

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

Presentation Date: July 18th, 2017 **Approx Start Time:** 10:30 AM **Approx Length:** 1 hour

Presentation Title: Review Preliminary Draft of the 2017 Community Health Improvement Plan

Department: H3S / Public Health Division

Presenters: Richard Swift and Dawn Emerick

Other Invitees: Dr. Sarah Present

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Review and discussion of the preliminary draft of the 2017 Community Health Improvement Plan in order to prepare for adoption during an upcoming Business Meeting. A description of the upcoming proposed process and opportunities for Board of County Commissioners involvement will be discussed.

EXECUTIVE SUMMARY:

H3S / Public Health Division has developed a preliminary draft of the 2017 Community Health Improvement Plan – Blueprint for a Healthy Clackamas County. The report was developed based on priorities identified through the updated community health assessment, community listening sessions and presentations with 60 local organizations across the 10 Health Equity Zones within Clackamas County.

The H3S / Public Health Division is proposing to conduct a month-long public comment period starting August 2017 for the organizations engaged in the assessment process, along with the public at-large, to provide input into finalization of the plan. This public comment period would be with support provided by Public & Government Affairs staff.

Once feedback has been compiled, the H3S / Public Health Division will seek formal adoption of the plan from the BCC and then host a launch-event with community partners to begin implementation of the updated plan on the evening of September 28th, 2017 at the Providence Willamette Falls Community Center.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? YES

What is the cost? \$80,000 for community mini-grants; \$20,000 for staff time

What is the funding source? County General Fund

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: Public & Government Affairs will be launching an online open house for the public at-large to provide feedback on the draft report.

OPTIONS:

1. Approve the preliminary draft report as submitted and instruct staff to open the online open house to begin the public comment period
2. Instruct staff to revise report prior to beginning public comment period
3. Reject report and proposed process moving forward

RECOMMENDATION: Staff recommends approval of Option #1 and will incorporate public feedback prior to request for Board adoption at an upcoming business meeting.

ATTACHMENTS:

- Draft 2017 Community Health Improvement Plan Report: Blueprint for a Healthy Clackamas County

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

2017 - 2020



DRAFT



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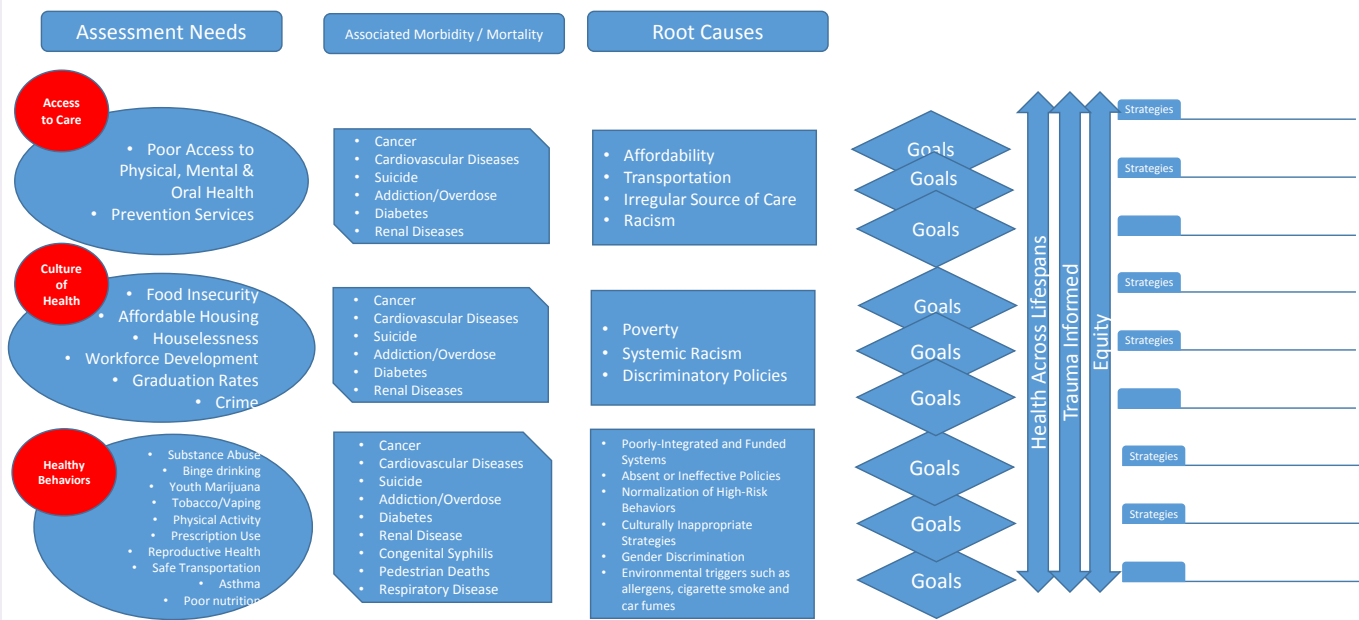


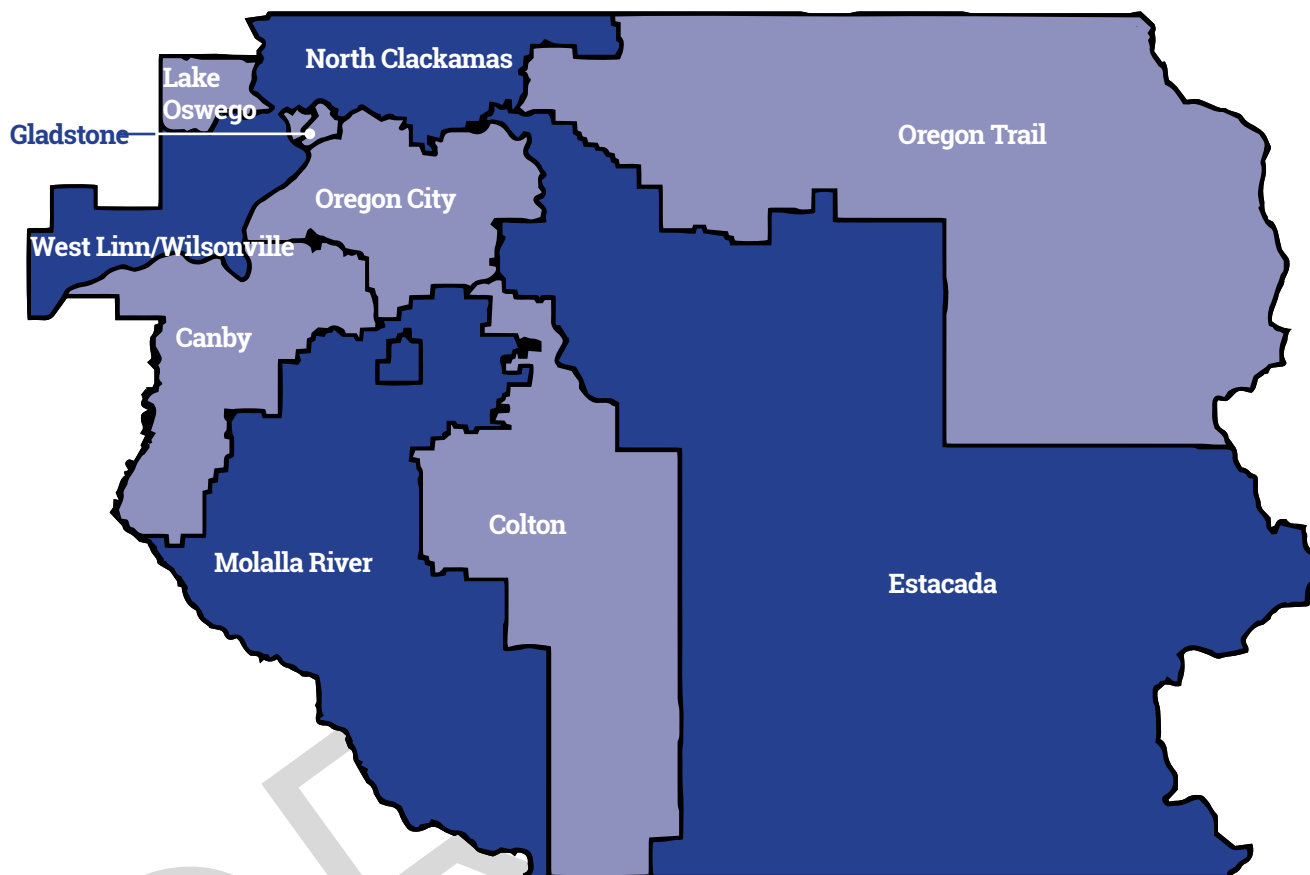
Executive Summary

Thank you for your interest in the 2017 – 2020 Blueprint for a Healthy Clackamas County—the County’s plan for giving everyone the chance to live a healthier life. The Blueprint reflects 15 months of work by the Clackamas County Public Health Division (CCPHD), our residents, community organizations, and County leadership. The Blueprint aims to improve the health and quality of life of our residents. The Blueprint also focuses on residents with the worst health outcomes, in order to make our County more equitable. The Blueprint serves as the County’s Community Health Improvement Plan (CHIP) and was approved by the Clackamas County Board of Commissioners in July 2017.

This document builds upon the needs and priorities identified in both the Healthy Columbia Willamette Collaborative (HCHW) and Clackamas County 2017 Community Health Assessment (CHA). The Blueprint describes the priorities, goals, objectives, and strategies necessary to improve the health and quality of life of Clackamas County residents.

Community Health Improvement Plan Priorities





Although CCPHD has been a participating member of HCWC since 2012, we determined the need to conduct a deeper needs assessment of Clackamas County to help us capture the County's social and geographic diversity through the lens of Health Equity Zones (Figure 1). Health Equity Zones are maps and datasets broken down into 10 geographic areas across the County. The Health Equity Zones can serve as a tool for residents, policymakers, community-based organizations, and businesses to develop approaches that address the unique needs of the communities located in each of the zones.

The Blueprint for a Healthy Clackamas is a "living document" that will be reviewed and revised based on new priorities and challenges. Over the next three years, stakeholders will

participate in subcommittees to develop recommendations on how to advance the goals and strategies outlined in the Blueprint. CCPHD believes that we all have an important role to play in improving health outcomes and the quality of life of our residents by addressing the direct causes of preventable disease, disability and early death, as well as the range of personal, social, economic, and environmental factors that influence health.

The Blueprint reflects Clackamas County's commitment to continuous quality improvement and community-centered planning, and is the County's plan for giving everyone the opportunity to live a healthy life.

We invite Clackamas County residents and community leaders to use this plan as a resource and platform for action.





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.

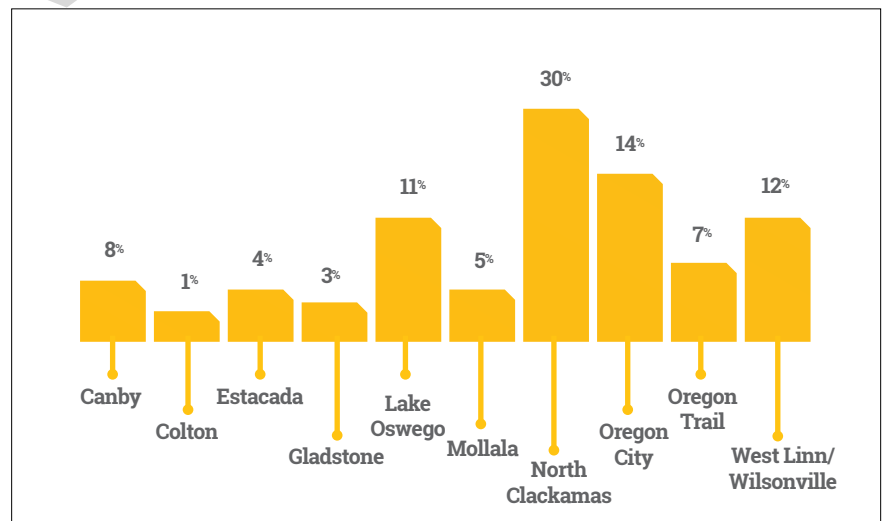
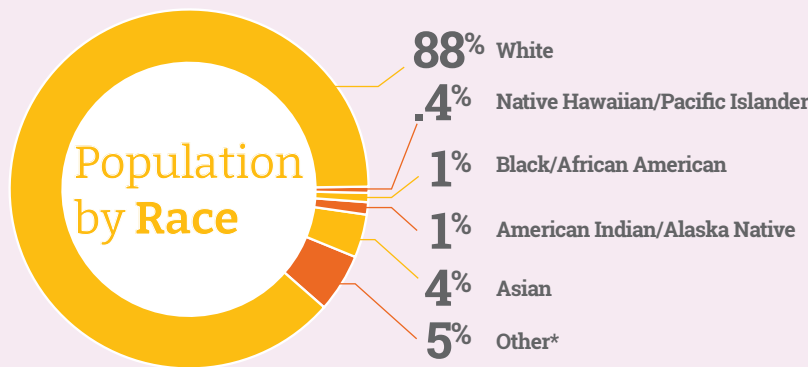
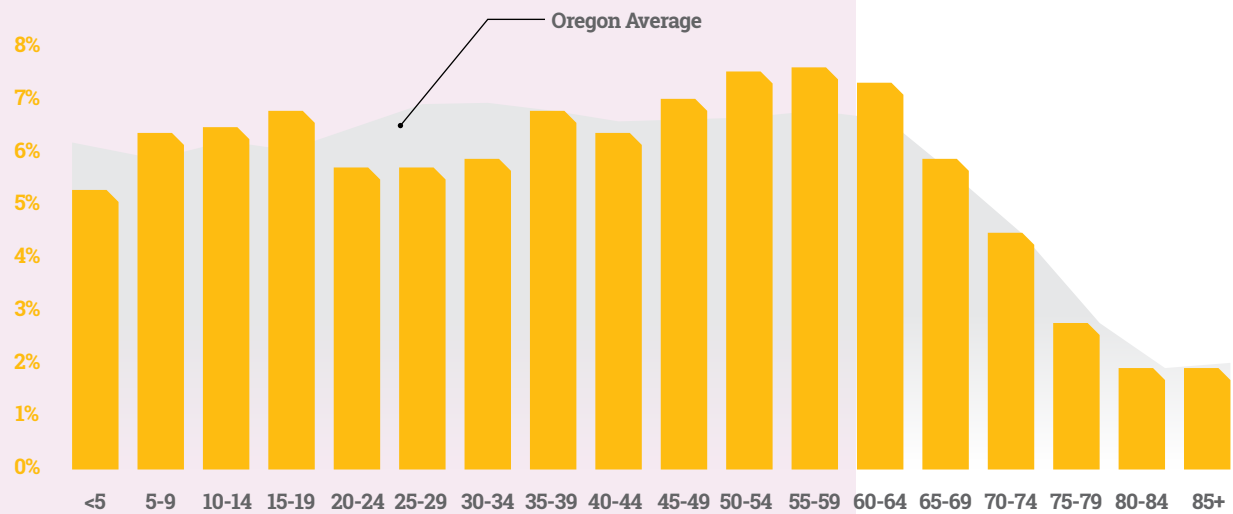


