

# Community Health Improvement Plan



*Clackamas County, Oregon  
August 2012*



Prepared for Clackamas County Public Health Division/  
Health, Housing & Human Services  
by Milne and Associates

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## Introduction

Clackamas County, Oregon, is a medium-sized county located in northwestern Oregon. It occupies 1,879 square miles and includes 15 incorporated cities, 53 unincorporated communities and Census-designated places, and 5 hamlets and villages. The 2010 estimated population is 375,992.<sup>1</sup>

A five-member board of county commissioners governs the county and serves as the Board of Health. Public health services are provided by Clackamas County Public Health Division (CCPHD). CCPHD is committed to improving the quality of life in Clackamas County by offering services and engaging in activities that protect and promote the health of its residents. CCPHD provides community-wide health promotion and disease prevention services such as nutrition programs for infants and expecting mothers, community health nursing, restaurant inspections, disease outbreak monitoring, immunizations, public pool/spa monitoring, food worker certification, emergency preparedness, and birth and death certificates.

Health improvement planning is intended to help the community address significant issues that can improve the overall health of the community. Issues are identified through consideration of data, identifying a vision of what a health Clackamas County could look like, and developing time framed measureable objectives geared toward making meaningful changes through collaboration. The Community Health Improvement Plan (CHIP) is to be driven by the community. The resulting CHIP will include actions to be addressed by community partners and will help drive the strategic plan for CCPHD.

Milne & Associates, LLC (M&A), a Portland-based public health consulting firm, was selected from among the respondents to the RFP in November 2011. The two principals for the firm, Casey Milne and Tom Milne, agreed to facilitate the Community Health Improvement Plan (CHIP) development process (as well as the accompanying strategic planning process). Grant Higginson, MD, MPH, served as a member of the M&A team.

This report summarizes the process used, the resulting CHIP plan, and implementation strategies.

## Process Used

M&A met with the public health manager and the organization's lead person for accreditation in late October 2011, to begin planning dates and to discuss local organizations to include on the CHIP planning committee. A broad listing of community partners and organizations were invited to participate in development of the CHIP in early October. M&A reviewed in depth the Public Health Accreditation Board's (PHAB) guidelines for CHIP development and submitted a work plan to the Public Health Manager, designed to assure that all PHAB requirements would be met by the process to be used. It was agreed to schedule meetings of the CHIP group on a monthly basis, to provide lunch, and to rotate locations of meetings among community partners. The work plan for this process includes the following:

### October/November 2011

- Prepare for and conduct first meeting of the community CHIP planning committee

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<sup>1</sup> U.S. Census Bureau, 2010

- Provide an overview of the project, the purposes, the linkage with CCPHD strategic planning process, and the data to be used.
- Discuss the process to be used, expectations, meeting dates, and arrangements for sharing results of the meetings.
- Facilitate defining a vision for a healthy Clackamas County, a mission for the committee and a set of operational values to guide their work.
- Conduct a Strengths, Weaknesses, Opportunities, Threats (SWOT) assessment. A nominative group process would be used to prioritize each, with consideration given to both “consistency with data” (objective) and “consistency with community values, beliefs and perceptions” (subjective).
- M&A to compile and write up notes for meeting; compile documentation of attendance for meetings and other PHAB documentation requirements, and coordinate with staff for planning of next meetings. (Repeated with each step in the process.)

### December 2011

- Prepare for and conduct 2nd meeting of community CHIP planning committee
  - Review results from first meeting. Address questions and needed changes.
  - Facilitate a comparison of the committee’s Vision for a Healthy Clackamas County with the prioritized SWOT assessment to identify themes that should be considered in subsequent planning.
  - Prioritize the themes.
- Dr. Grant Higginson will begin meeting with the local medical community and former Public Health Services health officers to solicit their perspectives regarding community strengths, weaknesses, health issues of note, and opportunities for improving health status.

### February 2012

- Dr. Higginson completes process with medical community.
- Prepare for and conduct 3<sup>rd</sup> Meeting of CHIP planning committee
  - Review prior work.
  - Physician input from community shared by Dr. Higginson.
  - Compile a beginning listing of assets and resources through an interactive dialogue with and among CHIP planning committee members.
  - A cross-section of the updated community health assessment was provided to CHIP planning committee members and CCPHD solicited feedback. These data included benchmarks from the national priorities defined in Healthy People 2020 and helped identify health issues in the county as CHIP committee members developed measurable goals and objectives.

### March 2012

- Prepare for and conduct 4<sup>th</sup> meeting of CHIP planning committee
  - Complete any unfinished work from prior meeting(s).
  - Facilitate a comparison of the themes with community assets and resources, and finalize and prioritize themes through second nominative group process.
  - Identify and prioritize measurable objectives and improvement strategies for each of the priority theme areas.

## April 2012

- Prepare for and conduct 5<sup>th</sup> meeting of CHIP planning committee
  - Complete any unfinished work from prior meeting(s).
  - Begin development of measurable process outcomes and/or desired health outcomes for each objective. For each, identify:
    - Individuals from the CHIP planning committee and/or other partners from the community willing to lead and/or participate in the work of each of the priorities.
    - Policy changes needed at the community organizational level, in local governments, and/or at the state level in order for work on the priorities to succeed.

## May 2012

- Prepare for and conduct 6<sup>th</sup> meeting of CHIP planning committee
  - Complete any unfinished work from prior meeting(s).
  - Complete development of measurable process outcomes and/or desired health outcomes for each objective. For each, identify:
    - Individuals from the CHIP planning committee and/or other partners from the community willing to lead and/or participate in the work of each of the priorities.
    - Policy changes needed at the community organizational level, in local governments, and/or at the state level in order for work on the priorities to succeed.
    - Define specific roles and responsibilities for CCPHD.
- Do a preliminary assessment of the relationship between the developing CHIP and the developing strategic plan.

## June 2012

- Prepare for and conduct 7<sup>th</sup> meeting of CHIP planning committee
  - Review work completed to date.
  - Compare with SWOT and prioritized themes identified earlier. Have they been addressed adequately?
  - Consider community resources. Is the draft plan realistic? What is needed?
  - Agreement to move forward?
  - Discuss methodology for assuring accountability.

The makeup of the CHIP planning committee was appropriate to the task, including representatives from a broad range of background, professions and perspectives. Included were people representing medical care, public health, social services, faith community, higher education, parks and recreation, county government, county commission, food services, mental health, housing, and fire/emergency response, to name a few (see Appendix I). A core group of participants, numbering between 25 and 30, participated in all meetings and brought a sense of commitment and excitement to the process.

Upon conclusion of the planning process, CCPHD facilitated the formation of an advisory committee to determine responsibilities for implementation of the plan. Moving forward, this group will be essential for monitoring the progress of the strategic directions identified in the CHIP.

## Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) was intended to both guide local efforts over the next five years to improve the overall health of the Clackamas County population, and to meet the requirements of the PHAB pertaining to such plans. The CHIP planning committee approached their work from the perspective that “health” is not simply a medical diagnosis, but reflects a complex interaction among a number of factors that are represented in the dynamic of local communities, such as employment, income, education, housing, urban planning, the environment, transportation, social connection, diet, exercise, and behavioral choices. This perspective is represented in the definition of health that the work group agreed on.

**Definition of Health:** As a frame of reference and a foundation for discussion and planning purposes, the CHIP planning committee agreed to use a slightly modified version of the World Health Organization’s definition of health:

***Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity.***

**Mission of the CHIP Planning Committee:** The mission of the committee was to determine how the collective community’s health could be improved. Specifically, this committee agreed to create a CHIP that describes how organizations and individuals throughout Clackamas County will work together to improve the health of the population of the county’s residents.

**Vision:** The CHIP planning committee agreed on the following vision statement:

*A healthy Clackamas County is a place everyone wants to live. All people have access to and/or enjoy the benefits of the following (not in rank order):*

- ◆ *Clean and safe housing.*
- ◆ *Holistic healthcare—mental health, dental care, and an emphasis on prevention.*
- ◆ *Arts and culture.*
- ◆ *A high quality educational system.*
- ◆ *Meaningful employment that pays a livable wage.*
- ◆ *Food security, with access to locally grown, culturally appropriate, healthy, affordable food.*
- ◆ *Safe neighborhoods with safe places to exercise and play.*
- ◆ *Affordable transportation options that link all areas in the county.*
- ◆ *Feeling healthy, supported, and connected to their community.*
- ◆ *Options and resources to improve their health and that of others.*
- ◆ *Meaningful opportunities to volunteer and contribute to community decisions*
- ◆ *Sharing in the responsibilities that create a healthy community, promote care about the good of the community, and create feeling a part of the community.*
- ◆ *Practices of tolerance, respect, dignity, equality, with support for diversity and health equity.*
- ◆ *Economic development, jobs, community-owned businesses.*
- ◆ *Organized recreational options for youth and adults, including availability of parks, recreation, physical activities, sports, opportunities for exercise.*
- ◆ *A sustainable and healthy environment—including farmlands, wetlands and timberlands, as well as clean air, water and green space for future generations.*
- ◆ *Collaboration between public and private organizations to effectively address the needs of the community.*

**Operational Values:** The CHIP planning committee identified the following operational values to define how to the CHIP planning committee members would interact during the planning process.

