

**CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS**  
**Sitting/Acting as Board of Health**  
**Policy Session Worksheet**

**Presentation Date:** May 15, 2018 **Approx Start Time:** 1:30 PM **Approx Length:** 1 hour

**Presentation Title:** Blueprint for a Healthy Clackamas County

**Department:** Public Health Division

**Presenters:** Richard Swift and Dawn Emerick

**Other Invitees:** Dr. Sarah Present

**WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?**

Receive an update on the Blueprint for a Healthy Clackamas County initiative and be presented with the proposed goals, objectives & strategies based on 6 months of community planning meetings with partners across Clackamas County. Prepare for adoption of the plan during an upcoming Business Meeting and seek support for additional investment to implement this community-driven plan over the next three-five years through County Small Grants Program.

**EXECUTIVE SUMMARY:**

The Public Health Division has developed a final draft of the County's Community Health Improvement Plan – the Blueprint for a Healthy Clackamas County. The report was developed based on priorities identified through the updated community health assessment, community listening sessions and interactive presentations with 76 local organizations across the County's 10 Health Equity Zones.

The Public Health Division presented the preliminary draft to the Board in July 2017, conducted a month-long public comment period with support provided by Public & Government Affairs staff and convened / facilitated 6-months of community planning meetings to develop the proposed goals, objectives and strategies being presented today. This work was created through creation of 3 subcommittees: Access to Health Care & Human Services, Culture of Health & Healthy Behaviors. The Public Health Advisory Committee reviewed the recommendations on April 23<sup>rd</sup>, 2018 and provided unanimous support to move this initiative forward.

The Public Health Division requests that the Board officially approve this plan during an upcoming Business meeting in June 2018. Board members and County leadership have discussed interest in aligning this initiative with the County Small Grants program (\$250,000).

In addition, the Division wishes to acknowledge the Boards identification and designation of the Equity Pilot Areas in the county. Addressing the impacts of poverty on our residents is critical work. This work naturally aligns with the Blue Print. As the work of the Pilot Areas gains clarity and definition, Public Health hopes that decisions in these areas can align with the Blue Print recommendations.

**FINANCIAL IMPLICATIONS (current year and ongoing):**

**Is this item in your current budget? YES**

**What is the cost?** \$140,000 for community partners to implement projects related to the Blueprint for a Healthy Clackamas County is currently available. This will be conducted through a request for application (RFA) process from August – September 2018. The Board could choose to incorporate County Small Grants program funding to further invest in the Blueprint for a Healthy Clackamas County initiative.

**What is the funding source?** County General Fund & United Way of the Columbia-Willamette

**STRATEGIC PLAN ALIGNMENT:**

- **How does this item align with your Department's Strategic Business Plan goals?**
  - By 2020, the health outcome disparities identified in the Community Health Improvement Plan will be reduced by 5%
  
- **How does this item align with the County's Performance Clackamas goals?**
  - Ensure safe, healthy & secure communities

**LEGAL/POLICY REQUIREMENTS:** ORS 431.413 requires Local Public Health Authorities to conduct community health assessments and community health improvement plans in coordination with partners.

**PUBLIC/GOVERNMENTAL PARTICIPATION:** Updating the County website; launching RFP in August-September 2018 for Blueprint Community Grants

**OPTIONS:**

1. Approve the report as submitted and instruct staff to prepare for adoption during upcoming Business Meeting in June 2018. Move portion (or all) of County Small Grants program funds to support this initiative.
2. Approve the report as submitted, instruct staff to prepare for adoption during upcoming Business Meeting in June 2018 and do not move portion (or all) of County Small Grants program funds to support this initiative and do not incorporate the Equity Pilot Area project.
3. Instruct staff to revise report prior to adoption.
4. Reject report and proposed change in process moving forward.

**RECOMMENDATION:** Staff recommends approval of Option #1 as described above.

**ATTACHMENTS:**

- PowerPoint Presentation
- Access to Health Care & Human Services Proposal
- Culture of Health Proposal
- Healthy Behaviors Proposal

**SUBMITTED BY:**

Division Director/Head Approval \_\_\_\_\_

Department Director/Head Approval \_\_\_\_\_

County Administrator Approval \_\_\_\_\_

For information on this issue or copies of attachments, please contact Dawn Emerick @ 503-655-8479
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# BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

Presentation to Board of County Commissioners – May 15, 2018



Health, Housing  
& Human Services   
CLACKAMAS COUNTY

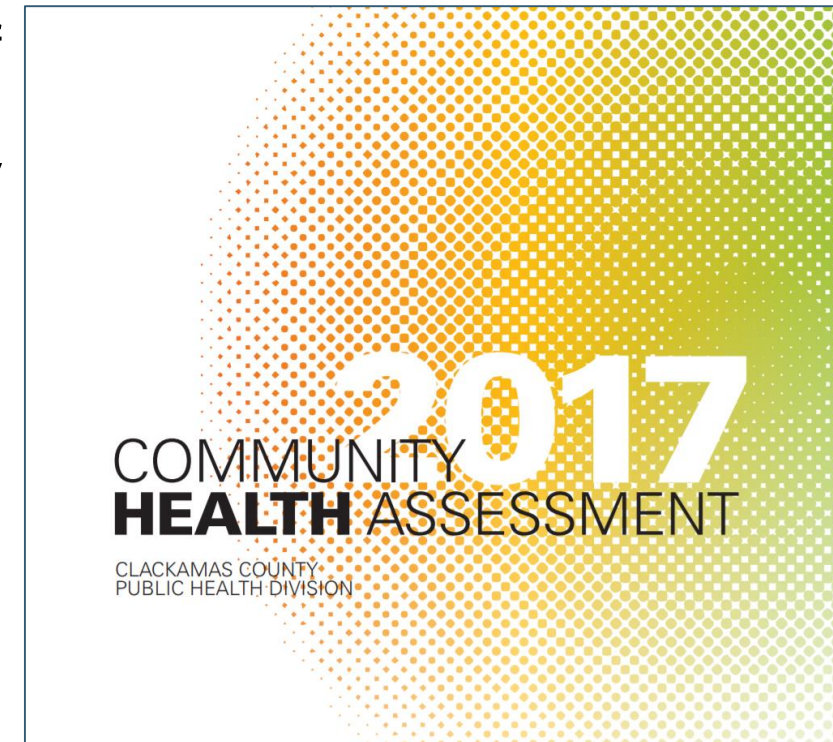


Public Health

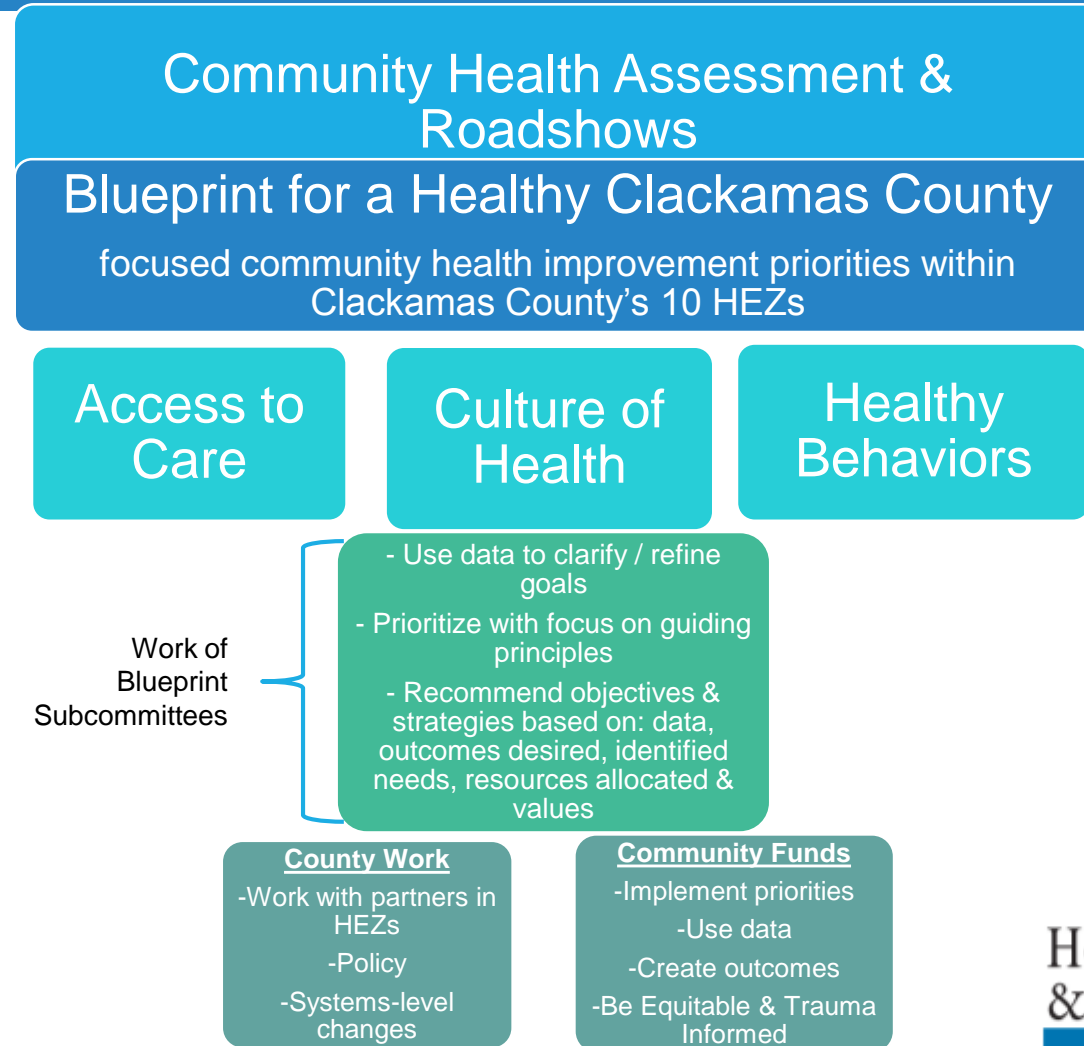
# WHAT IS THE BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY?

The Blueprint for a Healthy Clackamas County is our version of the required Community Health Improvement Plan – a plan focused on partners working together to assure residents enjoy equitable access to resources, opportunities and environments that maximize the health of their communities.

Based on the 2017 Community Health Assessment, it puts community needs into action by prioritizing the external work Clackamas County Public Health conducts with partners and projects that are funded (via Blueprint Community Grants).



