

# Marion County Community Health Assessment 2008

## Executive Summary

### **Introduction**

The first essential function of the local public health system is to “Monitor health status to identify community health problems.” (Public Health Functions Steering Committee, 1994). The public health department is only one part of the local public health system, so when Marion County Health Department (MCHD) leaders identified a need to conduct an assessment of the community’s health, they recruited a group of community partners representing 14 community organizations with an interest in the health and well being of the residents of Marion County.

### **Methodology and Background**

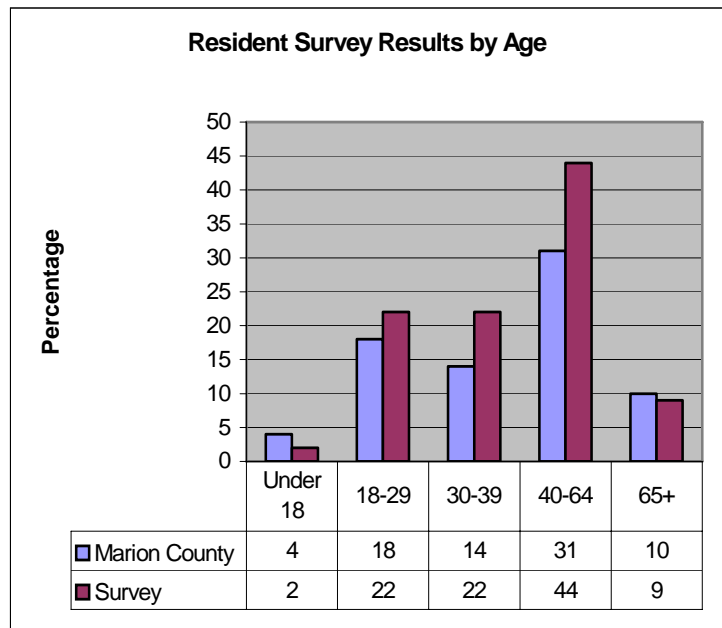
MCHD convened the Community Health Status Assessment (CHSA) Committee in February 2008. The Committee used Mobilization for Action through Planning and Partnerships (MAPP) as a framework for the assessment. MAPP was developed through a cooperative agreement between the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP employs a community wide process that leads to strategic planning for improving community health. The overall goals of the Committee were to:

- Identify indicators that are representative of our county’s health and for which data is readily available;
- Establish a framework for measuring success in the future;
- Measure trends over time;
- Compare our data to that of the State, nation, Healthy People 2010 goals and Oregon Benchmarks;
- Provide a comprehensive data report for Marion County that can be used as a tool to support community efforts to promote health, change policy and seek funding; and
- Analyze the data to identify priority health issues for strategic planning and action.

With participation of community Committee members, MCHD staff led data collection and analysis for the eleven MAPP data categories including: demographic characteristics; socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death illness and injury; communicable disease; and sentinel events. MAPP provides core and extended indicators for each category. In all, the MCHD work group sought data for 336 indicators with the assistance of non-Health Department Committee members. The data was reviewed and analyzed by the larger Committee and suggestions were made about how best to present the data. As part of the process, some indicators were eliminated because reliable data wasn’t available, and other indicators were added, based on the recommendation of Committee members. In many cases data was as much as three years old due to the time it takes at the state level to collect, review, verify and publish data. The final number of indicators for which data is reported is 140.

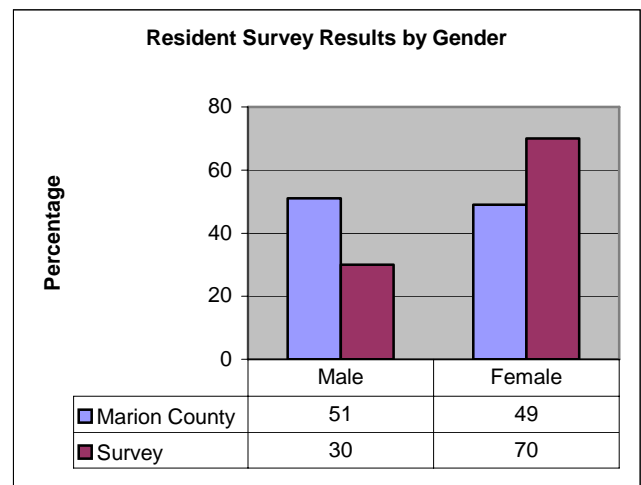
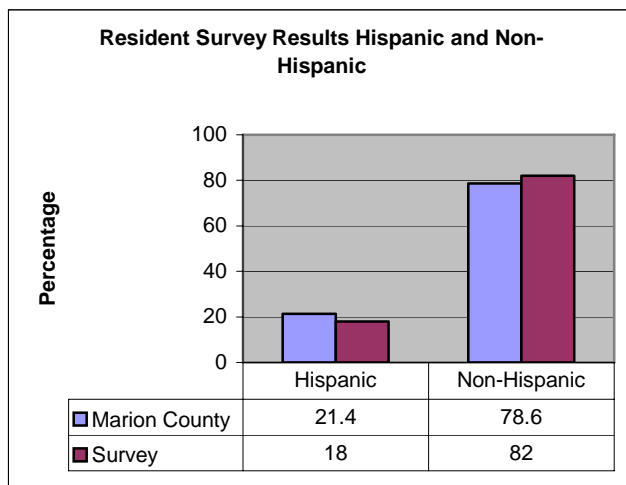
Data reported is primarily secondary data collected by other organizations. Portland State Center for Population Statistics was the source of most of the demographic data; however when Portland State was unable to provide the data, the Federal Census was used as the source.

The secondary data is supplemented by the results of surveys targeting the residents of Marion County and the health and social service professionals serving them. The Residents Survey was available on-line and in hardcopy in English, Spanish and Russian. Survey boxes were placed at over 30 locations, including but not limited to homeless shelters, senior centers, teen coffee houses, local churches, a farm worker housing complex, various county offices, and the Santiam Canyon area. A total of 2,916 surveys were collected between 4/15/08 and 7/25/08. The survey population was fairly well matched to the demographics of Marion County



however the proportion of female to male respondents was significantly different from the general population. Seven hundred and fifteen surveys were completed at Oregon Department of Human Services offices, which may have resulted in some sample bias regarding opinions on access to healthcare.

The Providers Survey for health and social service professionals was distributed via e-mail and listervs to community partners. A total of 162 surveys were completed between 4/15/08 and 7/25/08. Survey respondents represented social, education, health care, mental health and public health services.