- ◆ Timely communications
- ◆ Respect – for each other and for our time
- ◆ Collaborative
- ◆ Participation
- ◆ Inclusivity
- ◆ Balancing Perspectives

**Other Factors:** It was recognized that a number of other factors were critical to consider in developing the CHIP. Included among those were:

- ◆ Examination of the strengths, weaknesses, opportunities and threats in the community as they pertain to health (see Appendix 3).
- ◆ Themes and issues that members of the community regard as important (see Appendix 4).
- ◆ Objective data descriptive of the health and overall health status of the communities in Clackamas County (see Appendix 5).
- ◆ The assets and resources that exist throughout the county that can be called upon to address health improvement (see Appendix 6).

**Setting Priorities:** The CHIP planning committee considered the materials developed throughout the planning process as a starting point to help identify strategic directions for the plan. An initial brainstormed list of 26 themes was identified and the list was then narrowed down by committee members. Four strategic directions were identified from these themes as priorities to be addressed in the plan:

1. Reduce Health Disparities and Health Risks
2. Engage Communities
3. Strengthen Partnerships to Support Educational Achievement
4. Increase Access to and Coordination Between Services

At the request of the CHIP planning committee, the strategic directions were further refined with corresponding goal statements. The remaining themes were then considered for integration into elements of the plan. Priorities among potential objectives were established through a collaborative process.

**Plan Content:** The resulting plan, outlined below, has four strategic directions/goals and 11 measurable objectives. Each of the measurable objectives includes a listing of actions to be considered, names of potential organizations or classes of organizations that could be involved, and a set of performance measures. Specific implementation actions will be determined by CCPHD in partnership with community stakeholders (see “Implementation Plan and Responsibilities”).

## Strategic Direction #1: Reduce Health Disparities and Health Risks

**Goal: Develop systems, resources, approaches and policies to minimize health risks, prevent chronic disease, and support healthy lifestyles**

### Objective 1-A: Decrease the prevalence of obesity by July 2015

Baseline: 23.6% in adults 2006-2009 (Keeping Oregonians Healthy, 2011)

Target: 30.6% (Healthy People 2020) in adults

*The obesity trend is steadily increasing within Clackamas County and may soon exceed the national Healthy People target.*

Suggested Improvement Strategies	Performance Measures	Baseline	Potential Participants/Resources
<b>Increase access to healthy foods</b>			
<i>Assessment</i>			
Identify opportunities for the community to assess and organize around the food system in Clackamas County.	Increase the amount of fresh fruits and vegetables distributed by Oregon Food Bank partner agencies in Clackamas County.	Establish baseline	Oregon Food Bank, local farmers
	Complete an assessment of the county retail food environment.	Establish baseline	Large grocery chains, local farmers, small and medium sized retailers
Explore feasibility for tracking local produce sales and availability.	Collect dollar or gross weight amounts of fruits and vegetables sold from a sample of Farmer's markets and/or supermarkets.	Develop by 12/2013	Farmer's markets, supermarkets
Implement campaign to increase healthy foods (vegetables, fruits, and low fat dairy consumption) at schools and worksites.	Increase promotion of healthy food consumption at schools and worksites.	Establish baseline	Schools, institutions, worksites,
Assess opportunities for community and school based nutrition programs/offering (e.g., community gardens)	Conduct assessment regarding opportunities for community and school based nutrition programs/offering (e.g., community gardens).	Establish baseline	Community and school based nutrition programs

<i>Partnerships</i>			
Work with food retailers to increase access to healthy foods	Increase the number of stalls at farmers markets in the county.	Establish baseline	Farmer's markets, SNAP, Oregon Extension Service, Meals on Wheels, local farmers, food retailers
	Increase the number of small and medium sized retailers that sell/promote fruits & vegetables, WIC foods, and healthy food options.	Establish baseline	Oregon Food Bank, Meals on Wheels, food retailers
	Increase percent of farmer's market stalls that accept WIC/SNAP.	Establish baseline	WIC, SNAP, farmer's markets
Establish a Food Action Council in Clackamas County.	Establish a Food Action Council in Clackamas County.	Food to Fork Initiative in progress	Local farmers, food retailers, Oregon Food Bank, farmer's markets, school districts
<i>Policy</i>			
Promote/Advocate for a state level healthy food policy to improve the nutrition of food offered at schools outside of meals.	Implement state healthy food policy	--	School districts, schools, PTAs, nutritionists, elected officials, Backpack Buddy Program, vending machine companies, local radio, newspapers
Improve the nutrition of foods offered in emergency and supplemental food distribution sites/programs.	Conduct assessment	--	Public health entities, Oregon Food Bank
<b>Physical Activity</b>			
Promote physical activity amongst the workforce.	Increase the distribution of pedometers at health fairs.	Establish baseline	Employers, nutritionists, athletic clubs, athletic stores
	Increase the number of employers (with 20+ employees) with worksite wellness policies.	13% of employers have mission statement/goals referring to improving employee health	Employers, elected officials, media, exercise programs, health department

		(2008 OR Employer Survey)	
Promote physical activity before, during, and after school.	Increase number of Safe Routes to School programs implemented at Clackamas County schools.	Establish baseline	Schools, PTAs, neighborhood organizations, law enforcement, roads department
	Seek use of school gymnasiums and exercise equipment to the community after school hours.	Conduct assessment	School district, schools, neighborhood groups, service clubs
Enhance environment to facilitate ability to be physically active.	Create and distribute walking and biking maps of the county.	Determine map availability	Parks department, bike shops, athletic stores, exercise organizations, neighborhood organizations
	Expand the availability of walking trails and bike paths.	Conduct assessment	

**Objective 1-B: Reduce the number of youth under age 18 who use tobacco products by July 2015**

Baseline: 17.7% of 11<sup>th</sup> graders report smoking cigarettes in the past 30 days, Clackamas County (Oregon Healthy Teens Survey, 2007-8)

Target: 16.0% of 11<sup>th</sup> graders report smoking cigarettes in the past 30 days, Oregon (Oregon Healthy Teens Survey, 2008)

*Tobacco use is the most preventable cause of death in the United States.*

Suggested Improvement Strategies	Performance Measures	Baseline	Potential Participants/ Resources
<i>Policy</i>			
Support retail licensing ordinance.	Pass retail licensing ordinance.	--	Legislators, County and City elected officials, School districts, schools, retailers
Assess feasibility of limiting tobacco sales within 1,000 ft. of schools.	Conduct assessment	--	Schools, PTAs, medical and dental practitioners, smoking cessation groups, media, service clubs

<i>Enforcement</i>			
Partner with law enforcement to improve enforcement of under 18 tobacco laws.	Enforcement strategy is developed.	--	Licensing agencies, law enforcement, retailers
Explore feasibility of conducting sting operations of tobacco retailers.	Reduce illicit sales of tobacco.	19.3% OR Retailer Violation Rate (2011 SAMHSA Synar Report)	Retailers, law enforcement, licensing agency, health department

**Objective 1-C: Reduce the number of falls among adults over age 65 by July 2015**

Baseline: 104.3 per 100,000 among adults over age 65, Clackamas County (OR Vital Statistics, 2010)

Target: 87.5 per 100,000 among adults over age 65, Oregon (OR Vital Statistics, 2010)

<b>Suggested Improvement Strategies</b>	<b>Performance Measures</b>	<b>Baseline</b>	<b>Potential Participants/Resources</b>
<i>Prevention of falls</i>			
Expand availability of no/low cost falls prevention and balance training programs for older adults in communities.	Increase the proportion of older adults participating in physical activity programs.	Establish baseline	Senior centers, exercise organizations, medical centers, home health agencies
Initiate a falls prevention training program for older adult caregivers and in-home service volunteers.	Increase the number of care giving volunteers trained in fall prevention techniques.	Establish baseline	Meals on Wheels, Fitness/Wellness Silver Fit, senior care, meals on wheels, home health agencies, care centers, faith community, EngAge
Partner with medical and care providers to implement early identification of repeated falls risk.	Comparison of numbers of falls amongst older adults from data from emergency rooms.	--	Physicians, medical society, dentists, pharmacists, senior centers, nursing homes, care centers, home health agencies, nutritionists, medical centers, care centers, senior groups, project independence, CCOs, EMTs

