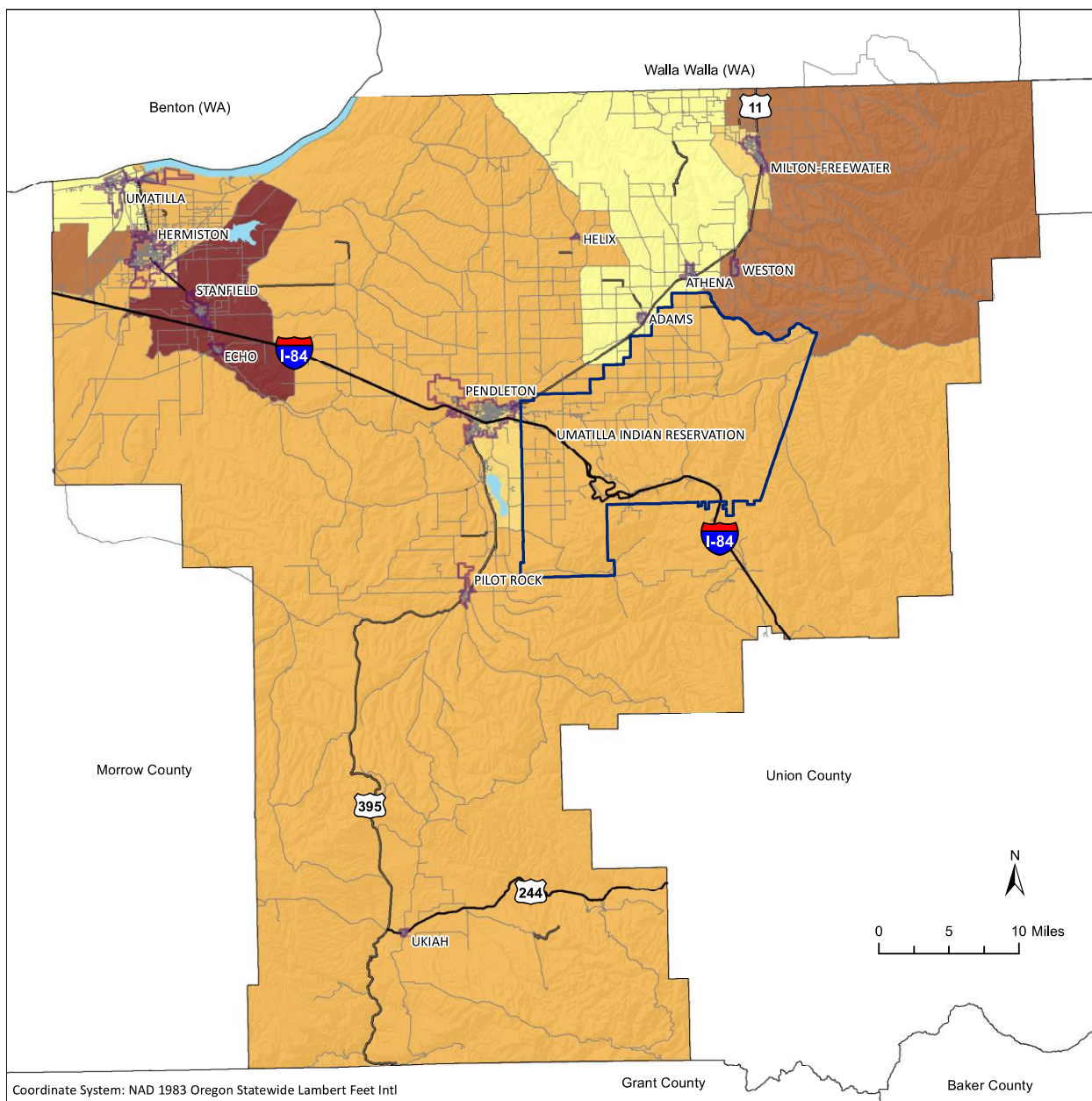
This map illustrates the percentage of older adults (over 64) living below the federal poverty level (threshold).

The Census Bureau defines poverty by comparing pre-tax cash income against the associated threshold limit. Updated every year for inflation, the thresholds do not vary geographically, and are determined by the age and number of family members. Thresholds are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates



Map A-15: Families Living Below the Federal Poverty Level



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Families Living Below the Federal Poverty Level

- Less than 5%
- 5% - 10%
- 10% - 15%
- 15% - 20%
- Greater than 20%

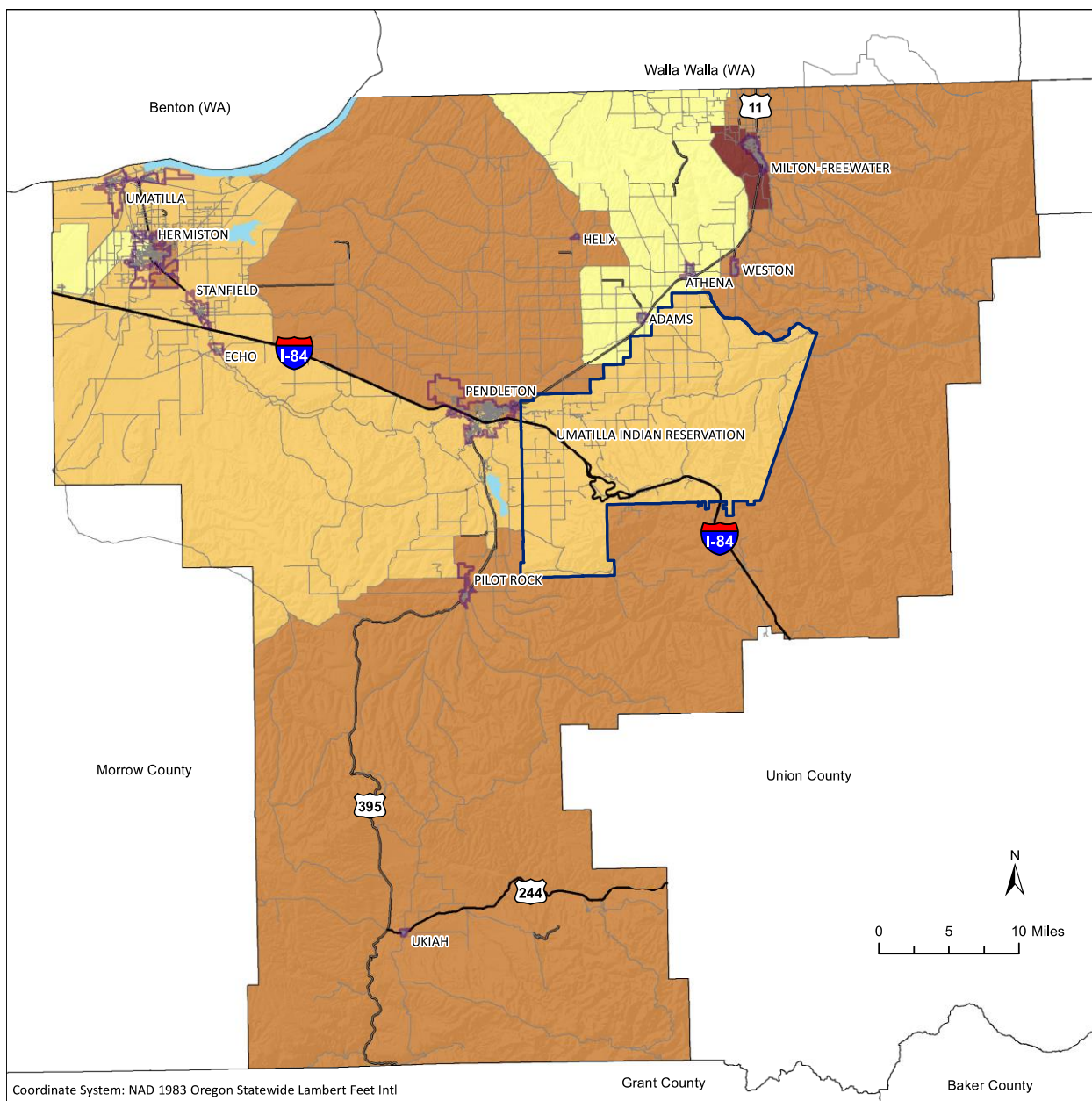
This map illustrates the percentage of families living below the federal poverty level (threshold).

The Census Bureau defines poverty by comparing pre-tax cash income against the associated threshold limit. Updated every year for inflation, the thresholds do not vary geographically, and are determined by the age and number of family members. Thresholds are intended for use as a statistical yardstick, not as a complete description of what people and families need to live.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

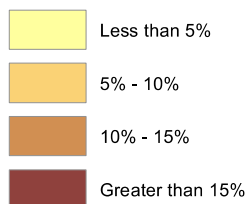


Map A-16: Population that is Unemployed



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Population that is Unemployed



This map illustrates the percentage of the population (16 years or older) that are unemployed.

Civilians 16 years old and over are classified as unemployed if they

- (1) were neither "at work" nor "with a job but not at work" during the reference week,
- (2) were actively looking for work during the last 4 weeks, and
- (3) were available to start a job.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

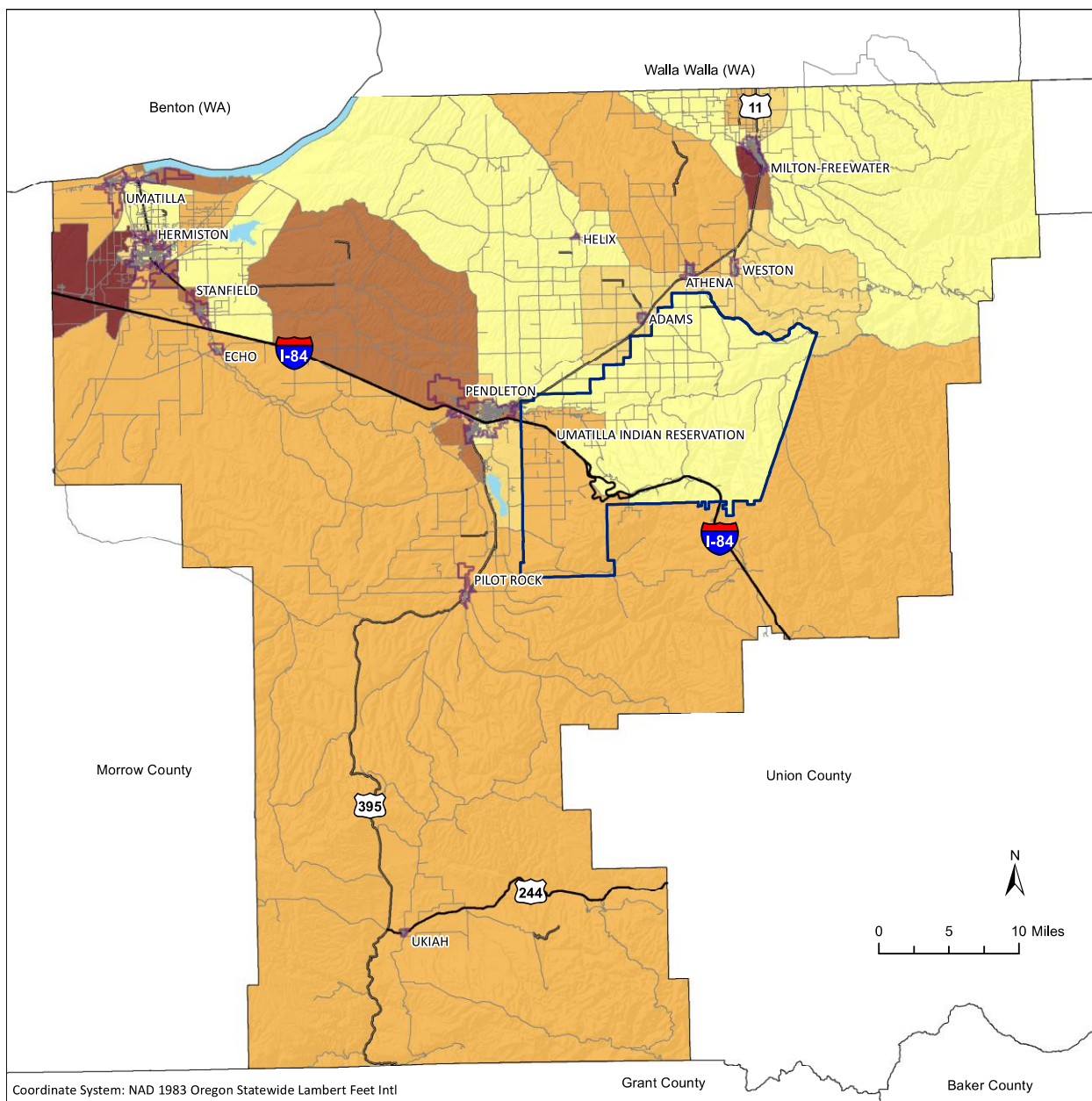


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Map A-17: Cost Burdened Renters

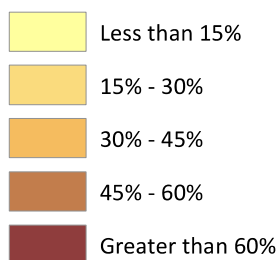


Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Grant County

Baker County

Cost Burdened Renters (Block Group)



This map illustrates the percentage of renters that are cost burdened.

Cost burden occurs when a renter is paying more than 30% of their gross income on rent.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

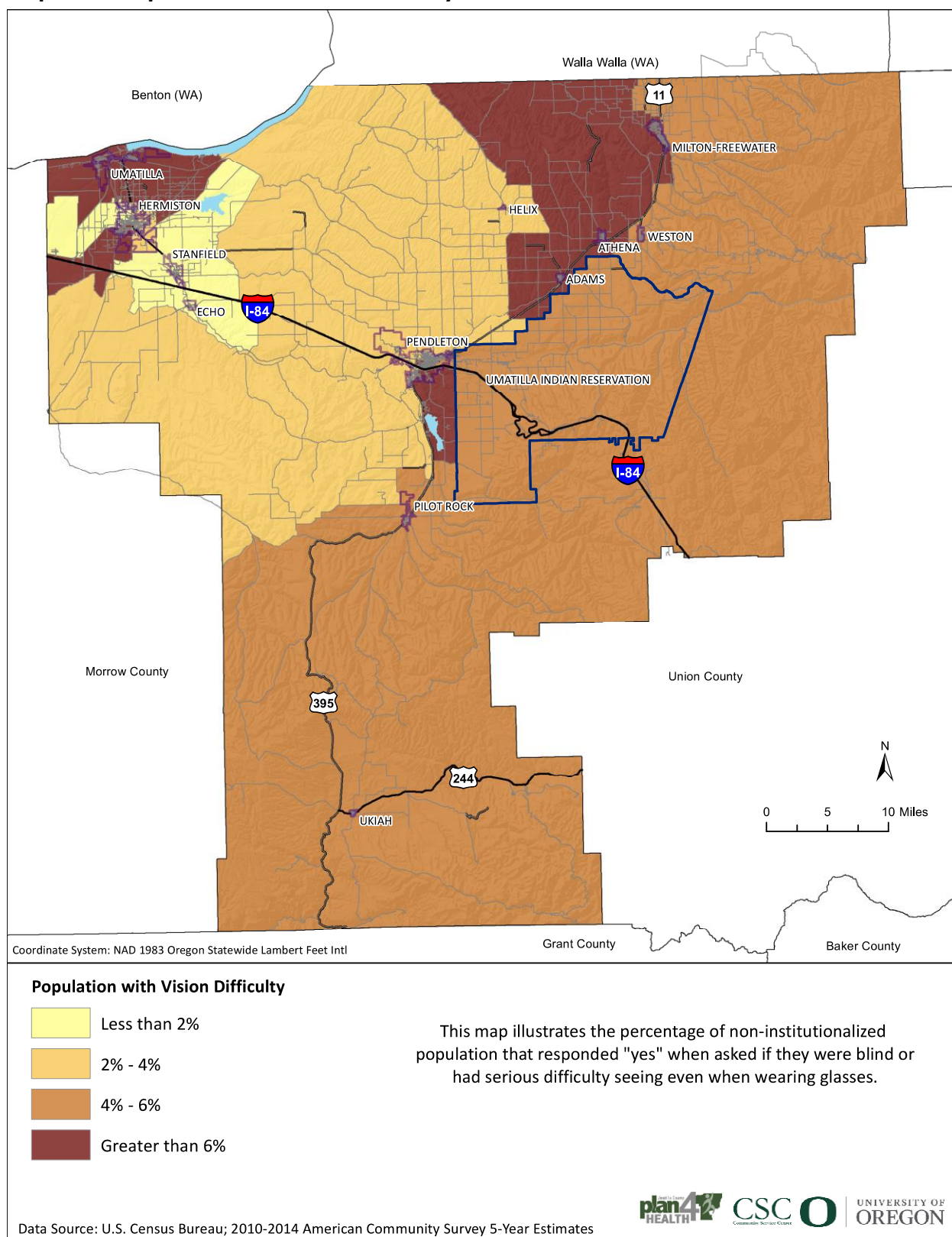


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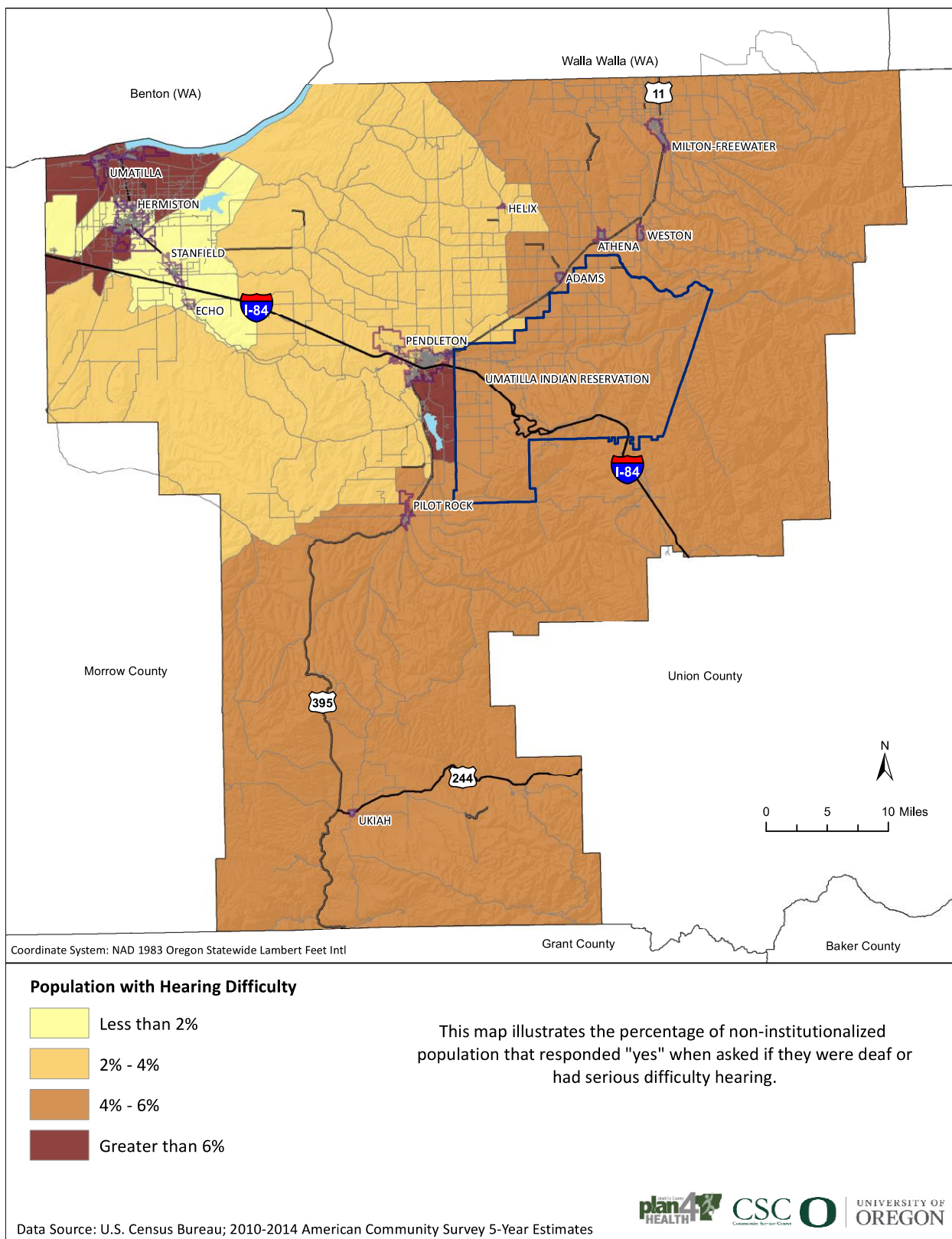


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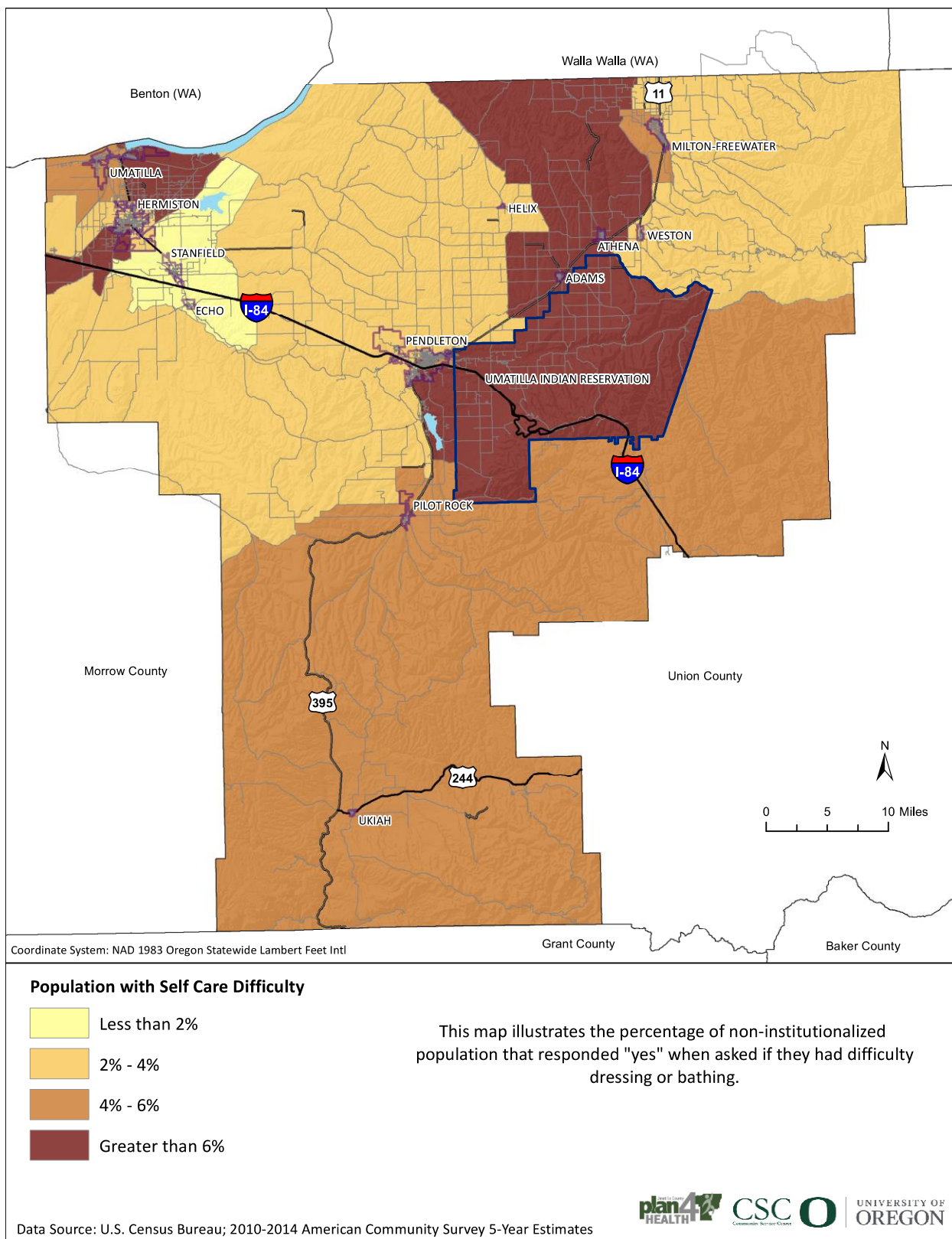
Map A-18: Population with Vision Difficulty