Figure X. Percent of population living in Health Equity Zones.



*Identifies with two or more races

Population by Age



As of the 2010 Census, the population in Clackamas County was 375,992, a growth of 11% since 2000. According to American FactFinder, a U.S. Census source for population information, the 2015 population in Clackamas County is approximately 401,515, a 7% increase from the 2010 Census. Approximately one-eighth of Clackamas County's land area is urban and the remainder is rural, with about half of the population living in each area. Approximately two-thirds of Clackamas County's population resides in the Health Equity Zones of North Clackamas, Lake Oswego, Oregon City, and West Linn/Wilsonville (Figure 1.). The city of Happy Valley, located in the North Clackamas Health Equity Zone, has seen the largest increase in population since 2010, with a 26% increase as of the 2015 population estimate.

Based on 2015 estimates, the majority of the population in Clackamas County is White (89%). Residents identifying as Asian or with more than one race make up 4% and 5% of the population, respectively. The racial makeup of Clackamas County has changed very little since the 2010 Census, when Whites represented 90% of the population, Asians 3%, and multi-race 5%. Approximately 8% of the population identified as Hispanic in 2010, with only a slight increase to 9% as of the 2015 population estimate.

The median age in Clackamas County is 41.5 years, with nearly 24% of the population 19 years old or younger, 37% between the ages of 20 and 49, and 39% 50 years or older.

Health, Housing & Human Services Department

The Department of Health, Housing and Human Services (H3S) consists of eight divisions, dedicated to ensuring strong community partnerships, integrated services, equitable access and meaningful community engagement. Each division has made a commitment to actively participate in implementation of the Blueprint for a Healthy Clackamas County through serving on CHIP subcommittees and providing subject matter expertise to help partners in achieving the goals and objectives outlined in this plan. The department is organized into the following divisions and programs.

Behavioral Health

The purpose of the Behavioral Health Division is to provide coordination, assessment, outreach, and re-covery services to Clackamas County residents experiencing mental health and addiction distress so they can achieve their own recovery goals.

The Behavioral Health System of Care Program provides coordination, assessment, and referral services to Health Share-Clackamas Medicaid members and uninsured Clackamas County residents so they can access behavioral health resources that match their needs.

The Prevention and Stigma Reduction Program provides consultation and education services the people of Clackamas County so they can participate in and foster a state of positive behavioral health in their lives and in the community.

The Peer Delivered Services provides peer outreach, support, and recovery services to residents of Clackamas County experiencing mental health or addiction issues so they

can partner with someone with a similar life experience to advocate for themselves and define and achieve their own recovery goals that lead to an increased quality of life.

Children, Youth & Families

The purpose of the Children, Youth & Families Division is to provide equitable prevention, early intervention, and system coordination services to the most vulnerable children, youth, and families in Clackamas County so they can experience safe and stable home environments and academic progress.

Community Solutions

The purpose of the Community Solutions Division is to provide access to assessment, education, weatherization, and employment services to lower income county residents so they can experience decreased energy costs and can obtain and retain meaningful employment.

The Weatherization Program provides energy education, dwelling assessment, and energy efficiency services to lower-income county residents so they can experience decreased energy costs and increased comfort, health, and safety in their homes.

The Community Solutions Workforce Program provides customized employment services to individuals with barriers to employment so they can obtain and retain meaningful employment through a successful job placement. The program also works closely with business partners to develop relationships, customize services, and foster successful placements.

Housing & Community Development

The combined purpose of Housing & Community Development is to provide housing, shelter, neighbor-hood, revitalization, and supportive services to low income and houseless people so they can experience healthy, safe, and affordable housing in neighborhoods with improved access to services.

The Community Development Division provides public services, homeless and affordable housing, housing rehabilitation, and neighborhood revitalization services to low and moderate income individuals and families so they can feel secure in healthy, safe, stable housing and live in neighbor-hoods where they have improved access to services.

The Housing Authority of Clackamas County provides voucher, public housing, maintenance, and resident services to low-income individuals who receive, or who have qualified to receive, assistance from the Housing Authority so they can experience stable, affordable, and quality housing.

Health Centers

The purpose of the Health Centers is to provide patient-centered health care services to vulnerable populations so they can experience improved physical, dental, and behavioral health wellness.

The Primary Care Program provides patient-centered health care services to vulnerable populations so they can experience improved health.

The Dental Program provides dental health care services to people with limited access to dental services so they can experience a transition from urgent care to restoring oral wellness and im-proved dental health.

The Behavioral Health Clinic Program provides specialty behavioral health services to clients and prospective clients diagnosed with mental health or substance use disorders so they can experi-ence reduced distress and achieve their individual goals.

Public Health

The purpose of the Public Health Division is to provide environmental health inspections and licenses, policy and assessment, access to care, infectious disease control, and education services to residents and businesses so they can prevent, respond, and take action to ensure healthy, clean, and safe places.

The Center for Public Health Advancement provide health data information, policy development and recommendations, research, emergency preparedness, and public health communications and messaging services to county and community partners so they can access the tools they need to improve the identified health priorities within the 10 health equity zones.

The Access to Care Program provides coordinated opportunities for care, referrals, education, and support services to eligible residents so they can get the care they need to improve their health.

The Environmental Health Program provides environmental health inspections, licenses, and education services to restaurants, childcare providers, lodging, pools, and small drinking water systems so they can continue to operate in a healthy and safe manner for the public.

The Healthy, Clean, and Safe Places Program provides collaborative policy and systems assessment, development, and implementation services to family and community leaders so they can take action to support healthy, clean, and safe places to live, work, and play.

The Infectious Disease Control and Prevention Program provides, in partnership with the healthcare community, disease monitoring, prevention, investigation, and control services to the residents of Clackamas County so they can be protected from the spread of infectious diseases of public health significance.

The Vital Statistics Program provides birth and death certificate services to families and funeral homes so they can establish their identification or settle an estate.



Social Services

The purpose of the Social Services Division is to provide case management, financial support, information and referral, meaningful opportunities, and advocacy services to older adults, people with disabilities,

Veterans, low income, and houseless persons so they can meet their basic needs, receive benefits they have earned, have choice in their life decisions, and successfully engage in their community.

The Community Developmental Disabilities Program provides coordination of chosen home and community-based social services to individuals with intellectual and/or developmental disabilities so they can have control and choice over their own life and achieve their desired goals

The Volunteer Connection Program creates meaningful volunteer opportunities that increase the capacity to provide independent living supports to older adults and persons with disabilities, increasing or maintaining their livelihood and independence.

The Veterans Service Program provides VA claims consultation and representation services to Clackamas County Veterans and their eligible dependents so they can obtain the maximum

federal and state benefits to which they are entitled.

The Housing Support Program provides housing stabilization and supportive services to people who are homeless or at risk of becoming homeless so they can obtain and maintain permanent housing.

The Oregon Project Independence Program provides needs assessment, information, service coordination, and advocacy services to persons 60 years of age or older with physical or cognitive challenges who meet eligibility criteria so they can eliminate or reduce risks to their safety and independence.

The Aging and Disability Resource Connection Program provides needs assessment, information, service coordination, and advocacy services to older adults, persons with disabilities, vulnerable individuals, and other interested parties so they can get information they need to achieve their desired outcomes.

The Energy Assistance Program provides eligibility determination, financial assistance, and education services to income eligible households in Clackamas County so they can reduce their energy expenses.





Clackamas County Public Health Division

Clackamas County Public Health Division is designated as the local public health authority for Clackamas County and is one of seven divisions within the Department of Health, Housing, and Human Services (H3S).

The purpose of the Public Health Division is to provide environmental health inspections and licenses, policy and assessment, access to care, infectious disease control, and education services to residents and businesses so they can prevent, respond, and take action to ensure healthy, clean, and safe places. The Public Health Division also manages the vital records for all births and deaths reported within Clackamas County.

Local Public Health Departments across the United States seeking or have already received National Accreditation Status through the Public Health Accreditation Board (PHAB) achieve accreditation by meeting a set of

standards documenting the Public Health Department's capacity to deliver the core public health functions outlined in the "Ten Essential Public Health Services." Once accredited, Local Public Health Departments must submit a: 1) Community Health Needs Assessment (CHNA), 2) Community Health Improvement Plan (CHIP) and 3) Public Health Strategic plan, every three to five years to PHAB.

The Clackamas County Public Health Division became a nationally accredited local public health provider in 2014. The national accreditation program is a rigorous peer-review assessment that ensures that local public health providers meet or exceed a specific set of quality standards and measures. Clackamas County was the fourth county in Oregon to be nationally accredited and one of the first 50 accredited county public health providers in the U.S. There are now 163 accredited local public health providers in the U.S.



Public Health Advisory Committee

The Clackamas County Public Health Advisory Committee (PHAC) provides a sounding board and a community voice in the review and revision of public health programs, strategies and goals. The PHAC assures a needed link to community input into implementing the Community Health Improvement Plan and in assuring alignment with standards addressing community partnerships. The PHAC also convenes as the Ethics Committee for the Clackamas County Public Health Division. Specific functions and roles of committee members include:

- Advise the Public Health Division Director and staff in the development of activities, strategies and priorities to achieve community health improvement goals.
- Participate in Community Health Improvement Plan Subcommittees and provide report-outs on progress in implementing goals, objectives, strategies & 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 broad cross-section of populations throughout the county.
- Promote public health initiatives and activities. Participate in community education and engagement.
- Deliberate as an ethic committee. Review and discuss community-based public health ethics issues occurring within the county.



Healthy Columbia Willamette Collaborative – Regional Community Health Needs Assessment

Healthy Columbia Willamette Collaborative (HCWC) is a unique public-private partnership that includes 15 hospitals, four health departments, and two coordinated care organizations (CCOs; managed Medicaid organizations) in the Clackamas, Multnomah, and Washington counties of Oregon, and in Clark County, Washington. HCWC was convened in 2012 to conduct a regional community health needs assessment to inform the health improvement plans of participating organizations.

The purpose of HCWC is to align the efforts of hospitals, public health, CCOs, and the residents of the communities they serve to develop a shared community health needs assessment across the four-county region. HCWC aims to eliminate duplicative efforts, prioritize needs, and enable collaborative efforts to implement and track improvement activities across the four-county region. This collaborative approach enables an effective and sustainable process; strengthens relationships between communities, CCOs, hospitals and public

health; creates meaningful community health needs assessments; and results in a platform for collaboration around regional health improvement plans and activities, leveraging collective resources to improve the health and wellbeing of our communities.

