

Marion County Community Health Assessment 2011



Marion County

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Health Department

Marion County Community Health Assessment, 2011

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CHIP Report Booklet – Spanish and English <http://www.co.marion.or.us/HLT/chip/chip.htm>

1. Introduction

The first essential function of the local public health department is to “monitor health status to identify community health problems” (Public Health Functions Steering Committee, 1994). Recognizing that the public health department is only one part of the local health system impacting the health of the community, Marion County Health Department (MCHD) Public Health Division engaged local hospitals, community leaders and residents in a 2011 community health assessment and subsequent development of a community health improvement plan. This report describes the assessment portion of that work. A printable summary, including relevant data may be found on the Marion County Community Health Improvement Partnership (CHIP) WebPages at <http://www.co.marion.or.us/HLT/>. Also included in this report is information about assessments performed to further define a particular health status indicator, for example access to early prenatal care.

2. Methodology and Background

The Mobilizing for Action through Planning and Partnerships (MAPP) framework of four assessments – *Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change*, was used to guide the community health assessment process. *Community Themes and Strengths* were assessed via primary data obtained through surveys of county residents and partners, and results from teen pregnancy focus groups the Health Department held with Hispanic teens and parents in 2010. This data was reviewed and analyzed with community input.

Salem Health’s investment in a new dashboard of over 100 health-related indicators provided the secondary data needed to complete the assessment of the *Community’s Health Status*. Discussions about *Local Public Health System and Forces of Change* were incorporated into local health improvement planning activities as they related to the health issues prioritized by that region.

Focused assessment activities were conducted to further define the following issues. The details are found after the relevant health indicator:

- Teen Pregnancy – focus groups of Hispanic teens, parents, health care providers and others were conducted in 2010.
- Early Access to Prenatal Care – a survey of clients served by the Marion County Prenatal Project was conducted in 2012.
- Student overweight and obesity – a review of the BMI data for two schools in the Salem-Keizer School District was conducted in 2010-2011.
- Childhood Lead Screening Assessment 2010
- Alcohol and Drug Needs Assessment, 2011. The results are summarized in section ____ of this document.

3. Demographics for Marion County

Quick Links:

- Demographic facts from the latest U.S. Census for Marion County and Oregon can be found at <http://www.salemhealth.org/#!community.home>
- Selected demographics for Marion County in the Community Health Improvement

Partnership 2012 Report found at <http://www.co.marion.or.us/HLT/chip.htm>

Home to nearly 320,000 people, Marion County is the second most populous Oregon County outside the Portland-metropolitan area. Marion County spans over 1,200 square miles and includes both rural and suburban areas. It is known that poverty, race and ethnicity often correlate with lack of access to health care, preventive services and overall poorer health outcomes, and Marion County has a disproportionate number of persons that may fall into that risk group. Nearly one in six residents is foreign born, and 24.3% of the population is Hispanic (2010 US Census).¹ Some northern communities have larger Hispanic populations, including Woodburn, which is nearly 60% Hispanic. Income is another challenge for many Marion County families, where more than 15% of the population lives below the Federal poverty level and nearly one in four has no health insurance.² Northern Marion County has a higher burden of poverty as evidenced by the percentage of students receiving free or reduced lunch: 69% in Aurora/Donald/Hubbard, 87% in Gervais, and 78% in Woodburn.³

4. Community Health Survey

A community health survey was conducted in February-March 2011 to gather information from community residents regarding their perceptions about the health of Marion County. A companion survey was simultaneously distributed to key partners in health, social service, education and other sectors. Over 2000 residents participated in the survey which was available at 40 host sites around the county, as well as on line, in English, Spanish and Russian. Over 200 individuals completed the on-line partner survey, which was available in English only.

The survey results provide insight into community themes down to the zip code level. Demographics of community survey participants matched fairly well with demographics for county residents in general, including age and ethnicity (2010 Census). An effort was made to control the sample-bias the Health Department encountered during the 2008 Community Health Survey when a large proportion of surveys were completed by clients visiting Department of Human Services. However, the survey still had some limitations. Two examples where the survey group differed from the overall population of Marion County (2010 Census) include a higher proportion of female respondents (70%) compared with the county (49%) and greater representation from the Salem-Keizer area (73%) versus Salem-Keizer actual residency (60%). Persons willing to participate in a survey may not fully represent the views of the general population, however among those who did participate, certain themes emerged.

For comparison, and to facilitate planning at the local level, survey results were grouped into four regions based on hospital service areas. The regions were Salem-Keizer, Silverton area, Stayton/Canyon area and Woodburn/North County.

When asked to name their top three health concerns, respondents identified cost of health care/insurance and obesity as the number one and two community health concerns, respectively for all four regions. It is worth noting, however, that survey findings did show some differences

¹ US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

² US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

³ Oregon Department of Education. Students Eligible for Free/Reduced Lunch 2011-2012. <http://www.ode.state.or.us/sfda/reports/r0061Select2.asp>. Viewed 4/10/2012.

by region. For example, the Silverton area, with a higher average self-reported annual income (74% at \$30,000+) also reported the highest perceived health, insurance rates, and access to health services. In contrast, Woodburn/North County, with a lower self-reported average income (57% earning less than \$30,000) reported lower health, and less access to health services than the rest of the county. Overall, survey findings identified health inequities related to ethnicity. Those reporting lower income, lower access to health services and lack of health insurance were more likely to self-identify as Hispanic.

Health inequities are an area that needs further investigation in Marion County. Recently a Portland area group HOPE expanded to include Marion County. Marion County Health Department hosted and participated in a meeting of representatives from Marion, Multnomah, Clackamas and Washington counties to talk about the issue of health inequities. The group identified five key priorities:

- Access to Health Care
- Cultural Competency/Workforce Diversity
- Chronic Disease and Illness Factors
- Data Collection and Analysis
- Mental Health, Addictions and Substance Abuse

The group continues to work on development of policies that will address these priorities.

5. Health and Social Services Partner Survey

The partner survey was sent out via e-mail contact lists with a note encouraging the recipient to pass it on to other interested partners serving Marion County. About 62% of respondents were providers of direct medical care, 11% social service or other community based organization, 8% public or community health, 7% mental health and 2% education. The top five health issues named by respondents were cost of care/insurance, substance abuse/addiction, obesity, mental health and lack of providers. Answers to another survey question further clarified that “lack of providers” may refer to not enough providers taking Medicare and OHP, and/or not enough primary care providers in general. As with the community survey, the partner survey had some regional differences. Both Silverton area and Woodburn/North County partners named obesity as the number one health issue, and Stayton/Canyon, Silverton and Woodburn/North County areas all listed diabetes, a condition that is often related to obesity, in their top five.

