

# Community Health Assessment

Marion County, Oregon 2016 Update



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# Executive Summary

This report contains only the most updated demographic, socioeconomic and health data for Marion County. Not all data sources are updated each year. If there was no new data available for an indicator after the original posting date of the comprehensive Community Health Assessment, that indicator does not appear in this update. Also missing from this document are the methodologies used to create the comprehensive Community Health Assessment. To see the comprehensive Community Health Assessment click here:

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

Based on data from the 2015 Community Health Assessment, Marion County Health Department in partnership with Polk County Health Department and the Coordinated Care Organization completed a more detailed assessment of availability of health services and barriers present in the community that prevent access to health care services. The Health Care Access Assessment can be found here under the Topic Specific tab:

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

Based on increasing rates of reportable Sexually Transmitted Infections (STIs) in Marion County, the Marion County completed a comprehensive STI Assessment detailing the burden of disease in specific populations, as well as risk factors for disease. The Sexually Transmitted Infection Assessment can be found here under the Topic Specific tab: <http://www.co.marion.or.us/HLT/communityassessments#swapTabTop>

\*It is important to note that the majority of the data presented in this report are publicly available data sets that individuals must elect to provide. While it is adjusted, weighted, and combined as necessary to provide the most accurate picture of health possible, it is likely that certain groups of people are not fully represented by these numbers. While the report strives to use the most reliable and valid data available; it is important to acknowledge some groups of people are less likely to participate in data collection experiences, certain types of information are more personal and less likely to be reported, and data collection methods can vary between organizations.

# Demographics

Demographics of a community identify and define who lives in a particular community at any given time. Demographic information helps to set the context for health indicators because different groups of people experience greater risk for disease. For example, based on national statistics we know that the highest risk group for Chlamydia is women aged 20-24. Therefore, knowing that Marion County has a younger population than Oregon as a whole could lead us to believe that Marion County will have higher Chlamydia rates than the state as a whole.

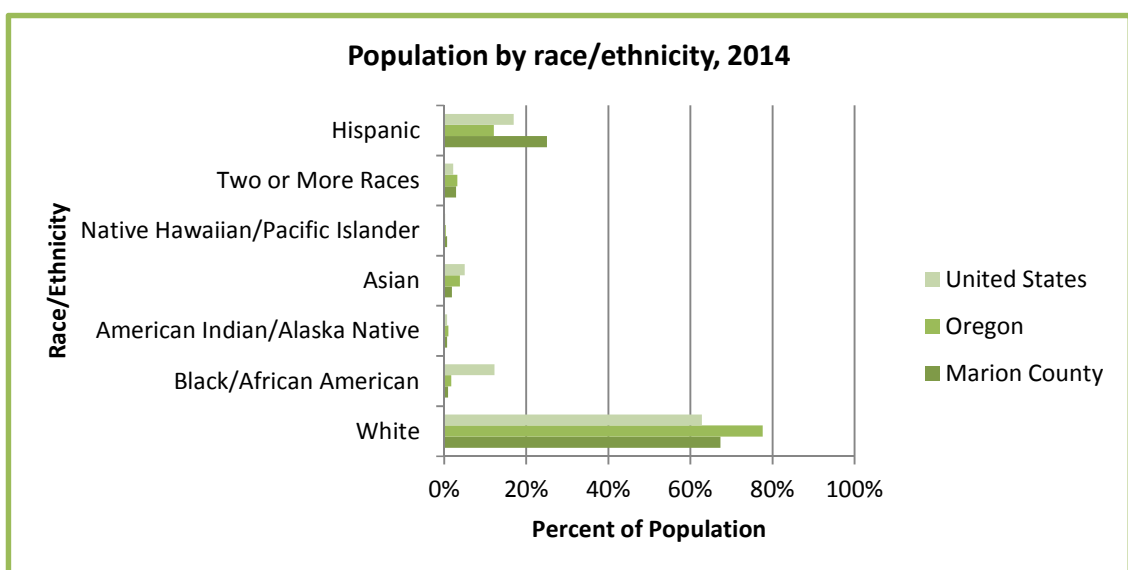
## Key Demographic Findings for Marion County:

- Marion County has a larger percent of residents under 25 than Oregon.
- Marion County has a larger percent of residents that identify as Hispanic/Latino than Oregon.
- Marion County has a larger percent of residents that speak a language other than English at home than Oregon.
- A third of the Marion County population lives outside of the five largest cities in Marion County.

**Population:** In 2015, the population of Marion County was estimated to be 330,700. Marion County makes up about 8.2% of Oregon's population. Marion County's population has increased by 4.7% since 2010.<sup>1</sup>

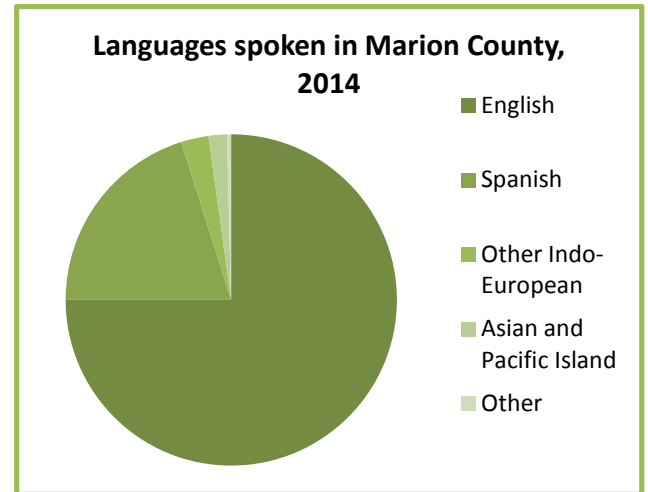
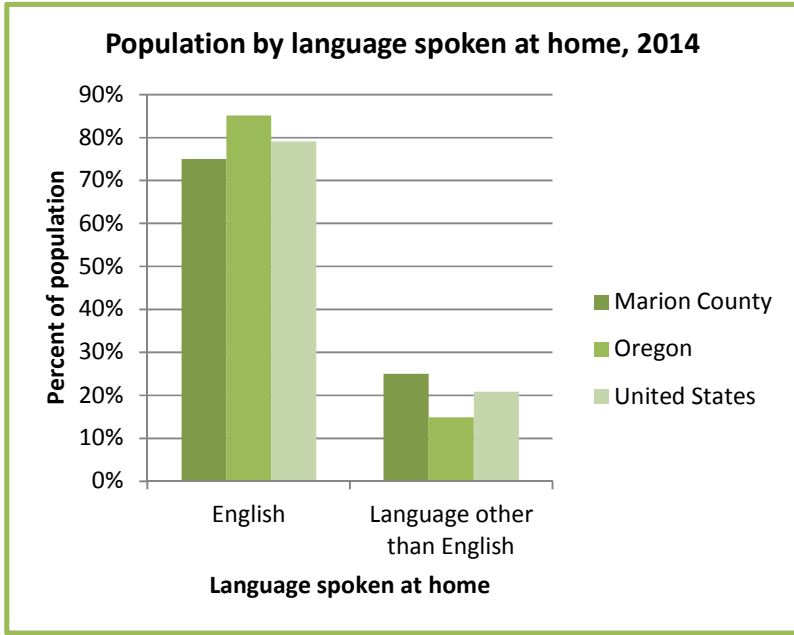
**Race/Ethnicity:** It is possible that a certain race or ethnic group may experience disease rates at a higher or lower rate than a different race or ethnic group.

Marion County has a lower percent of White residents than Oregon, but a higher percent of White residents than the United States. Marion County has a higher percent of residents that identify as Hispanic, and Native Hawaiian/Pacific Islander than Oregon overall.<sup>1</sup>



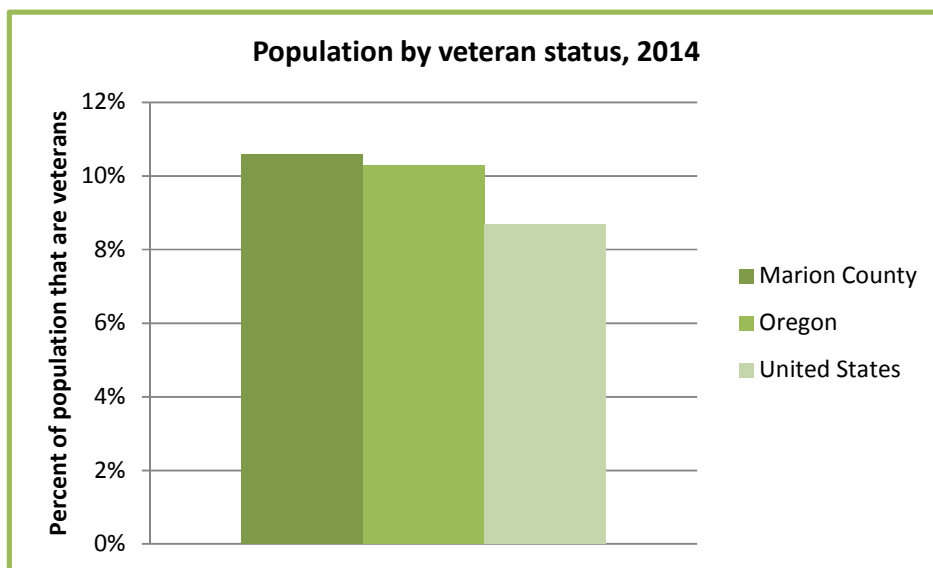
**Language Spoken at Home:** Inability to speak, read or understand English can present barriers to seeking, accessing, and receiving necessary health care and other services.

Marion County has a larger percent of residents that speak a language other than English at home than Oregon and the United States. The three main languages spoken in Marion County are English, Spanish and other Indo-European languages.<sup>2</sup>



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

Marion County has a larger percentage of residents that are veterans than Oregon and the United States.<sup>3</sup>



# Socioeconomics

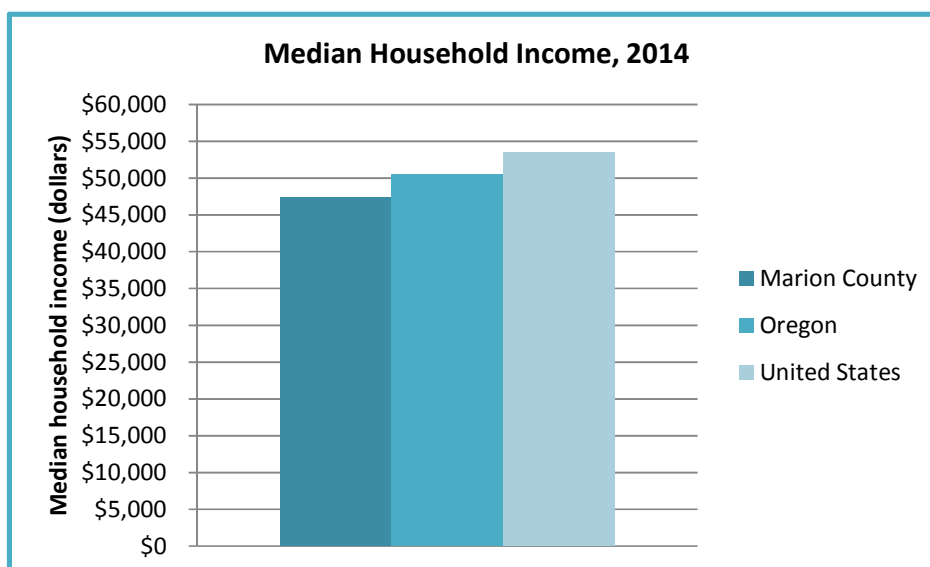
Socioeconomic factors may determine fiscal earning power of individuals which, in turn, can increase access to supports that lead to a healthy lifestyle such as access to health care, healthy foods, safe housing and safe places to exercise. Social determinants of health are the circumstances in which people are born, grow up, live, work and age and the systems put in place to deal with illness (World Health Organization). These circumstances are then shaped by economics, social policy and politics.

## Key Socioeconomic Findings for Marion County:

- Marion County residents have a lower median household income than Oregon residents and Americans in general.
- A larger percent of Marion County residents (especially residents under 18) live below the federal poverty level than Oregon residents and Americans in general.
- A smaller percent of Marion County residents have attended college than Oregon residents and United States residents.

