

Roadmap to Healthy Communities: A Community Health Assessment



*Information for Roadmap Planning Decisions
2012 Update*

Health, Housing
& Human Services 
CLACKAMAS COUNTY

Prepared by Clackamas County Public Health Division/
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Community Organizations: These organizations were deliberately invited to share their perspectives because they represent diverse, minority, and additional priority populations, such as youth, Hispanic, LGBTQ, low income, rural, homeless, seniors:

- Youth Services Network of Clackamas County
- Gladstone Youth Coalition
- Hispanic Interagency Networking Team (HINT)
- North Clackamas Chamber County Executives
- Parents, Families and Friends of Lesbians and Gays (PFLAG)
- HeadStart Policy Council
- Clackamas Cares Resource Fair Networking Meeting
- Disability Service Advisory Council
- Mulino Hamlet
- Homeless Liaisons of Clackamas County
- Sandy Grade PTA
- Molalla Adult Community Center
- Clackamas County Area Agency on Aging
- Community Health Council

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Executive Summary

Improving the health of our county and its residents is an important job, but it's not always clear how to change the overall health of our communities. What do people need? What do they want? Who is prepared and willing to make change? Clackamas County Public Health Division (CCPHD) initiated the Roadmap to Healthy Communities Project (Roadmap) beginning in 2008 to involve people throughout the county in these discussions about health. The Roadmap process has given the community a chance to explore new directions and work together with CCPHD to plan for a healthier Clackamas County. By listening to county residents, sharing information, and developing key community partnerships, CCPHD has created new opportunities for many people and organizations to improve the health options of residents throughout the county.

Background

The Roadmap was the first of its kind for CCPHD. It began as a pilot project focused on the Oregon City area in October 2008, and was expanded to include the full county in May of 2009. The initial goal of the project 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.

During the process of listening to citizens, Roadmap worked with grassroots networks and other community partners. This collaborative effort laid the foundation for lasting relationships between public health and the community.

While Roadmap was being developed, initiatives such as national public health accreditation were not a point of discussion for CCPHD. However, starting in 2010, national public health accreditation became a focal point both nationally and within the state of Oregon. It became clear that the efforts CCPHD had made through Roadmap created a strong foundational community health assessment and potential for future strategic planning, which would allow CCPHD to jumpstart its work towards achieving recognition through the Public Health Accreditation Board.

Why?

In 2008, national and local changes in the economy and public policy had brought health and healthcare to the forefront of public consciousness. Clackamas County is one of the largest, most economically, and geographically, diverse, and fastest growing counties in the state of Oregon. Within the county, each community has different health needs and faces unique challenges. Citizen feedback indicated new approaches were necessary to meet the health needs of Clackamas County residents. Roadmap was designed to help county citizens improve health and quality of life through community-wide assessment and future strategic planning efforts. Roadmap provided a forum for citizens and CCPHD to explore and plan these new directions together.

The overall health of Clackamas County residents is similar to that of Oregon at large: about average. While there is no looming crisis, there are reasons for concern and indications of where to take action to improve health while reducing health care costs. The percentage of obese adults continues to rise, and the number of adult smokers exceeds accepted health

goals. Both obesity and smoking increase the risk for chronic diseases such as heart disease, stroke, diabetes and certain cancers. The prevalence of chronic disease negatively affects more than just the health of Clackamas County residents. Management and treatment of chronic diseases contributes to rising health care costs for all Clackamas County residents.

Communities can reduce the overall cost of health on society by preventing chronic disease and improving access to care for early detection and treatment. Two critical preventative actions are high on Roadmap's list of community priorities: increasing opportunities for physical activity and access to local, healthy food. With approximately 1/3 of county residents consuming the recommended five servings of fruits and vegetables per day, modest improvements bring promise of great benefits. Likewise, community efforts to increase neighborhood safety and participation in school activities will lead to higher levels of physical activity. With the advent of national public health accreditation, CCPHD is better prepared to address the health needs and concerns of the community.

Direction from the Community

Based on feedback from over 1,000 surveys and more than a dozen community meetings, Roadmap heard that safe neighborhoods, clean air and water, access to healthy food, affordable healthcare, housing and jobs are the most important components of health and quality of life.

Community priorities emphasized these individual life-sustaining essentials, followed by social, physical, and emotional supports. Then the focus shifts to elements that make a good community such as participation in decision making, accessible transportation, and coordination of social services.

To ensure broad health and quality of life in Clackamas County, Roadmap participants indicated support for essential resources. The most important of these were safety services (911, fire, police), libraries, school-based health resource centers, local jobs, local farms and gardens, affordable childcare, and access to internet and other technologies.

Critical challenges the community identified as barriers to health were lack of resources to fund prevention and treat the many people who suffer from poor health; social isolation and polarized attitudes; lack of agreement on priorities for change; population growth; transportation; and increasing economic disparity among people and communities. People raised questions about appropriate roles for public health, individuals, and the community when it comes to health, and many were deeply concerned that leaders lack the political will to make change.

Clackamas County residents offered a wealth of ideas for overcoming challenges and meeting the needs of their fellow citizens. To increase health, residents wanted to see the following in their communities: better connections to resources and information about health and community programs; locally based health centers that offer health information and provide services; more options for physical activity greater access to healthy food; and more community building events that bring people together.

One message from participants in Roadmap was clear: Health is a shared responsibility. Though we have differences in values, people can work from their strengths to support each other. In making a healthy community there are roles for everyone: individuals, businesses, community organizations, and local public health departments.

On the Road to Progress (2010 to present)

In the spring of 2010, the initial Roadmap report was presented to the Clackamas County Board of Commissioners, which serves as the county's Board of Health. The Board was impressed by CCPHD's ability to engage the community in addressing key health problems within Clackamas County. In order to ensure that the Roadmap report's findings would not go unused, the Board dedicated \$100,000 to develop a variety of community-led projects to address them.

Grant applications were made available to community organizations that could create a plan and implement a project related to findings discovered within the Roadmap report. In the inaugural year (2010-2011), thirteen organizations received funding for projects focused on Healthy Eating and Active Living (HEAL) programs to serve Clackamas County residents. CCPHD continues to receive support from the Board of County Commissioners and funding opportunities are still annually available to local organizations that can identify viable initiatives and offer opportunities for community partners to build a healthy Clackamas County together.

The primary goal of the Roadmap project was that it would assist in gathering the information needed to develop a strategic plan for CCPHD through a participatory public engagement process. While the HEAL grants were a great start at implementing a specific priority within the initial Roadmap report, a thoughtful community planning process also needed to take place. National public health accreditation became a priority for CCPHD in 2011 and presented a perfect opportunity to begin convening a group of strategic community partners to build off of the findings of the Roadmap and make strategic decisions to improve the health of Clackamas County.

This report contains the initial findings found in the Roadmap with an updated health status report that provided a current look at selected health indicators from the initial Roadmap assessment to the development of the Community Health Improvement Committee.

Introduction

Improving the health of our county and its residents is an important job, but it's not always clear how to change the overall health of our communities. The Roadmap to Healthy Communities project (Roadmap) has given Clackamas County Public Health Division (CCPHD) the chance to explore new directions and work together with residents to create a healthier Clackamas County. Listening to county residents and developing key community partnerships are central to this public health planning effort—the first of its kind for CCPHD.

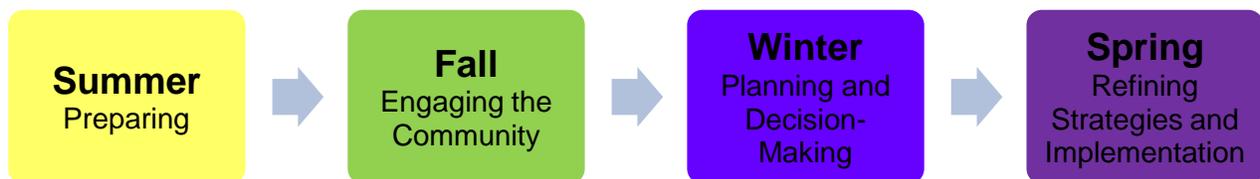
The primary goal of the Roadmap project:

To develop information to assist in a strategic plan for Clackamas County Public Health Division through a participatory public engagement process that lays a new foundation for partnership between the public health and the geographically diverse communities in Clackamas County.

Secondary goals include:

- ↑ Develop leadership and capacity within CCPHD to conduct future planning processes and facilitate public meetings;
- ↑ Increasing community awareness of the interconnected nature of public health programs and outcomes;
- ↑ Establishing the infrastructure to regularly update comprehensive assessments of community health needs and strengths.

The initial project began in May 2009 and concluded in May 2010. The timeline for the four stage project can be broken down by quarters:



This report is intended to provide a synopsis of citizen feedback from the community engagement phase and inform future planning and decision-making activities related to this project.

Background

Clackamas County is one of the largest and most economically diverse in the state of Oregon. Third most populous in the state, Clackamas County is also one of the fastest growing counties. The county has grown in population by more than 11% since 2000. Many in suburban communities are closely tied to Portland's urban core for employment, while many in rural communities make their living from some of Oregon's richest farmland and the natural-resource-laden uplands of the Cascade Mountains.

The context for this work is not incidental. National and local changes in the economy and public

policy have brought health and healthcare to the forefront of public consciousness. Recession-based reductions in health insurance levels and population growth are increasing demand for healthcare services, while transportation challenges and low numbers of healthcare providers create significant barriers to health care access. Those with health insurance, and especially those without, find the health care system and other social service delivery systems in the county hard to navigate. Locally and nationally more people are demanding that community services – including health services – be designed to maximize resources and access.

In 2008, Clackamas County began phased-in closures of safety net clinics. Driven by County financial constraints, this unexpected change in public policy inspired several significant responses in the local community. In addition to championing the Roadmap, Clackamas County was instrumental in supporting the creation of a consistent forum for community members and policy makers to act together to address access issues. Now a fledgling nonprofit organization, the Clackamas Healthcare Access Initiative (CHAI) holds monthly meetings to share information and is forming plans with other community partners to develop a free healthcare clinic.

In May 2009, Clackamas County convened a Community Congress to identify characteristics of a healthy community and discuss what the County and citizens can do to create healthy communities. More than 100 interested citizens, elected officials, and business leaders attended this session of the Complete Communities Congress series that has been engaging residents of Clackamas County on key issues since 1999.

The issues being discussed nationally and the feedback from people locally point to the need for new approaches to meet the health needs of Clackamas County residents. The role of public health in Clackamas County must shift. Historically, public health departments have primarily focused on upholding regulatory standards and providing education, e.g. vaccinations, food handling certification, and restaurant inspections. Amidst a poor economy and rapidly changing landscape of health reform, CCPHD is moving to a more facilitative leadership role. This role recognizes the satisfaction of basic human needs as a foundation for individual and community health. New ideas of public health include CCPHD's intersections with environmental agencies' interests in clean air and water, sustainable agriculture's focus on locally grown food, and residents' access to housing, education, transportation and jobs. These intersections make up the confluence from which to weave a healthy community. The Roadmap project is an intentional effort that allows citizens and CCPHD to explore these new directions together.

Methodology

The Roadmap adapted key methods and elements from a strategic planning framework developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC)¹. Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. The resources and tools are designed to help communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by:

- Identifying and using their resources wisely
- Taking into account their unique circumstances and needs
- Forming effective partnerships for strategic action

¹ For more information visit: www.naccho.org/topics/infrastructure/mapp/index.cfm.

The following key elements of the MAPP tool were retained CCPHD's adaptation of the process:

- **Community-driven and community-owned** — Tap the relationships and resources of the people to create stronger connections throughout the community and provide access to the collective wisdom necessary to address community concerns.
- **Build on previous experiences and lessons learned** — Roadmap was designed from the MAPP tool and incorporates lessons learned from direct involvement with other community engagement processes in Oregon.
- **Utilize traditional strategic planning concepts** — Traditional strategic planning establishes a long-range direction by matching needs with assets, responding to external circumstances, anticipating and managing change, and effectively securing resources for defined priorities.
- **Strengthen the local public health system** — The Roadmap process brings diverse interests together to collaboratively determine the most effective way to conduct public health activities.
- **Create governmental public health leadership** — Roadmap expects public health agencies to take the lead in collecting information. The project also intentionally seeks to increase awareness of the important roles public agencies play in the community.

Roadmap's combined assessment report includes three assessments:

- **The Community Themes and Strengths Assessment** identified themes, needs and interests and engages the community about their perceptions of quality of life and community assets through a community engagement process.
- **The Forces of Change Assessment**, also produced from information gathered through public engagement, identified forces that are occurring or will occur that will affect the community or the local public health system.
- **The Community Health Status Assessment (and 2012 Update)**, produced by CCPHD staff, analyzed existing data about health status, quality of life, and health risk factors in the community.

Relevant findings and next steps from the 2008 and 2012 community health status assessments are discussed in the conclusion section at the end of this report.

Process

In October 2008, with funding from the Northwest Health Foundation, Clackamas County launched a pilot project to lay a new foundation for partnership between CCPHD and the geographically diverse communities in Clackamas County. In addition to developing a community health planning model, Clackamas County set goals for:

- Development of leadership and capacity within CCPHD to complete community-based strategic plans for health services throughout the County.
- Increased community awareness of the interconnected nature of public health programs and outcomes.
- Establishment of infrastructure to regularly update comprehensive assessments of community health needs and strengths.

The Oregon City-based pilot project trained CCPHD staff in community engagement. It also

gathered diverse community leaders for a visioning meeting that resulted in the development of a shared vision and laid the framework for the larger Roadmap project. Finally, it brought together community members in two town hall meetings who affirmed the Roadmap vision statement and provided information on community health needs and priorities that served as the basis for the Roadmap survey. This pilot project laid the foundation to build a county-wide community health assessment and implement the development of a community health improvement plan three years later.

The Roadmap Vision Statement

(Adopted after feedback from the pilot project town hall meetings)

A healthy Clackamas County is a place everyone wants to live.

- All people have housing, healthcare, education, and work.
- All people have clean air and water, green space, and healthy food.
- All people live in safe neighborhoods with safe places to exercise and play, and have access to affordable public transportation options.
- All people feel healthy, supported, and connected to their community.
- All people are able to improve their health and that of others.
- All people volunteer for their community and help make the decisions that affect them.
- Organizations work together to provide useful resources.

In May of 2009, Clackamas County committed funds to expand the scope of the Roadmap project from an Oregon City pilot project to a county-wide full planning process.

Community Engagement

A county wide community engagement process was used to develop the *Community Themes and Strengths* and *Forces of Change* assessments. The goals of this engagement process were as follows:

- Involve many; diverse citizens while using limited resources wisely.
- Gather useful information on needs and priorities for building a healthy community.
- Lay the foundation for lasting relationships between CCPHD and the community.
- Increase awareness of public health and the connection to CCPHD's initiatives.

The engagement plan was developed based upon recommendations from key informant interviews and lessons learned from similar local and statewide engagement processes. The primary engagement strategies balanced project goals with available resources.

Engagement Strategies

Meeting people where they already are was a cornerstone principle of engagement for this project. Rather than inviting the public to testify at a public meeting or attend a special event, this plan brought CCPHD staff out into the community. The benefits of this approach were numerous and include: more balanced participation, more voices per dollar spent, and more direct relationships cultivated in the community.

The following engagement strategies were used in the Roadmap project:

Onsite Grassroots Dialogue - CCPHD staff facilitated meetings with existing community-based groups to collect feedback from a variety of perspectives. Groups were identified as primary candidates from an initial list of nearly 100 community organizations throughout the county. Health Educators contacted these groups to request an hour for Roadmap discussions at a meeting between September and December 2009. Fourteen groups arranged meetings and provided feedback.

Meeting-in-a-Box - Clackamas County residents could request a self-contained guide to facilitating their own community meeting. Called a Meeting-in-a-Box, this do-it-yourself packet contained a discussion guide, tips for facilitators, feedback forms, and instructions on returning feedback to CCPHD. This option, available in English and Spanish, allowed any community group to engage in the project without the need for CCPHD staff facilitation. Approximately 25 boxes were delivered to community members by CCPHD staff. Despite much initial enthusiasm, few results were returned.

Survey - An online survey captured specific feedback and demographic information from participants. Content questions were based on feedback from the visioning session and town hall meetings held during the pilot project. Demographic questions on the survey were reviewed by staff at the Oregon Health Authority to ensure consistency with existing state and federal health data available to Health Officers.