# VISUAL OF CHA/CHIP PROCESS



# COMMUNITY ENGAGEMENT 2017 - 2018



## ROADSHOWS

**72 presentations**



## SURVEYS (online & hard-copy)

**1,002 submitted**



## LISTENING SESSIONS

**14 focus groups**



## BLUEPRINT SUBCOMMITTEES

**269 participants**



## Organizations' Focus Areas

- Education
- Behavioral health
- Economic development
- Disease prevention
- Faith-based organization
- First responders
- Health care
- Nutrition
- Housing
- Law enforcement
- People with disabilities
- Early childhood & youth development
- Transportation
- Environmental justice



## Populations Served

- Communities of color
- Persons with disabilities
- Houseless
- Immigrants and refugees
- LGBTQI
- Low-income
- Persons with mental illness / substance use
- Rural and unincorporated
- Seniors
- Veterans
- Youth

# COMMUNITY HEALTH IMPROVEMENT PLAN FRAMEWORK

## Three sections of the plan:

- Access to Health Care & Human Services
- Culture of Health
- Healthy Behaviors

Key Definitions	
Goals	The vision to be achieved within each action area
Objectives	Specific, measurable, achievable, relevant and time-bound indicators to measure the success of proposed strategies to be developed by CHIP subcommittees
Strategies	Evidence-based/ informed or innovative approaches to achieve the goal to be developed by CHIP subcommittees

# GUIDING PRINCIPLE – ADDRESSING HEALTH ACROSS THE LIFESPAN

In order to address health needs and concerns that differ significantly based on age ranges, goals / objectives / strategies will be addressed by the age range categories described below. These categories align with the county's Early Learning Hub.

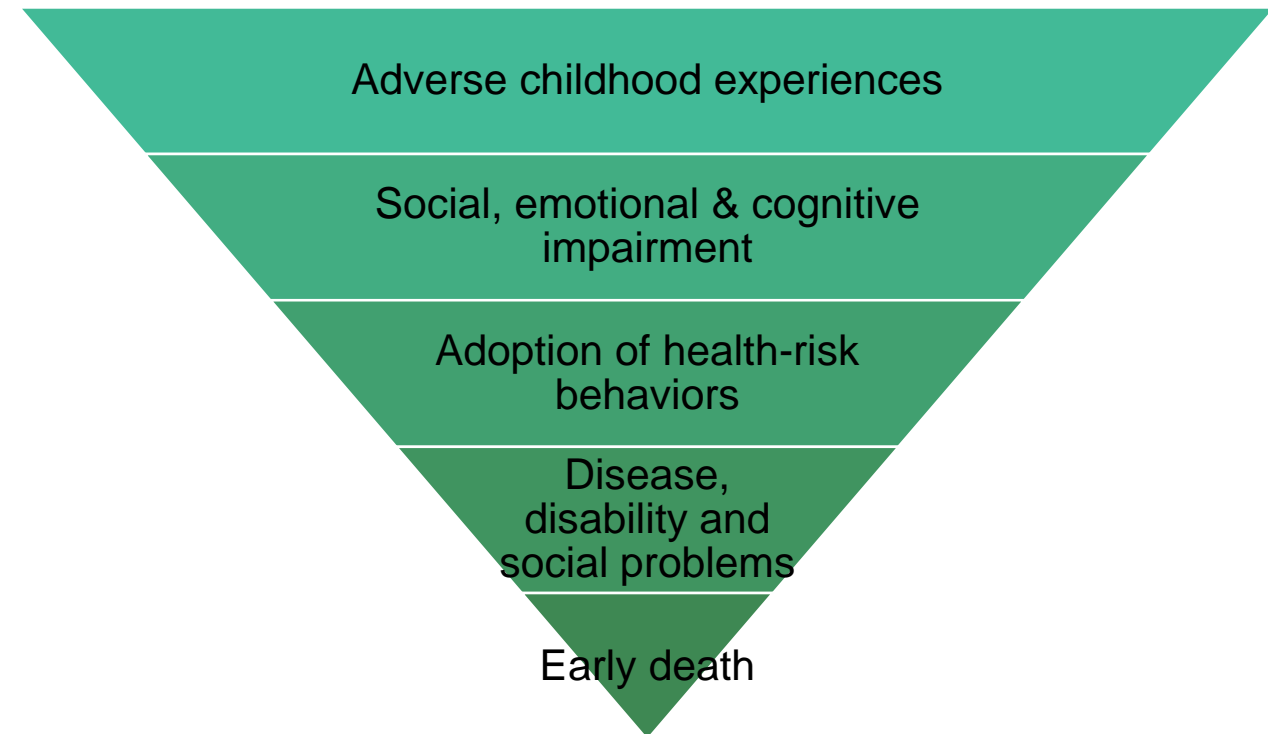
Health Across Lifespans - Age Range Categories									
Pre-Natal	Infants & Toddlers	Early Childhood	Youth	Adolescents	Teens	Young Adults	Adults	Older Adults	Everyone
--	Birth - 3 years	4 - 8 years	7 - 13 years	9 - 12 years	13 - 19 years	20 - 25 years	25 - 64 years	65+ years	ALL



# GUIDING PRINCIPLE – TRAUMA-INFORMED APPROACHES

Trauma-informed care is an approach to service delivery that acknowledges the effects that trauma can have on an individual's physical and mental health. It is widely recognized that communities of color, people living in poverty and those with less access to education experience more traumatic events throughout their lifespans.

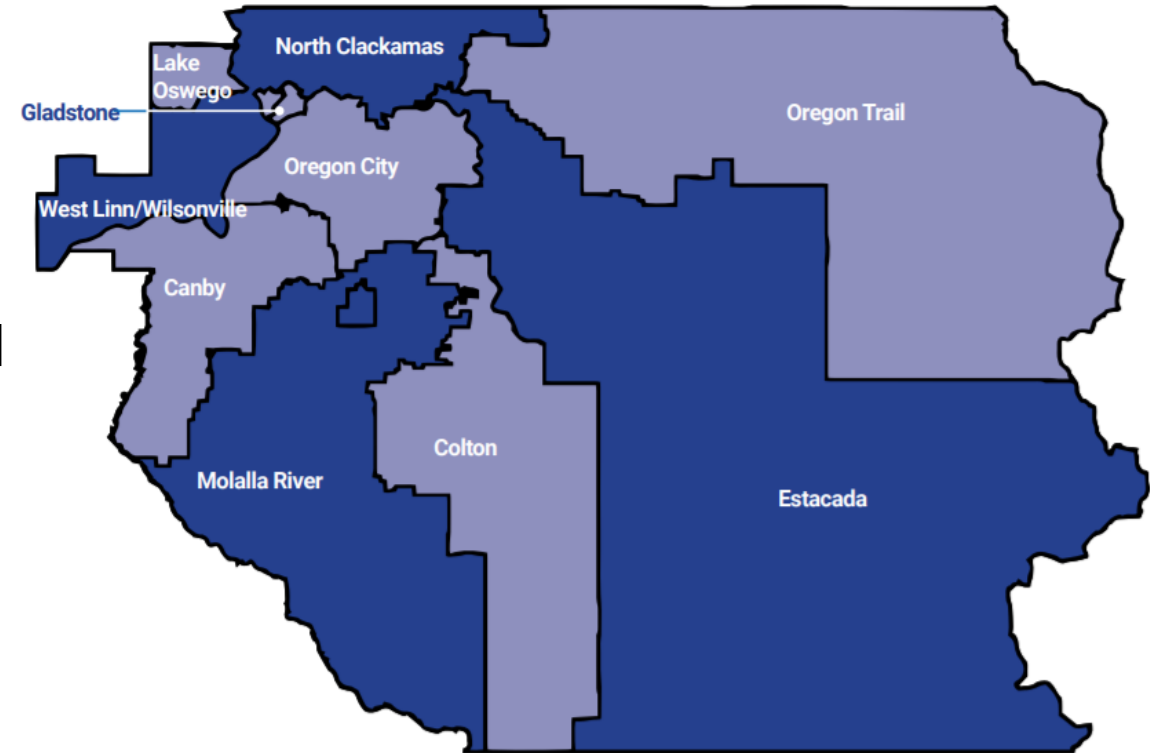
Trauma-informed approaches can be implemented at the individual, organizational and system-levels through significant changes in attitude, knowledge and practice.



# GUIDING PRINCIPLE – GROUNDED IN HEALTH EQUITY

Clackamas County is economically and geographically diverse, which has historically made it difficult to analyze the health of particular communities.

Health Equity Zones are a new concept developed to address the gaps in our knowledge about the health of our communities. Clackamas County's 10 Health Equity Zones divide the county into small geographic areas to display data that communicates the health, equity and quality of life needs of local communities.



# GUIDING PRINCIPLE: GROUNDED IN HEALTH EQUITY

## VALUE STATEMENT ON EQUITY (draft)

We believe in the dignity, potential and resiliency of all people living and working in Clackamas County, unlocking the promise of us all.

We are committed to:

- Identifying and influencing institutional policies and practices that limit opportunities
- Working alongside our communities to define their cultural narrative, leverage resources and take action
- Providing equitable access to the Blueprint decision making and resource allocation
- Offering programs and services that are relevant to Clackamas County residents and businesses no matter where they live
- Preparing a workforce that is equipped to meet the needs of Clackamas County residents

# DEFINITION OF HEALTH EQUITY & HEALTH DISPARITIES\*

## Health Equity

The absence of unfair, avoidable, or remediable difference in health among social groups. Health equity implies that health should not be compromised or disadvantaged because of racism, classism, gender / sexual discrimination, religious discrimination, linguistic discrimination, nationalism, ableism, or by neighborhood or other social condition.

Achieving health equity requires the equitable distribution of resources and power resulting in the elimination of gaps in health outcomes between and within different social groups while accounting for geographic and cultural differences across Clackamas County. It also requires looking for solutions outside of the health system to improve the health of communities.

## Health Disparities

Health disparities are differences in the health status of specific populations that are avoidable and can be changed. These differences can result from environmental, social and/or economic conditions, as well as public policy. These and other factors adversely affect population health. Health disparities are referred to as **health inequities** when they are the result of the systematic and unjust distribution of these critical conditions.

\*Adopted from 2017 Public Health Modernization Manual, OHA Health Equity Workgroup and OHA working definitions.

