

June 14, 2018

Board of County Commissioners
 Clackamas County

Presentation to Approve the Blueprint for a Healthy Clackamas County

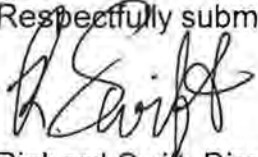
Purpose/Outcomes	To request Board adoption of the Blueprint for a Healthy Clackamas County report per ORS 431.413, requiring Local Public Health Authorities to conduct community health assessments and community health improvement plans in coordination with partners.
Fiscal Impact	\$216,000 funding for community grants -Policy Package submitted for an additional \$100,000
Funding Source	County general funds & private philanthropy
Duration	Ongoing
Previous Action	Several policy sessions have occurred throughout 2017 – 2018 to update the Board on progress.
Strategic Plan Alliance	<ol style="list-style-type: none"> 1. This presentation aligns with the County's Performance Clackamas goal to ensure safe, healthy and secure communities. 2. This presentation aligns with the H3S Department's Strategic Business Plan goal that by 2020, the health outcome disparities identified in the Community Health Improvement Plan will be reduced by 5%.
Contact Person	Dawn Emerick, Public Health Director, 503-655-8479

BACKGROUND

The Public Health Division of the Health, Housing & Human Services Department has completed its robust community health improvement planning and engagement activities with partners across Clackamas County to develop the finalized Blueprint for a Healthy Clackamas County report. The report is an external-facing working document that helps to coordinate, connect and align priorities for partners and County departments in order to collectively make an impact on improving the health and quality of life for our residents.

Staff would like the opportunity to present the finalized report for the general public, which highlights the recommended goals, objectives & strategies to be accomplished over the next three to five years. Staff are also requesting that the Board of County Commissioners take action today to approve the report as required per their role as the Board of Health for Clackamas County and begin having regular meetings convening as the Board of Health to receive updates on implementation of the plan.

Respectfully submitted,



Richard Swift, Director
 Health, Housing, and Human Services

Healthy Families. Strong Communities.

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www.clackamas.us

BLUEPRINT FOR A HEALTHY CLACKAMAS COUNTY

Business Meeting Presentation – June 14, 2018





<https://youtu.be/wlysaW7CltI>

NATIONALLY ACCREDITED LOCAL PUBLIC HEALTH DEPARTMENT



The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.

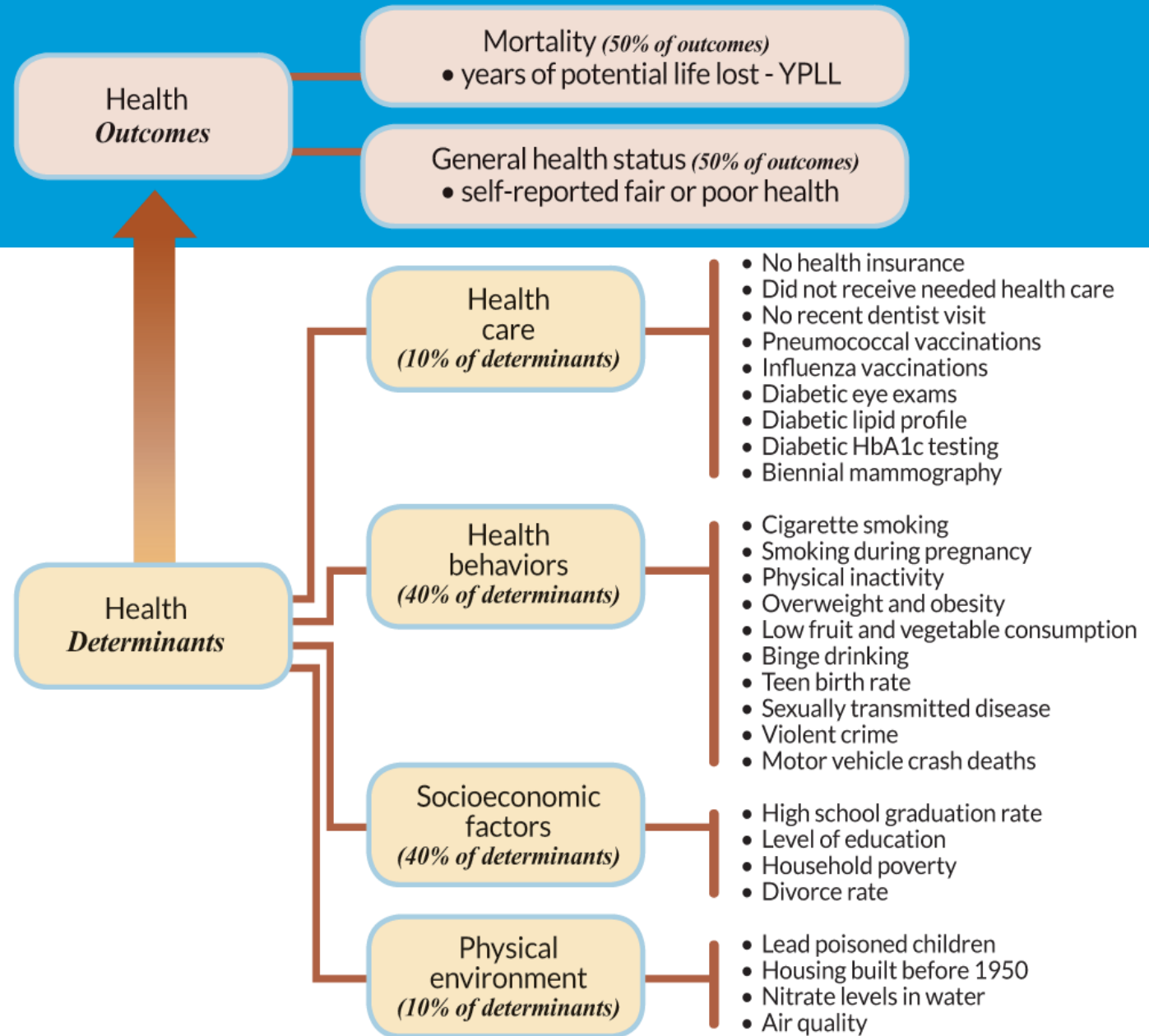
The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

1. Serve as the Chief Health Strategist for the Jurisdiction
2. Community Health Needs Assessment [External facing]
3. Community Health Improvement Plan [External Facing: Blueprint for a Healthy Clackamas County]
4. Strategic Plan [Internal Facing]
5. Address Population Health via Policy vs. Programs

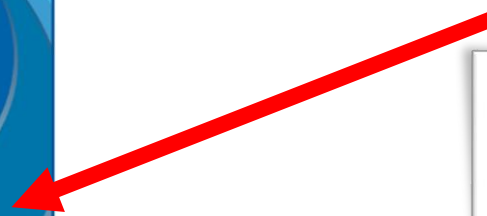
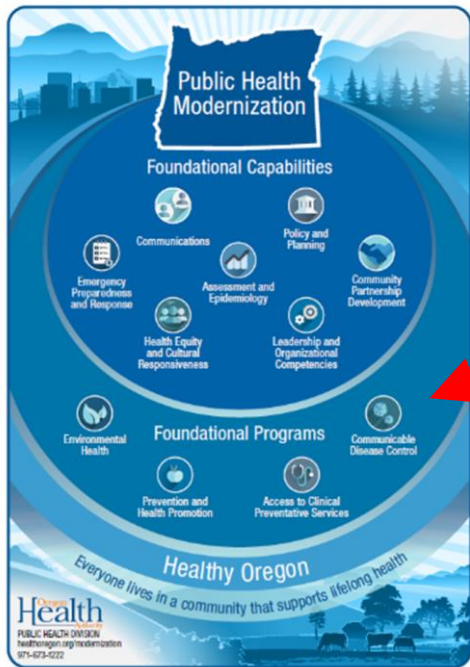
<http://cityhealthdata.org/policy>

COUNTY HEALTH RANKINGS

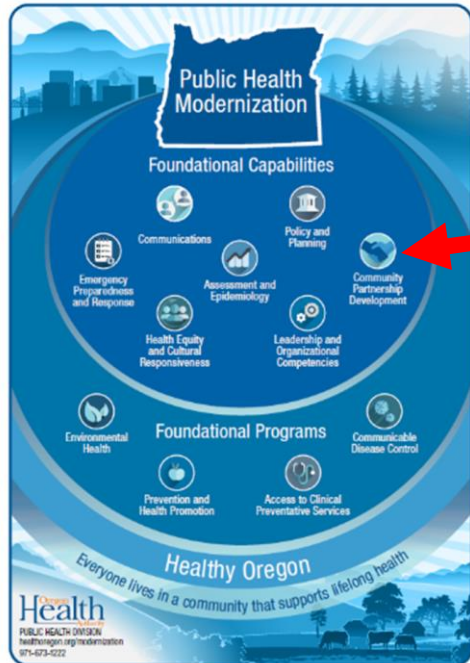
2014: #5 (25TH)
2015: #5 (29TH)
2016: #2 (35TH)
2017: #2 (36TH)
2018: #3 (39TH)



