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Health & Human Services

City of Woodburn Tobacco Prevention Community Readiness Report

2023

Contents

Introduction

According to the American Lung Association's website, "The overwhelming majority of adult smokers began smoking before age 18, and many were addicted before they even finished high school".

When it comes to tobacco use in Marion County, non-cigarette tobacco product use among 11th graders is nearly 70% higher than cigarette smoking. Although we have seen a shift in the types of tobacco products used between older adults and young adults, the issue remains the same, poor health of tobacco users.

According to the Oregon Health Authority, tobacco use is the leading cause of preventable death and disease in Oregon, killing over 8,000 Oregonians each year and costing almost $5.7 billion in medical expenses and lost productivity.

The U.S. Census Bureau, as of July 1, 2022, estimated the population of Woodburn, Oregon is 27,2901. The median age of the population is 38.6 years, with 46.35% males and 53.65% females. The percentage of US-born citizens in Woodburn is 73.08%, while non-US-born citizens account for 9.14% of the population. The percentage of the population represented by non-citizens is 17.78.

With a growing and diverse community, the City of Woodburn Leadership have a mission, "to make Woodburn a safe, vibrant, full-service community. Woodburn will be a community of unity, pride, and charm; with an overarching mission of making Woodburn a great place to live, work, and visit". The City of Woodburn and Marion County staff wanted to be proactive in identifying our community's strengths, concerns, resources, and beliefs around tobacco use within the Woodburn Community by conducting a Community Readiness Assessment.

Project Overview

Marion County Tobacco Prevention Program and the City of Woodburn completed a Community Readiness Assessment (CRA) between June – December 2023. Using the Community Readiness Assessment Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University which has been used since 1995 to address various issues including gambling, drug use, alcohol abuse, child abuse, environmental trauma, suicide, and more.

This model gauges a community's thoughts and beliefs around the topic at hand and allows to set strategies based on the community's readiness around the particular issue, in this case, tobacco use and prevention. It also initiates the process for effective community change through culturally appropriate and community specific strategies for prevention and intervention considering a community's strengths, concerns, resources, and cultural backgrounds.

The CRA conducted in the City of Woodburn included 8 interviews with key stakeholders within the Woodburn community and three focus groups for a total of 33 participants. These interviews and focus groups were conducted in the participant's preferred language of English or Spanish and consisted of a mix of youth and adults. Representatives for the CRA included:

- Students
- Parents
- Youth Serving Organizations
- Faith-Based Organizations
- Post Secondary Education Institution
- Community Service Groups
- Law Enforcement
- City Government
- Pediatric and Family Medicine Professionals

Questions asked of participants during interviews fell into seven categories, the six Dimensions of Readiness (p. 5) and a section for additional questions. Once interviews were completed, a team of both City Staff from the Community Services Department and County staff from the Tobacco Prevention & Education Program Team holistically reviewed and individually scored each interview using the 9 Stages of Community Readiness (pg. 6). Individual scorers then came together for consensus scoring where a final score was given for each of the dimensions.

The Purpose of this assessment is to better understand the Woodburn Community's current beliefs and knowledge around tobacco use and prevention. City staff will then use the CRA results for development of strategies and interventions aimed at decreasing the pervasiveness of tobacco and vape use in our community.

Dimension of Readiness

There are six dimensions of readiness that are used to evaluate community feedback.

A. Community Efforts:

To what extent are there efforts, programs, and policies that address the issue?

B. Community Knowledge of the Efforts:

To what extent do the community members know about the local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

C. Leadership:

To what extent are appointed leaders and influential community members supportive of the issue?

D. Community Climate:

What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

E. Community Knowledge about the Issue:

To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

F. Resources Related to the Issue:

To what extent are local resources- people, time, money, space, etc.- available to support efforts?

Stages of Community Readiness

1. No Awareness: Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).

2. Denial/Resistance: At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

3. Vague Awareness: Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

4. Preplanning: There is a clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

5. Preparation: Active leaders begin planning in earnest. Community offers modest support of efforts.

6. Initiation: Enough information is available to justify efforts. Activities are underway.

7. Stabilization: Activities are supported by administrators or community decision makers. Staff are trained and experienced.