# ROLES OF ADVISORY COMMITTEE & BOARD OF COUNTY COMMISSIONERS

## Public Health Advisory Committee

- Advise the Public Health Director and staff
- Convene as the Ethics Committee for the Public Health Division
- Participate in the Blueprint for Healthy Clackamas County initiative
- Review written materials
- Make recommendations to assure alignment with public health goals
- Links public health programs and services
- Promote public health initiatives and activities
- Participates in community education and engagement



## Board of County Commissioners

Serves as the Board of Health for Clackamas County, set forth in ORS 431.415:

- The county board of health is the policymaking body of the county
- The county board of health shall adopt rules necessary to carry out its policies
- The county board of health shall not adopt a rule or policy that is inconsistent or less strict than any public health law or rule of the Oregon Health Authority
- The county board of health may adopt schedules of fees for public health services

# BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

## Assessment of Community Needs

(2017 Clackamas County Community Health Assessment)

## Blueprint for a Healthy Clackamas County

(focused community health improvement activities within Health Equity Zones)

### Access to Health Care & Human Services

- Increase Utilization of Services
- Improve Quality
- Transportation

### Culture of Health

- Early Childhood Development
- Food Insecurity
- Housing

### Healthy Behaviors

- Heart Disease & Diabetes
- Substance Use/Abuse & Suicides

# ACCESS TO HEALTH CARE & HUMAN SERVICES

Chair: Linda Eastlund, Clackamas Education Service District

# ACCESS TO HEALTH CARE & HUMAN SERVICES

**Goal 1 – Increase utilization of health and human services through the reduction of barriers and increased awareness.**

Objective 1: Increase the utilization of primary medical and dental care for individuals with Oregon Health Plan (OHP) in communities within Clackamas County.

Objective 2: Increase the proportion of individuals in Clackamas County with mental and substance use challenges who receive treatment.

Objective 3: Improve the community's capacity to obtain, process and understand basic health information & services needed to make appropriate health care decisions for OHP recipients and the uninsured.





# ACCESS TO HEALTH CARE & HUMAN SERVICES

**Goal 2 – Improve quality and capacity of health and human services through health equity.**

Objective 1: Increase number of formal partnerships and collaborations amongst agencies that deliver and provide services based on disparities within the 10 Health Equity Zones

Objective 2: Increase the availability of culturally appropriate and trauma informed care services provided.

# ACCESS TO HEALTH CARE & HUMAN SERVICES

## Goal 3 – Improve physical environments and access to transportation.

Objective 1: Ensure residents have equitable access to transportation options for health & human services.

Objective 2: Improve physical environments to support access to health & wellness.

# ACCESS TO HEALTH CARE & HUMAN SERVICES

## Participating Organizations

- American Medical Response
- Clackamas County Children's Commission
- Clackamas Education Service District
- Clackamas County Department of Transportation & Development
- Clackamas Dental Society
- Clackamas Fire District #1
- Clackamas County Behavioral Health Division
- Clackamas County Public Health Division
- Clackamas County Social Services Division
- Clackamas Service Center
- Health Share of Oregon
- Kaiser Permanente Northwest
- Northwest Housing Alternatives
- Orchid Health
- Oregon Coalition for Dental Care
- Oregon DHS
- Planned Parenthood Columbia Willamette
- Project Access NOW
- Community Advocates / Residents / Volunteers

# CULTURE OF HEALTH

Co-chairs: Emily Balius, Oregon Food Bank & Eric Olson, Aging Services Advisory Council

# CULTURE OF HEALTH

**Goal 1 – Clackamas County will use housing as a platform to improve health.**

Objective 1: Develop cross-sector partnerships that promote health and housing.

Objective 2: Increase housing stability in Clackamas County.

# CULTURE OF HEALTH

## Goal 2 – All Clackamas County residents have access to healthy food.

Objective 1: Increase distribution of produce to food insecure individuals and families.

Objective 2: Increase number of food distribution sites in Clackamas County.

Objective 3: Conduct analysis of current resources to enhance health food access points within existing locations in Clackamas County.

# CULTURE OF HEALTH

**Goal 3 – All families with children, ages 0-5, are engaged in high quality early learning experiences and are connected to comprehensive health care services.**

Objective 1: By June 2020, 95 percent of children through age 5 have developmental screenings completed annually, and reviewed by a Primary Care Provider with whom the child is connected.

Objective 2: By June 2020, 92 percent of children have had two well-child visits completed in the first 15 months of life.

Objective 3: By June 2020, 92 percent of children between two and five years have had a well-child visit completed within the last 15 months.

Objective 4: By June 2020, the number of early learning experiences will increase.

# CULTURE OF HEALTH

## Participating Organizations

- American Medical Response
- Cascade AIDS Project
- Clackamas County Children's Commission
- Clackamas Education Service District
- Clackamas County Aging Services Advisory Council
- Clackamas County Department of Transportation & Development DTD
- Clackamas County Disaster Management Department
- Clackamas County Children, Youth & Families Division
- Clackamas County Public Health Division
- Clackamas County Social Services Division
- Clackamas Workforce Partnership
- Gladstone School District
- Jennings Lodge CPO
- Kaiser Permanente Northwest
- Legacy Health System
- Northwest Housing Alternatives
- Planned Parenthood Columbia Willamette
- Oregon Food Bank
- Oregon State University Extension
- Oregon State University – College of Public Health & Human Sciences
- Oregon Trail School District
- Schoolyard Farms
- Young Lives
- Community Advocates / Residents / Volunteers



# HEALTHY BEHAVIORS

Co-chairs: Erin Devlin, OSU Extension & Brenna Monahan, Planned Parenthood Columbia Willamette

# HEALTHY BEHAVIORS

## Goal 1 – Reduce heart disease and type II diabetes.

Objective 1: Improve worksite wellness to increase physical activity opportunities and healthy food policies to increase activity of employees and increase healthy food consumption.

Objective 2: Improve school wellness by increasing physical activity done by students and increasing consumption of healthy foods during school hours

Objective 3: Reduce the consumption of added sugar to CDC guidance of less than 10 percent of daily calories

Objective 4: Increase the percentage of people consuming CDC recommendation of 5 or more fruits and vegetables per day

Objective 5: Reduce percentage of children ages 0-5 screen time exposure to CDC recommendation of 1-2 hours maximum recreationally

Objective 6: Increase the percentage of people meeting the CDC's physical activity recommendations of 30 minutes daily for adults and 1 hour daily for youth

# HEALTHY BEHAVIORS

## Goal 2 – Reduce substance use / abuse and suicides.

Objective 1: Reduce the percentage of youth using tobacco, alcohol and/or other drugs.

Objective 2: Reduce the number of attempted suicides.

Objective 3: Reduce the number of emergency room visits for drug overdose.

Objective 4: Increase the number of trauma informed care agencies in Clackamas County.

# HEALTHY BEHAVIORS

## Participating Organizations

- Clackamas County Children's Commission
- Clackamas Education Service District
- Clackamas County Aging Services Advisory Council
- Clackamas County Department of Transportation & Development
- Clackamas County Behavioral Health Division
- Clackamas County Children, Youth & Families Division
- Clackamas County Public Health Division
- Clackamas County Social Services Division
- Clackamas County Vector Control
- Clackamas Volunteers in Medicine
- Hacienda CDC
- Kaiser Permanente Northwest
- Northwest Family Services
- Oregon State University Extension
- Planned Parenthood Columbia Willamette
- Providence Health Services
- Todos Juntos
- Tualatin Valley Fire & Rescue
- YMCA of Columbia Willamette
- Community Advocates / Residents / Volunteers

# NEXT STEPS

- Request for BCC Adoption in June 2018
- Launch of web-based platform in July 2018 to support implementation & transparency
- Release of Blueprint Community Funds in August – September 2018
- Seek additional investment – alignment with County Small Grants program (\$250,000)



# DASHBOARD EXAMPLES

**SHAPE RIVERSIDE COUNTY** Strategic Health Alliance Pursuing Equity

EXPLORE DATA TOOLS & RESOURCES PRIORITY AREAS ABOUT US

**HEALTH DATA** **PRIORITY AREAS** **RESOURCES**

RIVERSIDE COUNTY COMMUNITY HEALTH ASSESSMENT 2015 [Download the Report](#)

RIVERSIDE COUNTY HEALTH IMPROVEMENT PLAN 2016-2020 [Download the Report](#)

Welcome to SHAPE Riverside County

- FIND HEALTH DATA**  
View more than 100 economic, social, and health indicators for Riverside County
- FIND DEMOGRAPHIC DATA**  
View demographic data on race, gender, ethnicity by zip code
- HEALTHY PEOPLE 2020 TRACKER**  
Compare county and local indicators to Healthy People 2020 Targets
- SOCIONEEDS INDEX**  
Identify zip codes that have the highest level of socioeconomic need compared to our county and the US.

HEALTHIER TOGETHER  
Improving Health through Planning and Partnerships

PRIORITIES DASHBOARDS OC REPORTS RESOURCES ABOUT US

## Community Health Dashboards

[Build a Custom Dashboard](#)

Click below to view different dashboards for Orange County with access to over 300 health, social, and economic indicators.

Q Search by Keyword

Find an Indicator OR Find a Location

- Demographics Dashboard**  
View data on 554 demographic variables including age, race, housing, and income
- All Indicator List by Location**  
View a list of all 361 indicators and see what location they are available at
- OC Dashboard**  
See how Orange County compares to the state and U.S. on over 200 health, social, and economic indicators
- Healthy People 2020 Progress Tracker**  
See how Orange County is doing compared to Healthy People 2020 targets
- OC Older Adult Dashboard**  
View over 70 health, social, and economic indicators for Orange County's older adults
- OC Women's Health Dashboard**  
View indicators related to Women's Health for Orange County
- Disparities Dashboard**  
View all indicators with breakout data by age, gender, and race/ethnicity
- OC Age Breakout Dashboard**  
View all indicators with breakout data by age group
- OC Gender Breakout Dashboard**  
View all indicators that have breakout data by gender at all locations
- OC Race/Ethnicity Breakout Dashboard**  
View all indicators that have breakout data by race/ethnicity group

**SocioNeeds Index**

The **2018 SocioNeeds Index**, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, counties, and county equivalents in the United States are given an **Index Value** from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are **ranked** from 1 (low need) to 5 (high need) based on their Index Value.

[Learn More](#)

**MAP LEGEND**  
greater need →  
1 2 3 4 5

County: [Narrow your Selection](#) Index Data: [Zip Code](#)

# BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

## Access to Health Care & Human Services Subcommittee Proposal

Access to health care and human services improves both individual and community health. This includes prevention and treatment services for physical, behavioral and oral health as well as support services, such as transportation, food assistance, childcare and assistance enrolling in and using health insurance. Health departments and other members of the public health system link people to needed services, ensure delivery of health care and an able workforce and evaluate the effectiveness, accessibility and quality of these services<sup>1</sup>. Access to health care means having “the timely use of personal health services to achieve the best health outcomes”<sup>2</sup>.