Foundational Programs



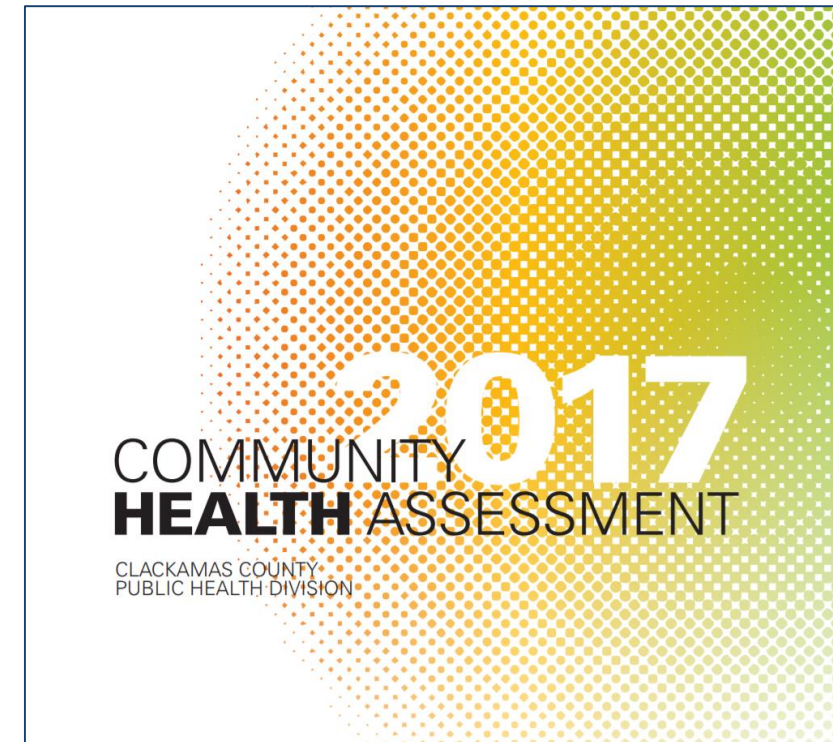
Foundational Capabilities



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).



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

ROLES OF BOARD OF HEALTH & ADVISORY COMMITTEE

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



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

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

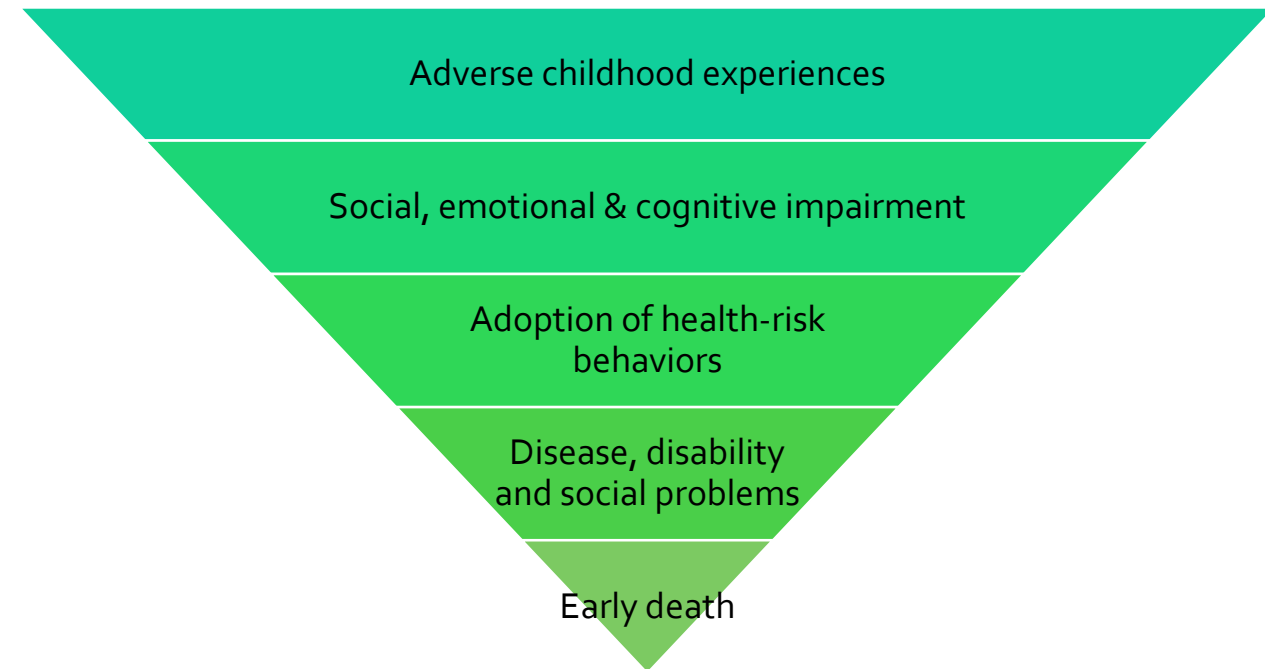
In order to address health needs and concerns that differ significantly based on age ranges, goals / objectives / strategies will be addressed by the age range categories described below. These categories align with the county's Early Learning Hub.

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 - 7 years	8 - 12 years	13 - 19 years	20 - 25 years	26 - 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.

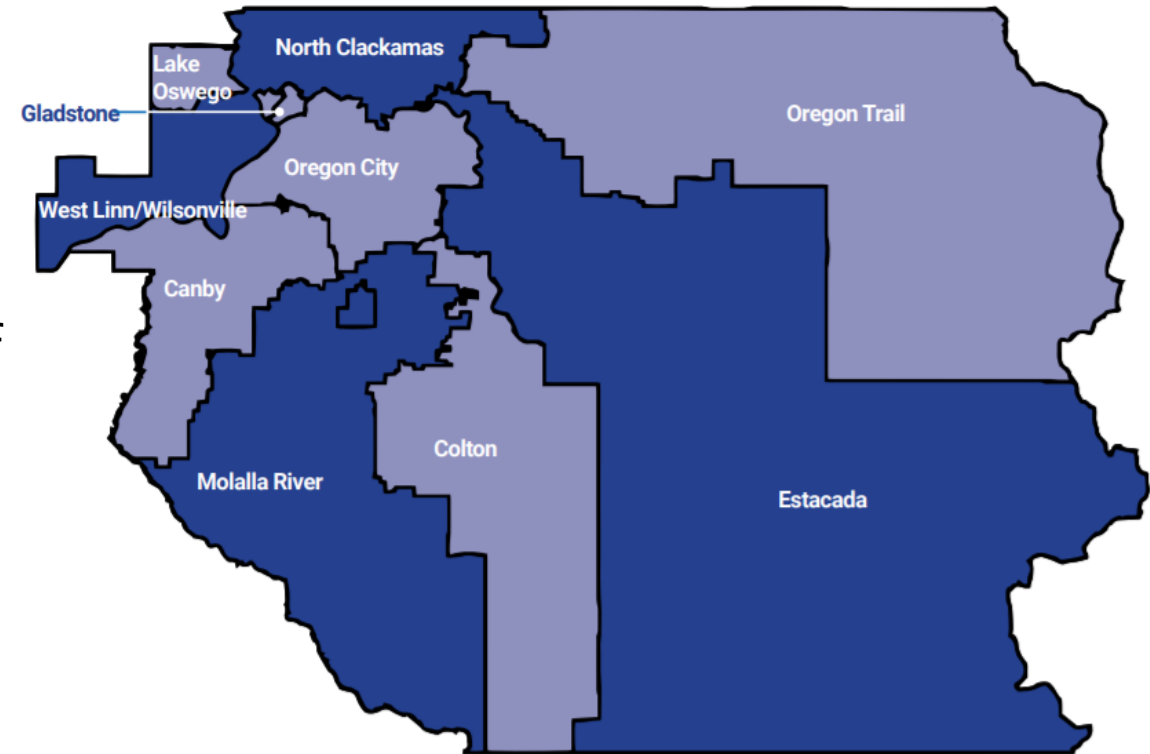
Trauma-informed approaches can be implemented at the individual, organizational and system-levels through significant changes in attitude, knowledge and practice.



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.



