



# Clackamas County Public Health Division

2022-2024 | Strategic Plan



# A message from Clackamas County Public Health Director

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On behalf of Clackamas County Public Health, a division of the Health, Housing, and Human Services Department, I am very proud to present the 2022-2024 Public Health Services Strategic Plan.

Our work and personal lives continue to be challenged as we meet the demands required to effectively respond to the COVID-19 pandemic, a public health threat unlike any we have seen in our lifetime. Our community continues to face ongoing trauma and injustices that disproportionately impact underserved populations. At this critical moment in the history of our organization, we are called upon as public servants to establish new approaches for how we operate.

Set to launch January 1, 2022, this three-year plan will be different than past versions. This plan is intended to provide guidance and direction. It contains mission, vision, and values for the organization – statements to communicate what Clackamas County Public Health Division cares about and is looking for in terms of job performance. As our workforce continues to grow, this plan’s framework will be instrumental in recruiting and retaining individuals that desire work at a place that aligns with these organizational values.

The plan contains only 3 priority areas. These priorities are central to how we will think about our work within and across program areas. This plan will provide the basis for showing real progress towards our goals in alignment with internal & external County initiatives. This plan also showcases the clear desire for more interaction and collaboration with diverse communities and constituents in Clackamas County. In the end, the plan is intended to bring people together so they can ask themselves, “Is what we are doing or talking about consistent with what we said were our strategic plan priorities?” If not, then it begs the question WHY.

These discussions will and should happen at the program and workgroup levels and not just reside with leadership. They get operationalized when someone asks how, for example, their interactions with the public should change based on what is in the Strategic Plan. The use of communications & evaluation plans, and an ongoing steering committee will assure its successful implementation.

In alignment with the Office of Equity & Inclusion, Clackamas County leads with race because when we work to address the needs of the person most marginalized, we are in fact helping all. Together we can advance racial health equity in Clackamas County that will result in healthier communities for future generations to enjoy.

Yours in health,

A handwritten signature in black ink that reads "Philip Mason-Joyner". The signature is stylized and cursive.

Philip Mason-Joyner,  
Public Health Director

# Who we are

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Everyday Clackamas County Public Health Division (CCPHD) works to promote health, prevent disease, and advance public health practice through a variety of essential programs & services to meet the community's .

CCPHD has been actively working to enhance its service delivery model over the last several years, largely through frameworks, such as national public health accreditation and adoption of the Public Health Modernization legislation in Oregon. Both require the division to lead strategically with partner organizations. In 2014, CCPHD became the fourth county in Oregon to be nationally accredited and one of the first 50 accredited county public health providers in the U.S. In 2020, the division was recognized and reaccredited for another 5 years. The national accreditation process has improved CCPHD's service, value, and accountability to the community.

Clackamas County is the Local Public Health Authority (LPHA) for the jurisdiction. The governing body of the LPHA is a 5-member Board of County Commissioners, responsible for budget approval and local health policymaking. The Public Health Advisory Council is comprised of Board appointed members that provide expert advice to the governing board and division. CCPHD's annual operating budget in FY2022 is \$20.7 million and comprised of 142 FTE.

CCPHD is also part of the Clackamas County Department of Health, Housing and Human Services (H3S). H3S also includes the following divisions: Behavioral Health, Children, Family and Community Connections, Health Centers, Community Development, Social Services, and the Housing Authority. The mission of H3S is to remove barriers for vulnerable individuals and families on their path to improved health, wellness, prosperity, and inclusion. The department provides the opportunity to enhance internal collaboration to address the social, environmental, and economic conditions that affect the health and health equity of our community members.

## What is Public Health Modernization?

CCPHD is actively implementing Public Health Modernization in line with House Bill 3100 passed by the Oregon legislature in 2015. This law set forth a path to modernize Oregon's public health system so that it can more proactively meet the needs of Oregonians.

The three key component of this law include:

- Improve the public health system's capacity to provide foundational public health programs, including application of a health equity and cultural responsiveness lens through all phases of implementation.
- Align and coordinate public health and early learning, Coordinated Care Organizations or CCOs, hospitals and other health partners and stakeholders for collective impact on health improvements.
- Demonstrate progress toward improved health outcomes through accountability metrics and ongoing evaluation.

# What we do: Clackamas County Public Health's core functions

## Access to Preventive Health

We promote community health through building partnerships, connecting systems, and providing services to improve immunization rates, reproductive health, and maternal and childhood health and nutrition.

