



Marion-Polk Community Health Profile (2018)

Background

This profile is one of four parts of the new 2018 Community Health Assessment (CHA) for Marion and Polk County. It builds upon our previous CHA and provides an opportunity to have a conversation about health. Our community uses the *Mobilization for Action through Planning and Partnerships* (MAPP) framework, which is a collaborative process that uses the CHA to identify and target areas for improvement, which are addressed in a Community Health Improvement Plan (CHIP). This document uses the most up to date demographic, socioeconomic, and health indicator data available. Indicators with a star (★) are of special importance as they represent areas where improvement would have a substantial impact on the health and quality of life of community members. For more information please visit:

<http://www.co.marion.or.us/HLT>

(↑↓) indicates that trend is increasing or decreasing, (▬) indicates a stable trend
green indicates trend is in desired direction, red indicates that trend is worsening



Key Findings for our Community (Marion & Polk County)

Compared to Oregon our Community has....

- A younger population, under the age of 25
- A higher percent who identify as Hispanic or Latina(o)
- A higher percent of households where a language other than English is spoken
 - Spanish, Asian/Pacific Islander languages, and Russian most common after English
- Higher poverty rates, especially among children
- Lower educational achievement
- Fewer primary and mental health care providers relative to our population size

Top Five Causes of Death

- 1) Cancer
- 2) Heart Disease
- 3) Unintentional Injuries(falls, accidents, etc.)
- 4) Stroke
- 5) Chronic Lower Respiratory Disease (emphysema, etc.)

Top Five Most Common Chronic Conditions

- 1) Depression
- 2) Disability
- 3) Arthritis
- 4) Asthma (current)
- 5) Diabetes

What's Changing in our Community....

Getting Better

- Child Vaccination Rate
- More people have Health Insurance
- Prenatal Care Access

Getting Worse

- Sexually Transmitted Infections
- Housing Availability/Affordability
- Access/Affordability of Healthy Foods

Modifiable Health Behaviors Affecting Local Health

- Tobacco Use • Diet & Exercise • Sexual Activity • Alcohol & Drug Use

Demographics

Background: Demographics are concerned with determining who lives in a community at any given time. About 424,982 people live in Marion and Polk combined as of 2017, which is roughly 10% of the state population.¹ Of those, it is estimated that 341,286 people live in Marion and 83,696 live in Polk. Since 2010, the population has increased by 8% for Marion and 11% for Polk. Most of the population lives in the larger urban centers, but approximately 34% of community members in Marion and 16% in Polk, live in smaller cities or unincorporated land.

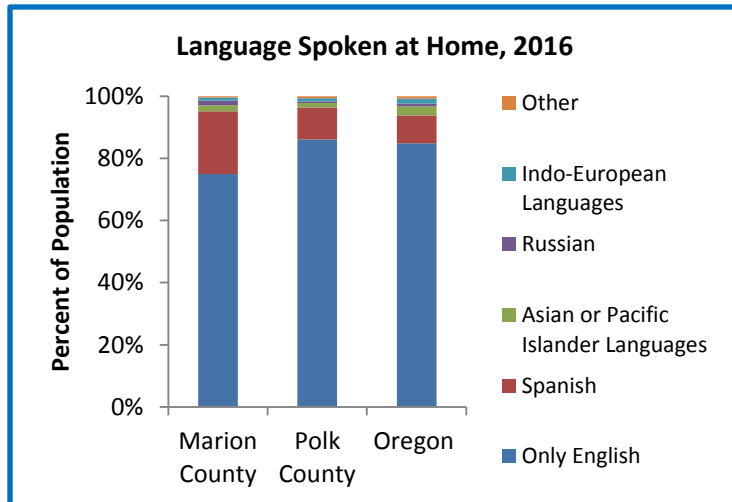
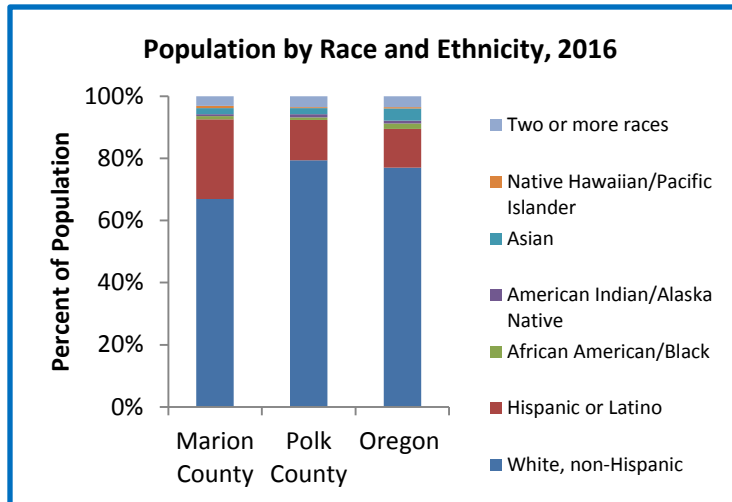
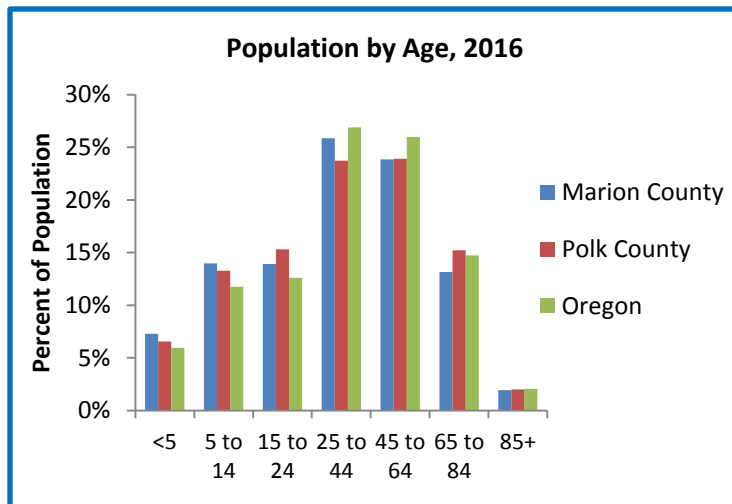
Age – Age is an important predictor of overall health; people of different ages experience different health issues. In our community, a higher percent of members are younger, under the age of 25, compared to the state.