Paper surveys, produced in English and Spanish, were distributed to various community service centers by health educators, Community Advisors, and a Roadmap graduate public health intern. More than 1,000 surveys were completed between October 2009 and early January 2010.

Each of these engagement strategies relied on direct relationship building by CCPHD and connections to citizens through grassroots networks and communication channels. The plan relied heavily on online outreach via email, and also included low-cost methods of print outreach, and the use of public access media, County publications and newspaper editorials. Outreach materials publicizing the project were consistently branded and produced in both English and Spanish. Primary messages invited community participation through Meetings-in-a-Box and the online survey. Clackamas County developed a Roadmap website linking visitors to the online survey, available downloads of Meeting-in-a-Box materials, and background information.

Roadmap Project Leadership

Decisions Decisions - The Roadmap project was managed and facilitated by Decisions Decisions, a Portland-based consulting firm whose mission is to transform organizations and their leaders by helping people work together effectively, make good decisions, and make a difference in their communities.

As Project Manager, Decisions Decisions' role focused on process design and framing of strategic issues. Decisions Decisions developed the community engagement plan, produced outreach materials, surveys and reports, and provided training and templates for future assessment processes. Decisions Decisions facilitated regular meetings of a small Steering Committee composed of CCPHD leadership, and a group of Community Advisors who worked closely with the project manager to provide input that guided the Roadmap project.

Steering Committee -The Steering Committee's role was to provide leadership, frame decisions, and function as a conduit for community engagement. This involved finalizing the design of the process, recruiting Community Advisors, facilitating communication with internal and external stakeholders, ensuring availability of staff facilitators, developing primary relationships with community leaders throughout the process, and making strategic planning decisions based on community feedback and research. See Acknowledgements for a complete list of Steering Committee members.

Community Advisors -The Community Advisors were a group of 20 leaders whose role was to guide the community engagement process, engage stakeholders and community members throughout the County with the project, and prioritize community feedback for decision making. Advisors were chosen based on the diversity of their leadership roles in the community and their connections to stakeholder groups from across the county. See Acknowledgements for a complete list of Steering Committee members.

Assessments

Three community assessments follow. The first two assessments – *Community Themes and Strengths and Forces of Change* – are based on original data collected through the Roadmap engagement process. These reflect participants’ needs and concerns regarding the health of the county and its residents. The third – *Community Health Status Assessment* – is a data-based assessment produced by CCPHD. It used existing data and established community health indicators such as birth rates, smoking rates, and population information to provide a snapshot of overall community health. Together, these assessments provided valuable information that continues to guide the community health planning processes in Clackamas County.

Community Themes and Strengths Assessment

The purpose of this assessment was to identify themes that interest and engage the community, capture perceptions about quality of life and identify community assets. The information used in this assessment came from two primary sources: the community survey and facilitated community meetings.

Survey

More than 1,000 surveys were completed in English or Spanish. Of these, approximately 400 were online and more than 600 were submitted in hard copy.

Online and printed versions of the survey were identical and contained the following four questions with options for open ended comments:

1. Is there anything you would like to add to this vision statement developed by community leaders for the Roadmap project?
2. How important are the following characteristics to the health and quality of life in your community?
3. How important are the following opportunities and resources to creating healthy communities in Clackamas County?
4. How significant are the following challenges to achieving healthier communities?

The options within each of these questions were based on the results of town hall meetings conducted during the pilot project. Responses were framed on a four point scale: not important, somewhat important, important, and very important. The survey also included common demographic information.

Seventy-five percent of survey respondents were white and 15% were Hispanic/Latino, with the remaining 10% a combination of African American, Asian, American Indian, or other. The respondents’ ages were fairly evenly distributed, including 12% who were high school students. Overall, 67% of respondents have attended college, and 87% have health insurance.

Compared to census data and other estimates, the population completing the survey was twice as likely to be Hispanic (15% survey vs. 7% population estimate) as the overall population, but

rates for health insurance, education, and responses by age range were each within a few percentage points of the population as a whole. While the survey collected more information from a greater percentage of Hispanic residents, the age range, education, and rate of health insurance was generally representative of the county's residents.

Community Meetings

During the community engagement period, fourteen diverse community groups accepted invitations to host feedback sessions for Roadmap. One group was unable to follow through with its feedback session. CCPHD facilitators worked from a defined agenda and asked each group to share their concerns about health and quality of life in Clackamas County. If time allowed, groups also shared their perspectives on trends and events presenting opportunities and challenges for their community. Nearly 200 people participated in facilitated meetings, and each participant was offered the opportunity to evaluate their session.

Survey Results—*Roadmap Vision*

Twenty percent of survey respondents provided feedback on the following vision statement developed by community leaders to guide Roadmap planning efforts.

- A healthy Clackamas County is a place everyone wants to live.
- All people have housing, healthcare, education and work.
- All people have clean air and water, green space, and healthy food.
- All people live in safe neighborhoods, with safe places to exercise and play and access to affordable public transportation options.
- All people feel healthy, supported, and connected to their community.
- All people are able to improve their health and that of others.
- All people volunteer for their community and help make the decisions that affect them.
- Organizations work together to provide useful resources.

Seventy percent of the comments were positive and offered specific suggestions to improve the wording of the vision statement or to add to the vision statement. The most common suggestions fell into the following groupings:

- People share in the responsibilities that create a healthy community, care about the good of the community, feel a part of the community, engage in volunteerism
- Economic development, jobs, community-owned businesses
- Parks, recreation, physical activities, sports, opportunities for exercise
- Arts, culture, and lifelong education
- Healthcare is holistic and includes mental health, dental care, and an emphasis on prevention
- Tolerance, respect, dignity, equality, diversity
- Open land, farmland, natural areas, trails, places to grow food, protected rural areas

Thirty percent of the feedback was negative. Almost all of the negative comments questioned whether the issues described in the vision statement should be the focus of a government-led initiative. Many of the comments also decried the lack of personal responsibility and individual autonomy implied in the wording of the vision statement. These comments ranged from constructive suggestions about alternative language to impassioned statements accusing the project of promoting communism or socialism. Despite wide variations in the way the comments

were framed, most of the respondents seemed to agree that government's main role should be to take care of the most basic services.

Comments included the following:

"Rephrase the vision to reflect reality. It is not the case that 'All people' have the desired features stated, but that the County will strive to provide such features. Suggested rephrasing: A healthy Clackamas County is a desirable place to live. It is a place where efforts are made to provide the public with quality housing, healthcare, education and work..."

"I think it's excellent. And I believe it's possible to achieve. The people in our neighborhood are working hard to help."

"It is not the job of the county to provide all these things. Some of these are up to the people-- are they willing to work for things? Are they willing to live a lifestyle that would allow them these things?"

"People will be healthy if they want to--not if the county tries to regulate them. Resources are worked for by the people that use them and pay their own way."

"I don't think we literally want everyone to want to live in Clackamas County. That first sentence is in need of some revision. Otherwise, this is excellent. It all come back to making this place sustainable. That might be one thing missing from this vision."

"All people have personal shared responsibility to work for realizing a good community."

"Arts and culture add to community sense of well-being, economic health, quality of livability. Arts and culture bring communities together through events, beauty in public spaces."

"Neighborhoods should be a mix of retail, homes and offices; mixed use providing opportunities to live local; work, live and shop locally without constant travelling."

Based on these and all other comments, it was recommended that Roadmap project leadership may have wanted to consider the following changes for future communications about Roadmap goals:

- Clarify the role of government and CCPHD
- Use language that speaks to striving towards goals and creating opportunities instead of describing the future as if the goals have been achieved
- Emphasize the role of individual responsibility
- Replace "where everyone wants to live" with "where the people are proud of their community" or "is a desirable place to live, work and play"
- Expand key categories to include popular areas that can be benchmarked for future success such as locally owned businesses, opportunities for exercise, arts and culture, holistic healthcare, and locally grown food

Important Characteristics of Health and Quality of Life

Survey respondents were asked to rate 14 characteristics of health and quality of life as “not important at all”, “somewhat important”, “important”, or “very important.” The majority of survey respondents rated all of the characteristics on the list as important or very important.

Ranking of Health and Quality of Life Characteristics

The following percentages and ranks are based on responses deeming the characteristic “important” or “very important.” No category received a combined total of less than 80%. The high percentages indicate widespread support for these critical characteristics.

Health and Quality of Life Characteristics	% Rating “Important” or “Very Important”	Overall Rank
Safe neighborhoods	98%	1
Clean air and water	98%	1
Quality education	97%	2
Access to healthy, affordable food	95%	3
Access to affordable health care	93%	4
Access to good jobs	93%	4
Affordable housing	89%	5
Social and emotional support from friends, family, community	88%	6
Greenspaces and Nature	87%	7
Opportunities for physical activity	87%	7
Ability to participate in community decisions and government	83%	8
Accessible public transportation	80%	9
Well funded and coordinated social services	80%	9
Access to information about community resources	80%	9

Generally the responses reflected community priorities for life sustaining essentials (air, water, food, shelter) and a sense of security (safe neighborhoods, health care, and a good job). These priorities are followed closely by social, emotional, and physical supports. Finally, the four priorities with the lowest ratings related to participation in society: decision making, transportation, and access to information about and coordination of social services. The tight grouping of these responses made it less obvious which characteristics are clear priorities. This relative closeness in priority makes it difficult when tough choices need to be made.

Only two characteristics were rated as “not important at all” by 5% or more of respondents. While 80% indicate these two areas are important, they are highlighted to show potential polarization of perspectives on the issues.

- Accessible public transportation (7%)
- Well funded and coordinated social services (5%)

Comments from many respondents consistently showed a preference for small government.

Themes include: lower taxes, limitations on public investment for public benefits, and feeling that government is too intrusive in people's private lives. Rating social services and transportation as low priorities are consistent with these preferences. Some comments along these lines include the following:

"People want to drive their cars rather than be crammed into public transportation that doesn't really get them where they want to go."

"Many of these questions imply a role for government where government has no business."

"The County needs to stop spending taxpayer resources on garbage like this and stick to the core functions instead of coming up with new ways to take away our freedoms."

"It's the personal responsibility of people to provide for themselves."

"Encourage self-sufficiency not entitlement. Hard work for all leads to a healthy community."

"And frankly, I don't give a damn if anyone else ever moves here."

Other comments included the following:

"Organize a volunteer group to help come up with a solution for low-employment rates."

"Support systems for the elderly and those with very low incomes."

"More affordable preschool available for those who fall between the cracks due to income."

"Getting healthy doesn't mean taking a diet pill or any other pill. There are natural ways to get healthy."

"Have more parks for children that are safe and have better quality volleyball nets."

"Kids cannot be active and healthy without more parks."

"All people should be well informed about changes in the community."

"All people have access to and affordable opportunities to participate in artistic and cultural activities."

"People of different backgrounds respect each other and everyone's civil rights are protected."

"Prioritize sustainability so that food production, transportation, and housing use local and renewable resources and limit use of fossil fuels and petrochemicals."

"Discourage large chains and big-box companies and do not offer incentives to locate in Clackamas County."

“Clackamas County should be a laboratory for entrepreneurs and start-up companies.”

“Don’t have huge swathes of concrete and asphalt cutting through farm land.”

Important Opportunities and Resources for Creating Healthy Communities

Survey respondents were next asked to rate a list of 11 resources as “not important at all”, “somewhat important”, “important”, or “very important.” They were also given the opportunity to add their ideas for any other opportunities and resources that could help to create healthier communities.

Ranking of opportunities and resources

The following percentages and ranks are based on responses deeming the opportunity or resource “important” or “very important.” The high percentages indicate widespread support for the listed resources. The distance between the rankings indicates the relative priority of these options.

Opportunities and Resources For Creating Healthy Communities	Rate Important or Very Important	Overall Rank	*Examples of Existing Resources
Safety Services – 911, fire, police	98%	1	<ul style="list-style-type: none"> • C-COM provides 9-1-1 emergency and non-emergency call taking service to the public, and radio dispatch services to 6 law enforcement agencies and 9 fire districts/departments • 17 fire stations with more than 200 employees and volunteers
Libraries	86%	2	<ul style="list-style-type: none"> • 13 county and public libraries
School-based resources and health centers	81%	3	<ul style="list-style-type: none"> • 2 school based health centers
Volunteering	80%	4	<ul style="list-style-type: none"> • The Volunteer Connection connects hundreds of individuals to volunteer service by working in partnership with ~200 community organizations
Jobs close to where people live	80%	4	<ul style="list-style-type: none"> • Mean travel time to work for workers aged 16 and older: 26 minutes
Small farms, gardens, and farmers markets	80%	4	<ul style="list-style-type: none"> • 7 farmers markets
Quality affordable childcare	80%	4	<ul style="list-style-type: none"> • Federal and state child care funds are available to low-income, working families from the state’s Department of Human Services (DHS). • There are 2 local DHS available in Clackamas County.
Technology and internet access	80%	4	<ul style="list-style-type: none"> • There are numerous internet service providers available within the county (approx. 30). • A Clackamas County project to provide public broadband internet access across 180 miles of the county and will potentially benefit 400K residents over the next 3 years.

Nonprofit, faith-based, and community organizations	76%	5	<ul style="list-style-type: none"> • There are many non-profits in the county focused on a variety of industries. Each respective city within the county has a Chamber of Commerce that is the best resource for discovering specific information. • A large number of faith-based organizations are located in the county and serve individuals with a variety of beliefs.
Community trainings and education on safety, health, and sustainability	74%	6	<ul style="list-style-type: none"> • Clackamas County Public Safety Training Center • HEAL grants: provides health and wellness educational courses • Clackamas County Office of Sustainability: offers community trainings and education workshops
Public-Private community partnerships	74%	6	<ul style="list-style-type: none"> • A variety of Clackamas County department have community partnerships with private organization. • Examples include the Social Service Department's Volunteer Connection program and Immunization Program's partnerships with medical providers to give county residents reduced cost vaccines.

*Examples of existing community assets/resources that can be mobilized to address health issues within Clackamas County

Again, safety tops the list, this time by more than 10 percentage points. It is followed by preferences for resources to support the physical, social, and financial well-being of individuals and families. Libraries, farmers markets, and school-based centers are all multi-purpose gathering spots. Technology, especially in rural areas, provides an essential link to other people and information. Internet access is crucial for job searching and quality childcare supports stable employment.

Respondent comments suggested that volunteering is both a personal contribution as well as a resource when that contribution is received by someone in need. It is closely connected to the community organizations, trainings, and partnerships that provide social connections for people and generate shared benefits for the community through their work.

Three opportunities/resources were rated “not important” by five percent or more of respondents. These are included to indicate areas where opinions are divergent. “Quality, affordable childcare” surprisingly topped the list of opportunities/resources ranked “not important” even though 80% of respondents ranked it “important” or “very important.”

- Quality, affordable childcare (5%)
- Community trainings and education on safety, health and sustainability (5%)
- Community partnerships between public and private agencies (5%)

The following is a sampling of comments on additional opportunities and resources that would help create healthy communities:

“Affordable recreational activities”

“MHS health clinic for students”

“Better food places, less things like McDonalds and more of the healthy food places”

“The cultural side of education and community-like our music in the park series, public art and so forth”

“Mental health services and housing”

“Opportunities to obtain employment that provide better health benefits”

“Youth and community centers”

“Culturally appropriate services to the ever growing Latino community”

Community Meeting Results

During a two month period, fourteen groups (see Community Organizations listed on page 4) were asked about their concerns regarding health and the quality of life in Clackamas County. Discussions at these community meetings were rich and revealing. The format of the meeting produced somewhat different results than the surveys. Not confined to written options on a survey, participants in these meetings worked together to connect issues and generate creative suggestions for change. The following issues topped the list of their concerns:

- **Transportation** - Lack of access to efficient affordable transportation, especially public transit services impacts everything from school attendance, ability to get a job, access to health and social services to maintaining social relationships and participating in the community.
- **Health and physical education for students** - Prevention education and access to physical activity in and out of school were top concerns.
- **Access to healthcare** - There is increasing awareness of both a lack of providers and a lack of affordable coverage and services across the spectrum of healthcare: primary care, mental health, dental and vision.
- **Homelessness** - Concerns not only included how to provide for the increasing population of homeless adults and children, but also greater economic disparity and access to affordable housing.
- **Awareness of community resources** - Many people are unaware of the resources available to them or confused about how to access resources they could receive.
- **Food security** - Reliable access to affordable nutritious food, particularly lunch options for students, came up as an essential ingredient in sustaining personal health.