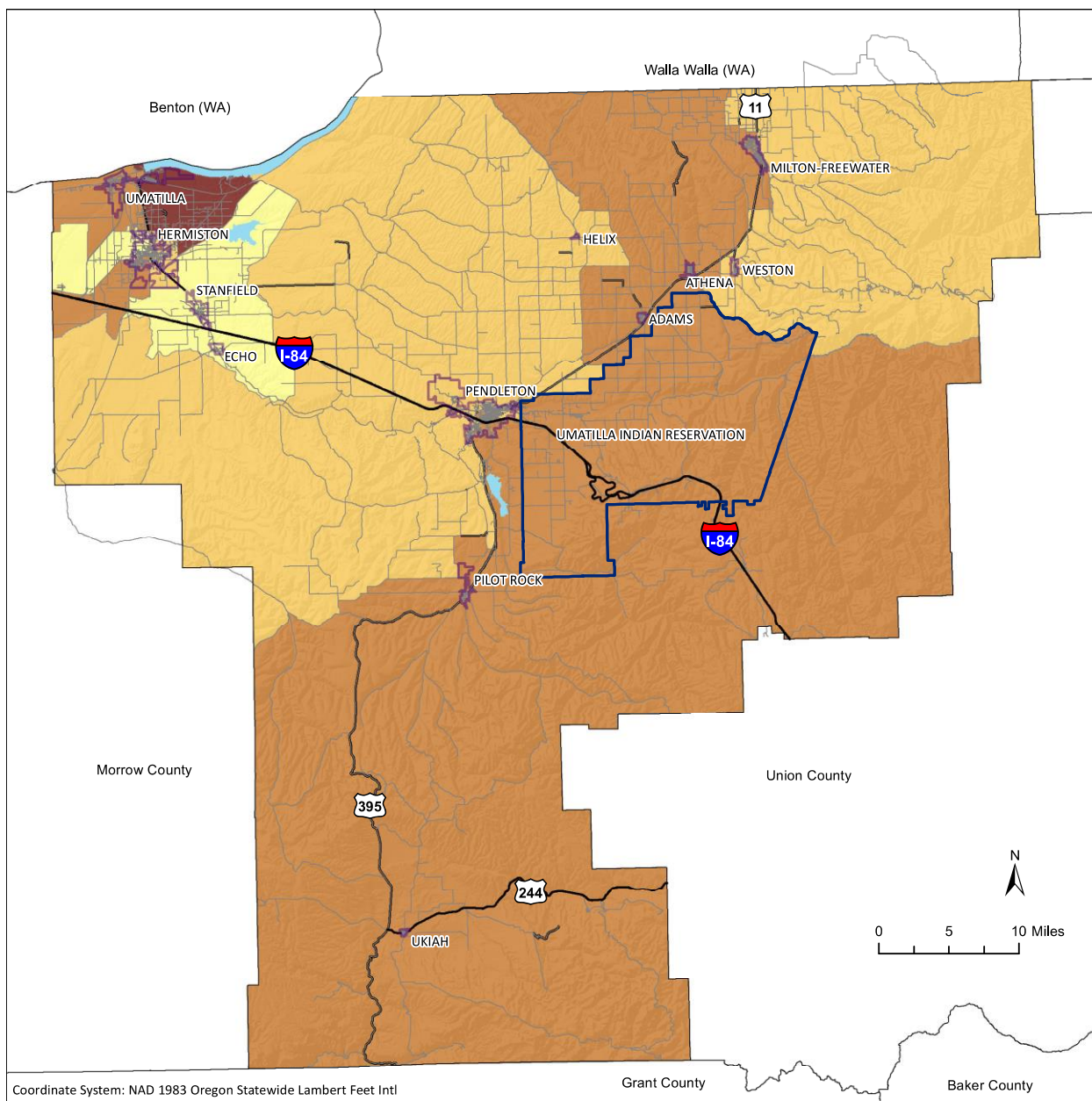
Map A-19: Population with Hearing Difficulty



Map A-20: Population with Self-Care Difficulty



Map A-21: Population with Independent Living Difficulty



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

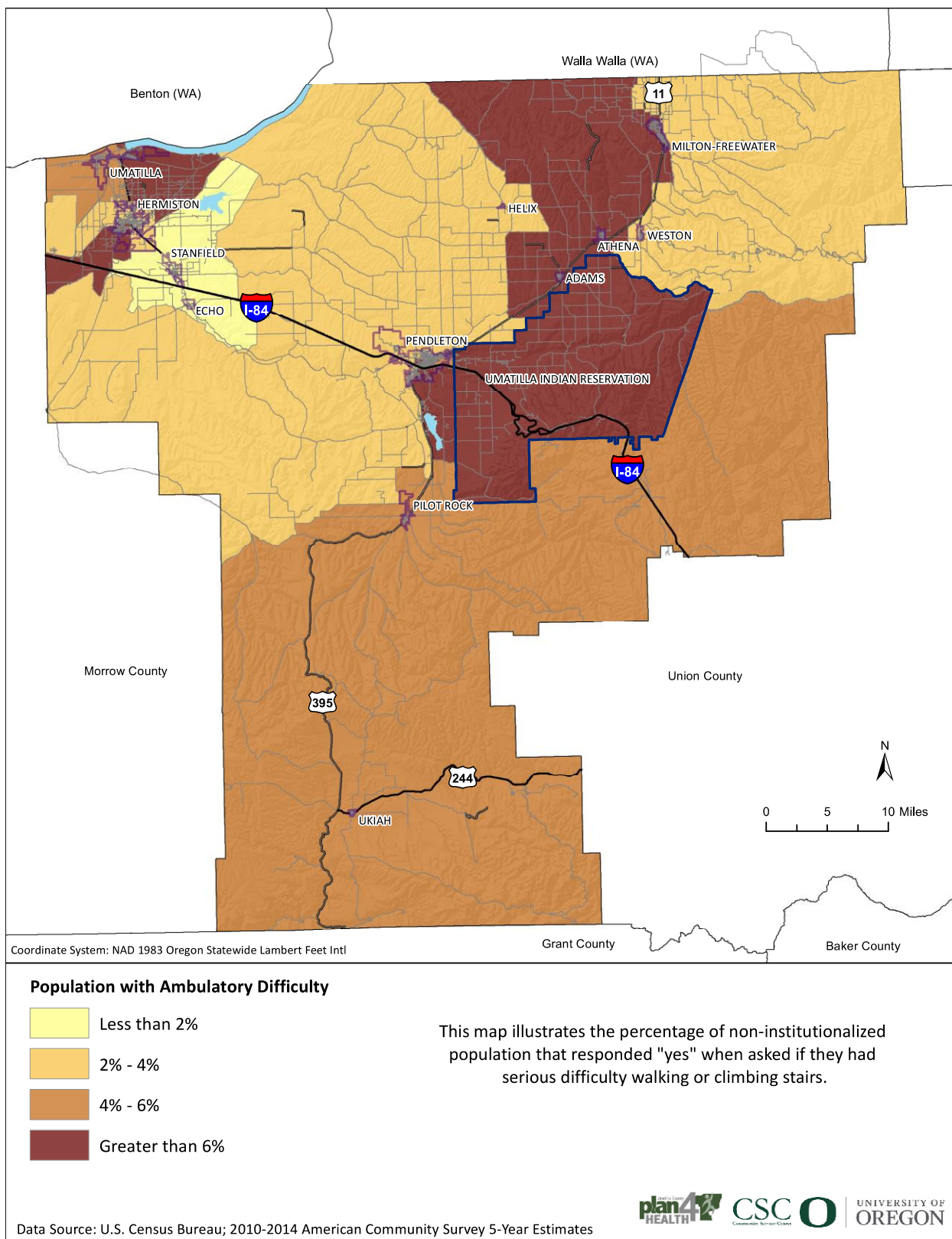
Population with Independent Living Difficulty

- Less than 2%
- 2% - 4%
- 4% - 6%
- Greater than 6%

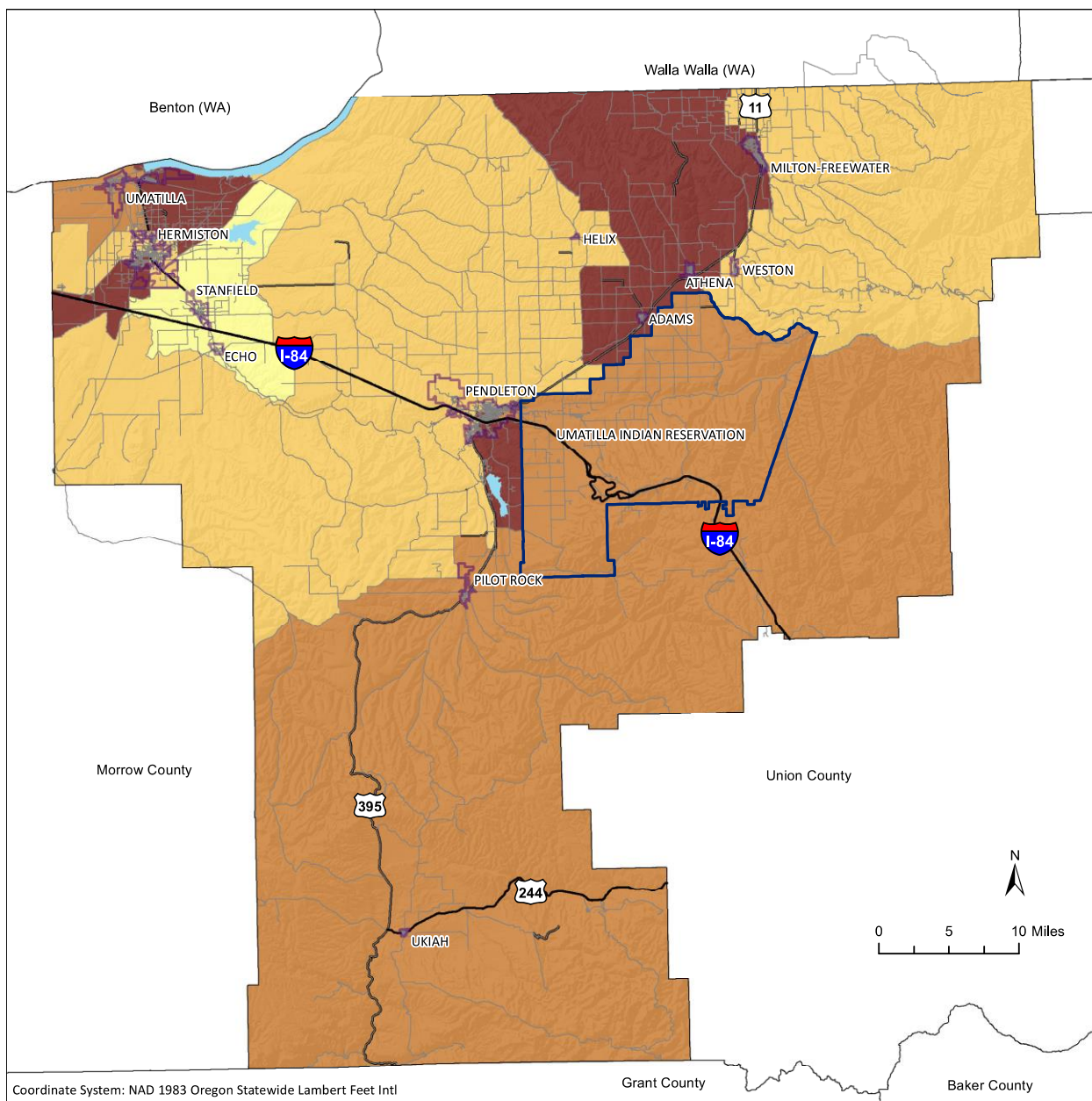
This map illustrates the percentage of non-institutionalized population that responded "yes" when asked if they had difficulty doing errands alone such as visiting a doctor's office or shopping.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

Map A-22: Population with Ambulatory Difficulty



Map A-23: Population with Cognitive Difficulty



Population with Cognitive Difficulty

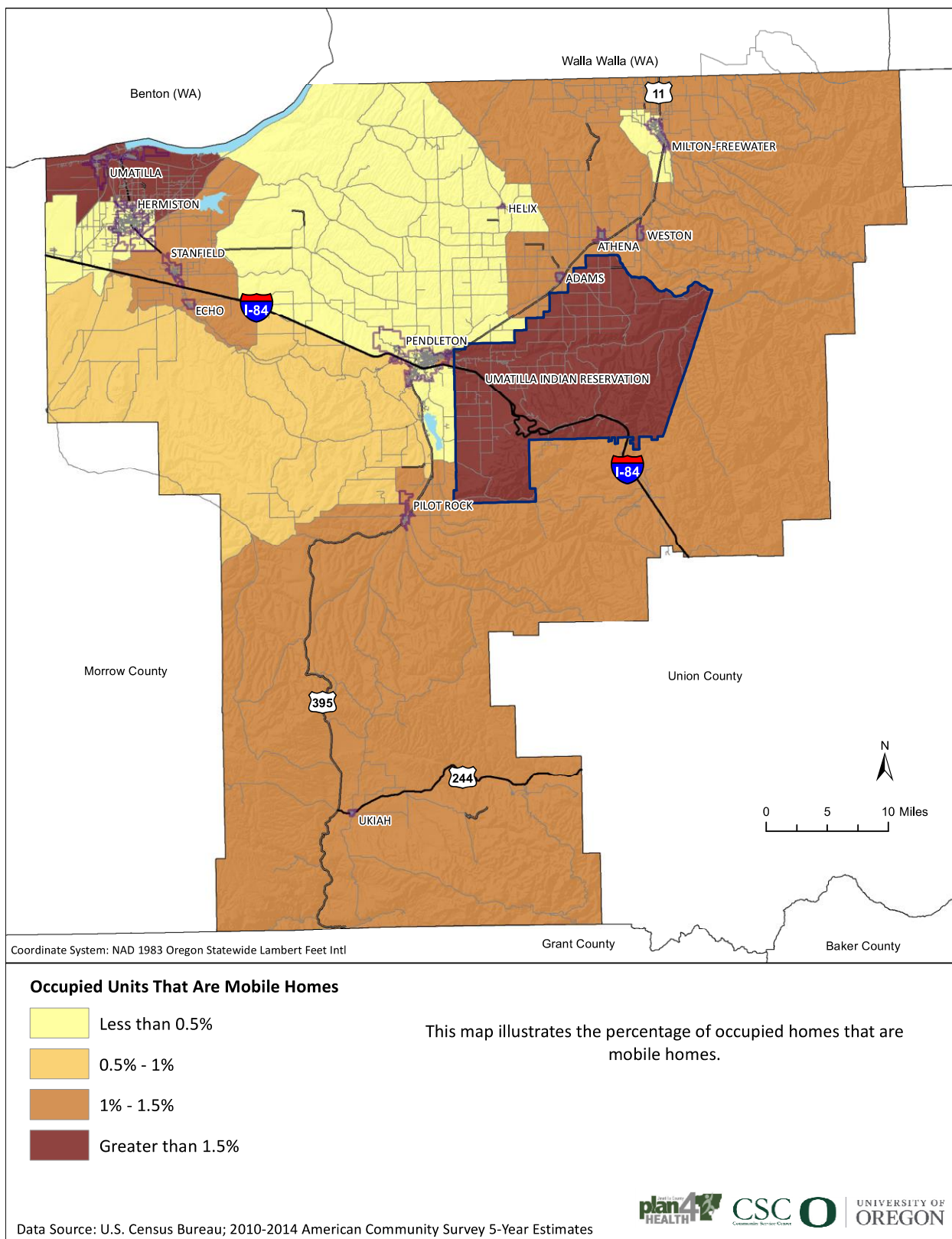
- Less than 2%
- 2% - 4%
- 4% - 6%
- Greater than 6%

This map illustrates the percentage of non-institutionalized population that responded "yes" when asked if due to physical, mental, or emotional condition they had serious difficulty concentrating, remembering, or making decisions.

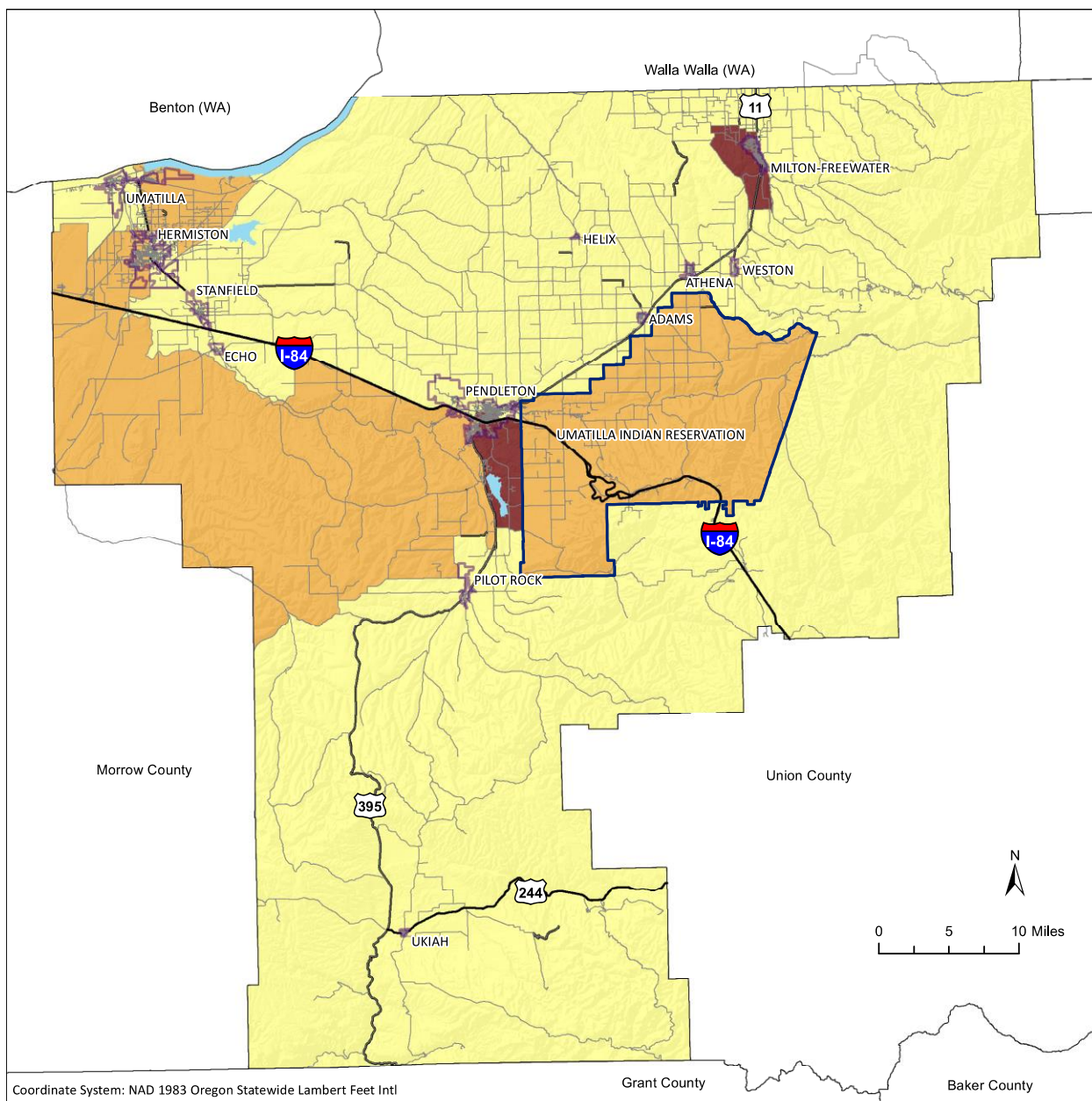
Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates



Map A-24: Occupied Units that are Mobile Homes



Map A-25: Occupied Units with No Vehicle



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

Occupied Units with No Vehicle

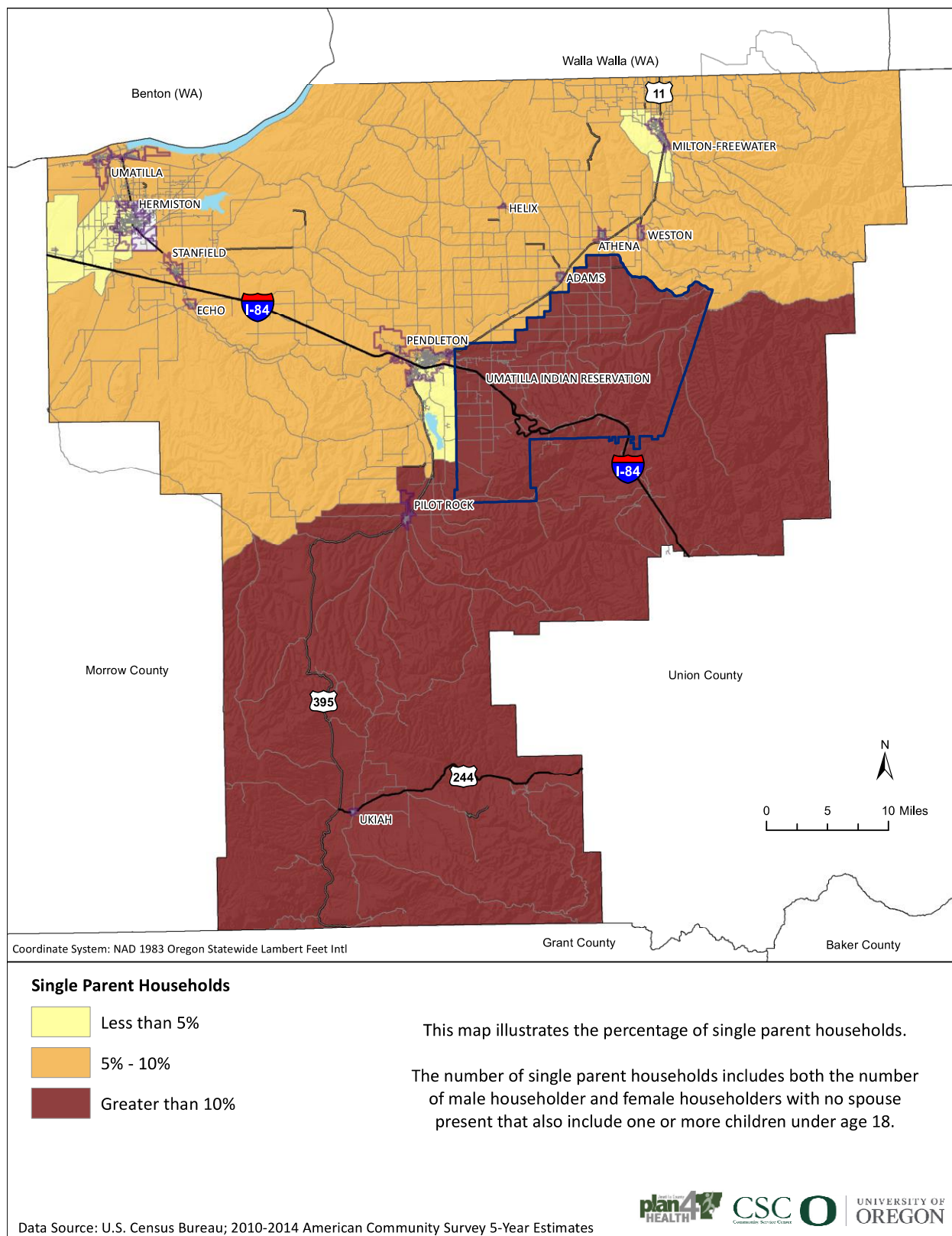
- Less than 5%
- 5% - 10%
- Greater than 10%

This map illustrates the percentage of occupied homes that do not have access to a vehicle.

