
**TOBACCO RELATED AND
OTHER CHRONIC DISEASES**

COMMUNITY ASSESSMENT

ANSWER SHEET

2008

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DEMOGRAPHICS AND CHRONIC DISEASE HEALTH STATUS

SECTION 1.1: THE BASICS

County Population

1.1.1 Total population¹

Marion County = 306,665

Oregon = 3,690,505

1.1.2 Total and percent population by age¹

Population by Age	Marion County Total	%	Oregon Total	%
Under 5	22,694	7.4	230,910	6.3
Under 18	81,158	26.5	872,280	23.6
18-24	31,704	10.3	359,479	9.7
25-44	85,257	27.8	1,010,261	27.4
45-64	72,978	23.8	986,946	26.7
65+	35,567	11.6	461,539	12.5

1.1.3 Total and percent population by sex¹

Population by Sex	Marion County Total	%	Oregon Total	%
Male	155,581	50.7	1,838,346	49.8
Female	151,084	49.3	1,852,159	50.2

Data Sources Used	Publication Date
1. Oregon Population Report http://www.pdx.edu/media/p/r/prc_2006_Population_Report.pdf	March, 2007

Recommended Data Source: The Oregon Population Research Center, Annual Population Report

Comments

Certain areas of Marion County have higher percentages of people over 65 years of age. According to the Oregon Department of Human Services, 18% of the population in Mt. Angel and Woodburn made up of people 65 years of age and older, compared to 11-13% in other Marion County Communities. The growth in the elderly population is also projected to increase – 26% growth in 2005-2015 to 38% growth by 2015-2025. This suggests a high need for chronic disease prevention and self management programs, as well as a possible increase in the need for long-term care (projected need – 5% population needing long-term care in 2005, 6% in 2015, and 7% in 2025)

Data Source: “Your Community in Focus. Marion County”. Oregon Department of Human Services. Available at:
<http://www.oregon.gov/DHS/spwpd/ltc/fltc/data/marion.pdf>

Total and percent population by race/ethnicity¹

Please identify which method of race/ethnicity you used to report race/ethnicity.

The first example (people identified as both Caucasian and Hispanic/Latino) was chosen because this was how the data was available.

Race/Ethnicity	Marion County Total	%	Oregon Total	%
African-American	3,360	1.1	63,631	1.7
Asian/Pacific Islander	8,339	2.7	143,996	3.9
American Indian/Alaska Native	11,671	3.7	67,269	1.8
Caucasian	260,664	83.7	3,186,177	86.1
Some Other Race	18,472	5.9	128,670	3.5
Two or More Races	8,798	2.8	111,015	3.0
<i>Hispanic/Latino</i>	66,545	21.4	379,034	14.8

1.1.5 People with Disabilities (Ages ≥ 5)¹

Marion County = 47,513 (16.9%)
 Oregon = 559,876 (16.3%)
 Nation = 15.1%

Data Sources Used	Publication Date
1. US Bureau of the Census. 2006 American Community Survey for Marion County, Oregon and Oregon	

Recommended Data Sources: U.S. Bureau of the Census, Table DP-2. Profile of Selected Social Characteristics: 2000; U.S. Bureau of the Census, American Community Profile.
 Note: Information on people with disabilities may only be available from the 2000 U.S. census.

Comments

The 2006 American Community Survey for Marion County and Oregon includes the racial categories: “some other race” and “more than one race”. Therefore, we included these categories in our assessment in order to have an accurate representation.

County Educational Attainment

1.1.6 Percent population 25 years and older: High School graduate or higher¹

Marion County = 80.6%
Oregon = 87.6%
Nation = 84.1%

1.1.7 Percent population 25 years and older: Bachelor’s degree or higher¹

Marion County = 21.2%
Oregon = 27.5%
Nation = 27.0%

Data Sources Used	Publication Date
1. US Bureau of the Census. 2006 American Community Survey for Marion County, Oregon	

Recommended Data Sources: U.S. Bureau of the Census, Table DP-2. Profile of Selected Social Characteristics: 2000; U.S. Bureau of the Census, American Community Profile

Comments

This data suggests that the educational attainment in Marion County is lower than the state and nation. This may be a concern for Marion County as it can be suggested that lower levels of education may lead to higher rates of chronic disease, due to underlying factors associated with educational attainment (poverty, illiteracy, etc).

County Makeup

1.1.8 List population centers within your county (e.g., cities, towns, etc) and the population for each¹

Population on July 1, 2006

Population Center	Total Population
Aumsville	3,205
Aurora	920
Detroit	260
Donald	895
Gates*	455
Gervais	2,250
Hubbard	2,960
Idanha*	145
Jefferson	2,590
Keizer	34,880
Mill City*	325
Mt. Angel	3,665
St. Paul	420
Salem*	127,720
Scotts Mills	300
Silverton	8,915
Stayton	7,700
Sublimity	2,225
Turner	1,645
Woodburn	22,615
Unincorporated	82,575

*city is located and has population in more than one county

1.1.9 List all school districts in your county and the student population for each (2007-2008 school year)²

School Districts	Student Population
Cascade SD	2,229
Gervais SD	1,086
Jefferson SD	894
Mt. Angel SD	794
North Marion SD	1,940
North Santiam SD	2,437
Salem-Keizer SD	39,469
Silver Falls SD	3,557
St. Paul SD	227
Woodburn SD	4,952

Data Sources Used	Publication Date
1. Oregon Population Report http://www.pdx.edu/media/p/r/prc_2006_Population_Report.pdf	March, 2007
Oregon Department of Education, Oregon School Directory	2007-2008

Recommended Data Sources: The Oregon Population Research Center, Annual Population Report; Oregon Department of Education School Directory; GreatSchools.net. Note: City-level population data are available from the Oregon Population Research Center.

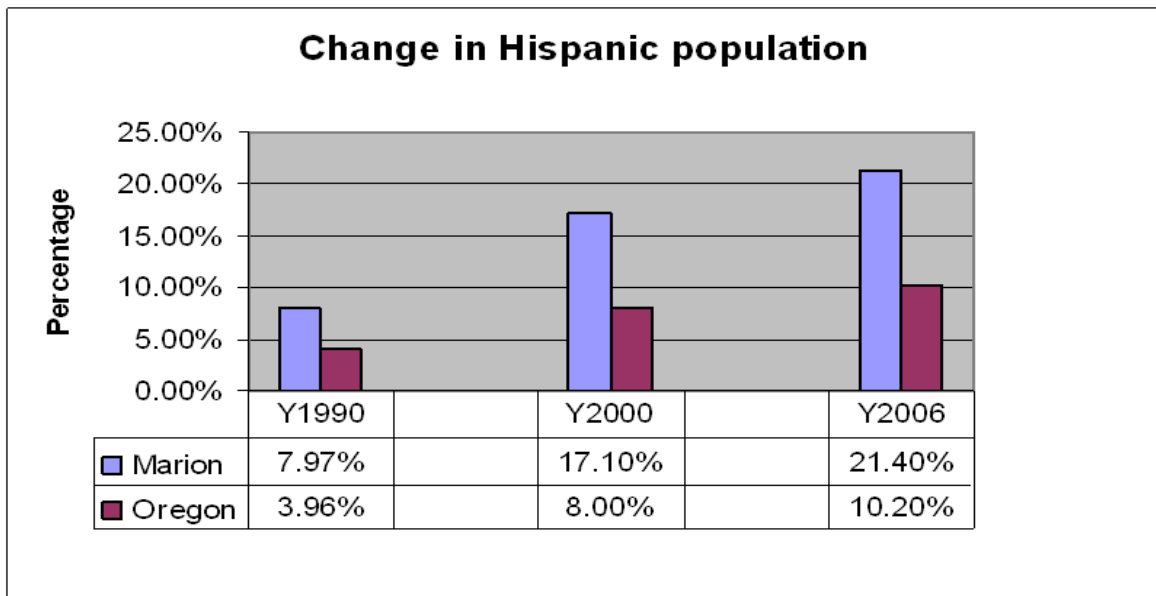
Comments

N/A

County Specific (optional)

1.1.10 Are there any other demographics that are important to your county? If so, include below. If your county has been recently involved in other community assessments or mapping, describe them here.

The percent of foreign born residents in Marion County is 14.6% as compared to 9.7% of residents of Oregon residents being foreign born.¹ The change in the Hispanic population in Marion County and in Oregon from 2000 to 2006 may also be of note (see graph).²



Marion County Health Department, in collaboration with several community partners, has been conducting the MAPP assessment. The first portion of the assessment will be completed by October 2008.

1. US Bureau of the Census. 2006 American Community Survey for Marion County, Oregon Available at: <http://www.census.gov/>
2. US Bureau of the Census. 2006 Census Fact finder. Available at: <http://factfinder.census.gov/>

SECTION 1.2: DISPARITIES

Insurance Status

1.2.1 Percent uninsured in your county¹: (Note: The best available data for the uninsured are from Oregon Health Policy and Research - Policy and Analysis Unit. Information is only available at a regional level. Find your region and use the percent uninsured from that region as your county's level.)

Region 3 = 17.1% uninsured
 Oregon = 15.6% uninsured
 Nation = 16.6% uninsured

1.2.2 Total enrolled in Oregon Health Plan² and Medicare Managed Care (for the most recent month)³

OHP:

Marion County – Total eligible for Oregon Health Plan, Medicaid, and CHIP in Marion County in June 2008 = 42,770; 91.6% are enrolled (n = 39,177)

Oregon – Total eligible for Oregon Health Plan, Medicaid, and CHIP in Oregon in June 2008 = 386,662; 81.14% are enrolled (n = 313,737)

Medicare:

Marion County – Total enrolled in Medicare Part A and/or Part B = 38,007
 Oregon – Total enrolled in Medicare Part A and/or Part B = 480,564

Data Sources Used	Publication Date
1. Oregon Health Policy and Research – Policy Analysis Unit, Profile of Oregon's Uninsured, 2006.	August 2007
2. Oregon Health Plan Managed Care, State of Oregon OHP, Medicaid, and CHIP Population	June 2008
3. Medicare Aged and Disabled by State and County, Centers for Medicare and Medicaid Services	July 1, 2007

Recommended Data Sources: Oregon Health Policy and Research - Policy and Analysis Unit; Oregon Health Plan Managed Care Enrollment Reports

Comments

This data shows that Marion County has a higher percentage of uninsured residents than the State and also a higher percentage of people enrolled in the Oregon Health Plan / Medicaid.

Children

1.2.3 Percent and total of children eligible for free or reduced price (school) meals by district¹

School District	Percent eligible	Total eligible
Cascade SD	46.8	1,055
Gervais SD	76.0	833
Jefferson SD	48.3	449
Mt Angel SD	56.6	449
North Marion SD	58.9	1,145
North Santiam SD	45.9	1,133
Salem-Keizer SD	47.7	19,143
Silver Falls SD	34.8	1,255
St Paul SD	45.7	107
Woodburn SD	87.9	4,500

Data Sources Used	Publication Date
Oregon Department of Education, Students Eligible for Free and Reduced Lunch, 2007-2008	

Recommended Data Source: Students Eligible for Free or Reduced Lunch

Comments

The percent of students eligible for free and reduced lunches varies fairly widely in Marion County (from ~35% in Silverton to ~88% in Woodburn). It seems that Gervais and Woodburn are outliers with a very high percentage of students who qualify for free and reduced lunches. Since poverty is a risk factor for chronic disease, it might be important to target prevention in areas of highest need.

Economic Indicators

1.2.4. Economic Indicators¹

Economic Indicators – Marion County		Total	%
Median household income (in dollars)	\$45,270		
Families below the poverty level		N/A	10
Individuals below the poverty level		N/A	14.1
Unemployment rate (refer to the U.S. Bureau of Labor Statistics online query)²	5.5		
Renters		39,315	35.7
Homeowners		70,830	64.3

Note: There are not data available for the shaded boxes. Only provide data for the blank boxes.

Economic Indicators – Oregon		Total	%
Median household income (in dollars)	\$46,230		
Families below the poverty level		N/A	9.2
Individuals below the poverty level		N/A	13.3
Unemployment rate (refer to the U.S. Bureau of Labor Statistics online query)²	5.2		
Renters		510,539	35.2
Homeowners		939,123	64.8

Note: There are not data available for the shaded boxes. Only provide data for the blank boxes.

1.2.5 Provide an estimate of the total tobacco-related economic costs to your county (Refer to *Oregon Tobacco Facts* for economic costs estimates)³

Marion County = \$163.5 million
Oregon = \$2,006.2 million

1.2.6 Indirect costs related to tobacco and other chronic diseases (may include lost productivity, decreased quality of life, or human suffering).³

Refer to *Oregon Tobacco Facts* for indirect costs due to lost productivity. Summarize how you determined any other costs.

Marion County = \$79.8 million – due to lost productivity
Oregon = \$978.7 million – due to lost productivity

Data Sources Used	Publication Date
1. US Bureau of the Census. 2006 American Community Survey for Marion County, Oregon	
2. US Bureau of Labor Statistics, Labor Force Data by County, 2007 Annual Averages	

Recommended Data Sources: U.S. Bureau of the Census, Table DP-2. Profile of Selected Social Characteristics: 2000; U.S. Bureau of the Census, American Community Profile; Oregon Tobacco Facts; U.S. Bureau of Labor Statistics: Local Area Unemployment Statistics

Comments

The unemployment rate may be an indicator of the amount of poverty and availability of resources in a community. Again, the higher unemployment rate suggests that chronic disease may continue to rise if efforts and supports are not put in place.