## Strategic Direction #2: Engage Communities

**Goal: Increase capacity of communities to address local health issues through community engagement.**

### Objective 2-A: Establish a Public Health Advisory Committee (PHAC) by December 2012

*CHIP committee members felt that this ongoing committee could serve CCPHD as advisors and regularly monitor the implementation of the CHIP over time.*

<b>Suggested Improvement Process</b>	<b>Performance Measures</b>	<b>Potential Participants/ Resources</b>
CCPHD to solicit volunteers from CHIP members.	Volunteers identified for membership on committee.	CHIP stakeholders
CCPHD recruit members.	PH managers invite other community partners to round out membership as needed.	Decision makers, business community, service organizations, transportation, schools, food industry, faith community
PHAC to complete and approve charter, including purpose of committee and responsibilities.	Create charter for ongoing committee.	PHAC members
PHAC provide input and advice to CCPHD and assist with projects as needed (see Objective 2-B for example).	Record input from PHAC	PHAC members

**Objective 2-B: Provide an opportunity for there to be a “district community” each year for 5 years to serve as a model for addressing specific elements related to CHIP Strategic Direction #1 and/or #3, using a percentage of HEAL grant fund by December 2013**

*CHIP committee members identified this project as a community need and could potentially serve as an initial project for the PHAC to lead.*

<b>Suggested Improvement Strategy</b>	<b>Performance Measures</b>	<b>Potential Participants/ Resources</b>
Establish and determine funding sources.	Creation of a budget.	PHAC members
Seek approval of using HEAL grant funds for this project.	Formal approval of HEAL grant funds to support this project.	PHAC members, CCPHD staff, Board of County Commissioners
Create an RFA.	Create forms, clear instructions and scoring criteria. Include consideration of: ability to meet CHIP goals, health equity, and effective outreach to hard-to-reach groups and communities.	PHAC members, CCPHD staff
Establish technical assistance and support structure.	OSU students (or other volunteers) on committee to provide technical assistance and support.	OSU students
	Baseline data and data collection plan is in place.	OSU students
Select grant recipient.	Grantee is selected from applicants.	PHAC
Establish performance criteria and evaluation methods.	Outcome report is completed by October, 2012.	Selected grantee, PHAC, OSU students
Communicate findings.	Report made available to community at large and to local media.	CCPHD, OSU students

### Strategic Direction #3: Strengthen Partnerships to Support Educational Achievement

**Goal: Increase the number of children who have access to health services, in order to improve education outcomes**

**Objective 3-A: 100% of children from birth to 18 years have access to screening and preventive physical, dental, behavioral health services by July 2015**

*CHIP planning committee members wanted to prioritize the relationship between health and education. Providing youth with health care service will lead to improved educational outcomes.*

Suggested Improvement Strategies	Performance Measures	Baseline	Potential Participants/ Resources
<b>Health Care Services</b>			
<i>Clinical Preventive Services</i>			
Increase vaccines administered and injury prevention/safety products to children.	Increase immunization rate (4:3:1:3:3:1 series) among children aged 24-35 months.	73.4% (OHA)	WIC, school-based health centers, school nurses, health care providers
	Increase proportion of pregnant women receiving prenatal care that includes maternal health education.	Establish Baseline	WIC, health care providers, public health nurses
Ensure access to health insurance.	Increase percentage of children in eligible families enrolled in Medicaid.	Establish Baseline	Oregon Health Plan, health care providers
	Increase percentage of newborn children in families with some form of health insurance.	Establish Baseline	Health insurance companies, health care providers, public health nurses
<i>Physical Health</i>			
Promote physical activity.	Increase percentage of youth who participate in daily school physical education.	Physically active >60 min every day: 8 <sup>th</sup> graders: 29%, 11 <sup>th</sup> graders: 24% (OR Healthy Teens Survey, 2007-8)	School districts, parents, athletic clubs, students

Encourage healthy diet.	Decrease the number of soda consumption among youth.	Drank at least 1 soda in last 7 days: 8 <sup>th</sup> graders: 75%, 11 <sup>th</sup> graders: 72% (OR Healthy Teens Survey, 2007-8)	Dietitians, school districts, parents, students
	Increase proportion of youth who eat at least 5 servings of fruits and vegetables per day.	8 <sup>th</sup> graders: 20%, 11 <sup>th</sup> graders: 17% (OR Healthy Teens Survey, 2007-8)	Dietitians, school districts, parents, students
<i>Dental</i>			
Partner with oral health education and outreach initiatives	Assess barriers to oral health education.	Devp. evaluation method by 2013	School-based dental programs, Dental Care Organizations, school districts, CCPHD, WIC, Housing Authority Developments, Babylink partners, Seniors, youth serving organizations, Healthy Smiles
Provide sealants through school-based health centers.	Increase the percentage of third graders with dental sealants.	Clackamas: 24 centers total	School-based dental programs, Dental Care Organizations, dental providers, school districts
Expand fluoride programs in schools.	Increase the number of fluoride programs in schools.	Establish baseline	School-based dental programs, Dental Care Organizations, dental providers, school districts
Encourage fluoridation of water supply.	Increase the percentage of residents to whom optimally fluoridated water from community systems is provided.	There are currently no community systems that add fluoride	Water districts, elected officials, CCPHD, dental providers/advocates
<i>Behavioral Health</i>			
Provide behavioral health support and education programs for parents with pre-K children.	Increase the availability of mental health education programs for parents with pre-K children.	Establish baseline	Parenting support and education programs, parents, behavioral health professionals

Provide behavioral health support and education for K-12 students.	Increase proportion of schools with mental health prevention programs and services (e.g., bullying prevention, counseling services, suicide prevention, substance use prevention)	Establish baseline	School districts, students, teachers, parents, behavioral health professionals
<b>Education Outcomes</b>			
Improve access to early interventions.	Increase the proportion of children attending Head Start or equivalent pre-K education.	Establish baseline	Head Start, WIC, hospitals, school districts, CCPHD, child care providers
	Proportion of schools actively utilizing the ready to learn assessment tool.	Establish baseline	Head Start, WIC, hospitals, school districts, CCPHD, child care providers
	Proportion of children entering kindergarten who are assessed as ready to learn.	Establish baseline	Head Start, WIC, hospitals, school districts, CCPHD, child care providers
	Proportion of children finishing third grade who are assessed as reading at grade level.	Establish baseline	Head Start, WIC, hospitals, school districts, CCPHD, child care providers, Reach out and Read
Promote adoptions of the governor's language for early learning.	--	--	--
Improve secondary education outcomes.	Increase high school four-year cohort graduation rates.	69.0% (ODE)	School districts, teachers, parents

**Strategic Direction #4: Increase Access to and Coordination between Services**

**Goal: Improve and expand access to and coordination between public and private health and human services across Clackamas County by December 2013.**

**Objective 4-A: Identify collaborative opportunities and initiatives involving various organizations focused on serving Clackamas County residents**

*CHIP members identified this objective as a need and saw the PHAC as a credible advocacy group that could conduct this work in partnership with CCPHD staff and community partners*

<b>Suggested Improvement Process</b>	<b>Performance Measures</b>	<b>Potential Participants/ Resources</b>
Develop a Clackamas County health services resource guide.	Creation of a detailed and regularly updated reference list of organizations, group representatives, and key stakeholders grouped by sector.	PHAC members, CCPHD staff
Develop a gap analysis based on resources provided in guide.	Completed assessment of current organizations and committees that address safety, health, and social services in Clackamas County.	PHAC members, CCPHD staff  Partners: Law enforcement, schools, non-profit organizations, faith-based organizations, EMS/fire, health providers, dental providers, community representatives, social services, government agencies
Connect partner organizations to opportunities.	Include results from gap analysis to develop a systems-based approach to improve accessibility, organizational linkages, and targeted services referrals.	PHAC members, CCPHD staff

## Policy Changes Needed

Members of the CHIP planning committee considered what, if any, policy changes would be needed among local organizations, local government, and perhaps at the state to assure implementation of the CHIP. The committee concluded that few changes are needed to implement the plan, recognizing the following as possibilities:

1. Approval by county commissioners of the Public Health Advisory Committee (PHAC) outlined in Strategic Directions #2 may be needed if the committee were to serve as a formal advisory body to the commission.
2. While formal approval is probably not necessary for CCPHD to serve in convening and supportive roles to CHIP implementation, the Board of County Commissioners (Board of Health) may wish to consider formal endorsement of the plan as a demonstration of the county's commitment to health improvement.
3. CCPHD intends to include in its strategic plan a statement of its intention to provide technical assistance and other supportive services throughout the implementation of the CHIP.