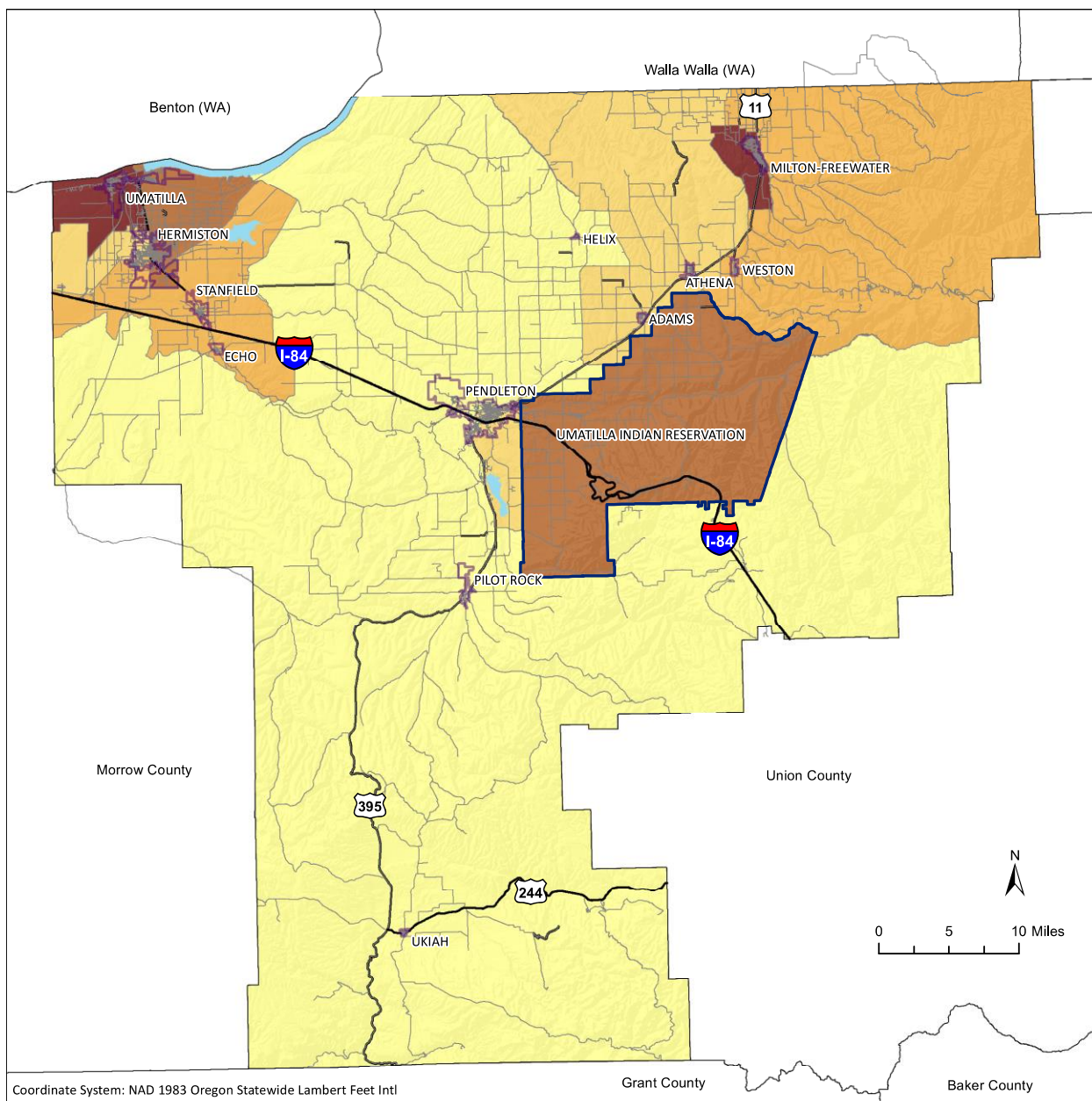
Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates



Map A-26: Single Parent Households

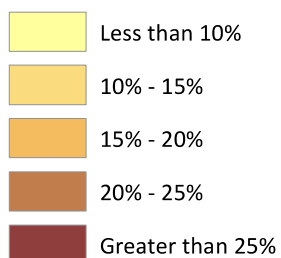


Map A-27: Population without Health Insurance



Coordinate System: NAD 1983 Oregon Statewide Lambert Feet Intl

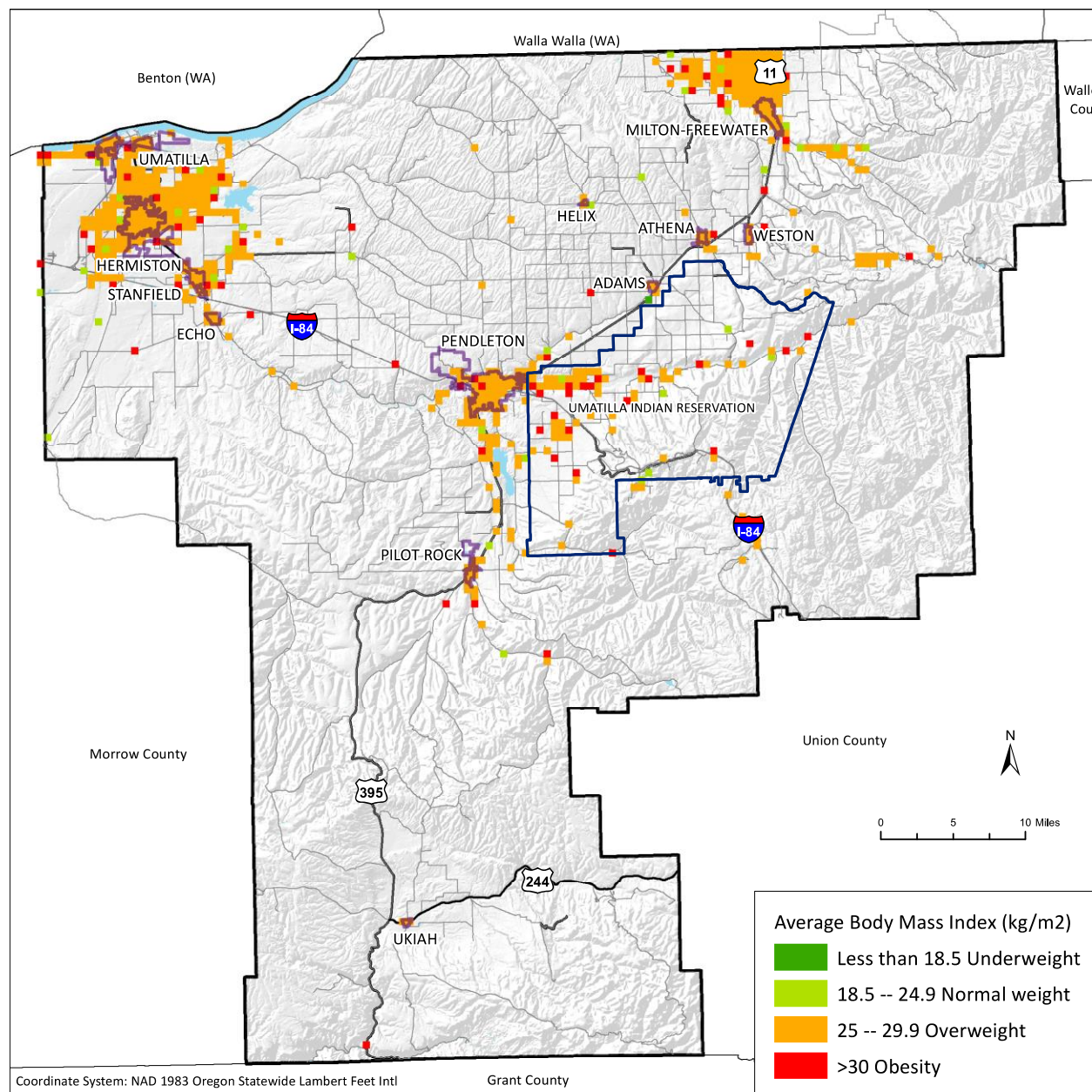
Population without Health Insurance



This map illustrates the percentage of the population that does not have health insurance.

Data Source: U.S. Census Bureau; 2010-2014 American Community Survey 5-Year Estimates

Map A-28: Body Mass Index in Umatilla County



Body Mass Index (BMI) is a number calculated from weight and height that provides a reliable indicator of body fat for most people. BMI is used to screen for overweight and obesity, high body fat conditions that can lead to numerous health problems. This map is based on data from driver licenses and identification cards issued between 2005 and 2012 by the Driver and Motor Vehicle Services Division (DMV) of the Oregon Department of Transportation to adults ages 18-84 years. Each colored square represents a 0.25 square mile area (0.5 mile x 0.5 mile). Areas with fewer than 5 people are not shown.

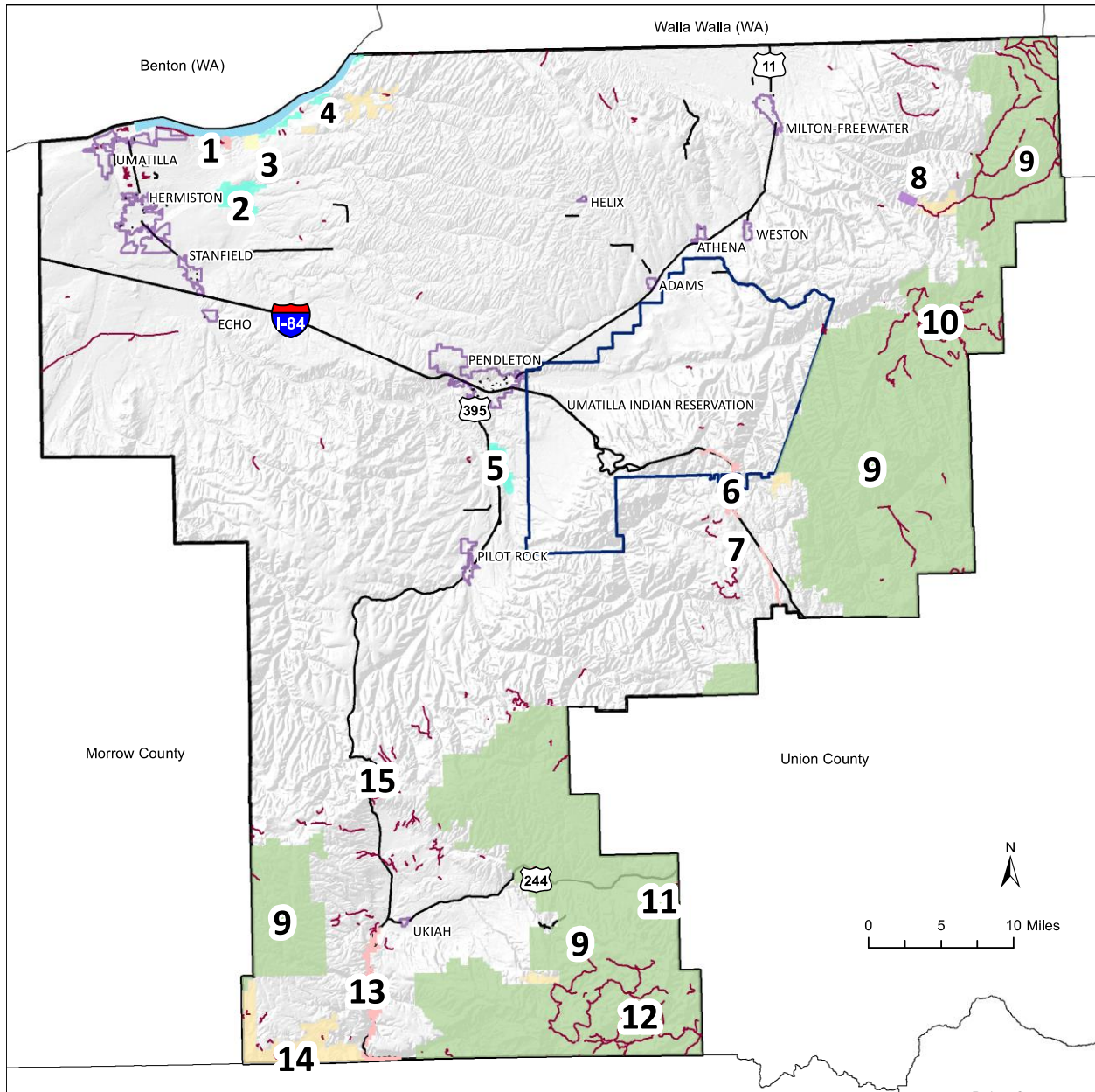
Oregon Tracking Program

Daniel Morris, MS, PhD (Epidemiologist), Eric Main, AICP (Research Analyst / GIS Specialist) Mary Dinsdale, MS (Senior Research Analyst), Marina Counter, MPH (Research Analyst), Tara Chetock, MHA (Public Health Educator), Jill Brackenbrough (Administrative Specialist), Laura Rose, BFA (GIS Intern), Curtis Cude, BS (Interim Section Manager), Jae Douglas, PhD (Principal Investigator)

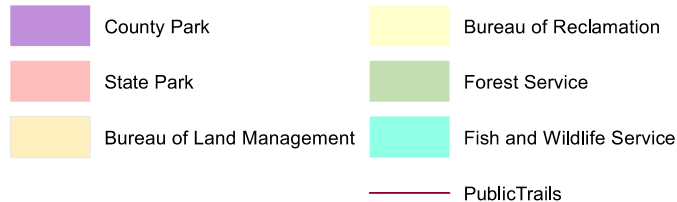
Data Source: Oregon Environmental Public Health Tracking Program. Body Mass Index in Oregon: Findings from DMV records. Portland, Oregon: Oregon Health Authority, Oregon Public Health Division, 2013



Map A-29: Recreation Assets in Umatilla County



County, State, and Federal Recreation Assets



Reference	Name
1	Hat Rock State Park
2	Cold Springs National Wildlife Refuge
3	Bureau of Land Reclamation (BLM)
4	McNary National Wildlife Refuge
	Warehouse Beach Recreation Area
	Sand Station Recreation Area
	McNary Beach Recreation Area
5	McKay Creek National Wildlife Refuge
6	Emigrant Springs State Heritage Area
7	Blue Mountain Forest State Scenic Corridor
8	Harris Park Recreation Site
9	Umatilla National Forest
10	North Fork Umatilla Wilderness
11	Wallowa-Whitman National Forest
12	North Fork John Day Wilderness
13	Ukiah-Dale Forest State Scenic Corridor
	Bridge Creek Wildlife Area
14	Public Domain Lands
15	Battle Mountain Forest State Scenic Corridor

APPENDIX B: STAKEHOLDER INTERVIEWS AND COMMUNITY WORKSHOPS

To complement the community survey distributed as part of this project, the CSC team conducted interviews with key Plan4Health Coalition members and gathered feedback from residents at workshops and events in several communities. This appendix summarizes some of the key ideas to emerge from the interviews and workshops.

Stakeholder Interviews

The CSC team spoke with eight Plan4Health Coalition representatives identified by the Plan4Health Leadership Team. The CSC team used the following questions to guide conversation with the stakeholders:

1. Could you please define the importance of access to healthy food and physical activity in your own words?
2. Could you please explain your/your agency's role and efforts in regard to Umatilla's Plan4Health initiative? What are your priorities? Who is your audience?
3. Do you feel that your efforts have been effective? What works? What doesn't?
4. What is missing? How can you be more effective?
5. What kind of data would be useful to you and your organization's efforts in the future?
6. Have you collaborated with any other community organizations/partners?
7. How and to what extent would you like to be involved in Umatilla's Plan4Health in the future? What do you think the focus of Plan4Health should be moving forward? What are your desired outcomes/personal stakes with Plan4Health? Why are you at the table?

To protect the identity of the stakeholders, this public document does not include full summaries of each interview. Rather, we provide a brief summary of common or important issues raised by the stakeholders.

Theme 1: Desire to include education as a significant component of the Plan4Health work moving forward. Stakeholders indicated that they felt education – both in schools and more broadly directed at the general public – could prove to be a fruitful starting point for the Plan4Health efforts. Many mentioned that unhealthy behaviors are often deeply engrained and difficult to change. One way to address this is to instill healthy behaviors in children early on through physical and nutrition education.

Theme 2: Resistance to change. Stakeholders mentioned that many of the communities and individuals they interact with seem unwilling or uninterested in pursuing changes that might result in better health outcomes. Until the easy choice becomes the healthy choice, it is unlikely people will significantly change their behavior.

Theme 3: Lack of good infrastructure. Stakeholders pointed out that many towns in Umatilla County are not designed to encourage walking, biking, or other active forms of transportation. This feeds into the issue mentioned in Theme 2 – because the built environment is not designed to make healthy behaviors easy, people are unlikely to make healthy choices. Many stakeholders wanted the Plan4Health Coalition to focus on changing the built environment to facilitate active, healthy behaviors.

Theme 4: Importance of collaboration. Stakeholders cautioned that there are already *many* different groups already working on public health issues, and that the efforts of the Plan4Health Coalition should seek to complement rather than complicate existing work.

Community Workshops and Events

The CSC team and Umatilla County Public Health staff reached out to residents during several events over the summer of 2016 to gather additional information about residents' attitudes towards physical activity, diet/nutrition, and improvements to the built environment that aimed at improving health outcomes. In this section, we summarize the activities and key points to result from these public input sessions.

Fiesta de Salud

On July 31st, Umatilla County Public Health staff tabled at Hermiston's annual Fiesta de Salud (a health fair aimed at Latino/a residents). Fair attendees could use dots to "vote" on sources they trust to provide information about health related issues and on types of projects they would like to see investments made in to increase physical activity and improve diet. The results from these activities have been incorporated in the survey results (presented in Appendix C).

Umatilla County Fair

From August 9th through 13th, Umatilla County Public Health staff tabled at the Umatilla County Fair. Similar to the Fiesta de Salud, fair attendees could use dots to "vote" on sources they trust to provide information about health related issues and on types of projects they would like to see investments made in to increase physical activity and improve diet. The results from these activities have been incorporated in the survey results (presented in Appendix C).

Pendleton Workshop

The CSC team and Umatilla Healthy Communities Coordinator attended the Salvation Army free lunch program on August 16th to conduct a workshop with attendees. The team dispersed themselves among tables to converse with residents, discussing their obstacles to accessing nutritious food and physical recreation and improving their health. They also sought to gather information on what health related assets already exist within the community. Attendees were specifically asked to highlight areas in Pendleton that are difficult to access with public transit, and neighborhoods in town where they would like to see grocery stores.

Key findings:

- Grocery stores are concentrated in a single area on the northwest side of town and affordability of food is a challenge for some.
- Some homeless residents feel there are not adequate services provided for them to maintain their quality of life and self-dignity. There is a need for more resources and a location for the homeless to legally camp.
- There is a perception among some that recreational areas are unsafe. This discourages people from walking and taking advantage of recreational assets. In particular, the levy trail in town is considered unsafe.
- Workshop attendees generally lacked knowledge of services and resources offered in Pendleton, particularly regarding public transit services.
- Some workshop attendees identified infrastructure issues such as lack of sidewalks and utility poles in the sidewalk which discourage walking and impede accessibility.
- Hot summer temperature discourages some workshop attendees from walking, and some requested that more shade trees to be planted along walking routes.
- Workshop attendees pointed out that lack of publicity and infrastructure such as benches, covers, and markings at bus stops can limit use of an otherwise well-functioning transit system. Schedules are not available offline or in other easily accessible formats.

Ukiah Workshop

The CSC team and a Umatilla Public Health representative met with a small group of community leaders (mostly associated with the school and senior center) in the Ukiah Senior Center on August 16th. Since attendance was lower than expected, the workshop took the form of a free-flowing discussion about health challenges and proposed projects for the town that the Plan4Health Coalition might support.

Key findings:

- Ukiah has no primary source of food in town, and most residents shop in Pendleton on a regular basis.
- Workshop attendees noted that many informal or semi-formal resources and networks exist to help people who may otherwise be challenged to access healthcare and foods. However, these services are run by a few and there is a lack of young volunteers or structure to ensure these services are available to all.
- The town has only one park, which is well utilized, but it is in need of some upgrades.
- Workshop attendees were interested in participating in the Plan4Health Coalition or engaging with other organizations on some potential projects such as constructing a walking trail around the senior center, restarting the community garden, and extending the school's free breakfast and lunch program throughout the summer.
- Workshop attendees expressed some safety concerns due to lack of infrastructure and cars speeding through town – this could be an area to consider for infrastructure investments.

Umatilla High School Registration

A CSC team member attended the local high school's registration on August 17th to talk with parents and students about health obstacles in their community and promote knowledge of the Plan4Health project. Attendees "voted" on sources they trust to provide information about health related issues and on types of projects they would like to see investments made in to increase physical activity and improve diet. Interested residents were also given surveys to fill out in person or later. The results from the Umatilla High School Registration have been incorporated in the survey results (presented in Appendix C).