HCWC member organizations are committed to addressing health disparities and inequities. The 2016 HCWC Community Health Needs Assessment includes data on disparities in our region. The collaborative has also taken strides to make sure diverse community perspectives are included--not only about what the needs are, but how they can be addressed. HCWC recognizes that including people affected by health inequities in the assessment and planning process is a key strategy to ensure health improvement activities will be successful. The HCWC structure has evolved to include an active community engagement workgroup committed to meaningful engagement, equity, and addressing health disparities.



Emergency Animal Sheltering

Emergency or disaster is declared - you need to know what to do!

How to evacuate your pet safely

How to identify your pet

How to find a shelter

How to transport your pet

How to find a foster home

How to find a veterinarian

How to find a boarding facility

How to find a kennel

How to find a pet-friendly hotel

How to find a pet-friendly rental property

How to find a pet-friendly vacation home

How to find a pet-friendly Airbnb

How to find a pet-friendly vacation rental

How to find a pet-friendly hotel

How to find a pet-friendly rental property

How to find a pet-friendly vacation home

How to find a pet-friendly Airbnb

How to find a pet-friendly vacation rental





2017 Clackamas County Community Health Assessment

In 2017, the Public Health Division produced the Clackamas County Community Health Assessment (CHA)¹ using regional HCWC data and Clackamas County-specific health data shown through the lens of 10 Health Equity Zones (Figure 1). The CHA 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 CHA 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, CCPHD contacted 76 community organizations (see XXX 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 CCPHD in developing the Blueprint for a

Healthy Clackamas County. The primary purpose of the activity was two-fold: to gain feedback on the concept of the Health Equity Zones and to elicit a discussion around the organization's top health priorities. The discussion of the top health priorities was prompted by an exercise in which participants were given three votes and asked to prioritize their top three health priorities out of the possible ten priorities discussed in the presentation. Following the exercise, participants discussed the rationale behind their top choices, expanded the conversation to include a more robust description of their choices, and offered suggestions for priorities that were not necessarily identified through the CHA.

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

Qualitative analysis methods were utilized 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 Table 1). 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 (see Image 1).

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



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Community Health Improvement Plan Framework

This plan is organized into three sections:

Section 1 – Access to Health Care & Human Services

Section 2 – Culture of Health

Section 3 – Healthy Behaviors

Each of the above three sections includes key data, maps, and graphs to help visualize the goals that will guide the implementation of this plan. To accomplish these goals, the Blueprint for a Healthy Clackamas subcommittees have developed and will implement specific objectives, strategies, and tactics within each Health Equity Zone and across age groups. The Blueprint for a Healthy Clackamas subcommittees aim to accomplish these goals by June 2020.

In order to address health needs and concerns that differ significantly based on age ranges, each of the goals within the Blueprint for a Healthy Clackamas Report contains proposed strategies for each of the 10 Health Equity Zones categorized by the age ranges described below (Table 2).

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.

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+ ears	ALL

Table 2. Health Across Lifespans – Age Range Categories





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 attributable 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

^{1,2}Centers for Disease Control and Prevention. Chronic Disease Prevention and Health Promotion. <http://www.cdc.gov/chronicdisease/healthequity/>

³Galea, S., Tracy, M., Hoggatt, K.J., DiMaggio, C., & Karpati, A. (2011). Estimated Deaths Attributable to Social Factors in the United States. *American Journal of Public Health*, 101 (8), pp. 1456-1465. Accessed at <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2010.300086>

⁴Wolf, S. & Braveman, P. (2011). Where Health Disparities Begin: The Role Of Social And Economic Determinants—And Why Current Policies May Make Matters Worse. *Health Affairs*, 30(10), pp. 1852-1859. Accessed at <http://content.healthaffairs.org/content/30/10/1852.full#ref-23>.

⁵2017 Clackamas County Community Health Assessment. http://www.clackamas.us/publichealth/documents/cha_final.pdf

Health Equity Zones

Clackamas County is economically and geographically diverse. Population data is often only available for the whole County, the third most populous in Oregon, which makes it difficult to analyze the health of individual communities. Health Equity Zones (Figure 1 on page 9.) are a new concept developed by CCPHD 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. Examples include race/ethnicity, age, education, self-identified gender, poverty density, and more.

Trauma-Informed Approach

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 (Figure 2.). Moreover, it is widely recognized that communities of color, people living in poverty, and those with less educational attainment experience more traumatic events throughout their lifespans. Implementation of a Trauma-Informed approach requires significant changes in attitude, knowledge, and practice. Moving forward, Clackamas County will collect new data on the impacts of trauma, including discrimination and racism, and present it through the Health Equity Zones and community-level maps. As a result, we will develop a shared understanding of how trauma affects communities and will develop approaches to remediate and build resiliency among those most impacted.

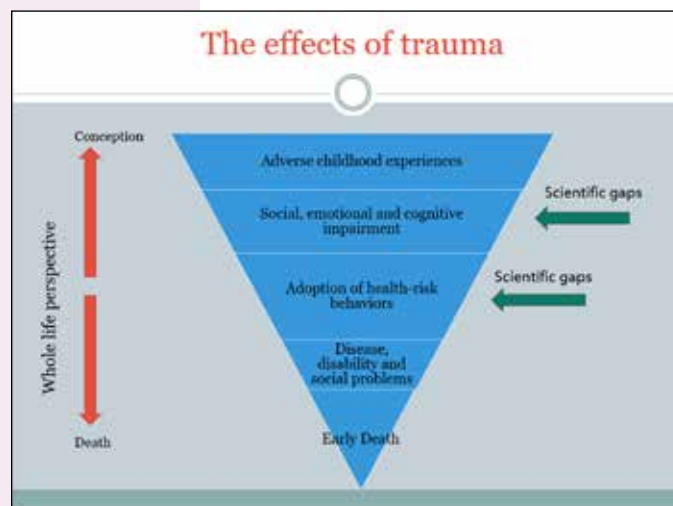


Figure 2.

⁶Dirksen JC, Prachand NG, et al. Healthy Chicago 2.0: Partnering to Improve Health Equity. City of Chicago, March 2016.

^{7,8} Felitti, V. et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4). Accessed at [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)

⁹Roberts, A.L., Gilman, S.E., Breslau, J., & Koenen, K.C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, 41(1). Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3097040/pdf/nihms290993.pdf>

¹⁰U.S. Department of Health and Human Services. (2014). Trauma-Informed Care in Behavioral Health Services. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK207201/>

¹¹Jennings. A. (2004). The Damaging Consequences of Violence and Trauma: Facts, Discussion Points and Recommendations for the Behavioral Health System. Accessed at <https://www.nasmhpd.org/sites/default/files/Trauma%20Services%20doc%20FINAL-04.pdf>



Access to Health Care and Human Services

Goals:

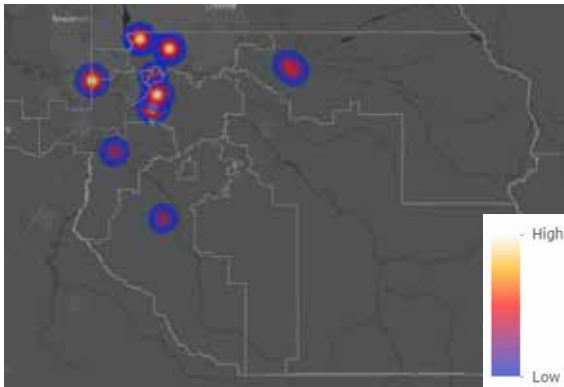
Increase capacity and availability of health and human services

Improve quality of health and human services through a health equity and trauma informed approaches

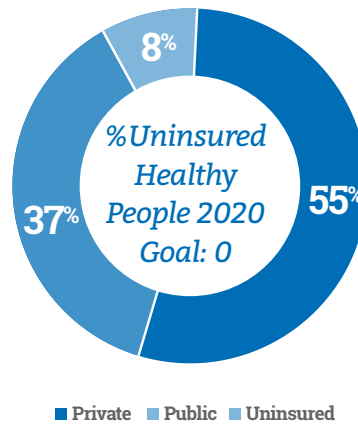
Improve built environment and transportation so residents can live and age well in healthy communities

Health Care Access

Density of Federally Qualified Health Centers and Hospitals



Health Insurance Coverage, *By Type, 2014.*



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**

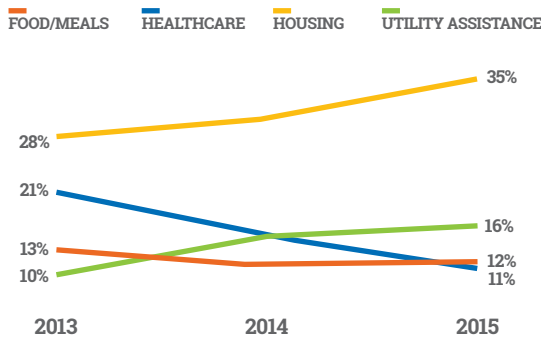
30

Minutes average travel time to nearest hospital from Estacada or East County

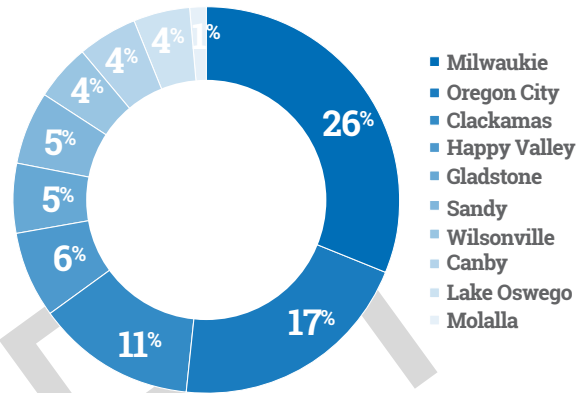
Sources:
 Healthy Columbia Willamette Collaborative, Community Health Needs Assessment, 2016
 Impacts of the Affordable Care Act on Health Insurance Coverage in Oregon. County Results/Statewide Update. February 2015. Oregon Healthy Authority, Oregon Health & Science University

211info

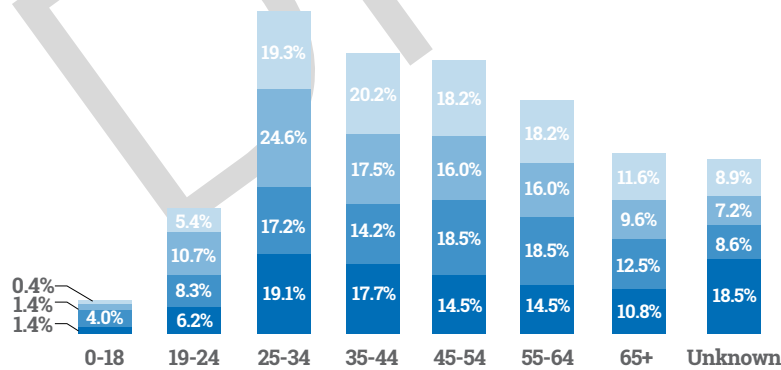
Top Needs of 211info Callers, 2013-2015



Percentage of Calls to 211info by City (Top 10), 2013-2015



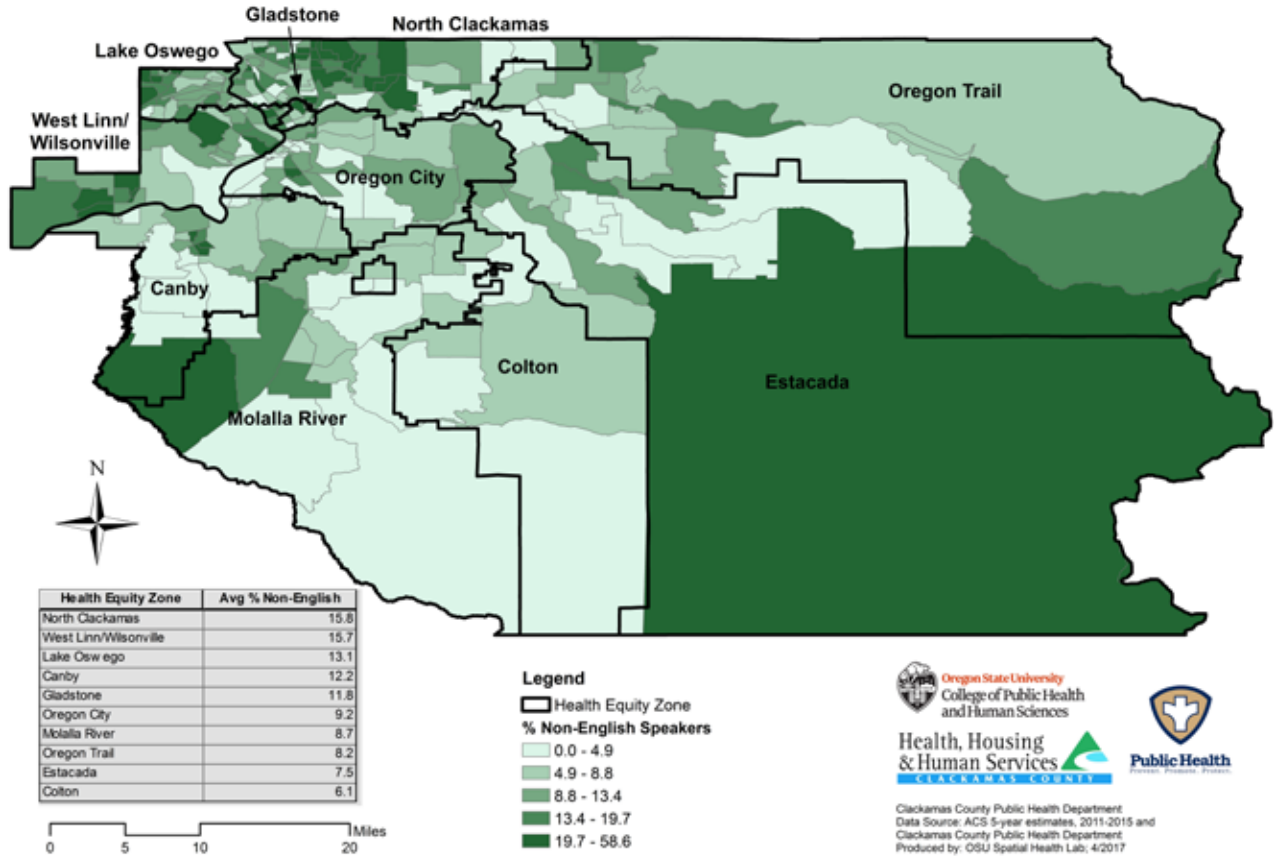
Top Needs of 211info Callers by Age Group, 2013-2015