6. Ten Key Community Health Status Indicators

The Salem Health Foundation invested in the development of a community data dashboard to help inform the Salem Health’s community benefit work. When the dashboard became available in June 2011, the Community Health Improvement Partnership steering committee reviewed health indicator data for Marion County. The steering committee included representatives from Marion County Health Department and each of the three local hospitals. Community themes and concerns revealed by the 2011 Community Health and Partner surveys were also reviewed. Steering committee members decided to identify a subset of indicators that might be impacted at the local level through a community-based collaborative approach. The group looked most

closely at health indicators for which Marion County fell in the lower quartile in comparison with other Oregon counties. Ten health indicators for which the data dashboard gauge showed Marion County to be in the red zone and in need of improvement in comparison with other Oregon Counties were selected for prioritization. The most current available data pulled from the data dashboard as of June 2011 are shown in parentheses for each indicator. When available, the Healthy People 2020 objective for the indicator is included in the narrative. Healthy People 2020 is an initiative that provides science-based 10-year national objectives for improving the health of all Americans. More information can be found at www.HealthyPeople.gov

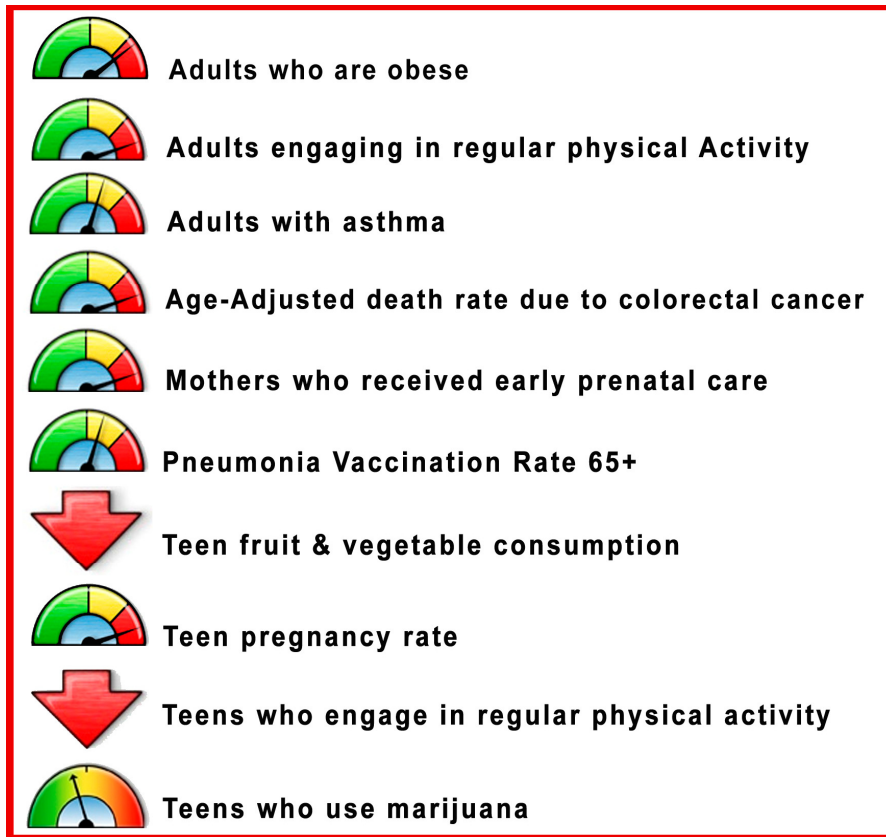


Table 2.0 Ten Key Health Indicators for Marion County

The three-color gauge shows how Marion County is doing in comparison with other Oregon counties. Red means Marion is in with the 25% worst counties. Yellow is the next 25%. Green is the best 50%

The arrow shows the direction of the trend. Red arrows mean the trend is moving in an undesirable direction

The bottom gauge shows use of marijuana by Marion County 11th graders compared with Oregon

Graphics courtesy of Salem Health

Indicator 1: Adults who are obese (28.3%) Obesity is a known risk factor for chronic diseases such as diabetes and cardiovascular disease. The Healthy People 2020 objective for this indicator is 30.6%. The most recent data shows that nearly two-thirds of Marion County adults are overweight or obese. Furthermore, the percent of adults who are obese is significantly higher than Oregon as a whole,⁴ and has been increasing over time.⁵ This trend is likely to continue as the percent of Marion County 11th graders who self-reported as overweight on the Oregon

⁴ Health Promotion and Chronic Disease Section. Oregon Overweight, Obesity, Physical Activity and Nutrition Facts. Portland, OR: Oregon Department of Human Services, Oregon Public Health Division, 2012.

⁵ Behavioral Risk Factor Surveillance System. Marion County and Oregon data. Available at: <http://www.dhs.state.or.us/dhs/ph/chs/brfs/index.shtml>

Healthy Teen Survey increased between 2005-2006 and 2007-2008.⁶ Similar small increases are seen in low-income preschoolers, 18.7% of whom were obese in 2009.⁷ Also of interest, nursing staff at a School Based Health Center run by the Health Department, analyzed height and weight data from two low-income elementary schools and found that half of the students' weights were above the 85th percentile (2010).

Environmental factors that contribute to obesity rates include: decreased access to healthy foods and limited opportunities for physical activity. Full service grocery stores are only available in seven of twenty Marion County communities, with the result that many families utilize convenience stores as their main source of groceries. There are 100 parks in Marion County; however, less than 10% are located in low-income neighborhoods outside the City of Salem. Many of these parks are not within walking distance of neighborhoods, making it difficult for children and adults to access them for physical activity and active play. Given our rural environment, many areas do not include sidewalks making it difficult and/or unsafe to walk.

Further investigation on obesity - Assessment of overweight/obesity among students at two public schools

During the 2010-2011 school year, Health Department staff calculated Body Mass Index (BMI) figures for 463 students, ages 5-14 years old, from two Marion County schools. School A included 154 students ages 5-12 years, 58% of whom were overweight or obese. School B included 299 students ages 6-14 years, 47% of whom were overweight or obese. When the school data was combined, 19% of the students were overweight and 31% were obese. These numbers are much higher than would be expected, given that the national percentage of children ages 6-11 who are obese is just under 20%.⁸ The assessment may be limited by selection bias at School A, where participants included only those for whom the parents provided consent. School B included all students. Also, the students at the two schools may not be representative of all students in Marion County.

