2025-2028

Community Health NEEDS ASSESSMENT

Formally adopted by SHHC Board of Trustees May 1, 2025

Salem Health
Hospitals & Clinics

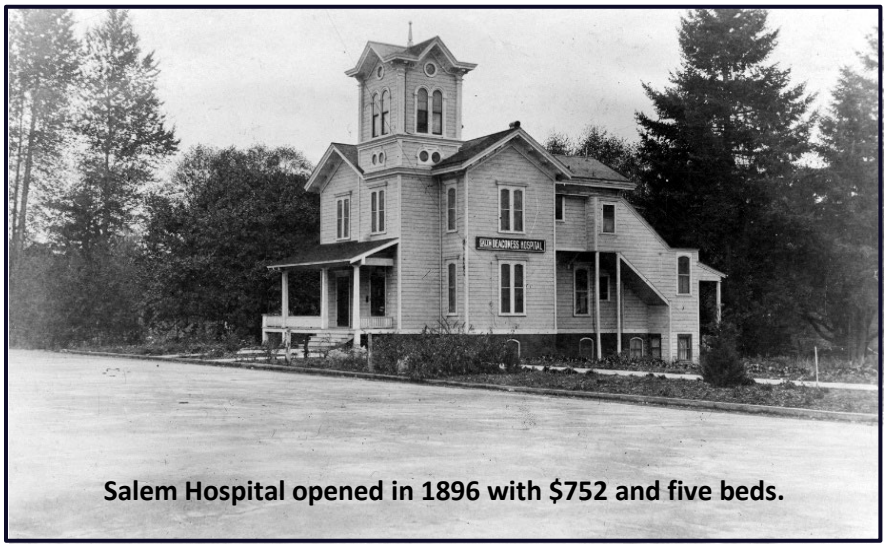
Executive Summary

About Salem Health Hospitals and Clinics

Salem Health Hospitals and Clinics (SHHC) has been the region's leader in local health care since 1896, providing the community with award-winning care for generations. SHHC facilities include Salem Hospital, West Valley Hospital in Dallas and Salem Health Medical and Specialty Clinics throughout the mid-Willamette Valley. SHHC collectively serves both Marion and Polk Counties while also providing high-quality, sought-after care to those in the surrounding counties of Linn, Benton, Lincoln and Yamhill.

Salem Hospital is the largest hospital in Oregon and operates the busiest emergency department between the Canadian border and Los Angeles, with more than 115,000 visits in 2024. West Valley Hospital is a top performing critical access hospital offering emergency services, inpatient and swing beds and specialty care close to home for those living in rural Polk County. In June 2023, West Valley added 19 beds to bring its total number to 25; and in June 2024, a new outpatient clinic opened across the street from West Valley Hospital, expanding rehabilitation, wound care, infusion and medication management services for the community.

Salem Health Hospitals and Clinics' mission is to improve the health and well-being of the people and communities we serve. We are proud to partner with the best providers in the region to bring exceptional and compassionate care to our region.



Salem Hospital opened in 1896 with $752 and five beds.

Collaborative Approach

More than providing exceptional care, SHHC is dedicated to being a steadfast and thoughtful partner to the communities we serve, impacting health outcomes through a multitude of collaborations. We strive to demonstrate our commitment by focusing our efforts and resources in the areas of highest need.

To determine this focus, SHHC partners with other hospitals, public health, providers, civic groups and community-based organizations throughout Marion and Polk counties to conduct research, solicit community engagement and publish the community health needs assessment (CHNA). SHHC sits on the executive committee of the Marion-Polk Community Health Collaborative, which is the decision-making body and the group leading the work behind the CHNA. Additional information about the Collaborative, the organizations which comprise it, and the methodology used in formulating the CHNA can be found in the document below.

Following review, the Collaborative initially summarized the findings into six priority areas:

1. Access to health care
2. Community safety
3. Education
4. Economic stability
5. Housing stability
6. Mental health and substance abuse

The Collaborative later narrowed the six priorities to three and intends to spend 2025 developing a community health implementation plan, to be published in January 2026. The priority areas identified by the Collaborative are:

- Access to health care
- Housing stability
- Mental health and substance abuse

Salem Health's Community Health Implementation Plan

Regulatory requirements for hospitals differ from those of local public health authorities and coordinated care organizations. The Affordable Care Act requires an authorized body of the hospital to adopt a community health needs assessment every three years. The community health implementation plan developed based on the results of

the CHNA must be adopted within five months and 15 days after the end of the fiscal year the CHNA was adopted. Salem Health has reviewed the results of the needs assessment and has selected two priority areas:

- Access to health care
- Community safety

These areas were selected because they align with our organization's strategic goals to grow the medical group; create seamless, integrated care; create a resilient workforce and culture, improve patient experience and develop innovative care models. Additionally, data in the CHNA often lags; data for these priorities is available to track and measure success both internally and through partnerships developed with local law enforcement. Violent assaults and shootings are on the rise in both the city of Salem and in rural Marion County according to recently released reports. At Salem Health, we believe everyone should live in a safe home, neighborhood and community. Working collaboratively with the community to reduce violence and improve safety results in community resilience and better overall health outcomes.

What follows is the collective work of the Collaborative over the past year, the Marion-Polk Community Health Needs Assessment.

Marion-Polk

COMMUNITY HEALTH ASSESSMENT

2025

MARION-POLK COMMUNITY HEALTH COLLABORATIVE

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Contents

In Partnership

Published: 3/27/2025

For more information please visit: marionpolkcommunityhealth.org

Data is provisional and may be subject to change. Differences between local, state, and national reports may exist due to the timing of when reports are run, and definitions used. The information contained in this document is a result of community input and uses various sources that may not necessarily represent the views or opinions of any particular organization, entity, or person.

This document may be made available in other languages besides English and in alternative formats upon request. Email: marion-polkchc@co.marion.or.us

A pedido puede obtener este reporte en otros idiomas además del inglés y en formatos alternativos. Correo electrónico: marion-polkchc@co.marion.or.us

Отчёт может быть предоставлен на других языках, кроме английского, а также в альтернативных форматах по запросу. Электронная почта: marion-polkchc@co.marion.or.us.

Executive Summary

Every five years, Marion and Polk Counties, in partnership with local health systems and community organizations, work together to describe local health by conducting a Community Health Assessment (CHA). The CHA gathers data from various reliable sources to identify local strengths and the most pressing health challenges using an evidence-based framework. This information is then used to create a Community Health Improvement Plan (CHIP), which focuses efforts on key priority areas, turning data into action.

Marion-Polk Community Health Collaborative Vision:

A responsive and connected community where everyone can reach their highest level of health and quality of life.

–Adopted August 2023

The last CHA was published in 2019, and since that time there have been several notable changes highlighted in this report. In recent years, Marion and Polk Counties have seen **improvements** in many areas including, but not limited to:

- Decrease in cancer cases and cancer mortality;
- Less cigarette smoking, but it remains the leading cause of preventable death;
- Lower rates of suicide mortality, but people still died by suicide;
- Increased vaccination uptake, however current estimates are below necessary levels to adequately protect the community;
- Increase in healthcare providers relative to population size, however the community generally had fewer providers relative to its size than Oregon as a whole. Additionally, lack of providers was consistently noted as a barrier, with significant gaps in Polk County.
- Improving economic conditions, such as higher income and lower unemployment, however inflation and higher cost of living, especially housing and food costs, offset these gains;

Despite these significant gains, key **challenges** still persist in the following areas:

- Increase in overall mortality, mostly due to heart disease, stroke, accidents, and COVID-19;
- Increase in chronic conditions such as diabetes and obesity. Chronic conditions continue to be responsible for the vast majority of deaths, hospitalizations, and healthcare related costs in the community;
- Increase in housing unaffordability and homelessness;
- Increase in violent crime offenses;
- Worsening mental health, high burden of depression;
- Increase in alcohol related deaths;
- Increase in opioid-related deaths and hospital visits, largely due to fentanyl;
- Barriers to healthcare access, lack of timely appointments/providers, high costs, no insurance or was not accepted, and need for culturally responsive and linguistically appropriate services;
- Differences in health outcomes and risk factors by demographics, geographics, and socioeconomic status;

Much of what is responsible for the health and quality of life in the community lies within factors that are not commonly thought of as being related to health. These are known as the 'Social Determinants of Health' (SDOH) and examples include access to education, transportation, housing affordability, economic stability, and healthy foods. This community, like many others, is affected by the SDOH, and particularly suffers from lower educational achievement, higher rates of people living in poverty, food insecurity, and unaffordable housing. These determinants along with other factors are playing a significant role in influencing local health.

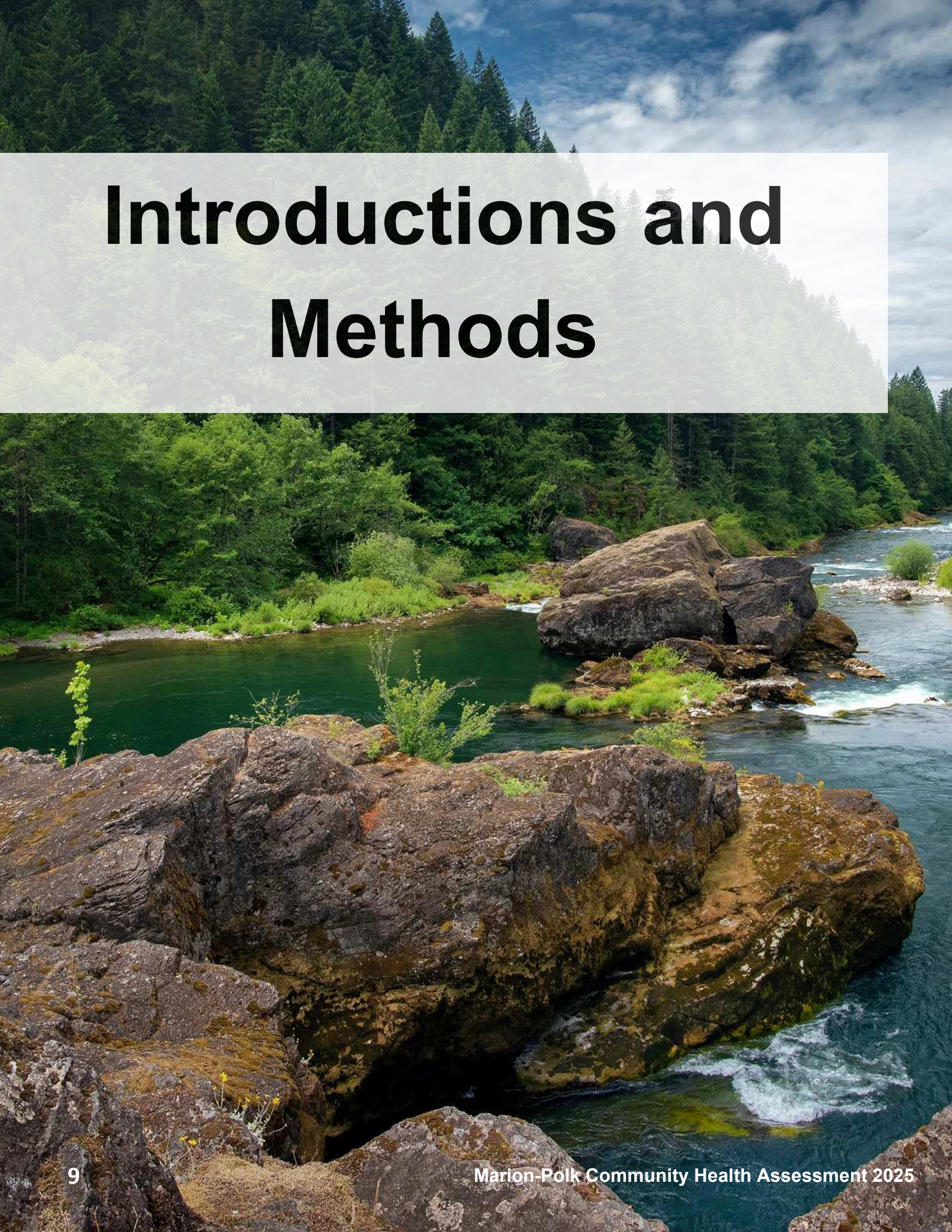
This community has an abundance of natural resources, local produce, and recreational areas that help to support health. Additionally, the population is growing and the economy is showing signs of improvement, providing opportunities for advancement and expansion. However, not everyone in the community is able to partake in these opportunities or share in the resources that are available. For example, people living in rural areas may have more difficulty finding a medical provider near them compared to those who live in urban areas. These differences, or health disparities, have direct implications for the health of the community and were found throughout the CHA process.

The CHA is the end result of the efforts and input of many community members who worked together in 2024 to assess and ultimately improve local health. More than 2,286 people participated in community input sessions, focus groups, or took the survey, which was an increase of 209% compared to the previous CHA in 2019. The voice of the community was incorporated into the CHA, along with health statistics and other data to identify key priority areas to work on in coming years in the CHIP. Community members reviewed the findings from the CHA and selected the following three priority areas for the CHIP:

- **Access to Healthcare**
- **Housing Stability**
- **Mental Health & Substance Use**

With the selection of the priorities complete, the next step is to develop a five-year CHIP (2026-2030) that includes goals, strategies, and activities aimed at improving local health (available late 2025). To track progress, or to learn more about the local process, please visit: marionpolkcommunityhealth.org

Introductions and Methods



Introduction & Methods

In January 2023, local health systems and partners in Marion and Polk County began a new MAPP (Mobilizing for Action through Planning and Partnerships) cycle to assess and improve the health of the community. MAPP is a flexible, evidenced based framework, created by the National Association of County and City Health Officials (NACCHO). Each community that uses MAPP conducts a Community Health Assessment (CHA), which casts a wide net collecting data in various ways to better understand local health and the factors that contribute to these conditions. This information is then used to identify priority areas for a five-year Community Health Improvement Plan (CHIP). Although the CHA looks at a variety of information, it does not include all the information that exists; instead, this document highlights the data that is having the greatest impact on local health.

MAPP builds off previous work and is constantly evolving. The last CHA for Marion and Polk Counties was completed in 2019 and has been updated annually to give the most accurate picture of local health. Given the COVID-19 pandemic, efforts to create a CHIP were delayed by two years, resulting in a plan that covered 2021 through 2025. The three priority areas selected in the last CHIP were: housing, substance use, and behavioral health supports. Notable improvements were made in the last CHIP, including a decrease in tobacco use, suicide fatalities, and an increase in mental health providers. However, homelessness, alcohol related deaths, and opioid overdoses increased. A key takeaway from previous processes was that it takes significant time to make substantial gains in the CHIP priority areas. To make better use of resources, and to align more closely with the intent of MAPP, the community has maintained a five-year CHIP cycle for this process (local non-profit hospitals operate on three-year cycles to satisfy their requirements with alignment achieved through updates to the CHA and evaluation of CHIP outcomes on an annual basis). The community has also chosen to focus on priority areas that are upstream, or at the root of what causes health conditions, as opposed to the conditions themselves. To better address these upstream issues and to align efforts, partners created the Marion-Polk Community Health Collaborative (MP-CHC) in 2023 to guide this work.

Social Determinants of Health

Many of the root causes of health inequity can be traced back to the social determinants of health (SDOH). The SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age, that affect their overall health and quality of life. Examples of SDOH include access to education, transportation, housing, healthcare, healthy foods, community safety, and economic opportunities. Those with less financial resources are less likely to be supported by the SDOH, which in turn leads to worse health outcomes, lower quality of life, and shorter lives. To address the SDOH, it's necessary to remove obstacles to health such as poverty, discrimination, and their downstream consequences. This requires changes in policies, laws, systems, environments, and practices that lead to unequal opportunities and resources necessary to be healthy. A "one size fits all" approach to solving these problems won't address the fundamental issues that lead to inequity; rather it requires focused efforts dedicated to bringing up groups who've been historically disadvantaged.

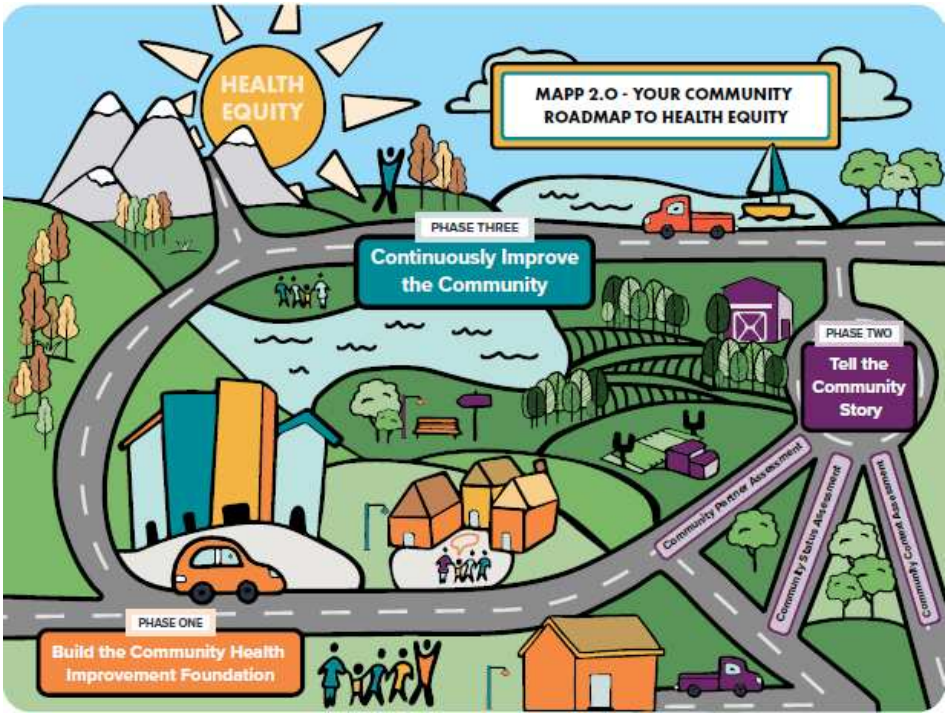
Health Equity

We know health inequities arise from social conditions in which people are born, grow, live, and work. We work to eliminate barriers and create better opportunities for those who are underserved in our community. – MP-CHC Value Statement

(Courtesy of Healthy People 2030)

The Local MAPP Process (MAPP 2.0)

As mentioned, MAPP is a collaborative strategic planning tool for improving the health of a community. In 2023, NACCHO updated the MAPP framework (MAPP 2.0), which the Marion-Polk Community Health Collaborative adopted. MAPP 2.0 streamlined the process, reducing the number of phases from six to three, without significantly changing the overall structure. Additionally, emphasis was placed on health equity, community engagement, and to be more adaptable and responsive to the needs of communities. The overall MAPP 2.0 process is illustrated below; however, MAPP is an ongoing effort with no true end point.



(Courtesy of the National Association of City and Community Health Officials (NACCHO))

The Three Phases of MAPP 2.0 & Timeline

1. **Build the Community Health Improvement Foundation**
2. **Tell the Community Story (Assessments/CHA)**
3. **Continuously Improve the Community (CHIP Planning/Implementation)**

Phase One: Build the Community Health Improvement Foundation

This foundational phase took the entirety of 2023 and was focused on building the structure and support for the process by expanding existing relationships, recruiting new members, developing overall direction (mission, vision, values), creating plans/budgets, and drafting agreements to resource activities. In a major shift from previous processes, partners formed the Marion-Polk Community Health Collaborative (MP-CHC) to act as an umbrella entity for local community health improvement.

Founded April 2023

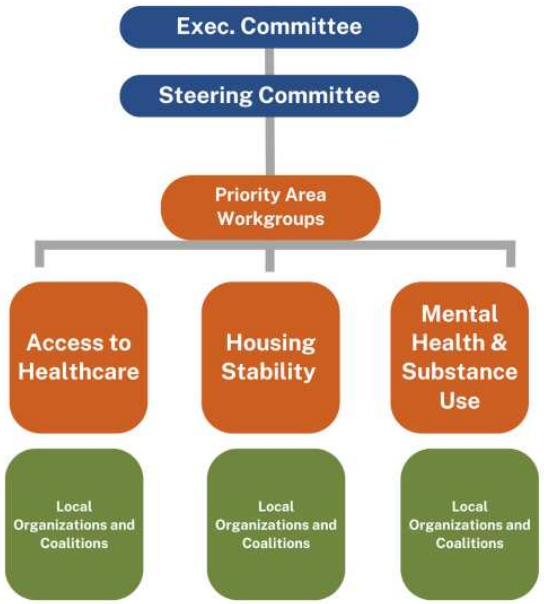
To further clarify roles and responsibilities of the MP-CHC, charters for both the Executive Committee and Steering Committee were created along with the formation of data and communications subcommittees to provide a specialized focus for those areas. The last and most critical part of this process was the community itself along with the local organizations and coalitions that support them. Without these groups, it would be impossible to do the work. *Community health improvement takes everyone to achieve.*

Executive Committee

The MP-CHC Executive Committee is the decision-making body for this process. They are also responsible for providing direction, allocating resources, and coordinating local health improvement. As of 2024, the following organizations were represented on the Executive Committee:

- Legacy Silverton Medical Center
- Marion County Health & Human Services
- PacificSource Community Solutions, Marion-Polk Coordinated Care Organization (CCO)
- Polk County Health Services
- Salem Health Hospitals & Clinics
- Santiam Hospital & Clinics
- Willamette Health Council
- Willamette Health Council, Marion-Polk Coordinated Care Organization Community Advisory Council (CAC)

Marion-Polk Community Health Collaborative Structure



Steering Committee

The MP-CHC Steering Committee provides feedback and recommendations for this process by bringing their lived experiences, perspectives, and community knowledge from their respective agencies. As of 2024, the following organizations were represented on the Steering Committee:

- Capitol Dental
- Centro de Servicios para Campensinos
- Cherriots
- Health Equity Coalition of Marion, Polk, and Yamhill
- Interface Network
- Legacy Silverton Medical Center
- Marion County Health & Human Services
- Marion-Polk Early Childhood Learning Hub
- Marshallese American Network for Interacting Together (MANIT)
- Northwest Human Services
- Northwest Senior & Disability Services
- PacificSource Community Solutions, Marion-Polk Coordinated Care Organization (CCO)
- Polk County Health Services
- Salem Health Hospitals and Clinics
- Salem-Keizer Public Schools
- Salem Psychiatric Associates & Valley Mental Health
- Santiam Hospitals & Clinics
- Willamette Health Council
- WVP Health Authority
- Yakima Valley Farm Workers Clinic

Tribal Engagement

The Marion-Polk Community Health Collaborative (MP-CHC) acknowledges that what we now call Marion County and Polk County are the ancestral lands of the Confederated Tribes of Siletz Indians, Confederated Tribes of Grand Ronde, Confederated Tribes of Warm Springs, Kalapuya, Santiam, Yamhill, Molalla, Luckiamute, Ahantchuyuk, Cayuse, Umatilla, and Walla Walla. We recognize the strong and diverse Native communities in our region today, from Tribes both local and distant, and offer respect and gratitude for their stewardship of these lands throughout the generations. As such, our Collaborative is committed to engaging with Tribes in a manner that is respectful and collaborative, and that supports Tribal Sovereignty, recognizes historical trauma, understands differences between State and Tribal systems, and works together, so that everyone can reach their highest level of health and quality of life.

To aid in this process, the MP-CHC will create a workplan to engage with local tribes, which includes working with the Marion-Polk Coordinated Care Organization Tribal Liaison to better understand their needs. Additionally, Executive Committee seats have been created for the following local tribal partners in the Marion-Polk region, The Confederated Tribes of Siletz Indians, The Confederated Tribes of Warm Springs, The Confederated Tribes of Grand Ronde, and Chemawa Indian Health Center.

Mission

Our purpose, and how we will achieve it.

Collaborate to help our community achieve their best health and well-being by listening, asking, and responding in a culturally appropriate manner.

–Adopted August 2023

Vision

What the future state of the community will look like.

A responsive and connected community where everyone can reach their highest level of health and quality of life.

–Adopted August 2023

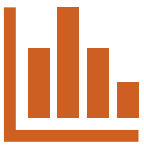
Values

Our culture, and how we work together with the community.

Health Equity

We know health inequities arise from social conditions in which people are born, grow, live, and work. We work to eliminate barriers and create better opportunities for those who are underserved in our community.

Data Integrity



We value collecting, sharing, and using data in ways that lead to meaningful, positive outcomes for the community.

Community Leadership

We value the power of community-member voice in identifying and addressing their health needs. We prioritize community-led approaches and look to the community as much as possible.

Accountability

We have a shared commitment to do this work with integrity and transparency, honoring community self-determination.

Collaboration

We acknowledge that this work takes all of us working together to identify and address the needs of our community.

Phase Two: Tell the Community Story

A CHA is informed by three unique supporting assessments under the MAPP framework. Each of these assessments seeks to capture a different aspect of local health, which are then used together to identify priority areas for the CHIP. It's important to note that even though each assessment has a different aim and occurs separately, they are still connected and used to inform each other as the process evolves.

- **Community Status Assessment (CSA) –** Utilizes local health statistics to determine what health conditions exist in the community, what is contributing to them, and how our region compares to Oregon and national benchmarks (e.g. Healthy People 2030).
- **Community Partner Assessment (CPA) –** Focuses on the capacities, skills, and strengths of local partners to support health improvement.
- **Community Context Assessment (CCA) –** Seeks to capture the voice of the community, what's important to them and their health, what forces are on the horizon that may impact local conditions, and what needs to change for them to live healthier and fulfilling lives.

The assessment process began at a kickoff meeting with MP-CHC members in January 2024. The purpose of this meeting was not only to generate excitement for the CHA, but to gather feedback and recommendations for how it should be conducted. Based on these discussions, the MP-CHC arrived at the following guiding questions for the CHA:

1) *What does health equity look like in our community? How equitable are the health outcomes in our community?*
2) *Which sub-populations within our community have higher health risks or poorer health outcomes?*
3) *What structural, historical, and social factors contribute to higher health risks or poorer health outcomes of certain populations in our community?*
4) *What assets, strengths, and resources in our community support health and wellness?*
5) *How does the local health system impact health inequities in the community or contribute to health and wellness of community members?*
6) *How healthy is our community compared to other nearby regions and Oregon as a whole?*
7) *What forces or changes in the near future might influence the health of the community?*

Additionally, the group also identified the following focus areas for data gathering:

- Healthcare access
  - Utilization, barriers, providers, oral health, insurance, and others
- Education
  - Early learning, childcare, achievement, Adverse Childhood Experiences (ACES), and others
- Transportation
  - Safety, availability, methods, and others
- Communicable disease
  - COVID-19, sexually transmitted infections, vaccines, and others
- Economics
  - Income, employment, cost of living, and others

- Housing
    - Homelessness, affordability, quality, and others
- Behavioral health
    - Mental health, substance use
- Aging
    - Health across lifespan
- Disability
    - Intellectual, developmental, physical
- Nutrition
    - Food insecurity, availability, access, and others
- Environmental
    - Heat/cold exposures, water, air, and others
- Safety
    - Workplace, injuries, hazards, and others
- Chronic disease
    - Diabetes, heart disease, cancer, and others

MP-CHC Kick-off Meeting – January 2024

Community Status Assessment (CSA)

After the kick-off meeting, the MP-CHC Data Subcommittee used the guiding questions and key focus areas to develop a list of indicators that would inform the health status of the community. An example of a health indicator would be the percentage of adults who have been diagnosed with diabetes. Between January and March of 2024, the group collected, reviewed, and evaluated indicators across several criteria listed below:

- **Magnitude** – Amount of the population being affected by the health condition or exposure
- **Seriousness** – Condition is associated with a high mortality rate or poor quality of life
- **Trend** – Measure can be tracked over time to reveal patterns (getting worse, better, unchanged)
- **Comparison** – How local measures stack up against state values or national benchmarks (e.g. Healthy People 2030), including the ability to break-out groups most at risk
- **Quality** – Data comes from a reliable data source that is representative of the community

Upon completing this process for nearly 200 indicators, a final list was compiled and included in a report summarizing the factors having the greatest impact on local health. These indicators were woven throughout this document to provide additional context, with a summary of findings included in the upcoming "Supporting Assessments" section.

The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

Community Partner Assessment (CPA)

The CPA was the second assessment conducted between April through June of 2024. To ensure a diverse and locally representative group of participants, the MP-CHC developed a list of organizations from various sectors, with a focus on those who serve populations that experience health inequities. In total, 47 organizations (see Appendix) participated in the CPA by attending two in-person sessions and completing an online survey. The first session was focused on orienting participants to the process, while collecting data about the SDOH and barriers to healthcare experienced in the community. The second session was focused on reviewing the findings from the survey and diving deeper to gain greater understanding. This information was combined into a report that highlighted the capacities, skills, and strengths of partners in the Marion-Polk region to support health improvement. A summary of these findings can be found in the upcoming "Supporting Assessments" section.

CPA Orientation – April 2024

CPA Survey Discussion – June 2024

The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

Community Context Assessment (CCA)

The last assessment was the CCA, which occurred between July through September 2024. A primary goal of this assessment was to engage with the community in multiple ways to ensure that their voice, including those historically underrepresented, came through clearly. This assessment was the primary source of *qualitative data*, or data that is not represented by numbers, but rather concepts and information that provide additional context. To gather this information, focus groups, community input sessions, PhotoVoice, and forces of change activities were conducted. This assessment also included a primarily quantitative survey.

- **Focus Groups:** 15 small sessions with underrepresented groups
  - Groups: (see Appendix)
  - Total participants: 184
- **Community Input Sessions:** seven forum style discussions (English and Spanish available) spread across Marion and Polk County
  - Locations: Aumsville, Monmouth, Mill City, Salem, Woodburn, and two virtual sessions
  - Total participants: 88
- **PhotoVoice:** videos and photos that captured the environment and experiences of local youth
  - Locations: Marion and Polk County
  - Total participants: 18 (ages 14-19)
- **Forces of Change:** small discussions with stakeholders about what is occurring or might occur that will influence local health
  - Groups: Willamette Health Council Board and supporting committees (see Appendix)
  - Total participants: 73
- **Survey:** online and paper survey that asked what health issues and local quality of life
  - Audience: anyone who lives, works, or plays in Marion and/or Polk County
  - Languages: Arabic, Chuukese, Dari, English, Marshallese, Russian, Spanish, and Swahili
  - Total respondents: 1,923

Total CCA participants = 2,286

The grand total of participants across all methods for the CCA in 2024 was 2,286, compared to 739 in 2018, which was an increase of 209%. However, in 2018, fewer methods and events took place, which included four community input sessions and an online survey, making these difficult to compare directly. Some potential reasons for increased participation, included a coordinated push by the MP-CHC to promote the survey and input sessions across social media, email, newsletters, newspaper, press releases, flyers, radio, word of mouth, and having the option for people to take the survey at community events. As responses from the survey were collected, they were analyzed to determine which demographics and geographies were responding less than others, allowing for more targeted approaches. Also, directly engaging with communities that were less likely to engage in this process and providing incentives to participate likely increased turnout.

Data was analyzed and compiled in a report that has been woven into this document, with high-level findings available in the upcoming "Supporting Assessments" section. Additionally, survey respondent demographics can be found in the "Appendix".

The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

Salem (Community Input Session)

Woodburn (Community Input Session)

Punx with Purpose & Salem for Refugees (PhotoVoice)

CHIP Priority Issue Identification

Upon completion of the three assessments, it was necessary to bring the information back together to identify priority areas for the CHIP. Themes that overlapped across the assessments can provide insight into what the community can focus on to improve local health. Since CHIP priorities are broad, they can influence multiple health conditions and address the root causes responsible. To brainstorm issues, the MP-CHC met in October 2024 to review a summary of the data collected from the three assessments. In small groups, participants identified potential CHIP priority areas that were then proposed to the larger group. After review and discussion, the group landed on the following list of five priority areas (in alphabetical order):

CHIP Priority Area Identification - October 2024

1) Access to Care
2) Behavioral Health
3) Community Safety
4) Economic Stability
5) Education & Engagement

In November 2024, the MP-CHC Executive Committee members met to review the priority areas identified in the previous step. After discussion, the group decided to clarify the naming of some of the priority areas, along with separating “Housing Stability” from “Economic Stability” to allow for more targeted approaches. The following were the modified list of six CHIP priority areas that moved forward in the process to be considered for final selection (in alphabetical order):

1) Access to Healthcare
2) Community Safety
3) Economic Stability
4) Education
5) Housing Stability
6) Mental Health & Substance Use (formerly Behavioral Health)

Phase Three: Continuously Improve the Community

This phase began in January 2025 by prioritizing the list of CHIP priorities identified previously. As resources were limited, it was necessary to determine how many CHIP priorities the MP-CHC could work on over the next five years. Given current capacity, local experience, and MAPP recommendations, it was determined that the top three CHIP priorities would move forward. To get broader input for issue selection, the Data Subcommittee, Steering Committee, and Community Advisory Council members each voted anonymously for the priority areas that they believed should be selected. To assist in this voting, each group reviewed CHIP priority profiles, along with other considerations, such as the magnitude of the issues, resources available to address, trends, and other factors. After this occurred, the final selection of the priority areas was made by the Executive Committee. To aid in their decision, the Executive Committee reviewed the vote results, CHIP priority profiles, and the considerations above. The Executive Committee discussed this information and selected the following three priority areas for the next CHIP (in alphabetical order):

Access to Healthcare

Improve access to comprehensive, high-quality, healthcare services and providers.

Housing Stability

Improve the affordability, quality, safety, and availability of housing.

Mental Health & Substance Use

Improve mental health and reduce substance use.

With the selection of the priorities complete, the next step for the MP-CHC is to develop a five-year CHIP (2026-2030) that includes goals, strategies, and activities aimed at improving local health (available late 2025). To track progress, please visit: marionpolkcommunityhealth.org

Data Limitations

Despite efforts to provide the most accurate picture of health in the community, there were several notable limitations. Participation in local data collection activities varied, with some groups more heavily represented than others. Attempts were made to be as inclusive as possible, such as having community messages/surveys in multiple languages, contracts with community-based organizations, and targeted outreach. These efforts led to increased engagement and participation from groups that historically have been hard to reach, however not every group was adequately represented. Therefore, the health concerns identified in this document may not necessarily be the concerns of these communities more broadly.

Other limitations include data provided from non-local sources, such as the State of Oregon. Although these data were of high quality, and allow for direct comparisons, they tend to be from older time periods, which might not accurately capture current conditions, especially during times of rapid change such as a pandemic. Additionally, despite recent efforts in Oregon to gather data on smaller populations, there are significant gaps, and broad categorization may miss what's occurring in these groups. Increased investment in data collection at every level can help to address these gaps and create a more accurate picture of local health.

Supporting Assessments

Supporting Assessments

Community Status Assessment (CSA)

The Community Status Assessment (CSA) used local health indicators to determine what factors were having the greatest impact on the health of the community. Some examples of sources for these indicators include the U.S. Census, Student Health Survey, and Behavioral Risk Factor Surveillance System. Indicators were assessed based on the magnitude, seriousness, trend (getting worse or better), meeting or missing national benchmarks (e.g. Healthy People 2030), and the quality of the data. These indicators were summarized below but can also be found throughout this report. The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

In 2023, Marion County was ranked 10th healthiest out of 36 counties in Oregon for health outcomes and Polk County was ranked 7th (County Health Rankings). Oregon, as a state, was ranked 26th (America's Health Rankings).

10th of 36 Counties
(Marion County)

7th of 36 Counties
(Polk County)

26th of 50 States
(Oregon)

This ranking placed the region in the top 10 performing counties for health outcomes in a moderately healthy state. As outcomes are driven by upstream factors, improving social conditions, economics, access to care, behaviors, and the environment will improve local health and quality of life. There have been many improvements since the CHA was last conducted, however some areas have worsened. Local health was greatly impacted by the COVID-19 pandemic, which resulted in the death and hospitalization of many community members. Indirect effects from the pandemic, such as rising cost of living, economic uncertainties, mental health stress, and social upheaval have been observed as well. Signs of recovery emerged as the pandemic subsided, however challenges for the community remain. Some of these challenges along with notable areas of improvement can be found below:

Key challenges:

- Increase in mortality, mostly due to heart disease, stroke, diabetes, accidents, and COVID-19
- Increase in homelessness
- Increase in violent crime offenses
- Increase in alcohol related deaths
- Increase in opioid overdoses
- Increase in obesity
- Differences by demographics, geographics, and socioeconomic status

Key improvements:

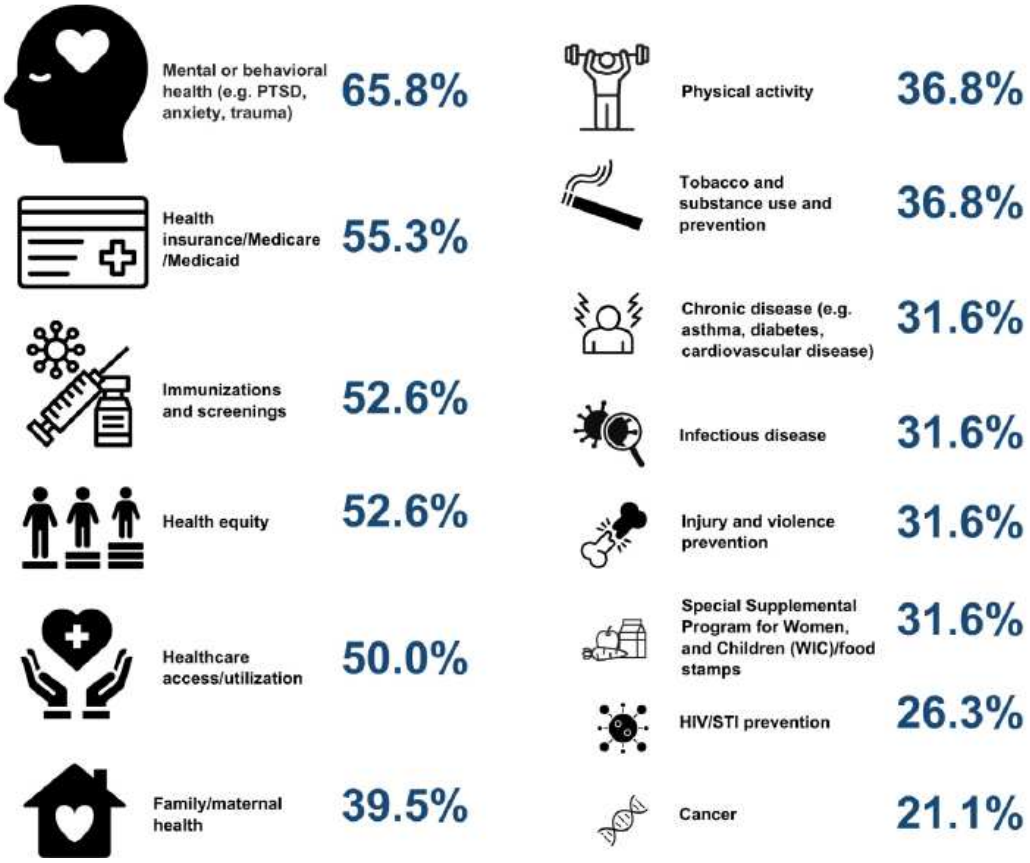
- Decrease in cancer mortality
- Decrease in cigarette smoking
- Decrease in suicide mortality
- Increase in providers and annual checkups

Community Partner Assessment (CPA)

The Community Partner Assessment (CPA) focused on evaluating the capacities, skills and strengths of partners in our region to support health improvement. In total, 47 organizations (see Appendix) participated in the CPA by attending two in-person sessions and taking an online survey. Those who attended the first session were invited to take the survey, resulting in a response rate of 86.4% (38 of 44) with 100.0% completion rate. A summary of the findings from the survey and CPA activities are found below. The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

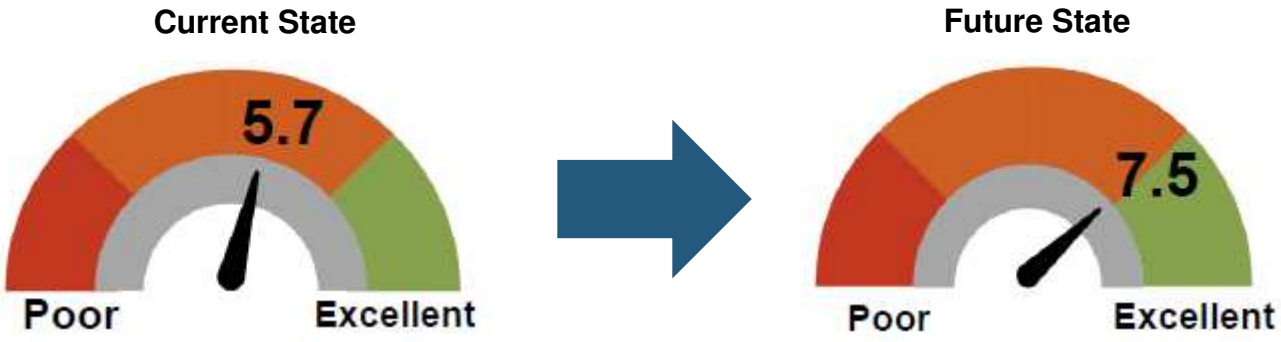
Health Topics

Community organizations were working on a diverse range of health topics with varying levels of emphasis. The area with the most activity was mental or behavioral health, with nearly two thirds of survey respondents reporting that they worked on this topic. Other areas of high activity include healthcare (access, insurance, utilization), preventative medicine (screenings, immunizations), and health equity with over half of respondents indicating that they were working on these areas. Lower levels of activity were reported for chronic disease, infectious disease, injury/violence prevention, nutrition programs (WIC/food stamps), HIV and sexually transmitted infections, and cancer as less than a third of organizations reported that they were working on these areas.



Health Equity

Along with being an area of high activity amongst community organizations, health equity implementation was broadly assessed by asking CPA participants how they would rate their organization on a scale from 1 to 10 (1 = poor, 10 = excellent). Health equity implementation involves readiness to adopt health equity practices, efforts to improve health equity, and removal of barriers that make it more difficult to be healthy. The average score for participants was 5.7 out of 10, which indicated a moderate level of implementation. Next, participants were asked to rate their organization on the same scale for where they believed they would be in the next five years. The average score for the group was 7.5 out of 10, a 31.6% increase from the current state, which demonstrated that partners believed they will continue to make strides with implementing health equity in the future.



The group also discussed barriers to implementing health equity and identified the following themes:

- Lack of awareness/knowledge
- Lack of resources/funding
- Lack of capacity
- Gaps in services
- Lack of organization buy-in
- Small community, high needs
- Lack of trauma informed care
- Lack of communication
- Geography

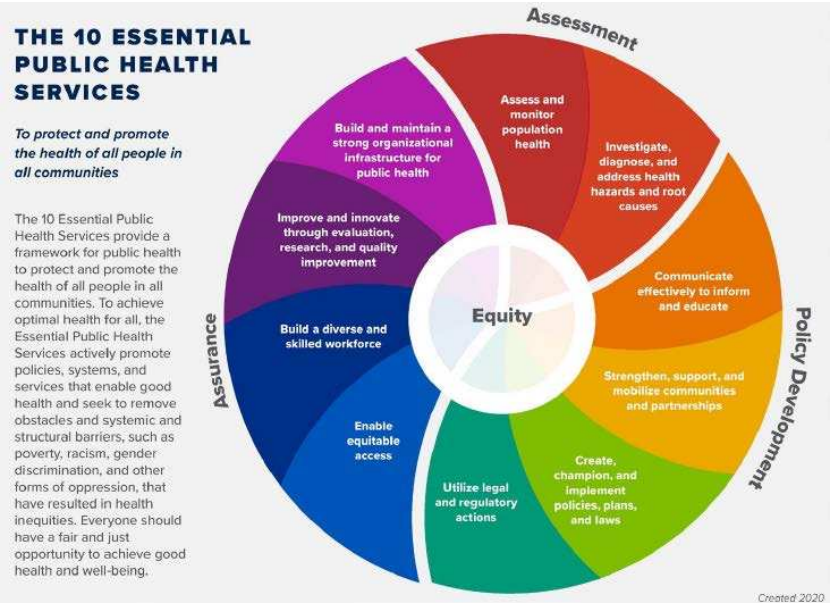
Social Determinants of Health (SDOH)

Survey respondents were asked to assess their level of organizational focus on the five SDOH domains. The domain with the most focus was Healthcare Access and Quality, as 71.1% indicated that they focus on this “a lot”. Over half of respondents indicated that they focus “a lot” on Economic Stability and Social and Community Context. Lower amounts of organizational emphasis were placed on Education Access and Services along with Neighborhood and Built Environment.

(Courtesy of Healthy People 2030)

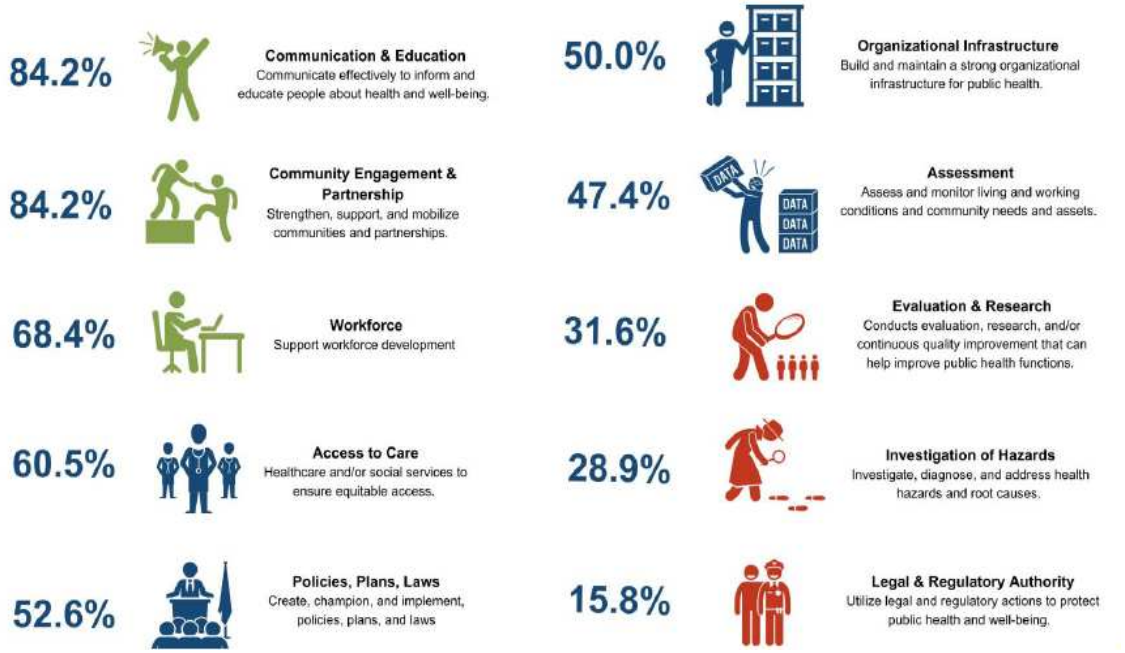
Essential Public Health Services

The local public health system is comprised of many different components, extending beyond health departments and healthcare. The Centers of Disease Control and Prevention (CDC) have identified these components and categorized them into the 10 Essential Public Health Services (EPHS).



(Courtesy of Centers of Disease Control and Prevention (CDC))

Survey respondents were asked if they regularly conduct activities relating to the 10 EPHS. The EPHS with the highest level of activity, was Communication & Education along with Community Engagement & Partnership, with 84.2% of respondents indicating regular activity. The EPHS with the lowest level of activity, was Evaluation & Research, Investigation of Hazards, and Legal & Regulatory Authority, as less than a third of respondents indicated that they regularly work on these activities.



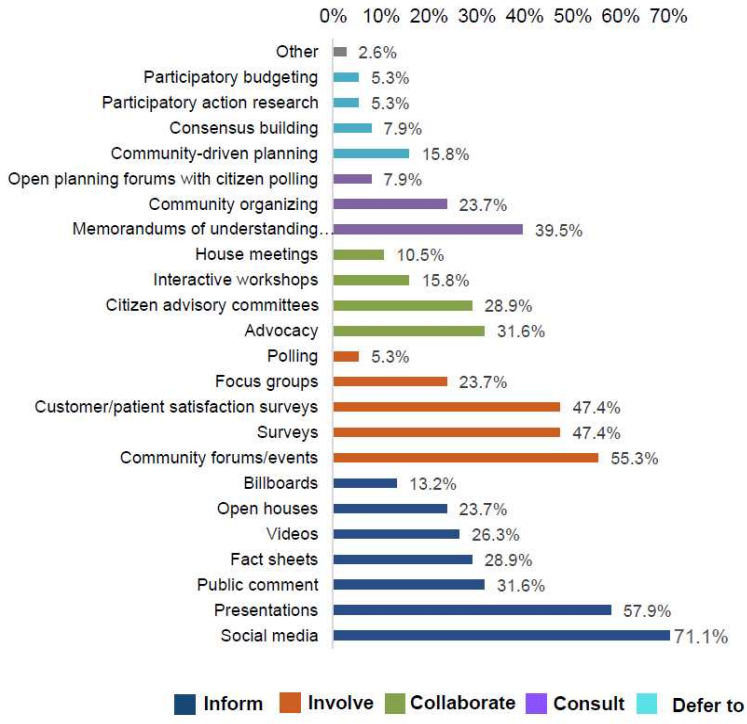
Community Engagement

Given that most organizations engage with the community, it was necessary to assess the practices by which engagement occurred. To achieve this, survey respondents were asked where they fit on the Spectrum of Community Engagement to Ownership, from the lowest level of engagement ("inform") to the highest level ("defer to"). The most common form of engagement was "inform" with just under half of respondents (42.1%) indicating that they use this method most often. The second most common form of engagement was "involve", with just around a quarter of respondents indicating this method (26.3%). By far the lowest method of engagement was "defer to", as only 2.6% of respondents selected this method.

Community Engagement Methods Most Often Used

When asked more specifically what methods were used to engage with the community, respondents most often indicated that they used social media (71.1%), presentations (57.9%), community forums/events (55.3%), and surveys (47.4%). The least utilized methods were participatory budgeting/research, consensus building (7.9%), and open planning forums/polling (7.9%).

Community Engagement Methods Most Often Used



Summary

The purpose of the CPA was to assess the capacities, skills, and strengths of local organizations to improve community health. Several key themes emerged, which are detailed below.

Capacities: The commitment, resources, and ability organizations have.
Skills: The ability for organizations to implement a particular method.
Strengths: The practices organizations do particularly well.

CPA Key Points

Capacities

- Communication & Education identified as top Essential Public Health Service (EPHS).
- Mental or behavioral health identified as top focus area.
- Legal & Regulatory Authority identified as lowest Essential Public Health Service (EPHS).
- Chronic disease identified as low focus area.
- Education Access & Services identified as a community need.

Skills

- Clear communication approach (frequent social media outreach).
- Low policy and advocacy skills.
- Low data collection and evaluation skills.
- Minimal community engagement that encourages the community to drive and own work.

Strengths

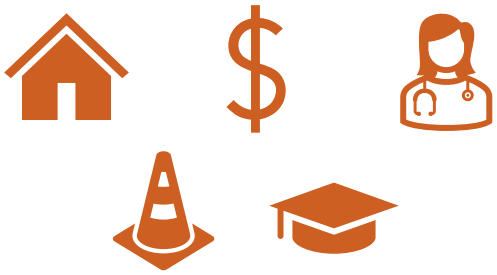
- Strong and diverse community partnerships.
- Interest in working collaboratively to improve community health.
- Services are being provided to meet various community needs.
- Interest in improving equity or health equity practices.

(*Green check mark refers to an area of strength or high activity, while the red minus sign refers to an area of needed improvement or low activity)*

Community Context Assessment (CCA)

The goal of the Community Context Assessment (CCA) was to capture the voice of the community; focusing on what's important to them and their health, what forces on the horizon might impact local conditions, and what needs to change for them to live healthier and more fulfilling lives. To achieve this, multiple engagement methods were used, including focus groups, community input sessions, PhotoVoice, forces of change, and a survey. The themes that emerged from this data are detailed below. Additional data can be found throughout this report and in the "Appendix". The full report can be found here: https://www.marionpolkcommunityhealth.org/pages/chachip

Key Findings for the Community



Most Needed Areas of Improvement:

- Housing
- Economic Stability
- Healthcare Access & Convenience
- Community Safety & Connection
- Education

Barriers to Overall Health and Well-being:

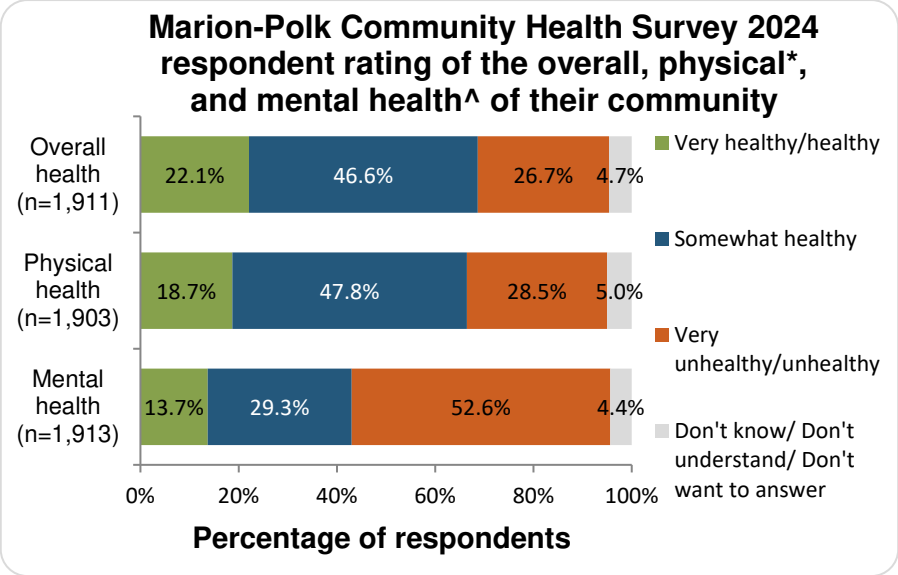
- Access to Healthcare Services
- Poor Infrastructure
- Feeling Unsafe in the Community
- Mental Health

Barriers for Access to Care:

- Scheduling Wait Times
- Lack of Local Providers & Clinics
- Costs of Care, Treatment, & Insurance
- Lack of Culturally & Linguistically Responsive Services & Providers
- Anxiety or Stress around Healthcare

Community Health

Survey respondents were asked to assess how they perceived the overall, physical, and mental health of their community. Most felt that the overall health (68.7%) and physical health (66.5%) of their community was "somewhat healthy" or better. Less than half felt that the mental health (43.0%) of their community was "somewhat healthy" or better, which was a large shift compared to overall and physical health.

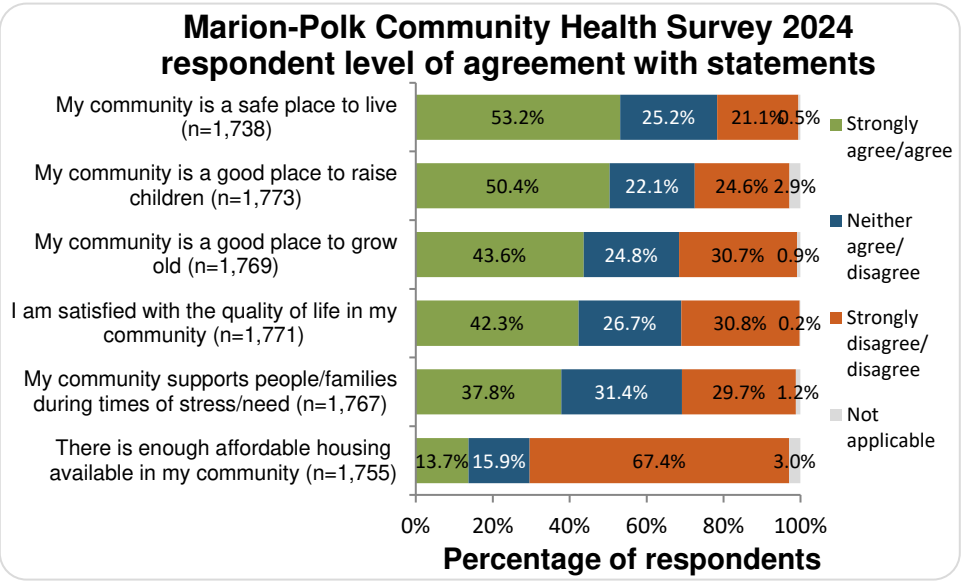


* – physical illness and injury ^ – stress, depression, problems with emotions

"Oregon is one of, if not THE state with the highest mental health diagnoses for adults, yet we have the worst systems in the country to address it. Addiction (which is mental health) is affecting our housing community, our families, and the well-being of our community as a whole. I really hope we can do better, and as a resident of the community, I wish I knew of more ways that I could help." *– Survey Respondent*

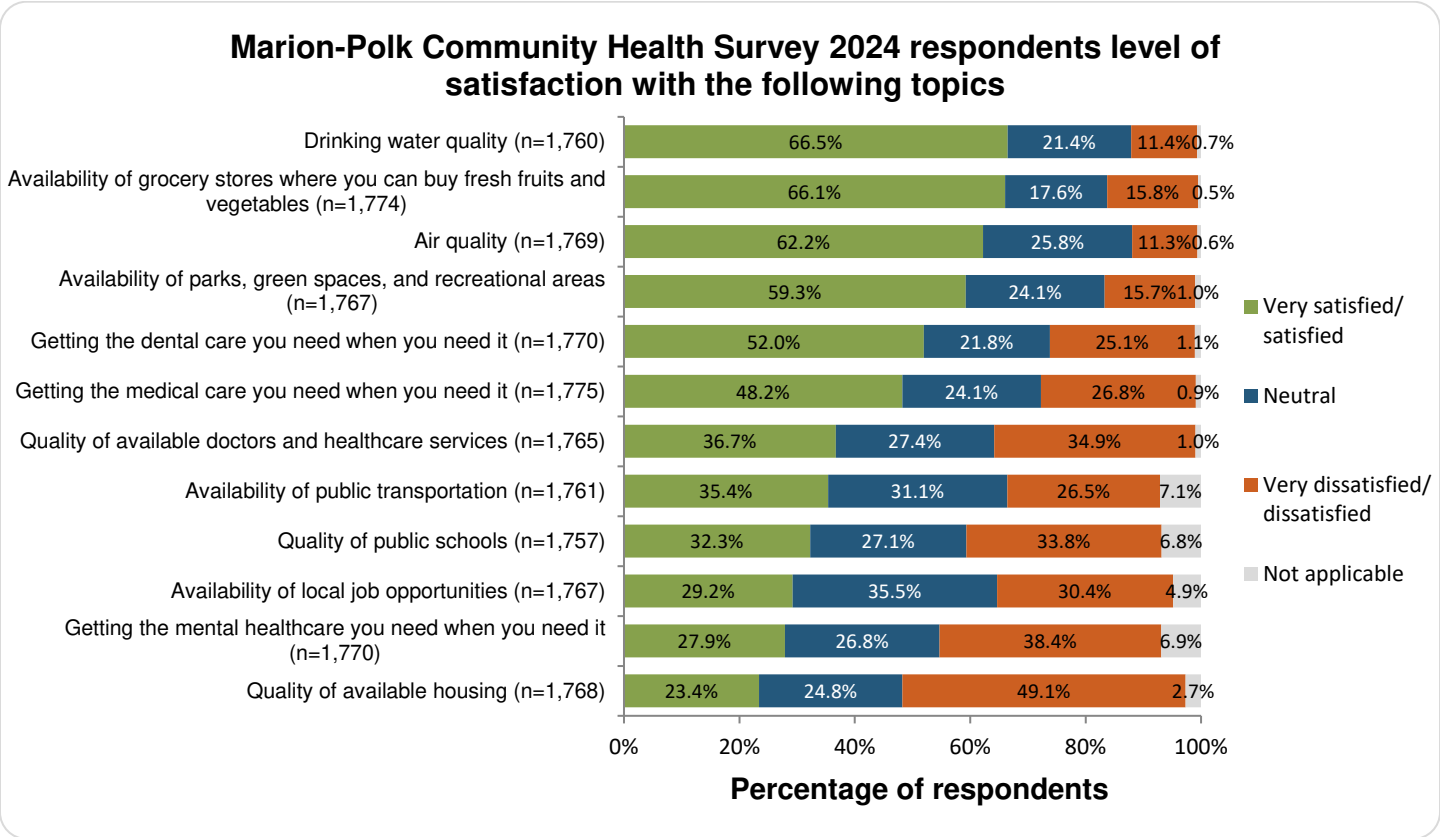
Quality of Life

Survey respondents were asked to evaluate their level of agreement with several quality of life questions. The majority agreed that their community was safe and a good place to raise children. Less than half agreed that their community was a good place to grow old, were satisfied with quality of life, and supported each other in times of stress/need. About 1 in 7 agreed that there was enough affordable housing, which was much lower than any other question.



"I am supporting my disabled Mom, my two kids, and my sister in an old, manufactured home that I can't afford the upkeep on. I am trying to find housing, but I can't afford any of the current rates, not even close."– *Survey Respondent*

Most of the respondents were satisfied with the quality of local drinking water, availability of grocery stores/fresh produce, air quality, recreational areas, and getting the dental care they need when needed. About half were satisfied with getting the medical care they need when needed and about a third were satisfied with the quality of available doctors and healthcare services. Additionally, about a third were satisfied with the availability of public transportation and quality of public schools. Less than 3 out of 10 were satisfied with the availability of local job opportunities, getting the mental healthcare they need when they needed it, and the quality of local housing, which were the three areas of lowest satisfaction.



"I do feel that the overall health of my community is impacted by the growing economic strain that's being placed on most people. Not only does it contribute to stress, but it denies access to more people from stable housing, consistent nutritious meals, and quality healthcare."

– Survey Respondent

Demographics

Demographics

Demographics describe who and how many people live in a particular community at any given time. Knowing this information helps to set the context for health indicators, as different groups of people have different life experiences, which might make it more difficult for them to be healthy. These differences can emerge by age, gender, race, ethnicity, sexual orientation, language, and disability status, among others.

Key Findings for Marion & Polk Counties:

- The community was diverse, with many different demographics represented.
- Most community members lived in larger cities, however about 33% of people in Marion and 16% in Polk lived outside of these cities.
- The community was younger, under the age of 25, than Oregon, with about 1 in 3 people locally falling into this age group.
- A greater percentage of community members identified with a community of color than Oregon. Specifically, this region had a greater percentage of people who identified as Hispanic or Latina(o), American Indian/Alaska Native, Hawaiian or Pacific Islander, Multiracial, or Other Race.
- Roughly 25% of households in Marion spoke a language other than English, compared with 12% in Polk, and 15% in Oregon. The most common languages spoken after English were Spanish, various Asian or Pacific Islander languages, and Russian.
- About 1 in 6 community members were living with a disability, which increased recently. The most common types of disabilities in the community were difficulties walking, cognitive difficulties, or difficulties with living alone. The proportion of community members living with a disability differed by age, race, and ethnicity.
- The community was growing, aging, and becoming more diverse, a trend that is expected to continue. Population projections estimate that there will be about 545,000 community members by 2045 (increase of 26%). Older adults will represent a greater proportion of the overall population in the future, representing an increased demand on the local healthcare system.

Marion & Polk Counties Quick Facts

Marion and Polk County are in the Willamette Valley and at the timing of the last census (2020) were the 5th and 13th most populous counties in Oregon respectively.[1] The community spans about 1,950 square miles, of which 1,200 square miles were in Marion (61.5%) and 750 square miles were in Polk (38.5%). In Marion, the five largest cities were Keizer, Salem, Silverton, Stayton, and Woodburn, which was home to 66% of the county's total population. The remaining 34% live in one of the smaller 15 cities or on unincorporated land.[2] In Polk, the largest cities were Dallas, Falls City, Independence, Monmouth, West Salem, and Willamina, of which about 84% of Polk's population resided.

Population

- As of the 2020 Census, there were about 433,353 people living in the community, which was about 10% of the total state population.[1] Of those, it is estimated that 345,920 people lived in Marion and 87,433 lived in Polk. Since 2010, the population increased by about 9.5% in Marion and 15.7% in Polk, which was similar to the increase in Oregon (10.4%). There were also a larger number of people living per square mile in the community compared to Oregon and this was especially true for Marion.

Community population, Decennial Census, 2020			
	Marion	Polk	Oregon
Total Population	345,920	87,433	4,237,256
Population change since 2010	+9.5%	+15.7%	+10.4%
Population density (persons per square mile)	290.1	117.5	43.1

Sex (assigned at birth)

It is important to identify the makeup of populations by sex as disease and other health factors often occur at different rates in males than females. For example, males rarely develop breast cancer.

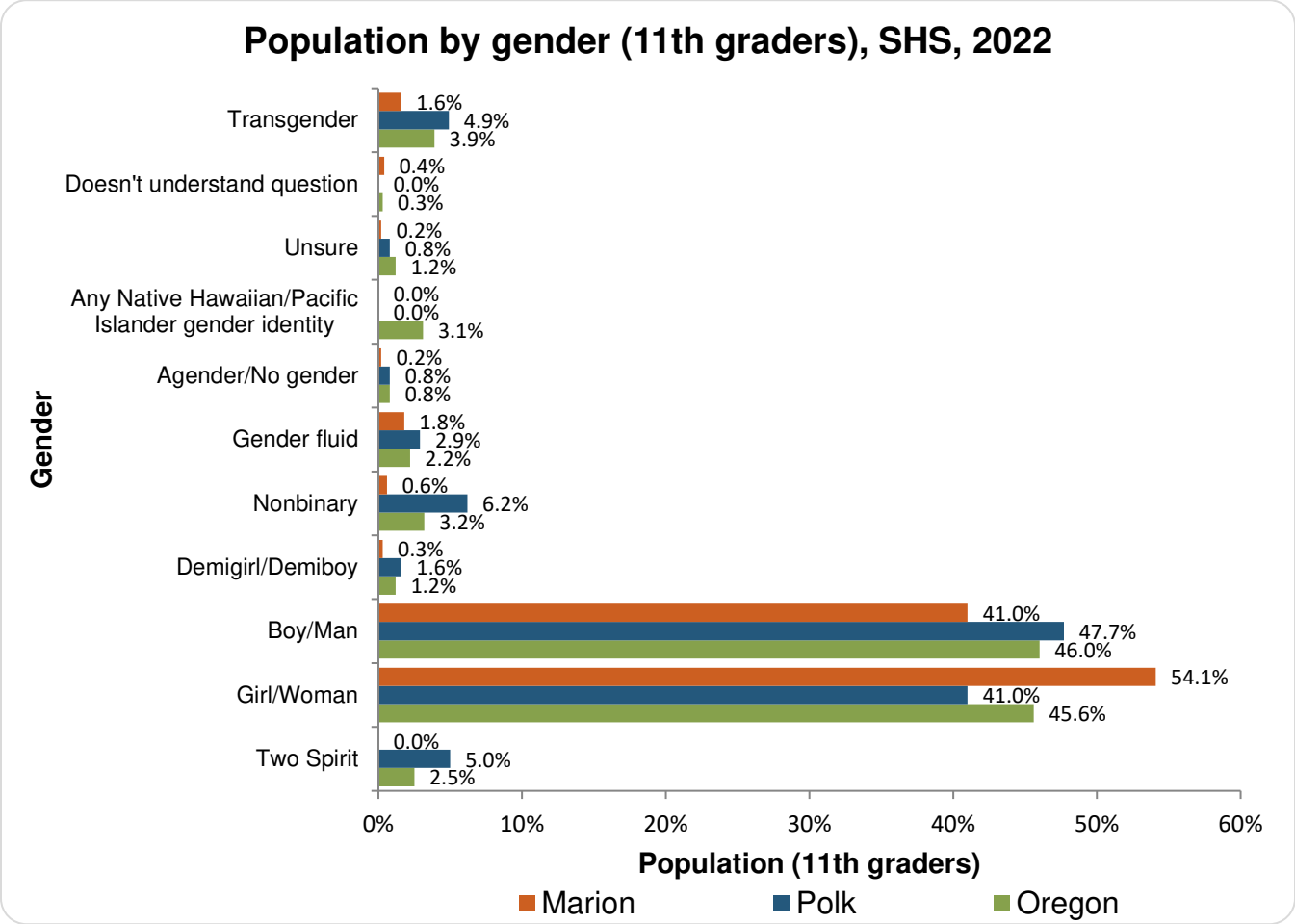
- About half of community members identified as female, which was similar to Oregon.[3]

Community population by sex, ACS, 2022			
Demographics	Marion	Polk	Oregon
Female	49.5%	51.1%	50.0%
Male	50.5%	48.9%	50.0%

Gender

Gender refers to an individual's sense of their self as a man, woman, transgender, or some other gender. A person's gender may potentially lead to socioeconomic and structural barriers that can reduce healthcare access and increase the chance of poor health outcomes. *Note that estimates for adults were not available at the timing of this report.*

- A diversity of gender responses was observed for 11th graders locally and in Oregon.[4] A greater percentage of 11th graders identified as boy/man or girl/woman than other genders. A smaller percentage of Marion 11th graders identified as transgender than Polk and Oregon.



Sexual Orientation

Sexual orientation refers to a person's sexual and emotional attraction to another person and the behavior and/or social affiliation that may result from this attraction (e.g., lesbian, gay, bisexual, etc.). Minority groups, such as lesbian, gay, and bisexual individuals, may experience higher levels of discrimination and stigma, which can lead to health disparities.

- Various sexual orientations were represented, both locally and in Oregon.[5] The vast majority of adults in the community and Oregon indicated that their sexual orientation was heterosexual. A

smaller, but similar percentage of adults indicated that their sexual orientation was bisexual, gay or lesbian, or other orientation, both locally and in Oregon.