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

PARTICIPATING ORGANIZATIONS

- American Medical Response
- Cascade AIDS Project
- Clackamas County Aging Services Advisory Council
- Clackamas County Children’s Commission
- Clackamas Education Service District
- Clackamas County Department of Transportation & Development
- Clackamas Dental Society
- Clackamas County Disaster Management Department
- Clackamas Fire District #1
- 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
- Clackamas Workforce Partnership
- Clackamas Service Center
- Gladstone School District
- Hacienda CDC
- Health Share of Oregon
- Jennings Lodge CPO
- Kaiser Permanente Northwest
- Northwest Family Services
- Northwest Housing Alternatives
- Orchid Health
- Oregon Coalition for Dental Care
- Oregon DHS
- Oregon Food Bank
- Oregon State University Extension
- Oregon State University – College of Public Health & Human Sciences
- Oregon Trail School District
- Planned Parenthood Columbia Willamette
- Project Access NOW
- Providence Health Services
- Schoolyard Farms
- Todos Juntos
- Tualatin Valley Fire & Rescue
- Vibrant Futures Coalition
- YMCA of Columbia Willamette
- Young Lives
- Community Advocates / Residents / Volunteers

NEXT STEPS

- Release of Blueprint Community Funds in August – September 2018
- Launch of web-based platform in July 2018 to support implementation & transparency

The screenshot shows the homepage of the SHAPE Riverside County website. The header features the logo "SHAPE RIVERSIDE COUNTY" and the tagline "Strategic Health Alliance Pursuing Equity". Below the header are navigation tabs for "EXPLORE DATA", "TOOLS & RESOURCES", "PRIORITY AREAS", and "ABOUT US". The main content area includes three large image-based buttons: "HEALTH DATA", "PRIORITY AREAS", and "RESOURCES". Below these are two report download buttons: "RIVERSIDE COUNTY COMMUNITY HEALTH ASSESSMENT 2015" and "RIVERSIDE COUNTY HEALTH IMPROVEMENT PLAN 2016-2020". A "Welcome to SHAPE Riverside County" message is followed by four icons representing different data categories: "FIND HEALTH DATA", "FIND DEMOGRAPHIC DATA", "HEALTHY PEOPLE 2020 TRACKER", and "SOCIONEEDS INDEX".

The screenshot displays the SocioNeeds Index map interface. The title "SocioNeeds Index" is at the top left. Below it, a text box explains that the 2018 SocioNeeds Index is a measure of socioeconomic need correlated with poor health outcomes. It states that all zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need), and that selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. A "Learn More" link is provided. The main feature is a map of Orange County, North Carolina, with zip codes shaded in various shades of blue to represent different levels of need. A "MAP LEGEND" is visible, showing a color scale from light blue (1) to dark blue (5), with the text "greater need" and an arrow pointing right. The map includes labels for "Vinston-Salem", "Greensboro", "Burlington", and "High Point". At the bottom, there are dropdown menus for "County:" and "Index Data:".

The screenshot shows the "HEALTHIER TOGETHER" website, with the tagline "Improving Health through Planning and Partnerships". The navigation bar includes "PRIORITIES", "DASHBOARDS", "OC REPORTS", "RESOURCES", and "ABOUT US". The main heading is "Community Health Dashboards". Below this is a search bar with the text "Search by Keyword". There are two input fields: "Find an Indicator" and "Find a Location". The dashboard is organized into a grid of 12 categories, each with an icon and a brief description: "Demographics Dashboard", "All Indicator List by Location", "OC Dashboard", "Healthy People 2020 Progress Tracker", "OC Older Adult Dashboard", "OC Women's Health Dashboard", "Disparities Dashboard", "OC Age Breakout Dashboard", "OC Gender Breakout Dashboard", and "OC Race/Ethnicity Breakout Dashboard".

**Clackamas County Health Centers Division
FY19 Budget: School Based Health Centers**

	Oregon City		Rex Putnam		Total FY19	
	SBHC	Sandy SBHC	SBHC	Colton SBHC	SBHC Budget	
REVENUE						
Charges For Services	\$ 249,200	\$ 249,200	\$ 263,000	\$ -	\$ -	\$ 761,400
Internal County Grants	\$ 114,515	\$ 128,915	\$ -	\$ -	\$ -	\$ 243,430
Total Revenue	\$ 363,715	\$ 378,115	\$ 263,000	\$ -	\$ -	\$ 1,004,830
EXPENDITURES						
Personnel Services	\$ 363,368	\$ 381,839	\$ 437,142	\$ -	\$ -	\$ 1,182,349
Materials and Services	\$ 41,516	\$ 53,807	\$ -	\$ 493	\$ -	\$ 95,816
Cost Allocation Charges	\$ 39,271	\$ 36,655	\$ -	\$ -	\$ -	\$ 75,926
Total Expenditures	\$ 444,155	\$ 472,301	\$ 437,142	\$ 493	\$ -	\$ 1,354,091
Surplus/-Deficit	\$ (80,440)	\$ (94,186)	\$ (174,142)	\$ (493)	\$ -	\$ (349,261)

Blueprint for a Healthy Clackamas County

2017 - 2020

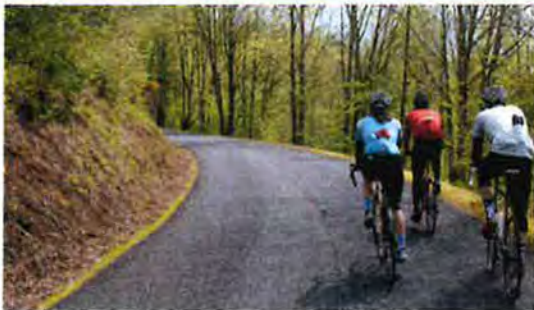


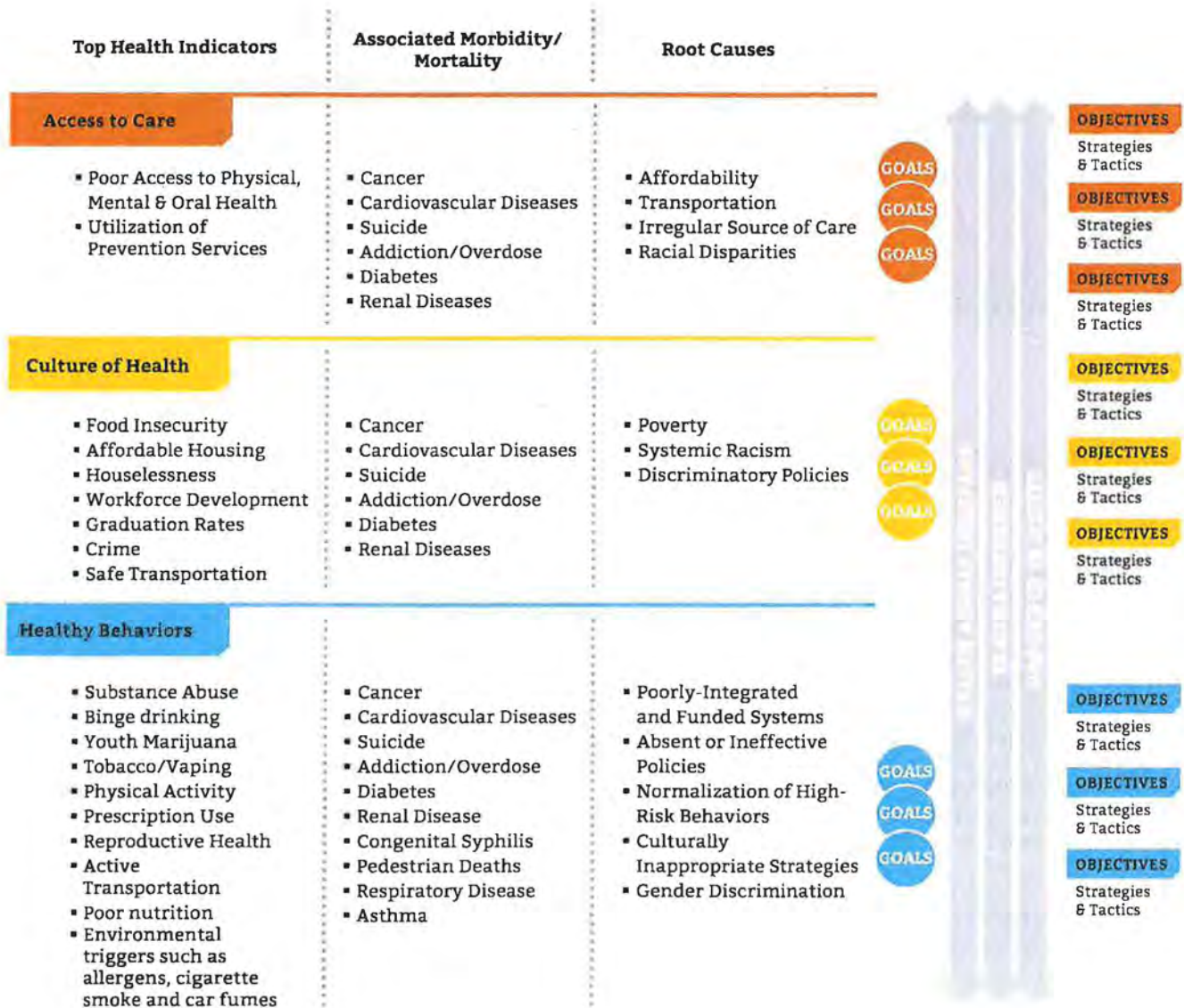


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COMMUNITY HEALTH IMPROVEMENT PLAN