In 2007, the National unemployment rate was 4.6. Oregon was ranked 42 out of 51, (includes 50 states and District of Columbia) in unemployment rate (with one being the lowest unemployment rate). Hawaii was ranked #1 with an unemployment rate of 2.6; Michigan was ranked 51 with an unemployment rate of 7.2



1.2.7 In collaboration with your Community Health Advisory Council, review the county maps in “The Oregon Population Update: Special Topics in Social Demography - Poverty in Oregon” document and describe areas within your county with high poverty and food stamp eligibility. This report is listed in the Resource Guide. Some possible discussion topics are: are the highest areas of poverty and food stamp eligibility rural or urban, are they in areas with other social or economic disparities, have there been efforts in these areas to address disparities?

See Appendix A for maps.

- Highest area of poverty seems to be in Central Salem, which is an urban area
- The maps seem to show that in certain rural areas (Woodburn, Gervais, Mount Angel), the entire community fits within 16.11-27.7% poverty.

County Specific (optional)

1.2.8 Are there any other basic disparities demographics that are important to your county? If so, discuss below. List your data sources.

Marion County has a higher percentage of Hispanic residents (21%) than the state (10%).¹ Fifty percent of residents of Woodburn and 65% of residents of Gervais are Hispanic.² This may be a factor in health disparities in Marion County since it is known

that people of Hispanic decent are disproportionately affected by some chronic diseases. For example, Hispanics suffer higher rates of diabetes, cardiovascular disease, asthma, and tuberculosis.³ Hispanics are also more likely to die from diabetes than non-hispanic whites; they are also more likely to be obese.³

It is also important to recognize that people living in poverty have a higher risk of developing and dying from chronic diseases than people with higher incomes.³ For example, the rates of arthritis, asthma, heart disease, stroke, diabetes, hypertension, and high cholesterol are all higher among Medicaid recipients than among the general population.³ Furthermore, people living in poverty are also less likely to receive preventative health checks (i.e., blood pressure, PAP tests, mammograms) meet the CDC requirements for exercise and are more likely to smoke and be obese.³ This may be of relevance since 14% of Marion County residents – and 17% of the City of Gervais and City of Woodburn residents – live below the poverty line.^{1,2}

1. Marion County and Oregon 2006 American Community Survey. US Census Bureau. Available at: <http://www.census.gov/>
2. Gervais and Woodburn 2000 American Community Survey. US Census Bureau. Available at: <http://www.census.gov/>
3. Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings. Oregon Department of Human Services. 2007.

1.2.9 Has a health related assessment of disparities been conducted in your county? If so, highlight efforts and findings. List your data sources.

Marion County Health Department, in collaboration with several community partners, has been conducting the MAPP assessment. The first portion of the assessment will be completed by October 2008.

Comments

SECTION 1.3: CHRONIC DISEASE HEALTH STATUS

For all of the following indicators, provide the most recent data that are available. If multi-year data is available, provide several years and comment on any trends (e.g., has mortality been declining over the last 5 years?)

Mortality

1.3.1 Mortality rate (per 1,000)¹:

	Marion County	Oregon
2000	8.5	8.6
2001	8.5	8.7
2002	8.9	8.9
2003	8.6	8.7
2004	8.4	8.1
2005	8.0	8.5

1.3.1.1 – Age-adjusted mortality rate (per 100,000)²

Marion County – age-adjusted death rate 2000-2004 = 846.2 per 100,000

Oregon – age-adjusted death rate 2000-2004 = 834.1 per 100,000

1.3.2 Top 5 causes of mortality¹:

Marion County					
	#1	#2	#3	#4	#5
2000	Heart Disease	Cancer	Cerebro-Vascular Dis	Chronic Lower Resp Dis	Unintentional Injuries
2001	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2002	Heart Disease	Cancer	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2003	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2004	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2005	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries

Oregon					
	#1	#2	#3	#4	#5
2000	Heart Disease	Cancer	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2001	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2002	Heart Disease	Cancer	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2003	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2004	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries
2005	Cancer	Heart Disease	Cerebro-Vascular Dis	Chronic Lower Respiratory Dis	Unintentional Injuries

1.3.3 Mortality rate from tobacco-related illness²:

Marion County - Age-adjusted Mortality rate 2000-2004 = 191.5 per 100,000

Oregon - Age-adjusted Mortality rate 2000-2004 = 184.8 per 100,000

Data Sources Used	Publication Date
1. Oregon Department of Human Services, Center for Health Statistics – Oregon Vital Statistics Reports	
2. Keeping Oregonians Healthy: Preventing Chronic Disease by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings	July 2007

Recommended Data Sources: Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings

Comments

Between the years 2000 – 2005, the crude mortality rate for Marion County peaked in 2002 and then had a steady decline from 2003-2005. When comparing Marion County with Oregon, we see that the crude mortality rate in Marion County decreased from 2000 to 2005 while the crude mortality rate in Oregon increased from 2000 to 2005.

Cancer is the leading cause of death in both Marion County and Oregon. When looking at the age-adjusted death rate for 2000-2004, we see that there are significantly more deaths due to cancer in Marion County than in Oregon (208.4 per 100,000 vs 198.4 per 100,000 respectively). There are also significantly more deaths due to stroke in Marion County than in Oregon (79.3 per 100,000 vs 68.8 per 100,000 respectively). While it's not statistically significant, there is a slightly higher age-adjusted death rate for tobacco-related deaths in Marion County than Oregon.

Births

1.3.4 Total live births (annually)¹

	Marion County		Oregon	
	Number	Rate	Number	Rate
2001	4,555	15.8	45,318	13.1
2002	4,430	15.2	45,190	12.9
2003	4,635	15.7	45,935	13.0
2004	4,641	15.6	45,660	12.7
2005	4,713	15.6	45,905	12.6
2006	4,938	16.1	48,684	13.2

Rate is per 1,000 live births

1.3.5 Percent of infants born to mothers who used tobacco during pregnancy¹

	Marion County		Oregon	
	Number	Percent	Number	Percent
2001	539	12.0	5,753	12.8
2002	532	12.1	5,618	12.6
2003	500	10.9	5,452	12.0
2004	496	10.8	5,683	12.6
2005	498	10.6	5,643	12.4
2006	521	10.6	5,941	12.3

1.3.6 Rate of live births with low birth weight per 1,000 (annually)¹

	Marion County		Oregon	
	Number	Rate	Number	Rate
2001	228	50.1	2,518	55.6
2002	250	56.4	2,617	57.9
2003	266	57.4	2,822	61.4
2004	252	54.3	2,764	60.5
2005	293	62.2	2,808	61.2
2006	274	55.5	2,971	61.0

Data Sources Used	Publication Date
1. Oregon Health Statistics: Perinatal Trends Live Births and Infant Mortality of Oregon Residents	

Recommended Data Sources: Oregon Health Statistics: Perinatal Trends Live Births and Infant Mortality of Oregon Residents; Oregon Tobacco Facts

Comments

In general, the number of live births in Marion County increased from 2001 to 2006; the number of live births in Oregon stayed the same from 2001-2005 and increased somewhat in 2006.

The percentage of infants born to Mothers who used tobacco during pregnancy decreased from 2001-2005 in Marion County; the percentage also decreased in Oregon but not as much.

The rate of live births with low birth weight fluctuated (up and down) between 2001-2006. In Oregon, the rate seemed to increase from 2001 to 2003 and then became fairly stable.

County Disease Prevalence & Mortality

For each of the following indicators, list the prevalence and death rate of the disease, [and number of deaths due to the disease (if appropriate)].

1.3.7 Prevalence and Mortality¹

Prevalence and Mortality	Marion County	Oregon
Age-Adjusted Asthma Prevalence	9%	9%
Age-Adjusted Arthritis Prevalence	26%	27%
Cancer Deaths Rate (all types):	208.4*	198.4
Age-Adjusted Diabetes Prevalence:	7%	6%
Diabetes Deaths Rate:	31.1	27.7
Age-Adjusted Adult Coronary Heart Disease Prevalence:	4%	4%
Age-Adjusted Adult Heart Attack Prevalence:	4%	4%
Heart Disease Deaths Rate:	192.5	191.8
Age-Adjusted Stroke Prevalence:	3%	2%
Stroke Deaths Rate:	79.3*	68.8

*Statistically significant difference compared to Oregon

Data Sources Used	Publication Date
1. Keeping Oregonians Healthy: Preventing Chronic Disease by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings	July 2007

Recommended Data Sources: Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings

Comments

It seems important to note, that while the prevalence of stroke is the same in Marion County and Oregon, the death rate from stroke is significantly higher in Marion County than in Oregon. Perhaps this might be due to lack of recognition of symptoms and/or late onset of medical attention.

County Conditions & Risk Factors

1.3.8 Percent of adults with high blood pressure¹

Marion County = 24%

Oregon = 24%

1.3.9 Percent of adults with high blood cholesterol¹

Marion County = 27%*
Oregon = 31%

*Statistically significant difference compared to Oregon

1.3.10

Percent of adults (≥18 years) ¹ :	Marion County	Oregon
Classified as overweight	39%	37%
Classified as obese	25%*	22%

*Statistically significant difference compared to Oregon

1.3.11

Percent of 8 th graders ¹ :	Marion County	Oregon
At risk of being overweight:	16%	15%
Overweight:	13%*	10%
Who drank at least 7 sodas per week:	28%	27%
Who watched TV more than 2 hours daily:	32%	31%

*Statistically significant difference compared to Oregon

1.3.12

Percent of 11 th graders ¹ :	Marion County	Oregon
At risk of being overweight:	14%	13%
Overweight:	12%	11%
Who drank at least 7 sodas per week:	30%	27%
Who watched TV more than 2 hours daily:	24%	22%

1.3.13

Tobacco use and exposure among 8 th graders ² :	Marion County	Oregon
Percent who smoke cigarettes:	8%	9%
Percent of males who use smokeless tobacco:	5%	5%
Percent of non-smokers who live with one or more people that smoke:	31%	34%
Percent who are exposed to secondhand smoke in their home	8%	11%

1.3.14

Tobacco use among 11 th graders ² :	Marion County	Oregon
Percent who smoke cigarettes:	15%	17%
Percent of males who use smokeless tobacco:	13%	12%

1.3.15 Smoking prevalence for your county:

Marion County adults = 21%

Oregon adults = 20%

Data Sources Used	Publication Date
1. Keeping Oregonians Healthy: Preventing Chronic Disease by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings	July 2007
2. Oregon Tobacco Prevention and Education Program – Marion County Tobacco Fact Sheet 2007	2007

Recommended Data Sources: Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings; Oregon Tobacco Facts; Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts

Comments

The percentage of Marion County adults who are obese is significantly higher than the percentage of adults who are obese in Oregon. The percentage of 8th graders who are overweight is also significantly higher than the percentage of 8th graders who are overweight in Oregon. This suggests that the percentage of Marion County obese adults may increase over time if this trend continues.

County Preventive Screening and Health Choices

1.3.16

Percent of adults (≥ 18 years) ¹ :	Marion County	Oregon
Had a mammogram within past 2 years (≥ 40 years old):	77%	73%
Met CDC recommendations for physical activity:	50%*	55%
Consumed at least 5 servings of fruits and vegetables per day:	25%	26%
Had their cholesterol checked within the past 5 years:	67%	68%

*Statistically significant difference compared to Oregon

1.3.17

Percent of 8 th graders ¹ :	Marion County	Oregon
Met CDC recommendations for physical activity	62%*	59%
Had breakfast every day:	45%	46%
Consumed at least 5 servings of fruits and vegetables per day:	24%	24%
Participated in PE daily:	58%	55%

*Statistically significant difference compared to Oregon

1.3.18

Percent of 11 th graders ¹ :	Marion County	Oregon
Met CDC recommendations for physical activity	52%	49%
Had breakfast every day:	35%	38%
Consumed at least 5 servings of fruits and vegetables per day:	21%	18%
Participated in PE daily:	33%*	19%

*Statistically significant difference compared to Oregon

Data Sources Used	Publication Date
1. Keeping Oregonians Healthy: Preventing Chronic Disease by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings	July 2007

Recommended Data Sources: Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings; Oregon County Tobacco Fact Sheets; Oregon Overweight, Obesity, Physical Activity, and Nutrition Facts

Comments

From the data, it seems that Marion County 8th and 11th graders are engaging in relatively more physical activity (whether on their own or during a PE class) than 8th and 11th graders in Oregon. However, the rate of at risk for overweight and overweight does not seem to reflect this finding (these rates are slightly higher in Marion County than in Oregon).

The low percentage of students who eat breakfast every day is of concern. This may be a contributing factor to obesity. It may also be linked to poor academic performance.

County Specific (optional)

1.3.19 Is there any other information on health status of importance to your county? Discuss below. List your data sources.

A member of the advisory council requested that we include number of foster children as this may relate to risk behaviors and various health outcomes later in life. On July 15, 2008 there were 883 children in foster care in Marion County and 6,794 foster children in Oregon. Marion County is one of three counties in Oregon with the highest number of children in foster care.

SECTION 1.4: SUMMARY



1.4.1 Share this information with your Community Health Advisory Council. Highlight economic, tobacco-related and chronic disease disparities. Have a discussion with your CHAC about the following:

- **What are the most serious impediments to reducing these disparities?**
- **What are the community assets available to addressing these disparities?**

Attach a meeting summary or summarize the discussion here.