Indicators 2 & 9: Adults (53.6%) and teens (49.5%) who engage in regular physical activity

Physical activity is a behavior that can reduce the risk of obesity as well as heart disease, colon cancer, diabetes, high blood pressure. Regular physical activity can also affect general mental health by reducing feelings of anxiety and improving feelings of well-being and promoting healthy sleep patterns. For adults, regular physical activity means moderate physical activity for at least 30 minutes on five days per week, or vigorous physical activity for at least 20 minutes three or more days per week. For teens regular physical activity means being physically active for a total of at least 60 minutes per day on five or more of the 7 days prior to being surveyed at school. About 54%⁹ of adults and 50%¹⁰ of Marion County 11th graders reported that they engaged in regular physical activity when surveyed. The adult rate is actually higher than the

⁶ Oregon Healthy Teen Survey,

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/>

⁷ USDA Food Environment Atlas. <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

⁸ Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

⁹ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx>
Behavioral Risk Factor Surveillance System, by County 2006-2009.

¹⁰

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2007/county/Pages/index.aspx> 2007-2008 Oregon Healthy Teens Survey, by County. Note – does not included Salem-Keizer Schools.

Healthy People 2020 objective of 47.9%, and appears to be holding steady. In contrast, the last (2007-2008) Oregon Healthy Teens Survey showed a decreasing trend in the number of Marion County 11th graders participating in this level of physical activity. Inactive teens are likely to be inactive as adults. It is unfortunate that the Oregon Healthy Teens Survey is no longer funded to be administered in each school, so county-level data will no longer be available and another means of measuring progress will need to be identified.

Indicator 3: Adults with asthma (10%) Marion County has slightly more adults living with asthma than Oregon as a whole. The Marion County rate has increased to 11.3%, while the Oregon rate has remained stable at 9.3%. The reason for that difference is uncertain. The County Health Rankings provides data for some common environmental contributors to asthma as shown below.¹¹ Pollen and mold may also be contributors.

Healthy People 2020 objectives are not specific to the prevalence of asthma in a community; rather the objectives are focused on reducing hospitalizations and lost work time and improving treatment. For comparison, it's possible to look at asthma-related hospitalizations. The data dashboard information obtained from the Oregon Hospital Association shows the age-adjusted rate for Marion County as 6.5 asthma-related hospitalizations per 10,000 residents. Healthy People 2020 objectives are by age group. The objective for the 5-64 year old age group, which comprises nearly 80% of the Marion County population, is 8.6/10,000 persons. Objectives for the under 5 and over 64 year old age groups are higher at 18.1 and 20.3 per 10,000, respectively. This indicates that while we have a higher proportion of adults living with asthma than Oregon as a whole, our hospitalization rates appear to meet the Healthy People 2020 objectives.¹²

Possible environmental contributors to adult asthma¹³

Indicator	Marion County	Oregon	National Benchmark*
Adult smoking	16%	18%	14%
Air pollution-particulate matter days	13	12	0
Air pollution-ozone days	3	1	0

*90th percentile, i.e., only 10% are better

Indicator 4: Age-Adjusted death rate due to colorectal Cancer (21.0%) Cancer of the colon or rectum is the second leading cause of cancer-related deaths in the United States. The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. Screening can reduce the number of new cases (incidence) of colorectal cancer by allowing removal of polyps before they become cancerous and may prevent deaths through early detection of cancer while it is still treatable. Just over 55% of Marion County adults ages 50-75 years old report having been screened (fecal occult blood test in past year or

¹¹ <http://www.countyhealthrankings.org/#app/oregon/2012/marion/county/1/overall>

¹² Healthy People 2020. <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=36>

¹³ County Health Rankings. <http://www.countyhealthrankings.org/#app/oregon/2012/marion/county/1/overall>

colonoscopy/sigmoidoscopy in past 5 years).¹⁴ Marion County’s lower screening rate may contribute to its higher death rate when compared with Oregon. As previously noted, more than 15% of Marion County lives below the Federal poverty level and nearly one in four has no health insurance.¹⁵ These conditions likely limit access to health screening.

Colorectal Cancer Data for Marion County, Oregon

	Marion	Oregon	Healthy People 2020 Objective
Colorectal cancer screening rate persons 50-75 yrs ¹⁶	55.5%	57.3%	70.5%
Colorectal cancer incidence rate ¹⁷ (new cases diagnosed)	47.8 cases/ 100,000	50.1 cases/ 100,000	38.6 cases/100,000
Age-adjusted colorectal cancer death rate ¹⁸	19.5 deaths/ 100,000	18.3 deaths/ 100,000	14.5 deaths/ 100,000

Indicator 5: Mothers who received early prenatal care (59.8%) One measure of adequate prenatal care is whether the care starts during the first trimester of the pregnancy. Entering care early allows for early detection and treatment of problems that might be harmful to the mother or the developing baby. The Healthy People 2020 target for this indicator is 77.9%.

Marion County Health Department manages a collaborative project with Willamette Valley Providers Health Authority, Salem Health and Silverton Health that is designed to provide uninsured women with access to prenatal care. In response to the June 2011 data dashboard review showing that only 59.8% of women were entering prenatal care during the first trimester, the Health Department facilitated a survey of prenatal project participants who entered care after the first trimester, to gain a better understanding of the problem. The key finding was that, they felt like they had received care at the appropriate time, indicating a possible lack of knowledge about the benefits of early prenatal care.

Further investigation – Understanding why women are late to care

The Marion Polk Prenatal Task Force is a collaborative group that addresses the issue of access to prenatal care and agreed to work on further investigation of this issue beginning in October 2011. Participants in the investigatory process included representatives from United Way Postpartum Depression, Salem Hospital, Family Building Blocks, Willamette Family Medical Center, Salud Medical Center, Silverton Hospital, Salem Nurse Midwives, WHP Health Authority and Marion County Health Department. The following plan was implemented and reviewed at each meeting:

¹⁴ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx> 2006-2009 data.