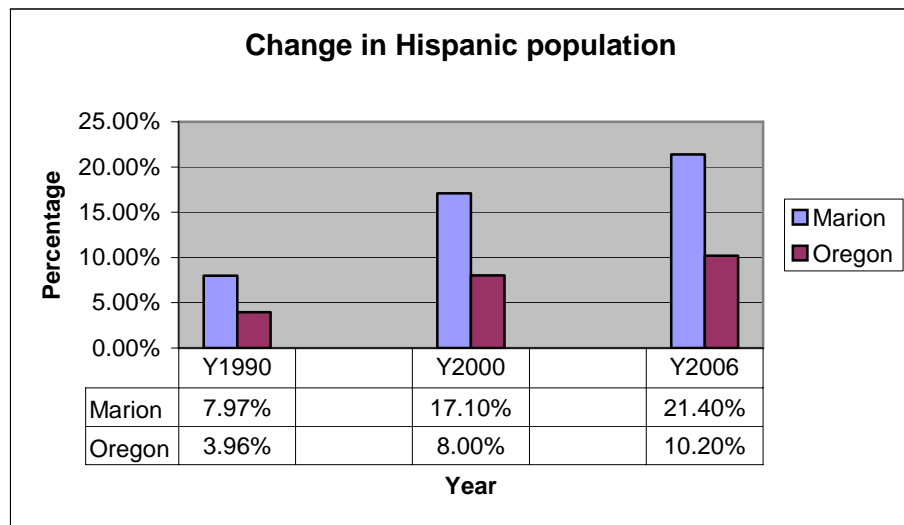


**What are the local demographic and socioeconomic characteristics in our Community?**

**Demographics and Socioeconomics:** This category considers basic demographics as well as measures that have been shown to affect health status, such as income and education levels.

Marion County is the fifth largest county in Oregon with a population of 311,070 (July 1, 2007 estimate, Portland State Population Research Center). In general the population of Marion County is younger, poorer and less educated than Oregon’s total population. The population is evenly divided between males and females, but the age distribution shows that about 64.6% of the residents of Marion

County are under age 45 (OR- 60.75%). Mt. Angel and Woodburn are exceptions, as 18% of their residents are age 65 or older. It should be noted that between 2002 and 2006 the proportion of persons ages 65 and older increased by 1.28% (OR 1.26%), a trend that Department of Human Services



predicts will continue (Seniors and People with Disabilities, 2006). The Federal Census Bureau estimate for 2006 shows 21.4% of the Marion County residents identify himself or herself as Hispanic or Latino. The proportion of the Marion County population that is Hispanic has increased steadily over the last 15 years and is higher than that for Oregon and the Nation.

Census data also shows that 20.1% of Marion County children 0-18 years are living below the poverty level while Oregon’s state percentage is 16.8%. In 2006, an estimated 13% of persons 25 years and older had less than a high school education, compared with 8% of Oregon residents on average.

**What are the strengths and risks in our community?**

**Quality of Life:** This category includes factors that contribute to an individual’s sense of well being and the general supportiveness of the community.

Many factors contribute to an individual’s perceptions about the quality of life in Marion County, including family friendly activities, a feeling of empowerment and access to health care. Marion County has over 100 developed and undeveloped green spaces designated as parks, and multiple after school and summertime activities available for children. Of the 2,803 Marion County residents that responded to the question, about 65% rated their own quality of life as

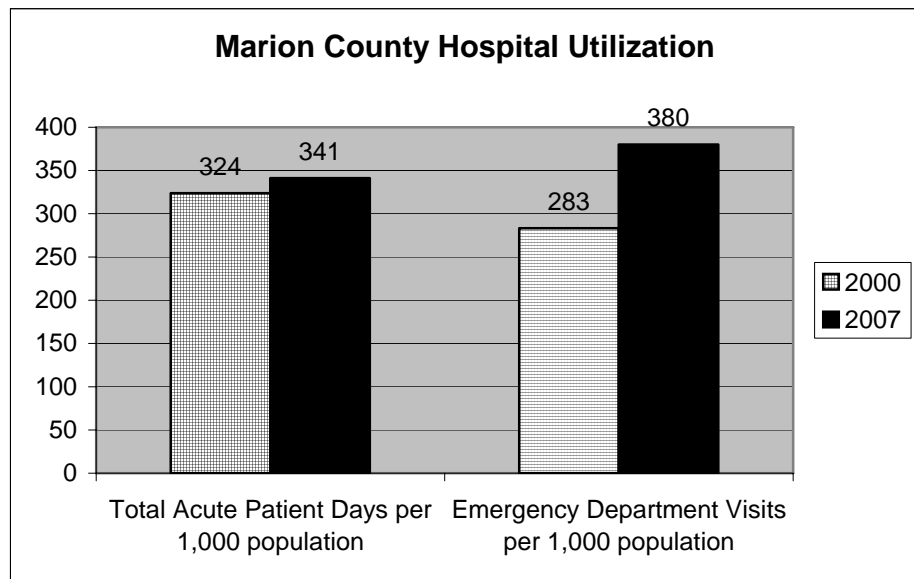
good or excellent. Fifty percent of those completing the Spanish language surveys rated their quality of life as good or excellent. Seventy-seven percent of health and social services professionals responding rated their quality of life as good or excellent. Being registered to vote may be indicative of a person's involvement in their community and/or a feeling of empowerment. Only 60% of the persons eligible to vote in Marion are actually registered, which is lower than for Oregon (73.3%), but of those registered to vote, turn out at the national November elections in 2004 and 2006 was better than for Oregon as a whole.

**Health Resource Availability:** This category measures health system capacity as well as factors that may affect access to health care.

For the purpose of the Community Health Status Assessment much of the data is reflective of inpatient and outpatient services located in both Marion and Polk Counties. This best reflects where Marion and Polk County residents receive most of their medical care. It is also a reflection of the regional focus of the Marion-Polk County Medical Society as well as the way our largest independent physicians group, the MidValley Independent Physicians Association has united approximately 95% of physician practices for the two counties. Four hospitals serve the two counties; Salem Hospital, Silverton Hospital, Santiam Medical Center, and West Valley Hospital. West Valley Hospital is part of the Salem Hospital system known as Salem Health. Two Federally Qualified Health Centers serve the two counties, Yakima Valley Farmworkers with two locations in Marion County and West Salem Clinic located in West Salem. A regional Indian Health Center, Chemawa Indian Health Center, is located in Salem.

While data sets recommended by this health assessment model are not easily retrieved, both the data sets and the survey results demonstrate healthcare access problems.