## Environmental Health

We provide technical and scientific expertise related to public health and disease prevention from the natural and built world through education and regulation. We investigate food and waterborne illnesses to stop and prevent continued spread. We license and inspect food, recreational lodging, and public pool facilities; regulate small drinking water systems; and provide inspections for childcare and schools. We respond during emergencies to protect the health and safety of the public.

## Center for Population Health

The Center leads the division's work on equity, policy, data, quality improvement and partnerships. Our work is collaborative by nature, and we often work across program areas in Public Health and other divisions in Health, Housing & Human Services (H3S).

## Emergency Planning and Response

We work with local, state and federal partners, to enhance public health emergency preparedness and response efforts. We are responsible for developing an Ambulance Service Area Plan for the county as well as regulatory oversight and ongoing quality improvement initiatives for emergency medical services.

## COVID Response

We work with local, state and federal partners, to enhance public health emergency preparedness and response efforts. We are responsible for developing an Ambulance Service Area Plan for the county as well as regulatory oversight and ongoing quality improvement initiatives for emergency medical services.

## Infectious Disease Control and Prevention

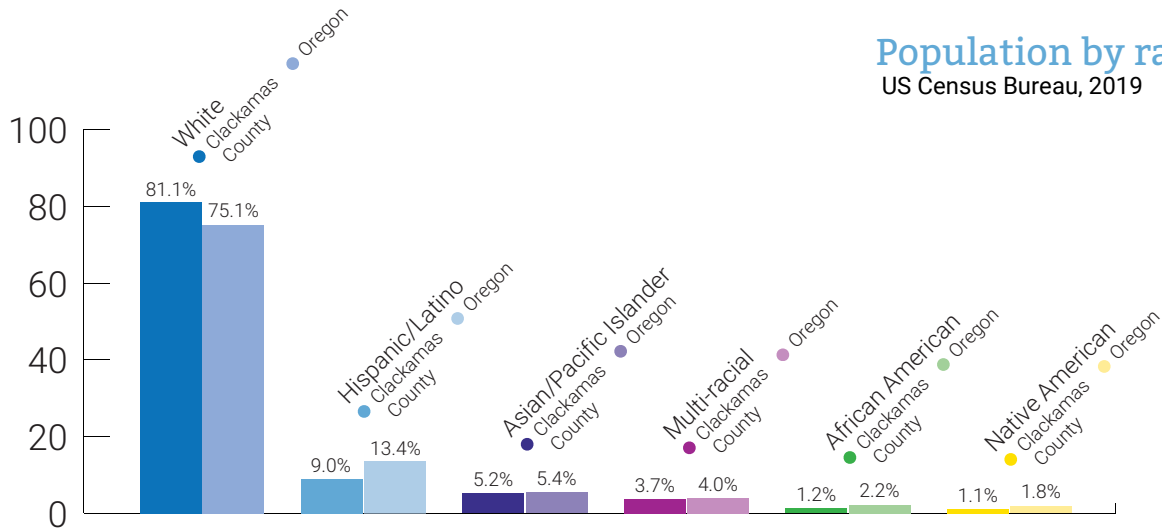
We focus on reportable disease surveillance, investigations, and response, as well as oversee disease reporting for medical providers. We partner on vector control and animal bite response. We also provide STI/HIV prevention, education, and investigation.

## Vital Statistics

Oregon law requires all vital events such as birth and death be permanently recorded and registered. We distribute Certified copies, which are legal records documenting a vital event.