¹⁵ US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

¹⁶ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>

¹⁷ National Cancer Institute State Cancer Profiles. <http://statecancerprofiles.cancer.gov/incidencerates/>

¹⁸ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>

Marion County Community Health Assessment, 2011

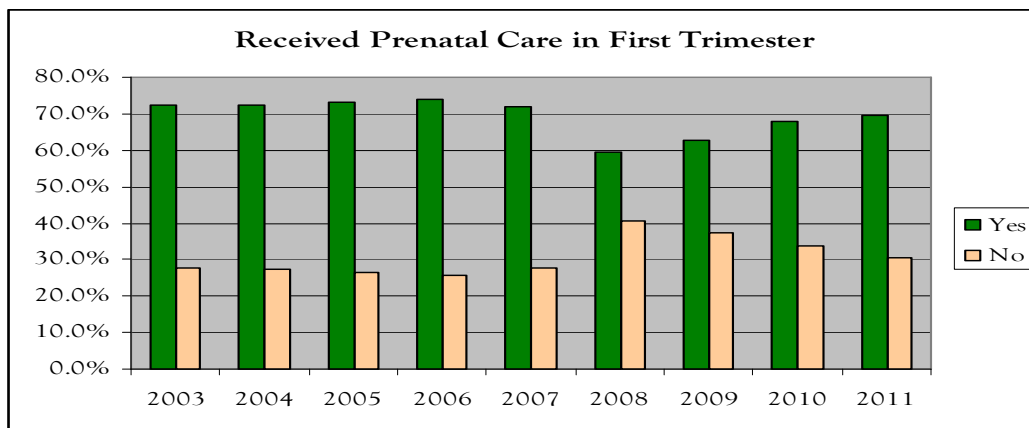
- Research current literature
- Review current data, including Marion County statistics and PRAMS
- Collect local data via survey to determine barriers to prenatal care in our community
- Determine further indicators or barriers and evaluate local strategies
- Increase marketing of current successful programs already implemented in Marion County
- Increase information regarding access to prenatal care with outreach to social services serving women of child bearing age in the community

Data for Oregon, 2008

Source: CDC's On-line Data for Epidemiological Research Pregnancy Risk Assessment Monitoring System (PRAMS)

29.1%	Did not initiate prenatal care in the first trimester
21.5%	Had income less than \$10,000
45.3%	Had no health insurance
85%	Could not get an appointment when wanted
83.1%	Did not have enough money or insurance to pay for visits

When the Task Force began its investigation in October 2011, new information posted on the data dashboard website showed that Marion County's rate for women who received early prenatal care had improved to about 64%, compared with the approximately 60% seen at the time of the initial data review in June 2011. Preliminary data for 2011, (added to this assessment report in May, 2012) shows further improvement as illustrated in the table below.



Research supports that the beneficial effects of early prenatal care are strongest among socially disadvantaged women. This group is the target population for services provided through both the Marion County Prenatal Care Project and the Oregon Mothers Care program. .

Oregon Mothers Care Program is a state program for women who:

- Do not have health insurance or cannot afford care,
- Do not know that low-cost services are available or don't know where to find them, or
- Find "the system" for accessing care overwhelming or confusing.

Marion-Polk Community Prenatal Project offers discounted prenatal care to women, who meet income requirements, and:

- Do not have a prenatal provider,
- Do not qualify for OHP, or
- Do not have other insurance.

To further describe why women enter care late, a local survey, modeled on the Pregnancy Risk Assessment Monitoring System (PRAMS) questions was developed. The survey was conducted at the Marion County Health Department Prenatal Clinic and Salud Medical Center. Of the 31 respondents, 85% were Hispanic, 82% had incomes under \$20,000, 89% used Oregon Health Plan or Marion Polk Community Health Plan (MPCHP) for prenatal services, and 39% initiated care in the first two months. For the remaining 61% of the 31 respondents, when asked why they entered care after the second month, half stated they did not have enough money or insurance to pay for prenatal care and more than half stated they did not know where to go for insurance or prenatal care. Despite noting those barriers, 84% of the women indicated that they were not able to receive prenatal care as early in the pregnancy as they wanted.

Limitations of the local survey included a relatively small sample size that may not be representative of the entire community. The clinics in the survey typically serve Hispanic and other underserved populations. There was no determination of what women considered "starting" prenatal care. Data sets did not indicate start of care by trimester, but by pregnancy months 1-2, 3-4, 5-6, or more than 6 months as is asked in the PRAM survey. No women participating in the survey began care later than 6 months.

Conclusion: After review of the data, including information from a focus group of key informants, the Prenatal Task Force members agreed that barriers to receiving early prenatal care include lack of money/insurance, lack of knowledge of where to obtain insurance, and lack knowledge of where to receive prenatal care. Furthermore, the Task Force agreed that increased marketing and identification of system changes to ensure improved ease of access to the Oregon Mothers Care program and the Marion-Polk Community Prenatal Care Project will be the best focus for the their efforts.

Indicator 6: Pneumonia Vaccination Rate 65+ (68.4%) This indicator shows the percentage of adults ages 65 years and older that have ever received a pneumonia vaccination. The vaccine protects against a common type of pneumonia that kills about one out of every 20 people that catch it. The Healthy People 2020 objective for this indicator is 90%; therefore Marion County has room for improvement. Possible reasons that seniors have not been vaccinated may be that they aren't aware that they should get it, and a vaccine that is needed only once after age 65 may be overlooked when the senior sees their medical provider about more pressing health issues.

Indicator 7: Teen fruit and vegetable consumption (19.0%) As with physical activity for Marion County teens, fruit and vegetable consumption is on a downward trend. Eating the recommended amounts of fruits and vegetables helps to provide the balanced diet needed to maintain a healthy weight and prevent chronic disease. There is no specific Healthy People 2020 objective for this indicator, but less than one in five 11th graders reported eating the recommend 5 or more servings daily during the seven days preceding the survey. In contrast, adult fruit and vegetable consumption for Marion County has improved and compares favorably with the rest of Oregon (29.1% vs. 26.1 for Oregon).¹⁹ As with teen physical activity, the fact that the Oregon Healthy Teen Survey will no longer be administered in each school, will make it difficult to track improvement at the local level.

Indicator 8: Teen pregnancy rate (40.6/1000 females ages 15-17) Marion County exceeds the average rate for Oregon (40.6/1000 females ages 15-17). The Healthy People 2020 national health target is to reduce the teen pregnancy rate to 36.2 pregnancies per 1,000 females aged 15 to 17 years.