Stanfield Workshop

The CSC team and a Umatilla Public Health representative attended a free meal program at the Stanfield community center for low/fixed-income seniors on August 17th. Similar to the Pendleton free lunch workshop, the team dispersed themselves among tables to converse with meal attendees, discussing their obstacles to accessing nutritious food and physical recreation and improving their health. In particular, the team focused on gathering information about issues that might particularly impact seniors.

Key findings:

- Multiple meal attendees mentioned stray dogs as barriers to getting exercise outside. For many of the seniors, this safety concern prevented them from walking around their neighborhoods.
- Some meal attendees pointed out that free meal programs often provide food that is heavy in carbohydrates. This poses problems for people who are diabetic.
- Several meal attendees commented on climate and temperature being a barrier to getting exercise – when it is too hot or too cold outside, most seniors will probably just choose to stay inside. A few people suggested that parks should have better lighting to encourage people to take evening strolls in the summer when the heat has subsided.

Hermiston OSU Extension Crop-up Dinner

On August 18th, the CSC team and Umatilla Healthy Communities Coordinator tabled at the OSU Extension Crop-up Dinner to interact with community members and facilitate public input. Similar to the Umatilla High School Registration, Crop-Up dinner attendees voted on sources they trust to provide information about health related issues and on types of projects they would like to see investments made in to increase physical activity and improve diet. Many attendees also filled out full surveys. The results from the Crop-Up Dinner input have been incorporated in the survey results (presented in Appendix C). The Dinner also provided an opportunity to spread awareness about the Plan4Health Coalition.

Echo Workshop

The Echo workshop, conducted on August 19th, was held with a small group of residents who run a weekly free meal program through a local church. Similar to

the Ukiah workshop, the group discussed existing health programs and infrastructure and health challenges.

Key findings:

- There is no primary food access in town. According to the workshop attendees, most residents drive to Pendleton for groceries.
- Social networks, local churches and other groups help bridge gaps in access to food and medical services for those in need of help, but this support may not reach all residents.
- Workshop attendees expressed some concern about safety. Cars and particularly trucks often speed through town.
- Echo used to have a community garden, but it is no longer maintained due to dwindling participation and people not actually making use of produce grown.
- Workshop attendees felt that due to the town's small size, residents have trouble accessing the support they need from larger agencies and the county. Because there may only be a few people in need of a service, they do not often receive attention.
- The school is considered important to the vitality of the community, but has challenges due to fluctuating attendance and large amount of students with learning disabilities and IEPs.

Pendleton Farmers Market

Representatives from Umatilla County Public Health tabled at the Pendleton Farmers Market on August 19th. Public Health staff asked passers-by to vote on trusted information sources and on projects designed to improve health outcomes. Interested community members also had the opportunity to fill out surveys. The results from the farmers market tabling have been incorporated in the survey results (presented in Appendix C).

Athena Farmers Market

Representatives from Umatilla County Public Health tabled at the Athena Farmers Market. Public Health staff asked passers-by to fill out surveys and provided information about the Plan4Health Initiative. The results from the farmers market tabling have been incorporated in the survey results (presented in Appendix C).

APPENDIX C: SURVEY METHODOLOGY AND RESULTS

In the summer of 2016, the CSC and Plan4Health team surveyed Umatilla County residents about their habits and attitudes regarding health, physical activity, and diet/nutrition. The survey also asked residents to consider and rate possible mechanisms for increasing physical activity and improving nutrition/diet. The survey was offered in both English and Spanish, and provided in both paper and digital forms.

Survey Distribution and Collection

Mailed Survey. A paper copy of the survey was mailed to a random sample of 1,500 registered voters in Umatilla County.

- Initial post card mailing: residents received a post card announcing that the survey would be arriving in a few days. The post card also included a link to take the survey online.
- Survey mailing: residents received an envelope with the paper survey, a raffle ticket, and a stamped return envelope less than a week after the initial post card.
- Follow-up post card mailing: residents received a follow-up post card reminding them to take and return their survey two weeks after the survey mailing. The post card also included a link to the online survey for those who had lost their survey or preferred to fill it out online.

Targeted Surveys. In order to reach segments of the population that often are not captured through traditional mailed survey methods, the CSC and Plan4Health team coordinated with local service providers to distribute and complete surveys at key events and locations, including:

- Oregon Child Development Coalition (HeadStart) Parent Night – Hermiston
- Umatilla High School registration
- Yellowhawk Tribal Health Clinic
- Pendleton Farmers Market
- OSU Crop-Up Dinner
- Oregon Department of Human Services – Pendleton office

Around 90 surveys were distributed at these events and locations.

Survey Responses and Limitations. In total, we received 323 completed surveys. Since the survey was not conducted as a strict random-sample, the results should not be interpreted as a statistically significant representation of the Umatilla County population. We do not, however, see this as a significant limitation—our intent was to gather input from as many residents as possible, particularly those who are often overlooked in traditional public input processes. We believe the results provide insight into the attitudes, habits, and perceptions of a more diverse set of Umatilla County residents than the mailed survey alone would generate. The

themes from the survey are therefore a relevant guide for the Plan4Health Coalition to help determine, based on residents' views, what interventions might be effective in the county.

Survey Respondents vs Population

Demographic data was collected as part of our survey and was compared with census demographics that is the most accurate representation of Umatilla County residents (general population).

Survey respondents were predominately female (73%) as compared to 47% for the general population, and survey respondents had a higher percentage of children in their household (64%) than in the general population (36%). The racial composition of the survey respondents is quite similar to the general population, but only 15% of respondents indicated that they are Hispanic or Latino as compared to 25% in the general population. While the education attainment of the survey respondents was skewed above the general population, the income breakdown of the respondents and the survey were very similar (see Q35 and 36). Finally, the survey respondents tended to be older than the general population with a 47% of respondents over the age of 55 compared to 27% in the County and while the County has 22% of its population under the age of 15, there were no survey respondents from this age group.

Results by Question

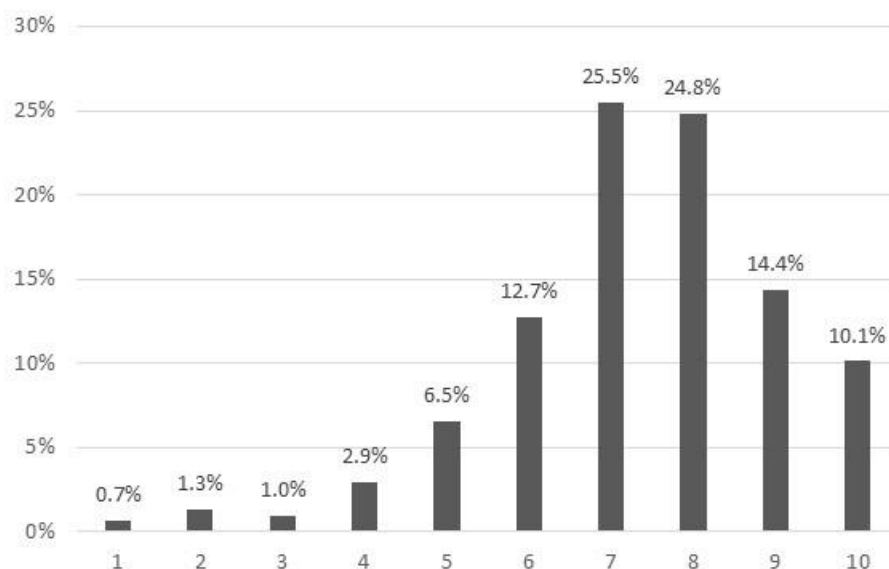
Here, we provide charts of responses to multiple choice questions, and themes from open-ended questions. We provide a full list of respondents' written responses to open-ended questions as a supplement at the end of this appendix.

Part I: Personal Health and Lifestyle

General

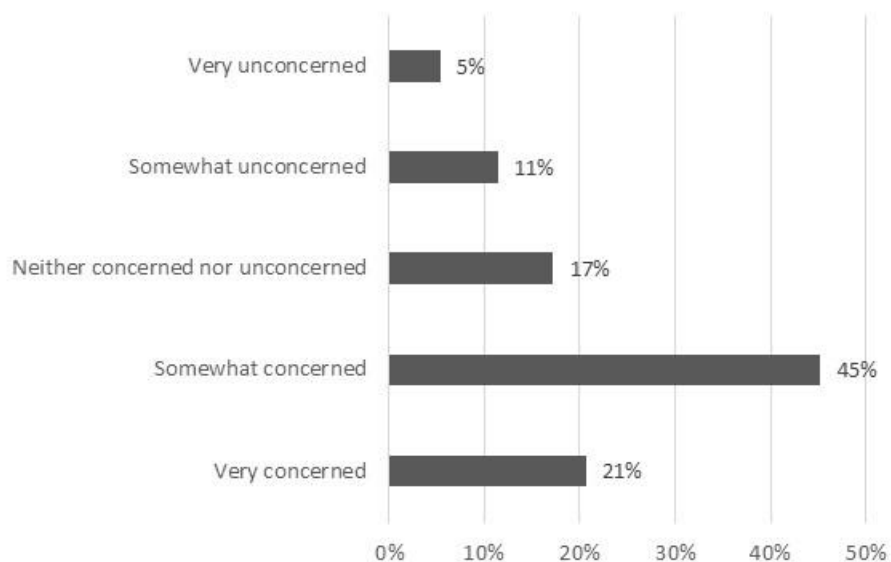
Q1. On a scale of 1-10, where 1 is the worst possible health and 10 is the best, please rate your overall health (circle a number).

N= 306

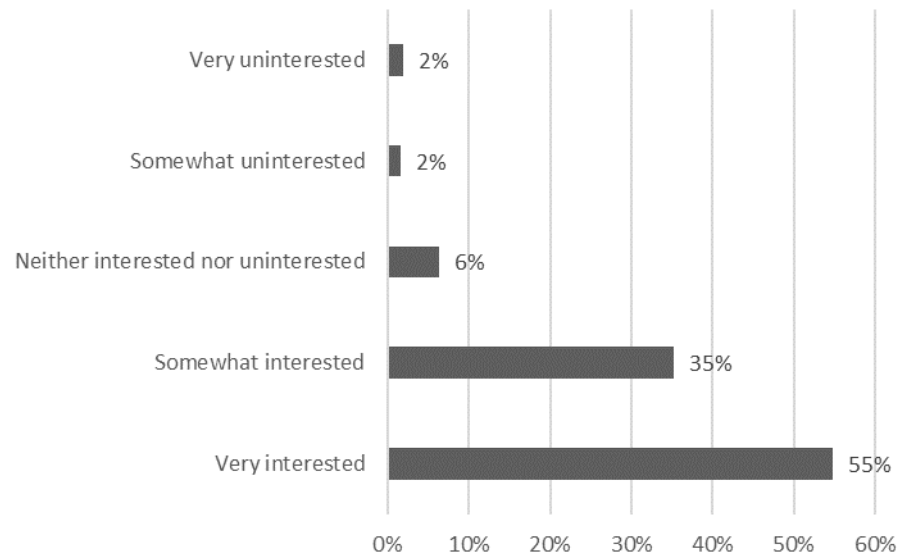


Q2. How concerned or unconcerned are you about your overall health?

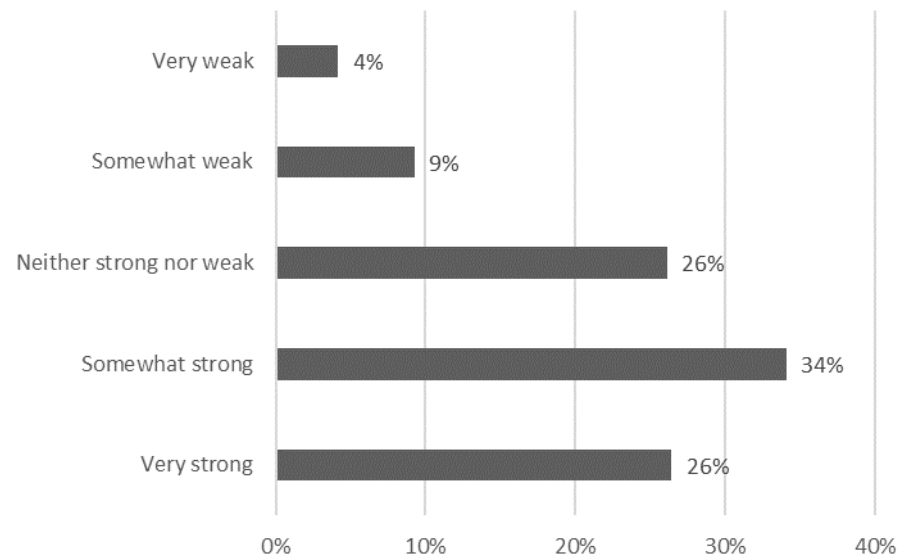
N=314



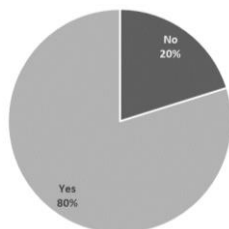
Q3. How interested or uninterested are you in improving your overall health?
N=312



Q4. How would you describe your feeling of belonging to your local community?
N=314



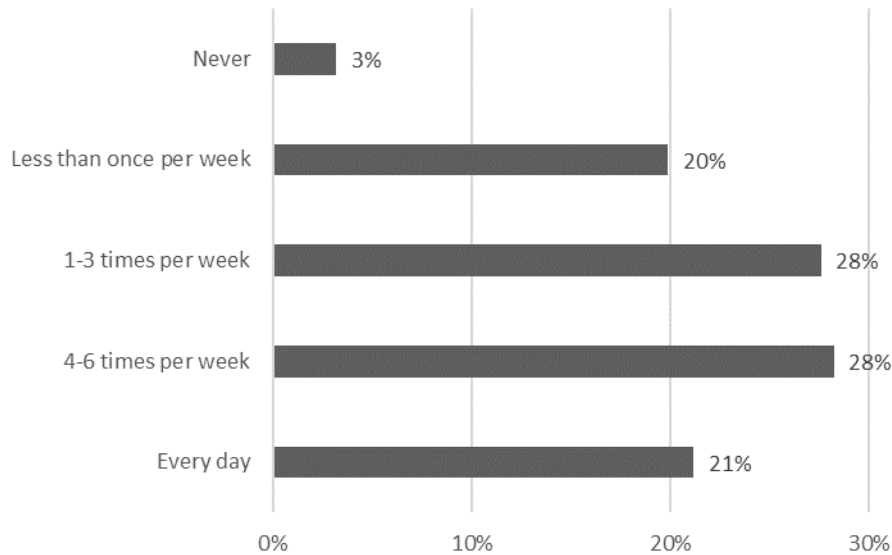
Q5. Did you smile or laugh a lot yesterday?
N=307



Physical Activity

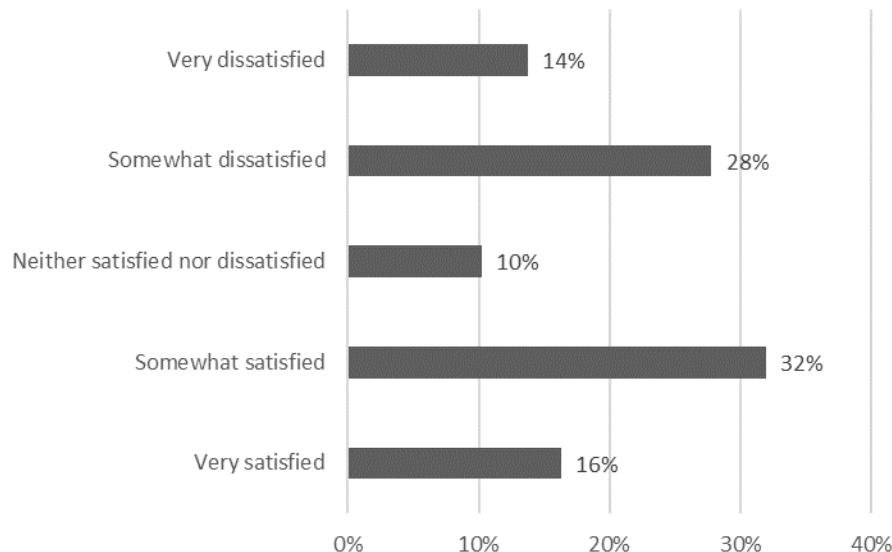
Q6. On average, how often do you get at least a half an hour of physical activity that gets your heart rate up? This could include walking, running, biking, taking a fitness class, or any other activity that elevates your heart rate.

N=312



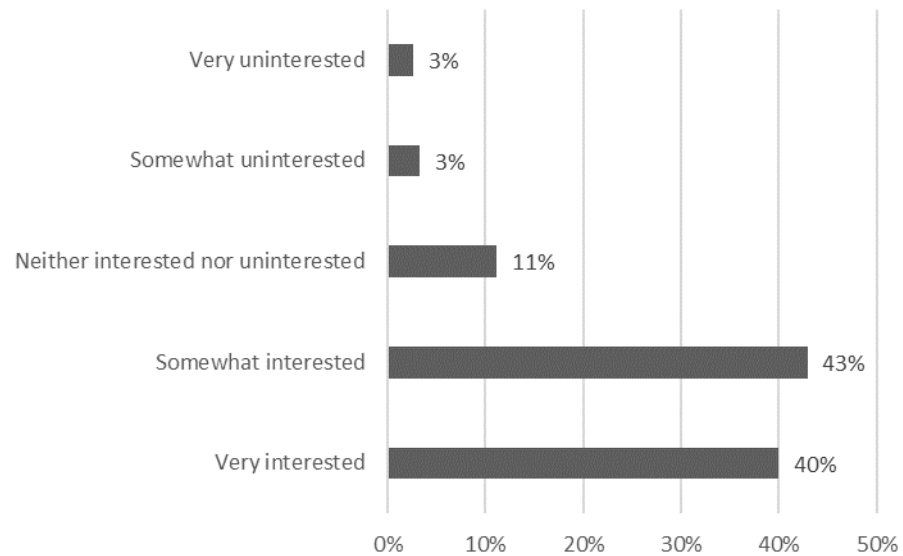
Q7. How satisfied or dissatisfied are you with your level of physical activity in the past year?

N=313



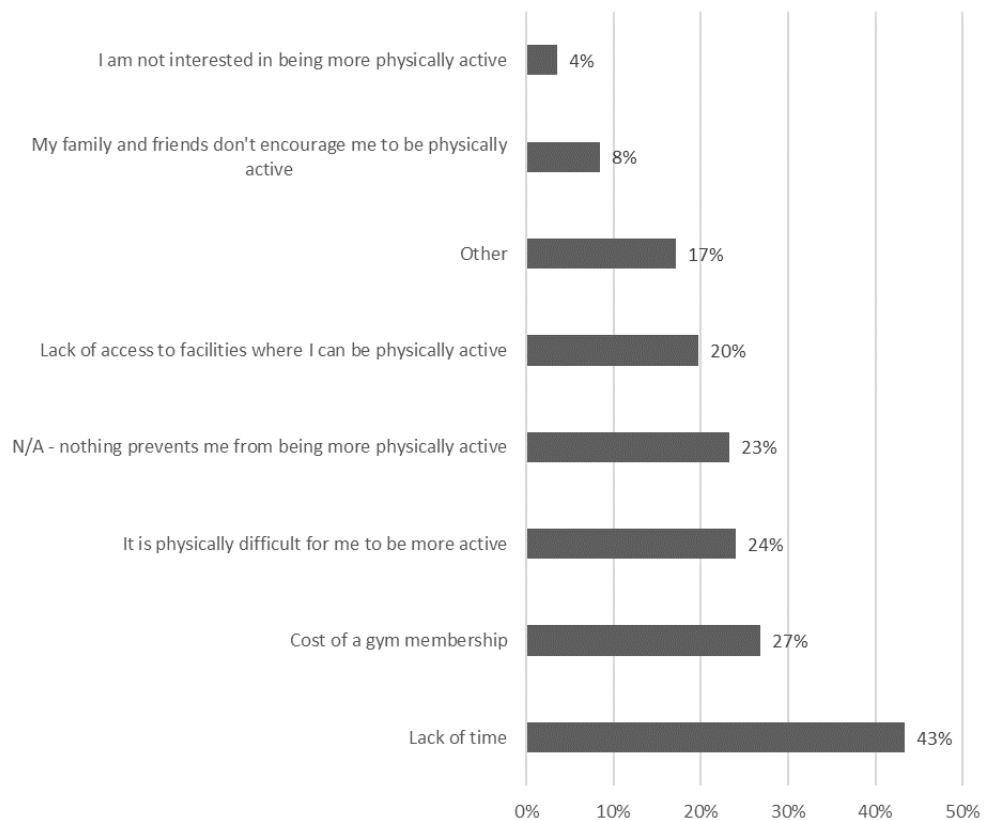
Q8. How interested or uninterested are you in increasing your level of physical activity?

N=305

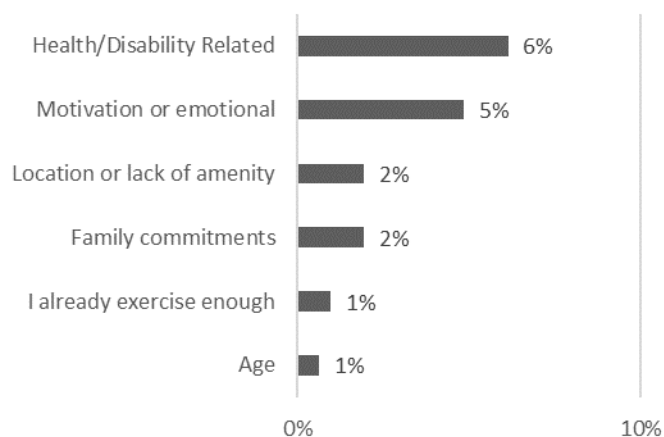


Q9. Which of the following prevent you from being more physically active? Check all that apply.