8. Confirmation/Expansion: Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

9. High Level of Community Ownership: Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

Community Readiness Scores
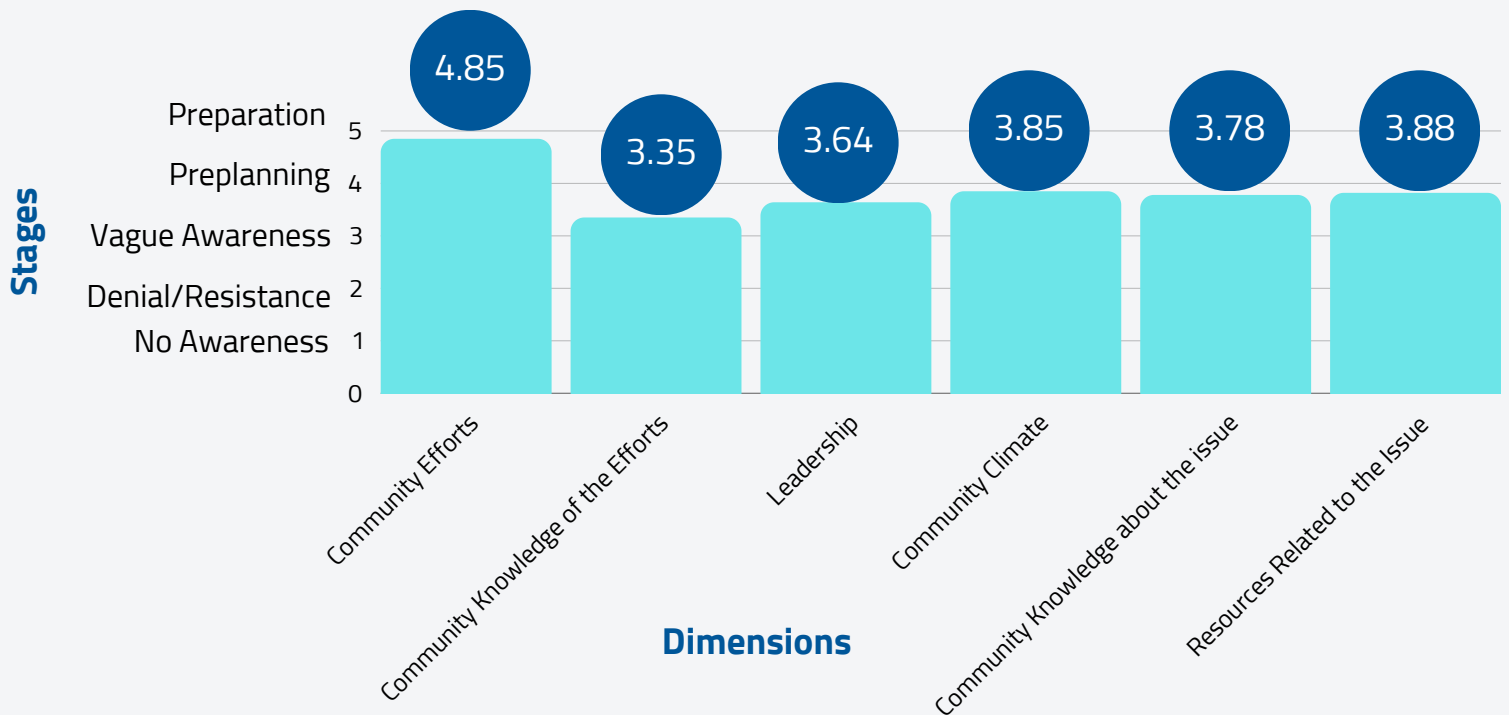
These scores are averaged by dimension across all key stakeholder interviews. The Community Readiness Manual highlights goals and general strategies appropriate for the stage of readiness scores received to reduce tobacco use in the City of Woodburn in Marion County.

The results showed an overall vague awareness of tobacco use in the Woodburn community. Several interviewees expressed feelings of concern, but no immediate motivation to do something about the issue. There was also consensus from interviewees around the lack of clear leadership in this area.

"I think we need to define what leadership in this community is and what roles those are."
– Interview Participant

Stage 3: Vague Awareness

Beginning of recognition that it is a local problem, but no motivation to do anything about it. Ideas about why the problem occurs and who has the problem tend to be stereotyped and/or vague. No identifiable leadership exists or leadership lacks energy or motivation for dealing with this problem.

Goals and general strategies in this area include:

Goal:
Raise awareness that the community can do something.