Race/Ethnicity – People of various race and ethnicities have different life experiences, which put them at greater or reduced risk of disease. The majority of community members identify as White, non-Hispanic/Latina(o), with the second largest group identifying as Hispanic or Latina(o). Marion has a larger percent of people who identify as Hispanic or Latino than Polk and the state. Marion also has a larger percent of people who identify as Native Hawaiian/Pacific Islander than Polk and the state. Other races and ethnicities are not as well represented in our community compared to Oregon, however growth among these groups has been increasing in recent years.

Language – Difficulty reading, speaking, or understanding English can create barriers to accessing the health care system and local services. A larger percent of community members speak a language other than English in Marion (25%), compared to Polk (14%) and the state (15%). Spanish is the second most common language spoken at home in our community, followed by Asian or Pacific Islander languages, and Russian.

Veterans – Those who've served in our armed forces have different exposures than those who haven't, which can put them at greater risk of disease and disability. About 10% of community members are veterans, of which most served in Vietnam or the Gulf War.

People with Disabilities – People who are living with disabilities can experience challenges completing daily activities. About 15% of community members have physical, mental, or emotional problems that limit their activity, which is similar to the state.



References/Notes

1. United States Census. American Community Survey. 2012-2016

Socioeconomics, Quality of Life, Built Environment

Background: Socioeconomics, a high quality of life, and the human made built environment all support healthy living in a community. A strong economy with good paying jobs allows people to more readily access and use health care, pay for housing and services, and lead a healthy lifestyle. Human made structures such as supermarkets, parks, homes, sidewalks, bike lanes, and roads, all play a role in the health and quality of life for community members.

Poverty – The amount of financial resources available in a household is key to the health of its members and can indicate reliance on public assistance, such as health insurance (Medicaid), or food benefits. A higher percent of people live in poverty in Marion than Polk and the state. About one in four children live below the federal poverty level in Marion, which is also worse than Polk and the state. Poverty rates have been decreasing in all regions in recent years, likely due to improving economic conditions.

Education(★) – A strong education protects against poverty and has long been the gateway to financial success. Locally, a lower percent of adults in Marion have at least a high school diploma or GED than Polk and the state. In recent years, a higher percent of community members have been completing high school or earning their GED. Our community lags behind the state in 3rd grade reading proficiency, which is especially low in Marion, as only one in three 3rd graders are proficient readers, which is lower than Polk and the state.

Housing – A safe and structurally sound home living environment is essential to the health and well being of community members. In our community, about one in five housing units has one or more substandard conditions[^], which has been getting worse in recent years. Over half of renters in our community pay more than 30% of their household income on rent and utilities, which has also been increasing. Vacancy rates in our community are also very low, as only about one in 20 rental units are available for rent at any given time. The rate of homelessness has been increasing as well, as there are now 1,218 community members who are homeless.

Food Environment (★) – Access and affordability of healthy foods is critical to the health of a community. Locally, nearly half of the people in Marion, and one in five people in Polk, find themselves living in a food desert*. Additionally, about one in four children in our community experienced food insecurity in the last year by having limited or uncertain availability of nutritionally adequate foods.

Indicator	Geographical Region		
	Marion	Polk	Oregon
Total Poverty (% of population in poverty) ¹	↓ 17%	↓ 16%	↓ 16%
Child Poverty (% of children in poverty) ¹	↓ 25%	↓ 17%	↓ 20%
High School/GED Completion (% over age 25 with at least high school diploma/GED) ¹	↑ 85%	↑ 91%	↑ 90%
Third Grade Reading Proficiency (% of third graders who are proficient readers) ²	33%	45%	57%
Substandard Housing Conditions [^] (% of owner and renter occupied housing units) ¹	↑ 22%	↑ 20%	↑ 20%
Renter Burden (% of renters that pay more than 30% of income on rent/utilities) ³	↑ 53%	↑ 56%	↑ 54%
Rental Vacancy Rate (% of unoccupied rentals) ¹	↓ 4%	↓ 3%	↓ 4%
Homelessness (Number of people who are homeless) ⁴	↑ 995	↑ 223	↑ 13,953
Food Deserts* (% of population in food desert census tract) ⁵	↑ 41%	↑ 18%	-
Child Food Insecurity (% of children that experienced food insecurity) ⁶	↓ 23%	↓ 22%	↓ 23%

References/Notes

1. US Census Bureau. American Community Survey. 2012-2016.
2. Kids Count Data Center. 3rd grade reading proficiency. 2015-2016.
3. Portland State Population Research Center. Housing, Social, Economic Profile. 2011-2015.
4. Community Resource Program. Homeless Count. 2018.
5. USDA. Food Access Research Atlas. 2015.
6. Feeding America. Child Food Insecurity. 2015.