Impediments

- Poverty / Culture of poverty
- Cost of healthy foods
- Economic barriers to exercise and diet options
- Inflation
- Transportation (cost and access)
- Lack of close proximity to grocery stores in many rural communities
- Lack of access to services and affordable child care
- Lack of resources
- Zoning laws may make it difficult to grow food
- Literacy
- Silo'd agencies / Not enough community-wide collaboration
- Language barriers
- Cultural differences
- Lack of individual commitment
- Lack of targeted outreach
- Lack of a well marketed need to change behaviors
- Behavior change is difficult
 - Need to address root causes

- Lack of public health approach to addressing built environment
- Resistance from businesses
- Uninsured / Lack of Universal Health Care
- Working parents
 - Unable to monitor child's behavior
 - Less time to prepare healthy meals

Community Assets

- Ability to build partnerships
- Collaborative efforts
- Community health centers, including NW Human Services (West Salem Clinic, NWHS Mental health clinic, NWHS Dental clinic, NWHS Total Health Community Clinic, NWHS HOPE, NWHS HOST, NWHS Connection, NWHS Hotline), Salud Medical Center, McClaine Street Clinic, Wellspring, Lancaster Family Health Center
- Oregon Health Plan
- Opportunities for outdoor activities
- Caring volunteers
- Wellspring Heart
- Parish Nurses
- Health Fairs
- Salem Hospital's education programs
- Potential of Mid-Valley IPA Community Health Plan to support such efforts
- Tomando / Living Well programs
- Quit Line and other tobacco cessation programs; drug treatment programs
- Education and outreach programs
- A network of public health, clinics, and hospitals
- Private weight loss support programs
- Agencies (DHS, City Planning Dept, Parks and Rec, MCHD, ODOT, Schools, and businesses)
- BABIES program (breastfeeding education and support) at Silverton hospital

COMMUNITY

SECTION 2.1: ADVISORY GROUPS



2.1.1 With your CHAC, identify community coalitions or advisory groups that address tobacco-free lifestyles, physical activity, and healthy eating. Provide a brief description of the relationship between members of the CHAC (including the local public health department) and these coalitions or advisory groups. Possible groups include community health coalitions, pedestrian advisory commissions, tobacco prevention coalitions, etc.

- Community Sun Gardens
- Healthy Schools Program
- Neighborhood Associations
- Marion County Health Advisory Board
- Marion Polk Food Share
- Mid-Willamette Valley Chapter of Bicycle Transportation Alliance
- Oregon Safe Routes to School Advisory Committee
- Safe Kids Coalition
- Salem-Keizer Stand for Children
- Step-up With Oregon
- Tobacco-free Chemeketa Task Force
- Women Ending Hunger
- Women Infants and Children
- Workplace Wellness Committees

These groups provide guidance, leadership and advocacy for healthy lifestyle choices. Some CHAC members participate in these groups in an effort to support / enhance the community.



2.1.2 With your CHAC, identify formal committees at the county or city level that may affect policies or rules around tobacco-free lifestyles, physical activity, and healthy eating. Provide a brief description of the role county public health plays with any of these committees. Provide a brief description of the relationships that members of the CHAC have with each of the committees identified. Possible groups may include county planning

commissions, food policy councils, or inter-departmental taskforces (including those focused on social services, agriculture, parks and recreation, transportation, etc...)

- Bicycle / Pedestrian Connections Workgroup, City of Salem
- Children and Families Commission
- Marion County Health Department Advisory Board
- Oregon Safe Routes to School Advisory Committee
- Willamette River Crossing Task Force

None of the CHAC members have a formal relationship with these committees. However, some members have provided information or support for the groups to help them promote policy change.



2.1.3 With your CHAC, identify and discuss the top three perceived community needs (specifically related to chronic disease and health promotion). Summarize that discussion here. You may wish to do this after you have presented the demographic and chronic disease data found in Module 1.

Overall, the CHAC determined the following as the top three community needs:

- Tobacco prevention/cessation
- Diabetes prevention/management
- Obesity prevention and treatment
- Other needs identified include:
 - Access to affordable wellness programs and education
 - Access to health care
 - Access to healthy foods
 - Access to affordable and safe opportunities for physical activity
 - Access to screening
 - Access to prenatal care
 - Depression / Mental health
 - Financial support for Living Well program
 - Culturally appropriate programs
 - Farmworker protections
 - Cancer
 - Drug treatment
 - Alternatives to prescriptions

SECTION 2.2: TOBACCO

2.2.1 Are there public policies in place (county or city) that restrict youth access to tobacco?

See Appendix B for copies of policies.

For each policy already adopted, list the policy title, the jurisdiction, and the policy number.

Policy Title	Jurisdiction	Policy Number
Section 14. <u>SMOKING</u> “No person may ignite or smoke any tobacco or tobacco product, or any other material, on any park trail, bridle path, restroom or in any fire risk area, or in any area additionally designated by the Director”.	Marion County	Parks Ordinance of Marion County Ordinance No. 1245 Section 14
Silverton Municipal Code Title 5: Business Licenses and Regulations: Regulation of Tobacco Products	City of Silverton	Chapter 5.16

For each policy currently in progress, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

- N/A

2.2.2 Are there public policies in place (county or city) that protect workers or the public from secondhand smoke?

For each policy already adopted, list the policy title, the jurisdiction, and the policy number. (see Appendix B)

Policy Title	Jurisdiction	Policy Number
Oregon’s Smokefree Workplace Law	State of Oregon	ORS 433.835-433.990

For each policy currently in progress, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

- N/A

2.2.3 Are there policies in place or in progress at local community colleges prohibiting tobacco use by anyone at any time?

For each policy already adopted, attach policies.

For policies currently in progress, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

Community College Policy	Progress	Current Stage
Chemeketa Community College 100% Tobacco-Free Campus	Working towards developing a 100% Tobacco Free Campus policy to be implemented Fall 2009. Currently working on and conducting a student survey to assess student's readiness and acceptance for the tobacco-free policy.	Working towards the development and implementation piece of the Tobacco-Free Policy

2.2.4 Are there policies in place or in progress prohibiting smoking in private multi-unit housing?

For each policy already adopted, attach policies. (see Appendix B)

For policies currently in progress, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

MUH (private) Policy	Progress	Current Stage
Guardian Management: 48. No Smoking Policy-No Smoking: "Due to the increased risk of fire, increased maintenance costs, and the known health effects of secondhand smoke, smoking is prohibited in any area of the property, including all buildings, all common areas, inside apartment dwelling units, garages, parking areas and within 25 feet of the building(s) including entryways, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel or employees. Residents are responsible for ensuring that family members,	Complete	Smoke-free Policy in place. Effective January 1, 2008

roommates and guest comply with this rule".		
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2.2.5 Are there policies in place or in progress for prohibiting smoking in public multi-unit housing?

For each policy already adopted, attach policies.

For policies currently in progress, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

MUH (public) Policy	Progress	Current Stage
Marion County Housing Authority	Marion County Housing Authority (MCHA) and Marion County Tobacco Prevention and Education Program (TPEP) staff met with the Board of Commissioners on July 24, 2008 to propose Edelweiss to become a smoke-free property. Decision was in favor of the smoke-free policy with the next meeting with the Board of Commissioners to take place in late September to discuss enforcement and eviction policies.	Stage 5 (Proposed date of implementation November 1, 2008)
Landura Management Associates	Landura specializes in the management of apartment communities, primarily affordable housing sponsored by Rural Development of USDA, the Department of Housing and Urban Development, and various State Housing Finance Agencies. They have received approval to develop and implement a smoke-free policy for all of their NW Region properties. TPEP staff presented to all NW region Landura Management Associates Staff on	Stage 1 (Proposed date of implementation January 1, 2009)

	September 4, 2008 and discussed next steps of drafting a policy. Projected smoke-free implementation date is January 1, 2009.	
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2.2.6 Are there other tobacco control policy processes in progress?

If yes, provide a brief overview of progress towards policy adoption, including the current stage of policy development.

- N/A

2.2.7 Does the county have a plan in place for implementing and enforcing the Oregon Indoor Clean Air Act? Provide a brief summary of the plan, including roles and responsibilities of key personnel.

- Marion County will follow the State policy for responding to complaints of violation of the smokefree workplace law. Standardized forms will be used to document the process. These forms include the caller intake form, complainant letter template, initial response letter template, intergovernmental agreement form, and the remediation plan form.

SECTION 2.3: NUTRITION

Does your county have any policies supporting farmers markets? (Policy may be at the city level). If yes, how are they implemented? For each policy already adopted, attach policies.

See Appendix C for policies

- Marion County: No formal policies exist; however, in 2002, the County joined with the Salem Mass Transit District in entering a license agreement with Salem Saturday Market to operate a farmer’s market. The County also supports farm stands in the rural areas. A farm stand allows a farmer to sell his or her produce, and other produce from the area, to customers passing by, as well as a limited amount of non-farm items (such as baskets, soda pop, etc.).
- City of Salem: “We do not provide financial support to the market, but we do provide logistical support” (e.g., closing off of street to hold a market in downtown Salem every Wednesday, May through October) Jan Calvin, Acting Director, Neighborhood and Community Services.

- City of Silverton: “The city of Silverton "supports" a farmers market in that the city allows the Farmer's Market folks to use public property (Town Square Park) for the market.” Linda Sarnoff, City of Silverton Community Development Director.
- City of Stayton: No formal policies exist
- City of Woodburn: No formal policies exist

2.3.2 List major farmers markets in your county, their location, and note whether or not they accept Oregon Trail (food stamps).

Farmers Market	Location	Oregon Trail?
Keizer Farmers Market (June-October)	Faith Lutheran Church, 4505 River Road, Keizer	Oregon Trail: ? WIC: Yes
Salem Public Market (year round)	1240 Rural Ave, Salem	Oregon Trail: varies by vendor WIC: yes
Salem Saturday Market (May-October)	State parking lot at the corner of Center and Marion, Salem	Oregon Trail: yes WIC: many vendors accept
Wednesday Farmers' Market (May-October)	On Chemeketa St between High and Liberty streets NE, downtown Salem	Oregon Trail: yes WIC: many vendors accept
South Salem Farmer's Market (June – September)	Salem Heights Hall, 3305 Liberty Road	Oregon Trail: ? WIC: ?
Salem Saturday Market's Holiday Market (December 13-14)	Oregon State Fairground's Jackman Long Building	Oregon Trail: yes WIC: many vendors accept
Silverton Farmer's Market	Town Square Park, Main and Fiske	Oregon Trail: No WIC: Yes

2.3.3 Does your county have any policies supporting or requiring space be made available for community gardens? (Policy may be at the city level). If yes, how are they implemented? For each policy already adopted, attach policies.

- Marion County: No policies exist
- City of Salem: The City of Salem has a license agreement with “Community Sun Gardens” that supports community gardens. Language in the agreement states: “The city desires to foster community garden projects; It is in the best interest of the public that a well organized community garden program be sustained.”

- City of Silverton: No formal policies exist
- City of Stayton: No formal policies exist; however, the Public Works (Parks and Recreation) Department has created an application form for community members to apply to use community garden plots (total of 26 plots). They have also created guidelines for use of the space. Guidelines state the following:
 - 1 plot per household
 - Application and \$15 application fee required
 - If there's an insufficient number of applicants and the plots are not full by a pre-determined date, the returning patrons will be given the option of applying for a second plot for an additional \$15 fee
 - If assigned plot is unattended for 2 consecutive weeks, the plot will be tilled and either offered to someone else or covered with plastic depending on the time of year
 - Plots will be assigned beginning from the north end of the garden
 - Plots will be the responsibility of the patron. Responsibilities include weeding, watering, and caring for the plot. Year round gardeners are also responsible for any tilling of the plot
 - Patrons are responsible for the installation and removal of all materials used in the construction of a raised bed. Materials must be removed when the plot is no longer in use
 - When an applicant no longer wants to have a year-round garden plot, they should contact the Public Works Department in writing indicating their last day of use. The applicant will be responsible for the removal of any large plants, and the garden plot should be tilled prior to the final date of use
- City of Woodburn: no formal policies exist

2.3.4 Are there any organizations within your county that work to promote/develop community gardens? List any relevant organizations and their mission. (You may have identified these organizations in question 2.1.1).

- Marion-Polk Food Share (MPFS) works to promote / develop community gardens in Marion County. Their mission is to lead the fight to end hunger in Marion and Polk counties ... because no one should be hungry.
 - MPFS partnered with several members of the community to plant a 20-acre farm near the Santiam Correctional Institute east of Salem. WILCO and Marion Ag Services donated pre-planting materials. Volunteers from local farms planted the seeds (beans). Volunteers from the correctional facility will irrigate and maintain the field. Truitt Brothers will harvest the beans, and local canneries will process and package the beans. Once processed, the beans will be distributed to Marion Polk Food Banks.

- Marion-Polk Food Share works with 16 community gardens throughout Marion-Polk counties
- Marion-Polk Food Share is piloting an educational program at Hoover Elementary School in Salem. The program is aimed at teaching participating families to make healthy meals for themselves using materials grown in community gardens.
- The Marion County Health Department WIC program is working with college interns to develop community gardens. The interns will work with WIC clients to help them learn how to grow and care for a garden as well as how to prepare the produce.

2.3.5 Are there any programs within your county that work with corner stores to make fresh fruits and vegetables available? If yes, describe the program(s).

- No specific programs were identified

2.3.6 Does your local food bank offer fresh fruits and vegetables? (If there are multiple food banks in your county, assess largest in city or county).

- Marion-Polk Food Share offers fresh fruit and vegetables that are seasonally available. Marion-Polk Food Share sponsors several programs that aim to produce fresh vegetables for distribution at the food pantries, and they work with 16 community gardens in Marion-Polk Counties

If yes, do they track the amount of produce distributed?

- Yes

If yes, how many tons of fresh produce are distributed (annually)?

- Not currently available

2.3.7 List any Community Supported Agriculture (CSA) programs within your county. See the Resource Guide for more information.

