

Blueprint for a Healthy Clackamas County



2020 - 2023



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A message from Clackamas County Public Health Director



COVID-19 Response & Community Recovery, Priority Populations

The COVID-19 global pandemic has disrupted the lives of residents across Clackamas County and, unsurprisingly, it has had the greatest impact for our most vulnerable individuals. The virus has disproportionately impacted communities of color – particularly those working in frontline healthcare, food manufacturing and processing, and service industries. These workers, deemed “essential,” are also subject to few COVID-19 precautions, such as social distancing, access to

adequate PPE, or working in well-ventilated areas. Despite the knowledge that their work is essential, their treatment marks them as “disposable.” The inequities and disparities within communities have been magnified as a result of COVID-19, including issues such as behavioral health, physical health, economic stability, family stressors, educational attainment, access to services, and environmental protections.

Until there is an effective treatment or vaccine for COVID-19, our lives will continue to be quite different. The coordination and prioritization of resources for those most adversely impacted is needed now more than ever, as the pandemic has made health disparities worse. The Blueprint for a Healthy Clackamas County will prioritize historically and currently underserved populations, aligning with the State of Oregon’s [“Equity Framework in COVID-19 Response and Recovery”](#).

The Blueprint for a Healthy Clackamas County provides an opportunity to bring partners together to solve these newly dynamic problems. The partner organizations, coalitions, and community members that participate in the initiative are working together toward a shared vision of building healthier communities. It is through this continued investment of time, energy, attention, and problem-solving that we can ensure our communities have the tools and resource needed to thrive.

Working to Address Systemic Racism

The 2019 version of the Blueprint for a Healthy Clackamas County employed a place-based and economic lens for approaching health equity. The creation of Health Equity Zones and a focus on poverty were central to the work, particularly with the presentation of data and community engagement activities. Several horrific events in 2020 across the United States highlighted that long-standing racial injustice and inequity are systemic issues rooted in historical oppression and that immediate injustices that have reached a fatal pitch. As such, the Clackamas County Public Health Division deems racism a public health crisis.

The need to address systemic racism is now. The time has come to challenge ingrained biases, recognize privileges, and confront injustices experienced by too many in our community. We must recondition ourselves to challenge our habits, attitudes, and behaviors at the individual level. At the organizational and societal levels, we must evaluate our culture, systems, policies and practices to remove historical biases that do not advance health equity.

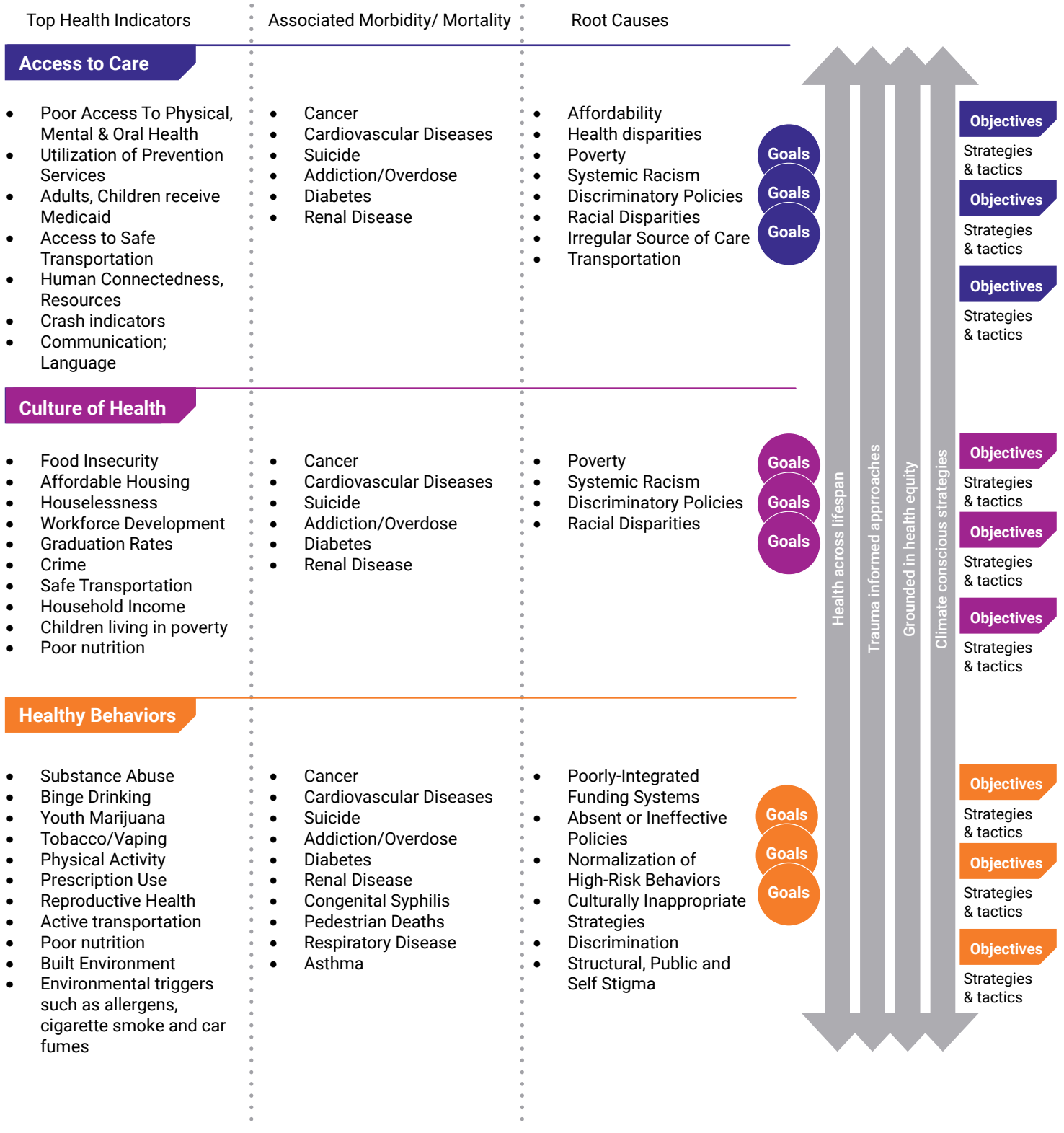
Now is a time of action. At Clackamas County Public Health, we take our responsibility of serving as conveners for the Blueprint for a Healthy Clackamas County initiative seriously and we consider it a privilege. We will be increasing our dedicated staffing resources to conduct meaningful community engagement, improve equitable data collection & analysis, and prioritizing funding for Black, Indigenous, and People of Color (BIPOC). We will become bridge builders by listening and engaging with our communities of color. Together we can interrupt and disrupt racism in Clackamas County that will result in healthier communities for future generations to enjoy.

Philip Mason-Joyner,
Public Health Director

Blueprint for a Healthy Clackamas County Priority Populations:

- Native Americans, members of Oregon’s nine federally recognized tribes, American Indians, Alaska Natives
- Black, Africans, African Americans
- Latinx, Hispanic
- Asian, Pacific Islanders
- Immigrants, refugees, asylum seekers
- Undocumented, DREAMers
- People with disabilities
- Aging/older adults
- Those who are linguistically diverse
- LGBTQ+
- Economically disadvantaged
- Farmworkers, migrant workers
- Those living in rural communities

Community Health Improvement Plan Priorities



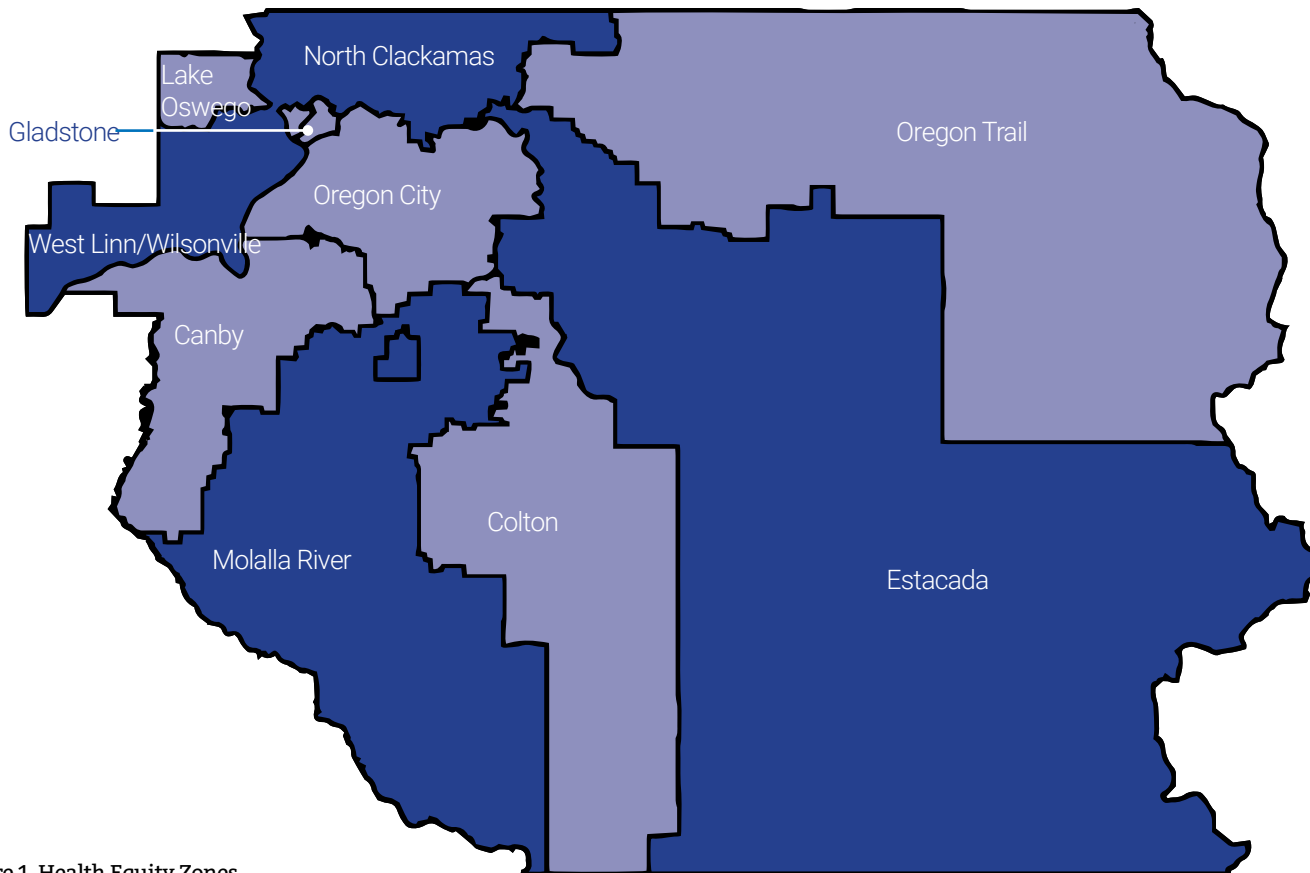


Figure 1. Health Equity Zones.

Health Equity Zones and Update

Blueprint for a Healthy Clackamas County Update, 2020-2023

The Blueprint for a Healthy Clackamas is a “living document” that is reviewed and revised based on changing priorities and challenges. In the past year, the 2020-2023 Blueprint plan update process included:

- a steering committee made up of Public Health Advisory Council (PHAC) members and key community contacts was convened in February 2020
- The steering committee, stakeholders and Blueprint sub-committees convened from April to August 2020 to review existing goal language for current relevancy and priority.

The goals for the Blueprint plan update have been narrowed from ten to six for clarity and efficiency. In addition, two focus areas were created for

- Recovery to Resilience of COVID-19
- Systemic Racism and Health Equity.

Everyone has an important role to play in improving health outcomes and the quality of life of our residents by addressing the causes of preventable disease, disability

and early death. Social, economic, and environmental factors are the greatest influencers of health. The Blueprint reflects Clackamas County’s commitment to community-centered planning for giving everyone the opportunity to live a healthy life. We invite residents and community leaders to use this plan as a resource and platform for action.

Health Equity Zones

Although the Clackamas County Public Health Division has been a participating member of the Healthy Columbia Willamette Collaborative since 2012, we determined the need to conduct a deeper, more local assessment to capture the social and geographic diversity of the county. We divided the county into ten Health Equity Zones (Figure 1) so we could analyze datasets broken down by geographic areas. The Health Equity Zones serve as a tool for residents, policymakers, community-based organizations and businesses to address the unique needs of the communities located in each of the zones. Since its creation, Clackamas County departments and divisions use this tool.



Executive Summary

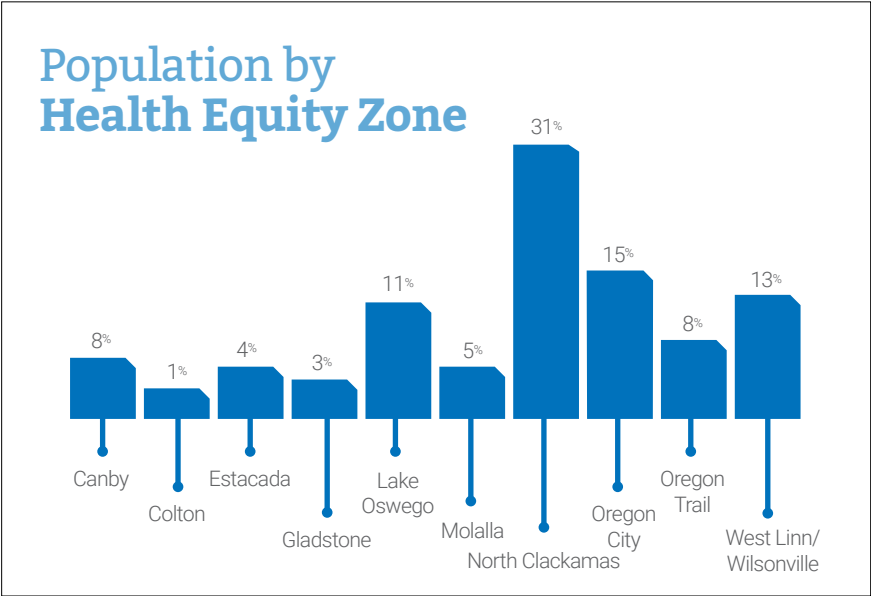
Thank you for your interest in the 2020 - 2023 Blueprint for a Healthy Clackamas County update – the county’s plan for giving everyone the chance to live a healthier life. The Blueprint update reflects 10 months of work by the Clackamas County Public Health Division, the Public Health Advisory Committee, our residents, community organizations and county leadership. It serves as the county’s Community Health Improvement Plan (CHIP) and was approved by the Clackamas County Board of Commissioners in October 2020. It aims to improve the health and quality of life of our residents in order to make our county more equitable.

This document builds upon the needs and priorities identified in the Healthy Columbia Willamette Collaborative's 2019 Community Health Needs Assessment Report, community and stakeholder feedback, and over 15 other data sources. The Blueprint 2020 - 2023 update represents revised and re-prioritized goals that are necessary to improve the health and quality of life of Clackamas County residents.