### MESSAGE FROM THE CHAIR

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*Our committee’s aim is to support a trauma-informed approach towards residents, and to identify and minimize barriers they experience when accessing service and supports they need. Stakeholders from various disciplines and various areas of the county offered needed expertise to inform our thinking and decision making.*

*Linda Eastlund, Clackamas Education Service District*

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### Proposed Goals

- Goal 1: Increase utilization of health and human services through the reduction of barriers and increased awareness.
- Goal 2: Improve quality and capacity of health and human services through health equity.
- Goal 3: Improve physical environments and access to transportation.

### Guiding Principles – Advancing Health Equity and a Trauma-informed Approach

The Access to Health Care & Human Services subcommittee for the Blueprint for a Healthy Clackamas County held seven meetings between November 27 and March 12

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<sup>1</sup> (Chicago Department of Public Health, N.D.)

<sup>2</sup> (Institute of Medicine, 1993)

to develop goals, objectives, and strategies. Meeting attendance consistency ranged from 10-20+ individuals and representatives from organizations and agencies.

The planning process began with three meetings that focused on presentations by Subject Matter Experts in the fields of oral health, transportation, communications, suicide prevention, older adults/seniors, access to health care, emergency preparedness, and navigation of the system of health. The subcommittee then developed goals, objectives, and strategies based on the findings from the presentations and group discussions.

The principles of Trauma Informed Care and Health Equity were integrated into the planning process throughout the duration of the planning process. First, subcommittee members received training coordinated by Clackamas County Public Health on these topics, and second, during the development of the strategies. At the end, subcommittee members were given extra time to review and analyze the strategies developed for Trauma Informed Care and Health Equity.



## Access to Health Care & Human Services Subcommittee Participants

<ul style="list-style-type: none"> <li>Anjelica Hernandez, OR DHS</li> <li>Karen Buehrig, Clackamas DTD</li> <li>Lindsey Butler, Clackamas Public Health</li> <li>Teresa Christopherson, Clackamas Social Services</li> <li>Chief Bill Conway, Clackamas Fire District #1</li> <li>Amy Jo Cook, Clackamas Fire District #1</li> <li>Dan Hall, American Medical Response</li> <li>Jason Mahle, American Medical Response</li> <li>Kenneth Chung, Comfort Care Dentist</li> <li>Linda Nilsen-Solaris, Project Access NOW</li> <li>Linda Eastlund, Clackamas Education Service District</li> <li>Joe Marek, Clackamas DTD</li> <li>Anna Menon, Clackamas Public Health</li> <li>Michael Anderson-Nathe, Health Share Oregon</li> <li>Galli Murray, Clackamas County Behavioral Health</li> <li>Ngozi Olemgbe, Planned Parenthood of Columbia Willamette</li> </ul>	<ul style="list-style-type: none"> <li>Debra Mason, Clackamas Service Center</li> <li>Elvia Santillan, Kaiser Permanente NW</li> <li>Fred Bremner, Clackamas Dental Society</li> <li>Georgia Ullman, Clackamas Children's Commission / Head Start</li> <li>Janet Hamilton, Project Access NOW</li> <li>Jessica Amaya, OR DHS</li> <li>Karen Foley, Community Advocate</li> <li>Orion Falvey, Orchid Health</li> <li>Stephanie Barnett-Herro, Clackamas Behavioral Health</li> <li>Yelena Voznyuk, NW Housing Alternatives</li> <li>Karen Shimada, Oregon Coalition for Dental Care</li> <li>Lois Orner, Clackamas Social Services</li> <li>Robyn Alper, Clackamas Children's Commission / Head Start</li> <li>Mary Rumbaugh, Clackamas Behavioral Health</li> <li>Ruth Adkins, Kaiser Permanente NW</li> </ul>
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## OUR PROPOSAL

### Goal 1: Increase utilization of health and human services through the reduction of barriers and increased awareness

Objectives	Strategies	Health Equity Zones	Age Ranges
Increase the utilization of primary medical and dental care for individuals with Oregon Health Plan (OHP) in communities within Clackamas County.	1. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff) <sup>3</sup>	ALL	Ages 0 to 18
	2. Promote insurance benefit/medical transportation resources for Clackamas OHP members	ALL	
	3. Increase adolescent well child checks <sup>4</sup>	ALL	
	4. Increase number of SBHC in Clackamas County from 4 to 6 and	Colton & Molalla	

<sup>3</sup> (Stillman & Ridini, 2016)

<sup>4</sup> (Dinkevich, Hupert, & Moyer, 2001)

	expand the services to all community members		
	5. Advocate for additional SBIRT (Screening, Brief Intervention, Referrals to Treatment) initiatives at local school & incorporated into sport physicals <sup>5</sup>	ALL	
	6. Coordinate training for health care professionals to acquire the skills to perform oral health screening tools <sup>6</sup>	ALL	
	7. Increase the use of Expanded Practice Dental Hygienists and/or Dental Therapists in targeted rural areas <sup>7</sup>	Rural HEZs	
	8. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones	Rural HEZs	
	9. Advocate for well child checks to include dental screenings and referrals to Dental Home for follow-up services <sup>8</sup>	ALL	
	10. Create, Support and utilize navigation network between agencies serving the same families	ALL	
	11. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff)	ALL	Ages 18 to 64
	12. Increase promotion of insurance benefit/medical transportation resources for Clackamas OHP members	ALL	
	13. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones	Rural HEZs	
14. Support targeted information messaging on importance of prevention screenings/available benefits for OHP members	ALL		
15. Create, Support and utilize navigation network between agencies serving the same families	ALL		
16. Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff)	ALL	Ages 65 and above	
	ALL		

<sup>5</sup> (SAMHSA-HRSA Center for Integrated Health Solutions, N.D.)

<sup>6</sup> (Qualis Health, 2015)

<sup>7</sup> (Schwarz, 2017)

<sup>8</sup> (Bernstein et al., 2016)

	<p>17. Increase promotion of insurance benefit/medical transportation travel resources for Clackamas OHP members</p> <p>18. Design marketing and communication messaging for older adults to increase utilization of primary care resources within communities</p> <p>19. Support targeted information messaging on importance of prevention screenings/available benefits for OHP members</p> <p>20. Coordinate training for health care professionals to acquire the skills to perform oral health screening tools.</p> <p>21. Increase the use of Expanded Practice Dental Hygienists and/or Dental Therapists in targeted rural areas, such as Community Centers.</p> <p>22. Dedicate staffing to coordinate dental vans in targeted Health Equity Zones.</p> <p>23. Advocate for Medicare include dental benefits.</p> <p>24. Create, Support and utilize navigation network between agencies serving the same families</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>Rural HEZs</p> <p>Rural HEZs</p> <p>ALL</p> <p>ALL</p>	
<p>Increase the proportion of individuals in Clackamas County with mental and substance use challenges who receive treatment.</p>	<p>1. Conduct disparity analysis of mental and substance abuse utilization (led by Clackamas County Public Health &amp; Behavioral Health)</p> <p>2. Explore social media and health advocacy awareness messaging</p> <p>3. Training and education for primary care providers on screening tools for depression and suicide risk (e.g. SBIRT and Columbia screenings) <sup>9</sup></p> <p>4. Create, Support and utilize navigation network between agencies serving the same families</p> <p>5. Increase amount of behavioral health resources in Clackamas County SBHCs</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>ALL</p> <p>Sandy, NC, Estacada &amp; OC</p>	<p>Ages 0 to 18</p>

<sup>9</sup> (DeHay, Ross, & McFaul, 2015)

	6. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community <sup>10</sup>	ALL	
	7. Provide education and awareness as to the prevalence of suicide and who is at risk	ALL	
	8. Ensure that screening for suicide risk is occurring at regular intervals using a standardized instrument and by trained healthcare professionals	ALL	
	9. For those individuals that are at risk of suicide or determined to be suicidal, they will receive care specific to decreasing risk, increasing protective factors and be treated for their suicidality	ALL	
	10. Conduct disparity analysis of mental and substance abuse health utilization (led by Clackamas County Public Health & Behavioral Health)	ALL	Ages 18 to 64
	11. Develop & implement anti-stigma messaging on behavioral health for adults living in Clackamas County.	ALL	
	12. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community	ALL	
	13. Conduct disparity analysis of mental and substance abuse utilization (led by Clackamas County Public Health & Behavioral Health).	ALL	Ages 65 and over
	14. Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid and loneliness training to the community.	ALL	
	15. Support and utilize Lines for Life Senior Connect Hotline	ALL	
	16. Support and utilize caregiver and respite care programs	ALL	
Improve the community's capacity to obtain, process and understand basic health information & services needed to make	1. Conduct outreach & enrollment activities for SB 558 (Cover All Kids)	ALL	Ages 0 to 17
	2. Promote community awareness and understanding of local health care resources, insurance plans and ways	ALL	Ages 18 to 64

<sup>10</sup> (National Council for Behavioral Health)

appropriate health care decisions for OHP recipients and the uninsured.	to engage in health-promoting behaviors		
	3. Invest in community health works to address barriers for uninsured to connect to clinics and services for the uninsured	ALL	
	4. Create, Support and utilize navigation network between agencies serving the same families	ALL	
	5. Improve home and community-based services as alternatives to long-term institutional care, including home and community-based services	ALL	Ages 65 and above
	6. Develop communication and marketing plan appropriate for older adults	ALL	

**Goal 2: Improve quality and capacity of health and human services through health equity.**

Objectives	Strategies	Health Equity Zones	Age Ranges
Increase number of formal partnerships and collaborations amongst agencies that deliver and provide services based on disparities within the 10 Health Equity Zones	1. Bring together critical stakeholders within Health Equity Zones to create and implement an agenda or framework (e.g. Purpose Built Communities, Democracy Now) that defines, messages and adopts a “no wrong door” model for services in areas of high need <sup>11,12</sup>	BCC Equity Pilot Areas (Canby, Estacada & Milwaukie)	ALL
	2. Fund and utilize new/emerging technologies to help with care coordination, navigation and referrals regarding the social determinants of health	ALL	
	3. Conduct social mapping of partnerships and develop database to track current networks, initiatives and activities	ALL	
	4. Create, support, and utilize navigation network between agencies serving the same families	ALL	
Increase the availability of culturally appropriate and trauma informed care services provided.	1. Create proposal for core health and human services that each Health	ALL eligible (TBD)	ALL

<sup>11</sup> (Democracy Collaborative, N.D.)