- There are currently no Community Supported Agriculture programs in Marion County. The closest CSA is in Corvallis (Benton County).

2.3.8 (Optional): Is your county (or any jurisdictions within your county) considering legislation requiring fast food outlets to display nutritional information?

- Not at this time, but it's worth pursuing

2.3.9 List any other food/nutrition related assessments conducted in your county that the county public health department was involved with. (For example, the Community Food Security Assessment Toolkit – see the Resource Guide for more information). Summarize key findings or results, if available.

- None that we could identify

2.3.10 Is there other (existing) nutrition-related information that would help inform your community assessment? (For example, community mapping of fast food restaurants or a directory of farm stands selling fresh produce). Summarize key findings or results, if available.

- The Oregon Hunger Relief Task Force has HB 3601 on their 2008 agenda. This bill will provide \$95,000 from the general fund to create a pilot Farm-to-School position in the Oregon Department of Education. This will mean that more locally grown foods will be available in schools.
- Salem is home to the business, “Organic Fresh Fingers”. Organic Fresh Fingers produces Certified Organic, Nutritionally Balanced, Convenient meals for kids! Fresh food is provided to participating daycares, preschools and elementary schools. Their frozen, microwaveable meals are available at Roth’s grocery stores
- Roths Markets, a company born in the Willamette Valley, created the “Go Local” program, which brings local produce into their grocery stores. Roths supports the farmers who make up our regional food system. They believe that buying local products will help build a regional food economy, ensuring farms in our community and protecting our food security for years to come.
- Community-based educational programs
 - Head Start is mandated to provide/facilitate provision of education in the following areas/topics: child development and education (curriculum and philosophy); child observation skills; food preparation, nutrition, food budgeting, child nutritional status; child mental health (behavior, nurturing/supportive environments, relationships); substance abuse; child abuse/neglect; domestic violence; continuing education/ employment training; parenting skills; family literacy; medical/dental health and prevention; health care access and advocacy; and safety/first aid; child/family advocacy.
 - OSU Extension Services offers a nutrition program – funded by the Food Stamp Program -- in six schools in Salem-Keizer School District (Swegle, Mary Eyre, Richmond, Bush, Hoover, and Grant) and Eugene Field school in Silverton. The overall goal is to expose students to foods they may not otherwise eat. The program is patterned after the Start Smart Eating and

Reading program created through OSU Extension, Oregon Department of Education.

- In K-2 classrooms, a food related story is read, there's a related is prepared. The recipe is sent home to parents.
- In 3rd grade classrooms a bit more time is spent with the activity and snack. If time allows, a food-related story is read at the end of the session.
- In 4th and 5th grades, instructors teach nutrition related to gardening and prepare a dish that demonstrates that healthy foods taste good. The dishes are easy and affordable.

SECTION 2.4: BUILT ENVIRONMENT

2.4.1 Visit your county website to find the following plans. For each plan, determine what division/department has responsibility for the plan, and the division director.

Plan	Division/Department	Director
County Comprehensive Plan (land management or land use)	MC Planning Department (Public Works)	Sterling Anderson, Planning Manager (Staff contact: Tami Amala)
<i>County Transportation Plan</i> (public works or engineering)	Public Works	Bill Worcester, Director of Public Works Staff contact: Karen Odenthal

2.4.2 Talk with County land use and transportation staff. With each division, discuss:

(1) How often the plan is reviewed

- Each comprehensive plan is reviewed on an on-going basis. The review occurs when new legislation is approved and as new issues arise. If no changes occur, the plan is reviewed/revised every 5 years.

(2) When the next review will occur

- The plans are reviewed on an on-going basis, but at least every five years. If not sooner, the next review will occur in 2010.

(3) How public health advocates can participate in the review process

- Every time there are proposed changes to the plan(s), the County holds workshops and public hearings about the proposed changes. Public health advocates have an opportunity to participate and comment on the changes during these meetings.
- Marion County has also established 2 citizen groups to provide recommendations and input into the planning process. These groups are the 1) Area Advisory Committee and 2) Citizen Involvement Committee.

(4) How the land use and transportation divisions work together.

- The planning and transportation divisions work together to develop the County Comprehensive Plans. The lead agency develops the first draft of the revisions, and then sends it to the other agency for review/comments. For example, the Public Works Engineering Division makes revisions to the transportation plan and then sends the proposal to the Planning Division to review and comment.

After these conversations, **briefly describe the relationships between the divisions.** Are these relationships: good/collaborative, fair/neutral, poor/strained, or non-existent?

- Based on conversations with the Marion County Planning Division (Tami Amala) and the Marion County Public Works (Karen Odenthal), the working relationship between these agencies seems to be very good. They collaborate with each other on the development and revision of the plans, and they also look to each other for resources.

Review the County Comprehensive Plan: To review the County Comprehensive Plan, think of the plan as a book with chapters. Each chapter is called an element or goal. There will be approximately 15-19 elements in your county’s plan. You will only need to review the land use planning, transportation, and recreation elements.

Using the Design for Health Checklist for Comprehensive Plan Elements (DFH) found in Appendix C, complete the following reviews:

2.4.3 Use the DFH Land Use Plan checklist to review the land use planning elements:

- See Appendix D for Design for Health Land Use Checklist

2.4.4 Use the DFH transportation checklist to review the transportation elements:

- See Appendix D for Design for Health Transportation Checklist

2.4.5 Use the DFH parks and open spaces checklist to review the recreation elements:

- See Appendix D for Design for Health Parks and Open Space Checklist

On the DFH Checklists:

Check “Yes” if the language in the county plan is similar to the language in the DFH checklist. Note: it is not expected that the language in the county plan will exactly match the language in the DFH checklist. You are simply looking for reasonably similar language between the two. Use the comment section to briefly note how well they match.

Check “No” if there is no language in the county plan that is similar to the DFH.

Review the County Transportation Plan:

The Transportation System Plan provides more detail on transportation issues than the transportation element of the Comprehensive Plan. You only need to review the Bicycle and Pedestrian Section of the Transportation System Plan.

2.4.6 Who is responsible for the overall management of the Transportation System Plan?

- The overall management of the Transportation System Plan is the responsibility of the Public Works Department. It is up to each section to ensure that their piece is implemented. Bill Worcester, Director of Public Works, oversees all operations.

2.4.7 Does the Transportation System Plan contain a Bicycle and Pedestrian Plan?

If no, why not?

If yes, list any writers or contributors to the Bicycle and Pedestrian Plan:

If yes, does the Bicycle and Pedestrian Plan reference the Comprehensive Plan?

- Yes, the Rural Transportation System Plan contains a bicycle and pedestrian plan. The writers are members from Public Works (Karen Odenthal will take the lead going forward). Yes, the plan references the Comprehensive Plan.

2.4.8 Does the Bicycle and Pedestrian Plan identify planned bikeway and walkway projects?

If yes, list the first three:

- It is the goal of Marion County is to develop a better system of multi-use paths throughout the County. The plan states that this can best be done along existing corridors, such as unused rail lines, under power lines, along rivers, and along roadway rights of way. In development of the plan, effort was made to decide where trails would be appropriate. This resulted in the development of a “potential future trails map”. The development of these trails is not currently funded. The trails will be developed as funding becomes available.
- Potential areas for trail development include:
 - Trail from Mehama/Lyons through Mill City and Gates, to Detroit, extending as far as Idanha
 - Trail along Mill Creek from Woodburn to Hubbard to Aurora, with possible connections to other destinations in Northern Marion County.

The County Park System Plan provides more detail on park issues than the recreation element of the Comprehensive Plan.

2.4.9 Is there a county park system plan?

If yes, who is responsible for the overall management of the county park system plan?

- The comprehensive plan includes a “Parks and Recreation” plan. The overall management of the plan is the responsibility of Marion County Public Works. Bill Worcester, Director of Public Works, oversees all operations.

2.4.10 Does the park system plan identify priority areas?

If yes, list the priorities:

- There is a recommendation that items will be placed in priority and the implementation plan will proceed as funding becomes available (as far as we could tell, the priority list has not yet been determined). Possible items for priority are listed by region.

North Marion

- Acquire and develop approximately 20 acres of park lands along the Pudding River around Aurora.
- Acquire and develop approximately 20 acres of park lands in the Hubbard area.
- Repair or replace boat ramp at San Salvador Park and add a parking lot.
- Develop St. Louis Fishery as a water-oriented park jointly with the State.
- Encourage the State to further develop Champoeg Park.
- Encourage the State to supply additional campsites at Champoeg Park
- Encourage the State through the Willamette Greenway to establish a 120-acre parcel in the Jackson-Lambert Bend area (river mile 64-65).

- Bicycle paths to connect all urban areas and Champoeg State Park, Willamette Mission State Park, St. Louis Fishery, and most new park areas. Paths should follow right-of-ways and roads where possible (see Parks and recreation map).
- Support the North Marion County landfill master plan to develop a golf course at the landfill. The County could encourage private ownership and development.

Greater Salem Area

- Acquire 10 acres adjacent to Spongs Landing and further develop the park to include additional trails, paths, open play fields, and nature studies.
- Develop Bonesteel County Park as a general outdoor park.
- Acquire and develop an approximately 40-acre park north and west of Joryville.
- Acquire 10 acres adjacent to Joryville Park and further develop the park to include additional trails, paths, open play field, and nature studies.
- Encourage the State to take over administration of Wheatland Ferry and expand the boat to two lanes.
- Acquire and develop a 50-acre park south of Spongs Landing in the Beardsley Bar/Rice Rocks area.
- Acquire and develop an approximately 28-acre park down river 5 to 10 miles from Buena Vista, around the Junson Rocks area.
- Support and encourage the State to develop Willamette Mission State Park as a regional park. The State should also incorporate Lee Mission site and Wheatland Ferry into the park.
- Should provide bicycle paths near the Willamette River from Salem to Spongs Landing, Willamette Mission and Wheatland Ferry where the path could cross the river and tie into the Polk County path. Path should also connect Salem with other communities. These paths should follow existing rights-of-way and roads where possible (see Parks and Recreation map).
- Encourage the State to acquire and upgrade the Lee Mission site to a major historical site.
- The character of the right-of-way for the proposed Salem-Willamette Mission hike and bike path should be preserved as a scenic way.
- The waterfront across from Independence containing the northern loop of the proposed Salem-Independence bike path should be preserved as a scenic way.

East Marion Area

- Acquire and develop 15 to 25 acres of park land along Abiqua Creek north of Silverton.
- Acquire and develop an approximately 12-acre park south of Silverton. A unique opportunity exists at the Silverton Reservoir and should be further explored.
- Encourage the State to expand such facilities as picnicking, paths, and trails at Silver Falls Park.
- Bicycle paths should run to all communities, the proposed park at the Silverton Reservoir, and Silver Falls State Park (see Parks and Recreation map).

South Marion Area

- Acquire and develop an approximately 55-acre park in the Stiener Hill-Miller Butte vicinity.
- Acquire and develop a 13-acre park in the Stayton area on the Santiam River.
- Should provide bicycle trails that would run to the G.S.A., Buena Vista, Ankeny N.W.R., and all communities. Should also provide an equestrian/hiking trail from Stayton up the Santiam River to the Little North Fork. The trail should also follow existing rights-of-way and roads where possible (see Parks and Recreation map).

Santiam Canyon Area

- Encourage BLM to expand swimming facilities at Canyon Creek Park.
- Encourage BLM to expand facilities at the BLM-owned portion of Salmon Falls Park. County should consider allowing BLM to expand tent camping onto the County-owned portion of Salmon Falls Park (BLM would main-tain).
- County should get County-owned Salmon Falls Park trans-ferred to BLM ownership.

- The State Parks Department has proposed a hiking trail near the Santiam River from Mill City to Big Cliff Dam. The first stretch of this trail between Mill City and Gates is also proposed to be a bike path.

2.4.11 Does the park system plan identify issues confronting the park system?

If yes, list the issues:

- The plan notes that under the current economic conditions, the ideal park system may never be reached. Therefore, policy recommendations should be developed in establishing priorities that are economically feasible but directed toward the ideal park system.

2.4.12 (Optional) Complete Questions 2.4.1 - 2.4.11 for the City Comprehensive Plan and City Transportation Plans. For the Built Environment questions, city refers to the city in which the county seat is located (e.g., Klamath Falls is Klamath County's seat).

- The Design for Health Land Use and Design for Health Transportation Checklists have been completed using the City of Salem Comprehensive Plan and Transportation System Plan (see Appendix D)
- The City of Salem is currently undergoing a Parks and Recreation Master Plan development process. There are plans to increase bicycle and pedestrian safety and increase usage.

Other notes:

- The City of Silverton recently adopted the 2008 Parks and Recreation Master Plan and 2008 Transportation System Plan, which are based on a 20-year vision.
- The City of Stayton is currently updating their Comprehensive Plan.
- The City of Woodburn is currently undergoing a Parks and Recreation Master Plan development process. There are plans to develop a Greenway (Mill Creek Greenway) over the next 10 years. The plan also includes a goal of creating a walkable community.

SECTION 2.5: SELF-MANAGEMENT

Chronic Disease Self-Management Programs

2.5.1 How many Living Well programs have been offered in your county since 2005? List dates, if known. For this question, Living Well includes any

Tomando Control or Positive Self-Management for People with HIV/AIDS Programs that have been offered.