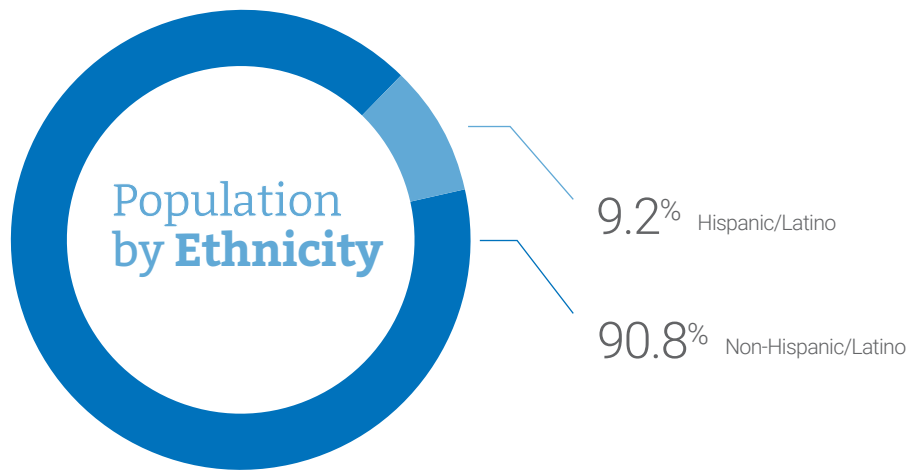
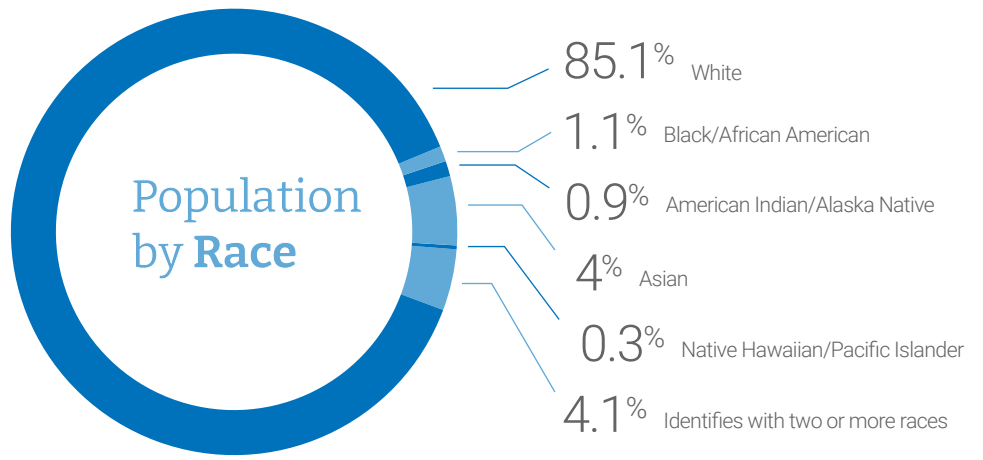


Clackamas County, Oregon

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.



While the majority of Clackamas County's population identifies as White and non-Hispanic, that is by no means the entire makeup of the county. Over the last decade, more and more People of Color have chosen to reside in Clackamas County – particularly individuals who identify as two or more races. Clackamas County welcomes diversity, celebrating the fact that many people do not belong to a single demographic. For age graph: Most of the county's residents are between the ages of 25 and 74. This population distribution is similar to that of Oregon, although Clackamas is home to a higher percentage of 55 to 65-year olds.



Population by Age

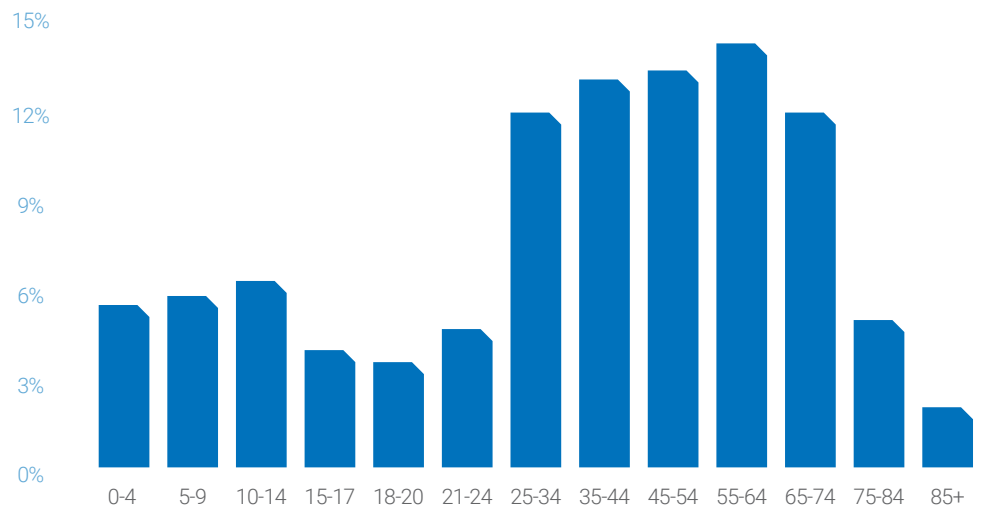


Figure 3. Population by Race, Age and Ethnicity. Source: American Community Survey 2018



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. It includes the following seven divisions:

- Behavioral Health
- Children, Families & Community Connections
- Health Centers
- Community Development
- Housing Authority
- Public Health
- Social Services

These divisions are dedicated to ensuring healthy families and strong communities.

The mission of the Health, Housing, and Human Services Department is to provide access, coordination, healthcare, housing, and prevention services to individuals, families, and communities so they can experience inclusion, prosperity, and an improved quality of life. **Our Goals:**

- To provide sustainable and affordable housing
- To assist individuals and families in need to be healthy and safe
- To increase self-sufficiency
- To increase community safety and health
- To continually improve the efficiency and effectiveness of services

Clackamas County Public Health Division

The Clackamas County Public Health Division is the Local Public Health Authority for Clackamas County that provides:

- environmental health inspections and licenses,
- policy assessment,
- access to care,
- infectious disease control
- education services to residents and businesses

We also promote healthy environments through systems change and improved community infrastructure and manage the vital records for all births and deaths reported in Clackamas County.

The Clackamas County Public Health Division became a nationally-accredited local public health provider in 2014. The national accreditation program, managed by the Public Health Accreditation Board, is a rigorous peer-review assessment that ensures that local public health providers meet or exceed a specific set of quality standards and measures. Once accredited, local public health departments must develop a Community Health Improvement Plan (Blueprint for a Healthy Clackamas) and submit it for review every three to five years.

Public Health Division Program Areas

Clackamas County Public Health Division provides environmental health inspections and licenses, policy and assessment, access to care, infectious disease control and prevention, and education services to residents and businesses so the public can appropriately prevent, respond, and take action to ensure healthy, clean and safe places.

Access to Care

Prevention services:

- Maternal and Child Health Home Visiting
- Women Infants and Children (WIC)
- Breastfeeding Support
- Dental Screenings

Assurance services:

- Reproductive Health
- Immunizations
- School Based Health Clinics

Environmental Health

Licensing & Inspections for:

- Restaurants
- Mobile Food Trucks
- Vending Machines
- Hotels, Motels, Bed & Breakfasts
- Food Handler Certification
- Childcare Inspections
- Water Quality Inspections
- Spas & Pools
- Lead Poisoning

Population Health Strategies

- Climate and Air Quality
- Health and Safety Impact Assessments
- Brownfield Assessment
- Opioid Reduction
- Tobacco Prevention & Education
- Active & Safe Transportation

Infectious Disease Control & Prevention

- Reportable Disease Surveillance, Investigations & Response
- Disease Reporting for Medical Providers
- Vector Control and Animal Bite Response (partnerships)
- STI / HIV Prevention, Education & Investigation

The Center for Public Health Advancement

- Blueprint for a Healthy Clackamas County
- Health Equity Initiatives
- Public Health Assessments
- Public Health Assurance, Research & Evaluation
- Public Health Policy Development
- Public Health Emergency Planning & Response
- Emergency Medical Services
- Public Health Outreach, Education & Partnership Activities

Vital Statistics

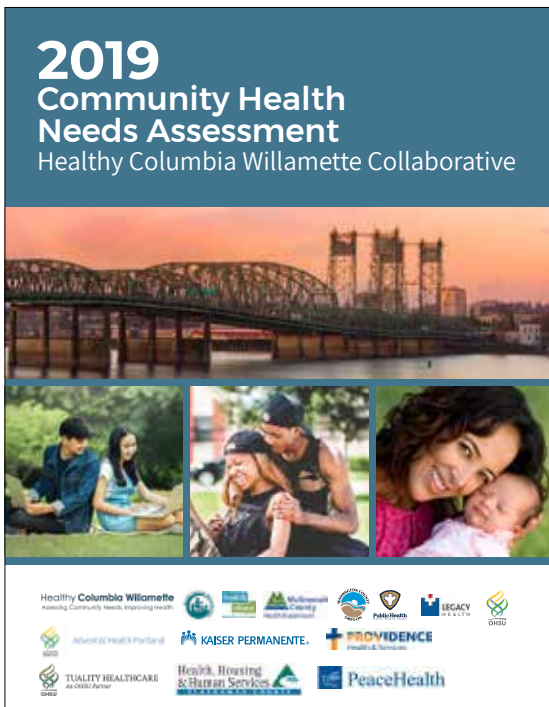
- Birth Certificates
- Death Certificates

Public Health Advisory Council (PHAC)

The purpose of the council is to advise the Director of the Clackamas County Public Health Division (CCPHD) on issues related to the public's health. PHAC will work to serve as the voice of the community to CCPHD and to be a forum for the discussion of population health issues that impact Clackamas County residents. Council members:

- **Advise** the Board of County Commissioners, Public Health Director and staff in the development of activities, strategies and priorities to achieve community health improvement goals.
- **Review and develop** reports, planning documents and publications.
- **Recommend** policy changes and funding streams 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 ethics committee; review and discuss community-based public health ethics issues occurring within the county.
- **Advocate** for policy and system changes that improve the health of communities in Clackamas County. Optional activities could include providing oral or written testimony, helping to identify coalitions of support for health policies, and participating in legislative activities.

Healthy Columbia Willamette Collaborative

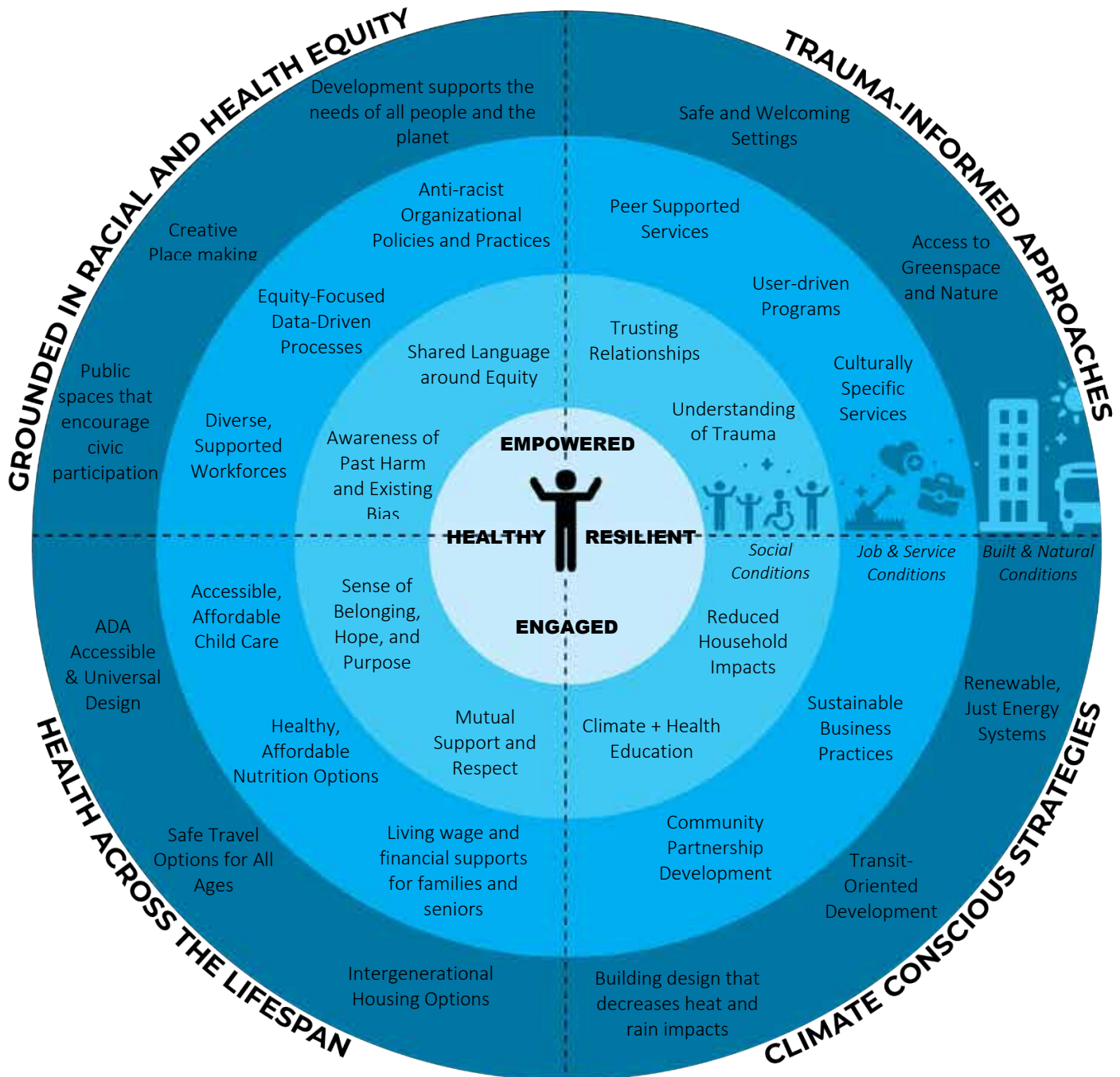


The Healthy Columbia Willamette Collaborative is a public-private partnership that includes 15 hospitals, four health departments (Clackamas, Multnomah, and Washington counties of Oregon, and Clark County, Washington), and a regional coordinated care organization (CCO - managed Medicaid organizations). It was established in 2012 to align the efforts of participating organizations and produce a regional community health needs assessment every three years. The findings from the 2013, 2016 and 2019 assessments highlight the health disparities and inequities in our region, identify gaps in our services and demonstrate the factors that make our residents and communities healthy. Member organizations use the regional community health assessment data to guide their decision-making as it relates to policy, budgets, and long-term planning. Along with our partners, we will assure the implementation of the Blueprint for a Healthy Clackamas. Representatives from Health, Housing, and Human Services, the Public Health Advisory Committee, and the Healthy Columbia Willamette Collaborative serve on Blueprint subcommittees and provide subject matter expertise to help partners achieve the goals and objectives outlined in this plan.

Guiding Principles

This update includes expanded descriptions of the three guiding principles from the 2017-2020 Blueprint, as well as an additional principle focused on climate change. Climate-related events like heat waves, wildfires, and droughts are becoming more common in Oregon and Clackamas County. Actions that reduce climate change also benefit health, making climate action a foundational element of public health strategies.

The guiding principles are intended to provide a vision to create a healthy Clackamas County for all. Many strategies in one principle area have spillover benefits for another. The diagram below provides a starting point for outcomes we want to see in the places we live, work, and play. Many of the outcomes help achieve multiple goals within the CHIP. All help residents become healthy, resilient, engaged, and empowered.



Grounded in Health Equity

Equity means spreading resources to make sure that everyone has access to the same means and opportunities. This means spreading resources to overcome the unique barriers different groups face. This makes equity an approach and an outcome. Efforts grounded in health equity focus on the forest, not the tree. They fix the context and conditions that support access, health and well-being. They do not focus on the actions of one person.

Strategies grounded in racial and health equity find, understand, and eliminate disparities in racial and health outcomes (and conditions that influence them). They focus on the most vulnerable groups that face the most or greatest challenges. Because racial disparities exist in every system, strategies must lead with race. This is a process that will change over time to balance resources and power where they are most needed.

Key Terms

Health Equity. When all people reach their full potential and do not face barriers because of social or economic class, race, ethnicity, religion, age, disability, gender identity, sexual orientation or other social conditions. Health equity intentionally and addressing poor health outcomes across an entire system by engaging the root and overlapping causes of poor health such as racism, structural disadvantage and differential privilege. (WHO)

Racial Equity. When social, economic, and political opportunities are not predicted based upon a person's race. (Seattle Racial and Social Justice Initiative)

BIPOC. Black, Indigenous, and People of Color.

Institutional Racism. Policies, practices, and procedures that work better for white people than for people of color, often unintentionally. (Government Alliance on Race and Equity (2015))



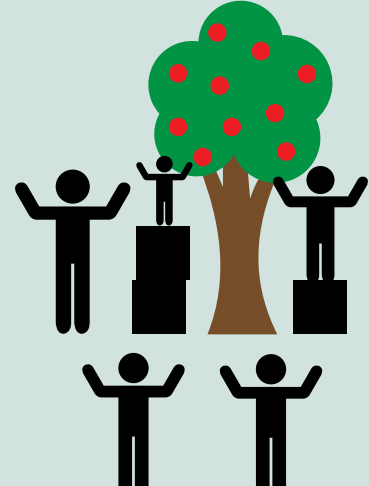
Identify Barriers.

- Include equity goals in projects to set intention on finding barriers.
- Ensure people of color and vulnerable groups are actively involved in the development of programs, policies, and processes to make sure they focus on the right barriers.
- Find and gather data to analyze, describe, and display differences between groups (for example: age groups, racial groups, or gender identities).