[^] - At least one of the following: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities

* - Food desert: census tract identified as both low-income and low-access to a supermarket.

★ = Key indicator

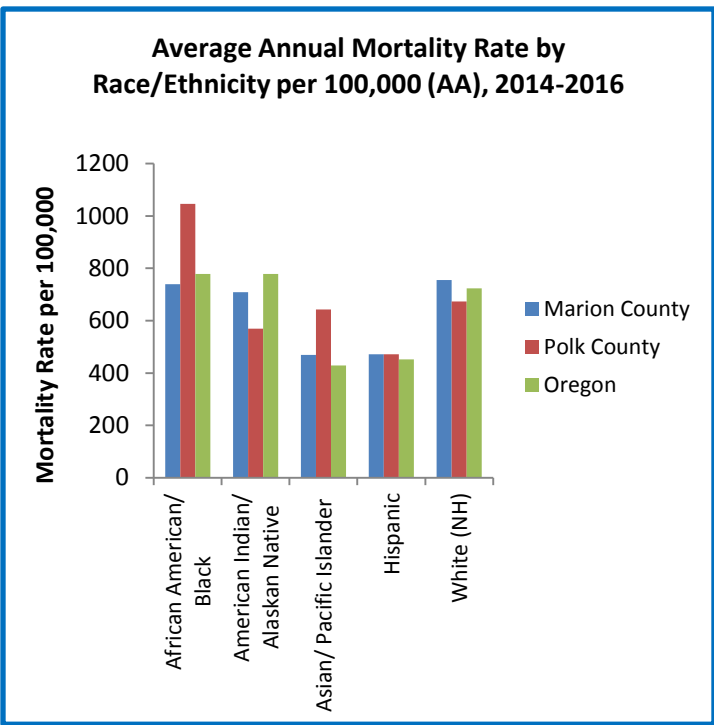
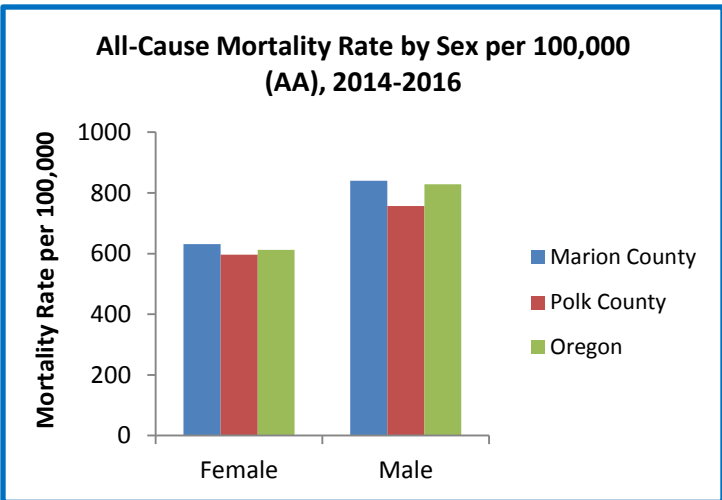
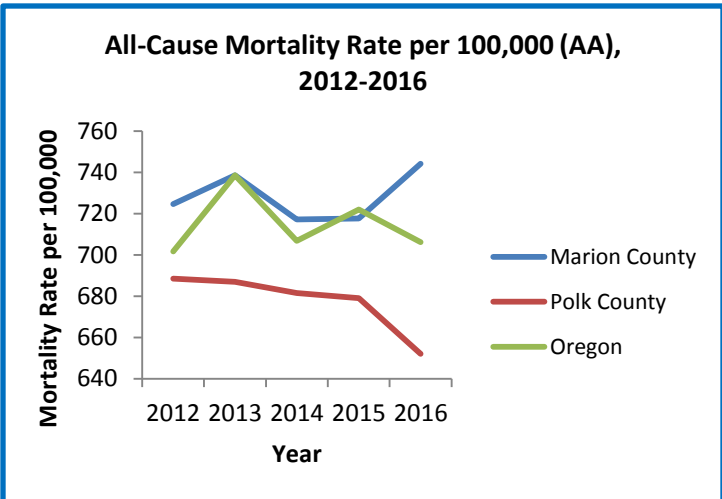
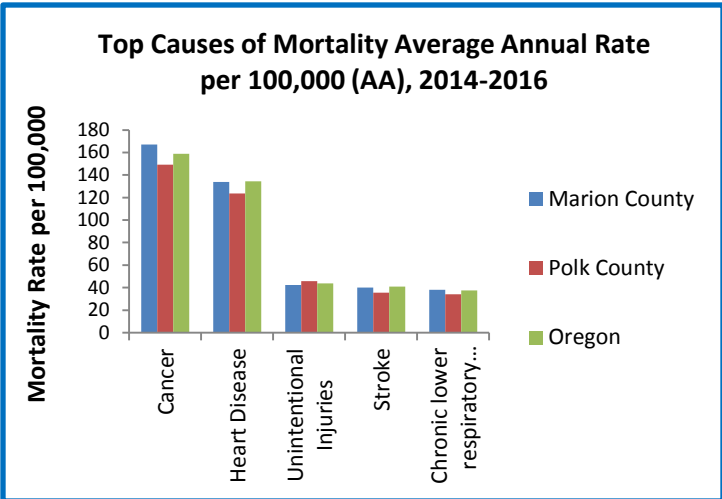
Mortality

Background: Mortality is an important health indicator that describes who is dying and from what cause in our community, which helps inform where prevention activities should be focused. The leading causes of death in our community are cancer, heart disease, unintentional injuries[^], stroke, and chronic lower respiratory disease*.¹

Overall Mortality – In 2016, 3,526 people died in our community, with 2,846 deaths occurring in Marion, and 680 deaths in Polk. Overall mortality rates are higher in Marion than Polk and Oregon. The annual mortality rate has been increasing in Marion, but decreasing in Polk in recent years. If premature death before the age of 75 was prevented in 2016, 21,333 years of life would have been added in Marion and 4,974 years of life would have been added in Polk.