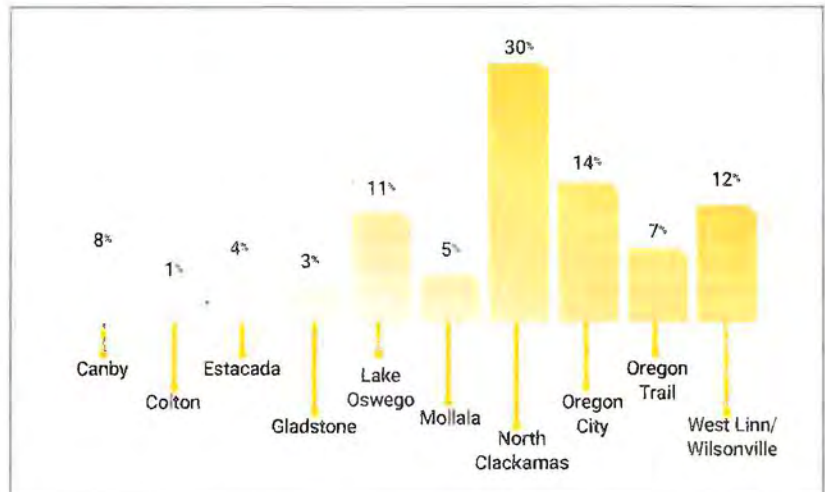
Priorities





Clackamas County, Oregon

Clackamas County, in north central Oregon, is one of the four counties that make up the Portland, Oregon, metropolitan area. The county encompasses 1,879 square miles (4,866.6 square kilometers), slightly larger than the state of Rhode Island. The county's heavily-timbered geographical features include the 11,235-foot Mt. Hood, the Mt. Hood National Forest, the Bull Run Watershed and numerous rivers – including the Willamette, Clackamas, Sandy, Pudding, Molalla, and Salmon. Some of Oregon's richest farmland is located in areas surrounding the communities of Canby, Sandy, Boring, Wilsonville, and Molalla.





Health, Housing & Human Services

The Department of Health, Housing and Human Services (H3S) is one of the largest departments in Clackamas County, serving tens of thousands of people. HS3 includes the following eight divisions: Behavioral Health, Children, Youth & Families, Community Solutions, Health Centers, Housing & Community Development, Public Health, and Social Services. These divisions are dedicated to ensuring healthy families and strong communities.



Public Health Advisory Committee

The Clackamas County Public Health Advisory Committee is the sounding board and community voice of the Public Health Division. Committee members:

- Advise the Public Health Director and staff in the development of activities, strategies and priorities to achieve community health improvement goals.
- Convene as the Ethics Committee for the Clackamas County Public Health Division and discuss public health ethics issues occurring within the county.
- Participate in the Blueprint for a Healthy Clackamas County subcommittees and provide report-outs on progress in implementing goals, objectives, strategies and tactics.
- Review reports, planning documents and publications.
- Make recommendations to assure alignment with public health goals and standards.
- Link public health programs and services to the residents of the county.
- Promote public health initiatives and activities.
- Participate in community education and engagement.



2017 Clackamas County Community Health Assessment

In 2017, the Public Health Division produced the Clackamas County Community Health Assessment (CHA)¹ using regional and county-specific health data shown through the lens of 10 Health Equity Zones (Figure 1). The data is presented through the following seven categories: Population & Demographics, Culture of Health, Environmental Health, Health Behaviors, Maternal & Child Health, Illnesses and Chronic Conditions, and Deaths. Overall, the Community Health Assessment examined the health of our residents and presented how issues such as affordable housing, transportation, alcohol and drug use and educational attainment for youth affects the health of our communities.

Community Engagement and Partnerships

Between January and May 2017, the Public Health Division contacted 76 community organizations (see page 51 for a complete list of the organizations). Of the 76 organizations contacted, 60 (79 percent) received a

presentation of the 2017 CHA findings and participated in an activity to assist in developing the Blueprint for a Healthy Clackamas County. The primary purposes were to gain feedback on the concept of the Health Equity Zones and to have a discussion around our top health priorities. Participants ranked their top three health priorities out of the possible ten in the presentation. Following the exercise, participants discussed their top choices and offered suggestions for priorities that were not identified in the assessment.

Of the organizations who participated in the outreach, approximately half (46%) were organizations that represent all of Clackamas County. The remaining organizations were part of a specific Health Equity Zone. At least one presentation was given to an organization with representation in each of the Health Equity Zones.

¹ 2017 Clackamas County Community Health Assessment. http://www.clackamas.us/publichealth/documents/cha_final.pdf

Priorities	Minimum Votes	Mean Votes	Maximum Votes	Total Votes
Increase health care access	1	8.05	26	330
Increase access to housing	0	7.27	32	298
Increase high school graduation rates	0	5.83	23	239
Increase the number of people who meet physical activity guidelines	0	4.15	16	170
Decrease the number of people who attempt suicide	0	3.51	14	144
Decrease the number of people who are classified as obese	0	2.29	14	94
Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.68	5	69
Decrease the number of youth who report alcohol use	0	1.61	9	66
Decrease the number of cardiovascular deaths	0	1.54	7	63
Decrease the number of sexually transmitted infections	0	0.63	5	26

Figure 6. Top Health Priorities.

Qualitative analysis methods were used to quantify the verbal feedback received throughout the outreach process. Feedback was categorized into three topics: (1) challenges of adopting the Health Equity Zone framework, (2) benefits of adopting the Health Equity Zone framework, and (3) specific health priorities of the organization.

Top challenges of adopting the Health Equity Zone framework included the number of zones and the amount of data needed, the geographical size of the zones and the level of disparity within them, equitable access to resources within each zone, and concern for access issues within the rural communities. Benefits of adopting the Health Equity Zone framework included more targeted allocation of data, information, and resources, ownership and identity with one's community, and more impactful focus on the differences within the County.

The top health priorities verbalized by the organizations align with the top priorities identified through the prioritization exercise (see Figure 6). Notably, organizations spoke of access to health care and housing, improving graduation rates, and increasing physical activity. However, additional priorities of the organizations include access to mental health, increased employment, and improved transportation.



Guiding Principles

Assessing Health across the Lifespan

Health is defined as a state of complete physical, mental and social well-being¹. Our individual behaviors only determine about 30% of our health²; it is our income, education, jobs, housing and relationships that affect our health the most and can either support or prevent us from being healthy. For example, it is estimated that of the 2.8 million deaths in the United States in 2000, 245,000 were attributed to low education, 176,000 to racial segregation, 162,000 to low social support, 133,000 to individual-level poverty, and 119,000 to income inequality^{3,4}. Collectively, these "social determinants of health" are the conditions that contribute to health disparities among different communities. In Clackamas County, some of our residents do not have equitable access to the opportunities and systems that contribute to good health. Discrimination and other structural inequities worsen the health and quality of life experienced by some of our residents^{5,6}.



Root Cause of Health

1. Poverty
2. Institutional Racism
3. Gender Inequality



Access to Health Care and Human Services

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. (from Healthy Chicago)

Access to health care means having “the timely use of personal health services to achieve the best health outcomes” (IOM, 1993).

Attaining good access to care requires three steps:

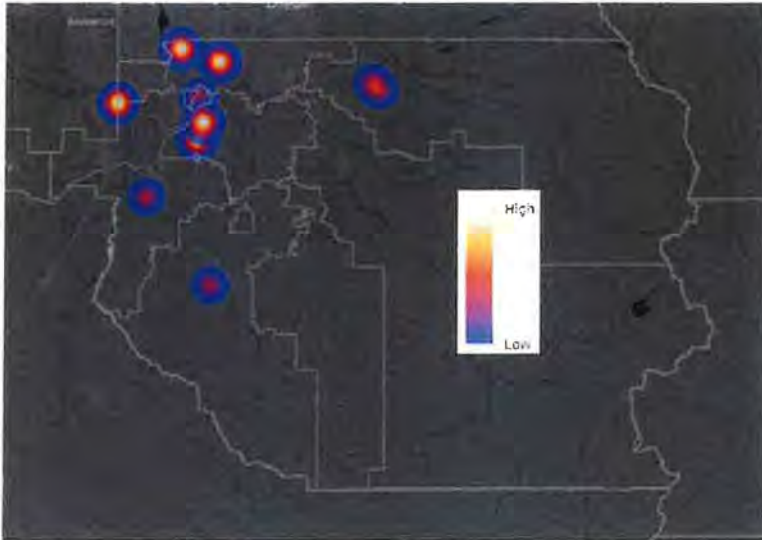
- Gaining entry into the health care system.
- Getting access to sites of care where patients can receive needed services.
- Finding providers who meet the needs of individual patients and with whom they can develop a relationship based on mutual communication and trust.