Understand Barriers.

- Approach work with humility and desire to learn.
- Do individual and group learning on where, when, why, and how racial barriers were created in the past.
- Plan time into projects to bring lived experiences of those affected to the table.
- Create shared language around barriers, ways to remove barriers, and what you hope to accomplish in the end.

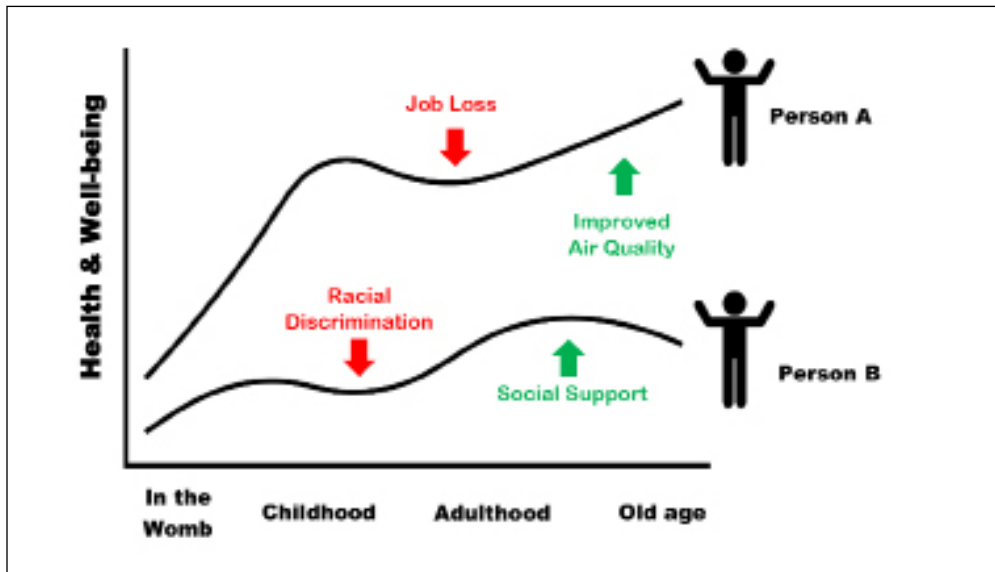


Eliminate Barriers.

- Focus on strategies that address the causes of barriers.
- Develop strategies with BIPOC-led organizations.
- Review strategies for possible unintended costs and consequences.
- Communicate changes and outcomes to all involved often.

Health Across the Lifespan

Improving health across the lifespan means understanding that we experience different levels of disease or harm risk based on our physical, emotional, and mental stages in life. Our life course, and in turn our health, are shaped by the time and place we live. Time and place determine things like social norms, available technology, consumer goods, and local and global politics. Differences in these things can make us healthy or make us sick. **Protective factors** promote health. **Risk factors** harm health and make it harder to reach our full potential. Protective factors and risk factors affect us differently depending on what life stage we are in.



Key Terms

Life Course. The path of our health and well-being development as we age that is shaped by the contexts we are in.

Social Determinants of Health. The conditions into which people are born, grow, live, work, and age in that influence health and well-being.

Embodiment. The concept that our physical bodies tell a story about our social, material, and ecological life experiences.

Intersectionality. The way that discriminatory systems like racism, patriarchy, ableism, and economic disadvantages create overlapping layers of inequity.

Increasing protective factors early in life can improve health and open up greater opportunity later on. Growing up in environments with lots of risk factors can increase the chance and degree of illness later in life. Regular exposure to risk factors over time can have snowballing effects that overlap and create large health disparities.

Important questions to ask to apply a health across the lifespan lens are:

- **How does a program, policy, or process support the needs of age groups across the lifespan?**
 - Pregnant women? Infants? Adolescents? Teenagers? Adults? Seniors?
- **What experiences have adults and seniors had that shape their possible vulnerabilities and perceptions on the issue?**
 - What have they experienced in their life time that influences their physical health? Their understanding and reaction?
- **How will this impact future pathways of child and adolescent development?**
 - Does this create conditions that support soon-to-be parents, infants, and children?

Trauma-Informed Approaches

A trauma is anything that overpowers a person's ability to deal with at any point in time. This means what may be seen as a trauma to one person, may not to another. It also may change to the same person over time. The Substance Abuse and Mental Health Administration created the three E's model to show how trauma impacts our well-being. The three E's are Event(s), Experience of Event(s) and Effect:



The Event is an experience of actual or perceived physical, emotional, or psychological harm. It can happen once or many times. An event can take many forms, including violence, a car crash, living during a time of war or famine, or stress at work.



The Experience of Event is how an individual understands and gives meaning to an event. The feelings that someone has about an event play a large role in how the event impacts their well-being. The experience of an event can be influenced by someone's cultural beliefs, support from friends or family, life stage, or past experiences.



The Effects of trauma are the harmful changes in our bodies and behaviors that happen because of an event and experience. Neuroscience shows that traumatic events can change the wiring of our brain. Trauma weakens the prefrontal cortex (the critical thinking center), changes the hippocampus (the emotional regulation center), and over uses the amygdala (the fear center). These changes make it more likely that someone will shift into a state of fight or flight during everyday activities and normally occurring stresses.

Programs, policies, and systems that use a trauma-informed approach: 1) Understand that trauma takes many forms, 2) Look for the signs and symptoms of trauma, 3) Avoid adding new trauma to promote resiliency and healing. The six principles of trauma-informed approaches below work in many settings. These provide ways to build recovery and resiliency:

Safety. People feel emotionally and physically safe at all times in a program or place.

Trustworthiness & Transparency. Decisions are made with the goal of building trust. Roles and rules are clear and consistent.

Peer Support. People who have experienced trauma are placed as key change makers in helping in others.

Collaboration & Mutuality. All staff and partners understand how they help people recover from trauma.

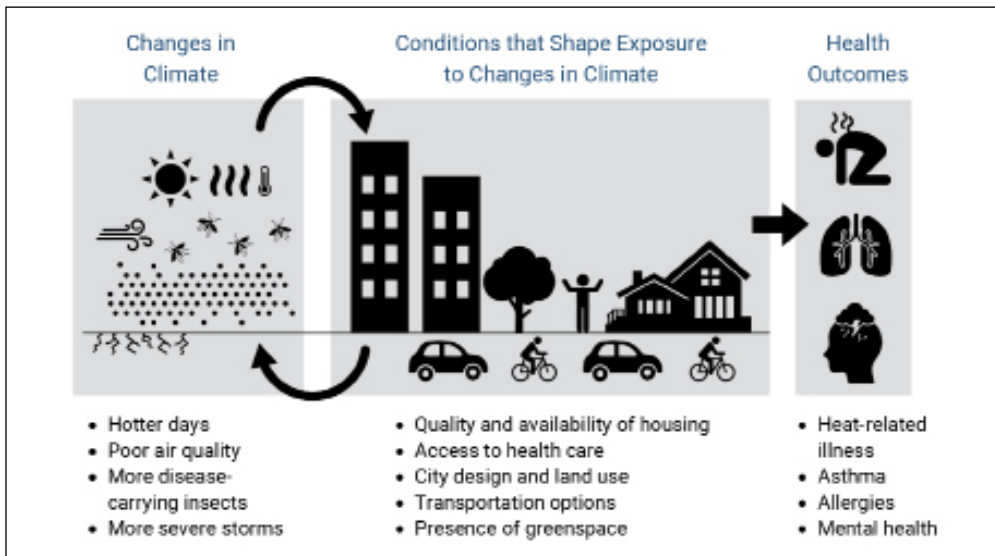
Empowerment & Choice. Trauma is a product of lack of power. Activities offer choices and control. Strengths are built upon. Shared-decision making models are used.

Cultural, Historical, & Gender Issues. Racism, discrimination, and bias cause trauma. Understanding these traumas helps healing. Offering culturally-specific services builds resiliency.

Climate-Conscious Strategies

Climate change is a major public health concern in the Pacific Northwest. In Clackamas County we can expect more days with extreme heat, poor air quality, heavy rain that increases the risk of floods and landslides, and wildfires, among other climate-related risks. These changes can lead to heat-related illness, respiratory conditions like asthma, and injury. The stress caused by climate change affects our mental health, and can cause depression or anxiety.

The systems that cause climate change are often the same ones that create health disparities. These include including energy systems, housing patterns, city development, and transportation options. They also shape how someone is exposed to changes in climate.



Key Terms

Environmental Justice. No group of people should bear a disproportionate share of the negative environmental consequences resulting from industrial, governmental and commercial operations or policies, regardless of race, color, national origin, or income. (EPA)

Climate Equity. Ensuring that the people who are least responsible for the warming of the planet and most vulnerable to the resulting impacts, do not experience disproportionate impacts. (Legacy Fund)

Climate Adaptation. The process of changing policies, systems, and environments to respond to unavoidable impacts of climate change.

Climate Mitigation. Acts to reduce the release of or total amount of greenhouse gases.

Strategies that improve the health of our community and our planet provide more benefits than strategies that focus on just one. Ways to combine climate change and health strategies include:

- **With education...** Understanding the ways climate change impacts health is an important first step. Review what ways the groups you work with may be impacted by climate change. Review how you may be contributing to climate change.
- **With community partnership...** Collaboration with multiple fields is key to develop win-win solutions that connect health, equity, and sustainability. Bringing together different skill sets allows programs to address climate and health risk factors at the same time.
- **With Policy...** Everyone has a role to play in reversing climate change and building local resiliency. Finding ways to use more sustainable forms of energy, decrease air pollution, and strengthen and support local businesses and food systems all help shrink our environmental footprint.

Community Health Improvement Plan Framework

This plan is organized into five sections:

- Section 1 – Access to Health Care & Human Services
- Section 2 – Culture of Health
- Section 3 – Healthy Behaviors
- Section 4 – COVID-19 Recovery & Resilience
- Section 5 – Systemic Racism & Racial Health Equity

Each of the sections include 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 County subcommittees developed specific objectives, strategies and tactics, the application of which will be tailored to each Health Equity Zone, high priority population, and age group.

The Blueprint for a Healthy Clackamas County subcommittees aim to accomplish these goals by June 2023.

The Blueprint for a Healthy Clackamas County update seeks to make local health conditions and systems more responsive to the needs of the community by elevating the voices, stories, priorities, and knowledge of those who are left out of policy decisions, most notably those who are Black, Indigenous, and People of Color (BIPOC). The Blueprint update was developed to address social determinants of health and improve health for all, particularly among high priority populations.

Key Terms

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.



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 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 support an able workforce while evaluating the effectiveness, accessibility and quality of services. (Healthy Chicago)

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

Goals:

- 1. Residents in Clackamas County are connected to high quality comprehensive health care services that are reflective of community needs within each health equity zone.
- 2. Clackamas County has equitable transportation systems and community design that supports resident health, safety, and access to essential services.

211info

Source: 211Info Dashboard and Representative

211 Info® is a nonprofit helping connect residents across Oregon and Southwest Washington to services and resources in their community. Housing, food/meals, and utility assistance remain the top calls in 2020, as they were when the last Blueprint was published in 2017. In spring of 2020, 211 Info saw an influx of calls during quarantine related to needs resulting from COVID-19. This spread out the percentage of calls related to specific needs, but nearly all the calls referred to a problem that arose due to the pandemic.

Top unmet service requests

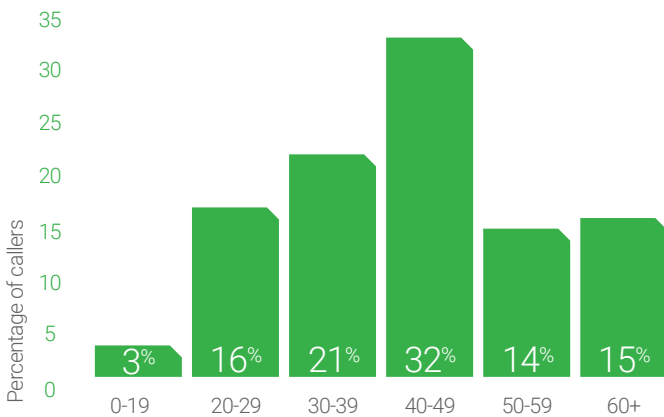
Housing search assistance **57%**

Temporary financial assistance **40%**

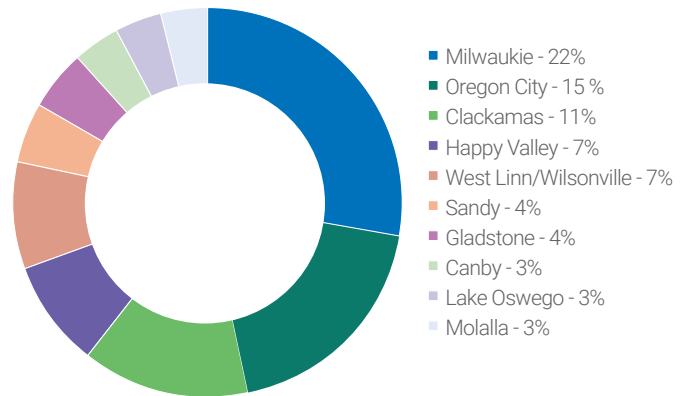
Rental deposit assistance **13%**

211info Clackamas County Callers

by Age Group, 2018



by City, 2016-2020



Top needs of callers



Housing



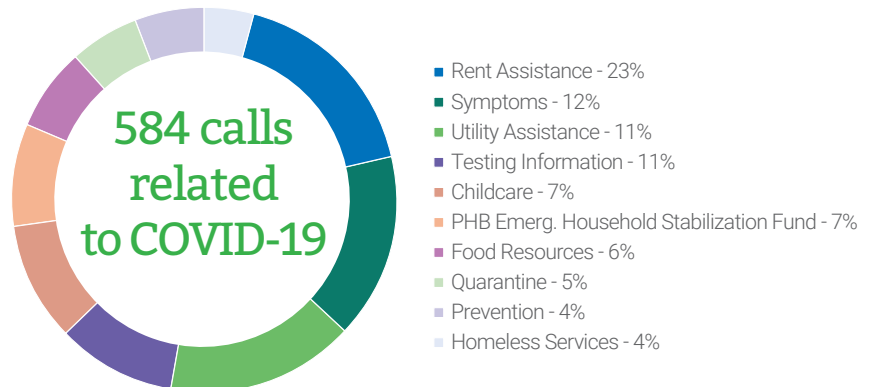
Food/Meals



Utility Assistance

Top calls related to COVID-19 during Quarantine

(3/15 – 6/1), 2020



Mapping access to care

Percent of people who speak English' Less than very well, page 28

Often referred to as linguistic isolation, lack of English proficiency can severely impact one's ability to access care and vital services. While Clackamas County works to provide information in many languages and offer translators whenever needed, there remain barriers to non-English speakers in maneuvering through the health care and social service system.

Percent of children on Medicaid in 2018, page 29

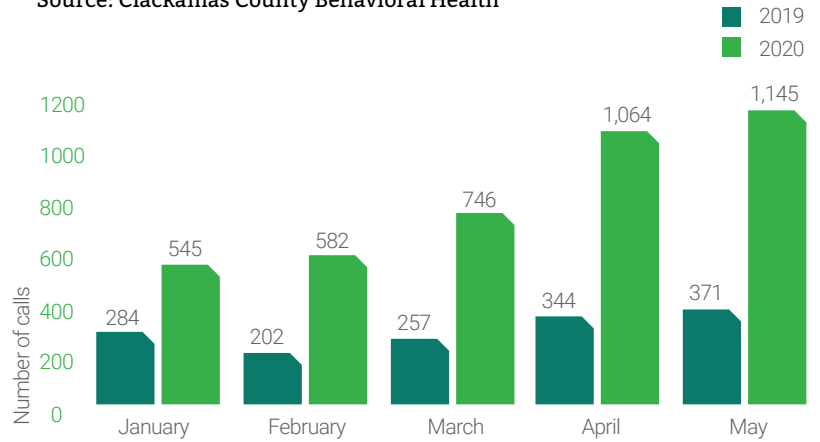
98.2% of children in Clackamas County have health insurance (ACS, 2017) thanks largely to the Oregon Health Plan (OHP). OHP provides Medicaid to children who need it – a higher percentage of which reside in the county's rural census tracts within the Estacada Health Equity Zone, as well as speckled across more densely populated areas.