Sex – In our community and Oregon, the death rate for males is about 33% higher than females. The average life expectancy of a male in Marion is 76 years compared to 78 years in Polk. For females, the average life expectancy is 81 years in Marion and 82 years in Polk.

Race/Ethnicity – In our community, White (non-Hispanics), African Americans/Blacks, and American Indians/Alaskan Natives die at higher rates than Asians/Pacific Islanders and Hispanics. Notably, the mortality rate of African American/Blacks and Asian/Pacific Islanders is considerably higher in Polk compared to Marion and the state. In Marion, American Indian/Alaskan Natives have a markedly higher mortality rate than Polk, but is lower than the state.



References/Notes

- Oregon Health Authority. Oregon Public Health Assessment Tool: Mortality. 2014-2016. (Viewed 5/14/2018)
- [^] - Unintentional injuries: motor vehicle/transport accidents, falls, accidental firearm discharge, poisoning, drowning, smoke/fire exposure, and other accidents
- * - Chronic lower respiratory diseases: bronchitis, emphysema, and asthma
- AA = Age-adjusted NH = Non-Hispanic

Chronic Disease

Background: Chronic disease is responsible for seven out of every 10 deaths and accounts for 86% of the nation's health care costs each year.¹ It includes all of the diseases that are long term and are not typically transmissible from person to person. Addressing causes of chronic disease will greatly increase the quantity and quality of life in our community, along with reducing cost and burden to the local health care system.

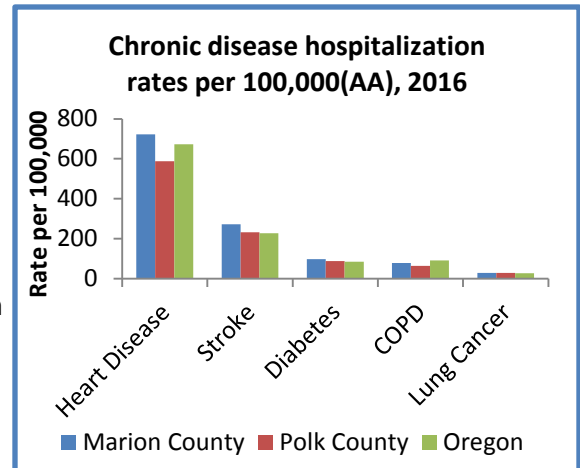
Heart Disease (★) – Heart disease* is the second leading cause of death and number one cause of chronic disease hospitalization in our community.^{2,3} In 2016, there were more heart disease related hospitalizations in Marion than Polk and Oregon.³ High blood pressure, a risk factor for heart disease, has been diagnosed in nearly a third of community members and has been increasing in recent years. Marion has a slightly higher percent of adults living with heart disease than Polk, but is similar to the state.

Stroke (★) – Stroke is related to heart disease, but occurs in the brain as opposed to the heart. It is the fourth leading cause of death and is one of the most common causes of chronic disease hospitalization in our community.^{2,3} The stroke mortality rate has been increasing in both Marion and Polk in recent years and a slightly higher percent of people in Polk have had a stroke than Marion or Oregon.

Diabetes (★) – Diabetes is caused when blood sugar levels are too high due to a lack of insulin production, which can lead to serious health problems. About one out of every 10 adults has been diagnosed with diabetes in Marion, which is slightly higher than the state and Polk. Diabetes is also the fourth highest cause of chronic disease hospitalization and the sixth most common cause of death in our community, which has been increasing in recent years.^{2,3}

COPD (★) – Chronic obstructive pulmonary disease (COPD), which includes bronchitis, emphysema, and asthma, is a leading cause of death and hospitalization in our community.^{2,3} About 1 out of every 20 adults in our community has COPD, which is similar to the state, and Marion has a slightly higher percent of adults with COPD than Polk.

Lung Cancer (★) – Lung cancer is the most common cause of cancer related death in our community.² The rate of new lung cancer cases being diagnosed each year is higher in Marion than Polk and Oregon, however these rates have been stable in our community.



References/Notes

1. Department of Health & Human Services. CDC. 2018.
2. Oregon Health Authority. Oregon Public Health Assessment Tool: Mortality. 2014-2016.
3. Oregon Health Authority. Chronic Disease Data: Hospitalizations. 2016
4. Oregon Health Authority. Behavioral Risk Factor Surveillance System. 2012-2015.
5. National Cancer Institute. State Cancer Profiles. 2011-2015.

Note: All values have been adjusted for age for comparability between regions, adults are 18 years old or older
 AA = Age-adjusted
 ^ - Coronary heart disease or angina
 * - Includes heart attack
 ★ = Key Indicator

Indicator	Geographical Region		
	Marion	Polk	Oregon
Heart Disease^ (% of adults with heart disease) ⁴	≡ 4%	↑ 3%	≡ 4%
High Blood Pressure (% of adults) ⁴	↑ 33%	↑ 30%	≡ 28%
Stroke (% of adults who've had a stroke) ⁴	≡ 3%	↑ 4%	≡ 3%
Diabetes (% of adults with diabetes) ⁴	↑ 10%	↑ 8%	↑ 9%
COPD (% of adults with COPD) ⁴	↑ 6%	↑ 4%	≡ 6%
Lung Cancer(# of new lung cancer cases per 100,000) ⁵	≡ 64	≡ 54	↓ 56

Health Behaviors

Background: Health behaviors are actions that we take that can increase or decrease our risk of developing disease.