Health care access is measured in several ways, including:

- Existence of resources that facilitate health care, such as health insurance or a source of care.
- How easily patients can gain access to health care.
- The ultimate outcome of good access to care (i.e., the successful receipt of needed services).

Health Care Access

Density of Federally Qualified Health Centers and Hospitals



In 2013, 1 Primary Care provider for **1,159 people**



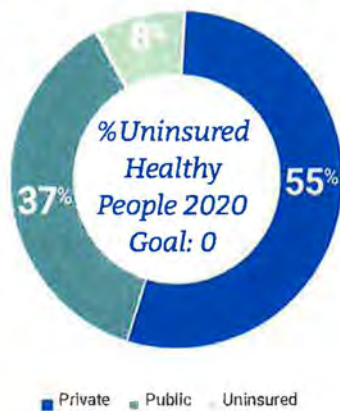
In 2014, 1 Dentist for **1,321 people**



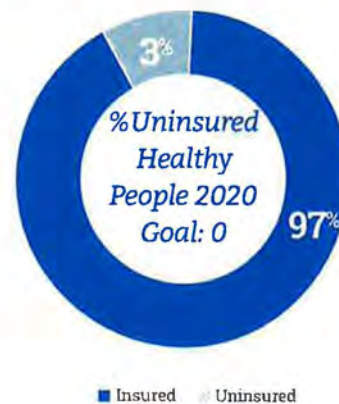
In 2015, 1 Mental Health provider for **476 people**

Figure 9. Density of Federally Qualified Health Centers and Hospitals.

Health Insurance Coverage, By Type, 2014.



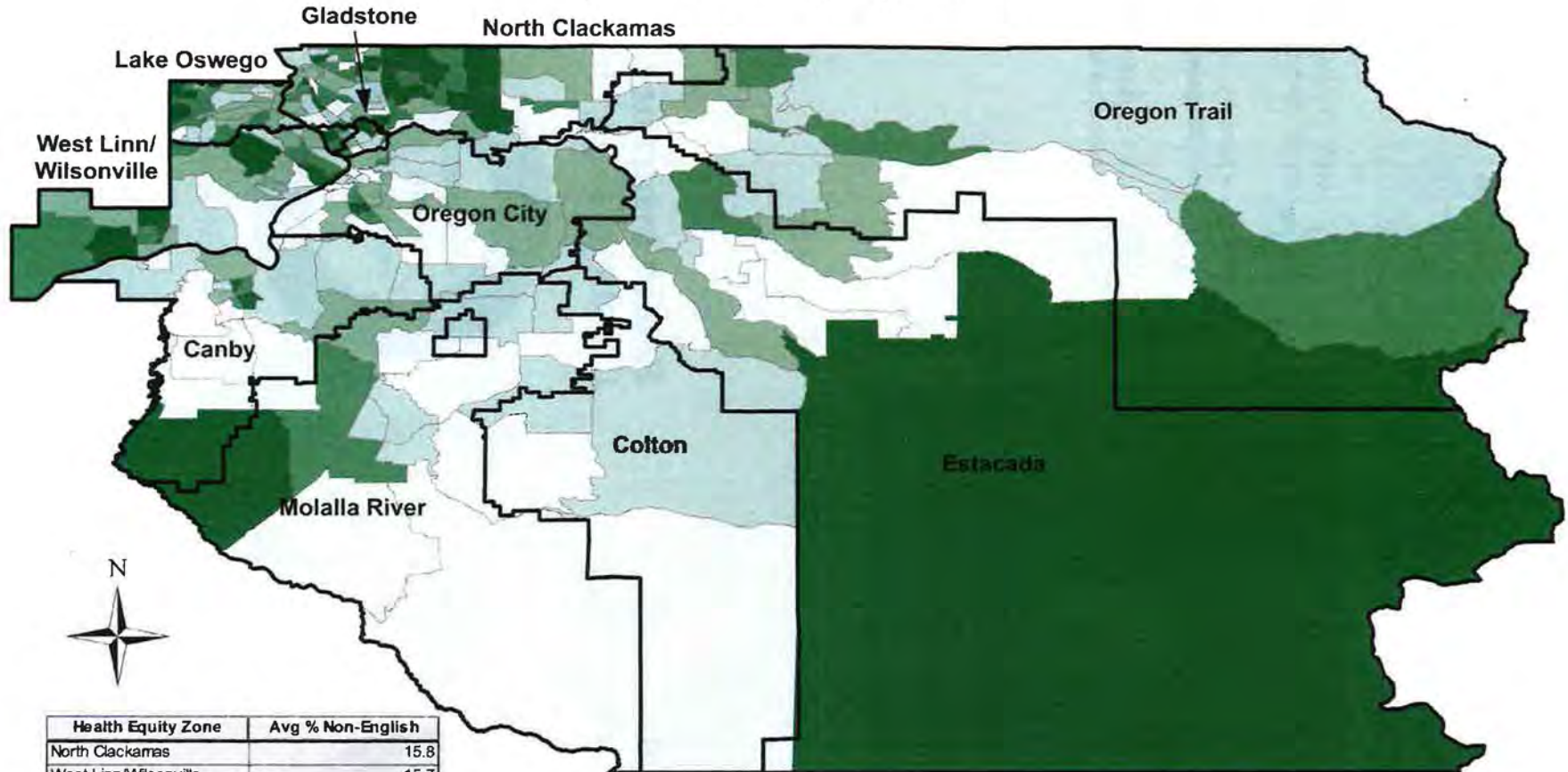
Health Insurance Coverage, By Type, 2015.



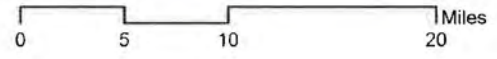
Sources:

Healthy Columbia Willamette Collaborative, Community Health Needs Assessment, 2016
 Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon. County Results/Statewide Update
 February 2015. Oregon Health Authority, Oregon Health & Science University

Percent Non-English Speakers per Census Block Group by Health Equity Zone



Health Equity Zone	Avg % Non-English
North Clackamas	15.8
West Linn/Wilsonville	15.7
Lake Oswego	13.1
Canby	12.2
Gladstone	11.8
Oregon City	9.2
Molalla River	8.7
Oregon Trail	8.2
Estacada	7.5
Colton	6.1