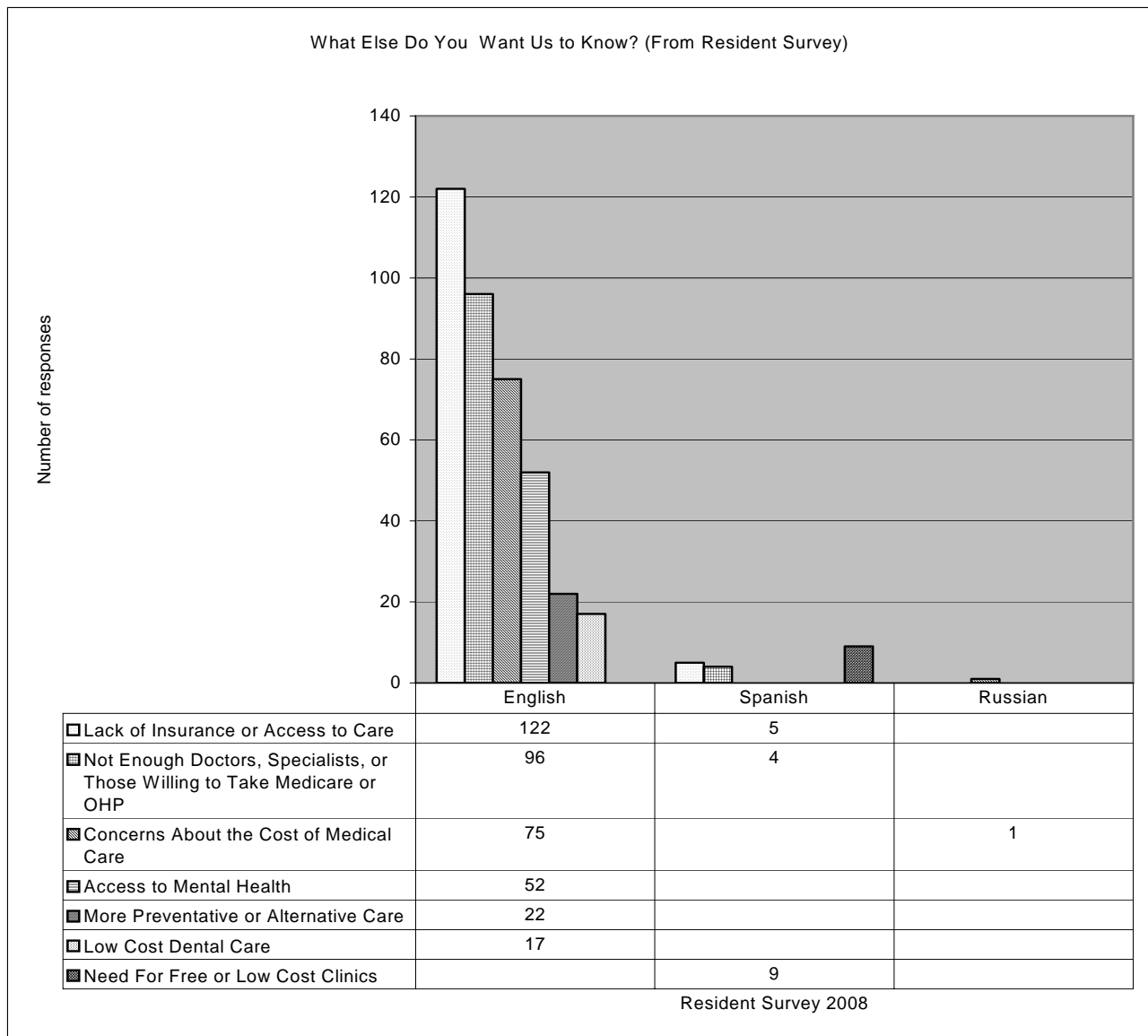
A problem with healthcare access was a common theme among survey respondents. When asked "What else do you want us to know?" top concerns included lack of healthcare insurance or access to care, lack of physicians willing to take Medicare or Oregon Health Plan, cost of medical care and lack of access to mental health care. Access to healthcare was also one of the top three community health concerns cited by Providers Survey respondents. While Region 3, which includes Marion, Benton, Lane, Linn and Polk Counties, has 94



(OR 111) primary care providers per 100,000 population, only 86 (OR 98) of those accept

Medicare, and of those 86, only a portion are actually accepting new patients. A similar situation exists for Oregon Health Plan; even when people have coverage, they may not have access to establishing care with a local medical provider. This is seen again with dental care: Medicare does cover dental care, and only about 29% of local dentists are thought to be accepting Medicaid.

Dean Larsen, Executive Director of the Marion-Polk County Medical Society said in a June 11, 2008 interview that there are probably no more than 10 primary care doctors in Marion and Polk Counties who are taking new patients at any given time regardless of the type of insurance coverage. He also noted that the malpractice insurance climate in Oregon along with lower reimbursement rates than larger population states, and a greater percentage of uninsured or underinsured than the national average makes practicing medicine here less attractive than many other areas of the country. These factors have likely contributed to the increasing numbers of Emergency Department visits as well as the total acute in-patient days for the four hospitals serving Marion and Polk Counties.



The information we gathered for this indicator clearly indicated that healthcare access problems are very complex. Reliable data to demonstrate the problems has been more challenging.

Interestingly, the Adult Behavioral Risk Factor Surveillance System (BRFSS) data for the period 2002-2005 showed that 92.1% of Marion County adults surveyed reported having someone that they consider as their own personal doctor. This data may be limited by the fact that the survey is done by phone, thus excluding households without a landline from the survey sample. There are also other limitations noted. The data collected consists of self-reported information that has not been verified; the survey has a limited number of completed interviews and the sample size may be too small for analysis on sub-populations, and the data from the survey are subject to sampling errors. (A Guide to Using the 2002 County BRFSS Data, Florida Department of Health Bureau of Epidemiology).

According to 2006 census data about 16.9% of Marion County residents are uninsured. In contrast 25% of Residents Survey respondents reported having no insurance, a number that increased to nearly 80% uninsured for those completing the Spanish language survey. These percentages may be greater due to sample bias. Despite all these limitations to access, approximately 82% of survey respondents reported having seen someone for healthcare within the previous 12 months.

Since the local health department may be the provider of last resort for many residents, in particular for mental health services, data about Marion County Health Department is included in the Appendix. From July 2003 through the current fiscal year (08-09) the Health Department operating budget has increased 46%. This increase has primarily occurred in the behavioral health programs (+67%), with public health showing an increase of 18%. From 2003-2006, the population of Marion County increased by about 7.1%. The health department budget per capita was \$71.64 in 2003 and increased to \$94.09 in 2008. Public health received a lesser portion of these dollars per capita (\$24.97, 2003 and \$27.96, 2008) when compared with behavioral health (\$40.44, 2003 and \$64.35, 2008).