Obesity (★) – Obesity is important because it negatively affects virtually every system in the human body and has been linked to chronic diseases such as diabetes, heart disease, and high blood pressure.¹ Over one third of adult community members are obese, which is greater than the state as a whole and is not currently meeting the Healthy People 2020 goal. A higher percent of teens are obese in Marion than Polk and the state, which is also in excess of the Healthy People 2020 (HP 2020) goal. (*HP 2020 is a set of national benchmarks for improving health.*)

Physical Activity – Engaging in regular physical activity can prevent people from developing chronic diseases and helps promote a high quality of life. A higher percent of adults in Polk are meeting physical activity recommendations for aerobic and muscle strengthening activities than Marion and the state. Our community is currently meeting the HP 2020 goal for physical activity.

Cigarette Smoking (★) – Cigarette smoking is a major cause of cancer, chronic respiratory disease, and heart disease; all of which are major sources of early death.¹ A higher percent of adults in Marion and Oregon smoke cigarettes than Polk. Neither our community or the state are currently meeting the HP 2020 goal for cigarette smoking. A similar percent of teens report smoking cigarettes in our community during the last month as the state. Our community is currently meeting the HP 2020 goal for teen cigarette smoking.

Alcohol Use – The use of alcohol is associated with liver disease, cancer, and a higher risk of being involved in serious accidents.¹ A smaller percent of community members engaged in binge drinking in the last month than the state as a whole; all regions are currently meeting the HP 2020 goal. Nearly a third of teens report drinking alcohol in the last 30 days in our community and no region has so far met the HP 2020 goal for teen drinking.

Marijuana Use – The use of marijuana can damage the respiratory system and impact the developing brain in youth causing cognitive problems in later life.¹ Since marijuana use was legalized, there has been an increase in teen consumption. Nearly one in five teens report using marijuana in the last month in our community, which is similar to the State. So far no region has met the HP 2020 goal for marijuana use.

Indicator	Geographical Region			HP 2020
	Marion	Polk	Oregon	
Obesity (Age-adjusted % of adults) ²	↑ 34%	↑ 33%	↑ 27%	31%
Teen Obesity (% of 11 th graders) ³	19%	14%	14%	16%
Physical Activity [^] (Age-adjusted % of adults) ²	↑ 22%	↑ 30%	↓ 24%	20%
Cigarette Smoking* (Age-adjusted % of adults) ²	↓ 17%	↓ 14%	↓ 18%	12%
Teen Cigarette Smoking [†] (%) ³	7%	7%	8%	16%
Binge Drinking ^a (Age-adjusted % of adults) ²	↓ 15%	↓ 15%	= 18%	24%
Teen Alcohol Use ^b (%) ³	27%	31%	30%	14%
Marijuana Use ^c (% of teens) ³	18%	23%	19%	6%

References/Notes

1. Department of Health & Human Services. CDC. 2018.
2. Oregon Health Authority. Behavioral Risk Factor Surveillance System. 2012-2015.
3. Oregon Health Authority. Student Wellness Survey. 2016.

HP 2020 = Healthy People 2020

[^] = Meets CDC guidelines for both aerobic and muscle strengthening activities

* = Current cigarette smoker

[†] = Percent of 11th graders who smoked cigarettes in the last 30 days

^a = Binge drinking is five or more drinks for men, or four or more drinks for women on one occasion

^b = Percent of 11th graders who drank alcohol in the last 30 days

^c = Percent of 11th graders who used marijuana in last 30 days

★ = Key Indicator

Environmental Health

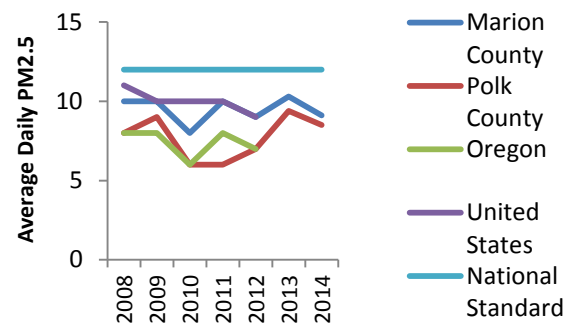
Background: The health of the environment affects our entire community. It is all of the physical, chemical, and biological factors that are external to a person.

Drinking Water – Safe, high quality drinking water is essential to the health of a community. A higher percent of water systems in Marion are meeting health standards than Polk, but both have a lower percent meeting than the state. For a water system to meet these standards, it must operate below maximum contaminant levels, use treatment techniques, monitor, and adhere to reporting requirements. Water systems that fail to meet these standards typically serve smaller populations.

Air Quality – Poor air quality is associated with cancer, premature death, and long-term damage to respiratory and cardiovascular systems. The quality of the air in our community is determined in part by the daily average of particulate matter that is small enough to enter and harm the lungs and airways. The daily average for this type of particulate matter is slightly higher in Marion than Polk and Oregon, but all regions are meeting national standards.²

Secondhand Smoke – Exposure to secondhand smoke affects indoor air quality and can cause heart disease, lung cancer, and stroke.³ About one in five adults was exposed to secondhand smoke indoors for at least one or more hours per week in our community, which is similar to the state.