Strategies:
- Present information or get on agendas of community events and unrelated community groups.
- Post flyers, posters, and billboards.
- Initiate community health events and use those opportunities to also present information on tobacco prevention.
- Conduct informal local surveys and interviews with community members via phone or door-to-door about attitudes and perceptions related to tobacco use.
- Publish newspaper editorials and human-interest articles with general information and local implications.

Although most dimensions fell in Stage 3, Community Efforts scored a 4.85, Stage 4, Preplanning.

Stage 4: Preplanning

Clear recognition of the issue as a problem that needs to be addressed. Discussion is beginning, but no real action planning is taking place. Community climate is beginning to acknowledge the necessity of dealing with the problem.

Goals and general strategies in this area include:

Goal:
Raise awareness with concrete ideas.

Strategies:
- Introduce information about tobacco use and prevention through presentations and media. Focus on reducing stigma and raising general awareness.
- Visit and invest community leaders in the cause.
- Review existing efforts in the community (curriculum, programs, activities, etc.) to determine who the target populations are and consider the degree of success of the efforts.
- Conduct local focus groups to discuss tobacco use and related issues and develop some basic strategies.
- Increase media exposure through radio and television public service announcements.

Interview Findings

Key stakeholder interviews showed several areas of concern and barriers for the Woodburn community. Below is a brief summary of themes across stakeholder responses:

1. Access to information: Areas of concern across interviews included a lack of culturally specific resources that are multilingual, especially with a growing migrant and immigrant community. Some interviewees also noted a limited reach of information, such as informational seminars happening with one age group, but not others. One interviewee even noticed a gap in clinic visits between different aged populations and also from our migrant community, contributing this to a lack of knowledge of available resources, "I think there's not a lot of knowledge about it because a lot of folks that are community don't go to the doctor on a regular basis so they may not be able to get counseling or maybe they're here in a transitory way they don't necessarily live here all the time - they come in for the summer season because of the job and so I don't know that they're aware of any of that".

2. Access to regular healthcare: Systemic barriers in the healthcare system including a lack of knowledge when it comes to benefits/insurance application processes, and the use of technology, for example, the use or access to a computer were another area of concern.

3. Accessibility of tobacco products: One of the additional questions asked to interviewees was, "Where do young adults and adolescents get their cigarettes/e-cigarettes/vapes?" Most interviewees shared that these products were obtained from family, friends, or other adults that smoke and/or can purchase products for them. One interviewee stated, "Friends, family, unfortunately I think that's it's pretty easy to get your hands on stuff really easy to get your hands on stuff", the interviewee also said, "people are gonna do it through friends or family members or older peers that have the ability to do that pass that off". Another interviewee had a similar comment stating, "They'll usually have people less fortunate sometimes that buy it for them or they got older brothers that they bribed to buy for them and in some cases, it's surprising, but parents will even buy like vape stuff for them but um they usually they have somebody else buy it for them.

Focus Group Findings

Major barriers and concerns identified by focus group participants when it comes to tobacco use included:

- **Peer Pressure –** having friends or family members encouraging the use of tobacco products.
- **Role Models who smoke –** parents and adults in youth's lives who smoke, celebrities / public figures, and other adults whom youth look up to
- **Access –** even with the age increase to 21+, youth have gained access to tobacco products through older family members, older peers, or at times pay other adults to purchase products for them
- **Marketing –** several participants noted the colorful packaging, flavoring of vapes, and use of tobacco products in movies/tv that encourage others to smoke and vape.

Focus group participants also identified resources already in place:
- Strong community partnerships between agencies such as the city, Woodburn School District, and Medical Facilities.
- Marketing avenues which include online newsletters, radio programs, social media platforms, and printed advertisements.
- Translation services – most of the materials that go out to the community are in English and Spanish, however, focus group participants did express concerns around multilingual information as the city of Woodburn does have a rapid growing community and there is a need for multilingual information in Russian, various Mayan, and Indigenous dialects, among other languages.

Participants suggested interventions for the City of Woodburn including:
- Identifying leaders in the community – these folks would serve as mentors, and conversation experts, and can distribute information.
- Education/programs – program suggestions from focus group participants included:
  - After school Programs
  - Diversion Program
  - School Curriculum
  - Parent and Student Nights
  - Sports and Tournaments
  - Non-sport Clubs such as crochet, gaming, and art
- Discussions led by Healthcare Professionals
- Marketing Campaigns – including printed ads, testimonials, videos, and commercials

Long Term Goal

Objective:

City staff believe the issue of tobacco use and establishing preventive measures aligns with the vision of City Leadership, "to make Woodburn a safe, vibrant, full-service community. Woodburn will be a community of unity, pride, and charm; with an overarching mission of making Woodburn a great place to live, work, and visit".