### **Behavioral Risk and Protective Factors**

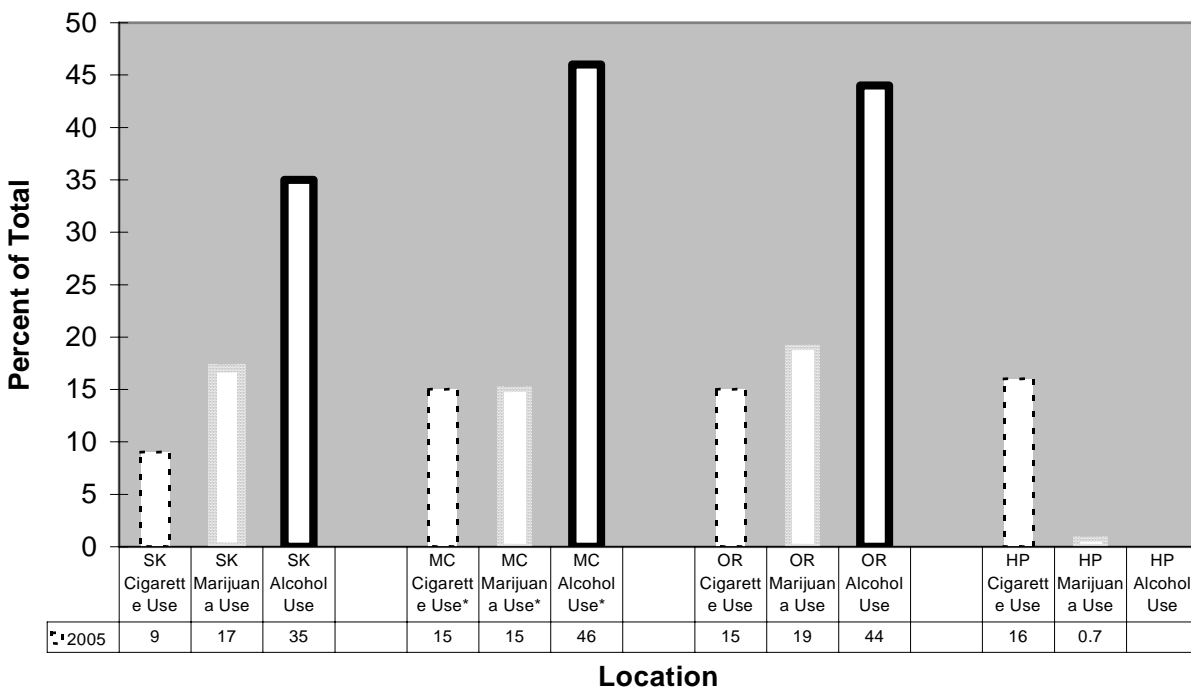
Behaviors are significant predictors of future health problems, and can be grouped into risky behaviors and protective behaviors.

Risky behaviors: Indicators for which data was collected include use of tobacco, drugs and alcohol, and obesity. Tobacco use is directly related to the development of serious chronic diseases, including heart and lung disease and cancer. Tobacco use among teens has decreased since 2000. The most recent data (2005) shows 8<sup>th</sup> and 11<sup>th</sup> graders reporting cigarette use in the last thirty days at rates below the Healthy People 2010 benchmark. However, it is important to note that the proportion of Marion County teens that smoke increases between 8<sup>th</sup> and 11<sup>th</sup> grades. Smoking in adults is significantly above the Healthy People 2010 target, and appears to have held steady at about 22% between 2000 and 2005. Excessive alcohol use has been linked to chronic health problems such as breast cancer and liver disease as well as death and injury through motor vehicle accidents. Early onset of alcohol use has been shown to predispose some teens to developing alcoholism (Substance Abuse and Mental Health Services Administration, (SAMHSA) 2004). According to Marion County data from 2000-2005/6, alcohol use in the last

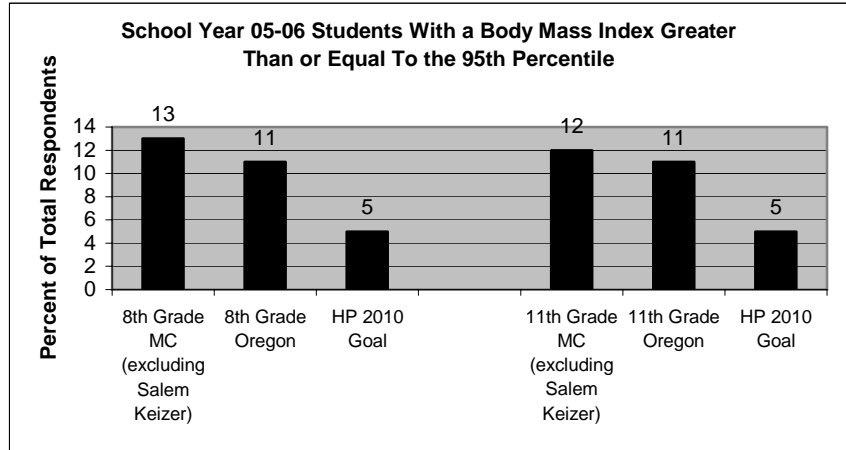
thirty days among 8<sup>th</sup> graders remained fairly constant in Salem-Keizer, but increased in rural Marion County. In comparison, increasing numbers of all Marion County 11<sup>th</sup> graders report using alcohol in the last thirty days. Eighth graders living outside Salem-Keizer who reported alcohol use in the past 30 days were more likely to be female, but by 11<sup>th</sup> grade more boys report alcohol use than girls. Use of marijuana in the last 30 days has decreased for all Marion County 8<sup>th</sup> and 11<sup>th</sup> graders. Data show that students are delaying use of illicit drugs such as crack, cocaine, ecstasy, heroin, LSD and/or stimulants. There has been no change in the proportion of 11<sup>th</sup> graders reporting use in the last 30 days. It is important to note that Salem-Keizer does not participate in the Oregon Healthy Teens survey so the true picture of illicit drug use by Marion County Teens is not known.

According to Oregon BRFSS data about 18% of adults 18-25 and 6% of adults 26 or older abuse or are dependent. Data for adult drug use is more difficult to obtain. Three percent of Marion County residents meet the DSM-IV criteria for abuse of and/or dependence on illegal substances. Methamphetamine use is a particular concern for Marion County and Oregon. A 2006 SAMSHA report showed that OR was one of the top 9 states (1.24%) for self-reported Methamphetamine use in persons aged 12 or older. That same year, a survey conducted in the Marion County jail found that 74% of offenders have used methamphetamine. In Marion County 51% of women and 61% of men report using alcohol and 20% of men are binge drinkers (five or more drinks in one setting).

**11th Graders Who Reported Use in the Past 30 Days, 2005**

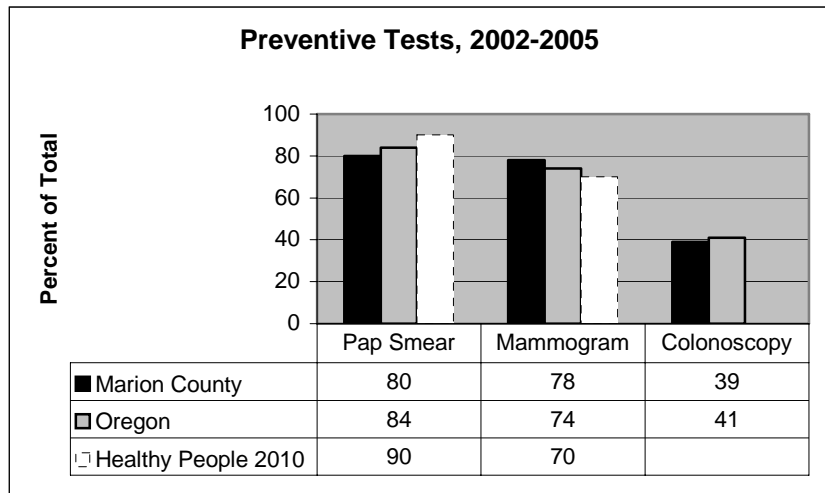


Obesity is a risk factor for chronic diseases such as heart disease and diabetes. The 2005-2006 Oregon Healthy Teen survey data for students attending school outside of Salem-Keizer shows that Marion County 8<sup>th</sup> and 11<sup>th</sup> graders are about on par with Oregon as a whole for students who have a BMI that is at or above the 95<sup>th</sup> percentile. For both teens and adults the percent of those who are overweight or obese is significantly higher than the Healthy People 2010 goal.