<sup>12</sup> (Purpose Built Communities, N.D.)

	Equity Zone should aspire to have in place within their local community	ALL eligible (TBD)	
	2. Conduct gap analysis of core services across Clackamas County's Health Equity Zones Conduct (with focus on addressing health disparities)	ALL eligible (TBD)	
	3. Design and implement action plan to address identified gaps learned by community-based and culturally specific partners and organizations		

**Goal 3: - Improve physical environments and access to transportation.**

Objectives	Strategies	Health Equity Zones	Age Ranges
Ensure residents have equitable access to transportation options for health & human services.	<ol style="list-style-type: none"> <li>Expand alternative modes of transportation to rural communities (e.g. Uber, Lyft, volunteer driving programs)</li> <li>Expand Transportation Reaching People (TRP) program with increased emphasis equity</li> <li>Increase safe, affordable routes for residents to access services in urban communities</li> <li>Incorporate health and safety impacts reviews for transportation infrastructure projects to include safety, health and equity for all jurisdictions who own roads in Clackamas County</li> </ol>	<p>Rural HEZs</p> <p>Rural HEZs</p> <p>Urban/Suburban HEZs</p> <p>ALL</p>	ALL
Improve physical environments to support access to health & wellness.	<ol style="list-style-type: none"> <li>Increase use of telehealth, emerging technologies, community paramedics and community health workers to bring services to people</li> <li>Increase the amount of safe, affordable and interconnected communities within the Clackamas County Health Equity Zones.</li> <li>Incorporate all relevant modes of travel into transportation projects for all jurisdictions who own roads in Clackamas County.</li> <li>Work with public transit agencies serving County residents to examine</li> </ol>	<p>Rural HEZs</p> <p>Urban/Suburban HEZs</p> <p>ALL</p> <p>ALL</p>	ALL

## References

- Bernstein, J., Gebel, C., Vargas, C., Geltman, P., Walter, A., Garcia, R. I., & Tinanoff, N. (2016). Integration of Oral Health Into the Well-Child Visit at Federally Qualified Health Centers: Study of 6 Clinics, August 2014–March 2015. *Preventing Chronic Disease*, 13, E58. doi:10.5888/pcd13.160066
- Chicago Department of Public Health. (N.D.). Healthy Chicago 2.0. Retrieved from <https://www.cityofchicago.org/city/en/depts/cdph/provdrs/healthychicago.html>
- DeHay, T., Ross, S., & McFaul, M. (2015). Training medical providers in evidence-based approaches to suicide prevention. *The International Journal of Psychiatry in Medicine*, 50(1), 73-80. doi:10.1177/0091217415592362
- Democracy Collaborative. (N.D.). Retrieved from <https://democracycollaborative.org/>
- Dinkevich, E., Hupert, J., & Moyer, V. A. (2001). Evidence based well child care. *Bmj*, 323(7317), 846-849.
- Institute of Medicine. (1993). *Access to Health Care in America*. Washington, DC: National Academies Press.
- National Council for Behavioral Health. Mental Health First Aid. Retrieved from <https://www.mentalhealthfirstaid.org/about/research/>
- Purpose Built Communities. (N.D.). Retrieved from <https://purposebuiltcommunities.org/>
- Qualis Health. (2015). Oral Health: An Essential Component of Primary Care. Retrieved from <http://www.safetynetmedicalhome.org/sites/default/files/White-Paper-Oral-Health-Primary-Care.pdf>
- SAMHSA-HRSA Center for Integrated Health Solutions. (N.D.). SBIRT: Screening, Brief Intervention, and Referral to Treatment. Retrieved from <https://www.integration.samhsa.gov/clinical-practice/sbirt>
- Schwarz, E. (2017). *Integration of Dental Services within your Rural Health Clinic* Retrieved from <https://www.ohsu.edu/xd/outreach/oregon-rural-health/about/rural-health-conference/upload/RHC-Schwarz-Intergation-of-Dental-Services-within-your-RHC.pdf>
- Stillman, L., & Ridini, S. (2016). *EMBRACING EQUITY IN COMMUNITY HEALTH IMPROVEMENT* Retrieved from [https://nnphi.org/wp-content/uploads/2016/04/Embracing\\_Equity\\_Report.pdf](https://nnphi.org/wp-content/uploads/2016/04/Embracing_Equity_Report.pdf)

# BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

## Culture of Health Subcommittee Proposal

A Culture of Health, a concept created by the Robert Wood Johnson Foundation, is a vision where everyone has a fair and just opportunity to be as healthy as possible. The exact definition of a Culture of Health can look different to many people, but at its core, it must encompass a wide variety of beliefs, customs, and values, so it fully reflects the community it represents.

In order to create a Culture of Health, the following four action areas must work in coordination with the other, not alone: (1) make health a shared value; (2) foster cross-sector collaboration to improve well-being; (3) create healthier, more equitable communities; and (4) strengthen integration of health services and systems.

The following proposal is Clackamas County Public Health's plan to build a Culture of Health, where we commit to strengthen the social conditions that influence health and reduce the gap between the least and most healthy.

## MESSAGE FROM THE CO-CHAIRS

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*We are grateful for the many Culture of Health committee members who generously gave their time and expertise to develop strategies to increase access to healthy food, improve early childhood development and use housing as a platform to improve health for Clackamas County residents. Our intent is to shine a light on the most underserved communities and focus resources in the Health Equity Zones where the greatest needs exist. Together we can make a healthy Clackamas County.*

*Emily Balius, Oregon Food Bank*

*Eric Olson, Clackamas County Aging Services Advisory Council*

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## Proposed Goals

- Goal 1: Clackamas County will use housing as a platform to improve health.
- Goal 2: All Clackamas County residents have access to healthy food.
- Goal 3: All Clackamas County families with children, ages 0-5, are engaged in high quality early learning experiences and are connected to comprehensive health care services.



## Guiding Principles – Advancing Health Equity and a Trauma-Informed Approach

Advancing health equity and using a trauma-informed approach were foundational components of the Culture of Health subcommittee's process. Foremost, we built our subcommittee's work upon a multi-year community engagement process, beginning with the Healthy Columbia Willamette Collaborative and the Clackamas County Community Health Assessment Roadshows. We continued to use an equity lens during our planning process, and started from a place of assessment and information-gathering to fully understand the problem. Public Health staff presented on the social determinates of health that impact the health of our residents. The data helped us target our objectives and strategies to specific populations within specific geographic areas, when possible. We revised the goals to be more trauma-informed, shifting the focus from individual responsibility to systemic changes. Finally, we applied best practices, when available, and enlisted subject matter experts to inform our committee on strategies that work in our communities and in the region.

## Culture of Health Subcommittee Members

<ul style="list-style-type: none"> <li>• Robyn Alper, Clackamas County Children's Commission</li> <li>• Ruth Atkins, Kaiser Permanente, NW Region</li> <li>• Emily Balius (co-chair), Oregon Food Bank</li> <li>• Lennie Bjornsen, Gladstone School District</li> <li>• Bridget Dazey, Clackamas Workforce Partnership</li> <li>• Brenda Durbin, Clackamas County Social Services</li> <li>• Susan Filkins, Clackamas ESD</li> <li>• Mike Foley, Clackamas County Aging Services Advisory Council</li> <li>• Terry Gibson, Schoolyard Farms and Jennings Lodge CPO</li> <li>• Matthew Grover, Cascade AIDS Project</li> </ul>	<ul style="list-style-type: none"> <li>• Chelsea Hamilton, Clackamas Children, Youth &amp; Families</li> <li>• Molly Haynes, Kaiser Permanente, NW Region</li> <li>• Muriel Jordan, Planned Parenthood</li> <li>• Glen Koehrsen, Community Volunteer</li> <li>• Kari McNamara, Young Lives - Mt Hood Region</li> <li>• Julia Monteith, Oregon Trail School District</li> <li>• Carol Moore, Clackamas ESD</li> <li>• Eric Olson (co-chair), Clackamas County Aging Services Advisory Council</li> <li>• Piseth Pich, Legacy Good Samaritan Medical Center</li> <li>• Kelly Streit, OSU Extension</li> <li>• Yelena Voznyuk, Northwest Housing Alternatives</li> </ul>
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## OUR PROPOSAL

### Goal 1: Clackamas County will use housing as a platform to improve health.

Objectives	Strategies	Health Equity Zones	Age Ranges
Develop cross-sector partnerships that promote health and housing <sup>1,2,3,4,5,6</sup>	1. Strengthen the findings from the County's Housing Affordability and Homelessness Task Force using health outcome data	TBD	TBD

<sup>1</sup> (US Department of Housing and Urban Development, 2018)

<sup>2</sup> (Olivet et al., 2018)

<sup>3</sup> (Sally, Waxman, Gourevitch, & adeeyo, 2017)

<sup>4</sup> (Rasouli, Okrent, & Okrent, 2015)

<sup>5</sup> (Robert Wood Johnson Foundation, 2011)

<sup>6</sup> (Shelterforce, 2018)

	2. Promote the use of Health Impact Assessments for new housing developments	North Clackamas	All
	3. Improve data sharing between Public Health and other organizations (Oregon Housing and Community Services, 211, H3S, CBOs, affordable housing providers, health systems (CCOs, hospital discharge data), and workforce resources to identify clusters of health/social disparities	TBD	TBD
	4. Develop opportunity maps to illustrate the social and economic conditions that maximize health in a neighborhood/community	TBD	TBD
	5. Promote the use of navigators/resource advocates to connect affordable housing residents to physical and mental health care, social services (e.g., nutrition assistance, disability income benefit programs), and workforce resources	TBD	TBD
	6. Increase the number of smoke-free properties within the county and provide access to smoking cessation resources	All	All
	7. Promote investments in housing by identifying interested health sector (e.g., CCOs, insurers), public, and private stakeholders	TBD	TBD
	8. Improve home safety (fall prevention, CO and smoke detectors)	All	All, 65+
Increase housing stability in Clackamas County <sup>7,8,9,10,11</sup>	1. Identify housing interventions for specific populations (e.g., seniors, communities of color, LGBTQI+, families with children, veterans, youth aging out of foster care, immigrants and refugees, people with disabilities/chronic illnesses, people at	TBD	TBD

<sup>7</sup> (Housing and Community Development, 2018)

<sup>8</sup> (Social Services, 2014)

<sup>9</sup> (Oregon Housing and Community Services, 2018)