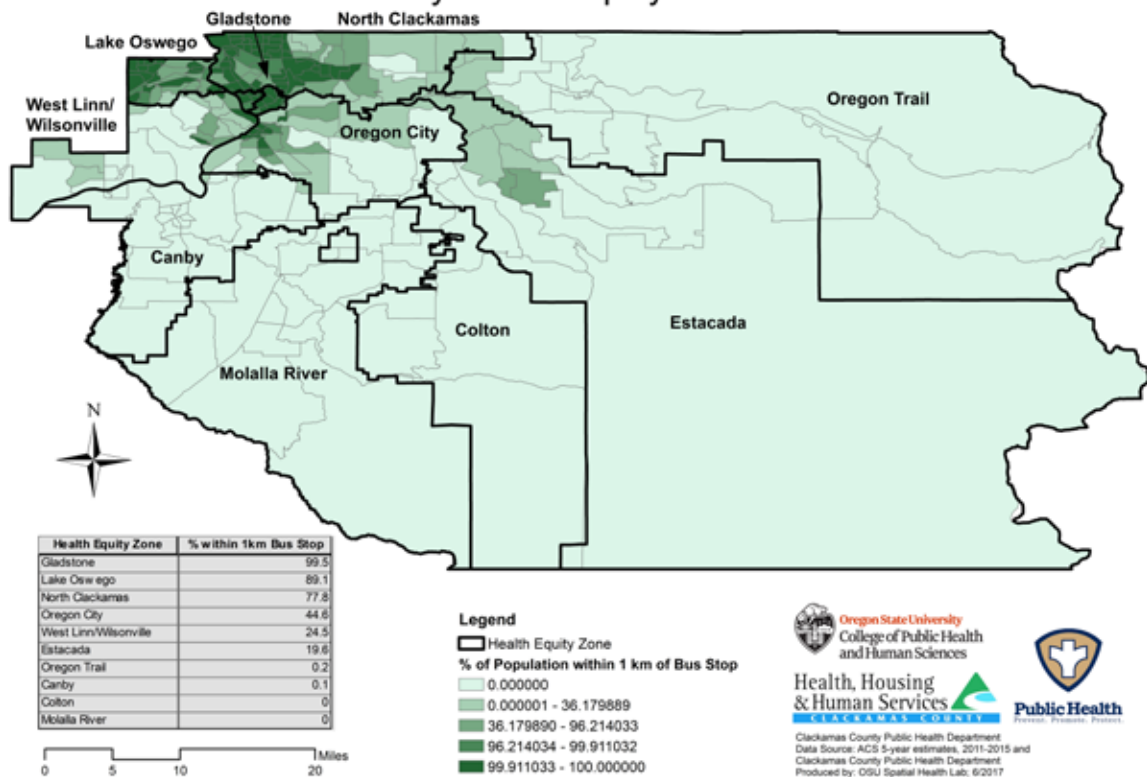
Source: 211info

211 info® is a nonprofit helping connect residents across Oregon and Southwest Washington to services and resources in their community. In Clackamas County, between 2013 and 2015, 211 info received 67,723 calls for services and resources, of which approximately 54 percent were among new callers. The mean rate of new callers during this time period was 30.3 callers per 1,000 residents. The top needs and services requested were for food/meals, health care, housing, and utility assistance. The proportion of total calls pertaining to housing needs increased 27 percent between 2013-2015 with the number of calls for health care services decreasing by 47 percent. Nearly half (47 percent) of all callers reported living in either Milwaukie or Oregon City. Needs for services and/or resources were greatest among those 25-34 years old and then decreased with increasing age.

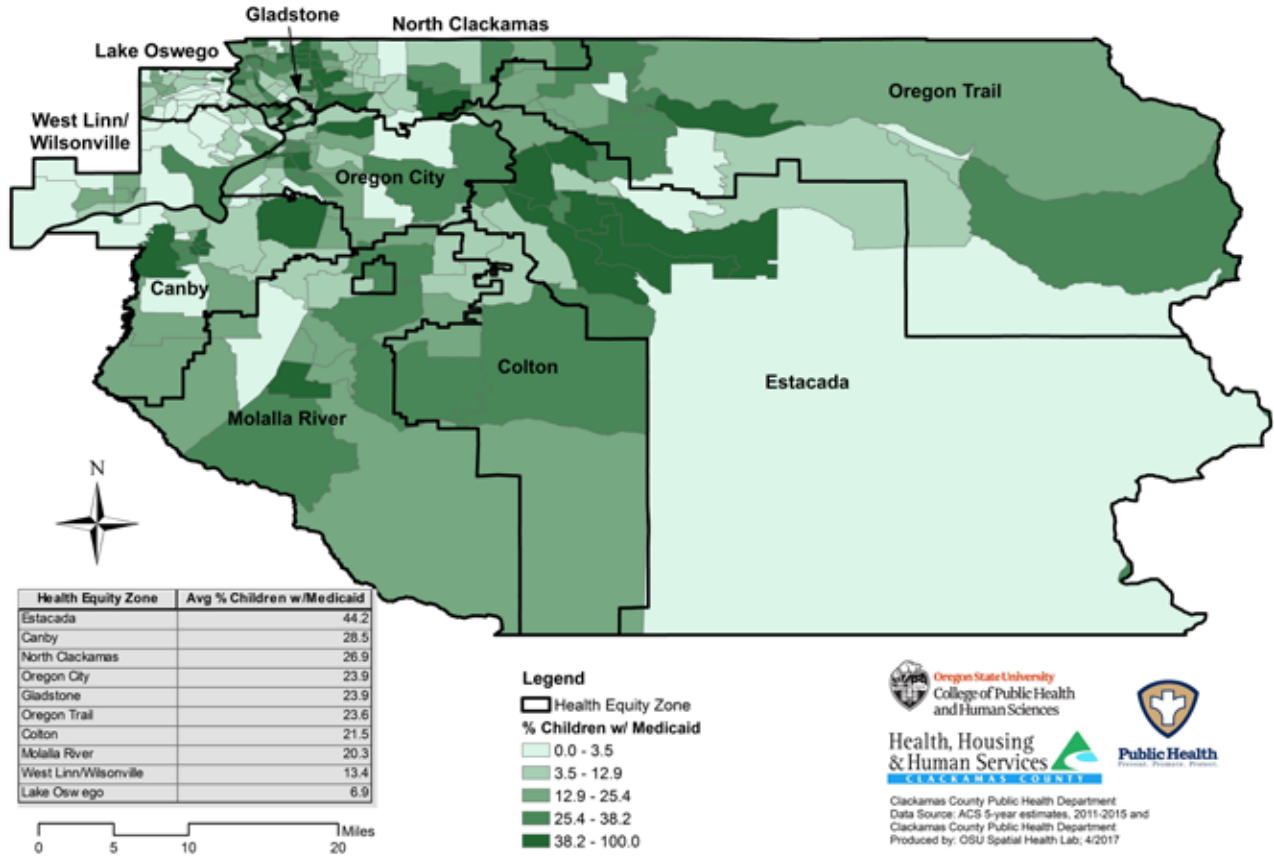
Percent Non-English Speakers per Census Block Group by Health Equity Zone



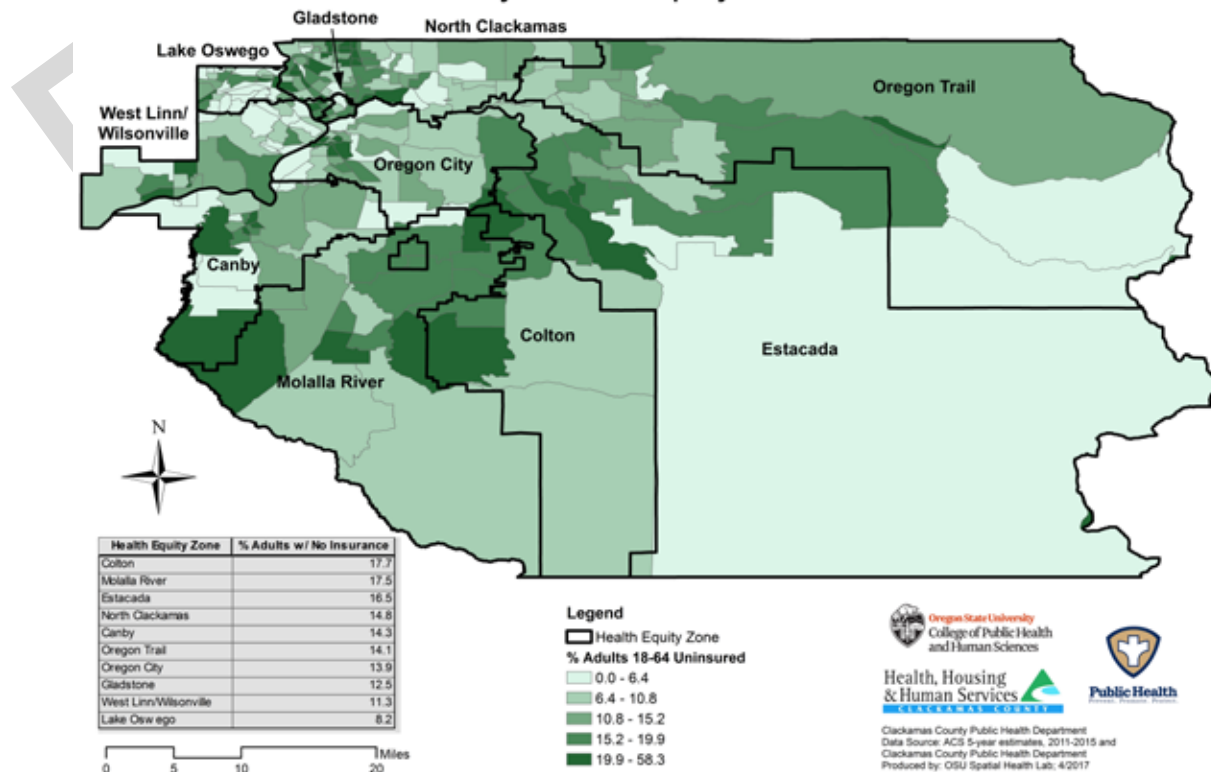
Percent of Population within 1 km of bus stop per Census Block Group by Health Equity Zone



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



Percent Adults with No Health Insurance per Census Block Group by Health Equity Zone



Strategies to Address Root Causes & Associated Morbidity / Mortality

****to be developed by Access to Health Care & Human Services CHIP Subcommittee****

Health Equity Zone	Pre-Natal (--)	Infants & Toddlers (birth – 3 years)	Early Childhood (4 – 8 years)	Adolescents (9 – 12 years)	Teens (13 – 19 years)
Clackamas County-wide					
Canby					
Colton					
Estacada					
Gladstone					
Lake Oswego					
Molalla River					
North Clackamas					
Oregon City					
Oregon Trial					
West Linn-Wilsonville					

Health Equity Zone	Young Adults (20 – 25 years)	Adults (26 – 64 years)	Older Adults (65+ years)	Everyone (ALL)
Clackamas County-wide				
Canby				
Colton				
Estacada				
Gladstone				
Lake Oswego				
Molalla River				
North Clackamas				
Oregon City				
Oregon Trial				
West Linn-Wilsonville				



Culture of Health

Goals:

Ensure all Clackamas County children participate in early childhood education appropriate health and development for infants and young children ages 0-5.