Legend

Health Equity Zone

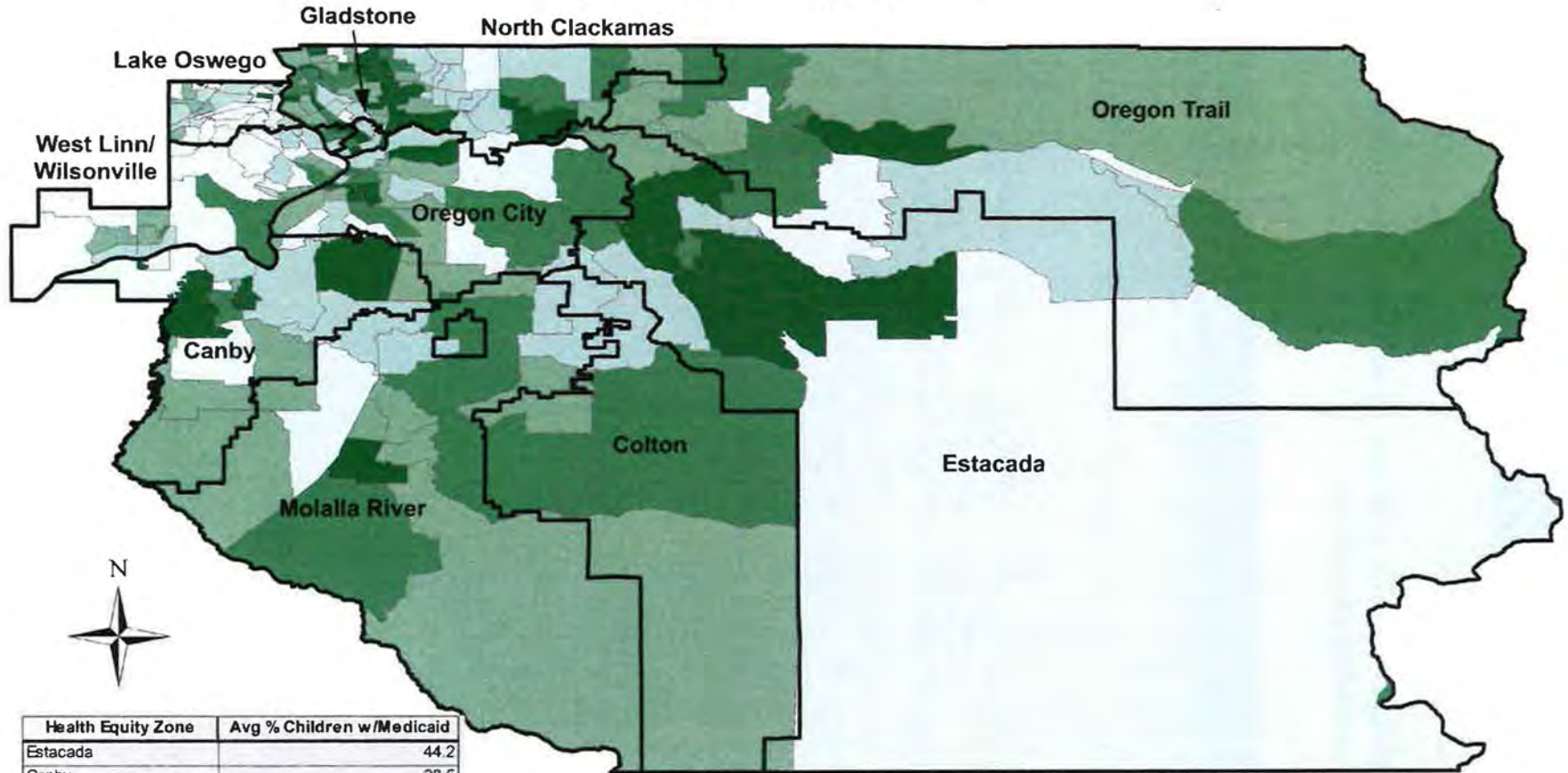
% Non-English Speakers

- 0.0 - 4.9
- 4.9 - 8.8
- 8.8 - 13.4
- 13.4 - 19.7
- 19.7 - 58.6

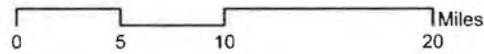


Clackamas County Public Health Department
 Data Source: ACS 5-year estimates, 2011-2015 and
 Clackamas County Public Health Department
 Produced by: OSU Spatial Health Lab; 4/2017

Percent Children with Medicaid per Census Block Group by Health Equity Zone



Health Equity Zone	Avg % Children w/Medicaid
Estacada	44.2
Canby	28.5
North Clackamas	26.9
Oregon City	23.9
Gladstone	23.9
Oregon Trail	23.6
Colton	21.5
Molalla River	20.3
West Linn/Wilsonville	13.4
Lake Oswego	6.9



Legend

- Health Equity Zone
- % Children w/ Medicaid
 - 0.0 - 3.5
 - 3.5 - 12.9
 - 12.9 - 25.4
 - 25.4 - 38.2
 - 38.2 - 100.0



Clackamas County Public Health Department
 Data Source: ACS 5-year estimates, 2011-2015 and
 Clackamas County Public Health Department
 Produced by: OSU Spatial Health Lab; 4/2017

Objectives	Strategies	Health Equity Zones	Age Ranges
A. Increase the utilization of primary medical and dental care for individuals with Oregon Health Plan (OHP) in communities within Clackamas County.	Conduct access disparity analysis of OHP data (led by Clackamas County Public Health staff).	ALL	65 and above
	Increase promotion of insurance benefit/medical transportation travel resources for Clackamas OHP members.	ALL	
	Design marketing & communication messaging for older adults to increase utilization of primary care resources within communities	ALL	
	Support targeted information messaging on importance of prevention screenings/available benefits for OHP members.	ALL	
	*Coordinate training for health care professionals to acquire the skills to perform oral health screening tools.	ALL	
	*Increase the use of Expanded Practice Dental Hygienists and/or Dental Therapists in targeted rural areas, such as Community Centers.	Rural HEZs	
	Dedicate staffing to coordinate dental vans in targeted Health Equity Zones.	Rural HEZs	
	Advocate for Medicare include dental benefits.	ALL	
	Create, Support and utilize navigation network between agencies serving the same families	ALL	
B. Increase the proportion of individuals in Clackamas County with mental and substance use challenges who receive treatment.	Conduct disparity analysis of mental and substance abuse utilization (led by Clackamas County Public Health & Behavioral Health).	ALL	0 to 18
	Explore social media and health advocacy awareness messaging.	ALL	
	Training and education for primary care providers on screening tools for depression and suicide risk (e.g. SBIRT and Columbia screenings).	ALL	
	Create, Support and utilize navigation network between agencies serving the same families.	ALL	
	Increase amount of behavioral health resources in Clackamas County SBHCs.	Sandy, NC, Estacada, OC	
	Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community.	ALL	
	Provide education and awareness as to the prevalence of suicide and who is at risk.	ALL	
	Ensure that screening for suicide risk is occurring at regular intervals using a standardized instrument and by trained healthcare professionals.	ALL	
	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 sui-cidality.	ALL	
	Conduct disparity analysis of mental and substance abuse health utilization (led by Clackamas County Public Health & Behavioral Health).	ALL	18 to 64
	Develop & implement anti-stigma messaging on behavioral health for adults living in Clackamas County.	ALL	
	Provide education and awareness surrounding the prevalence of mental health by expanding Mental Health First Aid training to the community.	ALL	

Goal 3: Improve physical environments and access to transportation.

Objectives	Strategies	Health Equity Zones	Age Ranges
A. Ensure residents have equitable access to transportation options for health & human services.	Expand alternative modes of transportation to rural communities (e.g. Uber, Lyft, volunteer driving programs).	Rural HEZs	ALL
	Expand Transportation Reaching People (TRP) program with increased emphasis equity.	Rural HEZs	
	Increase safe, affordable routes for residents to access services in urban communities.	Urban/ Suburban HEZs	
	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.	ALL	
B. Improve physical environments to support access to health & wellness.	Increase use of telehealth, emerging technologies, community paramedics & community health workers to bring services to people.	Rural HEZs	ALL
	Increase the amount of safe, affordable and interconnected communities within the Clackamas County Health Equity Zones.	Urban/ Suburban HEZs	
	Incorporate all relevant modes of travel into transportation projects for all jurisdictions who own roads in Clackamas County.	ALL	
	Work with public transit agencies serving County residents to examine safety, health and equity as part of their strategic plans.	ALL	



Culture of Health

A Culture of Health is broadly defined as one in which good health and well-being flourish across geographic, demographic, and social sectors. where fostering healthy, equitable communities guides public and private decision making and everyone has the opportunity to make choices that lead to healthy lifestyles.

The exact definition of a Culture of Health can look very different to different people. It must embrace a wide variety of beliefs, customs and values and be as diverse and multifaceted as the population it serves.

In order to impact the outcome of improved population health, well-being and equity; the four action areas must work in coordination with the other not in isolation.

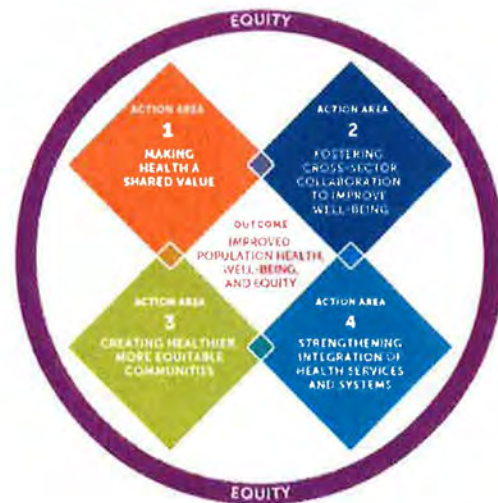
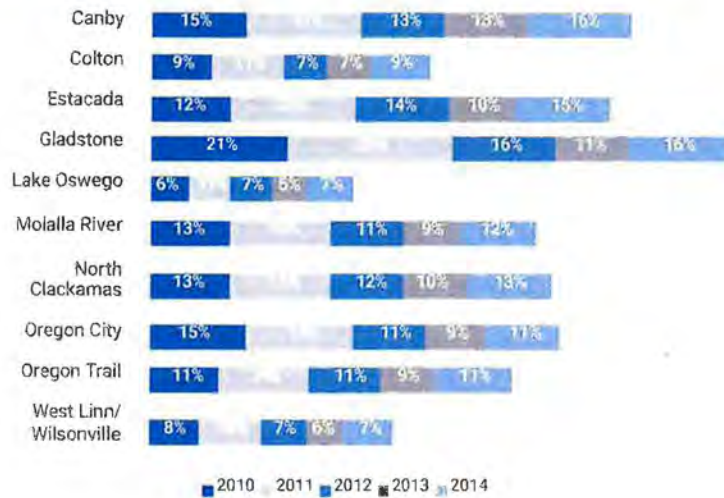


Figure 10. Equity outcomes.