<sup>10</sup>(Oregon Metro, 2018)

<sup>11</sup> (Housing and Community Development, 2017)

	risk of becoming homeless, and those who experience chronic homelessness)		
	2. Reduce home energy costs using weatherization services and energy assistance programs	Canby, Colton, Estacada, Molalla River, and Oregon Trail	All
	3. Increase the availability of permanent supportive housing	TBD	TBD
	4. Create linkages between workforce and housing service providers to increase/stabilize incomes	TBD	TBD
	5. Provide opportunities to remove or mitigate legal barriers that can restrict access to affordable housing	All	All
	6. Increase access to short-term rental assistance	All	All
	7. Provide loans and grants to low-income homeowners to repair, improve, or modernize homes or remove health and safety hazards	All	All, 65+

**Goal 2: All Clackamas County Residents have access to healthy food<sup>12,13</sup>.**

Objectives	Strategies	Health Equity Zones	Age Ranges
Increase distribution of produce to food insecure individuals and families	1. Strengthen communication networks between food distribution organizations and social service agents in order to increase food supply to underserved populations	Canby, Colton, Estacada, Molalla, and Oregon Trail	Students (K-12), Seniors (60+)
	2. Connect growers, distributors, and consumers to points of distribution		
	3. Assess needs and assets of existing food distribution sites (e.g., senior	Canby, Colton, Estacada,	All

<sup>12</sup> (Oregon Food Bank, 2013, 2015, 2016)

<sup>13</sup> (Robert Wood Johnson Foundation, 2011, 2014, 2015a, 2015b, 2016, 2017a, 2017b, 2017c, 2018a)

Increase number of food distribution sites in Clackamas County	centers, multi-unit housing, SNAP-Ed sites, Healthy Pantry)	Molalla, and Oregon Trail	
	4. Identify potential partner organizations to establish new food distribution sites		
	5. Assess availability and feasibility of SNAP match and Veggie Rx programs to increase spending power at farmers markets		
	6. Distribute food in locations where people already gather (e.g., churches, schools, senior centers, medical sites)		
Conduct analysis of current resources to enhance health food access points within existing locations in Clackamas County <sup>2</sup> .	1. Assess whether to increase hours/days of availability that food distribution sites are open	All	All
	2. Identify transportation needs for individuals and families	All	All
	3. Assess and analyze the ability of partners to meet the needs of diverse populations	All	All
	4. Maintain and track healthy food access needs	All	All

**Goal 3: All families with children, ages 0-5, are engaged in high quality early learning experiences and are connected to comprehensive health care services.**

Objectives	Strategies	Health Equity Zones	Age Ranges
By June 2020, 95% of children through age 5 have developmental screenings completed annually, and reviewed by a Primary Care Provider with whom the child is connected <sup>14</sup>	1. Identify and map primary care providers serving children ages 0-5 years	All	0 – 5 years
	2. Develop a communication plan targeting clinics, early childhood providers, and parents about the value of annual developmental screening and the connection between learning and health <sup>15</sup>	TBD	0 – 5 years

<sup>14</sup> (Oregon Health Authority, 2015)

<sup>15</sup> (Robert Wood Johnson Foundation, 2018c)

	3. Promote existing developmental screening systems, such as “Help Me Grow”, that facilitate information sharing between primary care providers, families, and early childhood service providers	All	0 – 5 years
By June 2020, 92% of children have had two well-child visits completed in the first 15 months of life <sup>16</sup>	1. Develop a communication plan targeting clinics, early childhood providers, and parents about the value of annual developmental screening and the connection between learning and health	TBD	0 – 15 months
	2. Identify and address the barriers for families and primary care providers to complete well-child visits	All	0 – 15 months
	3. Convene a workgroup consisting of Health Share, health systems, early learning providers, and birth centers to ensure families complete well-child visits	TBD	0 – 15 months
By June 2020, 92% of children between two and five years have had a well-child visit completed within the last 15 months	1. Develop a communication plan targeting clinics, early childhood providers, and parents about the value of annual developmental screening and the connection between learning and health	TBD	16 months – 5 years
	2. Identify and address the barriers for families and primary care providers to complete well-child visits	All	16 months – 5 years
	3. Convene a workgroup consisting of Health Share, health systems, early learning providers and birth centers to ensure families complete well child visits	All	16 months – 5 years
By June 2020, the number of early learning experiences will increase	1. Identify and map availability of early learning experiences by Health Equity Zone	All	16 months – 5 years
	2. Map home visitation services waitlists by Health Equity Zone	All	16 months – 5 years

<sup>16</sup> (Oregon Health Authority, 2017)

	3. Coordinate home visiting programs to maximize the number of families receiving home visits and to eliminate duplication of services <sup>17</sup>	All	16 months – 5 years
	4. Increase number of playgroups	Gladstone, North Clackamas, Sandy, Wilsonville, Oregon City, Canby	16 months – 5 years
	5. Increase number of affordable childcare options, focusing on Health Equity Zones where there are greatest gaps in number of children and early childhood providers	TBD	16 months – 5 years
	6. Direct grant funding to increase opportunities for pre-kindergarten learning experiences <sup>18</sup>	TBD	16 months – 5 years
	7. Promote Reach Out and Read in clinics/health care providers located in Health Equity Zones with low early childhood literacy scores <sup>19</sup>	Canby, Colton, Estacada, Molalla, North Clackamas, Oregon Trail	16 months – 5 years

**References**

Housing and Community Development. (2017). *2017 Consolidated Plan*. Retrieved from <http://www.clackamas.us/communitydevelopment/documents/consolidatedplan.pdf>

Housing and Community Development. (2018). *2018 Action Plan*. Retrieved from [http://www.clackamas.us/communitydevelopment/documents/2018\\_actionplan.pdf](http://www.clackamas.us/communitydevelopment/documents/2018_actionplan.pdf)

Olivet, J., Dones, M., Richard, M., Wilkey, C., Yampolskaya, S., Beit-Arie, M., & Joseph, L. (2018). *Supporting Partnerships for Anti-Racist Communities: Phase One Study Findings*. Retrieved from <http://center4si.com/wp-content/uploads/2016/08/SPARC-Phase-1-Findings-March-2018.pdf>

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<sup>17</sup> (Robert Wood Johnson Foundation, 2018b)  
<sup>18</sup> (Robert Wood Johnson Foundation, N.D.)  
<sup>19</sup> (Robert Wood Johnson Foundation, N.D.)

- Oregon Food Bank. (2013). *The state of our community food system*. Retrieved from [http://www.oregonfoodbank.org/wp-content/uploads/2016/08/The-State-of-Our-Community-Food-System\\_web.pdf](http://www.oregonfoodbank.org/wp-content/uploads/2016/08/The-State-of-Our-Community-Food-System_web.pdf)
- Oregon Food Bank. (2015). *Clackamas County Food Assessment*. Retrieved from [https://www.oregonfoodbank.org/wp-content/uploads/2016/08/Clackamas-County-CFA-FINAL\\_web.pdf](https://www.oregonfoodbank.org/wp-content/uploads/2016/08/Clackamas-County-CFA-FINAL_web.pdf)
- Oregon Food Bank. (2016). *Sustaining rural communities*. Retrieved from [http://www.oregonfoodbank.org/wp-content/uploads/2016/08/Sustaining-Rural-Communities\\_web.pdf](http://www.oregonfoodbank.org/wp-content/uploads/2016/08/Sustaining-Rural-Communities_web.pdf)
- Oregon Health Authority. (2015). *Developmental Screening for Young Children Guidance Document*. Retrieved from <http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/Developmental%20Screening%20Guidance%20Document%20-%20Nov%202015.pdf>
- Oregon Health Authority. (2017). Well-child visits in the first 15 months of life. Retrieved from [http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/Well-Child%20Visits%20-%202017%20\(updated%20Oct%202017\).pdf](http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/Well-Child%20Visits%20-%202017%20(updated%20Oct%202017).pdf)
- Oregon Housing and Community Services. (2018). Clackamas County. Retrieved from <http://www.oregon.gov/ohcs/DO/shp/profiles/Clackamas-County-Housing-Profile.pdf>
- Oregon Metro. (2018). Regional affordable housing framework: Connecting equitable housing strategies to the needs of residents. Retrieved from <https://www.oregonmetro.gov/sites/default/files/2018/04/19/Equitable-Housing-Initiative-Factsheet-Affordability-201804.pdf>
- Rasouli, B., Okrent, J., & Okrent, D. (2015). *The Connection between Health and Housing: The Evidence and Policy Landscape*. Retrieved from [http://www.allhealthpolicy.org/wp-content/uploads/2017/01/Health-and-Housing-Toolkit\\_168.pdf](http://www.allhealthpolicy.org/wp-content/uploads/2017/01/Health-and-Housing-Toolkit_168.pdf)
- Robert Wood Johnson Foundation. (2011). *Housing and Health*. Retrieved from
- Robert Wood Johnson Foundation. (2014). Food buying clubs & co-ops. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/food-buying-clubs-co-ops>
- Robert Wood Johnson Foundation. (2015a). Competitive pricing for healthy foods. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/competitive-pricing-for-healthy-foods>
- Robert Wood Johnson Foundation. (2015b). Food hubs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/food-hubs>
- Robert Wood Johnson Foundation. (2016). New grocery stores in underserved areas. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/new-grocery-stores-in-underserved-areas>
- Robert Wood Johnson Foundation. (2017a). Community supported agriculture (CSA). Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-supported-agriculture-csa>
- Robert Wood Johnson Foundation. (2017b). Electronic Benefit Transfer payment at farmers markets. Retrieved from <http://www.countyhealthrankings.org/take->



[action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets](http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/electronic-benefit-transfer-payment-at-farmers-markets)

- Robert Wood Johnson Foundation. (2017c). Fruit & vegetable gleaning initiatives. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/fruit-vegetable-gleaning-initiatives>
- Robert Wood Johnson Foundation. (2018a). Community kitchens for food processing. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-kitchens-for-food-processing>
- Robert Wood Johnson Foundation. (2018b). Early childhood home visiting programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/early-childhood-home-visiting-programs>
- Robert Wood Johnson Foundation. (2018c). Health literacy interventions. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/health-literacy-interventions>
- Robert Wood Johnson Foundation. (N.D.). What works for health: policies and programs that can improve health. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies>
- Scally, C., Waxman, E., Gourevitch, R., & Adey, S. (2017). *Emerging Strategies for Integrating Health and Housing*. Retrieved from <https://www.urban.org/policy-centers/cross-center-initiatives/social-determinants-health/projects/emerging-strategies-integrating-health-and-housing>
- Shelterforce. (2018). Reshaping Housing Policy with a Health Lens. Retrieved from <https://shelterforce.org/2018/02/13/reshaping-housing-policy-health-lens/>
- Social Services. (2014). *2014 Update to the Ten Year Plan to Address Homelessness*. Retrieved from <http://www.clackamas.us/bcc/documents/presentation/policy20140916c.pdf>
- US Department of Housing and Urban Development. (2018). *Strategic Plan: 2018-2022*. Retrieved from <https://www.hud.gov/sites/dfiles/SPM/documents/HUDSTRATEGICPLAN2018-2022.pdf>

# BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

## Healthy Behaviors Subcommittee Proposal

Healthy behaviors are influenced by the social, cultural and physical environments in which we live, work, and play. They are shaped by individual choices and external constraints, and include the development of individual, group, institutional, and community strategies to improve knowledge, attitudes, skills and behavior. Healthy behavior is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary vaccines.