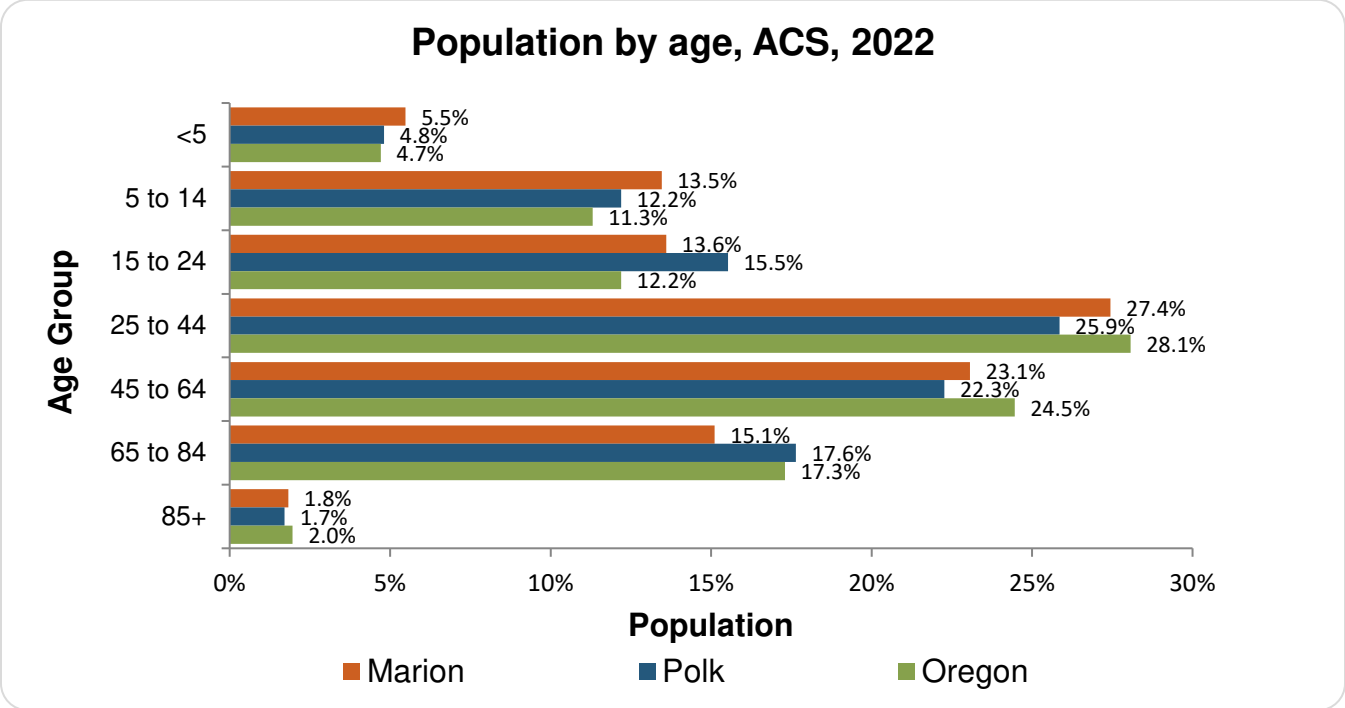
Community population by sexual orientation (adults, 18 and over), BRFSS, 2014-2017			
Demographics	**Marion**	**Polk**	**Oregon**
Bisexual	2.0%	1.8%	3.1%
Gay or lesbian	1.6%	1.4%*	2.1%
Heterosexual	94.4%	96.0%	93.5%
Other	1.9%	0.8%*	1.3%

* - estimate may be unreliable and should be interpreted with caution

Age

Age is one of the most important predictors of overall health, as people of different age groups experience different health challenges. For example, young children and older adults (over 65 years of age) are more likely to die from flu than individuals in other age groups.

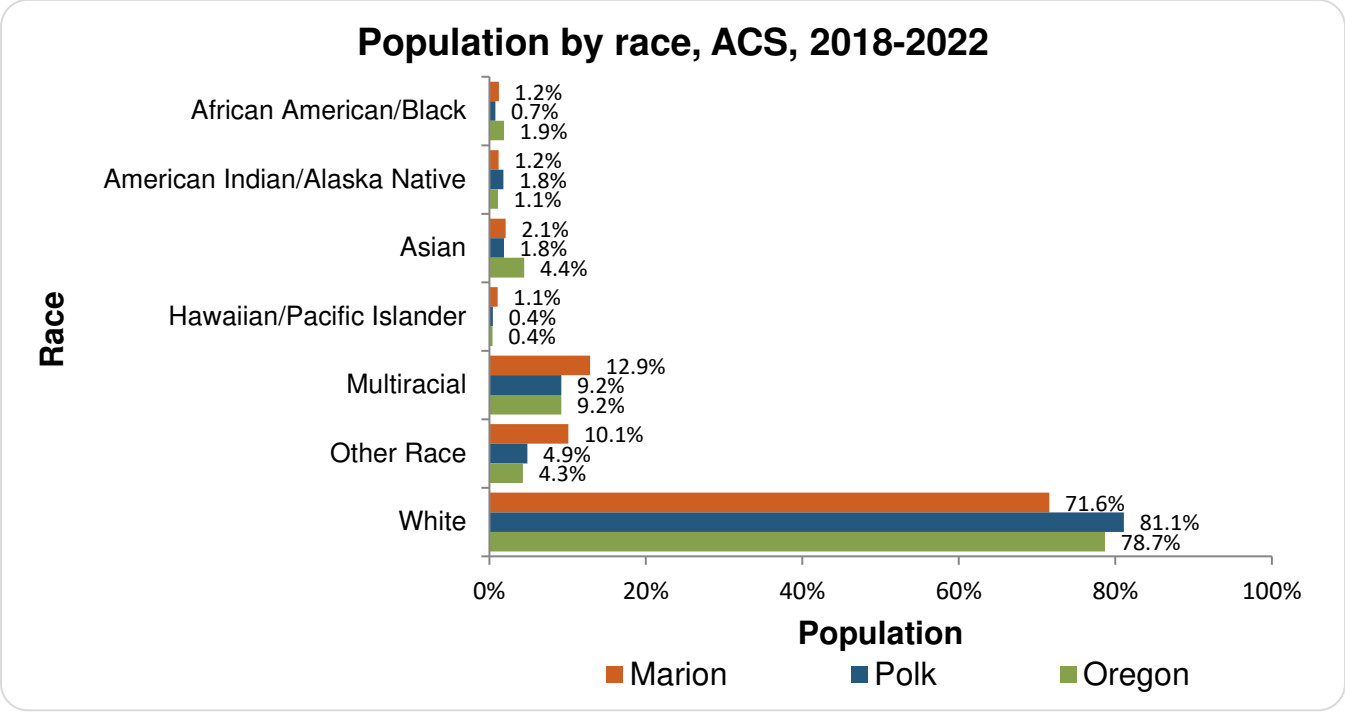
- In the community, about 1 in 3 people were younger, under the age of 25, which is a larger proportion than Oregon.[3] There was also a smaller proportion of working age adults (25-64) in the community than Oregon. In 2022, the median age was lower in Marion (37.5 years) compared to Polk (37.7 years) and Oregon (40.5 years).[3]



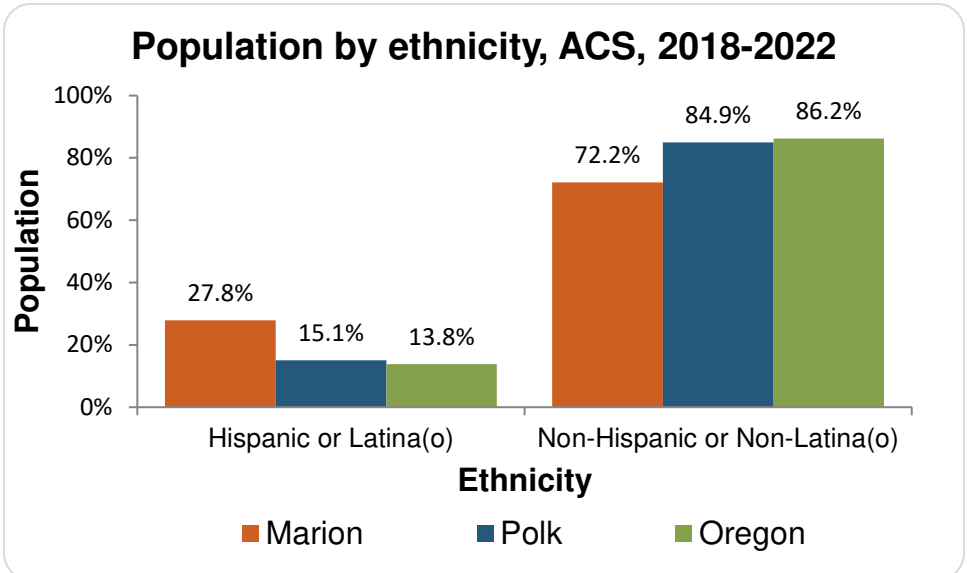
Race and Ethnicity

Race refers to physical characteristics such as skin color, while ethnicity refers to cultural factors such as nationality. People of various races and ethnicities often have different life experiences and exposures, which can put them at higher or lower risk of poor health outcomes.

- The community was diverse, with various races and ethnicities represented.[3] A greater percentage of people in the community identified as American Indian/Alaska Native, Hawaiian/Pacific Islander, Multiracial, or Other Race than Oregon.



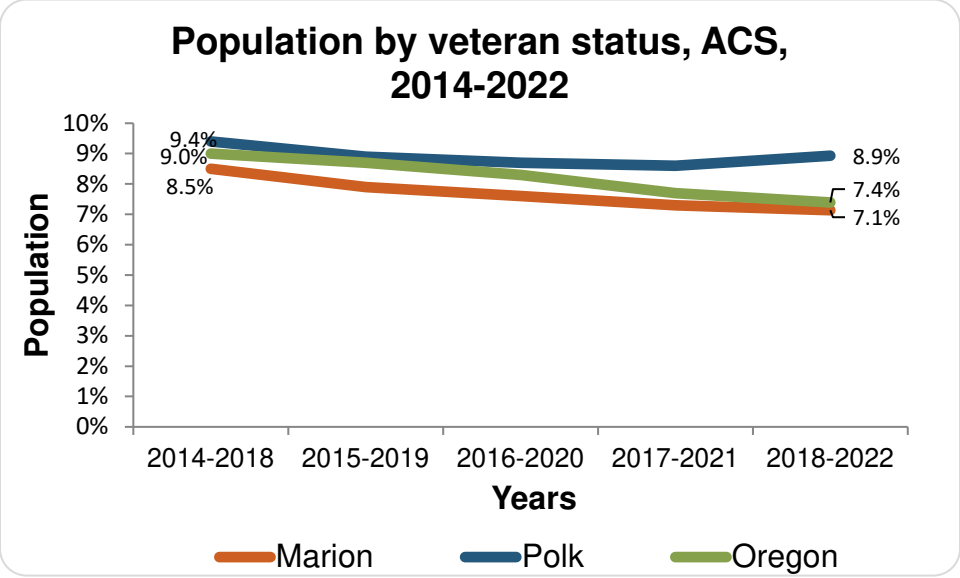
- A greater percentage of the community identified as Hispanic or Latina(o) than Oregon, which was especially true in Marion, as over 1 in 4 people identified as Hispanic or Latina(o).[3]



Veterans

During service, military personnel can experience higher rates of exposure to adverse environmental factors that can increase risk for chronic health conditions and/or disability.

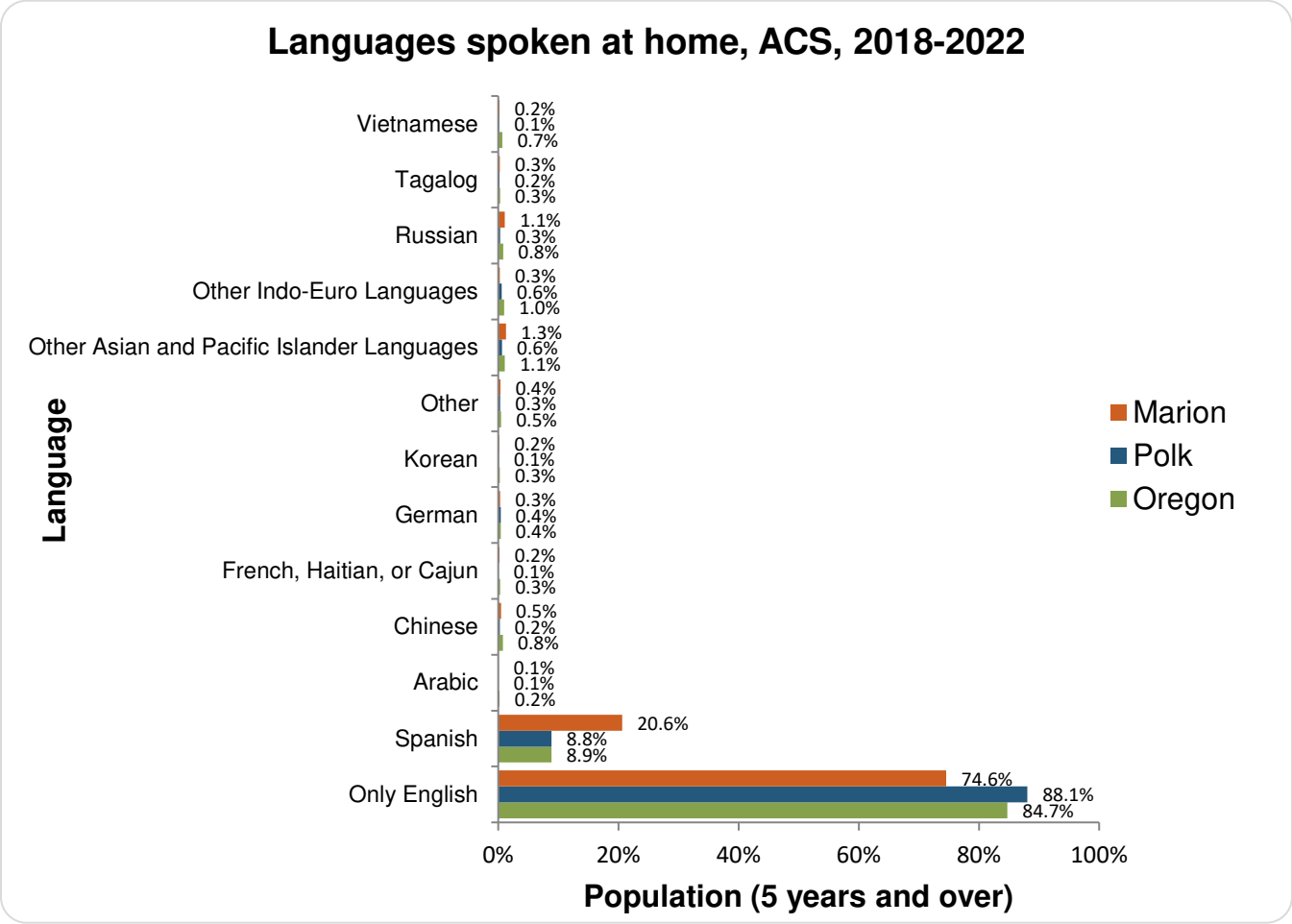
- In Polk, about 8.9% of community members were veterans and this was higher than Marion (7.1%) and Oregon (7.4%).[3] The percentage of veterans living in the community decreased in recent years, most of whom served in Vietnam or the Gulf War.



Language

As the community continues to become more diverse, the number of languages spoken increases. Difficulty speaking, reading, or understanding English can present barriers to seeking, accessing, and receiving necessary healthcare and other services.

- About 1 out of 4 households (25.4%) in Marion spoke a language other than English at home, which was higher than Polk (11.9%) and Oregon (15.3%).[3]
- Spanish, Asian or Pacific Islander languages, and Russian were the most common languages spoken after English.[3] About one in five households (20.6%) in Marion spoke Spanish, which was higher than Polk (8.8%) and Oregon (8.9%).



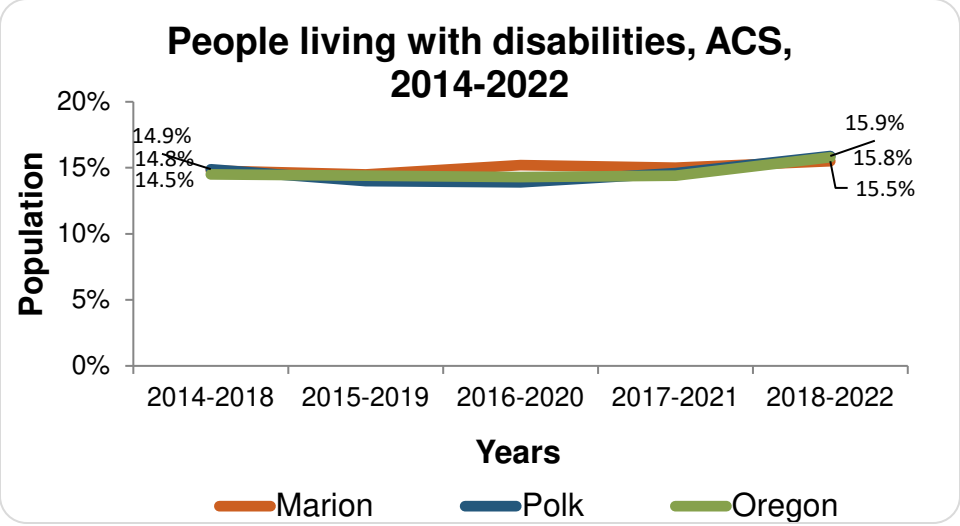
"Language is the biggest hurdle for newcomers. It's not just about speaking English; it's about understanding how things work here, and that's really hard when you don't know the language well."

– Focus Group Participant

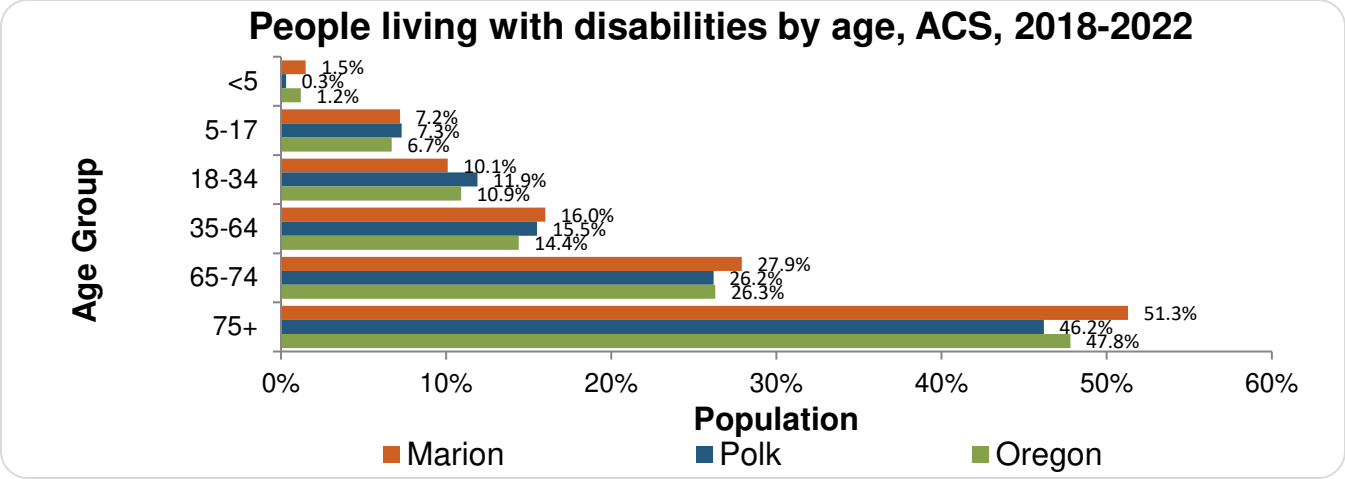
People Living with Disabilities

According to the CDC, a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and to interact with the world around them (participation restrictions).[6] There are many types of disabilities and two people with the same disability may be affected in different ways. Adults living with disabilities are at greater risk of chronic disease such as diabetes and cancer; they are also more likely to be current tobacco smokers, and in some cases are less likely to receive preventive screenings to catch disease early. It's important to note that some people that might fall under the disability definition don't consider themselves to be disabled, for instance, some members of the deaf and hard of hearing community prefer to be viewed as linguistically diverse.

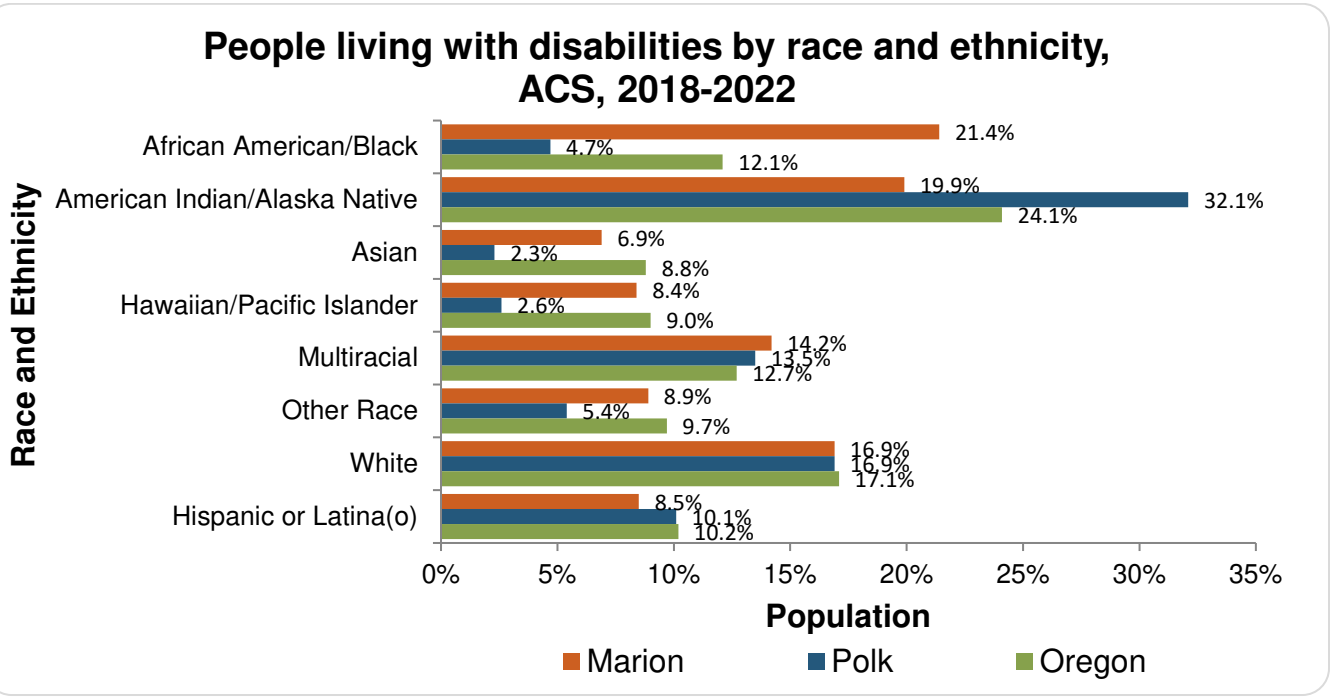
- About 1 in 6 people in the community were living with a disability, which was similar to Oregon.[3] The proportion of people living with disabilities increased in all regions in recent years.



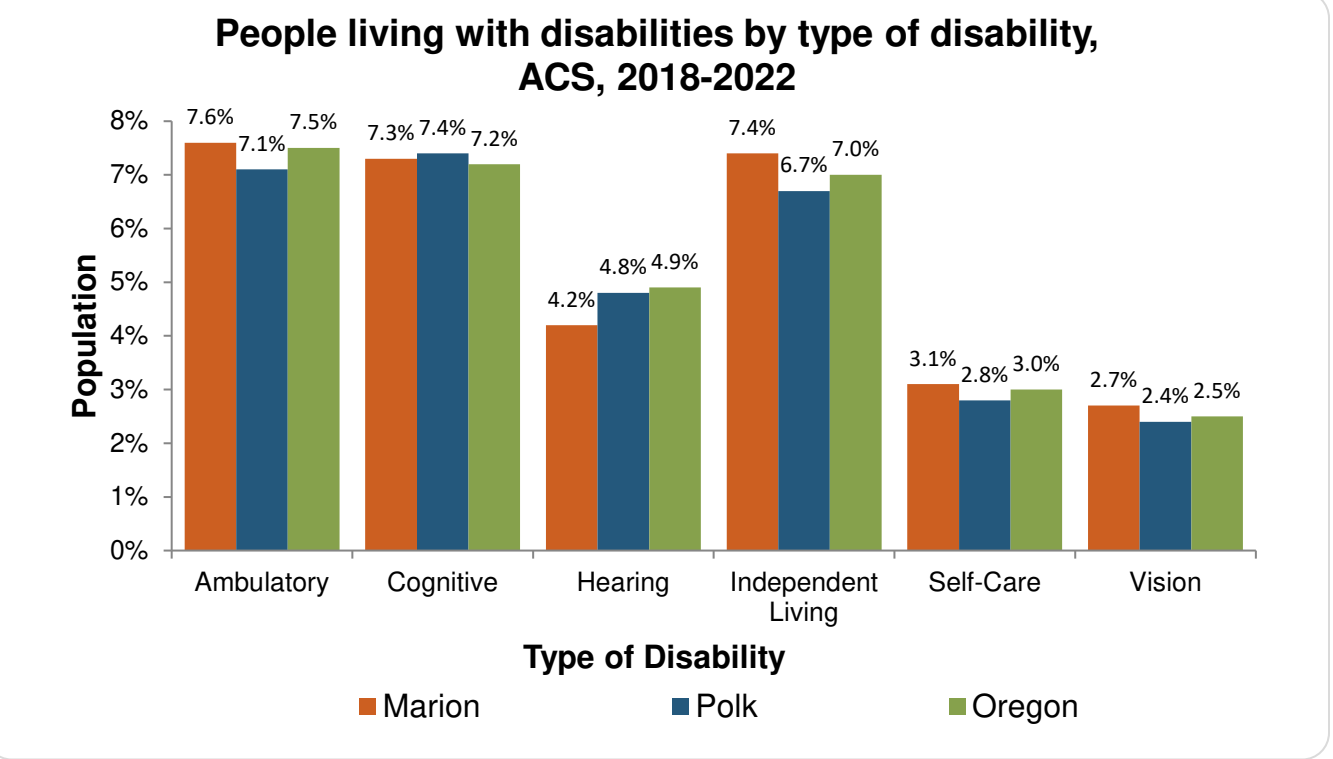
- The percentage of people living with disabilities in the community increased with age.[3] About half of community members over the age of 75 were living with a disability.



- People who identified as African American/Black, American Indian/Alaska Native, White, or Multiracial, had a higher proportion of people living with disabilities than their peers.[3]



- The three most common types of disabilities in the community were difficulties walking (ambulatory), cognitive difficulties, and difficulties living alone (independent living).[3]
- About 1 out of 25 people were living with a hearing disability in the community.[3]
- About 1 out of 40 people were living with a vision disability in the community.[3]



Population Projections

Forecasting future population changes and demographic shifts can help with planning for health resources and needed infrastructure to meet the needs of the community.

- The population is expected to grow over the next 50 years.[7] It is estimated that the community will exceed 545,000 members by 2045, an increase of 25.9% compared to 2020, and Polk will be growing at a faster rate than Marion. Increases in population size will primarily be due to improvements in healthcare, extending the lifespan, and increases in migration.
- Annual net migration is expected to remain neutral through 2045 in Marion, while increasing in Polk.[7]
- The fertility rate, or the average number of children born to a woman in her lifetime, is expected to decrease through 2045 in the community.[7] The number of deaths is expected to surpass the number of births in a given year by 2030.
- The community is aging, as a greater proportion of community members are predicted to fall into older age groups in the future.[7] This change is important, as it highlights the need to prepare for the growing health needs of an aging population.
- The community is becoming more diverse with regard to race and ethnicity.[7] Minority populations are growing and comprise a greater proportion of the population, which has been especially true for the Hispanic or Latina(o) community. There was a substantial increase in this population from 2000 to 2019, due in part to Hispanic and Latina women having higher fertility rates on average than White, non-Hispanic/Latina women.

Community population projections, US Census & PSU, 2000-2070

	Historical			Estimates		Forecast			
	2000	2010	AAGR (2000-2010)	2020	AAGR (2010-2020)	2045	2070	AAGR (2017-2035)	AAGR (2035-2067)
Total Population									
Marion	284,834	315,335	1.0%	349,121	1.0%	416,327	461,514	0.7%	0.4%
Polk	62,380	75,403	1.9%	83,805	1.1%	128,783	189,106	1.7%	1.5%

AAGR = Average Annual Growth Rate

Social Determinants of Health

Social Determinants of Health

The social determinants of health (SDOH) are the circumstances in which people are born, grow up, live, work, age, and the systems put in place to deal with illness (World Health Organization). Examples of these social determinants include socioeconomic status, education, housing, access and availability of healthy food, and safety among others. The social determinants of health are shaped by the economy, social policy, and politics. Changing policies around the social determinants of health can help to promote health equity and improve the health of the community.

> **Health Equity:** *Absence of unfair, avoidable, or remediable differences in health, which is achieved when all people can reach their full health potential. (World Health Organization)*

Key Findings for Marion & Polk Counties:

- Despite improving economic conditions, such as increased household income and relatively low unemployment, costs of living remained elevated, offsetting these gains. Housing is a key example, which for many remains unaffordable, due in large part to lack of supply. This is perhaps most evident with increased rates of homelessness in the community, as Oregon had the 3rd highest rate of people experiencing homelessness and was 1st in the nation for unsheltered homelessness among families with children. For people with housing, costs associated with housing remained a substantial burden for renters and homeowners. Over half of renters in the community paid 30% or more of their household income on rent and when considering all households, about 1 in 3 had high costs of housing, which includes utilities and other expenses. In a recent MP-CHC community survey, housing was identified as the most needed area of improvement.
- High costs of living were especially felt by community members living in poverty. About 1 in 7 people were living in poverty locally, compared to 1 in 8 in Oregon. Poverty was higher in people who were younger, female, identified as African American/Black, American Indian/Alaska Native, Hawaiian/Pacific Islander, Multiracial, Other Race, or Hispanic/Latina(o). The MP-CHC survey found that economic stability, which aims to improve local economic conditions along with reducing poverty, was the 2nd most needed area of improvement.
- Another area affected by high costs was nutrition. As about 1 in 10 community members were food insecure, which worsened in recent years after a brief period of improvement during the COVID-19 pandemic. Given the higher local poverty rates, the community was also more reliant on government assistance programs like SNAP, to bridge the nutrition gap. Nutrition was identified as the 6th most needed area of improvement on the MP-CHC survey.
- Education, often considered the gateway to higher earnings and economic stability, was lower in the community compared to Oregon, as observed by a lower percentage with a high school diploma/GED, lower percentage graduating from high school on time, and lower pre-school enrollment. Educational achievement was not equally shared, as males and people who identified with a community of color had a lower percentage with a high school diploma/GED than their peers. Education was identified as the 5th most needed area of local improvement on the MP-CHC survey.

- Transportation indicators suggested a worsening in the community, as more people were spending more time commuting to work or driving alone. Additionally, the community was more reliant on personal vehicles to get to work than Oregon, as a smaller percentage of people living locally said that they walked, biked, or took public transportation to work. Motor vehicle fatalities have trended higher in recent years along with pedestrian fatalities, and rates were generally higher locally than in Oregon. Transportation was identified as the 8th most needed area of improvement on the MP-CHC survey (lowest overall ranked area of need).
- Violent crime gradually increased in the community in recent years. The most common violent crime was aggravated assault, followed by robbery, forcible rape, and willful murder. The violent crime rate was higher in Marion than Polk and Oregon. The rate of child abuse was higher in the community compared to Oregon and decreased in the state and Marion, but increased in Polk recently. Community safety, which includes efforts to reduce violence and crime, was the 4th most needed area of improvement on the MP-CHC survey.
- The Social Vulnerability Index, which considers various factors that affect responses during emergencies, found that Marion was at a "high" level of vulnerability, compared to a "low-medium" level of vulnerability for Polk.

Socioeconomics

Socioeconomic status is a key predictor of overall health and well-being. The amount of resources available to a person or a household is a critical gateway to accessing health services and engaging in activities. For those who find themselves living below the Federal Poverty Level, there may not be enough resources available to sustain themselves and their families, which can create an increased need for public assistance for health insurance (Medicaid) or food benefits (SNAP, WIC, and others). As part of the Community Context Assessment, a local survey in Marion and Polk was conducted by the MP-CHC in 2024, which found that economic stability was the 2nd most needed area of improvement locally.[8]

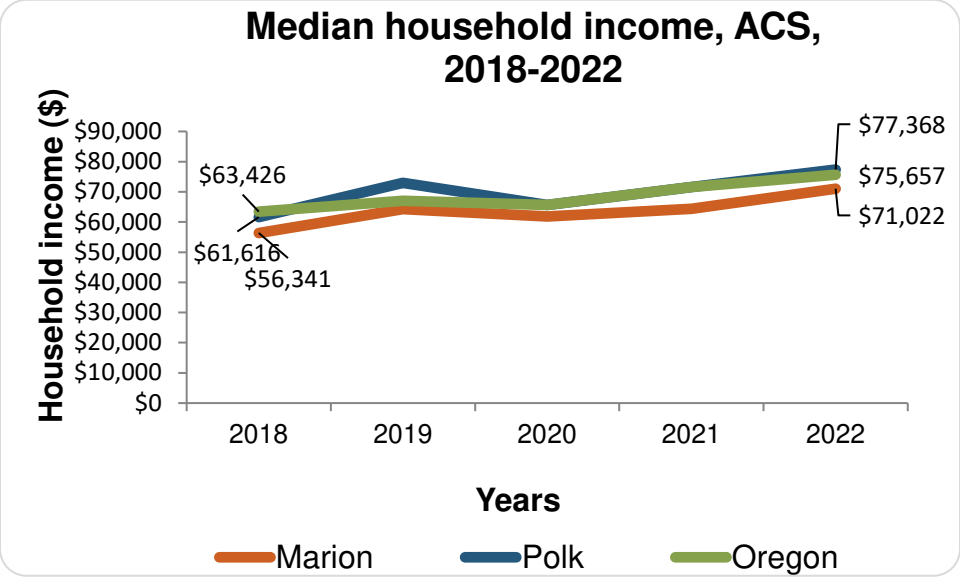
> ***"There is a strong correlation between overall health and economic stability in my community."***
>
> *– Survey Respondent*

Income & Employment

The connection between health and wealth is well established.[9] Greater wealth is associated with lower mortality, higher life expectancy, and lower risk of obesity, smoking, hypertension, and asthma, among others. As income is a key driver for building wealth, and employment is the main source of income for most, it is important to consider these factors in the context of local health.

- Households with larger incomes (80th percentile) had 4 to 5 times more income than households with lower incomes (20th percentile).[10] This income inequality was slightly higher in Oregon and Polk than Marion.

- The median annual household income was higher in Polk ($77,368) than Marion ($71,022) and Oregon ($75,657), which increased in all regions recently.[3] A slight decrease occurred in 2020 and 2021, which coincided with the COVID-19 pandemic.

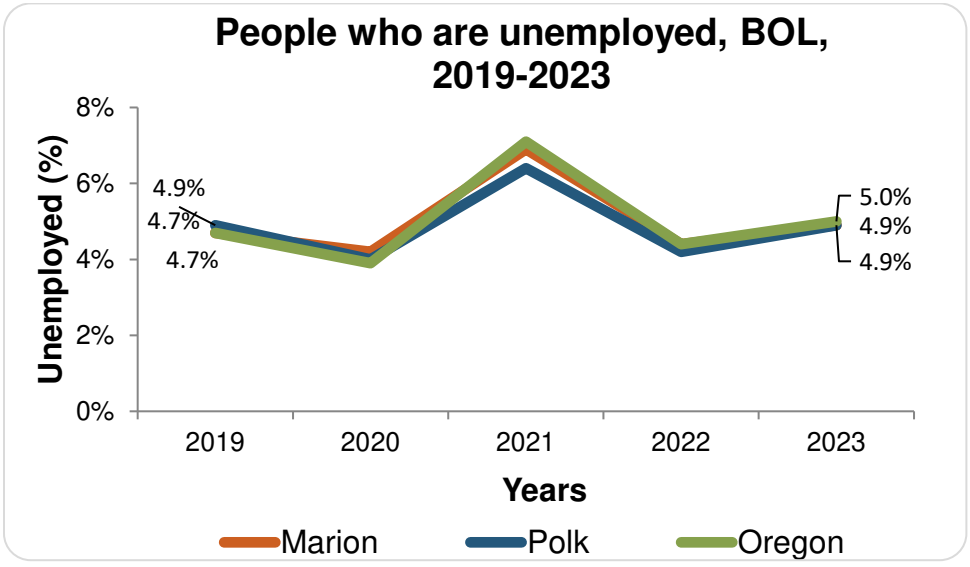


Note: income has been adjusted for inflation.

All these issues are interconnected – more social connection and better economic opportunities would reduce homelessness and violence, and promote better mental health, which relates to physical health."

– Survey Respondent

- After a large increase in unemployment in 2021, unemployment levels have largely decreased to pre-pandemic levels.[11] Unemployment levels in the community were similar to Oregon, hovering around 5% in 2023.



Note: population 16 years and over, who are unemployed as a percent of U.S. civilian labor force.

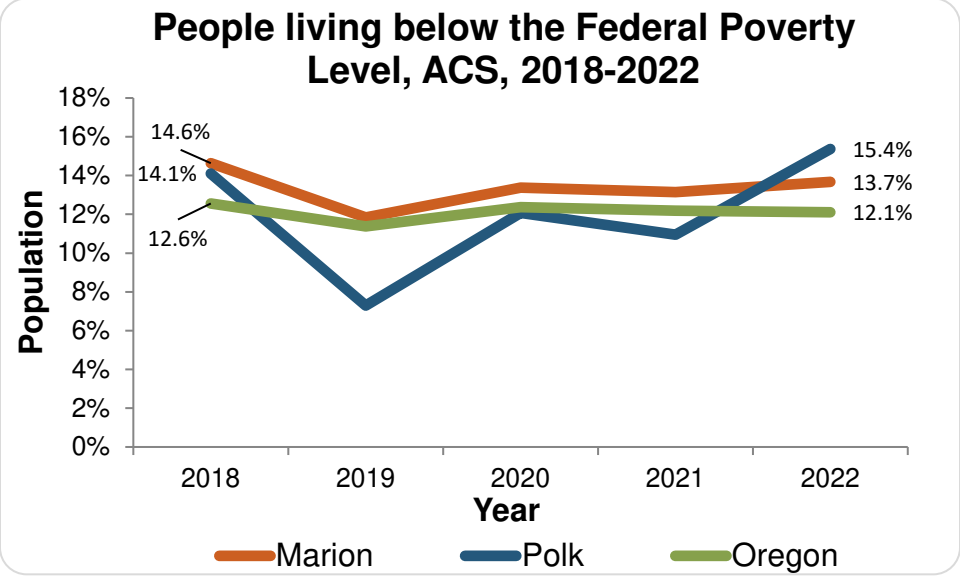
"Knowing that you have a safe job and that you don't have to worry about how you are going to make ends meet. That favors my mental well-being, I think, my peace of mind." – *Focus Group Participant*

"I applied for like 15 different jobs…I did probably seven background checks and seven drug tests, and then all of them were denied, and I really got discouraged." – *Focus Group Participant*

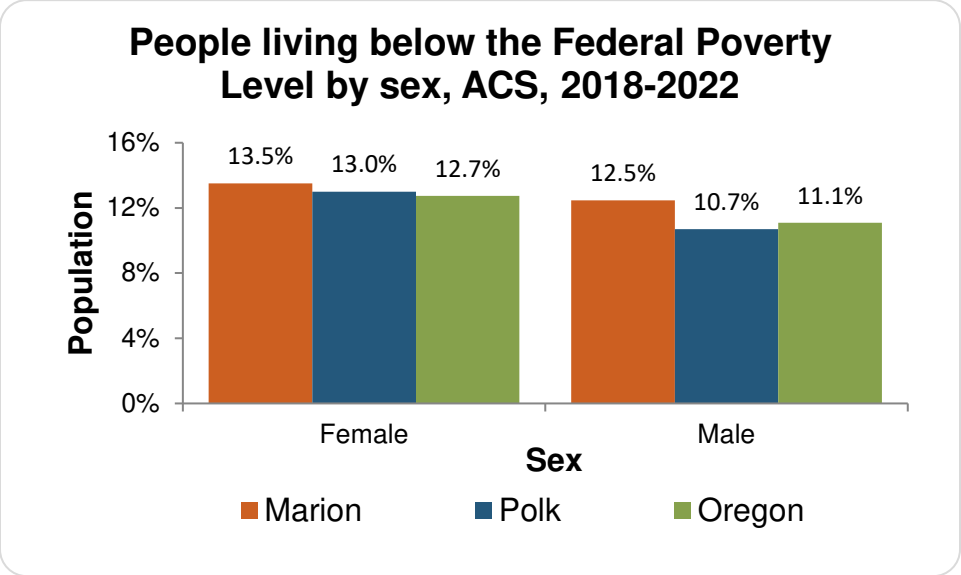
Poverty

The Federal Poverty Level (FPL) is an income threshold set by the government that is often used to determine eligibility for certain programs and benefits, which considers the size of families relative to income. In 2024, the FPL for a family of four was $31,200.[12]

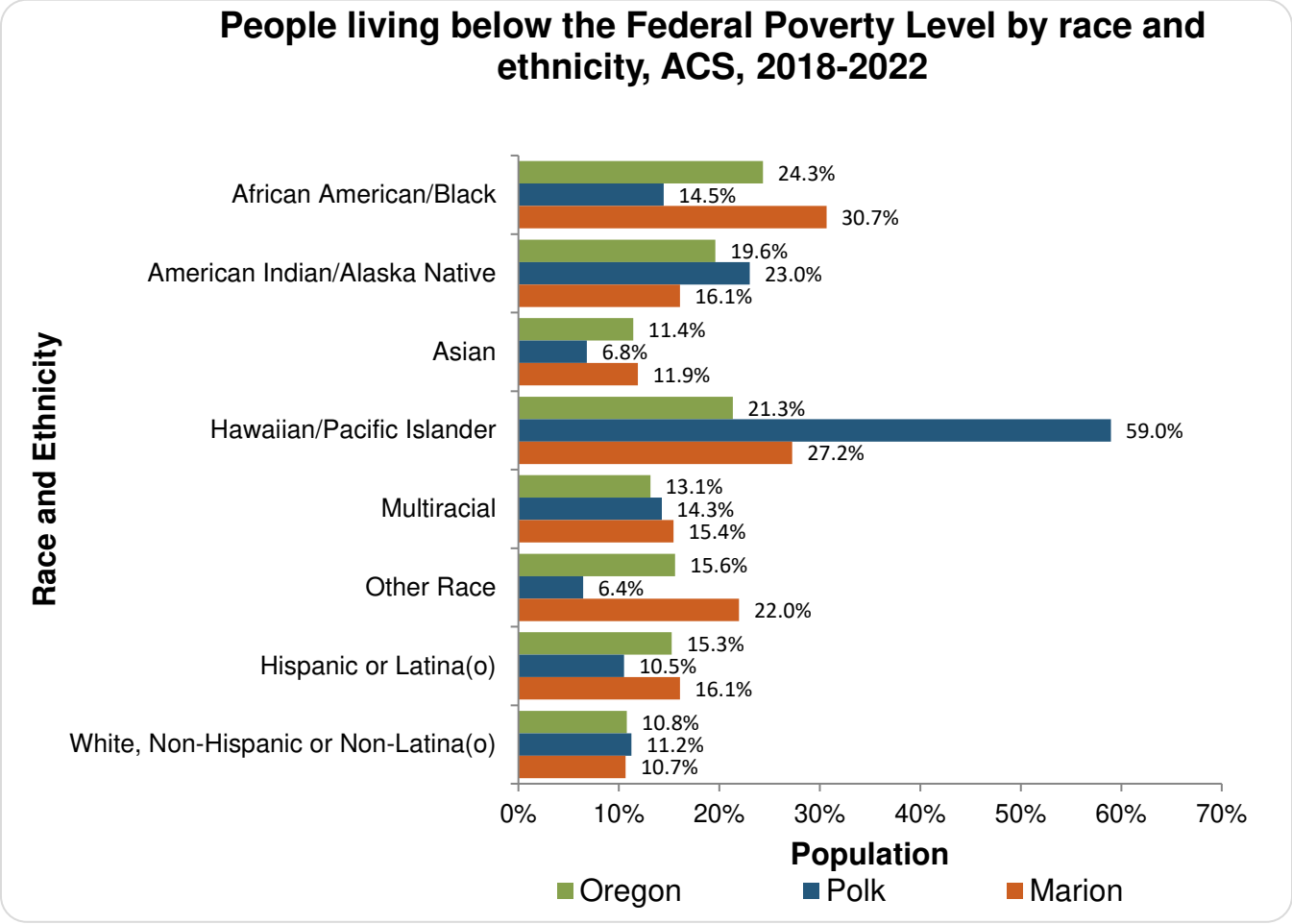
- In 2022, a higher percentage of children were living in poverty in Marion (17.0%) and Polk (19.3%) than Oregon (13.8%).[3]
- A higher percentage of people in Polk (15.4%) were living in poverty than Marion (13.7%) and Oregon (12.1%).[3] Poverty rates decreased slightly in recent years in Marion and Oregon, but increased in Polk. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (8.0%).[13]



- A greater percentage of females were living in poverty than males.[3]



- People who identified as Asian or White (Non-Hispanic or Non-Latina(o)) had a lower percentage living in poverty than their peers.[3]

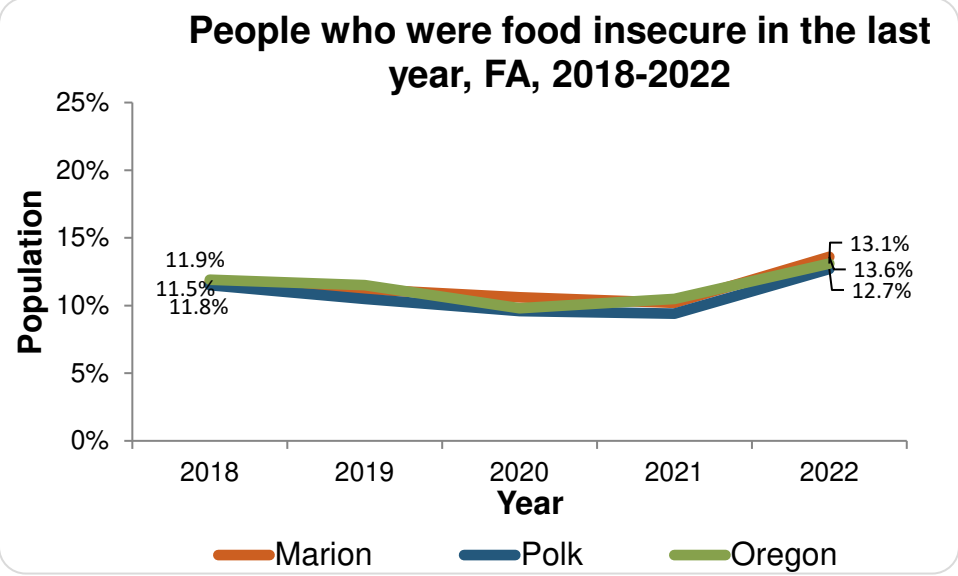


"If you got a family, and you got little kids, you have to explain to them, why you can't…get the $8 ice cream, and people will avoid even free events, because there's nothing to eat. Especially when you're low income, you feel bad, it's depressing, you know. You can't even afford your kid an ice cream cone." *– Focus Group Participant*

Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. Unemployment and poverty are strongly linked to food insecurity. Food insecurity has been associated with chronic diseases including diabetes, heart disease, and depression, along with risk factors such as obesity, high blood pressure, and high cholesterol. Nutrition, which includes food insecurity, was the 6th most needed area of improvement on a recent MP-CHC community survey, suggesting a lower level of importance compared to other more pressing issues.[8]

- More than 1 in 8 community members were food insecure, which was similar to Oregon.[14] Overall, the proportion of the population who were food insecure has been increasing in recent years.



Note: percentage of the population that experienced food insecurity at some point during the year. Measure considers closely linked indicators (poverty, unemployment, homeownership, disability, etc.) to generate a composite measure of food insecurity.

- In 2022, a higher percentage of children in Marion were food insecure (18.5%), than Polk (17.8%), and Oregon (17.3%).[14] Of those children who experience food insecurity, 27.0% in Marion, 33.0% in Polk, and 36.0% in Oregon were not eligible for federal nutrition assistance, which increased the demand on charitable sources for food.

"I believe that if we eat healthy, we are going to be healthier. But sometimes we do not have enough budget to buy what is healthy and cheaper." *– Focus Group Participant*

- As a greater percentage of community members were living in poverty than Oregon, there's a greater reliance on public assistance. In 2022, a higher proportion of households were receiving SNAP (food benefits) in Marion (20.4%), than Polk (17.7%), and Oregon (16.1%).[3]

"One of the things that can happen is for a number of people getting help at the food bank means they can stay in their home."

– Focus Group Participant

"This is my application for food stamps. I really appreciate my support system with "Punx with Purpose" and how they've helped me realize some of the ways in which I need and can ask for help. It feels good knowing there are people who actually DO want to help me and are willing to spend their time helping me fill out applications like these to make my life easier, especially because I wouldn't have understood it as well just by myself. I feel like they always help push me in the right directions to get on my feet transitioning into adulthood."

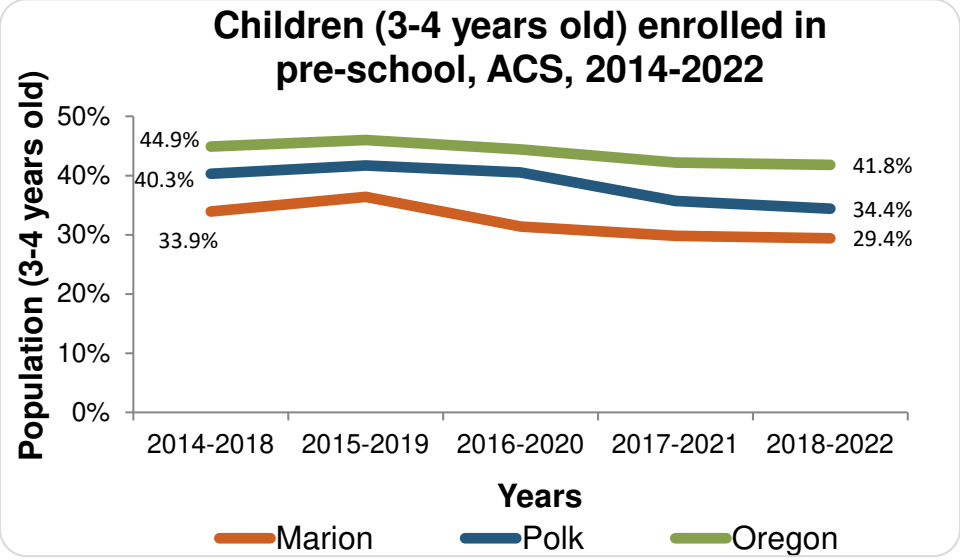
– Age 18, North Salem, PhotoVoice Submission

Education

People with higher educational achievement typically have higher incomes and engage in healthier behaviors, leading to improved quality of life and longer lives.[15] Education starts at a young age, however not everyone has the same opportunities. A recent MP-CHC community survey found that education was the 5th most needed area of improvement locally.[8]

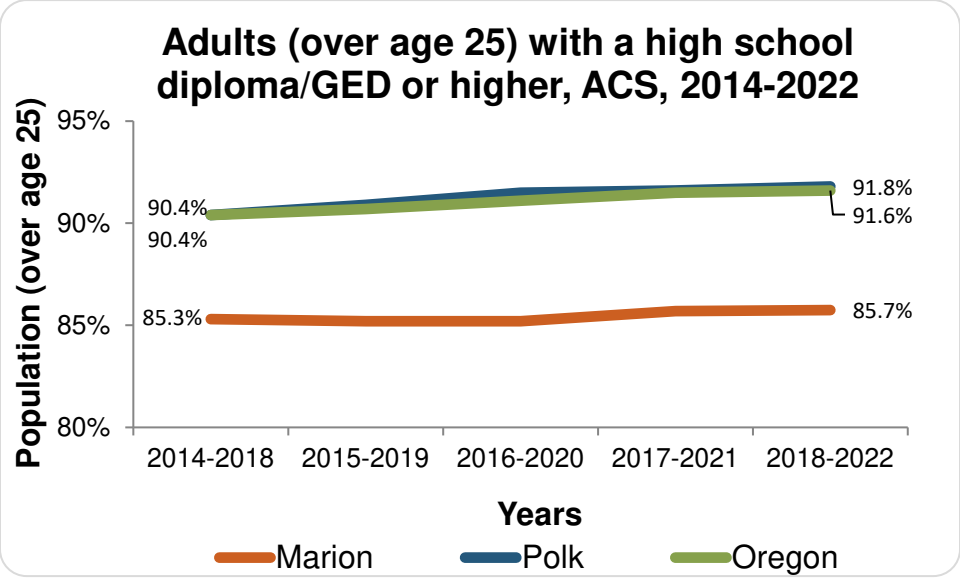
> ***"If we want a brighter future, we have to invest in our youth. Things like after-school programs, mentorship, and opportunities to learn outside the classroom can really help kids succeed."***
>
> *– Focus Group Participant*

- A smaller percentage of children (3-4 years old) in Marion were enrolled in pre-school (29.4%), than Polk (34.4%), and Oregon (41.8%).[3] The percentage of children enrolled in pre-school has decreased in recent years.

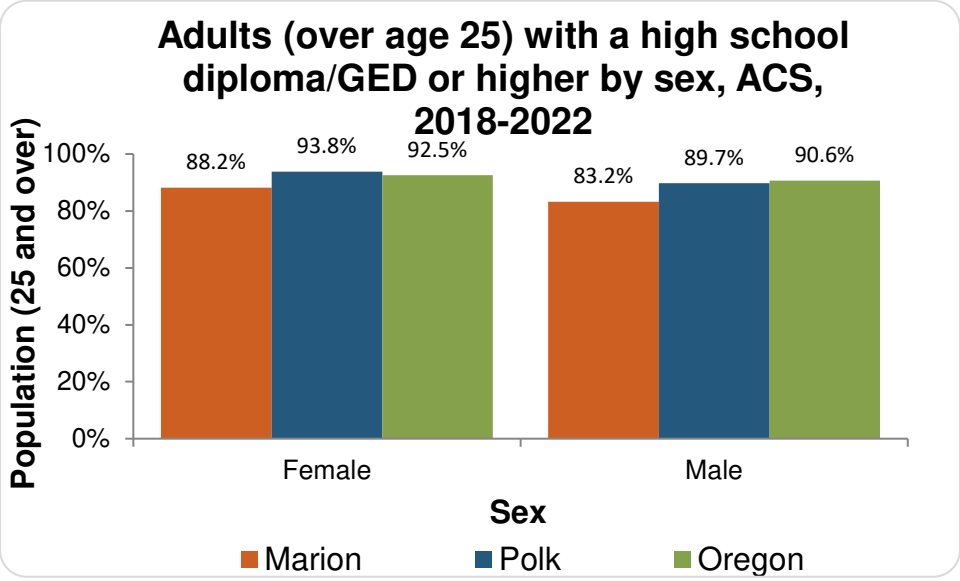


> ***"We live in a childcare desert and it's huge. It limits lots of people's participation. It limits employment. It limits economic growth in businesses."***
>
> *– Focus Group Participant*

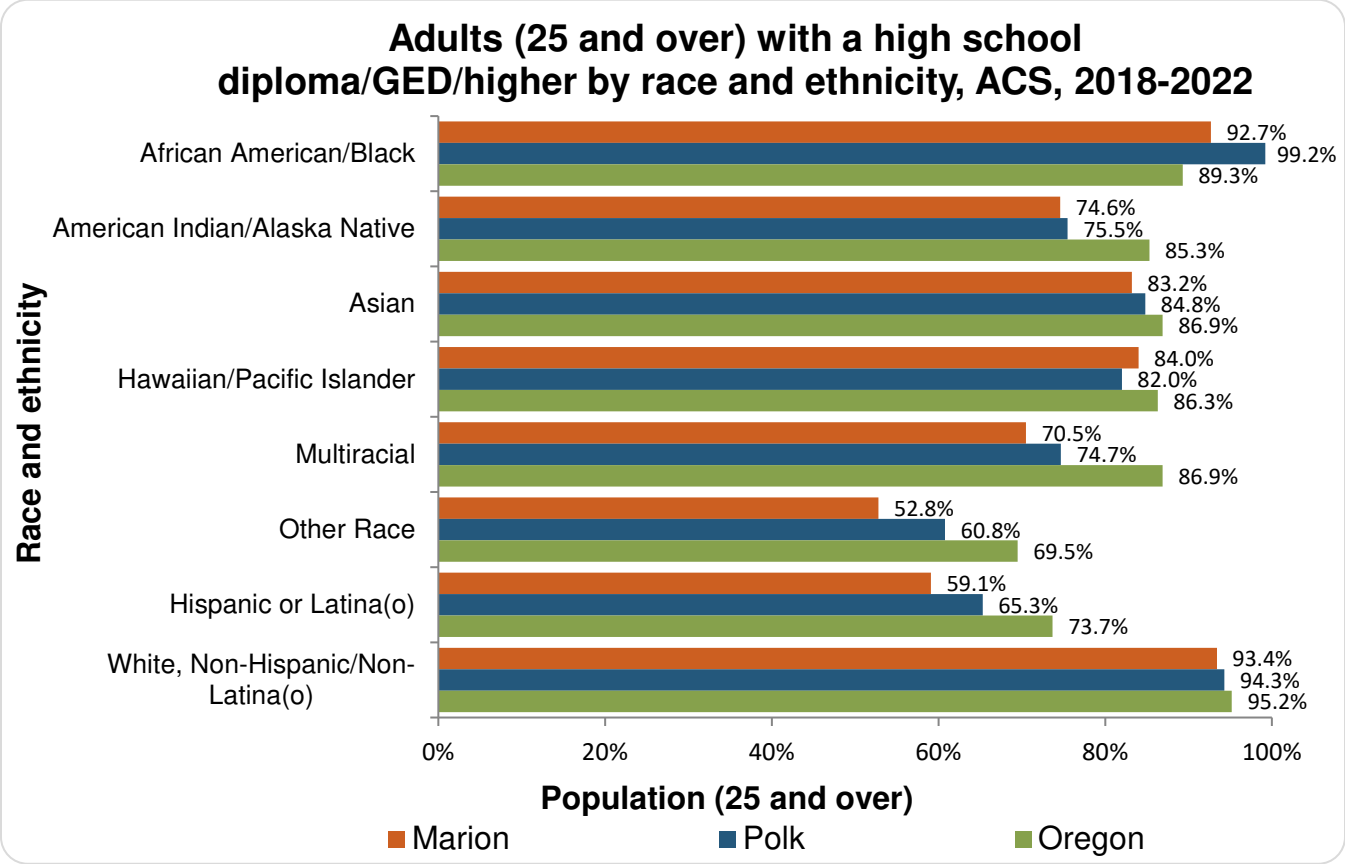
- The percentage of community members over age 25 who earned a high school diploma, GED, or a higher level degree, increased slightly in recent years.[3] Marion had a lower percentage of members who earned a high school diploma, GED, or higher level degree (85.7%), than Polk (91.8%), and Oregon (91.6%).



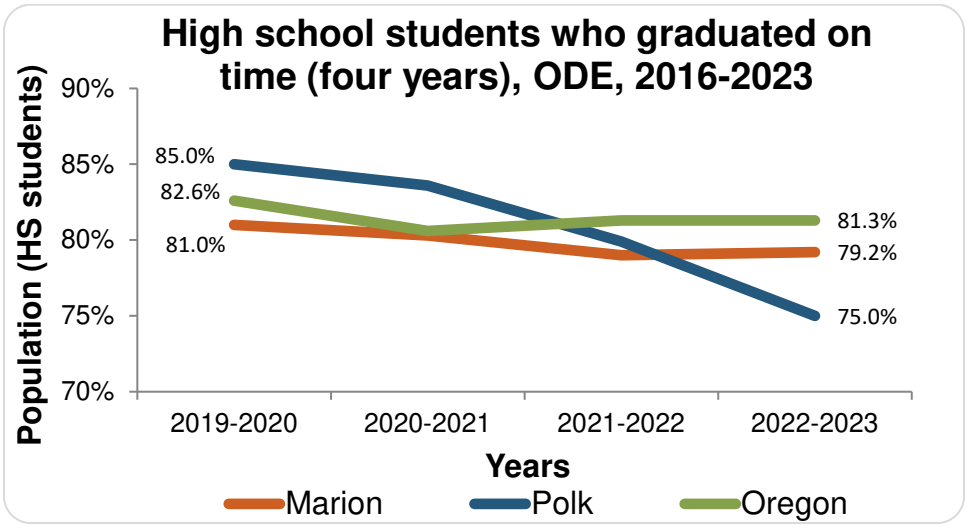
- A greater percentage of female adults had a high school diploma/GED or higher than male adults, however as previously mentioned, a greater percentage of females live in poverty.[3]



- Adults who identified with a community of color had lower educational achievement than adults who identified as White (Non-Hispanic or Non-Latina(o)).[3] Adults who identified as Other Race or Hispanic or Latina(o) had the lowest educational achievement of any racial or ethnic group.



- A smaller percentage of Polk high school students graduated on time (four years) (75.0%), than Marion (79.2%), and Oregon (81.3%).[16] The percentage of high school students graduating on time decreased recently and is not currently meeting the Healthy People 2030 goal (90.7%).[13]



"We need better primary education, higher graduation rates, and more focus on college bound students. We have many poor people - education wise & income wise. We need to fill the gap."

– Survey Respondent

"I'd really like to see better education options. My child will enter kindergarten in the next couple years, and I'm very concerned about sending him to public schools here - and I'm a former Salem-Keizer teacher. The reading and math test scores are so low - around 23% passing. I can't believe we, as a community, are just accepting of that. We hugely need literacy programs and math programs and good things for our kids to be doing to help boost those numbers." *– Survey Respondent*

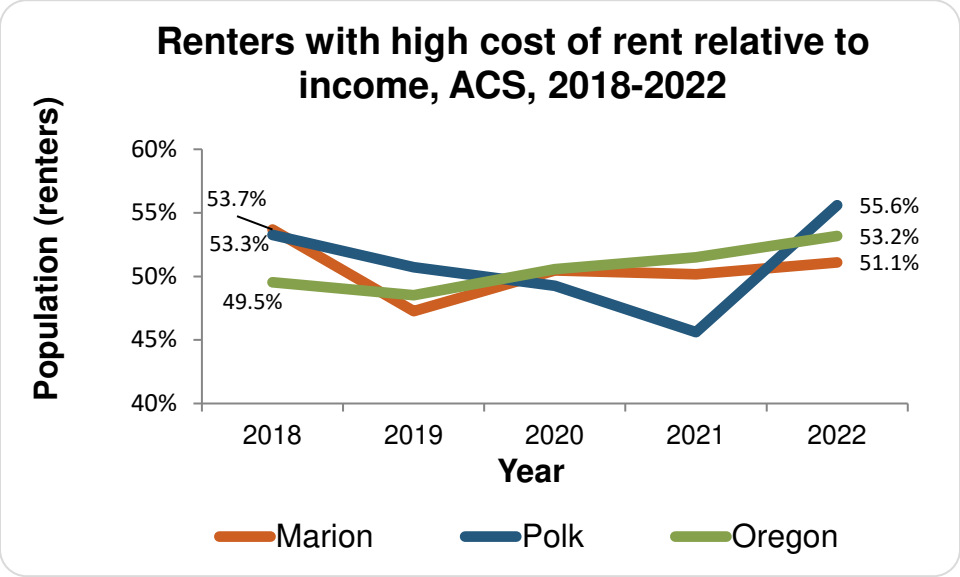
Housing & Homelessness

Having a safe, stable, and reliable home is essential to human health. When there aren't enough homes available to own or rent, housing prices increase, creating an unaffordable burden on the community. Although recent increases in household incomes have been observed, the cost for homes continues to outpace earnings due to low supply. According to a recent report, it is estimated that Oregon will need to build 500,000 housing units over the next two decades to address supply issues.[17] Inadequate and unsafe housing also contributes to health problems such as chronic disease and injuries and can have harmful effects on child development. Homelessness, a serious consequence of housing unaffordability and unavailability, continues to be a challenge for the community and Oregon. After adjusting for differences in population size, Oregon ranked 3rd overall in the nation for people experiencing homelessness, exceeded only by New York and Vermont. Oregon was 1st in the nation for unsheltered homelessness among families with children. In further support of the impact that housing is having on the community, a recent local MP-CHC survey found that housing was the most needed area of needed improvement.[8]

"There is a lack of available, affordable housing for sale and for rent, which is leading people out of the county and into neighboring places." *– Survey Respondent*

- There were 167,458 housing units in the community (132,073 in Marion, 35,385 in Polk), which increased by 9.8% from a decade ago in 2012 (8.2% in Marion, 15.9% in Polk).[3] During the same time period, the housing units in Oregon increased by 11.1%.

- There were about 2.7 people living in each household in the community, which was higher than Oregon (2.4).[3] When more people are living in households, it can lead to overcrowding. About 5-6% of households in the community were overcrowded, compared to 3.0% in Oregon.
- About half of community members who rent were overburdened and pay 30% or more of their household income on rent, which was similar to Oregon.[3] There have been some signs of improvement locally in recent years, however there was a notable uptick in 2022, specifically in Polk.

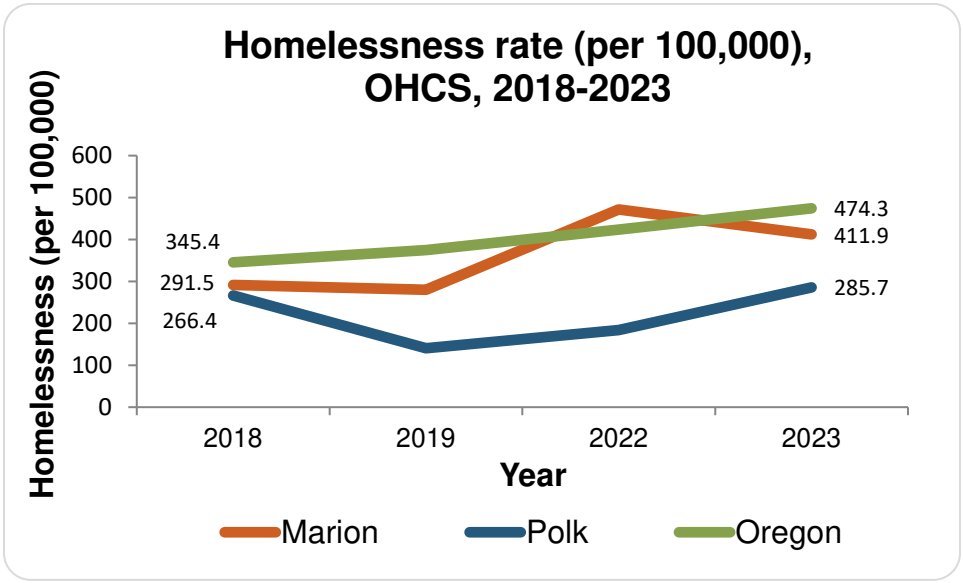


- About 3-5% of homes were available to rent at any given time in the community, which was similar to Oregon.[3] Communities with vacancy rates below 5% are indicative of high housing demand relative to supply.
- About 2 out of 3 homes in the community were owned by homeowners, which was similar to Oregon.[3] Home ownership increased between 2018 and 2022 in Marion (58.1% Vs. 62.1%) and Oregon (62.5% Vs. 62.8%), but decreased slightly in Polk (65.9% Vs. 65.4%).
- About 3 out of 10 households in the community had high housing costs (rent, mortgage, utilities, etc.) relative to income, which was similar to Oregon.[18] Neither Oregon nor the community has reached the Healthy People 2030 goal (25.5%).[13]

Housing in the community, ACS, 2022			
Indicator	**Marion**	**Polk**	**Oregon**
Number of housing units	132,073	35,385	1,879,510
Average household size (persons per household)	2.7	2.7	2.4
Overcrowded households (% of housing units with >1 occupant per room)	5.7	5.0	3.0
Renter burden (% of renters who pay 30% or more of household income on rent)	51.1	55.6	53.2
Rental vacancy rate (%)	2.5	4.6	3.7
Home ownership (%)	62.1	65.4	62.8
Housing burden* (% of households who pay 30% or more of household income on housing costs†)	32.6	29.6	31.6

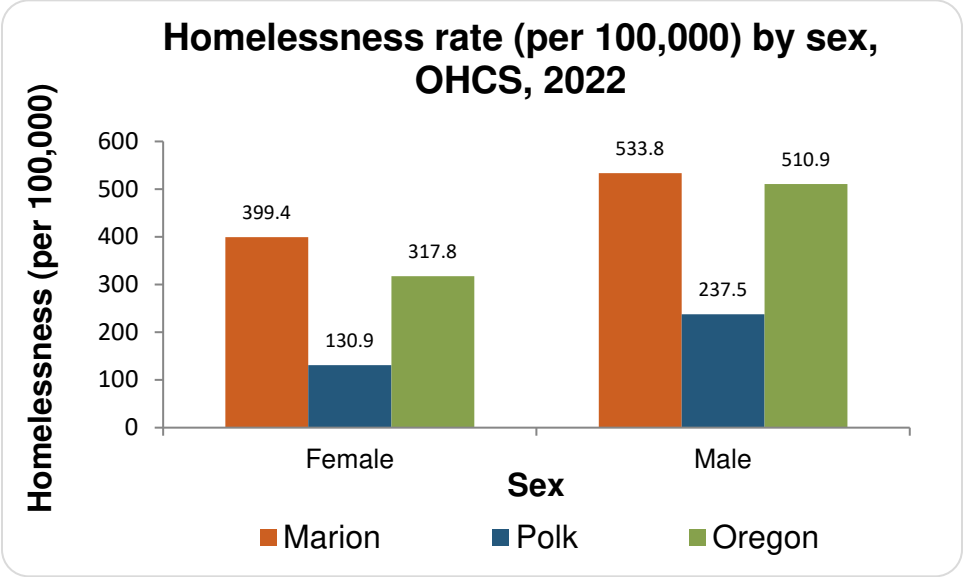
* - US Department of Housing & Urban Development, Comprehensive Housing Affordability Strategy (CHAS), 2017-2021.
† - For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

- In 2023, 1,684 community members were homeless (1,428 in Marion, 256 in Polk).[19] The rate of homelessness was lower in Marion (411.9/100,000) and Polk (285.7/100,000) than Oregon (474.3/100,000). Homelessness increased both locally and in Oregon in recent years.