Estimates of Children 5-17 Living in Poverty,

by Health Equity Zone, 2010-2014



For every 1,000 persons in Clackamas County in 2015 approximately five were living in unstable housing, unsheltered or living in shelter programs. 47 percent of the homeless population counted in 2015 were under the age of 18.

Racial Characteristics of the Population Earning <125 percent Federal Poverty Level (\$25,975)

3 in 10 American Indian/ Alaska Native



1 in 10 Asian



2 in 10 Black/African American



2 in 10 Native Hawaiian/Pacific Islander

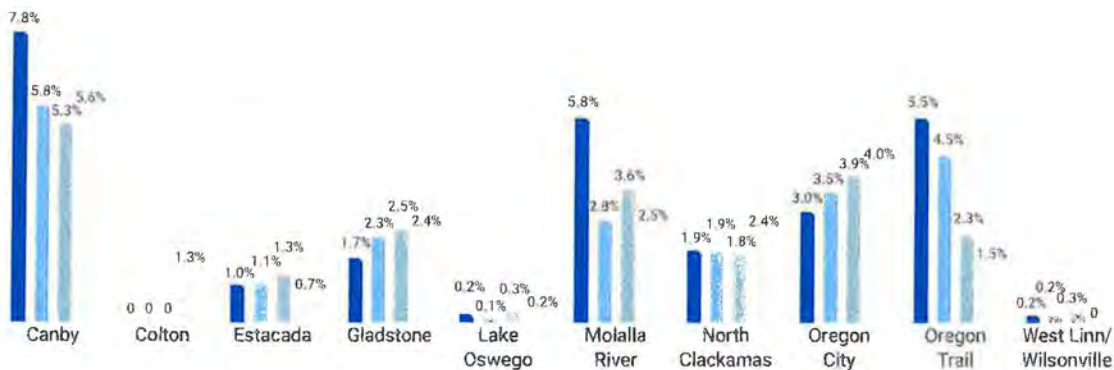


1 in 10 White

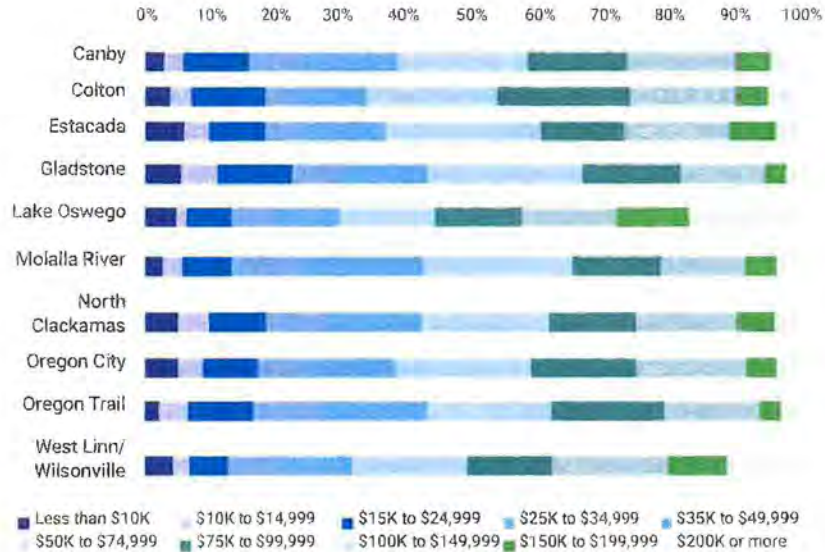


Percentage of Students Experiencing Homelessness

by Health Equity Zone, 2011-2015



Clackamas County 2014 Household Income Estimates by Health Equity Zone



Based on 2014 estimates, the median household income in Clackamas County was \$64,700. Lake Oswego Health Equity Zone had the highest median income (\$83,391), while Molalla River Health Equity Zone had the least (\$56,096). In other words, half of the households in the Molalla River Health Equity Zone have an income less than \$56,096. Additionally, more than 20 percent of household incomes in Gladstone Health Equity Zone are less than \$34,999.

Based on the national income distribution, women earning an income in the lowest quartile had a race-adjusted life expectancy of 82.5 years, a 6 percent decrease from the life expectancy of women earning an income in the top quartile. Males exhibit a larger disparity, with those earning an income in the lowest quartile experiencing an almost 9 percent decrease in life expectancy from their counterparts earning an income in the highest quartile.

“Holistic health includes homes and schools.”

- Clackamas County Resident

“People are scared of homeless and there is no need to be.”

- Clackamas County Resident

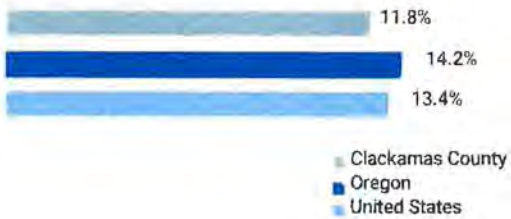
“I would love to have a house even if it's a little garage. But I make the best of it.”

- Clackamas County Resident

Sources:

- Clackamas County Point-In-Time Homeless Count 2015
- Oregon Department of Education, 2011-2015
- The Association Between Income and Life Expectancy, 2001-2014
- U.S. Census Bureau, Small Area Income and Poverty Program, 2015
- U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

11.8% Food Insecure Population in Clackamas County



Sources:

Community Food Assessment, Clackamas County, 2015
 Community Commons, U.S. Department of Agriculture Nutrition Program
 U.S. Department of Agriculture Census 2012

A community food assessment conducted in Clackamas County in 2015 found 157 farms reported producing vegetable crops for sale, while 1,015 produced cut Christmas trees, woody crops, or nursery and greenhouse crops. Nursery and greenhouse crops represented 43 percent of all agricultural commodity sales in Clackamas County in 2012.

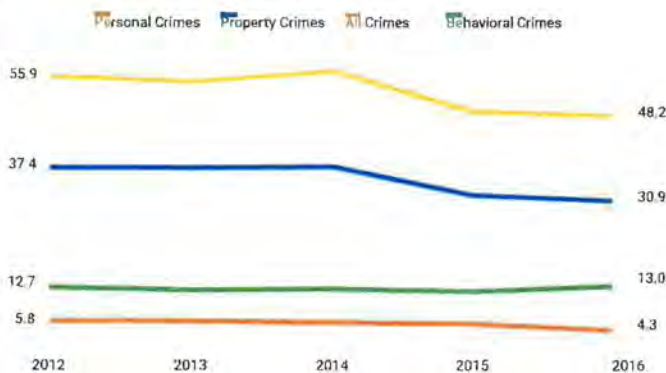
"A clean community is a healthy community."

-Clackamas County Resident

"I grew up in a community where I want my kids to grow up the same way."

-Clackamas County Resident

Crime Rates Per 1,000 Population 2012-2016



Sources:

Clackamas County Natural Hazards Mitigation Plan, 2012
 Clackamas County Sheriff's Office, Population Crime Rates, 2012-2016
 Community Commons, ESRI Business Analyst, 2010

There were 11,826 crimes reported to Clackamas County Sheriff's Office in 2015. Property crimes, such as theft, accounted for 63 percent of the total crimes reported. More than a quarter (27 percent) of the crimes reported were behavioral (e.g., drug charges, DUII), with remainder of the crimes being person crimes (10 percent). The top six crimes reported were theft (34 percent), criminal mischief (7.9 percent), burglary (6.5 percent), identity theft (4.7 percent), stolen vehicle (4.2 percent), and assault (4.1 percent), respectively.