Ensure children, adolescents, teenagers, young adults, adults and older have the resources and support they need to make healthy food choices.

Establish Clackamas County as a Trauma-Informed County.

Increase graduation rates in each of the Health Equity Zones not currently meeting nationally established targets.

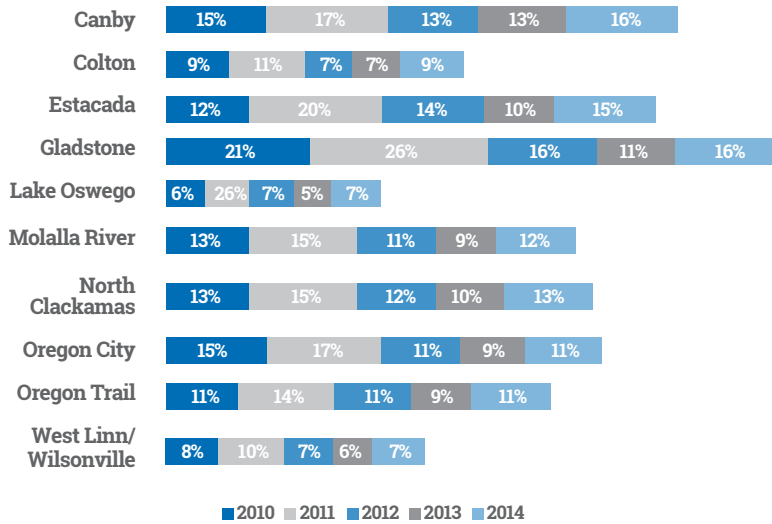
Eliminate all pedestrian, bicycle and motor vehicle traffic crash fatalities in Clackamas County.

Improve the economic vibrancy, diversity and financial security of communities to reduce economic inequity.

Create and maintain affordable, safe, healthy, accessible and supportive housing.

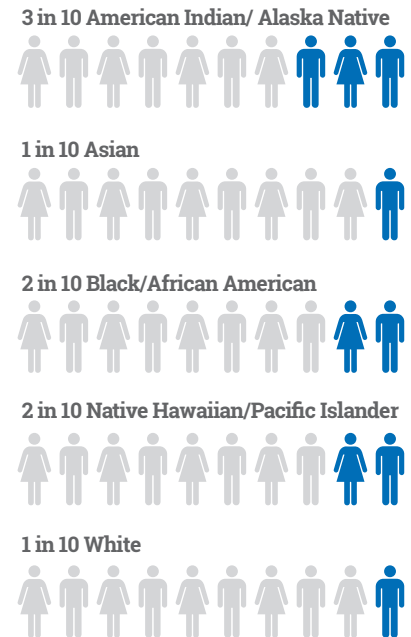
Estimates of Children 5-17 Living in Poverty,

by Health Equity Zone, 2010-2014



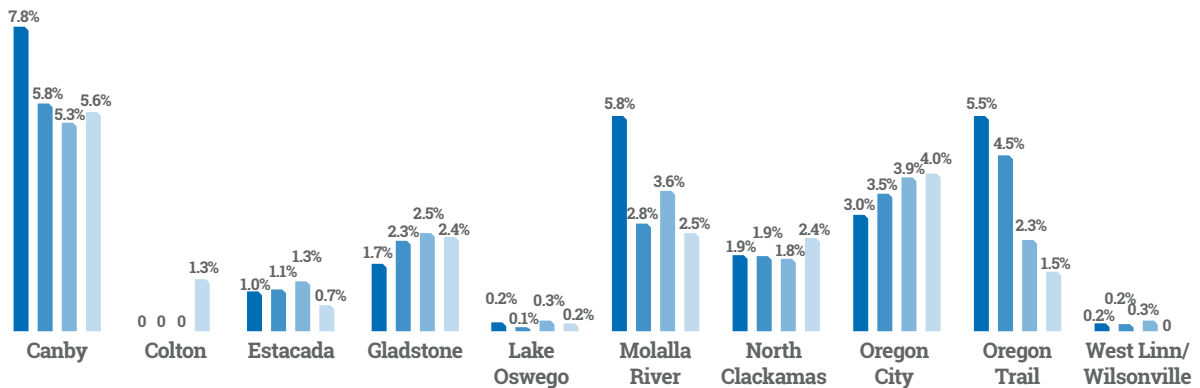
For every 1,000 persons in Clackamas County in 2015 approximately five were living in unstable housing, unsheltered or living in shelter programs. 47 percent of the homeless population counted in 2015 were under the age of 18.

Racial Characteristics of the Population Earning <125 percent Federal Poverty Level (\$29,813)



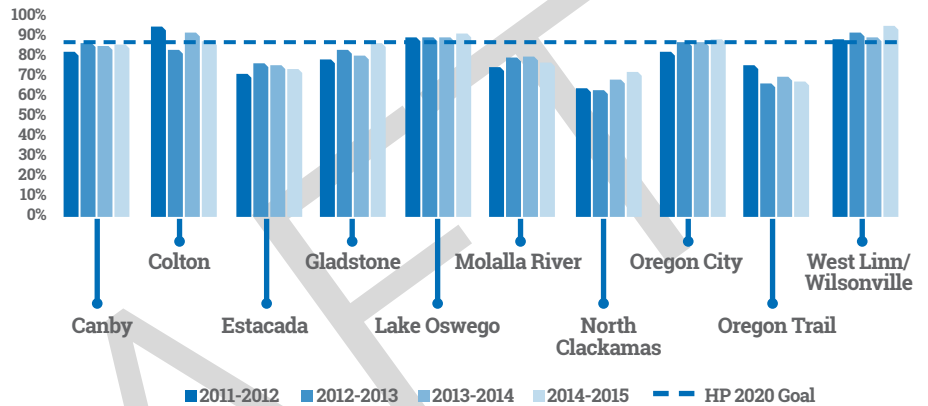
Percentage of Students Experiencing Homelessness

by Health Equity Zone, 2011-2015

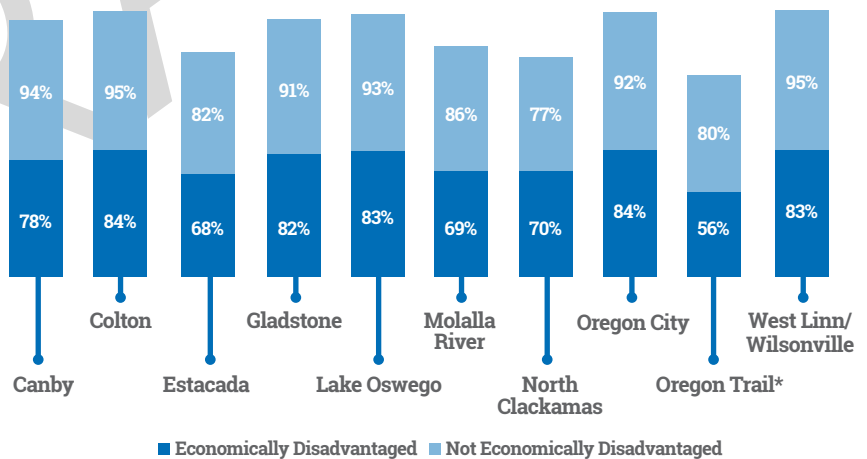


Between 2011 and 2015, six of Clackamas County's ten school districts met or exceeded the Healthy People 2020 graduation goal of 87% at least once. Graduation rates in the Gladstone, Lake Oswego, North Clackamas, and Oregon City School Districts all show increasing trends over this 4-year period. For example, the graduation rate in North Clackamas School District has increased 13%. Mean graduation rates between 2011 and 2015 in the school districts of Estacada (74.8%) and Oregon Trail (70.5%) have remained relatively stable and are disproportionately lower than the County mean (81.8%). The mean graduation rate in Clackamas County has increased from 80.6% for the 2011-2012 school year to 83.1 % for the 2014-2015 school year.

Clackamas County High School Graduation Rate by Health Equity Zone, 2011-2015



Graduation Rates by Economic Status¹ and Health Equity Zone, 2014-2015

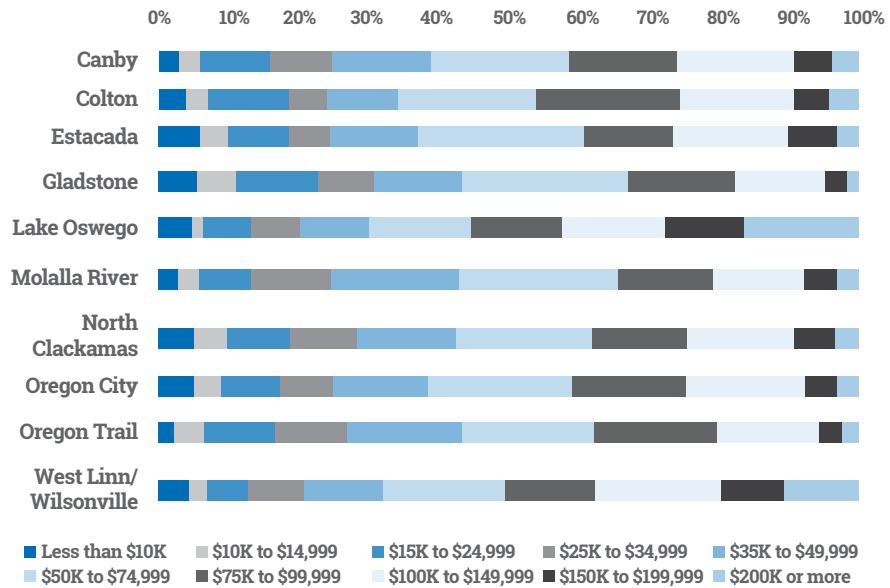


¹ Qualifies for free or reduced lunch
* p-value <0.05

Students who qualified as economically disadvantaged during the 2014-2015 school year were less likely to graduate than students who were not economically disadvantaged. The mean graduation rate of economically disadvantaged students compared to non economically disadvantaged students differed by 13 percent. Oregon Trail School District saw the greatest disparity, with the graduation rate in the economically disadvantaged population (56 percent) significantly less than the graduation rate in the non-economically disadvantaged population (80 percent).

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.

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.

“Holistic health includes homes and schools.”
 – Clackamas County Resident

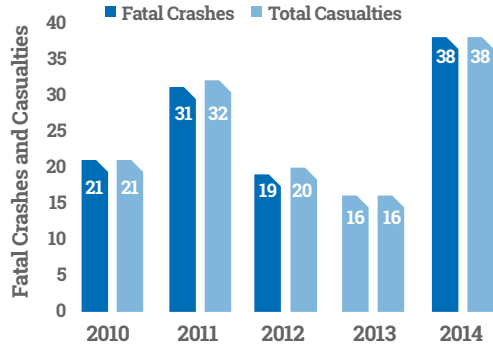
“People are scared of homeless and there is no need to be.”
 – Clackamas County Resident

“I would love to have a house even if it’s a little garage. But I make the best of it.”
 – Clackamas County Resident

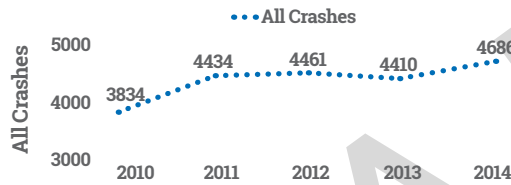
Sources:
 Clackamas County Point-In-Time Homeless Count 2015
 Oregon Department of Education, 2011-2015
 The Association Between Income and Life Expectancy, 2001-2014
 U.S. Census Bureau, Small Area Income and Poverty Program, 2015
 U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Transportation

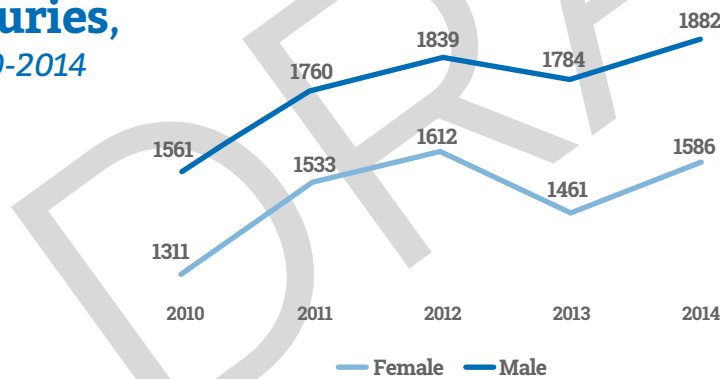
Crashes and Casualties, 2010-2014



Between 2010 and 2014, the number of fatal crashes reached an all-time high in 2014, with 33 fatal crashes. While there were 31 fatal crashes reported in 2011, the number of fatal crashes in 2014 increased from 21 fatal crashes reported in 2010. Nearly a quarter of the individuals killed in fatal crashes in 2014 were pedestrians. On average, approximately 265 more women are injured in crashes every year in Clackamas County than men.