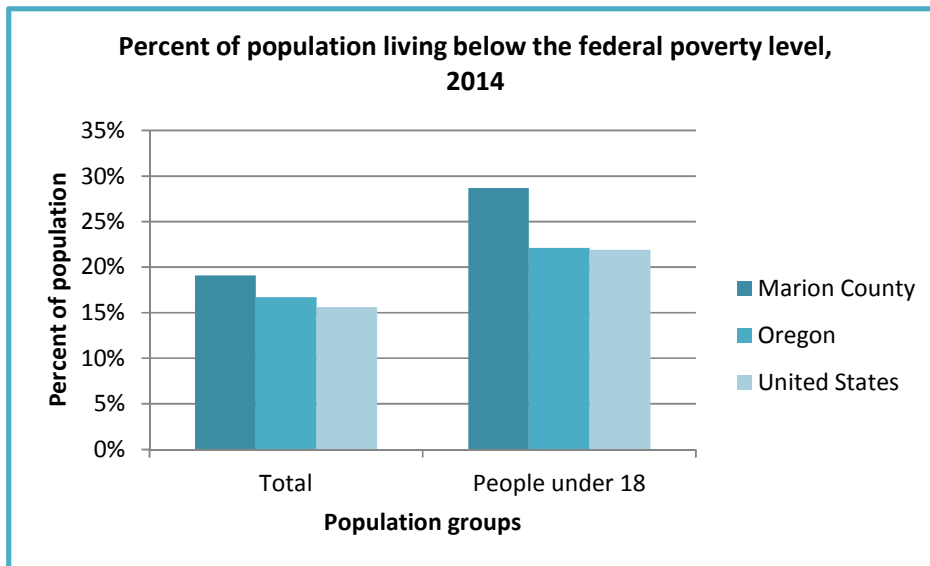
**Median Household Income:** Median household income can indicate access to supports that promote health such as health insurance, healthy food, and gym memberships. Income may also support higher educational attainment, which is also positively associated with better health outcomes.

Marion County has a lower median household income (\$47,360) than both Oregon (\$50,521) and the United States (\$53,482).<sup>4</sup>



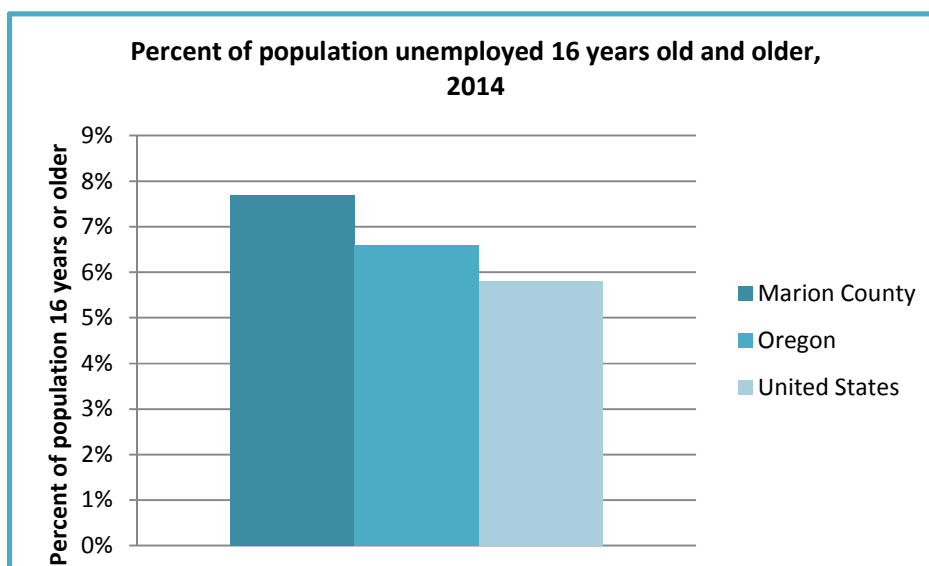
**Poverty:** Those living below the federal poverty level may be more likely than those living above the federal poverty level to rely on public health insurance and food stamps to receive health care and feed their families.

Marion County has a larger percent of its population (especially those under age 18) living below the federal poverty level than Oregon and the United States.<sup>4</sup>



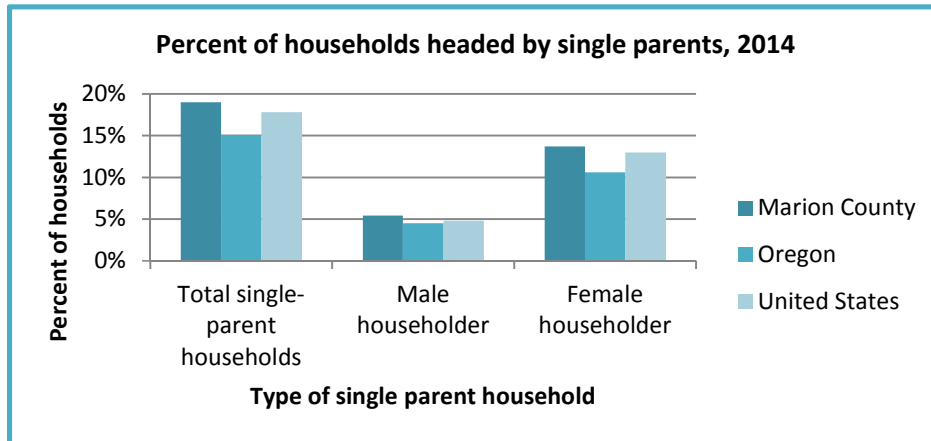
**Unemployment:** Like income, unemployment also indicates lack of access to supports that promote positive health behaviors such as health insurance and a safe, clean place to live.

Marion County has a higher unemployment rate than Oregon and the United States.<sup>4</sup>



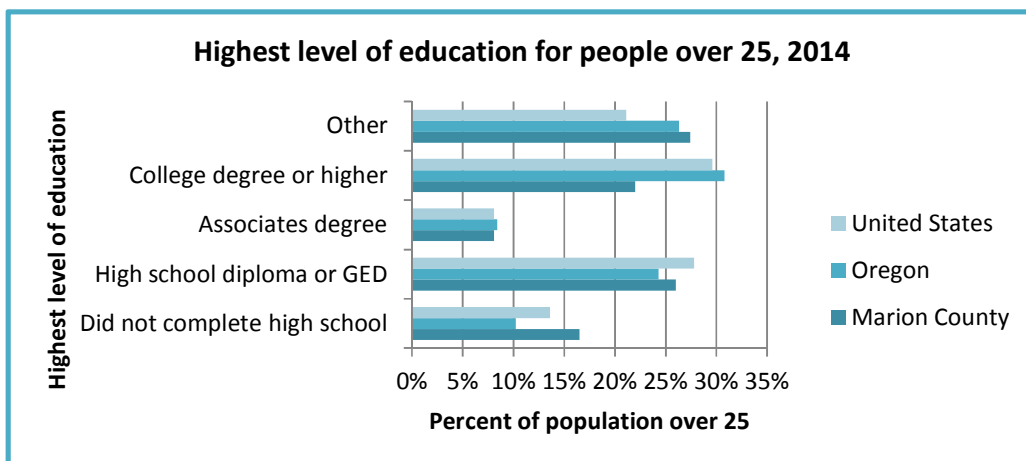
**Single-Parent Households:** Single-parent households may be more likely to live in poverty than two-parent household. This could mean that individuals living in single-parent households may lack access to supports that promote health and well-being.

Marion County has a larger percent of single parent households than the United States and Oregon. A larger percent of single parent households in Marion County are headed by women (13.7%) than men (5.4%).<sup>4</sup>



**Educational Attainment:** Educational attainment can be indicative of income earning power. Higher educational attainment is associated with better health outcomes.

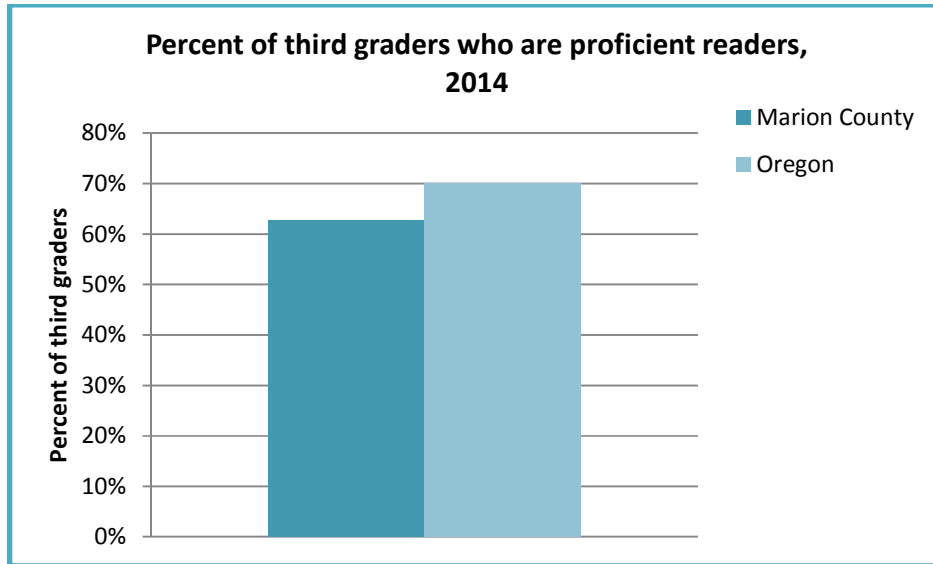
Marion County has a higher percent of residents that did not complete high school than Oregon and the United States. Marion County has a lower percent of residents with a college degree or higher than Oregon and the United States.<sup>5</sup> In 2014, only 74.3%<sup>6</sup> of Marion County high school students graduated from high school in four years. Although the 2014 rate is up from the 2010 rate (64.6%), the most recent data remains short of the Healthy People 2020 goal of 82.4% four year graduation rate. It is important to note that this percentage does not include the percent of people in Marion County who graduated from high school in more than four years, so the overall educational attainment of high school degrees and above is higher than the four year high school graduation rate.





**3<sup>rd</sup> Grade Reading Proficiency:** Reading proficiency during third grade is a good indicator for future school success, high school graduation and improved life outcomes.

A smaller percent of Marion County third graders are considered proficient readers than Oregon third graders.<sup>7</sup>



**Homelessness:** Each year, Mid-Willamette Valley Community Action Agency in Marion and Polk Counties partner with community based organizations to survey and outreach to the homeless community. The information below displays both Marion and Polk combined data.

Based on results from the 2015 Homeless Survey<sup>8</sup>:

- The majority of people surveyed were single adults without children (80%).
- About two thirds of the people surveyed were male (67%).
- The majority of people surveyed were White (89%).
- About 1/3 of people (31%) said they have been homeless for 1-3 years.
- The four most common responses given as reason for homelessness were that the individuals “Unemployed” (41%), “Could not afford rent” (23%), “Homeless by choice” (17%), and “Mental or Emotional Disorder” (16%).
- The two main things respondents believe would improve their current situation were affordable housing and a job/income source

# Injury Prevention/Safety

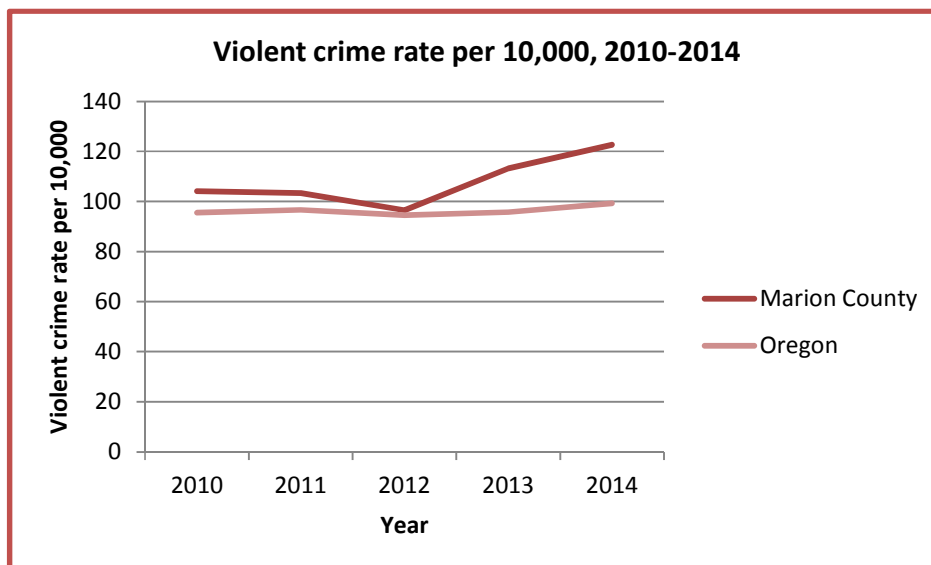
Both unintentional and intentional injuries are among the top 15 causes of death for Americans of all ages and are the top cause of death for Americans under the age of 45. Injuries are the leading cause of disability at all ages, regardless of sex, race/ethnicity or socioeconomic status. While some accidents are unavoidable, many events that result in injury, disability or death are predictable and preventable.