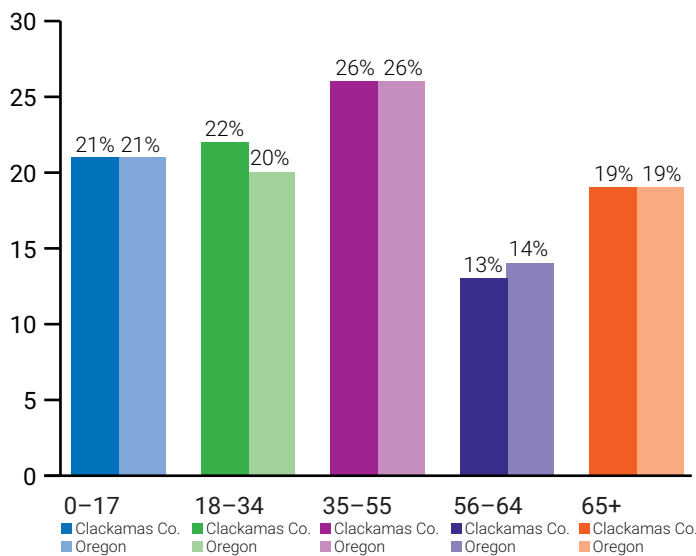
# Who we serve

Clackamas County, in north central Oregon, is one of the four counties that make up the Portland, Oregon, metropolitan area. It occupies 1,870 square miles and includes 15 incorporated cities, 53 unincorporated communities and Census-designated places, and 5 hamlets and villages. Clackamas County is the third most populous county in Oregon. The 2019 estimated population is 425,828, which represents more than 13% growth since 2010 (Healthy Clackamas, 2021).



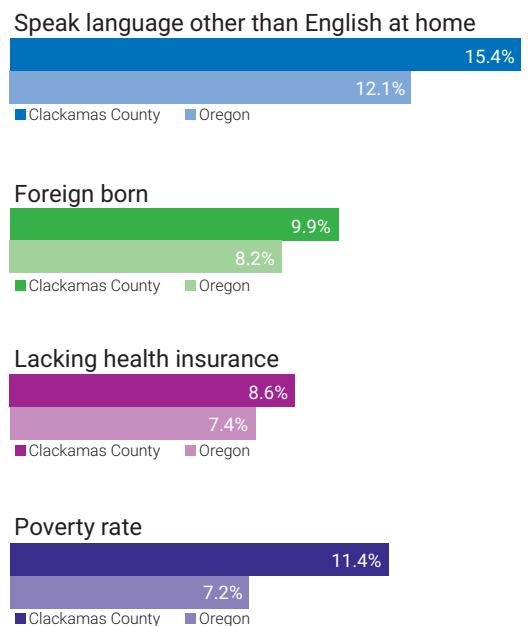
### Population by age

US Census Bureau, 2019



### Special Populations

US Census Bureau, 2019



# Our foundation

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## VISION

A vibrant and healthy Clackamas County.

## MISSION

Protecting and promoting the community's health by advancing racial health equity, building partnerships, and establishing culturally responsive systems.

## VALUES

**Accountable:** serving as stewards of public health services and resources with integrity and transparency

**Adaptive:** adjusting and responding to emerging health needs and community priorities

**Collaborative:** building relationships and working in partnership with our communities

**Equitable:** advancing racial health equity to eliminate health disparities through redistribution of power and resources

**Proactive:** anticipating needs and employing a prevention mindset to safeguard the community and improve health outcomes

# Strategic Priorities – overview

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This plan provides a roadmap to expand and deepen CCPHD's commitment to Public Health Modernization. The three strategic priorities provide a streamlined vision for how we focus our efforts, allocate resources, and align with internal and external partners as we protect and promote public health for all in Clackamas County.

### Priority 1

#### Racial Health Equity and Cultural Responsiveness

Expand our commitment to advancing racial health equity through closer collaboration and partnership with the diverse communities within Clackamas County. Use data to highlight disparities and focus efforts on closing racial health equity gaps.

### Priority 2

#### Communication and Community Outreach

Increase visibility and awareness of our mission and services through comprehensive communication and outreach strategies that elevate the voices and lived experiences of the residents of Clackamas County and connect with them where they live, work, learn, worship, and play.

### Priority 3

#### Accountability and Stewardship

Deepen public trust in CCPHD through transparency and demonstrating continuous improvement. Advance CCPHD's role in convening and connecting people to a range of public health and human services available through the County.

# Strategic Plan – detail by strategic priority

The following pages elaborate on each of the three Strategic Priorities with goals and activities. It is intended to guide planning and implementation over the next three years beginning January 2022. Goals and activities are often mutually reinforcing and will build upon each other over the three years. An annual workplan describing operational and tactical considerations – along with persons responsible and timing – is a recommended next step to guide implementation of plan strategy and will connect the work of each CCPHD Program with the larger strategic plan.

## Priority 1 Racial Health Equity and Cultural Responsiveness

Expand our commitment to advancing racial health equity through closer collaboration and partnership with the diverse communities within Clackamas County. Use data to highlight disparities and focus efforts on closing racial health equity gaps.