- Marion County Health Department (ended 2006):
 - 4 Living Well Series (called Living Healthy)
- Mid-Valley IPA:
 - 12 Living Well series (called Living Healthy)
 - Northwest Human Services
 - Salem Clinic
 - Doctors Clinic
 - Salem Cardiology
 - Cascade Cardiology
- Salud Medical Center (Woodburn) / Lancaster Clinic (Salem):
 - 11 Tomando Control series
 - 2 Living Well series
- Silverton Hospital (SH)
 - 12 Living Well series (SH calls it Healthy Living) classes since June 2007. Before June 2007, SH offered a Cardiac Diseases Program that was developed by their team. The Cardiac Diseases Program covered many of the same topics as Living Well.
- Salem Hospital:
 - 12 Living Well series (3 classes per year for 4 years)
- NOTE: Silverton and Salud have established a working relationship for participant recruitment: Silverton Hospital refers its Spanish-speaking clients to the Tomando Control classes offered at Salud Medical Center, and Salud refers its English-speaking clients to the Living Well classes at Silverton Hospital.

2.5.2 If Living Well programs (including *Tomando Control* and Positive Self-Management for People with HIV/AIDS) were offered previously, and are no longer offered, why not? Check all that apply, and then provide a brief explanation:

- Lack of provider referrals
- No trained leaders / trained leaders left area
- Financially unsustainable
- Lost support of host organization
- Other, describe below:
 - Living Well classes were previously offered through Marion County Health Department. The program was grant funded. When the grant period ended,

it was decided not to re-apply due to staffing changes at that time. Marion County Health Department plans to pursue collaborations to increase the number of classes offered and participants served.

If you do not have any Living Well programs in your county, skip to Arthritis Programs.

2.5.3 Which organizations in your county hold Chronic Disease Self-Management Program Licenses from Stanford University? Some information will be available through Stanford's Patient Education Research Center: <http://patienteducation.stanford.edu/organ/>, but also check with your local Living Well leaders and contacts.

- Mid-Valley IPA
- Northwest Human Services
- Salud Medical Center / Lancaster Clinic
- Salem Hospital
- Silverton Hospital

2.5.4 How many active leaders for Living Well, *Tomando Control*, or Positive Self-Management do you have in your county?

- Mid-Valley IPA: 1 active leader who's also a Master Trainer
- Northwest Human Services: 2 active leaders
- Salud Medical Center / Lancaster Clinic: 13 active leaders
- Silverton Hospital: 5 active leaders and 1 Master Trainer (5 facilitators will be trained in September)
- Salem Hospital: 1 active leader

2.5.5 How many participants have completed a Living Well program in your county? Include information on *Tomando Control* and Positive Self-Management for People with HIV/AIDS programs. (Completion usually means attendance of 4 of 6 weekly sessions).

- Marion County Health Department: 63 participants
- Mid-Valley IPA program: ~80 participants (from 5 sites)

- Salud Medical Center / Lancaster Clinic: 165 participants
- Silverton Hospital: approximately 120 participants
- Salem Hospital: approximately 72 participants

2.5.6 For the Living Well, *Tomando Control*, and Positive Self-Management for People with HIV/AIDS programs that are happening in your county, what kind of recruitment is happening? Check all that apply, and then provide a brief description.

- Provider referrals
- Community referrals
- Cross-organization referrals
- Organizational promotion (to members or clients, etc)
- Community media – newspaper or radio ads
- Community calendar listings
- Other, please describe below

- Mid Valley IPA program uses physician referral to recruit participants. The cost of the class is paid through the participant’s health plan (OHP or Advantage Program)
- Salud Medical Center / Lancaster Clinic recruit participants through provider, community, and cross-organization referrals.
- Silverton Hospital recruits participants in the following ways: websites (State, Stanford and Silverton Hospital), flyers, brochures in provider offices, provider luncheons, one on one with providers, referrals from admitted patients in the hospital seen by the cardiac nurse, physician referral, Community bulletin boards, office stand flyers, community meetings, Foot clinics, Wound care clinics, Integrative medicine clinics, Internal Medicine Clinics, Specialty clinics, Primary Care clinics, and presentations with provider-type meetings.
- Salem hospital advertises in hospital newsletters and newspapers, uses flyers posted around the hospital and the community, and course information is posted on the website. There are also some doctors who refer clients to the program.
- Silverton Hospital sends its Spanish-speaking patients to Salud, and Salud sends its English-speaking patients to Silverton.

2.5.7 Summarize the existing status of Living Well, *Tomando Control*, and Positive Self-Management for People with HIV/AIDS programs in your county; describe any local resources like websites or media campaigns. Note if

any community partners are working on Living Well projects like program expansion or evaluation.

- Living Well and Tomando Control classes are offered in Salem, Silverton, and Woodburn on a fairly regular basis. The program at Woodburn and Silverton are available to participants for free. Salem Hospital charges \$40 for the series – scholarships are available. The Mid-Valley IPA program is funded through the insurance provider (OHP and Advantage). There are three Living Well Master Trainers and three Tomando Control Master Trainers in Marion County.
- Jennifer Mead at the state Living Well program will be working with Northwest Senior and Disability Services to possibly offer more classes in the area.
- Portland State University is in the process of implementing a Community-Based Participatory Research Project with the Farm Workers Housing Development Corporation (Salem and Woodburn). The project focuses on chronic disease self management in migrant farm workers. They will be implementing the Tomando Classes in addition to other chronic disease self-management strategies to determine their effectiveness.

Arthritis Programs

2.5.8 How many Arthritis Foundation Exercise Programs have been offered in your county in the last 12 months?

- 3 Programs have been offered in Marion County in the past 12 months
 - Salem Senior Center
 - Offers Arthritis Foundation Exercise program twice a week
 - Offers Tai Chi from the Arthritis Foundation twice a week
 - Stayton Family Memorial Pool
 - Offers Tai Chi from the Arthritis Foundation

2.5.9 How many Arthritis Foundation Aquatic Programs have been offered in your county in the last 12 months?

- 6 classes have been offered in the past 12 months
 - Salem YMCA offers 2 Aquatics classes (1 morning class 3 times per week; 1 afternoon class 2 times per week)
 - Silver Falls YMCA offers 1 class 4 times/week
 - Stayton Family Memorial Pool: 1 class offered 3 times/week

- Woodburn Memorial Aquatic and Fitness Center: 1 class offered 2 times/week
- Courthouse West Salem (Polk County): 1 class offered 3 times/week

2.5.10 If Arthritis Foundation Exercise or Aquatic programs were offered previously, and are no longer offered, why not? Check all that apply, and then provide a brief explanation:

- Salem YWCA used to offer Arthritis Foundation Aquatics Program, but the pool was too expensive, so they stopped offering the Aquatics Program, along with all other pool activities. They closed the pool around three to four years ago.

- Lack of provider referrals
- No trained leaders / trained leaders left area
- Financially unsustainable
- Lost support of host organization
- Other, describe below

2.5.11 How many trained Arthritis Foundation Exercise and Aquatic program leaders do you have in your county?

- Eight total trained leaders/facilitators
 - 5 trained facilitators for the Arthritis Foundation Exercise program - PACE (People with Arthritis Can Exercise). Three people from Holiday Retirement are trained, but they are not currently teaching a class.
 - 2 trained facilitators for the Tai Chi program
 - 4 trained facilitators for the Aquatics program

2.5.12 Summarize the existing status of Arthritis Foundation Exercise and Aquatic programs in your county.

- The Arthritis Foundation Exercise Program is offered at the Salem Senior Center. The exercise class (PACE: People with Arthritis Can Exercise) is offered in the morning and in the evening 2 times per week for \$30 per month or \$5 per session. Exercises are tailored to the group’s specific needs (e.g. the daytime classes offer more “chair-based” exercises and the evening classes offer more standing exercises)
- The Tai Chi program offered Salem Senior Center is offered 2 times per day twice per week for a fee of \$30 per month of \$5 per session.
- The Aquatic program is offered at 4 pools in Marion County proper and 1 pool in West Salem (Polk County). Members either pay by day or purchase monthly/yearly passes (see appendices for fee schedules). The exercises

completed in each class are tailored to the group's specific needs; the facilitators choose the exercises from the Arthritis Foundation Exercise and Aquatic Program training manual.

- Three members from Holiday Retirement, which manages Madrona Hills and Hidden Lakes retirement communities have been trained by the Arthritis Foundation to teach the PACE class. Holiday Retirement is still working out the details regarding the pace class. The classes are not currently offered; they hope to have them up and running by October first.

2.5.13 List all warm-water pool facilities in your county.

- 201 licensed pools (see Appendix E for list of licensed pools)
 - 8 pools and 1 spa are publicly owned

2.5.14 Of these facilities, which are currently offering or have previously offered the Arthritis Foundation Aquatic Program?

- 5 facilities are currently offering the Arthritis Foundation Aquatic Program
 - Courthouse West Salem Pool
 - Salem YMCA Pool
 - Silver Falls YMCA Pool
 - Stayton Family Memorial Pool
 - Woodburn Memorial Aquatic and Fitness Center

Breathe Well, Live Well Programs

2.5.15 If you have programs or trained facilitators in your county, list them here and identify how many programs have been held in the last 12 months. Describe any partnerships that have supported this program – including, but not limited to, school nurses and hospital systems.

- The Breathe Well, Live Well Program has not been offered in Marion County in the past 12 months.
- There are currently no Breathe Well, Live Well trained facilitators in Marion County

Meals Made Easy for People with Diabetes

2.5.16 How many Meals Made Easy classes were taught during the last 12 months?

- None that we could identify / find

If there were classes:

2.5.17 Who taught the Meals Made Easy classes?

- N/A

2.5.18 What organization or agency were these classes affiliated with? (e.g., OSU Extension, local hospital, etc)

- N/A

2.5.19 How were the classes promoted? / How did the teacher/organization recruit participants?

- N/A

If there were not classes taught within the last 12 months:

2.5.20 Were classes ever offered in your county?

- N/A

2.5.21 If yes, why did they stop?

- N/A

NOTE: Salem Hospital and Kaiser Permanente offer Diabetes Education/Management classes

SECTION 2.6: MEDIA ADVOCACY

2.6.1 List all newspapers in your county. Include names of editors and staff writers where known, particularly those who frequently write about health issues and/or health policy. Include publications that are published daily, weekly, monthly, and quarterly as well as those targeted to specific readers such as trade publications and students. You may also wish to include any community or neighborhood newsletters or newspapers.

Newspapers	Contact Information
Jefferson Review (wkly)	Laurie Goldman, Asst Editor news@cmm-i.com (541) 327-1776 PO Box 330 Jefferson, OR 97352-0330
Keizer Times (wkly)	Jason Cox, News Editor editor@keizertimes.com 503-390-1051 142 Chemawa Rd N Keizer, OR 97303
Northwest Senior and Boomer News	Frank Ryan 503-408-8402 (877) 357-2430 4159 Cherry Ave NE Salem, OR 97303
Mill City Independent Press (wkly)	Sinnamee Baney, Editor mcipnews@aol.com 503-897-4216 PO Box 108 Mill City, OR 97360
Oregonian	Sandy Rowe, Editor srowe@news.oregonian.com 503.221.8400 921 SW Washington, Suite 550 Portland, OR 97205
Salem Business Journal	Bruce Taylor, Editor and Publisher editor@salembusinessjournal.com 503-365-9544 P.O. Box 93 Salem, OR 97308
Salem Monthly	Reina Pike, Editor 503-540-0022 1342 Capitol Street NE Salem, OR 97302
Silverton Appeal Tribune (wkly)	Timm Collins, Managing Editor tdcolli@salem.gannett.com 503-873-8385

	<p>Patrick Johnson, Reporter pajohnson@salem.gannett.com 503-873-8385</p> <p>PO Box 35 Silverton, OR 97381</p>
Statesman Journal (daily)	<p>Susie Bodman sbodman@Salem.gannett.com 503-589-6934</p> <p>Bill Church, Executive Editor bchurch@statesmanjournal.com 503-399-6712</p> <p>Barbara Curtin, Opinion Editor bcurtain@statesmanjournal.com 503-399-6699</p> <p>Dick Hughes, Editorial Page Editor dhughes@statesmanjournal.com 503-399-6727</p> <p>Eunice Kim, Reporter ekim@statesmanjournal.com 503-399-6721</p> <p>PO Box 13009 Salem, OR 97309</p>
Stayton Mail (wkly)	<p>Timm Collins, Managing Editor tdcolli@salem.gannett.com 503-873-8385</p> <p>Danielle Peterson, Reporter (503) 769-6338</p> <p>PO Box 35 Silverton, OR 97381</p>
Woodburn Independent (multi-wkly)	<p>Jason Horton, Editor jhorton@eaglenewspapers.com 503-981-3441</p> <p>John Gervais, Reporter jgervais@eaglenewspapers.com 503-981-3441</p>

	PO Box 96 Woodburn, OR 97071
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2.6.2 What TV stations (local and national) are broadcast in your county? List contact information for each.

Call Letters	Freq	Address	Phone/Email	Fax #
CCTV	Ch 25 Local	585 Liberty St SE Salem 97301 PO Box 2342 Salem, 97308-2342	(503) 588-2288 cctv@cctvsalem.org	(503) 588-6424
KATU ABC	Ch 2	2153 NE Sandy Blvd PO Box 2 Portland, 97207	(503) 231-4222 thedesk@katu.com	(503) 231-4263
KATU (Salem)	Ch 2	Tim King Salem-news.com		(503) 378-9867
KPXG	Ch 22	1501 SW Jefferson Portland, 97201	(503) 222-2221	(503) 222-4613
KEZI ABC	Ch 9	2975 Chad Dr. Rd PO Box 7009 Eugene, 97408	(541) 485-5611	(541) 343-9664
KGW NBC	Ch 8 Portland	1501 SW Jefferson Portland, 97201	(503) 226-5000	(503) 226-5158
KMTR NBC	Ch 16	3825 International Ct Springfield, 97477	(541) 746-1600	(541) 747-0866
KOPB PBS	Ch 10	7140 SW Macadam Ave Portland, 97219	(503) 293-1905	
KOIN CBS	Ch 6 Portland	222 SW Columbia Portland, 97201	(503) 464-0614 koindesk@koin.com	(503) 464-0806
KPTV	Ch 12	14979 NW Greenbrier Beaverton, 97006	(503) 906-1249 (503) 548-6550 kptvnews@kptv.com	(503) 548-6920
KVAL CBS	Ch 13	4575 Blanco, 3575 Elanton PO Box 1313	(541) 342-4961 kval13news@kval.com	(503) 342-5436

		Eugene, 97440		
KWPB	Ch 32	10255 SW Arctic Beaverton, 97005 Attn: Mike Mattson	(503) 644-3232 (503) 585-3232 mikem@wb32tv.com	(503) 626-3576

2.6.3 What radio stations (local and national) are broadcast in your county?

List contact information for each.