## Key Injury Prevention/Safety Findings for Marion County:

- Men die at higher rates from injuries than women.
- The main causes of injury death are: falls, poisoning and motor vehicle accidents.
- Persons who identify as White, non-Hispanic are almost twice as likely to die of accidental injury as individuals who identify as Hispanic.

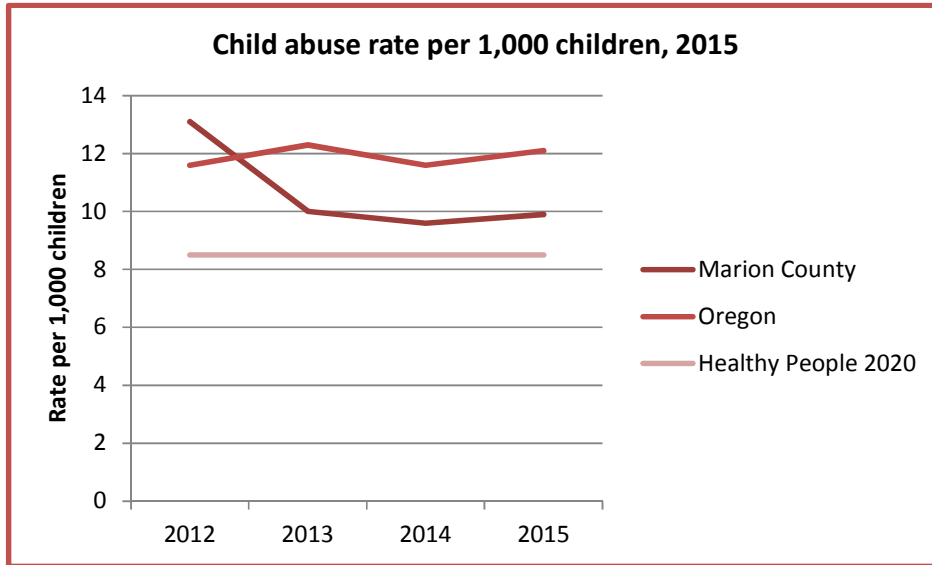
**Violent Crime Rate:** The violent crime rate is a good indicator of community safety. Violent crimes include murder, assault, kidnapping, robbery, rape and other sex crimes.

The violent crime rate in Marion County decreased between 2008 and 2012 but has increased since 2012 and is higher than Oregon's violent crime rate.<sup>9</sup>



**Child Abuse Rate:** This indicator shows the number of children less than 18 years of age that experienced abuse (physical, sexual and emotional) or neglect per 1,000 children. Children who experience abuse and/or neglect can have enduring physical and psychological issues into adolescence and adulthood.

Child abuse rates in Marion County decreased between 2012 and 2014 but increased in 2015. Marion County has a lower child abuse rate than Oregon as whole but has not met the Healthy People 2020 goal. <sup>10</sup> **Error! Bookmark not defined.**



# Maternal & Child Health

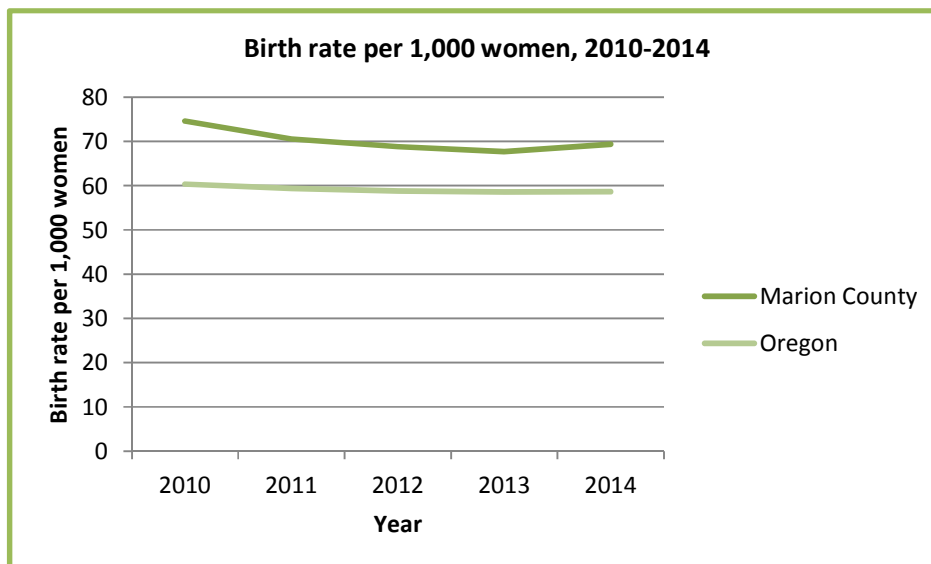
Healthy moms and healthy infants ensure a healthy start to the next generation. Therefore, health indicators outlining the health of the youngest community members are of the utmost importance.

## Key Maternal & Child Health Findings for Marion County:

- Gestational diabetes prevalence has been increasing steadily since 2008.
- The percent of moms who receive first trimester prenatal care has been increasing since 2008.
- Tobacco use during pregnancy, while still high in Marion County has been decreasing since 2008.

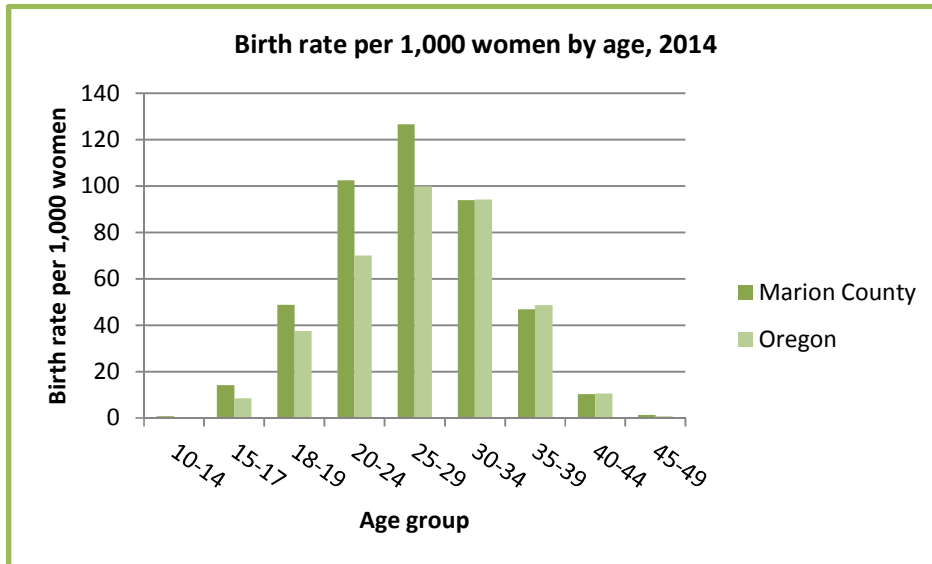
**Birth Rate:** The birth rate gives an idea about the number of people added to the community population each year. The birth rate includes all live births to women between the ages of 10-49 during a calendar year.

Marion County has a higher birth rate than Oregon. The birth rates for both Marion County and Oregon have been decreasing since 2010.<sup>11</sup>

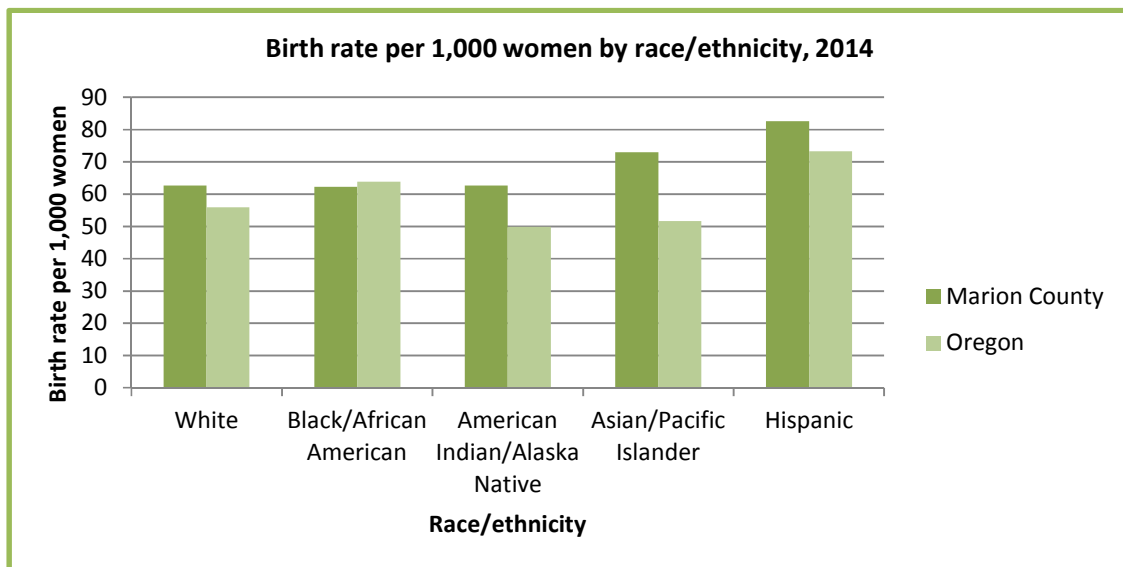


Women in certain age groups are at higher risk for birth complications. Teens and women over 35 are more likely to have higher risk pregnancies than women between the ages of 20-34.<sup>12</sup>

Marion County has a higher teen birth rate than Oregon. Oregon has a higher rate of births to mothers over 35 than Marion County.<sup>11</sup>

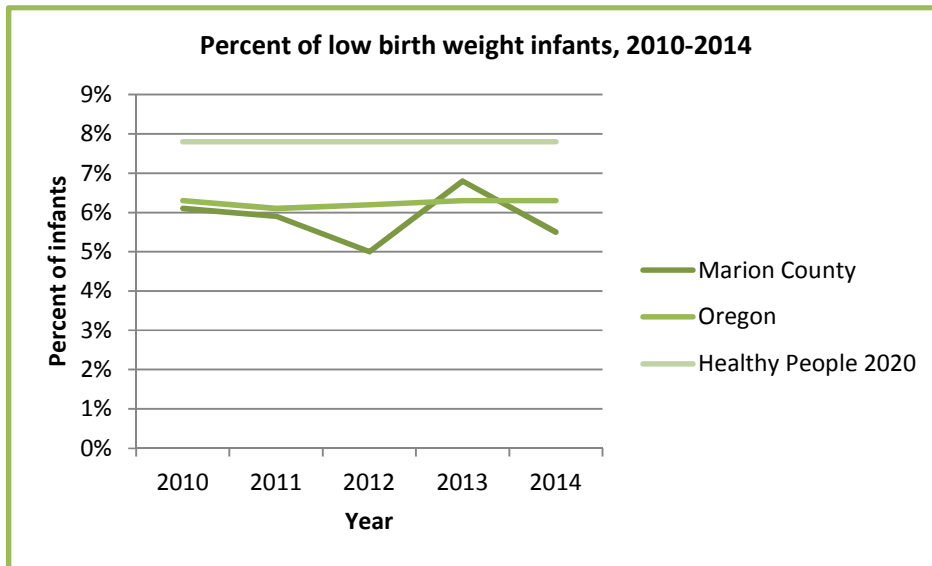


High birth rates among a population determine the rate at which that population is growing. In Marion County, the group with the highest birth rate is the Hispanic community.<sup>11</sup>