Average Daily Particulate Matter in Micrograms per Cubic Meter (PM2.5), 2008-2014



Indicator	Geographical Region		
	Marion	Polk	Oregon
Drinking Water (% of water systems meeting health standards) ¹	85%	75%	89%
Secondhand Smoke (Age-adjusted % of adults exposed to secondhand smoke indoors for one or more hours per week) ³	22%	20%	20%

References/Notes

1. Environmental Protection Agency. Safe Drinking Water Information System (SDWIS). 2016.
2. Centers for Disease Control & Prevention. National Environmental Public Health Tracking Network. 2008 – 2014.
3. Department of Health & Human Services. CDC. 2018.
4. Oregon Health Authority. Adult Behavioral Risk Factor Surveillance System: Risk Factors, 2010 – 2013.

Maternal, Infant, & Child Health

Background: Improving the well-being of mothers, infants, and children is critical to ensuring the health of the next generation. Determining the needs of this group can help predict challenges to families, communities, and the health care system.

Birth Rate – The birth rate in our community has remained stable over the last five years. In Marion, the birth rate is higher than Polk and the state.

Infant Mortality – The infant mortality rate* is higher in Polk than Marion and Oregon. Polk has been experiencing a recent increase in infant mortality over the last five years and is not meeting the Healthy People 2020 goal (HP 2020).

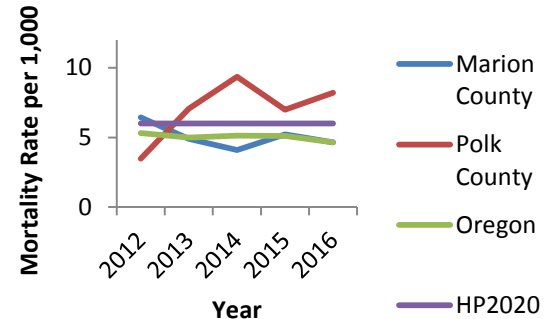
Child Vaccinations(★) – Vaccinating children helps to prevent the development and spread of disease in our community. A higher percent of children are fully vaccinated^ in Marion than Polk and the state; however none have met the HP 2020 goal. Child vaccination rates have been increasing in all regions in recent years.

Low Birth Weight – Infants who are born with a low birth weight are more likely to have health problems than infants born at a healthy weight.² About one in twenty women in our community gave birth to an infant with low birth weight. Our community is currently meeting the HP 2020 goal for low birth weight infants.

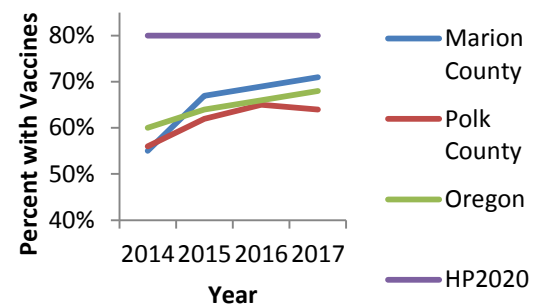
Prenatal Care – Accessing prenatal care early can help to ensure a healthy mother and infant. Just over three quarters of pregnant women access prenatal care in the first trimester in our community. A smaller percent of women in Marion access prenatal care in the first trimester than Polk and the state and is not currently meeting the HP 2020 goal. The percent of women accessing prenatal care in the first trimester has been increasing in recent years.

Tobacco Use During Pregnancy – The use of tobacco during pregnancy increases the risk of pre-term birth and other complications which can put the mother and infant at risk.² About one in ten women smoked tobacco during their pregnancies in our community. A smaller percent of women are smoking during pregnancy than in previous years, but our community is still falling short of the HP 2020 goal.

Infant mortality rate per 1,000 live born infants under one year of age, 2012-2016



Percent of children 24 to 35 months with up-to-date vaccines, 2014-2017



References/Notes

1. Oregon Health Authority. Oregon Public Health Assessment Tool: Fertility. 2016.
2. Department of Health & Human Services. CDC. 2018.
3. Oregon Health Authority. Oregon Public Health Assessment Tool: Birth Risk Factors. 2016.
4. Oregon Health Authority. ALERT. 2017.

^ = Infant received 4 doses DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of HiB, 3 doses HepB, 1 dose Varicella, and 4 doses PCV

* = Number of deaths of live born infants before one year of age per 1,000 total live born infants

† = Low birth weight is defined as less than 2500g at birth

HP2020 = Healthy People 2020 goal

★ = Key Indicator

Indicator	Geographical Region			HP 2020
	Marion	Polk	Oregon	
Birth Rate (# of live births per 1,000 women ages 15-44) ¹	69	59	57	-
Low Birth Weight Infants† (% of infants, lower is better) ²	6%	6%	7%	8%
Prenatal Care (% of mothers receiving care in first trimester) ²	75%	80%	80%	78%
Tobacco Use (% of mothers who smoked during pregnancy) ²	8%	10%	10%	1%

Infectious Disease

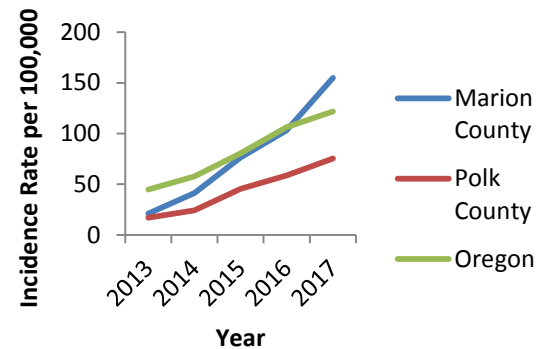
Background: Infectious diseases are different from chronic diseases in that they can be passed from person to person, animals to people, or from the environment, and can be either bacterial, viral, parasitic, or fungal in nature. Globally, infectious disease mortality has been decreasing in large part due to vaccinations and advances in sanitation.¹ However, both locally and more broadly, there has been a recent increase in infectious disease rates, particularly for sexually transmitted infections.