Health is impacted by the conditions in our communities – where we live, learn, work and play. Health equity means everyone has the opportunity to live the healthiest life possible, no matter who we are, where we live, or how much money we make.<sup>1</sup> Past decisions grounded in structural racism have diverted resources away from communities of color creating disadvantages today across all determinants of health. As set forth by the CDC, “Racism – both interpersonal and structural – negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation.”<sup>2</sup> CCPHD is committed to using data-driven approaches to increase our community connections, redeploy our resources, and rethink our methods for eliminating health disparities and equity gaps with the goal of achieving racial equity through anti-racist policies and programs. Because advancing racial health equity is a top priority for the division, it is documented in this plan both as a stand-alone priority area, as well as embedded into the following two priority areas.

## Goals and Activities

### 1.1. Connect to culturally specific CBOs and community leaders to advance racial health equity.

	2022	2023	2024
a. Develop a set of criteria to assess existing and potential CBO and other community partners for suitability and alignment with CCPHD’s vision, mission, and values.	●		
b. Identify and redeploy staffing to build relationships with culturally specific community-based partners and organizations.	●		
c. Deepen relationships and networking with key public institutional partners serving individuals and communities of color where data illustrate health equity gaps.		●	●
d. Work with CBOs to support ongoing and new efforts to increase culturally responsive and linguistically appropriate public health services, including contracting for such services.			●
e. Strengthen strategic partnerships and alliances with culturally specific CBOs interested in mobilizing community members as leaders and agents of change around health equity issues.	●	●	●

<sup>1</sup> Adapted from the Robert Wood Johnson Foundation: [www.rwjf.org/en/library/features/achieving-health-equity.html](http://www.rwjf.org/en/library/features/achieving-health-equity.html)  
<sup>2</sup> [www.cdc.gov/healthequity/racism-disparities/index.html](http://www.cdc.gov/healthequity/racism-disparities/index.html)



## 1.2. Leverage community knowledge and experience to guide and inform CCPHD’s activities.

	2022	2023	2024
a. Enlist and cultivate the support of leaders and community groups within key communities and constituencies experiencing health equity gaps as identified in data.	●	●	
b. Work closely with culturally specific CBOs to identify county policies and practices within each program area (e.g., procurement, information sharing, ongoing coordination, grant making, data collection, etc.) conducive to helping these organizations succeed and grow.	●	●	
c. Co-design and co-deliver community forums with culturally specific CBOs and other community partners that both provide public health information and allow staff to hear and learn from community members.		●	●
d. Organize opportunities and forums for communities of color to collaborate on the development of culturally responsive public health outreach, program design, and service delivery.		●	●

## 1.3. Enact changes to CCPHD internal policies and practices that demonstrate a clear commitment to advancing racial health equity.

	2022	2023	2024
a. Survey all staff to set baseline on awareness and perceptions of public health disparities, barriers to access, and racial health equity priorities.	●		
b. Develop a commitment statement on Racial Health Equity that identifies racism as a public health issue and incorporates Equity, Diversity, and Inclusion (EDI) principles.	●		
c. Develop a plan for onboarding and ongoing staff training and capacity-building, informed by survey data and input from community (see Goal 1.2 above), that addresses the differentiated training requirements for staff to advance health equity.	●	●	
d. Identify and standardize use of definitions, assessment tools, and other resources to guide staff efforts that advance health equity.		●	
e. Develop and implement a workforce development strategy that results in a diverse workforce within all levels of the division reflective of the communities being served.	●	●	
f. Leverage health system community benefit funding to create stronger investment in and reallocation of resources to culturally responsive CBO and CCO partners working in health prevention, education, and care.		●	●
g. Establish clear procedures for compensating CBO participation in public health outreach, evaluation, and research efforts.	●		

## Priority 2

### Communication and Community Outreach

Increase visibility and awareness of our mission and services through comprehensive communication and outreach strategies that elevate the voices and lived experiences of the residents of Clackamas County and connect with them where they live, work, learn, worship, and play.

One key lesson of the COVID-19 pandemic has been the recognition that Public Health sits at the center of efforts to provide health prevention, education, and care. No longer a quiet part of county government, CCPHD found itself playing a leadership role in outreach, partnerships, and critical decisions impacting community well-being. Subsequent health emergencies associated with climate change (e.g., extreme heat, wildfires) have solidified the need for greater visibility and awareness of CCPHD’s role and services, as well as a need for more communication and interactivity with the diverse communities of Clackamas County. CCPHD is committed to collaborating with community members to identify barriers to good health and to enacting solutions relevant and responsive to community needs.