## Implementation Plan and Responsibilities

At the final CHIP planning committee meeting, there was general agreement that refinement of the plan would be beneficial before it is shared with the community at-large, and before implementation begins. CCPHD staff took the lead on refining the plan based on planning committee members' feedback to help clarify the suggested improvement strategies and processes for clarity and to make the objectives as measurable as possible.

To initiate implementation in general and to act on the recommendations listed above, it was agreed that a Public Health Advisory Committee (PHAC) should be formed and begin that work. Several members of the CHIP planning committee volunteered to serve as the steering committee (see Appendix 2, Meeting #7). The purpose of the PHAC is to not only monitor the progress of the CHIP, but to provide the voice of the community to CCPHD and a forum for the discussion of population health issues that impact Clackamas County residents.

- **Advise** the Public Health Division Director and staff in the development of activities, strategies and priorities to achieve community health improvement goals.
- **Review** reports, planning documents and publications. Make recommendations to assure alignment with public health goals and standards.
- **Link** public health programs and services to the broad cross-section of populations throughout the county.
- **Promote** public health initiatives and activities. Participate in community education and engagement.

CCPHD is also completing its organizational strategic plan, and intends to assure that the plan reflects and supports the community health improvement plan. One of the objectives in their strategic plan includes playing a significant role in supporting the CHIP work with data services, technical support, and assistance with convening an ongoing group focused on the implementation of the plan and monitoring its progress.

## Alignment with State and National Priorities

The CHIP for Clackamas County, Oregon, is consistent with the three principal goals of the Oregon Health Authority and the Public Health Division regarding public health:

1. Improve the life-long health of all Oregonians
2. Ensure high quality and accessible public health services across the entire state
3. Public health, education, and healthcare working together to achieve statewide priorities

While the plan addresses only a few of the specific “leading health indicators” from Healthy People 2020, it does address several that were identified as locally relevant priorities.

Objectives and actions in the CHIP address leading health indicators in the following topics:

1. Access to Health Services
2. Clinical Preventive Services
3. Environmental Quality (indirectly, pertaining to tobacco use)
4. Injury and Violence
5. Nutrition, Physical Activity, and Obesity
6. Social Determinants
7. Tobacco

Finally, content of the plan is consistent with the strategic plan adopted by the Clackamas County Commissioners in 2011, with two of the county’s core areas addressed significantly:

1. Keep our residents safe, healthy and secure; and
2. Create a network of vibrant communities

## Conclusions

As is the case with all plans, the utility of this one will be tested through its implementation. There are several factors that suggest that community health improvement in Clackamas County will fare well in the months and years ahead, including:

- A core group of committed community partners who intend to assure the plan’s implementation.
- Alignment between issues considered to be of significant community priority with actions that target those issues.
- The commitment and support of the local health department.
- The positioning of the health department to take on greater community responsibilities, as evidenced through the recent hiring of a policy analyst/accreditation coordinator and an epidemiologist, a refocusing of the health department’s health data services, and a restructuring to form a separate division of public health.
- General agreement among community organizations that the time has come for deeper collaboration to solve pressing community problems.
- Strong interest of community partners to work together to address gaps in resources within Clackamas County.
- Broad awareness of and support for the CHIP through involvement in its development.

CCPHD is dedicated to improving the health of Clackamas County residents, and will focus its efforts into collaborating with strategic partners as they work to achieve impacts in health outcomes.

## Appendix 1: Community Participation

The following individuals were members of the CHIP Planning Group:

Richard Allen, Physician, Private Citizen/Medical Reserve Corps  
Trell Anderson, Executive Director, Clackamas County - Housing Authority  
Mark Anderson, President, National Alliance on Mental Illness  
Liz Bartell, Manager, Clackamas County - Social Services  
Susan Berns-Norman, Dental Access Coordinator, CCPHD  
Tenille Beseda, Community Outreach Specialist, Clackamas County FQHC  
Karen Buehrig, Director, Clackamas County - Dept of Transportation & Development  
Patty Brescia, Sr. Program Manager, Wilsonville Community Center  
Andy Catts, Director, North Clackamas Social Needs Roundtable  
Beth Cohen, Public Policy Advocate, Oregon Food Bank  
Rod Cook, Director, Clackamas County - Children, Youth & Families  
Nirmala Dhar, Program Supervisor, Clackamas County - Mental Health Organization  
Lucie Drum, Community Education, AMR/Safe Kids Oregon  
Brenda Durbin, Director, Clackamas County - Social Services  
David Edwards, Director, Clackamas County - Primary Care/FQHC  
Sue Ellison, Hospital Nurse Executive, Legacy Health  
Bill Fischer, Coordinator, Compassion North Clackamas  
Marti Franc, P.H. Svcs Manager, Board Member, CCPHD, CHAI  
Scott France, Program Planner, CCPHD  
Chris Geiger, Captain/Paramedic, Clackamas Fire District #1  
Karen Gorton, Program Planner, Clackamas County - Children and Youth Authority  
Cindy Halderson, Community Relations, Legacy Health  
Brett Hamilton, Executive Director, Tobacco-Free Coalition of Oregon, Inc  
Jackie Hamond-Williams, Market Manager, Oregon City Farmers Market  
Molly Haynes, Community Health Initiative, Kaiser Permanente  
Kitty Huffstutter, Program Planner, Clackamas County - Children and Youth Authority  
Deborah John, Family & Community Health Faculty, OSU Extension  
Renee King, Manager of Public Affairs, Providence Health & Services  
Jeroen Kok, Parks Manager, Clackamas County - Business & Community Services  
Kurt Kroon, Pastor, New Hope Community Church  
Sunny Lee, Epidemiologist, CCPHD  
Priscilla Lewis, Exec Dir Community Svcs & Devel., Providence Health & Services  
Paul Lewis, Health Officer, CCPHD  
Ann Linger, Commissioner, Clackamas County Board of County Commissioners  
Janelle McLeod, Clinical Ops Manager, Board Member, CC - Primary Care, Vol. in Medicine  
Patty McMillian, Clackamas County Department of Transportation & Development  
Eben Polk, Senior Sustainability Analyst, Clackamas County - Office of Sustainability  
Michael Ralls, Assistant Principal, Milwaukie High School  
Leslie Robinette, Coord. of District Communications, North Clackamas School District  
Darin Sanchez, Interim Director, Canby Center  
Melyssa Sharp, Health & Wellness Committee, Organically Grown Company  
Bob Stewart, Superintendent, Gladstone School District  
Rich Swift, Deputy Director, Clackamas County - Health, Housing & Human Svcs  
Bryan Swisshelm, Clinical Supervisor, Outside In  
Peggy Watters, Citizen Participant  
Mike Watters, Small Business Owner, Play, Recreation and Leisure Mgmt, Lions Club

### Support Staff:

Pam Douglas, Marti Franc Assistant, CCPHD  
Tessa Jaqua, MRC Volunteer/Accreditation Assistant, CCPHD  
Jessica Budeau, Volunteer, OCF  
Philip Mason, Policy Analyst (Accreditation Coordinator), CCPHD  
Jennifer Eskridge, former Policy Analyst (Accreditation Coordinator), CCPHD

## Appendix 2: Meeting Notes

### Meeting #1 November 29, 2011 Meeting Notes:

**Introductions:** All present introduced themselves, and shared one or two issues/factors from their childhood that had significant influence on individual development. Among the themes shared were the following:

- Neighborhood/Community
- Parks
- Sports
- Faith
- Play
- Nature
- Supportive parents/family/mentors
- Values
- Intergenerational
- Cross-cultural
- Environment
- Good food
- Public transportation
- Education/schools

**Project Background:** Staff and M&A discussed the background for the project, and included the following information:

- Health improvement planning is intended to help the community address significant issues that can improve the overall health of the community. Issues are identified through consideration of data (the Roadmap Assessment will serve as a major source), identifying a vision of what a healthy Clackamas County could look like, and developing time framed measureable objectives geared toward making meaningful changes through collaboration. The Plan is to be driven by the community.
- The resulting Community Health Improvement Plan (CHIP) will include actions to be addressed by community partners and will help drive the strategic plan for the health department.

**Project Purpose and Charter:** M&A shared the purpose of the project as defining a plan to improve the health of the population in Clackamas County, acknowledging that “health” is very broadly defined to incorporate the social determinants of health at the population level.