Call Letters	Freq	Address/E-mail Address	Phone	Fax #
KBBT	107.5 FM	2040 SW 1 st Portland, 97201	(503) 497-1075	(503) 222-2047
KBZY	1490 AM	4340 Commercial SE Salem, 97302	(503) 362-1490	(503) 362-6545
KCCS	1220 AM	1850 45 th NE Salem, 97305	(503) 364-1000 kccs@open.org	(503) 390-3728
KCKX	1460 AM	1308 N 1 st Ave Stayton, 97383	(503) 769-1460	(503) 981-3561
KEJO / KFLY	1240 AM 101.5 FM	2840 Marion st. SE Albany, 97322	(541) 926-8628 rickrogers@ clearchannel.com	(541) 928-1261
KEWS	620 AM	4949 SW Macadam Portland, 97201	(503) 802-2620	(503) 323-6664
KEX	1190 AM	4949 SW Macadam Ave Portland, 97239	(503) 222-1929 news@1190kex.com	(503) 224-3216
KFXX KGON	910 AM 92.3 FM	700 SW Bancroft St. Portland, 97239	(503) 223-1441 turner@kgon.com	(503) 223-6909
KINK	102.0 FM	1501 SW Jefferson St. Portland, 97201	(503) 226-5080	(503) 220-1802
KISN KKSJ	97.1 FM 910 AM	700 SW Bancroft Portland, 97204	(503) 223-1441 rsanders@intercom. com	(503) 223-6909
KKCW	103.3 FM	4949 SW Macadam Portland, 97239	(503) 222-5103 mikephillips@ clearchannel.com	(503) 323-6664

KKPZ	1330 AM	4700 SW Macadam Ave Suite 102 Portland, 97239	(503) 242-1950 kmpz@crawfordbroad casting.com	(503) 242- 0155
KKRZ	100 FM	4949 SW Macadam Ave Portland, 97201	(888) 483-0100	(503) 224- 0100
KKSL	1290 AM	4700 SW Macadam Ave. Portland, 97239	(503) 242-1290 kksl@crawfordbroac asting.com	(503) 242- 0155
KLOO	1340 AM	3240 Marion St. Albany, 97321	(541) 926-8628	(541) 928- 1261
KLYC	1260 AM	1975 Colvin Ct. PO Box 1099 McMinnville, 97128	(503) 472-1260 klyc@viclink.com	(503) 472- 3243
KNRK	94.7 FM	700 SW Bancroft Portland, 97204	(503) 223-1441	(503) 223- 6909
KOPB	91.5 FM	7140 SW Macadam Ave. Portland, 97219	(503) 293-1905 opbnews@opb.org	(503) 293- 1919
KOTK	1080 AM	2000 SW First Portland, 97201	(503) 250-1080	(503) 535- 0111
KPAM	860 AM	888 SW 5 th , Suite 790 Portland, 97204	(503) 223-4321 news@kpam.com	(503) 294- 0074
KPDQ	93.7 FM 800 AM	6400 SE Lake Rd. Milwaukie 97222	(503) 786-0600 georgne@kpdq.com	(503) 238- 7202
KRKT	99.9 AM	1207 9 th Ave. SE Albany, 97322	(503) 588-0222 rickrogers@ clearchannel.com	(503) 928- 1261
KSND	95.1 AM	285 Liberty St. NE Salem, OR 97301	(503) 763-7751 news@ksnd.com	(503) 763- 2676
KUFO	101.1 FM	2040 SW 1st Ave Portland, 97201	(503) 222-1011	(503) 222- 2047
KUIK	1360 AM	3355 NE Cornell Rd Hillsboro, 97124	(503) 640-1360	(503) 640- 6180
KUPL	98.7 FM	222 SW Columbia, Suite	(503) 223-0300	(503) 223-

		350 Portland, 97201		6542
KWBY	940 AM	1585 N Pacific Hwy Woodburn, 97071	(503) 981-9400	(503) 981-3561
KWIP	880 AM	Spanish Station: 1405 E Ellendale PO Box 469 Dallas, 97338	(503) 623-0245	(503) 623-6733
KWJJ	1080 AM 99.5 FM	2000 SW 1 st Ave, Suite 300 Portland, 97201	(503) 228-4393 dave@kwjj.com	(503) 227-3938
KXL	750 AM	234 SW Bancroft Portland, 97239	(503) 417-7630 news@kxl.com	(503) 417-7661
KXPC	103.7 FM	1207 9 th SE Albany, 97322	(541) 791-5196 kxpc@kxpc.com	(541) 791-1054
KXYQ	105.1 FM	888 SW 5 th Portland, 97204	800-558-0105	
KYKN	1430 AM	4205 Cherry Ave Keizer, 97303	(503) 390-3014 kynk.com	(503) 390-3728

Recommended Data Source: The Editor and Publisher Yearbook; Oregon Economic and Community Development Department's Community Profiles

2.6.4 Which reporters from these outlets (TV, radio, and print) are supportive of and tend to report positively about reducing tobacco use, increasing physical activity, and/or improving nutrition?

While we hope these writers will eventually report positively about nutrition, physical activity, and tobacco-free lifestyles in ways that advance the issues at a population level, at this time it may be that they cover just one of the topics or in a frame that advances an individual solution.

Keep a copy of their articles or editorials on file (optional).

Local reporters (supportive)	Contact Information (if known)
Eunice Kim	Statesman Journal ekim@statesmanjournal.com 503-399-6721
Ruth Liao	Statesman Journal rliao@salem.gannett.com 503-589-6941

Barbara Curtain	Statesman Journal bcurtain@statesmanjournal.com 503-399-6699
Patrick Johnson	Silverton Appeal pajohnson@salem.gannett.com 503-873-8385
John Gervais	Woodburn Independent jgervais@eaglenewspapers.com 503-981-3441
Alan Bushong	Capital Community Television alan@cctvsalem.org 503-588-2288
Melica Johnson	KATU 2 – Salem MJohnson@katu.com 503-370-9088

2.6.5 Which reporters do not support these topics, or do not support an environmental and policy change approach, and write negatively about these topics? Examples of negative attitudes might be promoting smokers’ rights, criticizing the “Food Police” or promoting individual responsibility rather than policy and environmental change. **Keep a copy of their articles or editorials on file (optional).**

Local reporters (negative)	Contact Information (if known)
Alan Gustafson	Statesman Journal agustafs@Salem.gannett.com 503-399-6709

2.6.6 Do you have a media outlet that publishes articles or letters to the editor that you write? If so, have you met with the editor or reporters to discuss your issues? Describe your existing relationships with any local media outlets.

- We have an excellent relationship with Eunice Kim at the Statesman Journal. We have met with her on several occasions to discuss health related stories. Eunice is working with Ruth Liao on a “Health Series” that will be published on a regular basis throughout the year.
- The Marion County PIO, Nelsa Brodie, has met with the editors at all the local papers. She mentioned that she is available to help set up editorial board meetings.

SCHOOLS

SECTION 3.1: POLICIES

3.1.1 Collect the following policies and administrative regulations from each school district in your county. This information is available at the district level, and often posted on school districts' websites. If the policies are not posted on the website, work with the district business managers or assistant superintendents to get copies of the policies.

Once collected, compare the collected school district policies and administrative regulations with the model policies referenced below using the checklist provided in Appendix B. Model policies are also provided in Appendix B. Keep all the policies, and administrative rules on file.

School District Policy	Reference Model
Wellness Policy‡ A Gold Standard Wellness Policy will include policies on the following components: * Physical Education Minutes * Safe Routes to School * Oregon Nutrition Standards	The School Wellness Policy Checklist
Tobacco School Policy†	Tobacco-free School Policy: Profile Checklist & Grading Criteria, American Lung Association of Oregon
Policy on the Management of Asthma in Schools	American Lung Association Gold Standard Policy
<i>Administering Non-Injectable Medicines to Students Policy and/or Administrative Rule</i>	Oregon School Board Association Administering Noninjectable Medicines to Students Policy and Administrative Regulations

‡ Collecting the Administrative Rules may be helpful for this part of the assessment.

† Complete Tobacco-free School Policy Profiles are available from every school district. Your TPEP coordinator will have these on file.

**3.1.2 Summarize your comparisons between school district policies and the model policies by answering the following questions:
For the School Wellness Policies:**

1. How many school districts have model policies and administrative regulations?
 - None
 - A strict review of policies was completed. If the language was not in the policy (e.g., number of PE minutes, specific portion sizes, etc) it was marked as not being a model policy.
 - All schools follow HB 2650

2. How many districts are meeting the minimum requirements outlined in the Child Nutrition and WIC Reauthorization Act (2004)?
 - 9 out of 10 policies meet the minimum requirements
 - Salem-Keizer includes everything except an assurance that the guidelines for reimburseable school meals shall not be less restrictive than regulations and guidance issued by the Secretary of Agriculture...

3. How many districts include the Oregon Nutrition Standards and Physical Education Minutes in their Wellness Policy? Do the policies exceed Oregon law?
 - None of the Wellness policies include both the Oregon Nutrition Standards and Physical Education minutes. However,
 - Salem-Keizer includes specific nutrition guidelines for snacks and beverages in policy
 - St. Paul and Woodburn policies includes PE minutes in the policy

4. How many districts include Safe Routes to Schools in their Wellness Policies?
 - None

5. Describe the work local partners have done to increase the number of school districts in your county with policies that match model wellness policies (based on the Oregon Nutrition Policy Alliance Model Policy).
 - Stand for Children worked with Salem-Keizer School District to pass a policy that requires all snack foods and beverage items meet minimum nutritional requirements

School District	Model Policy	Model Admin Regs	Meet req in CNWRA*	Nutrition Stnd & PE Minutes in Policy	Safe Routes to School in Policy
Cascade	N	N	Y	N	N
Gervais	N	N	Y	N	N
Jefferson	N	N	Y	N	N
Mt. Angel	N	N	Y	N	N

North Marion	N	N	Y	N	N
North Santiam	N	N	Y	N	N
Salem-Keizer	N	N	N	N	N
Silver Falls	N	N	Y	N	N
St. Paul	N	N	Y	N	N
Woodburn	N	N	Y	N	N

*CNWRA = Child Nutrition and WIC Reauthorization Act (2004)

See Appendix F for Wellness Policy Checklists and Matrix

For Tobacco-free Schools policies:

1. Describe the work your local TPEP coordinator has done to increase the number of school districts in your county with Gold Standard policies.

- Marion County currently has three school districts with Gold Standard policies, including Cascade SD, Jefferson SD, and St. Paul SD. TPEP staff has worked with and contacted the school districts with complete policies to congratulate them and to explain the benefits of having a gold standard policy. The Marion County TPEP staff offered and raised awareness for free resources, signage, and educational materials available to the districts with Gold Standard policies.

2. What are the next steps for increasing the number of schools with Gold Standard policies and communicating the policies to the school and larger community?

- Currently in Marion County, there are three school districts with Gold Standard policies (A+), 2 school districts with A grade policies, 2 with an A-grade, 2 with B grade policies, and 1 school district with an incomplete policy (Salem-Keizer).

Salem-Keizer school district is projected to have a complete policy by September 2008 of a B+/A- grade. The TPEP program plans to follow up with the Salem-Keizer school district in September 2008 to provide any additional technical assistance that is needed. Once they have a complete policy, TPEP plans to approach the school in March of 2009 to work on updating the policy towards a Gold Standard A+ policy. The TPEP staff will work Mary Paulson, Chief of Staff, towards completing their policy.

The TPEP coordinator plans to approach and work with the additional school districts (ie., Gervais, Mt Angel, North Marion, and North Santiam, Silver Falls, Woodburn) to develop more complete policies and adopt a Gold Standard Policy. Projected dates to work with the additional school districts will be April 2009.

For the Administering Non-Injectable Medicines to Students policies:

1. Did school districts use the Oregon School Board Association’s policy samples to develop these policies?

School District	Yes/No	Comments
Cascade	Y	Differs slightly in self-medication section and Disposal of medications
Gervais	Y	
Jefferson	Y	Differs slightly in Disposal of medications
Mt. Angel	Y	
North Marion	Y	Differs slightly in self-medication and Disposal of medications
North Santiam	Y	Sample was used, but more details were added, especially regarding self-medication, disposal of medications, and documentation & records keeping
Salem-Keizer	N	
Silver Falls	Y	Differs slightly in self-medication
St. Paul	Y	Differs slightly in self-medication and Disposal of medications
Woodburn	Y	

2. Did school districts use the American Lung Association of Oregon’s model Asthma Management School Policy?

- None of the schools have a separate Asthma Management policy (covered in Administering Noninjectable Medicines to Students)

3. If not, what resource did the school districts use to develop these policies?

What is the process for each school district to review policies or develop new policies?