N=309



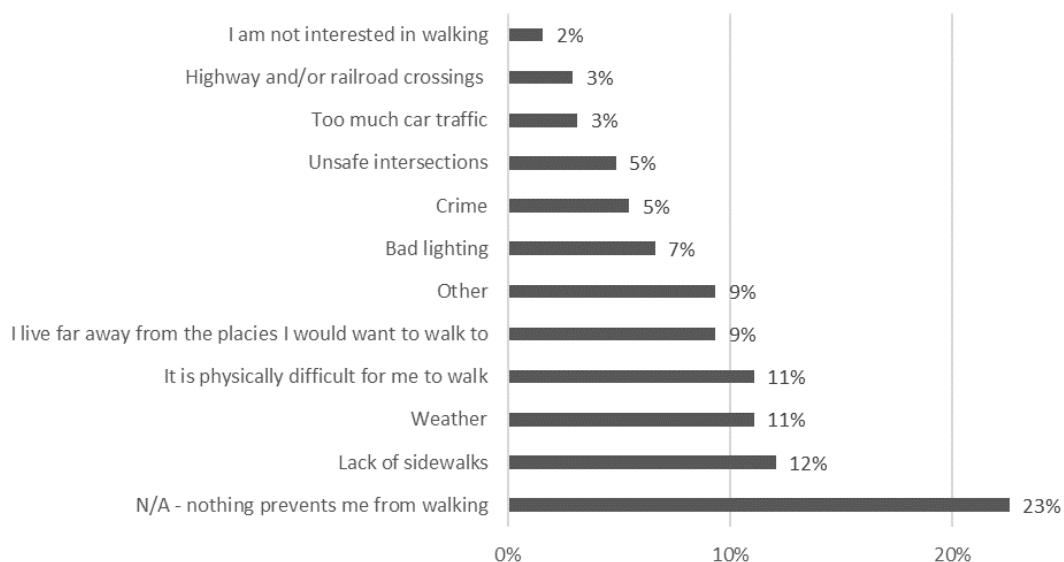
Categorized Open Responses *percent of total responses*



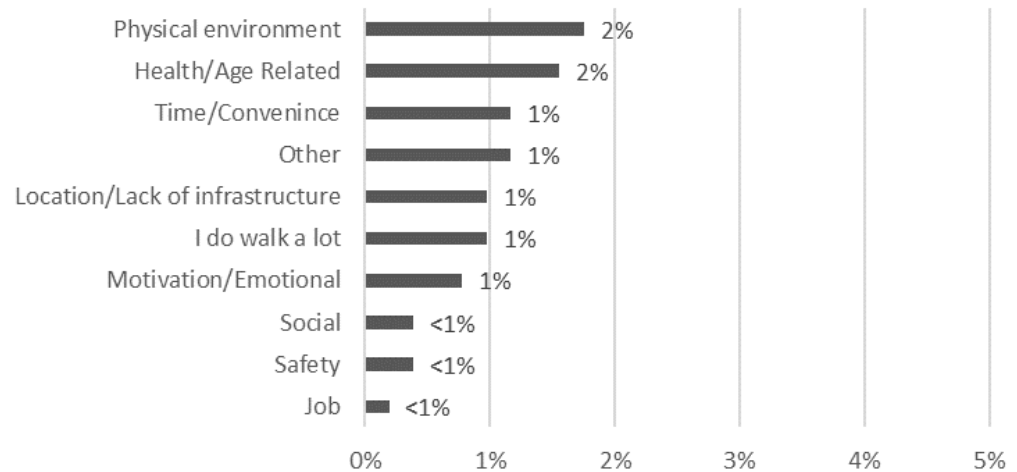
Full written “other” responses are available at the end of this appendix.

Q10. Which of the following prevent you from walking more frequently? Check all that apply.

N=306



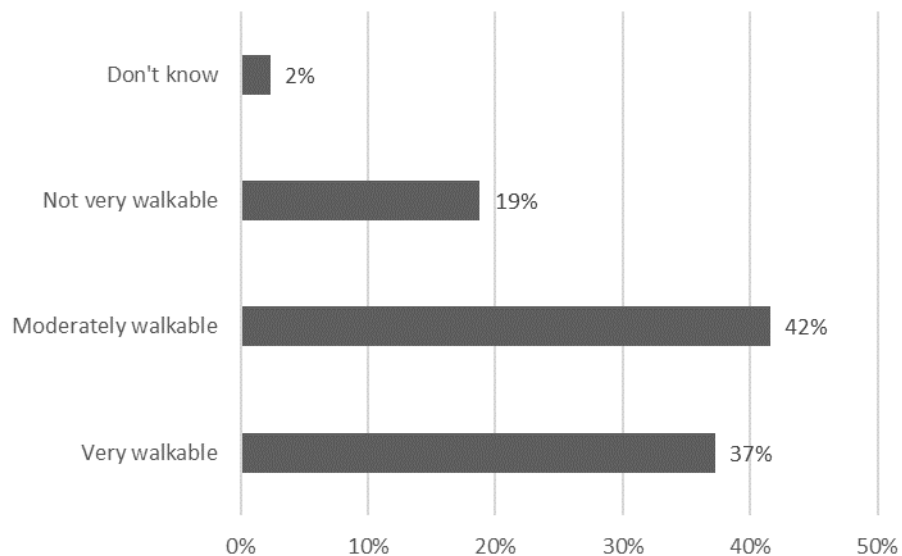
Categorized Open Responses percent of total responses



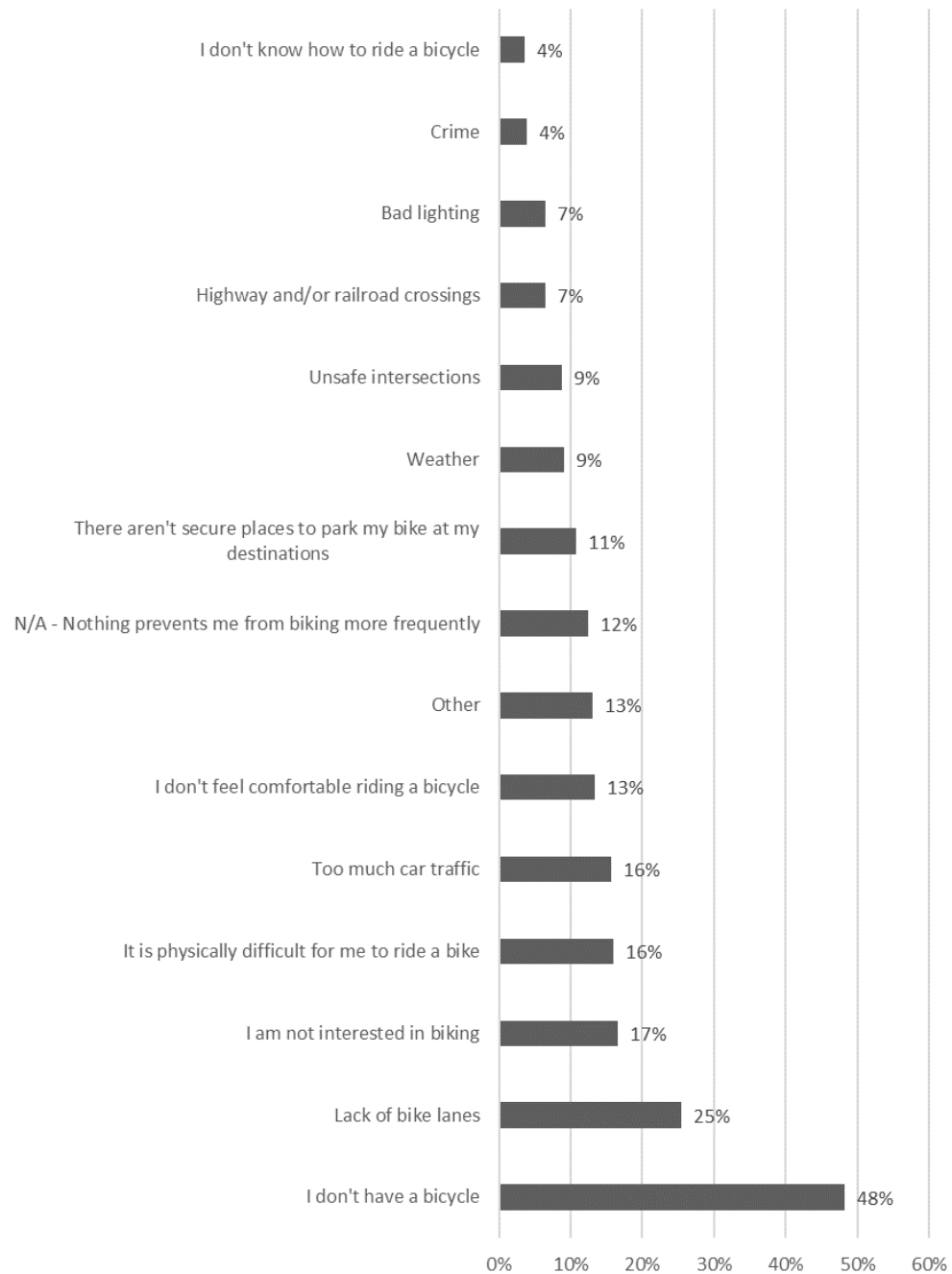
Full written "other" responses are available at the end of this appendix.

Q11. The level of walkability is defined by how safe, convenient, and accessible places are to walk to in your community. Please rate the walkability of the city or area you live in.

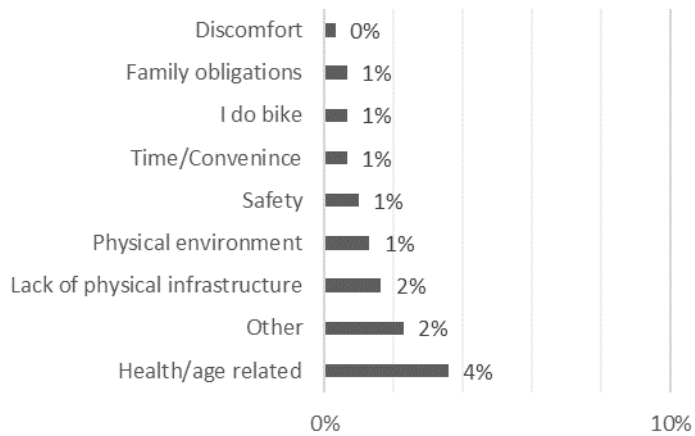
N=298



Q12. Which of the following prevent you from biking more frequently? Check all that apply.
N=307



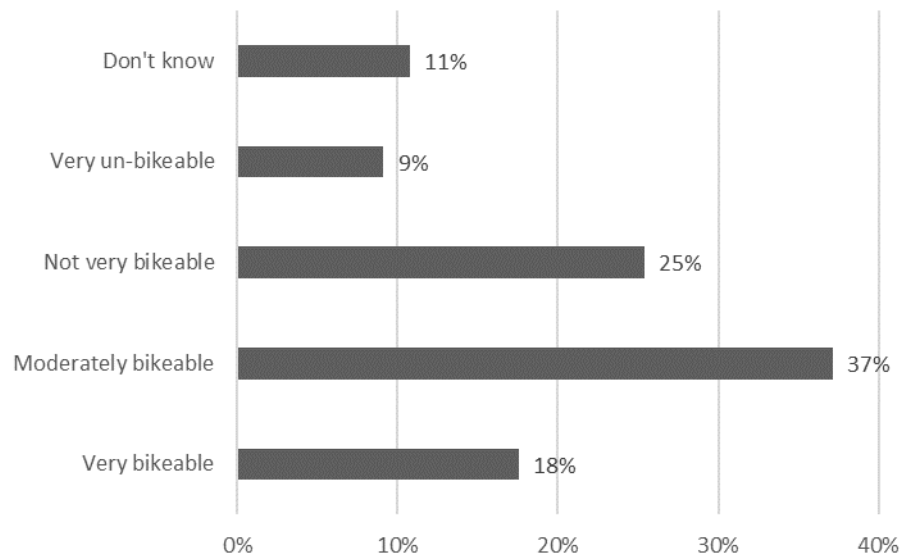
Categorized Open Responses *percent of total responses*



Full written “other” responses are available at the end of this appendix.

Q13. The level of bikeability is defined by how safe, convenient, and accessible places are to bicycle to in your community. Rate the bikeability of the city or area you live in.

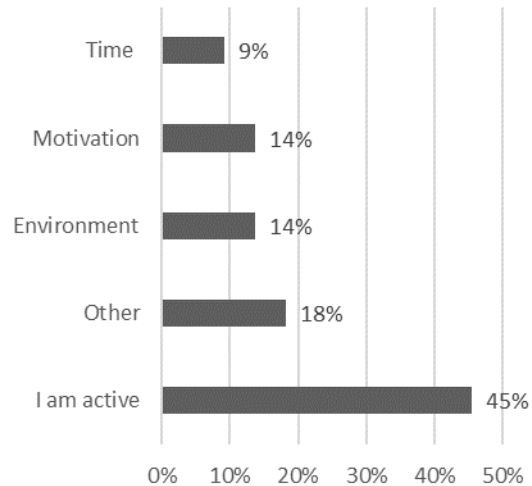
N=307



Q14. Is there anything else you would like to tell us about the answers you have provided or physical activity in general?

N=22

Categorized Responses

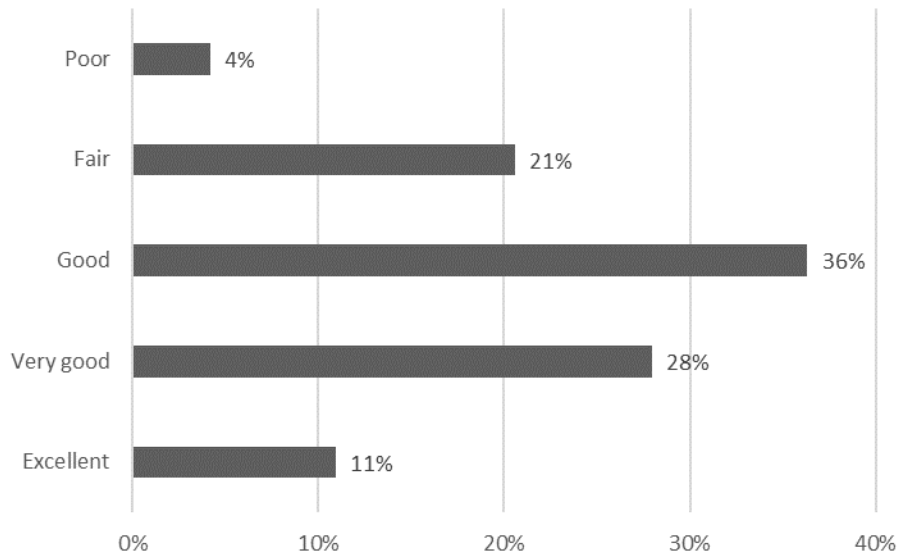


Full written "other" responses are available at the end of this appendix.

Diet and Nutrition

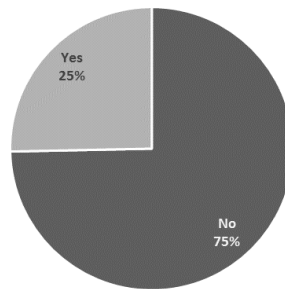
Q15. How would you rate the overall quality of your diet and nutrition over the past year?

N=311



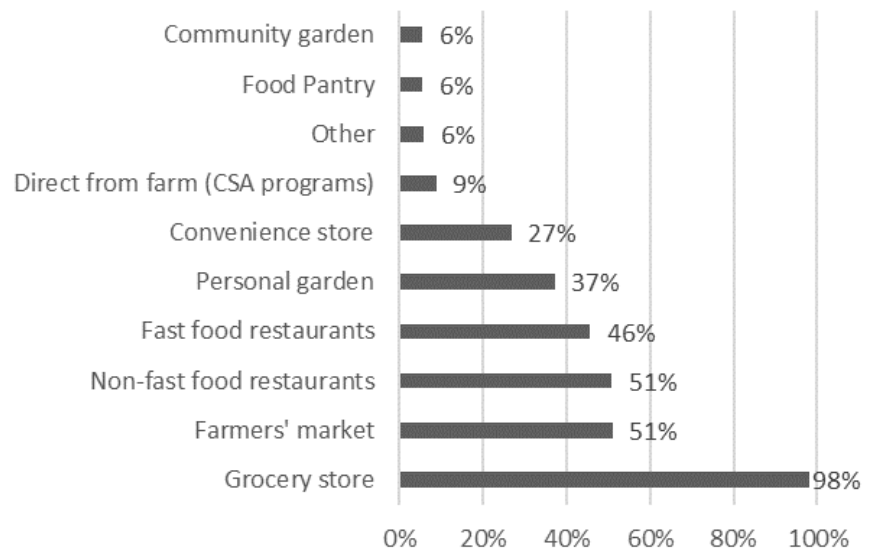
Q16. In the past year, have you run out of money before you were able to buy enough food?

N=308



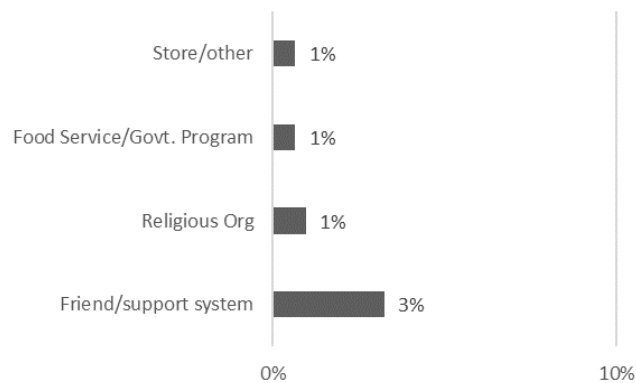
Q17. In the past month, where have you purchased or obtained food? Check all that apply.

N=309



Categorized Open Responses

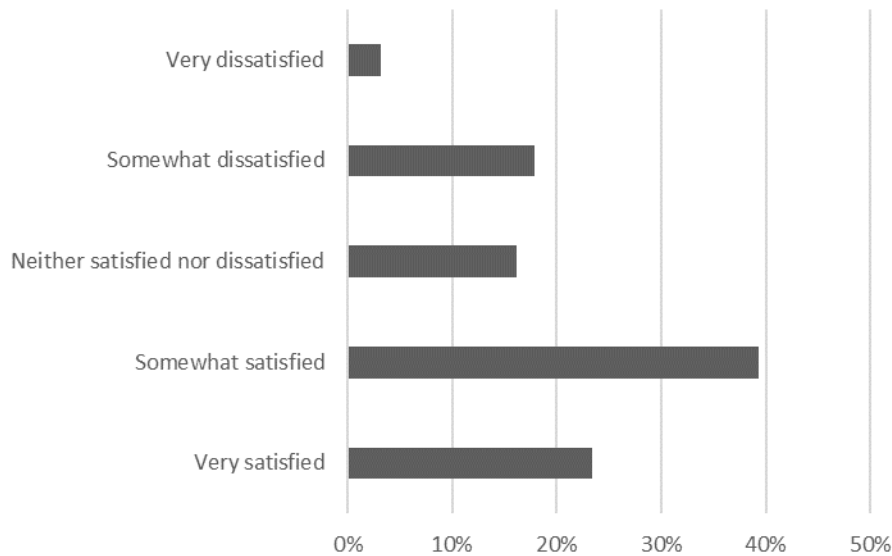
percent of total responses



Full written "other" responses are available at the end of this appendix.

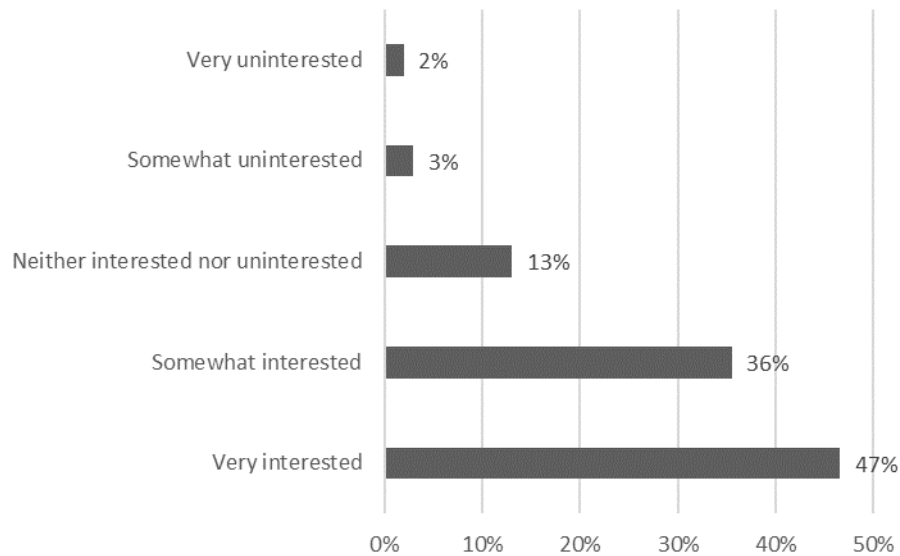
Q18. How satisfied or dissatisfied are you with your diet and nutrition in the past year?

N=308



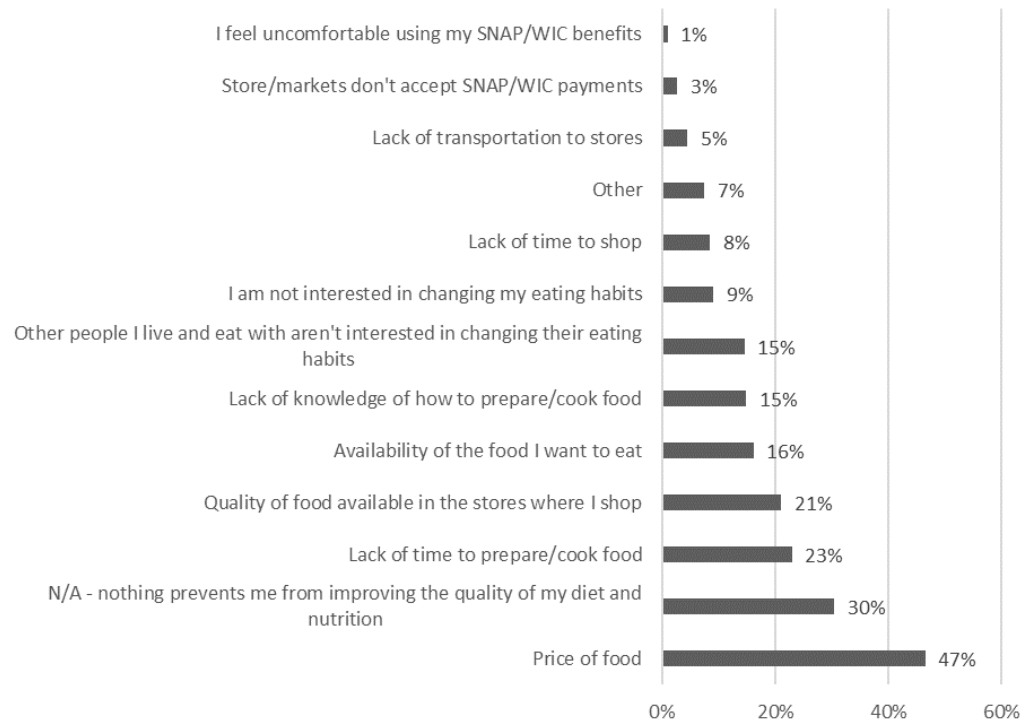
Q19. How interested or uninterested are you in improving the quality of your diet and nutrition?