The purpose of the project charter is to serve as a guide and container for the overall project, providing the background and foundational elements of the work being done. It is intended to be a living document, with revisions made from time to time to update it. The contents of the charter were reviewed and included:

- A purpose statement that includes a description of what the plan is to include. The updated charter will include input from the committee.
- A vision statement, descriptive of what the community believes a healthy community looks like. The initial source of the vision statement was the Roadmap Assessment completed in 2009. The updated charter will reflect revisions made to the vision by committee members.
- Operational Values, describing how the committee chooses to interact during the planning process. Six values were identified and will be included in the updated charter.

- A definition of “health” has been included in the updated version to provide clarity
- A Meeting Plan, describing proposed dates for future meetings and the issues to be discussed was included in the Charter. It is anticipated that the plan will require approximately 7 meetings of the committee. Members of the committee agreed with the proposed meeting dates.

**Strengths, Weaknesses, Opportunities and Threats:** A SWOT analysis process was facilitated by M&A. Contributions by members of the committee have been organized into categories and will be provided in advance of the next meeting.

**Meeting Evaluation:**

Who wasn't at the table that should be: (Note: several of these were invited but were unable to attend the first meeting). The group discussed options for how to include others not able to attend in order to get their input. Members were encouraged to provide names of people in categories below to Jennifer.

- Food and nutrition
- Law enforcement
- Fire services
- Community of color rep.
- Schools/education
- Aging and disabilities
- Recreation
- Elected officials/city planners

What worked:

- The networking during the meeting was very valuable
- Feels like we are already improving the health of Clackamas County

What could be improved:

- Provide name-plates in the future; use first name in large print
- Provide time for sharing and networking
- The room organized in more of a circle would make it easier to see the speaker, and to hear what is being shared.
- Send out the names and addresses of participants (will be done)

One Word Evaluation: Participants were asked to use one word to describe how they are leaving today's meeting:

- |                 |                            |              |
|-----------------|----------------------------|--------------|
| • Collaboration | • Hopeful (6)              | • Positive   |
| • Community (2) | • Hopeful and Anticipating | • Promising  |
| • Continuity    | • Informative (2)          | • Resource   |
| • Curious (2)   | • New friend               | • Satisfied  |
| • Encouraged    | • Opportunity              | • Solution   |
| • Existing      | • Planned (2)              | • Thoughtful |
| • Future        | • Potent                   |              |
| • Good Job      |                            |              |

**Meeting #2**  
**January 12, 2012**  
**Meeting Notes:**

**Introductions:** All present introduced themselves. There were a few new members present.

**Project Charter:** M&A reviewed content in the charter, requesting any revisions to the work done at the first meeting. The following changes were made:

- Definition of health: The version inclusive of “spiritual well-being” was agreed upon
- Vision statement: Added a few changes and combined all content into a single category (see revision in Revised Charter)
- Strengths-Weaknesses-Opportunities-Threats: More input was added. Participants agreed that M&A should edit the results to avoid overlap and duplication, shortening the SWOT

**Health Status Data:** By way of introduction, M&A explained that the community health improvement plan should be based on data descriptive of the health of the community. Data to be included would include subjective (e.g. the SWOT analysis, community beliefs, perceptions, values) and objective data (e.g. statistics describing the demographic makeup of the county, trends, health issues, leading causes of death, etc.).

Paul Lewis and Sunny Lee gave an overview of a cross section of current health data, and then requested participants provide feedback regarding the kinds of health data they would like to have discussed/provided as the public health division works to develop an updated community health assessment. Copies of the materials shared will be posted soon; CHIP members will be given information on how to access the data and how to provide further feedback on the updated community health assessment.

**Community Assets:** In the final 15 minutes of the meeting, participants were invited to share information about assets and resources in the community that contribute (or should contribute) to improving health. The compilation will be shared in the evolving charter.

**Meeting #3**  
**February 23, 2012**  
**Meeting Notes:**

**Introductions:** All present introduced themselves. Each responded to a question: “It is 2042, and you have your grandchildren gathered around. You are sharing the work of the 2012 CHIP planning effort. What change are you most proud of?” The responses were compiled and are included in the draft Charter, Appendix #3.

**Project Charter Update:** When asked if there were changes or corrections to the Project Charter, one addition to the SWOT was suggested. It has been incorporated.

**Community Assets:** The compilation of community assets from the last meeting was posted. CHIP members were invited to add additional assets, using sticky Notes. The updated listing, reflecting the additions, has been included in the revised Charter for meeting #4. Discussion followed about the use of the list of assets. As we get into more detailed action planning, the list can help identify who should be involved in the work of the plan.

**Health Status Data:** Marti Franc noted that the detailed health data shared at the last meeting will be updated and posted on the website for Clackamas County Public Health. She noted that a summary titled “2012 Community Health Assessment Highlights” has been distributed and reviewed the content briefly.

**Identifying Themes and Issues:** Members worked in 5 groups to identify what the respective groups felt were the most important issues to be addressed in improving overall health of Clackamas County. The results were shared, and members identified priorities by voting with dots. The results were compiled, with similar topics being combined, and are found in the updated Charter.

**Meeting #4**  
**March 15, 2012**  
**Meeting Notes:**

**Introductions:** Marti Franc thanked Legacy Meridian Park for their hospitality in providing the meeting space and today's lunch. Participants sat at four tables and introduced themselves to their table-mates, adding personal perspectives about where their individual passion lies regarding the work of CHIP and on what kind of task they would consider adding their energy and commitment.

**Review of Definitions:** Definitions of terms to be used today were shared:

1. Strategic directions: Categories of focus
2. Goals: Broadly stated desired outcomes (not measurable)
3. Objectives: Measurable specific outcomes related to a goal
4. Activities: Actions to be taken to meet objectives.

**Strategic Directions and Goals:** Activities/ideas identified at the last meeting that were thematically similar were organized by M&A into areas of focus, or strategic directions. For each, a goal statement was drafted. Each table of participants was asked to consider one of the strategic directions/goals combinations and determine if the language needed to be modified, and whether the activities included under each were appropriate to that strategic direction/goal. Changes were made and are reflected on the "Beginning Plan" document.

**Measurable Objectives:** Following lunch, participants continued work on the respective strategic directions, beginning with reviewing whether the activities/ideas identified under the strategic direction they were working on were adequate in scope. They then developed measurable objectives based on the original activities/ideas, and with time remaining, identified specific actions or activities that would be needed to achieve each objective. Results are summarized in the "Beginning Plan" document.

**Meeting #5**  
**April 19, 2012**  
**Meeting Notes:**

**Introductions:** Marti Franc thanked New Hope Church for their hospitality in providing the meeting space and today's lunch. Participants self-selected to one of four tables, each representing one of the four Strategic Directions. Because there were a few new participants, all introduced themselves. M&A gave a brief summary of work on the project to-date, emphasizing that the plan will be a community plan, with no one organization responsible for carrying out the work. The plan will include an identification of organizations that should be involved in accomplishing the objectives.

**Measurable Objectives:** Participants posted several objectives under the Strategic Directions, adding to those that had been identified earlier and several that had been reworked since the last meeting. All were given dots to prioritize the objectives. Representatives from each table retrieved those for the respective strategic directions.

**Connecting Objectives, Actions and Organizations:** Each table designated a note taker, and then reviewed the priority objectives for their Strategic Direction. Revisions to the objectives were made to assure they are measurable and address the Strategic Direction, and at least 3 actions were identified for each, along with the name/names of organizations that should play a role in the work of each objective.

M&A agreed to do some beginning work for the Strategic Directions groups before the next meeting.

**Meeting #6**  
**May 15, 2012**

**Intended results for today's meeting:**

- Review last month's work on measurable objectives, actions and participating organizations; finalize
- Identify performance measures and timelines for each objective
- Identify policies that will need revision to support the objectives

**Introductions:** Marti Franc welcomed folks and highlighted the importance of this work. Participants self selected to one of the four tables to continue the work on Strategic Directions for the Community Health Improvement Plan. Because some folks were new, everyone introduced themselves. M&A gave a summary of the homework completed and reviewed the work for the day. During the warm up, participants were encouraged to consider how this work fits into the "bigger picture". Considerations from the group were shared.

**Measurable Objectives:** Groups reviewed and revised the measurable objectives for each strategic direction. Groups also worked on process objectives/performance measures that would support the desired results. Timelines and resources were added as needed.

**Group Reports:** Groups reported (bottom line) on the work completed for each Strategic Direction. Possible policy changes will be considered at the June meeting.