Concern about Marion County's teen pregnancy rate predates this report by several years. The following is an excerpt from a document prepared in 1998 by the Marion County Health Advisory Board. *"The Marion County Health Advisory Board is very concerned about the teen pregnancy rate in Marion County. Teen pregnancy is not a new issue. However, today there is greater urgency to focus on the issue as a part of cultivating the best potential for Marion County Youth."* In response to that concern, the Health Department implemented the abstinence-based program Students Today Aren't Ready for Sex (STARS), and hired a mental health specialist to work with pregnant and parenting teens in north Marion County. In 2008, the community health assessment report prepared by the health department again named teen pregnancy as a problem. At that time, it was noted that there seemed to be higher numbers of pregnancies occurring to Hispanic teens.

Further investigation - Teen Pregnancy Focus Groups, Surveys and Interviews

In response to the teen pregnancy data revealed by the Health Department's 2008 Community Health Status Assessment, a workgroup of the Marion County Commission on Children and Families was formed in October 2009. Workgroup members represented the YWCA teen parent program, Boys and Girls Club, Mid-Valley Mentors, Marion County Health Department, Marion County Children and Families Department and Salem Hospital Community Health Education Center.

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<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx>
Behavioral Risk Factor Surveillance System, by County, 2006-2009.

Marion County Community Health Assessment, 2011

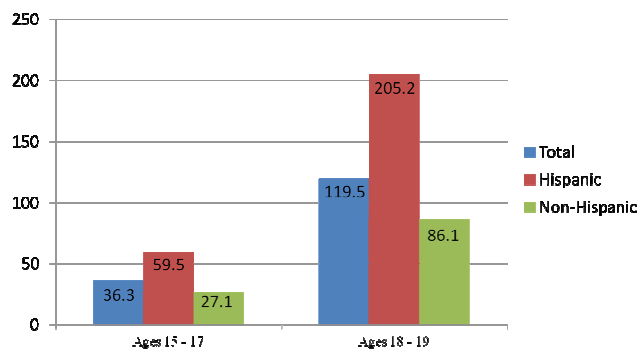


Table 1.0 Marion County Teen Pregnancy
Rates shown per 1000 females ages 15-17 and 18-19

Source: Unpublished report by Oregon Health Authority 9/29/2011

When it was determined that additional community input was needed to more fully define the status of teen pregnancy in Marion County, it was agreed that the Health Department would conduct focus groups throughout the county. Focus groups were held in partnership with Juntos Podemos, Farmworker Housing Development Corporation and Marion County Children and Families Department. That information was supplemented by surveys and interviews facilitated by the Woodburn School Health Advisory Council. Hispanic community members were especially sought out to participate in community discussions on teen pregnancy, as a significant proportion of teen pregnancies occur in this particular population. Each focus group began with a data presentation followed by a group discussion. Participants were asked a standard set of questions to determine:

- Whether members of the Hispanic community view teen pregnancy as a problem;
- What the participants viewed as local risk factors which lead to teen pregnancy;
- What the participants viewed as local protective factors to prevent teen pregnancy; and
- The most appropriate and effective next steps for their community.

Key stakeholder focus group discussions and community surveys also helped to further describe the issues of teen pregnancy in Marion County.

For Hispanic parents, it is apparent that cultural issues play a significant role in communication about teen sexuality. Participants said that it is a “taboo” topic and expressed concern that talking about it might give their child “permission” to have sex.

Hispanic parents described difficulties in dealing with what they see as the more permissive U.S. culture. Focus group participants clarified that they welcome a baby if their teen becomes pregnant, but like most U.S. parents, they see that teen pregnancy may have undesirable financial and other consequences for their teen and grandchild. Hispanic teens participating in the focus groups agreed that a teen pregnancy might prevent them from reaching professional or educational goals, but many think it will not happen to them. Teens acknowledged that sex, pregnancy prevention, and relationships are difficult subjects to talk about openly, but said they want and need more information. Many said they’d like to get the information from their parents rather than being told “don’t do it” or nothing at all. Hispanic teens also described the challenges of navigating both the U.S. and the Hispanic cultures.

Limitations of the data include relatively small sample size, and the participants may not be representative of all members of the community. Parents and youth who participated in the focus groups and/or surveys may be more involved in the community and with their families, and have

better coping skills than their counterparts who did not participate. Participants in the focus groups also are more likely to have greater awareness about the issue of teen pregnancy and the impacts it can have on teen parents, families, and the community at large.

In summary, the focus groups, surveys and key stakeholders identified that:

- Parents need and want information to support them in communicating with teens.
- Cultural differences play a role in teen sexual health and teen pregnancy.
- Youth are seeking accurate information regarding sexual health and desire improved communication with their parents.

Indicator 10: Teens that use marijuana (14.2%) This number represents the 11th graders who used marijuana one or more times in the 30 days before they were surveyed at school. Comparatively, 24.3% of students sampled throughout the state of Oregon said they used marijuana one or more times in the 30 days preceding the survey, indicating Marion County 11th graders reporting marijuana use is significantly lower than the statewide rate.

According to the 2010 Student Wellness Survey Marijuana use in the last 30 days for Marion County 8th graders is 9.2% -- also lower than the 12.2% among 8th graders statewide.²⁰ This data also shows marijuana use increases as teens age both locally and statewide.

“Among youth, illicit drug use is associated with heavy alcohol use, tobacco use, delinquency, violence, and suicide. Marijuana is the most commonly abused illicit drug in the United States. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory. Many research studies have shown that marijuana's adverse effects on learning and memory can last for days or weeks after the acute effects of the drug have worn off. Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities.”²¹ Healthy People 2020 does not have an objective specific to this indicator, rather the focus is on increasing the proportion of youth that do not start to use marijuana, the proportion that disapprove of use of marijuana, and the proportion that perceive great risk in using marijuana once per month.²²

The average age of first use among Marion County teens at all grades surveyed is on par with statewide averages. Among students that have ever tried marijuana: 10.5% were 6th graders, 12.1% were 8th graders, and 14.2% were 11th graders. These figures are important because “onset of drug use prior to the age of 15 is associated with greater risk of developing dependency. The earlier the onset of any substance use, the greater the involvement in other drug use and the greater the frequency of use.”²³

Parental attitudes about teen marijuana use are important to consider because “in families where parents are heavy users of alcohol, use illegal drugs or are tolerant of children’s use, adolescents are more like to engage in substance use.” 99% of 6th graders, 96.1% of 8th graders and 92.1% of

²⁰ <http://www.oregon.gov/OHA/amh/student-wellness/reports/county/marion.pdf>

²¹ Healthy Communities Institute. <http://www.salemhealth.org/#!/community.snapshot>

²² <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>

²³ Healthy Communities Institute. <http://www.salemhealth.org/#!/community.snapshot>

11th graders surveyed reported their parents feel it would be “wrong” or “very wrong” for teens to smoke marijuana. However, this data also shows teens’ perceptions of parental attitudes toward marijuana use decline as they age and enter young adulthood. Additionally, *abstinence from substance use* declines as teens age. 97.1% of 6th graders surveyed indicated they “never have smoked marijuana” and that figure drops to 68.6% of 11th graders surveyed. These figures mean Marion County’s teens need to be equipped to make good choices when presented with readily-available substances like marijuana. While Marion County teens report lower-than-statewide-average “availability” rates of cigarettes, alcohol, marijuana and other drugs, 57.8% of 11th graders indicated it would be “easy” or “very easy” for the student to get marijuana.²⁴

The data presented in this section may not represent marijuana use by all teens in Marion County as it does not include teens attending school in the Salem-Keizer school district.