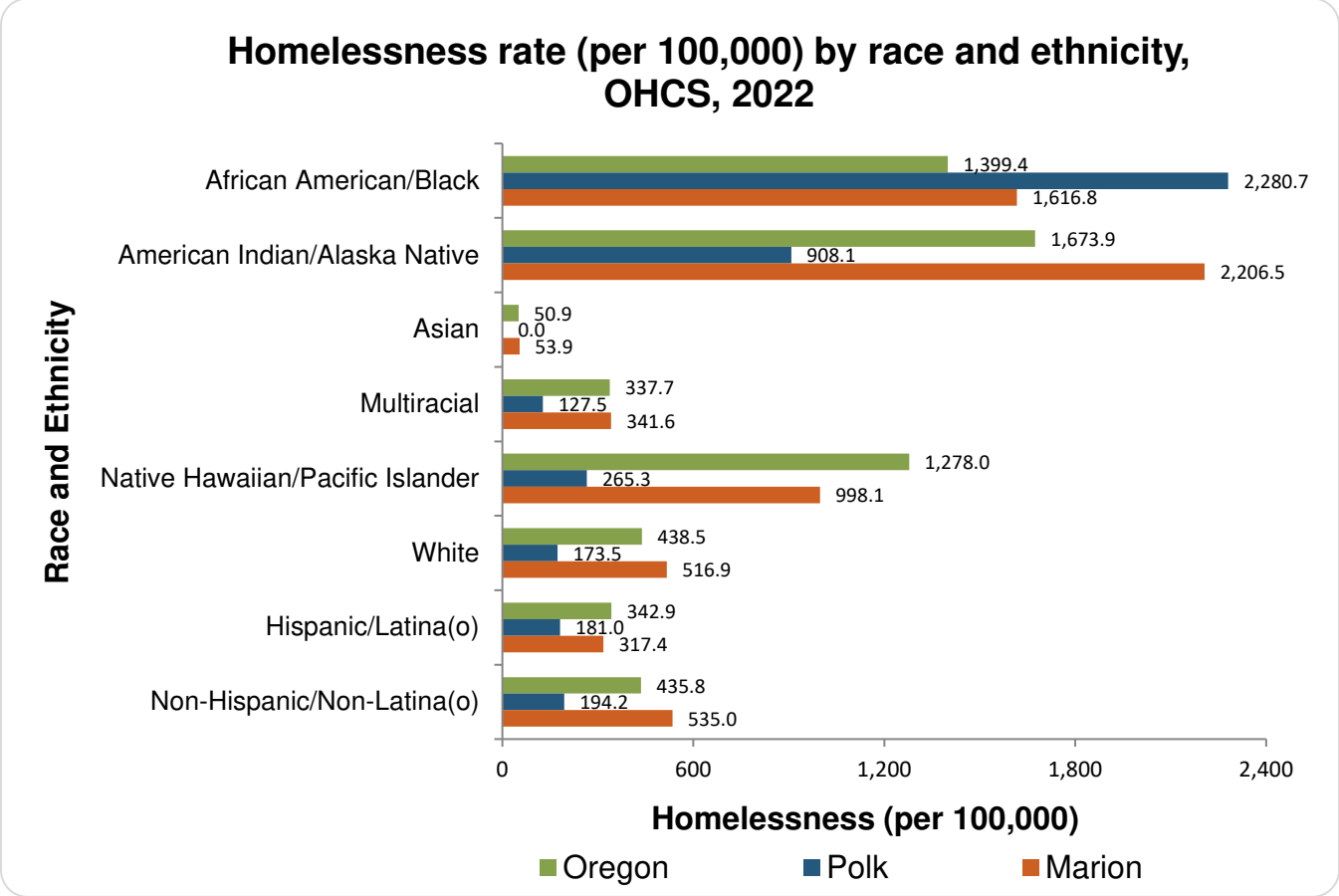


Note: 2020 and 2021 data not available

- Males had higher rates of homelessness than females both locally and in Oregon.[19]



- People who identified as African American/Black, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Non-Hispanic/Latina(o) had higher rates of homelessness than their peers.[19]



- There were 2,239 students in the community who were homeless or in an unstable housing situation during the 2022-2023 school year (2,137 in Marion, 102 in Polk).[19] Of those, 205 were unsheltered (190 in Marion, 15 in Polk) and 359 were unaccompanied youth (347 in Marion, 12 in Polk).

"I have a growing concern over the homeless population. I want to find a solution that helps them be a positive part of our community." *– Survey Respondent*

"In this photo, the inside represents the broken and destroyed homes many youth and homeless endure. The outside of the room represents a more secure life. For my mental health, the resources I was given helped me the most. I want others to experience this, too. However, there aren't enough resources for everyone to exit this "ruined" house and find a more secure life. We need more resources such as drop-in centers, transitional homes, etc. to open the door and help the community."

– Age 18, Monmouth, PhotoVoice Submission

"The homeless issue is a travesty. To see people panhandling is common and was almost a "never event" when I was young. It is a mind-numbing problem that should not be handed to the next generation."

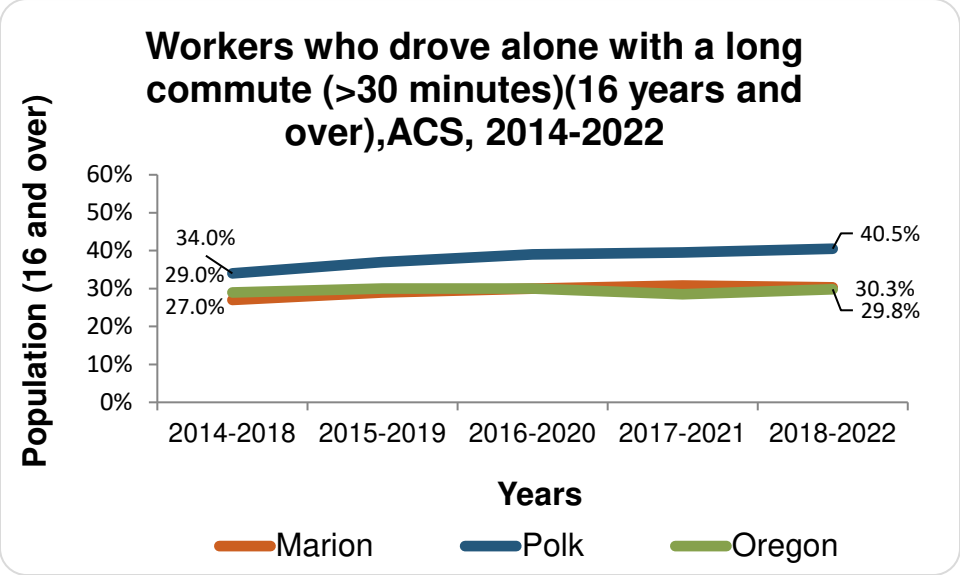
– Survey Respondent

Transportation

Safe and reliable transportation is critical for accessing services and supporting a healthy lifestyle. People living with disabilities, youth, and older adults can especially benefit from transportation, along with building an environment that makes it easy to be mobile. Transportation extends beyond vehicles and includes biking, walking, and other modes of transit, which can reduce air and noise pollution, decrease car accidents, improve mental health and wellness, and reduce stress. A recent MP-CHC community survey found that transportation was the 8th most needed area of improvement (lowest overall), suggesting a lower level of importance when compared to more pressing issues.[8]

> ***"I would restructure these roads so that people could ride bicycles, walk, and this would be much healthier. In parks, there should be sports grounds for children and adults so that people don't just drive cars but breathe fresh air and lead a more active lifestyle."***
>
> *– Focus Group Participant*

- On average, community members spent about 24-27 minutes driving to work one-way, which was more than commuters in Oregon (23.3 minutes).[3] Average commute times have been getting slightly longer in the community in recent years, while decreasing slightly in Oregon.
- In Polk, 40.5% of commuters drove alone to work and had a long commute (30 minutes or longer), which was higher than Marion (30.3%) and Oregon (29.8%).[3] The percentage of commuters driving alone with a long commute increased locally and in Oregon in recent years.

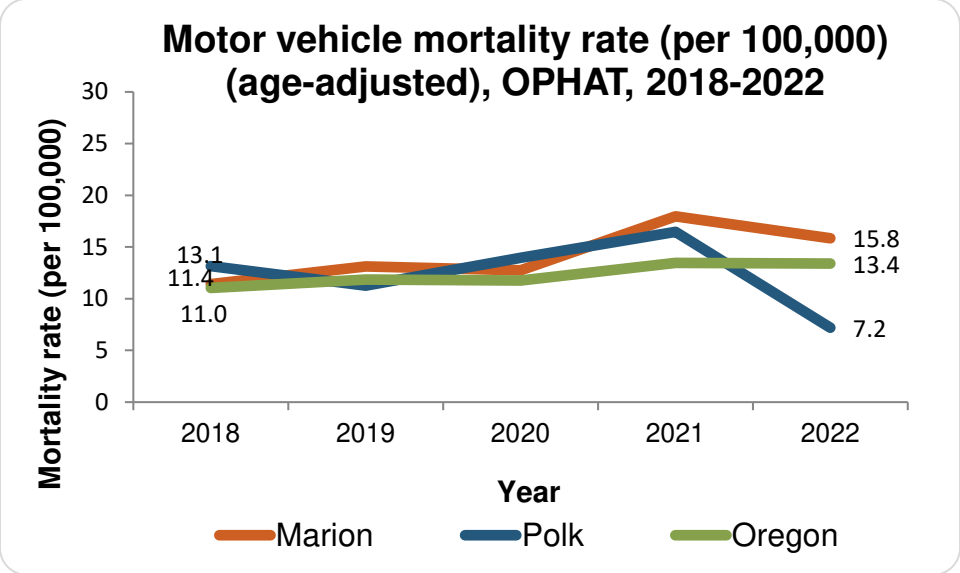


- About 4-5% of people walked, biked, or took public transportation to work in the community, compared to 8.0% in Oregon.[3] These values changed little in recent years locally, however in Oregon, about 20% fewer people were reporting these modes of transportation to work than in previous time periods (2014-2018).

Transportation in the community, ACS, 2018-2022			
Indicator	**Marion**	**Polk**	**Oregon**
Average commute to work (minutes)	24.1	26.8	23.3
Drove alone with a long commute* (%)	30.3	40.5	29.8
Walked, biked, public transportation to work (%)	4.3	4.6	8.0

* - Commute for more than 30 minutes one-way
Note: all indicators are for employed people 16 years and over

- Motor vehicle accidents are a preventable source of injury and death. In 2022, 57 people died in a motor vehicle accident in Marion, 7 in Polk, and 600 in Oregon.[20] Marion had a motor vehicle accident mortality rate of 15.8/100,000, which was higher than Polk (7.2/100,000) and Oregon (13.4/100,000). Deaths due to motor vehicle accidents have been on the rise in Marion and Oregon in recent years, while decreasing in Polk. Only Polk was meeting the Healthy People 2030 goal for this measure (10.1/100,000).[13] Relatedly, pedestrian fatalities increased locally and in Oregon recently.[20] In 2022, 14 pedestrians died in Marion and 2 in Polk, while 124 died in Oregon as a whole. The rate of pedestrian fatalities was 4.0/100,000 in Marion, 2.2/100,000 in Polk, and 2.9/100,000 in Oregon. In the United States, about 30% of all traffic related deaths are associated with alcohol use.[21]

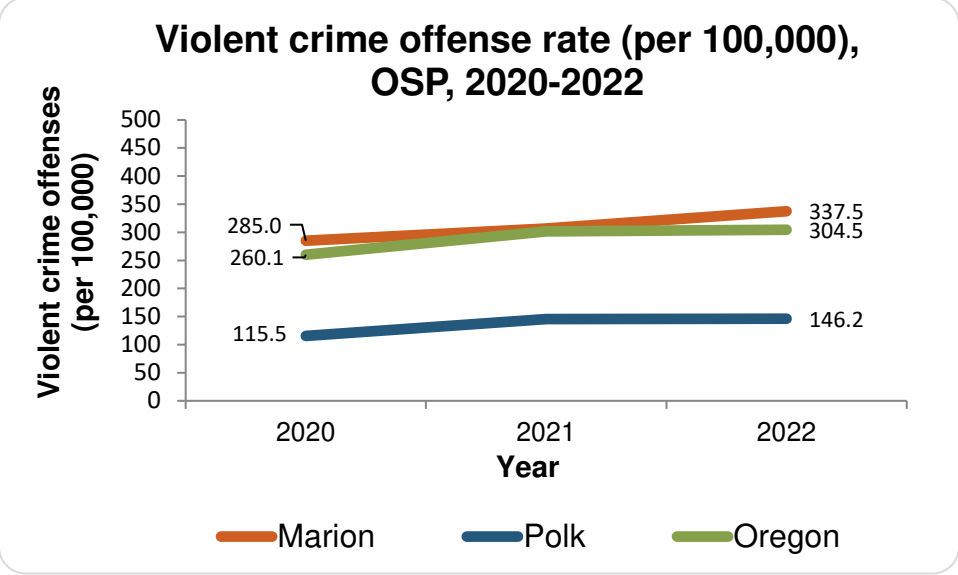


Crime & Violence

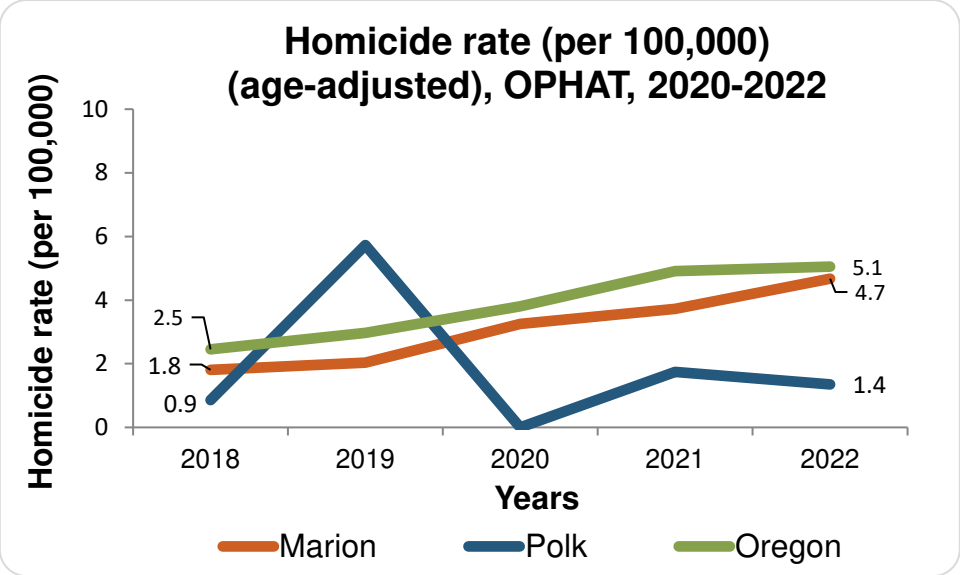
A safe environment, free of crime and violence, is critical to the health and well-being of community members. Any person can be affected by crime and violence, whether they experience it directly, or indirectly, by hearing about it or knowing someone who has been affected. People who survive violent crime endure physical pain and suffering along with mental distress and reduced quality of life. Addressing exposure to crime and violence as a public health issue can help prevent and reduce harm to individuals along with improving the overall health of the community. A recent MP-CHC community survey found that community safety, which includes violence and crime, was the 4th most needed area of improvement locally.[8]

> ***"When a community is safe, then we can find jobs, exercise and enjoy our parks to promote our mental health, and promote economic success and find housing. Safer communities are healthier communities."***
>
> *– Survey Respondent*

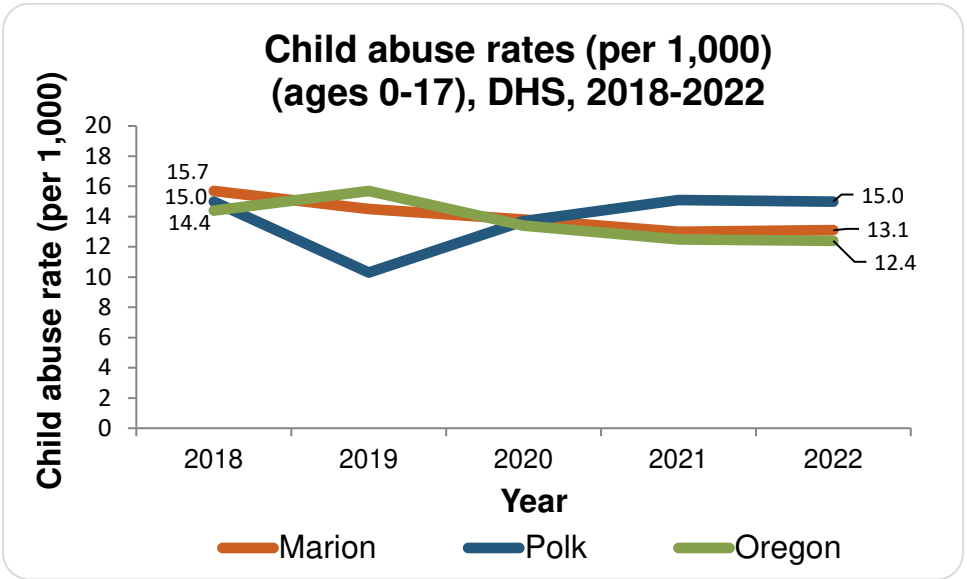
- In 2022, 1,647 people in the community were victims of violent crime (1,394 in Marion, 154 in Polk).[22] Marion had higher rates of violent crime offenses than Oregon and Polk. Aggravated assault was the most common violent crime offense (69.9%), followed by robbery (20.6%), forcible rape (8.5%), and willful murder (1.0%). Both the community and Oregon have experienced increased rates of violent crime in recent years.



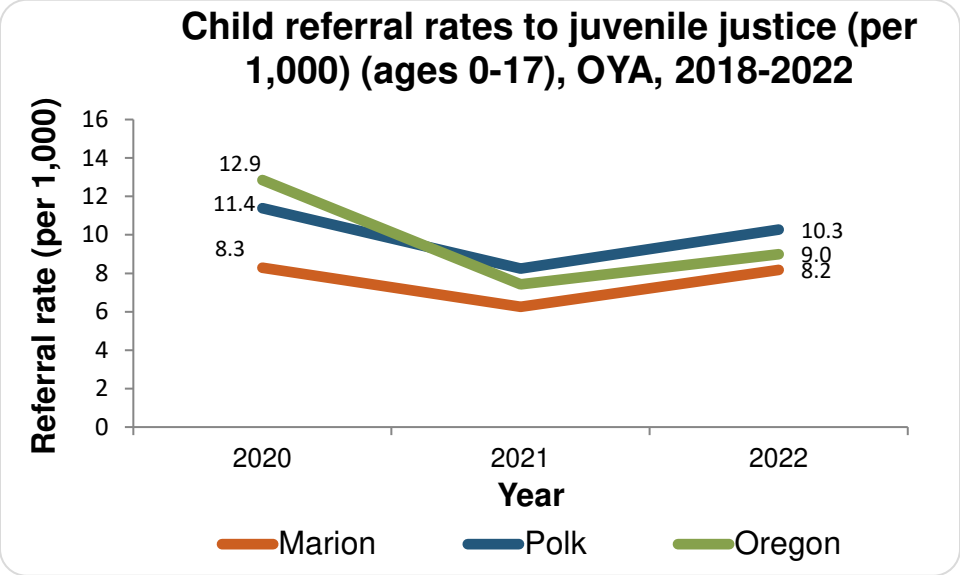
- In 2022, 16 people died by homicide (murder) in the community (15 in Marion, 1 in Polk).[20] Homicide rates were lower in the community compared to Oregon and increased in the state and Marion, but decreased slightly in Polk. Both the community and Oregon have met the Healthy People 2030 goal for this measure (5.5 per 100,000).[13]



- In 2022, 1,389 children in the community were victims of abuse (1,098 in Marion, 291 in Polk).[23] Polk and Marion had higher child abuse rates than Oregon when last measured. Rates decreased in Marion and Oregon, but increased in Polk. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (8.7 per 1,000).[13]



- In 2022, 861 children were referred to juvenile justice courts in the community (663 in Marion, 198 in Polk).[24] Polk had higher referral rates than Oregon and Marion, which decreased recently, however there was a notable uptick in 2022.



"My community is less safe and less clean than in the past."

– Survey Respondent

Social Vulnerability

Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, access to transportation, overcrowding) that put a strain on communities and put them at greater risk during emergencies and disasters. To assess this risk, the Centers for Disease Control and Prevention along with the Agency for Toxic Substances and Disease Registry, developed a Social Vulnerability Index (SVI), which scores counties on a scale from 0 (lowest risk) to 1 (highest risk).[25] Improving socioeconomic factors (examples, poverty, educational achievement), access to healthcare (insurance, barriers for disadvantaged populations), and housing, along with transportation, can reduce these scores and the overall vulnerability of communities. To view these scores and to access the tool visit: https://www.atsdr.cdc.gov/place-health/php/svi/index.html

- In 2022, Marion had an SVI score of 0.94, which indicates a "high" level of vulnerability.[25] By comparison, Polk had an SVI score of 0.46, putting it at a "low-medium" level of vulnerability.

Quality of Life

Quality of Life

Quality of life as defined by the World Health Organization is a state of complete physical, mental, and social well-being and not just the absence of disease. The perception of one's health, those around them, and their community, guides this overall sense of quality. This can also be a good indicator of the effects of chronic illness, long-term medical treatments, and short or long-term disabilities that affect the community. As part of the Community Context Assessment, a survey was conducted in Marion and Polk by the MP-CHC in 2024, which found that 69.0% of respondents were satisfied with the quality of life in the community.[8]

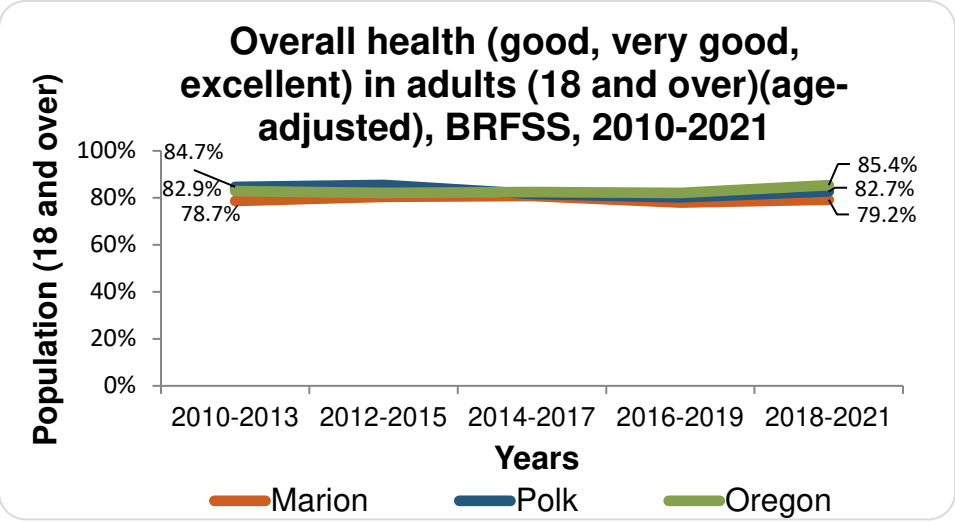
Key Findings for Marion & Polk Counties:

- About 2 out of 3 community members who responded to a recent survey felt that overall, the health of their community was healthy. A similar finding was observed for local adults, as 4 out of 5 described their personal overall health as good or better. However, a smaller percentage of local adults felt that their overall health was good or better than Oregon adults, and this was also the case for people who were younger, identified as Latina(o), were living in poverty, or had a disability.
- About 3 out of 10 local survey respondents indicated that the physical health (physical illness and injury) of their community was unhealthy. A similar finding was observed for local adults, as about 1 in 3 described their personal physical health as unhealthy, which was higher than Oregon adults. When assessing students, poor physical health increased with grade level, and Polk had a higher percentage with poor physical health than Marion and Oregon.
- About 1 out of 2 local survey respondents indicated that the mental health (including stress, depression, and problems with emotions) of their community was unhealthy. A similar finding was found for local adults, as 2 out of 5 felt that their personal mental health was poor, which was lower (better) than Oregon adults. As with poor physical health, poor mental health increased with grade level and was higher in Polk and Oregon than Marion. For mental health it was notable that these measures were worse than overall and physical health measures by comparison, suggesting a higher prevalence of mental health challenges in the community.

Overall Health Status

How an individual rates their own health can be a good indicator of future disability, hospitalization, and death. Those who report poor general health may be more likely to suffer premature death than those who report good or excellent general health.

- A recent local survey found that 68.7% of respondents described the overall health of their community as somewhat healthy, healthy, or very healthy.[8] While 26.7% described the overall health of their community as unhealthy or very unhealthy.
- About 4 out of 5 adults in the community described their overall health as good, very good, or excellent, which was lower than Oregon.[5] The percentage of adults who described their overall health this way increased in Marion and Oregon in recent years, but decreased in Polk.



- A smaller percentage of adults in older age groups described their overall health as good, very good, or excellent compared to adults in younger age groups.[5]
- A smaller percentage of adults who identified as Latina(o) described their overall health as good, very good, or excellent compared to adults who identified as Non-Latina(o).[5]
- A smaller percentage of adults living in poverty (below Federal Poverty Level) described their overall health as good, very good, or excellent compared to adults not living in poverty.[5]
- A smaller percentage of adults living with a disability described their overall health as good, very good, or excellent compared to adults who were not living with a disability.[5]

Overall health good, very good, excellent in adults (18 and over), BRFSS, 2018-2021

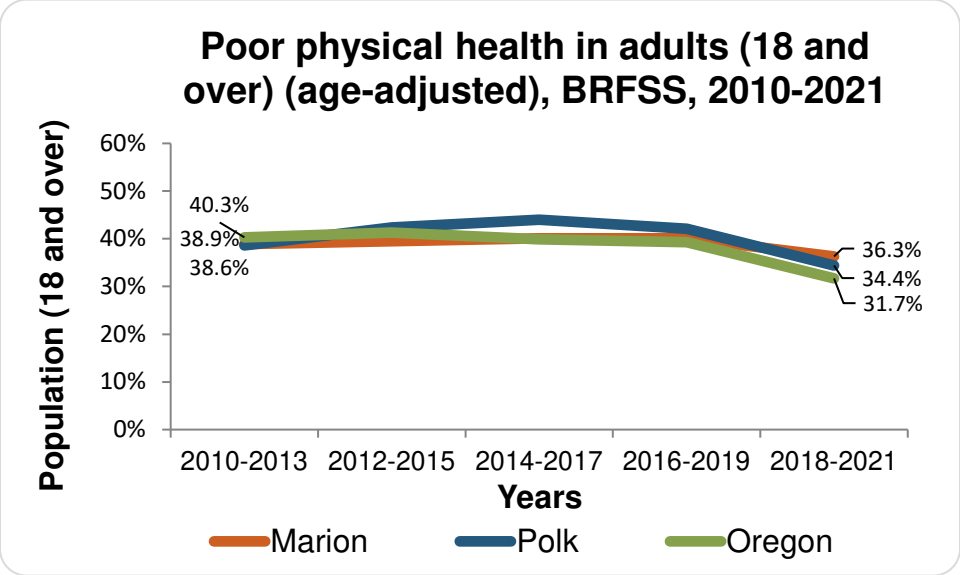
Population	Marion	Polk	Oregon
Age (%)			
18 – 34	86.6	89.4	88.8
35 – 54	76.7	81.0	86.3
55+	74.8	77.9	80.5
Ethnicity* (%)			
Latina(o)	69.2	72.6	77.4
Non-Latina(o)	81.8	84.0	86.3
Poverty* (%)			
Below FPL	60.2	65.0	69.7
Above FPL	83.6	86.7	88.2
Disability* (%)			
Any disability^	58.0	63.0	68.1
No disability	88.6	91.5	92.1

* - adjusted for age FPL = Federal Poverty Level ^ - One or more of these conditions is present: deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance.

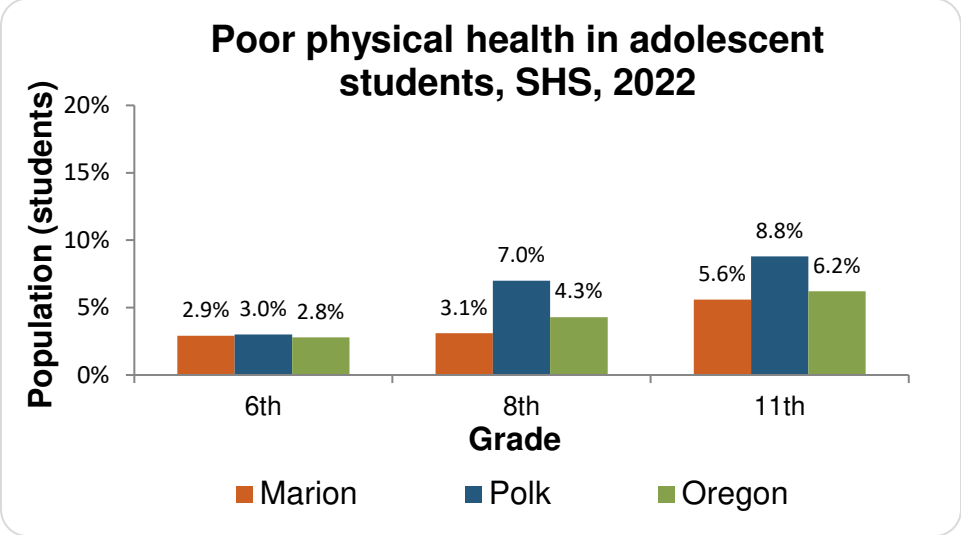
Physical Health Status

Physical health refers to how well your body and organs are functioning, which may be affected by physical illness or injury.

- A recent local survey found that 66.5% of respondents described the physical health of their community as somewhat healthy, healthy, or very healthy.[8] While about 28.5% described the health of their community as unhealthy or very unhealthy.
- About 1 in 3 adults in the community indicated that they had at least one day of poor physical health (physical illness or injury) in the last month, which was higher than Oregon adults.[5] The percentage of adults who experienced poor physical health decreased locally and in Oregon recently.



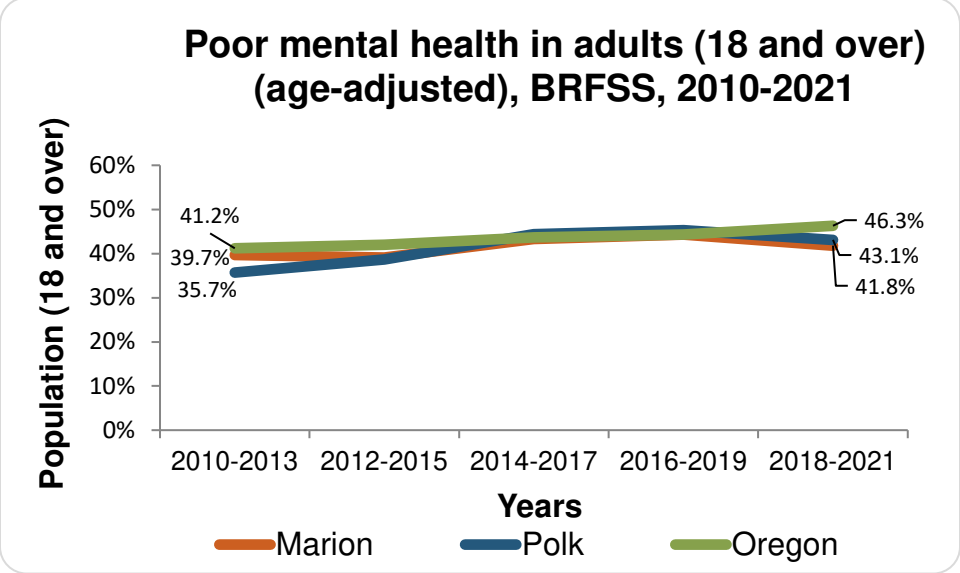
- In 2022, poor physical health increased with grade level in adolescent students, with the highest levels experienced by 11th graders. Polk had a higher percentage of students at all grade levels who had poor physical health compared to Marion and Oregon.[4]



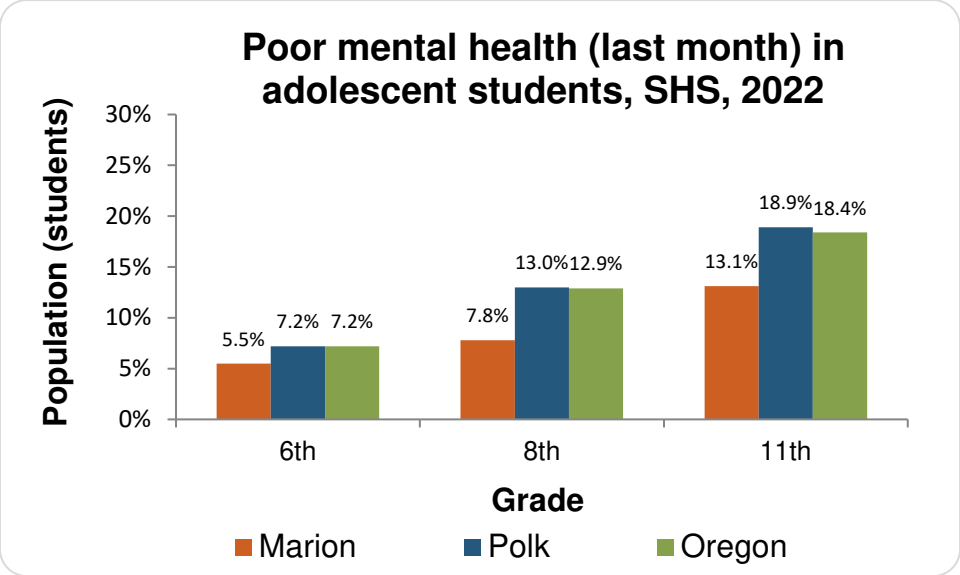
Mental Health Status

According to the World Health Organization, mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It's more than the absence of mental disorders and is experienced differently from person to person. Those who report poor mental health may be at greater risk of significant distress, impaired functioning, or risk of self-harm. For additional data on this subject see the "Mental Health, Substance Use, and Health Behaviors" section.

- A recent local survey found that 43.0% of respondents described the mental health of their community as somewhat healthy, healthy, or very healthy.[8] While 52.6% described the mental health of their community as unhealthy or very unhealthy. This was notably worse than how respondents described the overall and physical health of their community.
- About 2 out of 5 adults in the community reported poor mental health in the last month, which was lower than adults in Oregon.[5] The percentage of adults who experienced poor mental health increased locally and in Oregon in recent years. Notably, the percentage of adults who experienced poor mental health was higher than the percentage of adults experiencing poor physical health (see above).



- In 2022, poor mental health increased with increasing grade level in adolescent students, with the highest levels experienced by 11th graders.[4] Marion had a lower percentage of students who reported poor mental health in the last month than Polk and Oregon, which were similar across grade levels.



"There's a huge need for mental health services, especially for those who are struggling with homelessness or financial problems. It's not just about physical health; mental well-being is just as important."

– Survey Respondent

""Security." This scene is a result of hard work, a stable support system, and a whole lot of healing. My wellness is most supported by my security. My ability to thrive anyways, my ability to build off of nothing, and my ability to ask for help when I need it. This is me working with kittens at the humane society, and what might look like a simple cat photo, is growth I never knew was possible. My health – mental and physical, is at its best when I'm doing what I do best: helping the wellness of others." *Age 17, South Salem, PhotoVoice Submission*

Mortality, Chronic Disease, and Injury

Mortality, Chronic Disease, and Injury

Determining the number of people who die and from what cause is critical to understanding the health of a community. Chronic disease is the leading source of mortality, illness, and disability in the nation.[26] It is responsible for 7 out of every 10 deaths and accounts for 86% of the nation's healthcare costs each year. Chronic diseases are typically long term and usually can't be acquired from other people, with examples such as cancer, heart disease, diabetes, arthritis, and asthma. Initiatives aimed at reducing risk factors such as tobacco use, alcohol use, dietary choices, physical activity, and others, along with the upstream SDOH mentioned previously, can do much to reduce the burden of chronic disease. A recent MP-CHC community survey found that chronic disease was the 3rd most important health topic/condition locally.[8] Unintentional injuries (accidents), like chronic disease, are also a major source of mortality and a leading source of disability. Overall, accidents are the 3rd leading cause of death in the nation and the leading cause of death among persons aged 1-44, with falls, motor vehicle injuries, and poisonings being the most common.[27] Since accidents are ultimately preventable, they represent a key target for intervention, and can add many years of life back to the community.

Key Findings for Marion & Polk Counties:

- The overall mortality rate increased in the community and in Oregon recently due to the COVID-19 pandemic along with increases in deaths from heart disease, stroke, diabetes, and unintentional injuries. Mortality rates were higher in males, older age groups, and for people who identified as African American/Black, American Indian/Alaska Native, Pacific Islander, White, or Non-Hispanic. Additionally, Marion had a higher overall mortality rate than Polk and Oregon. As mortality rates increased, there was also a decrease in life expectancy, with an infant born in 2022 expected to live to 77-78 years of age on average. The top five leading causes of mortality in the community and Oregon were: cancer (1st), heart disease, unintentional injuries, COVID-19, and stroke.
- Cancer mortality rates continued to decline in recent years. This is primarily due to decreases in tobacco use along with improvements in detection and treatment, however the community has not yet met the Healthy People 2030 goal for this indicator. The top five deadliest cancers in the community were: lung (1st), prostate, breast (female), pancreatic, and colon cancer. As with the cancer mortality rate, there was also a decrease in the overall rate of new cancer cases, with most types of cancer becoming rarer, however there has been an increase in uterine and HPV-related cancers in recent years. The most diagnosed cancers in the community were: breast (female) (1st), prostate, lung, colon, and uterine cancer. Gaps in cancer screening were found, as about 3 out of 4 adults in the community have received their recommended screenings (mammogram (females), colorectal, and Pap test (female)).

- Deaths from heart disease and stroke continued to increase in recent years. A greater percentage of adults had high blood pressure, a risk factor for both diseases, but a lower percentage had high blood cholesterol despite an increase in screening.
- Chronic lower respiratory diseases, such as asthma and COPD, became more common recently, as a greater percentage of adults were diagnosed compared to previous time periods.
- The percentage of adults diagnosed with diabetes increased recently along with a rise in deaths from this disease. More adults were being screened for diabetes compared to previous time periods.
- Deaths from Alzheimer's, a substantial source of mortality, increased in Marion, but decreased in Polk in recent years. As the community continues to age, the burden of this disease is expected to increase.
- Unintentional injury (accident) mortality increased in recent years and the community was not meeting the Healthy People 2030 goal. The leading causes were falls (1st), poisonings, and motor vehicle accidents. Deaths from falls were higher in older age groups and increased in Marion recently, but decreased in Polk. Poisoning deaths were primarily due to drug overdoses, which increased in the community recently. Motor vehicle deaths increased in Marion, but decreased in Polk. Community safety, which includes injury prevention, was the 4th most needed area of improvement on a local survey.
- Deaths from firearms (any intent) increased in Marion, but decreased in Polk recently. Only Polk was meeting the Healthy People 2030 goal for this indicator.

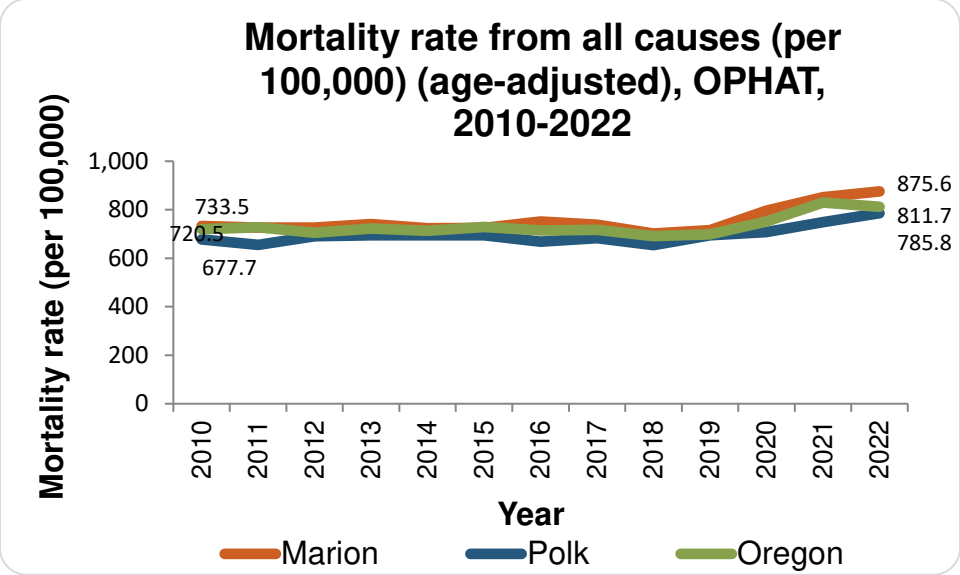
Mortality

Mortality rates illustrate who and how many are dying from what cause in a community. It is important to note the leading causes of death because it helps to inform where prevention activities should be focused.

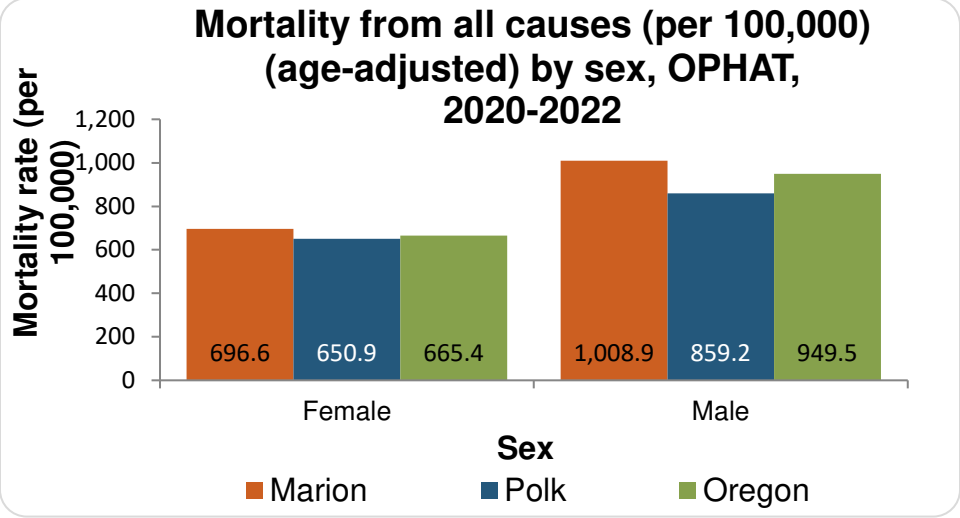
Overall Mortality

This measure shows the total number of people who are dying in the community over time, standardized to a population of 100,000, and age-adjusted for comparison purposes.

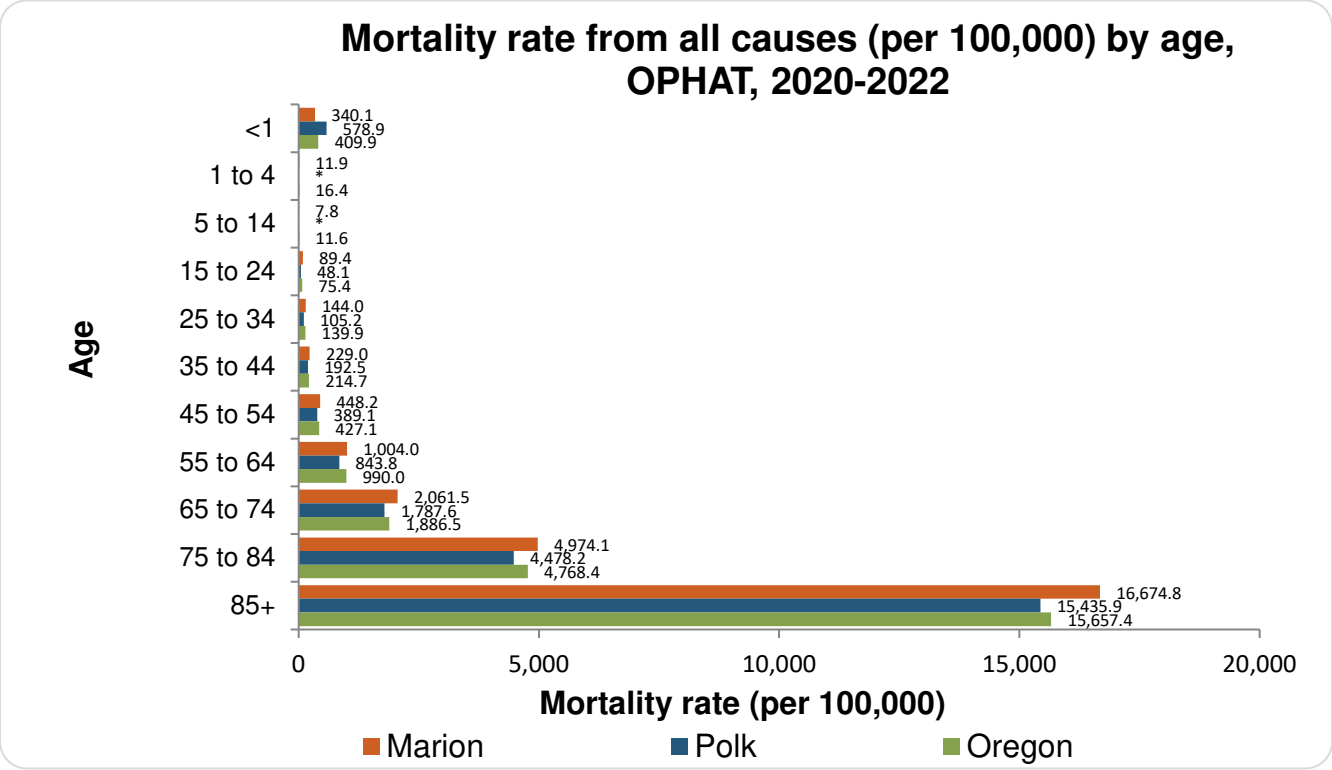
- In 2022, 3,570 people died in Marion, 940 in Polk, and 44,618 in Oregon.[20] The overall mortality rate was higher in Marion than Polk and Oregon. After a period of relative stability in the 2010's, mortality rates began to increase in 2020 through 2022, largely due to the COVID-19 pandemic.



- Males had much higher mortality rates than females.[20]

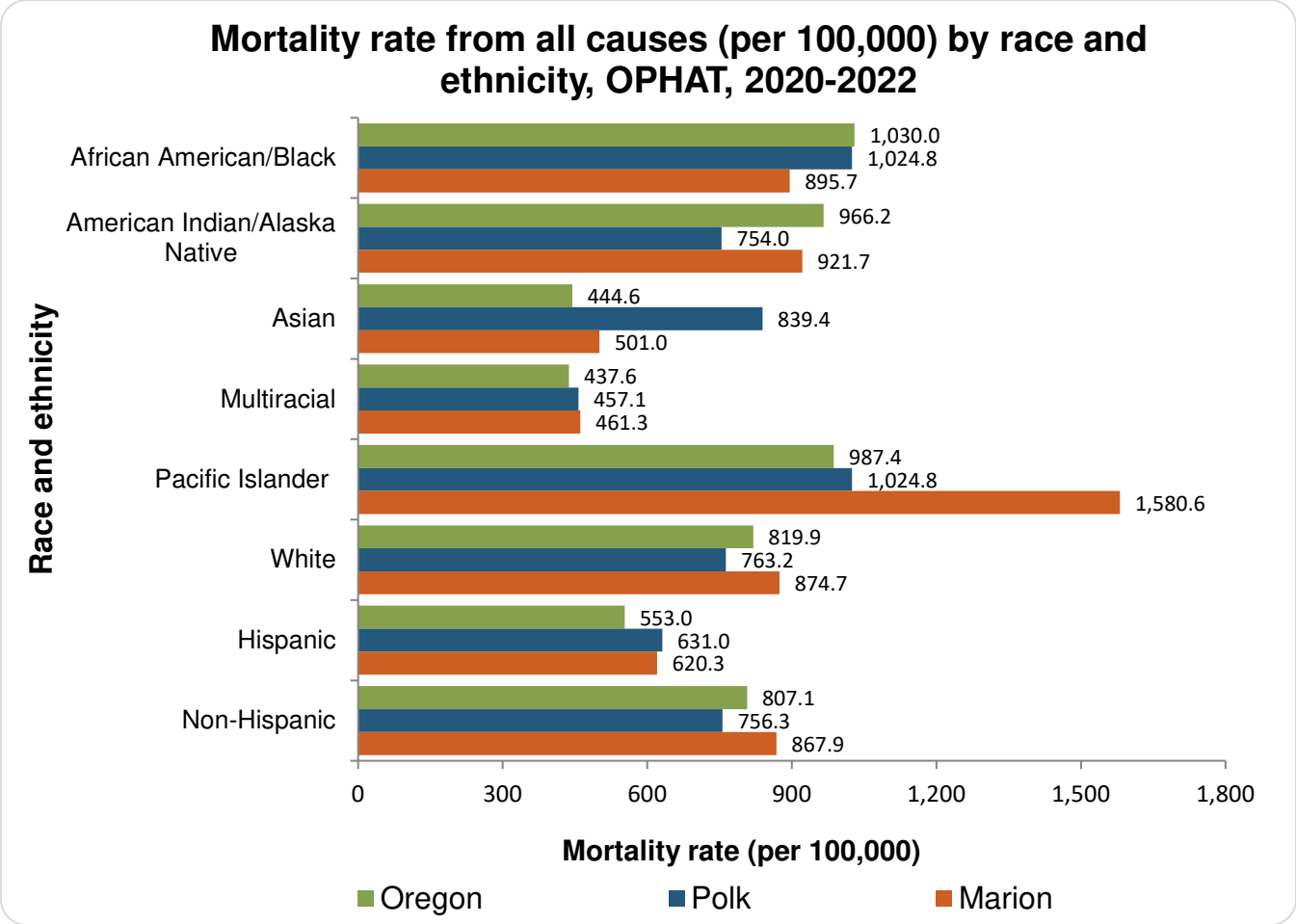


- Mortality rates increased with increasing age except for those under the age of 1 given the vulnerability during this period.[20]



** - data not shown due to low counts (1-5)*

- Mortality rates differed by race and ethnicity.[20] In general, community members who identified as African American/Black, American Indian/Alaska Native, Pacific Islander, and White had higher mortality rates than people who identified as Asian or Multiracial. People who identified as Non-Hispanic had higher mortality rates than people who identified as Hispanic.

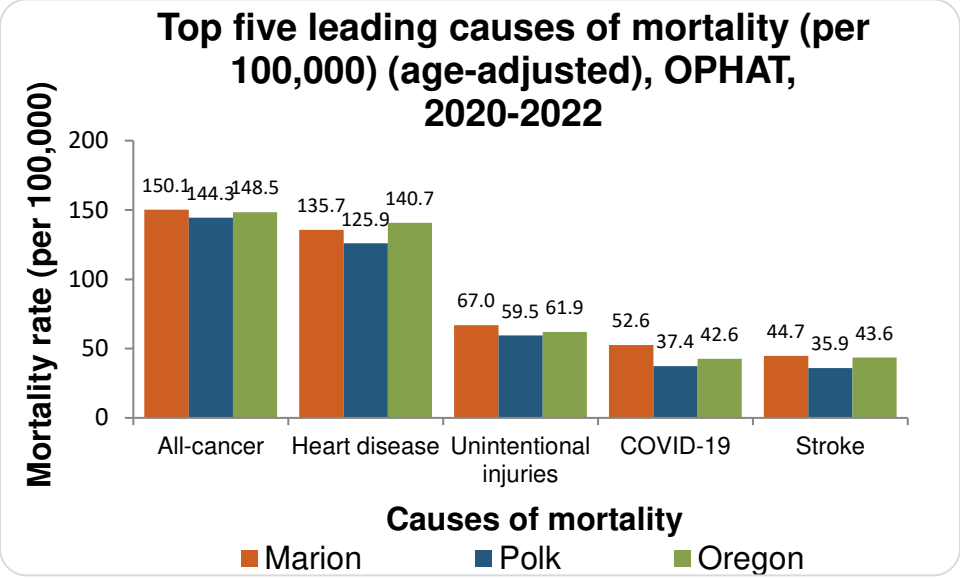


- Life expectancy, a measure closely linked to mortality rates, is the number of years that a person born in a particular year is anticipated to live on average. Infants born in 2022, were estimated to live on average to 77.1 years of age in Marion, 78.4 years of age in Polk, and 77.8 years of age in Oregon.[20] Life expectancy decreased in recent years, primarily due to the COVID-19 pandemic.

Leading Causes of Mortality

- The five leading causes of death in the community and Oregon were cancer (1st), heart disease, unintentional injuries, COVID-19, and stroke.[20] Previously, chronic lower respiratory disease was in the top five, however it was replaced by COVID-19 in 2020-2022.

Unintentional injuries = motor vehicle/transport accidents, falls, accidental firearm discharge, poisoning, drowning, smoke/fire exposure, and other accidents



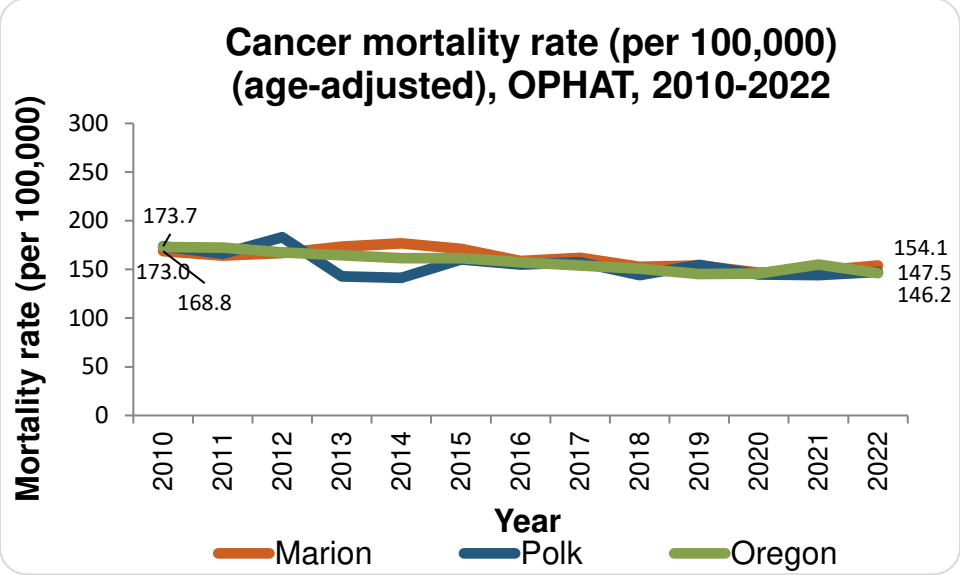
Chronic Disease Prevention

Chronic diseases are the key driver of illness, disability, and death in the community. Examples include cancer, cardiovascular disease, chronic lower respiratory diseases (asthma, COPD, etc.), diabetes, Alzheimer's, and others. A recent MP-CHC community survey found that chronic disease was the 3rd most important health topic/condition locally.[8]

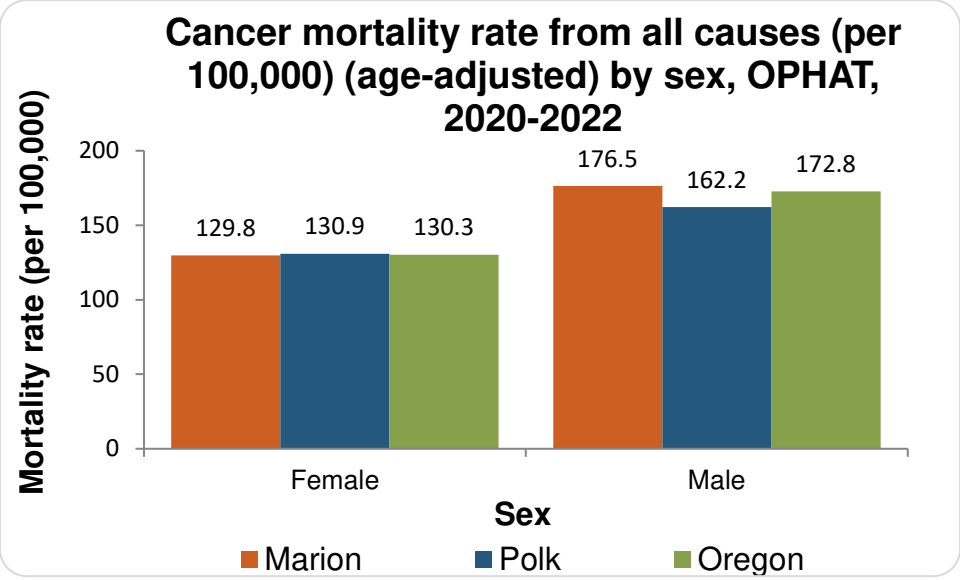
Cancer

Cancer occurs when cells replicate uncontrollably. These cells can then potentially spread to other sites of the body (metastasize) where they can do further damage. Increased risk of cancer is associated with increased age, alcohol use, tobacco use or exposure to tobacco smoke, exposure to radiation, exposure to carcinogenic substances such as arsenic, benzene and asbestos in the environment, chronic inflammation due to infections, immunosuppression, contraction of certain viruses, and obesity.[28] Detecting cancer early can help increase the chances of survival.

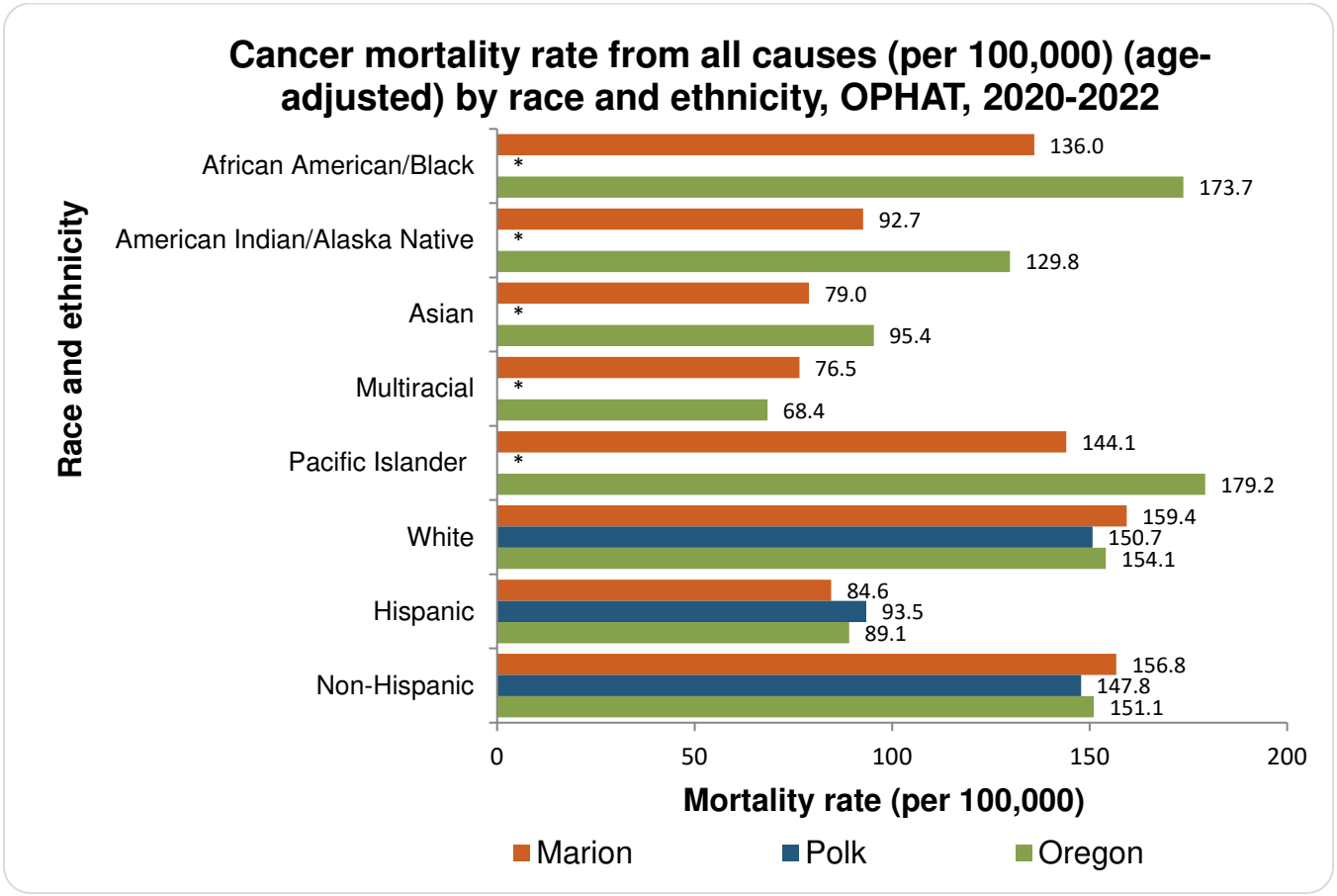
- About 8.3% of the adults in Marion, 8.4% in Polk, and 7.6% in Oregon were diagnosed with cancer at some point in their lives.[5]
- Cancer is the leading cause of death in the community and Oregon.[20]
- In 2022, 650 people died in Marion, 182 in Polk, and 8,438 died in Oregon due to cancer.[20] When last measured in 2022, Marion had a higher cancer mortality rate than Polk and Oregon, however they've been largely similar over the last decade. Notably, the mortality rate from cancer has been steadily decreasing in recent years, largely due to a decrease in tobacco use, along with improvements in detection and treatment. The community has not met the Healthy People 2030 goal for this measure (146.6/100,000).[13]



- Cancer mortality rates were higher in males than females.[20]



- People who identified as African American/Black, American Indian/Alaska Native, Pacific Islander, or White had higher cancer mortality rates than people who identified as Asian or Multiracial.[20] People who identified as Non-Hispanic had higher rates than people who identified as Hispanic.



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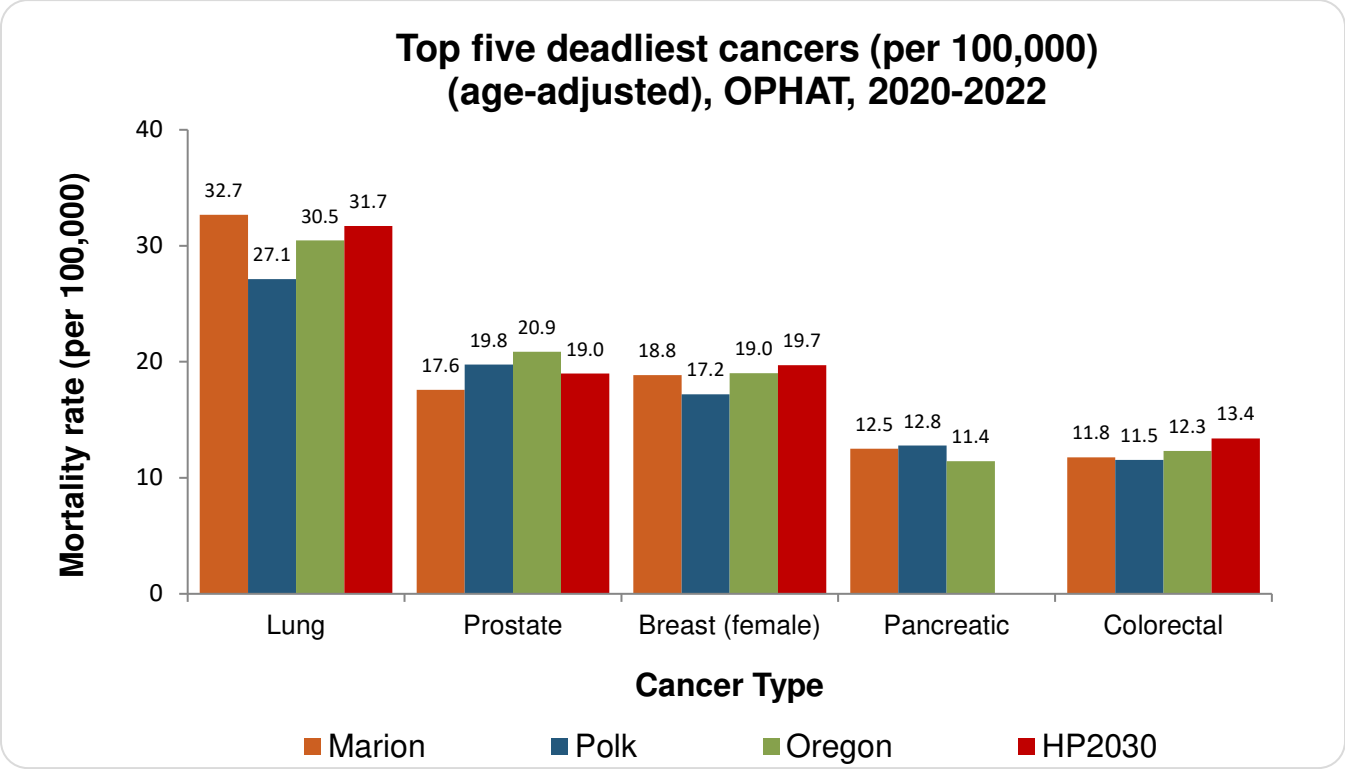
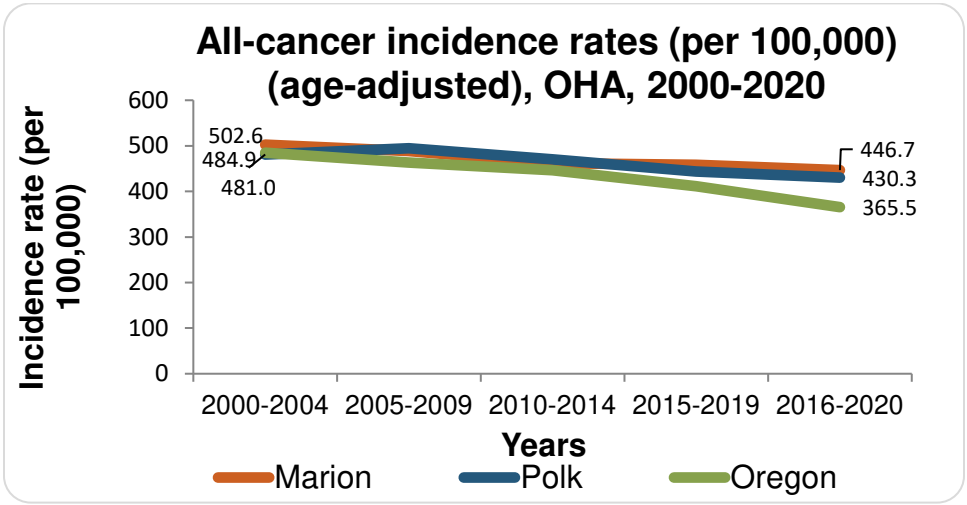
- The top five deadliest cancers in the community were: lung (1st), prostate, breast (female), pancreatic, and colon cancer.[20] The community was currently meeting the Healthy People 2030 goal for breast cancer and colorectal cancer.[13] Marion hasn't met the goal for lung cancer and Polk hasn't met the goal for prostate cancer.

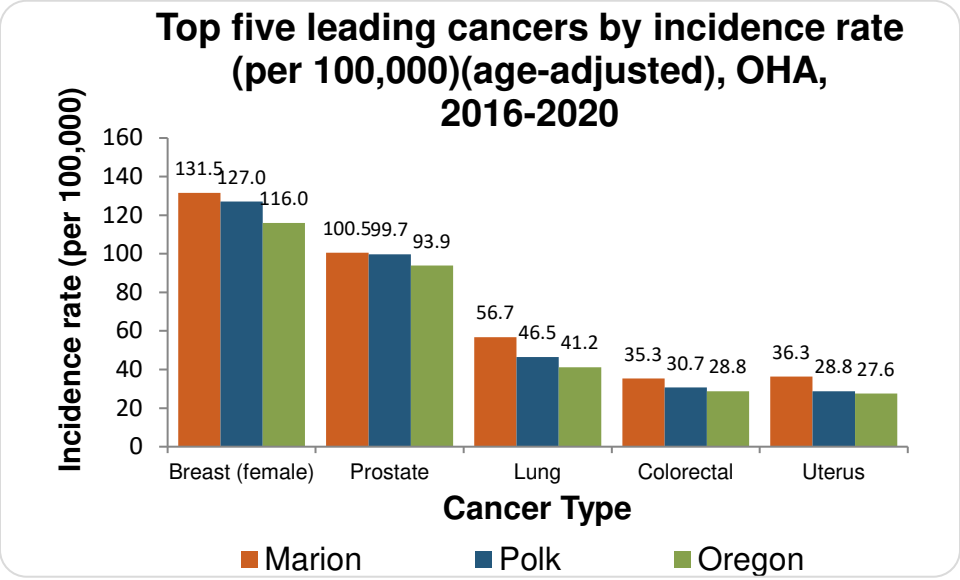


Note: No HP2030 goal for pancreatic cancer

- Incidence, or the number of newly identified cases in the population at risk, often precedes mortality, and is a timelier way of determining if certain risk factors or exposures are contributing to cancer in the community. Between 2016 and 2020, 8,997 new cases of cancer were identified in Marion and 2,286 in Polk.[29] Like with the cancer mortality rate, cancer incidence rates have trended downward in recent years. The community consistently had higher cancer incidence rates than Oregon over the last two decades.



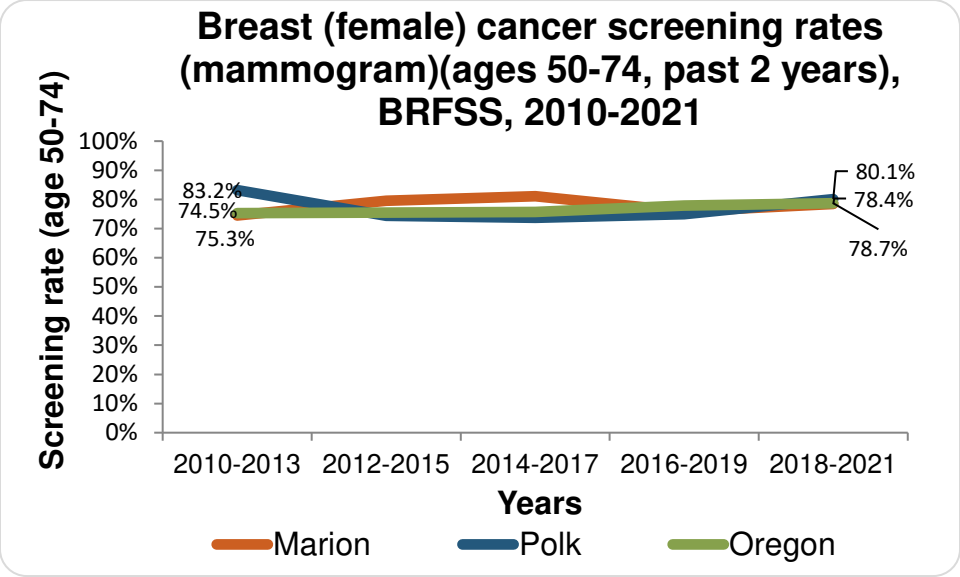
- The top five types of cancers by incidence rate were cancers of the breast (female) (1st), prostate, lung, colon, and uterus.[29] This ranking is similar to cancer mortality above with the exception of uterine cancer replacing pancreatic, however differences in ranking between the two illustrate differences in survivability from cancer to cancer, along with how frequently they are identified. In general, the incidence rates of these cancers decreased in recent years except for uterine cancer, which increased.