## Goals and activities

### 2.1. Develop a Communications Plan, inclusive of tools, resources, staffing, and infrastructure.

	2022	2023	2024
a. Allocate resources for a CCPHD staff position focused on culturally and linguistically appropriate Communications and Outreach to external audiences.	●		
b. Work with H3S to secure a vendor capable of timely translation of materials into languages other than English, especially Spanish, Russian, Mandarin, and Vietnamese.	●		
c. Refine and revise CCPHD’s website and social media presence to include tailored communication strategies for diverse county communities, given that each has different composition, challenges, and strengths.	●	●	
d. Redesign and revise CCPHD’s print materials (e.g., information updates and newsletters) for consistent branding and dissemination to community partners and allies.		●	
e. Develop a set of “talking points” that staff can use as part of outreach and networking to raise local/regional awareness of CCPHD’s mission, services, and impact.		●	

## 2.2. Increase visibility and presence of CCPHD within and across County communities.

	2022	2023	2024
a. Identify key places within the County where CCPHD staff can and should be present at regular intervals for relationship building and ongoing communication and interaction with the public.	●		
b. Revise communication and information sharing to enhance public trust and better meet the needs of external stakeholders including CBOs, CCOs, public education, business/employers, municipal governments, and faith-based organizations.	●	●	
c. Develop and publish a registry and directory of external partners relevant to CCPHD's mission and services.	●		
d. Co-design and co-deliver community forums for two-way communication and interchange of ideas for improving public health (see also Goal 1.2c).		●	●
e. Develop strategies and increase internal capacity to employ community health workers within the Public Health Division.	●	●	

## 2.3. Inform external audiences about CCPHD's services, programs, and impact.

	2022	2023	2024
a. Partner with community stakeholders to co-create guidelines and standards for media communications to ensure they are equity-centered, culturally responsive, strength-based, and respectful.	●		
b. Identify opportunities across all program areas to share stories of program impact and work; Prioritize communication and messaging that includes first person accounts that illustrate the lived experience and unique voices of individuals and communities involved in and impacted by CCPHD programs and initiatives.		●	●
c. Use standardized data collected on participants and programs (see Priority 3) to develop an annual report, issue briefs and other communication tools that succinctly communicate the impact of each functional area and program.		●	●
d. Collaborate with other regional county public health agencies, CCOs, hospital systems, and other actors aimed at sharing best practices in community engagement, communication, and outreach.		●	●

### Priority 3

#### Accountability and Stewardship

Deepen public trust in CCPHD through transparency and demonstrating continuous improvement. Advance CCPHD's role in convening and connecting people to a range of public health and human services available through the County.

Charged with protecting and promoting public health, CCPHD is accountable for serving as responsible stewards of public health services and resources. Our accountability to the public centers on ensuring a responsive public health system that provides quality service with integrity and transparency. Moreover, we embrace our role as a frontline agency that represents the power and potential of county government to improve individual and community well-being in concrete, measurable ways. In this manner, our focus is on strengthening public trust with continuous improvement and connecting all Clackamas residents to the services, programs, and resources they need to stay healthy.

## Goals and activities

### 3.1. Refine metrics and methods to measure our impact within a system for continuous improvement and assess our progress on addressing racial health equity.

	2022	2023	2024
a. Develop and finalize Key Performance Indicators (KPIs) and/or a Dashboard for integrating Performance Clackamas and measuring other progress and outcomes for all CCPHD core functions and service areas including addressing racial health equity.	●		
b. Provide staff with professional development, training, and ongoing support on staff responsibilities for continuous improvement.	●		
c. Develop and administer surveys at or near the point of contact that measure satisfaction in key domains, as well as changes in health perceptions and behaviors.		●	●
d. Create a process for community leaders and members to provide program specific feedback on extent of impact and areas for improvement.			●

### 3.2. Quantify and disseminate information on the impact of programs and services including documenting progress on addressing racial health equity.