Chlamydia – Monitoring and curing chlamydia infections is important because if left untreated it can cause infertility and other health problems in women.¹ Last year in Marion, there was a higher rate of new chlamydia infections than Polk and the state. These rates have been gradually increasing over the last five years in Marion and the state.

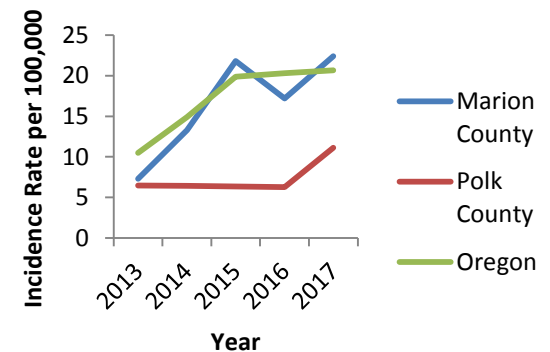
Gonorrhea – It's important to identify and treat gonorrhea cases early, as this infection can lead to infertility in men and women. Additionally, when a person has gonorrhea they are more susceptible to HIV infection.¹ Since 2013, gonorrhea rates have increased by over six fold in Marion and over three fold in Polk. Rates are higher in Marion than the Polk and the state.

Syphilis – Syphilis disease occurs in stages and represents serious risk to those infected. Pregnant women can transmit the infection to their infant, which can cause still birth or other significant health problems.¹ Compared to 2013, there were over two times more new syphilis cases diagnosed in 2017 in Marion and over 70% more cases in Polk. Syphilis rates are lower in Polk than Marion and the state.

Gonorrhea incidence rate per 100,000, 2013-2017



Syphilis (All-stages) incidence rate per 100,000, 2013-2017



Sexually Transmitted Infection	Geographical Region								
	Marion			Polk			Oregon		
Year (2013 Vs. 2017 = % Change)	2013	2017	Percent Change	2013	2017	Percent Change	2013	2017	Percent Change
Chlamydia Incidence Rate (# of new cases per 100,000 people) ²	423	492	17% ↑	357	331	7% ↓	364	452	24% ↑
Gonorrhea Incidence Rate (# of new cases per 100,000 people) ²	21	155	635% ↑	17	75	346% ↑	45	122	172% ↑
Syphilis Incidence Rate (# of new cases per 100,000 people)(All-stages) ²	7	22	207% ↑	7	11	71% ↑	11	21	97% ↑

References/Notes

1. Department of Health & Human Services. CDC. 2018.
2. Oregon Health Authority. Oregon Public Health Epidemiologists' User System (ORPHEUS). 2013-2017.

Access to Health Services

Background: Access to high quality and comprehensive health care services, is important for promoting and maintaining the health of our community. The three key areas for access to care are insurance coverage, availability of health services, and timeliness of care.

Health Insurance – Having health insurance helps people access and pay for health care. The percent of adults with health insurance in our community has been increasing since 2012, but has not yet met the HP 2020 goal of 100% insured. More adults reported having health insurance in Polk and the state than Marion. Marion also has a higher percent of people on public health insurance (Medicaid/Medicare) than Polk and the state.

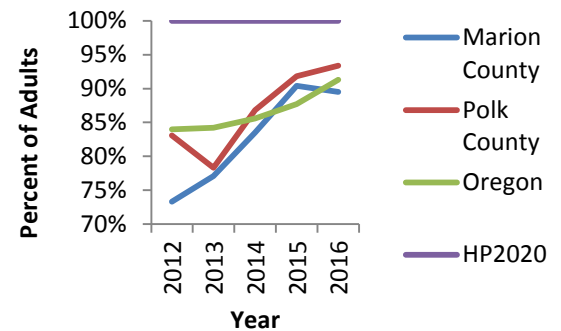
Annual Checkup – Regularly seeing a primary care provider is critical to identifying and preventing disease. Just over half of adult community members visited a primary care provider for their annual checkup in the last year. A slightly higher percent of adults in Polk received their annual checkup than Marion, but both are similar to state values.

Primary Care Providers – The amount of primary care providers relative to the size of a population plays a role in the availability of health resources that often act as the gateway to the health care system. In our community, there are fewer primary care providers relative to our population than the state.

Dentists – The amount of dentists relative to the size of a population helps promote access to oral health services. In Marion there are about as many dentists relative to the population as the state, however in Polk there are fewer dentists relative to its population.

Mental Health Providers – The number of mental health care providers relative to the size of the population that they serve is an important indicator for access to these services. There are fewer mental health care providers in our community relative to our population size than the state, however there has been an increase in the number of providers in all regions.

Adults with health insurance, 2012-2016



Indicator	Geographical Region		
	Marion	Polk	Oregon
Child Health Insurance Coverage(% of children insured) ¹	↑ 97%	↑ 96%	↑ 97%
Annual Checkup (Age-adjusted % of adults) ²	↑ 56%	↑ 59%	↑ 58%
Type of Insurance (All ages)*			
Private ¹	↑ 62%	↑ 71%	↑ 67%
Public (Medicaid/Medicare/OHP) ¹	↑ 40%	↑ 37%	↑ 37%
No insurance ¹	↓ 12%	↓ 9%	↓ 10%
Type of Medical Provider			
Primary Care (# of primary care providers for every 100,000 people) ³	↓ 70	↑ 61	= 94
Dentists (# of dentists for every 100,000 people) ³	↑ 78	↑ 37	↑ 77
Mental Health Providers (# of providers for every 100,000 people) ⁴	↑ 294	↑ 250	↑ 435

References/Notes

1. United States Census. American Community Survey. 2012-2016
2. Oregon Health Authority. Behavioral Risk Factor Surveillance System. 2012-2015.
3. County Health Rankings (2018). 2015.