The City of Woodburn will be focusing on two of the three lowest-scoring dimensions to increase community awareness around tobacco prevention:

Community Knowledge of the Efforts:

Continue fostering and cultivating relationships with community partners for education and program opportunities. Raise awareness of local community efforts and resources addressing the prevention of tobacco/vape use in our community.

Community Knowledge about the Issue:

Raising awareness of health risks, causes of tobacco use, consequences, and how it impacts our community overall. Providing accessible information to all community members regardless of healthcare status through various platforms including:

- Social media
- Printed materials
- Radio Public Service Announcements
- Distribution of informational materials
- Installation of ash receptacles in approved locations with the Oregon Tobacco Quitline

Community Resources

Oregon Quitline:
https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/gethelpquitting/pages/oregonquitline.aspx
English Quit Line 1-800-QUIT-NOW (1-800-784-8669) quitnow.net/oregon
Spanish Quit Line 1-855-DEJELO-YA (1-855-335356-92) quitnow.net/oregonsp
TTY: 1-877-777-6534

Truth Initiative
Teen Free: http://teen.smokerfree.gov
Text DITCHVAPE to 88709

Campaign for Tobacco-Free Kids
What parents need to know: www.tobaccofreekids.org/ecigarettes

Center for Disease Control and Prevention
https://www.cdc.gov/tobacco/campaign/tips/

Reporting Underage or Unlicensed sales (Oregon.gov):
Tobacco.Inspections@dhsoha.state.or.us
Phone: 971-673-2283

Reporting FDA Violations
(including sales of singles, free samples, flavored cigarettes)
https://www.accessdata.fda.gov/scripts/ptvr/index.cfm

Woodburn City Hall
Youth Focused Tobacco Prevention Coloring Books and Crayons – Grades K-12
(while supplies lasts)
Community Relations Office: 503.982.5386
270 Montgomery St Woodburn OR 97071

References

American Lung Association. www.Lung.org

Plested, B.A., Jumper-Thurman, P., & Edwards, R.W. (2016, March) Community readiness manual. *The National Center for Community Readiness, Colorado State University, Fort Collins, Colorado.*

Oregon Health Authority (2020) *Oregon Tobacco Facts*
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9139.pdf

U.S. Census Bureau. (2022, July 1). *Quick Facts Marion County, Oregon.*
https://www.census.gov/quickfacts/marioncountyoregon

Appendix A: Community Readiness Assessment Script

A. PREVENTION PROGRAMMING

B. COMMUNITY KNOWLEDGE ABOUT PREVENTION
1. In your opinion, using a scale from 1 to 10, how much of a priority is Tobacco Prevention to the community, with one being not at all and ten being a high priority? Please explain your rating. (A)
2. Please describe the efforts, programs or activities that are available in your community to address the (THE ISSUE). (A)
3. How long have these efforts been in place? (A)
4. Who can receive services from these programs/efforts? (A)
5. What are the strengths of these efforts? (A and possibly other Dimensions)
6. What are the weaknesses of these efforts? (A and possibly other Dimensions)
7. What type of plans are in place to continue these services? (A)
8. How is evaluation data being used to develop new efforts? (A)
9. Please describe any policies that are in place in your community that address or support the (THE ISSUE). (A)
10. How long have these policies been in place? (A)
11. In your opinion, using a scale from 1 to 10, how aware is the community of these efforts, programs activities or policies, with one being not at all and ten being a great deal. Please explain your rating. (B)
12. Please explain what you believe that the community knows about the efforts, such as, purpose, what services do they offer, how to access the services. (B)
13. Are there community members who are involved in sharing information about activities or efforts? Please explain. (B)

C. LEADERSHIP

14. In your opinion, using a scale from 1 to 10, how much of a priority is (THE ISSUE) to the leadership in your community with one being not at all and ten being a high priority? Please explain.
1. How do the "leaders" in your community support and promote (THE ISSUE) efforts, activities or events? (prompt: on committees, attend events, speak on issue in public) Please explain.
2. Would the leadership support additional efforts? Please explain.