Percent of households without a vehicle in 2018, page 30

Clackamas County contains a large rural region with the majority of services located in the more populated Northwestern corner. As a result, geographic isolation is a significant barrier in accessing care. Public transit is not always available or easy to use across the entire county, so having access to a vehicle is the most effective solution to transportation issues. However, with the exception of the farthest Northeast census tract, the areas with individuals having the least access to a vehicle are nearest to public transit.

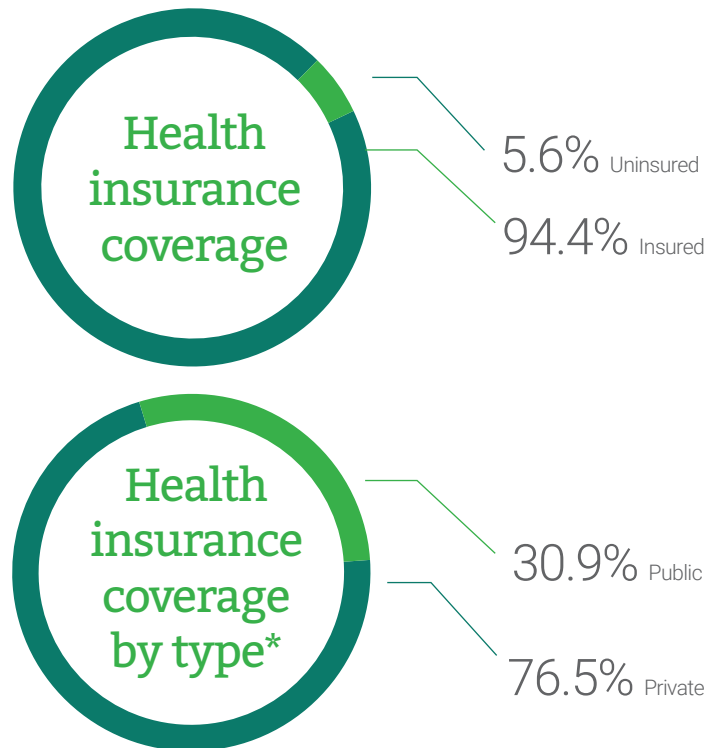
Senior Loneliness Line – Clackamas County

Source: Clackamas County Behavioral Health



Providers	
There is 1 primary care provider per 1,111 people	2017
There is 1 dentist per 1,250 people	2018
There is 1 mental health provider per 322 people	2019

Source: countyhealthrankings.org 2017 - 2019



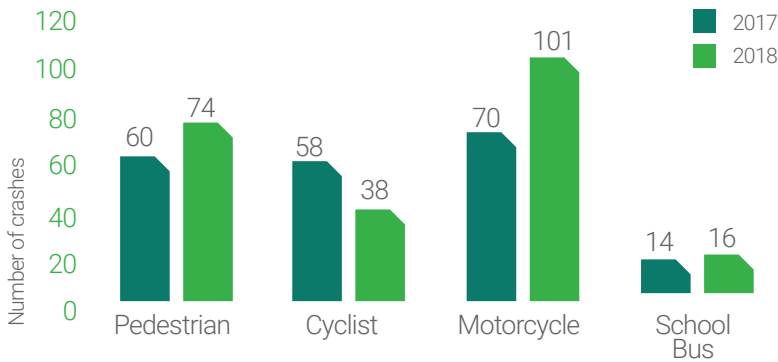
Source: ACS 5-yr Estimate 2018

*this equals more than 100%, indicating that some individuals have both

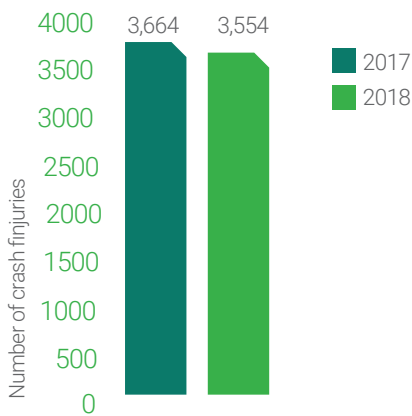
Transportation and Road Safety

Source: Oregon Department of Transportation Oregon Traffic Crash Reports Summary Clackamas County 2017 and 2018

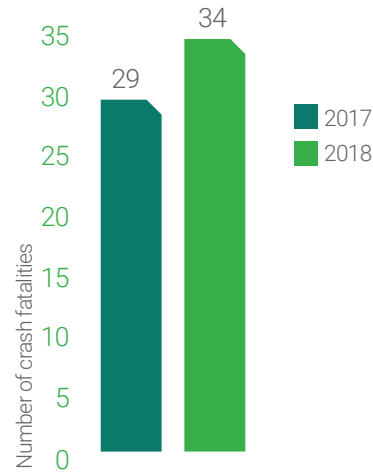
Crashes by mode



Crash injuries (all modes)



Crash fatalities (all modes)



Transportation Reaching People Program

Source: Clackamas County H3S Volunteer Connection Year in Review, 2018 -2019

291,120
miles traveled in
volunteer rides

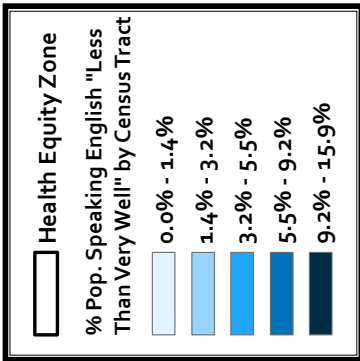
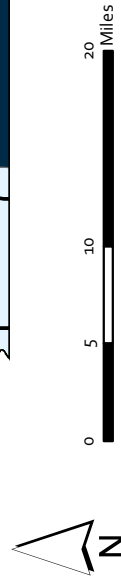
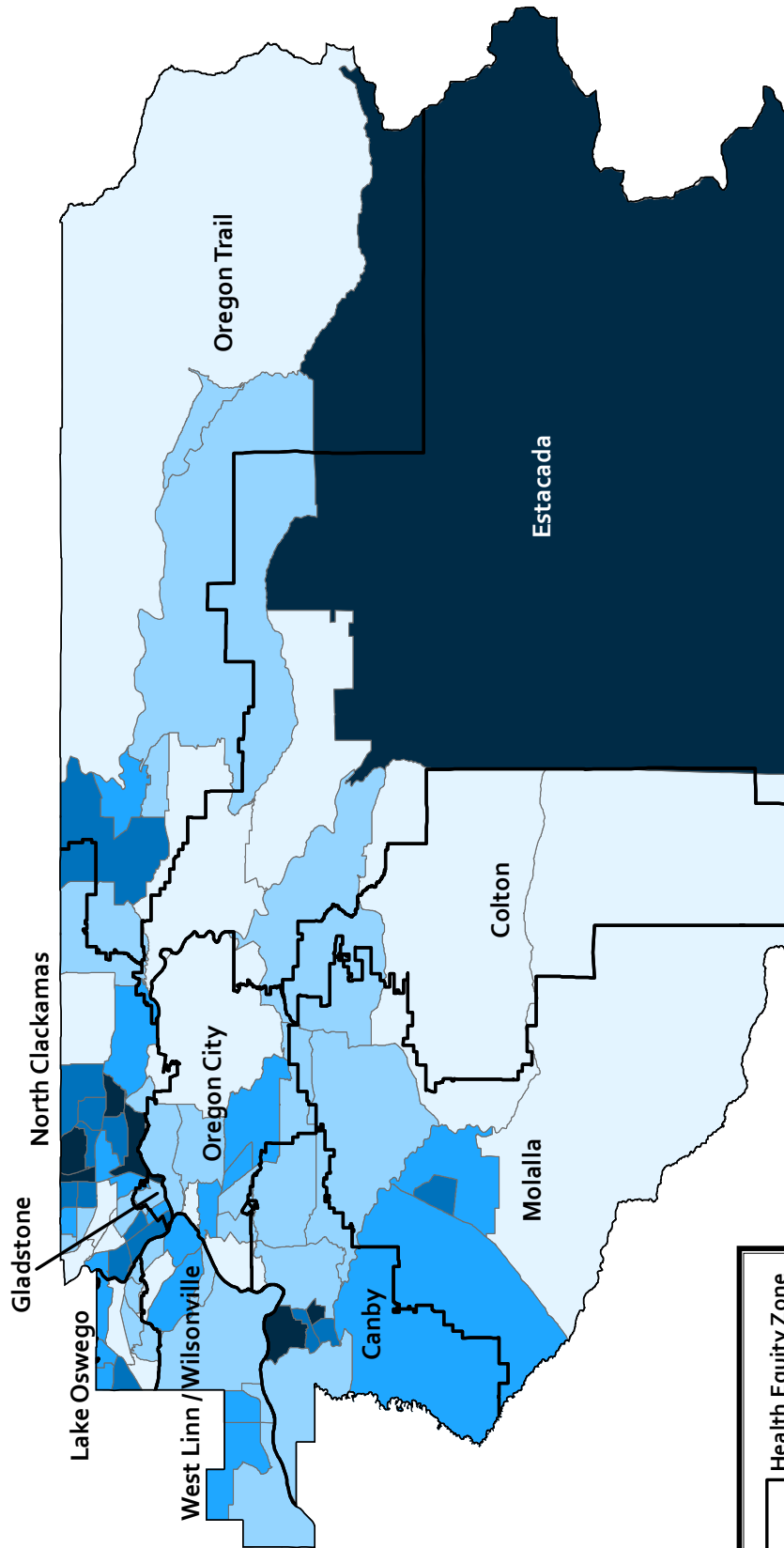
Safe Routes to School Action Plans

Source: Safe Routes to School Plans – Clackamas County SRTS

Cities	Number of improvements identified
Milwaukie	40
Estacada	43
Oregon City	70
Happy Valley	38
Lake Oswego	39
Canby	8
Welches	10

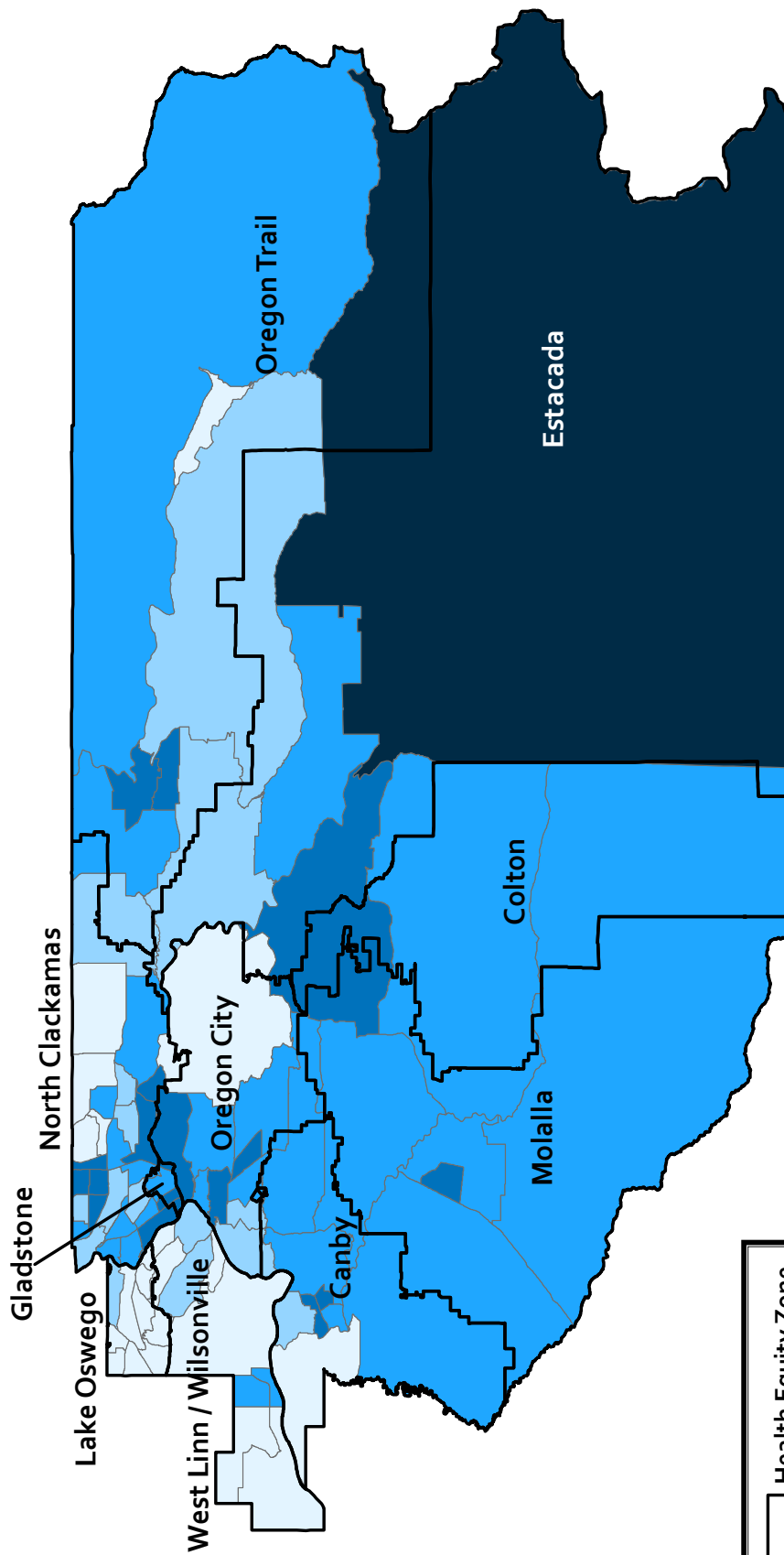
195
Improvements
across 7 cities
and 12 plans

Percent of People Who Speak English 'Less Than Very Well' 2018 by Census Tract & Health Equity Zone



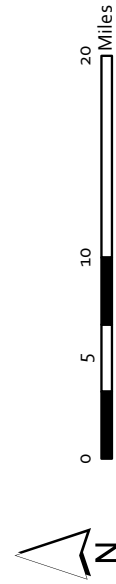
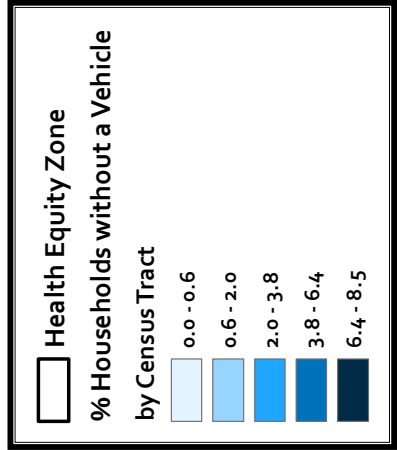
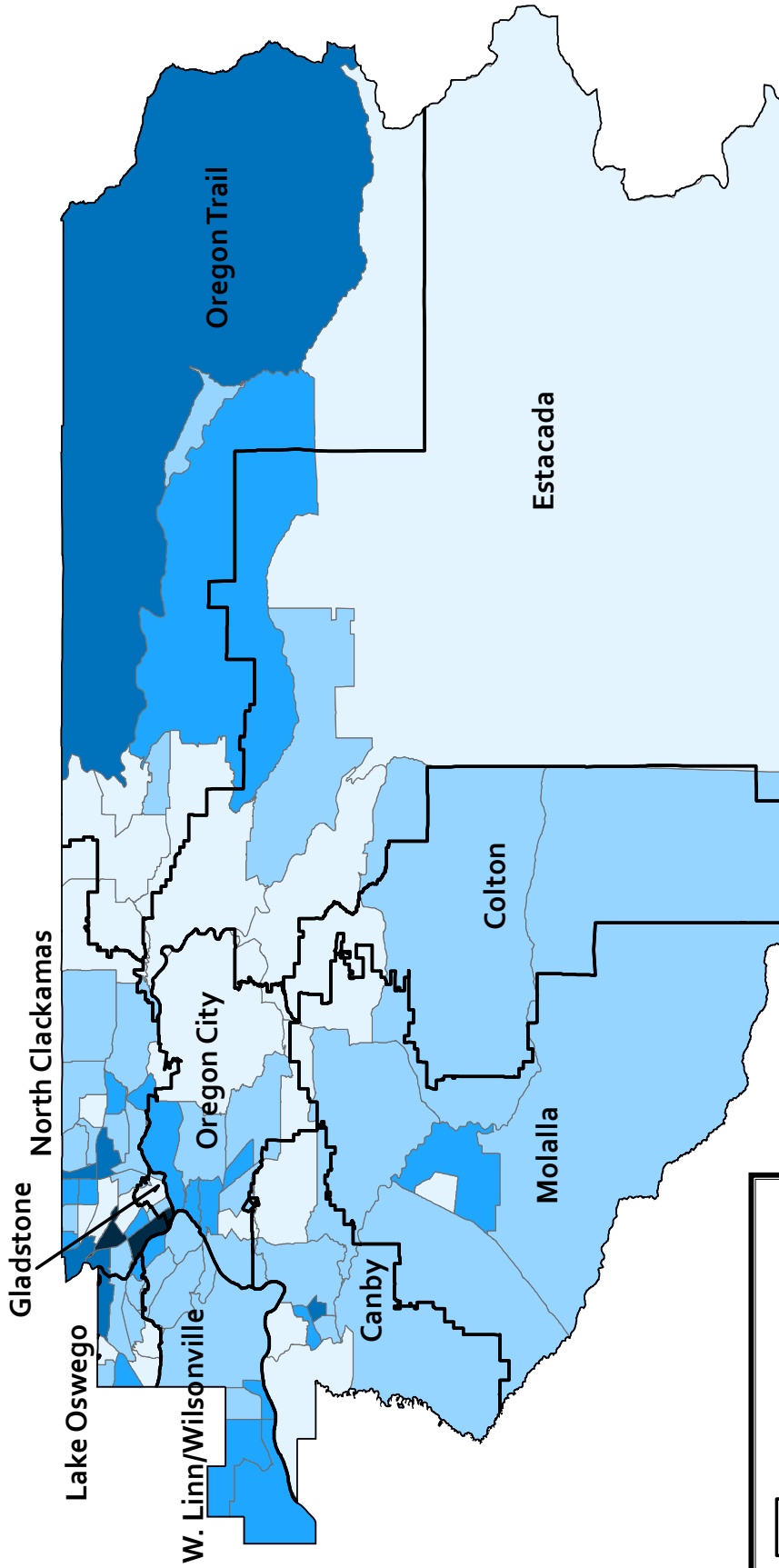
Source: American Community Survey 5-Year Estimate 2018
 Table 6 (Ability to Speak English)
 Created by: Clackamas County Public Health Division
 Date: May 2020