Less common, but frequently mentioned community needs identified in community meetings included the following:

- Infrastructure in the built environment that encourages physical activity such as parks, sidewalks, and bike lanes
- Cultural awareness and appropriate information
- Availability of good jobs
- Opportunities to participate in community decisions

Considerations for Decision Making

The discussions at community meetings prompt several interesting questions:

- How can we influence the design of our communities and the means of travelling from place to place in ways that support health?
- How can we increase access to prevention-based health education among children and youth?
- Are there ways to partner with local farmers to increase access to healthy, affordable food while creating local jobs?
- How can communities do a better job informing people of resources that will help them be healthy, productive citizens?
- What are the connections between economic inequality and the growing need for social services, especially affordable housing and homeless shelters?
- What options are available to communities interested in sustainable local economies?

Forces of Change Assessment

The purpose of this assessment was to identify forces that were occurring or will occur that will affect the community or the local public health system. This information comes from two primary sources: the community survey and facilitated community meetings.

Survey Results—Challenges to Achieving Healthy Communities

Survey participants were asked to rate a list of 11 challenges to achieving healthier communities as “not a challenge”, “somewhat of a challenge”, “big challenge”, or “impossible challenge.” They were also given the opportunity to add any other significant challenges to creating healthier communities. In looking at public perceptions of where to make change we focused on those ranked as “big challenges” because they are significant and arguably the right size to do something about. “Impossible challenges” are possibly too big to impact, and issues perceived as “not a challenge” may be important, but unrecognized. For these issues at the extremes it may be difficult to generate the levels of support needed to make a difference.

Ranking of big challenges

Challenges to Achieving Healthy Communities	% Rated “Big Challenge”	Overall Rank
Not enough resources to pay for what’s needed	67%	1
Many people suffer from disease, addiction, and mental illness	52%	2
Lack of political will to make change	52%	2
People aren’t involved in decisions that affect them	52%	2
Lack of agreement about community priorities	51%	3

Overall, there was less agreement by survey respondents around challenges than there was around characteristics of healthy communities or opportunities/resources. However, concern about a lack of resources to pay for what people need is clearly more widely shared than any other challenge. A majority of survey respondents also recognized the challenge that many people are suffering from long-term health problems of the physical body and the mind.

The remaining issues ranked as “big” challenges focused on political decision making. Perhaps these issues are connected. Lack of involvement can lead to lack of agreement about community priorities, which in turn can fail to generate the political will to make change.

Top Ranked Impossible Challenges

There were three challenges that garnered the most “impossible” ratings from survey respondents.

- Leaders not understanding citizens’ problems (13%)
- Difficult to get places without driving (12%)
- Many people suffer from disease, addiction, mental illness (11%)

These three challenges clearly stood out above the others in numbers of respondents deeming them “impossible.” The first challenge echoes the political decision-making concerns of the last three challenges in the table above. The second is likely a reflection of the geographic expanse of the county. And the third continues the theme of concern about the number of people suffering from physical and mental diseases also seen in the table above. People may not feel they have the tools to solve these problems, or they may accept them as “just the way things are.” These impossible challenges are likely to remain challenges until a majority is inspired to overcome them.

Not Challenges

On the other end of the spectrum are the issues that are not perceived as challenges. Among these, two variables stood out:

- Modern life is out of balance with nature (15%)
- No single place to find organizations and resources (14%)

These may have been challenges that some saw as relatively unimportant compared to the others, or perhaps people did not recognize the issue as a challenge because it did not impact them directly. Either way, these responses helped identify what may be a big problem facing Roadmap and CCPHD decision makers – the mismatch between what community health leaders believe to be important and what community members recognize as important.

The following is a sampling of comments on challenges from survey respondents:

“No desire to understand the community and help out.”

“Our health is considered a personal thing, not a community thing. We don’t think of working together to improve it. For most of us (or at least for me), personal health is a low priority in terms of time given to it. Community health would be an even lower priority.”

“Price of activities, healthy lifestyles, and memberships is a major barrier for everyone.”

“More communication, more community help of all kind, shelter, food.”

“In a free society, people should be able to succeed or fail in life by their own hand. We make our choices and must live with the results of those choices without the expectation that a family on the other end of the county is obligated to bail you out.”

“Getting people motivated to care and get involved - big challenge.”

Additional Challenges

Follow up questions in the survey and at community meetings asked for information about the trends and events that pose challenges to health and quality of life. Feedback on trends and challenges highlighted social and financial gaps in the community. Respondents were polarized in their articulation of the need for people to rely on themselves and the reasons for relying on each other to better address various challenges and plan for the future of our communities.

Other themes that were discussed include:

- **Social isolation** - People are increasingly less connected to their communities, especially in rural areas. Business communities are isolated and unengaged. Children do not develop connections when their parents are disconnected.
- **Lack of a sense of the collective, the common good** - People need to consider both their personal responsibility for health and the responsibility that we have to work together to improve the health of the community.
- **Rigid, polarized attitudes** - Polarization reduces productive community dialogue and prevents agreement on common priorities. People can be prejudiced and intolerant. Our leaders aren't hearing the people.
- **Economic disparity** - Economic disparity increases stress and reduces access for poor individuals to health care, healthy food choices, education, and community activities. The price of a healthy lifestyle is a major barrier.
- **Population growth** - Growing numbers of residents increase demand for care when there is already a provider shortage. This is of particular concern for seniors who have complex medical needs.

Considerations for Decision-Making

Themes in both the survey and the community meetings focused on empowering both individuals and communities to address health, particularly by focusing on prevention rather than crisis intervention. Individuals need education, information, and opportunities for physical activity. Communities are encouraged to focus on listening to the needs of citizens, developing responsive local goals and programs, efficiently coordinating services and resources, and creating arts and cultural opportunities that build community connections.

The following were ideas and options generated from survey comments and community meeting discussions:

- Connect people to available resources and provide information about the best healthcare access points and eligibility requirements

- Produce a resource guide, especially for rural areas
- Expand services and hours for increased access to 211 Info
- Localize health access options and places to receive health information
 - Create community health centers and mobile healthcare access points
 - Establish community based Physician's Assistants
 - Publicly recognize providers who accept Medicare and Oregon Health Plan (Medicaid) clients
 - Host classes on prevention and life skills such as parenting, anger management, food preparation
- Increase year-round options for physical activity for children and adults
 - Build bike paths, sidewalks, and pedestrian focused business centers
 - Increase physical education in schools
 - Develop parks, community athletic centers, and nature trails
- Create opportunities that build health through art and culture and community building
 - Support community festivals and celebrations
 - Pair seniors with school students for mentoring, tutoring
 - Utilize available undeveloped land for gardening projects
 - Create places for kids to socialize

Community Health Status Assessment

The purpose of this assessment was to provide a snapshot of the current health of Clackamas County using standard indicators of community health. Primary data come from vital statistics sources including birth and death certificates, as well as the state communicable disease database. The secondary data included in this assessment were collected from various sources that are cited, but primarily from the Oregon Health Authority, Center for Health Statistics and the US Census Bureau.

The selection of health indicators came from the Core Indicators for Community Health published by the National Association of County and City Health Officials (NACCHO). From there, data was narrowed down based on two main criteria:

- 1) Valid data available for Clackamas County or the region, and
- 2) Data that had a comparable national benchmark from *Healthy People 2010* Health Indicators.

Healthy People 2010 is a federal government initiative that developed a set of health objectives for the nation to achieve over the first decade of the new century. It is used by states, communities, professional organizations, and others to help develop programs to improve health. The *Healthy People 2010* goals were developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. *Healthy People 2010* goals are referenced frequently throughout the Community Health Status Assessment.

Most of the health statistics presented here continue to have the potential to greatly impact the overall health of the community. For example, examining trends in population growth can support planning in culturally specific health services, density and population planning, and the future needs of community services. Reviewing data on specific individual health behaviors, and comparing local trends to national trends, allows health advocates to see how Clackamas County residents are measuring up to national standards. It also allows planners to draw conclusions as to the impact that high-risk health behaviors may have on the future medical and social service needs of the county.

When it comes to the health of its residents, Clackamas County is anything but homogeneous, and is shaped in part by social determinants of health. According to the World Health Organization, the social determinants of health are the conditions in which people are born, grow, live, work and age. There are a variety of contributing causes to health challenges that generally affect high risk minority, low-income and uninsured populations. Specifically, the factors addressed in this assessment include built environment and socioeconomics, as well as chronic and communicable diseases. Although we understand that these social determinants may highlight certain differences among subpopulations in the county, the data available are limited in scope due to small numbers and lag time from collection to distribution. When possible, this report provides stratified data to distinguish these differences.

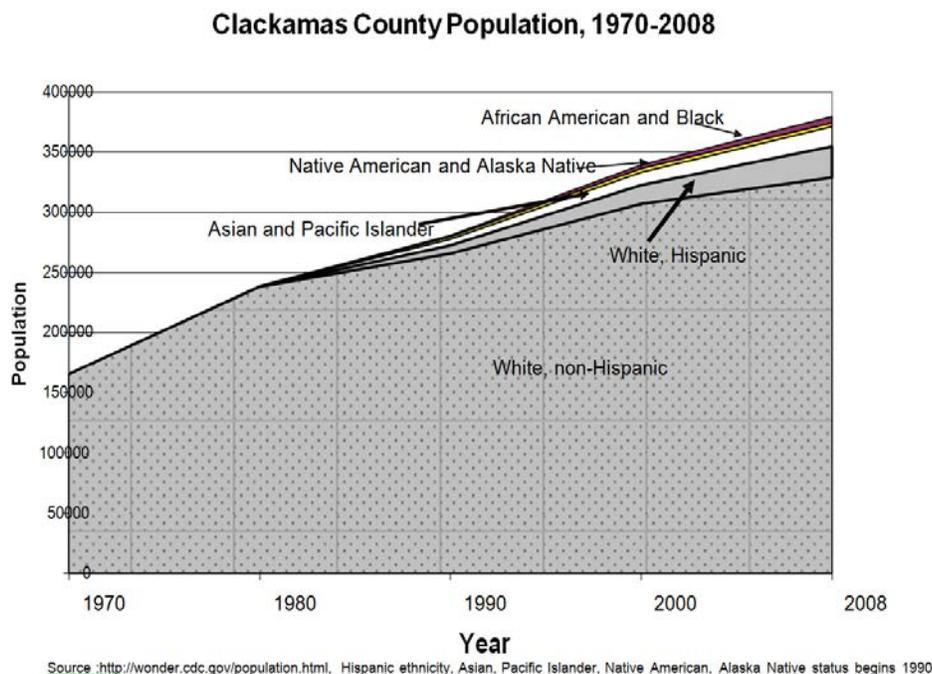
County Demographics and Growth

Clackamas County has more than doubled in population over the past 40 years. The majority of the numerical growth has been in the White, non-Hispanic population. However, in the years since race/ethnicity began to be tracked in the US Census (1980 and beyond), there has been rapid growth of residents identifying themselves as White, Hispanic and Asian and Pacific Islander.

According to 2008 population estimates, Clackamas County residents identify their race/ethnicity as follows:

White, non-Hispanic	87%
White, Hispanic	7%
Asian/Pacific Islander	4%
Native American/Alaskan Native	1%
African American/Black	1%

The diagram below illustrates the County's rapid growth over the last several decades. While it shows steady growth in the White, non-Hispanic population, it also shows a greater increase, especially in the last decade, in the White, Hispanic and Asian/Pacific Islander populations.



As the population of the County grows it is important to plan on both serving more people and serving different kinds of people. Acknowledging the impact of culture on health and educating providers on culturally appropriate practices will be increasingly important.

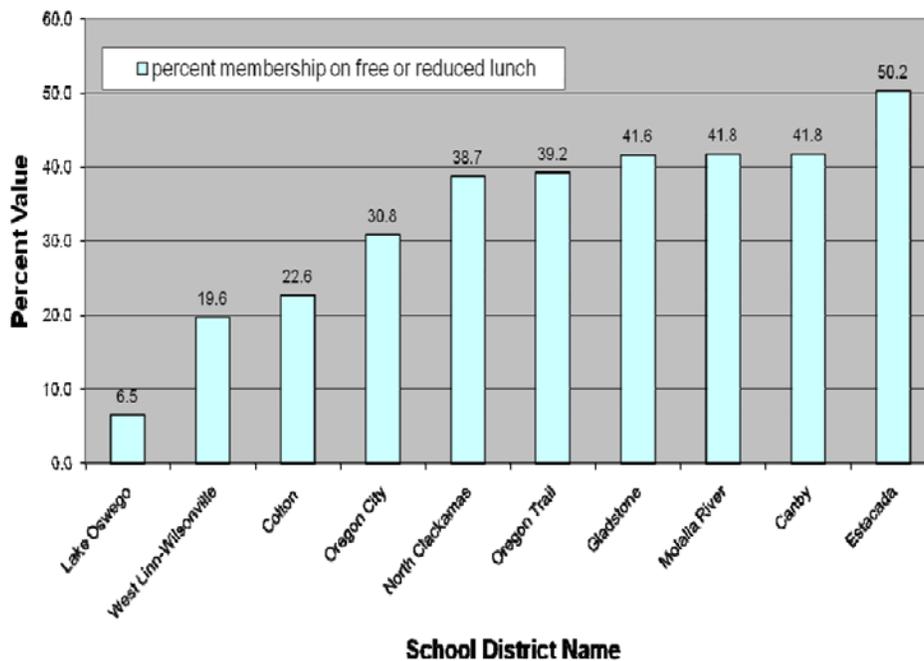
Socioeconomic Indicators

Unemployment - Unemployment rates in Clackamas County, not seasonally adjusted, in 2008-2009 follow the same trend as Oregon rates and are much higher than during the 2000-2002 economic down turn. Clackamas County unemployment rates rose from around 5% in 2008 to more than 10% in 2009. This difficult economy is a factor in all aspects of life and health in the County and will be a factor in community receptiveness to new initiatives.

Free and Reduced Lunch - Free and reduced price school lunch is an up-to-date measure of low-income status among families with children. The data charted below aggregates all schools from each district into a single measure, however, within some districts there can be a wide range in the proportion of children receiving free or reduced price lunch from school to school. Estacada School District has the largest percent of total elementary student membership that receives free or reduced lunch at slightly more than 50%.