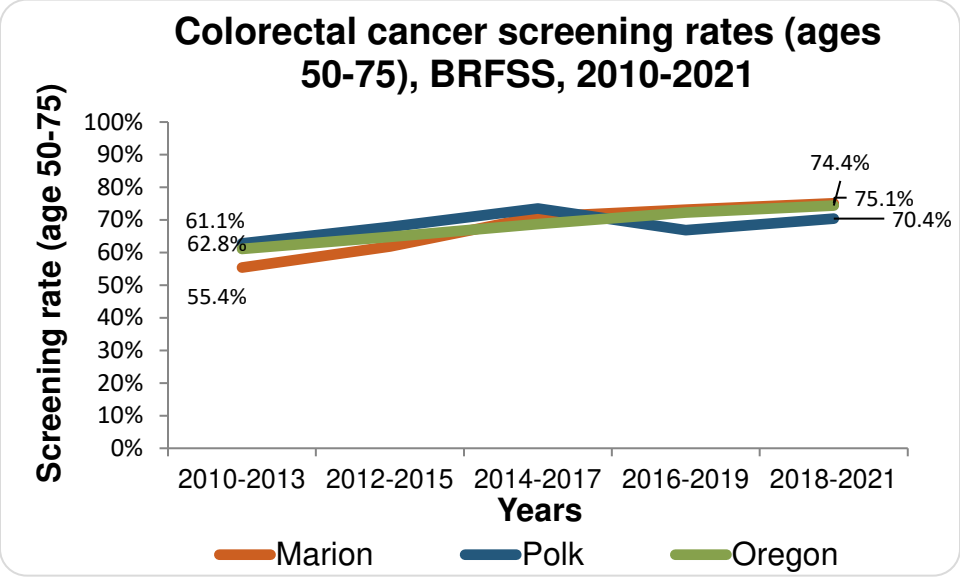
- Reduction in the listed modifiable risk factors can reduce the risk of developing cancer.[29] For more information on these risk factors see the "Mental Health, Substance Use, and Behaviors" section.

Leading cancers modifiable risk factors, OHA, 2024	
Cancer	**Risk Factor**
Breast (female)	Alcohol, obesity, physical inactivity
Colorectal	Tobacco, alcohol, and obesity
Lung	Tobacco
Pancreatic	Tobacco, obesity
Prostate	Diet and obesity (inconclusive)
Uterus	Obesity, physical inactivity

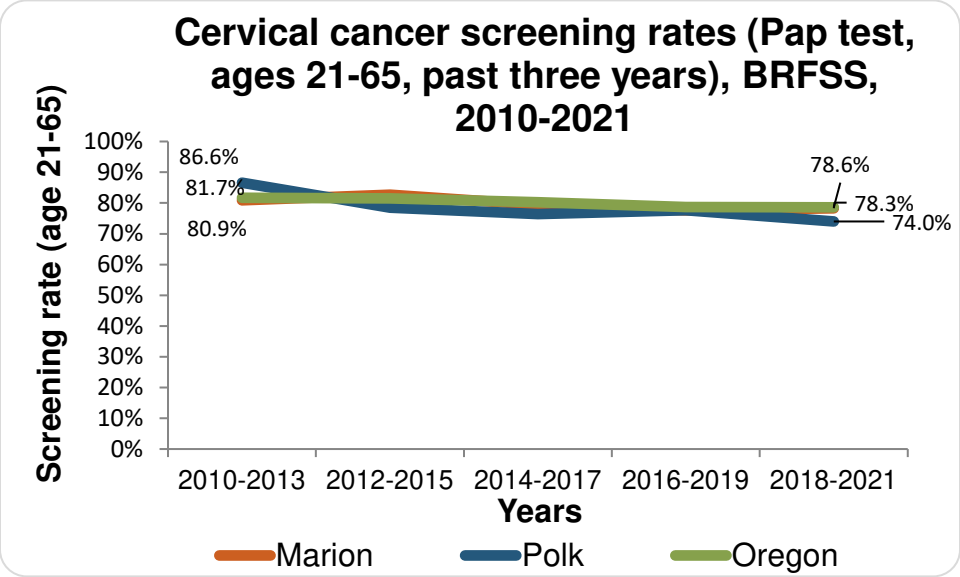
- It is recommended that females between the ages of 50-74 receive a mammogram for breast cancer every two years.[29] About 4 out of 5 females in the community and Oregon were up to date on their breast cancer screening.[5] A higher percentage of females in Polk were up to date on their breast cancer screening than Marion and Oregon. A greater percentage of females were up to date on their breast cancer screenings in recent years in Marion and Oregon, however in Polk there was a decreasing trend. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (80.3%).[13]



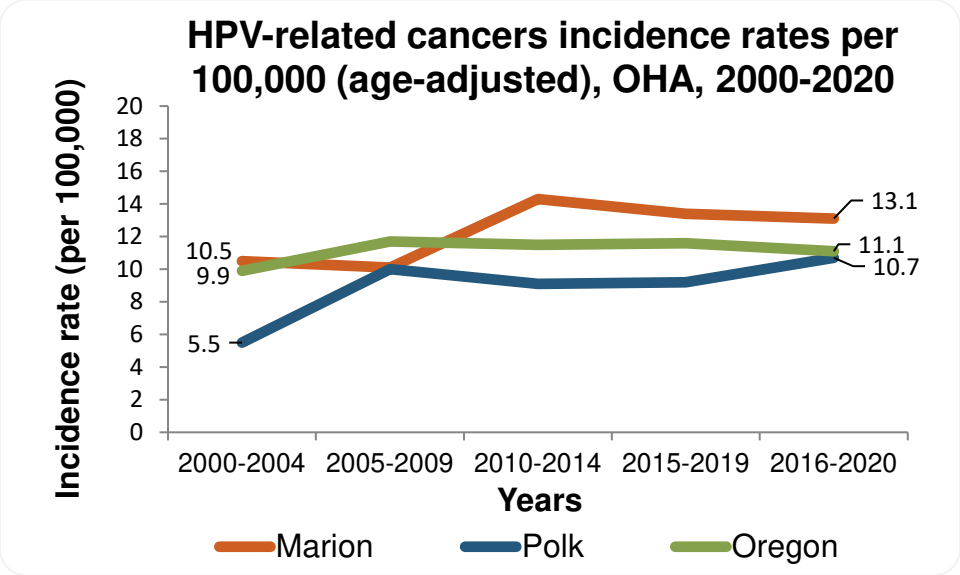
- It is recommended that adults between the ages of 50-75 are regularly screened for colorectal cancer.[29] About 70.4% of adults in this age range were meeting colorectal cancer screening recommendations in Polk, compared to 75.1% in Marion, and 74.4% in Oregon.[5] Colorectal cancer screening increased in the community and Oregon. Both the community and Oregon have met the Healthy People 2030 goal for this measure (68.3%).[13]



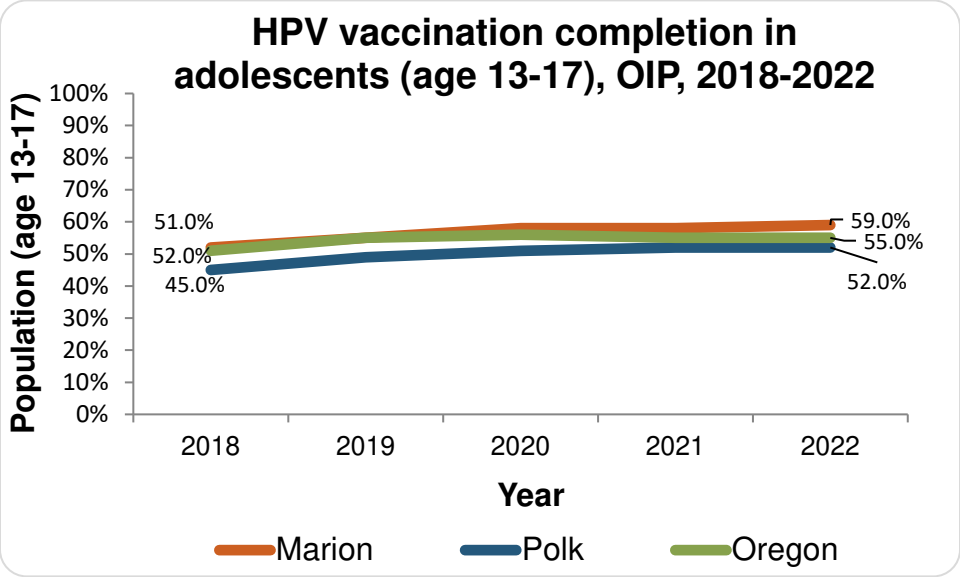
- It is recommended that females between the ages of 21-65 receive a Pap test for cervical cancer every three years.[29] About 74.0% of females in this age range had a Pap test in the last three years in Polk, 78.3% in Marion, and 78.6% in Oregon.[5] Cervical cancer screening rates decreased in the community and Oregon in recent years. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (79.2%).[13]



- Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States and can cause cancers of the genitals, anus, mouth, and throat.[30] The incidence of HPV-related cancers increased over the last 20 years and was higher in Marion than Polk and Oregon.[29]



- The HPV vaccination can prevent 90% of cancers caused by HPV and is recommended in adolescence, but can also be obtained by adults.[30] Just over half of adolescents between the ages of 13-17 have completed their HPV vaccination series, which was lower in Polk than Marion and Oregon.[31] HPV vaccination completion increased in recent years in the community and Oregon.



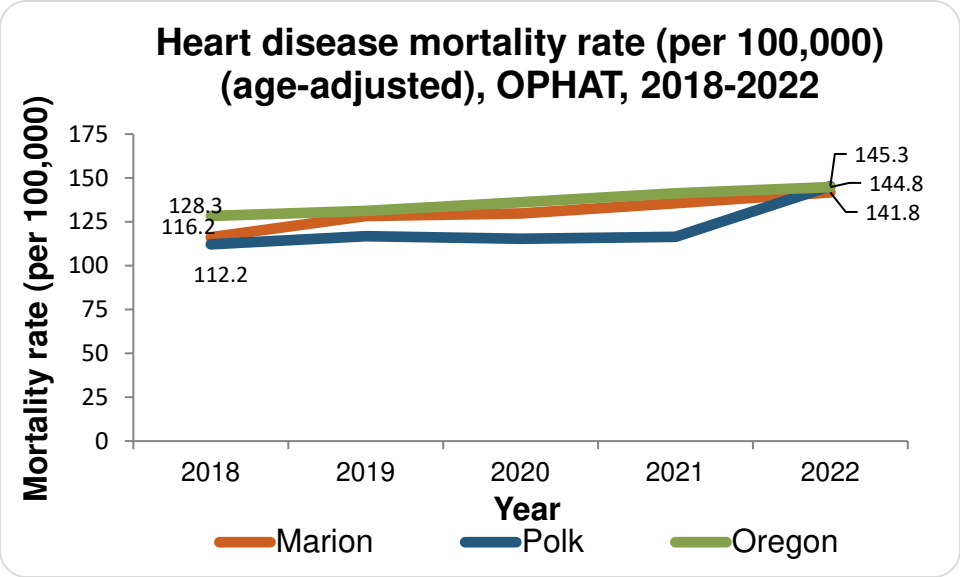
Cardiovascular Disease

Cardiovascular disease is a broad classification of diseases that include the heart and blood vessels. It is a leading cause of death locally, in Oregon, and the U.S.; accounting for about 1 in 4 deaths in the nation each year.[32] The cost of cardiovascular disease averages more than $251 billion every year in addition to $156 billion in lost productivity. Risk factors include older age, uncontrolled high blood pressure, uncontrolled high LDL (low-density lipoprotein) cholesterol, poor nutrition, lack of physical activity, diabetes, obesity, and tobacco smoking.

Heart disease

Heart disease includes several types of heart conditions: myocardial infarction (heart attack), angina (chest pain), and any other condition that affects the ability of the heart to pump blood to the rest of the body.

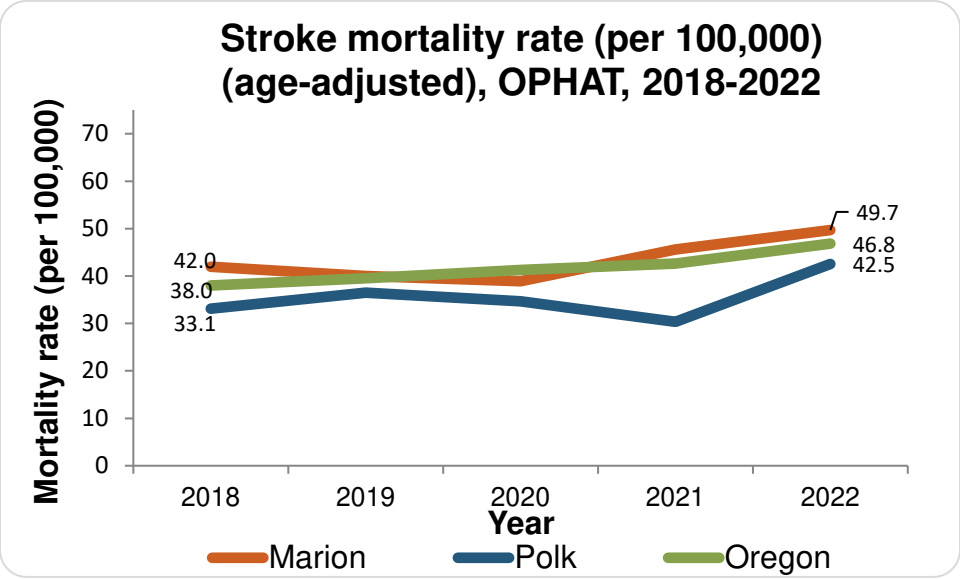
- Heart disease was the 2nd leading cause of death in the community and Oregon.[20]
- About 1 in 25 adults in the community and Oregon were heart attack survivors.[5]
- In 2022, 585 people died from heart disease in Marion, 179 in Polk, and 8,116 in Oregon.[20] Heart disease mortality increased in recent years and in general was higher in Oregon than Marion and Polk, however Polk was slightly higher in 2022. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (71.1/100,000).[13]



Stroke

A stroke is characterized by blockage to the brain which deprives it of oxygen causing brain damage. With stroke, time is critical. Recognizing the signs and symptoms and getting help as soon as possible is essential to preventing death and disability.

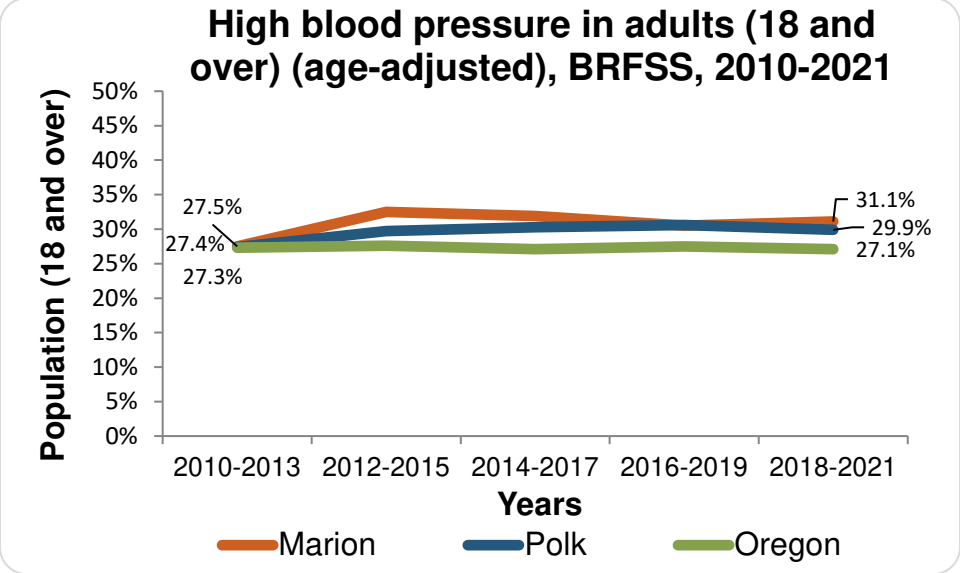
- Stroke was the 5th leading cause of death in the community and Oregon.[20]
- About 2-3% of adults in the community and Oregon were stroke survivors.[5]
- In 2022, 203 people died of stroke in Marion, 54 in Polk, and 2,616 in Oregon.[20] Stroke mortality increased in the community and Oregon in recent years, and was higher in Marion by comparison. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (33.4/100,000).[13]



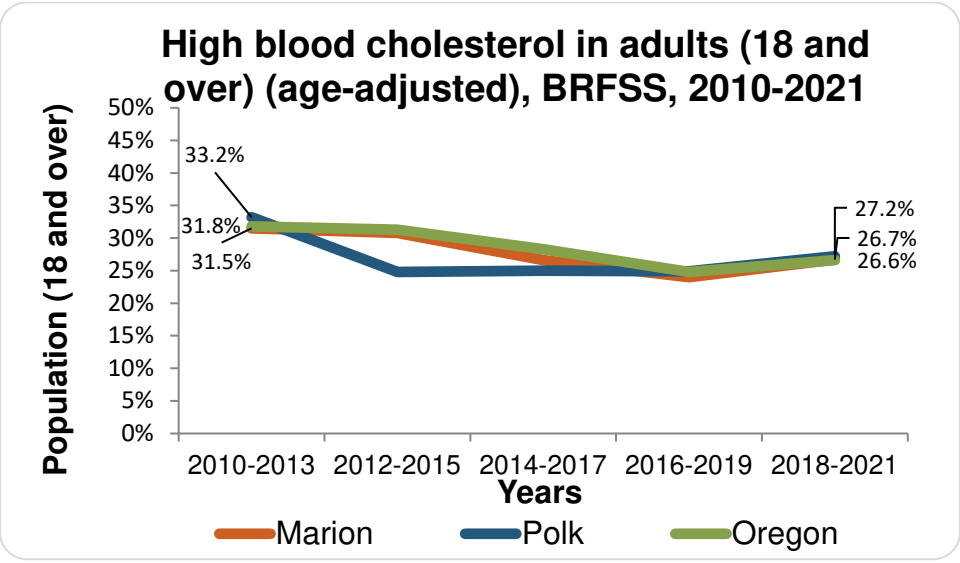
Risk Factors for Cardiovascular Disease

Some factors such as high blood pressure (hypertension) and high blood cholesterol can increase the risk of cardiovascular disease. Screening for these conditions and treating them early can decrease the chances of hospitalization or death. Additional risk factors can be found in the "Mental Health, Substance Use, and Health Behaviors" section.

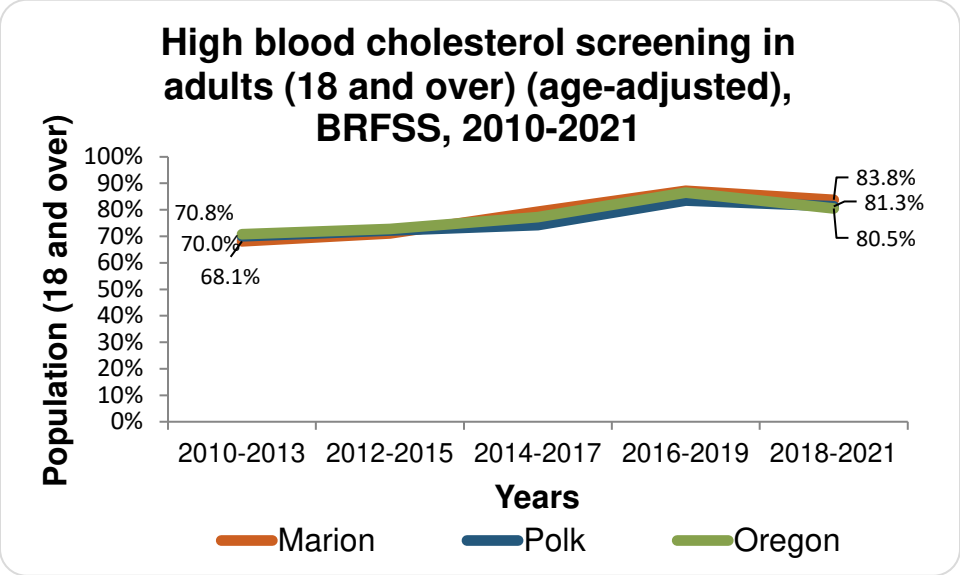
- About 3 in 10 adults had high blood pressure in the community.[5] The percentage of adults with high blood pressure was higher in the community than Oregon and increased in recent years. Both the community and Oregon have met the Healthy People 2030 goal for this measure (42.6%).[13]



- About 1 in 4 adults in the community had high blood cholesterol.[5] The percentage of adults with high blood cholesterol decreased in recent years and was slightly higher in Polk than Marion and Oregon. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (13.5%).[13]



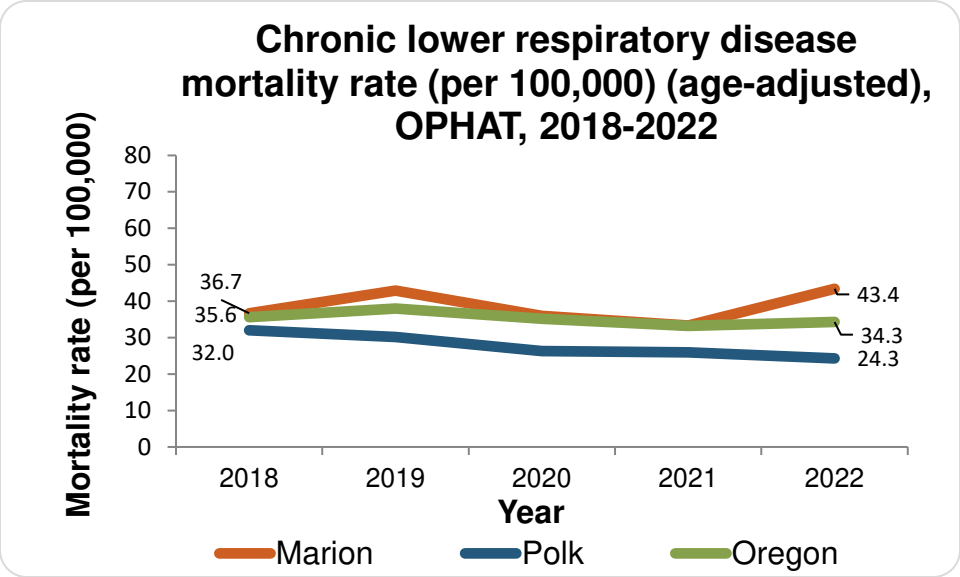
- About 4 out of 5 adults in the community were checked for high cholesterol in the last five years.[5] The percentage of adults being screened for high cholesterol increased in recent years and was higher in the community than in Oregon.



Chronic Lower Respiratory Diseases

Chronic respiratory diseases affect the ability to breathe and absorb oxygen, which can diminish longevity and quality of life for individuals who have them. Asthma and chronic obstructive pulmonary disease (COPD) are the most common forms of respiratory disease. About 25 million people in the United States currently have asthma and over 16 million have been diagnosed with COPD and many more have yet to be diagnosed.[33,34] Risk factors for these diseases include tobacco smoking, exposure to pollutants, and unhealthy air.

- In 2022, 185 people died from chronic lower respiratory disease in Marion, 32 in Polk, and 2,013 in Oregon.[20] The chronic lower respiratory disease mortality rate increased in Marion, but decreased in Polk and Oregon in recent years, additionally the rate was also higher in Marion by comparison after an uptick in 2022.

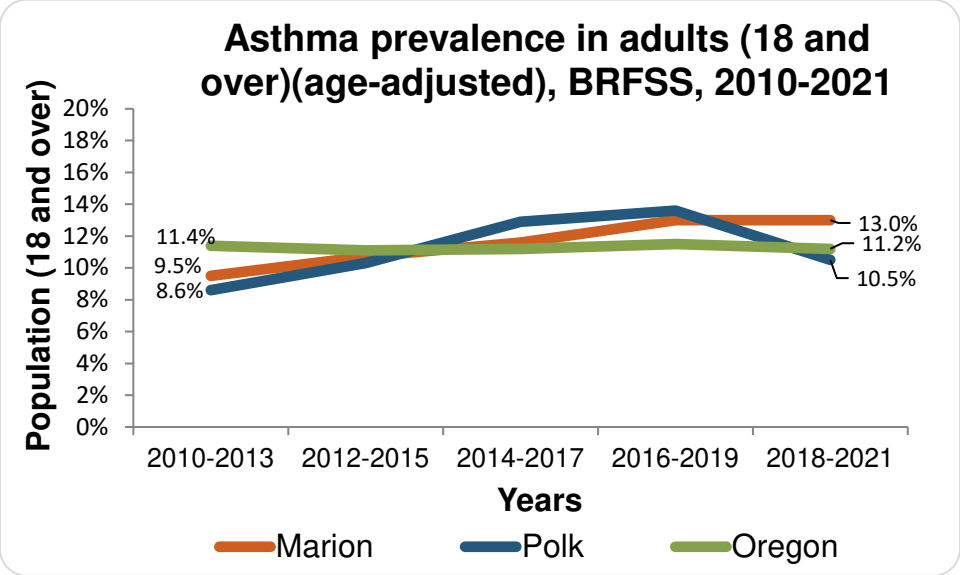


Note: Includes bronchitis (chronic or unspecified), emphysema, asthma, and other chronic lower respiratory diseases

Asthma

Asthma is a disease that affects the lungs, causing wheezing, breathlessness, chest tightness, and coughing. Asthma can be controlled by taking medications and avoiding activities that cause asthma attacks. A person of any age can be affected by asthma, but in children it is one of the most common chronic diseases. According to the Mayo Clinic, the exact cause of asthma is not known, but may be partly genetic and attacks may be triggered by tobacco smoke.

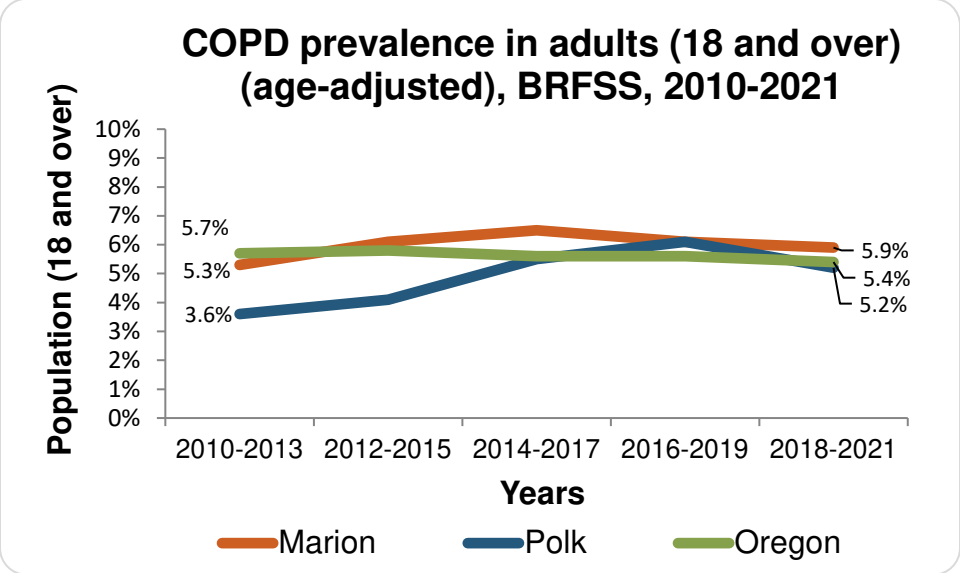
- About 13.0% of adults in Marion, 10.5% in Polk, and 11.2% in Oregon have been diagnosed with asthma.[5] The prevalence of asthma in adults increased in the community recently, but decreased slightly in Oregon.



Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a broad term for a group of diseases that involve airflow blockage that makes breathing difficult. COPD is a leading cause of death in the United States and includes both emphysema and chronic bronchitis.[34] There is no cure for COPD, however it can be treated. Those who are over the age of 65, identify as American Indian/Alaska Native, Multiracial, non-Hispanic, female, have a history of asthma, or are a current or former smoker, are at greater risk of developing COPD.

- About 1 in 20 adult community members have been diagnosed with COPD, which was similar to Oregon.[5] The prevalence of adult COPD was slightly higher in Marion than Polk and Oregon. Additionally, the prevalence of adult COPD increased in the community recently, but decreased in Oregon.

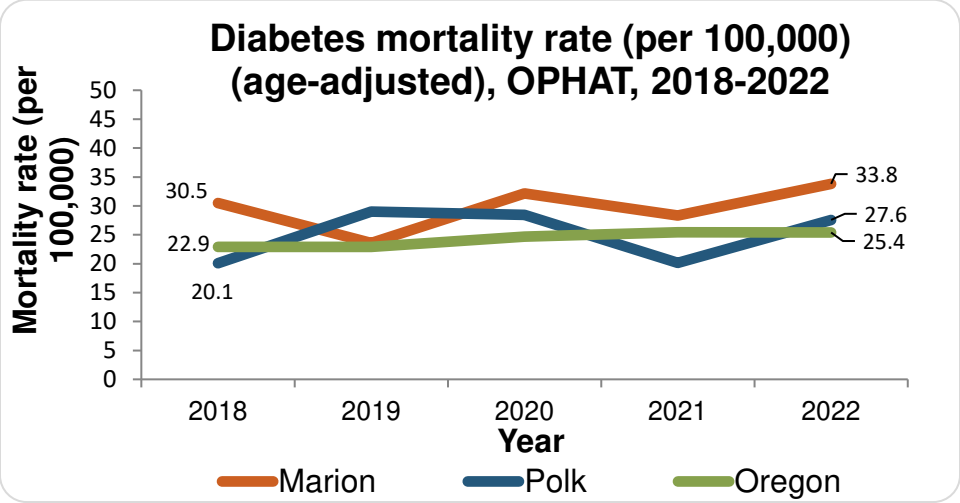


Note: Includes COPD, emphysema, or chronic bronchitis

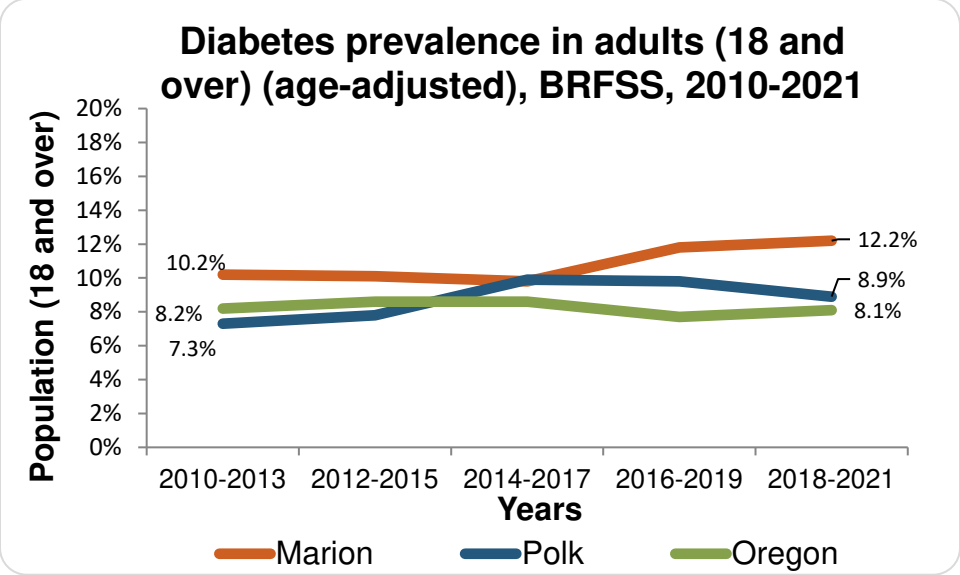
Diabetes

Diabetes is a disease in which blood sugar levels are higher than normal and can be type 1, type 2, or gestational diabetes. Type 1 is an autoimmune disorder that develops at an early age. Type 2 typically develops in adults and gestational diabetes only occurs in pregnant women, which usually goes away after the child is born. Diabetes is the 8th leading cause of death in the nation and about 38 million adults have diabetes, with 1 in 5 unaware that they have it.[35] It is estimated that diabetes costs the nation $413 billion annually due to medical expenditures and lost productivity. Risk factors for diabetes include family history of diabetes, being overweight or obese, high blood pressure, engaging in physical activity less than three times per week, and history of having diabetes while pregnant. Diabetes can lead to heart disease, stroke, blindness, and kidney problems.

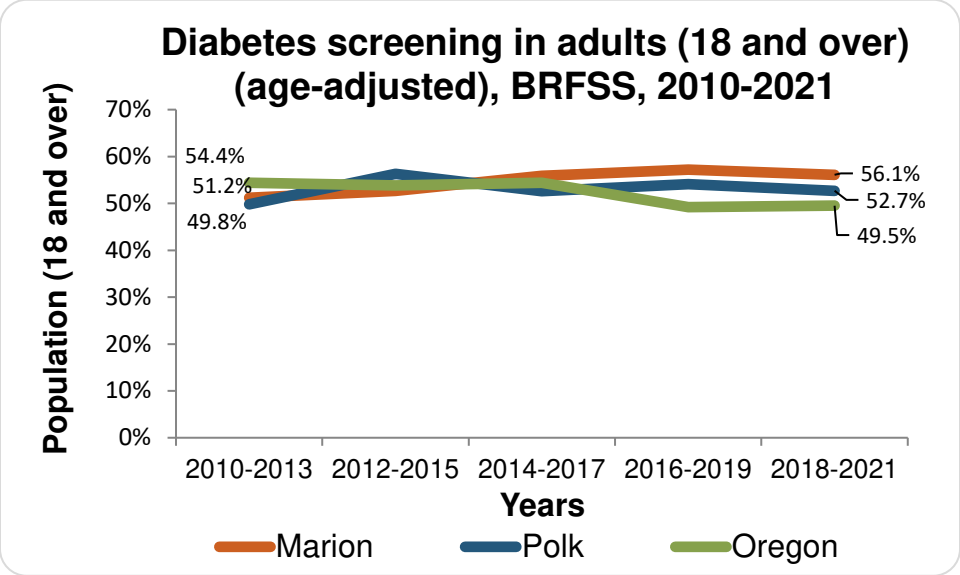
- In 2022, 142 people died from diabetes in Marion, 35 in Polk, and 1,451 in Oregon.[20] The diabetes mortality rate increased in the community and Oregon, with higher rates in Marion by comparison.



- About 12.2% of adults in Marion, 8.9% in Polk, and 8.1% in Oregon have been diagnosed with diabetes.[5] The prevalence of diabetes in adults increased in the community in recent years, but remained little changed in Oregon.



- About 56.1% of adults in Marion, 52.7% in Polk, and 49.5% in Oregon have been screened for diabetes in the last three years.[5] Diabetes screening in adults increased in the community in recent years, but decreased in Oregon.



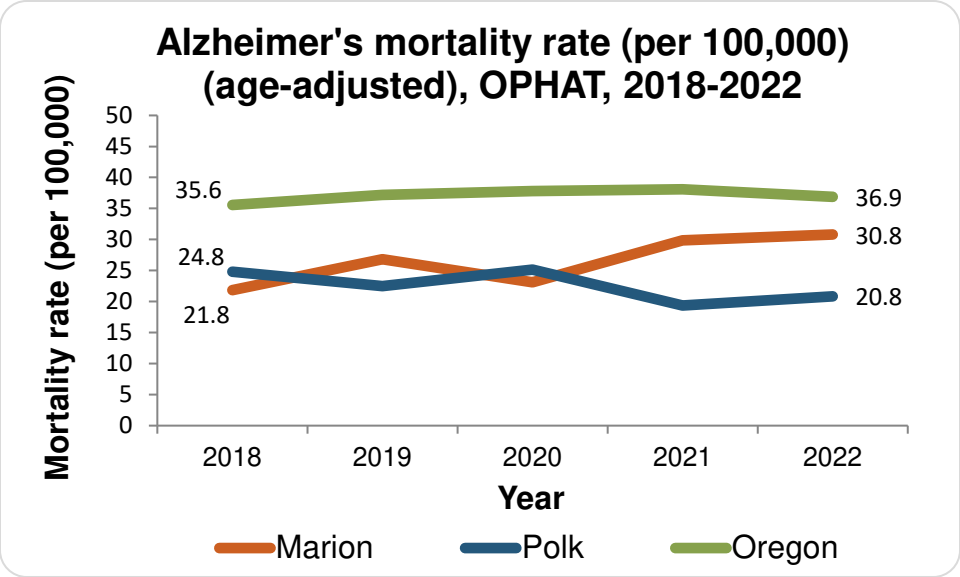
"I'm a pharmacist in the community and there isn't enough access for diabetic educators. For example, someone that can take 30 minutes to explain how to test blood sugars or use a continuous glucose monitor. Those are things doctors want a pharmacist to explain but we simply don't have the time because we can't bill insurance for the service rendered."

– Survey Respondent

Alzheimer's

Alzheimer's, the most common form of dementia, is a disorder of the brain caused by damaged nerve cells. Symptoms include memory loss, along with problem-solving and thinking abilities that interfere with daily life. Alzheimer's is the 7th leading cause of death in the nation and about 6.9 million people are living with the disease, with projections estimating that this number will double to 14 million by 2060.[36] Risk factors for this disease include being 60 years or older, family history, environmental factors, and lifestyle behaviors.

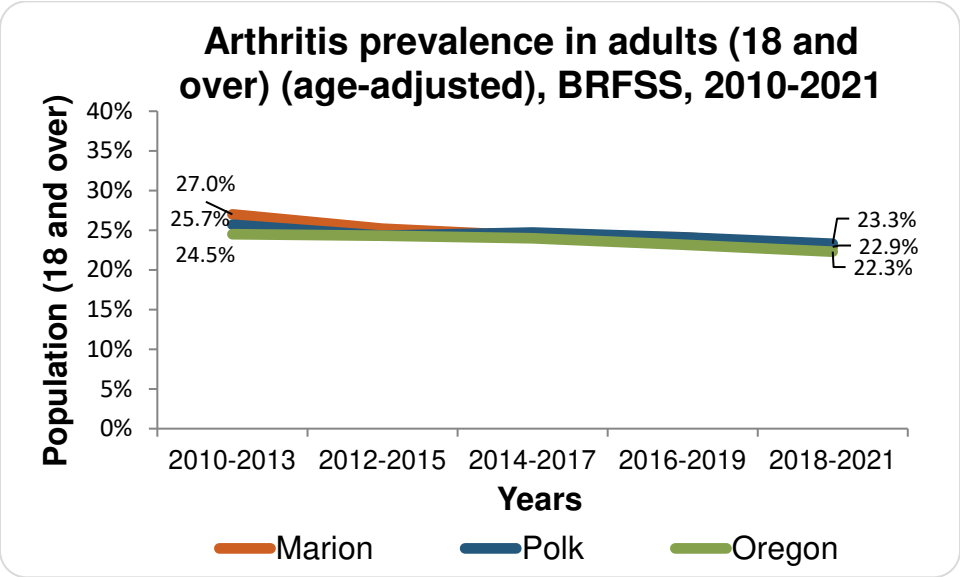
- In 2022, 125 people died of Alzheimer's in Marion, 26 in Polk, and 2,028 in Oregon.[20] Alzheimer's mortality rates were higher in Oregon than the community. Rates increased in Marion and Oregon, but decreased in Polk recently.



Arthritis

Arthritis, an inflammation of the joints, is a chronic disease that can affect quality of life, the ability to work, and the ability to carry out the basic activities of daily living. It is common, affecting about 53 million adults in the nation and is expected to increase as people live longer.[37] Interventions to manage arthritis pain can help to reduce functional limitations and encourage people to be more physically active.

- About 1 in 4 adults in the community have been diagnosed with arthritis, which was similar to Oregon.[5] The prevalence of arthritis decreased in recent years and was higher in the community than Oregon.



Arthritis = diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

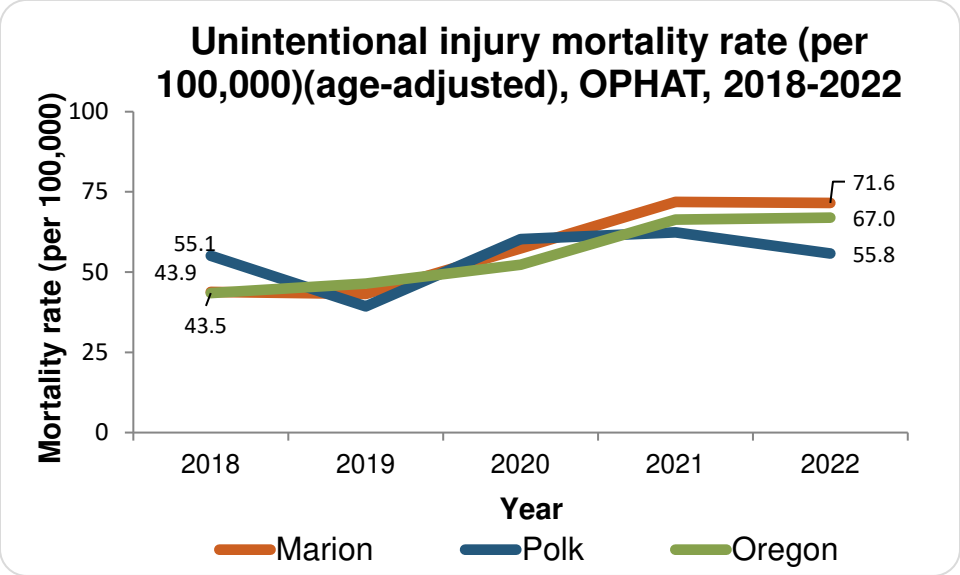
Injury Prevention

Unintentional injuries (accidents) are a leading cause of death and disability. They include falls, poisonings, motor vehicles, and other sources of injury. As accidents and hazards are inherently preventable, they are a key leverage point to reducing deaths and disability in the community. A recent MP-CHC community survey found that community safety, which includes injury prevention, was the 4th most needed area of improvement locally.[8]

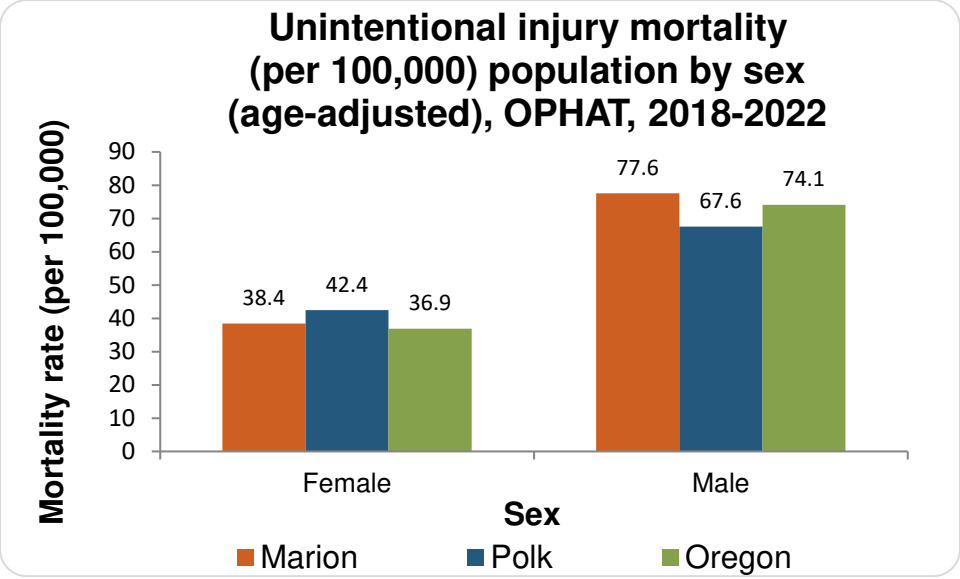
Overall Unintentional Injury Mortality

The following indicator measures all deaths that occur because of injuries standardized to a population of 100,000 after taking differences in age into account.

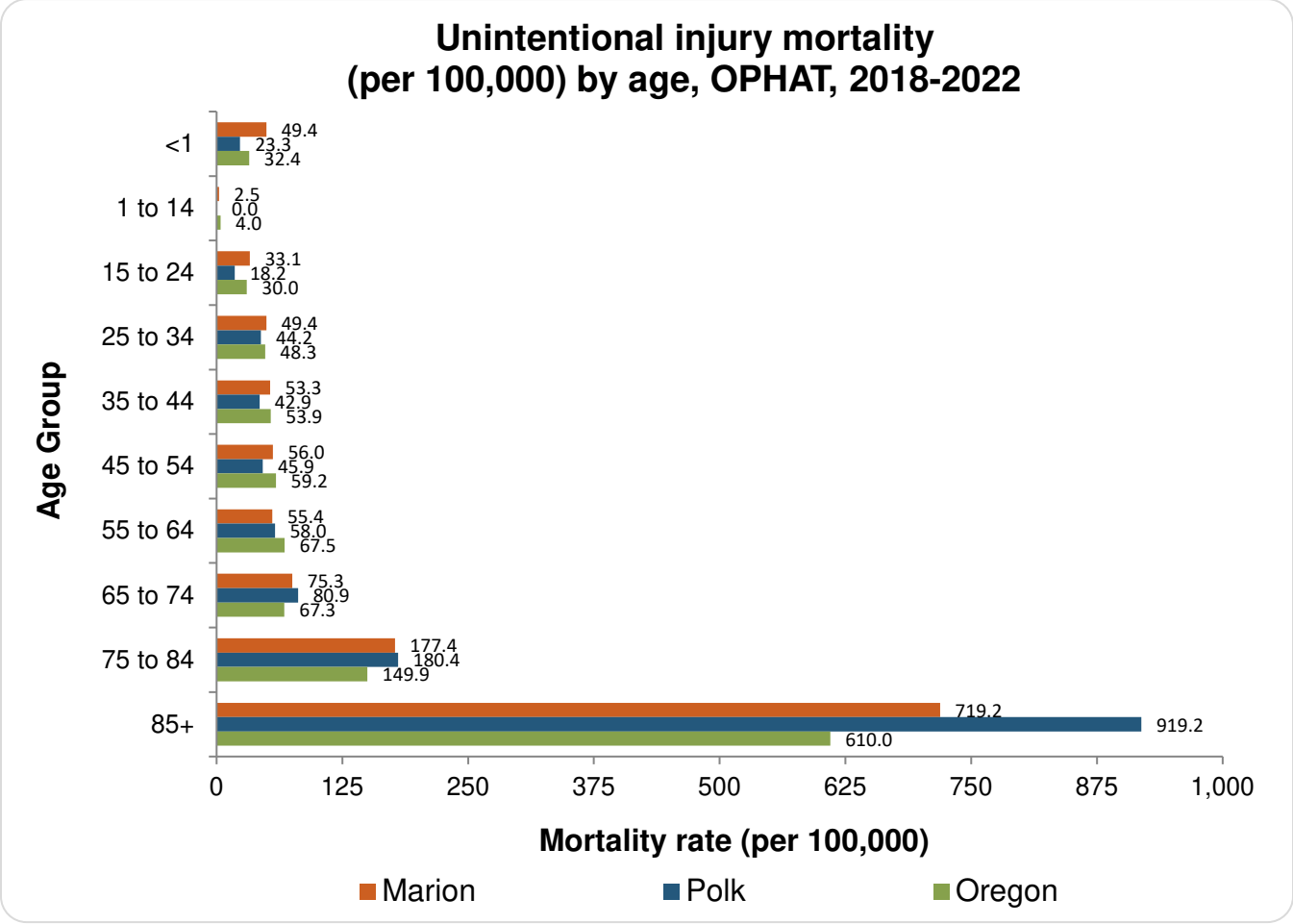
- Unintentional injuries (accidents) were the 3rd leading cause of death in the community.[20]
- In 2022, 259 people in Marion, 60 in Polk, and 3,188 in Oregon died due to unintentional injuries.[20] The unintentional injury mortality rate increased locally and in Oregon and was higher in Marion by comparison. Neither the community nor Oregon has reached the Healthy People 2030 goal for this measure (43.2/100,000).[13]



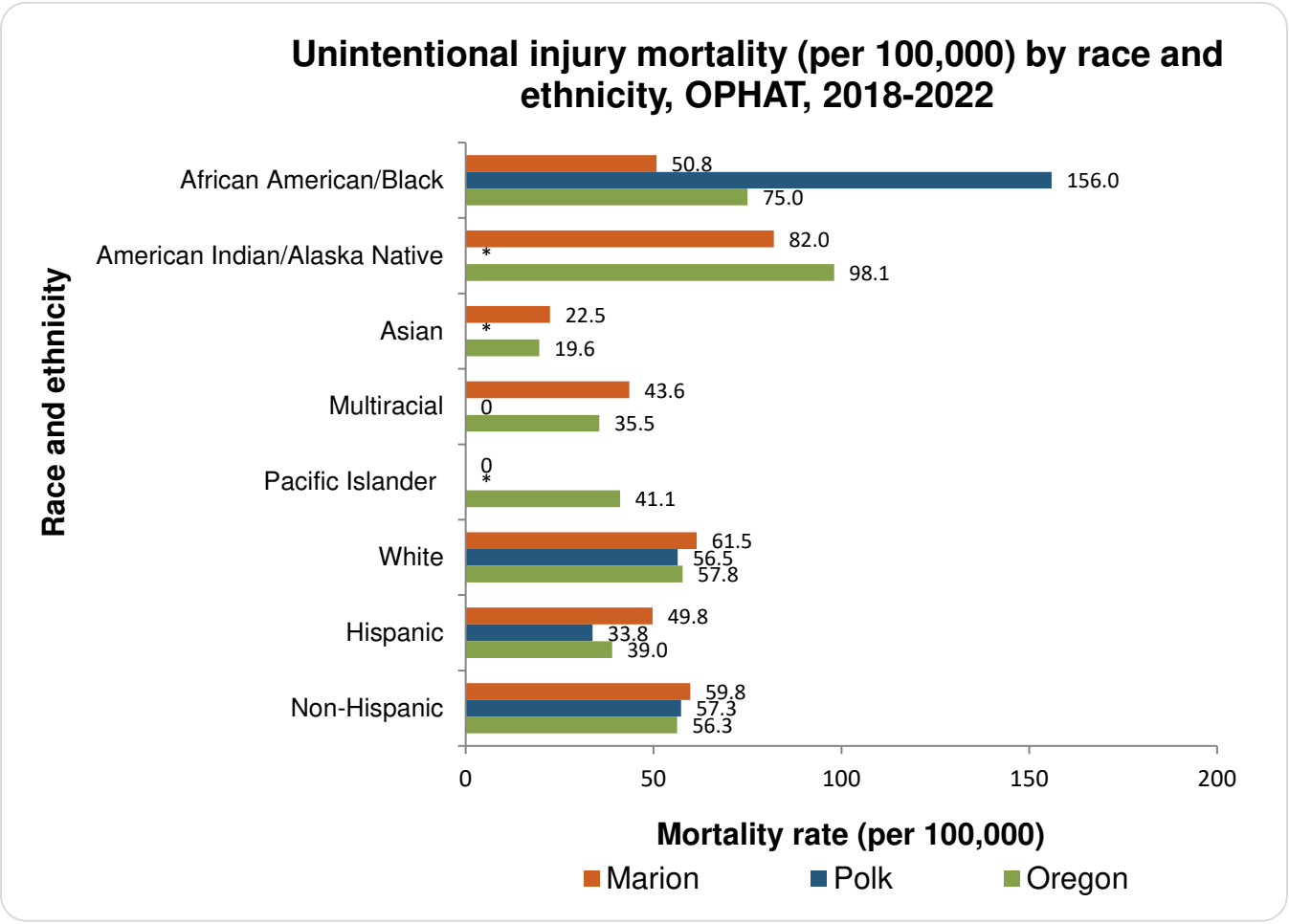
- Males died at a higher rate from unintentional injuries than females.[20]



- In general, unintentional injury mortality increased with age.[20] In particular, vulnerable populations such as those under the age of 1, and over the age of 75, who are more susceptible to deaths from falls and other sources, were elevated by comparison.



- People who identified as African American/Black, American Indian/Alaska Native, and White had higher unintentional injury mortality rates than their peers.[20] Additionally, people who identified as Non-Hispanic had higher rates than people who identified as Hispanic.

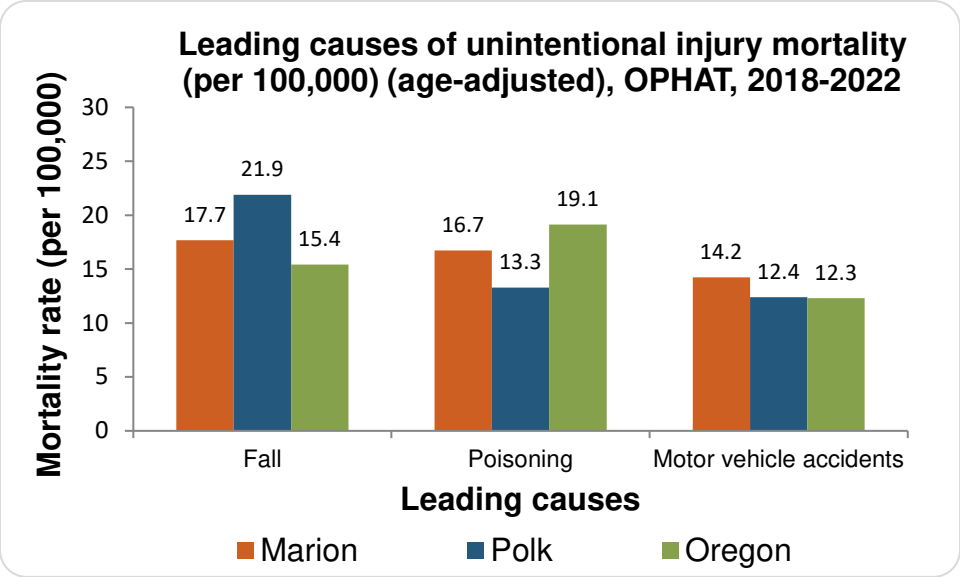


** - Data not shown due to low counts (1-5)*

Leading Causes of Unintentional Injury Mortality

Identifying the main sources of injury fatalities is essential for developing targeted interventions that in turn can reduce the overall mortality rate.

- The leading causes of unintentional injury mortality were falls (1st), followed by poisonings, and motor vehicle accidents.[20]

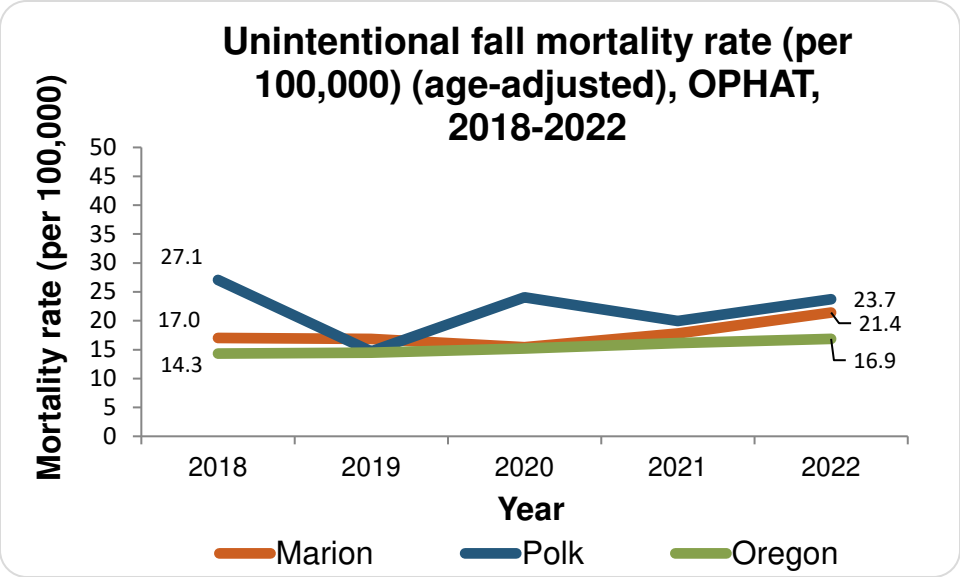


Poisoning = deaths due to antiepileptic, sedative-hypnotics, psychotropics, narcotics, hallucinogens, alcohol, noxious gases and vapors, other unspecified drugs, and other unspecified chemicals

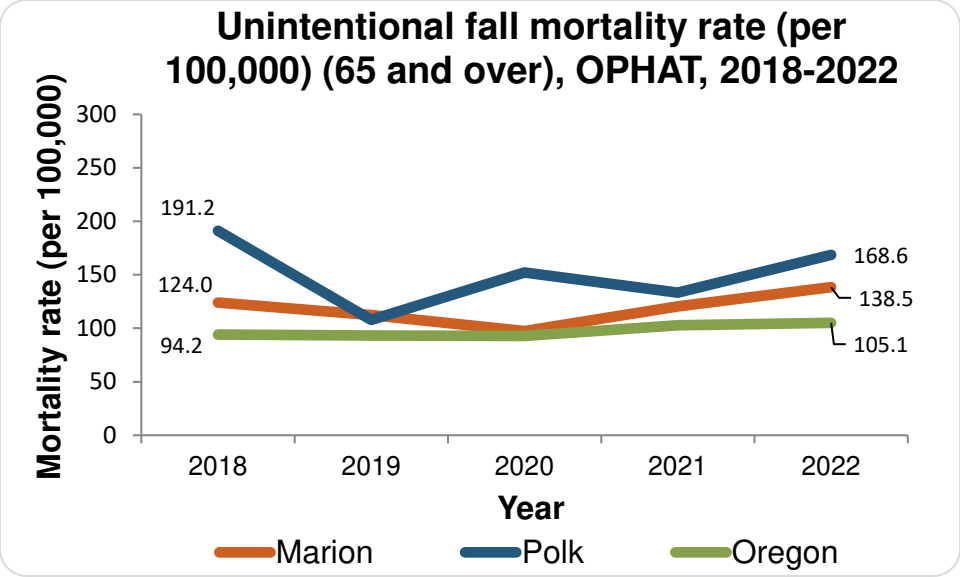
Fall Injuries

Among adults 65 and older, unintentional falls are the leading cause of injury related death.[38] Falls not only cause death, but they can reduce the ability for older adults to remain independent. About 1 in 4 adults over the age of 65 will fall each year. Falls are costly, averaging about $50 billion in health-related expenses annually. As the population shifts to a greater proportion of older aged adults, fall mortality monitoring and prevention is becoming even more important.

- Unintentional falls were the leading cause of unintentional injury deaths in the community.[20]
- In 2022, 86 people died in Marion, 30 in Polk, and 933 in Oregon due to falls.[20] The fall mortality rate increased in Marion and Oregon, but decreased in Polk, which was higher by comparison when last measured.



- The unintentional fall mortality rate for those aged 65 and over was higher than fall mortality in all age groups (see above).[20] Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (63.4/100,000).[13]

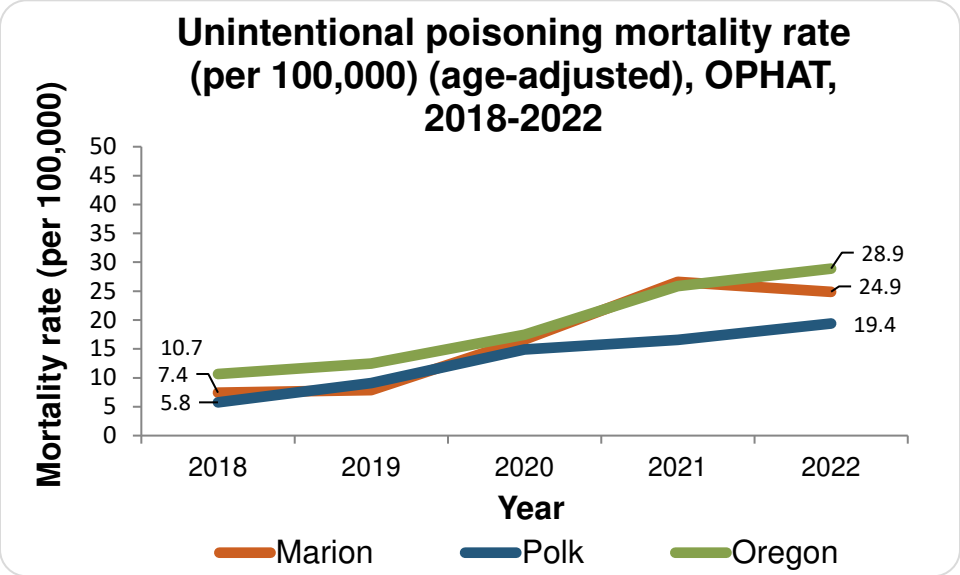


Poisoning Injuries

Unintentional poisonings, of which unintentional drug overdoses are the primary driver, are a leading source of injury mortality and visits to the emergency room in the United States.[39] Additional information relating to drug use can be found in the "Mental Health, Substance Use, and Health Behaviors" section.

- Unintentional poisonings were the second leading cause of unintentional injury mortality in the community and Oregon.[20]
- In 2022, 81 people died in Marion, 16 in Polk, and 1,262 in Oregon from unintentional poisonings.[20] The unintentional poisoning mortality rate increased greatly in recent years,

primarily driven by an increase in opioid overdoses, which was higher in Oregon compared to the community when last measured.



Poisoning = deaths due to antiepileptic, sedative-hypnotics, psychotropics, narcotics, hallucinogens, alcohol, noxious gases and vapors, other unspecified drugs, and other unspecified chemicals

Motor Vehicle Injuries

Car crashes kill more children and young adults than any other cause of death in the United States.[40] In 2022, 44,000 people were killed and 2.6 million visited emergency department for injuries because of a motor vehicle crash. About $470 billion was lost in 2022 alone from motor vehicle fatalities and roughly 1 in 3 of these deaths involved drunk driving. Reducing intoxicated driving and promoting safe driving habits can do much to prevent motor vehicle fatalities. See "Transportation" in the "Social Determinants of Health" section for more data related to this subject.

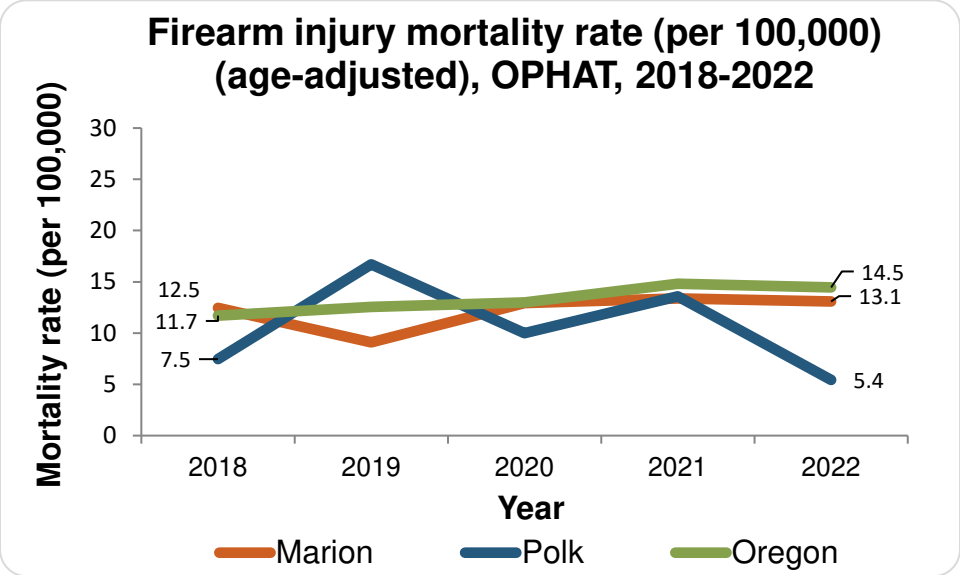
- Motor vehicle accidents were the 3rd leading cause of unintentional injury deaths in the community and Oregon.[20]

Firearm Injuries (any intent)

Firearm injury and mortality are a significant public health problem. In 2022, there were 48,000 firearm-related deaths in the nation, half of which were due to suicide, and 4 out of 10 were homicide related.[41] Firearm injuries were the leading cause of death among children ages 1-19 in the country. A comprehensive approach that includes measures to promote firearm safety and community-based interventions can help to prevent injury and deaths from firearms.

- In 2022, 22.6% of 11th grade students in Marion, 39.0% in Polk, and 34.4% in Oregon, said they could access and use a firearm if they wanted.[4]
- In 2022, 46 people in Marion, 6 in Polk, and 656 in Oregon died as a result of a firearm injury.[20] The firearm injury mortality rate increased in Marion and Oregon, but decreased in Polk, and

was higher in Oregon compared to the community. Only Polk was currently meeting the Healthy People 2030 goal for this measure (10.7/100,000).[13]



"The increase in gun violence amongst the youth is a great concern."

– Survey Respondent

Communicable Disease

Communicable Disease

Controlling communicable or infectious diseases are important to the health of the community because they can spread to others, lead to chronic illness, and cause global emergencies in the form of pandemics. They can be caused by viruses, bacteria, fungi, or parasites present in unsafe water, food, the environment, or from other people who have been infected. Some communicable diseases can be prevented or mitigated by vaccines, which are an effective and efficient way to improve the health of the community. Indeed, children born between 1994-2023 who received their routine vaccinations will prevent 508 million cases of illness, 32 million hospitalizations, over 1 million deaths, and $540 billion in direct cost savings over the course of their lifetimes.[42]

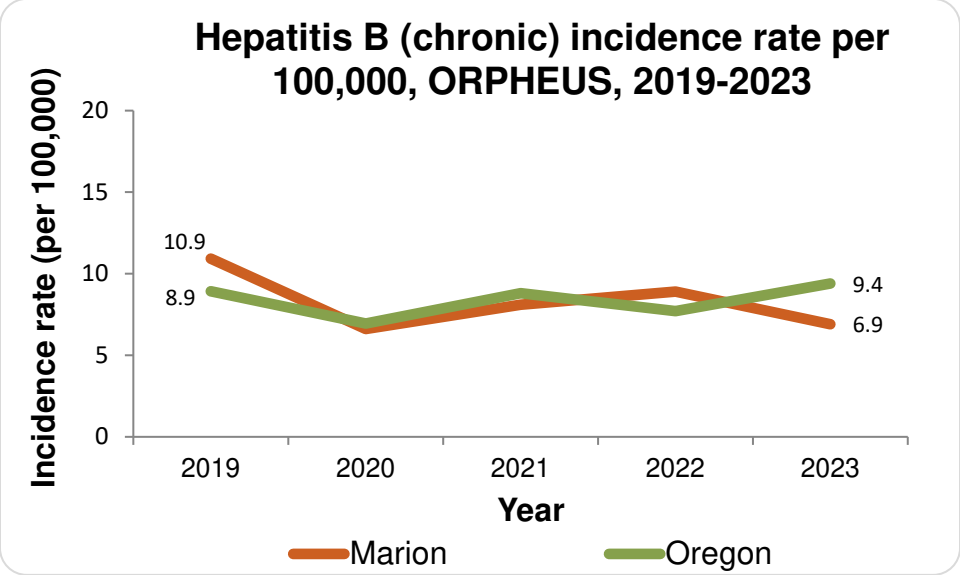
Key Findings for Marion and Polk Counties:

- Chronic hepatitis B and C new case rates decreased recently in the community, but hepatitis C rates were higher in Marion by comparison.
- Sexually transmitted infections, such as chlamydia and gonorrhea, had decreased new case rates compared to previous time periods, however syphilis and HIV rates increased. Syphilis rates increased by 148% in Marion and 46% in Polk in 2023 compared to 2019. Those aged 20-49, and people who identified as African American/Black or American Indian/Alaska Native had higher rates of syphilis than their peers.
- There was a recent increase in recommended vaccine uptake in two-year-olds and 13-year-olds. However, many remain unvaccinated, as about 7 out of 10 two-year-olds were up to date on vaccines, and only about 3 out of 10 thirteen-year-olds were up to date. This creates a situation where the community is more vulnerable to communicable diseases and outbreaks.
- COVID-19 continues to be a major source of illness and mortality in the community, as it was the 4th leading cause of death, peaking in 2021 before falling off in 2022. Males, older age groups, and people who identified as African American/Black, American Indian/Alaska Native, or Pacific Islander had higher COVID-19 mortality rates than their peers. Also, people who identified as Hispanic had higher mortality rates than people who identified as Non-Hispanic. About 7 out of 10 people in the community have received at least one COVID-19 vaccine.

Hepatitis

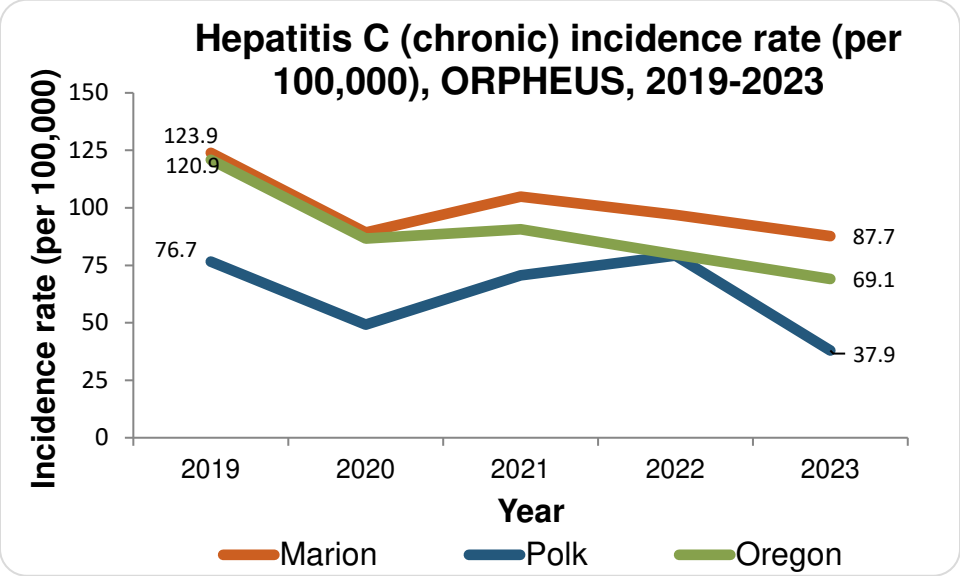
Hepatitis can occur because of several different types of viruses, which cause inflammation of the liver. In the United States, the most common types of hepatitis are A, B, and C.[43] Hepatitis A causes acute disease only, while hepatitis B and C can cause acute disease and chronic disease. Symptoms of hepatitis are fatigue, low appetite, stomach pain, nausea, and jaundice (yellowing of the skin and eyes). Hepatitis A is transmitted from person to person through exposure to contaminated food or water. Hepatitis B is transmitted person to person through exposure to blood, semen, and vaginal secretions. Most commonly this occurs through sexual contact, sharing needles, syringes, or other drug-injection equipment, or from mother to baby at birth. There are much higher rates of hepatitis B in other areas of the world such as China, Africa, and India. In Marion and Polk hepatitis B has historically been more common in individuals who were born outside of the United States, however as rates of other sexually transmitted infections increase, rates of hepatitis B have also been increasing. Hepatitis A and B can be prevented through vaccination. Hepatitis C is transmitted from person to person through exposure to blood and most people become infected through sharing needles or other injection drug equipment. Hepatitis A and B can be prevented through vaccination, but there is no vaccination for hepatitis C.