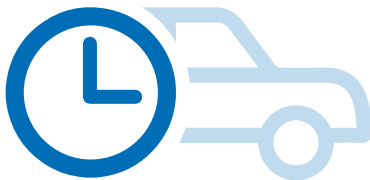


Injuries, 2010-2014



Among workers who commute in their car...

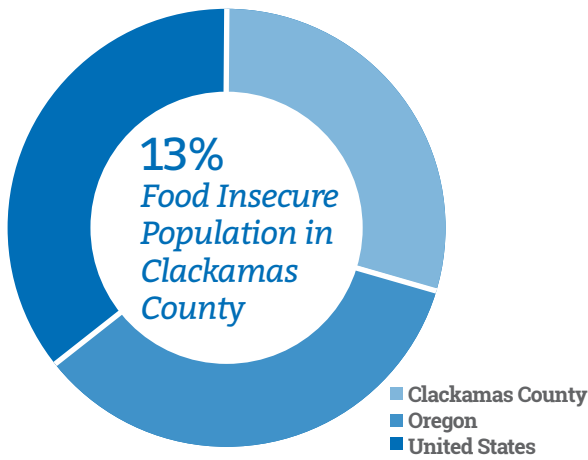
42% commute more than 30 minutes



77% of the workforce usually drives alone to work



Sources:
 National Highway Transportation and Safety Administration, Fatality Analysis Reporting System, 2010-2014
 Oregon Department of Transportation, Crash Summary Book, 2010-2014
 U.S. Census Bureau, American Community Survey 5-year Estimates, 2010-2014



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.”

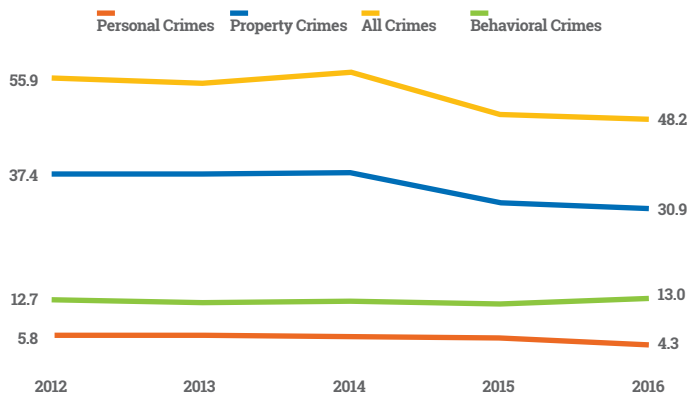
- Clackamas County Resident

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

- Clackamas County Resident

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

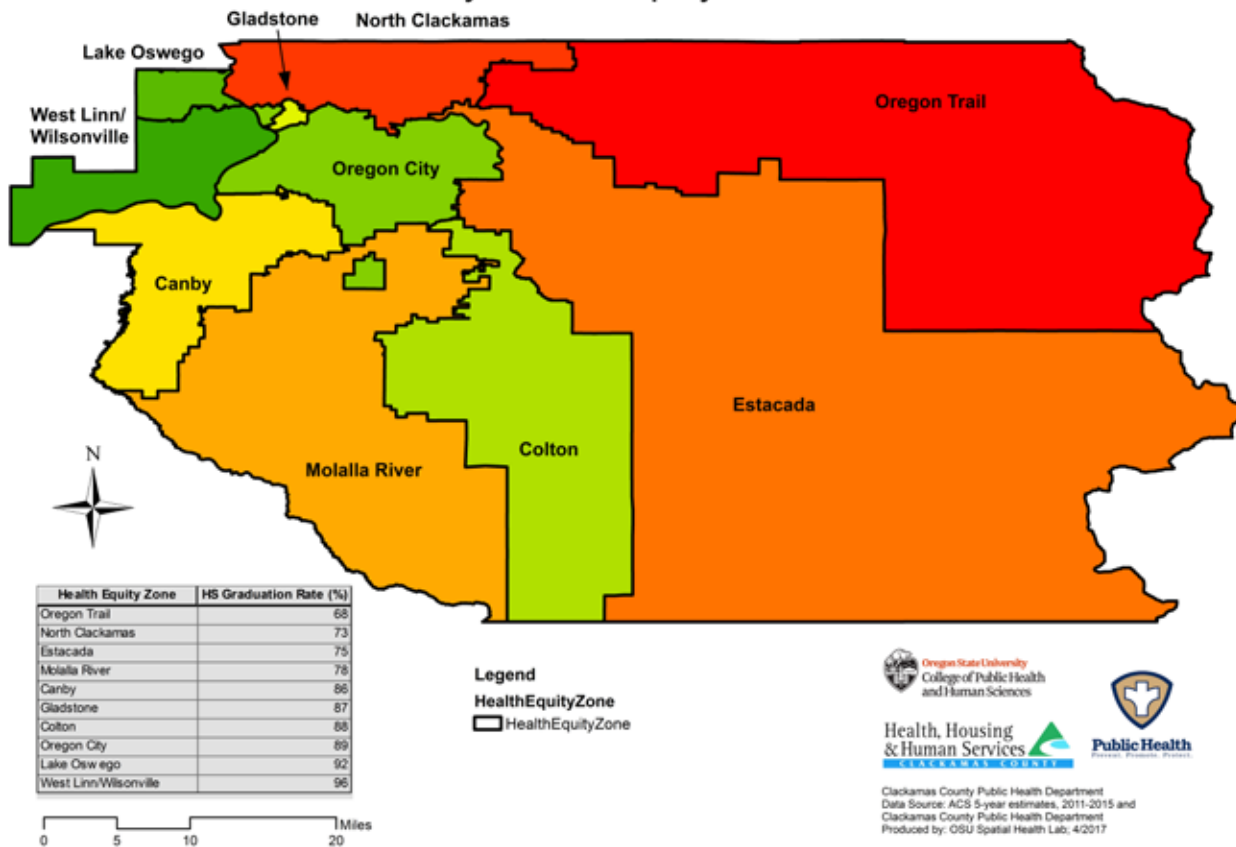
Crime Rates *Per 1,000 Population 2012-2016*



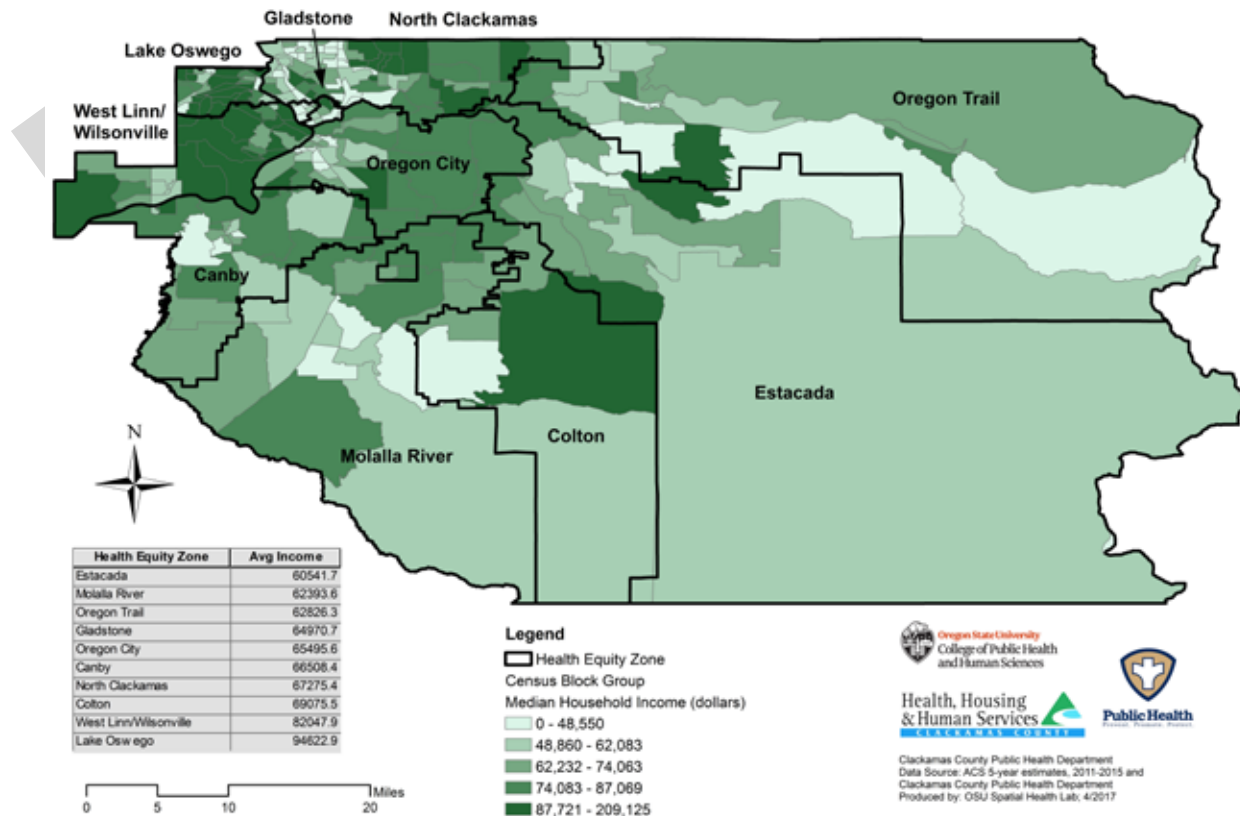
There were 11,826 crimes reported to Clackamas County Sheriff's Office in 2015. Property crimes, such as theft, accounted for 63 percent of the total crimes reported. More than a quarter (27 percent) of the crimes reported were behavioral (e.g., drug charges, DUII), with remainder of the crimes being 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.

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

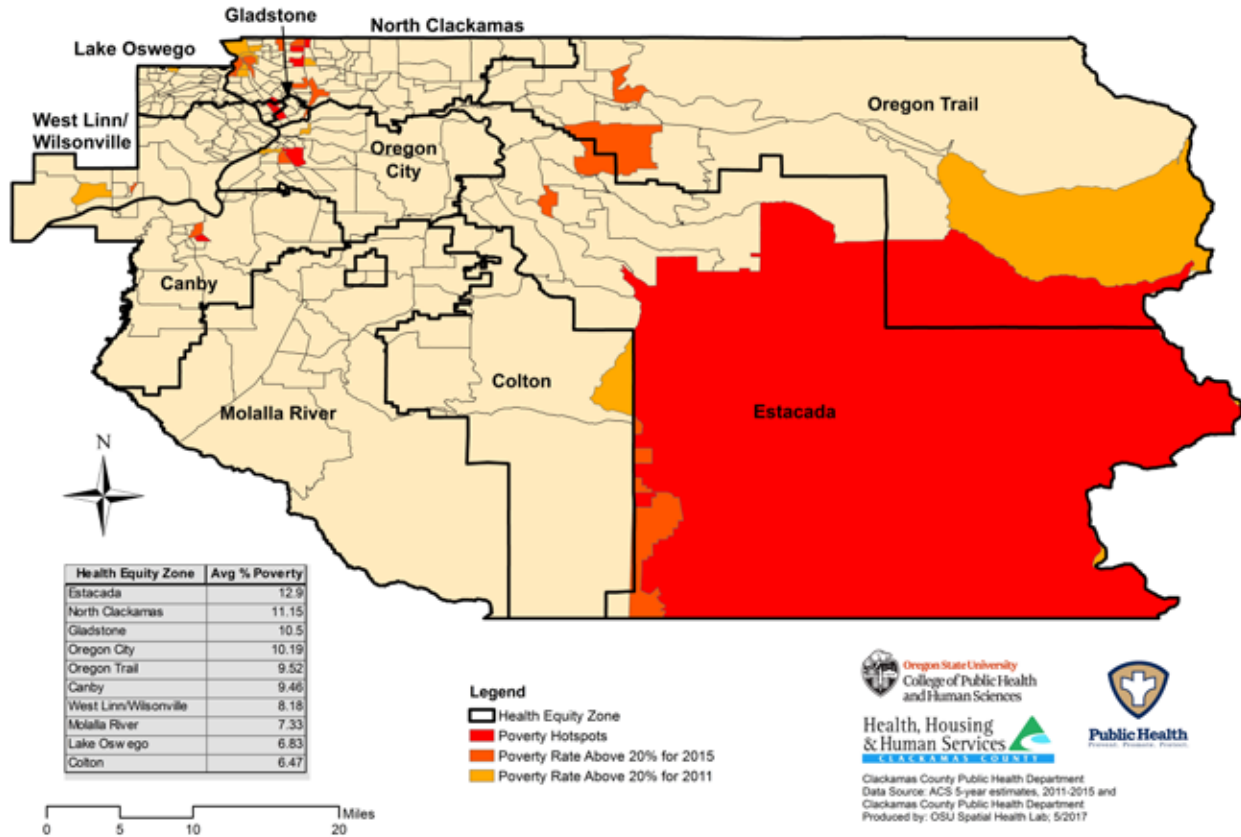
High School Graduation Rate for 2015 by Health Equity Zone