	2022	2023	2024
a. Use data and other outcome measures to guide continuous improvement in all program and service areas; provide adequate time for staff to review the implications of outcome data for service and delivery systems.		●	●
b. Use the results of data on impact to reallocate personnel and other budgetary resources; showcase how resources have shifted in line with outcomes and evidence.		●	●
c. Make data accessible and understandable to the public through development of visual displays of data that illustrate progress toward and achievement of key milestones and outcomes (identified in Goal 3.1).		●	●

d. Publicize and disseminate data on progress toward and achievement of key milestones and outcomes across communication strategies and forums (e.g., website, social media, print materials, updates to Blueprint Clackamas, etc.).		●	●
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**3.3. Work closely with community and institutional partners to anticipate and prevent public health emergencies.**

	2022	2023	2024
a. Involve community partners in evaluation of responses to past and potential public health risks and emergencies, focusing on capacity to prevent and respond to public health emergencies.		●	●
b. Involve community partners in the development of public education messaging and campaigns to inform the public about relevant public health risks with a focus on reaching communities of color.		●	●
c. Assist local municipalities to adopt new, prevention policies related to improving community health (e.g., air and water quality, climate mitigation, transportation, SUD, immunizations, etc.)		●	●
d. Report the cost savings associated with preventative public health initiatives.		●	●

**3.4. Emphasize the “hub” and liaison role that CCPHD plays in terms of convening and connecting county residents, community/institutional partners, as well as other H3S divisions.**

	2022	2023	2024
a. Train all staff on the roles and responsibilities for ongoing relationship building; training should clarify staff expectations for culturally responsiveness.	●		
a. Modify employee performance reviews to include evaluation and feedback tied to community outreach, partnership development, culturally responsive services, and other relationship building responsibilities.		●	
b. Identify key access and informational barriers that affect public awareness and use of CCPHD services and programming; respond by dismantling and overcoming barriers.	●	●	
c. Explore areas and methods for increased alignment and coordination of efforts within and across H3S, including opportunities for cross-referral and joint projects.	●	●	
d. Develop a staff recognition initiative that showcases examples and best practices for adaptive responses that increase access, convene, or connect stakeholders, and/or foster partnerships and sustainable relationships.		●	●

# Alignment to Indicators of Progress

Below we have provided a crosswalk of Strategic Plan goals to high-level, longer-term indicators of progress for each of the plan's three Strategic Priorities. The Performance Clackamas document<sup>3</sup> includes specific programmatic metrics and will be refined as part of implementation of this Strategic Plan (see Goal 3.1).

	Priority 1 Racial Health Equity & Cultural Responsiveness	Priority 2 Communication & Community Outreach	Priority 3 Stewardship & Accountability
Growth in number of culturally specific CBOs partnering with Clackamas County Public Health Division	1.1 1.2	2.2	3.3 3.4
Increased partnerships, networks, and allies among both public and private agencies and institutions	1.1 1.3	2.1 2.3	3.3 3.4
Increased resident use and participation in Public Health programs, services, and supports	1.1	2.1 2.2	3.3
Increased cross-referrals within and among H3S divisions and departments; streamlined efforts and greater efficiencies	1.2	2.1	3.4
Greater public awareness and support for public health prevention, education, and care	1.2 1.3	2.1 2.2 2.3	3.1 3.2
Supportive public policies and funding	1.2	2.3	3.2
Ease of transitions and responses to future public health emergencies	1.1	2.1	3.3
Closing of health disparities and equity gaps	1.1 1.3	2.3	3.1

<sup>3</sup> <https://www.clackamas.us/performance/plans.html>

# Acknowledgements

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We would like to extend our thanks to the executive directors who provide leadership to CCPHD, as well as individuals and organizations who provided support and/or critical input and feedback at key intervals to inform and guide the strategic planning process.

## **Strategic Planning Committee**

Philip Mason-Joyner, Public Health Director

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Abe Moland, Health and Transportation Impact Planner

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Anna Summer, Infectious Disease Control & Prevention Manager

Karen Webb, Management Analyst, Public Health Administration

## **Informants and Partners**

Addictions Drug and Alcohol Institute

American Heart Association

Board of Clackamas County Commissioners and Board of Health

City of Estacada

Clackamas County Health, Housing, and Human Services (H3S) Directors and key staff

Clackamas Service Center

Community Volunteers

Gladstone School District

Health Share Oregon, Child and Family Partnerships

Leadership Lab

Oak Grove Methodist Church

Oregon Coalition of Local Health Officials

Oregon Health Authority

Oregon Health Equity Alliance

Oregon Pediatrics

Oregon State University Extension