### MESSAGE FROM THE CO-CHAIRS

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*We appreciate the time, effort, and commitment that the Healthy Behaviors subcommittee members have dedicated to choosing goals, advancing health equity and being trauma informed, and developing objectives and strategies to help Clackamas County build healthier communities. We also acknowledge the inherent bias in deciding on a path without full representation from the community members that the strategies will impact. Starting from a wide variety of critical areas of importance in healthy behaviors, the two proposed goals attempt to target the greatest need and best use of resources. It is our hope that the work spent on this process so far will inform the development of more specific assessments and effective intervention strategies that truly reduce heart disease and type II diabetes, as well as reduce substance use/abuse and suicides in our county.*

*Erin Devlin, Oregon State University- Clackamas County Extension  
Brenna Monahan, Planned Parenthood Columbia Willamette*

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### Proposed Goals

- Goal 1: Reduce heart disease and type II diabetes.

- Goal 2: Reduce substance use/abuse and suicides.

### **Guiding Principles – Advancing Health Equity and a Trauma-informed Approach**

The Healthy Behaviors subcommittee was continually mindful of how their decision-making process could be perceived through an equity lens, and it was a topic discussed at multiple meetings. The subcommittee used the guiding principle of advancing health equity to encourage group members to invite less-represented groups. Clackamas County provided a Spanish-language translator for meetings. Agendas were translated into English and Spanish. Under the guiding principle of being trauma informed, the subcommittee changed the wording of the first goal to omit the stigmatizing and traumatizing word ‘obesity’ and replace it with a focus on heart disease and type II diabetes. For the second goal to reduce substance use/abuse and suicides, the subcommittee intentionally added an objective to increase the number of trauma-informed care agencies in Clackamas County.

## Healthy Behaviors Subcommittee Participants

- Avila, Santa – Hacienda CDC
- Bankston, Cindy – Northwest Family Services
- Berns-Norman, Susan – Clackamas County Public Health
- Karen Buehrig – Clackamas County Transportation
- Davis, Grace – ASAD
- Devlin, Erin (co-chair) – Oregon State University Extension
- France, Scott – Clackamas County Public Health
- Hicks, Tiffany – Clackamas County Children Youth and Families – Substance Use Prevention
- Herron, Apryl – Clackamas County Public Health
- Ingersoll, Kirsten – Clackamas County Public Health
- Johnston, Eric – Todos Juntos
- Kaptur, Charmaine – Tualatin Valley Fire Rescue
- Kauffman-Smith, Sonya – Providence
- Longley, Natalie – Clackamas Volunteers in Medicine
- Mason, Philip – Clackamas County Public Health
- Menon, Anna – Clackamas County Public Health
- Marek, Joe – Clackamas County Transportation and Safety
- Monahan, Brenna – (co-chair) Planned Parenthood of Columbia Willamette
- Olemgbe, Ngozi – Planned Parenthood of Columbia Willamette
- Peck, George – Clackamas County Vector Control – Director
- Pfeifer, Maria – YMCA of Columbia Willamette

- Rudometov, Tatiana – RN student
- Ryan, Jackie – Kaiser Permanente
- Smith, Roxie – Retired teacher
- Taggart, Sara – Children’s Center
- Ullmann, Georgia – CCCC – Head Start
- Watters, Peggy – Retired City government
- Wells, Abby – Northwest Family Services
- Zamora, Carolina – Clackamas Volunteers in Medicine
- Zoller, Erika – Clackamas County Public Health

## OUR PROPOSAL

### Goal 1: Reduce heart disease and type II diabetes.

Objectives	Strategies	Health Equity Zones	Age Ranges
Improve worksite wellness to increase physical activity opportunities and healthy food policies to increase activity of	<ol style="list-style-type: none"> <li>1. Increase healthy options in vending machines <sup>1</sup></li> <li>2. Conduct a worksite wellness assessment</li> <li>3. Implement a worksite wellness curriculum <sup>2</sup></li> <li>4. Implement worksite wellness best practices by building an organizational culture of health</li> <li>5. Promote offering healthy foods at meetings, conferences and catered events <sup>3</sup></li> </ol>	All	16-70

<sup>1</sup> (Robert Wood Johnson Foundation, 2015f)

<sup>2</sup> (Community Preventive Services Task Force, 2001)

<sup>3</sup> (Robert Wood Johnson Foundation, 2017e)

employees and increase healthy food consumption	<ol style="list-style-type: none"> <li>6. Implement physical activity programs <sup>4</sup></li> <li>7. Recognizing goal attainment</li> <li>8. Increase active commuting <sup>5</sup></li> <li>9. Offer rewards or incentives to employees for healthy behavior <sup>6</sup></li> </ol>		
Improve school wellness by increasing physical activity done by students and increasing consumption of healthy foods during school hours	<ol style="list-style-type: none"> <li>1. Help schools meet new Oregon State Department of Education Physical Education standards <sup>7</sup></li> <li>2. Infusing health education into all classes to enhance children’s healthy behaviors</li> <li>3. Increase promotion of youth leadership programs to develop student leadership in wellness <sup>8</sup></li> <li>4. Support fruit and vegetable taste tasting in cafeterias, nutrition classes, school gardens as a way to increase exposure to a variety of fresh produce <sup>9</sup></li> <li>5. Support the development of healthy habits by incorporating healthy celebrations into the school’s culture</li> <li>6. Create and support cooking and food resource management classes</li> <li>7. Initiate physically active classrooms by incorporating physical activity breaks, classroom energizers, or moving activities into academic lessons <sup>10</sup></li> <li>8. Initiate active recess by providing a variety of planned, inclusive, and actively supervised games or activities that engage all students <sup>11</sup></li> <li>9. Offer open gym time during the school day to schoolchildren <sup>12</sup></li> <li>10. Enhance physical activity in school programs by incorporating physical activity into regular classroom curricula or increasing the number of fitness activities during PE classes <sup>13</sup></li> <li>11. Design, develop, and support school gardens to allow students to garden during school or non-school hours with school staff guidance to provide students with</li> </ol>	All	3-18

<sup>4</sup> (Community Preventive Services Task Force, 2007)

<sup>5</sup> (Robert Wood Johnson Foundation, 2015g)

<sup>6</sup> (Robert Wood Johnson Foundation, 2014a)

<sup>7</sup> (Community Preventive Services Task Force, 2013)

<sup>8</sup> (Robert Wood Johnson Foundation, 2017o)

<sup>9</sup> (Robert Wood Johnson Foundation, 2014b)

<sup>10</sup> (Robert Wood Johnson Foundation, 2015i)

<sup>11</sup> (Robert Wood Johnson Foundation, 2015a)

<sup>12</sup> (Robert Wood Johnson Foundation, 2015h)

<sup>13</sup> (Centers for Disease Control and Prevention, 2016)

	hand-on learning opportunities in nutrition education, food preparation, and tasting opportunities as well as supplement subjects such as science, math, health, and environmental studies <sup>14</sup>		
Reduce the consumption of added sugar to CDC guidance of less than 10% of daily calories	<ol style="list-style-type: none"> <li>1. Incorporate wellness incentives to change health related behavior or improve measurable health outcomes</li> <li>2. Increasing and promote water availability by regular placement of drinking fountains, water coolers, or water stations and making consumption more appealing <sup>15</sup></li> <li>3. Design marketing and communication messaging to reduce added sugar consumption and support targeted messaging to campaigns</li> </ol>	All	All
Increase the percentage of people consuming CDC recommendation of 5 or more fruits and vegetables per day	<ol style="list-style-type: none"> <li>1. Replicate and support the Power of Produce Kids Club at local farmers' markets</li> <li>2. Increase free fruits and vegetables available at school-based health centers to promote consumption</li> <li>3. Encourage physicians and other health care providers to give nutrition prescriptions to outline a healthy, balanced eating plan for patients such as: Veggie RX <sup>16</sup></li> <li>4. Increase the utilization of SNAP match at farmers' markets</li> <li>5. Provide education and awareness surrounding the benefits of communal eating and Mediterranean diet</li> <li>6. Conduct a campaign to try new vegetables</li> <li>7. Support fruit and vegetable taste testing at schools and employers</li> <li>8. Develop and provide culturally sensitive promotion of fruit and vegetables</li> <li>9. Develop and implement policies that promote healthy choices</li> <li>10. Develop and implement systems changes that motivate health</li> <li>11. Increase access to healthy foods by working with corner stores to carry more fresh produce and other healthier food options</li> <li>12. Increase healthy options in vending machines by reducing the price of healthy choices and increasing the number of healthy choices compared to unhealthy choices <sup>17</sup></li> <li>13. Develop local food hubs to bridge food producers and consumers <sup>18</sup></li> </ol>	All All All All All	4-18 5-18 18+ 60+ All

<sup>14</sup> (Robert Wood Johnson Foundation, 2018c)

<sup>15</sup> (Robert Wood Johnson Foundation, 2015l)

<sup>16</sup> (Robert Wood Johnson Foundation, 2017h)

<sup>17</sup> (Robert Wood Johnson Foundation, 2015f)

<sup>18</sup> (Robert Wood Johnson Foundation, 2015e)