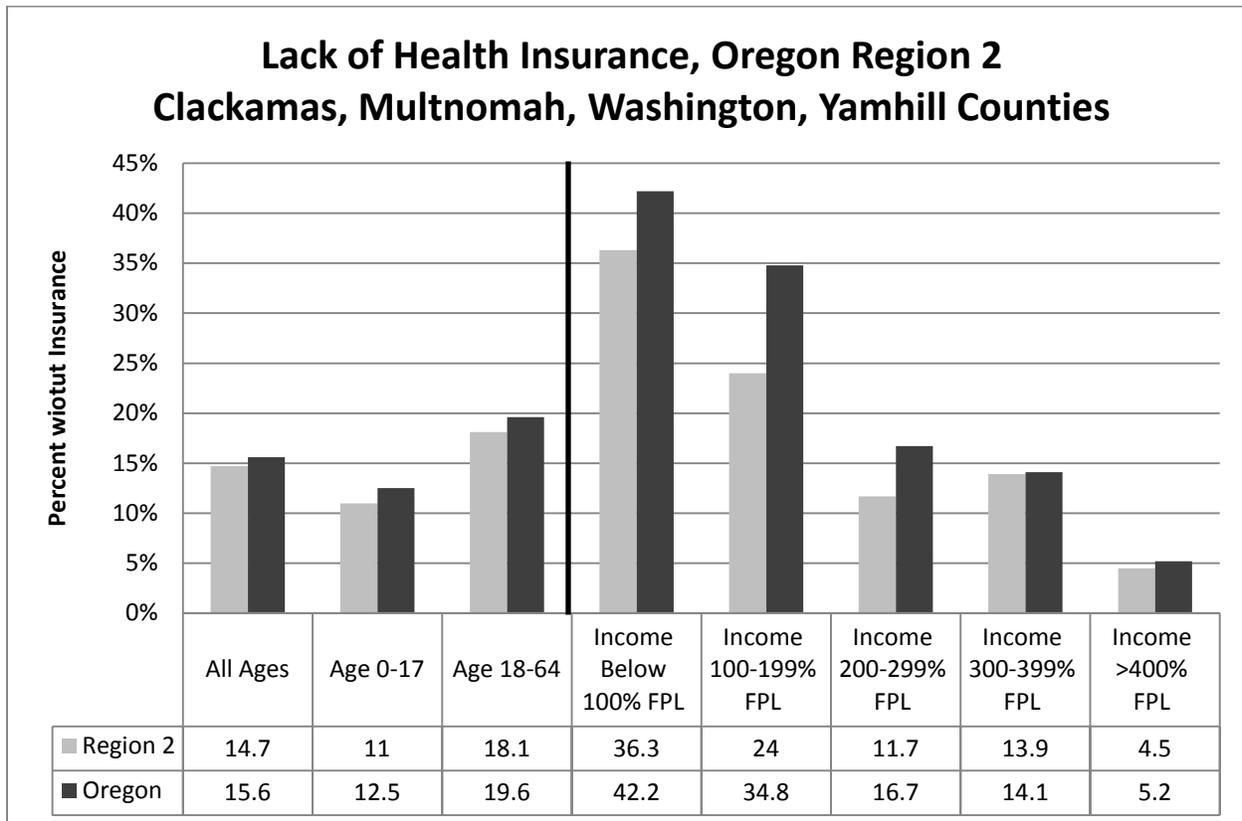
**Percent of District Membership on Free or Reduced Lunches:
Elementary Schools only, 2008-09**

source: Oregon Department of Education. <http://www.ode.state.or.us/initiatives/erate/0607ff1.pdf>



Health Insurance

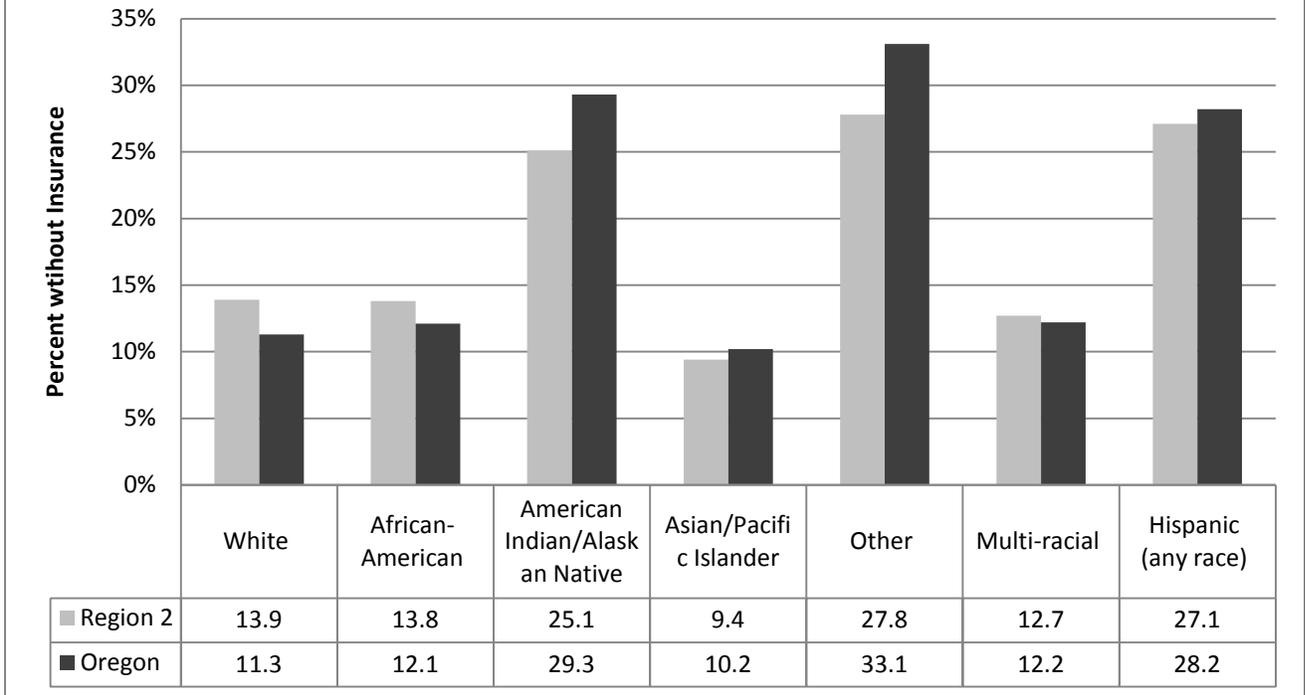
Data on health insurance status is available for the entire Portland metropolitan area. The information in the following diagram is subdivided by both age and income level, but not by individual county.



The overall proportion of metro area residents without insurance is approximately 15%. It is slightly lower among those under age 17 (about 12%) and slightly higher among adults under age 65 (almost 20%).

The lowest rates of health insurance coverage are among low-income individuals. More than 35% of those people in the metro area who live below the designated Federal Poverty Level (FPL) have no health insurance. In addition, nearly 25% of those living at up to 200% of FPL are uninsured. Statewide, lack of health insurance among low-income individuals is slightly worse than in the Portland metro area.

Lack of Health Insurance by Race/Ethnicity, 2006, Oregon Region 2



This diagram illustrates the number of uninsured in the metro area by race/ethnicity. The percent of people without health insurance coverage is lowest among those identifying as Asian/Pacific islander (10%). The number of uninsured is similar among White, African-American, and multi-racial residents (about 12%), and highest among American Indian/Native Alaskans, Hispanic (any race) and those identifying as 'Other' race (more than 25%).

There is likely some relationship between socioeconomic issues as they relate to the various racial/ethnic groups and the lack of health insurance. In addition, there may be issues of immigration status that are affecting the numbers of uninsured. In addition, these numbers imply a need for cultural competency among providers who do serve the uninsured.

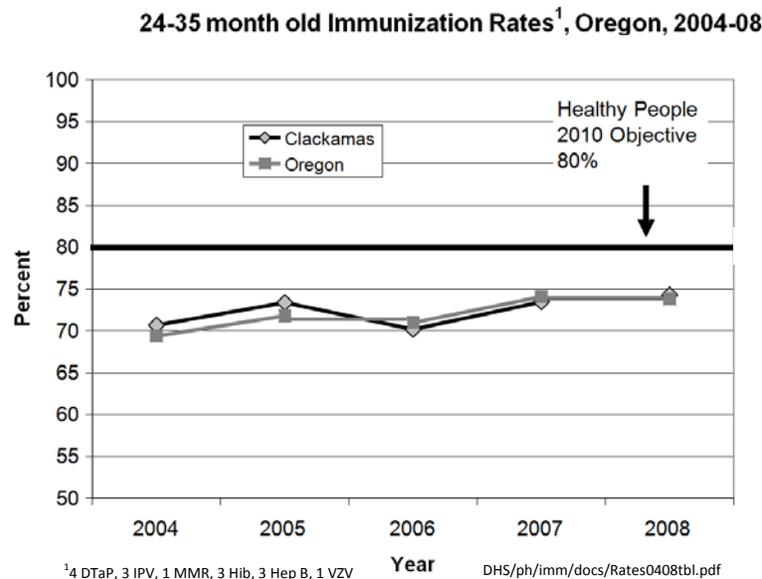
People who have no health insurance or who are underinsured tend to go without needed medical care or mental health services. They may delay getting care until their conditions are urgent or emergent. Such denial or delay of medical care leads to untreated chronic illness, a lack of preventive care and the need for more expensive care in the end.

The financial burden of caring for the un- and underinsured is ultimately shouldered by the entire community. In 2007, the Oregon Health and Sciences University estimated its uncompensated care at \$71 million (Portland Tribune, 10/30/09). These costs must be covered somehow and is likely that they result in higher medical care costs across the board.

There are *individual* costs to the lack of adequate health insurance as well. Illness, financial difficulty, disability and/or the inability to work and even death can be the results for people who have no help with their medical costs.

Communicable Disease Prevention

The immunization of young children protects children as individuals and protects the community overall by preventing the spread of vaccine-preventable diseases like measles, mumps and whooping cough. Immunization rates are one common indicator of the overall health of a community.



The diagram above illustrates that Clackamas County immunization rates of young children closely resemble the statewide rate. Both are stable, but remain below the national Healthy People 2010 goal of 80%.

Local public health has a long history of promoting and providing immunizations and of tracking immunizations for school-aged children.

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) is an on-going telephone health survey system, conducted by the national Centers for Disease Control and Prevention (CDC). The BRFSS has tracked health conditions and risk behaviors in the United States since 1984.

Physical Activity - Based on information gathered from the BRFSS survey, the most significant recent change in health risk behavior in Clackamas County is that adults reported exercising more between 2002 and 2005, than they reported in 1997. The percent of Clackamas County adults who met the CDC requirements for physical activity rose from less than 30% in 1997 to more than 50% in 2002-2005.

Obesity - Though adult physical activity has climbed in recent years, the percent of adults classified as obese has continued to increase. Weight status is assessed using the body mass index (BMI), which shows whether a person's weight is in a healthy range for his/her height. (BMI is determined by dividing the weight in kilograms by the height in meters, squared (kg/m²). An adult is considered obese if the body mass index is greater than 30. The number of adults in Clackamas County with a BMI greater than 30 has increased from less than 15% in 1997 to 20% in 2002-2005. This is well above the Healthy People 2010 goal of 15% and is moving in the wrong direction.

Obesity has important implications for people's health. The CDC estimates that more than 100,000 Americans die each year from illnesses related to poor nutrition and physical inactivity, e.g. heart disease, stroke and diabetes. In 2003, 1,400 Oregonians died prematurely as a consequence of poor diet and/or a sedentary lifestyle — almost four people every day. Regular physical activity and lower calorie intake can reduce the risk for obesity and may be appropriate targets for public health energies.

As the cost of private fitness programs are prohibitive for many, attention to developing public activity spaces – parks, bike paths, sidewalks, trails, etc. – may provide the environment needed to combat obesity and obesity related illnesses.

Smoking - The number of adults in Clackamas County who smoke rose between 1997 and 2000-2001 and remained steady at just more than 20% in 2002-2005. This remains above the Healthy People 2010 goal of 12%.

According to the CDC, the adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly 1 of every 5 deaths, each year in the United States. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.

The health effects of smoking and secondhand smoke are well publicized and well-documented. Health issues arising from or made worse by smoking include coronary heart disease, stroke, lung and other cancers, emphysema, asthma, low birth weight, pre-term delivery and Sudden Infant Death Syndrome (SIDS).

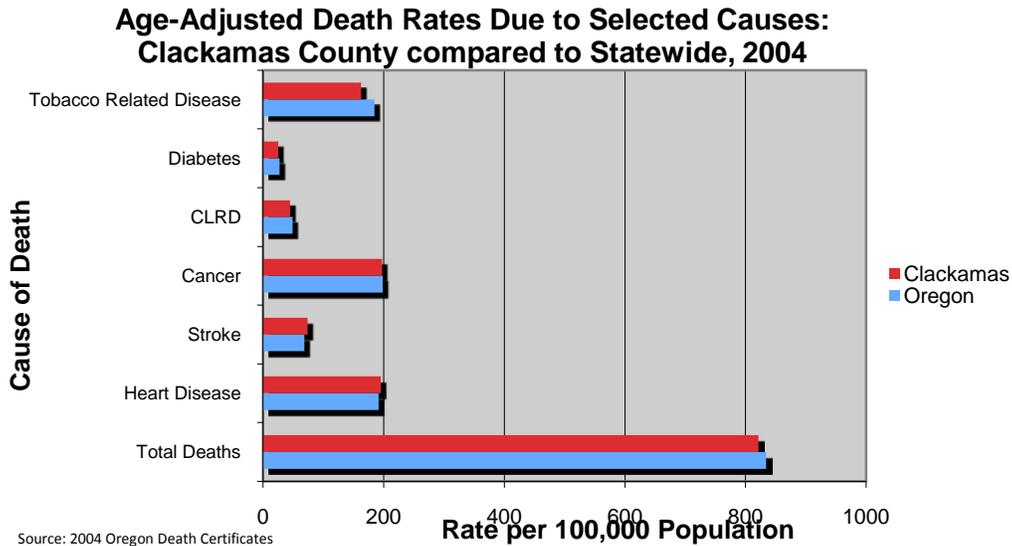
CCPHD currently has a Tobacco Prevention & Education Program. The program's mission is to reduce tobacco-related illness and death by:

- Reducing exposure to secondhand smoke by creating smoke-free environments.
- Decreasing youth access to and initiation of tobacco use.
- Increasing access to cessation services.

Healthy Diet - Finally, the number of adults who consumed the recommended 5 servings of fruits and vegetables per day remains low. Less than 30% of adults reported getting in their 5-a-day requirement. Eating fruits and vegetables helps contribute to a lower calorie, higher fiber, lower fat diet that can combat obesity and its related diseases.

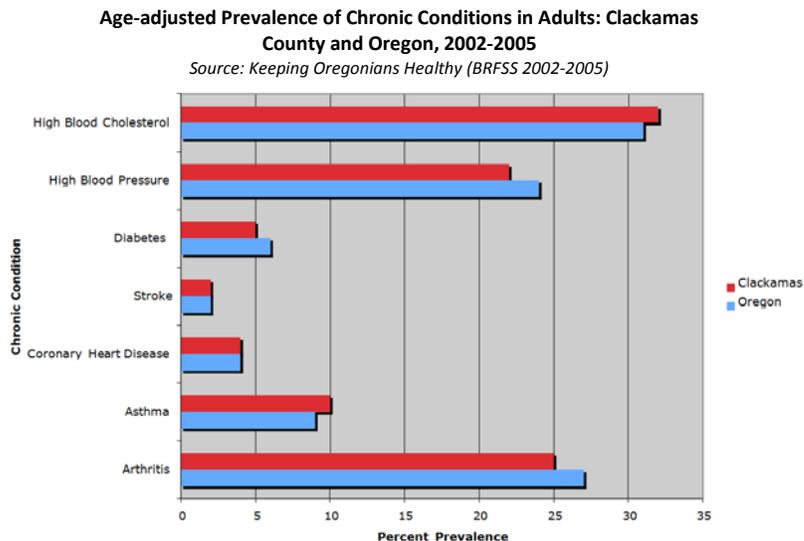
Death Rates

The diagram below shows that death rates for Clackamas County are similar to statewide rates and are highest for Heart Disease, Cancer, and Tobacco-related disease. There have been no significant changes in death rates for the period 1997 to 2004 for common chronic diseases.



Chronic Disease

The prevalence of chronic conditions in adults, as reported in BRFSS surveys from 2002 to 2005, indicates that Clackamas County residents have a similar prevalence of most diseases when compared to all Oregon residents.

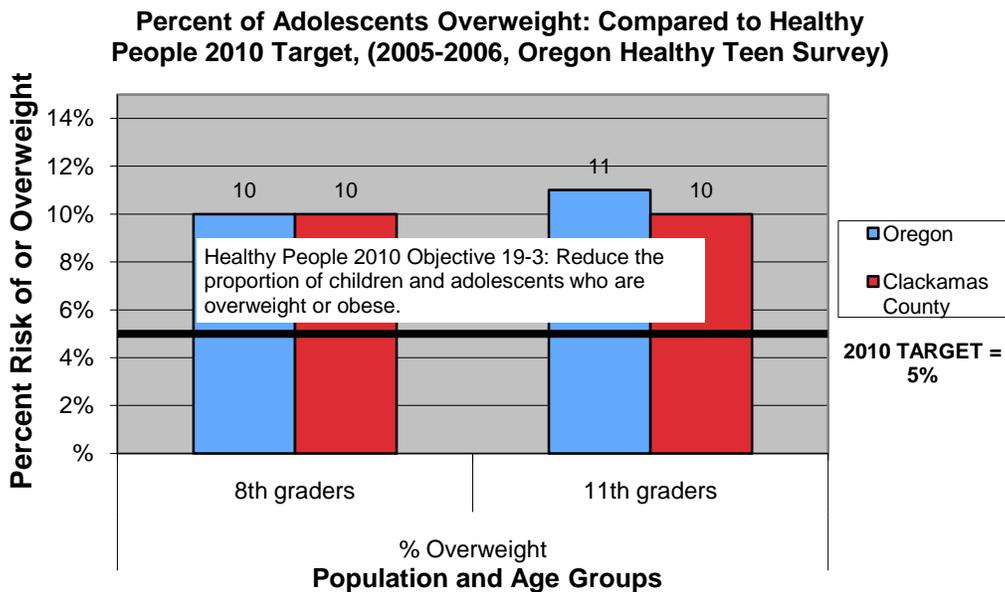


An emphasis on community health can have an effect on many of these chronic conditions. High cholesterol can be modified by lifestyle – diet and physical activity. Asthma is affected by outdoor and indoor air quality. Diabetes, coronary heart disease and arthritis are all exacerbated by obesity.