- In 2023, there were 24 new cases of chronic hepatitis B in Marion, 5 in Polk, and 399 in Oregon. The incidence rate of chronic hepatitis B decreased in Marion, but increased slightly in Oregon recently and was lower in Marion by comparison.[44]



Note: Polk rates not shown due to statistical unreliability

- In 2023, there were 304 new cases of chronic hepatitis C in Marion, 34 in Polk, and 2,928 in Oregon.[44] The chronic hepatitis C incidence rate decreased in the community and Oregon in recent years and was higher in Marion by comparison.

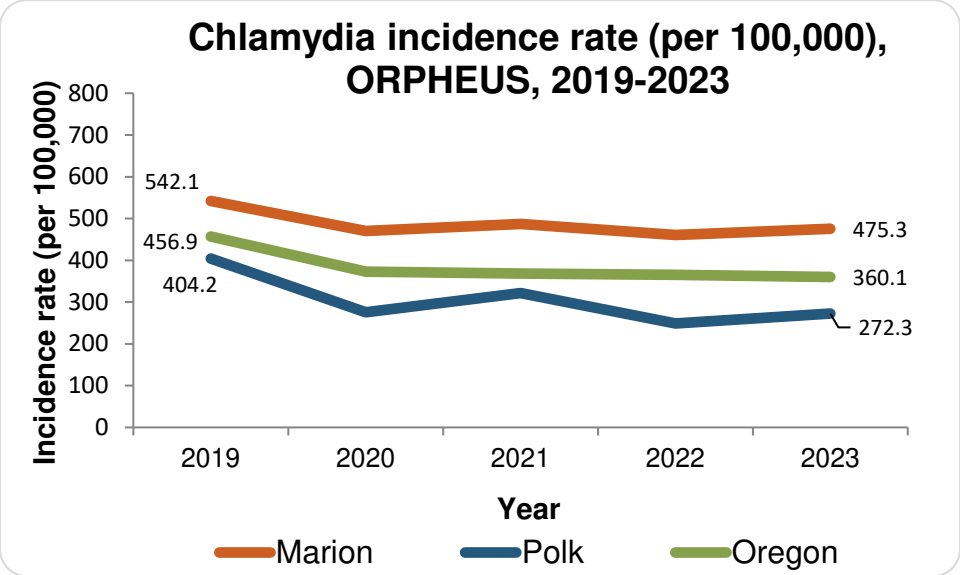


Sexually Transmitted Infections

Chlamydia

Chlamydia is a common sexually transmitted bacterial infection that often causes no symptoms. If untreated in women, the infection can lead to infertility and other problems.[45] Chlamydia is transmitted by having vaginal, anal, or oral sex with an infected person. Infection during pregnancy can result in eye and lung infections in the newborn. Anyone who has unprotected vaginal, anal, or oral sex and/or has multiple partners is at a higher risk of being infected with chlamydia. Males who have sex with males are also at risk of being infected with chlamydia due to behaviors and biological factors. It is recommended that sexually active women under age 25 and over 25 who have new or multiple sex partners, or a sex partner with a sexually transmitted infections, get tested annually. Additionally, sexually active gay or bisexual men should get screened annually as well.

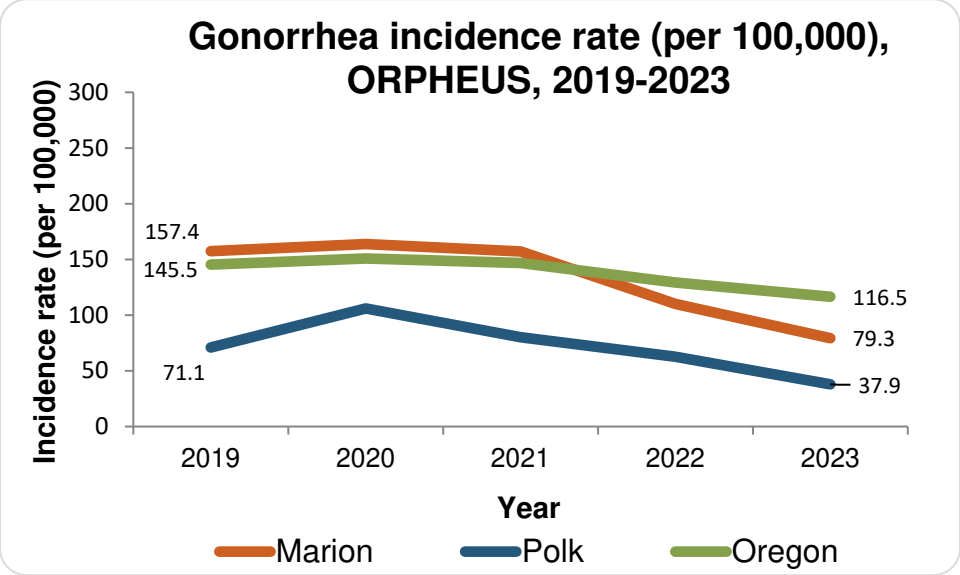
- In 2023, there were 1,648 new cases of chlamydia in Marion, 244 in Polk, and 15,287 in Oregon.[44] Chlamydia incidence rates in the community and Oregon decreased in recent years and were higher in Marion by comparison.



Gonorrhea

Gonorrhea is a sexually transmitted bacterial infection. Gonorrhea is transmitted by having vaginal, anal, or oral sex with an infected person.[46] Untreated infection in men and women can lead to complications, including infertility. The risk of HIV infection is increased when a person is already infected with gonorrhea. It is recommended that sexually active women under age 25 and over 25 who have new or multiple sex partners, or a sex partner with a sexually transmitted infections get tested annually. Additionally, sexually active gay or bisexual men should get screened annually as well.

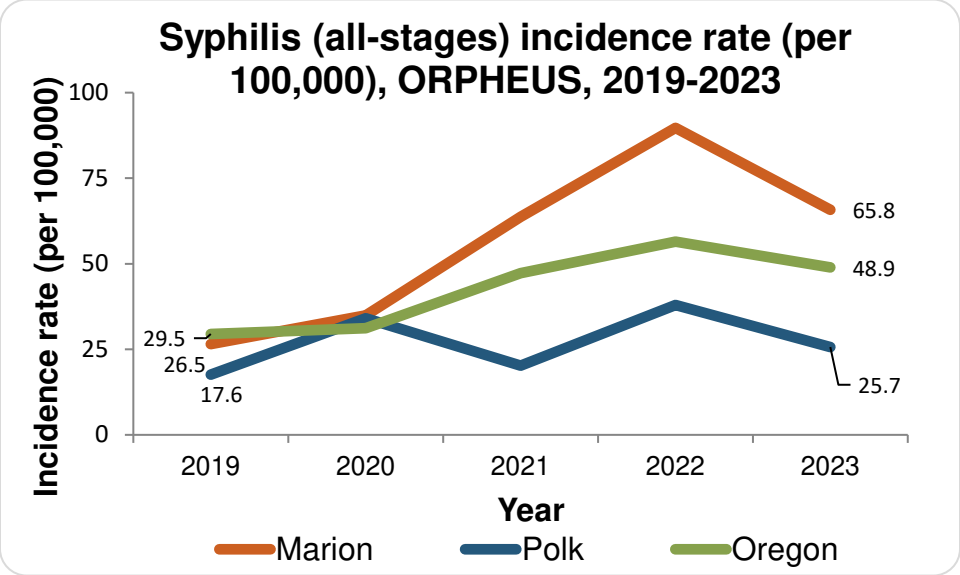
- In 2023, there were 275 new cases of gonorrhea in Marion, 34 in Polk, and 4,945 in Oregon.[44] Gonorrhea incidence rates decreased in the community and Oregon in recent years and were higher in Oregon by comparison.



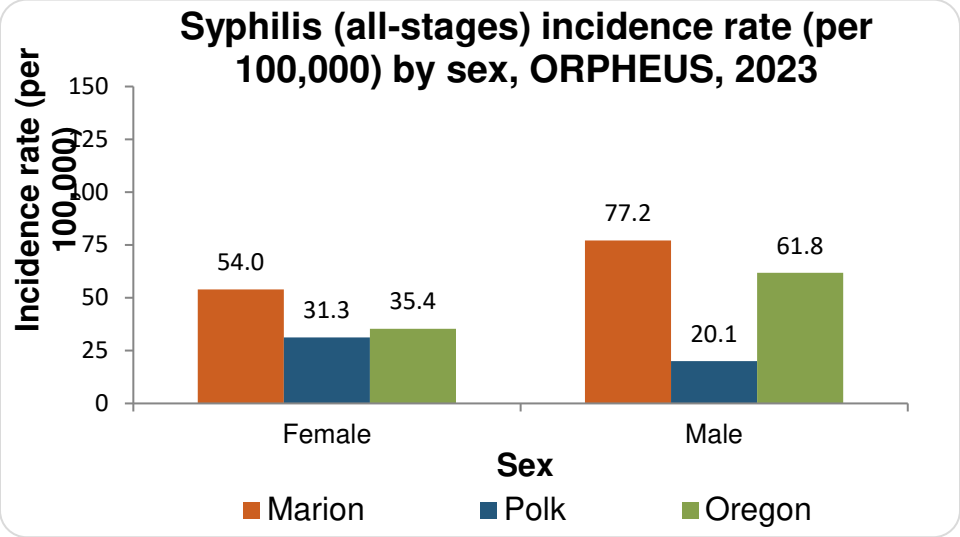
Syphilis

Syphilis is a sexually transmitted bacterial infection that progresses in stages, and treatment is dependent on stage.[47] Pregnant women may transmit the infection to their fetus with a high risk that the baby will be stillborn or have other serious health issues. People who are not treated may develop late-stage syphilis, including nervous system problems. It is recommended that people who have HIV, are a gay or bisexual man, have sexual partners who tested positive for syphilis, and/or live in a community with a high rate of syphilis get tested regularly. Additionally, pregnant people should get tested three times during their pregnancy (first prenatal, 28 weeks' gestation, and at delivery). In Oregon, there's been a recent increase in syphilis among pregnant people and congenital syphilis.

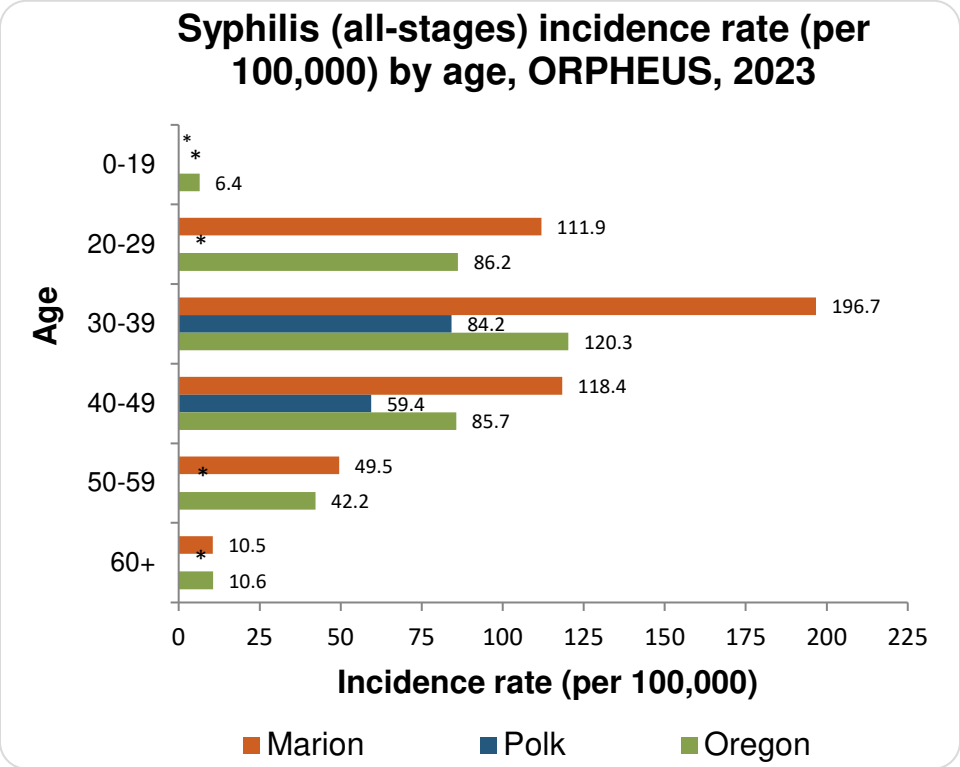
- In 2023, there were 228 new cases of syphilis in Marion, 23 in Polk, and 2,074 in Oregon.[44] Syphilis incidence rates in the community and Oregon increased greatly in recent years, and were higher in Marion by comparison.



- Males had a higher incidence rate of syphilis than females in Marion and Oregon, however the reverse was true in Polk, where females had higher rates than males.[44]

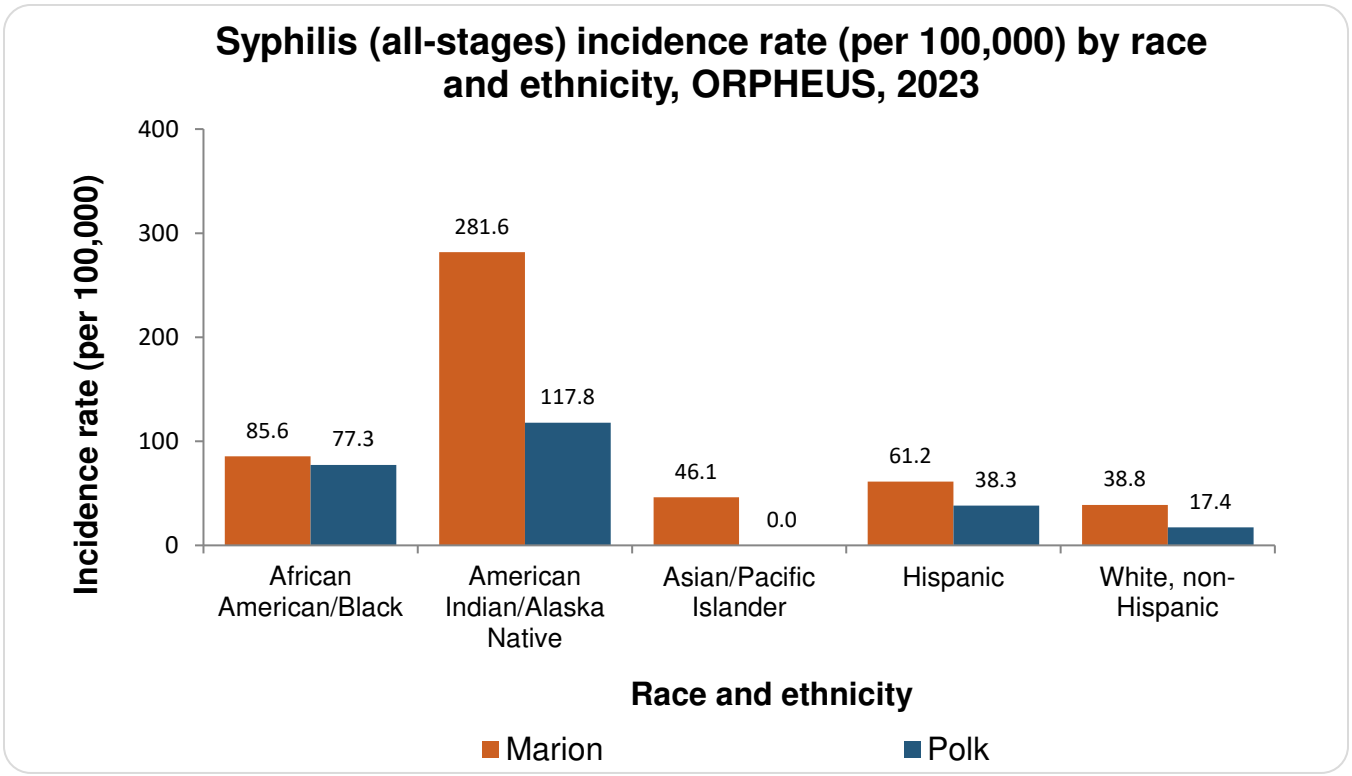


- Syphilis rates were highest in people between the ages of 20-49.[44]



** - data not shown due to low counts (1-5)*

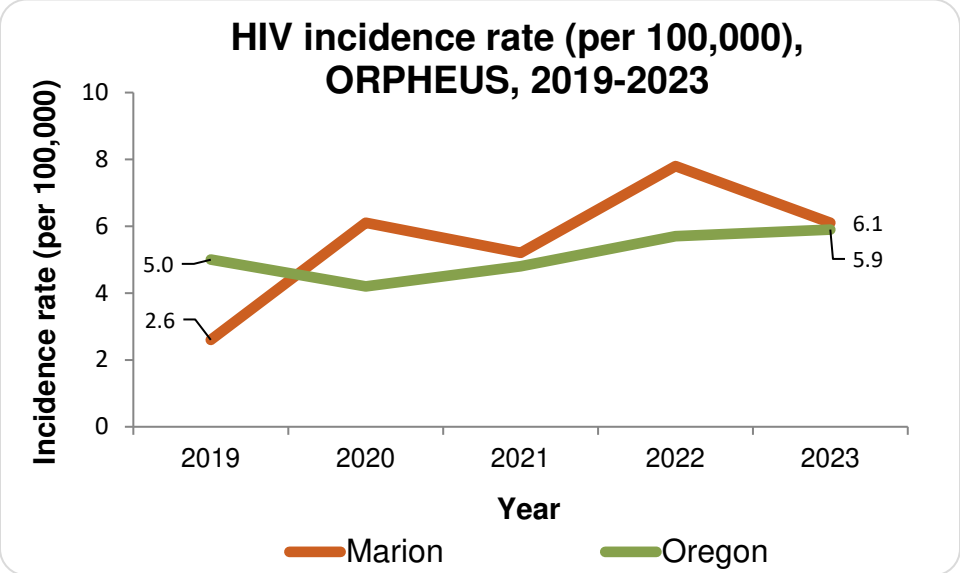
- People who identified as African American/Black or American Indian/Alaska Native had higher rates of syphilis than their peers.[44]



HIV

HIV (Human Immunodeficiency Virus) attacks specific cells in the immune system. Over time, HIV can destroy so many of these cells that the body cannot fight off other diseases. At that point, HIV infection leads to AIDS (Acquired Immunodeficiency Syndrome). At this time, there is no safe, effective cure for HIV, so once infected, you will have HIV for life.[48] It is recommended that everyone between the ages of 13 and 64 gets tested for HIV at least once and people with certain risk factors should get tested more often.

- In 2023, there were 21 new cases of HIV in Marion, 2 in Polk, and 252 in Oregon.[44] The HIV incidence rate increased in Marion and Oregon in recent years and was higher in Marion by comparison.



Note: Polk rates not shown due to statistical unreliability

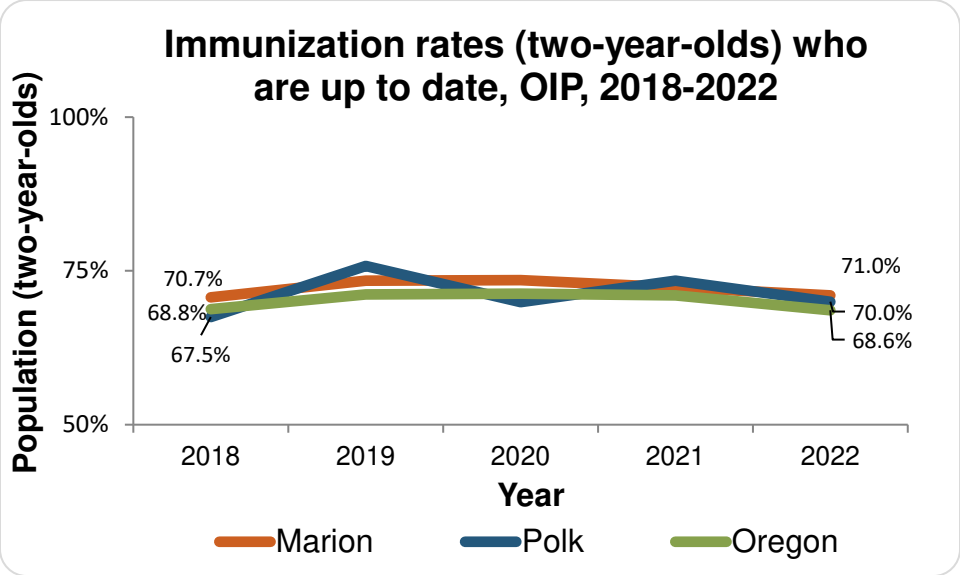
Vaccine Preventable Diseases

Vaccine preventable diseases occur in Marion and Polk County despite having available, safe, and effective vaccines. Some examples of these diseases include pertussis (whooping cough), polio, hepatitis, measles, mumps, influenza, chicken pox, and COVID-19.

Child Immunizations

Oregon requires certain immunizations for children in school and childcare. The purpose of the immunization requirements is to protect everyone in a population from vaccine preventable diseases. If enough people are immunized, herd immunity can be achieved, and thus disease is unlikely to spread.

- In the 2023-2024 academic year, about 7.2% of kindergartners had a nonmedical exemption for at least one vaccine in Marion, 8.6% in Polk, and 8.8% in Oregon.[31] The percentage of kindergartners in Oregon with a nonmedical exemption have increased in recent years.
- In the 2023-2024 academic year, about 5.4% of K-12 students had a nonmedical exemption for at least one vaccine in Marion, 6.1% in Polk, and 7.2% in Oregon.[31]
- About 7 out of 10 two-year-olds were up to date on their recommended vaccines in the community, which was slightly higher than Oregon.[31] Vaccination rates in this population have increased recently in the community, but decreased slightly in Oregon.

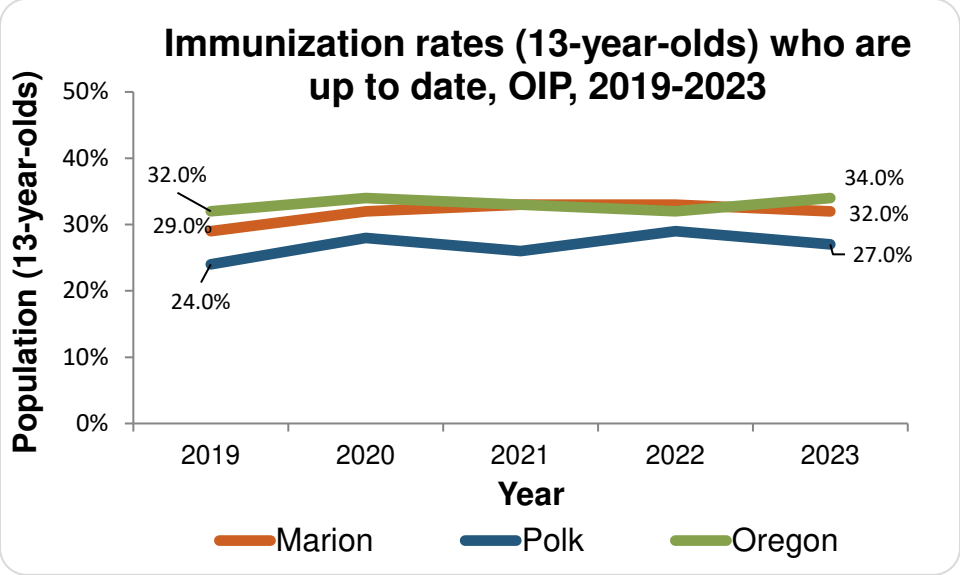


Up to date includes 4 doses of DTaP (diphtheria, tetanus, acellular pertussis), 3 doses IPV (polio), 1 dose MMR (measles, mumps, rubella), 3 doses Hib (haemophilus influenzae B), 3 doses HepB (hepatitis B), 1 dose Varicella (chicken pox), and 4 doses PCV (pneumococcal) vaccine before two years of age

Adolescent Immunizations

Continuing the recommended vaccination series into adolescence can help to protect against disease and ensure lifelong health. Recommended vaccines include: Tdap, meningococcal, and 3 doses of HPV.[31] These vaccines protect against tetanus, diphtheria, pertussis, meningitis, and the virus that causes genital warts (human papillomavirus), which can cause several kinds of cancer.

- About 27.0% of 13-year-olds in Polk, 32.0% in Marion, and 34.0% in Oregon were up to date on their adolescent vaccine series.[31] Vaccine rates increased in 13-year-olds in recent years in the community and Oregon.

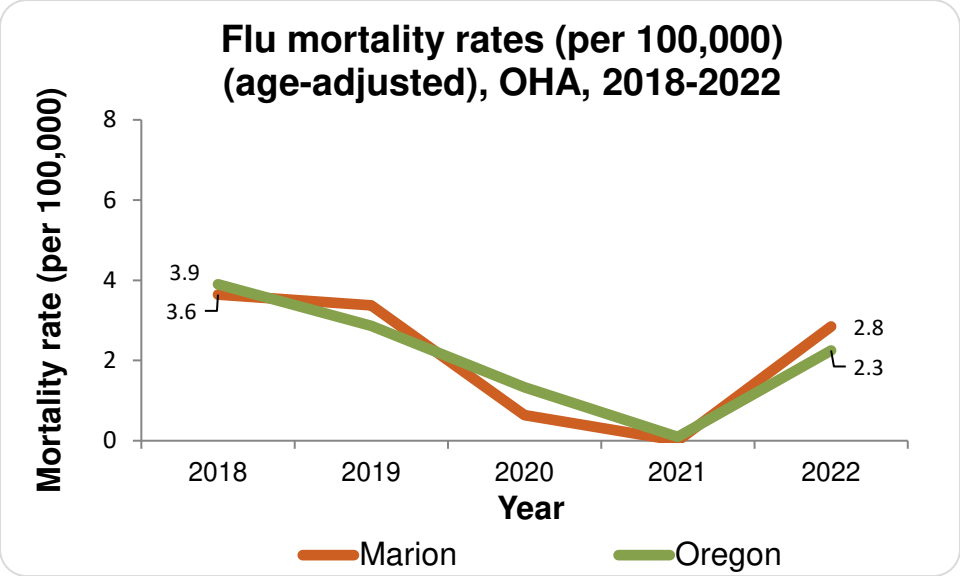


Up to date includes Tdap (tetanus, diphtheria, acellular pertussis), Meningococcal, and 3 doses of HPV (human papillomavirus) vaccine before 13 years of age

Influenza

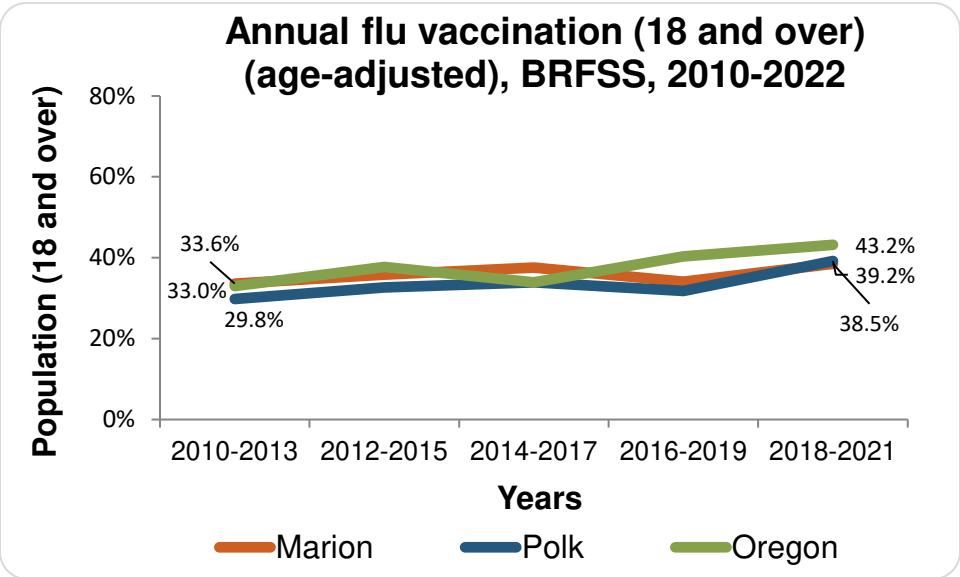
Influenza (flu) is a highly contagious viral respiratory illness that can cause mild to severe symptoms, and in some cases death.[49] The virus is primarily spread by tiny droplets in the air when people who have flu cough, sneeze, or talk. Some flu seasons are more severe than others depending on the type of virus circulating, and occasionally they can even cause pandemics. Common symptoms include fever, cough, sore throat, runny/stuffy nose, muscle or body aches, headaches, and fatigue. People at higher risk of serious flu-related complications include those 65 and older, have chronic disease(s) (such as asthma, diabetes, or heart disease), are obese, pregnant, or are younger than five years of age. The annual flu vaccine is an effective way to reduce severity of symptoms or to prevent infection completely.

- In 2022, 11 people died from flu in Marion, 3 in Polk, and 121 in Oregon.[20] The flu mortality rate decreased in Marion and Oregon in recent years, reaching very low levels in 2020 and 2021 during the COVID-19 pandemic before rebounding in 2022. The flu mortality rate was slightly higher in Marion than Oregon when it last measured in 2022.



Note: Polk rates not shown due to statistical unreliability

- About 4 out of 10 adult community members received an annual flu vaccination, which was lower than Oregon.[5] The percentage of adults receiving an annual flu vaccine increased in recent years, however neither the community nor Oregon has met the Healthy People 2030 goal for this measure (70.0%).[13]

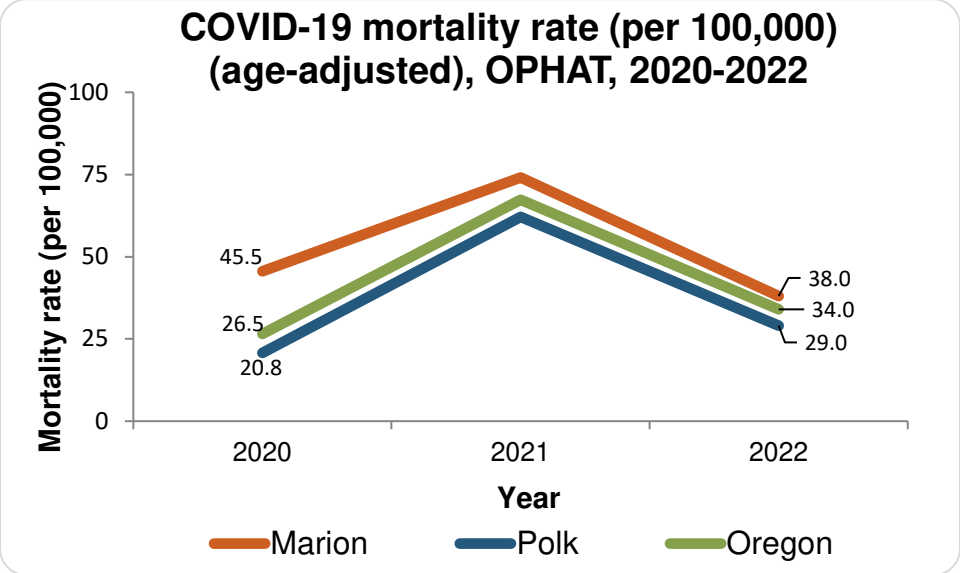


COVID-19

Coronavirus disease (COVID-19) is an infectious respiratory illness caused by the SARS-CoV-2 virus. The virus was first detected in Wuhan, China, in December 2019 before quickly spreading across the globe. Symptoms include fever, cough, loss of taste and/or smell, and shortness of breath. For older people, and those with underlying conditions such as heart disease, diabetes, chronic respiratory disease (asthma, COPD, emphysema), and cancer, are more likely to develop serious illness that can result in hospitalization or death. As of June 2024, 1.2 million people have died of COVID-19 in the nation.[50] Transmission can be reduced by wearing masks, social distancing, and hand washing, but the most effective tool is the vaccine. It is recommended that people ages 6 month and older should receive an updated COVID-19 vaccine.

Additional COVID-19 data can be found here: [Oregon's Respiratory Virus Data | Tableau Public]

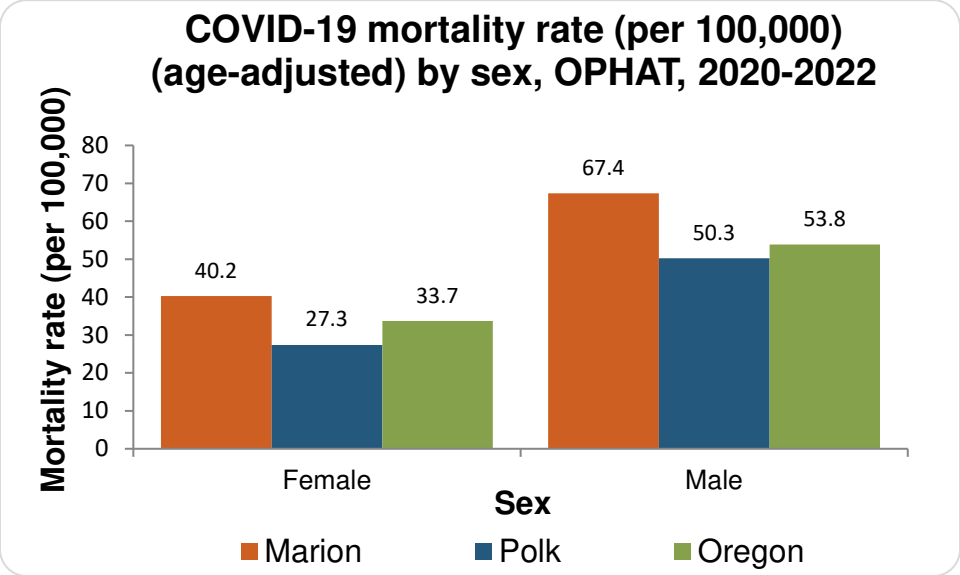
- COVID-19 was the 4th leading cause of death in the community and 5th leading cause of death in Oregon between 2020 and 2022.[20]
- Between 2020 and 2022, 637 people died of COVID-19 in Marion, 133 in Polk, and 7,012 in Oregon.[20] After a spike in 2021, COVID-19 mortality rates decreased in 2022 in both the community and Oregon, however the rate was higher in Marion by comparison.



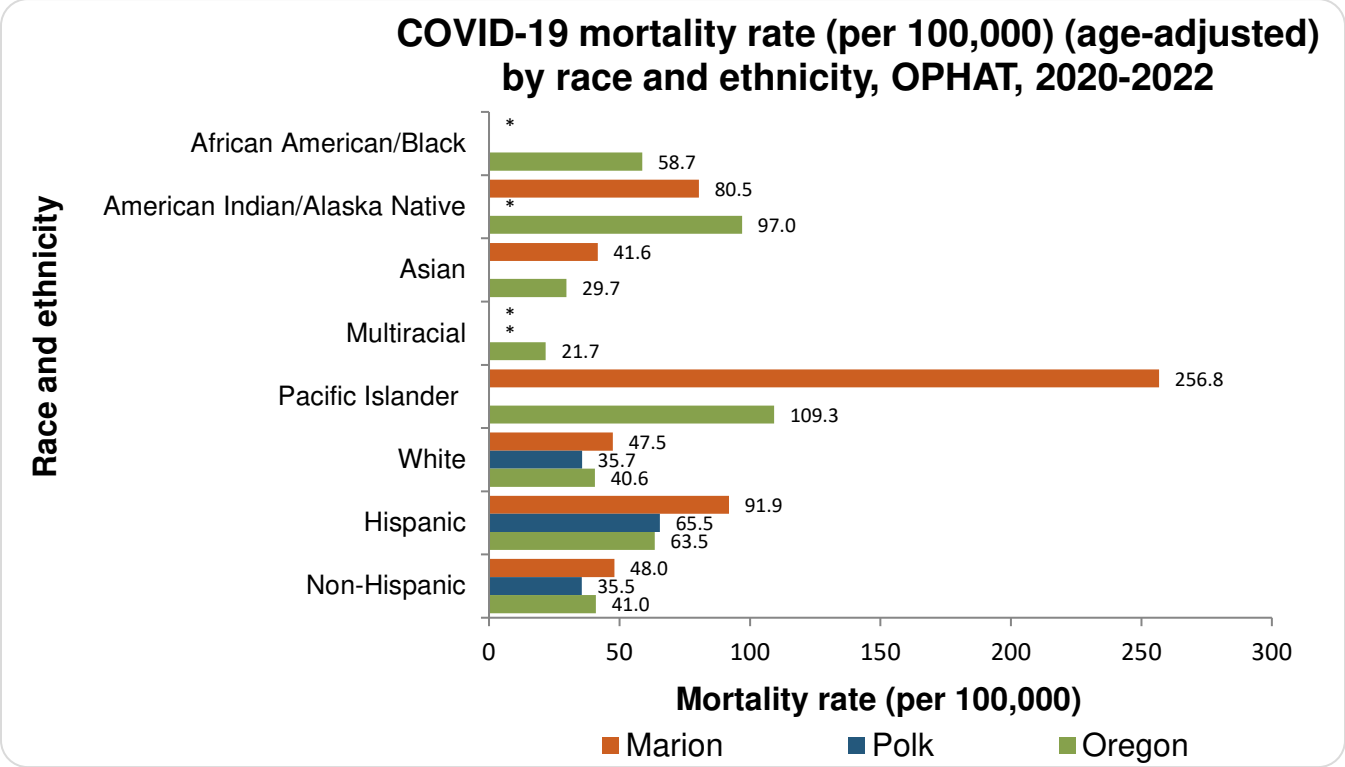
"We need access to COVID-19 prevention supplies and updated vaccination. We need positive outreach for COVID-19."

– Survey Respondent

- COVID-19 mortality rates were higher in males than females.[20]



- People who identified as African American/Black, American Indian/Alaska Native, and Pacific Islander had higher COVID-19 mortality rates than their peers.[20] Also, people who identified as Hispanic had higher rates than people who identified as Non-Hispanic.



** - values suppressed due to low counts (1-5), non-labeled equals zero cases*

- As of December 2024, 70.8% of people in Marion, 68.6% in Polk, and 80.0% in Oregon have received at least one dose of COVID-19 vaccine.[51]

Maternal Health and Pregnancy

Maternal Health and Pregnancy

Assuring a healthy start for a child's life begins with supporting the health and well-being of a mother during pregnancy, childbirth, and after childbirth. Health problems such as diabetes, high blood pressure, and depression can occur before, during, or after pregnancy, potentially putting the mother's or infant's health at risk. Alcohol, tobacco, and drug use can also harm the mother's and baby's health. Access to early prenatal care can help to prevent complications and improve pregnancy outcomes along with postpartum health.

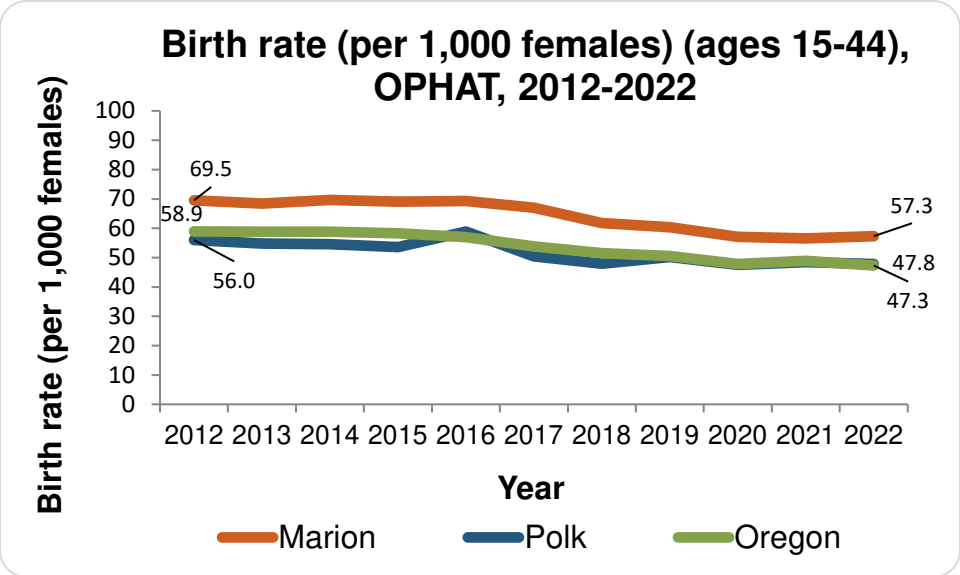
Key Findings for Marion and Polk Counties:

- Birth rates continued to decline in the community in recent years, following a trend that has persisted over the last several decades. Marion consistently had higher birth rates than Polk and Oregon. Birth rates were higher in females between the ages of 18-39 and for females who identified as African American/Black, Multiracial, or Pacific Islander. Also, females who identified as Hispanic had higher birth rates than females who identified as Non-Hispanic.
- Infant mortality rates increased in Polk and were higher than Marion and Oregon. Male infants had higher mortality rates than females.
- The prevalence of birth and pregnancy risk factors varied by geography and in general were higher (worse) in Polk than Marion and Oregon. Maternal cigarette smoking decreased in the community in recent years, however about 1 in 20 mothers still smoked during their pregnancies. Mothers who were between the ages of 18-24 or identified as American Indian/Alaska Native, Multiracial, White, or Non-Hispanic had a greater percentage who smoked during their pregnancies than their peers. Gestational diabetes and maternal high blood pressure increased in the community in recent years, coinciding with the increases observed for those risk factors in the general population.
- Teenage pregnancies decreased in the community recently and were higher in Marion than Polk and Oregon by comparison.
- About 4 out of 5 mothers received prenatal care during their first trimester, which increased in Polk recently, but decreased in Marion. Mothers under 25 and over 39 had a lower percentage who accessed prenatal care during their first trimester than other age groups. In general, mothers who identified as Asian or White had a higher percentage who accessed prenatal care in their first trimester than their peers, and mothers who identified as Pacific Islander had a much lower level of access by comparison. Additionally, mothers who identified as Hispanic had a lower percentage who accessed prenatal care in their first trimester than mothers who identified as Non-Hispanic.

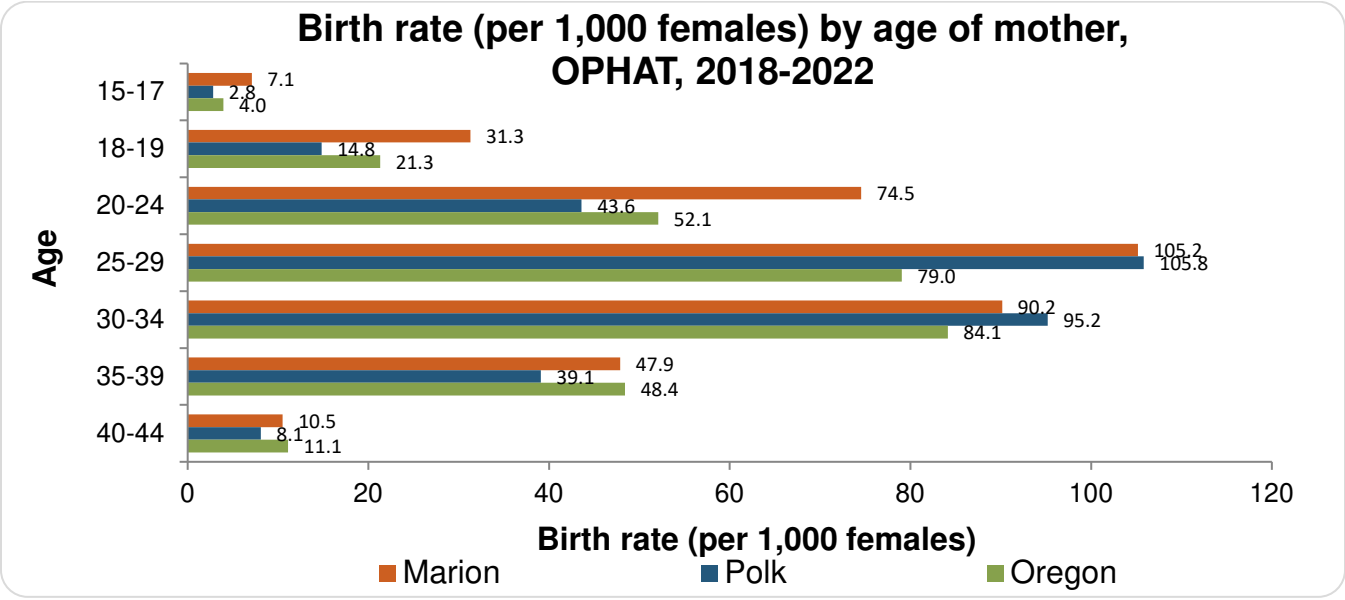
Births

Identifying the number of births that are occurring helps in planning for the immediate and future needs of the community. The age of the mother is a significant factor for predicting the health of the infant and has implications on both ends of the age spectrum. Women who give birth at younger ages can have difficulty affording the costs of raising a child, which can have long-term health implications.[52] On the other end of the spectrum, women who are older are at higher risk of birth complications.

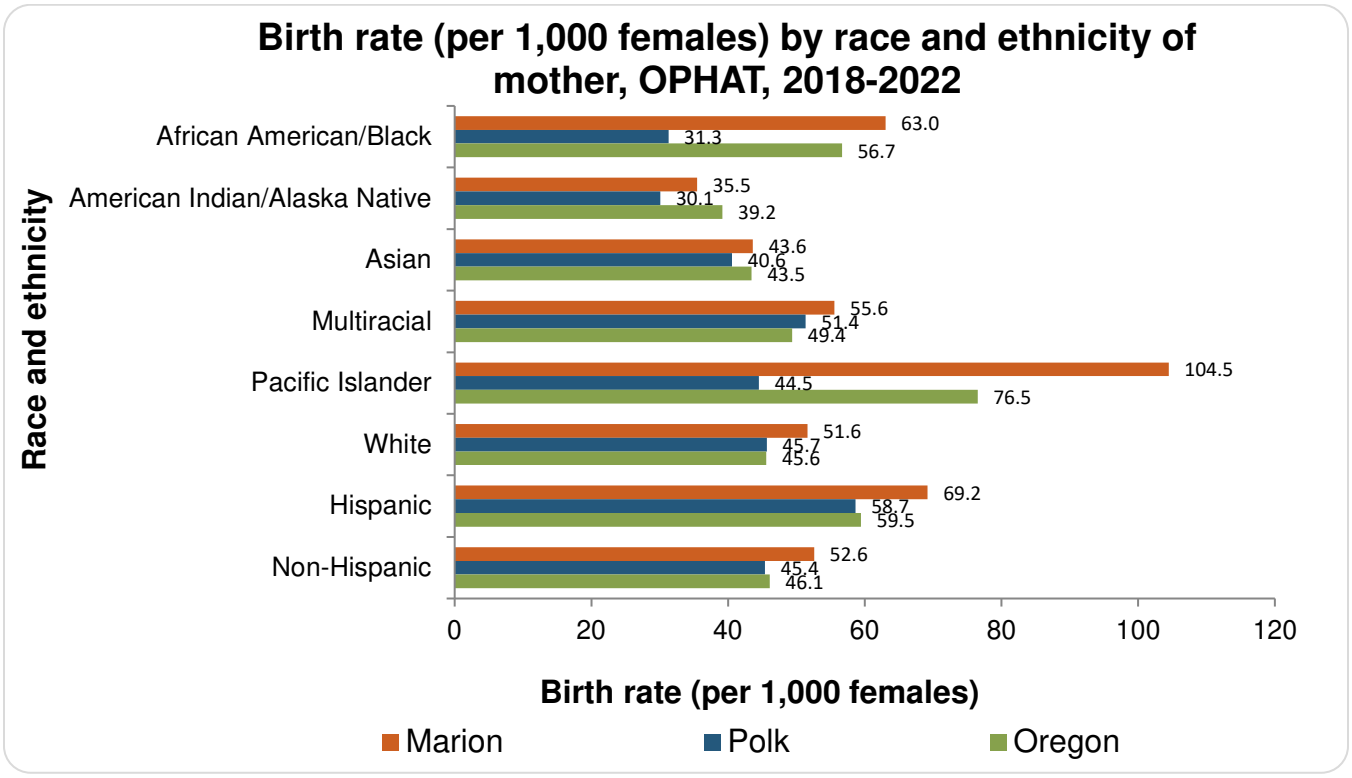
- In 2022, 3,916 children were born in Marion, 886 in Polk, 39,457 in Oregon.[20] The overall birth rate decreased in the community and Oregon in recent years, and was consistently higher in Marion by comparison.



- The birth rate was higher in females between the ages of 18 and 39.[20] The birth rate for younger females under the age of 24 was much higher in Marion than Polk and Oregon.



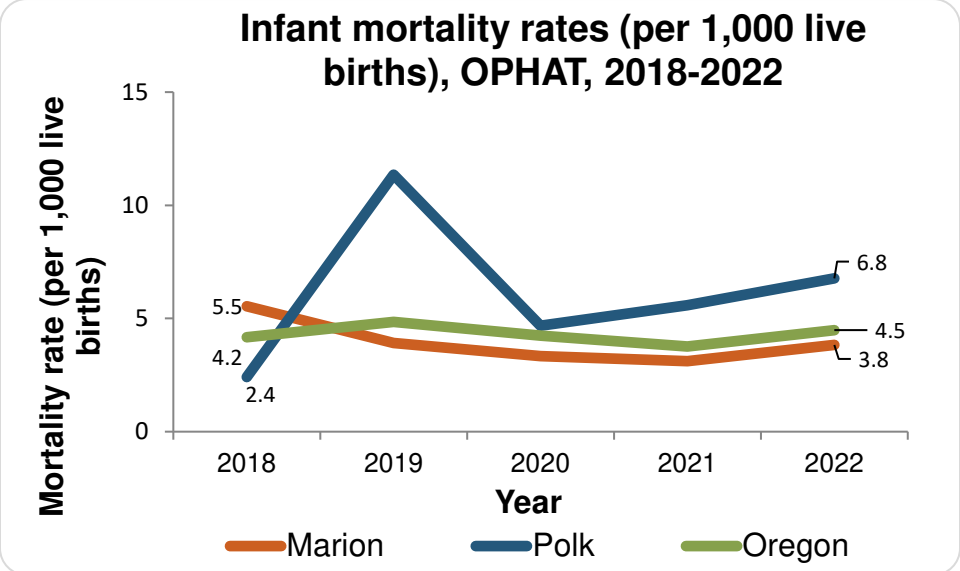
- The birth rate was higher in females who identified as African American/Black, Multiracial, or Pacific Islander than their peers.[20] Also, the birth rate was higher in females who identified as Hispanic than females who identified as Non-Hispanic.



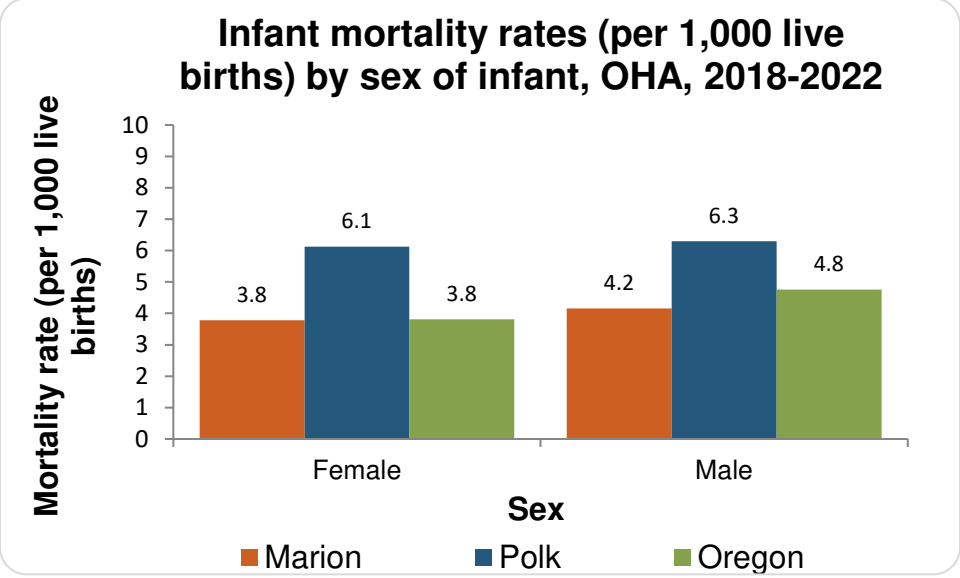
Infant Deaths

The infant mortality rate is an important indicator of not only maternal and infant health, but the overall health of a society. According to the CDC, the five leading causes of infant death in the nation were birth defects, preterm birth, sudden infant death syndrome (SIDS), unintentional injuries, and maternal pregnancy complications.[53] Oregon has one of the lower infant mortality rates of the 50 states (4.5/1,000 live births), falling below the national value of 5.6/1,000 live births.

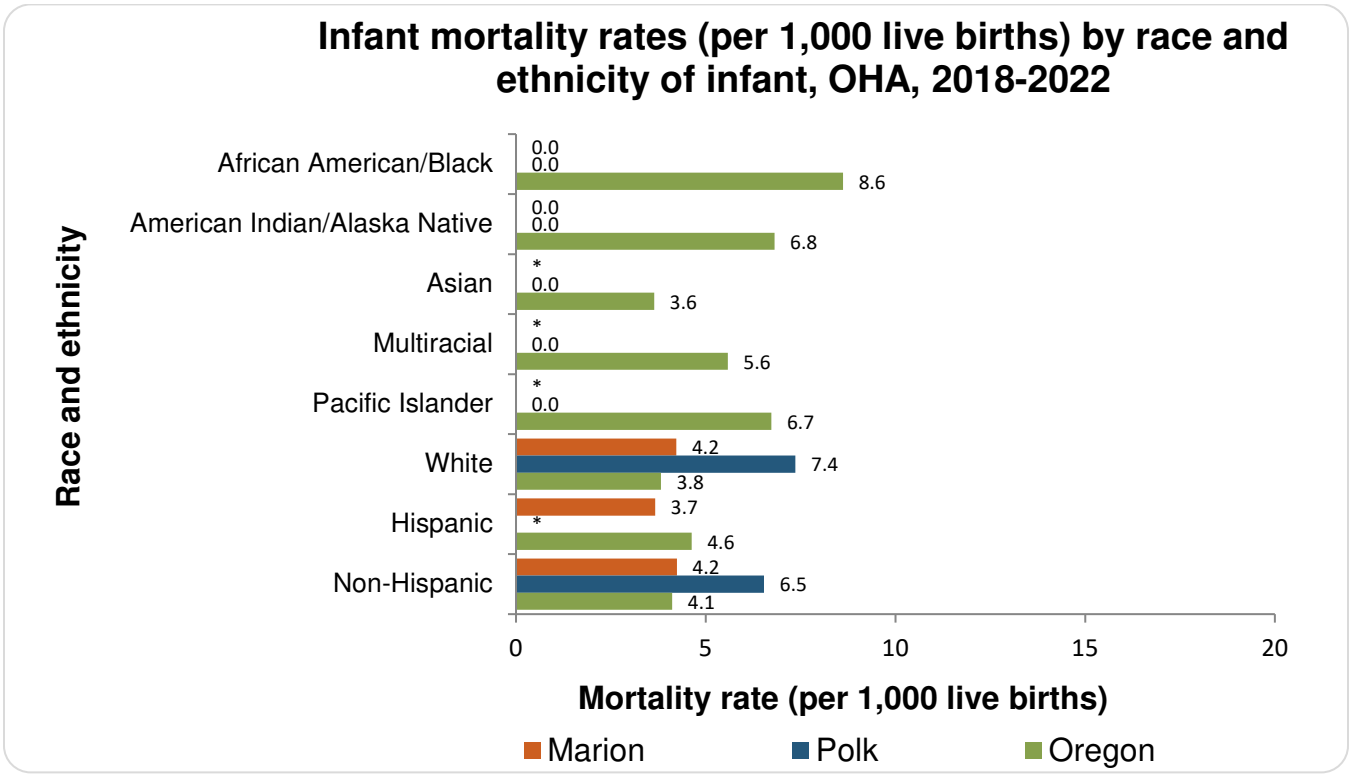
- In 2022, 15 infants died before one year of age in Marion, 6 in Polk, and 177 in Oregon.[20] The infant mortality rate increased in Polk and Oregon, but decreased in Marion in recent years. By comparison, Polk had a higher rate than Marion and Oregon and is not meeting the Healthy People 2030 goal (5.0/1,000 live births).[13]



- Male infants had higher mortality rates than female infants.[20]



- In Oregon, infant mortality rates were higher in infants who identified as African American/Black, American Indian/Alaska Native, Multiracial, and Pacific Islander compared to Asian and White infants.[20] In Marion, rates were higher in infants who identified as Non-Hispanic compared to Hispanic, while the opposite was true in Oregon. Given that infant mortality is relatively rare, rates are suppressed to protect confidentiality.

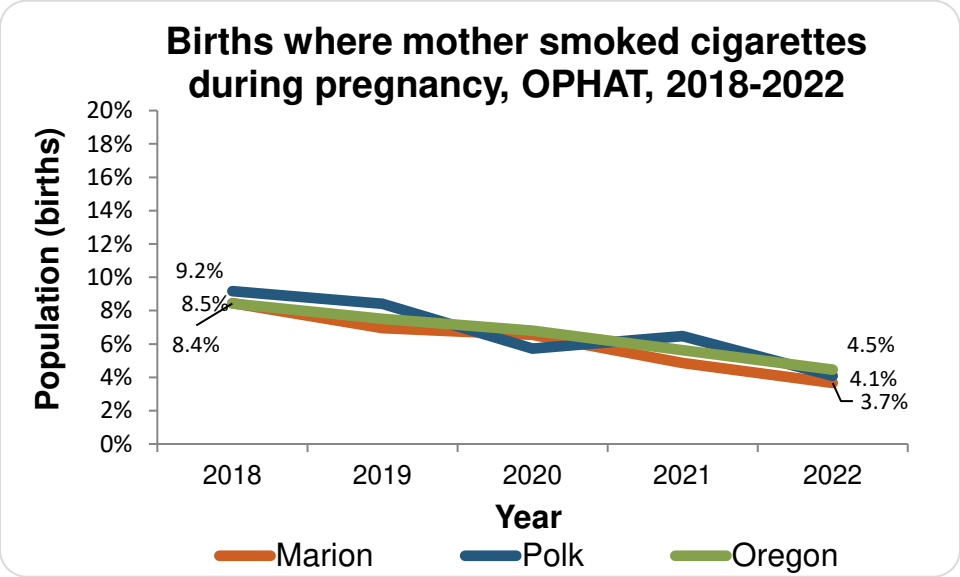


** - data not shown due to low counts (1-5)*

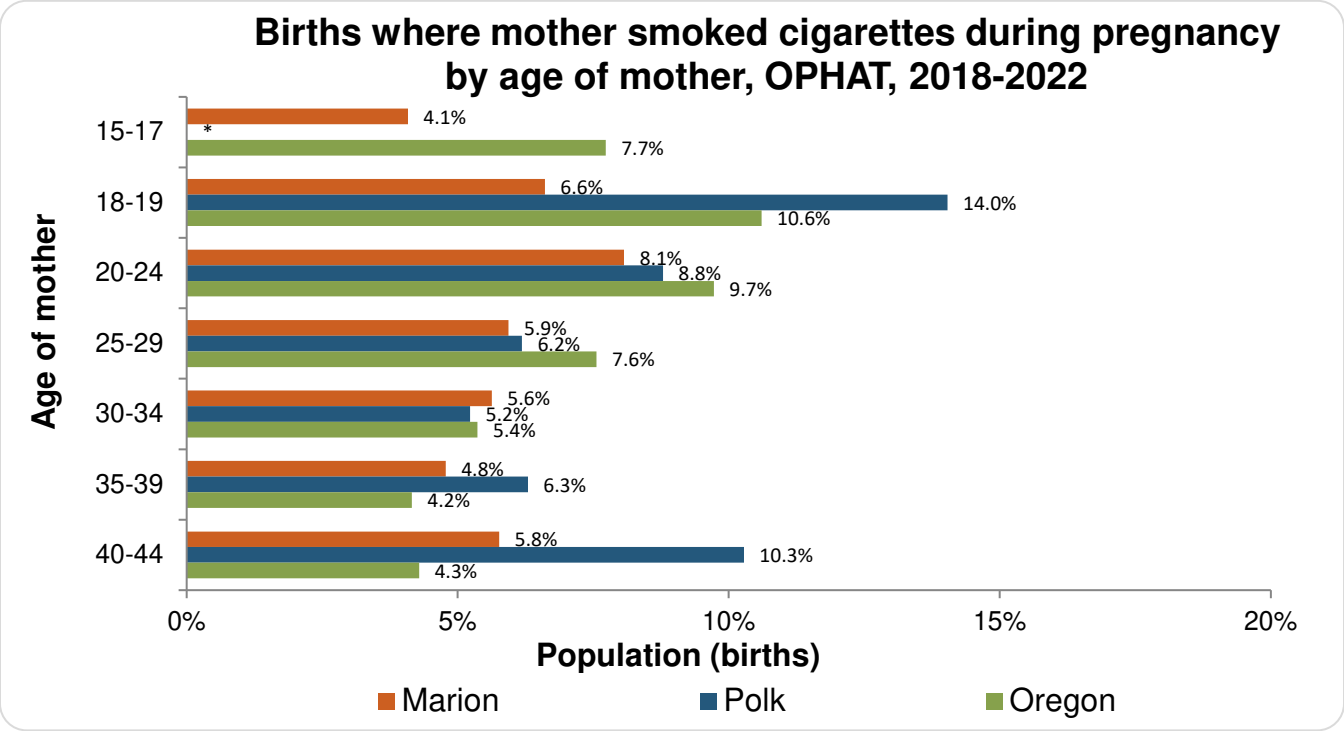
Risk Factors for Pregnancy

Various factors can complicate pregnancy and put the mother and child at greater risk, such as tobacco smoking, alcohol or drug use, unhealthy eating habits, high maternal body mass index (BMI), and maternal age. Targeted interventions aimed at these, and other factors, can help improve pregnancy outcomes.

- About 1 in 25 mothers smoked cigarettes during pregnancy in the community and Oregon.[20] Maternal cigarette smoking decreased substantially in recent years and was slightly higher in Oregon than the community. Marion and Polk have met the Healthy People 2030 goal for this measure, while Oregon has not (4.3%).[13]



- The percentage of mothers who smoked cigarettes during pregnancy was elevated in those between the ages of 18-24 compared to other age groups.[20]



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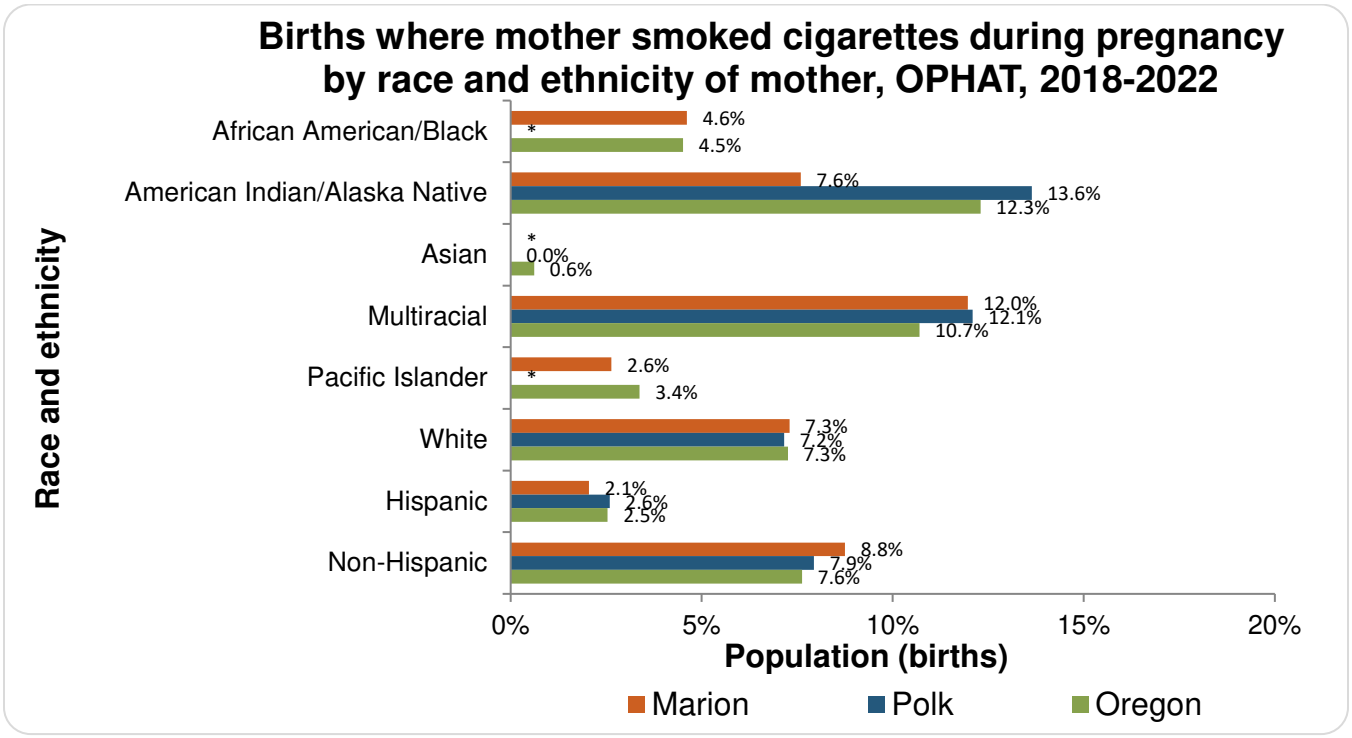
- A greater percentage of mothers who identified as American Indian/Alaska Native, Multiracial, or White smoked cigarettes during pregnancy than their peers.[20] Also, mothers who identified as Non-Hispanic had a greater prevalence of cigarette smoking than Hispanic mothers.



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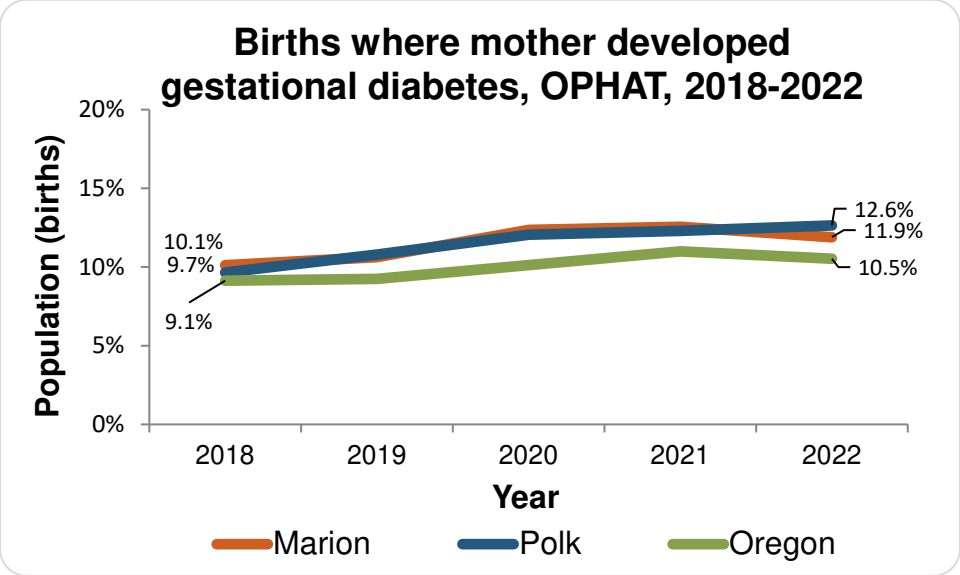
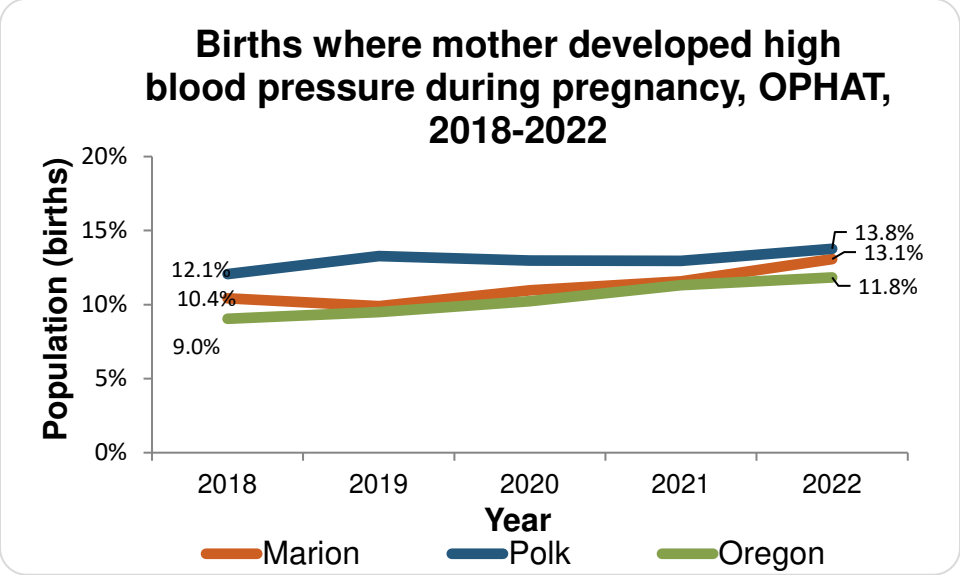
- About 1 in 12 mothers in the community developed gestational diabetes during their pregnancy, which was higher than Oregon.[20] Gestational diabetes increased in the community and Oregon in recent years.



- About 1 in 7 mothers developed high blood pressure during their pregnancy, which was higher than Oregon.[20] Maternal high blood pressure increased in the community and Oregon in recent years.