Percent Children on Medicaid 2018 by Census Tract & Health Equity Zone



	Health Equity Zone
	0.0 - 1.8
	1.8 - 3.7
	3.7 - 7.7
	7.7 - 15.7
	15.7 - 28.0

Percent of Households without a Vehicle 2018 by Census Tract & Health Equity Zone



Source: American Community Survey 5-year Estimate 2018
 Table 8 (Commuting)
 Created by: Clackamas County Public Health Division
 Date: June 2020

Objectives and strategies to address Access to Health Care and Human Services

Goal: Residents in Clackamas County are connected to high quality comprehensive health care services that are reflective of community needs within each health equity zone.

Objectives	Strategies
1. Access to mental health support services for teens, seniors and men between the ages of 45-75	1A. In coordination with community partners, improve access to alcohol and other drug misuse treatment for those with substance use and mental health disorders.
	1B. Connect individuals and families to community resources and services through health navigation.
	1C. In coordination with community partners, improve access to screening and treatment for depression with teens, seniors and adult men between the ages of 45 – 75.
2. Reduce Emergency Departments visits for those with Medicaid who have a mental illness. Priority populations are: BIPOC, English limited proficiency, those who live in a rural setting, and individuals with a chronic health condition.	2A. Support improved and enhanced rapid primary care follow-up from ED by health systems and primary care providers
	2B. Connect individuals and families to community resources and services through a coordinated system of health navigators.
	2C. Provide culturally responsive mental health services and supports for BIPOC community members (especially where insurance or resident status is a barrier).
3. Improve the community's capacity to obtain, process and understand basic health information & services.	3A. Provide training to CBOs, health systems, navigators, networks on the importance of health literacy.
	3B. Coordinate with health systems, FQHCs, and clinics to improve health literacy best practices with patients and caregivers.
	3C. Engage communication experts to explore how to effectively use and utilize technology to improve access to health literacy resources; develop best practices using evidence based research.
4. Increase the utilization of maternal and child health care support and services for BIPOC and individuals with English limited proficiency that are on Medicaid.	4A. Connect individuals and families to community resources and services through a coordinated system of health navigators.
5. Increase the percentage of children who have had a Well Child Visit in the past year.	5A. Connect individuals and families to community resources and services through a coordinated system of health navigators.
6. Increase childhood immunization rates.	6A. Support efforts that address vaccine hesitancy for young children.
7. Increase utilization of dental care benefits by Medicaid members.	7A. Collaborate with Public Health and dental care providers in the development of strategies related to improved oral health outcomes.

Objectives and strategies to address Access to Health Care and Human Services

Goal: Clackamas County has equitable transportation systems and community design that supports resident health, safety, and access to essential services.

Objectives	Strategies
1. Eliminate fatal and serious injury crashes by 2035.	1A. Utilize data systems and epidemiologic practices for safety investigation and program evaluation.
	1B. Create ongoing opportunities to incorporate community and health perspectives into safety decision making.
	1C. Advocate for roadway design standards, urban design standards, and land use zoning that encourage speeds appropriate for surrounding land use
2. By June 2023, actively change the way decisions are made based on health and equity impacts in three transportation policies, projects, or plans	2A. Conduct process mapping exercise to identify and catalogue opportunities to insert health and equity considerations/assessments into institutional decision-making processes for the development of programs, policies, plans, and projects across the county.
	2B. Build capacity and space across all levels (from resident to commissioner) on the connections between health, equity, transportation, and development.
3. By June 2023, implement localized air quality improvement efforts in 80% of Health Equity Zones	3A. Increase the number of air quality monitors in the local areas with high percentages of low-income households, youth, seniors, and people of color.
	3B. Support community-driven climate change adaptation strategies that promote clean air and health.
4. By June 2023, establish/expand one community-based partnership focused on reducing transportation and land use barriers to medical appointments and other determinants of health	4A. Engage in land use planning to create zoning and development strategies that support non-car travel
	4B. Assess door-to-destination travel options to identify gaps, barriers, and systems solutions at Health Equity Zone, city, and census tract scales
	4C. Explore low-cost transportation interventions to bridge gaps to medical appointments, healthy food retail, and community events



Culture of Health

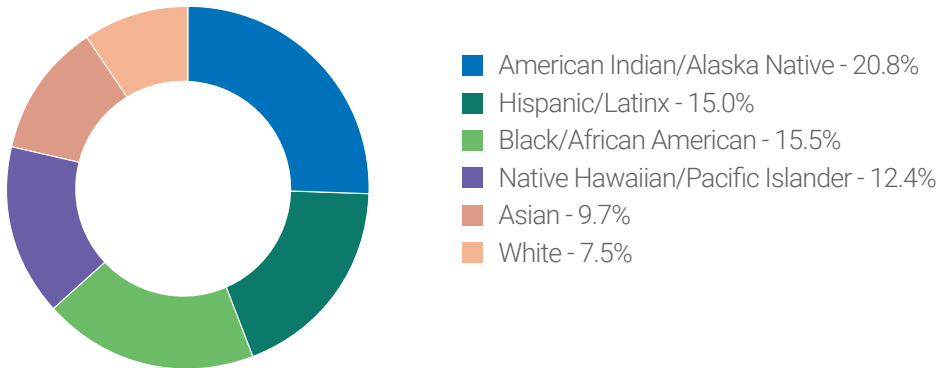
A Culture of Health is broadly defined as a community in which good health and well-being flourish across geographic, demographic, and social sectors – where the fostering of healthy, equitable communities guides public and private decision-making. In a Culture of Health every person has the opportunity to make choices that lead to a healthy lifestyle and an even healthier community. The exact definition of a Culture of Health can look very different to different people. It must embrace a wide variety of beliefs, customs, abilities and values while being 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.

Goals:

1. Clackamas County residents have affordable, stable, safe and accessible housing.
2. All Clackamas County residents have access to affordable culturally acceptable healthy food.

Racial/ethnic characteristics of the population whose earnings are at or below Federal Poverty Level (\$25,975) 2014-2018

Source: American Community Survey 2014-2018



People/Households awaiting housing 2018-2019

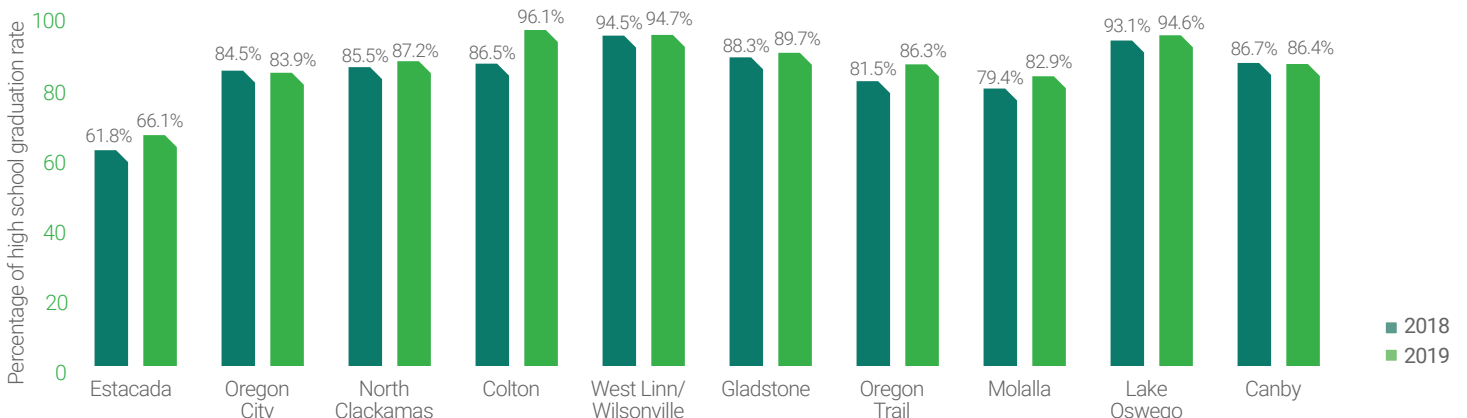
Source: Clackamas County Coordinated Housing Access Waitlist Analysis

The county connects individuals and families in need of housing with a variety of programs including interim housing, transitional housing, rapid rehousing, and permanent supportive housing. In 2019, the majority of individuals on the housing waitlist were White, non-Hispanic/Latino, female, and between the ages of 25 and 62. 68% of households on the list reported there being a person with a disability in the household. 18% of households included children. Participants reported the top three dominant presenting problems as chronic houselessness, domestic violence, and difficult housing searches.

People/households awaiting housing	2018	2019
Households awaiting housing	1,138	1,257
Approx. number of individuals	1,877	1,951
Youth Households Under 25	70	55
Adults Over 62	114	161
Veteran Households	123	426
Survivors of Domestic Violence	383	160

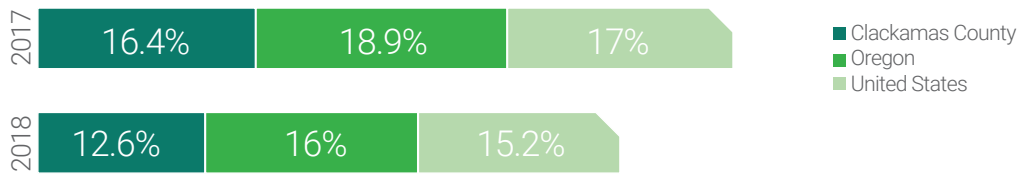
Percent of high school graduation rate by Health Equity Zone 2018-2019

Source: Oregon Department of Education 2018 and 2019



Child Food Insecurity Rate

Source: Feeding America 2017



Mapping Culture of Health

Median Household Income, page 34

Clackamas County's median household income has been trending upwards since 2009 and is well above the state and federal median. The county's Northwest corner experiences significant income diversity across neighboring census tracts, due in part to increased gentrification spreading from the Portland metro area. This region also has the highest indexed social vulnerabilities by census tract, neighboring some of the lowest.

Children living in poverty, page 35

The percent of children living in poverty is diverse across neighboring census tracts in the Northwest region of Clackamas County. Overall, 11% of children in Clackamas County live in poverty. While the county-wide rate of children in poverty has been trending downward since 2009 and is nearly 10% lower than that of the state and nation, there is a large disparity in poverty across children of different races and ethnicities in Clackamas County. 28% of Native Hawaiian and Pacific Islander children live in poverty, followed by 24% of American Indian and Alaska Native children, and 21% of Hispanic and Latinx children. This is in contrast to 8% of White children.

Housing insecure renters, page 36

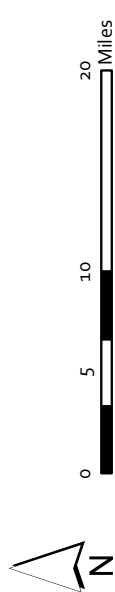
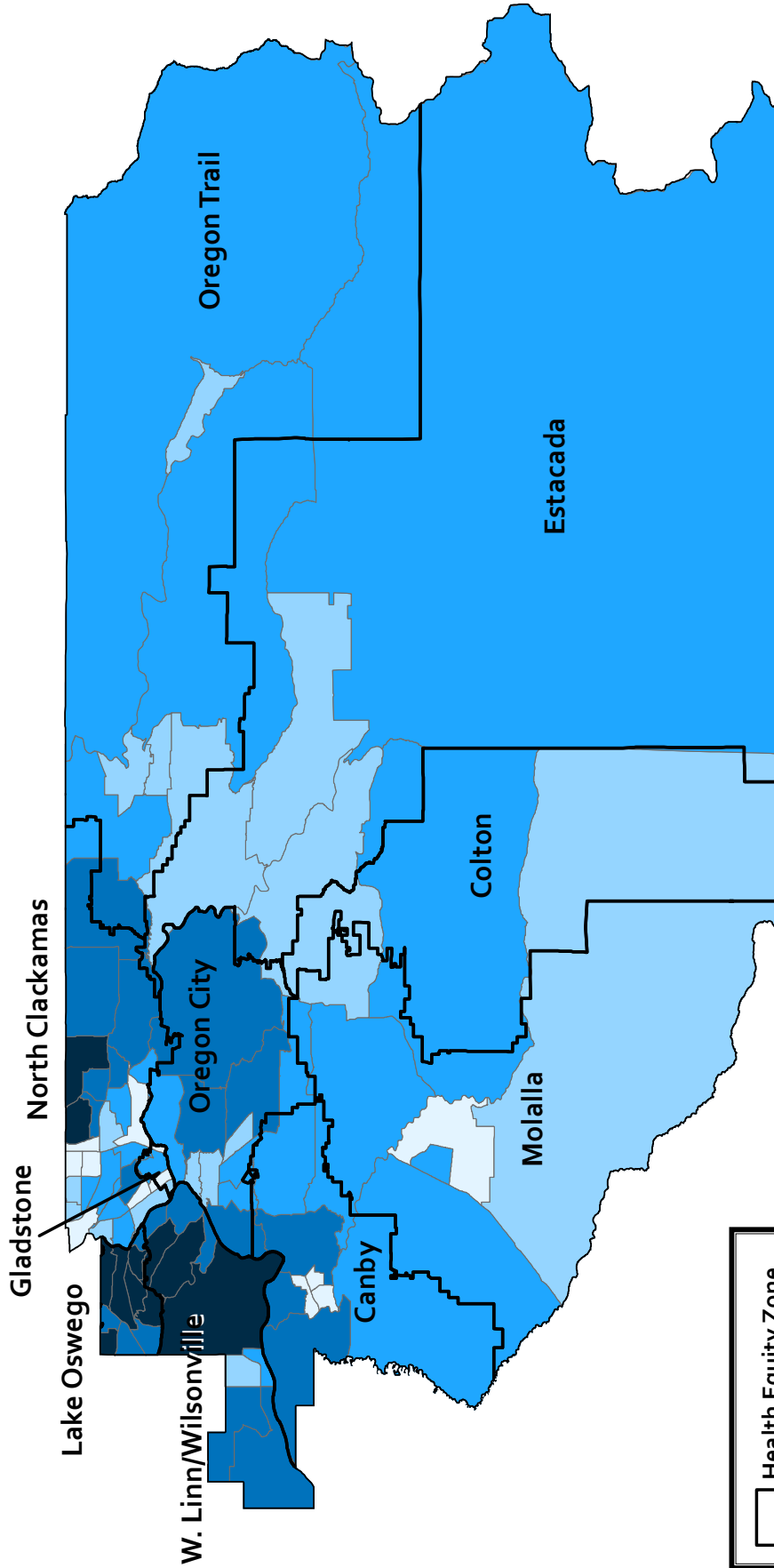
Housing insecurity is defined as spending 30% or more of one's income on housing. Across the county 49% of renters are housing insecure, the highest proportion of which live in the furthest Northeast corner. While that region is very rural, overall the majority of housing insecure renters are in the more densely populated areas of the county. However, as with many social vulnerabilities, neighboring census tracts experience very different rates of housing insecurity.