Youth²

Obesity in Adolescence - Obesity in adolescence is directly related to obesity in adulthood. Obesity, at any age, increases the risk for a number of chronic diseases as discussed in the obesity section above.

Clackamas County 8th and 11th graders surpass the target for percent of adolescents who are overweight at both ages. Healthy People 2010 set a target that by 2010, only 5% of adolescents aged 12-19 will be overweight or obese. The diagram below shows that twice that percent of Clackamas County and Oregon youth are overweight. Adolescents are learning to make health related choices that will affect the rest of their lives. Targeted health education programs may affect the health of the entire community in the long run.



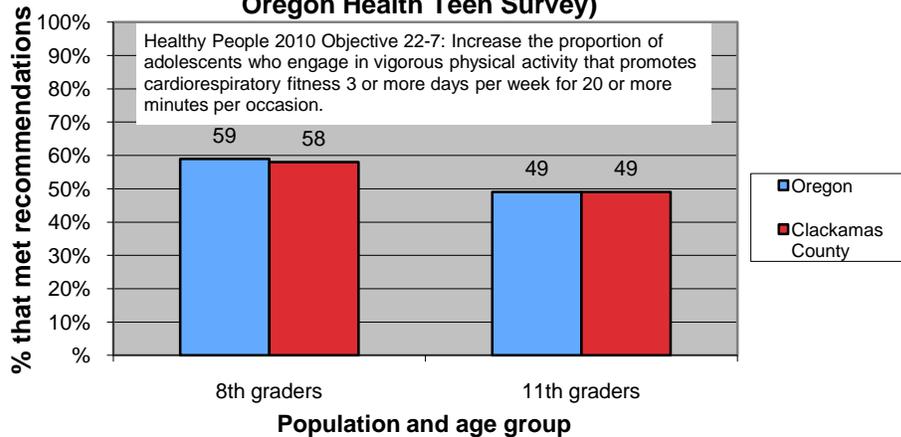
Physical Activity - Youth were also asked to report doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on five or more days during the seven days before the survey. The Healthy People 2010 goal is to increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion. Although the wording of these two statements differs slightly, this is the objective identified as the comparable benchmark.

As shown below, fifty-eight percent of Clackamas County 8th graders and 49% of 11th graders met the Healthy People 2010 recommendation for physical activity. It is interesting to note that the percent meeting the requirements fell by 9 points from 8th to 11th grade.

Both Clackamas County and Oregon youth report engaging in about the same level of physical activity per week. Common factors contributing to levels of physical activity (high and low) are: participation in school activities which promote activity, neighborhood environments, and amount of daily screen time (e.g. TV, computer, video games).

² The source for all youth data is the Modifiable Risk Factors for Chronic Disease among Youth, by CountySource: Keeping Oregonians Healthy, Oregon Healthy Teen Survey, 2005-2006.

Percent of Adolescents who Met the CDC Recommendations for Physical Activity (2005-2006, Oregon Health Teen Survey)



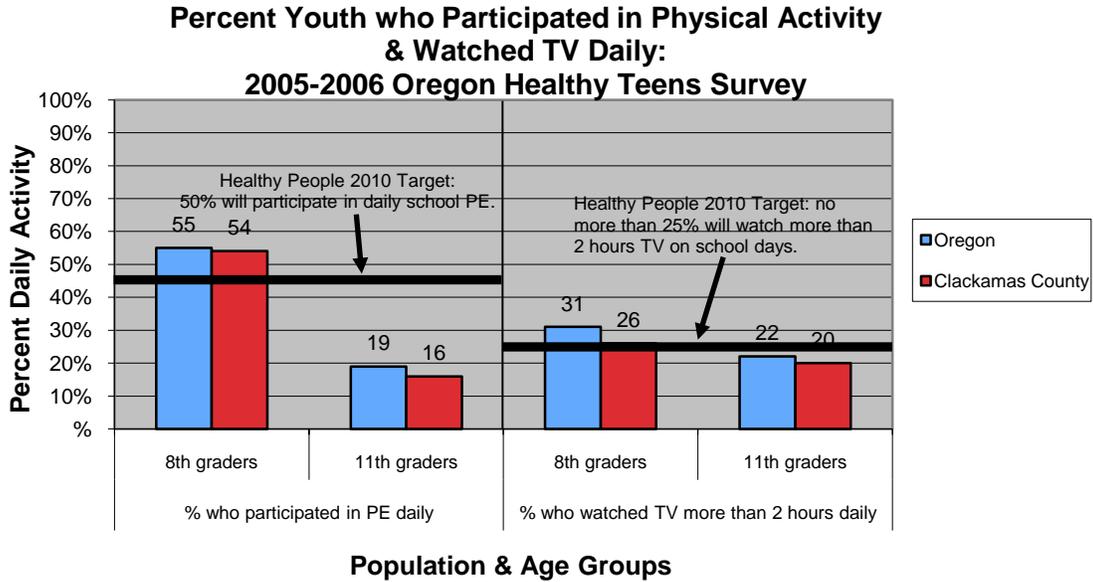
Healthy Diet

Youth were also asked to report eating fruits and vegetables at least five times per day during the past seven days. This varies from the Healthy People 2010 objectives in that youth are asked to report their average during the past seven days, rather than the average number of daily servings. Additionally, the comparable Healthy People 2010 objectives are written as two objectives: target for fruit (75%) and target for vegetables (50%).

Both Clackamas County and Oregon youth reported eating the same amount of fruits and vegetables – significantly less than the recommendations. Only 18% of 8th graders and 24% of 11th graders reported eating five servings of fruits and vegetables a day. A diet high in fruits and vegetables is commonly reported by health and nutrition experts as likely to reduce the risk of chronic diseases and certain cancers.

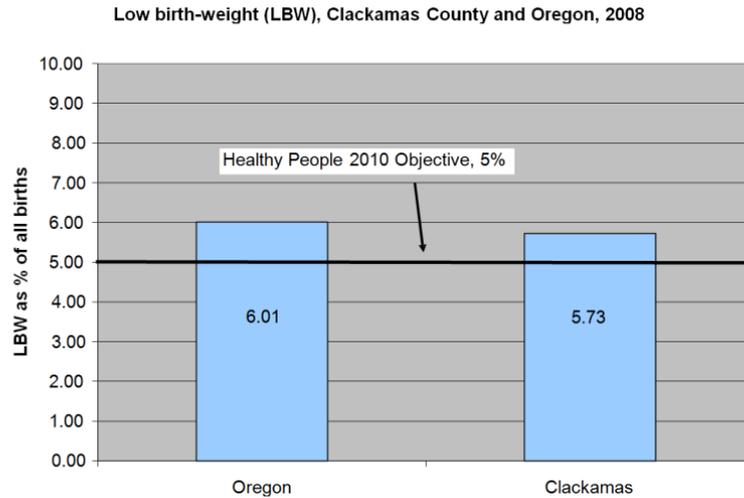
Sedentary vs. Physical Activity - The Healthy People 2010 target goal is that 75% of adolescents will view television two or fewer hours on a school day. Or restated in reverse, only 25% of adolescents will watch television for more than 2 hours on a school day. As shown below, 26% of 8th graders and 20% of 11th graders reported watching more than 2 hours of television on a school day. This is very close to the target goal.

Additionally, 8th graders reported participating in physical education at a significantly higher rate than 11th graders. Hence, in the course of four years, youth are participating in less physical education and watching less television.



Maternal and Child Health

Low Birth Weight Births - The proportion of low-birth weight births among Clackamas County residents is slightly below the state average, but as seen in the diagram below remains above the Healthy People 2010 objective.



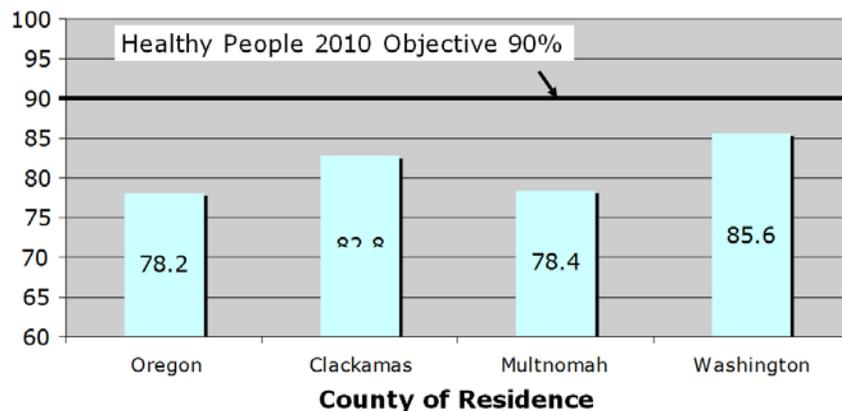
Health problems for low birth weight babies include respiratory, gastrointestinal and neurological issues. In addition, according to the March of Dimes:

“Some studies suggest that individuals who were born with low birth weight may be at increased risk for certain chronic conditions in adulthood. These conditions include high blood pressure, type 2 (adult-onset) diabetes, and heart disease. When these conditions occur together, they are called metabolic syndrome. One study found that men who weighed less than 6 1/2 pounds at birth were 10 times more likely to have metabolic syndrome than the men who weighed more than 9 1/2 pounds at birth.”

Addressing the issue of low birth weight births may help reduce the incidence of disease and associated social and financial costs in the future.

Early Prenatal Care - Women in Clackamas County received first trimester prenatal care more often than the state average, but not as often as women in neighboring Washington County. Oregon and Portland metro area counties have not yet achieved the Healthy People 2010 goal of 90% (see below).

Percent Total Births starting Prenatal Care in 1st Trimester, 2007
Source: Oregon, Center for Health Statistics



Air and Water Quality

There is only one air quality monitoring station in Clackamas County. In 2009, it recorded two days with unhealthy air quality. Unfortunately, there are no particulate monitoring stations in Clackamas County. For comparison, five days of unhealthy air quality by this measure were noted in both neighboring Washington and Multnomah counties in 2009.

There is no Clackamas County specific public drinking water data available. However, statewide in 2008, 97% of Oregon residents were served by water systems that met all quality measures for the entire year.

Community Health Assessment 2012 Status Update

This health status update provides a current look at selected health indicators from the initial Roadmap project's assessment. By considering data and baseline measures (e.g., Healthy People 2020) that are more recent, we are able to continue discovering trends and issues that are both positively and negatively affecting the residents of Clackamas County.

Why do a community health assessment?

A health assessment provides an opportunity to see how our county compares with the rest of the state of Oregon and national goals. It highlights areas needing attention as well as successes that should be maintained. This health assessment emphasizes trends whenever possible. Trends over time help us to identify emerging problems, keep track of known problems, and to evaluate efforts to prevent illness and promote health. Specifically these trends may:

- Predict future challenges and the need for services;
- Identify changes in health habits that help focus prevention and service efforts;
- Identify the most serious illnesses of our residents by looking at the causes of death among residents, and;
- Identify conditions that lead to the greatest health care costs.

Helpful Tips for Reading

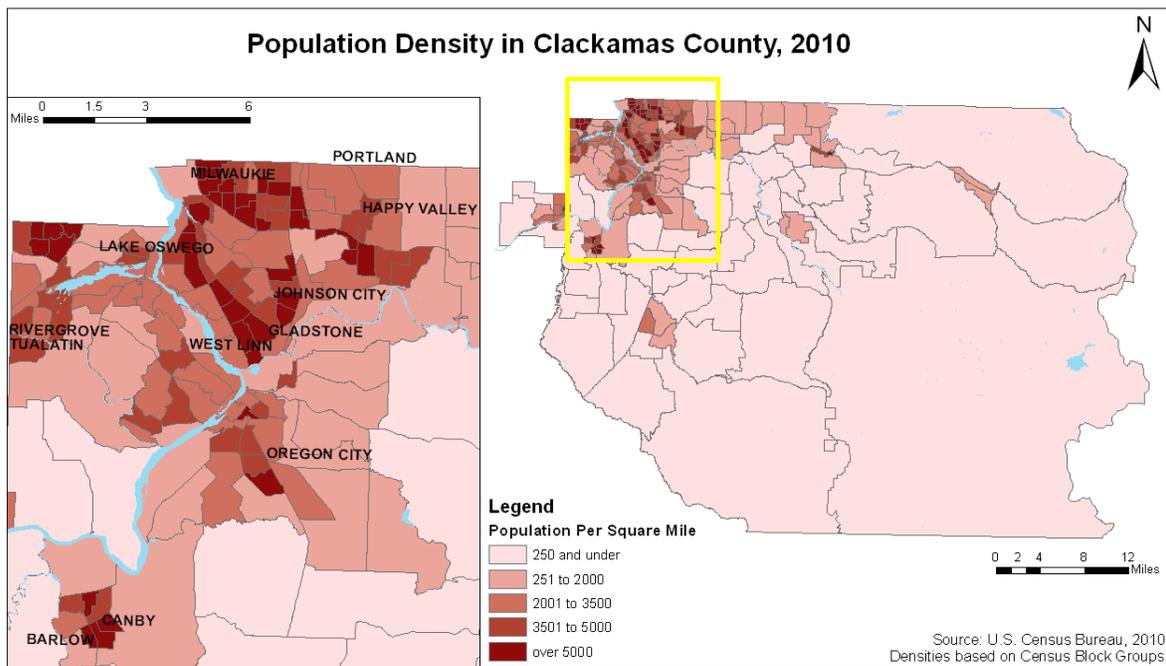
Each of the main sections begins with background information related to the particular topic.

-  The symbol to the left indicates any important information or terms that will be defined immediately before a corresponding graph or figure, as necessary.

A box containing "Key Points" is located just below each corresponding graph or figure.

County Demographics

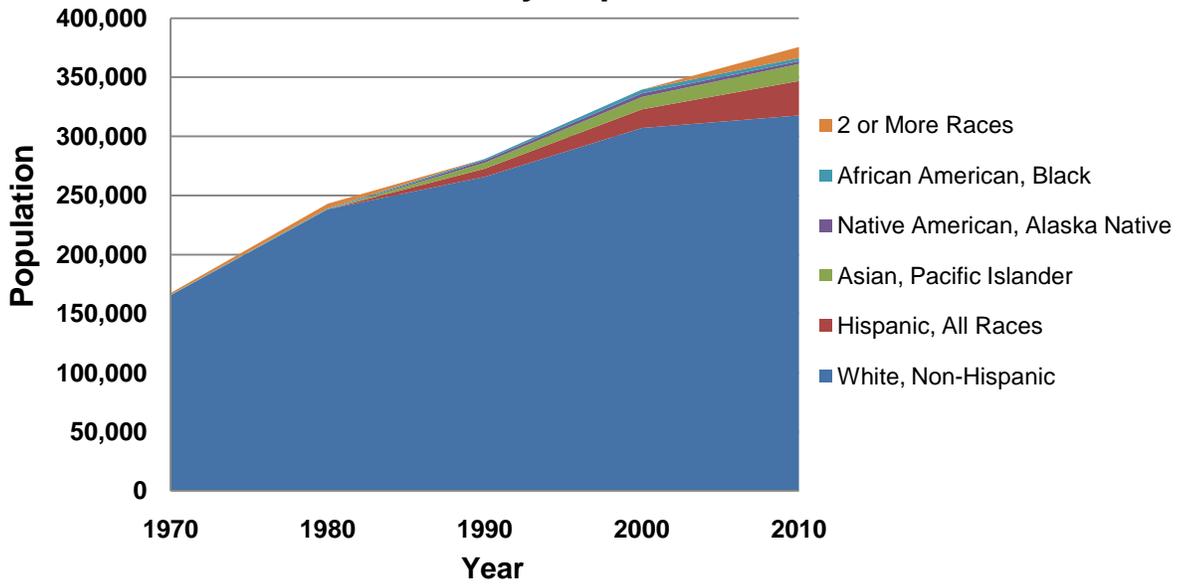
Clackamas County is one of the largest in Oregon and is the third most populous. The county is diverse geographically. The population density is concentrated in the northwest corner of the county with more rural communities to the south and east. As the population increases, it is important to account for the composition and diversity of the county so that public health practice can best address the needs of the community. As the county's population distribution is not homogeneous geographically and with the growing minority populations, especially among the Hispanic population, it is important to consider health implications with regard to access to care and ensuring health equity across the county.