**Protective behaviors:** Protective behaviors investigated include diet, exercise, use of seatbelts, car seats, bike helmets and condoms, and screening via pap smears, mammograms and colonoscopies. Eating five or more servings of fruits or vegetables is encouraged to ensure that people receive the nutrients, antioxidants and fiber that are thought necessary to help prevent diseases such as cancer (USDHHS & USDA, 2005). Fruits and vegetables at every meal may also help to prevent overweight/obesity by creating a feeling of fullness so there is less desire for high calorie, high fat snacks. Unfortunately, Marion County shows a downward trend for all age

groups in the percentage of persons eating five or more servings daily. In contrast, the proportion of those who exercise appears to be increasing. However, there is room for improvement as only about 69% of 11<sup>th</sup> graders reported engaging in at least 20 minutes of vigorous exercise three or more times per week compared with the Healthy People 2010 target of 85%.



Marion County has shown improvement in the regular use of seat belts, child safety seats and bike helmets for youth. However, bike helmet use is well under the HP 2010 target and decreases as the student moves from 8<sup>th</sup> (42%) to 11<sup>th</sup> (27%) grade. Use of condoms by sexually active persons may prevent unintended pregnancies as well as transmission of sexually transmitted infections such as Gonorrhea, Chlamydia and Human Immunodeficiency Virus (HIV). It appears that increasing numbers of sexually active 8<sup>th</sup> graders are using condoms, however the percentage of 8<sup>th</sup> and 11<sup>th</sup> graders who reported using condoms the last time they had sex is less for Marion than for Oregon as a whole.



Recommendations for cancer screening via pap smears, mammograms and colonoscopies are based on age and gender. Early detection of cervical, breast and colon cancer can significantly lessen the need for invasive treatment and improve outcomes and life expectancy (Howard, 2005). It appears that from 2000 to 2005, there was a decrease in the percent of women who received mammograms, though Marion County has continued to exceed the Healthy People 2010 target of 70%. Pap smear rates are low, with only 80% of women, for whom the procedure is indicated, receiving the test. Healthy People 2010 has not set a target for colonoscopy, but Marion's rate (39%) is close to that of Oregon (41%).

**Environmental Health:** This category measures the physical environment because it directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health.

Surprisingly, more than half of the residents of Marion County live in an area that does not meet air quality standards for carbon monoxide. This may be attributed primarily to motor vehicle exhaust. Most residents are served by community water systems that, by definition, must meet health and safety requirements set by the United States Environmental Protection Agency (EPA). Marion County residents are more likely than others living in Oregon to be on a community water system that provides at least 1 part per million fluoride. These water systems include Keizer, Salem, Silverton, Sublimity and Turner. Rates of reportable foodborne disease tend to run slightly higher in Marion County, on average, than for the state as a whole. The exact reason for this is unknown, but a contributing factor may be the frequent outreach that Health Department staff does to medical providers to ensure accurate and timely reporting of communicable disease. There is not an active lead surveillance program in Marion County, however elevated lead levels are tracked by the State Public Health Division and the incidence in Marion County appears to be low, though not so low as the Healthy People 2010 target of zero percent. Medicaid pays for lead testing in children under age six, however it's not clear that many local physicians routinely screen children. Marion County Environmental Health program provides inspections of restaurants. On average 3-4% of eateries failed one of their bi-annual inspections between 2002 and 2006 as compared with a 1-2% failure rate for Oregon as a whole. This may be attributed to the particular care that Marion County Sanitarians take when conducting an inspection. Most "failures to comply" occur when the inspection identifies breaks in food handling practice that are known to create significant risk for food contamination or bacteria growth that can lead to foodborne illness. These breaks are known as "critical violations".

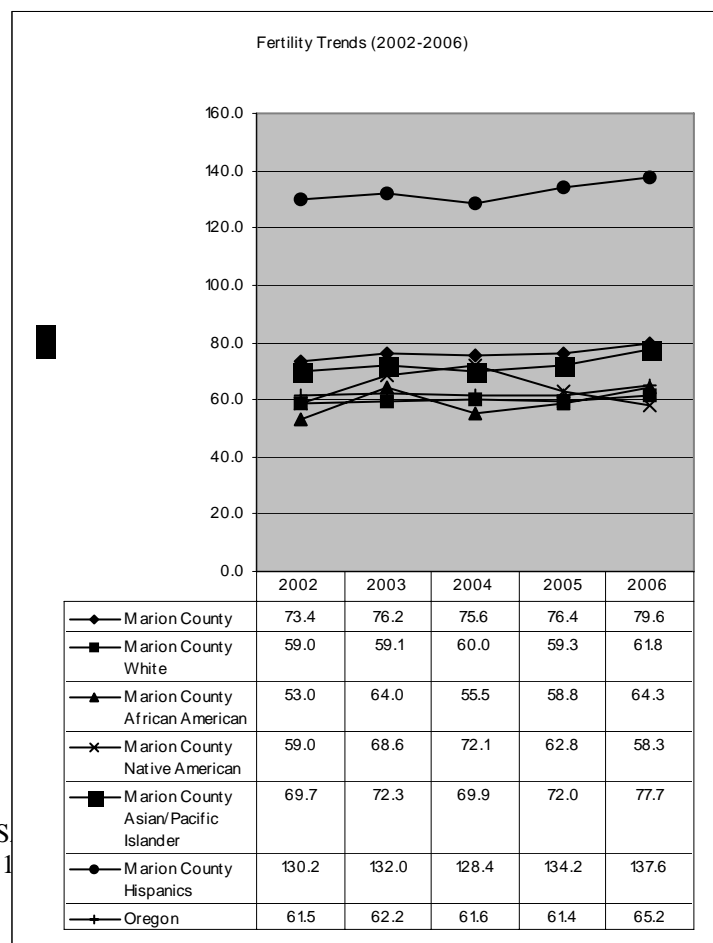
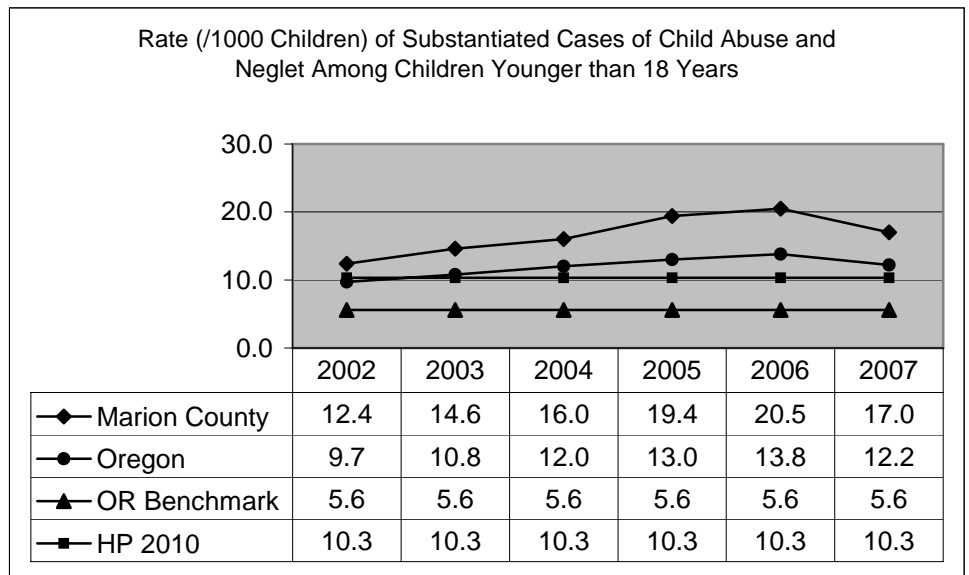
## What is the health status of our community?