**Meeting #7**  
**June 17, 2012**

**Intended results for today's meeting:**

- *Finalize the CHIP initial plan*
- *Policy implications are identified*
- *Thoughts about implementation are shared*
- *We've celebrated completion of this phase of CHIP development*

**Meeting Opening:**

- Marti Franc welcomed folks and thanked participants for their contribution.
- Marti introduced Philip Mason, the new Policy Analyst for the health department. He replaces Jennifer Eskridge.
- Participants self selected to one of the four tables to continue the work on Strategic Directions for the Community Health Improvement Plan.
- M&A gave a quick review of how the plan to date has matched up with the SWOT analysis completed in previous months.
- During the warm up, participants were encouraged to consider and discuss with table partners their vision for their continued participation in creating a healthy Clackamas County.

**CHIP Plan:** Groups reviewed and revised the plan content, completing work to identify who should participate in each of the measurable objectives, and to identify any policies needing changes. Each group reported out to the full group:

- **Strategic Direction 1:** The group cleaned up the language, increased measurability of objectives, especially with the objective dealing with food. They noted a need to build a system to avoid duplication of efforts in the community, and identified a need to address sustainability in work on issues requiring resources. A sustainability model is needed. No policy changes were identified.
- **Strategic Direction 2:** The group felt that the objectives in this area are a good idea, but that it is not ready for action. It was suggested that first a charter be developed. The group called for in this strategic direction could rise to a place of becoming a formal county advisory committee, and possibly oversee community grants. The group suggested that the Governor's Kitchen Table model be considered, in which topics are put out to gather local input for a specified amount of time... possibly adapt this approach for this strategic direction. No policy changes were identified.
- **Strategic Direction 3:** It was felt by this group that more involvement of the schools is needed now, that the initial plan be shared with schools, the school districts, and other to review the plan and make needed changes. Consider connecting this with the Clackamas County Early Education Committee, have them review the plan, and then bring a coalition together. Participants should also include individual childcare providers. They also suggested the need for more health related performance measures with the 2<sup>nd</sup> objective. While no policy changes were identified, there may be some in the future as the plan is refined and involves more school input.
- **Strategic Direction 4:** This team identified community organizations that should be involved, for addition to the plan. They also suggested that activities be based on common community issues and service recipients. The group recommended getting all the coalitions together for action oriented tasks.

Bringing all the voices together should help make something happen. An advantage of this group would be that it could speak with one voice and simplify the advocacy that the county commission is subject to. A policy change might be needed should the organization ever rise to becoming a more formal advisory committee.

**Implementation of the Plan:**

- Several suggestions were made:
  - Consider combining the plans for strategic directions 2 and 4
  - Integrate the plan with other existing activities in the community
  - Create a steering committee to take the plan from here and to consider the above 2 suggestions
  - Create subcommittees by strategic direction to do the work
  - Consider at some point sharing the plan with the community and/or the local press
  
- Several CHIP members signed up committees to support implementation
  - Steering Committee
    - Chris Geiger, North Clackamas Fire
    - Andy Catts, N. Clackamas Social Needs Roundtable
    - Bill Fisher, Compassion N. Clackamas
    - Patty McMillan, Police Safe Communities Program
    - Lucy Drum, AMR/Safe Kids Oregon
    - Karen Gorton, Clackamas County Children, Youth and Families
  
  - Community Health Improvement (Strategic Direction #1)
    - Beth Gher
    - Jackie Hammond-Williams, Oregon City Farmers Markets
  
  - Engage Community (Strategic Direction #2)
    - Dave Edwards, Clackamas County Primary Care

**Celebration:**

- Marti thanked all for their participation and hard work. Cake was shared to celebrate completion of this part of the work.
- This meeting completed development of the initial community health improvement plan.

## Appendix 3: SWOT Analysis

Participants developed an assessment of community strengths, weaknesses, opportunities and threats over two of the earlier meetings. Once the plan was completed, an analysis of plan content in relationship to the SWOT assessment items was made. Those items highlighted below are addressed to some degree in the final plan.

### **Strengths of the Community:**

#### Community Attributes

- Progressive county (forward thinking)
- Engaged community leaders
- High income county
- Low crime rate
- Friendly neighborhoods
- Opportunities for community involvement
- Public art
- Environmental awareness (as a culture)
- Partnerships between faith community, non-profits, school system and county government

#### Schools:

- Strong Schools
- Excellent school district

#### Local Government

- Multiple planning bodies to assess community conditions
- Coordinated Department of Health, Housing and Human Services
- Dedicated and competent public servants
- Good fire/sheriff/emergency response system
- Balanced political perspective

#### Local Resources

- Top-rated library
- Vibrant arts community
- Strong non-profit community
- Coordinated regional public information officers
- Joint information system

#### Housing

- Housing variety
- Mental health housing in county – especially in Vilibois

#### Faith Community

- Strong faith-based community
- Partnerships with community

## Health System

- Strong system of hospitals, clinics and providers
- Progressive public health leadership

- Emergency medical services

## Social supports and services:

- Health-Housing and Human Services is setting a standard in excellence and caring
- Strong network of senior centers
- Broad range of social services
- Vulnerable adult multidisciplinary team is setting an example for the whole state in excellence
- Strong community service collaboration

## Business Community:

- Strong Chamber(s) of Commerce
- Room for developing new industry

## Land, Environment and Recreation:

- Abundant farmland
- Large number of parks and open space
- Outdoor recreation opportunities
- Abundant natural resources and natural beauty

## **Weaknesses of Community:**

### Community Attributes:

- Lack of racial and ethnic diversity
- Economic turndown creates class division – “haves’ and have-nots”
- Fragile economic base
- Slow and unwilling to accept change
- Too many cities
- Geographic isolation – large unincorporated areas
- Weak civil discourse
- Weak social capital
- High hunger rate, especially children
- Need for increased cultural competency

## Government:

- Polarity in political system inhibits policy development
- Weak leadership from elected officials on long-term challenges
- Low tax base (more funding needed for basic services)
- Balancing rural and urban needs
- Lack of trust in government

## Housing:

- Lack of affordable housing
- Transitional housing

### General Services:

- Access to services
- Coordination of community services
- Too many small service districts

### Health System:

- Access to affordable health/dental/mental health/addictions for low to middle income families
- Limited physicians take Medicaid
- Lack of dental care for adults, seniors
- Health care for rural populations
- Need greater behavioral health access
- Funding for prevention efforts for "cradle to career ages"

### Social supports and services:

- Public willingness to invest in community services (no one wants to pay for it)
- Lack of support services for returning vets and homeless population

### Transportation:

- Transportation to rural and not so rural areas
- Public transportation to outlying communities
- Incomplete/poor public transportation system
- Transportation for disabled citizens
- Incomplete sidewalk network
- Lack of strong transportation infrastructure – bus, cycling, etc.

### Business and Employment:

- Weak job markets
- High unemployment
- Lack of high wage employment opportunities
- Slow employment development

### Schools:

- School systems financially challenged
- Educational achievement gap
- High drop-out rate
- Equity in education inconsistent
- Questionable benchmarks for evaluating schools

### Media/Information:

- Ineffective public communication (radio, paper, TV)

### Recreation/Leisure:

- Limited recreation/leisure opportunities
- No aquatic or community recreation centers
- Lack of safe pedestrian and bicycling routes
- Lack of recreation equity

### Environment/Land:

- Cleaner waterways – Willamette River
- No strong environmental measures (i.e. plastic bag bans, waste reduction, household composting)

### **Opportunities in the Community:**

#### Community Connections:

- Technology uses to bring people together
- More community engagement
- Collect data specific to specific populations

#### Coordination and Collaboration:

- Integration of planning initiatives: health, housing, transportation, economic development
- Consolidation of service districts
- Create/strengthen network of nonprofits
- Coordinated prevention efforts focused on children, youth and families – obesity, tobacco, drug/alcohol, school dropout, gambling
- Public-Private partnerships to increase capacity

### Employment/Workforce

- Volunteer work force
- Natural resource-based job growth
- Develop recreation leadership opportunities and employment
- Opportunities for youth participation in the improvements of their community
- Mobilization of the faith-based community in volunteerism

### Health and Social Services:

- More mental health treatment, especially for homeless
- Add CCOM representative to 911 Dispatch committee
- Mental health & primary care for uninsured

### Recreation/Leisure:

- Improved access to park and recreation facilities and programs
- Walkable and bikeable communities
- Free or low-cost access to arts and culture
- Programs to encourage walking and biking for all ages (e.g. Safe routes to Schools)