7. Childhood Lead Screening Assessment

In 2010, Marion County Health Department attempted to assess the level of childhood lead poisoning among children in Marion County. The Department of Human Services Oregon Lead Poisoning Prevention Program (OLPPP) has developed a lead screening protocol for identification and mitigation of lead exposure in children 0-5 years of age, including a screening questionnaire that helps to identify when a child should be tested. By law, local public health must investigate childhood blood lead levels at or above 10µg/dL. In these cases Health Department sanitarians follow up with the family to provide information and to identify possible environmental sources of lead exposure.

To increase our understanding of the risk of childhood lead poisoning among children of Marion County, a survey was developed to assess the amount of lead screening and testing being conducted in offices providing primary health care to children 0-5 years of age. The survey was sent to 49 pediatric and family practice offices around Marion County.

2010 Survey of healthcare provider lead screening practices:

Total respondents / surveys delivered to providers serving children 0-5 years	45/49
Screening	
▪ Said they screen children for risk of lead exposure and/or that they test if the child has risk of lead exposure	43/45
▪ Doesn’t screen - Only tests children with symptoms of lead poisoning	2/45
Routinely test children 0-5 yrs at least once	11/45
Use capillary sample for initial testing	26/45
Offices that would like information for use with patients	29/46

Conclusion: Most providers responding are screening children 0-5 yrs for risk of lead exposure. Slightly less than 25% of respondents test routinely. Routine testing without identified risk factors is not a recommendation of the OLPPP, though it is a requirement for Head Start

²⁴ <http://www.oregon.gov/OHA/amh/student-wellness/reports/county/marion.pdf>

participants. Slightly over half of survey respondents use capillary blood for the initial test, which is acceptable when the finger is carefully cleaned to remove lead-containing dirt. Finally, several offices asked for information for use with patients in Spanish as well as English. A summary of BLL testing on children 0-5 years in Oregon, by county can be found at <http://www.cdc.gov/nceh/lead/data/state/ordata.htm>. In summary, for the years 2005-2007, Marion County providers ordered 2,850 tests or 9.3% of the total tests for Oregon. Of those tests, Marion County had 8 confirmed as $\geq 10\mu\text{g/dL}$, or about 5.9% of the confirmed cases for Oregon. Marion County (16%) has a lower proportion than Oregon (21%) of housing units built before 1950. It appears that careful screening may be useful to identify children at risk, yet minimize unnecessary testing. For an electronic copy of the enclosed State-recommended screening questionnaire go to: <http://www.co.marion.or.us/HLT/PH/EHS/insp/lppp.htm>.

8. Emergency Preparedness Assessment

The question “Have you talked with your family about what to do in a community emergency? (Examples: flood, earthquake, fire, pandemic flu, landslide, winter/wind storm, chemical spill, terrorist event)” was asked on the 2011 Community Health Survey. County wide, 50% of people responded ‘yes’ and 50% responded ‘no’. Looking further into the data, only 41.6% of people with household income after taxes below \$20,000 responded ‘yes’ compared with 59.5% of people with income over \$50,000. Among those without health insurance, 35.4% of people responded ‘yes’. Thirty point eight percent of people who did not complete high school responded that they have not spoken with their family about an emergency. Only 36.8% of people who identify as Hispanic responded ‘yes’ compared with 53.7% of people who do not identify as Hispanic.

In conclusion, county wide 50% of survey respondents have talked with their families about what to do in a community emergency. When the data is examined further, it appears that household income, having health insurance, level of education, and whether or not a person identifies as Hispanic are specific factors that influence whether or not this conversation has taken place. The lowest ‘yes’ response rate was among those who did not complete high school.

9. Alcohol and Drug Services Needs Assessment

In 2011, Marion County Health Department and the Marion County Alcohol and Drug Planning Committee reported the results of an assessment of needs related to alcohol and drug prevention and treatment services in Marion County. After a review of the data, the Committee identified three key gaps in services. First, the Santiam Canyon, being geographically remote, struggles with lack of many kinds of health and other services. Collaboration with Linn County Health Department, which shares the border communities of the Canyon, is intended to help mitigate this problem. For example, Linn County provides transportation from canyon communities to mental health services in Albany, but the round trip can easily take most of the day. Second, adolescent and family centered alcohol and drug treatment is lacking throughout Marion County. According to the Committee report, 11 Marion County youth were housed in residential treatment facilities during the first week of 2010, with an additional 24 on the waiting list for admission. These youth will wait three to four months on average. Currently, Marion County does not have an adolescent inpatient treatment program; however outpatient services for adolescents are available at multiple locations. Outpatient treatment programs with a family-centered counseling component, which also accept Oregon Health Plan clients, are available only

in the more populated areas of Salem and Woodburn. Involvement of the family in the treatment process greatly increases the likelihood of the youth maintaining a successful recovery. Lastly, Marion County does not have prevention and treatment services specific to the needs of adults ages 60 and older. Older adults, when compared with other adult age groups, are more likely to successfully complete an alcohol or drug program. This is especially true when the program is geared to older adults.^{25,26} The Committee continues to discuss and engage in planning to address these three issues. Further information about the full assessment can be obtained by contacting Scott Smith at 503-576-4574, or Community and Provider Services at 503-585-4977.

In addition to the data dashboard found at <http://www.salemhealth.org/#!/community.home>, a user-friendly summary of assessment data, and the initial report of the Marion County Community Health Improvement Partnership may be found on line at the Health Department website: <http://www.co.marion.or.us/HLT/>.