Key Terms

Census Tract. an area roughly equivalent to a neighborhood established by the Bureau of Census for analyzing populations, generally encompassing a population between 2,500 to 8,000 people. Most census tracts will be entirely within one city, but some cross over city limits and include rural land" (U.S. Census Bureau, 2020).

Social Vulnerability. the potential negative effects on communities caused by external stresses on human health, e.g. poverty, pandemic, a natural disaster, etc. Reducing social vulnerability can decrease both human suffering and economic loss (Centers for Disease Control and Prevention, 2020)

Median Household Income 2018 by Census Tract & Health Equity Zone



Health Equity Zone

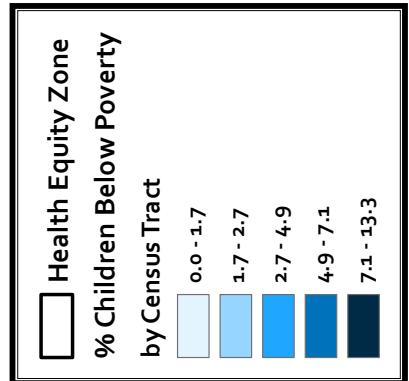
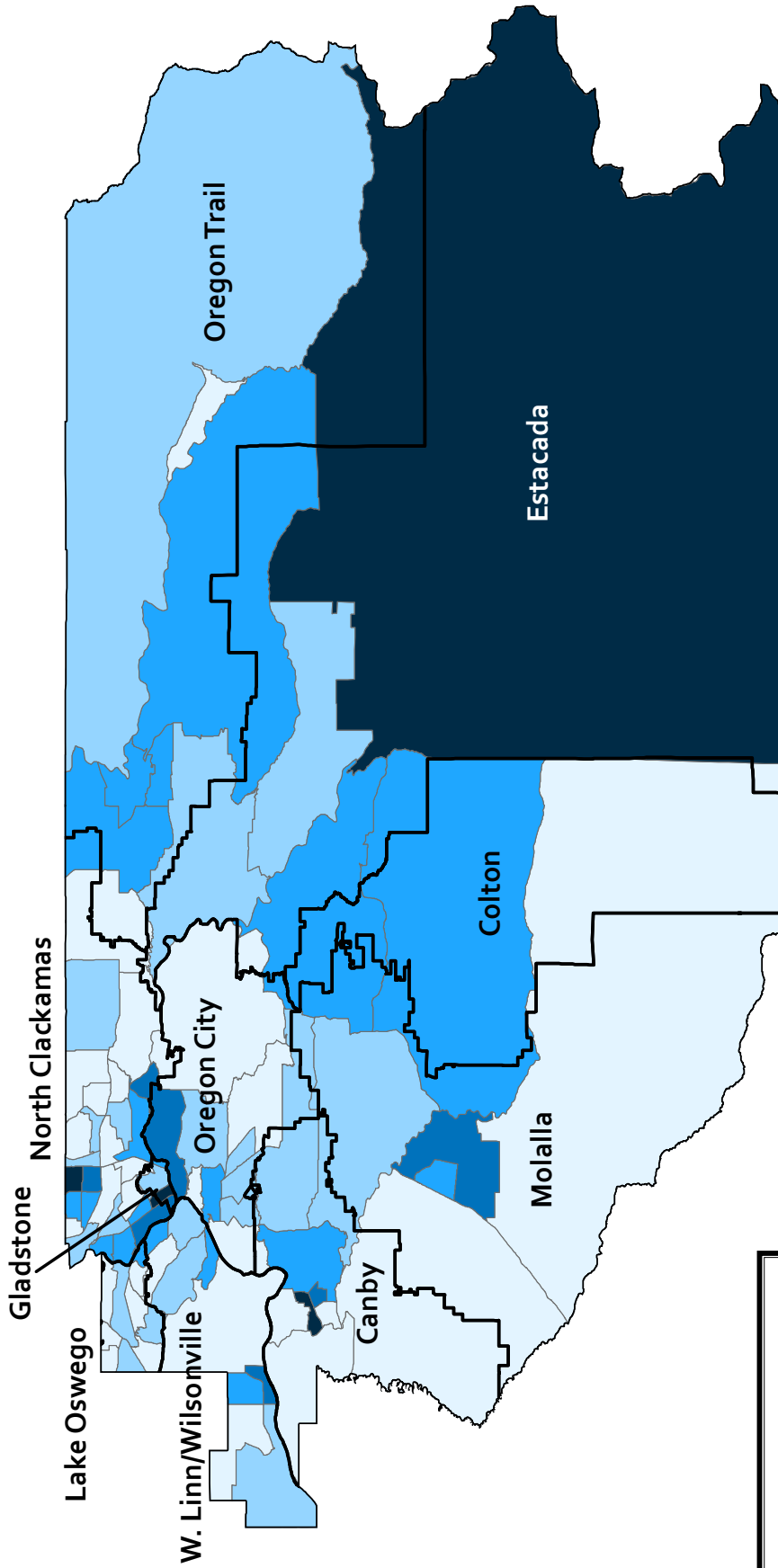
Median Household Income by Census Tract

- \$46,944 - \$66,384
- \$66,385 - \$77,652
- \$77,653 - \$96,250
- \$96,251 - \$127,883
- \$127,884 - \$182,000

Source: American Community Survey 5-year Estimate 2018
 Table 19 (Income)
 Created by: Clackamas County Public Health Division
 Date: June 2020



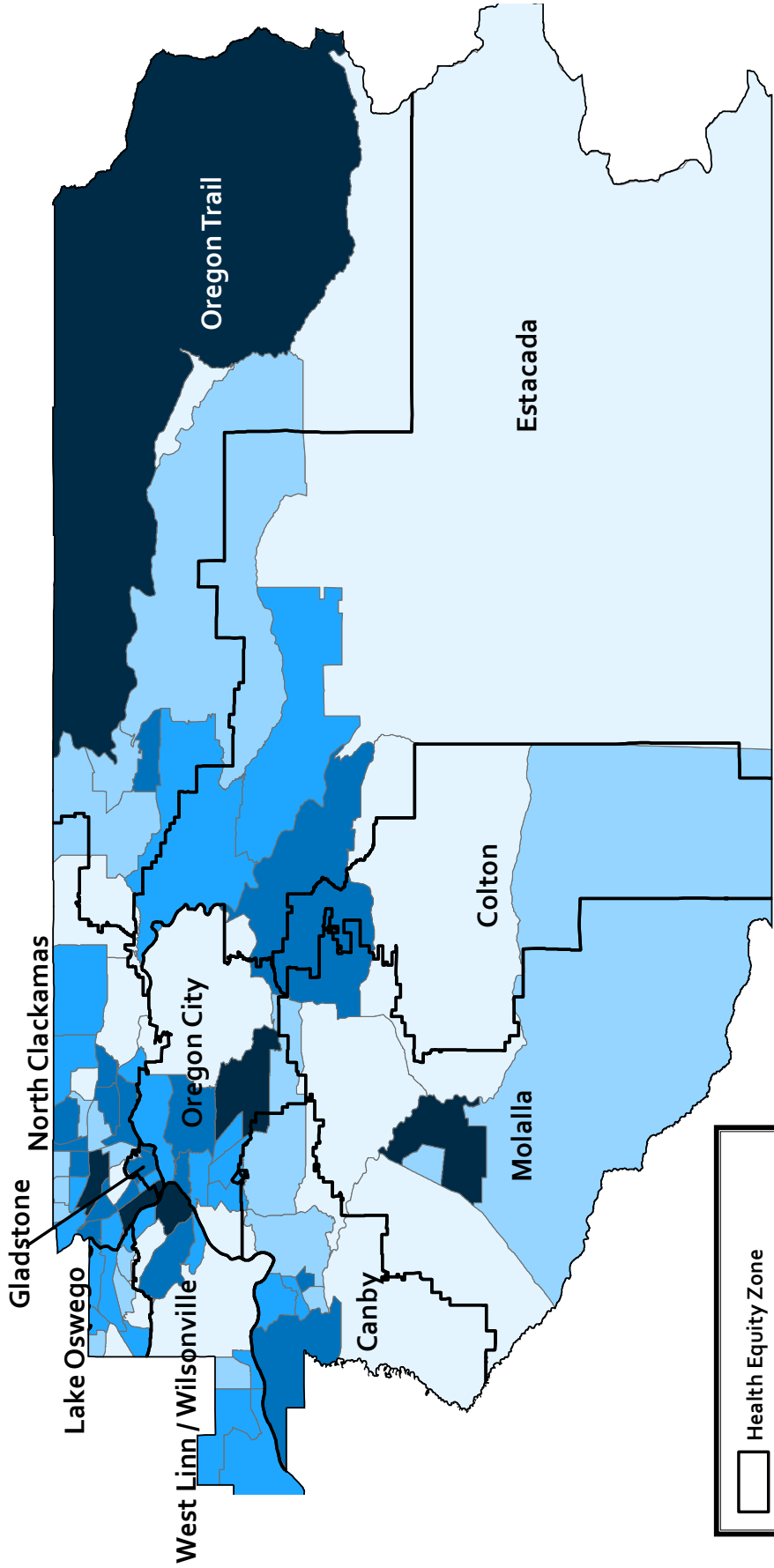
Percent of Children Below Poverty Line 2018 by Census Tract & Health Equity Zone



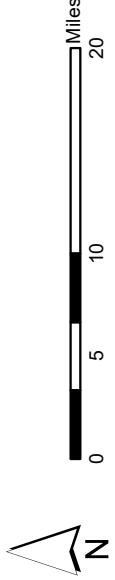
Source: American Community Survey 5-year Estimate
 Table 17 (Poverty)
 Created by: Clackamas County Public Health Division
 Date: June 2020



Percent Housing Insecure Renters 2018 by Census Tract & Health Equity Zone



	Health Equity Zone
% Renters who are Housing Insecure by Census Tract	
	0 - 28.0%
	28.0 - 40.9%
	40.9 - 51.1%
	51.1 - 60.4%
	60.4 - 75.0%



Source: American Community Survey 5-Yr Estimate 2018
 Table 25 (Housing Characteristics)
 Created by: Clackamas County Public Health Division
 Date: July 2020

Objectives and strategies to address Culture of Health

Goal: Clackamas County residents have affordable, stable, safe and accessible housing.

Objectives	Strategies
<p>1. By June 2023, implement actions in five of the ten essential public health functions to leverage housing as a platform for health.</p>	<p>1A. Support identification and development of health-promoting shelter sites and services in the County.</p>
	<p>1B. Support the development of surveillance systems to monitor health outcomes of unsheltered and recently sheltered populations, as well as changes elicited by housing status change.</p>
	<p>1C. Identify and implement strategies to protect clean air in and around affordable housing.</p>
	<p>1D. Support and multisector collaboration and resource alignment on housing development and supportive services to reduce housing-related cost burdens.</p>

Objectives and strategies to address Culture of Health

Goal: All Clackamas County residents have access to affordable culturally acceptable healthy food.

Objectives	Strategies
<p>1. Increase number of clinical and community sites in Clackamas County who screen for food insecurity to increase DUFB and SNAP participation and utilization in Clackamas County</p>	<p>1A. Implement food security screenings and referral protocols in community and clinical settings by embedding screening into internal protocols and communications (enrollment and registration, newsletters, parent conferences, etc.).</p> <p>1B. Conduct training and provide education and referral resources to community/ clinical sites to support food insecure families, especially in underrepresented and high-need communities.</p> <p>1C. Conduct training and provide education and referral resources to community/ clinical sites to support food insecure families, especially in underrepresented and high-need communities.</p> <p>1D. Integrate SNAP enrollment assistance and referrals to local farmers markets and grocery stores participating in DUFB into job responsibilities and internal protocols of trained advocates.</p>
<p>2. Increase availability of healthy and preferred food by connecting food distribution sites to culturally-specific markets, community agriculture and local sources to invest in the localization of the supply chain and streamline distribution.</p>	<p>2A. Provide technical assistance and accounting resources to food businesses interested in buying from local farmers to increase culturally-relevant, local purchasing.</p> <p>2B. Invest in new supply chain and food distribution models to reduce food waste, increase connectedness between food providers and reduce transportation challenges.</p> <p>2C. Increase number of businesses that adopt healthy food policies (restaurant initiatives, healthy food incentives). Example: meal options offered to children that meet health nutrition standards and offer healthy drink option with a restaurant children’s meal.</p>
<p>3. Assess level of nutritious and culturally appropriate food at pantries through nutrition policy recommendations and evaluation tools to identify the preferred foods of community members utilizing pantries.</p>	<p>3A. Increase number of pantries that implement nutrition guidelines to assess the nutrient-value of donated and purchased product.</p> <p>3B. Expand pantry competencies regarding cultural food preferences, distribution methods and community needs, ensuring pantries are listening and responding to their clients and reducing food waste.</p> <p>3C. Expand (Increase) inventory of culturally-preferred foods (based on assessment results).</p>



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 Clackamas County has equitable transportation systems and community design that supports resident health, safety, and access to essential services.

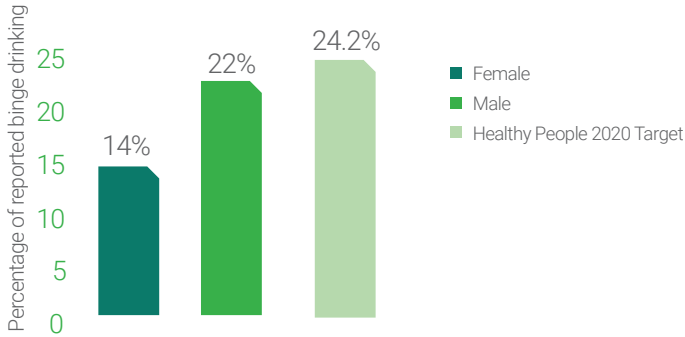
Goals:

1. Clackamas County has a coordinated system of care providers and support organizations for the prevention, treatment and recovery of individuals affected by mental health challenges, substance use, and/or identified as being at risk for suicide.
2. Clackamas County has a coordinated system of care providers and support organizations for the prevention, treatment and recovery of individuals affected by mental health challenges, substance use, and/or identified as being at risk for suicide.
3. Clackamas County creates and promotes opportunities for residents to participate in health promoting physical activity to lower the risk and complications of chronic disease. These opportunities exist at work, play, school, home, in neighborhoods and when in transit.