N=307

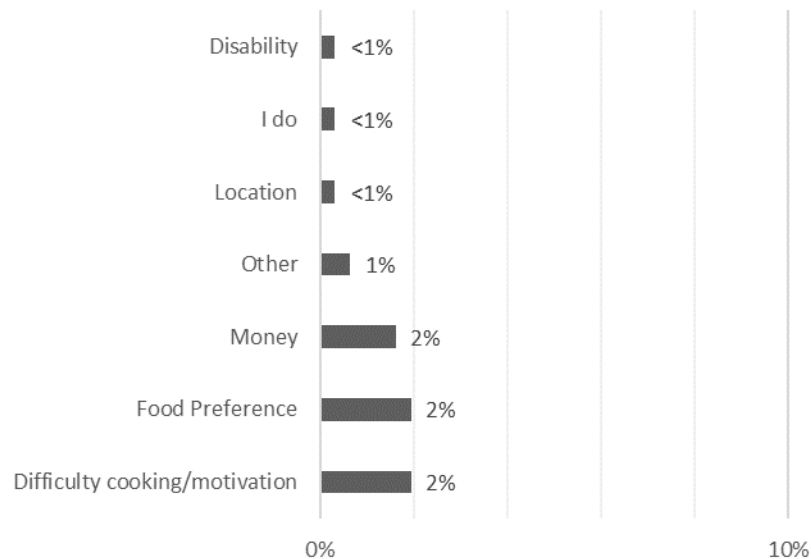


Q20. Which of the following prevent you from improving the quality of your diet and nutrition? Check all that apply.

N=309



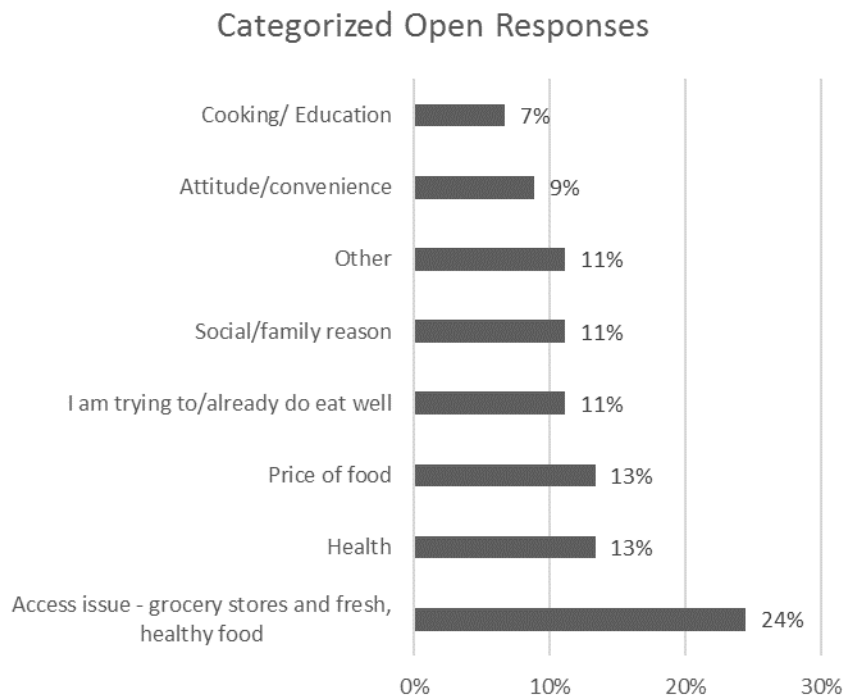
Categorized Other Responses
percent of total responses



Full written "other" responses are available at the end of this appendix.

Q21. Is there anything else you would like to tell us about the answers you have provided or diet and nutrition in general?

N=45

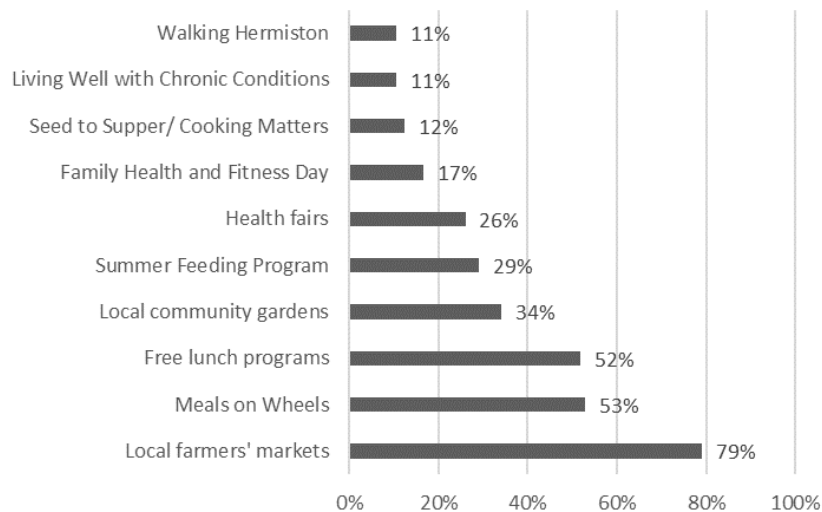


Full written "other" responses are available at the end of this appendix.

Part 2: Improving Health in Umatilla County

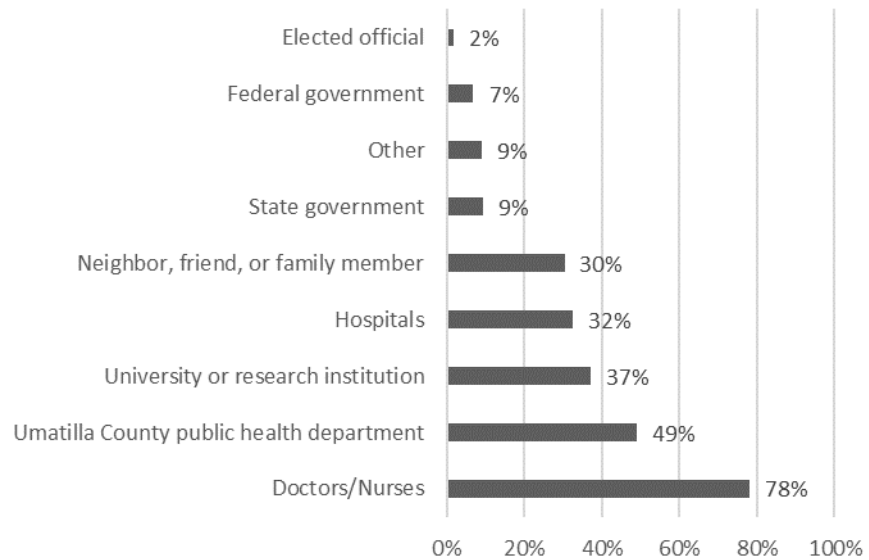
Q22. Have you heard of the following programs and resources offered in Umatilla County? Check the box if you have heard of the program/resource or leave blank if you have not heard of it.

N=323



Q23. Which of the following would you be most confident in to provide you with information about health, physical activity, and nutrition resources/programs? Please select up to three.

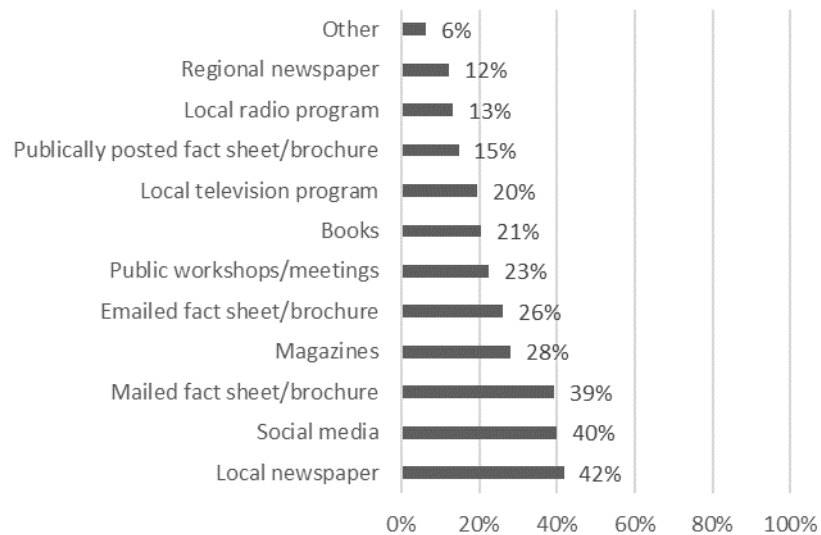
N=290



Full written “other” responses are available at the end of this appendix.

Q24. How do you most prefer to receive information about health, physical activity, and nutrition resources/programs? Please select up to three.

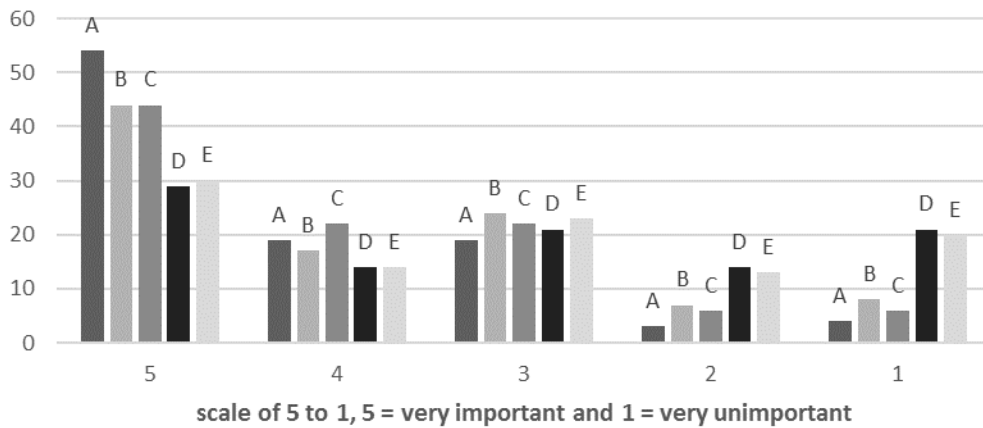
N=292



Full written “other” responses are available at the end of this appendix.

Q25. On a scale of 1 to 5, with 1 being very unimportant and 5 being very important, how unimportant or important do you consider the following activities designed to increase physical activity to be?

N=291, not all responses were complete



■ A: Building, fixing, or improving sidewalks, walking paths, and intersections to make WALKING safer and more accessible.

■ B: Building, fixing, or improving sidewalks, bike paths, and intersections to make BIKING safer and more accessible.

■ C: Building more parks, trails, and other recreational facilities.

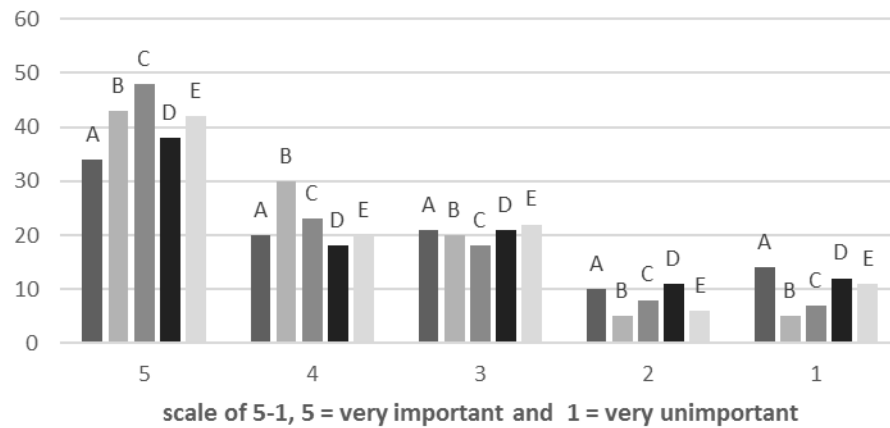
■ D: Offering financial incentives for walking, biking, or riding public transit.

■ E: Offering financial incentives for regularly attending the gym or physical fitness.

Full written "other" responses are available at the end of this appendix.

Q26. On a scale of 1 to 5, with 1 being very unimportant and 5 being very important, how unimportant or important do you consider the following activities designed to improve diet and nutrition to be?

N=290, not all responses were complete



■ A: Increasing the number of free or reduced price food options.

■ B: Offering educational programs about nutrition, healthy eating, and food preparation.

■ C: Improving the quality and variety of food in grocery stores.

■ D: Improving access to grocery stores.

■ E: Increasing opportunities to grow your own food.

Full written "other" responses are available at the end of this appendix.

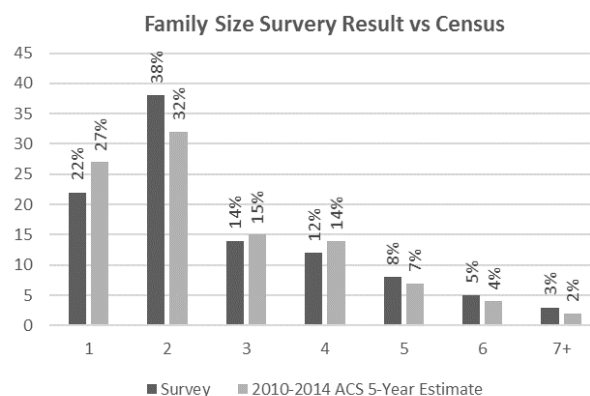
Q27. Is there anything else you would like to tell us?

Full written "other" responses are available at the end of this appendix.

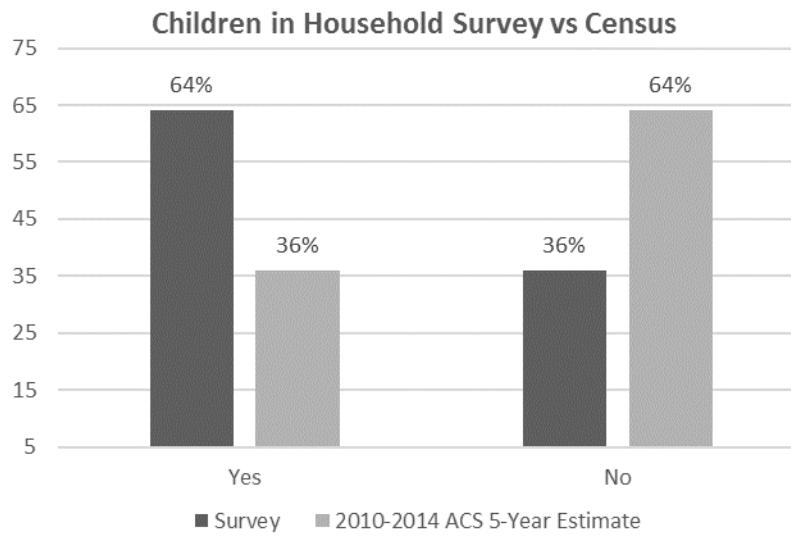
Part 3: Household Information

Q28. How many people live in your household (including yourself)?

N=304



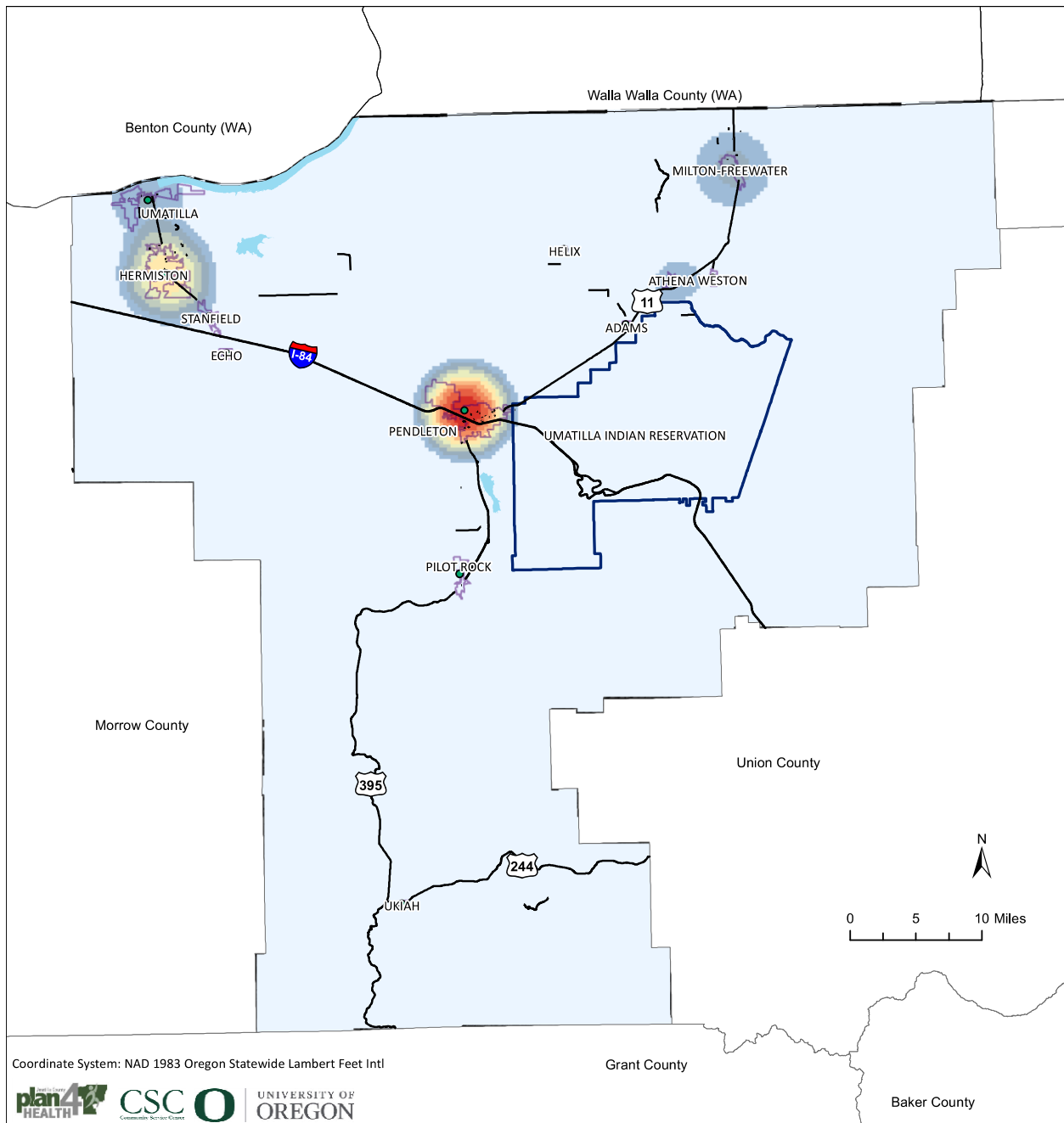
Q29. Are there children in your household?
N=301



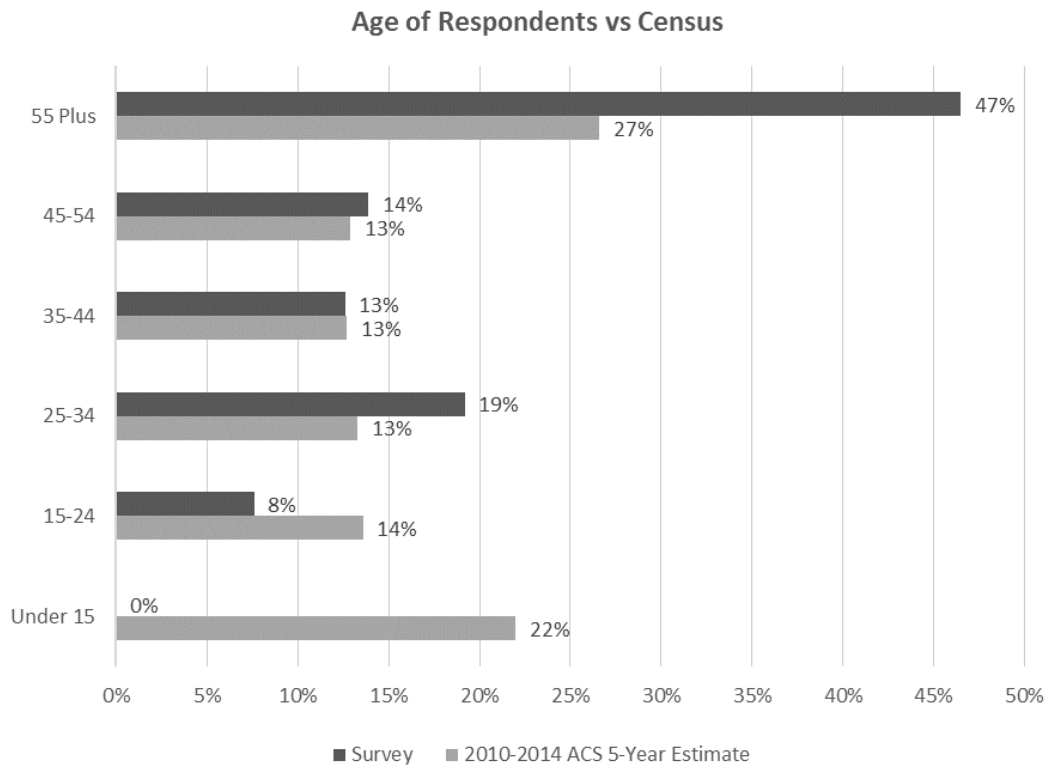
Q30. Please enter your ZIP code:

Zipcode	Area	Responses
97835	Helix	0
97880	Dale	1
97859	Meacham	1
97880	Ukiah	1
97810	Adams	4
97826	Echo	4
97886	Weston	4
97868	Pilot Rock	7
97875	Stanfield	8
97813	Athena	13
97882	Umatilla/McNary	25
97862	Milton Freewater	28
97838	Hermiston	72
97801	Pendleton	120