### Social and Mental Health:

Social and mental health factors may directly influence an individual's overall health and quality of life. Indicators selected to measure the social and mental health of Marion County include child abuse and neglect, homicide, suicide, alcohol related motor vehicle injuries and deaths, and drug related mortality.

Between 2000 and 2006, rates of substantiated child abuse and neglect in Marion County have increased. In addition, Marion County rates are also higher than Oregon's average. These high rates may be due, in part, to the "NO METH (methamphetamine) -Not in MY Neighborhood" activities occurring in Marion County. NO METH activities include law enforcement agencies coordinating efforts to follow up on all reported drug activity. An unexpected consequence of this heightened law enforcement response has been the increased identification children found in unsafe situations. According to the Department of Human Services over 60% of Oregon children entering foster care in 05-06 had parental drug abuse listed as a reason for removal (DHS, Children, Adults and Families, Rev. 06/07). Most of the children have more than one reason for removal and parental alcohol abuse was a factor for about 60%.

Homicides are not common in Marion County and the subjects are more likely to be non-white. In contrast, suicides are more common and the victims are more likely to be white. Both Marion County and Oregon meet the Healthy People 2010 target of 3.0 homicides per 100,000, but are well above the Healthy People 2010 benchmark for suicides (5.0/100,000). Data on violence against intimate partners was not readily available, however information provided by the Mid Valley Women's Crisis Service helps to provide a picture of our community. Since 1987, the number of



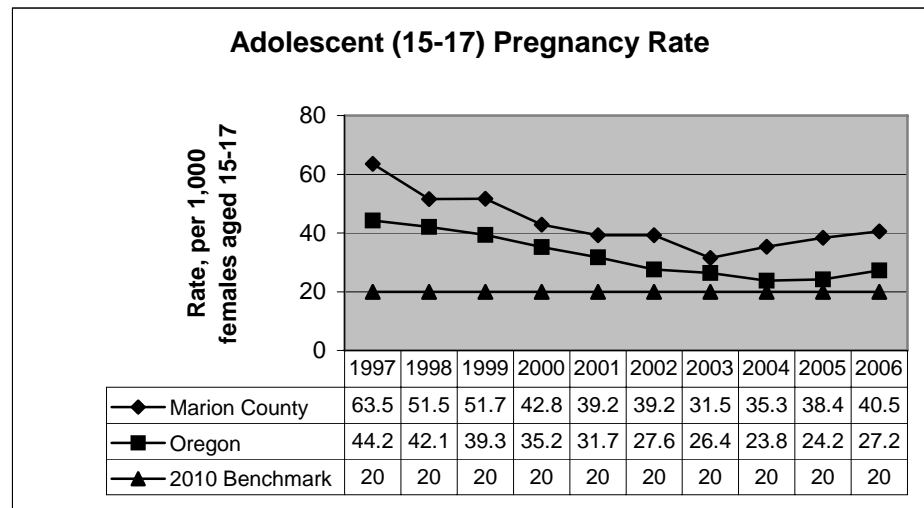
women and children requesting shelter has decreased, but the length of stay has increased. This would seem to indicate that the increased number of shelter resources is helping to meet the need, however the women requesting shelter have greater need for support as evidenced by the longer stay.

**Maternal and Child Health:** This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to and/or utilization of care are included.

Average mortality rates for Marion County infants ages 0-12 months are similar to Oregon as a whole. Data shows that Hispanic infants experience slightly higher mortality rates, however the numbers are small, which may affect the validity. Hispanic women are also less likely to enter prenatal care during the first trimester. Prenatal care has been shown to reduce maternal morbidity and mortality and may play a role in preventing low birth weight infants (Alexander, Korenbront, 1995). A look at fertility trends in Marion County shows that among women of childbearing age, Hispanic women are having more births per 1,000 than all other groups combined.

Births to teen mothers are an indicator of increased risk for both mother and child. Pregnancy rates for Marion County teens have declined since the initiation of the STARS (Students Today Aren't Ready for Sex) program in 1996 and the more ready availability of emergency contraception pill in 2000. STARS is based on a program that has been shown to delay sexual activity (RMC Research Corporation, 2004), however pregnancy rates for Marion County teens ages 15-17 continue to run well above Oregon rates and the Healthy People 2010 Benchmark. In 2006 Marion County had the third highest rate among Oregon counties. The 2007 Oregon Revised Statutes require that schools teach abstinence, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures.

**Death, Illness, and Injury:** Morbidity (rates of the incidence and prevalence of disease) and mortality (rates of death within a population) are common measures of a community's health.