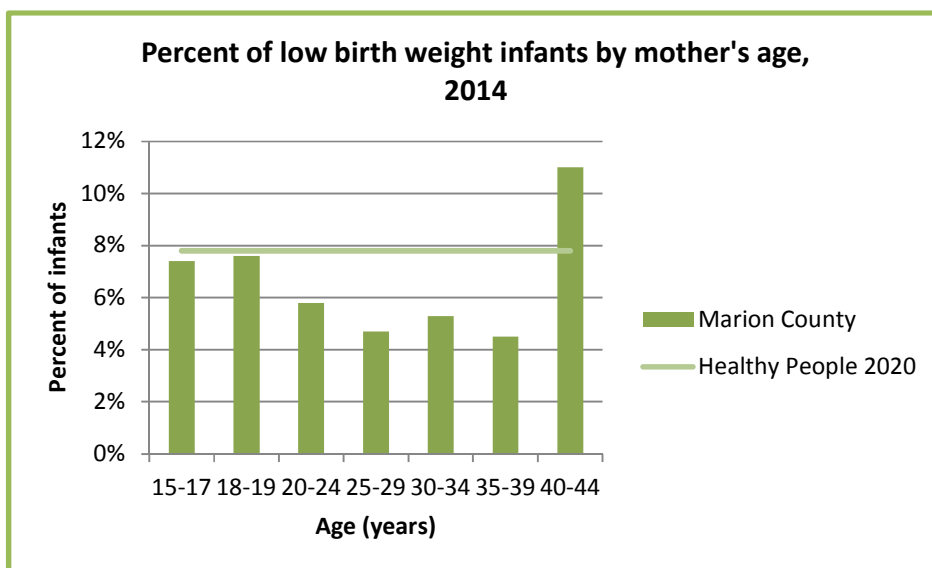


**Low Birth Weight Infants:** Low birth weight infants are defined as infants born weighing less than 2,500 grams or 5 pounds 8 ounces. Low birth weight infants may have more health problems than infants of normal weight. There are several possible risk factors for having a low birth weight infant. A few examples include smoking, drinking alcohol, stress and exposure to air pollution.<sup>13</sup> Starting prenatal care during the first three months of pregnancy can help to prevent having a low birth weight infant.

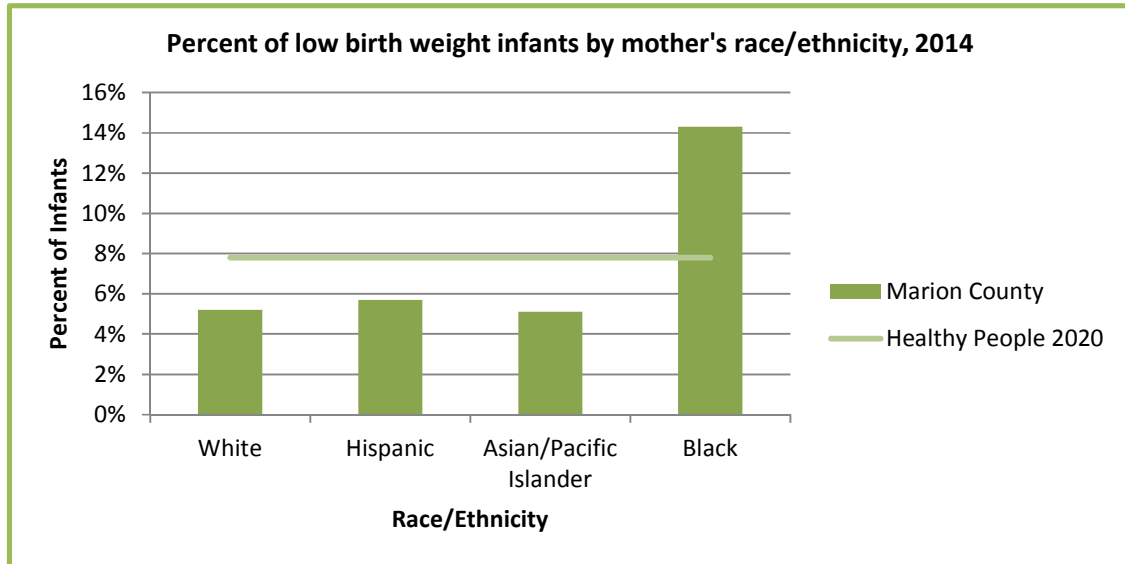
Marion County has a slightly lower percent of low birth weight infants than Oregon.<sup>14</sup> Marion County and Oregon have already achieved the Healthy People 2020 goal for percentage of low birth weight infants.<sup>15</sup>



Mothers in Marion County with the highest percent of low birth weight infants are between 18-19 years old and 40-44 years old.<sup>14,15</sup>

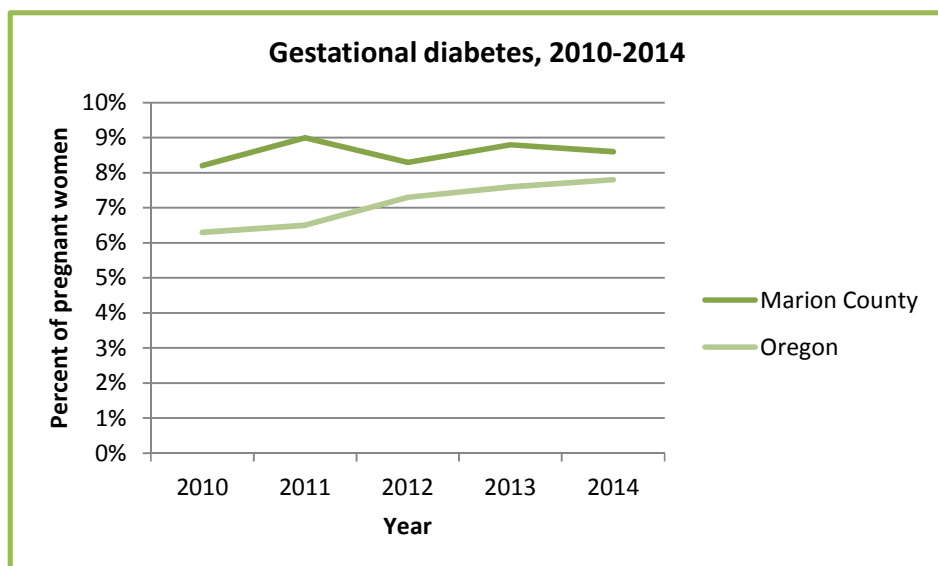


Mothers who identify as African American/Black in Marion County have a larger percentage of low birth weight infants than mothers who identify as White, Hispanic, or Asian/Pacific Islander.<sup>14, 15</sup>

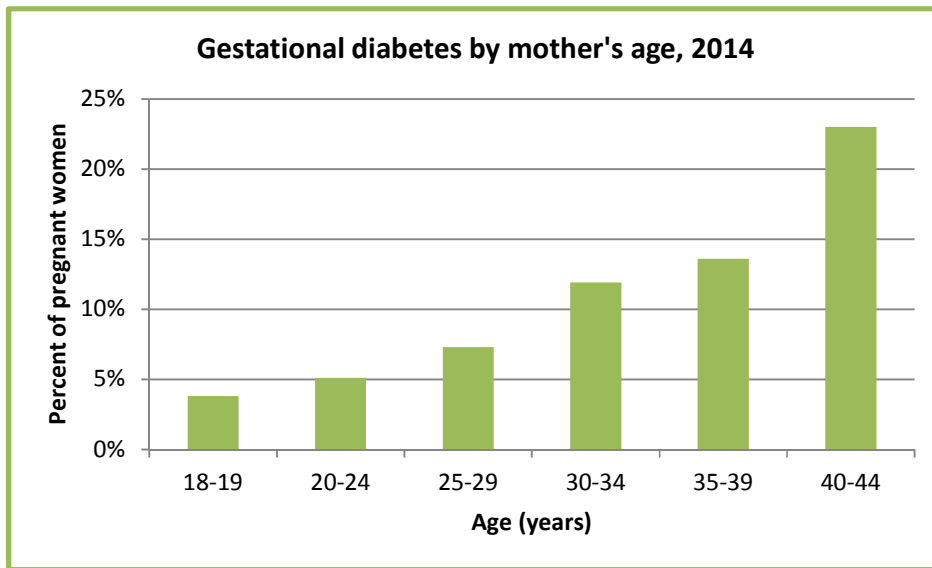


**Gestational Diabetes:** Pregnant women who are diagnosed with diabetes for the first time, while they are pregnant have gestational diabetes. Uncontrolled diabetes during pregnancy can cause problems for both the mother and baby. Poorly managed gestational diabetes can increase the newborn’s risk of breathing problems as well as obesity in adulthood. A healthy diet and regular exercise may control the diabetes, but some women will need to take insulin.

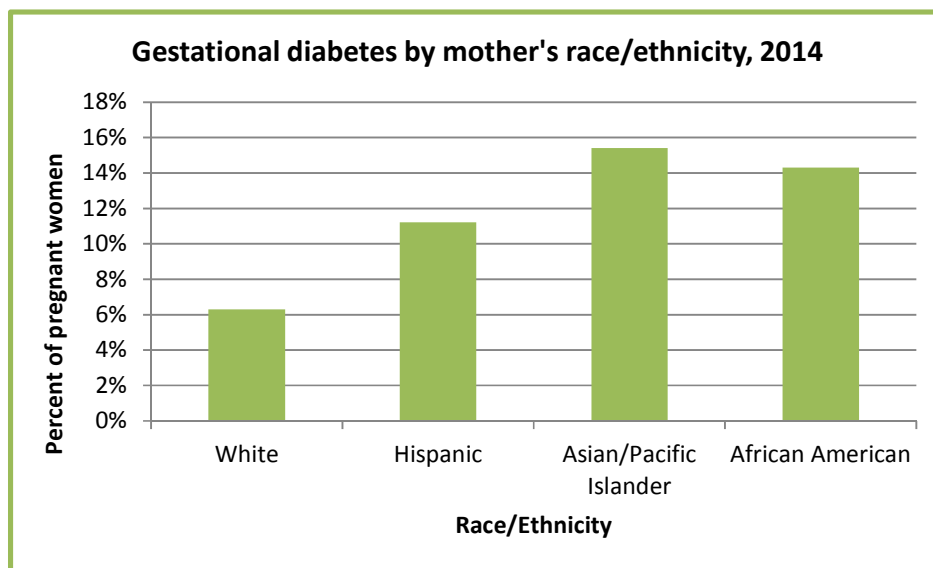
The percent of women with gestational diabetes has been about the same in Marion County since 2010. A larger percent of Marion County women have gestational diabetes than Oregon women.<sup>14</sup>



The percent of women with gestational diabetes increases with the mother's age in Marion County.<sup>14</sup>



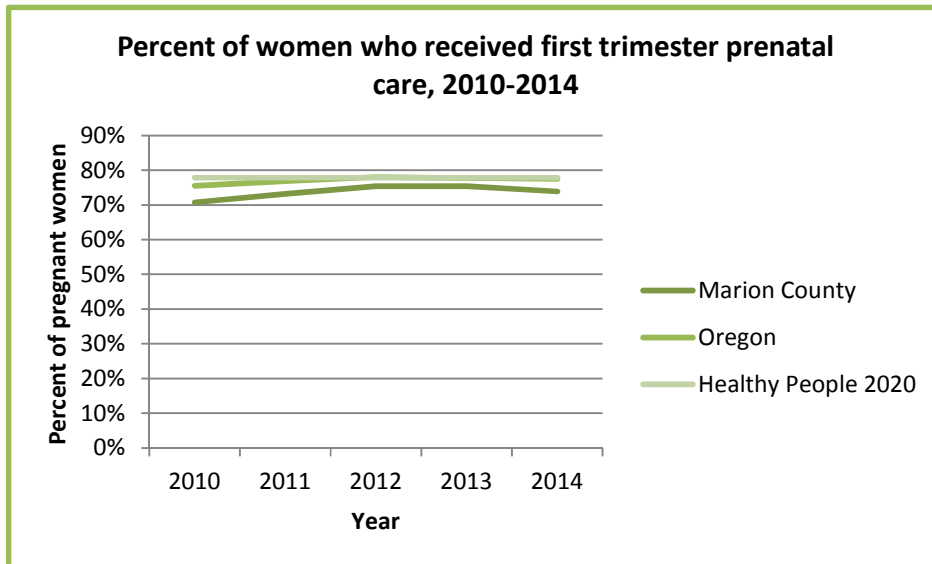
In Marion County, a larger percentage of women who identify as Hispanic, Asian/Pacific Islander, or African American have gestational diabetes than women who identify as White.<sup>14</sup>