- A greater percentage of infants were born with high birth weight than low birth weight.[20] A similar percentage of mothers gave birth to a pre-term infant in the community and Oregon, with both meeting the Healthy People 2030 goal for this measure (9.4%).[13] In general, mothers and infants in Polk had a higher percentage of birth and pregnancy risk factors than Marion and Oregon.[20]

Birth and pregnancy risk factors, OPHAT, 2022

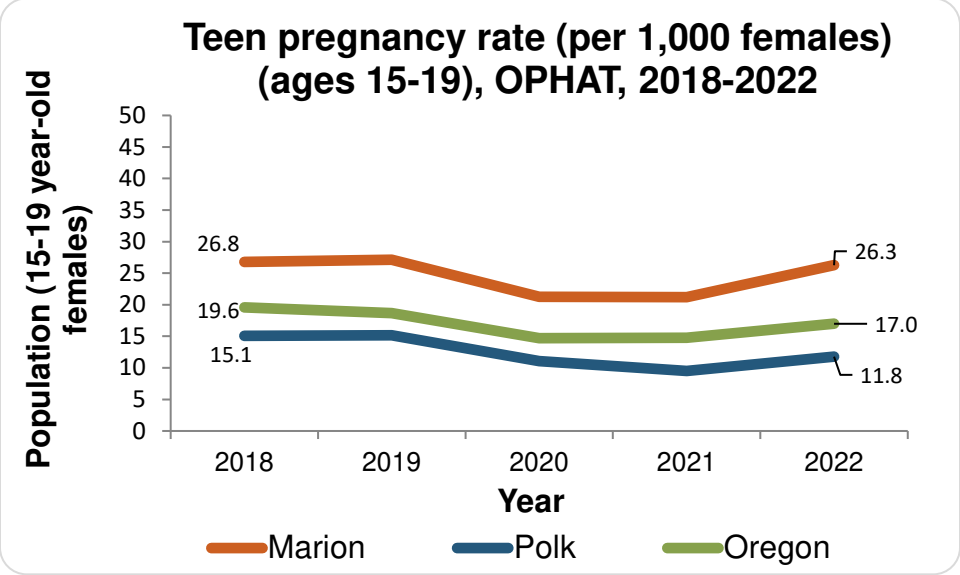
Risk Factor	Marion	Polk	Oregon
Smoked cigarettes during pregnancy	3.7% (decreasing)	4.5% (decreasing)	4.1% (decreasing)
Gestational diabetes	11.9% (increasing)	12.6% (increasing)	10.5% (increasing)
Gestational high-blood pressure	13.1% (increasing)	13.8% (increasing)	11.8% (increasing)
Low birth weight (<2500 grams)	6.3% (decreasing)	6.8% (increasing)	7.1% (increasing)
High birth weight (>= 4,000 grams)	10.1% (decreasing)	13.4% (increasing)	9.6% (decreasing)
Pre-term birth (<37 weeks)	8.6% (unchanged)	8.6% (increasing)	8.7% (increasing)

Increasing, decreasing, unchanged = trend over last 5-year period (2018-2022)

Teen Pregnancy

Teenage pregnancies have consequences for the parents, their child, and society. Geographic differences in teen births exist across states and can vary widely.[52] High community levels of unemployment, low education, and low income have been associated with higher teen birth rates. Although the teen pregnancy rate has been decreasing in recent years, it is still higher in the U.S. than many other western industrialized nations.

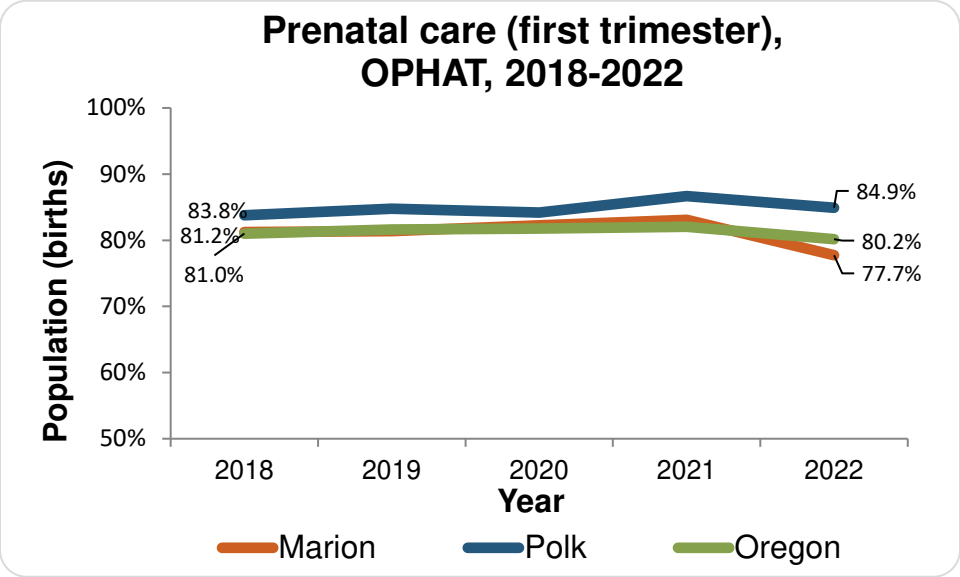
- In 2022, 303 teenage females between the ages of 15-19 became pregnant in Marion, 39 in Polk, and 2,070 in Oregon.[20] Teenage pregnancy rates decreased in the community and Oregon in recent years, with a noted uptick in 2022, and have been consistently higher in Marion by comparison. Both the community and Oregon have met the Healthy People 2030 goal for this measure (31.4/1,000).[13]



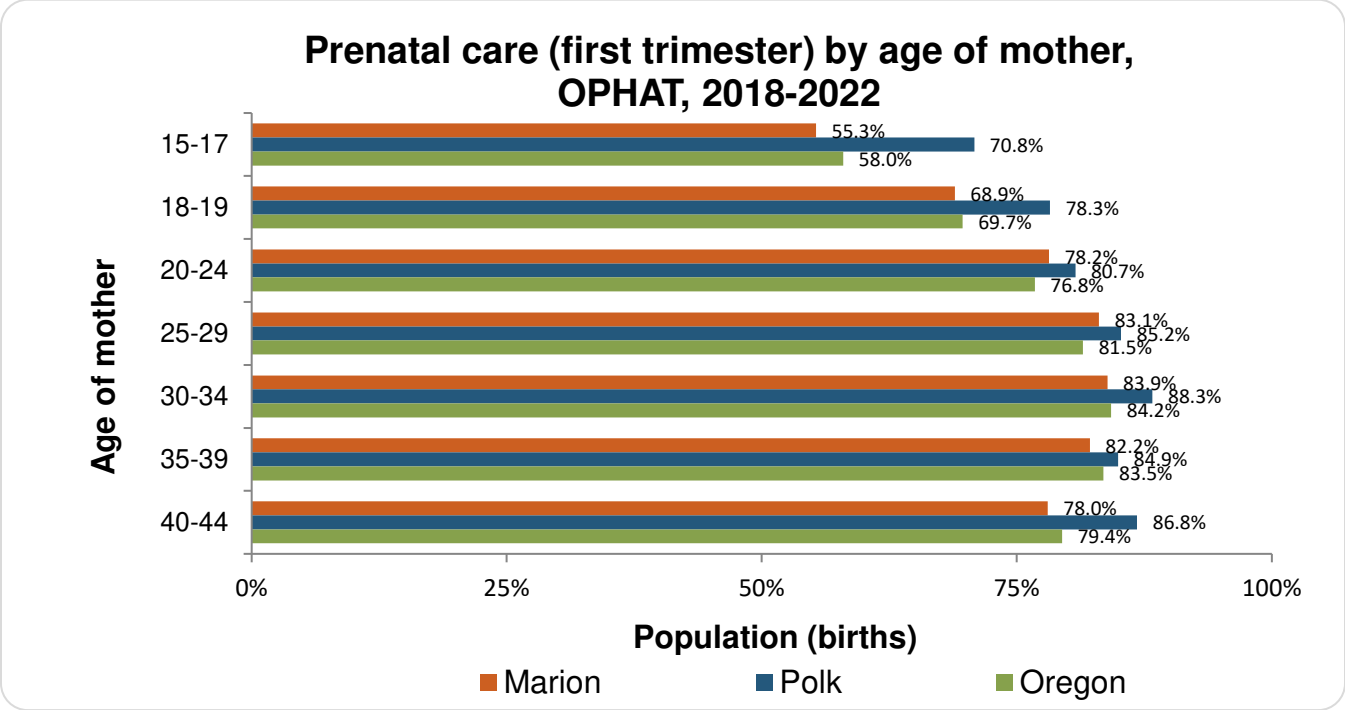
Prenatal Care

Healthcare received during a pregnancy is known as prenatal care. The earlier a mother can get in to see her provider after becoming pregnant, the better the outcomes during and after pregnancy.

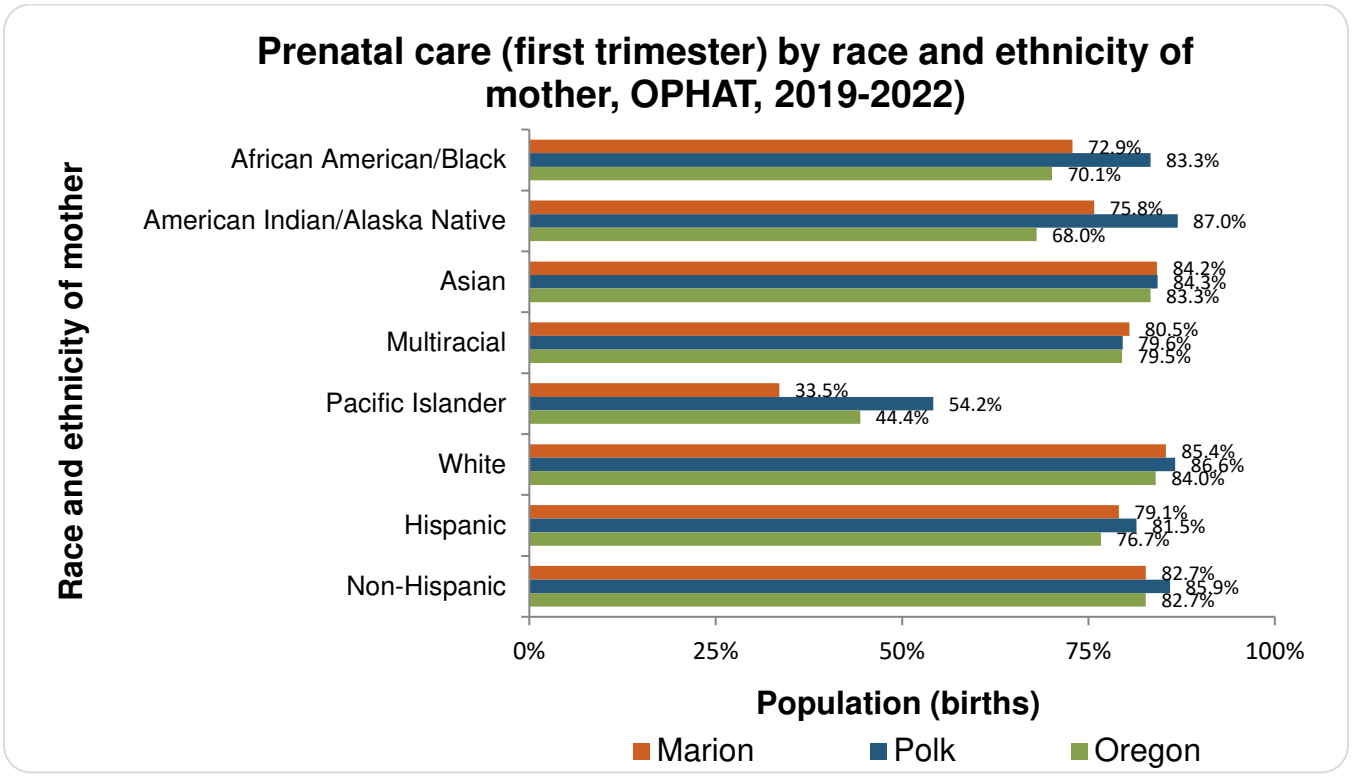
- In 2022, 77.7% of pregnant mothers in Marion, 84.9% in Polk, and 80.2% in Oregon received prenatal care during their first trimester.[20] Prenatal care in the first trimester increased in Polk recently, but decreased in Marion and Oregon.



- Prenatal care access in the first trimester increased with the age of the mother in the community before falling off slightly in older age groups.[20] Mothers under the age of 25 and over 39 had a lower percentage accessing prenatal care in the first trimester than other ages.



- Mothers who identified as Asian or White had a higher percentage who accessed prenatal care in the first trimester than their peers, and mothers who identified as Pacific Islander had a much lower percentage accessing prenatal care in the first trimester by comparison.[20] Also, mothers who identified as Hispanic had a lower percentage who accessed prenatal care in the first trimester than mothers who identified as Non-Hispanic.



Mental Health, Substance Use, and Health Behaviors

Mental Health, Substance Use, and Health Behaviors

Mental health, substance use, and health behaviors typically fall under the broader umbrella of "Behavioral health". Behavioral health is concerned with not only preventing or intervening in mental illnesses such as anxiety or depression, but also with preventing alcohol and drug use along with other addictions, in addition to encouraging healthy behaviors that promote health. It refers to a person's entire state of being and how their choices or behaviors can affect their overall health and wellness. As mental health conditions and substance use can often, but not always, be happening at the same time, it is important to evaluate these factors and address them together.

Key Findings for Marion and Polk Counties:

- Poor mental health and its related conditions were common and represented a substantial burden on the community. This was supported by indicators and community interest, as it was identified as the most important health topic on a recent local MP-CHC survey. About 2 out of 5 adults indicated that they experienced poor mental health and about 1 in 4 said they have been diagnosed with depression. Symptoms of depression were also common in youth and increased with grade level, hitting a peak in 11th grade with about a third indicating they had them recently. There was a higher prevalence of depression in the younger population including, females, people who identified as non-Latina(o), those living in poverty, people living with a disability, and people who are unemployed. Additionally, people living in the cities of Salem or Independence had a higher prevalence of depression than other geographies.
- Suicide rates decreased recently, and were lower locally than in Oregon, however some people in the community still died by suicide. People between the ages of 15-34 and over 65, males, and people who identified as White and/or Non-Hispanic had higher suicide rates than their peers. Over half of suicide deaths in the community involved a firearm. In youth, a substantial portion indicated that they had either considered suicide or attempted it recently.
- Substance use, in its various forms, continued to be a key contributor to death and disease in the community. Additionally, the community identified it as the 2nd most important health topic overall, behind mental health, on a recent MP-CHC survey.
- Deaths because of alcohol use increased recently during the pandemic. Binge, or excessive drinking, was common, as about 1 in 7 adults binge drank recently, however this was lower than adults in Oregon. Binge drinking was higher in younger age groups, males, people who identified as Non-Latina(o), and people not living in poverty. Binge drinking in students increased with grade level and was higher in Polk by comparison.
- Despite a notable decline in cigarette smoking in recent years, tobacco use was still the primary source of preventable deaths in the community and was associated with about 1 in 6 of all deaths locally. About 1 in 7 adults smoked cigarettes recently and it was higher in the community than Oregon. People between the ages of 35-54, males, people who identified as Non-Latina(o), people living in poverty, and people living in Salem, Dallas, or western Polk,

had a higher percentage of smoking than their peers. Cigarette smoking was less frequent in students compared to adults and was higher in Polk by comparison. Electronic cigarette use replaced cigarette use to some degree, as 1 in 13 adults reported using them, but this was still less common than cigarette use, however electronic cigarette use has been on the rise. Electronic cigarette use was more common in students than adults and increased with grade level.

- Marijuana use has increased with legalization and shifting social norms. About 1 in 5 adults and 1 in 14 students (11th graders) in the community used marijuana recently.
- Drug overdoses, primarily due to opioids, have risen dramatically in the community recently, but were lower compared to Oregon. The death and hospital/urgent care visit rate due to opioid overdoses increased greatly in recent years and was largely driven by fentanyl use.
- Adverse Childhood Experiences (ACEs) were common in the community, with over half of 11th graders reporting that they had experienced at least one at some point during their childhood. A greater percentage of 11th graders in Marion reported ACEs than Polk and Oregon. About 1 in 4 adults reported that they had experienced 4 or more ACEs at some point in their childhood, which was slightly lower than Oregon adults.
- Obesity continues to be a challenge for the community, as over a third of adults and about 1 in 5 students were obese, which has increased substantially in recent years. Unhealthy diets, including excess soda consumption, and physical inactivity contributed to obesity. Obesity was more common in people between the ages of 35 to 54, females, and those living in poverty.
- Getting an adequate amount of sleep was a challenge for the community, as over a third of adults reported not getting enough sleep, which was higher than Oregon.

Mental Health

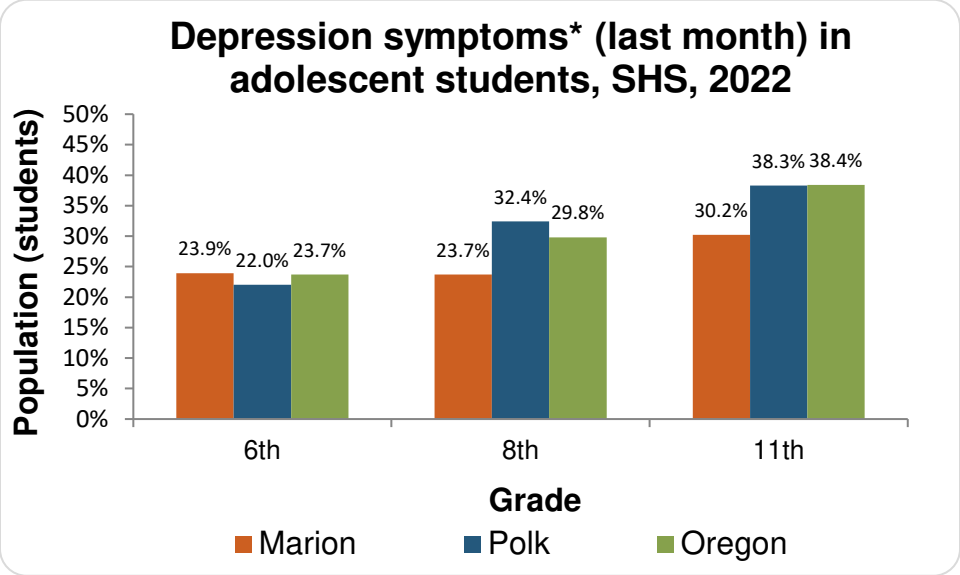
Mental health is an important part of overall health and well-being. It is defined by the CDC as, “our emotional, psychological, and social well-being. Mental health is a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn and work well, and contribute to our community. Mental health is not simply the absence of a mental health condition, it is also the presence of well-being and the ability to thrive.”[54] Mental health conditions are among the most common types of health conditions in the nation, as more than 50% of people will experience a mental health condition or disorder at some point in their lives. The economic price of mental illness is high, each year the cost of mental illness in this is country is estimated at $280 billion, which is about the same cost as an average economic recession.[55] Although no single cause exists for poor mental health, risk can be increased in those who have experienced adverse childhood experiences (ACEs), discrimination, lack of access to healthcare, social isolation, chronic medical conditions, family history, or use substances.[54] Just like with good physical health, communities that promote the SDOH such as affordable housing, safe neighborhoods, economic opportunity, and education also experience better mental health. A recent MP-CHC community survey found that mental health was the most important (#1) health topic locally.[8] Additional mental health indicators can be found in the “Quality of Life” section.

"Something I think that's really unique to our community is the stigma around mental healthcare in particular…it's devastating and also scary sometimes to see." *– Focus Group Participant*

Depression

Depression is more than just feeling down or having a bad day, it is a chronic condition that persists across an extended period that may interfere with normal, everyday functioning. About 1 out of every 6 adults will experience depression at some point in their life.[56]

- In 2022, a higher percentage of 11th graders in Polk (38.3%) experienced symptoms of depression in the last month compared to Marion (30.2%), but was similar to Oregon (38.4%).[4] The percentage of students experiencing depression increased with grade level, peaking in 11th grade.

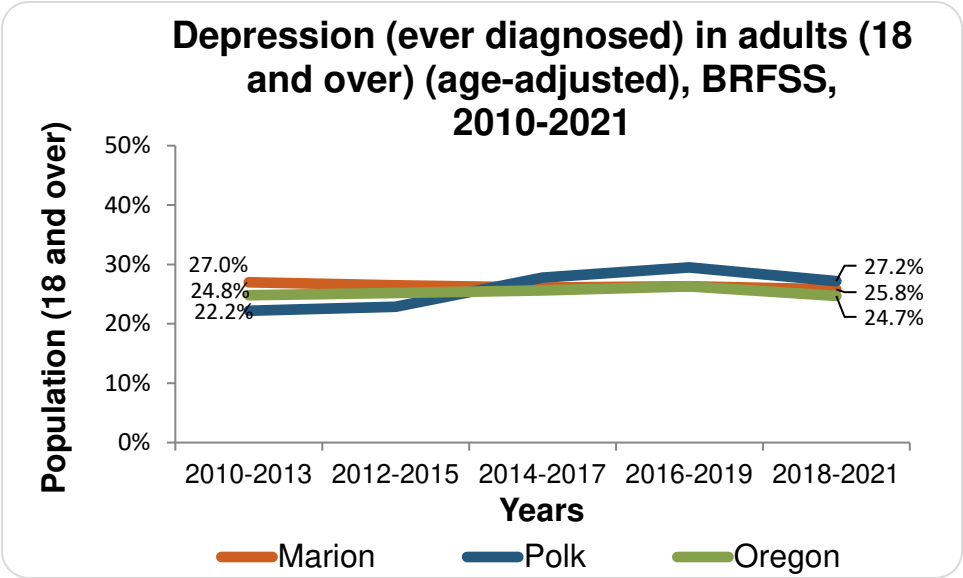


** - Felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing usual activities.*

"I hope law and policymakers can take the time to see people and youth like me as people who deserve good health. I'm not going to college, but directly into the workforce, and there aren't a lot of transitional resources for youth taking that route. I also wish that there were easier ways to keep my friends who use substances safe, so more of them could keep seeing skies like this. I don't want them or anyone to feel ridiculed for their choices, but supported to hopefully take better care of themselves. Every single person deserves a good sunset."

- Age 18, North Salem, PhotoVoice Submission

- About 1 in 4 adults have been diagnosed with depression in the community and Oregon.[5] The percentage of adults diagnosed with depression was higher in Polk, than Marion, and Oregon. Depression diagnoses increased in Polk, but decreased in Marion, while remaining stable in Oregon in recent years.



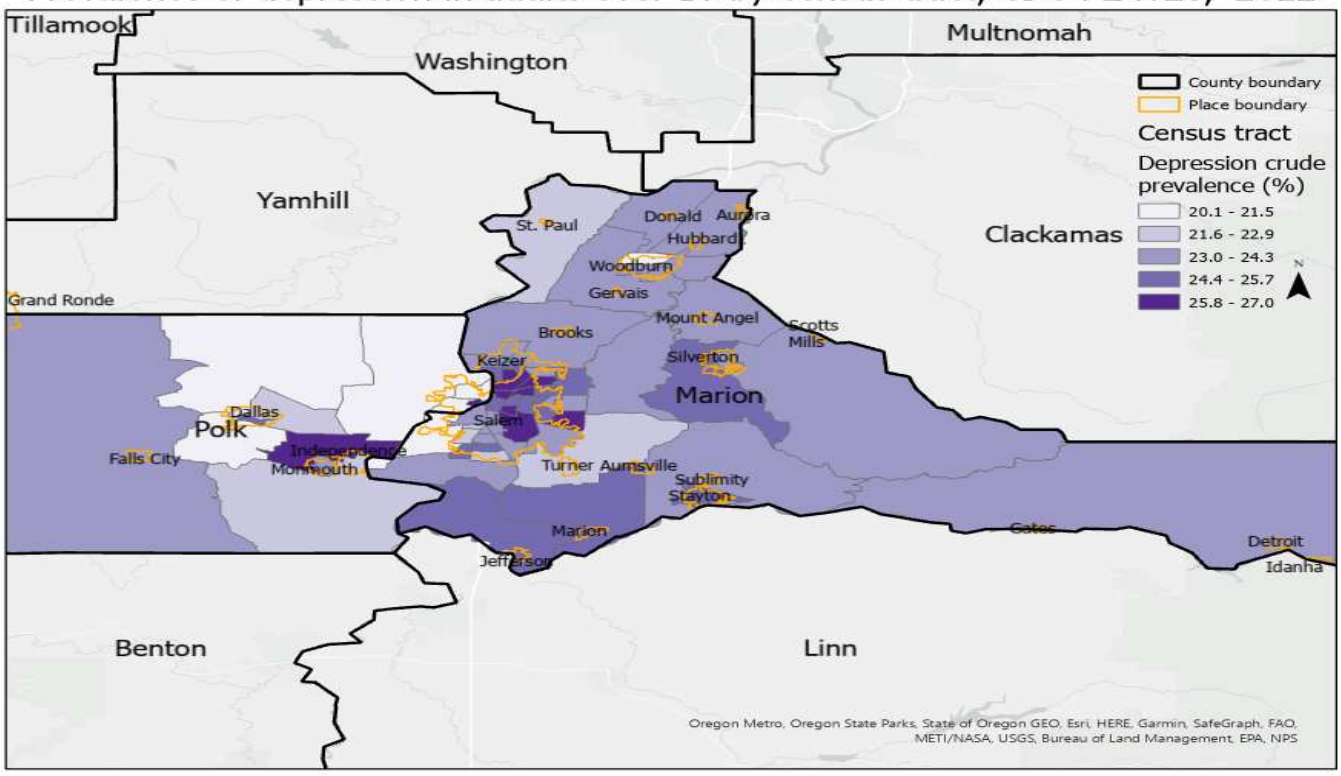
- The percentage of adults diagnosed with depression decreased with age, was higher in females, was higher in people who identified as Non-Latina(o), was higher in people living at or below the Federal Poverty Level, was higher in people living with disabilities, and was higher in people who were unemployed.[5]

Adults diagnosed with depression (18 and over) by demographics, BRFSS, 2018-2021			
Population	**Marion**	**Polk**	**Oregon**
Age (%)			
18 – 34	29.3%	34.3%	29.7%
35 – 54	24.9%	23.9%	24.8%
55+	23.3%	24.3%	19.2%
Sex* (%)			
Female	33.2%	34.0%	32.0%
Male	17.5%	19.3%	17.3%
Ethnicity* (%)			
Latina(o)	17.1%	14.5%	18.6%
Non-Latina(o)	29.4%	29.8%	25.8%
Poverty* (%)			
Below FPL	34.2%	39.2%	34.3%
Above FPL	26.7%	25.9%	24.3%
Disability* (%)			
Any disability^	51.8%	45.1%	47.6%
No disability	16.9%	19.9%	17.0%
Employment* (%)			
Employed	22.6%	23.3%	20.8%
Unemployed†	47.4%	55.4%	43.2%
Not in workforce‡	22.1%	22.3%	29.9%

* - adjusted for age
FPL = Federal Poverty Level (100%)
^ - One or more of these conditions is present: deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance.
† - Unemployed or unable to work ‡ - Homemaker, student, retired

- The percentage of adults diagnosed with depression varied by geography.[57] Census tracts with a higher prevalence of depression (darker purple) were clustered in the city of Salem and northern Independence.

Prevalence of depression in adults over 18 by census tract, CDC PLACES, 2022



"Seasonal Affective Disorder is also huge in Oregon, along with depression, anxiety, and other mental health conditions. We need to promote taking care of your mental health conditions, which requires us to also increase the availability of those services."

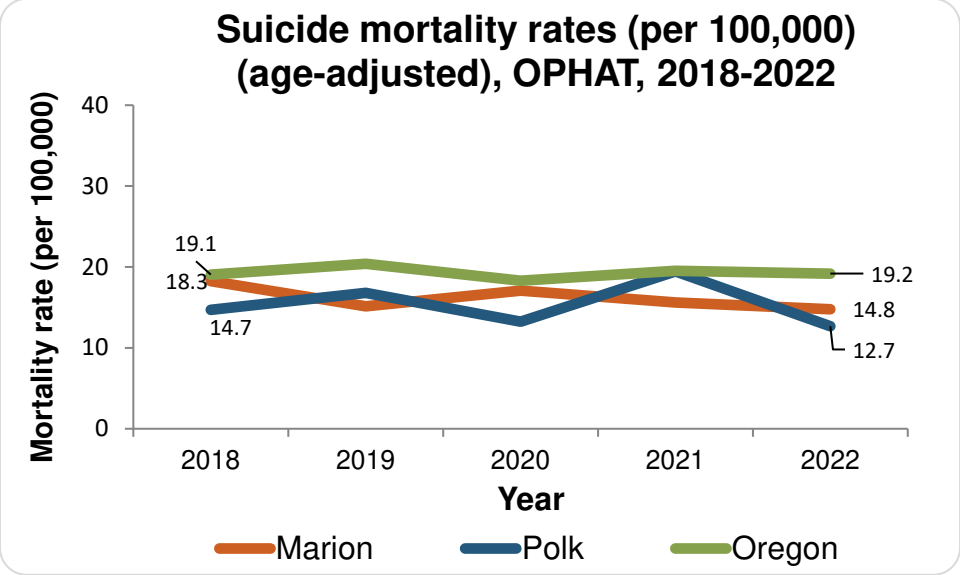
– Survey Respondent

Suicide

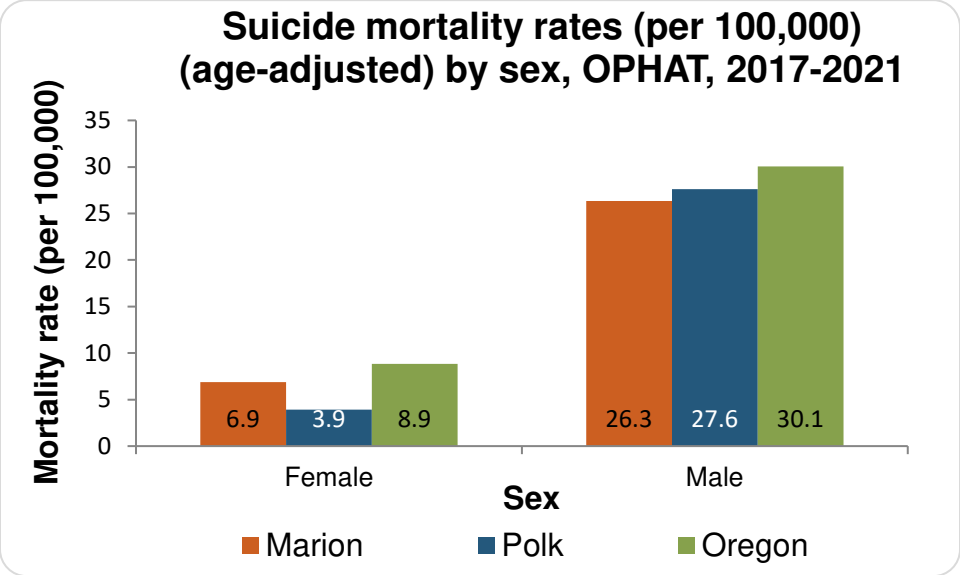
Suicide is a complex public health problem that has lasting effects on individuals, families, and communities. Risk factors for suicide include a history of depression or other mental illness, substance use, family history of suicide, isolation, physical illness, and reluctance to seek help due to stigma.[58] Suicide rates have been on the rise over the last decade in both Oregon and the United States. In 2022, 49,000 people died by suicide in the nation, and in the same year about 13.2 million adults seriously considered suicide, 3.8 million had a plan, and 1.6 million attempted suicide. Oregon has consistently had higher suicide rates than the nation and was 14th highest overall in 2022.[59] When non-fatal, those who attempt suicide can have lasting health issues that can include organ failure, disability, depression, and brain damage. In 2022, the 988 Suicide and Crisis Lifeline was created for people experiencing mental health related distress or for people who are worried about a loved one who may need crisis support.[58]

> ***"If you have an issue, don't keep it to yourself. Get a friend, you know. Talk to someone about it. You know, it's really important."***
>
> *– Focus Group Participant*

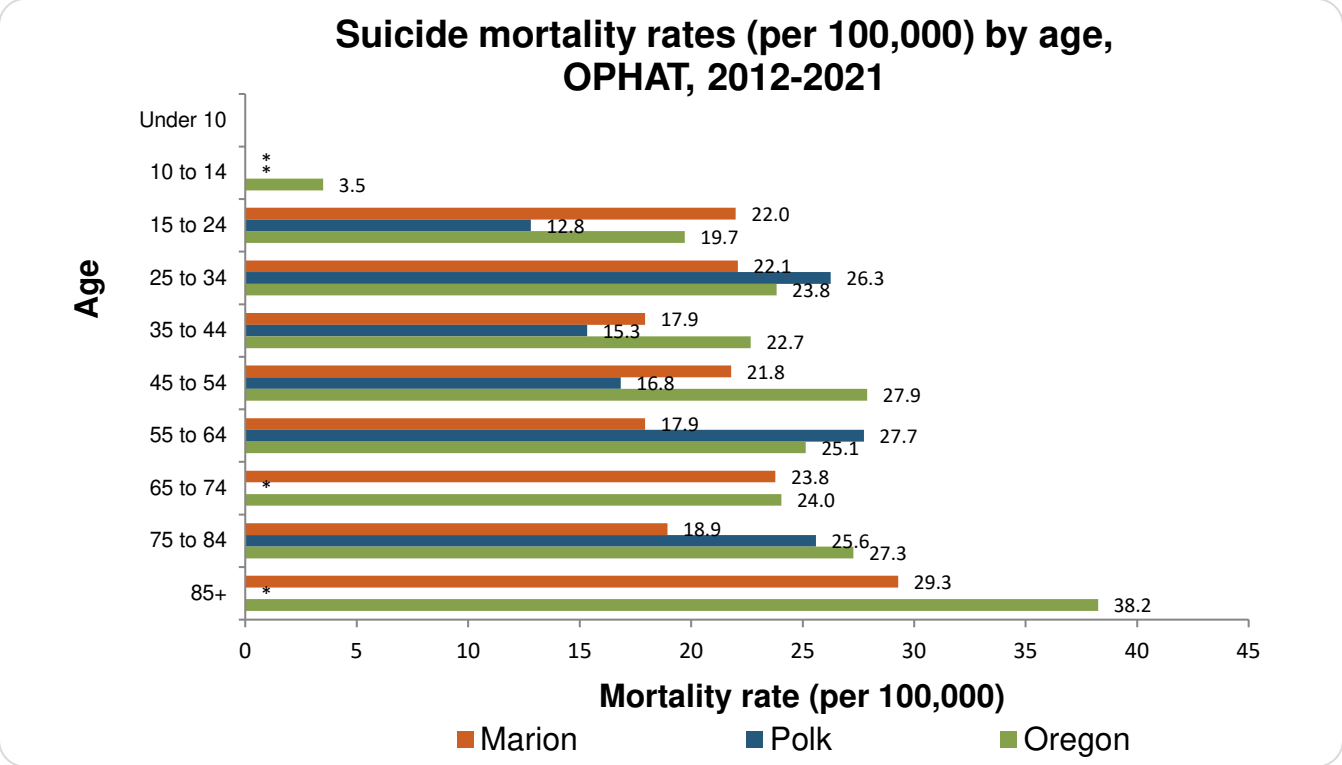
- Between 2018 and 2022, 55.7% of suicides in Marion and 58.1% in Polk involved a firearm.[20]
- In 2022, 53 people in Marion died by suicide, 14 in Polk, and 878 in Oregon.[20] The suicide mortality rate decreased in the community, while remaining stable in Oregon recently, which has been consistently higher by comparison. Only Polk has met the Healthy People 2030 goal for this measure (12.8/100,000).[13]



- Males had higher suicide rates than females.[20]

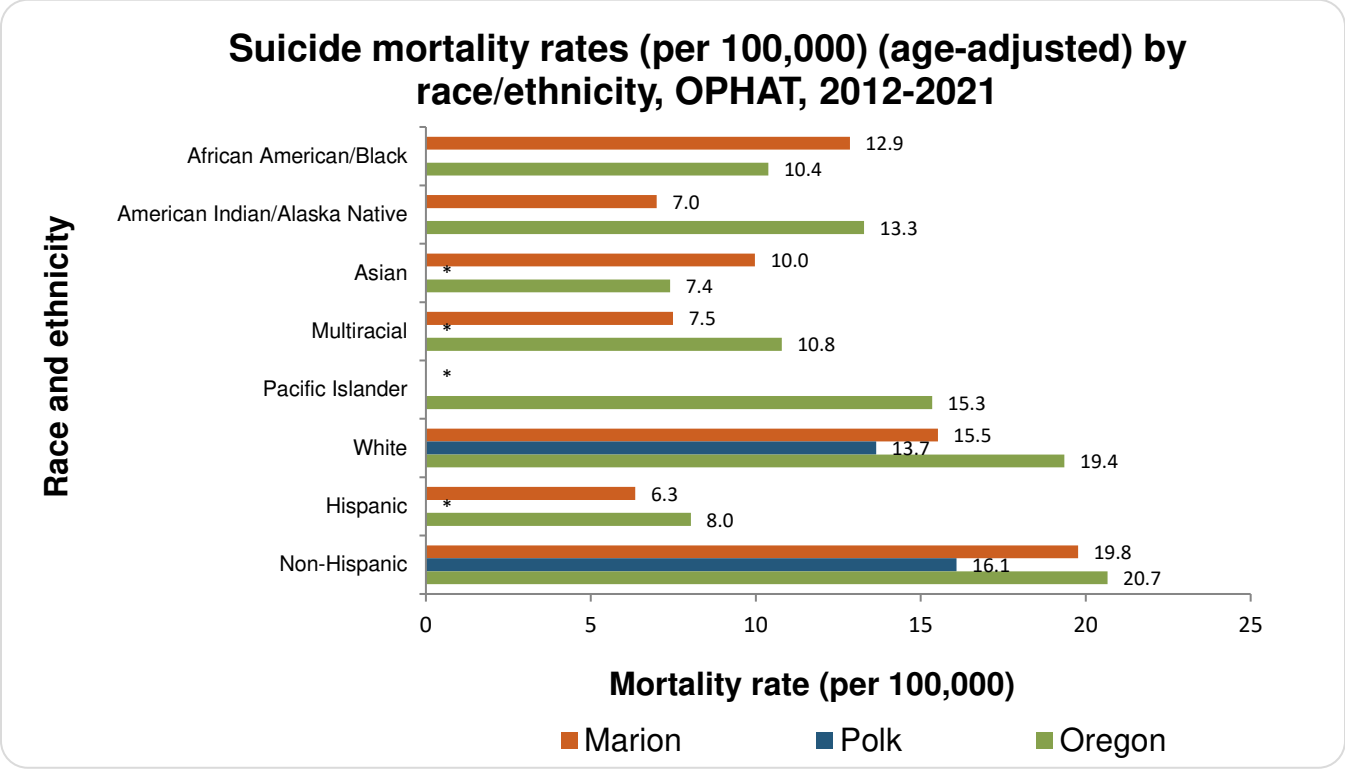


- Suicide mortality varied by age, and in general, was higher for those between the ages of 15-34 and above the age of 65.[20]



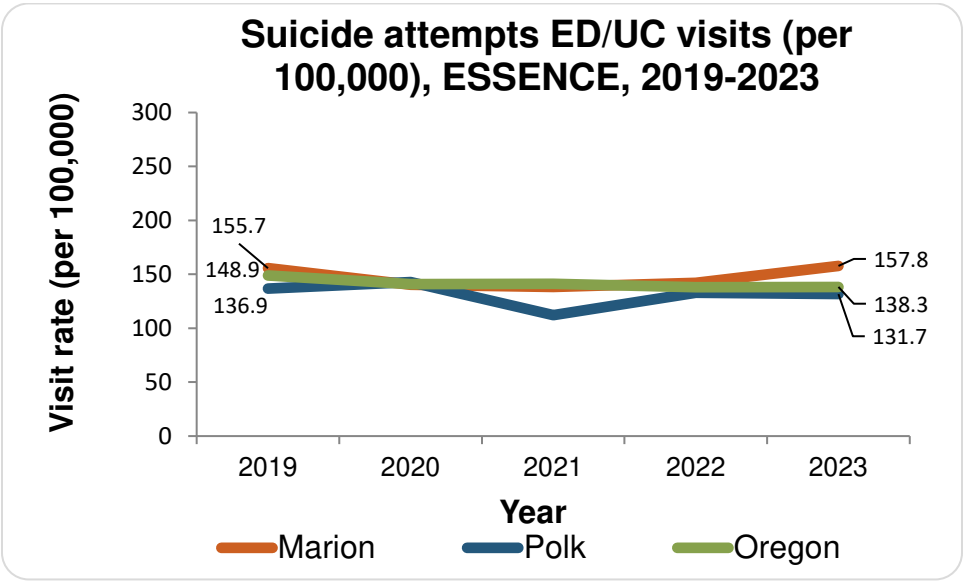
** - values suppressed due to low counts (1-5), non-labeled equals zero*

- People who identified as White had higher suicide mortality rates than their peers, additionally people who identified as non-Hispanic had much higher suicide mortality rates than people who identified as Hispanic.[20]

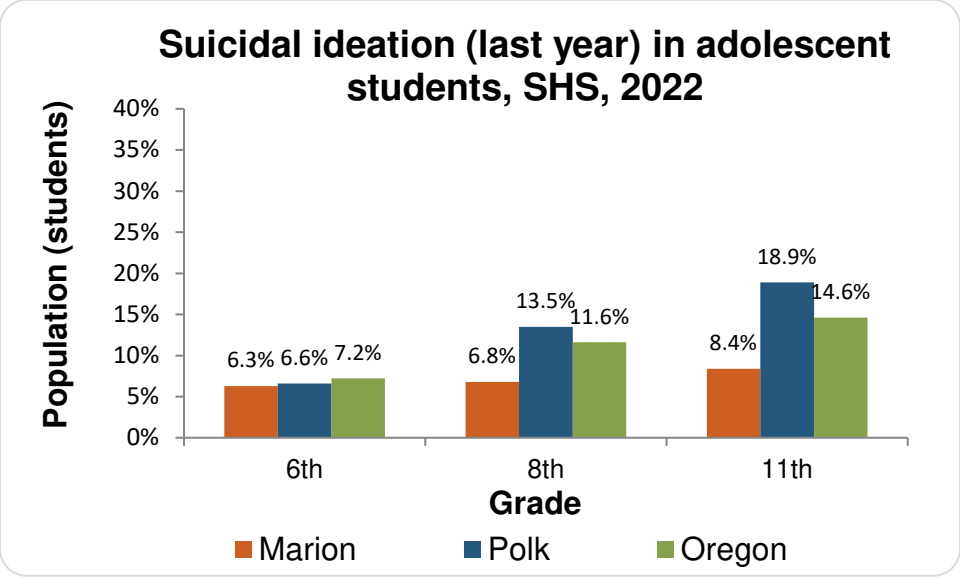


** - values suppressed due to low counts (1-5)*

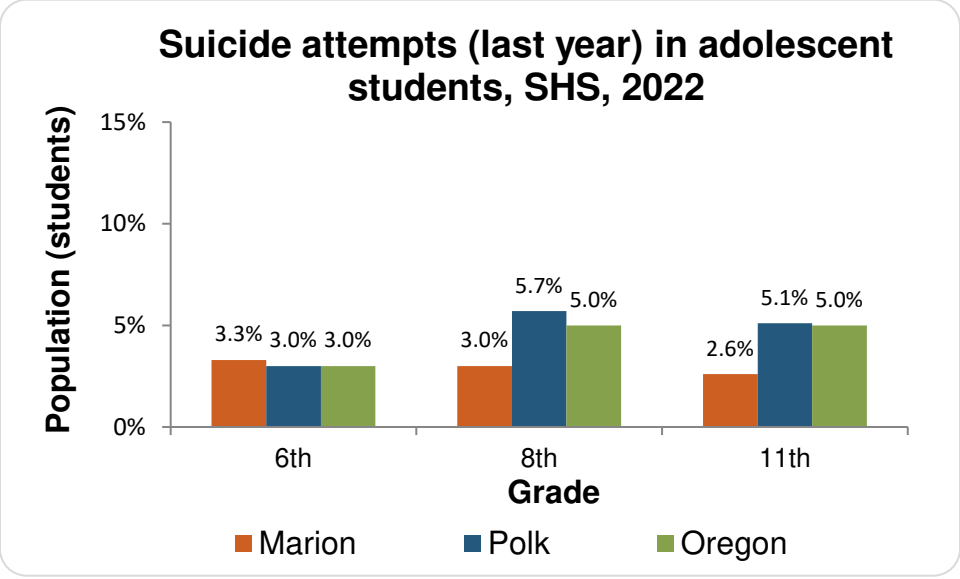
- In 2023, there were 547 visits for suicide attempts at emergency departments (ED) and urgent care (UC) in Marion, 118 in Polk, and 5,864 in Oregon.[60] Visits for suicide attempts decreased in Polk and Oregon, but increased slightly in Marion in recent years, which was in general higher for most years measured by comparison.



- In 2022, the percentage of students who considered suicide in the last year increased with increasing grade level.[4] In general, a greater percentage of students in Polk considered suicide in the last year than Marion and Oregon.



- Compared to the percentage of students considering suicide, the percentage who attempted suicide was lower (see above).[4] In 2022, the percentage of students who attempted suicide in the last year was higher in 8th and 11th graders than 6th graders in Polk and Oregon, but the opposite was true in Marion, where 6th graders had slightly higher attempts. In general, a greater percentage of students in Polk attempted suicide than Marion and Oregon. The community and Oregon have not met the Healthy People 2030 goal for this measure (1.8%).[13]



"I've had a family go through a serious mental health crisis (e.g. psychosis and suicidality) and waited 6 months before getting seen by a provider that could speak Cantonese." *– Survey Respondent*

Substance Use

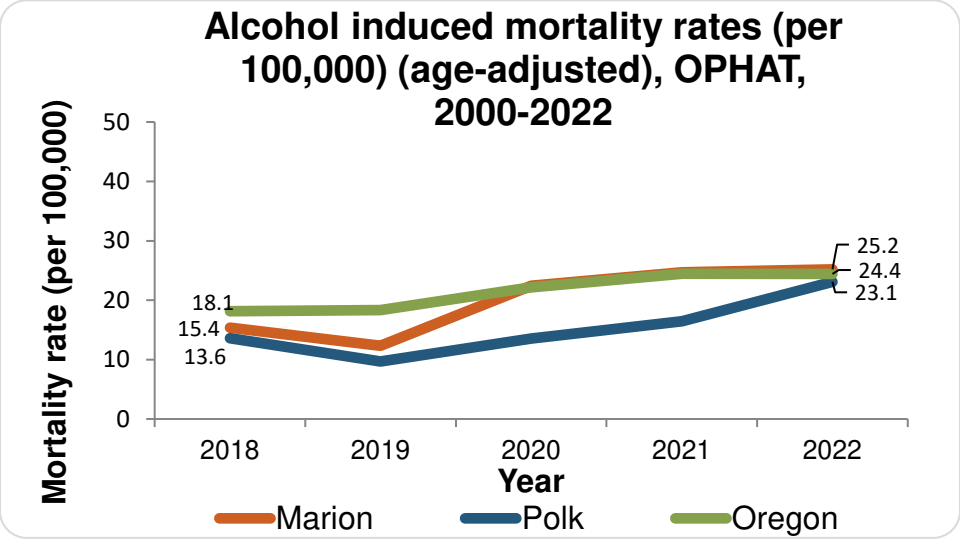
Substance use, including alcohol, tobacco, and drugs, remain a major source of preventable death in the community, state, and the country. In 2023, more than 1 in 10 adults in the U.S. reported that they had a substance use problem at some point in their lives.[61] Among these adults, more than 7 in 10 considered themselves to be in recovery. Mental health issues and substance use disorders can occur together and are known as "co-occurring". This significant overlap between substance use and mental health provides an opportunity to not only reduce risk factors for chronic disease and death, but also to improve the mental health and well-being of the community. In a recent MP-CHC community survey, substance use was identified as the 2nd most important health topic locally.[8]

> ***"Mental health and drug and alcohol treatment are badly needed in this community."***
>
> *– Survey Respondent*

Alcohol

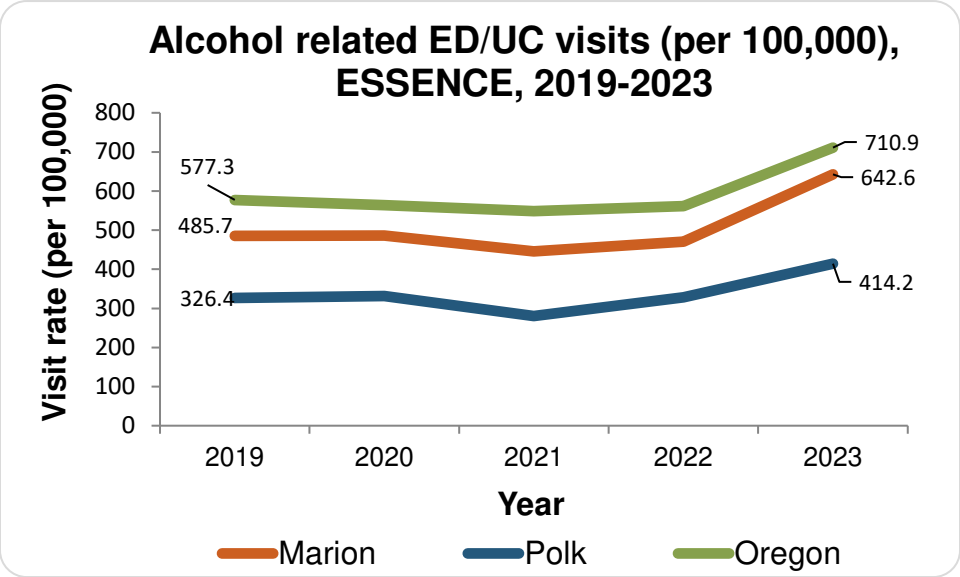
Alcohol use can increase the risk of developing chronic diseases including heart disease, cancer, and liver disease.[62] It is also a risk factor for unintentional injuries including motor vehicle crashes, violence, unintended pregnancy, and sexually transmitted infections. About 178,000 people die from excessive alcohol use each year in the U.S., which has been increasing in recent years, with a notable uptick during the COVID-19 pandemic. The economic cost of excessive drinking is also high and was estimated to be $249 billion annually in the U.S. in 2010 (most recent data available). In Oregon, excessive alcohol use is the 3rd leading cause of preventable death and is responsible for more than 2,000 deaths annually.[63]

- In 2022, 102 people in Marion, 23 in Polk, and 1,260 in Oregon died due to alcohol use.[20] The mortality rate due to alcohol has been increasing in the community and Oregon in recent years, and Polk was lower than Marion and Oregon by comparison.

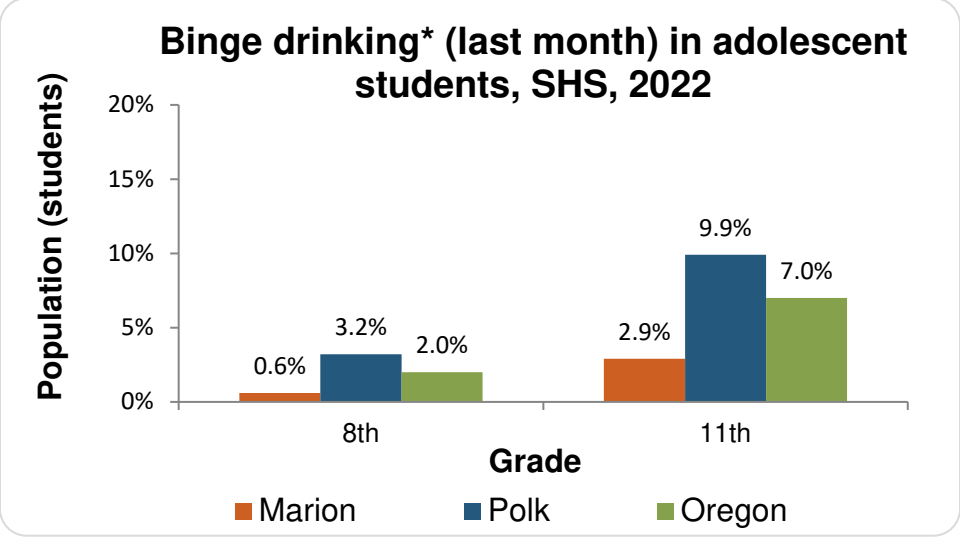


"I think we need to normalize not drinking…it's not a stigma that we need to be afraid of." *– Focus Group Participant*

- In 2023, there were 2,228 alcohol related visits at emergency departments (ED) and urgent care (UC) in Marion, 372 in Polk, and 30,145 in Oregon.[60] The rate of alcohol related visits increased in the community and Oregon in recent years. Additionally, the rate of visits was higher in Oregon than the community by comparison.

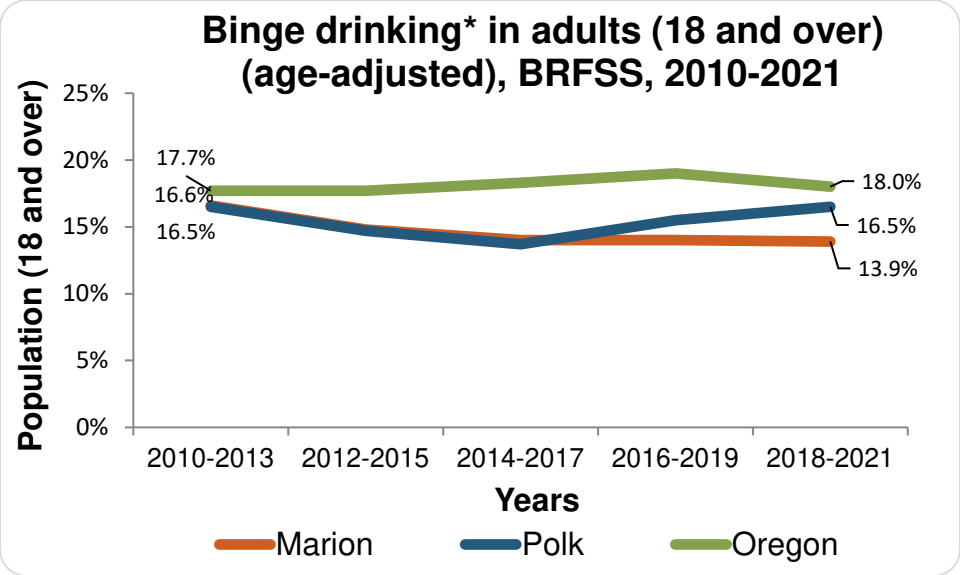


- In 2022, a greater percentage of 11th graders in Polk used alcohol in the last month (19.7%), than 11th graders in Marion (8.9%) or Oregon (16.6%).[4]
- Binge drinking, or drinking excessive amounts of alcohol on one occasion, increased with increasing grade level in adolescent students.[4] A greater percentage of students in Polk binge drank than in Marion or Oregon. Marion and Oregon have met the Healthy People 2030 goal with 11th graders for this measure, while Polk has not (8.4%).[13]



** - Had 5 or more drinks of alcohol in a row, that is, within a couple of hours in the last month*

- About 1 in 7 adults binge drank in the last month in the community, which was lower than Oregon.[5] Binge drinking in adults trended downward in Marion in recent years while increasing slightly in Polk and Oregon. Both the community and Oregon have met the Healthy People 2030 goal for this measure (25.4%).[13]



** - 4 drinks for women and 5 drinks for men on one occasion in the past 30 days*

- Adult binge drinking decreased with increasing age.[5] Males, people who identified as Non-Latina(o), or were above the Federal Poverty Level (FPL) had a higher percentage of adult binge drinking than their peers.

Adult binge drinking by demographics (18 and over), BRFSS, 2018-2021

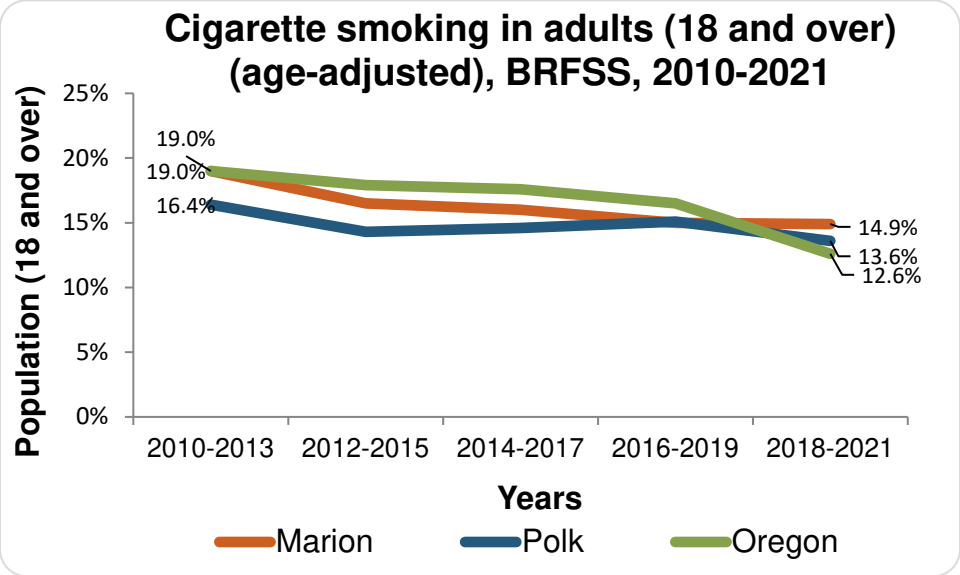
Population	Marion	Polk	Oregon
Age (%)			
18 – 34	19.5%	21.8%	26.1%
35 – 54	15.3%	20.6%	18.9%
55+	5.9%	5.0%	7.9%
Sex* (%)			
Female	9.5%	9.3%	13.5%
Male	19.1%	23.7%	22.5%
Ethnicity* (%)			
Latina(o)	11.2%	10.9%	14.3%
Non-Latina(o)	15.0%	18.1%	18.7%
Poverty* (%)			
Below FPL	9.8%	NR	11.8%
Above FPL	16.9%	17.4%	20.3%

Binge drinking: 4 drinks for women and 5 drinks for men on one occasion in the past 30 days
** - Age-adjusted* NR – Estimate is not statistically reliable FPL = Federal Poverty Level (100%)

Tobacco

Smoking tobacco is the leading cause of preventable death locally and in the United States.[64] It is responsible for 480,000 deaths every year in the U.S., which is about 1 out of every 5 deaths from all causes. Almost every organ of the body is harmed by smoking. Over $300 billion is lost every year in this country to treat disease caused by smoking and secondhand smoke along with lost productivity due to premature death. Smoking increases the risk of heart disease, cancer, stroke, asthma, chronic obstructive pulmonary disease, and many other diseases. Nationally, cigarette smoking has been decreasing over the years, but about 12% of adults are still current smokers.[65] People who have lower income or identify as certain racial and ethnic groups are disproportionately affected both in terms of tobacco use and environmental exposure to smoke.[64] Changing policies and the environment where smoking takes place can help to reduce the health burden of tobacco use.

- Between 2018 to 2022, tobacco use was associated with 18.1% of all deaths in Marion, 15.8% of all deaths in Polk, and 20.2% of all deaths in Oregon.[20]
- In 2022, a higher percentage of Polk 11th graders smoked cigarettes in the last month (4.3%), than Marion (1.3%), and Oregon (3.2%).[4] Polk has not met the Healthy People 2030 goal (3.4%) for this measure, which Marion and Oregon have met.[13]
- About 1 in 7 adults were current cigarette smokers in the community and Oregon.[5] A greater percentage of adults in the community were current smokers than adults in Oregon. Both locally and in the state, the percentage of adults who were current smokers has decreased substantially in recent years. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (6.1%).[13]



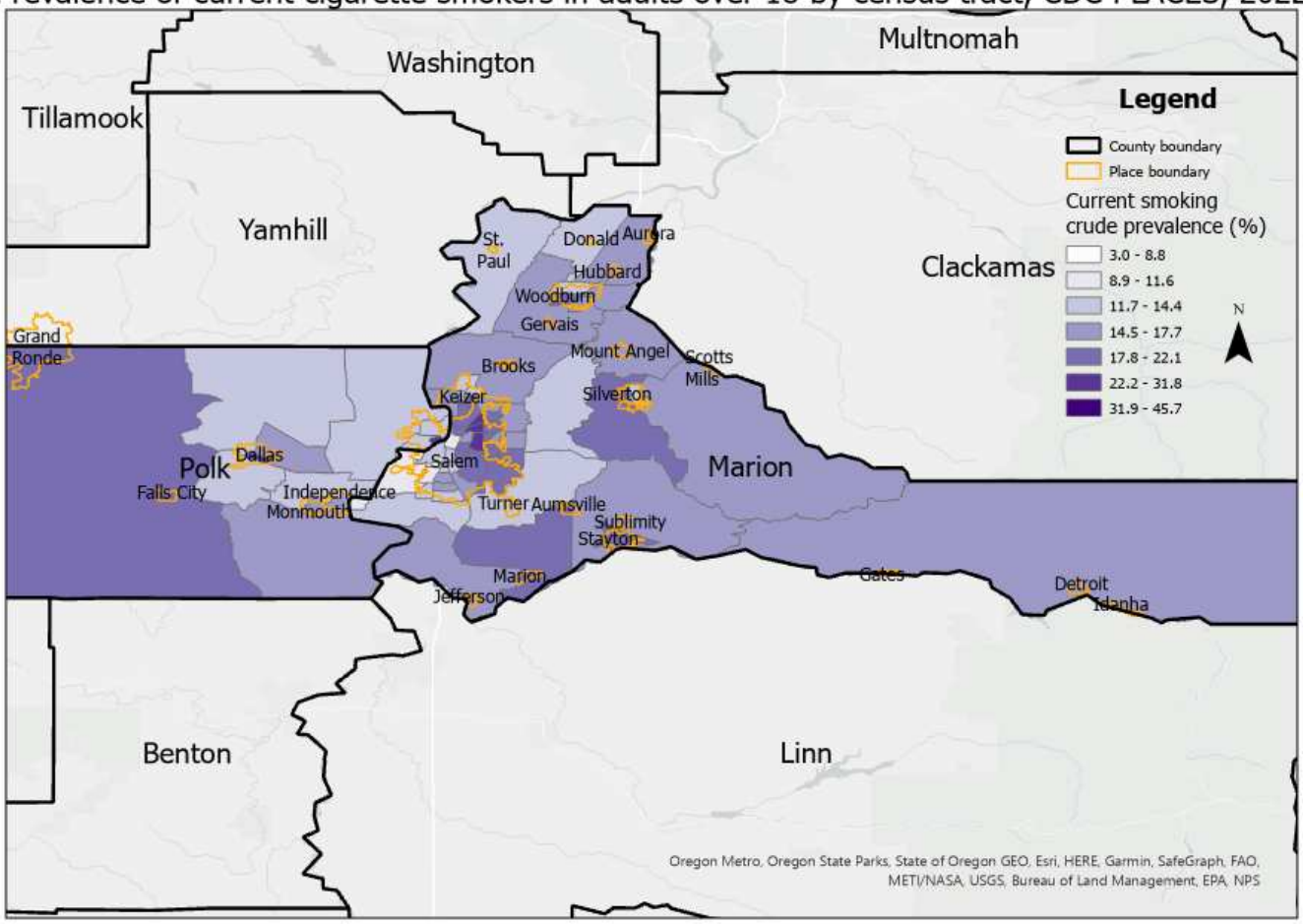
- The percentage of adults who were current cigarette smokers was highest in those between the ages of 35 to 54.[5] Males, people who identified as Non-Latina(o), and people living below the Federal Poverty Level (FPL) had a higher percentage of adult cigarette smoking than their peers.

Adult cigarette smoking by demographics (18 and over), BRFSS, 2018-2021			
Population	**Marion**	**Polk**	**Oregon**
Age (%)			
18 – 34	13.7%	14.5%	11.5%
35 – 54	19.4%	15.6%	14.8%
55+	10.2%	10.0%	10.5%
Sex* (%)			
Female	12.9%	11.1%	11.1%
Male	17.3%	16.7%	13.9%
Ethnicity* (%)			
Latina(o)	9.8%	8.1%	9.8%
Non-Latina(o)	17.1%	14.5%	13.0%
Poverty* (%)			
At or Below FPL	19.6%	30.2%	23.7%
Above FPL	14.6%	12.2%	11.1%

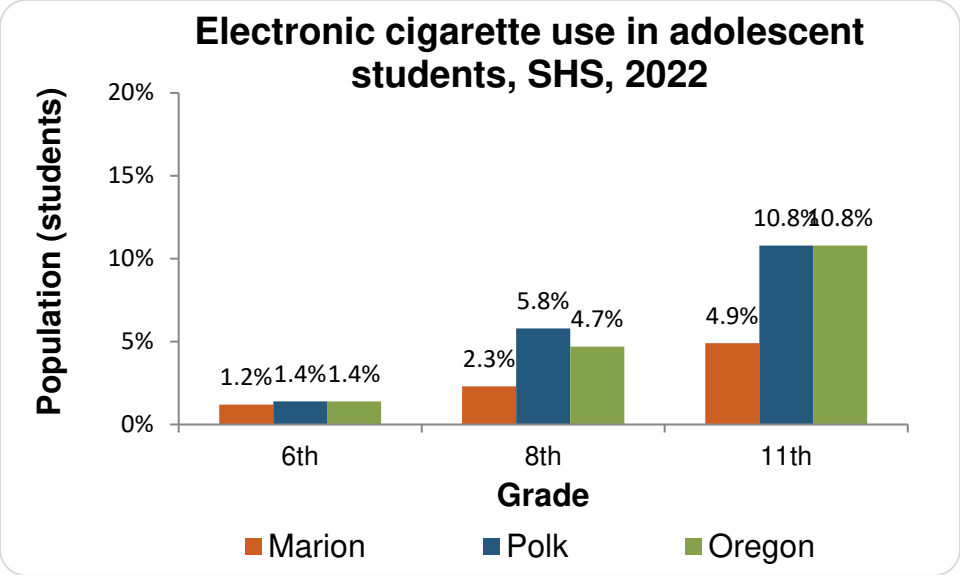
* - *Age-adjusted* FPL = Federal Poverty Level (100%)

- Adult cigarette smoking varied by geography.[57] Census tracts with a higher smoking prevalence (darker purple) were clustered in the city of Salem, Dallas, and western Polk County.

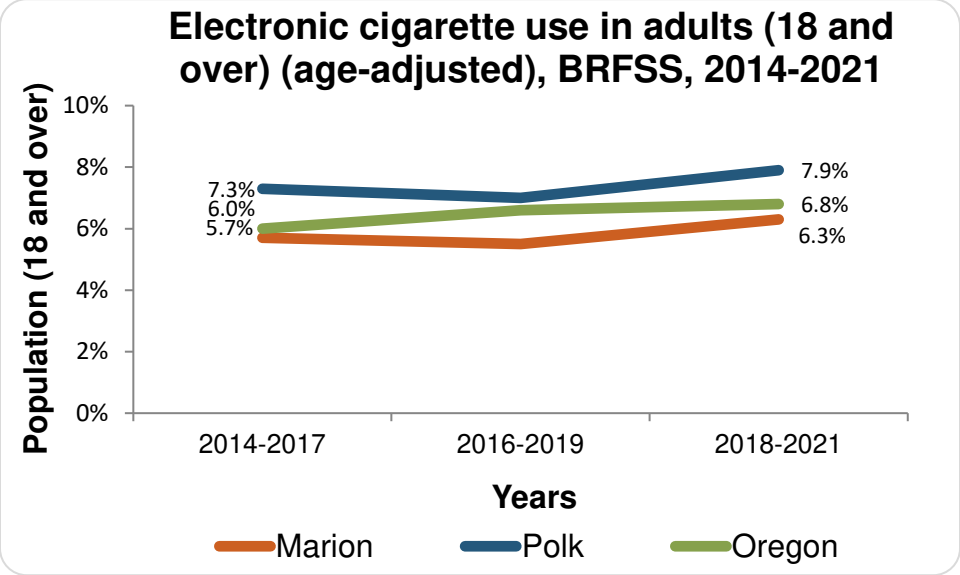
Prevalence of current cigarette smokers in adults over 18 by census tract, CDC PLACES, 2022



- The way in which youth consume tobacco has changed, as a greater percentage of students consumed tobacco via electronic means than by conventional methods (see above).[4] The percentage of adolescent students who used electronic cigarettes in the last month increased with increasing grade level. A higher percentage of students in Polk and Oregon were current electronic cigarette users than Marion students. Only Marion has met the Healthy People 2030 goal for this measure in 11th graders (10.5%).[13]



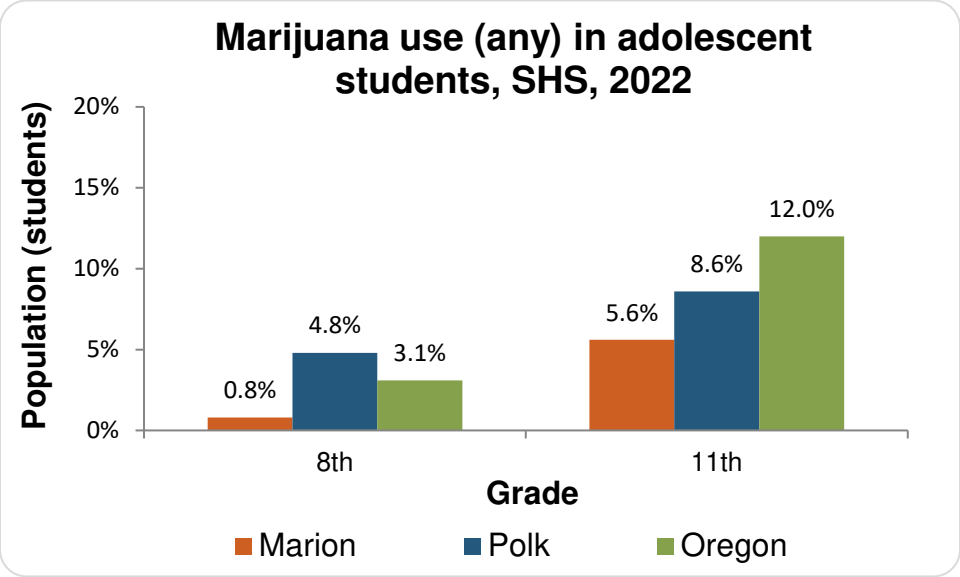
- About 1 in 13 adults in the community used electronic cigarettes in the last month.[5] A greater percentage of adults in Polk used electronic cigarettes than Marion and Oregon adults. Electronic cigarette use increased in recent years locally and in Oregon, however it was still lower compared to conventional cigarette use (see previous figure).