### Housing and Facilities:

- Strong rental housing code
- Opportunities to redevelop defunct sites to better meet community needs

### Schools:

- Comprehensive health and PE programs in k-12 schools
- Safe routes to schools programs
- Have students who are excelling mentor kids who struggle
- Expand number of school-based health centers

### Information/Education:

- Public educational campaigns on physical activity and weight loss
- Increase awareness of social determinants of health
- Health promotion in schools, senior centers, and public housing
- Intergenerational connection in mentorship relationships

### Transportation Systems:

- Shrink the transportation footprint
- Shrink the environmental impact
- Develop county-wide transportation system
- More programs like the Wilsonville SMART bus
- Focus on active transportation – biking, walking and bus improvement

### Food and Nutrition:

- Economies of healthy locally grown food, leading to more local food, local investment, and healthy eating
- Local healthy foods in county schools/college
- Increase participation in food assistance programs

## Threats to the Community:

### Community:

- Fear of change
- Complacency
- Apathy
- Prejudice and bigotry
- Lack of trust and understanding
- Changing demographics
- Loss of opportunity for public involvement
- Homelessness

### Finances/economy:

- Poor economy
- Lack of a diverse economy
- Increasing poverty
- Lack of funding, community resources
- Decreasing funding from state and feds

### Health/Health Care:

- Health care reform – access to care is confusing for many
- Soaring health care costs
- Disproportionate use of resources for medical services
- Medical & mental health service for uninsured
- Increasing rates of obesity and chronic diseases

### Employment/Workforce:

- Unemployment
- Poorly educated workforce
- Fewer employees doing more with limited resources

### Programs, Policy and Infrastructure:

- Silo approach to policy and project development
- Funding constraints
- Putting individual goals/agenda over the good of the community
- Community support

### Government/Politics:

- Fractured politics
- Failure to engage the community, make the case, gain support
- Lack of communication, poor method of engagement
- Lack of political will
- Revolving door of elected officials – makes follow-through and continuity for long-term projects difficult

### Miscellaneous:

- Housing foreclosures
- Industrial food companies mass advertising
- Aging infrastructure

## Appendix 4: Community Themes and Issues for Improvement

Based on the brainstorming of key issues in the community needing improvement, and a nominal group process used to prioritize the results, the following emerged as preliminary priorities and a starting point for the plan:

### 1. Theme: Strengthen Community

- Increase and build strong sense of community (e.g. community gardens and neighbors helping)
- Identify and address equity issues in the community
- Develop a shared community vision around health, and use it to activate/engage the community
- Increase personal empowerment/engagement
- Social environment
- Shared community

### 2. Strengthen educational strategies

- Include health in early childhood education
- Education and communication to deliver healthcare, prevention and safety information countywide, to be delivered using audience-appropriate strategies
- Increase academic support in schools to boost graduation rate
- Target children & youth
- Increase awareness of health resources available in communities

### 3. Theme: Increase access to and coordination between services

- Address the lack of coordination between social service, health services, and preventive services
- Countywide access to public health opportunities via a public and private transportation network
- Address the lack of access to health resources
- Increase local access to prevention care

### 4. Theme: Address specific priority health risks in the community

- Create policies and practices to address physical inactivity, tobacco use, and poor diet choices
- Increase active lifestyle (e.g. people walking, biking)

### 5. Theme: Coordinated advocacy for fluoridated water across Clackamas County, along with other preventive dental services

### 6. Theme: Increase access to healthy food locally

- Increase access to healthy, affordable food locally
- Food preparation

### 7. Theme: Strengthen families, with mentoring for at risk member, teens

- Strengthening families: NGOs – NW Family Services – Parenting Education Collaborative
- Mentoring at-risk families & individuals (need training)
- Develop a teen monitoring program in schools for troubled teens

## Appendix 5: Community Assessments

### **Clackamas County Roadmap to Healthy Communities (2012 Update):**

This document served as a major data source to help inform the development of the Clackamas County Community Health Improvement Plan. The Roadmap project goal was:

*To gather information on needs and priorities for building a healthy community from as many, diverse citizens as possible while using limited resources wisely.*

The assessment was completed in February 2010, and included three component assessments:

1. The Community Themes and Strengths Assessment identifies themes, needs and interests and engages the community about their perceptions of quality of life and community assets through a community engagement process.
2. The Forces of Change Assessment, also produced from information gathered through public engagement, identifies forces that are occurring or will occur that will affect the community or the local public health system.
3. The Community Health Status Assessment, produced by Community Health staff, analyzes existing data about health status, quality of life, and health risk factors in the community.

The following table compares sources of data considered in developing the CHIP:

Data Issue	County Rankings Report	Roadmap
<b>Health Outcomes</b> Mortality  Morbidity	Years of potential life lost Infant mortality Violent deaths (total) Suicide  Poor or fair health Poor physical health days Poor mental health days Low birth weight Percent of adults diabetic HIV Prevalence rates Motor vehicle crash hospitalization Self-inflicted poisoning hospitalization Communicable diseases	Death rates for Diabetes, Renal Disease, Cancer, Stroke, heart disease, tobacco-related  Low Birth weight Diabetes rates High blood pressure Stroke Asthma High cholesterol Arthritis Falls

<p><b>Health Factors</b> Health Behaviors</p>	<p>Adult smoking Adult obesity Excessive drinking (binge or heavy) Motor vehicle crash death rate Sexually transmitted infections Teen birth rate Binge drinking Physical inactivity Cholesterol screening Colorectal cancer screening Influenza vaccination Pneumonia vaccination</p>	<p>Adult smoking Adult obesity Childhood obesity Physical inactivity Youth inactivity Childhood immunizations rates Healthy diet (adults and teens)</p>
<p>Clinical Care</p> <p>Social &amp; Economic</p> <p>Physical Environment</p>	<p>Uninsured adults Primary care physicians Preventable hospital stays Diabetic screening Mammography screening Mental health providers</p> <p>High school graduation Some college Unemployment Children in poverty Inadequate social support Children in single-parent household Violent crime rate Median household income High housing costs Free lunch eligible</p> <p>Air pollution-particulate matter days Air pollution-ozone days Access to health foods Access to recreational facilities Liquor store density Labor force that drives alone Water quality</p>	<p>Uninsured adults by income and race/ethnicity</p> <p>Unemployment Free lunch eligible</p> <p>Air pollution regional data Water Quality (state data)</p>

<b>Demographic Data</b>	Population Under 18 years Above 64 years  Race Hispanic Not proficient in English  Gender  Rural	Population Race Hispanic
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**Additional Data Considered:**

Clackamas County Public Health staff shared and highlighted targeted data during CHIP meetings, including local and state data pertaining to

- Population and demographics
- Social, Economic, and Physical Environment
- Insurance and Access to health Care
- Mortality
- Maternal and Child Health
- Chronic Illness
- Health Habits and Behavior
- Mental Health
- Oral Health
- Communicable Disease

Communicable Disease Highlights shared included the following findings from the health assessment:

1. **Hispanic Population Increases** Between the censuses of 2000 and 2010, the number of residents reporting Hispanic ethnicity grew by 84%, while the overall population of the county rose by less than 11%.
2. **Low High School Graduation Rate** Clackamas County (69%) and Oregon (66%) have recent high school graduation rates far below the Healthy People 2020 goal. Only two school districts within the county meet the national goal of 82%.
3. **Childhood Poverty** Based on eligibility for free and reduced price lunch programs during the 2010-2011 school year, more than one third of children attending school in Clackamas County live in households earning less than 185% of the federal poverty level.
4. **Preventable Deaths** Many causes of early death and death overall are largely preventable in Clackamas County. These causes include tobacco related disease, heart disease, injuries, overdoses, suicide, alcohol related, and diabetes.
5. **Health Risk Behavior** Clackamas County has steadily rising obesity rates and no change in reported eating or exercise habits, making these trends unlikely to change soon. While adult smoking continues to slowly decline, there has been no decrease in youth tobacco use and many teens begin using in high school. A poor diet, a sedentary life, and smoking all lead to life-long, chronic, preventable diseases.

6. **Youth and Adults Are Distressed** Psychological distress, depression, suicide, and suicide attempts are far higher among adults and youth than we would like. Males die from suicide at 4 times the rate of females.
7. **Oral Health** Nearly half of seniors over 65 years of age have lost at least six teeth and most adolescents have had at least one cavity. There are no water systems in the county that add fluoride.
8. **Unequal Disease Burden** Racial and ethnic minorities, those with low income, and those with less education carry heavier burdens of disease. This is clearly illustrated in the higher rates of reportable, communicable diseases in African-Americans and Hispanics compared with the White, non-Hispanic population.