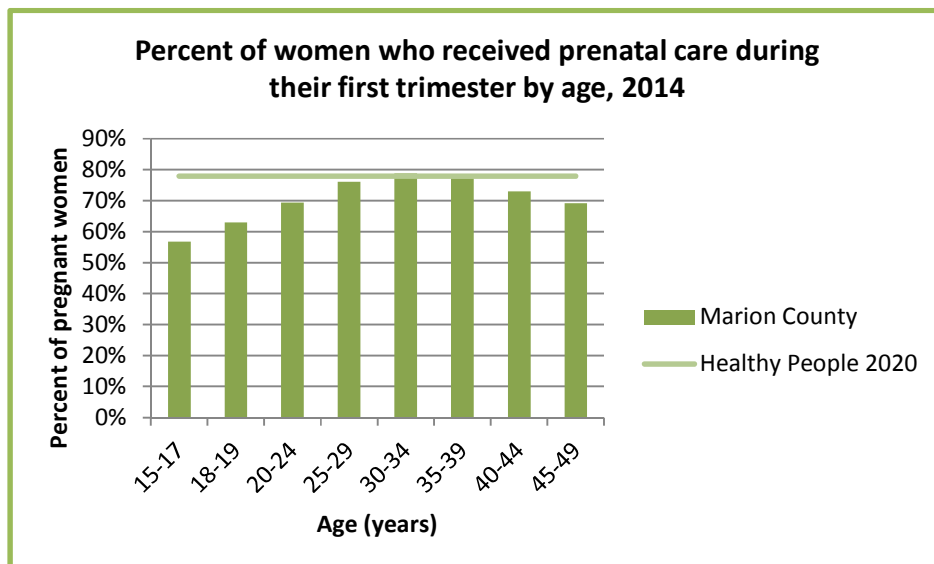


**Prenatal Care:** Women who start prenatal care during the first trimester of their pregnancy are at lower risk for low birth weight infants, pre-term births and other birth complications.

The percent of Marion County women who receive first trimester prenatal care decreased between 2013 and 2014. This is the first time first trimester prenatal care has decreased since before 2008.<sup>14, 15</sup>

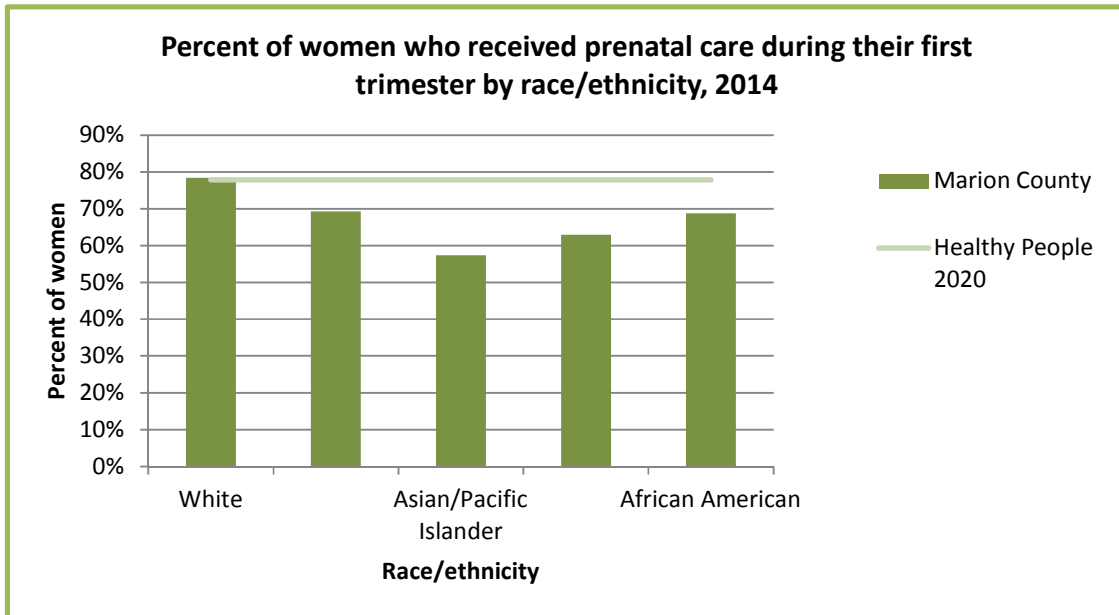


In Marion County, a lower percentage of women under the age of 25 receive first trimester prenatal care than pregnant women aged 25 and older.<sup>14</sup> Only women 25 years and older have met the Healthy People 2020 target for first trimester prenatal care.<sup>15</sup>



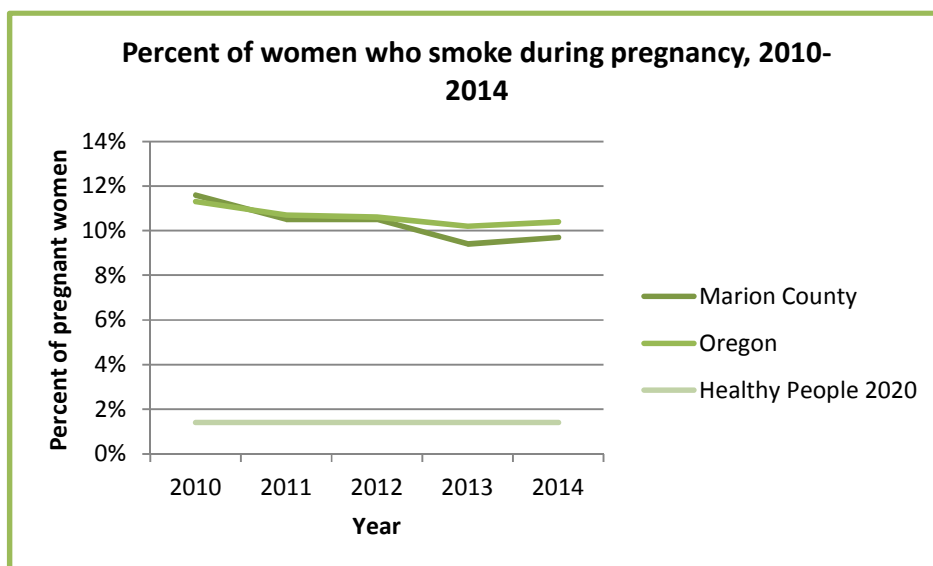
In Marion County, a larger percentage of women in Marion County who identify as White receive first trimester prenatal care than women who identify as Hispanic, Asian/Pacific Islander, American Indian/Alaska Native or African American.<sup>14</sup> Only women who identify as White are meeting the Healthy People 2020 goal.<sup>15</sup>

This may indicate that women who identify as a race/ethnicity other than White are more likely to have low birth weight infants, pre-term births or other birth complications.

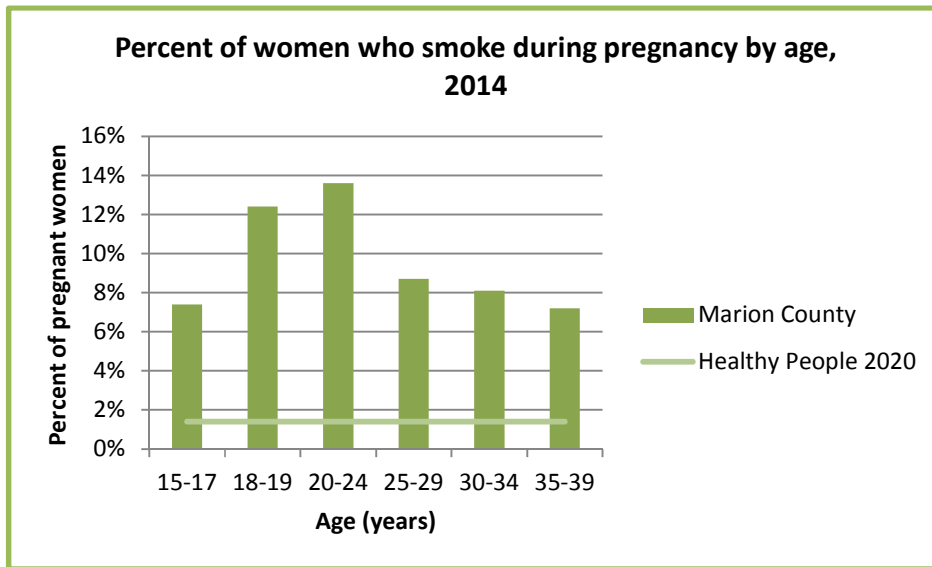


**Tobacco Use during Pregnancy:** Smoking during pregnancy can increase the risk of giving birth to a low birth weight infant.

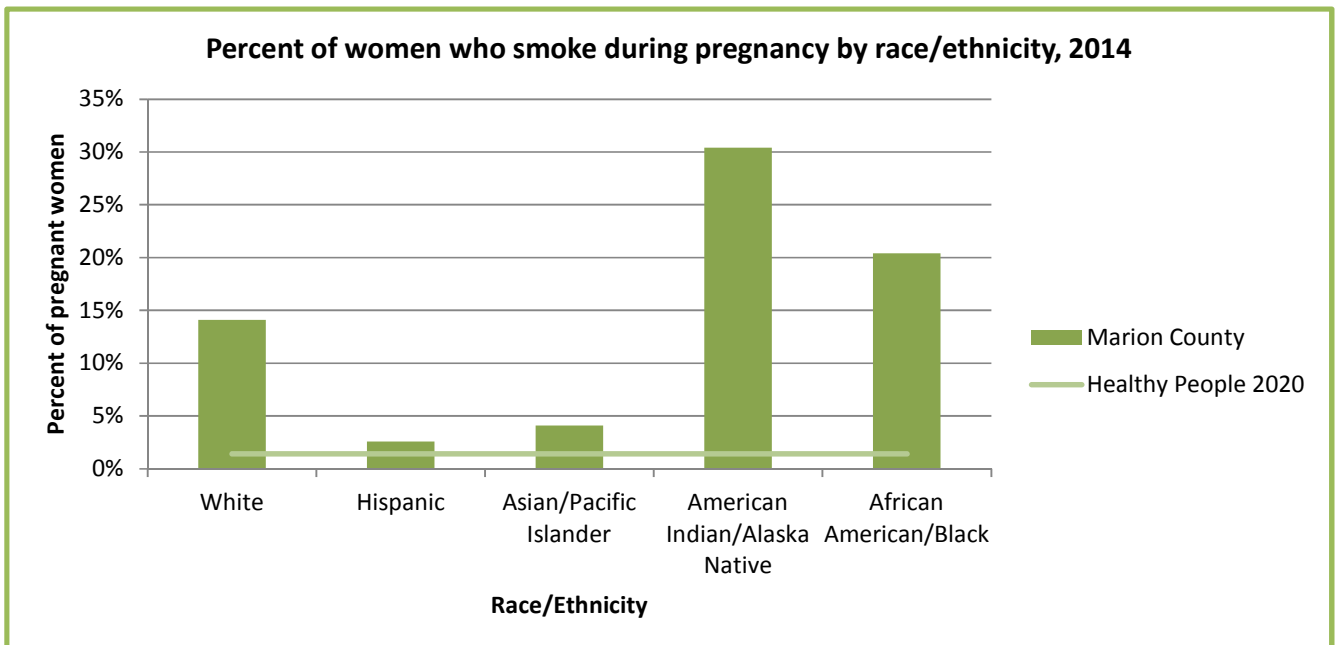
The percentage of women who smoke during pregnancy increased between 2013 and 2014 for the first time since before 2008. The percentage of Marion County and Oregon women who smoke during pregnancy is about the same.<sup>14</sup> Neither Marion County nor Oregon meets the tobacco use during pregnancy Healthy People 2020 goal (1.4%).<sup>15</sup>