Key Points

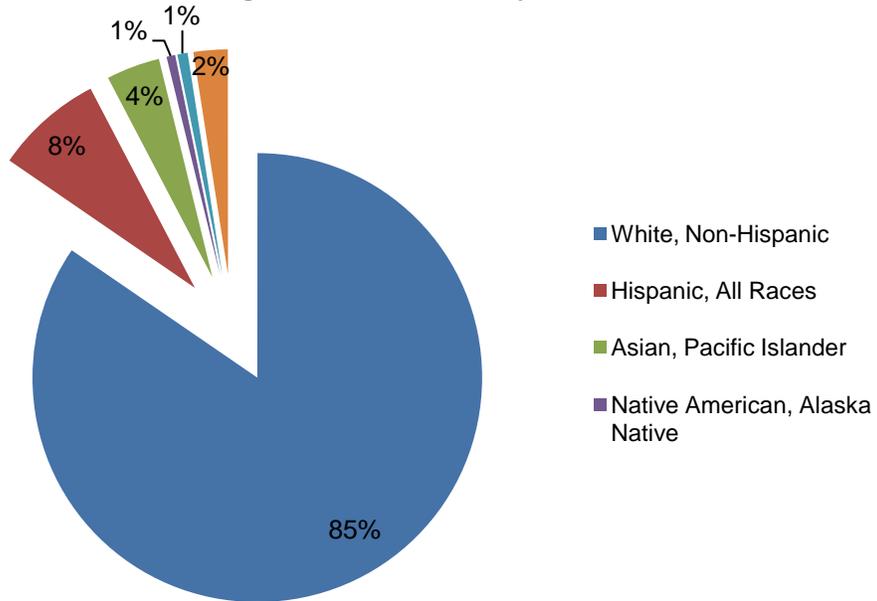
- *The greatest population density in Clackamas County is near the Portland area.*
- *The areas of lower population density cover a large geographic area.*
- *According to the 2010 U.S. Census, the Clackamas County population was 375,992, an 11.1% increase from 2000.*

Clackamas County Population, 1970-2010



Clackamas County Population, 2010

Bridged Race and Ethnicity

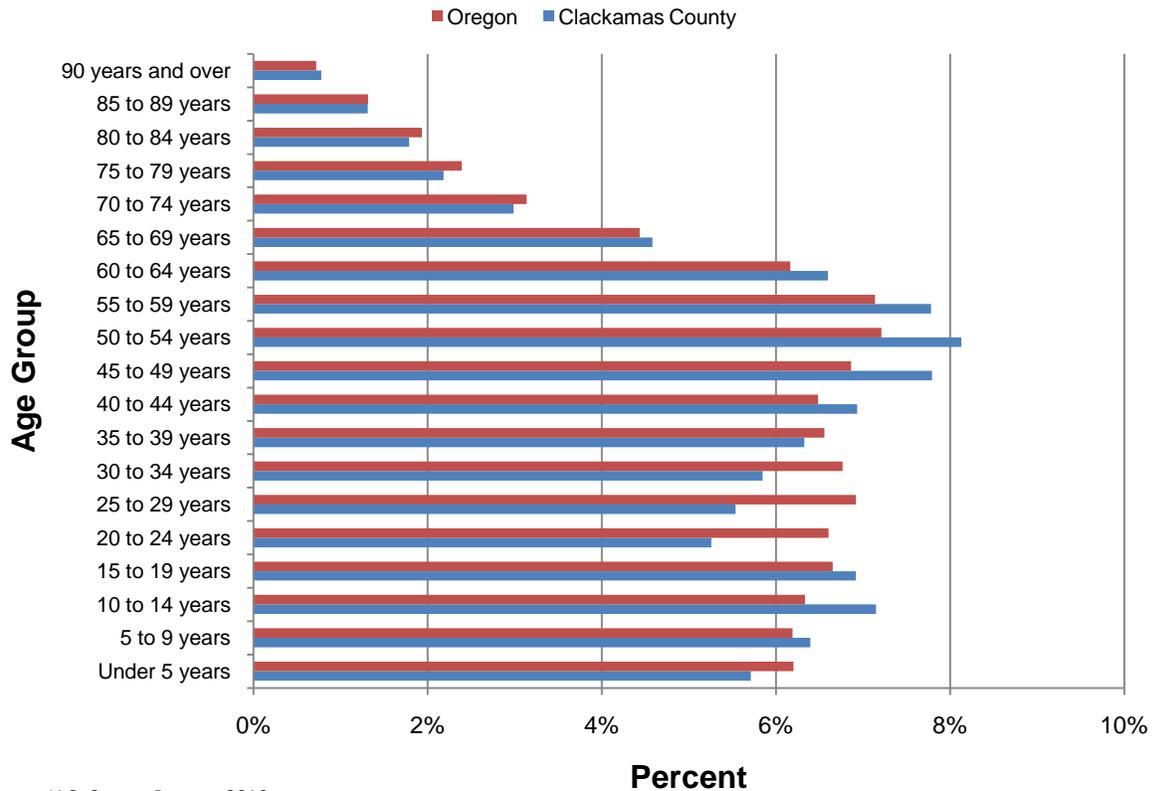


Source: <http://factfinder2.census.gov> Accessed 3/2/11

Key Points

- The Clackamas County community is growing in population and diversity.
- Over the last 40 years, Clackamas County has more than doubled in population.
- The majority (85%) of Clackamas residents are White, non-Hispanic persons.
- The largest increase compared with the last census has been among the Hispanic population.

Age Distribution, Clackamas County and Oregon, 2010



Source: U.S. Census Bureau, 2010

Key Points

- The proportion of male and female residents is fairly balanced up to about 80 years of age in both Oregon and Clackamas County.
- Compared with Oregon, in Clackamas County, there are a greater proportion of teens but a smaller proportion of adults aged 20 to 39 years of age.

Social, Economic, and Physical Environment

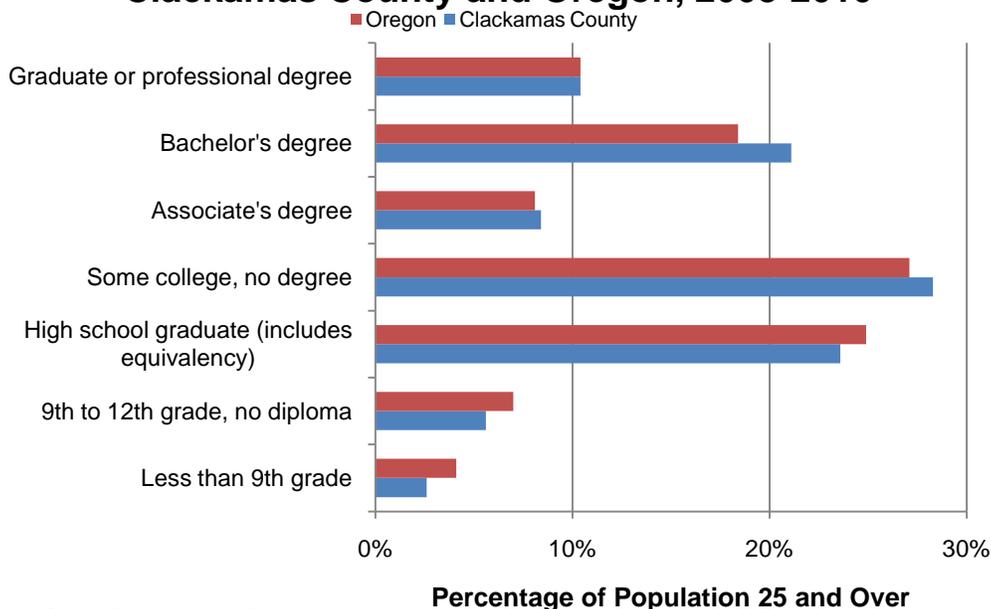
Socioeconomic conditions and the environment have marked influences on health. These 'social determinants' of health include race, ethnicity, education, and income. These factors need to be considered in public health efforts to eliminate health disparities. For example, those with more education are likely to have better prospects for employment and greater income, and in turn those with higher income have better access to wholesome foods and health services. Therefore, strengthening educational opportunities for students in Clackamas County may set up students for future success and positively influence health outcomes.



Oregon Senate Bill 253 was passed by the House on June 21, 2011, and placed a renewed, vigorous focus on higher education. This Bill states that by the year 2025, the mission of all higher education beyond high school:

- Ensure that at least 40% of adult Oregonians have earned a bachelor's degree or higher;
- Ensure that at least 40% of adult Oregonians have earned an associate's degree or post-secondary credential as their highest level of educational attainment, and;
- Ensure that the remaining 20% or less of all adult Oregonians have earned a high school diploma, an extended or modified high school diploma or the equivalent of a high school diploma as their highest level of educational attainment.

Adult Education Attainment, Clackamas County and Oregon, 2008-2010



Source: Oregon Department of Education

Note: only includes regular high school diploma recipients

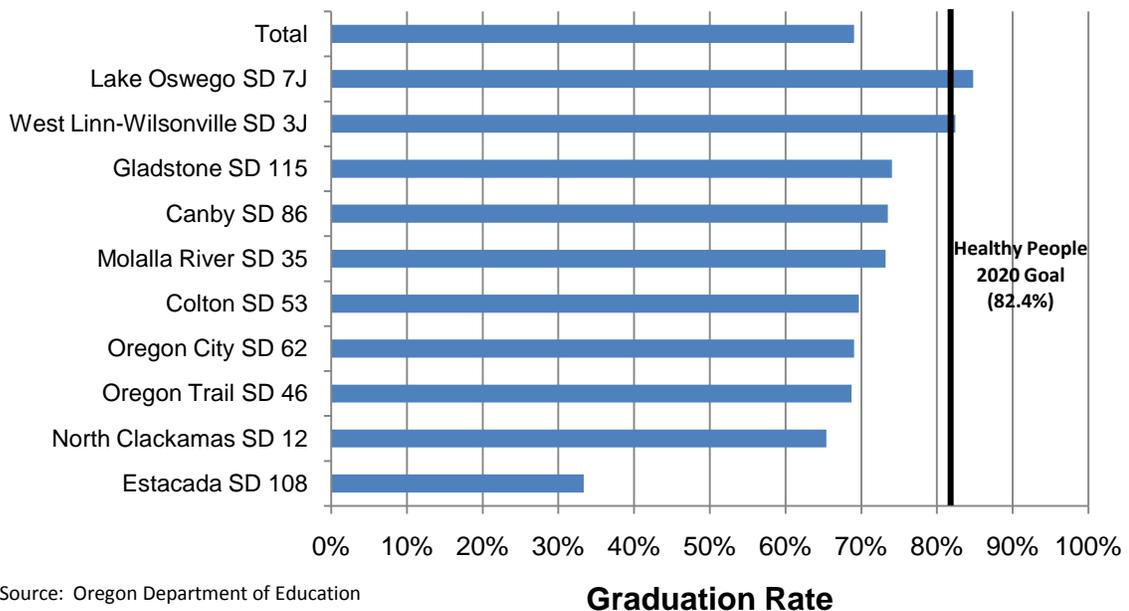
Key Points

- More than a quarter of Clackamas County adults had no education beyond high school.
- Approximately 31% of adults in the county have graduated from college or graduate school, a slightly greater percentage than Oregon overall.
- More education is correlated with better health outcomes. Socioeconomic factors including family income may play a role in graduation rates.



The **Four-Year High School Cohort Graduation Rate** indicates the percent of students graduating with a regular diploma within four years. The cohort graduation rate accounts for student transfers and deaths, but only includes regular high school diploma recipients.

High School Four-Year Cohort Graduation Rate for Clackamas County School Districts, 2009-2010



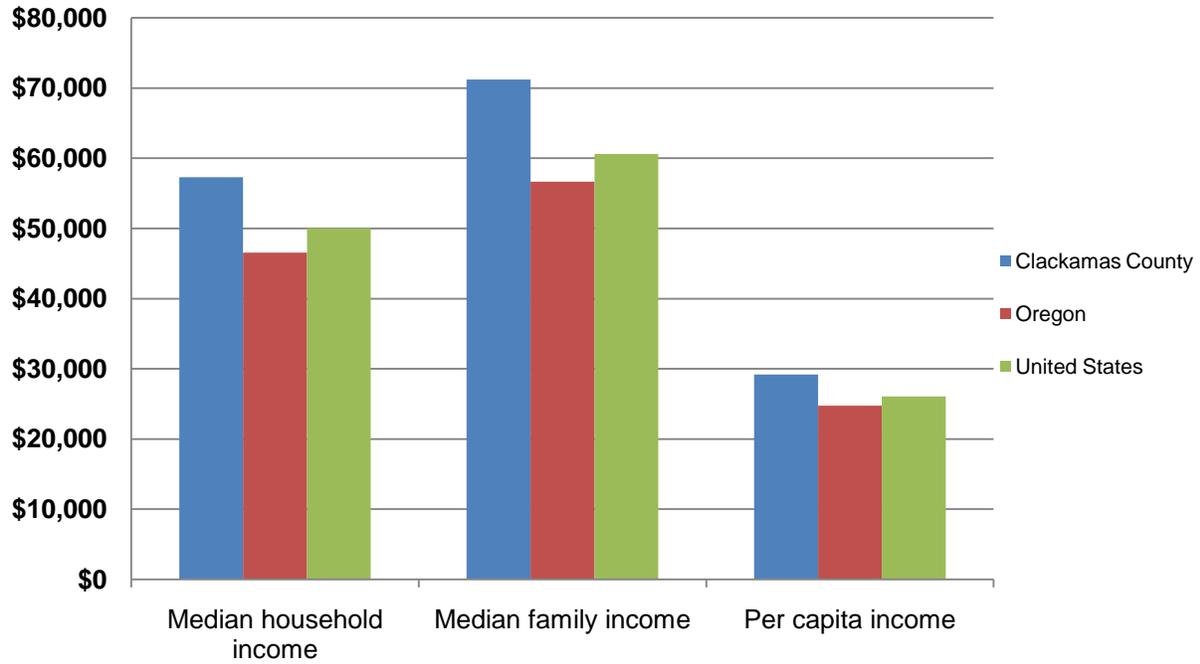
Key Points

- For Clackamas County students who first entered high school in 2006-2007, the overall four-year cohort graduation rate was 69%, comparable to the rate of 66% for the entire state.
- While the cohort graduation rate for the majority of school districts are fairly similar to the state, the rate for Estacada school district is notably lower.
- Only two of the school districts, Lake Oswego and West Linn-Wilsonville, meet the Healthy People 2020 goal of 82.4%.



The **Median Household Income** measures the income distribution among the total number of households and includes persons with no income. Educational attainment is one important factor that is positively associated with median household income.