School District	Process for Policy Review / Development
Cascade	Proposed policies and revisions are presented in writing. The proposed policy is added to the Board Meeting agenda. A first reading and discussion occurs, a second reading occurs at a second meeting – discussion occurs and a vote is taken.

Gervais	Proposed policies or policy changes or repealing existing policies are presented in writing. The proposed policy is added to the Board Meeting agenda as an information item. Then a first reading and discussion occurs, then a second reading and discussion. A vote is taken after the second reading. (School District uses policy wording suggested by Oregon School Board Association.
Jefferson	Proposed policies are guided by the recommendation of staff and OSBA. Policies may be revised, added to, or amended at a regular meeting of the Board by a majority vote of the members, provided that the proposed changes have been presented in at least one meeting prior to action, and that the community has been informed of the proposed action.
Mt. Angel	A proposed policy update is presented to the superintendent for review. He/she assesses the proposed update, and either reviews the proposal, or presents it to the school board. The school board reviews and discusses the policy and then takes a vote.
North Marion	The basic responsibility for initiating, reviewing, and recommending new policies or policy modification rests with the superintendent. However, new policies or changes in existing policy may be proposed by any Board member, group or organization, staff member, parent, student or other member of the community. Proposed policies are presented to the Board in writing. The proposal is put on the Board Meeting agenda for a first reading and discussion; then a second reading, discussion, and vote.
North Santiam	Proposed policies and revisions are presented in writing to the Superintendent. The proposed policy is added to the Board Meeting agenda. A first reading and discussion occurs, a second reading occurs at a second meeting – discussion occurs and a vote is taken.
Salem-Keizer	Policy development generally occurs at the grassroots level. The new policy or idea is taken to the Executive Cabinet. If the cabinet approves the policy, they take it to the superintendent. The superintendent then takes it to the Board for a first reading and discussion. At the next month's board meeting, action is taken – either by vote without a second reading or having a second reading (when additional info was requested) and then a vote.

Silver Falls	Proposals for new or revised policies can originate from many different people, including parents, students, community members, civic groups, employees, board members, consultants, and the superintendent. After review by the superintendent, the proposal is presented at the Board meeting. There is an announcement and distribution of the proposed or revised policy as an item of information, an opportunity for groups and individuals to react, and then discussion and final action by the Board. The final vote takes place at least two weeks after the policy was first placed on the agenda.
St. Paul	Proposal made and submitted to the School Board. School Board reviews and approves policies
Woodburn	Proposed policies and revisions are presented in writing to the superintendent. The proposed policy is added to the Board Meeting agenda. A first reading and discussion occurs, a second reading occurs at a second meeting – discussion occurs and a vote is taken.

How often do the school districts review their policies?

School District	Process for Policy Review / Development
Cascade	
Gervais	Periodic review. Some policies are reviewed annually. Policies are reviewed and updated when the law changes.
Jefferson	As needed (when laws change or when required by administrative rule)
Mt. Angel	As needed, and when suggestions are made by the OSBA, or when state laws change. The last large review of all policies was in 2004.
North Marion	The District reviews Board policies of concern annually and revises those for which the laws have changed. The District subscribes to the OSBA service that provides policy issues and sample policies as a basis for drafting local policy to assist school districts. An entire policy review was conducted by OSBA about 3 years ago.
North Santiam	As needed (when laws change or when required by administrative rule). The District also subscribes to OSBA and follows their guidance and timelines for policy review.
Salem-Keizer	As needed (when laws change or when required by administrative rule)
Silver Falls	As needed (when laws change or when required by administrative rule)
St. Paul	Policies are reviewed annually and/or whenever a new law comes into effect or when there are changes/additions/edits to a law.
Woodburn	As needed (when laws change or when required by administrative rule) or as stated in policy

SECTION 3.2: ASSESSMENT AND PLANNING

3.2.1 What is the composition of the wellness committees in your county? Complete the following chart for each district wellness committee in your county.

Member	Cascade	Gervais	Jefferson	Mt. Angel	North Marion
Administrator	7	N/A	N/A	2	4
Students	0			0	0
Parents	6			2-3	0
Teachers	5			3	0
Food Service Professionals	1			1	1
Health Professionals	1			0	1
<i>Other (list role)</i>	6 (community members)			1 school board member	1 school board member

	North Santiam	Salem/Keizer	Silver Falls	St. Paul	Woodburn **
Administrator	2	1	1	N/A	Y
Students			0		N
Parents			2		Y
Teachers	12	3	1		Y
Food Service Professionals	1		1		Y
Health Professionals	2		3 (Nurse Consultant, Dental Hygienist, & Physician)		N
<i>Other (list role)</i>	1 (board member)	3 members of the classified union			N

* Re-label columns with the name of each district

** Woodburn School District participates in the “Alliance for a Healthier Generation - Healthy Schools Program”. All four elementary schools and one (out of 2) middle schools are involved. Each school has their own wellness committee, so exact numbers of participants are not listed above.

**Mt Angel has just joined the “Alliance for a Healthier Generation - Healthy Schools Program”. As a result, they will be re-forming their wellness committee in the Fall 2008.

3.2.2 Are representatives of tobacco prevention and chronic disease management included on the committees? If yes, list their names and any information on their position/function. Note any school districts that do not have these representatives on their wellness committee.

- Cascade: Yes (physician)
- Gervais: No committee
- Mt. Angel: No representatives
- North Marion: No representatives
- North Santiam: Included a physician and dietician in policy development phase
- Jefferson: No committee
- Salem-Keizer: No representatives
- Silver Falls: No representatives
- St. Paul: No committee
- Woodburn: No representatives

3.2.3 Are topics other than nutrition and physical activity addressed through the wellness committees? For each school district, check the topics that are addressed by the wellness committee. (It may be helpful to review agendas or minutes from wellness committee meetings)

Topic	Cascade	Gervais	Jefferson	Mt. Angel	North Marion
Tobacco prevention	No	N/A	N/A	No	No
Chronic disease self-management of students	No			No	No
Staff health and wellness	Yes			Yes	Yes
Health education	No			Yes	Yes
<i>Other (list topics)</i>	N/A			N/A	Healthy rewards and fund raising

Topic	North Santiam	Salem/Keizer	Silver Falls	St. Paul	Woodburn
Tobacco prevention	Yes	No	No	N/A	No
Chronic disease self-management of students	Yes	No	Yes		No
Staff health and wellness	No (through HR dept)	Yes	Yes		Yes
Health education	Yes	No	Yes		No

<i>Other (list topics)</i>		Smoking cessation for staff	Dental Hygiene Staff and Community Involvement		N/A
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* Re-label columns with the name of each district

3.2.4 Have the school districts in your county participated in the following surveys and processes? More information on all of the following surveys is available in the Glossary.

Survey or Process	School District	Most recent date of participation
Oregon Health Teens Survey	Cascade	SY 2007-2008
	Gervais	SY 2007-2008
	Jefferson	SY 2007-2008
	Mt. Angel	SY 2007-2008
	North Marion	SY 2007-2008
	North Santiam	SY 2007-2008
	Salem-Keizer	No
	Silver Falls	SY 2007-2008
	St. Paul	~2005-2006
	Woodburn	SY 2007-2008

Survey or Process	School District	Most recent date of participation
School Health Profile Survey	Cascade	No
	Gervais	No
	Jefferson	No
	Mt. Angel	No
	North Marion	No
	North Santiam	No
	Salem-Keizer	No
	Silver Falls	No
	St. Paul	No
	Woodburn	No

Survey or Process	School District	Most recent date of participation
Oregon Elementary Education Survey	Cascade	No
	Gervais	No
	Jefferson	No
	Mt. Angel	No
	North Marion	No
	North Santiam	No
	Salem-Keizer	No
	Silver Falls	No
	St. Paul	No
	Woodburn	No

Survey or Process	School District	Most recent date of participation
Coordinated School Health / Healthy Kids Learn Better	Cascade	No
	Gervais	No
	Jefferson	No
	Mt. Angel	No
	North Marion	No
	North Santiam	No
	Salem-Keizer	No
	Silver Falls	No
	St. Paul	No
	Woodburn	No

Survey or Process	School District	Most recent date of participation
School Health Advisory Council	Cascade	No
	Gervais	No
	Jefferson	No
	Mt. Angel	Yes, members include Superintendent, HS principal, PE teacher, and parents

	North Marion	No
	North Santiam	No
	Salem-Keizer	No
	Silver Falls	No
	St. Paul	No
	Woodburn	SY 2007-2008

Survey or Process	School District	Most recent date of participation
School Health Index	Cascade	No
	Gervais	No
	Jefferson	No
	Mt. Angel	No
	North Marion	No
	North Santiam	No
	Salem-Keizer	No
	Silver Falls	No
	St. Paul	No
	Woodburn	SY 2007-2008

WORKSITES

SECTION 4.1: THE OREGON HEALTHY WORKSITE ASSESSMENT

Your Worksite

4.1.1 Complete the Oregon Healthy Worksites Assessment for your local public health department. The assessment should be completed with someone in upper management (e.g., division director, manager, etc) and another person at the health department that is involved with wellness programming or activities. Allow at least an hour to complete the assessment.

The assessment can be found online at: <http://www.healthoregon.org/worksites/toolkit>
Once completed, print a copy for your use. Attach a copy of the completed assessment.

See Appendix G for the Worksite Assessment and notes.

4.1.2 After completing the assessment, what are your thoughts regarding your work site's current health promotion efforts?

- The assessment was completed for Marion County as a whole. Overall, the assessment is mixed. Marion County seems to have a decent tobacco cessation program, good health benefits from one insurer, and very recent re-instated support from Senior-level management. In addition, Marion County offered health risk appraisals once a year from 1996 to 2006. They are planning to re-instate this program again in 2009 as an annual practice. Although there is some support for health promotion, the assessment revealed that Marion County is lacking in specific policies.
- In the Spring of 2008, the Commissioners approved the creation of a "Safety and Wellness Coordinator" position, with the specific emphasis of creating a wellness and safety program at Marion County. With the Wellness Coordinator's and Advisory Council's guidance, the availability and support of health promotion activities and policies at Marion County is expected to significantly improve over the next few years.

4.1.3 Do the physical, social and cultural environments at your worksite encourage tobacco-free lifestyles, healthy food and beverage choices, and physical activity? How?

- Some physical environments support physical activity, while others do not. For example, at the main health department building the stairs are open and easily accessible so most people use the stairs, while at other county buildings the stairs are closed and off to the side, so they are not used as frequently. There are also some social environments within the County that encourage physical activity and healthy food choices. For example, several co-workers invite each other out for walks during lunch and at break-time. The WIC supervisor has encouraged supervisors to bring healthy food choices to management meetings to share with others. In addition, instead of selling baked goods at a fundraiser, the Safety and Wellness Coordinator brings fruit and veggies to sell. Finally, where in place, the no-smoking signs do keep the environment tobacco-free.

4.1.4 Are there environmental supports for healthy lifestyles at your worksite? If yes, when were they implemented? For example – smokefree entryway signs, signage encouraging people to take the stairs, etc.

- Some entrances to County buildings do not have “no-smoking” signs. The County will have no-smoking signs posted at all entrances by January 1, 2009. The Wellness Strategic Plan will include painting stairways and adding signs, which will provide additional environmental support. This project should be completed by 2010.

Health Benefits

4.1.5 Does the healthcare benefits package include coverage for tobacco cessation? Is the Oregon Tobacco Quit line promoted as a resource for all employees?

- Both of Marion County’s carriers (Kaiser Permanente & ODS Companies) cover tobacco cessation.
 - Kaiser Permanente
 - Offers “Freedom from Tobacco” program
 - \$25 fee for 2-hour counseling visit
 - \$65 for 6-week cessation program
 - \$65 for 1 year telephone counseling services
 - Nicotine Replacement Therapy covered through prescription benefits
 - ODS Companies

- The Plan pays 100% up to \$100, and 50% of expenses over \$100 for completion of a smoking cessation program for employees and their insured dependents. Payment will be made upon completion of the program and six months smoke free.
- Beth Hawk, Marion County Safety and Wellness Coordinator, is currently revising the Wellness Program and may continue to include a tobacco cessation packet as part of the program.

4.1.6 Does the healthcare benefits package include coverage for and promotion of annual screening opportunities to detect cancer, diabetes, hypertension, lipid disorders (e.g., high cholesterol), and obesity? Describe any screening covered and/or promoted.

- Both Kaiser and ODS cover these chronic illnesses (which are subject to the plan's deductibles), with the exception of weight reduction. Both carriers do some online promotion for members who access their website.
 - Cancer screenings
 - Annual pelvic exams / pap tests
 - Annual clinical breast exam
 - Baseline mammogram between 35-39 years of age (ODS only)
 - Annual mammograms after age 40
 - Annual prostate and rectal exams after age 50
 - One sigmoidoscopy every 5 years after age 50
 - One colonoscopy every 10 years after age 50
 - Diabetes
 - Screening through regular exams
 - Diabetes self-management programs
 - Routine blood pressure checks
 - Routine laboratory tests
- Beth Hawk will be doing a lot of promotion in this area for the county.

4.1.7 Does the healthcare benefits package include coverage for and promotion of chronic disease management (including health education materials, medication, and referral to self-management programs)?

- Yes, both carriers target employees with chronic illness and send them communications.
 - Both carriers cover/offer diabetes self-management programs.
 - The ODS plan includes a disease management program that offers education and support to manage a chronic disease or medical condition
 - The Kaiser plan offers chronic disease management programs as well as health education classes and services

- Beth Hawk may be doing this for the county as well through the help of the carriers.