## Appendix 6: Community Assets and Resources

### **Health and Social Services**

- Hospitals and clinics
- School-based health centers
- Independent physicians & dentists
- County clinics (3)
- Medical Teams International
- Compassion Connect
- Health Fairs
- Outside-In
- N. Clackamas Social Needs Roundtable
- Resource access providers in affordable housing sites
- NAMI
- Folk Time (peer-based mental health support)
- Home visitors for health & parenting (e.g. Head Start, Ready-Set-Go, Relief Nursery)
- Emergency responders
- Childcare Providers
- Wichita Center for Family & Community
- School nurses
- School counselors
- Trillium Family Services
- Northwest Family Services
- Clackamas Women's Services
- The Children's Center
- Los Niños Cuertan
- Governmental public health protection-food & water safety, communicable disease control
- Increase in cultural specific health services
- Volunteers in medicine clinic
- Preventnet
- Todos juntos
- Healthy Kids Oregon (insurance through state)
- Founders Clinic (free clinic for uninsured-Oregon City)
- Healthy Start
- Clackamas Co Early Childhood Committee
- Health & Social Services Maternal Health
- Volunteer Connection
- Medicaid Long Term Care
- Clackamas Resource Connection
- Developmental Disabilities Office
- Clackamas Volunteers in Medicine
- Volunteers of America
- Colleges that train medical health professionals
- OHSU
- Compassion N. Clackamas, Estacada, Canby
- School dental programs in Canby, N. Clackamas
- Gladstone Early Childhood Center
- Care Oregon
- Partners for Healthy Students
- Clique Clackamas (an alliance of North Clackamas community leader-formerly Stand for Children)
- Children of Incarcerated Parents
- CASA
- Service groups: Rotary, Elks, Lions, etc.
- Madonna Center
- Planned Parenthood
- Cascade Aids Project
- Clackamas Service Center
- Annie Ross House
- Senior centers
- Pregnancy Resource Center
- Wide range of providers with increasing partnerships between them
- Adult Foster Care
- Foster Families system

## **Emotional Health**

- NAMI
- Warm Line
- Folk Time
- Iron Tribe
- Faith based pastoral counseling
- School counselors
- Clackamas County Behavioral Health (3 clinics)
- Hospice services & counseling
- Family education support network website
- Latina Youth Services Network website (in development)
- Libraries
- CC Chris Center (being developed)

## **Maternal & Child Health**

- Preventing childhood injuries:
- AMR/Safe Kids Coalition
- Car seat distribution
- Teen Driver Safety
- Oregon Impact
- Safe Communities
- Safe Kids
- Metropolitan Family Services
- Morrison Center
- Oregon Poison Center
- ThinkFirst Injury Prevention Program
- Safe Routes to School
- Life Works
- Home visiting programs
- Early Childhood Coalition
- WIC
- Crisis Nursery
- Baby Link
- Kids Program at Farmers Market
- Breast feeding support
- Library story hours
- Commission on Children & Families

## **Aging**

- Meals on Wheels
- Oregon Project Independence
- Elders In Action
- Gatekeeper Program
- Great libraries
- Adult learning programs
- Local volunteer programs
- Strong faith communities
- Fitness/Wellness Silver Fit (adaptive services)
- Walking Programs
- Affordable housing
- Continuum of care-interconnected services for aging
- Senior Centers
- Phase I EngAge in Community (to create an age-friendly Clackamas County)
- AARP
- Different levels of care
- Some mental health services
- Limited Transportation Alternative
- RSVP (senior volunteer program)
- Adult centers
- AAA
- Clackamas Resource Connection
- Senior Citizens Council
- Senior Peer Counseling Program
- Fire-EMS
- Non-profits

Note: There is a disconnect between healthy aging resources in the county and locally. Also, aging occurs across the lifespan, not just at age 65.

## **Healthy Eating**

- Farmland/climate
- Farmers markets, CSAs & other farm > customer direct opportunities
- Food distribution options/access (SNAP)
- OSU Extension
- Nutrition education
- School gardens/food programs
- Summer Meals programs (e.g. OC for low income children)
- Senior Centers
- CCC – Horticulture/Food
- SWCD (soil and water conservation – supports food/farmland)
- Heal Grants
- Meals on Wheels
- School district federal summer Food Programs
- Church food pantries
- Oregon Food Bank & affiliates
- Backpack Buddies – Interfaith Food Shuttle
- Local food businesses, retailers, local farmers
- Food preservation, cooking & education (not just nutrition ed-people have lost this knowledge)
- Hot meal sites (Clackamas Service Center & others)
- Community Gardens & garden education
- Food Forests-city owned & planted
- Open land parks, planted with food bearing trees and shrubs
- Community kitchens

Note: There are “food deserts,” areas without access to food distribution services

## **Active Living**

- Outdoor recreation
- Separated multi-user trails
- Fields
- Parks
- Rivers
- School sports/physical education
- Golf clubs and courses
- Activity specialties in water, snow, and fitness
- Sidewalks, bike lanes, multi-use path
- North Clackamas Aquatic Center
- Community recreation services
- Skate parks
- Parks & Recreation
- Affordable Aquatic Recreation Center (centrally located, multifunction)
- Fitness Centers/Businesses
- Recreation Centers

Note: There has been a decline in school sports, more safe routes are needed, and resources aren't always at our front door.

### **Social Determinants of Health:**

- Schools
- Education options
- Housing
- Recreation
- Faith-based resources
- Gang prevention services
- Support services groups
- Neighborhood cohesiveness
- Child care in the workplace
- Parent support and education
- More time off work to relax
- Oregon's strong laws/sanctions
- Liquor restrictions to youth
- Enhanced cell phone laws
- More personal protection training – especially for people using trails, mass transit
- Community centers for teens/adults
- Marketing “good” food
- Sanctions against Hookah Bars and retailers selling K2-spice, etc.
- Natural options for healthcare (vs. hospitalization)
- Increase in number of healthy options – food, culture/arts, open/green space, nature access
- Tobacco restrictions to youth
- Overland Park Safety Committee
- Every Family Matters
- Clackamas County Prevention Coalition
- Drug Free Estacada Families & Youth
- Sandy Partners
- Gladstone Youth Coalition
- Milwaukie Vibrant Futures
- Individuals & Families

## Appendix 7: Compliance with Public Health Accreditation Board Standards

Principal reason that CCPHD convened the CHIP planning process was to initiate a countywide health improvement project that was both community-owned and community-based. An additional benefit of completing the CHIP was that it represents one of three prerequisite requirements of the Public Health Accreditation Board (PHAB) for beginning the accreditation process. Accordingly, every attempt was made to assure that the CHIP planning process and the finalized plan met the standards set by PHAB. The following table is a crosswalk of the PHAB standards with the content of the Clackamas Community Health Improvement Plan.

Standard	Measure	Required Documentation	Page
5.2: Conduct a comprehensive planning process resulting in a community health improvement plan	5.2.1-L: Conduct a process to develop community health improvement plan	1. Completed community health improvement planning process that included: <ul style="list-style-type: none"> <li>a. Broad participation of community partners</li> <li>b. Information from community health assessments</li> <li>c. Issues and themes identified by stakeholders in the community</li> <li>d. Identification of community assets and resources</li> <li>e. A process to set community health priorities</li> </ul>	<ul style="list-style-type: none"> <li>a. Appendix 1</li> <li>b. Appendix 5</li> <li>c. Appendix 4</li> <li>d. Appendix 6</li> <li>e. Page 8</li> </ul>
	5.2.2-L Produce a community health improvement plan as a result of the community health improvement process	1. Community health improvement plan dated within the last five years that includes: <ul style="list-style-type: none"> <li>• Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets</li> <li>• Policy changes needed to accomplish health objectives</li> </ul>	<ul style="list-style-type: none"> <li>a. Page 8-15</li> <li>b. Page 16</li> </ul>

		<ul style="list-style-type: none"> <li>• Individuals and organizations that have accepted responsibility for implementing strategies</li> <li>• Measurable health outcomes or indicators to monitor progress</li> <li>• Alignment between the community health improvement plan and the state and national priorities</li> </ul>	<p>c. Page 16</p> <p>d. Pages 8-15</p> <p>e. Page 17</p>
	5.2.3-A Implement elements and strategies of the health improvement plan, in partnership with others	<ol style="list-style-type: none"> <li>1. Reports of actions taken related to implementing strategies to improve health</li> <li>2. Examples of how the plan was implemented</li> </ol>	<ol style="list-style-type: none"> <li>1. Planned after implementation</li> <li>2. Planned after implementation</li> </ol>