Economic Characteristics, 2010

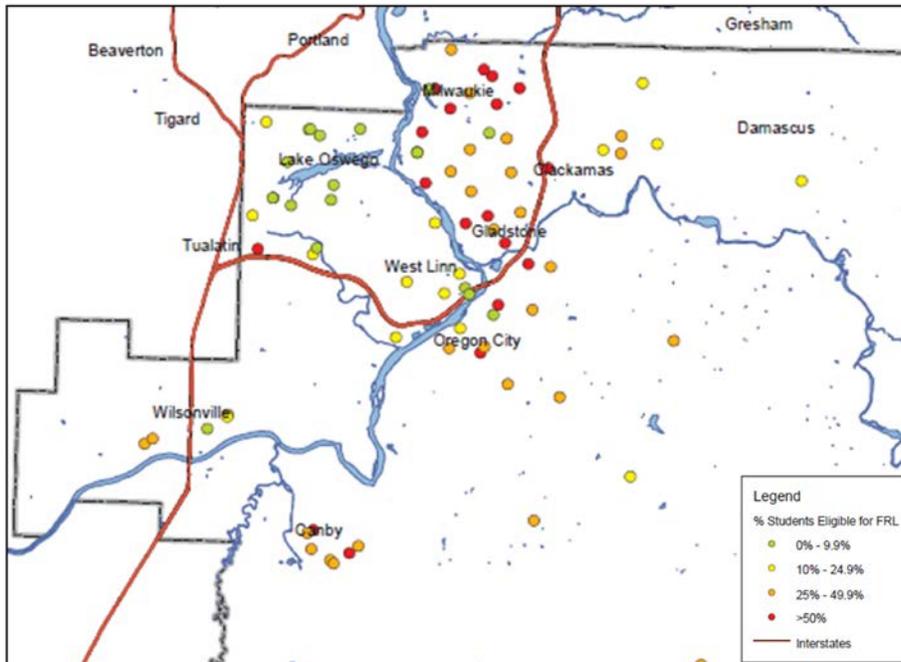


Source: American Community Survey, 2010



The **Free and Reduced Lunch programs** offer free meals to children whose families have income at or below 130% of the federal poverty level (FPL), and reduced price meals to those between 130-185% FPL. It serves as a proxy for poverty among low income families and children. Children who live in poverty are prone to poor nutrition during infancy and may experience emotional distress or academic failure.

Students Eligible for Free and Reduced Lunch Programs in Clackamas County Elementary Schools, 2010

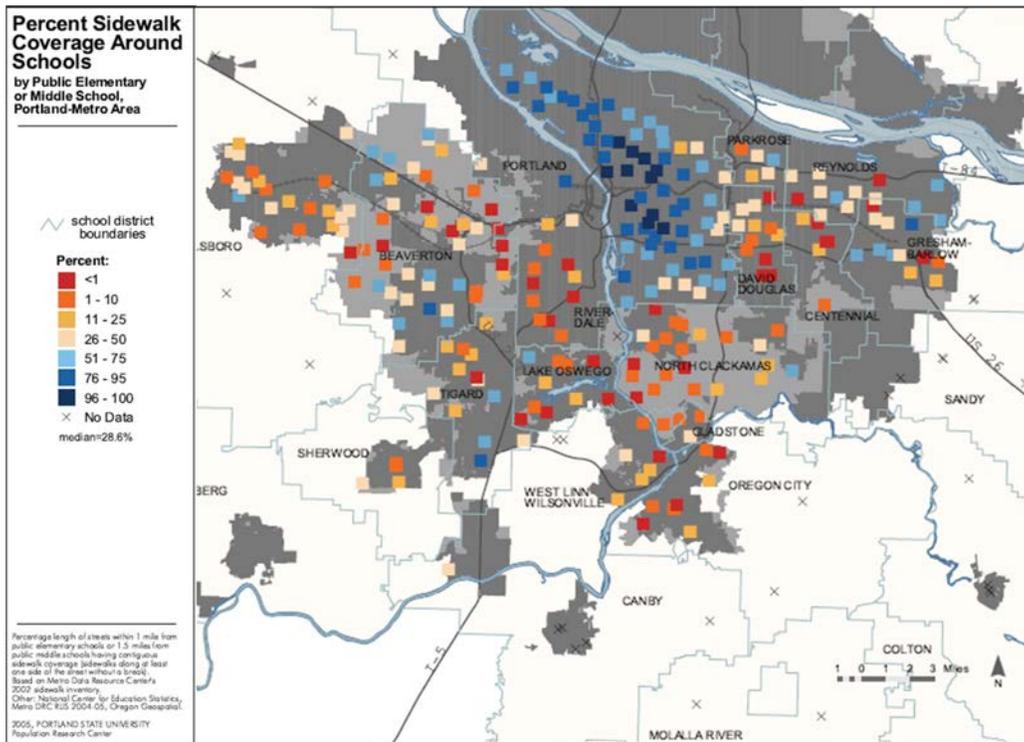


Key Points

- In 2010, the median household income for Clackamas County (\$57,298) was considerably higher than that for Oregon (\$46,560), and for the nation overall (\$50,046). However, the number of students eligible for free and reduced lunch indicates that the distribution of children in poverty varies across the county.
- In 26 elementary schools within Clackamas County, over 50% of enrolled elementary students are eligible for free and reduced lunches.
- 35.4% of 57,334 students enrolled in the 10 county school districts, mostly east of the Willamette River, were eligible for free and reduced lunches during the 2010-2011 school year.



Sidewalk Coverage around schools is one indicator of the opportunity for children to walk or bike to school and provides a safe means for play and exercise. It also reflects the number of sidewalks which can be used by people of all ages in different neighborhoods.



Source: The Regional Equity Atlas, 2007 (www.equityatlas.org/maps/map6-1.pdf)

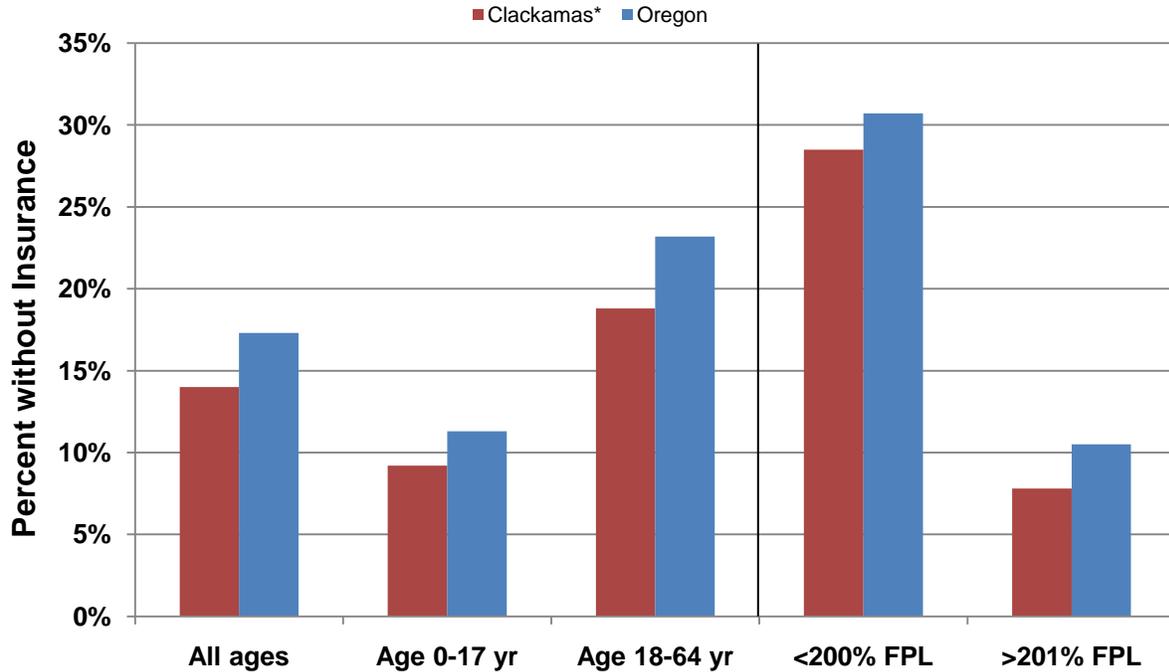
Key Points

- *Most of the region within central Portland has over 80% of sidewalks that are contiguous, extending 1 mile from elementary schools or 1.5 miles from middle schools.*
- *The majority of elementary and middle schools within Clackamas County do not have an extensive sidewalk network.*

Insurance and Access to Health Care

Health insurance is one important, measurable component of access to health care. Insured individuals likely have better access to preventive services and mental health services, and are able to limit financial burdens following the onset of serious illness.

Lack of Health Insurance by Age Group or by Federal Poverty Level, Oregon Region 14, Clackamas County*, 2009



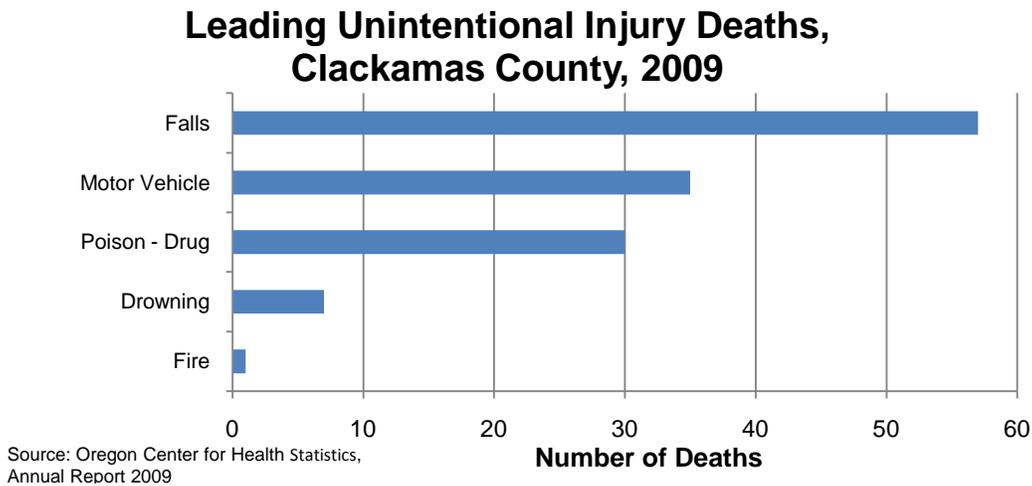
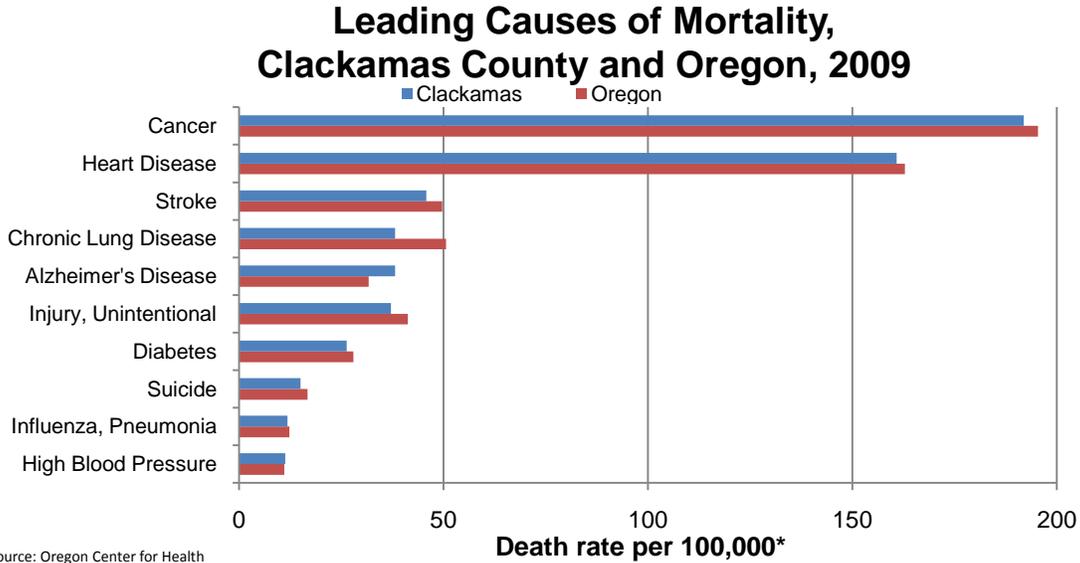
*Clackamas and far eastern Multnomah County

Key Points

- Health insurance coverage among youth is now >90% in Clackamas County.
- Nearly one fifth of adults under 65 years of age and almost one-third of individuals with low income lack health insurance.

Mortality

Mortality data provides one objective measure for assessing the causes of death and premature death in a community. These statistics identify current health problems that lead to death so that patterns of risk can be identified and prevention can be targeted. The frequency of chronic conditions is highlighted in the next section.



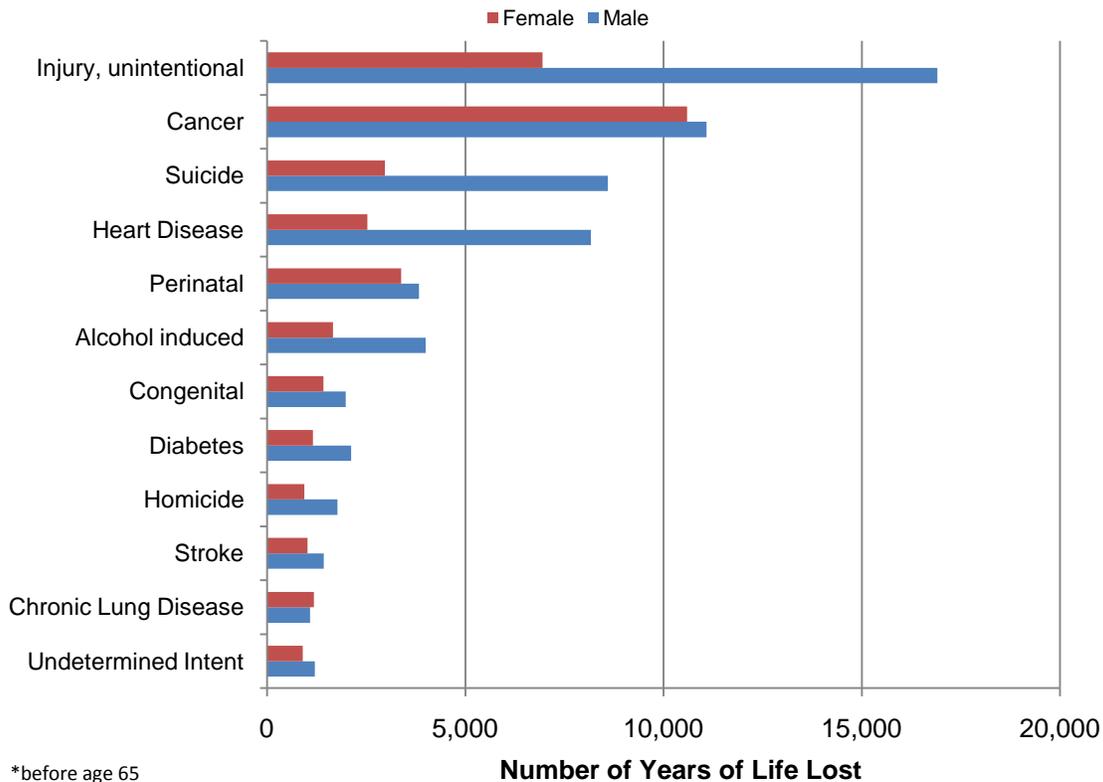
Key Points

- The conditions associated with the highest death rates in Clackamas County are generally similar to those in the state and are also comparable to national mortality data.
- With the exception of some cancers, most of the leading causes of death in Clackamas County are at least partly preventable by modifying behavioral risk factors such as smoking and obesity.
- Unintentional injury deaths in Clackamas County, the majority of which are caused by falls (39%), motor vehicle accidents (27%), and drug overdoses (22%), are preventable.



Years of Potential Life Lost (YPPL) is an indicator of premature death, accounting for the number of years a person's life is cut short before 65 years of age. By examining the leading causes of YPPL, health can better identify factors that to limit the lifespan for younger county residents.

Leading Causes of Years of Potential Life Lost* by Sex, Oregon, 2009



Key Points

- Unintentional injury is the overall leading cause of Years of Potential Life Lost in Oregon.
- In Oregon, males are much more likely than females to die prematurely from unintentional injuries, suicide, heart disease, and alcohol-related incidents.
- In Clackamas County, many of the other leading causes of premature death, such as heart disease (#4), diabetes (#7), and stroke (#11), are strongly influenced by diet and lifestyle.