Objectives & Strategies to Address Culture of Health

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

Objectives	Strategies	Health Equity Zones	Age Ranges
A. Develop cross-sector partnerships that promote health and housing	Strengthen the findings from the County's Housing Affordability and Homelessness Task Force using health outcome data	TBD	TBD
	Promote the use of Health Impact Assessments for new housing developments	North Clackamas	ALL
	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
	Develop opportunity maps to illustrate the social and economic conditions that maximize health in a neighborhood/community	TBD	TBD
	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
	Increase the number of smoke-free properties within the county and provide access to smoking cessation resources	ALL	ALL
	Promote investments in housing by identifying interested health sector (e.g., CCOs, insurers), public, and private stakeholders	TBD	TBD
	Improve home safety (fall prevention, CO and smoke detectors)	ALL	All, 65+
B. Increase housing stability in Clackamas County	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 risk of becoming homeless, and those who experience chronic homelessness)	TBD	TBD
	Reduce home energy costs using weatherization services and energy assistance programs	Canby, Colton, Estacada, Molalla River, and Oregon Trail	ALL
	Increase the availability of permanent supportive housing	TBD	TBD
	Create linkages between workforce and housing service providers to increase/stabilize incomes	TBD	TBD
	Provide opportunities to remove or mitigate legal barriers that can restrict access to affordable housing	ALL	ALL
	Increase access to short-term rental assistance	ALL	ALL
	Provide loans and grants to low-income homeowners to repair, improve, or modernize homes or remove health and safety hazards	ALL	ALL, 65+

Objectives	Strategies	Health Equity Zones	Age Ranges
B. By June 2020, 92% of children have had two well-child visits completed in the first 15 months of life	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 to 15 months
	Identify the barriers for families and primary care providers to complete well-child visits	ALL	0 to 15 months
	Convene a workgroup consisting of Health Share, health systems, early learning providers, and birth centers to ensure families complete well-child visits	TBD	0 to 15 months
C. By June 2020, 92% of children between two and five years have had a well-child visit completed within the last 15 months	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 to 5 years
	Identify the barriers for families and primary care providers to complete well-child visits	ALL	16 months to 5 years
	Convene a workgroup consisting of Health Share, health systems, early learning providers and birth centers to ensure families complete well child visits	TBD	16 months to 5 years
D. By June 2020, the number of early learning experiences will increase	Identify and map availability of early learning experiences by Health Equity Zone	ALL	16 months to 5 years
	Map home visitation services waitlists by Health Equity Zone	ALL	16 months to 5 years
	Coordinate home visiting programs to maximize the number of families receiving home visits and to eliminate duplication of services	ALL	16 months to 5 years
	Increase number of playgroups	TBD	16 months to 5 years
	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 to 5 years
	Direct grant funding to increase opportunities for pre-kindergarten learning experiences	TBD	16 months to 5 years
	Promote Reach Out and Read in clinics/health care providers located in Health Equity Zones with low early childhood literacy scores	Canby, Colton, Estacada, Molalla, North Clackamas, and Oregon Trail	16 months to 5 years



Healthy Behaviors

Healthy Behavior is influenced by the social, cultural and physical environments in which we live and work. It is shaped by individual choices and external constraints and is an action taken by a person to maintain, attain, or regain good health and to prevent illness. Healthy Behavior reflects a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary inoculations.

Healthy Behavior may include the development of individual, group, institutional, community and strategies to improve health knowledge, attitudes, skills and behavior.

Adults

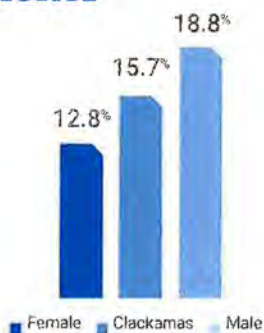
Data collected from the Behavioral Risk Factor Surveillance System suggests 18.8 percent of males binge drink, or consume 5 or more alcoholic beverages in one session. There were nearly 40 percent more female respondents to the survey question pertaining to binge drinking, suggesting the percentage of males who binge drink in Clackamas County may be underestimated. Similarly, 20 percent, or 1 in 5 males in Clackamas County are estimated to be current smokers.

Clackamas County adults exceed the Healthy People 2020 goal for the recommended percentage with a dental visit in the past year. However, while females in Clackamas County exceed the goal for the percentage with a usual health care provider, males do not.

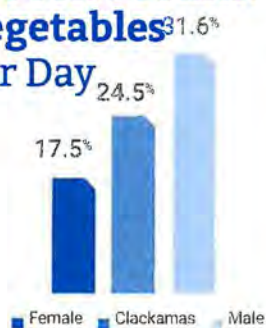
Reported Binge Drinking



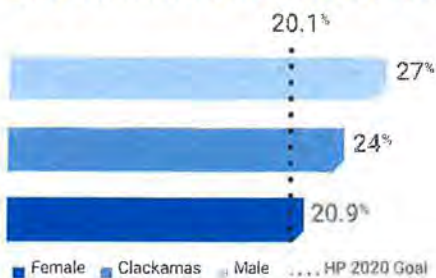
Reported Current Smoker



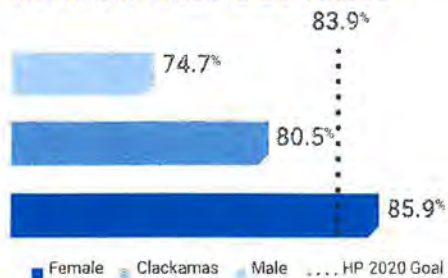
Consumption of 5 or More Fruits/Vegetables per Day



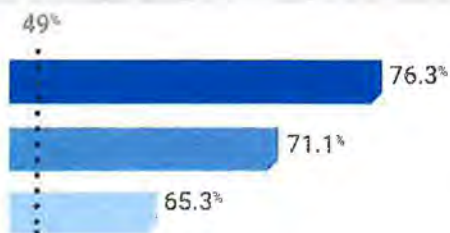
Participating in Enough Physical Activity to Meet Recommended Guidelines



Has Personal Doctor or health Care Provider



Dental Visit in the Past Year



Sources:
Behavioral Risk Factor Surveillance System 2010-2013
Healthy Columbia Willamette Collaborative, Community Health Needs Assessment, 2016

Goal 2: Reduce substance use/abuse and suicides.

Objectives	Strategies	Health Equity Zones	Age Ranges
A. Reduce the % of youth using tobacco, alcohol and/or other drugs	Expand long-term treatment options for substance users, information campaigns, home visitation programs, racial and social justice curriculum, peer led conflict resolution programs, increase the social connectivity of communities, decrease risk factors and increase protective factors, improve and increase the access to mental health resources in schools, healthy spaces for congregating, trauma recovery program, increase the number of professional mental health providers, collaboration on screening tools, understand the helpfulness of resources shared, improvement of screening tools, increase services available immediately at point of contact, increase access to mental health and recover resources through religious organizations.	ALL	12 to 20
B. Reduce the number of attempted suicides	Zero suicide program, mental health first aid, suicide awareness, suicide prevention model, CALM, ASIST, reduce the number of people feeling isolated and lonely, enhance networks of peer support for youth and adults	ALL	ALL
	Support for Veterans, improved access to jobs for recovered, increase training taken by caregivers and home visitors for older adults		18+
C. Reduce the number of emergency room visits for drug overdose	Increase naran/naloxone availability, proper drug disposal program, chronic pain management programs, integrating mental health services in medical clinic settings, dual substance abuse treatment and parenting programs, improve and increase the access to mental health resources at worksites, improve screening and integrate services for mental health at clinics and health centers, improve screening and access to mental health and recovery services for homeless youth and adults, increase access and improve mental health and recovery resources for those imprisoned and involved in the criminal justice system	ALL	ALL
D. Increase the number of trauma informed care agencies in Clackamas County	Trauma informed practices approach, jail diversion programs to recovery, trauma informed health care, therapeutic approaches in prisons, culturally adapted health care, implement trauma informed practices, systems, and environments	ALL	ALL

Acknowledgements

Clackamas Board of County Commissioners

Jim Bernard, Chair
Sonya Fischer
Ken Humberston
Paul Savas
Martha Schrader

Clackamas County Public Health Advisory Committee Members

Aaron Goff, Clackamas Federal Credit Union
Chris Markesino, Kaiser Permanente Northwest
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Michael Anderson-Nathe, Health Share of Oregon
Michael Ralls, North Clackamas School District
Molly Haynes, Kaiser Permanente NW
Peggy Watters, West Linn citizen
Steve Campbell, City of Happy Valley
Gloria Krahn, Oregon State University

2017 Community Roadshow Participating Organizations

Aging Services Advisory Council
Canby Adult Center
CASA
City of Canby
City of Estacada
City of Gladstone
City of Happy Valley
City of Oregon City
City of Sandy
Clackamas County Children's Commission
Clackamas Community College
Clackamas County Housing Advisory Board
Clackamas County Sheriff's Office
Clackamas Federal Credit Union
Clackamas Service Center
Clackamas Women's Services/Family Violence Coordinating Council
Clackamas Workforce Partnership
Colton School District
Colton Helping Hands
Colton Water District Board
Community Action Board
Community Health Council
DTD Leadership Team
Early Learning Collaborative
Estacada Connect
Estacada Development Association
Founders Clinic Advisory Board
Gladstone Center for Children & Families
Gladstone Senior Center
Hamlet of Mulino Jennings Lodge
Lake Oswego Community Center
Leadership for Equity, Diversity & Inclusion Council
Los Ninos Cuentan
Mental Health & Addiction Council
Milwaukie Center
Molalla Community Center
North Clackamas Parks & Recreation District
North Clackamas School District
North Clackamas Social Needs Roundtable