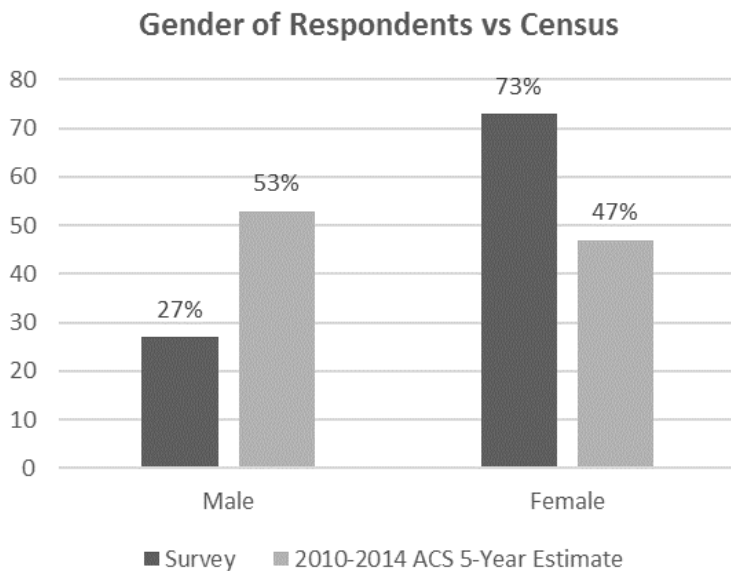
Map C-1: Umatilla Survey Response



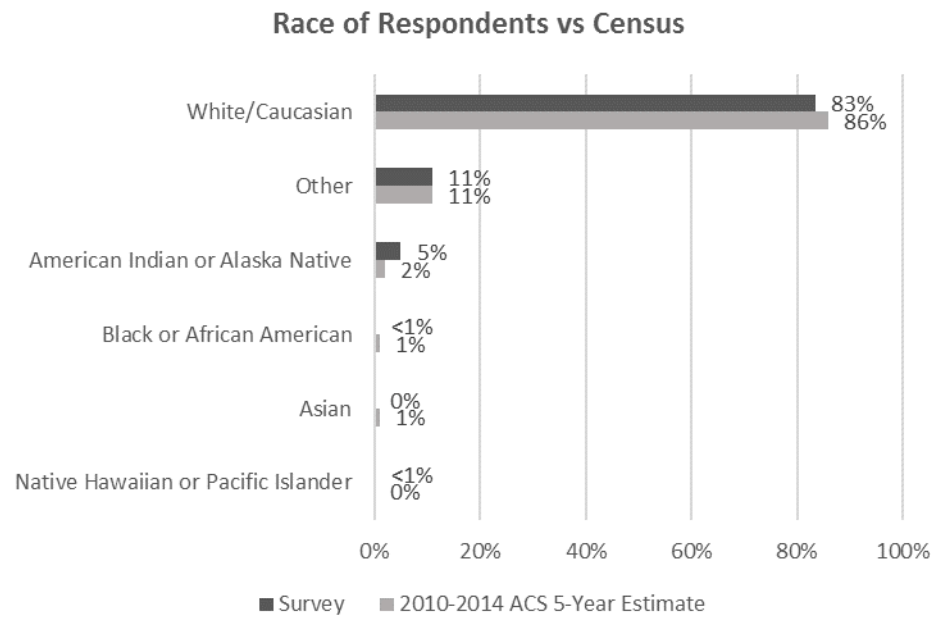
Q31. What is your age?
N=301



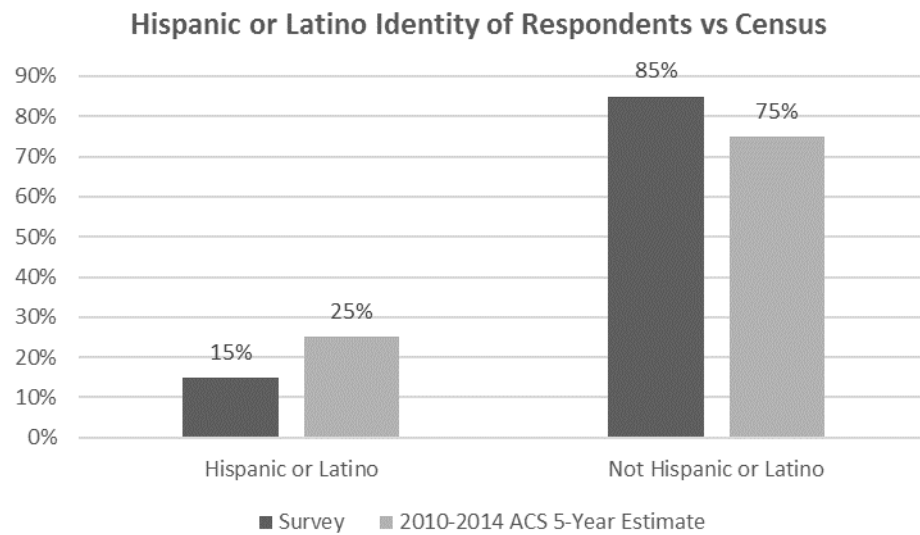
Q32. What is your gender?
N=303



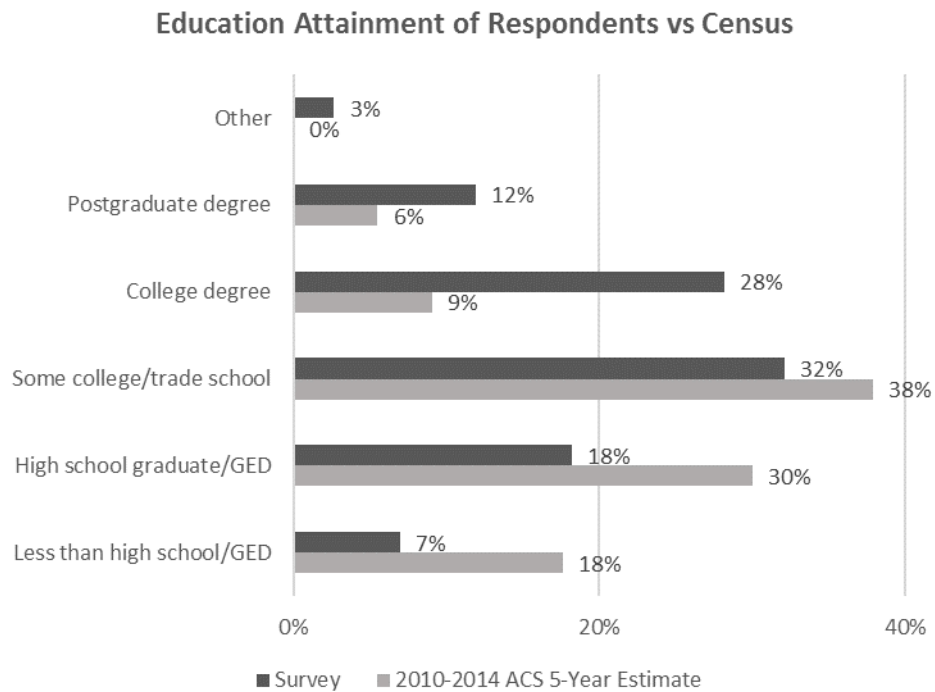
Q33. What is your race?
N=301



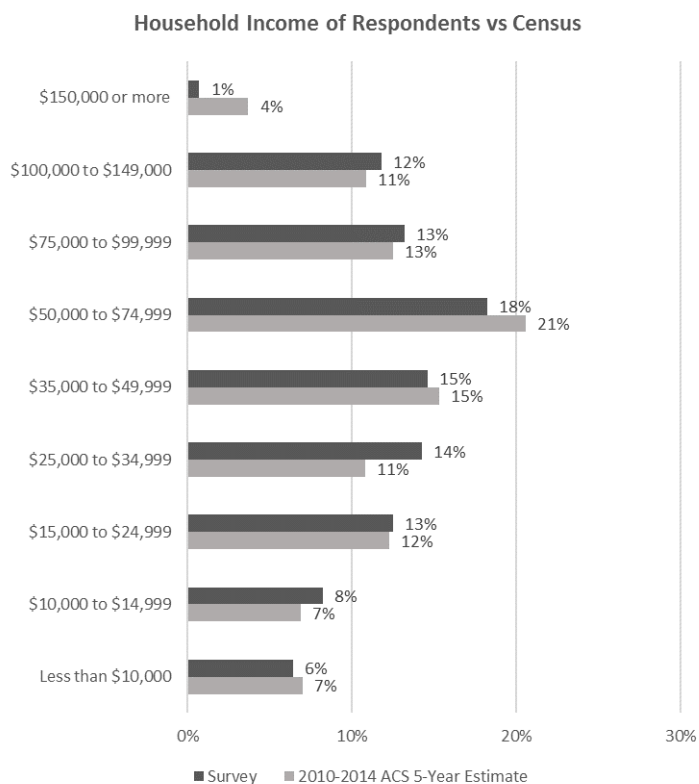
Q34. Do you identify as Hispanic or Latino?
N=296



Q35. Please indicate your level of education:
N=302



Q36. What was the combined income for your entire household last year?
N=280



Supplement: Full List of Written Comments

Q9. Which of the following prevent you from being more physically active? Check all that apply. - OTHER

Health/Disability related

- My asthma response to weather air quality
- Health problems with my vision
- headaches
- pregnant - had a baby
- Sometimes it can be physically difficult for me to be active
- Sore back, back aches, and muscle pain
- Sometimes my RA makes it difficult
- My physical condition
- Have lung cancer. 1/3 of right lung removed
- back injury
- I am legally blind
- Too crippled
- fibromyalgia flares
- Parkinson neuropathy legs and feet
- Recent surgery prevents usual activity in June, July, August
- Broken foot prevented me from being as active as I would have liked
- Legs hurt, back hurts
- Sore back, back aches, and muscle pain
- Smoking

Family commitments

- Parent of a toddler
- Kids/childcare school commitments
- new baby and a toddler
- Babies
- Caregiver for husband who has Dementia

Location or lack of amenity

- A place to run with my dog without leash
- Live 15 miles from town where action is
- Live 30 miles from any town
- lack of childcare options
- lack of childcare
- Lack of quality daycare

Motivation or emotional

- Need to make it a priority
- Lack of motivation and workout partner
- discipline
- weather too hot or cold. Need more motivation

- lack of personal motivation
- making it a priority
- lazy
- I was depressed after mother's death
- motivation
- No motivation
- tired
- lack of motivation
- Personal Motivation
- self-motivation
- depression

Age

- my age limits my physical activity
- I am too old. 73

I already exercise enough

- I do enough exercise already, averaging 6-8 hours/week
- ya lo hare
- Ninguno soy active

Q10. Which of the following prevent you from walking more frequently? Check all that apply. - OTHER

Health/Age Related

- Bad knees
- Healing from foot surgery, before surgery walked a lot, daily
- Heart surgery 5 years ago. Had to learn to walk again with walker and cane. Now on dialysis for kidney failure. Also I'm 90 years young
- I have healing pelvic fracture
- knee surgery
- my age
- Post cancer treatment leaves me tired
- When my vision gets messed up

Time/Convenience

- convenience
- lack of childcare and time
- time
- time
- Time
- too busy

Motivation/Emotional

- motivation

- Motivation (lack of) and lack of workout partner
- Myself
- No reason

Social

- falta de compania por que yo sola no tengo ganas (*lack of company because I don't feel like going alone*)

Physical environment

- More trees on sidewalks - sidewalks are too hot
- Many hills
- weather, air quality

Location/Lack of infrastructure

- I live in rural. Sometimes too much traffic and nor enough edge
- I live on a ranch
- lack of walking paths
- long distance
- No grocery store near me. All are less than 5 miles away
- Not enough trails
- Sidewalk in Athena are treacherous
- Uneven broken sidewalks, dogs, potholes
- Unsafe terrain nearby

I do walk a lot

- I am in a walking group. I do "back in motion" video exercises for lumbar area
- I do a low of walking (not running) taking care of my 3 granddaughters and hardly ever sit down, except for that 30 min nap each day
- I walk 8 hours a day, five days a week
- I walk and bike everywhere. I love it!
- Si camino so minutos de lunes a viernes

Job

- I work as a reporter which requires I drive frequently

Safety

- Walking alone make me uncomfortable

Other

- At 85 years old and still working and do my own yard work. I run out of gas with the extra problems
- Dogs off leash in my neighborhood - my dog and I have been threatened many times

- I have a "gator" that I prefer over walking
- Small town - loose dogs - not feeling safe because of the dogs
- stray dogs running loose
- Too many loose dogs wandering around the streets of Pendleton. More than I've ever noticed in another town.

Q12. Which of the following prevent you from biking more frequently? Check all that apply. - **OTHER**

Health/age related

- age
- Balance is not good
- have had a stroke and cannot bicycle
- I am legally blind
- knee surgery needed
- my age keeps me from biking (T8)
- my balance is not very good anymore
- Not enough confidence to ride anymore
- Physical restriction is osteoporosis
- Waiting knee replacement
- Wrong type of bicycle for my current physical ability.

Lack of physical infrastructure

- Bike lanes rarely swept full of gravel and glass
- gravel roads
- lack of safe bike paths
- Narrow streets with lots of cars parked on street. Not wide enough for 2 cars let alone a bike, too
- We own road bikes are disappointed that there is no local/safe area to ride

Safety

- animals - hawks and dangerous dogs
- I do not like to bike alone
- People texting and driving

Time/Convenience

- lack of time
- Time

Physical environment

- Hills too steep
- I live on a steep hill
- so many hills
- town is hilly. Difficult to bike up steep hills. Limited level terrain

Discomfort

- Bikes are uncomfortable

I do bike

- I bike
- I bike frequently.

Family obligations

- kids
- need to transport children and work supplies

Other

- need bike maintenance
- Need puncture proof tires for goatheads!
- Need to get bike refurbished
- proper equipment
- Tire repair due to goatheads all over
- weeds puncture tires
- Would like an adult tricycle and places to ride it

Q14. Is there anything else you would like to tell us about the answers you have provided or physical activity in general?

Safety

- *avesces no camino por que sola mesa miedo (sometimes I don't walk because it's scary to go alone)*
- I would like to walk my dogs but can't because of the dogs running loose. We were attacked several times. I am legally blind and elderly and am unable to protect my dogs. They are small dogs and unable to protect themselves

Additions

- A workout system in park would be nice. Like at McKay Park in Pendleton
- Group, community activities would get me out more
- I would swim if a pool was near by. I would golf more if I had more time.
- In the winter it is difficult to find local opportunities.
- *me gustarian que se ofrecieran clases de actividad fñ-sica (I would like it if they offered activity clases)*
- Mountain bike loops around town
- Please we need a dog park too. Thanks
- We need gyms and programs for year round activities for adults and youth
- Would like to see park near Riverside/ My. Heron area. Need crosswalk or flashing light for crossing Hwy 11 for walkers

Health Related

- I am service connected disabled, diabetic, had numerous strokes. The last on the left the whole right side of my body is partially numb, my equilibrium was affected on my right side and also I have a severe cluster headaches from my service connected accident
- I have bad knees. I also work 12 hour days with split days off
- I have diabetic foot neuropathy and wear a support boot on one foot
- I have severe tremors
- I need knee surgery and have one scheduled for September. After both knee replacements hope to be able to walk and hike
- Just need to do more!!! I have M.S.
- Knee injury prevents most physical activity
- My age prevents me from riding a bicycle or most other physical activity
- Recovering from cancer.
- My activity is walking in my yard
- I am physically active - walking, etc. At times because of my Rheumatoid Arthritis it is more difficult.

Infrastructure

- Bike lanes and trails benefit a few. Please lets support our school which benefits all generations
- Depends of time of day when more traffic - no bike lanes, live in rural

Environment

- Living in a small community has slowed me down, plus just retired from a active job
- Pendleton's hills make biking more difficult

Motivation

- Dor mas que la familia hacemos ejercicio tengo problemas motivando a mi niÃ±a la mas grande y muy poco come saludable. Como puedo motivarala mas (...*I have problems motivating my oldest child to get exercise and she doesn't eat healthy. How can I motivate her more*)
- I am lazy and unmotivated

I am active

- I do Tai Chi 2 times a week
- I get a lot of activity in my yard and garden
- I have lots of work to do in my yard, home, and I clean houses for 2 families 2 times a month that takes care of y walking.
- I stay on the go from 5:30am until 2:00pm. The work with VFW and Elks increase
- I think I am currently at an appropriate level of activity. I walk 3 miles at least 5 or 6 days per week. The walk includes multiple steep hill climbs.
- I use a fitbit since june

- Lo que mas megusta es caminar y cores
- Ride horses - 4 wheelers
- Use a gym, walk at tribal museum
- We walk at least 4 miles every day. It is a priority, and has been for over 10years

Time

- el trabajo, hijos, quehaceres, la verdad ya ni tiempo (*work, children, chores, the reality is there isn't time*)
- falta de tiempo (*lack of time*)

Other

- I am probably not a good candidate for this questionnaire. I'm lost 79 and I am very active, belong to a gym, walk a lot and very healthy for my age. My concern is for my grown children and grand children. They are not healthy (some) and the youth in general. My challenge at this age is athletics.
- Live in the middle of 160 acres! So walking is good. Lack of pavement for biking isn't so good. I use my gator more when I could be walking

Q17. In the past month, where have you purchased or obtained food? Check all that apply. - OTHER

Religious Organization

- Church
- Church food pantry
- Echo Church Food Bank

Friend/support system

- friends garden
- friend's garden
- friend's garden
- friend's garden
- Mom and Dad
- My son provides most of my food
- other people!
- Trade with friends
- fruit and vegetable stands. Veggies from neighbors
- Fruit stands, neighbors gave us veggies from their garden

Food Service/Government Program

- on SNAP card
- Schwans

Store/other

- discount grocery stores.

- restaurant dining

Q20. Which of the following prevent you from improving the quality of your diet and nutrition? Check all that apply. - **OTHER**

Difficulty cooking/motivation

- It is hard to cook for 1 person. So hard to find recipes for small portions. Also, don't like to cook a lot of time now that I'm older and just me.
- Need meal planning assistance. Have not had to cook for self for 20+ years
- not a good cook and hate to cook
- too easy to get lazy
- voluntad (*willpower*)

Food Preference

- Except for taste
- Like sweets too much (not candy)
- Self Control
- self control to not eat as much junk
- Sugar in everything.
- Vegetables taste bad

Location

- distance from store

Money

- Can't get SNAP/WIC
- falta de dinero (*lack of money*)
- food that is bad for you is affordable and food that is healthy isn't so if you're poor you get to have a terrible diet
- I eat a pretty balanced diet, but I often don't buy certain things because of the high cost (such as organic milk for example)
- I would purchase more organic foods if the price wasn't so high

I do

- I am changing my eating

Disability

- Physical ability

Other

- Having to pay for all those people who are on SNAP and don't want to work
- it would be nice to have a health food restaurant. Meal delivery services for disabled or people who can't drive.

Q22. Have you heard of the following programs and resources offered in Umatilla County? Check the box if you have heard of the program/resource or leave blank if you have not heard of it. – Where did you hear about it?

Print media

- flyer
- Flyer
- Flyer
- newspaper
- Newspaper
- mailer
- Paper
- Paper

Work

- I work for head start
- work
- work
- work

Social/community

- participated
- Through family
- meeting
- Community meeting
- Helped with it twice
- My wife works at DHS and is aware of all these programs

Multiple sources

- TV, newspaper
- flyer, email, word of mouth
- Flyer, newspaper, person involved in organizing it
- hospital, flyer, email
- newspaper, word of mouth
- work, facebook
- Papers, Banners

Other

- radio
- Good Shepherd
- HCC
- extension
- OSU Extension
- SPD WORKER

- St. Anthony

Q23. Which of the following would you be most confident in to provide you with information about health, physical activity, and nutrition resources/programs?
Please select up to three. - **OTHER**

Community/Social

- Community meetings
- co-workers
- healthy friends
- Support groups
- weight watchers

Internet

- Internet
- Internet

Nutritionist

- nutritionist
- Registered Dietitian
- Adult child is nutritionist

Local Source

- Yellow Hawk Clinic
- YTHC
- Library

Multiple Sources

- books, internet
- Internet, peer-reviewed/scholarly articles
- Local sources - internet, etc
- mail/email

Other

- "Parish" Nurse program
- AJM
- Books
- None of the f***ing above thanks.
- Oral history
- SPD worker or case manager
- weightdown ministrips
- None
- None

Q24. How do you most prefer to receive information about health, physical activity, and nutrition resources/programs? Please select up to three. - OTHER

Internet/research

- internet
- Internet
- Internet health sites (ex. Mayo Clinic)
- online
- online research
- My own research
- Peer-reviews journals

Community/Social

- Colleagues
- Phone call or a visit from someone
- wife
- Tribal newspaper
- fitness classes at RAE

Other

- I don't subscribe to the local paper let alone regional newspaper, I don't listen to local radio stations nor watch tv.
- nature path
- None
- none really
- talking books
- talking to a nutritionist

Q25. On a scale of 1 to 5, with 1 being very unimportant and 5 being very important, how unimportant or important do you consider the following activities designed to increase physical activity to be? - OTHER

Infrastructure

- General incentives for homeowners to repair sidewalk at there homes, areas
- sidewalk/paths

Public/exercise facilities

- gimnasios de bajas tarifas (*gyms with low rates*)
- facility for exercise - swimming and classes year round
- Tai Chi - Yoga - Meditation - stress relieving - gentle
- Public usable (free) rec facilities
- Stop closing parks and other walking areas. Provide more safety
- Zumba class in the park

Low-income services

- Free childcare options at gyms/grocery stores?
- HELP THE DISABLED TO GET AROUND TOWN FOR FREE

Other

- Insurance costs off sets/reductions/
- People need to have motivation. Work shops not beneficial to want to be healthy
- Gua nutricional
- Fix the dog problem in this area
- peer pressure! Competitive something!

Q26. On a scale of 1 to 5, with 1 being very unimportant and 5 being very important, how unimportant or important do you consider the following activities designed to improve diet and nutrition to be? – OTHER

Educational

- Accountability for people learning about nutrition, healthy eating and food preparation
- Teaching life management skills in school

Food assistance

- mas legares de comida gratis (*more handouts of free food*)
- Offer free or reduced prices is a good idea but only if it's available to everyone, not just low income
- ofrecer comida a precios accesibles (*offer more affordable food*)

Transportation assistance

- Being disabled and not driving now is hard. I'm also going blind with glaucoma and macular degeneration. This is really hard for me!
- More transportation options for getting to grocery stores and farmers markets

Other

- SEE BELOW:)
- Gardening is so important. Food and exercise!

Q27. Is there anything else you would like to tell us?

Food affordability and availability

- Because I lack time and ability (and desire) to cook more healthy I would love more fast food- that is healthy and tasty. And reasonably priced
- Bringing in a store like WinCo or Costco would help with available healthy food options. They sell things for cheaper and are better quality than Wal-Mart. Currently I don't shop in Hermiston because of the lack of grocery store options. I would love to give my community the money I spend on food each month rather than going out of town.

- More important than "number of... food options" is to improve the quality of the food items most of the free and reduced price food items (especially school lunches) is very unhealthy - full of sugar and salt
- To improve nutrition take cookies, candy, and soda pop and sugar heavy juices out of the SNAP program and put in more nutrition rich food that are actually prepared
- si se pretende mejorar la calidad de vida la actualidad física y una buena dieta tienen que ir de la mano (*if you hope to improve the quality of life, physical activity and a good diet have to go hand in hand*)
- Live in a small town, no shopping available, must travel for all, including health care, etc. The elderly have difficulty, have to depend on friends to take care and provide food and attend senior meals and/or food banks
- I am not low income, but I believe it would make a real difference in community health if there was a program that would connect low income families with community or school gardens to grow food for their own use and also a way to connect elderly people of all income levels with supplies.

Personal accountability

- I chose to live the way I do. Money and time are not issues
- People should take control of their own lives and health - not rely on others and food stamps, free programs
- Please don't motivate people by thinking everything should be free. The middle man that truly works need access to good health insurance.
- Individuals will not make progress in these areas unless they give it a priority of their own time and resources.

Lack of knowledge/information about nutrition

- People do not know how to eat. USDA recommendations are too often manipulated by special interest group. Universities need to take a bigger role in providing unbiased information.
- I am a health care worker, and I can tell you that a lot of people don't know what sound nutrition is. This is because doctors, PA's, nurses, etc. often tell patients information that is incorrect or misleading. They don't assess personal motivation which is a huge part of people wanting to change behaviors for the rest of their life. It's a personal choice to be healthy, either you want to or you don't.

Other

- I live on a very low income . Would have to have someone help me find the best programs available for me.
- I grew a small garden. I have one verde bell pepper plant and one Japanese cucumber plant. They have both produced
- Obama care has reduced the amount of doctors caused medical suppliers to go out of business and decreased medical care for those who need it. Of all the promises made by Obama - none were free. It is a disaster. An election of Hilary Clinton means less for the middle class in every way and more lies!