4.1.8 Describe any strategies or policies in place to reach populations experiencing disparities or diverse populations:

- The county doesn't have any specific policies on disparities in relation to benefits. The same health plans are offered to all employees, depending on their bargaining unit.
- As far as diversity, Marion County carriers' websites and customer service lines offer information in Spanish.

4.1.9 Are there internal procedures in place for employees to direct decision making regarding healthcare benefits? Describe procedures, if any.

- Yes, employees receive information at New Employee Orientation and during our 12 open enrollment meetings in November each year. Employees may also contact the benefits staff at any time.

4.1.10 Do healthcare plans and healthcare providers partner with community-based services or programs, such as Weight Watchers, Red Cross, or Living Well? Describe any partnerships.

- Kaiser gives their members discounts to the following fitness centers in Marion County: Courthouse Athletic Club (Salem and Keizer) and Diesel Fitness in Woodburn.
- In 2005-2006, Marion County partnered with Kaiser to offer Living Well Programs.
- Beth Hawk is working on getting discounts to fitness centers for Marion County employees and families

Worksite Wellness Policies



4.1.11 Encourage your Community Health Advisory Council to think about the following worksite wellness policies and environmental supports related to nutrition and physical activity. Do any partners have these policies or supports? How have they been implemented? Consider successes and challenges. You may wish to conduct an informal survey or facilitated discussion during a CHAC meeting.

- Policies eliminating sugar-sweetened beverages in cafeterias and vending machines in their building(s)
- Policies limiting access to energy-dense foods in cafeterias and vending machines in their building(s)
- Policies requiring 75% or more of foods available in vending machines to meet healthy nutrition standards
- Policies eliminating provision of sugar-sweetened beverages and energy-dense foods at organization events, trainings, etc... (aka a "healthy meeting" policy)
- Policies allowing employees to adjust their workday to accommodate physical activity (e.g., flex time for exercise classes)
- Signage encouraging employees to take the stairs
- Facilities supporting employees to walk or bike to work (bike parking, on-site showers, etc)

Policy	Number Partners Implementing Policy	How has the policy been implemented / supported
Eliminating sugar-sweetened beverages in cafeterias and vending machines in their building	2	Committee work and legislation affecting schools
Limiting access to energy-dense foods in cafeterias and vending machines in their building	2	Committee work and legislation affecting schools
Requiring 75% or more of foods available in vending machines to meet healthy nutrition standards	2	Committee work and legislation affecting schools
Eliminating provision of sugar-sweetened beverages and energy-dense foods at organization events, trainings, etc	0	
Allowing employees to adjust their workday to accommodate physical activity	2	
Signage encouraging employees to take the stairs	0	
Facilities supporting employees to walk or bike to work	7	Bike racks available at work location; One member has showers available at facility

4.1.12 (Optional): Assess other public buildings or agencies (e.g., Parks and Recreation, City Hall, County Courthouse, Sheriff’s Office, etc) to determine if they have any of the following wellness policies and environmental supports

related to nutrition and physical activity. List any public buildings you assessed and check all policies that apply. If possible, attach a copy of the policy.

- Policies eliminating sugar-sweetened beverages in cafeterias and vending machines in their building(s)
- Policies limiting access to energy-dense foods in cafeterias and vending machines in their building(s)
- Policies requiring 75% or more of foods available in vending machines to meet healthy nutrition standards
- Policies eliminating provision of sugar-sweetened beverages and energy-dense foods at organization events, trainings, etc... (aka a "healthy meeting" policy)
- Policies allowing employees to adjust their workday to accommodate physical activity (e.g., flex time for exercise classes)
- Signage encouraging employees to take the stairs
- Facilities supporting employees to walk or bike to work (bike parking, on-site showers, etc)

Public Building	Sugar-Sweetened Beverages	Energy-Dense Foods	Vending Machines	Healthy Meetings

HEALTH SYSTEMS

SECTION 5.1: SMOKEFREE HOSPITALS

5.1.1 Identify all hospitals and large (multi-provider) clinics in your county:

Hospital / Clinics	Location
Chemawa Health Center	Salem
The Doctor's Clinic	Salem
Salem Hospital	Salem
Santiam Hospital	Stayton
Silverton Hospital	Silverton
Childhood Health Associates of Salem	Salem
Oregon State Penitentiary Hospital	Salem
Oregon State Hospital	Salem
Salem Clinic	Salem
Salem Pediatric Clinic	Salem
Tukwila Center for Health and Medicine	Woodburn
Wellspring Medical Center	Woodburn
Woodburn Medical Clinic	Woodburn
Woodburn Pediatric Clinic	Woodburn

5.1.2 Identify any Federally Qualified Health Centers in your county:

There are two FQHC agencies in Marion County: Yakima Valley Farm Workers Clinic and Northwest Human Services.

Yakima Valley Farm Workers Clinic includes:

- 1) Lancaster Family Health Center, Salem OR
- 2) Salud Medical Center, Woodburn OR

Northwest Human Services includes:

- 1) Northwest Human Services West Salem Clinic
- 2) Northwest Human Services Total Health Community Clinic

5.1.3 Determine which of these facilities or campuses already have smokefree or tobacco-free policies. Review any information your TPEP coordinator already has on record. Review the 2007 Step Up! map of hospitals with smokefree campus policies. Note that DHS and the Oregon Association of Hospitals and Health Systems are also working to collect these policies statewide and are in the process of

updating the map. TPEP coordinators will be notified when the 2008 map is available. Cross-reference your information with the map to develop a complete list of smokefree hospital campus policies in your county.

- Salem Hospital and Silverton Hospital have comprehensive tobacco-free policies. Santiam Hospital is gearing up to implement a comprehensive tobacco-free policy. They will kick off the policy on the “Great American Smoke-Out” day (Nov 2008).

5.1.4 For hospitals that do NOT have a smokefree or tobacco-free policy, describe their attitudes towards becoming tobacco -free and any barriers or challenges (if known). Consider the following:

- Previous efforts to go tobacco-free have already been made or are underway
- Perceived legal issues (regulations, union contracts, or other contracts)
- Attitudes (for example, CEO is a smoker)
- Other barriers a hospital may have

Please note particular hospitals that were not included in the county’s TPEP plan.

- N/A

5.1.5 Highlight the plan of action for tobacco-free hospital campuses found in your county’s TPEP work plan. Discuss potential points of collaboration between TPEP and TROCD. How can you leverage existing resources?

- Since Salem and Silverton Hospitals have already implemented comprehensive tobacco-free policies, the TPEP team has met with key leaders at each hospital to learn about their experience and gather helpful hints to share with other hospitals through the TPEP network. The key leaders have been invited to participate in other tobacco-free task forces around the community. A key leader from Silverton Hospital also sits on the CHAC.
- The next step with Santiam Hospital will be to provide technical assistance as they prepare for implementation of their comprehensive policy in November 2008. TPEP staff will be the lead on technical assistance.
- Salud Medical Center – a FQHC in Marion County – is a community partner in the TROCD project. The center does not currently have a tobacco-free policy in place. Therefore, the TPEP staff and TROCD community partner will work together to determine the next steps for developing and implementing a tobacco-free policy at Salud Medical Center. Once the policy is in place we will offer to assist the other FQHC agencies in developing and implementing comprehensive tobacco-free policies.

SECTION 5.2: CESSATION

Discuss previous and ongoing cessation efforts, including those that have promoted the Quit Line in your county, with your TPEP coordinator.

5.2.1 List any behavior modification-based tobacco cessation services that are available in your county.

PROGRAMS

Freedom from Tobacco

Kaiser Permanente
Skyline Medical Office
5125 Skyline Rd. S.
Salem, OR 97306
1-866-301-3866 extension 2

Services Offered: Open to both Kaiser members and non-members. Options are a 2-hour time appointment, a 6-week session, or telephone counseling for one year. Services and prices are current as of August 2008, but services offered and prices may change. Call the above number for more information.

Cost: 2-hour appointment- \$25 Kaiser members, \$45 non-members, 6-week session- \$65 Kaiser members, \$125 non-members, telephone counseling services- \$65 Kaiser members, \$205 non-members.

Fresh Start

Salem Hospital
665 Winter Street SE
Salem, OR 97301
(503) 561-5138

Contact: Patty Davey

Services Offered: Provides quitting strategies, how to handle cravings, stress management, healthy living for you and your children, and more.

Cost: \$20/person for four 1-hour classes

Nicotine Anonymous

First Congregational Church
700 Marion St. NE (2nd Floor)
Salem, OR 97301
(877) 879-6422

Contact: Dave (503) 507-7949 or Marvin (503) 851-6055

www.nicotine-anonymous.org

Meets Monday evenings at 6pm

Services Offered: Nicotine Anonymous is a Non-Profit 12 Step Fellowship of men and women helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is

to help all those who would like to cease using tobacco and nicotine products in any form. The Fellowship offers group support and recovery using the 12 Steps as adapted from Alcoholics Anonymous to achieve abstinence from nicotine.

Cost: Free

Wellspring Integrative Medicine Medical Center

1475 Mount Hood Ave

Woodburn, OR 97071

(971) 983-5250

wellspringmedicalcenter.com

Services Offered: Treatment is developed by individualized assessments.

Cost: \$348 that can be billed to insurance. For OHP, only Marion-Polk is accepted.

RESOURCES

American Cancer Society

www.cancer.org

http://www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp?from=fast

1-800-227-2345

Services Offered: Guide to quitting smoking resources

Freeclear.com

Freeclear.com

1-866-QUIT-4-LIFE (784-8454)

Services Offered: Phone-based cognitive behavioral coaching for tobacco cessation.

Cost: When the above number is called the operator helps decide what services are needed. If the person has health insurance the cost is based on their specific insurances based on co-pays, deductibles, etc. If the person is without insurance, and goes through the state, there is no charge for services.

Freedom From Smoking Online

American Lung Association

<http://www.lungusa.org/site/apps/kb/home/login.asp?c=dvLUK9O0E&b=38973&m>

Services Offered: Counseling, stress management/relaxation techniques, coping strategies, physical and psychological recovery symptoms, and long-term maintenance strategies.

Cost: Free

Oregon Quitline

1-800-QUIT-NOW (1-800-784-8669) or

1-877-2NO FUME (1-877-266-3863) (SPANISH)

<http://www.oregon.gov/DHS/ph/tobacco/oregonquitline.shtml>

Services Offered: Quitting information, one-on-one telephone counseling, and referrals.

Cost: Free

Smokefree.gov

Smokefree.gov

Services Offered: Educational resources, counseling services, and current research information.

Cost: Free

5.2.2 Are any of these programs offered in other languages or targeted for specific populations?

- Nicotine anonymous groups are welcome to converse in whatever language suits them depending on who starts the group and what the needs are. The Oregon Quit Line also offers services in both English and Spanish. Freedom From Smoking Online offers information on their website in both English and Spanish. At this time, none of the other programs are offered in a language other than English.
- None of the programs or resources are targeted at specific populations.

5.2.3 Do any of these cessation programs provide free or low-cost pharmacological quitting aids for participants?

- The Fresh Start Program offers free pharmacological quitting aids to people on Oregon Health Plan (Marion Polk County Plan).
- Freedom From Tobacco and Wellspring Integrative Medicine Medical Center offer pharmacological quitting aids, but there is a cost involved.
- The Oregon Quit Line offers free NRT to those with financial need

5.2.4 Consider mental health services in your county: are there any on-going efforts to connect mental health with primary care series, prevention initiatives, or community-based services? Have any assessments on mental health issues, particularly as they relate to tobacco use, been conducted in your county?

- Trained mental health specialists offer a tobacco cessation class for clients of the “Skills Enhancement and Training Program”. The STEP program focuses primarily on tobacco awareness, the reasons people smoke, and why people with mental health problems have more problems with smoking than the general public. Once the portion of the program on awareness is complete the focus then switches to how to quit smoking and links participants to supportive resources.
- TPEP staff will meet with the behavioral health management team to determine the best ways to promote tobacco cessation in the seriously mentally ill. It is

possible that a tailored 5 As training will be offered to all behavioral health supervisors and staff within the upcoming year.

With your TPEP coordinator, review the most recent quarterly report on calls to the Quit Line.

5.2.5 In the most recent quarter, how many calls to the Quit Line came from your county?

- For the quarter of April to June 2008 there were 96 calls to the Quit Line from Marion County.

5.2.6 Of those callers, how many had heard about the Quit Line from their health care provider?

Of the 96 callers, 18 were referred from a Health Care Provider. A complete list of referral sources is provided below.

Referral Source	Number of Callers
Brochure / Newsletter / Flyer	11
Cigarette Pack	1
Community Organization	8
Employer / Worksite	1
Family / Friend	18
Health Care Provider	18
Health Department	1
Health Insurance	3
Health Professional	14
Newspaper / Magazine	1
Past Caller	11
Re-enrollment	6
TV / Commercial	15
Website	1
Does Not Remember	1
Other	4

5.2.7 Provide available demographic information on callers to the Quit Line from your county: age, race/ethnicity, gender, education levels.

Age of Quit Line Callers	Number of Callers
18-24	14
25-30	18
31-40	17
41-50	26

51-60	13
61-70	5
71-80	2
Refused	1

Race / Ethnicity of Quit Line Callers	Number of Callers
White	81
African American	2
Pacific Islander	3
Alaskan Native	4
Other	4
Refused	2
Hispanic	3
Non-Hispanic	91
Refused	2

Gender Quit Line Callers	Number of Callers
Male	34
Female	62

Education Level of Quit Line Callers	Number of Callers
Less than 9 th Grade	5
9 th -11 th Grade	25
GED	11
High School Diploma	19
Some College / University	29
College Degree	6
Refused / Did Not Answer	1