In Marion County, women aged 20-24 years represented the highest percentage of women that smoked during pregnancy.<sup>14</sup> None of the age groups in Marion County have achieved the Healthy People 2020 goal.<sup>15</sup>

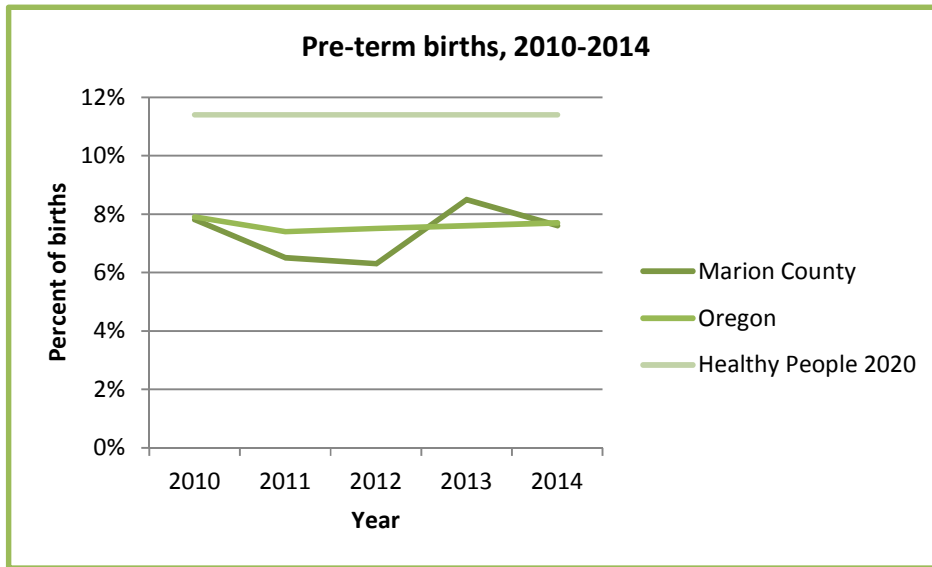


In Marion County, a larger percentage of women who identify as American Indian/Alaska Native, African American/Black, or White smoke during their pregnancy than women who identify as Hispanic or Asian/Pacific Islander.<sup>14, 15</sup>

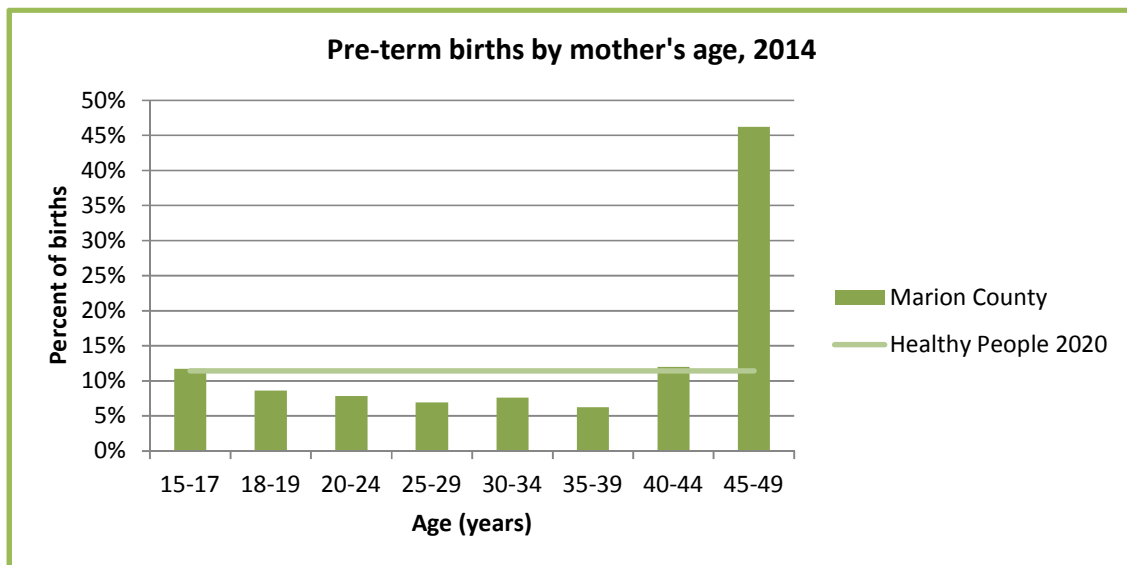


**Pre-term Births:** Pre-term birth, defined as a birth before 37 weeks of pregnancy, is the leading cause of long-term neurological disabilities in children in the United States. Poverty, infection during pregnancy, high blood pressure, tobacco use, alcohol use, substance abuse, high levels of stress and late prenatal care are all associated with increased risk of pre-term birth.

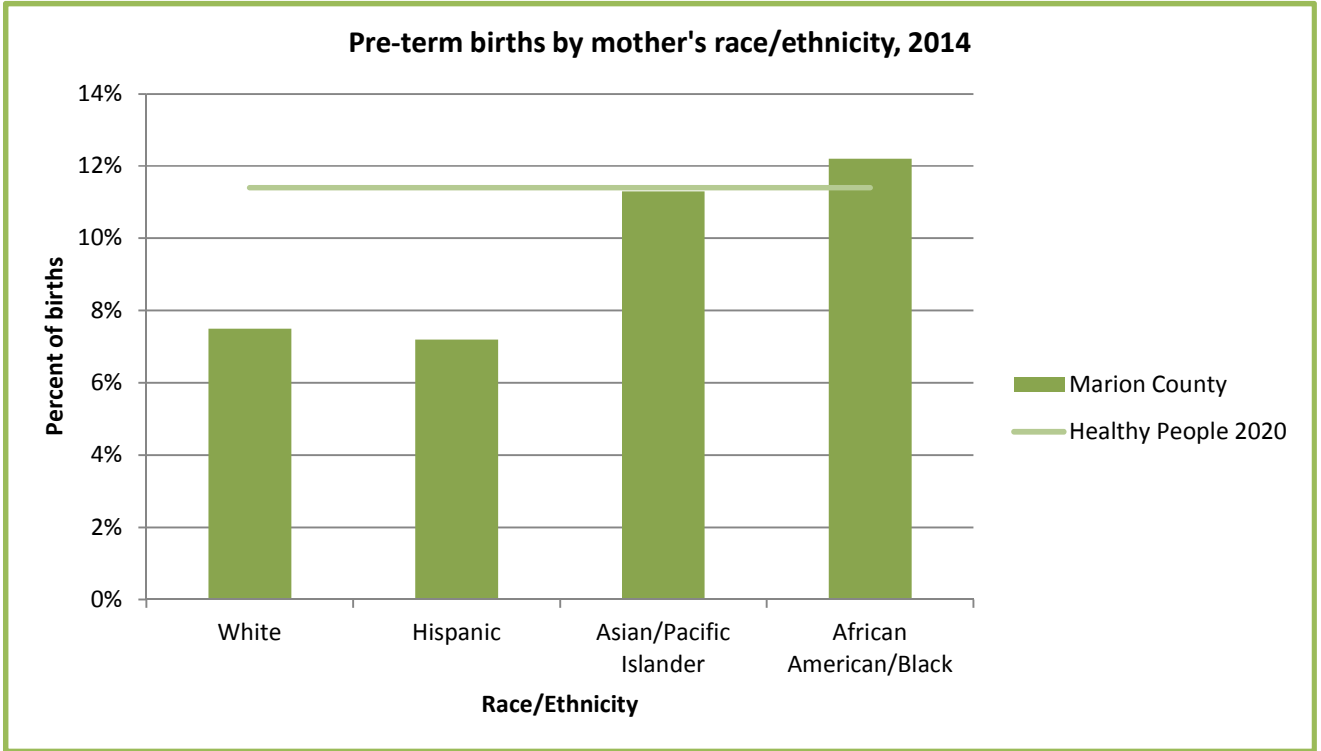
Marion County and Oregon have about the same percentage of pre-term births. The overall trend in the percentage of pre-term births has remained about the same and is below the Healthy People 2020 goal.<sup>14, 15</sup>



In Marion County, mothers between the ages of 15-17 and mothers aged 40 and older had the highest percentage of pre-term births.<sup>14, 15</sup>



Mothers who identify as Asian/Pacific Islander or American Indian/Alaska Native have a higher percentage of pre-term births than mothers who identify as White or Hispanic.<sup>14,15</sup>



# Health Behaviors

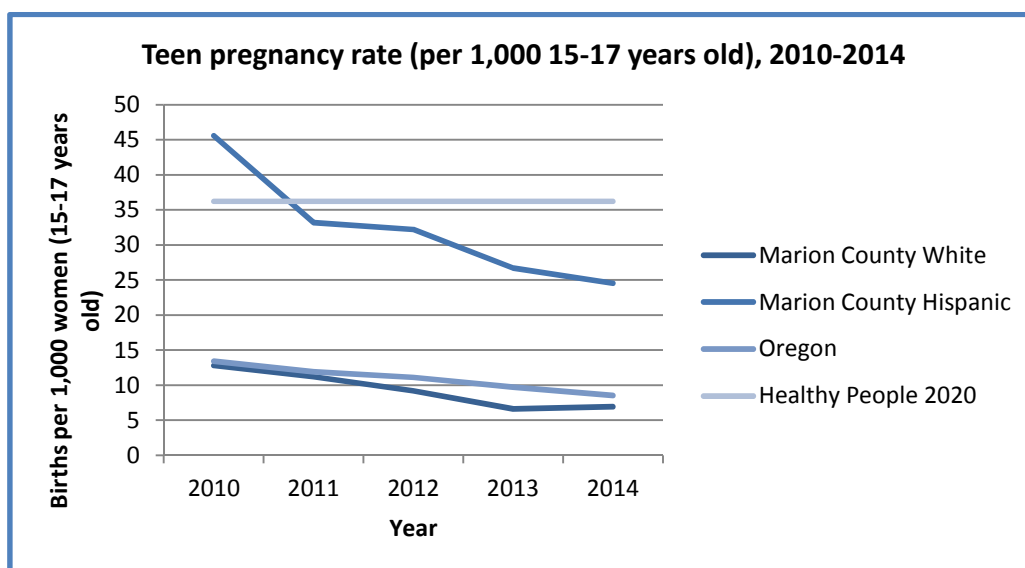
Genetics, social circumstances, environmental exposures and health care are all factors that impact health. In the case of health behaviors, a fifth factor, individuals can take steps to help ensure that they live healthier and longer lives. Some of these steps include: avoiding tobacco and excessive alcohol consumption, maintaining a healthy weight with physical activity and healthy food choices, and receiving the recommended health screenings.

## Key Health Behavior Findings for Marion County:

- A little over 50% of Marion County adults 50-75 years of age are up to date on their colon cancer screening.
- The Marion County Hispanic teen pregnancy rate in 2013 (<30 per 1,000 15-17 year old females) has been cut in half since 2008 (>60 per 1,000 15-17 year old females).
- A larger percentage of Marion County residents (32.7%) are considered to be obese than Oregon residents (25.9%).

**Modifiable Risk Factors-Teen Pregnancy:** Teen childbearing has consequences for the parents, their child and society. The teen mother is “less likely to finish high school, more likely to rely on public assistance; more likely to be poor as an adult; and more likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents.”<sup>16</sup> As mentioned earlier in this document, income and educational attainment are linked to health care access and opportunities for nutrition and physical activity necessary to achieve and maintain health.