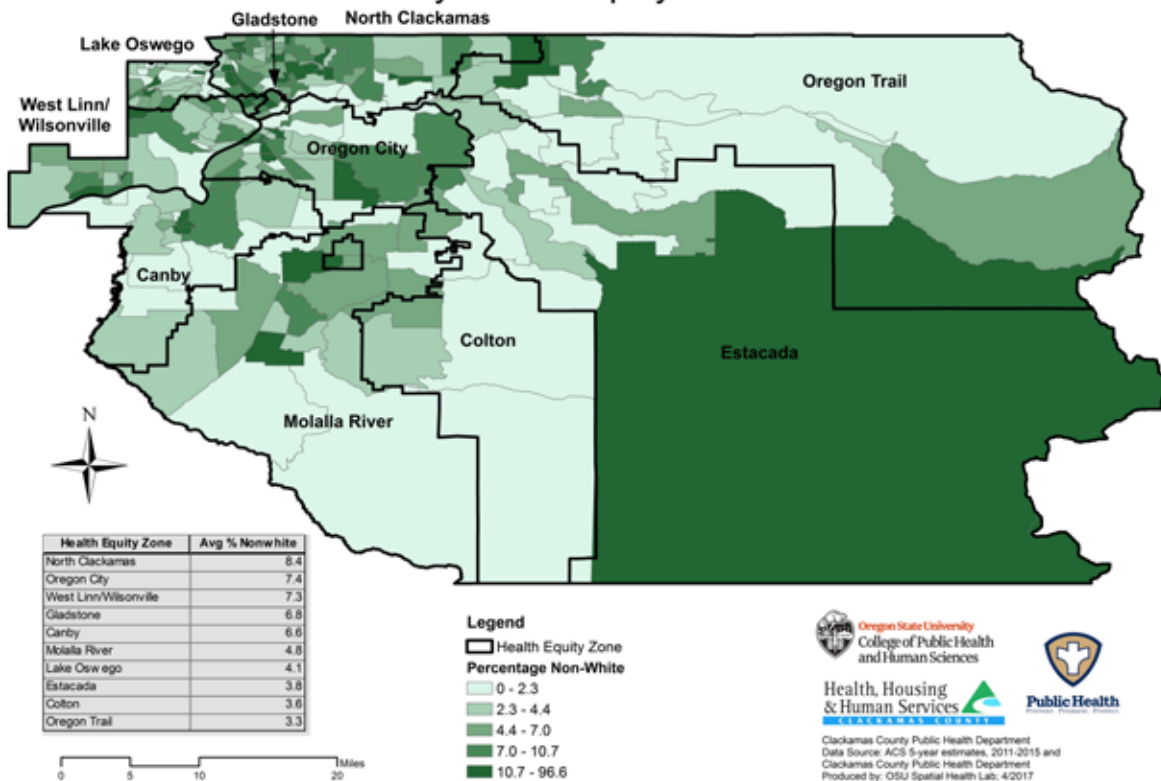
Median Household Income per Census Block Group by Health Equity Zone



Percent in Poverty Over 20% and Poverty Hotspots per Census Block Group by Health Equity Zone



Percent Non-White per Census Block Group by Health Equity Zone



Strategies to Address Root Causes & Associated Morbidity / Mortality

to be developed by Culture of Health CHIP Subcommittee

Health Equity Zone	Pre-Natal (--)	Infants & Toddlers (birth – 3 years)	Early Childhood (4 – 8 years)	Adolescents (9 – 12 years)	Teens (13 – 19 years)
Clackamas County-wide					
Canby					
Colton					
Estacada					
Gladstone					
Lake Oswego					
Molalla River					
North Clackamas					
Oregon City					
Oregon Trail					
West Linn-Wilsonville					

Health Equity Zone	Young Adults (20 – 25 years)	Adults (26 – 64 years)	Older Adults (65+ years)	Everyone (ALL)
Clackamas County-wide				
Canby				
Colton				
Estacada				
Gladstone				
Lake Oswego				
Molalla River				
North Clackamas				
Oregon City				
Oregon Trail				
West Linn-Wilsonville				





Healthy Behaviors

Goals:

Reduce the prevalence of and inequities in obesity and obesity-related diseases

Reduce the prevalence of and inequities in tobacco-related disease by decreasing tobacco use and secondhand smoke exposure

Reduce inequities in sexually transmitted infection rates

Reduce the prevalence of and inequities in substance abuse prevalence and deaths

Decrease suicide rates among all age groups

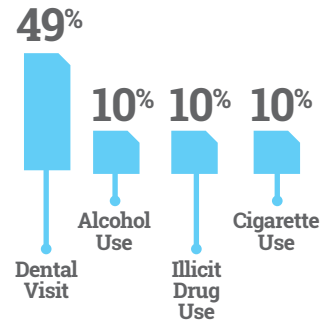
Decrease asthma-related emergency room visits and admission rates

Youth

Approximately 1 in 3 eleventh grade students report using alcohol and 1 in 5 report using marijuana in the past month. Among eighth grade students, males were significantly more likely to report alcohol use; however, there was no significant difference in alcohol use between eleventh grade males and females. Marijuana use, on the other hand, was approximately equal in eighth grade males and females, while a significant difference in male and female marijuana use was reported in eleventh grade students (with more females reporting use than males).

Eighth and eleventh grade females were significantly more likely than males to engage in the recommended physical activity level; similarly eighth grade females were significantly more likely to consume 5 or more fruits and vegetables per day. There was so no significant difference in fruit/vegetable consumption between eleventh grade males and females.

Healthy People 2020 Goals



Reported Suicide Attempts in Past 12 Months



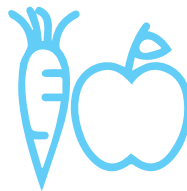
12.3% of 8th graders and 30.3% of 11th graders reported alcohol use in the past 30 days



6.4% of 8th graders and 13.2% of 11th graders reported cigarette/vaping use in the past month



7% of 8th graders and 21.5% of 11th graders reported marijuana in the past month



21.6% of 8th graders and 19.5% of 11th graders reported consuming 5 or more fruits and vegetables per day



28.4% of 8th graders and 23.7% of 11th graders reported being physically active for 60 minutes everyday in the past 7 days



84.7% of 8th graders and 82.3% of 11th graders reported a dental visit in the past 12 months

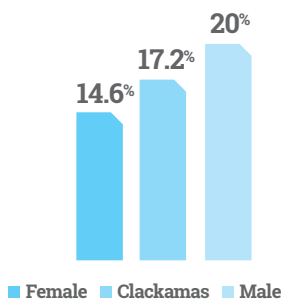
Sources:
Healthy Columbia Willamette Collaborative, Community Health Needs Assessment, 2016
Oregon Healthy Teens, 2013. 2015

Adults

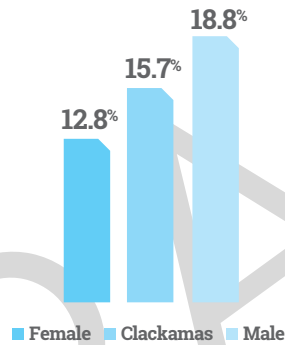
Data collected from the Behavioral Risk Factor Surveillance System suggests 18.8 percent of males binge drink, or consume 5 or more alcoholic beverages in one session. There were nearly 40 percent more female respondents to the survey question pertaining to binge drinking, suggesting the percentage of 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.

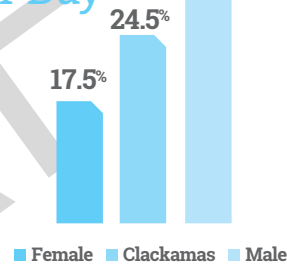
Reported Binge Drinking



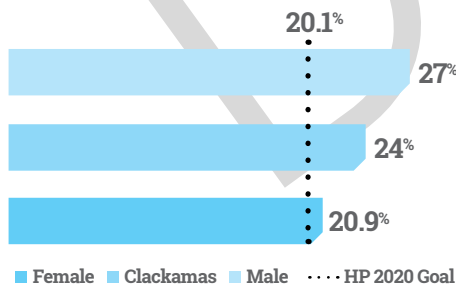
Reported Current Smoker



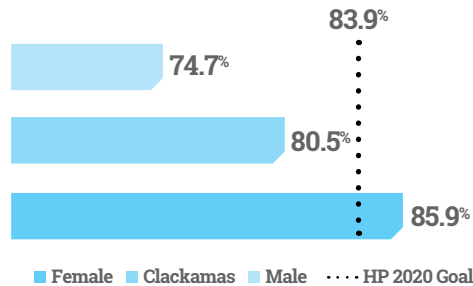
Consumption of 5 or More Fruits/Vegetables per Day



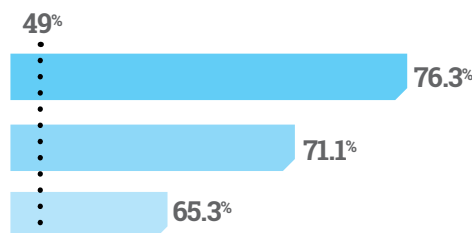
Participating in Enough Physical Activity to Meet Recommended Guidelines