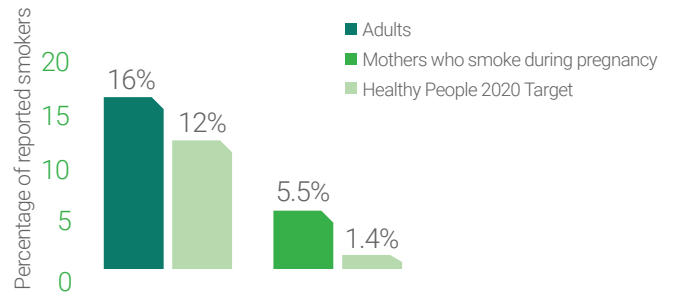
Behavioral risk factors data

Source: Oregon Behavioral Risk Factors Surveillance System 2014 - 2017

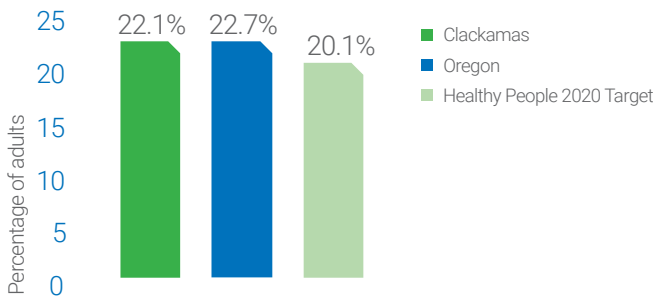
Reported binge drinking, Clackamas County, 2014-2017



Reported current smoker Clackamas County, 2014-2017



Adults engaging in regular physical activity, 2014-2017

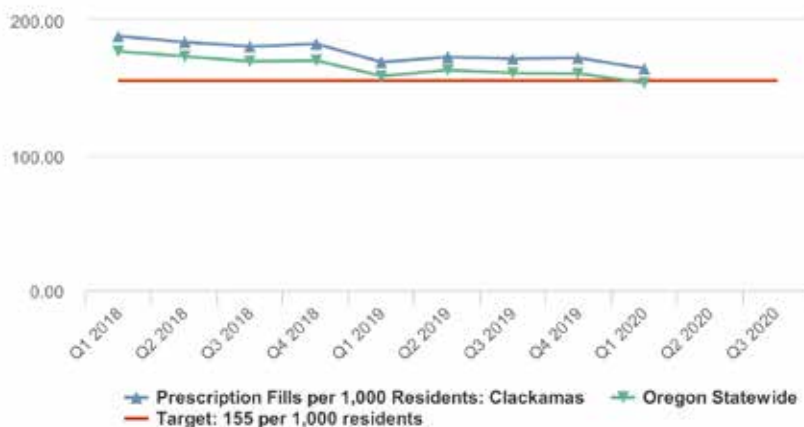


Adults Visited a Dentist in Last Year, 2014-2017

	2014-2017
Clackamas	73.2%
Oregon	65.3%

Opioid prescription refills per 1,000 residents

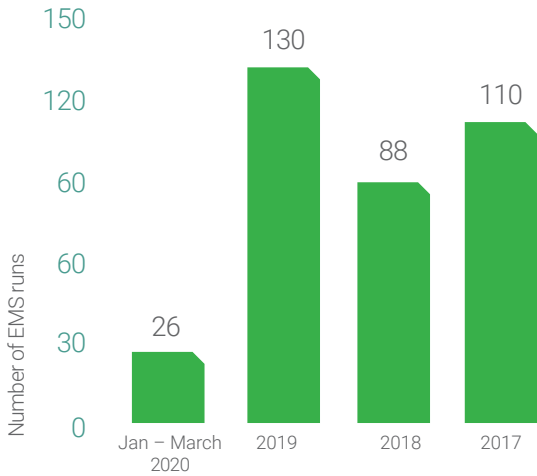
Source: Oregon Health Authority



Per capital opioid prescription refills indicates population-based availability to opioids and is correlated with other key indicators such as overdose and mortality rates. This measure is also responsive to community-level interventions. Performance Clackamas 2020 has listed opioid prescription refills decreasing from 207.1 per 1,000 residents to 155 per 1,000 residents by June 2022 as one of its key goals. We are on track to being successful.

EMS Runs where Naloxone Improved Patient Disposition – Clackamas County

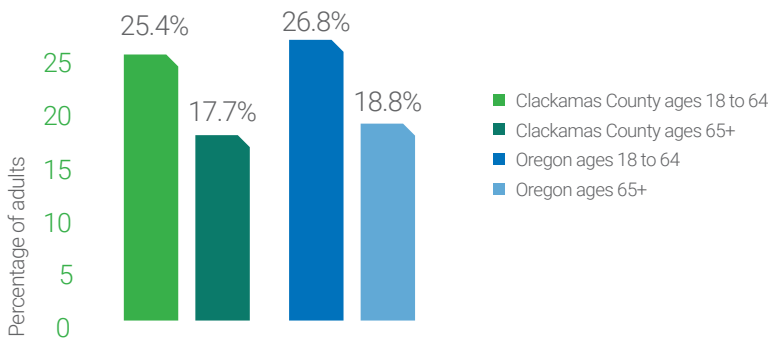
Source: Oregon Health Authority Opioids Dashboard



Naloxone is a medication used to treat opioid overdose in an emergency situation. A patient’s response to naloxone is the most certain way to identify if that patient overdosed on an opioid as opposed to another type of drug. While Clackamas County’s rates are not insignificant, they are consistently lower than the state average. As a state, approx. 0.35 per 100 EMS runs the patient improves from Naloxone, whereas in Clackamas County the rate is 0.22 per 100 runs.

Adults diagnosed with depression, Clackamas County, 2014-2017

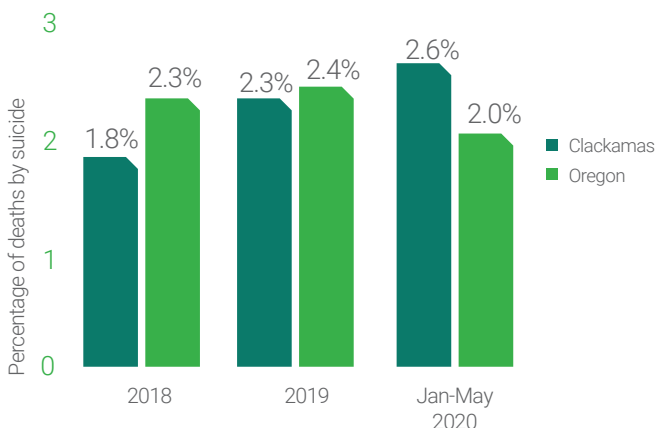
Source: Oregon Behavioral Risk Factors Surveillance System 2014 - 2017



There has been a rapid increase in rates of suicide and diagnosed depression across the nation since the turn of the 21st century, with the financial crisis of 2007 – 2008 accelerating the rates. Across Oregon and in Clackamas County suicide rates have been slowly increasing, with Clackamas slightly ahead of the state. Rates of diagnosed depression are essentially matched between Clackamas County and the state of Oregon, with over a quarter of adults experiencing clinical depression. While we do not have robust enough data on depression rates for 2020 to report, projections suggest that the rates are significantly higher than the most recent BRFSS screening reveals.

Deaths by suicide, 2018 - May 2020

Source: Clackamas County Medical Examiner Vital Statistics



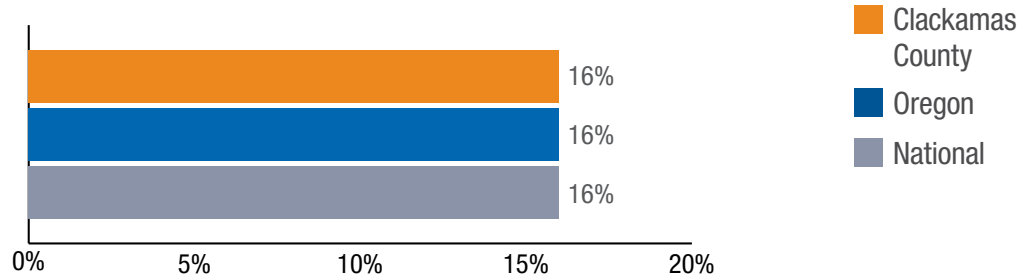
Tobacco use

Source: Oregon Health Authority

Tobacco use remains the most preventable cause of illness and death in America and Clackamas County. About 14% of adults are reported smokers in America and 20% of deaths annually are linked to tobacco use across the nation. In Clackamas County in 2019, 11% of adults reported smoking cigarettes regularly and 20,370 people have a serious illness caused by tobacco. Tobacco is directly related to the top three causes of death in Clackamas County: major cardiovascular disease, cancer (lung, breast, lymphoid), and chronic lower respiratory disease. These deaths are not limited to those who smoke; nearly 20% of Clackamas County residents are exposed to secondhand smoke indoors, contributing to severe illness. Additionally, e-cigarettes have emerged as a popular substance among youth, with 26% of Clackamas County 11th-graders reporting using them.

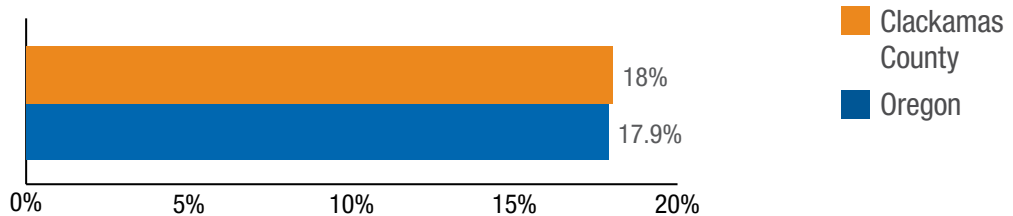
Adult cigarette smoking¹

Cigarette smoking among adults in Clackamas County is **similar to** Oregon overall and the rest of the United States.



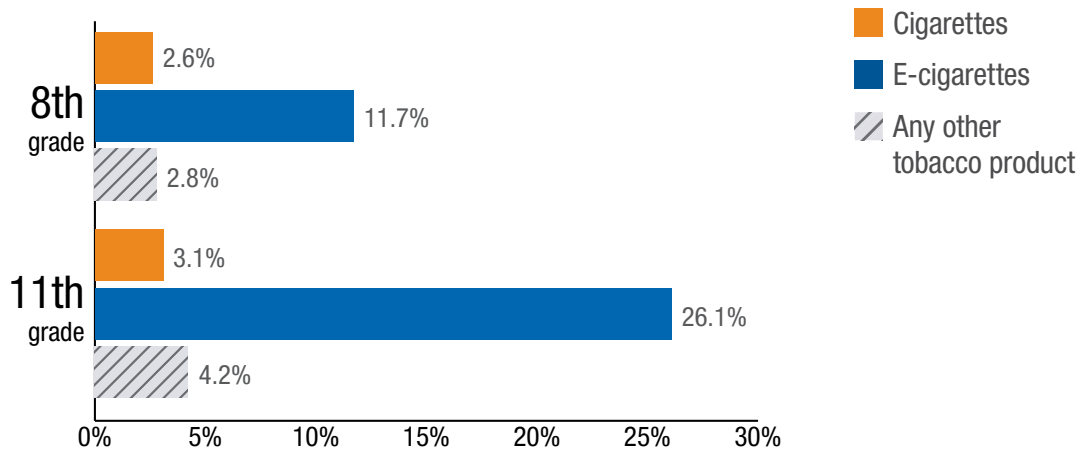
Adults exposed to secondhand smoke indoors¹

Secondhand smoke exposure for adults in Clackamas County is **similar to** Oregon overall.



Youth tobacco use⁷

Among 11th graders in Clackamas County, e-cigarette use was **higher than** cigarette smoking in 2019.



1. Oregon Health Authority. Behavioral Risk Factor Surveillance System, Annual, 2018.

7. Oregon Health Authority. Oregon Healthy Teens Survey, 2019.

Objectives and strategies to address Healthy Behaviors

Focus area: Mental Health Addictions & Treatment

Goal: Clackamas County has a coordinated system of care providers and support organizations for the prevention, treatment and recovery of individuals affected by mental health challenges, substance use, and/or identified as being at risk for suicide.

Objectives	Strategies
1. By June 30, 2021 implement Opioid Task Force Charter to improve county stakeholder collaboration and system coordination for those with a substance use disorder.	1A. Develop draft charter in collaboration with the Opioid Task Force Advisory Committee and obtain consensus via polling feedback at January 2021 quarterly Task Force meeting
	1B. Obtain Task Force approval on first draft of charter at March 2021 quarterly meeting
	1C. In collaboration with Advisory Committee, draft vision and mission statements, equity statement and Task Force name change to reflect substances beyond opioids
	1D. Propose and obtain consensus on vision and mission statements, equity statement, charter revisions, and Task Force name change at May 2021 quarterly meeting.
	1E. Charter and Task Force name change formally approved.
2. By June 30, 2021 launch multi-disciplinary workgroups.	2A. Survey launched to identify priority areas to inform workgroups
	2B. Survey results shared and discussed at January 2021 Task Force meeting. Breakout discussions launched to gather additional feedback.
	2C. In collaboration with Advisory Committee, identify workgroups to move forward utilizing criteria matrix
	2D. Propose and obtain consensus on proposed workgroups at March 2021 Task Force meeting.
	2E. Recruit workgroup Chairs and members
	2F. Workgroup convenes and creates action plan to include goals, objectives and activities
3. By June 30, 2021 identify gaps in Task Force membership, assessing for participation from BIPOC, faith-based, rural communities, and people with lived experience.	3A. Meet with Advisory Committee to review data showing communities and populations most impacted by substance use and overdose in Clackamas County.
	3B. Identify communities and populations who are disproportionately affected.
	3C. Identify potential community members to recruit for Task Force membership.

Objectives and strategies to address Healthy Behaviors

Focus area: Suicide Prevention

Goal: Clackamas County has a coordinated system of care providers and support organizations for the prevention, treatment and recovery of individuals affected by mental health challenges, substance use, and/or identified as being at risk for suicide.

Objectives	Strategies
1. Reduce fire arm related deaths.	1A. Introduce educational opportunities about firearm safety and suicide prevention.
	1B. Identify ways to increase utilization of firearm cable locks and other safe storage options.
	1C. Build relationships with entities that sell, train and use firearms.
2. Improve follow-up care after an emergency department visit for individuals aged 6 years and older with a principle diagnosis of mental illness.	2A. Support coordinated navigation and follow-up care after emergency department visit for mental health
	2B. Create pilot programs for across the lifespan peer support in inpatient psychiatric units
3. Improve the community's capacity to obtain, process and understand basic health information & services needed to make appropriate health care decisions for OHP recipients and the uninsured.	3A. Provide training to CBOs, health systems, navigators, networks on the importance of health literacy.
	3B. Coordinate with health systems, FQHCs, clinics to improve health literacy best practices with patients and care givers
	3C. Coordinate and explore with communication experts on how to effectively use technology to improve health literacy.
4. Increase awareness on how to access suicide prevention training.	4A. Advocate for utilization of Get Trained to Help as well as other resources like the Crisis and Support Line, 211, etc...

Objectives and strategies to address Healthy Behaviors

Focus area: Mental Health Treatment & Recovery

Goal: Clackamas County creates and promotes opportunities for residents to participate in health promoting physical activity to lower the risk and complications of chronic disease. These opportunities exist at work, play, school, home, in neighborhoods and when in transit.

Objectives	Strategies
1. Improve the community’s capacity to obtain, process and understand basic health information & services needed to make appropriate health care decisions for OHP recipients and the uninsured.	1A. Provide training to CBOs, health systems, navigators, networks on the importance of health literacy.
	1B. Coordinate with health systems, FQHCs, clinics to improve health literacy best practices with patients and care givers
	1C. Coordinate and explore with communication experts on how to effectively use technology to improve health literacy.
2. Increase access to alcohol and drug misuse treatment for a portion of the population with substance use and mental health disorders.	2A. Support improved and enhanced rapid primary care follow-up from ED by health systems and primary care providers.
3. Increase the utilization of alcohol and drug misuse treatment support services for a portion of the population with substance use and mental health disorders.	3A. Individuals and families are connected to community resources and services through a coordinated system of health navigators.
4. Improve access to treatment for adolescents and adults with depression.	4A. Support improved and enhanced rapid primary care follow-up from ED by health systems and primary care providers.



COVID-19 Recovery & Resilience

Clackamas County Public Health is committed to protecting the health and well-being of communities, especially through the COVID-19 outbreak.

Clackamas County Public Health and PHAC members will support and be involved in the County's COVID-19 Recovery and Resilience response. CCPHD will encourage diverse representation from the community, Emergency Operations Center COVID Liaisons, CCPHD staff, representatives from the health equity zones, BIPOC, and other priority populations. This county-created structure will assist with the development and establishment of Public Health community COVID-19 priorities.

Clackamas County Public Health will lead the following areas of the county's response:

- Data: leverage sound granular and population-level data to identify our community's vulnerabilities, ensuring focused recovery efforts.
- Mitigation: develop prevention and treatment measures for high priority populations that are needed for the duration of the outbreak and throughout recovery
- Health Equity: address issues of equity in access to and quality of care for high priority populations

Due to the rapid nature of the public health response to COVID-19, it is critical to constantly reassess and readjust our approach in order to best address the needs of high priority populations. Clackamas County Public Health intends to incorporate lessons learned into future emergency preparedness plans.



Systemic Racism & Racial Health Equity

What is racism? Why is racism a public health crisis?

"Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."

-- APHA Past-President Camara Phyllis Jones, MD, MPH, PhD

When it comes to discussing racism and public health, words matter. Specifically, it's important to refer to racism as a public health "crisis" instead of an "issue." Not only is it more accurate, but racism also meets the CDC's four criteria to define a public health problem:

- 1) the health condition must place a large burden on society, a burden that is getting larger despite existing control efforts
- 2) the burden must be distributed unfairly (i.e., certain segments of the population are unequally affected)
- 3) there must be evidence that upstream preventive strategies could substantially reduce the burden of the condition
- 4) such preventive strategies are not yet in place. Racism meets these criteria for a public health crisis.