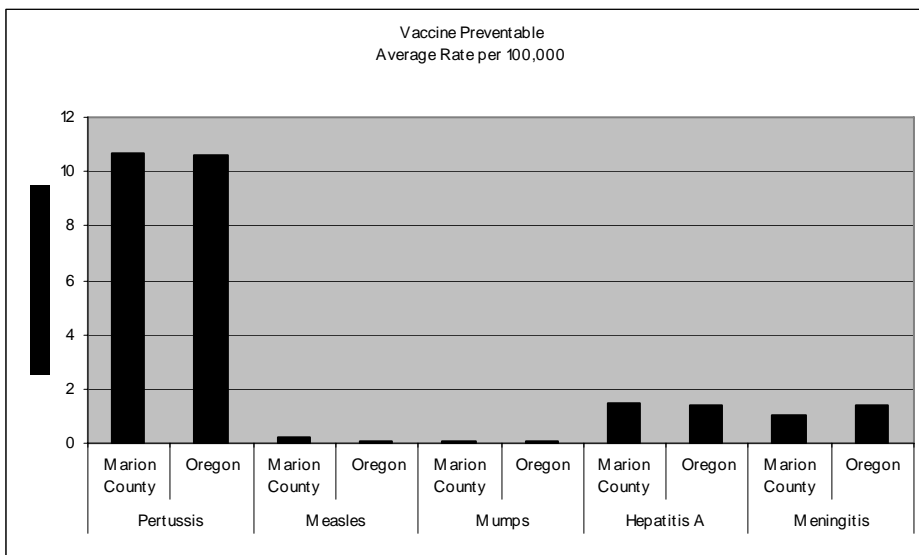
Over 83% of Marion County residents surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) reported that they have good general health, exceeding the Oregon Benchmark of 72%. In contrast, only 53% of Residents Survey respondents reported good general health.

Rates for newly diagnosed cancers such as breast, cervical and lung all decreased between 2000 and 2005, for Marion County and Oregon. However, Melanoma rates increased. Statistically

significant mortality rates for Melanoma are not available for Marion County or Oregon, however mortality rates for all cancers combined decreased. Of note, mortality attributed to diabetes increased for both Marion County and Oregon between 2000 and 2005, while death from stroke, cardiovascular disease and cancer decreased.

**Communicable Disease:** This category examines diseases that are spread from person-to-person or through shared use of contaminated items. The focus is on diseases that can be prevented through a high level of vaccine coverage of the population or the use of other protective measures such as condoms for the prevention of sexually transmitted infections.

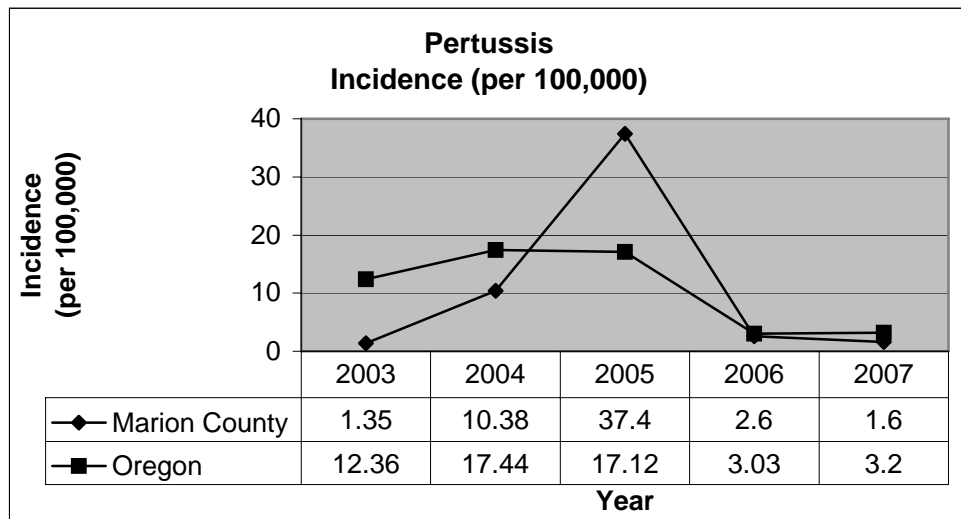
Using the state-wide immunization registry, the Oregon Public Health Division is able to estimate the proportion of two year olds who have received all the vaccines appropriate for their age. Marion County has consistently had a lower proportion of children meeting this standard than the State average. Factors that can artificially lower the estimated rates include incomplete reporting by medical offices of doses administered, and the challenge of maintaining an up-to-date database that correctly reflects when a child has left the County and is not be available to immunized. Factors that may contribute to lower rates include the addition of new immunizations requirements and the proportion of parents who choose not to have their children immunized.



The BRFSS surveys adults aged 65 and older to learn if they have ever had a pneumococcal vaccine and whether they received their annual flu vaccine. Most recent BRFSS data shows that about 77% and 73% received the vaccines, respectively. Trend

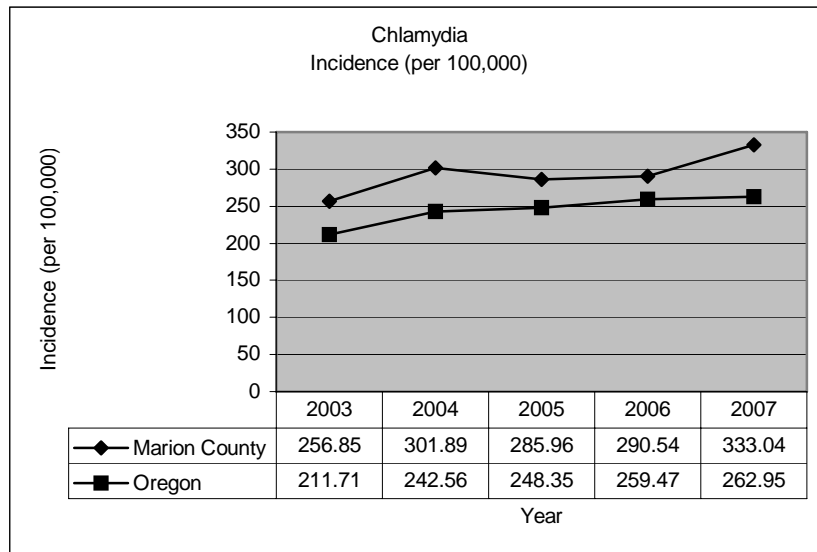
data shows a slight decrease in 2003, possibly related to problems with the vaccine supply. In part, because of the supply problems over the past few years, Marion County has seen a shift from the Health Department to community providers as the primary administrator of flu vaccine. The majority of flu vaccine is now given in the private sector and, since the vaccine tends to arrive in private offices and pharmacies before local health departments, the result is earlier access for residents. Pertussis, sometimes known as whooping cough, is a highly contagious, vaccine preventable, bacterial infection of the respiratory tract that may cause serious illness in infants and young children. In youth and adults, the illness is often undiagnosed and is likely underreported. This is significant because cases in infants are generally traced back to older friends or family members. To reduce the number of youth and adults susceptible to Pertussis, a new Pertussis-containing vaccine Tdap (Tetanus-Diphtheria-Pertussis) has been developed. In addition, Tdap has been added to Oregon school immunization requirements for children

entering 7<sup>th</sup> grade. Rates for Measles, another vaccine preventable disease have been low (0.2 per 100,000 in 03-07), however there is some indication nationally that incidence is increasing, in part because of the growing numbers



of parents who “opt-out” of immunizations for their children. In our mobile society, it is not uncommon to learn of exchange students infected with Measles while visiting their host country, or even of travelers infected while flying on an international jet. When these persons return home, the fact that most of their friends and family are immune, protects our community from an outbreak. As the pool of susceptible students grows it is more likely that outbreaks will occur.