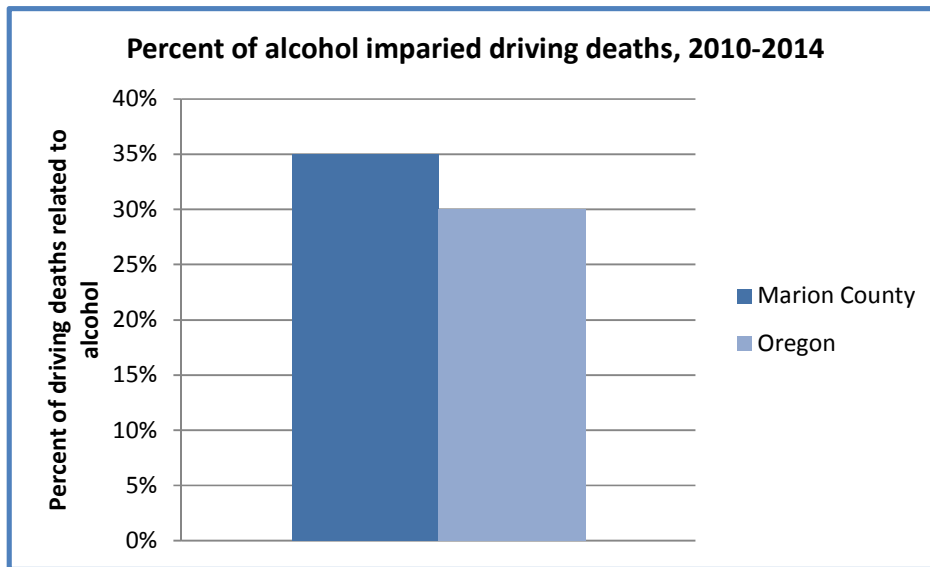
The Marion County teen pregnancy rate has been decreasing since 2008. The Hispanic Marion County teen pregnancy rate is about four times higher than the White Marion County teen pregnancy rate.<sup>14</sup> Both Marion County and Oregon have achieved the Healthy People 2020 goal for teen pregnancy.<sup>15</sup>



## Modifiable Risk Factors-Percent of Alcohol Impaired Driving Deaths:

Alcohol impaired driving deaths are more likely to involve young adult drivers (21-24) than older drivers (25 and older). Community based approaches to alcohol control and prevention of alcohol impaired driving along with sobriety checkpoints and ignition interlocks for people with a history of impaired driving are effective measures to prevent injuries and deaths from drunk driving.<sup>17</sup>

A higher percent of Marion County driving deaths are related to alcohol than Oregon driving deaths.<sup>17</sup>



**Marijuana in Marion County:** Oregon’s Medical Marijuana Program tracks individuals who have medical marijuana cards as well as their caregivers; marijuana growers and marijuana grow sites. The administrative rules and legal information govern who can have a card, grow, and dispense marijuana. The number of medical marijuana patients has decreased since the legalization of recreational marijuana.<sup>18</sup>

Marijuana by numbers: April 2016	
3,770 patients	
2,146 growers	
1,565 grow sites	

# Communicable Disease

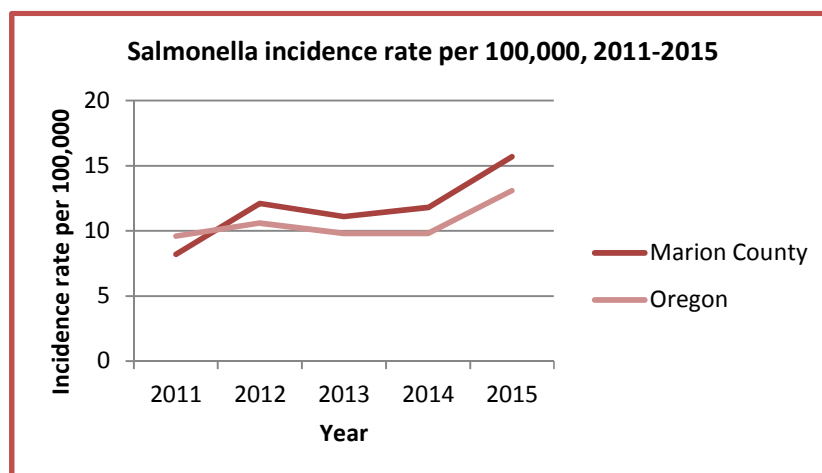
Communicable or infectious diseases differ from chronic diseases because they can pass from human to human or from animals to humans. Globally, there has been a reduction in infectious disease mortality over the last century due largely to immunization, but also drinking water and food regulation. Despite these advances, infectious disease remains a major cause of illness, disability and death worldwide. For each birth cohort in the United States, the recommended childhood vaccine series saves 33,000 lives, prevents 14 million cases of disease, reduces direct health care costs by \$9.9 billion, and saves \$33.4 billion in indirect costs. Unfortunately, about 42,000 adults and 300 children die each year in the United States from vaccine preventable diseases. Disease-specific information in this section comes from the Control of Communicable Diseases Manual reference used by public health departments across the nation.<sup>19</sup>

## Key Communicable Disease Findings for Marion County:

- Pertussis incidence rates are increasing in Marion County. (9.8 per 100,000 in 2011 to 19.4 per 100,000 in 2015).
- Syphilis incidence rates are increasing in Marion County. (1.3 per 100,000 in 2011 to 21.8 per 100,000 in 2015).
- Childhood immunization rates are decreasing in Marion County. (64.3% up-to-date 2 year olds in 2010 to 57.0% up-to-date 2 year olds in 2014).

**Salmonella Incidence Rate:** Salmonella is a bacterium that makes people sick. Most people with salmonella have diarrhea, fever, and abdominal cramping that lasts 4-7 days. Most people recover without treatment however, in some cases diarrhea is so severe it requires hospitalization. In rare cases the infection can spread to the blood stream and other body sites. This can be deadly if the person is not treated with antibiotics quickly. Older adults, infants and people with compromised immune systems are more likely to have severe infections. Ways to avoid salmonella are to cook all poultry, ground beef and eggs thoroughly. Avoid consuming raw eggs or unpasteurized milk. Wash hands, kitchen counters and utensils after they have been in contact with raw meat. Wash hands thoroughly after handling reptiles and birds.<sup>20</sup>

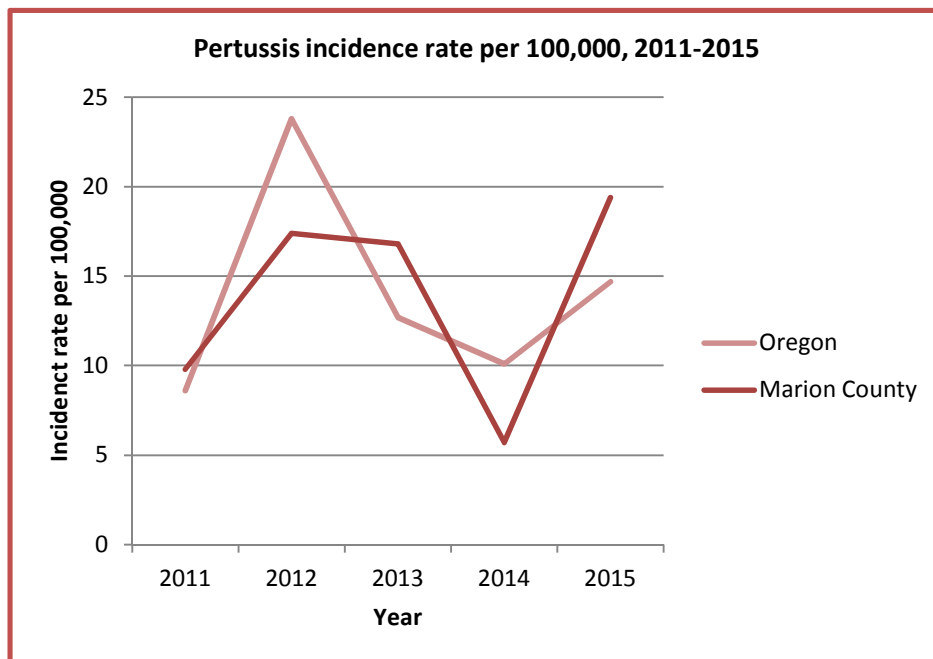
Salmonella incidence rates increased in both Marion County and Oregon between 2014 and 2015.<sup>21</sup> In Marion County, the incidence rate increase could be due to the outbreaks where salmonella was named as the etiologic agent as well as increasing mass food production and rising global temperatures that support bacterial proliferation.





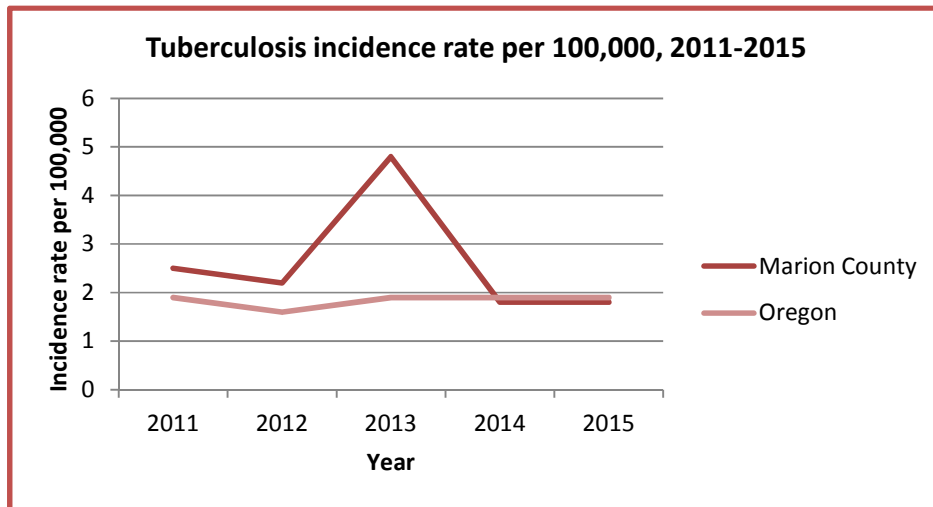
**Pertussis Incidence Rate:** Pertussis, also known as Whooping Cough, is caused by highly contagious bacteria that infect the respiratory track. Pertussis can result in serious illness and sometimes death, especially in infants younger than six months. In older persons who have been vaccinated, the illness may be milder. Pertussis is considered a vaccine-preventable disease and a complete vaccine series is recommended for young children. As immunity may wane or decrease over time, a one-time booster dose is recommended for persons who are middle-school aged or older.<sup>22</sup>

Marion County has been experiencing an increase in pertussis incidence since 2009.<sup>21</sup> Increasing pertussis rates may be partially related to the reduced effectiveness of the acellular vaccine that is currently in use (DTaP and Tdap) compared with the previous whole-cell vaccines, as well as decreasing vaccination rates among children and adults.



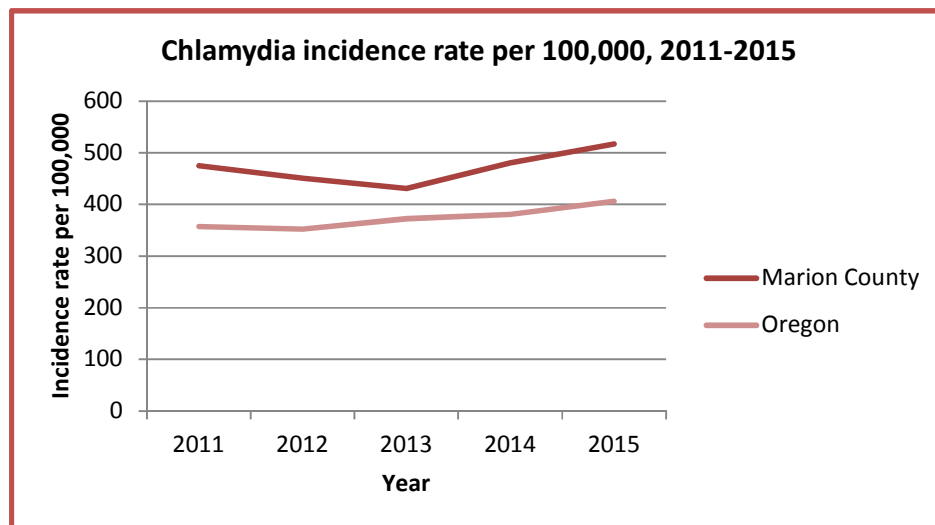
**Tuberculosis Incidence Rate:** Tuberculosis (often called TB) is a bacterial disease that can occur in various organs of the body. Whether a person is contagious depends upon the site of his or her disease. TB disease most commonly affects the lungs, which means that the person with TB may spread the infection to others through coughing. Tuberculosis requires treatment with antibiotics and can lead to death if not treated. With the availability of adequate treatment, the rate of new cases of TB in the United States has decreased from 52.6 in 1956 to 3 cases per 100,000 in 2013.<sup>23</sup>