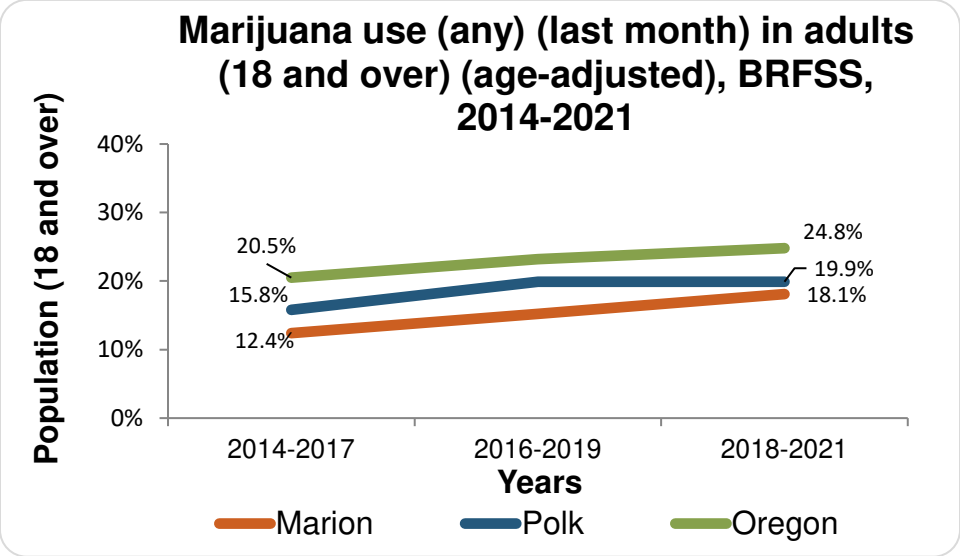
Marijuana

With the legalization of recreational marijuana (cannabis) in Oregon in 2014, there has been an increase in adult use and a shifting of social norms as fewer teens consider it to be harmful than in the past.[66] The CDC warns that marijuana intoxication can distort perception, impair problem solving, learning, and memory.[67] Chronic marijuana use can lead to addiction, which may interfere with family, school, work, and recreational activities.

- The percentage of adolescent students who used any form of marijuana in the last month increased with increasing grade level.[4] In general, the community had a smaller percentage of students who used marijuana than Oregon. Only Marion has met the Healthy People 2030 goal for this measure (5.8%).[13]



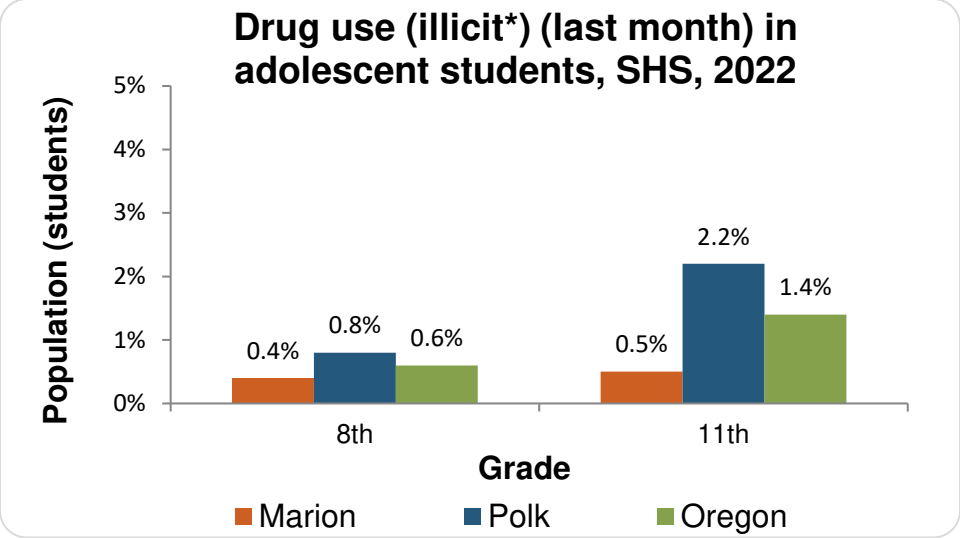
- About 1 in 5 adults used any form of marijuana in the last month in the community, which was lower than Oregon.[5] The percentage of adults who used marijuana increased locally and in Oregon recently.



Prescription and Illicit Drugs

Prescription and illicit drug overdoses have been a recent topic of interest as communities struggle to combat the opioid epidemic. Opioids include both prescription and illicit drugs such as heroin or street fentanyl. In 2022, 108,000 people died from drug overdoses in the U.S., and 76% of those deaths involved an opioid, and 68% involved a synthetic opioid other than methadone (primarily street fentanyl).[68] Promoting access to care, availability of interventions such as Narcan or Naloxone, prevention efforts, response activities, and reducing stigma related to substance use can help to combat this epidemic and save lives.

- Adolescent students who used illegal (illicit substances) in the last month increased with grade level.[4] A greater percentage of students in Polk reported using an illegal substance in the past month than Marion and Oregon. The community and Oregon have met the Healthy People 2030 goal for this measure (5.5%).[13]

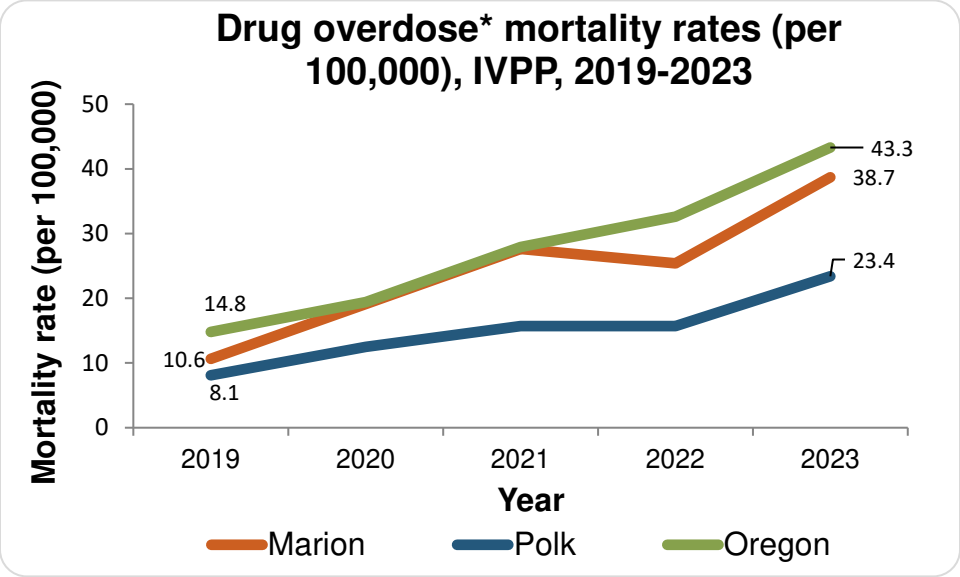


* - *During the past 30 days, use of cocaine, ecstasy, LSD, shrooms, heroin, fentanyl, or meth? Does not include marijuana.*

"At certain points in my journey, I ended up in treatment facilities. Many times, adults failed me. We need to create better support for youth so that we can become healthy adults. Our community is failing so many teenagers who then suffer the consequences."

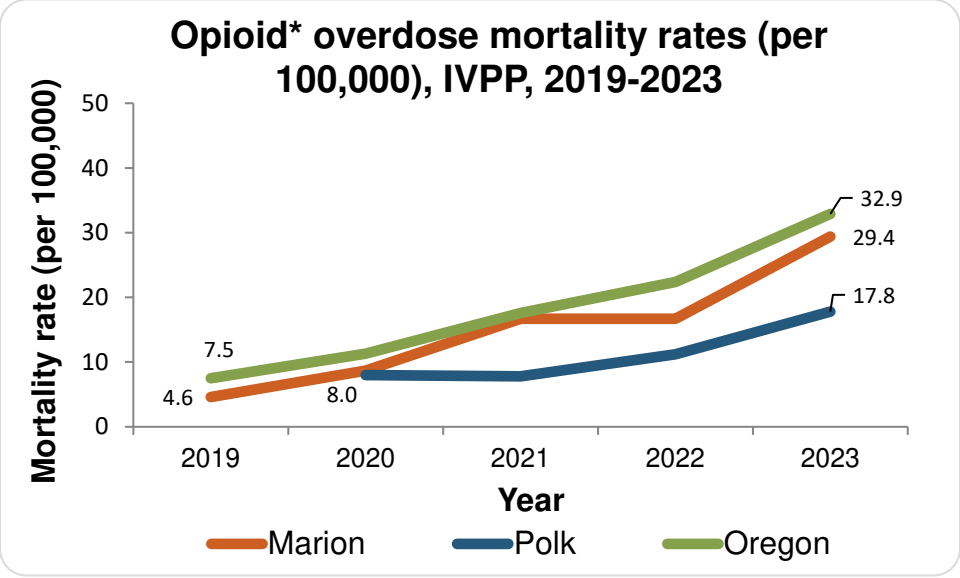
- Age 18, South Salem, PhotoVoice Submission

- In 2023, 134 people died of drug overdoses in Marion, 21 in Polk, and 1,833 in Oregon.[69] The rate of drug overdose deaths was higher in Oregon than the community and has increased dramatically in recent years. In Oregon, drug overdose death rates were higher for males, people between the ages of 25 to 64, and for people who identified as American Indian/Alaska Native or African American/Black compared to their peers (not shown).



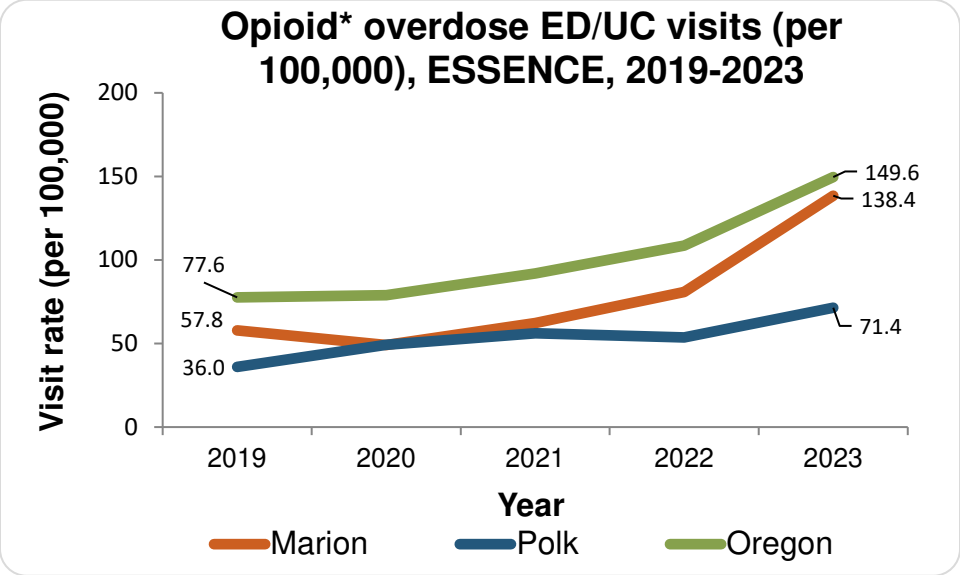
** - Includes any reported drug-related overdose (examples: poisoning by drugs, medications, and biological substances regardless of intention, unintentional, self-harm, harm to others, undetermined, etc.).*

- In 2023, 102 people died of opioid overdoses in Marion, 16 in Polk, and 1,394 in Oregon.[69] The rate of opioid overdose deaths was higher in Oregon than the community and greatly increased in recent years.



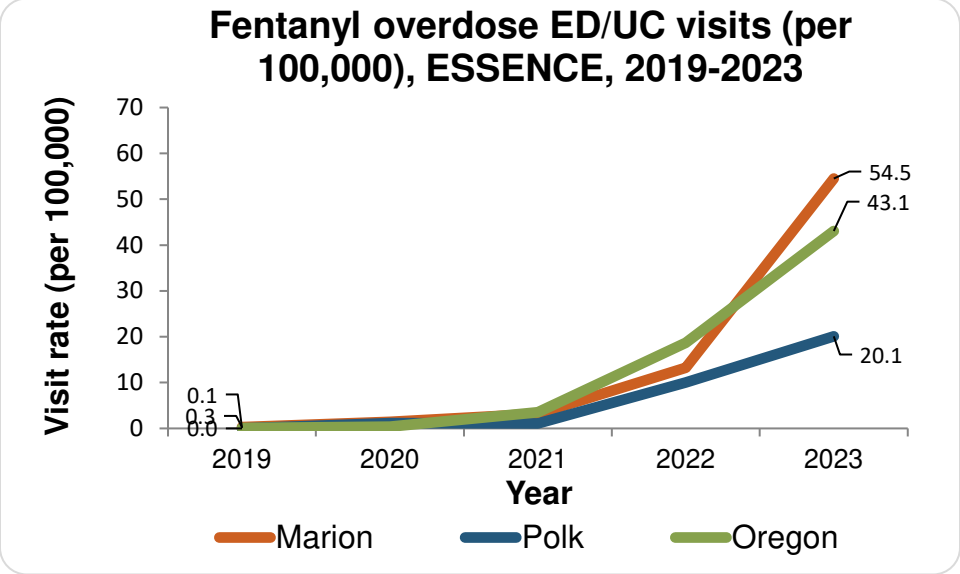
** - includes any opioid, including fentanyl *Note: Polk 2019 data not shown due to low counts (1-5)**

- In 2023, 480 residents of Marion visited emergency departments (ED) or urgent care (UC) due to opioid overdoses, 64 in Polk, and 6,344 in Oregon.[60] The opioid overdose visit rate was higher in Oregon than the community and increased rapidly in all geographies in recent years.



** - includes any opioid, including fentanyl*

- In 2023, 189 residents of Marion visited emergency departments (ED) or urgent care (UC) due to fentanyl overdoses, 18 in Polk, and 1,826 in Oregon.[60] When last measured, Marion had a higher visit rate than Polk and Oregon, and the rate has increased rapidly in all geographies in recent years.

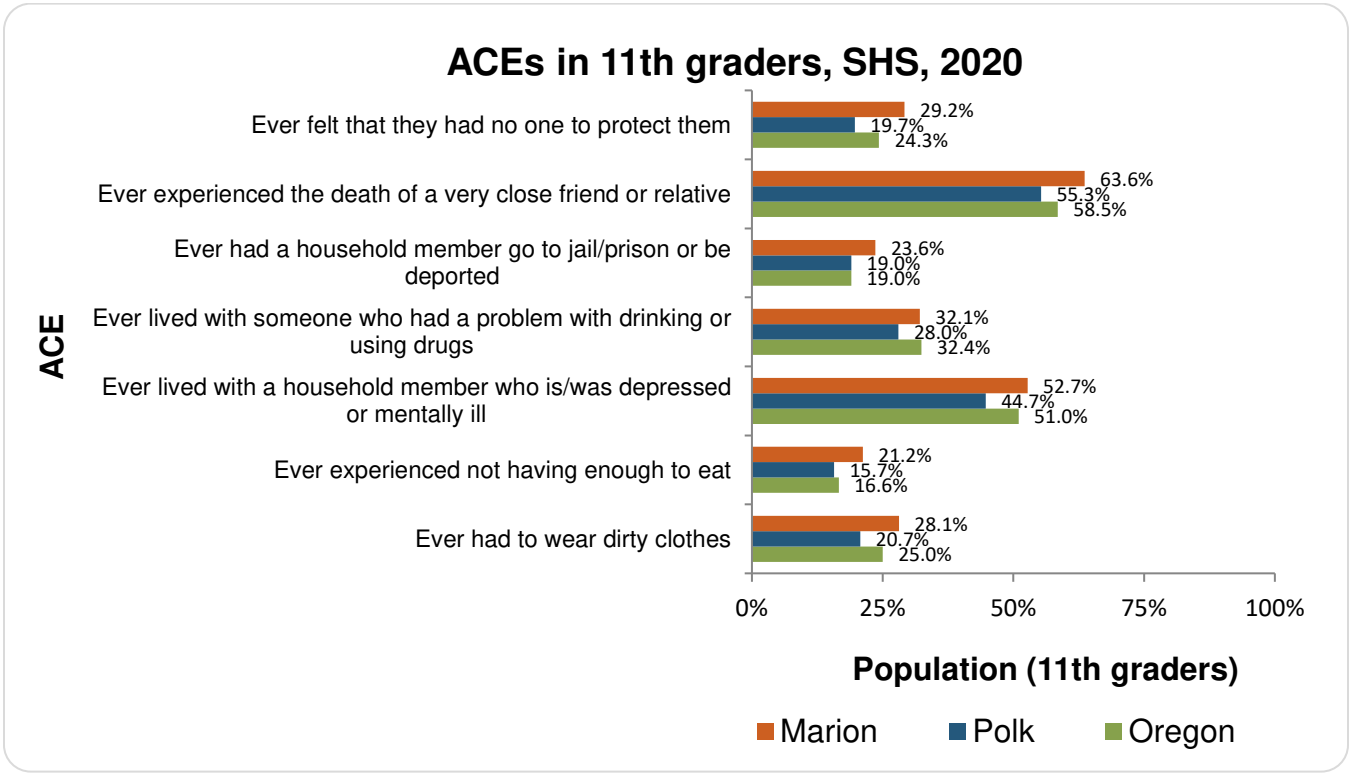


"Fentanyl has killed so many people in my community…The legalized drug policy has made drug use escalate to where there is no accountability for their behavior…Open drug use on our streets, in front of our children…It's gotten really bad here." *– Survey Participant*

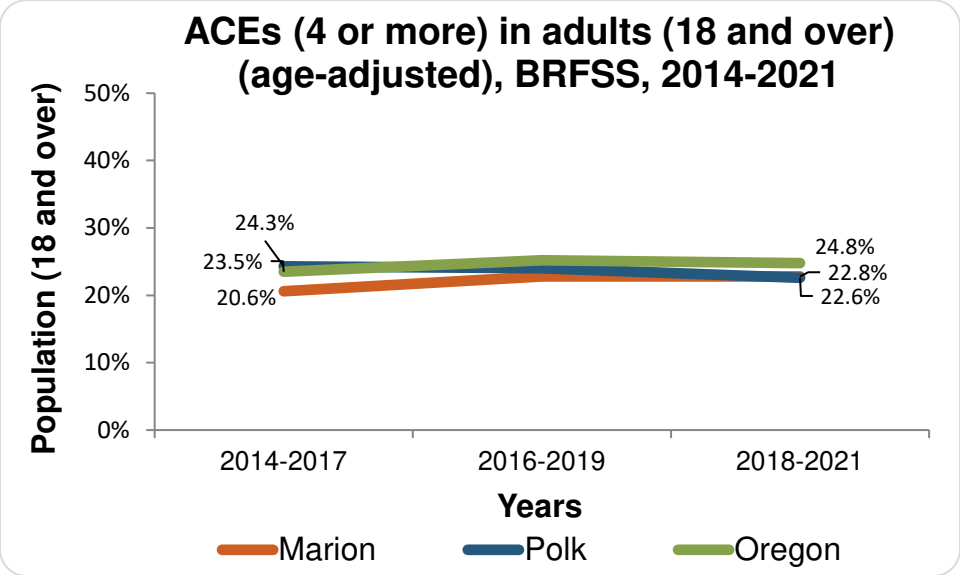
Adverse Childhood Experiences (ACEs)

What a child experiences early on in life, both good and bad, has a lasting impact on their lifelong health and well-being. Children that are exposed to adversity and trauma can experience toxic stress, which alters normal brain development.[70] Adverse childhood experiences (ACEs) are a primary source of many social, emotional, physical, and cognitive problems that can lead to high-risk behaviors in adulthood, mental health conditions, chronic disease, disability, and early death. Examples of ACEs include experiencing violence, abuse, neglect, substance use or mental health problems in the household, divorce, not having enough food to eat, homelessness or unstable housing, and discrimination among others. About 64% of adults in the U.S. reported at least one ACE before age 18, with 17% who reported four or more types of ACEs. A growing body of evidence suggests that the more ACEs a person has, the more susceptible they are to poor health outcomes.

- In 2020, over half of 11th graders reported that they experienced at least one ACE.[4] The most common ACE was experiencing the death of a very close friend or relative, followed closely by living with a household member who is or was depressed or mentally ill. In general, a greater percentage of Marion 11th graders reported ACEs than Polk and Oregon 11th graders.



- About 1 in 4 adults reported that they had experienced four or more ACEs locally and in Oregon.[5] A greater percentage of Oregon adults reported four or more ACEs than adults in the community. The percentage of adults who reported four or more ACEs decreased in Polk, but increased in Marion and Oregon in recent years.



"We need learning and development to prevent and mitigate adverse childhood experiences; adverse childhood experiences can lead to chronic health conditions as adults and older adults."

– Survey Participant

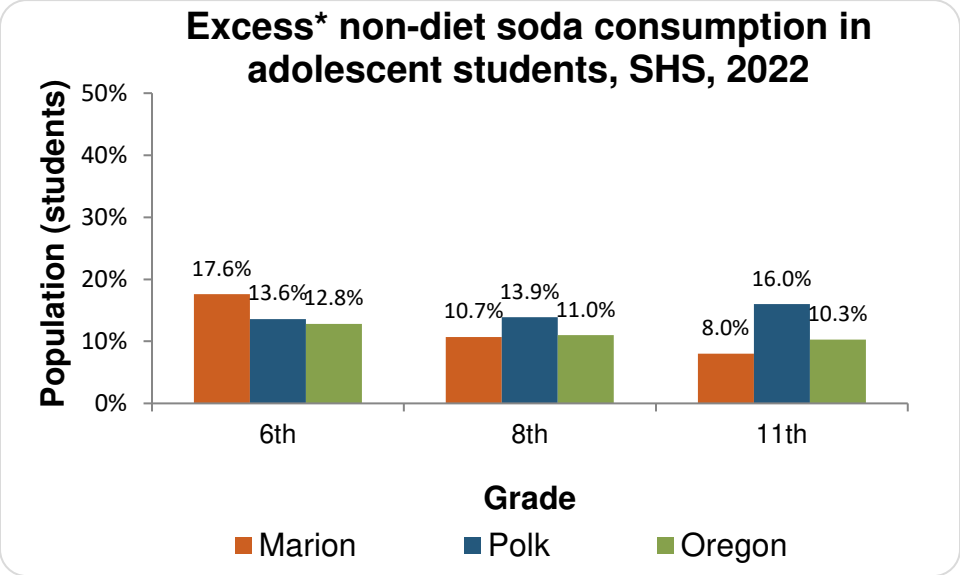
Health Behaviors

Health behaviors are the things that people do that can directly affect their health. Healthy behaviors can lower the risk of conditions or disease, while unhealthy behaviors can increase these risks. As these behaviors are possible to change, they represent key opportunities to improve the health of the community.

Weight, Diet, and Physical Activity

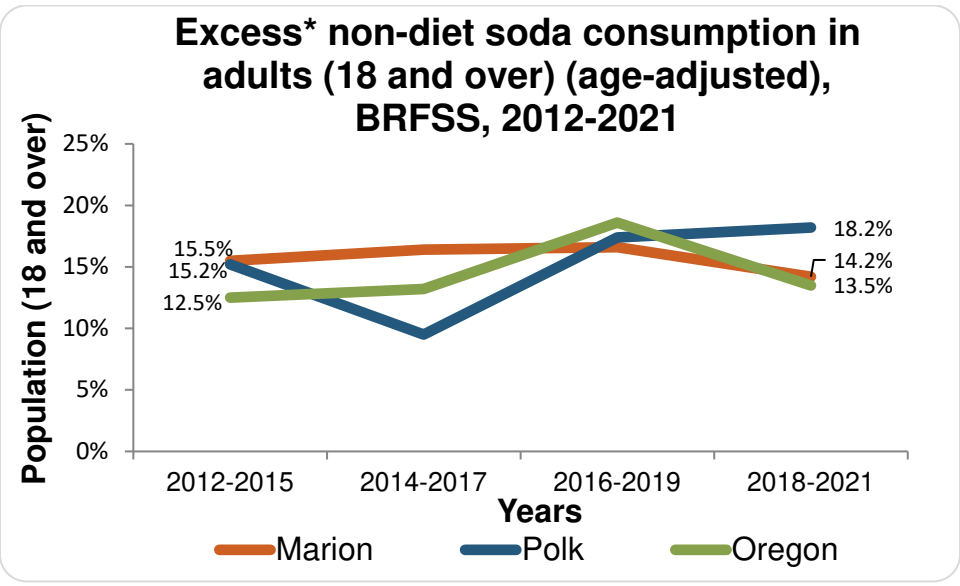
A high body mass index (BMI) is associated with increased risk of many types of chronic disease including heart disease, stroke, type 2 diabetes, and certain types of cancer.[71] About 1 in 5 children and 2 in 5 adults in the U.S. are obese. Obesity costs the U.S. healthcare system about $173 billion every year. A healthy diet, that limits unhealthy foods such as soda, or other high calorie foods with low nutritional value, along with consumption of the recommended amounts of fruits and vegetables, can help to maintain a healthy weight status. Additionally, receiving an adequate amount of physical activity can help people achieve and maintain a healthy weight.

- In general, excess non-diet soda consumption decreased with increasing grade level, except for Polk, which increased with increasing grade level.[4] Generally speaking, a higher percentage of students in Polk drank an excess amount of non-diet soda than students in Marion or Oregon.



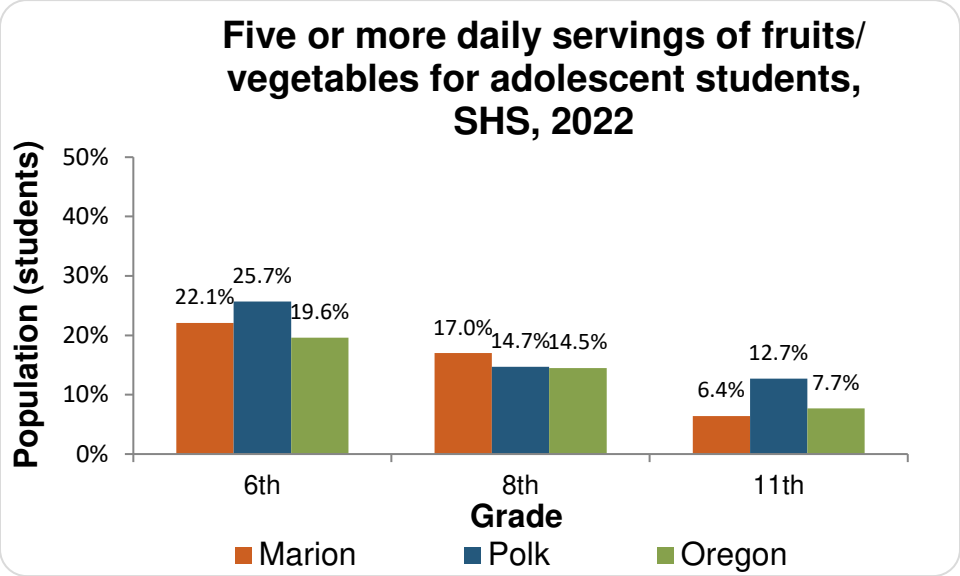
** - 7 or more non-diet sweetened sodas per week*

- A greater percentage of adults in Polk engaged in excess non-diet soda consumption than adults in Marion or Oregon.[5] Excess non-diet soda consumption increased in Polk in recent years, but decreased in Marion and Oregon.



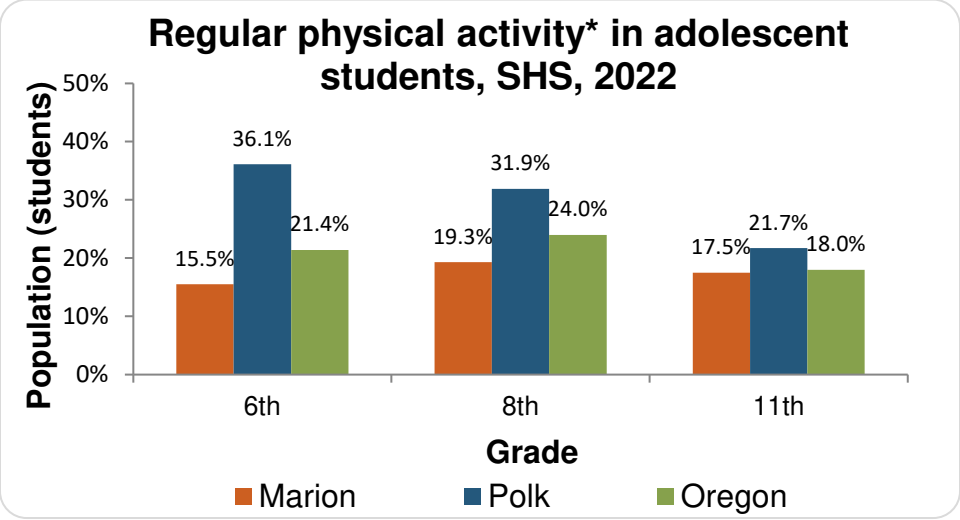
** - 7 or more non-diet sweetened sodas per week*

- The percentage of adolescent students who consumed five or more daily servings of fruits or vegetables decreased with increasing grade level.[4] In general, a higher percentage of students in Polk consumed five or more daily servings of fruits or vegetables than students in Marion or Oregon.



"I think more emphasis needs to be placed on food stability and food quality. Many lower income communities don't have the option of healthy/nutritious food due to cost and availability." – *Survey Respondent*

- The percentage of adolescent students who had regular physical activity peaked in 8th grade in Marion and Oregon, but peaked in 6th grade for Polk, before falling off at higher grade levels.[4] A greater percentage of students in Polk had regular physical activity than Marion and Oregon. Only Polk 6th and 8th graders have met the Healthy People 2030 goal for this measure (30.6%).[13]

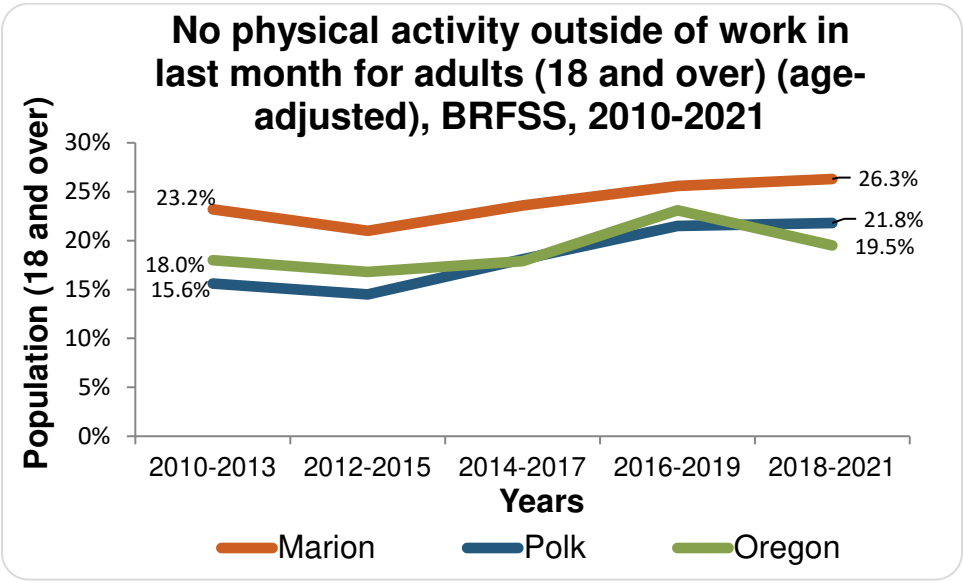


** - Physically active for 60 or more minutes in 7 out of the past 7 days*

"Something that supports my health and wellness is nature. This is because going out in nature always involves walking, which gives me exercise. Not only that, but it helps clear my head and keep me in a good mental state."

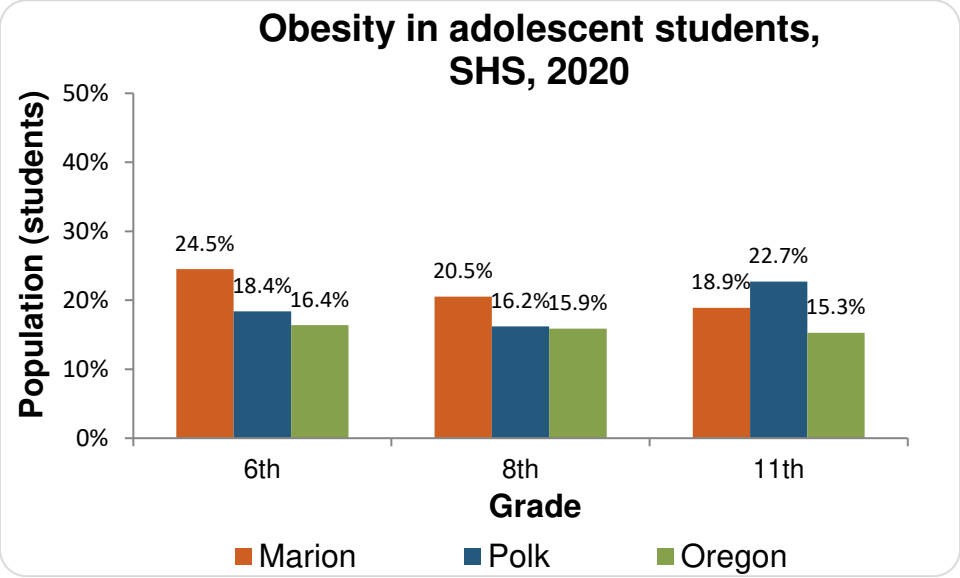
– Age 18, Monmouth, PhotoVoice Submission

- About 1 in 4 adults in the community did not have any physical activity outside of work in the last month.[5] A greater percentage of adults in Marion had no physical activity outside of work in the last month than Polk and Oregon adults, which has been increasing (worsening) in recent years. Both Polk and Oregon have met the Healthy People 2030 goal for this measure, while Marion has not (21.8%).[13]

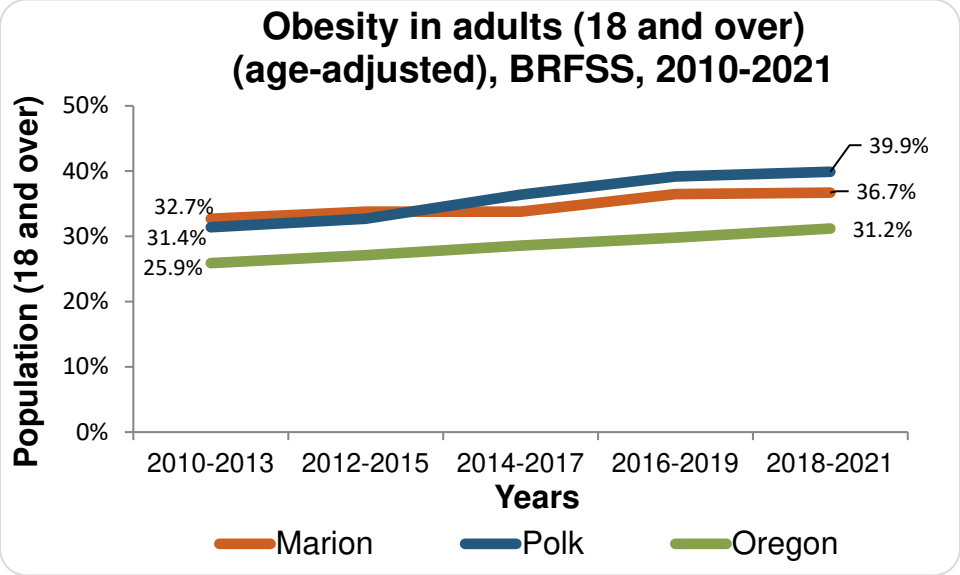


"The options for outdoor, safe, free physical activity for people are non-existent. You need to invest in more trails." *– Survey Respondent*

- In general, the percentage of adolescent students who were obese decreased with grade level, with the exception of Polk 11th graders.[4] A greater percentage of students in the community were obese than students in Oregon. Only 11th graders in Oregon have met the Healthy People 2030 goal for this measure (15.5%).[13]



- Over a third of adults in the community were obese.[5] The percentage of adults in the community who were obese was higher than adults in Oregon, which increased recently. Only Oregon has met the Healthy People 2030 goal for this measure (36.0%).[13]



"We need teaching about the health risks of obesity…the risk of drinking a lot of sugary drinks, etc."

– Survey Respondent

- Obesity in adults peaked at ages 35 to 54.[5] A greater percentage of females were obese than males. Adults who identified as Latina(o) in Marion and Oregon were obese than adults who identified as Non-Latina(o), however the reverse was true in Polk. A greater percentage of adults living at or below the Federal Poverty Level (FPL) were obese than adults above the FPL.

Adult obesity by demographics (18 and over), BRFSS, 2018-2021

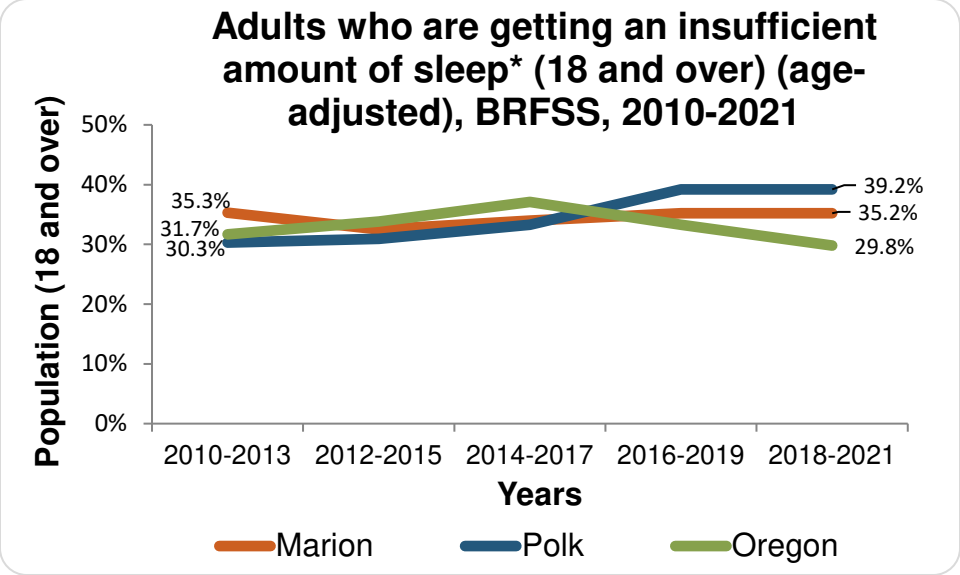
Population	Marion	Polk	Oregon
Age (%)			
18 – 34	26.9%	36.1%	26.9%
35 – 54	44.6%	45.0%	35.7%
55+	36.4%	37.0%	29.7%
Sex* (%)			
Female	38.5%	40.0%	32.7%
Male	34.9%	39.6%	29.9%
Ethnicity* (%)			
Latina(o)	39.8%	34.8%	36.8%
Non-Latina(o)	35.8%	41.0%	30.6%
Poverty* (%)			
At or Below FPL	42.4%	51.5%	38.3%
Above FPL	37.6%	40.4%	31.3%

* - *Age-adjusted* FPL = Federal Poverty Level (100%)

Sleep

Getting enough high-quality sleep is essential for health and well-being. The amount of recommended sleep needed differs by age, with younger people generally needing more sleep than older people.[72] Not getting enough sleep can increase the risk of chronic diseases like diabetes, heart disease, and stroke. Additionally, lack of sleep can increase stress, worsen mood, make it more difficult to maintain a healthy weight, and increase the potential for accidental injury related death. Good sleep hygiene, including going to sleep and waking up at the same time each day, maintaining a quiet and relaxing bedroom environment, avoiding screen time before bed, consuming large meals or alcohol before sleep, and avoiding caffeine later in the day can help to improve the quality and duration of sleep.

- Over a third of adults in the community were getting an insufficient amount of sleep.[5] The percentage of adults who were getting an insufficient amount of sleep was higher in the community than Oregon. The percentage of adults who received an insufficient amount of sleep increased in Polk in recent years while remaining little changed in Marion and decreased in Oregon. Only Oregon has met the Healthy People 2030 goal for this measure (31.4%).[13]



** - Received less than 7 hours of sleep a night on average*

Access to Healthcare

Access to Healthcare

Access to healthcare services is important for the achievement of health equity and increasing the quality of life for everyone in a community. Healthcare includes both physical and behavioral health services. Healthcare is a significant expenditure for the U.S., costing $4.9 trillion in 2023, which equates to about $14,570 per person.[73] About 90% of these costs are related to chronic disease and mental health conditions.[74] The ease of accessing healthcare varies from person to person and is dependent on health insurance coverage, availability of providers, and transportation to attend appointments, among others. In addition to addressing these barriers, improving the healthcare system requires efforts to improve the experience of care, improving the health of populations, and reducing per capita costs, which is known as the "Triple Aim" framework.[75] A recent MP-CHC community survey found that access to healthcare was the 3rd most needed area of improvement locally.[8]

Key Findings for Marion & Polk Counties:

- Just over 9 out of 10 people had health insurance in the community, which was similar to Oregon. The most common type was group insurance, followed by Medicaid/OHP, Medicare, and then individual coverage. Marion had a higher percentage insured by Medicaid compared to Polk and Oregon. People between the ages of 19 to 44, male, people who identified as American Indian/Alaska Native, Hawaiian/Pacific Islander, Other Race, or Hispanic/Latina(o) had a lower percentage with insurance than their peers. Locally, the most common reasons why people did not have insurance was that it was too expensive, they didn't know how to get insurance, lack of coverage from employer or were ineligible, or a person in the family lost their insurance due to a change in employment.
- The community, like Oregon, had a shortage of healthcare providers. There were fewer primary care providers, physicians, and mental health providers relative to the population size in the community compared to Oregon. Polk had far fewer providers across almost every type of provider relative to its population size compared to Marion and Oregon. Recently, Marion and Oregon have seen an uptick in providers relative to population size, however in Polk these trends generally worsened. Gaps exist in provider demographics, with people who identified as African American/Black, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Hispanic/Latina(o) being underrepresented in the provider workforce.
- Many adolescent students and adults in the community did not receive an annual routine checkup with their provider. Students in higher grade levels had a higher percentage getting a checkup, peaking at just over half of 11th graders, but fell well short of the Healthy People 2030 goal. In adults, about 3 out of 4 community members received an annual checkup, which has increased in recent years. A smaller percentage of younger adults, males, and people without health insurance received an annual visit than their peers.
- Many adolescent students and adults in the community did not receive an annual dental checkup. Students in higher grade levels had a higher percentage getting a dental checkup, peaking at about 7 out of 10 11th graders. In adults, about 2 out of 3 community members received an annual dental checkup, which decreased in recent years. A smaller percentage of

males, people living in poverty, people living with disabilities, and people without health insurance had an annual dental checkup than their peers.

- Barriers to healthcare were common and varied. About 2 out of 3 community members experienced some type of barrier when trying to access healthcare. The top three barriers to healthcare were the inability to get an appointment quickly enough, inability to find a doctor/provider taking new patients, and high out-of-pocket-costs. Also, about 2 out of 3 community members indicated that they have avoided or delayed care for some reason, with the top reasons being nervousness/stress/anxiety around healthcare (procedures, providers, and others), insurance coverage/plan status, and their age.
- Several emerging issues around accessing healthcare were identified, with themes around economic factors, housing, workforce shortages, increased behavioral health needs and acuity, provider recruitment/retention, climate volatility, lingering effects of COVID-19, safety, and increasing community diversification.

Health Insurance

Insurance is often thought of as the "gateway" to healthcare access, making care more affordable for those who have it, however for those who don't, costs can be considerable, representing a substantial barrier to care. Insurance is often obtained through employment; however, government health insurance (Medicaid, Medicare, and others) is available for those who qualify, and some obtain insurance independently, or not at all.

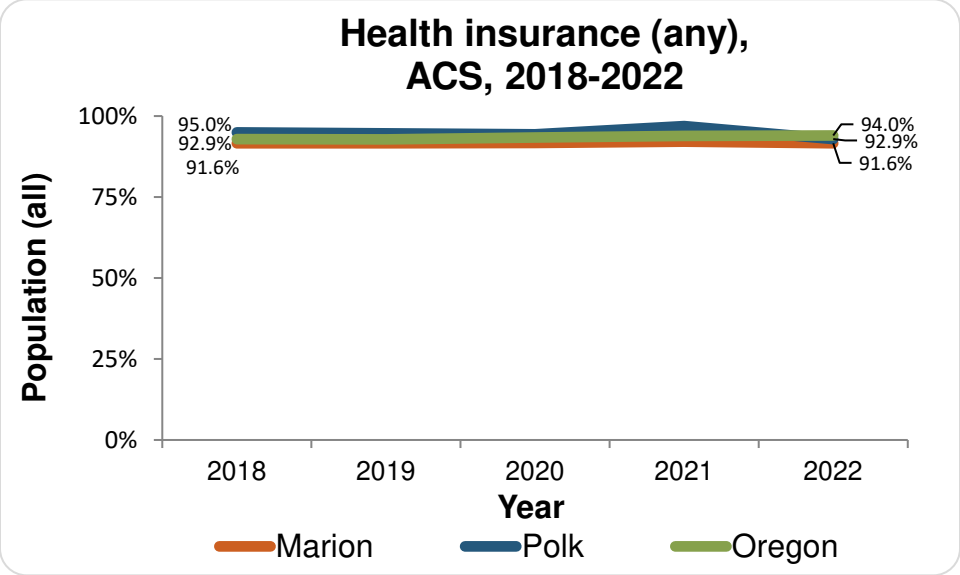
- In 2024, group insurance through employers and other sources was the most common type of insurance, followed by OHP (Medicaid), Medicare, and individual sources.[76] A higher percentage of community members in Marion had OHP as an insurance source than Polk and Oregon. A greater percentage of community members in Marion were uninsured than Polk and Oregon.
- In 2024, the three most common reasons that Oregonians were uninsured was that the cost was too high, lost a job, or lost OHP coverage.[76]

Health insurance coverage by type of insurance, OHIS, 2024

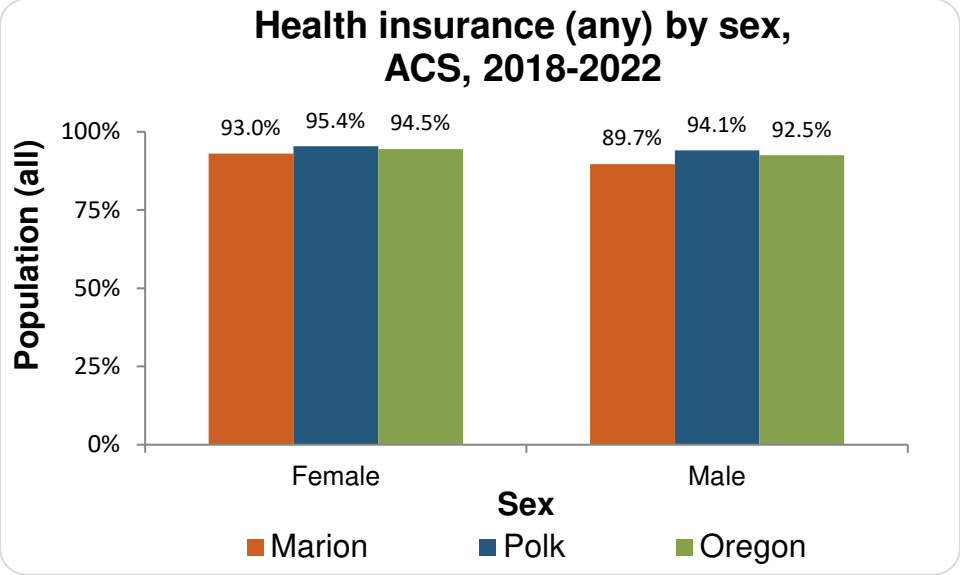
Type of insurance	Marion	Polk	Oregon
Group* (%)	40.1%	45.2%	45.6%
Individual† (%)	4.6%	5.3%	6.0%
Medicare (%)	13.6%	12.7%	12.6%
OHP (Oregon Health Plan)‡ (%)	36.4%	32.5%	32.3%
Uninsured (%)	4.4%	2.5%	2.7%

Note: Polk includes Yamhill County
*Group coverage: obtained through someone's work, union, association or trust; Cobra or state continuation; Veteran's Affairs, Military Health, TRICARE or CHAMPUS; or a student health insurance program.
† Individual coverage: bought directly by the respondent or another person. It includes plans bough ton the insurance exchange, through a broker, or directly from an insurance provider
‡ OHP: Medicaid coverage in Oregon and includes Medicaid CCO and FFS.

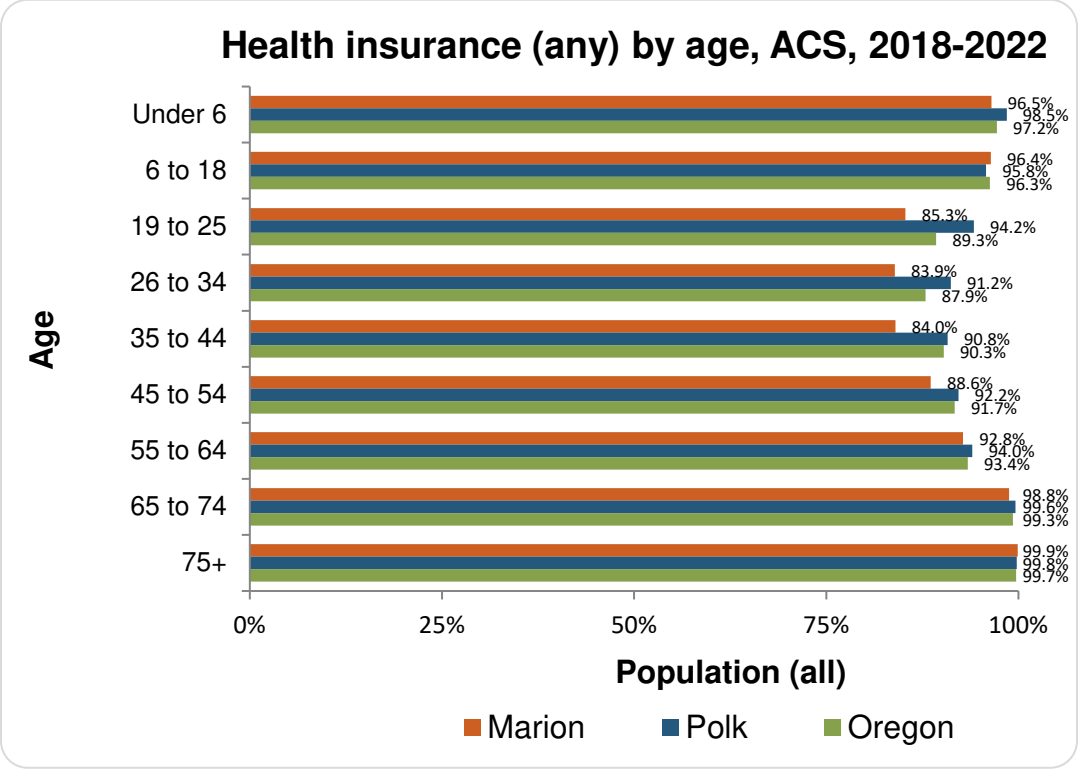
- More than 9 out of 10 people in the community had some form of health insurance.[3] A smaller percentage of people in Marion had some form of insurance than Polk and Oregon. The percentage of people with health insurance has changed little in recent years, declining only slightly in Polk, while remaining stable in Marion and Oregon. Polk and Oregon have met the Healthy People 2030 goal for this measure, while Marion has not (92.4%).[13]



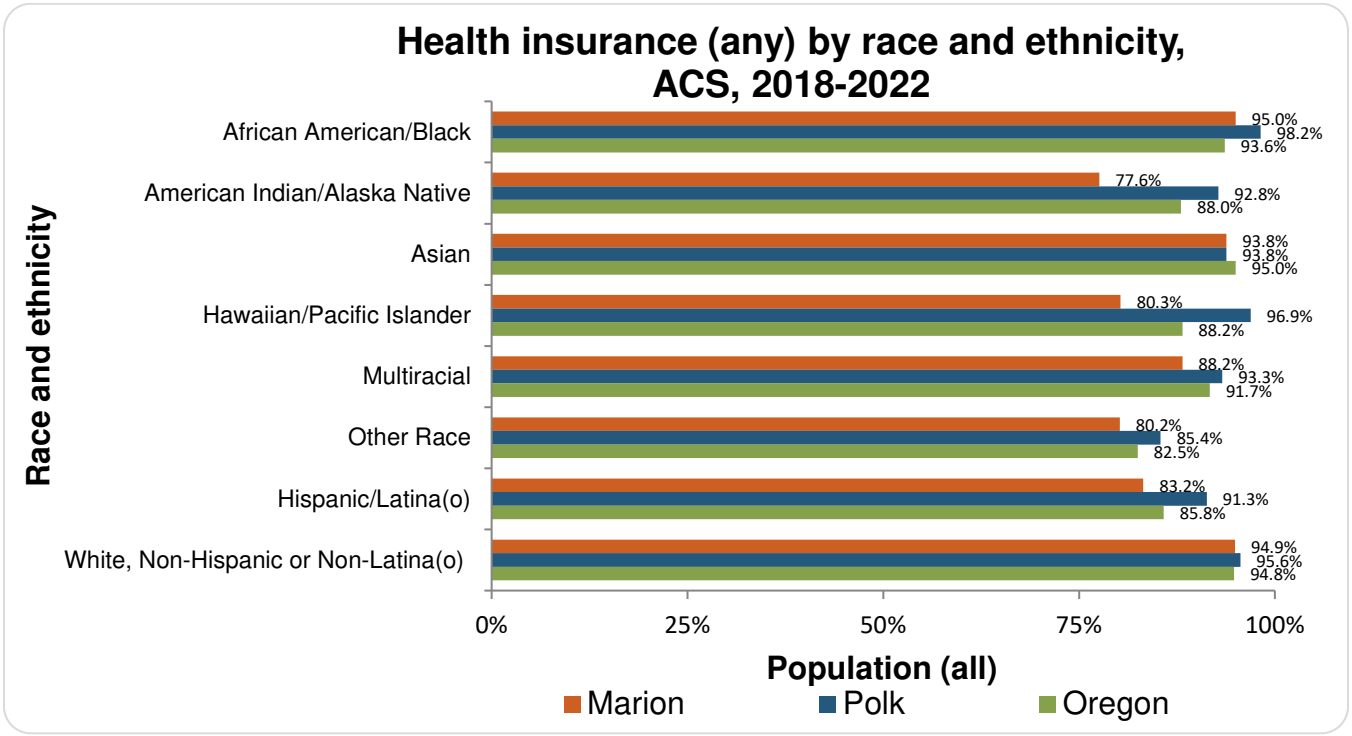
- A smaller percentage of males had any form of health insurance than females.[3]



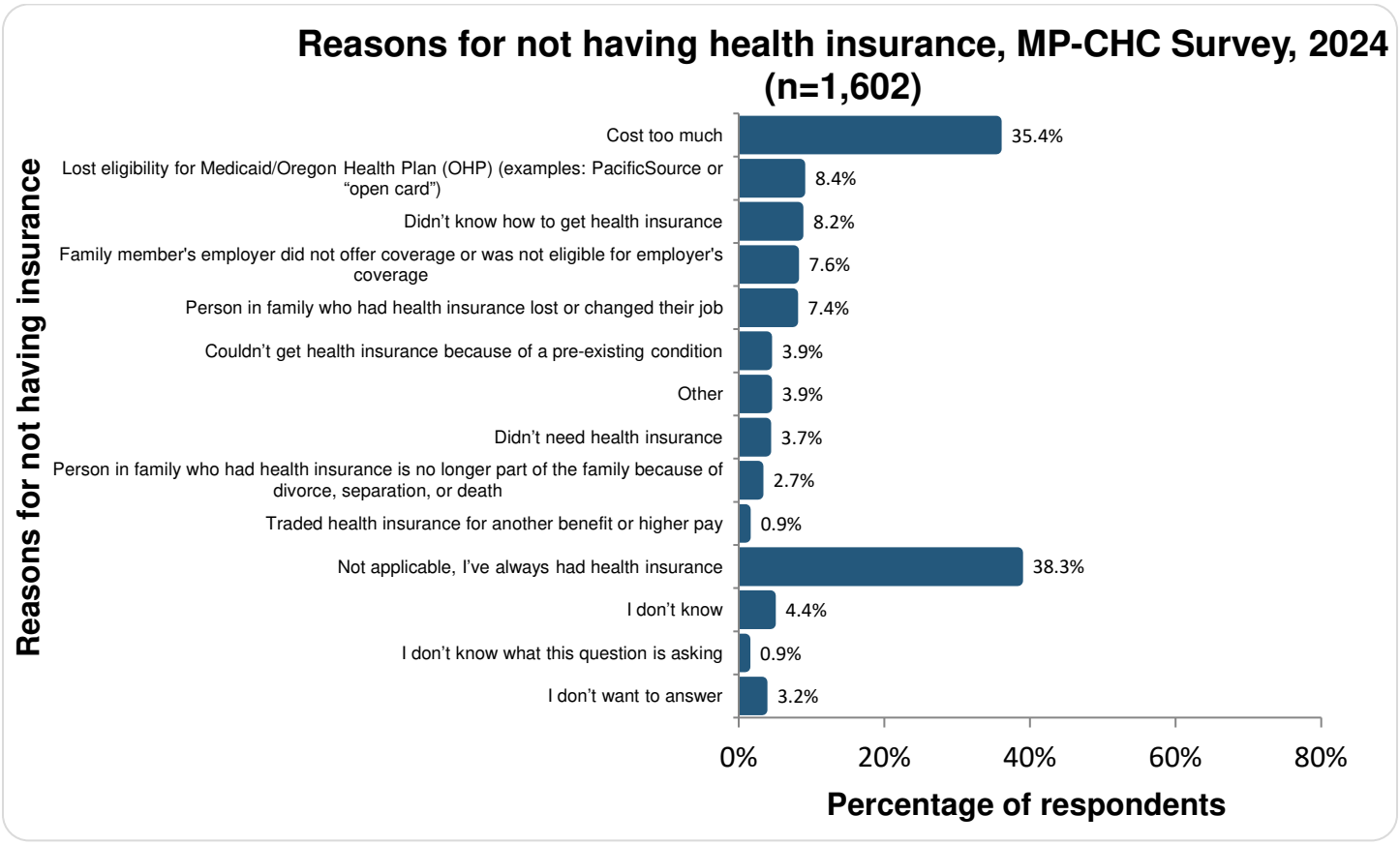
- A greater percentage of people under 18 and over the age of 65 had any form of health insurance than other age groups.[3] In general, people between the ages of 19 to 44 had a smaller percentage with any form of health insurance than other age groups.



- In general, people who identified as American Indian/Alaska Native, Hawaiian/Pacific Islander, Other Race, or Hispanic/Latina(o) had a lower percentage with any form of insurance than their peers.[3]



- About 6 out of 10 local survey respondents indicated that they have not had health insurance at some point during their lives.[8] Overwhelmingly, the most common reason for not having health insurance was that it cost too much. Other top reasons included lost eligibility for Medicaid/OHP, didn't know how to get insurance, lack of coverage from employer or were ineligible, or a person in the family lost their insurance due to a change in employment.



Note: multiple responses possible

"Last year I lost my husband…so I lost half my insurance. I had two teenagers at home and one of them was on his way to 18, so we weren't going to get any benefits for him. We are still a year and a half later fighting to get VA benefits so that my kids can pay for college. But the insurance piece, I made too much. My insurance is going to cost too much for as little as I made in my job. So, I went without insurance…It's like, you're trying to raise kids, and you've just lost a lot of what you had."
– Community Input Session Participant

"…The elderly. What happens with these people who cannot work any longer and have no insurance? As a result, we unfortunately see older people working at an age they shouldn't be." *– Focus Group Participant*

Healthcare Providers

The number of providers available to serve the community is a critical component to healthcare access. When providers serve too many people, it creates gaps in care, and decreases the quality of services provided. Access to these providers varies greatly depending on where people live, with those living in rural or frontier areas often being further from care, making it difficult to see providers in-person. In Oregon, the average travel time to a Patient Centered Primary Care Home (PCPCH) was 12.6 minutes.[77] For those living in urban areas the travel time was 10.0 minutes, 12.1 minutes for rural, and 18.3 minutes for those living in frontier areas. Locally, no area in Marion or Polk had a longer average travel time to the nearest PCPCH than Oregon. Telemedicine has the potential to increase access for those living in rural and frontier areas.

Responsive Care

Throughout the CHA, community members identified the need for culturally responsive, linguistically appropriate, and trauma-informed care.[8] Barriers to care are created when services are not provided in the appropriate language or do not consider the culture or past experiences of the person being served. Members from the community suggested that further diversification of the healthcare workforce, trainings, and other methods would help to address these barriers. Provider demographics in Oregon indicated that fewer providers identified as African American/Black, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or Hispanic/Latina(o) compared to their overall percentage of the population.[78]

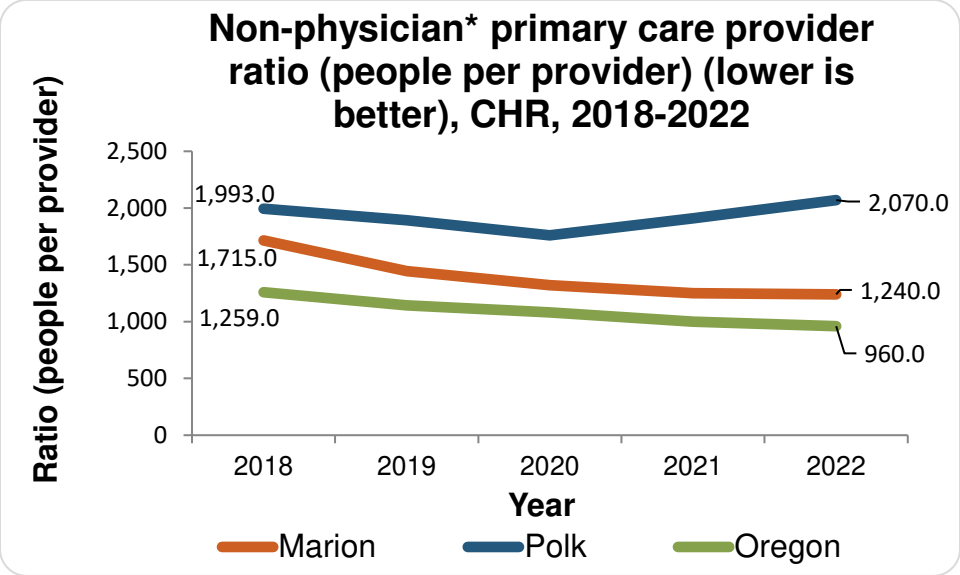
"A problem with the healthcare system in general is nobody is really comfortable and knowledgeable dealing with the Deaf and Hard of Hearing Community so I think it's really important to have…a dedicated worker who could work with our population…That person would be already trained. There wouldn't need to be any additional training."

– Focus Group Participant

"It was difficult to find a therapist and good mental healthcare in this area since everyone is at capacity. Having a lot of anxiety in the morning makes it difficult to get up and look forward to the day."

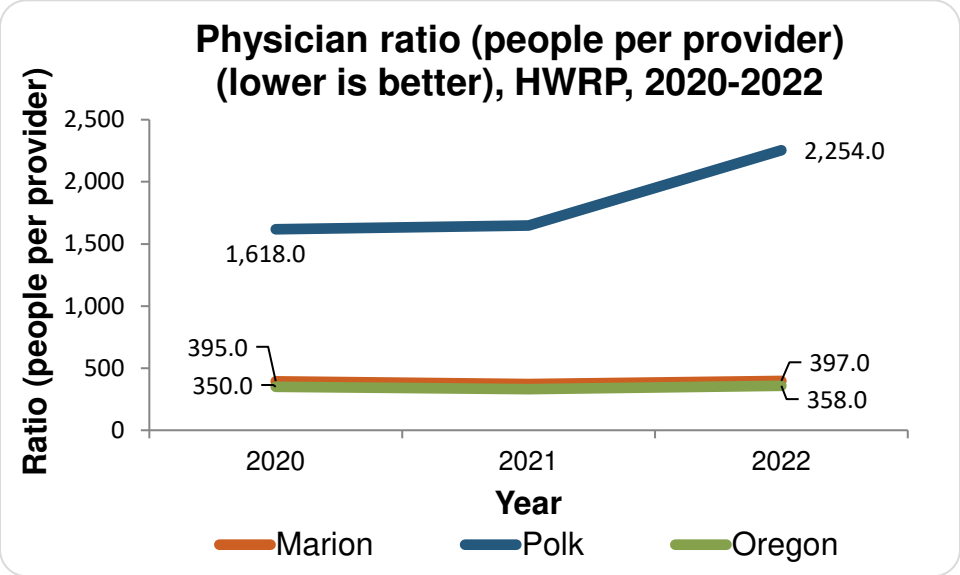
– Age 16, Salem, PhotoVoice Submission

- Non-physician primary care providers had to serve more people in the community than their counterparts in Oregon.[10] The non-physician primary care provider ratio decreased (improved) in Marion and Oregon in recent years, but increased (worsened) in Polk.

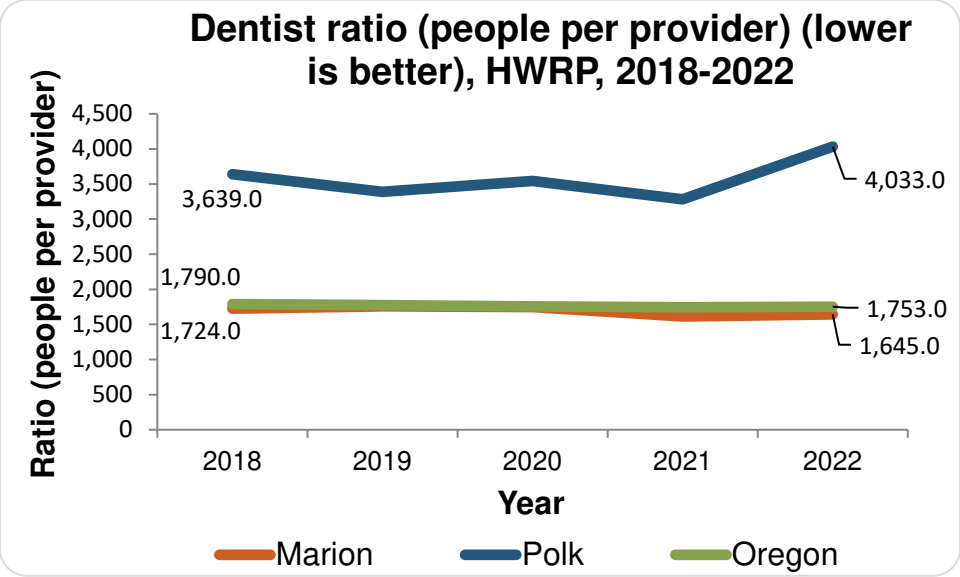


** - Non-physician primary care providers includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists*

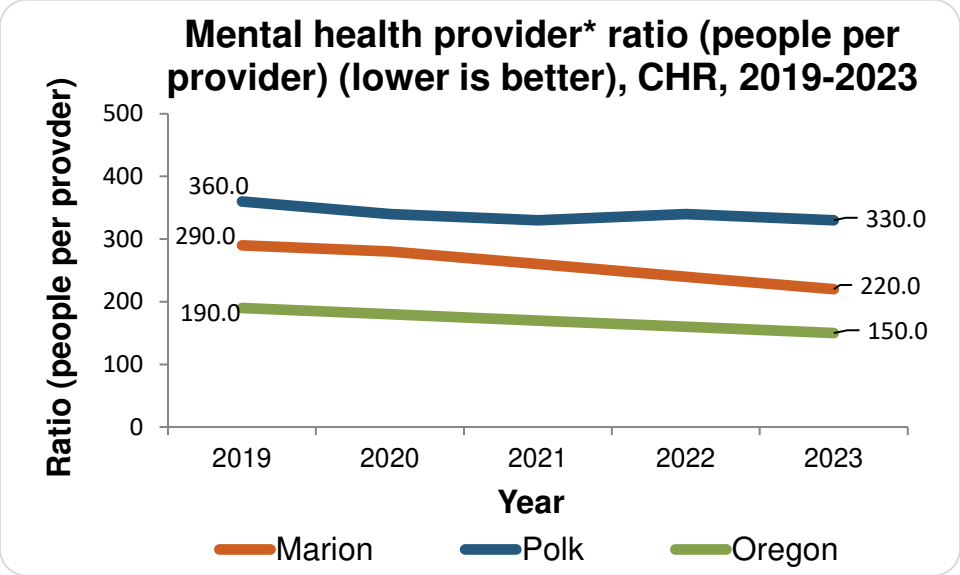
- Physicians had to serve more people in the community than their counterparts in Oregon, and this was especially true in Polk, which had far fewer providers relative to its population size.[78] The number of physicians relative to population size was stable in Marion and Oregon in recent years, but increased (worsened) in Polk dramatically in 2022.



- There were far fewer dentists relative to population size in Polk than Marion and Oregon.[78] The number of dentists relative to population size decreased (improved) in recent years in Marion and Oregon, but increased (worsened) in Polk.



- Mental health providers had to serve more people in the community compared to their counterparts in Oregon.[10] The number of mental health providers relative to population size has been decreasing (improving) in the community and Oregon in recent years.



** - Mental healthcare providers include psychiatrists, psychologists, licensed social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental healthcare.**

- Traditional health workers (THW)* play a critical role in the support of the local healthcare system.[79] In 2024, there were 555 people per THW in Marion, 224 people per THW in Polk, and 773 people per THW in Oregon.

** - Traditional health workers includes community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators*

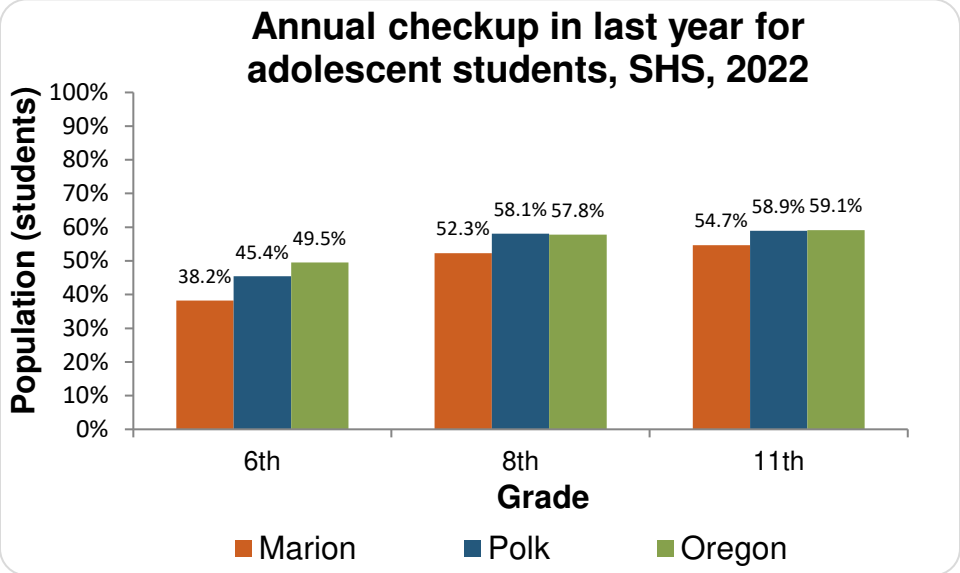
Health Literacy

Health literacy occurs at both the individual (personal) and organizational level. Personal health literacy is the degree to which individuals can find, understand, and use information to inform health-related decisions and actions for themselves and others.[80] While organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Limited health literacy is common, affecting almost 9 out of 10 adults. Low health literacy is costly, both in terms of additional death and disease, but also in direct costs. Improving health literacy could prevent 1 million hospital visits and save the U.S. over $25 billion a year. Clear communication using familiar concepts and terminology, testing information with the intended audience and getting feedback before releasing it to the public, avoiding jargon, and streamlined translation processes for languages other than English, can help to improve health literacy.