Adult = Over age 18
 HP2020 = Healthy People 2020 Target
 * = Respondents may have more than one type of insurance

Social and Mental Health













Background: Social and mental health are important gauges of the overall health and quality of life in a community. These indicators can get at the effects of deeper societal issues such as poverty, discrimination, inclusivity, stigma, and other factors that shape community health.

Mental Health – Having good mental health can greatly improve the quality of life and overall health of a person. Nearly four out of every 10 adults in our community report experiencing stress, depression, and/or problems with emotions in the last month. On average, adults in our community experience about four to five days where their mental health was unhealthy each month, which is similar to the state.

Depression – Depression is a serious mental health disorder that causes significant impairment in daily life. About one in four adult community members reported having been diagnosed with depression at some point in their lives by a health professional, which is similar to the state. In our community, about one in three adolescents experienced prolonged symptoms of depression in the last year, which is also similar to the state.

Suicide – Suicide is a serious public health problem that has lingering effects on individuals, families, and communities. Marion has a higher suicide mortality rate than Polk, but is lower than the state. Recently, the suicide rate has been increasing in Marion, but has been on the decline in Polk. About one in 10 adolescents reported having attempted suicide in the last year in our community.

Child Abuse – Children who experience abuse or neglect can have physical and psychological issues that persist into adolescence and adulthood. The rate of child abuse is similar in our community to the state and has been increasing in recent years.

Indicator	Geographical Region		
	Marion	Polk	Oregon
Mental Health [^] (Age-adjusted % of adults experiencing unhealthy mental health in the last month) ¹	 39%	 39%	 42%
Mental Health Days (Age-adjusted average number of mentally unhealthy days in the last month for adults) ¹	5	4	5
Depression (Age-adjusted % of adults diagnosed with depression) ¹	 27%	 23%	 25%
Teen Depression* (% of 11 th graders) ²	34%	34%	32%
Suicide mortality rate (Age-adjusted rate for every 100,000 people) ³	 16	 7	 18
Teen Suicide Attempts (% of 8 th graders) ²	10%	8%	9%
Child Abuse [†] (# per 1,000 children) ⁵	 15	 13	 14

References/Notes

1. Oregon Health Authority. Behavioral Risk Factor Surveillance System. 2012-2015.
2. Oregon Health Authority. Student Wellness Survey. 2016.
3. Oregon Health Authority. Oregon Public Health Assessment Tool: Mortality. 2016.
4. County Health Rankings(2018). 2016.
5. Department of Human Services. Child Data Book. 2016.

Adult = Over age 18

[^] - Unhealthy mental health includes stress, depression, and problems with emotions

* - Percent of 11th graders experiencing prolonged symptoms of depression in the last year

[†] - Child abuse includes mental injury, neglect, physical abuse, sexual abuse, or threat of harm

Summary

The overall health of our community is fair to good compared to the state as a whole. According to the Community Health Rankings, Marion is the 11th and Polk is the 7th healthiest county out of the 36 counties in Oregon; Oregon is ranked 15th out of the 50 states in terms of overall health. Recognizing our local strengths and potential for improvements, especially around factors that influence chronic disease mortality and morbidity, we can make changes to increase both the quantity and quality of life for community members.

Our community is unique, as we have a younger population and a higher percent of members who identify as Hispanic or Latino than the state as a whole. A language other than English is spoken in more households in our community than Oregon. Spanish, Asian or Pacific Islander languages, and Russian are the most common languages spoken after English. Poverty rates are high in our community, especially among children, and educational achievement is low compared to Oregon. The housing situation is characterized by a sizable portion of homes with substandard conditions, low rental vacancy rates, high rental/home expenses, and increasing rates of homelessness. Many community members also have limited access to affordable healthy foods and a high portion of children are experiencing food insecurity.

The top five most common causes of death in our community are cancer, heart disease, unintentional injuries, stroke, and chronic lower respiratory disease. Males die at higher rates than females, and those who identify as White (non-Hispanic), African American/Black, and American Indian/Alaskan Native, die at higher rates than Asian/Pacific Islanders and Hispanics in our community. As most of the top causes of death are chronic diseases, they are also the vast majority of hospitalizations in our community. Heart disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), and lung cancer rates are higher in our community than Oregon. The primary risk factors for these diseases are modifiable health behaviors such as tobacco smoking, unhealthy eating habits, physical inactivity, and alcohol use.

Maternal and child health has been improving in our community as child vaccination rates are increasing, fewer women are smoking during pregnancy, and more women are accessing prenatal care in the first trimester. Rates of sexually transmitted infections, such as gonorrhea and syphilis, have been greatly increasing in our community, while infections from other sources, such as food, have been declining or are stable. More community members now have health insurance, however there are not enough providers to serve our population, of which many suffer from poor physical and mental health.

Our community has the opportunity to greatly improve the length and quality life of members as many of the deaths and diseases occurring are preventable. Targeting chronic disease risk factors and sources of inequality such as poverty, education, housing, access to health care and healthy foods, will have a positive impact on local health.