10. Adequacy of local health services and unmet needs

In 2008 the assessment group led by the Health Department attempted to evaluate health resource availability. At that time it was identified, that access to health care must be viewed regionally rather than by county. Two key organizations that impact local access are the Marion-Polk County Medical Society and the independent physicians group, and the Willamette Valley Provider Health Authority (WVP Health Authority), formerly known as Mid-Willamette Valley Independent Physicians. The WVP Health Authority represents more than 500 physicians in Marion and Polk counties and acts as the Oregon Health Plan administrator for the majority of participants in the area. 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.

As in 2008, the 2011 surveys of residents and health and social service provider results name issues related to healthcare access as a concern. About 76% of community respondents reported having health insurance. Overall, cost of care and health insurance was the number one concern of respondents, with access to care as number six, and lack of providers as number eight. Results varied by region with Santiam Canyon (83%) and Silverton (92%) area respondents being more likely to have health insurance than those from Woodburn/North County (76%) or Salem/Keizer (77%). It appears that access for those with Oregon Health Plan has increased since 2008 as there are now more clinics, including two operated by Salem Health and Silverton Health that are focused on providing service to clients with Oregon Health Plan coverage. Survey participant comments mentioned need for low cost clinics. This is despite a significant increase in the service capacity of the Salem Free Clinic. The clinic now operates a medical clinic each week day and has added mental health and dental services as well. Silverton Health continues to operate a free medical and dental clinic in Silverton.

²⁵ Substance Abuse and Mental Health Services Administration, “Tip 26: Substance Abuse Among Older Adults”, SMA08-3918, October 2008.

²⁶ Han, Beth; Groefer, Joseph; and Colliver, James, “An Examination of Trends in Illicit Drug Use among Adults Aged 50-59 in the United States”, OAS Data Review, August 2009, from <http://oas.samhsa.gov>.

11. Assessment of assets, opportunities and challenges related to priority health indicators
 Through the community health improvement planning process, four regional groups selected the health indicators their community wants to address.

Salem-Keizer Region, 2011: The community prioritized teen pregnancy, adult obesity and early prenatal care as indicators to address, but because there are already community committees focused on teen pregnancy and early prenatal care, the group decided to narrow the focus to adult obesity. The group identified assets, opportunities and challenges related to adult obesity.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Chamber of Commerce members do not have wellness as a key priority, but some are reaching out to the Salem Health CHEC for wellness programs	X	X	
The 5210 initiative is underway and could be an easy thing for employers to adopt	X	X	
OSU-Extension has a program focused on teaching recipients of SNAP, the Supplemental Nutrition Assistance Program (foodstamps) how to eat healthy with SNAP benefits and could coordinate with various settings to provide that information to clients	X	X	
The Salem Health Community Education Center (CHEC) is a resource for information and educational activities	X	X	
Nutrition education, healthy vending and healthy food options policy efforts are taking place in the community	X	X	
Salem-Keizer Transit has already conducted an assessment to ensure that routes go to the major grocery stores	X		
There are several large employers in Salem area and focus on worksites could have a big impact		X	
There is no funding to support implementation of a new program.			X

Marion County Community Health Assessment, 2011

Santiam Canyon Region, 2011: The community prioritized Adult physical activity, teen pregnancy and teen marijuana use as indicators to address, but the group decided to narrow the initial focus to adult physical activity, with the adult as part of a family unit. The group identified assets, opportunities and challenges related to physical activity.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Swimming pool, skate park etc.	X		
Church youth groups	X		
Mill City Clinic	X		
Organizations that provide positive support for youth eg Boy Scouts	X		
Parent-aided drug testing at local police department	X		
Stayton Meth Busters group	X		
School activities & sports, competition may discourage some from participation	X		X
Stayton ordinance against selling drug paraphernalia	X	X	
There are many existing activities, such as fun runs, walking/running groups, exercise groups in the park and resources a family might access for physical activity if they knew about them	X	X	X
There are existing activities for teens, such as Church groups, etc. but community may not be aware	X	X	X
Many resources are membership-based and may require a fee. Gyms are cheaper in Salem			X
School grounds are not accessible outside of school hours			X
There is no central website to hold information			X
The Canyon has limited transportation for getting people to the opportunities			X
13 year olds seem to become less involved			X
Contraceptives not covered in schools			X
Homelessness			X
Limited jobs or activities for teens			X
Both parents working. Kids raising themselves. Too much unsupervised time			X
Kids don't see getting caught with marijuana as a problem			X
Families don't interact			X
Habitat for Humanity could add youth component?		X	
City ODOT grant to add more sidewalks near hospital		X	

Marion County Community Health Assessment, 2011

Silverton Area Region, 2011: The community prioritized adult activity, teen fruit and vegetable consumption and teen physical activity. The group identified assets, opportunities and challenges related to the prioritized health indicators.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Numerous community events focused on physical activity that a family could access if they knew about it.	X	X	
Silver Falls School District is scheduled to do a review of their food service menus	X	X	
Hospital has a robust wellness program for staff	X	X	
Schools distribute bilingual information	X	X	
Our Town, prints local stories	X	X	
Safe routes to school grant – more sidewalks	X	X	
First Friday – events could be connected to this on-going event	X	X	
High School still has a Home Economics class	X	X	
Commercial kitchens in schools & some churches	X	X	
Silverton Together provides a connection to families	X	X	
School sports programs	X		X fees
The foodbank has worked with a dietician to ensure healthy foods in the pantry	X		
Silverton Senior Center has senior exercise	X		
Local gyms offer membership	X		
Runners club	X		
City park	X		
Saturday farmer's market	X		
City pool	X		
YMCA organizes activities for youth, pool	X		
Courtesy clerks at grocery stores – carry your own!		X	X
Compulsory PE in school		X	X
Fast food restaurants			X
Open campus means HS students go to fast food			X
Food services in schools	?	?	?