D. COMMUNITY CLIMATE

14. Describe your tribe/community.
15. What is the community's attitude about (THE ISSUE)?
16. How supportive or involved is the community in the support of (THE ISSUE)?
Please explain.

E. KNOWLEDGE ABOUT THE PROBLEM

17. In your community, what type of information is available regarding (THE ISSUE) issues?
18. How knowledgeable are community members about (THE ISSUE) issues? Such as, signs, symptoms and local data, etc. Please explain.
19. What local data on this issue is available in your community?
20. How do people obtain this information in your community?

A. RESOURCES FOR PREVENTION EFFORTS

21. What is the community's attitude about supporting efforts, such as people volunteering time, making financial donations, and providing meeting space?
22. Are you aware of any proposals or action plans that have been written to support (THE ISSUE) in your community? If yes, please explain.
23. What type(s) of evaluation is being conducted on efforts?
24. Do you have any additional comments?

Appendix B: Interview and Focus Group Findings

Interview Findings

	Community strengths & opportunities	Community barriers & concerns	Identified strategy:
Interview 1	• Growing Community • Community support -available volunteers	• Access to information Language / Limited Reach • Access to healthcare	• Healthcare would support collaborative efforts • Laws to restrict sales
interview 2	• Diverse Community • Devoted and Participative	• Access to information and education • Language Barrier	• Multilingual Prevention Programs • Address city ordinances for no smoking
Interview 3	• Growing Community • Free imbedded resources in healthcare system	• Need to raise awareness of existing resources • Healthcare access - systemic barriers, migrant and younger communities are unaware of resources	• Meet people where they are at • Education for tobacco preventions at schools
Interview 4	• Rapport building with the entire family • Longevity of polices - no smoking indoors, etc.	• Consistent healthcare • Time barrier due to work or study conflict • Transportation - Getting to treatment facilities	• Information to youth - it makes it home to the family • Access to free treatment

Interview Findings p.2

	Community strengths & opportunities	Community barriers & concerns	Identified strategy:
Interview 5	• Informational Seminars • Resource Center	• Access to information • Accessibility of tobacco products	• Raise Awareness - information to youth and families, share available services • Polices
interview 6	• Health Promotion Programs • Polices • Shift in cultural norms - less smoking in indoor spaces	• Limited access to resources (shared only with some) • Lack of education for folks outside of health facilities and schools	• Education - especially for youth
Interview 7	• City Ordinances • Supportive, diverse, and involved community	• Don't see tobacco use encouraged or discouraged	• Raising awareness of efforts
Interview 8	• Education in schools • Diverse community - mix of cultures	• Not a topic that is discussed much - community may not see it as an issue • Access to products • Marijuana use	• Educational Opportunities

Appendix B: Interview and Focus Group Findings

Focus Group Findings

	Community strengths & opportunities	Community barriers & concerns	Identified strategy:
Focus Group 1	• Social Media – Instagram, Facebook, YouTube • Tax on tobacco • Raised age to 21+ • Advertisements • Community Partnerships • Community Based Awareness • Events	• Unsupervised Teens • Lack of Parent Involvement • Illegal Access to products/ accessibility • Peer Pressure/ Cultural Norms • Role Models – social media, • Alternatives (vaping) • Role Models/Social Media/ Movies/Shows • Environmental Effects	• Educational Programs • Informational Resources • Marketing • Community Events • Mentors • Community Partners
Focus Group 2	Advertisement Increased cost of tobacco products Signage No Smoking Areas Communication Health Incentives	• Role Models – Parents Who Smoke/Public Figures • Peer pressure / cultural norms • Physical addiction • Lack of funding for preventative programs • Appearance / Aging • Cost • Availability	• Educational Programs • Informational Resources • Marketing • Community Events • Laws/Polices • Parental Supervision

Appendix B: Interview and Focus Group Findings

Focus Group Findings p.2

	Community strengths & opportunities	Community barriers & concerns	Identified strategy:
Focus Group 3	• Social Media • Advertisement • Community Partnerships • Community Events • Public Spaces • Bilingual Information	• Advertisement geared towards youth • lack of culturally specific/multilingual information • People not seeing tobacco use as an issue	• Educational Programs • Informational Resources • Marketing • Community Events • Community Partnerships • Grants