Preventive Services

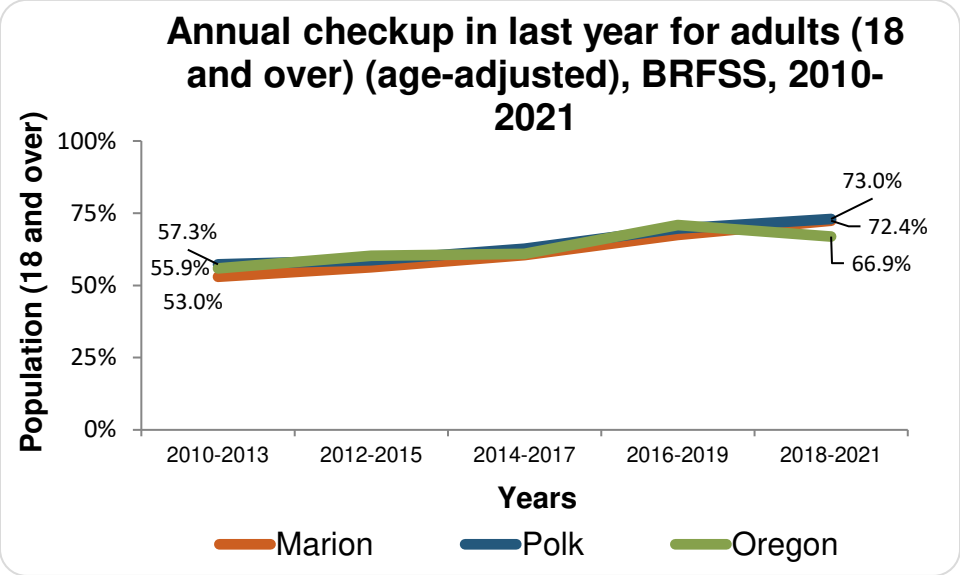
Receiving the recommended health screenings, annual exams, prenatal care, immunizations, and other services help to decrease or prevent disease from occurring. Many of these preventive services have been covered in previous sections of this report.

- The percentage of adolescent students who received an annual checkup increased with grade level.[4] A lower percentage of adolescent students in Marion received an annual checkup than their counterparts in Polk and Oregon. Neither the community nor Oregon has met the Healthy People 2030 goal for this measure (82.6%).[13]



"It's very difficult for me to get an appointment for my child, because we have to wait one to two months…For example, my child will go to kindergarten in a month, but I can't schedule an appointment to get vaccinations." *– Focus Group Participant*

- About 3 out of 4 adult community members received an annual checkup in the last year, which was higher than Oregon.[5] The percentage of adults who received an annual checkup in the last year increased in recent years locally and in Oregon.



- The percentage of adults who received an annual routine checkup in the last year increased with increasing age.[5] A greater percentage of adult females received an annual checkup in the last year than adult males. Adults with any form of health insurance had a greater percentage who received an annual checkup in the last year than adults without insurance, providing further support for the importance of insurance and accessing care.

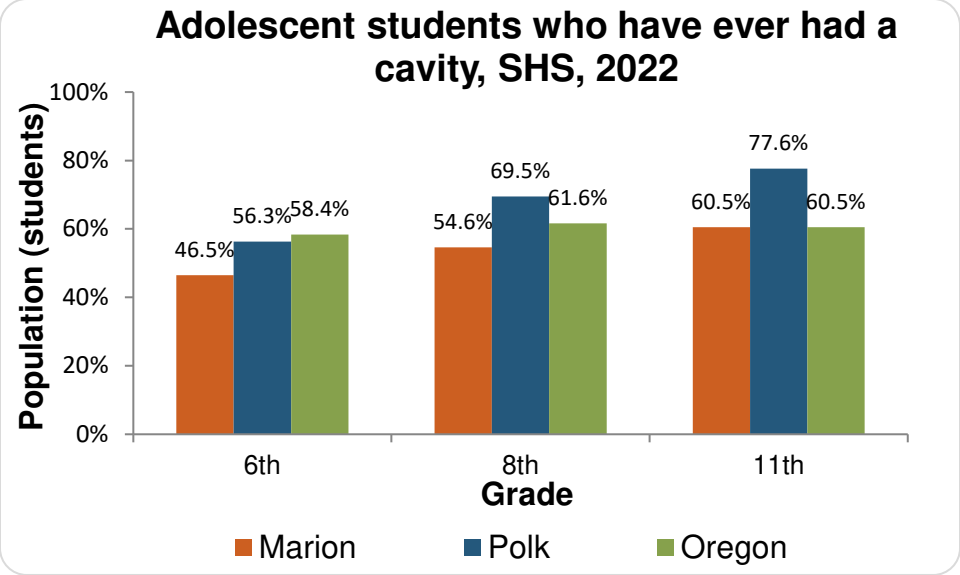
Adult annual routine checkups by demographics (18 and over), BRFSS, 2018-2021			
Population	**Marion**	**Polk**	**Oregon**
Age (%)			
18 – 34	61.8%	67.2%	58.2%
35 – 54	72.7%	70.0%	65.0%
55+	83.6%	83.6%	79.0%
Sex* (%)			
Female	77.7%	77.3%	71.9%
Male	66.7%	67.9%	62.0%
Health Insurance* (%)			
Any insurance	76.0%	76.1%	68.9%
No insurance	45.0%	45.8%	38.4%

** - Age-adjusted*

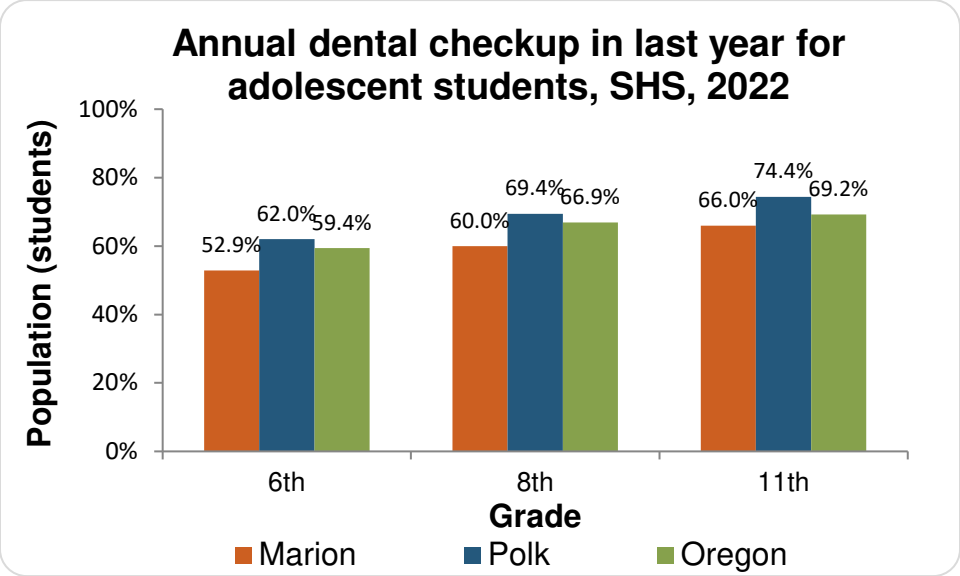
Oral Healthcare

Oral health is an important component of overall health. It affects the ability to eat, speak, and show emotions. School performance and attendance along with self-esteem are influenced by oral health. Cavities, oral cancer, and gum disease are a significant source of pain and disability in America. Oral health has been associated with chronic diseases such as diabetes and heart disease.[81] Those who use tobacco and eat or drink foods high in sugar are at greater risk of developing oral diseases. In the U.S. about half of children between the ages of 12 to 19 have had cavities in their permanent teeth, and nearly all of adults have had cavities. Every year, about $46 billion dollars of U.S. productivity are loss due to untreated oral diseases. As with other providers, Oregon is experiencing a shortage of dental providers.[78]

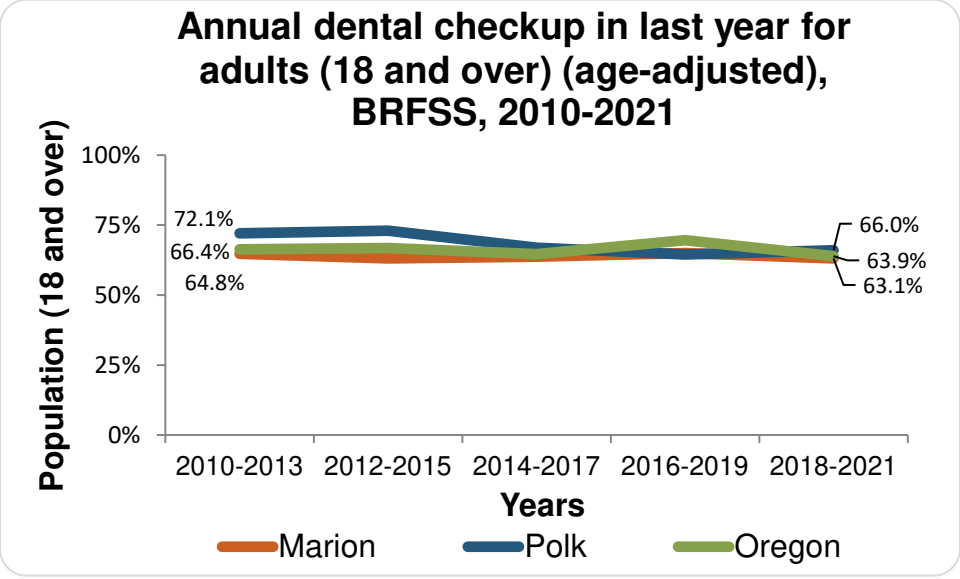
- The percentage of adolescent students who have ever had a cavity increased with increasing grade level.[4] A greater percentage of 8th and 11th grade students in Polk have ever had a cavity than their counterparts in Marion and Oregon.



- The percentage of adolescent students who had an annual dental checkup increased with increasing grade level.[4] A greater percentage of adolescent students in Polk had an annual dental checkup than their counterparts in Marion and Oregon. Both the community and Oregon have met the Healthy People 2030 goal for this measure (45.0%).[13]



- About 2 out of 3 adults in the community received an annual dental checkup.[5] A greater percentage of adults in Polk received an annual dental checkup than adults in Marion or Oregon. The percentage of adults who received an annual dental checkup decreased in the community and Oregon in recent years. Both the community and Oregon have met the Healthy People 2030 goal for this measure (45.0%).[13]



- The percentage of adults who had an annual checkup increased with increasing age.[5] A greater percentage of females, people living above the Federal Poverty Level (FPL), people living with no disabilities, and people with any health insurance had an annual dental checkup than their peers.

Adult annual dental checkups by demographics (18 and over), BRFSS, 2018-2021

Population	Marion	Polk	Oregon
Age (%)			
18 – 34	61.8%	57.6%	61.6%
35 – 54	61.3%	67.9%	63.7%
55+	67.1%	72.5%	66.7%
Sex* (%)			
Female	66.2%	68.7%	67.4%
Male	59.6%	62.7%	60.2%
Poverty* (%)			
At or below FPL	43.1%	31.8%	41.6%
Above FPL	66.9%	69.7%	66.6%
Disability* (%)			
Any disability^	52.7%	53.6%	55.4%
No disability	67.5%	71.4%	67.0%
Insurance* (%)			
Any insurance	66.3%	69.6%	66.1%
No insurance	44.4%	33.3%	31.7%

* - adjusted for age
FPL = Federal Poverty Level (100%)
^ - One or more of these conditions is present: deafness, blindness, cognitive function problems, mobility problems, difficulties taking care of personal care or errands without assistance.

"You have to wait eight months for your first visit to the dentist."

– Focus Group Participant

Barriers to Healthcare

Some people encounter more barriers when trying to access healthcare than others. Many of these barriers have been highlighted above, such as health insurance status, lack of providers, or differences by demographics. However, additional barriers exist, and were found throughout the assessment process, which have been highlighted below.

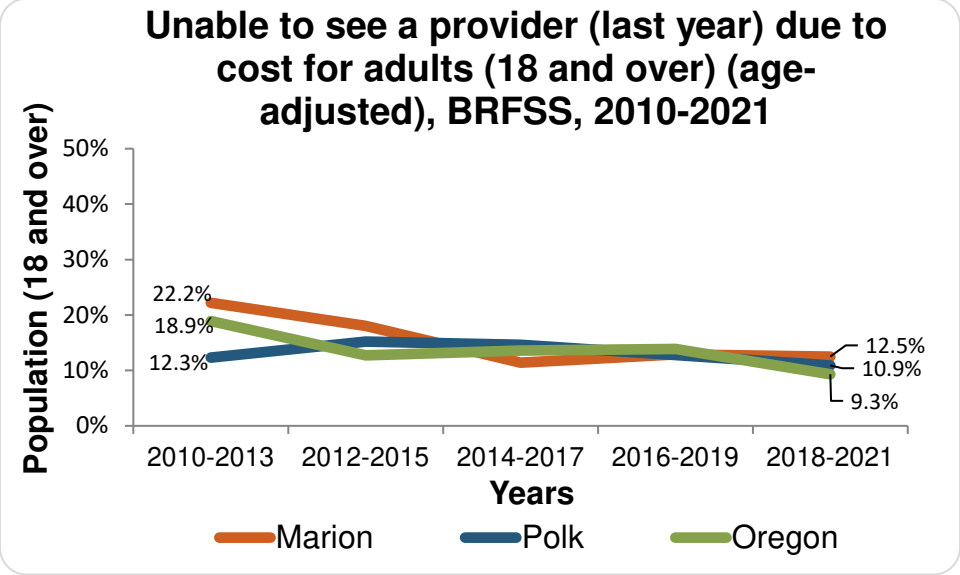
"We should partner with healthcare and the community so that way they don't just look at us like, 'Oh they missed their appointments,' but to communicate what the barriers are."

– Focus Group Participant

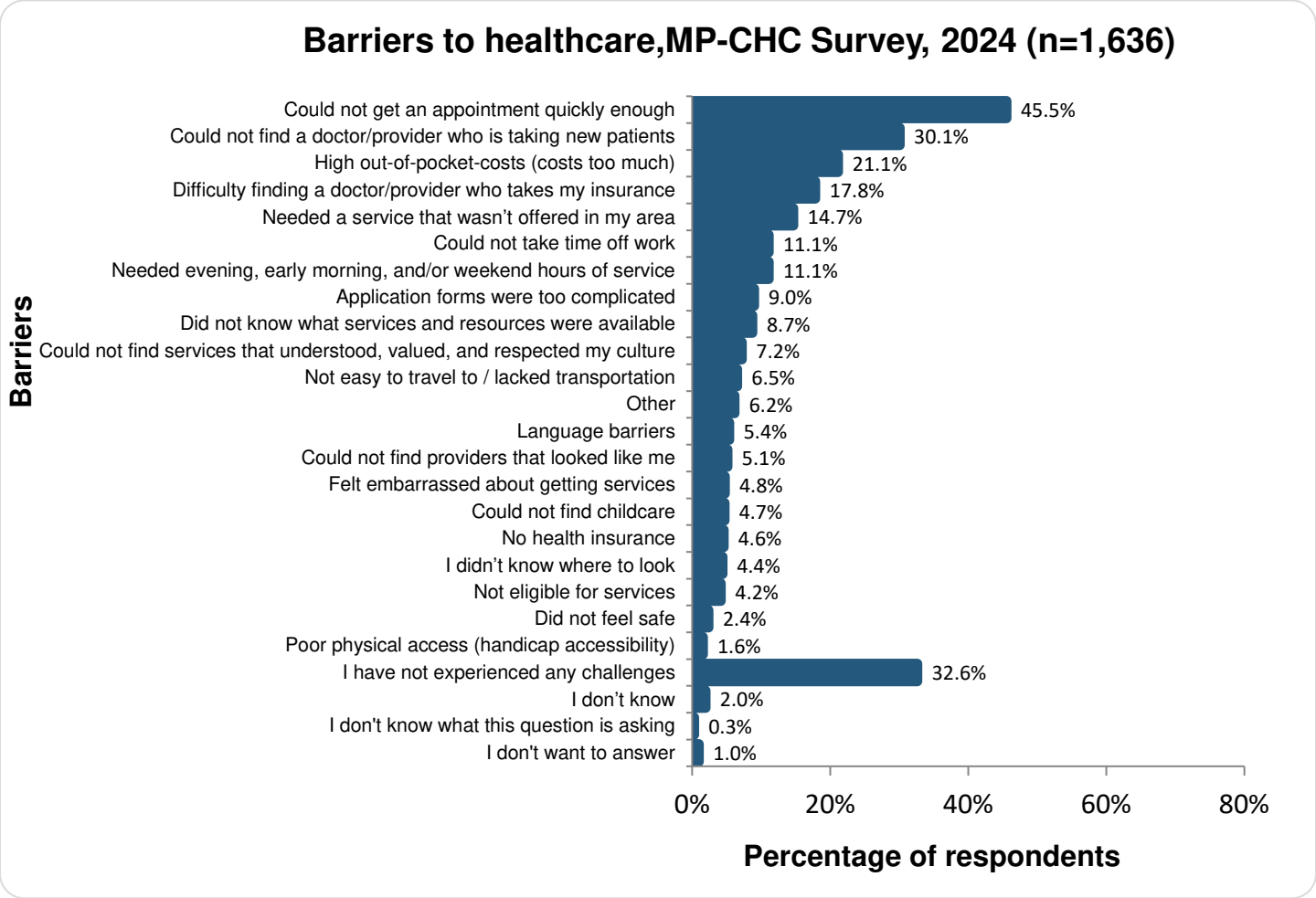
"Sometimes they provide an interpreter…there are also people who cannot read, cannot write, and the staff does not ask them, they simply say, 'here is the paper,' and then people just stare at it as if to say, 'well, what do I do?' Right? So, yes, it is a barrier. We need more staff to provide support and help, including bilingual social workers."

– Focus Group Participant

- About 1 in 9 adult community members were unable to see a provider during the last year due to cost.[5] A greater percentage of adults in the community were unable to see a provider due to cost than their counterparts in Oregon. The percentage of adults who were unable to see a provider due to cost has decreased in the community and Oregon in recent years.



- A recent MP-CHC community survey found that about 2 out of 3 people have experienced some type of barrier when trying to access healthcare.[8] The top three barriers to healthcare locally were: inability to get an appointment quickly enough, inability to find a doctor/provider taking new patients, and high out-of-pocket-costs. Additional barriers were prominent as well and varied greatly, demonstrating the differences in experiences from person to person.

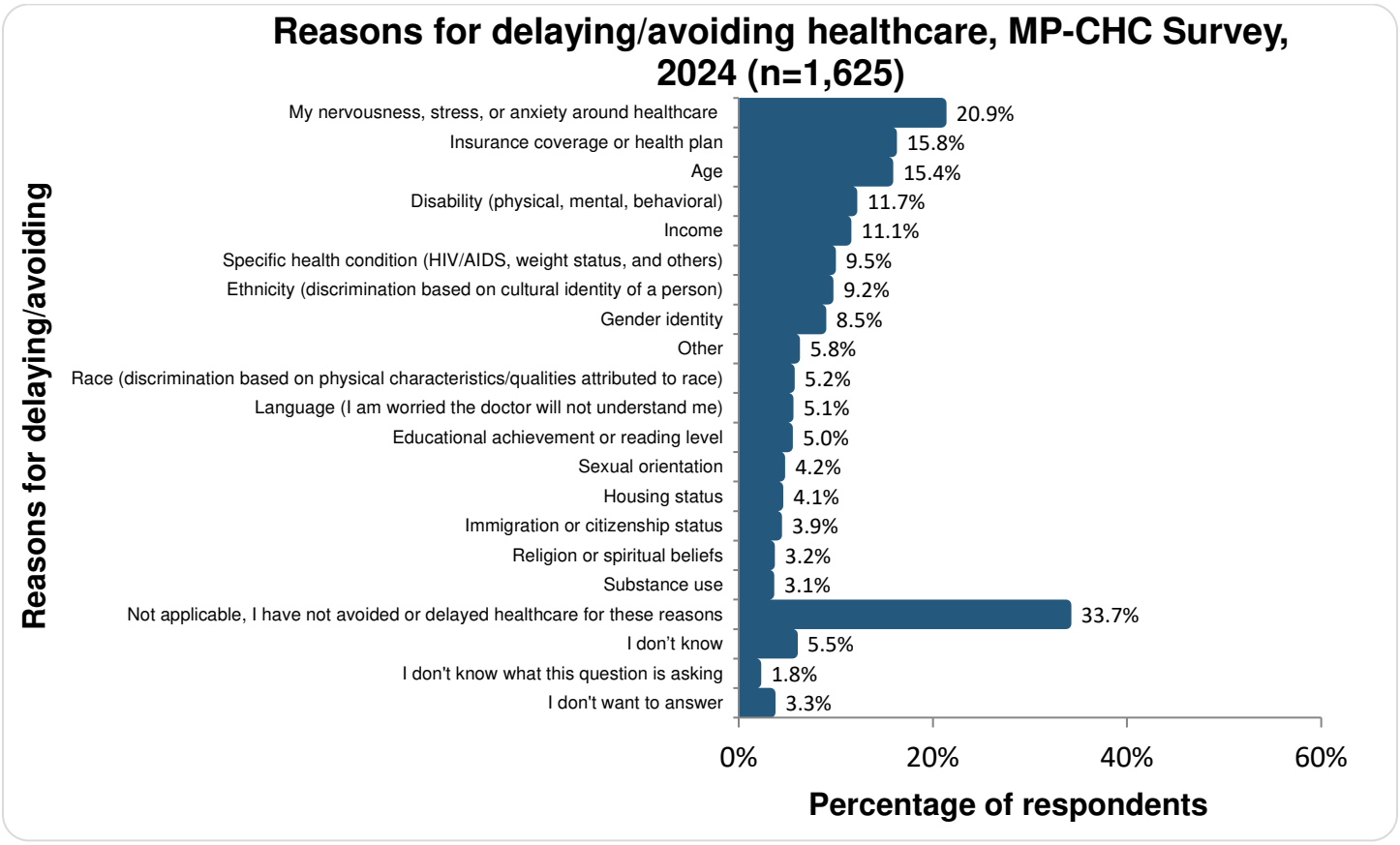


Note: multiple responses possible

"For patients with OHP (Oregon Health Plan) insurance – the lines are unbelievable, people need to wait up to 9 months for their first appointment and a lot of services are not covered. All services not covered by insurance are very expensive for the community and they can't cover it on their own."

– Survey Respondent

- About 2 out of 3 local survey respondents indicated that they had delayed or avoided healthcare.[8] The top three reasons were: nervousness/stress/anxiety around healthcare (procedures, providers, and others), insurance coverage/plan status, and their age. Additional reasons were common and varied, falling around the Social Determinants of Health (SDOH), demographic, and health status factors, representing key opportunities for improvement.



Note: multiple responses possible

"A clear barrier to my health, the flat tire of my car. Unknown to the viewer, the tire on the other side is also currently replaced by a spare. It is not drivable. The ability to get a job is difficult enough, but as someone freshly out of high school with no work experience, it gets even harder when I need to spend anywhere from $160-$300 on new tires and possibly more for a professional to change them, since I don't know how. Even getting to regular doctor's appointments, to the pharmacy, or therapy? It all becomes extremely difficult."

– Age 18, North Salem, PhotoVoice Submission

Emerging Healthcare Access Issues

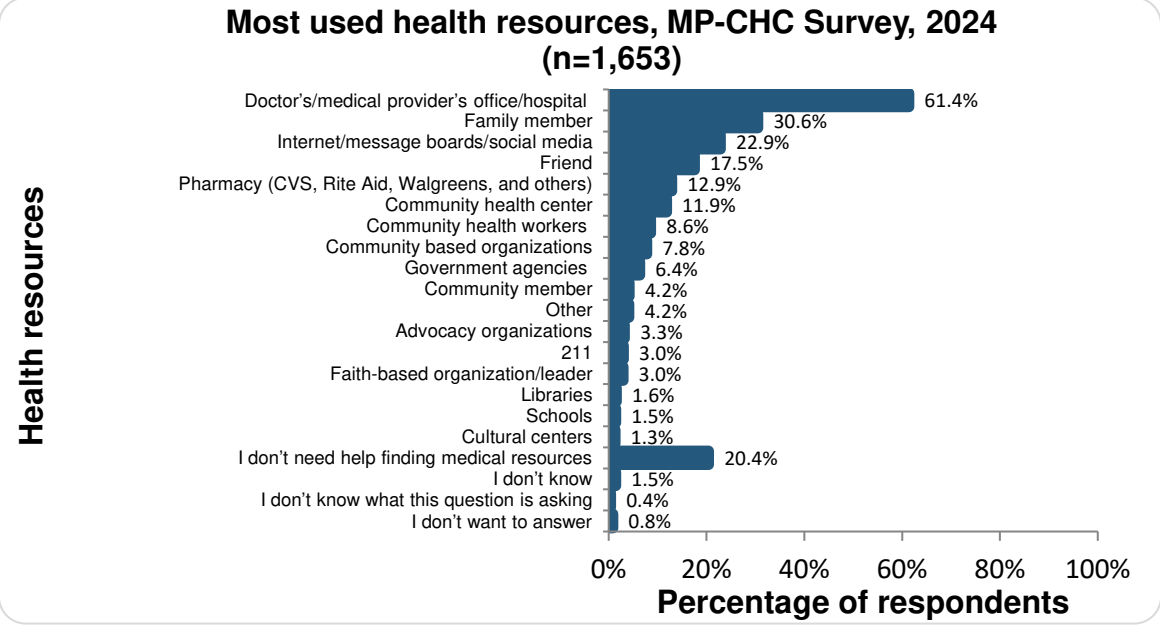
To better understand what healthcare issues might be on the horizon that will impact access in the community, a Forces of Change (FoC) assessment was conducted as part of the Community Context Assessment (CCA).[8] To achieve this, discussions were held with local providers (primary and behavioral health), local leaders, Medicaid consumers and organizations that serve them, organizations focused on children/youth/families, and traditional health workers. These results were analyzed and summarized, with key themes shown below. For the full report please visit: https://www.marionpolkcommunityhealth.org/pages/chachip

Key emerging healthcare access issues:

- Cost of living, inflation, and income inequality
- Cost and availability of housing
- Workforce shortages
- Increasing behavioral health needs and acuity
- Healthcare economics
- Privatization, outsourcing, and corporatization of healthcare institutions/clinics
- Expansion of health insurance access outpace recruitment and provider retention
- Climate volatility
- Lingering effects of the COVID-19 pandemic
- Safety
- Increasing community diversity and division

Health Resources

- The most used health resources were doctor's/provider's office/hospital, family members, and internet/message boards/social media.[8]



Environmental Health

Environmental Health

According to the World Health Organization, the environment is all physical, chemical, and biological factors external to a person. Clean air, safe water and food, and limitations of environmental hazards can reduce injury, disability, and death. Additionally, human made structures such as supermarkets, parks, homes, sidewalks, bike lanes, and roads, are also part of the environment and play a critical role in supporting the health and quality of life of community members. Many of these topics have been covered previously in the "Social Determinants of Health" section. For additional environmental health information, please see the following linked report: Marion-Polk County Regional Environmental Scan Assessment for Environmental Health Resiliency

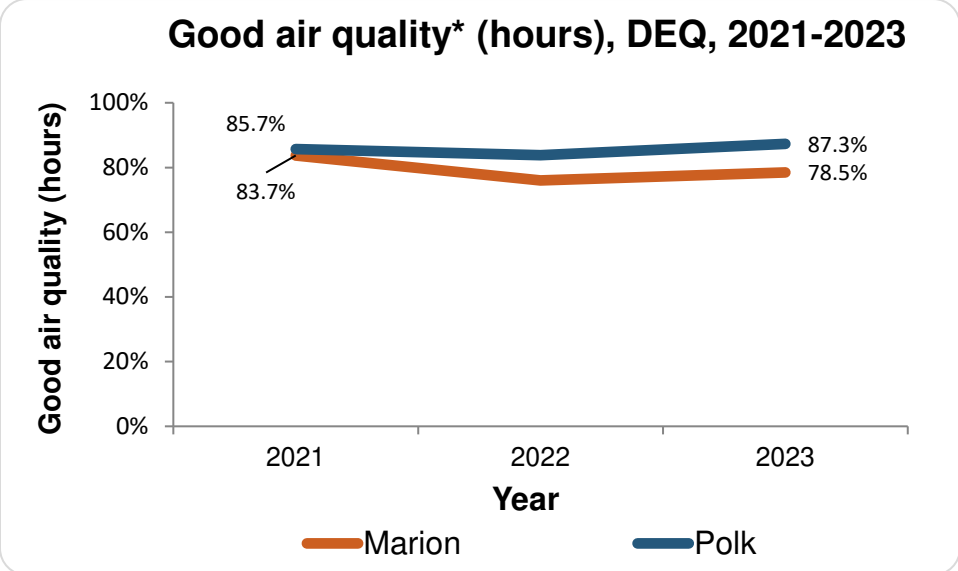
Key Findings in Marion & Polk Counties:

- Local air quality was "good" according to Air Quality Index standards most of the time in the community.
- Drinking water violations for public water systems were relatively rare in the community, with the most common violations being for E. coli, arsenic, and copper.
- Average monthly temperatures increased over the last several decades.
- Deaths from heat and cold exposure were relatively rare when compared to other causes of death, however they increased in recent years. When they do occur, deaths from heat exposure were more common than from cold exposure. The rate of visits to emergency departments and urgent care for heat and cold-related illness was higher for Marion residents than Polk and Oregon. Both the rate of visits for heat and cold-related illness increased in recent years. The rate of visits for cold-related illnesses was higher than for heat-related illnesses.
- The 2020 Beachie Creek and Lionshead wildfires burned 29.4% of Marion County, destroyed 700 homes, and 5 people died.
- About 9 out of 10 households in the community have broadband (high-speed) internet, which was similar to Oregon.

Air Quality

Poor air quality is associated with cancer, premature death, and long-term damage to respiratory and cardiovascular systems.[82] Decreasing air pollution is critical to creating a healthy environment. Air pollution can be measured by the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Any particle of air pollutant smaller than 2.5 micrometers is capable of infiltrating airways and restricting breathing. Sources of these particles include forest fires, gases from power plants, industry, and automobiles.

- Good air quality was common in the community, with 78.5% of hours in Marion and 87.3% of hours in Polk falling within this range in 2023.[83] The percentage of hours with good air quality decreased in Marion but increased in Polk in recent years.



** - Percentage of hours where the PM 2.5 was 0.0 - 9.0 ug/m^3*
Note: Oregon data not available

"We need infrastructure spending on air quality, and for wildfires, and for rising temperatures."

– Survey Respondent

Water Quality

Safe high-quality drinking water is essential for human health. Water systems that serve larger populations in Oregon typically meet water quality standards, however smaller systems and private wells are more susceptible to contamination.[84] In Oregon, about 1 out of every 4 people use private wells for their drinking water, which are not required to undergo regular water quality testing or treatment. The results of human activity as well as naturally occurring processes can introduce contaminates that affect drinking water quality. Contaminates can include coliform bacteria, lead, arsenic, copper, nitrates, and organic chemicals. Exposure to high levels of arsenic over time can increase the risk of developing diabetes, high blood pressure, and cancer. About 10% of all domestic

wells tested in Oregon were above the safe drinking water standard for arsenic. Other contaminates, such as harmful algae blooms, have been gaining more attention locally due to a cyanobacteria bloom in Detroit Lake in 2018, which affected several local water systems including the city of Salem.[85]

- Drinking water violations were relatively rare in Marion, with violations in excess of regulatory standards being most common for E. coli, arsenic, and copper.[86]

Number of violations per year for contaminants exceeding federal water quality standards for all public water systems in Marion County, OHA, 2019-2023

Year	Arsenic (10 ppb)	Nitrate (10 mg/L)	HAA5 (60 ppb)	TTHMs (80 ppb)	E. coli (>0.0 ppb)	Lead (0.015 mg/L)	Copper (1.3 mg/L)
2019	1	0	0	0	1	0	1
2020	0	1	0	0	2	0	0
2021	2	0	0	0	2	0	0
2022	1	0	0	0	2	0	1
2023	2	0	0	0	3	2	2

(regulatory standard), ppb = parts per billion, mg/L = milligrams per liter, HAA5 = Haloacetic acids, TTHMs = Trihalomethanes

- Drinking water violations were very rare in Polk County, when measurements were known, with only one E. coli violation occurring in recent years.[86]

Number of violations per year for contaminants exceeding federal water quality standards for all public water systems in Polk County, OHA, 2019-2023

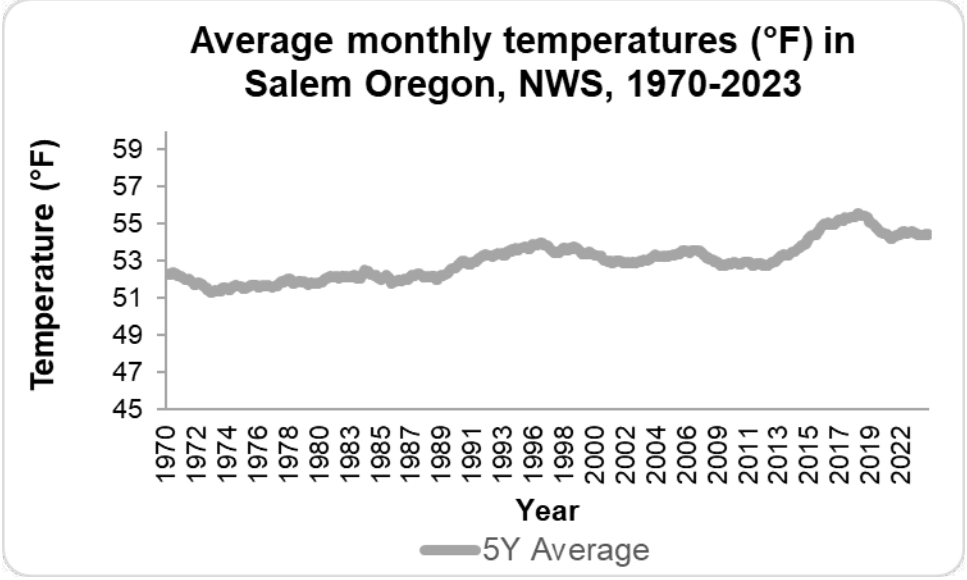
Year	Arsenic (10 ppb)	Nitrate (10 mg/L)	HAA5 (60 ppb)	TTHMs (80 ppb)	E. coli (>0.0 ppb)	Lead (0.015 mg/L)	Copper (1.3 mg/L)
2019	0	0	0	0	0	Unknown	Unknown
2020	0	0	0	0	0	Unknown	Unknown
2021	0	0	0	0	0	Unknown	Unknown
2022	0	0	0	0	0	Unknown	Unknown
2023	0	0	0	0	1	Unknown	Unknown

(regulatory standard), ppb = parts per billion, mg/L = milligrams per liter, HAA5 = Haloacetic acids, TTHMs = Trihalomethanes

Temperature Extremes

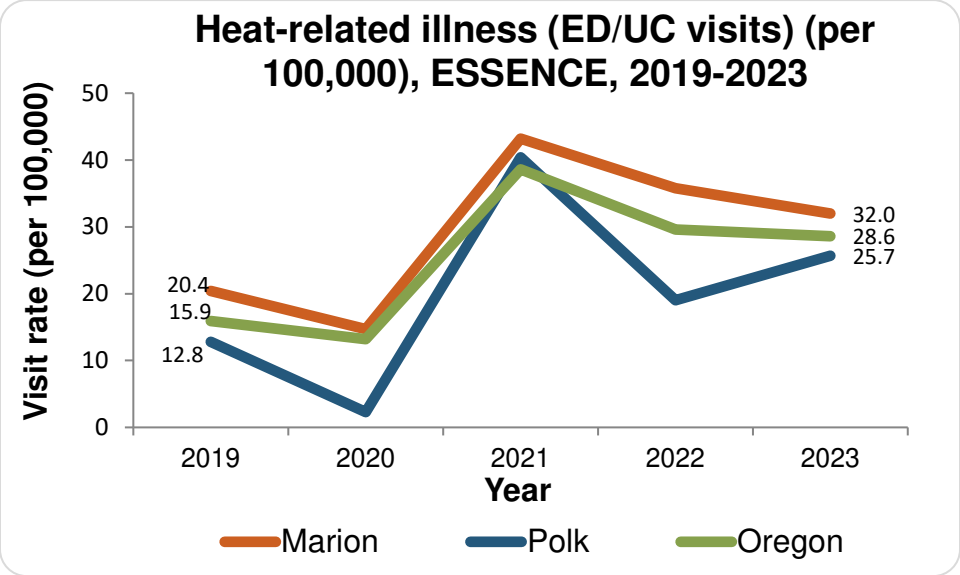
When temperatures get dangerously high or low, they can be a significant threat to the health of the community. During extended periods of extreme heat, also known as “heat waves”, deaths and hospital admissions from heat stroke and related conditions increase, but deaths and admissions for chronic diseases increase as well.[87] Similar effects are observed during periods of extreme cold. Vulnerable populations, such as older adults, people experiencing homelessness, and those living with an underlying chronic disease, are more susceptible to temperature extremes. Projections indicate that these events will become more frequent and intense in the coming decades.

- The average monthly temperature in Salem increased between 1970 and 2023.[88] Increasing temperatures have implications for the community, especially vulnerable populations and older adults.

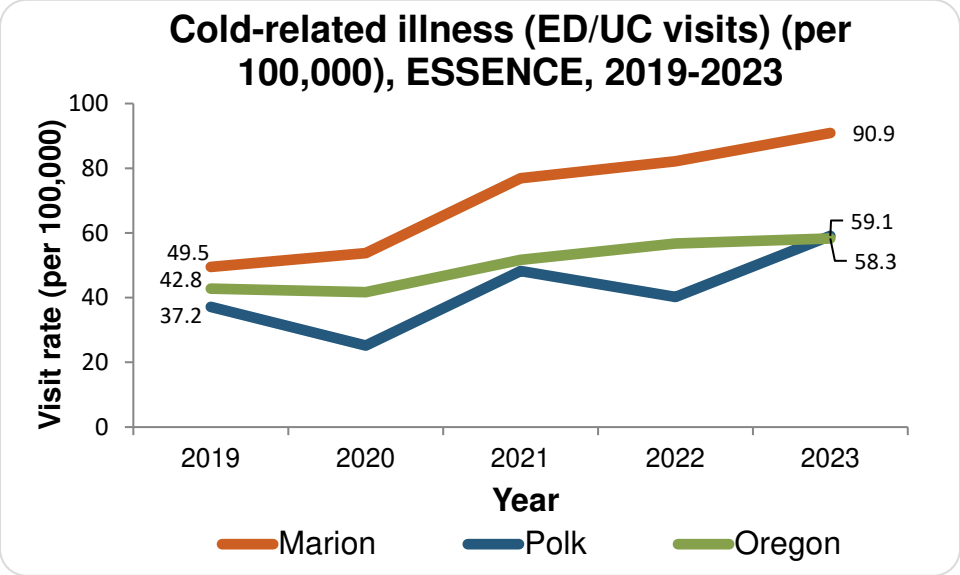


- Marion ranked 4th out of the 36 counties in Oregon for heat vulnerability, while Polk tied for 24th.[89]
- Between 2018 and 2022, 11 people died in Marion, 1 person died in Polk, and 147 people died in Oregon from heat exposure.[90] The vast majority of these deaths occurred during the June 2021 “heat dome” experienced in the Pacific Northwest.

- In 2023, there were 111 visits to emergency departments (ED) and urgent care (UC) for Marion residents due to heat-related illness, 23 in Polk, and 1,306 in Oregon.[60] The rate of visits was higher for Marion residents than Polk and Oregon residents, which increased in recent years.



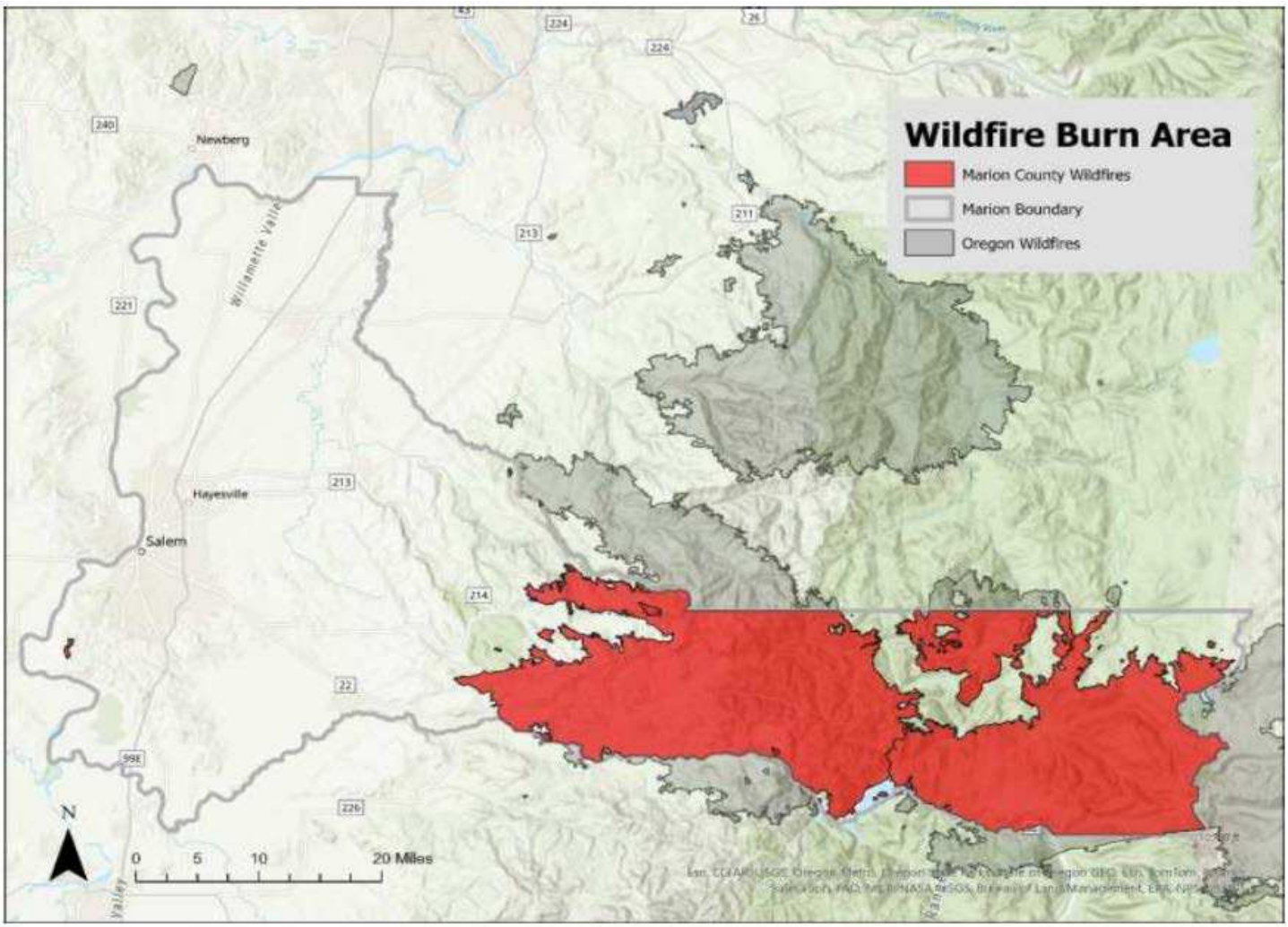
- Between 2018 and 2022, 8 people died in Marion, 0 people died in Polk, and 114 people died in Oregon from cold exposure.[90] There were fewer deaths from cold exposure than heat exposure by comparison (see above).
- In 2023, there were 315 visits to emergency departments (ED) and urgent care (UC) for Marion residents due to cold-related illness, 53 in Polk, and 2,485 in Oregon.[60] The rate of visits was higher for Marion residents than Polk and Oregon residents, which has been increasing in recent years. Additionally, the rate of visits for cold-related illnesses was higher than for heat-related illnesses (see above).



Emergencies

Public health emergencies and hazards represent a substantial threat to the health and well-being of the community. Emergencies can happen at any time, and being prepared can help to save lives and limit damage by ensuring that individuals, communities, and organizations, are trained and ready to respond. Having a response plan, emergency supplies (including food and water), reduction of hazards in and around the home, reliable transportation, monitoring weather forecasts, and receiving alerts and other notifications, can help to reduce loss of life during these events.

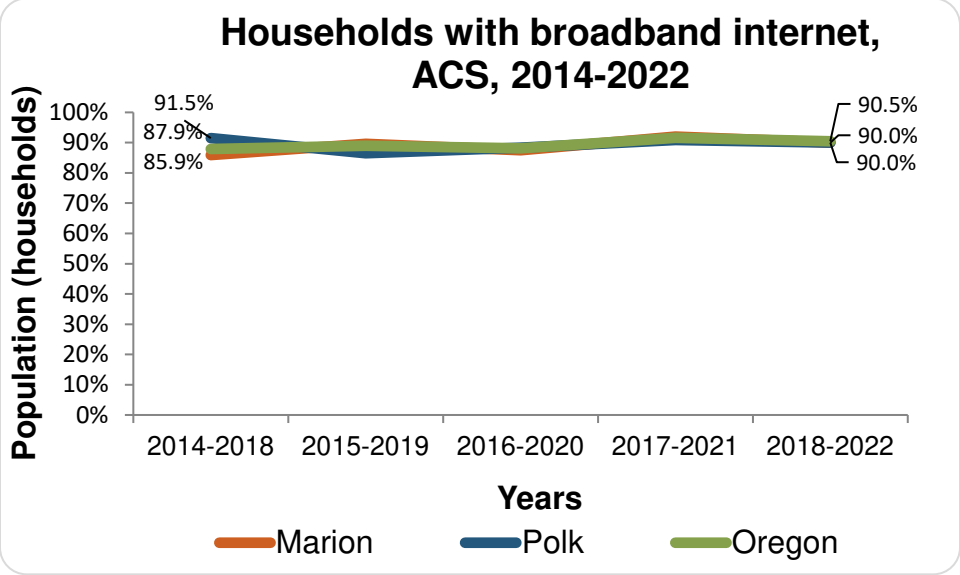
- A recent local emergency was the 2020 Beachie Creek and Lionshead wildfires, which burned 29.4% of Marion County, destroyed 700 homes, and 5 people died.[91,92] Below is a map showing the burn area.[92]



Internet Access

Today, information is mostly received and shared through the internet, making access to high speed (broadband) an essential service for staying connected. As telehealth becomes more common, access to broadband has become even more important, however not everyone has this service, as rural and underserved groups are the least likely to have high-speed internet. Expansion of broadband access has the potential to address health disparities and prepare the community for an ever-changing technological landscape.

- About 9 out of 10 households in the community and Oregon have broadband internet.[3] The percentage of households with broadband internet increased in Marion and Oregon in recent years, while decreasing slightly in Polk. Both the community and Oregon have met the Healthy People 2030 goal for this measure (60.8%).[13]



Acknowledgements, Appendix, Glossary, and References

Acknowledgments

The Marion-Polk Community Health Collaborative wishes to thank the following community partners for participating in the 2025 Marion-Polk Community Health Assessment. We could not do this work without your support.

- Bridges Oregon
- Bridgeway Recovery Services
- Capitol Dental Care
- Cascade School District
- Catholic Community Services
- Centro de Servicios para Campesinos
- Cherriots, Salem Area Mass Transit District
- City of Salem Police Department
- Dallas School District
- Falls City School District
- Falls City Thrives
- Farmworker Housing Development Corp.
- Fortaleza Atravez Barreras
- Gervais School District
- Habitat for Humanity of the Willamette Valley
- Indigenous Now
- Interface Network
- Irene Konev Consulting
- Legacy Silverton Medical Center
- Marianne Bradshaw Consulting
- Marion County Health & Human Services
- Marion County Housing Authority
- Marion-Polk Early Learning Hub
- Marion-Polk Food Share
- Marshallese American Network for Interacting Together
- Micronesian Islander Community
- Mid-Willamette Valley Homeless Alliance
- North Marion CPS
- Northwest Human Services
- Northwest Senior and Disability Services
- Oregon Marshallese Community Association
- PacificSource Marion-Polk CCO
- Polk County Family & Community Outreach
- Polk County Health Services
- Punx with Purpose
- Recovery Outreach Community Center
- Russian Old Believers Community
- Salem Capital Pride
- Salem Comprehensive Treatment Center
- Salem for Refugees
- Salem Health Hospitals & Clinics
- Salem Leadership Foundation
- Salem Psychiatric Associates & Valley Mental Health
- Salem-Keizer Public Schools
- Santiam Hospital & Clinics
- Santiam Canyon Service Integration Team
- Shangri-La
- Silverton Area Community Aid
- Soaring Heights Recovery Homes
- Willamette Health Council
- Willamette University
- Willamette Workforce Partnership
- WVP Health Authority
- Yakima Valley Farmworkers Clinic
- YMCA of Marion & Polk Counties
- And others!

Appendix A: Community Context Assessment

Marion-Polk Community Health Survey (2024) Respondent Demographics

Respondent language(s) used at home vs. actual population estimates (5 years and over) (n=1,599), ACS, 2018-2022			
Language	**Count**	**Percent**	**Actual % (Marion & Polk)**
American Sign-Language	22	1.4%	NA
Arabic	*	*.*	0.1%
Chinese (Cantonese & Mandarin)	9	0.6%	0.4%
English	1,383	86.5%	NA
Only English	1,147	71.7%	77.3%
French, Haitian, or Cajun	*	*.*	0.2%
German	*	*.*	0.3%
Korean	*	*.*	0.2%
Other Asian and Pacific Islander^	92	5.8%	1.2%
Marshallese	35	2.2%	NA
Chuukese	41	2.6%	NA
Other Indo-European^	9	0.6%	0.4%
Ukrainian	7	0.4%	NA
Other*	12	0.8%	0.4%
Dari	*	*.*	NA
Swahili	*	*.*	NA
Russian	24	1.5%	0.9%
Spanish	275	17.2%	18.2%
Tagalog	0	0.0%	0.3%
Vietnamese	*	*.*	0.2%
I don't know what the question is asking	1	0.1%	NA
I don't want to answer	13	0.8%	NA

NA = not available, ** - suppressed due to low counts (1-5) ^ - includes subcategories Note: multiple responses possible

Respondent age vs. actual population estimates (n=1,594), ACS, 2022			
Age Group	**Count**	**Percent**	**Actual % (Marion, Polk)**
Under 18	41	2.6%	23.4%, 21.4%
18 to 24	135	8.5%	9.2%, 11.1%
25 to 34	280	17.6%	13.9%, 13.8%
35 to 44	336	21.1%	13.5%, 12.1%
45 to 54	322	20.2%	11.7%, 11.6%
55 to 64	211	13.2%	11.4%, 10.7%
65 to 74	169	10.6%	10.1%, 11.2%
75 to 84	78	4.9%	5.1%, 6.5%
85 years and over	10	0.6%	1.8%, 1.7%
I don't know	1	0.1%	NA
I don't know what this question is asking	1	0.1%	NA
I don't want to answer	10	0.6%	NA

NA = not available

Respondent race and/or ethnicity vs. actual population estimates (n=1,374), ACS, 2018-2022			
Race and ethnicity	**Count**	**Percent**	**Actual % (Marion, Polk)**
American Indian or Alaska Native	58	4.2%	(1.2%, 1.8%)
Asian	25	1.8%	(2.1%, 1.8%)
Black or African American	17	1.2%	(1.2%, 0.7%)
Hispanic or Latino/a/e/x	217	15.8%	(27.8%, 15.1%)
Middle Eastern or North African	*	*.*	NA
Native Hawaiian or Pacific Islander	75	5.5%	(1.1%, 0.4%)
White	786	57.2%	(71.6%, 81.1%)
Biracial or Multiracial	32	2.3%	(12.9%, 9.2%)
Unknown	2	0.1%	NA
I don't know	44	3.2%	NA
I don't know what this question is asking	14	1.0%	NA
I don't want to answer	100	7.3%	NA

NA = not available ** - suppressed due to low counts (1-5)

Respondent gender (n=1,565) (no population estimates available)		
Gender	**Count**	**Percent**
Agender or no gender	17	1.1%
Feminine leaning (femme)	82	5.2%
Man or boy	389	24.9%
Masculine leaning (masc)	26	1.7%
Non-binary	39	2.5%
Questioning	7	0.4%
Transgender	25	1.6%
Woman or girl	1,002	64.0%
Something else	10	0.6%
Unknown	5	0.3%
I don't know	8	0.5%
I don't know what this question is asking	10	0.6%
I don't want to answer	49	3.1%

NA = not available Note: multiple responses possible

Respondent sexual orientation vs. population estimates (n=1,571), BRFSS, 2014-2017			
Sexual orientation	**Count**	**Percent**	**Actual % (Marion, Polk)**
Asexual	64	4.1%	NA
Bisexual	96	6.1%	(2.0%, 1.8%)
Gay	27	1.7%	(1.6%, NA)*
Lesbian	37	2.4%	(1.6%, NA)*
Pansexual	44	2.8%	NA
Same-gender loving	11	0.7%	NA
Straight (attracted primarily to or only to other gender(s))	1,130	71.9%	(94.4%, 96.0%)
Queer	44	2.8%	NA
Questioning	10	0.6%	NA
Something else	13	0.8%	NA
Unknown	12	0.8%	NA
I don't know	31	2.0%	NA
I don't know what this question is asking	27	1.7%	NA
I don't want to answer	132	8.4%	NA

NA = not available * - estimates for both lesbian and gay combined Note: multiple responses possible

Respondents living with disabilities vs. actual population estimates (n=1,598), ACS, 2018-2022			
Disability status	**Count**	**Percent**	**Actual % (Marion, Polk)**
Any disability (n=1,598)	526	32.9%	(15.5%, 15.9%)
Deaf or serious difficulty hearing (n=1,589)	129	8.1%	(4.2%, 4.8%)
Blind or serious difficulty seeing (n=1,588)	115	7.2%	(2.7%, 2.4%)
Difficulties concentrating, remembering, or making decisions (n=1,592)	289	18.2%	(7.3%, 7.4%)
Difficulties walking or climbing (n=1,594)	175	11.0%	(7.6%, 7.1%)
Difficulties dressing or bathing (n=1,596)	58	3.6%	(3.1%, 2.8%)
Difficulties doing errands alone (n=1,598)	168	10.5%	(7.4%, 6.7%)

Respondent household income vs. actual population estimates (n=1,599), ACS, 2022			
Household Income	**Count**	**Percent**	**Actual % (Marion, Polk)**
Less than $15,000	170	10.6%	7.4%, 9.8%
$15,000 to $24,999	92	5.8%	7.7%, 5.7%
$25,000 to $49,999	248	15.5%	18.5%, 15.5%
$50,000 to $74,999	204	12.8%	18.8%, 17.0%
$75,000 to $99,999	204	12.8%	13.5%, 16.8%
$100,000+	497	31.1%	34.1%, 35.3%
I don’t know	61	3.8%	NA
I don't know what this question is asking	9	0.6%	NA
I don’t want to answer	114	7.1%	NA

NA = not available

Respondent housing status (n=1,595) (no population estimates available)		
Housing status	**Count**	**Percent**
Own or share own home or apartment	911	57.1%
Rent or share rented home or apartment	434	27.2%
Live in public housing	27	1.7%
Live with parent or family member who owns or rents	118	7.4%
Homeless and sharing housing	20	1.3%
Homeless and living in emergency shelter or transitional housing	19	1.2%
Homeless and not living in emergency shelter or transitional housing	16	1.0%
Something else	11	0.7%
I don't know	9	0.6%
I don't know what this question is asking	2	0.1%
I don't want to answer	28	1.8%

Respondent county of residence vs. actual population estimates (n=1,561), ACS, 2018-2022				
Geography	**Count**	**% of Sample**	**Actual Pop. Estimate**	**Response Rate/100,000**
Marion	1,128	72.3%	347,778	324.3
Polk	284	18.2%	85,719	331.3
Other	149	9.5%	NA	NA

NA = not available

Respondent geographic designation (urban or rural) vs. actual population estimates (n=1,561), ACS, 2018-2022, ORH, 2024				
Geography	**Count**	**% of Sample**	**Actual Pop. Estimate**	**Response Rate/100,000**
Urban	877	56.2%	302,706	289.7
Rural	535	34.3%	130,791	409.0
Unknown	149	9.5%	NA	NA

NA = not available

Note: urban or rural designation based on ZIP code distance (10 miles or more) from a major population area (40,000 people or more) as defined by Oregon Office of Rural Health (ORH)

Respondent ZIP code of residence vs. actual population estimates (n=1,561), ACS, 2018-2022					
ZIP Code	Geographical area	Count	Percent	Actual Pop. Estimate	Response Rate/100,000
97002	Aurora	*	*.*	6,305	*.*
97020	Donald	0	0.0%	1,151	0.0
97026	Gervais	10	0.6%	3,487	286.8
97032	Hubbard	10	0.6%	4,736	211.1
97071	Woodburn	159	10.2%	30,777	516.6
97137	St Paul	*	*.*	1,152	*.*
97301	Central Salem	188	12.0%	55,386	339.4
97302	South Salem	132	8.5%	41,382	319.0
97303	Keizer	102	6.5%	41,143	247.9
97305	NE Salem, Brooks	86	5.5%	44,994	191.1
97306	South Salem, Sunnyside	123	7.9%	34,946	352.0
97317	SE Salem	57	3.7%	25,884	220.2
97325	Aumsville	46	2.9%	6,943	662.5
97342	Detroit	0	0.0%	116	0.0
97346	Gates	6	0.4%	1,031	582.0
97350	Idanha	0	0.0%	141	0.0
97352	Jefferson	15	1.0%	6,488	231.2
97362	Mt Angel	*	*.*	4,107	*.*
97373	St Benedict	0	0.0%	172	0.0
97375	Scotts Mills	*	*.*	1,336	*.*
97381	Silverton	10	0.6%	15,526	64.4
97383	Stayton	107	6.9%	9,992	1,070.9
97384	Mehama	*	*.*	86	*.*
97385	Sublimity	35	2.2%	3,913	894.5
97392	Turner	29	1.9%	6,584	440.5
97304	West Salem	93	6.0%	34,148	272.3
97338	Dallas	86	5.5%	23,201	370.7
97371	Rickreall	*	*.*	607	*.*
97344	Falls City	9	0.6%	1,605	560.7
97347	Grand Ronde	*	*.*	1,457	*.*
97351	Independence	50	3.2%	11,144	448.7
97361	Monmouth	42	2.7%	13,557	309.8
Other	Other	149	9.5%	NA	NA

NA = not available ** - suppressed due to low counts (1-5)

Respondent insurance status vs. actual population estimates (n=1,637), ACS, 2022			
Insurance status	**Count**	**Percent**	**Actual % (Marion, Polk)**
A plan provided by an employer or union, or a family member's employer or union	906	55.3%	NA
A plan that you or another family member buys on your/their own	126	7.7%	NA
Alaska Native, Indian Health Service, Tribal Health Services	29	1.8%	NA
Medicaid/Oregon Health Plan (OHP) (examples: PacificSource or "open card")	366	22.4%	28.6%, 28.4%
Medicare (Federal coverage for those 65 and older or people with disabilities)	261	15.9%	18.3%, 19.8%
Veteran's Administration/TRICARE or other military healthcare	55	3.4%	1.8%, 3.8%
Other insurance	25	1.5%	NA
I don't have health insurance now	66	4.0%	NA
I have no health insurance and pay direct for healthcare	27	1.6%	NA
Uninsured	85	5.2%	8.4%, 7.1%
Insured	1,499	91.6%	91.6%, 92.9%
I don't know	31	1.9%	NA
I don't know what this question is asking	10	0.6%	NA
I don't want to answer	26	1.6%	NA

NA = not available Note: multiple responses possible

CCA Assessment Method Audiences & Information

CCA assessments information and key audiences (n=2,286)				
Assessment Type	**Organization/Community /Committee**	**Key Audience**	**Date(s)**	**Count**
Focus Groups	Salem Capital Pride	LGBTQIA+	7/6/24	11
	Bridges Oregon	Deaf Blind*	7/29/24	3
	Bridges Oregon	Deaf & Hard of Hearing*	7/30/24	8
	Centro de Servicios para Campesinos	Latino/e/x community*	7/24/24	17
	Centro de Servicios para Campesinos	Latino/e/x community*	7/26/24	13
	Farmworker Housing Dev. Corp.	Farmworkers & families*	7/23/24	15
	Micronesian Islander Community	Micronesians/Pacific Islanders	8/10/24	11
	Micronesian Islander Community	Micronesians/Pacific Islanders	8/13/24	17
	Oregon Marshallese Community Assoc.	Marshallese*	8/2/24	18
	Recovery Outreach Community Center	People in recovery	7/19/24	15
	Irene Konev Consulting	Russian Old Believers*	7/9/24	15
	Salem for Refugees	Young adult refugees*	7/18/24	8
	Salem for Refugees	Ukrainian new neighbors*	8/1/24	9
	YMCA of Marion and Polk Counties	Salem-area community	7/23/24	15
	Family YMCA of Marion & Polk Counties	Monmouth-area community	7/31/24	9
Community Input Sessions	Aumsville	Regional community members	7/11/24	18
	Mill City	Regional community members	7/25/24	5
	Monmouth	Regional community members	7/17/24	10
	Salem	Regional community members	7/18/24	10
	Virtual #1 (all Marion-Polk)	Regional community members	7/30/24	16
	Virtual #2 (all Marion-Polk)	Regional community members	7/30/24	6
	Woodburn	Regional community members	8/6/24	23
Forces of Change	WHC Board of Directors – Marion-Polk CCO Governance	Regional health leaders	8/7/24	19
	WHC Clinical Advisory Panel	Healthcare providers	7/23/24	16
	WHC Marion-Polk CCO Community Advisory Council	OHP Consumers and organizations that serve OHP consumers	7/19/24	14
	WHC Marion-Polk System of Care	Organizations that serve children, youth, and families	7/2/24	15
	WHC Traditional Health Worker Alliance Advisory Committee	Traditional Health Workers	7/15/24	9
PhotoVoice	Youth ages 14-19	Youth community members	8/10/24 – 9/7/24	18
Survey	All Marion-Polk	Regional community members	7/1/24 – 8/18/24	1,923
Total	**All**	**All**	**7/1/24 – 9/7/24**	**2,286**

* - facilitated in a language other than English

Appendix B: Community Partner Assessment

Participants

- Bridges Oregon
- Bridgeway Recovery Services
- Capitol Pride
- Capitol Dental Care Inc.
- Cascade School District
- Catholic Community Services
- Centro de Servicios para Campesinos
- Cherriots, Salem Area Mass Transit District
- City of Salem Police Department
- Dallas School District
- Falls City School District
- Falls City Thrives
- Fortaleza Atravez Barreras
- Marion-Polk Early Learning Hub
- Marion-Polk Food Share
- Gervais School District
- Habitat for Humanity of the Willamette Valley
- Indigenous Now
- Legacy Silverton Medical Center
- Marion County Health & Human Services
- Marion County Housing Authority
- Micronesian Islander Community Organization
- North Marion CPS
- Northwest Human Services
- Northwest Senior and Disability Services
- PacificSource Marion-Polk CCO
- Polk County Family & Community Outreach
- Polk County Health Services
- Punx with Purpose
- Recovery Outreach Community Center
- Russian Old Believers Community
- Salem Comprehensive Treatment Center
- Salem For Refugees
- Salem Health Hospitals & Clinics
- Salem Leadership Foundation
- Salem Psychiatric Associates & Valley Mental Health
- Salem-Keizer Public Schools
- Santiam Hospital & Clinics
- Santiam Canyon Service Integration Team
- Shangri-La
- Silverton Area Community Aid
- Soaring Heights Recovery Homes
- Willamette Health Council
- Willamette Workforce Partnership
- WVP Health Authority
- Yakima Valley Farmworkers Clinic
- YMCA

Appendix C: Other Local Assessments/Reports

- Salem Gun Violence Problem Analysis (2018-2023)
- Mid-Willamette Valley Community Action Agency Community Needs Assessment (2024)
- 2024 Marion-Polk County Regional Environmental Scan Report
- Mid-Willamette Valley Homeless Alliance Regional Needs Assessment
- Confederated Tribes of Grand Ronde Community Assessment (2018) (Updated 2020)
- Oregon State Health Assessment (SHA) and State Health Improvement Plan (SHIP)

Glossary

Adverse Childhood Experiences (ACEs): Stressful and traumatic events occurring in childhood, including neglect, which can impact development and have lifelong consequences.

Age-Adjusted Rates: Age-adjusted rates allow you to compare event rates between two communities that have very different age distributions by standardizing both populations to the United States census population. This allows us to rule out that the difference in rates is due to age distribution in the community.

American Community Survey (ACS): Survey conducted annually by the U.S. Census Bureau, which includes demographics and other various statistics.

Behavioral Risk Factor Surveillance System (BRFSS): Random CDC phone survey that provides population estimates for various health conditions and exposures, which is weighted to reflect the population it was derived from with age-adjusted and crude rates.

Body Mass Index (BMI): Calculation that takes the mass (weight) and height of an individual into consideration. There are four BMI categories: underweight (<18.5), normal (18.5-24.9), overweight (25.0-29.9), obese (30.0<).

CCO 2.0: State initiative, which began in 2020 and is ongoing. It represents the next phase to improve upon the work of CCOs, which is part of broader efforts to transform the Medicaid health system in Oregon.

Centers for Disease Control & Prevention (CDC): Federal Public Health entity, which provides guidance and data for local health departments.

Community Health Assessment (CHA): Assessment portion of the MAPP process that identifies key priority areas for the CHIP as informed by its supporting four assessments.

Community Health Improvement Plan (CHIP): Five-year plan for improving the health of a community that's informed from the data and key priority areas identified by the CHA.

County Health Rankings (CHR): Robert Wood Johnson Foundation program that compares and ranks counties across a wide variety of standard health measures.

Coordinated Care Organization (CCO): A coordinated care organization is a network of all types of healthcare providers (physical, behavioral, and dental care providers) who work together in their local communities to serve people who receive healthcare coverage under the Oregon Health Plan (i.e., Medicaid).

Crude "Unadjusted" Rates: Measures that allow us to assess the actual burden or rate of disease in a population, however these estimates should not be directly compared to other populations due to potential differences in age.

ESSENCE: Electronic surveillance system that provides real-time data for public health and hospitals to monitor what people are being seen for in emergency departments and urgent care settings.

Feeding America: National non-profit organization that seeks to reduce food insecurity by providing nutritional assistance and related data.

Federal Poverty Level (FPL): National income threshold that takes into account household income relative to household member size that's often used as the basis for government program eligibility.

Food Insecurity: State of being without reliable access to a sufficient amount of affordable nutritious food.

Frontier: Geographic area with a population density less than 6 people per square mile.

Healthcare Workforce Reporting (HWRP): Collaborative effort between state and health profession licensing boards that collect and reports healthcare workforce data through licensing renewals.

Health Disparity: A measurable difference in health or opportunities between groups of people, where one group is affected more than another. These differences are preventable and tend to be experienced by socially disadvantaged populations.

Health Equity: Absence of unfair, avoidable, or remediable differences in health among social groups; is achieved when all people are able to reach their full health potential.

Healthy People 2030 (HP 2030): Healthy People provides science-based, ten-year national objectives for improving the health of all Americans. These objectives are often used as benchmarks for setting goals at the local, state, and national level.

Incidence Rate: Describes the rate at which new illness enters the population over a specified time ((# of new cases of X)/ (total population - those who cannot get disease X))

Mobilization for Action through Planning and Partnerships (MAPP): Community level strategic planning framework used to create the CHA and CHIP.

Mortality Rate: Describes the rate of death in a community over a specified time ((# of deaths)/ (total population))

Oregon Department of Education (ODE): State entity responsible for education and learning.

Oregon Department of Human Services (ODHS): Governmental entity that collects a wide array of data and is responsible for providing various services.

Oregon Health Authority (OHA): Oregon's state Medicaid agency. OHA oversees a majority of health-related programs including, public health, the Oregon Health Plan, and the Oregon State Hospital.

Oregon Health Plan (OHP): Oregon's Medicaid program provides healthcare coverage for low- and middle-income Oregonians from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more.

Oregon Immunizations Program (OIP): OHA program that assesses and evaluates immunization activities.

Oregon Office of Rural Health (ORH): Coordinating body for rural and frontier health in Oregon.

Oregon Public Health Assessment Tool (OPHAT): OHA administered online tool that is regularly updated and provides statistical information from various reporting systems to local health departments.

Oregon Public Health Epidemiologist User System (ORPHEUS): Joint database administered by OHA for communicable disease reporting and case investigation.

Oregon State Police (OSP): State law enforcement agency, which provides reports for criminal infractions.

PacificSource Community Solutions, Marion County and Polk County CCO (PacificSource Marion-Polk CCO): As of 2020, the local CCO serving Oregon Health Plan members in Marion and Polk Counties.

Prevalence: Describes the burden of disease in a population by looking at the total amount of cases (new and old) occurring in a population at a specific point in time ((# of new cases + # of old cases)/(population)).

Rural: Geographic area that is more than 10 miles from a population center greater than 40,000 people.

Social Determinants of Health (SDOH): Root causes responsible for the health of a community.

Student Health Survey (SHS): Statewide survey administered at the local level every year in schools to assess the health of teens including substance use and other factors.

Supplemental Nutrition Assistance Program (SNAP): Government program providing nutrition assistance to low-income individuals and families that provides economic benefit to communities.

United States Department of Agriculture (USDA): Federal entity responsible for developing and executing laws relating to farming, forestry, and food.

Urban: Geographic area that is less than 10 miles from a population center greater than 40,000 people.

Women, Infants, and Children (WIC): Federal grant to states that provides special supplemental nutrition for women, infants, and children. This program also provides healthcare referrals, nutrition education for low-income pregnant, breastfeeding, non-breastfeeding postpartum women, and to children up to age 5 who are at nutritional risk.

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