A review of sexually transmitted infection (STI) rates shows that from 2003-2007 Marion County Syphilis rates (0.63/100,000) were about half those of Oregon (1.44/100,000). In contrast, Gonorrhea rates were slightly higher than those for Oregon on average. Gonorrhea is the second most commonly reported STI in the United States (US) and is a major cause of infertility. From 2005 to 2006, Marion County experienced a 25% increase in



Gonorrhea rates, with one in five cases occurring in the 15-20 year old age group. Chlamydia is Oregon’s most commonly reported STI, and again the highest rates of infection occur among women ages 15-24 years. Like Gonorrhea, Chlamydia can cause infertility. It also may be passed to the infant during delivery causing neonatal eye problems and pneumonia. With 15 (incidence rate 4.9/100,000) new cases of HIV/AIDS reported in 2006 (25 in 2007), Marion County had the second highest incidence in the state for HIV/AIDS after Multnomah County (402.9/100,000).

## **Summary: What are the strengths and challenges of our community?**

Most respondents to the Residents Survey reported satisfaction with their quality of life and good general health, however further exploration of the survey and other data reveals dissatisfaction with the healthcare system as well as health trends that may impact the health of our community over the long term.

When compared with Oregon, Marion County has a lower per capita income and more children and families living below the poverty level. Contributing factors may be our lower high school graduation rate, high teen pregnancy rate and the prevalence of methamphetamine use.

The majority of survey respondents indicated that they have someone they call their healthcare provider and have received medical care in the past year. However, they also raised issues related to access to medical, mental health and dental care, such as cost, lack of insurance and lack of providers taking Medicare/Medicaid.

Positive health trends include, but are not limited to: Marion County residents are exercising more and are more likely to use seat belts and child safety seats. Teen tobacco use has decreased overall and mammogram rates exceed the Healthy People 2010 benchmark.

Negative trends or challenges include, but are not limited to: Teens are more likely to smoke as they move between 8<sup>th</sup> and 11<sup>th</sup> grades; the proportion of 11<sup>th</sup> grade students who use alcohol is increasing; there is an increase in the rate of overweight teens and obese adults; and Marion County continues to have a high teen pregnancy rate.

The assessment data was shared with the Marion County Health Advisory Board on September 9, 2008. Board members identified teen pregnancy and increasing rates of overweight teens and obese adults as significant findings that merit further discussion.

On 10/2/08 the Community Health Status Assessment Committee reviewed the survey results and assessment data. There was agreement that teen pregnancy rates are high and that the role of males needs to be considered in any intervention. Other concerns named included lack of universal health insurance, lack of dental care for seniors and the need to provide services that help fathers to develop and strengthen parenting skills.

### **Next Steps:**

The Marion County Health Advisory Board subcommittee on Tobacco Related and Other Chronic Disease has been tasked with developing a plan, based on our county assessment data, to promote healthy behaviors that prevent chronic disease and obesity.

Other data gathered through the assessment process will be used as the health department develops the triennial plan for public health, 2009-2012. Teen pregnancy data will be shared with Marion County Children and Families Commission to start a discussion about possible next steps.

This report and the full data appendix are available to view and print at:  
<http://www.co.marion.or.us/HLT/cha/>

The following table lists some of the strengths and challenges found through the data collection and surveys.

<b>Strengths:</b>	<b>Challenges:</b>
<ul style="list-style-type: none"> <li>• Good quality of life overall</li> <li>• Good turn-out of registered voters</li> <li>• Number of Residents Survey respondents receiving healthcare</li> <li>• Increased funding for behavioral health 07-09</li> <li>• Increased funding for public health 07-09</li> <li>• Teen tobacco use has decreased since 2000</li> <li>• Students are delaying use of illicit drugs (rural)</li> <li>• Exercising more</li> <li>• Improved use of seat belts, child safety seats and bike helmets for youth</li> <li>• Exceed Healthy People 2010 target and Oregon rates for mammograms</li> <li>• Strong law enforcement efforts to control use and production of Methamphetamines</li> <li>• Most residents are on community water systems</li> <li>• Most residents have fluoridated water</li> <li>• Low homicide rate</li> <li>• Community prenatal project</li> <li>• Majority report good general health</li> <li>• Decrease in newly diagnosed cancers</li> <li>• Decrease in death from stroke, cardiovascular disease and cancer.</li> <li>• More flu vaccine given in private sector</li> <li>• New vaccine for Pertussis prevention</li> </ul>	<p><b>When compared with Oregon:</b></p> <ul style="list-style-type: none"> <li>• Lower per capita income</li> <li>• Lower high school graduation rate</li> <li>• Lower proportion of residents with high school diploma or some college</li> <li>• Higher unemployment</li> <li>• Higher proportion of residents who don't speak English well</li> <li>• More residents without health insurance uninsured</li> <li>• Dealing with more rapidly changing ethnic distribution.</li> </ul> <p><b>Health System:</b></p> <ul style="list-style-type: none"> <li>• Lack of primary care providers taking new patients</li> <li>• Lack of primary care providers accepting Medicare and/or Medicaid</li> <li>• Lack of affordable physical healthcare</li> <li>• Lack of affordable / lack of access to mental health care</li> <li>• Lack of alcohol and drug prevention and treatment services</li> <li>• Lack of affordable alcohol and drug treatment services</li> <li>• Increased use/long waits at emergency departments</li> <li>• Lack of access to dental care (adults)</li> <li>• Uncertain funding for public health 2009-2011</li> </ul> <p><b>Health Data:</b></p> <ul style="list-style-type: none"> <li>• Smoking increases between 8<sup>th</sup> &amp; 11<sup>th</sup> grade</li> <li>• Increasing trend for 11<sup>th</sup> grade alcohol use</li> <li>• Increasing trend for 8<sup>th</sup> grade alcohol use (county schools)</li> <li>• Increasing trend for binge drinking, 8<sup>th</sup> &amp; 11<sup>th</sup> grade rural schools</li> </ul> <p>» <b>Increasing numbers of overweight teens (county)</b></p> <p>» <b>Increasing numbers of obese adults</b></p> <ul style="list-style-type: none"> <li>• Adults eating less fruits and vegetables</li> <li>• Bike helmet use decreases from 8<sup>th</sup> to 11<sup>th</sup> grade</li> </ul> <p>» <b>High teen pregnancy rate (15-17 years)</b></p> <ul style="list-style-type: none"> <li>• Pap rates are lower than Oregon and Healthy People 2010</li> <li>• Air contains excessive carbon monoxide</li> <li>• Lack of systematic routine lead screening</li> <li>• Increasing child abuse and neglect</li> <li>• Increasing diabetes-related mortality</li> <li>• High rates of Gonorrhea and Chlamydia</li> <li>• High rates of new cases of HIV/AIDS</li> </ul>
<p>» = Priority identified by Marion County Health Advisory Board, 9/17/2008</p>	

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