This graph shows new cases of active TB disease for Marion County and Oregon. The overall tuberculosis incidence trend for Marion County and Oregon has remained stable since 2011 except a peak in 2013. In 2015, Marion County had about the same tuberculosis incidence rate (1.8 per 100,000) as Oregon (1.9 cases per 100,000).<sup>21</sup>



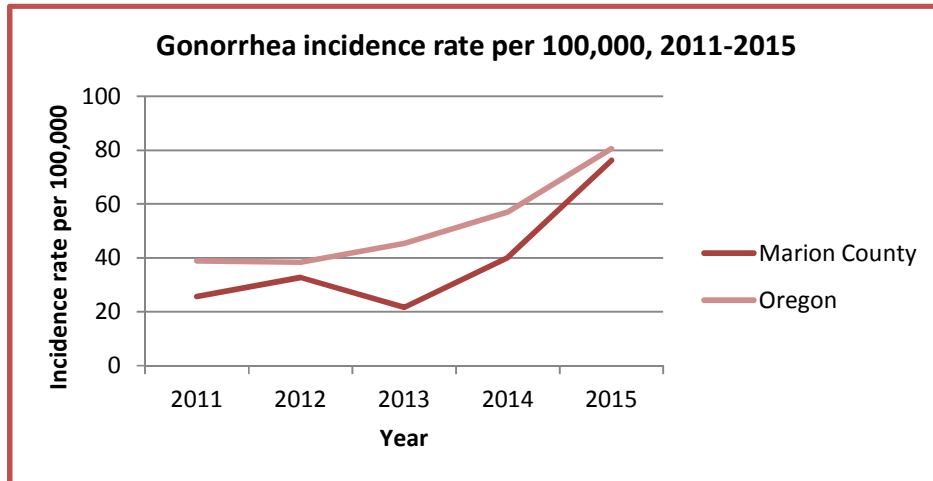
**Chlamydia Incidence Rate:** Chlamydia is a sexually transmitted bacterial infection that often causes no symptoms. If untreated in women, the infection can lead to infertility and other problems. Infection during pregnancy can result in eye and lung infections in the newborn.<sup>24</sup>

Marion County has a higher Chlamydia incidence rate (517.4 per 100,000) than Oregon (405.9 per 100,000).<sup>21</sup>



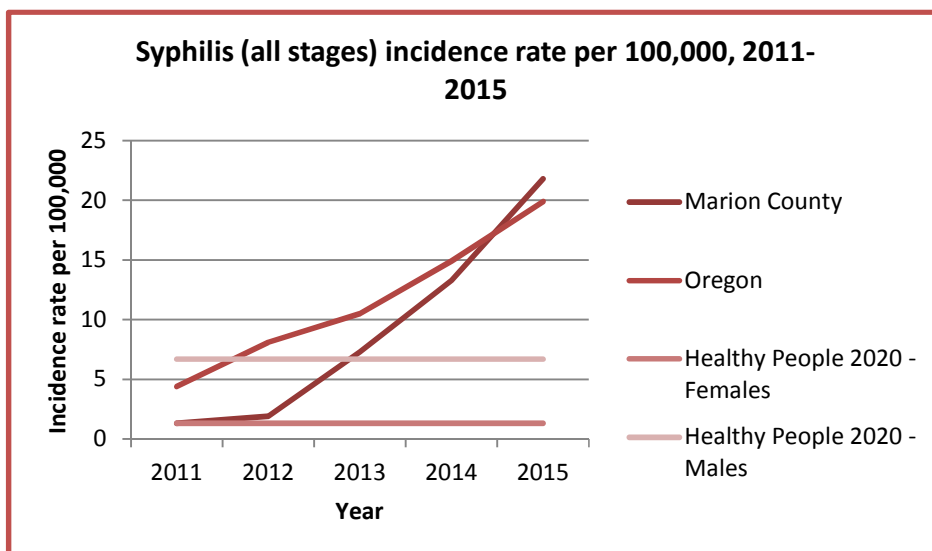
**Gonorrhea Incidence Rate:** Gonorrhea is a sexually transmitted bacterial infection. Untreated infection in men and women can lead to complications, including infertility. Risk of HIV infection is increased when a person is already infected with gonorrhea.<sup>25</sup>

Gonorrhea incidence rates in Marion County and Oregon are increasing rapidly. In 2015, Marion County had about the same gonorrhea incidence rate (76.2 cases per 100,000) as Oregon (80.5 per 100,000).<sup>21</sup>



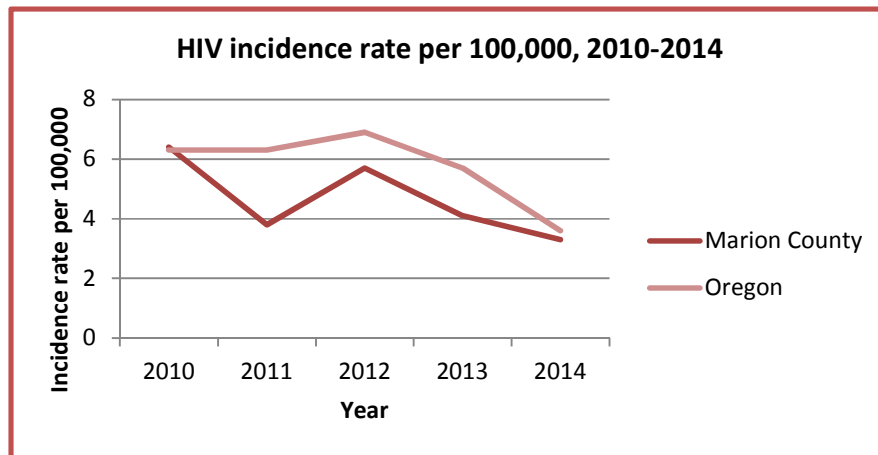
**Syphilis (All Stages) Incidence Rate:** Syphilis is a sexually transmitted bacterial infection. The illness progresses in stages. Pregnant women may transmit the infection to their fetus with a high risk that the baby will be stillborn or have other serious health problems. Persons who are not treated may develop late stage syphilis, including nervous system problems.<sup>26</sup>

Syphilis incidence rates for both Marion County and the state of Oregon have been increasing since 2009.<sup>21</sup> The goal of Healthy People 2020 is to lower the incidence of Syphilis to 1.3 cases per 100,000 for females and 6.7 cases per 100,000 for males.<sup>27</sup> Neither Marion County nor Oregon has achieved the Healthy People 2020 goal.



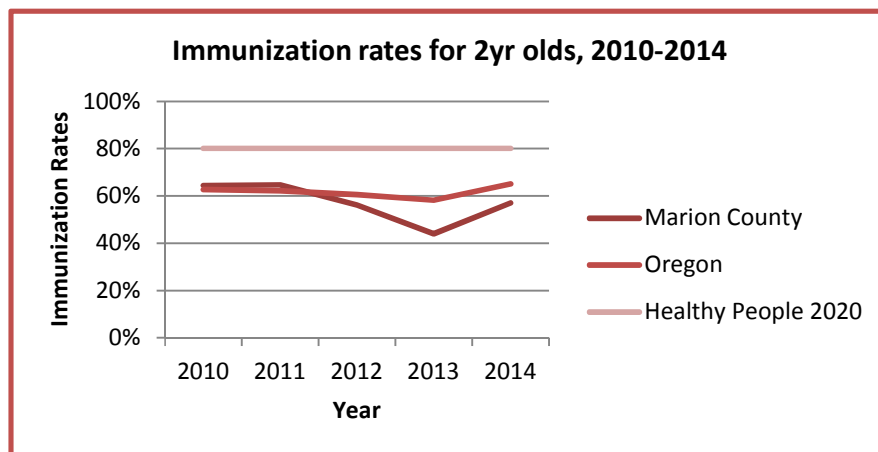
**HIV Incidence Rate:** HIV (Human Immunodeficiency Virus) is a virus that attacks specific cells in the immune system. Over time, HIV can destroy so many of these cells that the body cannot fight off other diseases. At that point, HIV infection leads to AIDS (Acquired Immunodeficiency Syndrome). At this time there is no safe, effective cure for HIV, so once infected, you will have HIV for life.<sup>28</sup>

The overall trend in HIV incidence has been decreasing in Marion County. In 2014, Marion County had about the same HIV incidence rate (3.3 per 100,000) as Oregon (3.6 per 100,000).<sup>21</sup>



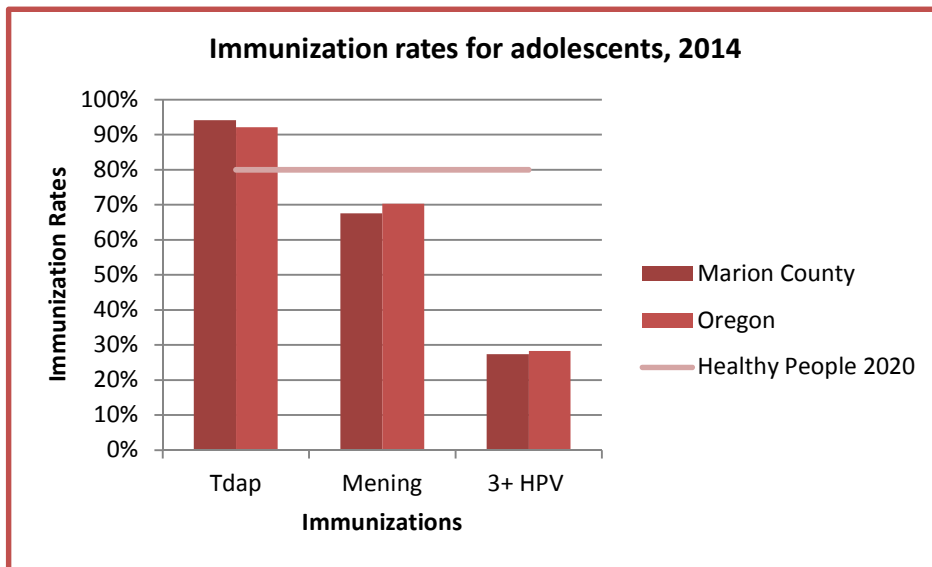
**Immunization Rates:** Oregon requires certain immunizations for children in school and child care. The purpose of the immunization requirements is to protect everyone in a population from vaccine preventable diseases. If enough people are immunized, herd immunity can be achieved. This means enough people have been are immune that it is unlikely the disease will spread.

A lower percent of two year olds are fully immunized in Marion County than in Oregon. A lower percent of two year olds were fully immunized in 2014 (57.0%) than were immunized in 2010 (64.3%).<sup>29</sup> Neither Marion County nor Oregon has accomplished the Healthy People 2020 immunization goal.<sup>30</sup> Two year olds are considered to be fully immunized with: 4 doses of DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of Hib, 3 doses of HepB, 1 dose of Varicella and 4 doses of PCV. This series of immunizations protect children from diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus influenza type b, hepatitis B, chicken pox and pneumonia.



Adolescents are considered to have a complete vaccination record with: 1 dose Tdap, 1 dose MCV, and 3 doses HPV. This series of vaccinations protects adolescents against tetanus, diphtheria, pertussis, meningitis, and human papillomavirus.

Marion County and Oregon have about the same percent of vaccinated adolescents. Both Marion County and Oregon have achieved the Healthy People goal for the adolescent Tdap vaccine rate but have not achieved the Healthy People goal for the meningococcal or HPV vaccines.<sup>29,30</sup>



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# Glossary

**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.

**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))

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

**Prevalence Rate:** Describes the burden of new and old cases of a specific disease over a specified time ((# of new cases + # of old cases)/(population))

**Healthy People 2020:** Healthy People provides science-based, ten year national objectives for improving the health of all Americans. Healthy People establishes benchmarks and monitors progress over time to: encourage collaboration across communities and sectors, empower individuals to make informed health decisions and measure the impact of prevention activities. Its mission is to: identify nationwide health benchmarks, increase public awareness and understanding of the determinants of health, disease and disability and the opportunities for progress, provide measurable objectives and goals that are applicable at national, state and local levels, engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge, and to identify critical research, evaluation and data collection needs. Its overarching goals are to: attain high-quality, longer lives free of preventable disease, disability, injury and premature death, achieve health equity, eliminate disparities and improve the health of all groups, create social and physical environments that promote good health for all, and promote quality of life, healthy development and healthy behaviors across all stages of life.



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