## Goal 2: Reduce substance use/abuse and suicides.

Objectives	Strategies	Health Equity Zones	Age Ranges
Reduce the % of youth using tobacco, alcohol and/or other drugs	<ol style="list-style-type: none"> <li>1. Expand long-term treatment options for substance users</li> <li>2. Provide mass media campaigns to increase awareness of substance use/abuse and its consequences <sup>27</sup></li> <li>3. Support home visitation programs for at risk families to engage and support families around prevention, treatment, and recovery from substance abuse and addiction.</li> <li>4. Implement racial and social justice curriculum in the school setting</li> <li>5. Implement school-based violence &amp; bullying prevention programs or social and emotional instruction <sup>28</sup></li> <li>6. Promote the social connectivity of communities <sup>29</sup></li> <li>7. Decrease risk factors and increase protective factors with family, school, and community prevention or interventions <sup>30</sup></li> <li>8. Improve and increase the access to mental health resources in schools <sup>31</sup></li> <li>9. Increase healthy spaces for congregating</li> <li>10. Increase school-based trauma counseling <sup>32</sup></li> <li>11. Increase the number of professional mental health providers <sup>33</sup></li> <li>12. Collaborate and improve upon screening tools to support appropriate referrals to services</li> <li>13. Build coalitions to understand the helpfulness of resources shared</li> <li>14. Increase services available immediately at point of contact</li> <li>15. Increase access to mental health and recover resources through religious organizations</li> </ol>	All	<p>12-20</p> <p>Youth or Adult</p> <p>Families</p> <p>5-20</p>

<sup>27</sup> (Robert Wood Johnson Foundation, 2014c)

<sup>28</sup> (Robert Wood Johnson Foundation, 2016d)

<sup>29</sup> (Wilder Research, 2012)

<sup>30</sup> (National Institute on Drug Abuse, 2003)

<sup>31</sup> (Robert Wood Johnson Foundation, 2016b)

<sup>32</sup> (Robert Wood Johnson Foundation, 2016c)

<sup>33</sup> (Substance Abuse and Mental Health Services Administration, 2017)

Reduce the number of attempted suicides	<ol style="list-style-type: none"> <li>1. Fund and utilize existing prevention programs such as: Zero suicide program, Mental Health First Aid, CALM –Counseling on Access to Lethal Means, ASIST- Applied Suicide Intervention Skills Training <sup>34</sup></li> <li>2. Implement universal school-based suicide awareness &amp; education programs <sup>35</sup></li> <li>3. Reduce the number of people feeling isolated and lonely <sup>36</sup></li> <li>4. Enhance networks of peer support for youth and adults <sup>37</sup></li> <li>5. Enhance coordinated services to support Veterans</li> <li>6. Improved access to jobs for recovered <sup>38</sup></li> <li>7. Increase training taken by caregivers and home visitors for older adults</li> </ol>	All	All
Reduce the number of emergency room visits for drug overdose	<ol style="list-style-type: none"> <li>1. Increase naran/naloxone education &amp; distribution programs <sup>39</sup></li> <li>2. Increase the availability and hours of proper drug disposal programs <sup>40</sup></li> <li>3. Increase access to chronic pain management programs <sup>41</sup></li> <li>4. Integrate behavioral health into primary care settings <sup>42</sup></li> <li>5. Expand dual substance abuse treatment and parenting programs</li> <li>6. Improve and increase the access to mental health resources at worksites <sup>43</sup></li> <li>7. Improve screening and access to mental health and recovery services for homeless youth and adults</li> <li>8. Increase access and improve mental health and recovery resources for those imprisoned and involved in the criminal justice system</li> </ol>	All	All
Increase the number of trauma informed care	<ol style="list-style-type: none"> <li>1. Increase the number of agencies that implement trauma informed practices, systems, and environments</li> </ol>	All	All

<sup>34</sup> (Robert Wood Johnson Foundation, 2017f)

<sup>35</sup> (Robert Wood Johnson Foundation, 2017n)

<sup>36</sup> (Robert Wood Johnson Foundation, 2015b)

<sup>37</sup> (Robert Wood Johnson Foundation, 2016f)

<sup>38</sup> (Robert Wood Johnson Foundation, 2015k)

<sup>39</sup> (Robert Wood Johnson Foundation, 2017g)

<sup>40</sup> (Robert Wood Johnson Foundation, 2017i)

<sup>41</sup> (Robert Wood Johnson Foundation, 2017b)

<sup>42</sup> (Robert Wood Johnson Foundation, 2015c)

<sup>43</sup> (Robert Wood Johnson Foundation, 2018a)

agencies in Clackamas County	<ol style="list-style-type: none"> <li>2. Implement trauma-informed schools <sup>44</sup></li> <li>3. Implement trauma-informed framework in health care settings <sup>45</sup></li> <li>4. Support trauma-informed juvenile justice systems <sup>46</sup></li> <li>5. Implement cultural competence training for health care professionals <sup>47</sup></li> </ol>		
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## References

- Centers for Disease Control and Prevention. (2016). School-based Programs to Increase Physical Activity. Retrieved from <https://www.cdc.gov/policy/hst/hi5/physicalactivity/index.html>
- Community Preventive Services Task Force. (2001). *Physical Activity: Individually Adapted Health Behavior Change Programs*. Retrieved from <https://www.thecommunityguide.org/findings/physical-activity-individually-adapted-health-behavior-change-programs>
- Community Preventive Services Task Force. (2007). *Obesity: Worksite Programs*. Retrieved from <https://www.thecommunityguide.org/findings/obesity-worksite-programs>
- Community Preventive Services Task Force. (2013). *Physical Activity: Enhanced School-Based Physical Education*. Retrieved from <https://www.thecommunityguide.org/findings/physical-activity-enhanced-school-based-physical-education>
- National Institute on Drug Abuse. (2003). *Preventing drug abuse among children and adolescents*. Retrieved from [https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse\\_2\\_1.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/preventingdruguse_2_1.pdf)
- Robert Wood Johnson Foundation. (2014a). Financial rewards for employee healthy behavior. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/financial-rewards-for-employee-healthy-behavior>
- Robert Wood Johnson Foundation. (2014b). Fruit & vegetable taste testing. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/fruit-vegetable-taste-testing>

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<sup>44</sup> (Robert Wood Johnson Foundation, 2016e)

<sup>45</sup> (Robert Wood Johnson Foundation, 2017l)

<sup>46</sup> (Robert Wood Johnson Foundation, 2017m)

<sup>47</sup> (Robert Wood Johnson Foundation, 2015d)

- Robert Wood Johnson Foundation. (2014c). Mass media campaigns against underage & binge drinking. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mass-media-campaigns-against-underage-binge-drinking>
- Robert Wood Johnson Foundation. (2015a). Active recess. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/active-recess>
- Robert Wood Johnson Foundation. (2015b). Activity programs for older adults. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/activity-programs-for-older-adults>
- Robert Wood Johnson Foundation. (2015c). Behavioral health primary care integration. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/behavioral-health-primary-care-integration>
- Robert Wood Johnson Foundation. (2015d). Cultural competence training for health care professionals.
- Robert Wood Johnson Foundation. (2015e). Food hubs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/food-hubs>
- Robert Wood Johnson Foundation. (2015f). Healthy vending machine options. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-vending-machine-options>
- Robert Wood Johnson Foundation. (2015g). Multi-component workplace supports for active commuting. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/multi-component-workplace-supports-for-active-commuting>
- Robert Wood Johnson Foundation. (2015h). Open gym time. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/open-gym-time>
- Robert Wood Johnson Foundation. (2015i). Physically active classrooms. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/physically-active-classrooms>
- Robert Wood Johnson Foundation. (2015j). Places for physical activity. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/places-for-physical-activity>
- Robert Wood Johnson Foundation. (2015k). Transitional jobs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/transitional-jobs>
- Robert Wood Johnson Foundation. (2015l). Water availability & promotion interventions. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/water-availability-promotion-interventions>

- Robert Wood Johnson Foundation. (2016a). Community health workers. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-health-workers>
- Robert Wood Johnson Foundation. (2016b). School-based health centers. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-based-health-centers>
- Robert Wood Johnson Foundation. (2016c). School-based trauma counseling. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-based-trauma-counseling>
- Robert Wood Johnson Foundation. (2016d). School-based violence & bullying prevention programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-based-violence-bullying-prevention-programs>
- Robert Wood Johnson Foundation. (2016e). Trauma-informed schools. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-schools>
- Robert Wood Johnson Foundation. (2016f). Youth peer mentoring. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/youth-peer-mentoring>
- Robert Wood Johnson Foundation. (2017a). Community supported agriculture (CSA). Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-supported-agriculture-csa>
- Robert Wood Johnson Foundation. (2017b). Exercise and work-oriented back pain management programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/exercise-and-work-oriented-back-pain-management-programs>
- Robert Wood Johnson Foundation. (2017c). Exercise prescriptions.
- Robert Wood Johnson Foundation. (2017d). Family-based physical activity interventions. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/family-based-physical-activity-interventions>
- Robert Wood Johnson Foundation. (2017e). Healthy foods at catered events. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-foods-at-catered-events>

- Robert Wood Johnson Foundation. (2017f). Mental health first aid. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/mental-health-first-aid>
- Robert Wood Johnson Foundation. (2017g). Naloxone education & distribution programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/naloxone-education-distribution-programs>
- Robert Wood Johnson Foundation. (2017h). Nutrition prescriptions. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions>
- Robert Wood Johnson Foundation. (2017i). Proper drug disposal programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/proper-drug-disposal-programs>
- Robert Wood Johnson Foundation. (2017j). Safe routes to schools. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/safe-routes-to-schools>
- Robert Wood Johnson Foundation. (2017k). Screen time interventions for children. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/screen-time-interventions-for-children>
- Robert Wood Johnson Foundation. (2017l). Trauma-informed health care. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-health-care>
- Robert Wood Johnson Foundation. (2017m). Trauma-informed juvenile justice systems.
- Robert Wood Johnson Foundation. (2017n). Universal school-based suicide awareness & education programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/universal-school-based-suicide-awareness-education-programs>
- Robert Wood Johnson Foundation. (2017o). Youth leadership programs. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/youth-leadership-programs>
- Robert Wood Johnson Foundation. (2018a). Employee Assistance Programs (EAP). Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/employee-assistance-programs-eap>
- Robert Wood Johnson Foundation. (2018b). Health literacy interventions.

- Robert Wood Johnson Foundation. (2018c). School fruit & vegetable gardens. Retrieved from <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-fruit-vegetable-gardens>
- Substance Abuse and Mental Health Services Administration. (2017). Workforce. Retrieved from <https://www.samhsa.gov/workforce>
- Wilder Research. (2012). *Social Connectedness and Health*. Retrieved from <https://www.wilder.org/Wilder-Research/Publications/Studies/Social%20Connectedness%20and%20Health/Social%20Connectedness%20and%20Health.pdf>