Has Personal Doctor or health Care Provider



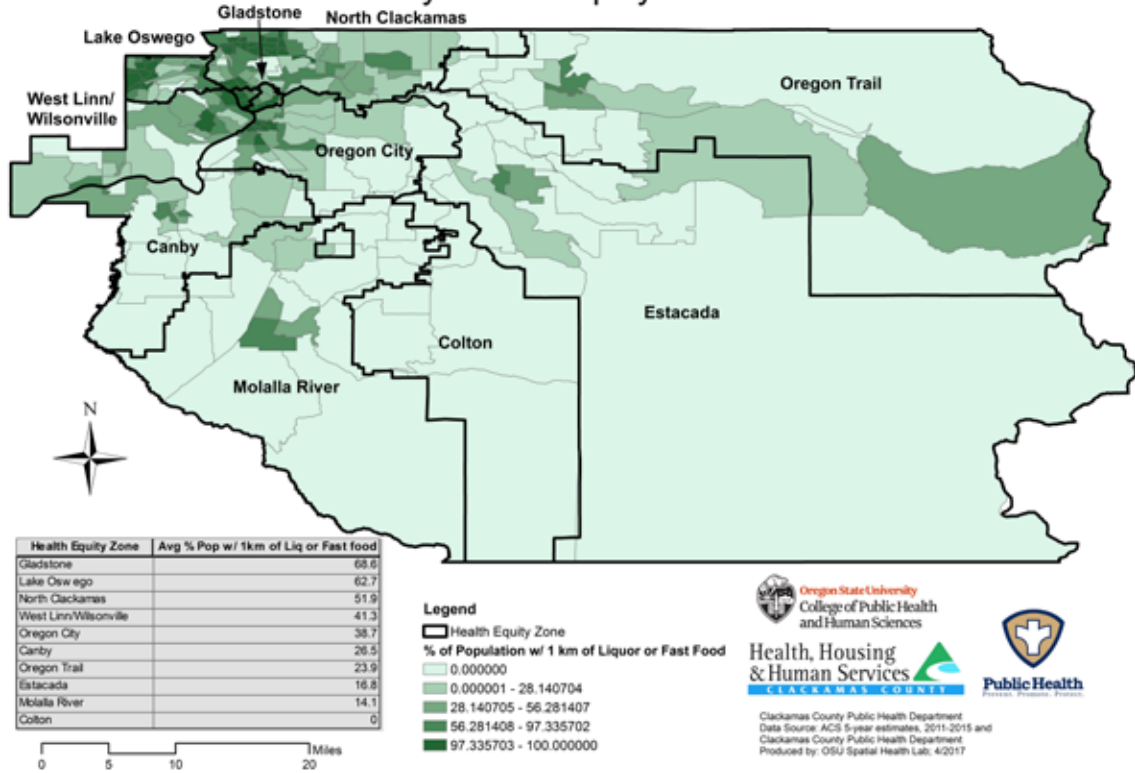
Dental Visit in the Past Year



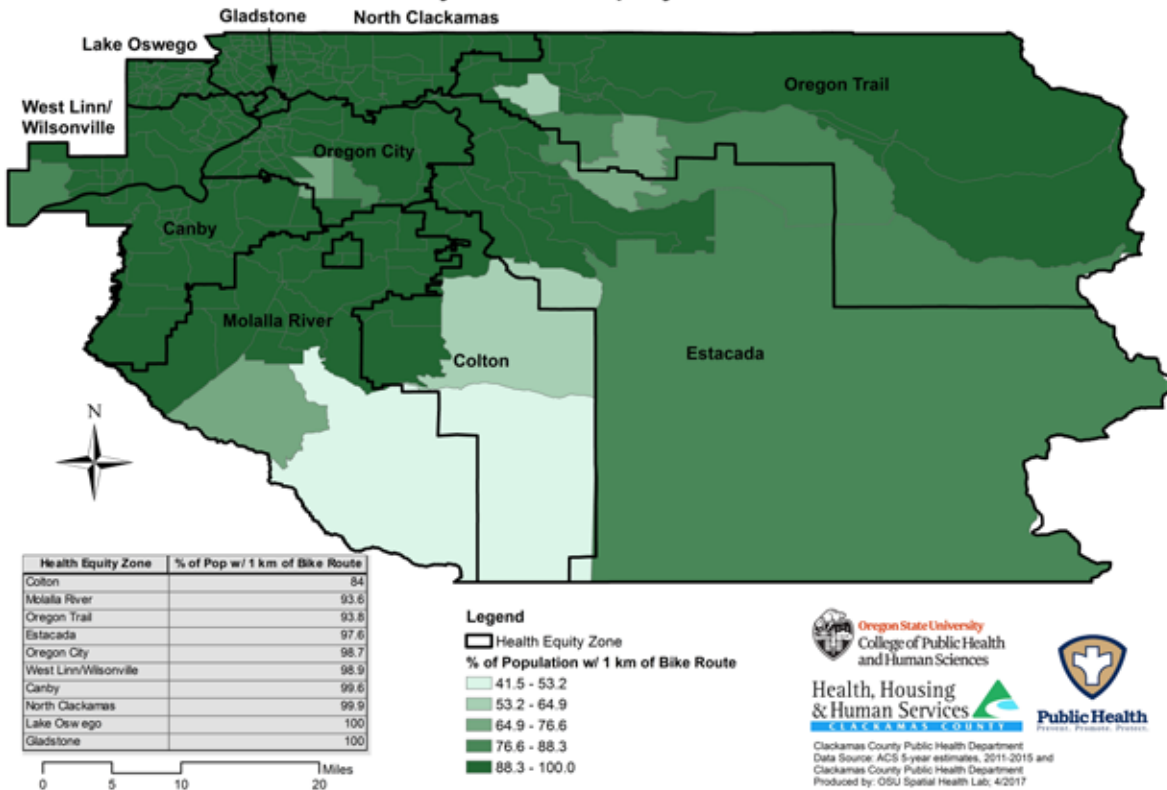
Sources:
Behavioral Risk Factor Surveillance System
2010-2013

Healthy Columbia Willamette Collaborative,
Community Health Needs Assessment, 2016

Percent of Population within 1 km of Liquor or Fast Food by Health Equity Zone



Percent of Population w/ 1 km of Bike Route per Census Block Group by Health Equity Zone



Strategies to Address Root Causes & Associated Morbidity / Mortality

****to be developed by Healthy BehaviorsCHIP Subcommittee****

Health Equity Zone	Pre-Natal (--)	Infants & Toddlers (birth – 3 years)	Early Childhood (4 – 8 years)	Adolescents (9 – 12 years)	Teens (13 – 19 years)
Clackamas County-wide					
Canby					
Colton					
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Lake Oswego					
Molalla River					
North Clackamas					
Oregon City					
Oregon Trail					
West Linn-Wilsonville					

Health Equity Zone	Young Adults (20 – 25 years)	Adults (26 – 64 years)	Older Adults (65+ years)	Everyone (ALL)
Clackamas County-wide				
Canby				
Colton				
Estacada				
Gladstone				
Lake Oswego				
Molalla River				
North Clackamas				
Oregon City				
Oregon Trail				
West Linn-Wilsonville				



ROAD
WORK
AHEAD



Department of Transportation & Development
Transportation Maintenance Division

WOMEN
AT
WORK

Winter Operations
SNOW PLOW

References

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Dirksen JC, Prachand NG, et al. Healthy Chicago 2.0: Partnering to Improve Health Equity. City of Chicago, March 2016.

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Jennings. A. The Damaging Consequences of Violence and Trauma: Facts, Discussion Points and Recommendations for the Behavioral Health System. National Association of States Mental Health Program Directors and National Technical Assistance Center for Mental Health Planning; Published 2014.

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). Trauma-Informed Care in Behavioral Health Services; Published 2014.



Acknowledgements

Clackamas Board of County Commissioners

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 Paul Savas
 Martha Schrader

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 Dr. Eli Schwarz, Chair, OHSU Community Dentistry
 April Stephenson, George Fox University / Oregon City High School Alumni
 Kim Swan, Water Resource Manager, Clackamas River Water Providers
 Peggy Watters, West Linn citizen

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

2017 Community Roadshow Participating Organizations Continued

Northwest Family Services
Oak Grove CPO
Orchid Health
Oregon City Farmers Market
Oregon City Pioneer Center
Oregon City Together
Oregon Health Equity Alliance
Oregon Trail School District
OSU Extension Advisory Board
Planned Parenthood
Prevention Coalition
Sandy Compassion Connect
Sandy Connect
Stafford Hamlet
The Living Room
Todos Juntos
Vibrant Futures Coalition
Vector Control
West Linn-Wilsonville School District
Healthy Columbia Willamette Partner Organizations
Adventist Medical Center
Clackamas County Public Health Division
Clark County Public Health
FamilyCare
Health Share of Oregon
Kaiser Sunnyside Hospital
Kaiser Westside Hospital
Legacy Emanuel Medical Center
Legacy Good Samaritan Medical Center
Legacy Meridian Park Medical Center
Legacy Mount Hood Medical Center
Legacy Salmon Creek Medical Center
Multnomah County Health Department
Oregon Health & Science University
PeaceHealth Southwest Medical Center
Providence Milwaukie Hospital
Providence Portland Medical Center
Providence St. Vincent Medical Center
Providence Willamette Falls Medical Center
Tuality Healthcare
Washington County Public Health

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2017 Community Health Assessment Roadshow Findings

Total number of completed roadshows: 51
 Roadshows completed with prioritization activity: 40
 Remaining roadshows: 5

Analysis of Roadshows Completed with Prioritization Activity

Total participants: 422
 Analysis of priorities from roadshows:

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

Analysis of organizations by the Health Equity Zone they represent. Organizations representing all of Clackamas County are listed under "Clackamas County."

Health Equity Zone	Priority	Minimum Votes	Mean Votes	Maximum Votes	Total Votes
Clackamas County	Increase health care access	2	9.6	26	211
	Increase access to housing	0	9.3	32	205
	Increase high school graduation rates	1	7.4	23	163
	Increase the number of people who meet physical activity guidelines	0	4.4	16	96
	Decrease the number of people who attempt suicide	0	4.2	14	92
	Decrease the number of people who are classified as obese	0	2.5	14	55
	Decrease the number of cardiovascular deaths	0	2.0	9	44
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	2.0	5	44
	Decrease the number of youth who report alcohol use	0	1.8	7	39
	Decrease the number of sexually transmitted infections	0	0.9	5	19
	Number of Participants	4	12.3	24	234
Canby	Increase access to housing	1	1.0	1	1
	Increase health care access	1	1.0	1	1
	Decrease the number of cardiovascular deaths	0	0.0	0	0
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	0.0	0	0
	Decrease the number of people who are classified as obese	0	0.0	0	0
	Decrease the number of people who attempt suicide	0	0.0	0	0
	Decrease the number of sexually transmitted infections	0	0.0	0	0
	Decrease the number of youth who report alcohol use	0	0.0	0	0
	Increase high school graduation rates	0	0.0	0	0
	Increase the number of people who meet physical activity guidelines	0	0.0	0	0
	Number of Participants	1	1.0	1	1
Colton	Decrease the number of people who attempt suicide	5	5.0	5	5
	Increase health care access	5	5.0	5	5
	Increase the number of people who meet physical activity guidelines	2	2.0	2	2
	Decrease the number of cardiovascular deaths	1	1.0	1	1
	Decrease the number of youth who report alcohol use	1	1.0	1	1
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	0.0	0	0
	Decrease the number of people who are classified as obese	0	0.0	0	0
	Decrease the number of sexually transmitted infections	0	0.0	0	0
	Increase access to housing	0	0.0	0	0
	Increase high school graduation rates	0	0.0	0	0
	Number of Participants	5	5.0	5	5

Health Equity Zone	Priority	Minimum Votes	Mean Votes	Maximum Votes	Total Votes
Estacada	Increase access to housing	0	6.5	13	13
	Increase health care access	1	6.0	11	12
	Increase high school graduation rates	0	4.5	9	9
	Decrease the number of cardiovascular deaths	0	2.5	5	5
	Decrease the number of people who are classified as obese	0	2.0	4	4
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.5	3	3
	Decrease the number of youth who report alcohol use	0	1.5	3	3
	Decrease the number of people who attempt suicide	0	1.0	2	2
	Decrease the number of sexually transmitted infections	1	1.0	1	2
	Increase the number of people who meet physical activity guidelines	0	0.5	1	1
	Number of Participants	1	13.0	25	26
Gladstone	Increase the number of people who meet physical activity guidelines	2	4.0	6	8
	Increase access to housing	0	2.5	5	5
	Increase health care access	2	2.5	3	5
	Decrease the number of high blood pressure and/or diabetes diagnoses	1	1.0	1	2
	Decrease the number of people who attempt suicide	1	1.0	1	2
	Decrease the number of sexually transmitted infections	1	1.0	1	2
	Increase high school graduation rates	1	1.0	1	2
	Decrease the number of people who are classified as obese	0	0.5	1	1
	Decrease the number of cardiovascular deaths	0	0.0	0	0
	Decrease the number of youth who report alcohol use	0	0.0	0	0
Number of Participants	3	4.5	6	9	
Molalla River	Decrease the number of high blood pressure and/or diabetes diagnoses	5	5.0	5	5
	Decrease the number of youth who report alcohol use	4	4.0	4	4
	Increase high school graduation rates	4	4.0	4	4
	Decrease the number of cardiovascular deaths	3	3.0	3	3
	Increase access to housing	3	3.0	3	3
	Increase health care access	3	3.0	3	3
	Decrease the number of people who are classified as obese	2	2.0	2	2
	Decrease the number of people who attempt suicide	2	2.0	2	2
	Increase the number of people who meet physical activity guidelines	1	1.0	1	1
	Decrease the number of sexually transmitted infections	0	0.0	0	0
	Number of Participants	9	9.0	9	9

Health Equity Zone	Priority	Minimum Votes	Mean Votes	Maximum Votes	Total Votes
North Clackamas	Increase health care access	4	8.8	18	35
	Increase access to housing	5	7.8	16	31
	Increase the number of people who meet physical activity guidelines	2	5.3	8	21
	Increase high school graduation rates	0	4.0	11	16
	Decrease the number of people who attempt suicide	0	3.3	7	13
	Decrease the number of people who are classified as obese	0	2.5	6	10
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.5	4	6
	Decrease the number of youth who report alcohol use	0	1.0	4	4
	Decrease the number of cardiovascular deaths	0	0.3	1	1
	Decrease the number of sexually transmitted infections	0	0.3	1	1
	Number of Participants	7	12.0	20	48
Oregon City	Increase health care access	2	5.3	9	16
	Increase access to housing	2	4.0	8	12
	Increase the number of people who meet physical activity guidelines	1	4.0	6	12
	Increase high school graduation rates	1	3.7	7	11
	Decrease the number of people who are classified as obese	1	2.7	5	8
	Decrease the number of cardiovascular deaths	0	2.0	6	6
	Decrease the number of people who attempt suicide	1	2.0	3	6
	Decrease the number of youth who report alcohol use	0	2.0	3	6
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.3	2	4
	Decrease the number of sexually transmitted infections	0	0.0	0	0
	Number of Participants	3	9.0	16	27
Oregon Trail	Increase high school graduation rates	8	12.0	16	24
	Increase access to housing	5	10.0	15	20
	Increase health care access	4	9.5	15	19
	Increase the number of people who meet physical activity guidelines	4	6.0	8	12
	Decrease the number of people who attempt suicide	2	3.5	5	7
	Decrease the number of cardiovascular deaths	0	1.0	2	2
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.0	2	2
	Decrease the number of people who are classified as obese	0	1.0	2	2
	Decrease the number of sexually transmitted infections	0	1.0	2	2
	Decrease the number of youth who report alcohol use	0	0.0	0	0
	Number of Participants	9	15.0	21	30

Health Equity Zone	Priority	Minimum Votes	Mean Votes	Maximum Votes	Total Votes
West Linn/Wilsonville	Increase health care access	5	7.7	9	23
	Increase the number of people who meet physical activity guidelines	4	5.7	8	17
	Decrease the number of people who attempt suicide	3	5.0	8	15
	Decrease the number of people who are classified as obese	0	4.0	8	12
	Increase high school graduation rates	0	3.3	10	10
	Increase access to housing	1	2.7	6	8
	Decrease the number of youth who report alcohol use	0	2.0	5	6
	Decrease the number of cardiovascular deaths	0	1.3	3	4
	Decrease the number of high blood pressure and/or diabetes diagnoses	0	1.0	3	3
	Decrease the number of sexually transmitted infections	0	0.0	0	0
	Number of Participants	5	11.0	14	33

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