- "Our community needs an indoor swimming pool -
- The local health club does not keep the pool clean."
- IT WOULD BE EASIER TO HELP THE DISABLED WITH RIDES OR FOOD WHEN THEY HAVE BEEN SICK.. I'VE BEEN THERE AND IT ISN'T FUN! ! BEING STRANDED AND HALF BLIND IS NOT FUN EITHER ! ! !
- Thank you for coming to our farmers market!
- Thank You!
- No
- No
- No

APPENDIX D: HEALTH IN COMPREHENSIVE PLANNING AND TRANSPORTATION PLANNING

This appendix contains resources relevant to the implementation of the Plan4Health recommendations for the Comprehensive Plan: The Confederated Tribes of the Umatilla Indian Reservation, the Umatilla County Comprehensive Plan, and the Umatilla County Transportation Plan. The recommendations and example plan language can also be applied to local city planning documents.

Health in Comprehensive Planning

The American Planning Association's Planning and Community Health Center conducted an applied research project on Planning for Public Health that included a national survey to identify comprehensive plans that explicitly include public health related goals, objectives, and policies, and inventory the public health topics included in the plans.⁷¹ The findings from this survey provided the framework for analyzing the Umatilla County Comprehensive Plan⁷² and the Comprehensive Plan of The Confederated Tribes of the Umatilla Indian Reservation⁷³ for their inclusion of public health topics and to identify opportunities to strengthen their connection to public health (Table 1). As more in-depth assessment of the location of these health topics within the existing plans can found in the supplement to this appendix section.

The top two reasons for including public health into the comprehensive plan were community support and community awareness and the top 10 most cited public health topics in the identified comprehensive plans include: recreation, public safety, clean water, active transportation, clean air, emergency preparedness, active living, physical activity, environmental health, and aging.⁷⁴ While it is most common for comprehensive plans to incorporate these topics within the plans sections, some comprehensive plans have used standalone public health elements. The national survey identified three jurisdictions in Oregon with comprehensive plans containing a stand-alone health element; Klamath Falls, South Bend, and Wilsonville. Additionally, the Comprehensive Plan of the Confederated Tribes of the Umatilla Indian Reservation uses a standalone health element; 5.11 Health and Human Services.

⁷¹ American Planning Association. Applied Research: Planning for Public Health <https://www.planning.org/research/publichealth/> Accessed Nov. 20, 2016

⁷² Umatilla County Comprehensive Plan. (adopted 1983, last amended 2014). http://www.co.umatilla.or.us/planning/pdf/Umatilla_County_Ccomp_Plan.pdf

⁷³ Comprehensive Plan of The Confederated Tribes of the Umatilla Indian Reservation. (2010). http://ctuir.org/system/files/Comprehensive_Plan.pdf

⁷⁴ Comprehensive Planning for Public Health. Planning and Community Health Research Center. (2011). https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/publichealth/pdf/surveyreport.pdf

Table D-1: Umatilla Comprehensive Plan Inclusion of Public Health Topics

Public Health Topic	Umatilla County Comprehensive Plan	Umatilla Reservation Comprehensive Plan
1. Recreation	2	1
2. Public Safety	1	2
3. Clean Water	0	1
4. Active Transportation	1	2
5. Clean Air	0	0
6. Emergency Preparedness	0	2
7. Active Living	1	2
8. Physical Activity	2	2
9. Environmental Health	1	1
10. Aging	1	1

Source: CSC Research 2016

Note: 0 = No Support, 1= Limited Support, 2 = Strong Support

As can be seen from Table 1, comprehensive plans both at the County and at the Umatilla Indian Reservation have significant opportunities to strengthen their public health connections. To help with this, a resource table of model language for health in comprehensive planning is provided below. The County may also find the [Design for Health Comprehensive Plan Review Checklists](#) to be a useful tool for a more in-depth assessment of the current state of health inclusions in comprehensive planning as well as for identifying areas for improvement. The National Association of County and City Health Offices (NACCHO) has further developed a useful flowchart that shows how health agencies can interact with the comprehensive planning process: [Land Use and Public Health Collaborations Flowchart](#).

Table D-2: Model Health Language for Comprehensive Plans

Resource	Description
Model Comprehensive Plan Language on Complete Streets	This model suggests language for a comprehensive plan's transportation vision statement and policy package, as well as additional language to be used throughout other chapters to encourage the integration of Complete Streets policies in interagency planning for land use, schools, public facilities, parks and recreation, and community health.

Table D-2, continued: Model Health Language for Comprehensive Plans

Resource	Description
Model General Plan Language Supporting Safe Routes to Schools	This model suggests language for a comprehensive plan's transportation vision statement that sets out the community's goal: to support healthy children who can easily incorporate physical activity into their daily routines. Additional language on Safe Routes to School that can be tailored for other elements of a general plan is provided. These provisions (i) detail the actions related to Safe Routes to School that a city, town, or county can implement on its own authority, without the need to obtain permission or buy in from a school district, (ii) integrate the idea of Safe Routes to School into different arenas, and (iii) encourage interagency planning.
Establishing Land Use Protections for Farmers' Markets	This model language for a comprehensive plan suggests goals, policies, and actions to protect existing and promote new farmers' markets.
Municipal Zoning for Local Foods in Iowa: A Guidebook for Reducing Local Regulatory Barriers to Local Foods	While this guidebook was specifically developed for Iowa, the model language for Hydroponics, Aquaculture, and Aquaponics, Bees, Chickens, Goats, Crop Agriculture in the Urban Environment, Compost, Direct-to-Consumer Sales, and Food Trucks and Food Carts is still highly relevant for Umatilla County.
Promoting Accessibility with Comprehensive Planning and Ordinances	The Design for Health (DFH) Comprehensive Plan and Ordinance Series provides planners with useful information about opportunities to address important health issues through the comprehensive planning process and plan implementation. Example comprehensive plan language from existing plans concerning accessibility, physical activity, safety, social capital, housing, and noise are all provided.
Supporting Physical Activity through Comprehensive Planning and Ordinances	
Considering Safety through Comprehensive Planning and Ordinances	
Building Social Capital with Comprehensive Planning and Plan Implementation	
Considering Environment and Housing Issues through Comprehensive Planning and Ordinances	
Considering Community Noise Issues Through Comprehensive Planning and Ordinances	

Health in Transportation System Plans

The Umatilla County Transportation System Plan⁷⁵ (TSP) can help support healthy lifestyles by providing safe environments for active transportation. As detailed by the Federal Highway Administration Office of Planning, Environment, and Realty⁷⁶ transportation can affect health in the following five major ways. The sub-bullet to each health category provided the related goal from the County TSP that addresses this health impact.

- **Safety:** Motor vehicle crashes are a leading cause of death. Using effective safety countermeasures and encouraging safe behaviors by all road users can reduce the number of fatalities and injuries. This is particularly important for vulnerable road users like pedestrians, bicyclists, children, and older adults.
 - **TSP Goal 1:** Preserve the function, capacity, level of service, and safety of the local streets, county roads, and state highways.
- **Air Quality:** Transportation planning that reduces vehicle emissions improves air quality for everyone. The populations that benefit most from cleaner air are children, older adults, and individuals with respiratory diseases.
 - **Air quality is not currently an explicit goal of the County TSP:** Very brief support is found in 3-4, the Bikeway System description, where it states that “bicycles take up little space on the road or parked, do not contribute to air or noise pollution,” and that “noise, air pollution, and traffic congestion could be mitigated if more short trips were taken by bicycle or on foot.”
 - Air quality considerations are also found in the recommendation section of Option 1. Implement Transportation Demand Management (TDM) Strategies where it states, “with more emphasis on walking or biking in the county, conditions such as air quality and noise levels would be improved.”
- **Physical Activity:** Incorporating bicycle and pedestrian (active transportation and recreation) infrastructure and facilities promotes physical activity. There is strong evidence that this activity can lower the risk of early death, heart disease, stroke, high blood pressure, and type 2 diabetes. Physical activity also can help prevent weight gain, reduce depression, and improve cognitive function (for older adults).
 - **TSP Goal 4:** Increase the use of alternative modes of transportation (walking, bicycling, and public transportation) through improved access, safety, and service.
- **Access to Goods, Services and Opportunities:** Transportation systems can support individuals in leading a healthy life by improving access to recreational opportunities, healthy foods and health care as well as jobs, education and other necessities that improve quality of life. Providing

⁷⁵ Umatilla County Transportation System Plan. (2002).

http://www.co.umatilla.or.us/planning/pdf/Umatilla_County_TSP_June_02.pdf

⁷⁶ Federal Highway Administration, Office of Planning, Environment, & Realty. Health in Transportation. http://www.fhwa.dot.gov/planning/health_in_transportation/fag/ Accessed Nov. 20, 2016

affordable and convenient transportation options can promote more equitable opportunities within and between communities.

- **TSP Goal 2:** Ensure that the road system within the county is adequate to meet public needs, including those of the transportation disadvantaged.
- **Noise:** Alternatives can be designed to reduce noise and thereby prevent or reduce adverse health effects like hearing loss, sleep disturbances, cardiovascular problems, performance reduction, annoyance responses, and adverse social behavior - all of which are associated with exposure to varying levels of noise.
 - **Noise is not currently an explicit goal of the County TSP:** Very brief support is found in 3-4, the Bikeway System description, where it states that “bicycles take up little space on the road or parked, do not contribute to air or noise pollution,” and that “noise, air pollution, and traffic congestion could be mitigated if more short trips were taken by bicycle or on foot.”
 - Noise considerations are also found in the recommendation section of Option 1. Implement Transportation Demand Management (TDM) Strategies where it states, “with more emphasis on walking or biking in the county, conditions such as air quality and noise levels would be improved.”

While the County TSP Goals generally address the public health impacts of transportation, there is very little explicit recognition of the connection between public health and transportation. With the TSP having been written in 2002, the transportation system inventory, modal plans, and grants and loans are all considerably out of date and the next update to the TSP will be a chance to strengthen the connection between public health and transportation. The 2014 [Oregon Bicycle and Pedestrian Plan Health and Transportation Paper](#) contains policy considerations for the bicycle and pedestrian plan that recommend the following. While these recommendations are generally aimed at the state level, the bolded sections are applicable to the Umatilla County TSP and its next update process.

- **Consider developing health related criteria and metrics to be used in project evaluation, planning and prioritization.**
- **Improve data collection on bicycle and pedestrian use (including time spent bicycling and walking (exposure), bicycle and pedestrian use, and facility inventory data), crashes and other issues.**
 - **Improve understanding and use of existing data sources.**
 - **Develop best practices for using data to prioritize investments in non-motorized infrastructure.**
- **Seek opportunities to enhance data collection through surveys. Partner with public health agencies and other entities to use these data for health-based tracking and performance measurement.**
- Transportation System Plan Guidelines – State law requires local jurisdictions throughout Oregon to prepare and adopt regional or local transportation plans. ODOT provides guidelines for those plans. When these guidelines are next updated, the involvement of OHA-PHD staff could enhance opportunities to incorporate health considerations.

- Encourage the incorporation of health criteria or considerations in local and regional plans and in statewide plans and planning efforts.
- Consider hosting a workshop for interested jurisdictions on incorporating health into local Transportation System Plans.
- **Include language in bicycle and pedestrian programs (e.g., Complete Streets, Safe Routes to School, etc.), recognizing the public health benefits of bicycling and walking.**

Supplement

Table D-3: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 2: Why a comprehensive plan?	8. Recreational Needs To satisfy the recreational needs of the citizens of the county and visitors.
Chapter 8: Open Space, Scenic and Historic Areas, and Natural Resources	Umatilla County has considerable amounts of open space ... This amenity is desirable for many reasons. It serves as a buffer between conflicting land uses, permits the logical expansion of urban areas, provides recreational opportunities, contributes to the aesthetic quality of the landscape, and enhances the social and economic value of the community.
Chapter 11: Recreational Needs	A basic human need is to pursue activities that refresh mental and physical condition. From children learning to socialize through play, to elderly people walking or sitting in the sun, recreation is important to the whole life cycle.
	Implementation of a recreation system is considered a public responsibility although many agencies and private parties provide the system's components. The need itself, expressed in land area, recreation type or improvement, changes as the population changes.
	Umatilla County is growing rapidly. Existing [recreational] facilities are becoming inadequate, and entirely new types are in demand.

Table D-3, continued: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 11: Recreational Needs	<p>Finding 1 - There is an increasing demand for both local improved recreational facilities and dispersed unimproved recreational areas.</p> <p>Policy 1 - Encourage and work with local, state, federal agencies and private enterprise to provide recreational areas and opportunities to citizens and visitors to the County.</p>
	<p>Finding 2 - Recreational uses can complement unique resources such a historical sites, natural wonders, facilities easements, lakes, floodplains, scenic views, industrial sites, etc.</p> <p>Policy 2 - Consider recreation needs and opportunities in the identification, acquisition and development of unique areas.</p>
	<p>Finding 3 - Numerous recreational opportunities are located on land under the control of state or federal agencies.</p> <p>Policy 3 - The County will continue to work with state and federal agencies in the preparation of their management plans to insure that recreational opportunities will exist.</p>
	<p>Finding 4 - Information on recreational needs valuable to fund distributors, citizens, developers, planners, and recreational districts, is not now available in one central spot.</p> <p>Policy 4 - Investigate establishment of a centralized collection point for recreation needs and supply information.</p>

Table D-3, continued: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 11: Recreational Needs	<p>Finding 5 - Differing recreational pursuits occasionally conflict among themselves and with other land uses.</p> <p>Policy 5 - Provide for recognized forms of recreational use while minimizing conflicts with surrounding uses.</p>
	<p>Finding 6 - Over time, additional recreational facilities will be needed.</p> <p>Policy 6 - Provide assistance to recreational groups and private investors interested in acquiring and developing recreational facilities.</p>
	<p>Finding 7 - Private recreational areas exist or have existed and their facilities remain throughout the County.</p> <p>Policy 7 - The County will recognize these recreational areas around the County and encourage the development of these areas in harmony with surrounding land use.</p>
	<p>Finding 8 - Off-road vehicles have increased in popularity in the past few years, creating nuisance complaints and increasing traffic problems along county and state roads.</p> <p>Policy 8 - The County will work with private property owners, local off-road vehicle organizations, and appropriate state and federal agencies to help solve the problems.</p>
	<p>Finding 9 - Hunting and fishing are very important to Umatilla County.</p> <p>Policy 9 - The County will cooperate with appropriate agencies to manage resources at optimum levels to protect these valuable recreational opportunities.</p>

Table D-3, continued: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 11: Recreational Needs	<p>Finding 10 - Lehman Hot Springs, currently in operation, and Hideaway Hot Springs, currently not in operation, have traditionally served as recreational resort areas. <i>[Note: Lehman has since been shut down by DEQ]</i></p> <p>Policy 10 - Encourage the expansion or reopening of these two areas for resort activities with appropriate safeguards to ensure compatibility with adjacent land uses.</p>
	<p>Finding 11 - Public and private parks need to, from time to time, perform maintenance, rehabilitation, replacement, minor betterment repairs, and improvements to facilities and structures within the park. These improvements are not likely to have negative impacts upon adjacent lands and facilities.</p> <p>Policy 11 - Activities within parks that fall into these categories will not be required to obtain a conditional use permit before beginning these activities; only a zoning permit will be required and then only if the activity involves structures of over 110 sq. ft. in area. All other activities will only require the certification pursuant to the Development Ordinance that the activities do not exceed the 100 sq. ft. limitation. For example, changes from a pit toilet to a faucet toilet would be considered a minor betterment. Also covered under this policy are picnic areas, directional/informational signs, kiosks, traffic control devises, drinking fountains, water supply systems serving the existing developed areas, catch basins, drainage systems, paint sheds, well houses, maintenance buildings, and trail improvements. This policy shall apply to all zones listing parks, playgrounds, or community centers, as allowed, or conditional uses.</p>
	<p>Finding 12 - Recreational Vehicle Parks are a valuable economic development, tourism and recreational attribute to the County.</p> <p>Policy 12 - Provide opportunities to both private business and public agencies to construct, maintain and expand RV Parks in accordance to adopted development regulations within the County.</p>

Table D-3, continued: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 15: Transportation	<p>Finding 7 - Uncontrolled access on state highways can constitute a threat to public health and welfare as well as create excessive public expense.</p> <p>Policy 7 - Access onto state highways shall be limited, consolidated, and, otherwise be controlled as much as feasible. Access control shall emphasize coordination of traffic and land use patterns through the use of frontage roads and access collection points (see OAR 734.051). ODOT will be provided notice of land use applications and development permits that have access or frontage onto State Highways.</p>
	<p>Finding 19 - County residents without access to private autos have limited alternatives available.</p> <p>Policy 19 - Support existing public transit and seek additional opportunities for the transportation System Plan.</p>
	<p>Finding 26 - Umatilla County has areas of historical and recreational interest without established access to road systems.</p> <p>Policy 26 - Umatilla County shall encourage the development of bikeways and pedestrian accessways to existing and potential activity centers.</p>
	<p>Finding 28 - As Umatilla County increases in population and changes with development over time, transportation system needs also change.</p> <p>Policy 28 - Review and update the County Transportation System Plan periodically, as often as time, resources and funding allow and as the need to update arises</p>
Chapter 16: Energy Conservation	<p>Finding 6 - Travel distances for frequently purchased goods, (gasoline and groceries) may be reduced by locally situated rural commercial facilities.</p> <p>Policy 6 - Recognize rural residential areas' local retail service needs.</p>

Table D-3, continued: Health in Umatilla County Comprehensive Planning

Umatilla County Comprehensive Plan	Health Related Sections
Chapter 16: Energy Conservation	<p>Finding 7 - Until recent fuel cost increases, travel to work by private auto was acceptable and the primary means used.</p> <p>Policy 7 - Recognize that fuel costs impact work force availability and encourage larger firms to cooperate in commuter bus-shared ride programs.</p>
Chapter 17: Urbanization	<p>Finding 6 - Agricultural land within urban growth boundary areas offer continued food production.</p> <p>Policy 6 - When designed and applicable allow Exclusive Farm Use zoning designation within urbanizable areas.</p>

Table D-4: Health in Confederated Tribes of the Umatilla Indian Reservation Comprehensive Planning

Comprehensive Plan: The Confederated Tribes of the Umatilla Indian Reservation	Health Related Sections
1.3 CTUIR & COMMUNITY VISIONS	The Confederated Tribes of the Umatilla Indian Reservation Government serves our community through responsible leadership and accountability. We respect ourselves, citizens, neighbors, environment, culture, religion, and a healthy lifestyle. We will uphold and exercise our sovereignty and treaty. We strive to, once again, be a sustainable, empowered and prosperous nation.
5.5 Community Development	6. Provide effective community protection; life saving rescue, emergency medical, fire protection, emergency management and natural hazard mitigation.
	9. Promote wellness awareness and education toward the prevention of drug and alcohol abuse, diabetes and other preventable health issues as well as all forms of violence.

Table D-4, continued: Health in Confederated Tribes of the Umatilla Indian Reservation Comprehensive Planning

Comprehensive Plan: The Confederated Tribes of the Umatilla Indian Reservation	Health Related Sections
5.6 Natural Resources	1. To ensure that ground and surface waters are available to satisfy CTUIR treaty rights, the needs of CTUIR members, and the citizens of the Umatilla Indian Reservation;
	2. To develop sustainable fish harvest opportunities throughout the usual and accustomed fishing stations;
	3. To Protect, enhance, and restore functional floodplain, channel, and watershed processes to provide sustainable and healthy habitat for aquatic species of the First Food order;
	4. To provide sustainable harvest opportunities for big game species of the First Food order by protecting, conserving, and restoring big game populations and their habitats;
	5. To assess the distribution and security of cultural foods plants (roots, berries) and protect and enhance them for CTUIR member use;
	6. To protect, preserve, and perpetuate the CTUIR's culturally significant places and resources for the benefit of current and future generations.
5.8 Treaty Rights Protection	1. Develop and implement policies and strategic plans to restore, protect and provide for the exercise of each 1855 Treaty-reserved right – fishing, hunting, gathering, livestock pasturing and associated water rights.
5.11 Health and Human Services	To achieve a spiritually, emotionally, and physically healthy tribal community through quality health care and support services.
5.12 Community Facilities	3. Assure that community facilities are maintained in a safe and sanitary condition.

Table D-4, continued: Health in Confederated Tribes of the Umatilla Indian Reservation Comprehensive Planning

Comprehensive Plan: The Confederated Tribes of the Umatilla Indian Reservation	Health Related Sections
5.13 Transportation	<ol style="list-style-type: none"> 1. Develop and maintain a transportation system that is safe and promotes the public health. 2. Ensure that Tribal citizens have access to traditional gathering, and other traditional activities. 3. Develop economically and ecologically sound transportation opportunities. 4. Develop transportation systems necessary for all forms of transportation in order to provide for economic development, employment, senior and disabled, health care, education, shopping, visiting family and friends, fitness and legal access. 5. Provide transportation opportunities for Tribal citizens and other Reservation residents that do not drive. 6. Provide transportation facilities for non-motorized transportation, including pedestrians, bicycles, and horses. 7. Develop, maintain, and improve transportation systems to minimize or reverse environmental degradation from transportation systems. 8. Develop transportation opportunities that are aesthetically pleasing and help provide a sense of “Place” and a connection with the cultural values of the CTUIR. 9. Design, build, and maintain transportation systems with the future in mind. 10. Provide transportation opportunities that conserve energy and money, and reduce carbon emissions.

Table D-4, continued: Health in Confederated Tribes of the Umatilla Indian Reservation Comprehensive Planning

Comprehensive Plan: The Confederated Tribes of the Umatilla Indian Reservation	Health Related Sections
5.14 Public Safety	<ol style="list-style-type: none"> 1. Enforce provisions of all CTUIR statutes and codes as they relate to domestic violence, fire protection, law enforcement and emergency management 2. Provide culturally appropriate advocate service to victims of domestic and sexual violence, elder abuse and stalking 3. Enhance Awareness of family violence/sexual assault and collaboration by providing youth, adult and law enforcement education 4. Develop a comprehensive emergency management program through cooperative relations with other tribes, federal, state and local agencies 5. Provide effective emergency services to the CTUIR community including life saving rescue services, emergency medical service, fire protection services and HAZMAT response 6. Encourage fire safety through fire prevention and public education 7. Ensure all commercial and institutional properties on the reservation comply with the international fire code through the annual inspection process 8. Ensure appropriate levels of fire equipment, fire flows and prevention programs consistent with the level of commercial and residential construction on the reservation 9. Maintain the advance life support services with pre-hospital care by certified paramedics 10. Develop and maintain effective and visible crime prevention and policing programs within the Public Safety Department 11. Maintain mutual aid agreements in all areas of emergency response preparedness 12. Develop a traffic safety and education plan 13. Maintain the CTUIR Emergency Operations plan and update to maintain NIMS compliance 14. Implement projects and programs identified in the CTUIR Hazard Mitigation Plan