(CDC, Preventing Chronic Disease, Public Health Research, Practice and Policy)

The roots of institutionalized racism run deep, impacting the health of people of color in every aspect of their lives, including access to education, housing, and job opportunities. Each of these factors have both direct and indirect public health implications like drinking water, air quality and nutritious food.

Framing racism in terms of its impact on public health is getting more traction now than before because of the confluence of events. “Namely, the disparate outcomes that we’re observing with COVID-19, which has energized community organizations to develop plans to counteract these untimely and tragic deaths. Also, the galvanization of the nation experiencing and questioning systemic racism”. (Dr. Leon McDougle, president elect National Medical Association, Rolling Stone June 12, 2020., Racism Kills: Why Many Are Declaring It a Public Health Crisis, Elizabeth Yuko.)

Racism, poor health outcomes, poverty and a lack of access to clean water are social determinants of health. To address the crisis of systemic racism and racial health equity, the Public Health Advisory Council (PHAC) will take action on the issues prioritized in the Blueprint for a Healthy Clackamas plan update 2020. PHAC will develop recommendations for change for review by the Clackamas County Board of Health.

Acknowledgments

Clackamas Board of County Commissioners

Tootie Smith, Chair
Sonya Fischer
Paul Savas
Martha Schrader
Mark Shull

Clackamas County Public Health Advisory Council Members

Jill Thompson, Consultant
Elizabeth Barth, Happy Valley Resident
Michael Foley, Gladstone Resident
Tim Driscoll, Molalla Resident
Maria Tafolla, Health Share of Oregon
Hannah Smith, Outside-In, Milwaukie HS SBHC
Rujuta Gaonkar, Kaiser Permanente Northwest
Eric Johnston, Todos Juntos
Sally Castillo, Planned Parenthood Columbia Willamette
Christina Bodamer, American Heart Association
Kim Swan, Clackamas River Water
Steven De Hart, City of Lake Oswego Fire Dept.
Allison Myers, Oregon State University, College of Public Health & Human Sciences
Marilyn Brought, Clackamas Community College
Kimiko Wane, Clackamas Community College

Blueprint Steering Committee members:

Christina Bodamer, American Heart Association
Sally Castillo, Planned Parenthood of the Columbia Willamette
Karen Foley, community volunteer
Michael Foley, community volunteer
Rujuta Gaonkar, Kaiser Permanente Northwest
Allison Myers, Oregon State University, College of Public Health & Human Sciences
Kelly Streit, OSU Extension

Transportation

AARP
City of Milwaukie
Clackamas Community College
Clackamas County Bicycle Pedestrian Advisory Committee
Clackamas County DTD Long Range Planning
Clackamas County DTD Safety Program
Clackamas County Social Services
Clackamas County Transportation Reaching People
HINT
Metro
Oregon Walks
Ride Connection
Safe Routes to School NW Partnership
TriMet

Access to Health Care & Human Services

Adventist Hospital System
African Youth & Family Organization
Ant Farm CBO Sandy, Or; youth development, nutrition, gardens
Asian Pacific American Network of Oregon
Black Parent Initiative
Black United Fund of Oregon
Blueprint Foundation
Bridging Cultures

Catholic Charities Oregon
CC Behavioral Health; Director
CC Social Services; Housing; Veterans, Aging & Disabled
Clackamas Community College
Clackamas Community College Multicultural Center
Clackamas County Children's Commission Head Start
Clackamas County WIC
Clackamas Education Service District
Clackamas Health Centers
Clackamas Service Center; Food, Shelter, Resource Connection
Clackamas Volunteers in Medicine/The Founders Clinic
Clackamas Women's Services
Comfort Care Dental Clinic; Dentist
DevNW (Housing I & R)
El Programa Hispano Catolico
Familias en Accion
Family Violence Coordinating Council
Free Clinic; Volunteers in Medicine
Hacienda CDC
Haki Community Organizations
Health Share of Oregon
Hispanic Interagency Networking Team
Hispanic Metropolitan Chamber
Homeless Count/Compassion Connect Liaison/Roundtable
Kaiser Permanente Health Systems
Lake Oswego Adult Center
Leadership Lab
Legacy Hospital System
LO for LOve
Los Ninos Cuentan
Mudbone Grown
Multicultural Collaborative
Native American Rehabilitation Association NW
Native American Youth and Family Center (NAYA)
Neighborhood Health Center
OHSU Hospital system
Orchid Health; SBHC Estacada
Oregon Association of Latino Administrators
Oregon Community Health Workers Association
Oregon Dental Association
Oregon Department of Human Services; self-sufficiency
Oregon DHS
Oregon Employment Department Seasonal & Migrant Farm Workers Outreach
Oregon Food Bank
Oregon Latino Health Coalition
Oregon Oral Health Coalition
Peace Health Hospital System
Physician; Emergency Response
Planned Parenthood
Providence Health System
Providence Hospital System
Red Lodge Transition Services
Russian Oregon Social Services
Sandy STAND UP Movement
Somali American Council of Oregon
St. Patrick Catholic Church
Tappin Roots
The Oregon Native American Chamber
Tigard-Tualatin School District Equity Work
Todos Juntos

Acknowledgments

Tualatin Diversity Task Force
Tuality Hospital System
Urban League of Portland
Viva Tualatin
Wat Dhammarangsey
West Linn Alliance for Inclusive Community
Wilsonville Alliance for Inclusive Community
YMCA of Columbia Willamette

Food

AARP Clackamas County
ADRC, Clackamas County
AHA Volunteer
American Heart Association
Ant Farm
Baker Prairie Middle School (Oregon City School District)
Beavercreek Health Clinic - including Sunnyside Health Clinic,
Gladstone Health Clinic, Sandy Health Clinic
Beavercreek United Church of Christ
Canby Adult Center
Canby Alliance Church
Canby Center
Canby Center Backpack Buddies
Canby Farmers Market
Canby School District
Clackamas Collaborative
Clackamas Community College
Clackamas County H3S
Clackamas County Children's Commission
Clackamas County ESD - Head Start
Clackamas County ESD - Migrant Ed
Clackamas County Housing & Resource Programming
Clackamas County Public Health Division
Clackamas County Sustainability & Solid Waste
Clackamas Park Friends Church Free Food Market
Clackamas Service Center
Clackamas Volunteers in Medicine
Clackamas Women's Services
Colton Helping Hands (Colton School District)
Colton Helping Hands Food Pantry
Coordinated Housing Access
DHS, TANF, SNAP, childcare
Disability Services Advisory Council of Clackamas County
El Programa Hispanico Catolico (Gresham)
Estacada Connects
Estacada Food Bank
Estacada High School Orchid Health Clinic (Estacada School District)
Estacada Senior Community Center
Father's Heart Street Ministry
First Evangelical Presbyterian Church
Food Fertility, LLC
Foothills Resource Center
Friends of Family Farmers
Friends of Family Farmers
Gladstone Food Pantry
Gladstone School District
Gladstone Senior Center
Gladstone Seventh Day Adventist Church
Gleaners of Clackamas County
GLSEN Oregon

Good Roots Food Pantry
Grand View Baptist Church
Healthy Families Babylink
Hilltop Behavioral Health Clinic
Hoodland Senior Center
HOPE Church of the Nazarene
HOPE First Baptist Church of Oregon
HOPE United Methodist Church
House of Hope (Casa Esperanza)
Housing Authority of Clackamas County
Hunger Free Oregon
KinderCare Education
King's Cupboard
Lake Oswego Adult Community Center
Lake Oswego School District Student Services
Marion Polk Foodshare
MHS Health & Wellness Center
Milwaukie Center
Milwaukie Farmers Market
Milwaukie High School Harvest Share
Milwaukie School District
Milwaukie Spanish Seventh Day Adventist
Molalla Adult Community Center
Molalla Farmers Market
Molalla River School District
Molalla Service Center
NAMI Clackamas County
Neighborhood Health Center (Canby)
Neighborhood Health Center (Milwaukie)
Neighborhood Health Center (Oregon City)
New Seasons Market
North Clackamas School District
NW Family Services
NW Housing Alternatives
OHSU
Oregon City Farmers Market
Oregon City High School Health Center
Oregon Food Bank
Oregon Health Plan Self Sufficiency (North Clackamas)
Oregon Health Plan Self Sufficiency (Oregon City)
Oregon State University
Oregon Trail School District Student Services
PFLAG (Clackamas County)
PHAC Volunteer
Pioneer Community Center
Prov Milwaukie Hospital, CTK
Providence Community Health
Providence Health and Services
Puentes entre Culturas/Bridging Cultures
Q Community Center
Rex Putnam Health & Wellness Center
Safe Place Family Justice Center
SAGE
Sandy Action Center
Sandy Behavioral Health Clinic
Sandy Community Action Center
Sandy Community Center
Sandy Farmers Market
Sandy High School Health Clinic
Senior Companion
Senior Loneliness Line

Acknowledgments

St John the Apostle Catholic Church
St Patrick Catholic Church
St Vincent de Paul
Stone Creek Church
The Founders Clinic
The Living Room
The Molalla Market
The Villas Market
Todos Juntos
Trillium Community Health Plan
Tualatin School House Pantry
Turning Point Community Food Pantry
Upstream Public Health
Veterans Service Office
Volunteer Connection
West Linn Farmers Market
West Linn Food Pantry
West Linn Senior Center
West Linn/Wilsonville School District
WIC
Wilsonville Community Center
Wilsonville Community Sharing Food Bank
Zoar Lutheran Church

Mental Health and Substance Use

Bridges to Change
Cascade AIDS Project
Clackamas County Behavioral Health
Clackamas County Health Centers
Clackamas County Health, Housing & Human Services (H3S)
Clackamas County Public Health
Central City Concern
Children, Family and Community Connections (CFCC)
Clackamas County Community Corrections
Clackamas County District Attorney's Office
Clackamas County Juvenile Court Judge
Clackamas County Sheriff's Office
Clackamas Fire District #1
Community Living Above
Court Appointed Special Advocate (CASA)
Lake Oswego Police Department
MHAAO
Milwaukie Police Department
North Clackamas School District
Northwest Family Services
Northwest Family Services - Vibrant Futures Coalition
OHSU
OR Department of Human Services – Child Protective Services
Oregon City High School
Oxford House
Project Hope, MHAAO
Project Nurture
Resident
Todos Juntos at Estacada Middle School
Todos Juntos at Molalla River Middle School
West Linn-Wilsonville School District
Western Psychological
WYSAC
Youth Action Board
Youth Action Board, Wolf Pack Consulting and Therapeutic Services

YouthEra

Mental Health and Suicide Prevention

Clackamas County Behavioral Health
Clackamas County Children, Family and Community Connections
Clackamas County Community Development
Clackamas County Health, Housing & Human Services (H3S)
Clackamas County Health Centers
Clackamas County Housing Authority
Clackamas County Public Health
Clackamas County Social Services

MH / SUD

Clackamas NAMI
Community Living Above
Morrison Child & Family Services
State of Oregon - Aging & People with Disabilities
Over 25 Individuals or family members with lived experience

Housing

Clackamas County DTD
Clackamas County Health, Housing & Human Services (H3S)
Clackamas County Housing Authority
Clackamas County Public Health
Clackamas County Social Services

Methods of review and development

Data for the Blueprint was collected through a variety of state, federal, and local databases. The sources are:

Federal

- American Community Survey 5-Year Estimate 2018
- US Census Bureau Household Pulse Survey
- Feeding America 2017

State

- Bureau of Labor Statistics
- County Health Rankings 2017 – 2019
- 211Info Dashboard and Representative
- Health Share BRIDGE
- Oregon Behavioral Risk Factors Surveillance System 2014 - 2017
- Oregon Department of Education 2018 and 2019
- Oregon Department of Transportation Traffic Crash Summary Clackamas County 2017 and 2018
- Oregon Health Authority Strategic Planning COVID-19 Response

Local

- 2019 Healthy Columbia Willamette Community Health Needs Assessment
- Clackamas County Behavioral Health
- Clackamas County Health, Housing & Human Services Volunteer Connection Year in Review
- Clackamas County Medical Examiner Vital Statistics
- Clackamas County Point-in-Time Count 2017-2019
- Safe Routes to School Plans – Clackamas County SRTS

Data indicators were chosen, sourced, and analyzed by a Clackamas County Public Health Division Population Epidemiologist based on relevance to the goals and objectives the 2017 – 2020 Blueprint and this current Blueprint update. This process was done with dedicated consideration of health equity, institutional bias, and trauma-informed practices. As such, data is stratified by race and ethnicity when appropriate and available; sensitive data is aggregated in order to provide ethical anonymity; any raw data is reported only when a numerator is greater than 5 and a denominator is greater than 10.

Data that is specific to Clackamas County is compared to rates across Oregon or the nation in order to provide context when necessary and available. Data stratified by years is intended to reveal progress over time. Mapped data provides comparison across census tracts and Health Equity Zones. Decisions on how to compare data were made based on what comparative data was available and what would provide our community with information advantageous to programmatic and policy change.

Any indicators that were omitted were done so due to a lack of robust or measurable data that failed to tell a fair and complete story.

Guiding Principles

The updated content within the Guiding Principles is built from a review of 60+ plans, reports, toolkits, and best practice reviews in each of the four guiding principle areas. These documents were identified using key word search terms relevant for each topic area, with a specific focus on how each intersects with health. The document collection began at the local level, then moved to regional, state, and finally national. A snowball approach was utilized in combination with a key word search to identify relevant resources.

The action items and recommendations found in the Blueprint are synthesized from recurring concepts and strategies found in the review. Content was included based on its generalizability to the wide stakeholder audience of the Blueprint and ease of implementation.

Priority Sections Goal Framework

The 2020-2023 Blueprint plan update is the result of a significant level of review, discussion, and involvement by the Blueprint Steering Committee and members of the Blueprint sub-committees. The Blueprint Steering Committee is made up of Public Health Advisory Council (PHAC) members and select key individuals that were part of the extensive planning process in 2017 for the Blueprint for a Healthy Clackamas County. The three Blueprint sub-committees consist of membership ranging from 25 – 45 members respectively for each group. The three Blueprint sub-committees are based on the priority areas within the Blueprint plan; Access to Health Care and Human Services, Culture of Health, and Healthy Behaviors.

The revised priority sections within the Blueprint for a Healthy Clackamas County plan update for 2020 – 2023 are built from a review of 30+ plans, town hall forums, reports, toolkits, articles, historical policies and best practice reviews.

Timeline for Priority Section Goal development:

February – April 2020: Blueprint Steering Committee worked with Public Health staff to review and understand the development of the 2017 Blueprint plan. Steering Committee members reviewed 2017 priority section goals, objectives, and strategies. They also reviewed current data for changes in trends and priority. Staff shared the extensive Reading List with committee members, which includes current state and local Community Health Improvement Plans (CHIP), best practices research, articles, and data.

March – May 2020: Blueprint Steering Committee members reviewed 2017 goals, objectives and strategies for language and content clarity. County staff created data dashboards containing measurable indicators that align with the priority sections.

June – August 2020: During this period, unique surveys were sent to each of the respective Blueprint sub-committees. Over 100 individuals received the surveys and the response rate was very low for each priority section; Access to Care had 9 responses, Culture of Health had 6 responses and Healthy Behaviors had 4 responses. Due to the very low survey response rate, 16 meetings were convened with Blueprint sub-committees, selected individuals, small groups, community based organization representatives and Steering Committee members to gain input and feedback on the rewritten goals. These meetings proved to be very informative and useful to refinement of the goal statements.

Due to the high degree of input and varied opinions, Public Health staff chose to narrow the focus down, concentrating solely on revising the goals. The objectives and strategies will be developed during Phase II and will continue through winter 2021.

During this period of societal racial unrest and the COVID-19 pandemic, the Blueprint Steering Committee has included two new priority sections, giving much-needed attention to the negative health impacts of racism and COVID-19. These sections are titled: Systemic Racism & Racial Health Equity and COVID-19 Response2Resiliency

September – winter 2021: During this period of time, the PHAC and the Clackamas County Board of Health will approve the 2020-2023 Blueprint plan update and Phase II (objectives and strategies) will be completed.