Marion County Community Health Assessment, 2011

Woodburn / Northern Marion County Region, 2011: The community prioritized adult activity, teen pregnancy and had a tie for third place between teen fruit and vegetable consumption and teen physical activity. The group identified assets, opportunities and challenges related to the prioritized health indicators.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Health Department has new grant for teen pregnancy prevention with Hispanic teens	X	X	
Silverton Health hosts a Saturday, seasonal farmer's market. Will be adding Wednesdays	X	X	
Woodburn Pediatrics has been conducting walks with patients	X	X	
Woodburn Schools food service modified meal plan. Promotes vegetables, whole grains and less fried foods	X	X	
Comprehensive sex-education curriculum in place Woodburn	X	X	
Classes to help parents talk with youth about sex Woodburn	X	X	
Youth development programs empowering youth to take on teen pregnancy as an issue	X	X	
Woodburn has a master trail plan. One mile greenway trail complete.	X	X	
WIC & SNAP accepted at farmer's market	X	X	
Wellspring as partner for wellness	X	X	
Woodburn community events adopting healthy food policies	X	X	
There are many opportunities, but community members may not know about them	X		X
Wellspring 0700-2000 – walk around indoor track	X		
Senior estates – cycling, pool	X		
Woodburn pool also open to Hubbard & Gervais	X		
Woodburn Bicycle Club, Parks & Rec sports leagues	X		
Body balance class at Wellspring - free	X		
Senior communities have exercise programs for residents	X		
Wilsonville/Champoeg pedestrian bridge planned	X		
Collaboration - Woodburn Peds/Wellspring pediatric & teen nutrition program	X		
Fast food marketing vs fresh food marketing		X	X
Scare tactics vs “real” health education for youth		X	X
Hubbard group interested in walking trail from Aurora to Hubbard		X	
Vacant lots might be used for community garden		X	
Work health messages in at all grade levels		X	
Local media such as Radio Movimiento, La Pantera and WCAT community cable		X	

Concerns about safety preventing physical activity			X
Access to activity			X
Most youth programs are in Salem			X
No Russian or Marshallese in our workgroup			X

12. Communication Plan

The results of this assessment will be communicated via a printed summary of the Community Health Improvement Partnership work (attached) as well as the media, presentations in the community, and posting on the Health Department webpage at <http://www.co.marion.or.us/HLT/communityassessments/>.

13. Next Steps

The information from the community health indicator assessment, community health and provider surveys, and the assessments of assets, opportunities and challenges will be used to guide the development of the community health improvement plan for Marion County. Data for health issues prioritized by the community will be monitored as part of the on-going community health improvement planning process.

14. Acknowledgements

It is important to recognize leadership and vision of Sharon Heuer, Director of Community Benefit for Salem Health for recognizing the value and promoting the development of the community data dashboard for Marion County. This tool will be an on-going resource to community residents and partners with an interest in health measures for Marion County. Thanks also to Silverton Health and Santiam Hospital joining with Salem Health to ensure the sustainability of the dashboard.

Partners that participated in the collection and/or review of the assessment data as part of the community health improvement planning process included:

Health Status Indicators as shown on Salem Health data dashboard June 3, 2011:

A steering committee of the following members looked at the health status indicators for Marion County and selected ten key health status indicators to present to the community for prioritization and community health improvement planning.

Marion County Health Department: Josh Hollabaugh, Emily deHayr, Mary Archibald, Tonya Johnson, Pam Heilman; Salem Health: Sharon Heuer; Silverton Hospital Network: Terri Merritt-Worden, Ken Hector; Stayton Hospital: Tanni Swisher

Ten Key Health Status Indicators, Community Health Survey, Community Provider (health, social service, education) Survey, community demographics:

A variety of persons from healthcare, public health, education, local government, community based organizations, business, students, Marion County Health Advisory Board, and the general public participated in the review and prioritization process in preparation for community health improvement planning. Those persons included:

Adelina Torres, Alice Roundtree, Alison Kelly, Andrea Morgan, Ann Krier, Arlene Harris, Ashley McElroy, Barb Rivoli, Beth Davisson, Bob Renggli, Bruce Thomas, Chrissy Creighton, Christina Shearer, Circe Barraza, Colleen Clark, Dale Erickson, Dan Fleishman, David P. Craig, Debbie Turrell, Diana Linderoth, Dixon Bledsoe, Donna Gormley, Doreen Kelly, Dorothy Cruz,

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Earnest Freeman, Elizabeth Swain, Emily DeHayr, Emily DeSantis, Eric Swenson, Erin Moller-Johnson, Fabiola Azcue, Gary Rychard, Gayle Goschie, Genny Baldwin, Gerardo Trejo-Martinez, Greta Ledford, Jamie Baxter, Janet Newport, Janice Naimy, Jeanine Stice, Jeanne Antonucci, Jim Winters, Jodi Berry, Josh Hollabaugh, Joyce Zook, Karen Armstrong, Karen Van Tassell, Karen Wusstig, Karla Hunt, Kat Daniel, Kathleen Gormley, Kathy Fleury, Ken Hector, Kristin Jordan, Lacie Hartlieb, Lauren Benjamin, Linda Brown, Linda Hays, Lisa Eckis, Maria Garcia, Maria Pineda, Mary Archibald, Melinda Veliz, Michael Grady, MD, Michelle Campione, Nancy Hendricks, Nancy Mitchell, Pamela Heilman, Rachel Wolf, Rhoda Jantzi, Rita Kester, Roberta Lilly, Ron Randall, Sabrina Perez, Sean Riesterer, Sharon Heuer, Stan Taylor, Stephen Dickey, Susan Sasano, Susana Ghio, Susy Saray, Suzie Cauraud, Tami Kochan, Tass Morrison, Teresa Alonso, Therese Gerlits, Terri Merritt-Worden, Tim Wilson, Tonya Johnson, Tricia Costa-Hidalgo, Tyler Butenschoen, Victoria Lara.

The following community health assessment information was collected, reviewed and analyzed in collaboration with specific interest groups, rather than as part of the overall community health improvement planning process.

Teen Pregnancy Focus Group Assessment:

The focus groups were held in collaboration with the Marion County Children and Families Department, Juntos Podemos Family Center and Woodburn School District. The results of the focus groups were shared with community groups and individuals such as Marion County Children and Families Commission Youth Consortium, and Marion County Prenatal Taskforce, Marion County Board of Commissioners and Marion County Health Advisory Board.

Prenatal Care Access Assessment:

The results of a survey of persons entering care after the first trimester was shared with the Marion County Prenatal Task Force, a collaborative working to address the issue..

Body Mass Index Assessment of students attending two public schools:

The results of the assessment were shared with school leadership and the School Based Health Center Operations Council.

Alcohol and Drugs Services Needs Assessment:

The results of the assessment were shared with the membership of the Local Alcohol and Drug Planning Committee and the Marion County Health Advisory Board.

Childhood Lead Assessment:

The results of the provider survey were shared with providers serving children in Marion County via a mailed written summary.

Emergency Preparedness Assessment:

The results of the assessment were shared with partners at the 2012 Public Health Emergency Preparedness Coalition meeting.