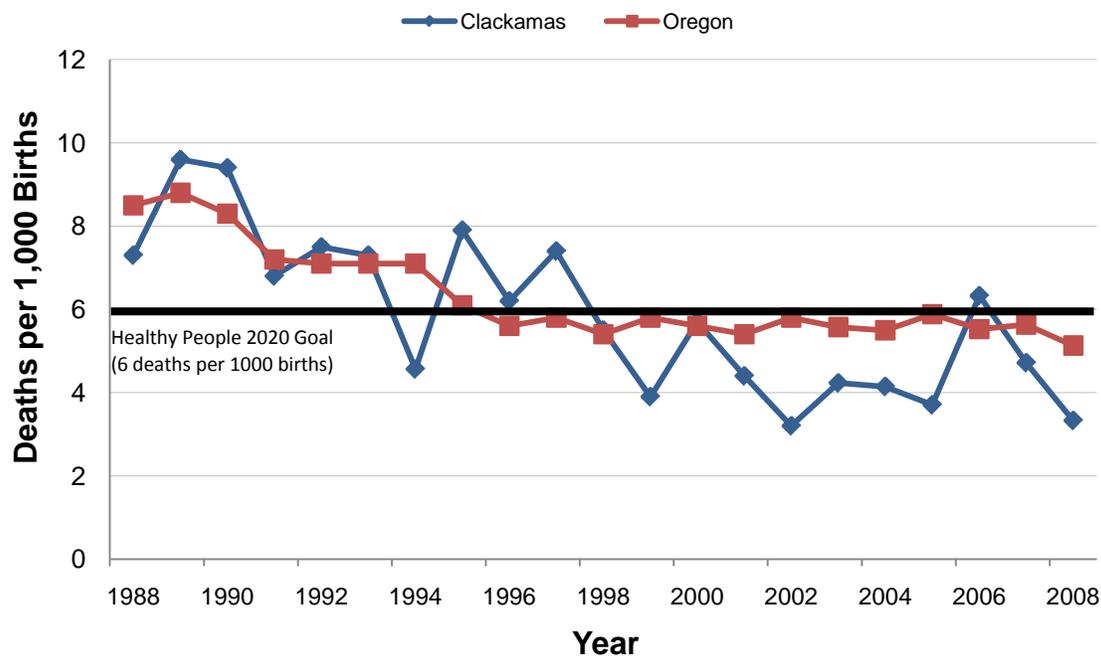
Maternal and Child Health

Analyzing pregnancy and childbirth data can illustrate existing risks in maternal health and focus efforts to prevent future health problems for mothers and their children. The well-being of children helps determine the health of the next generation.



Infant Mortality is defined as the rate of death among children under one year of age and reflects the health and health care access of both pregnant women and infants. Since deaths are uncommon in this age group, this measure is reported as the number of deaths per 1,000 births. The U.S. Healthy People 2020 goal (6 per 1000 births) is far higher than the current rate in Canada (4.9), Germany (3.5), and Japan (2.8).

Infant Mortality, Clackamas County and Oregon, 1988-2008



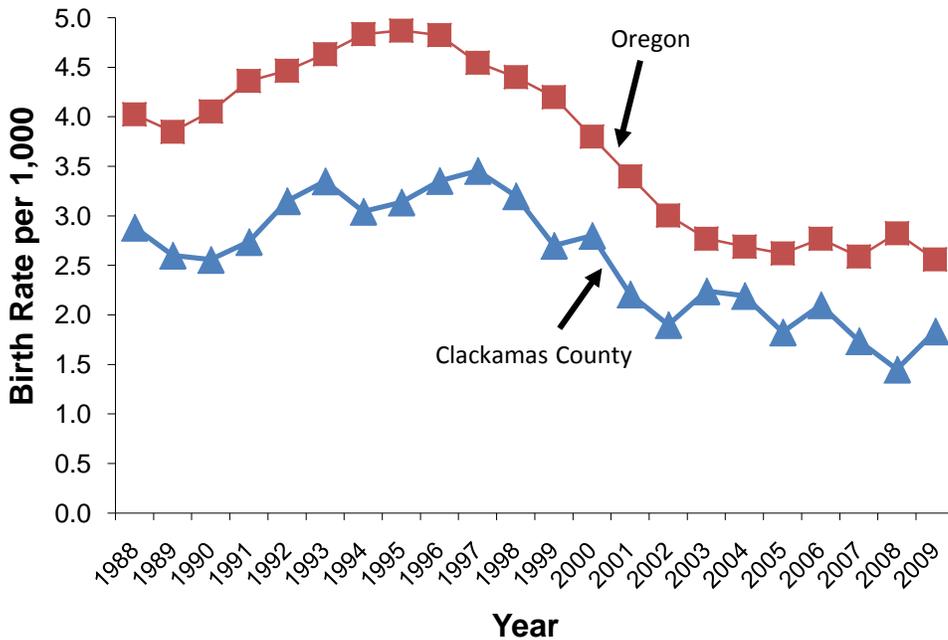
Key Points

- Oregon and Clackamas County have a lower infant mortality rate than the U.S. and have recently met the national goal of less than 6 deaths per 1,000 births.
- We expect positive birth outcomes because of the good health of mothers in Clackamas County—86% are at least high school graduates, 94% received adequate prenatal care and 83% received prenatal care starting in the first trimester of pregnancy, 73% are married, and 94% were at least 20 years old when they gave birth (data not shown).
- Given the age, education, and access to health care among Clackamas mothers, the infant mortality rate still has room to improve.



The **Teen Birth Rate** is the number of births per 1,000 teen women aged 10-17 years. Births to teen mothers are associated with a number of problems including low high school graduation rates among mothers and among their children, lower school achievement, more health problems, higher likelihood of incarceration, and unemployment as young adults.

Births to Mothers Aged 10-17 Years, Clackamas County and Oregon, 1988-2009



Source: Oregon Public Health Division
<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/index.aspx>

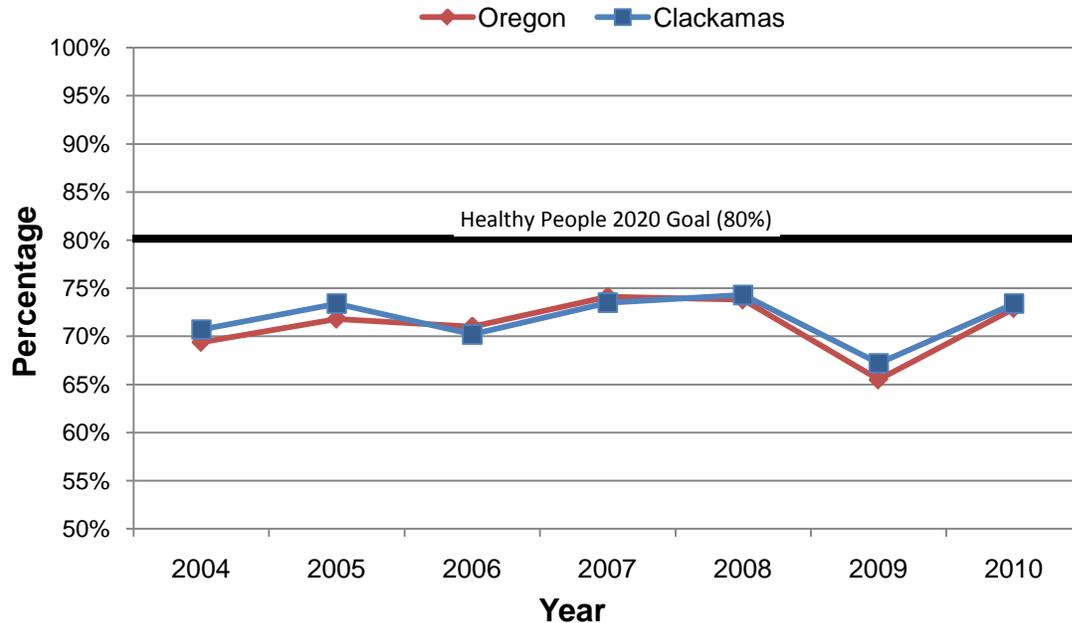
Key Points

- Oregon and Clackamas County births to young mothers aged 10 to 17 years declined between 1995 and 2003, but there has been little decrease since.



Immunization Rates indicate the effectiveness of community health protection. Childhood immunization provides protection for the individual and security for the community overall by preventing cases and spread of vaccine-preventable diseases like measles, mumps, and whooping cough.

24-35 Month Old Immunization Rates*, Clackamas County and Oregon, 2004-2010



*4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV

Source: <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx#county> accessed 1/24/2012

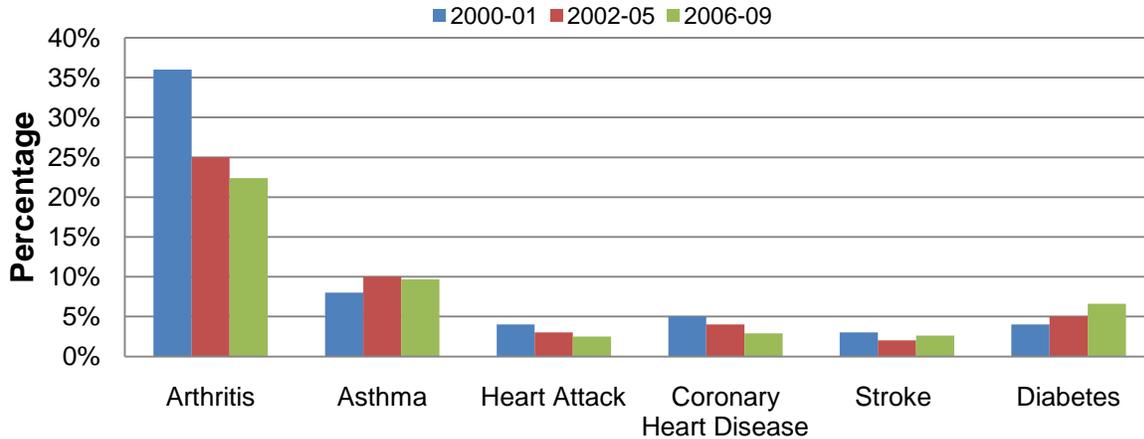
Key Points

- Clackamas County immunization rates of young children closely resemble the statewide rate.
- Both the county and state immunization rates are stable, but persistently remain below the national Healthy People 2020 goal of 80%. The drop noted in 2009 was attributed to a nationwide shortage of one vaccine component which had been resolved by 2010.

Chronic Illness

In the U.S., chronic illnesses are the leading causes of death and disability. Many of these conditions are preventable by modifying related health risk behaviors. Often an individual may suffer from several of these chronic conditions. Therefore, they have major implications for quality of life among Clackamas County residents. The following measures from this section, as well as the health habits and behavior section, come from an on-going national telephone survey of adults.

Percentage of Adults Living with Chronic Diseases, Clackamas County, 2000-09



Source: Keeping Oregonians Healthy 2003, 2007, 2011

Note: A change in the survey questions lead to the large drop in reported arthritis in Clackamas County between 2000-01 and 2002-05.

Key Points

Arthritis

- Arthritis is the most common cause of disability in the U.S. (20 million Americans)
- Women and the elderly are disproportionately affected by arthritis; however, many men and those under 65 years of age also suffer from this condition.
- Arthritis is common in adults with obesity, diabetes and heart disease.

Asthma

- Asthma is a serious, sometimes life-threatening condition of the lungs that leads to episodes of wheezing, breathlessness, and coughing.
- The number of adults reporting the diagnosis of asthma has remained stable (10%) in Clackamas County. Asthma is also an important illness among children.

Heart Attack, Coronary Heart Disease, Stroke

- About 3% of adults in the county report living with heart disease, while 2.5% of adults in the county have had a heart attack and 2.6% have suffered a stroke.
- Heart disease and stroke rank 2 and 3 in leading causes of death in Clackamas County.
- Smoking, high blood cholesterol levels, obesity, and physical inactivity are known risk factors.

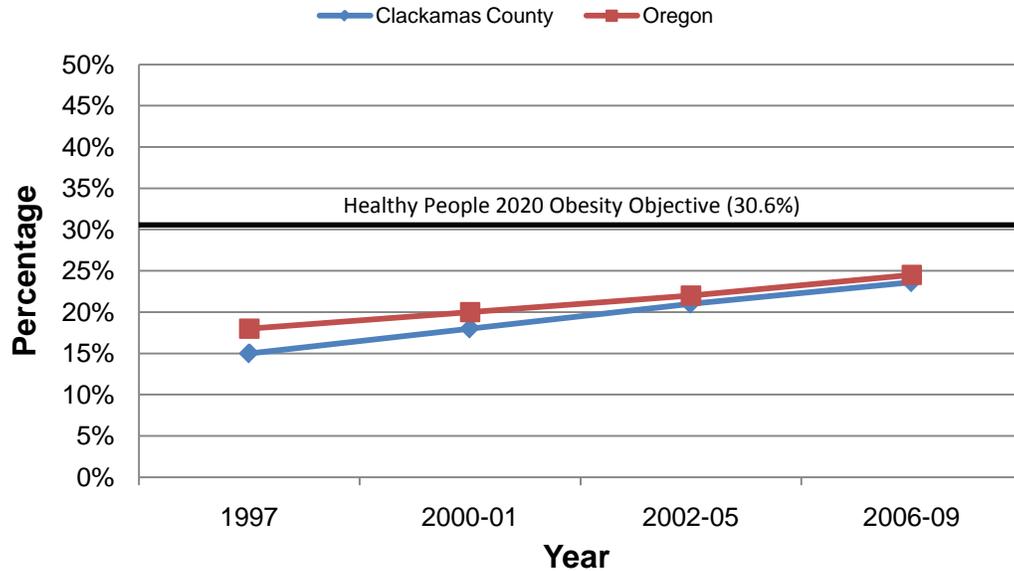
Diabetes

- About 7% of county adults have diabetes, and the number reporting diabetes is increasing.
- Diabetes affects 8.3% of the U.S. population.
- Contributing factors include excess weight and inactivity.



Overweight and **Obesity** are determined by calculating body mass index (BMI) using an individual's weight and height. A person who has a BMI between 25 and 30 kg/m² is considered overweight, and obesity is defined as a BMI over 30 kg/m². Over the past 20 years, the obesity rate among both adults and children has increased dramatically in the U.S. According to CDC, approximately one-third (33.8%) of American adults are obese.

Adult Obesity*, Clackamas County and Oregon, 1997-2009



*Body mass index of ≥ 30 kg/m²

Source: Keeping Oregonians Healthy 1999, 2003, 2007, 2011

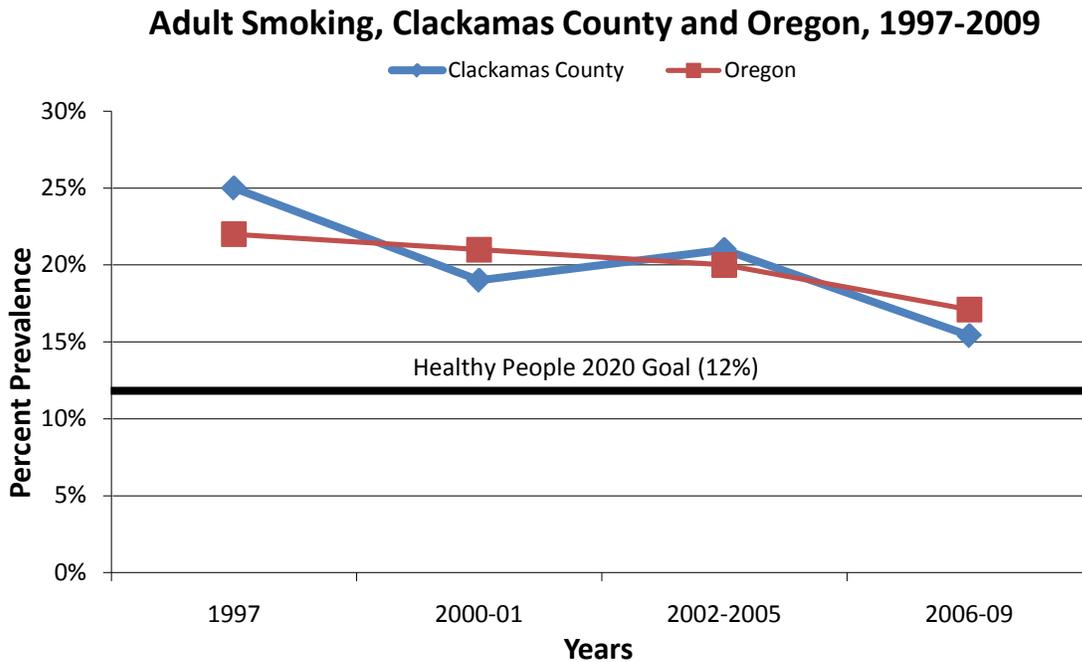
Key Points

- Obesity is steadily increasing in Clackamas County, and may soon exceed the Healthy People 2020 objective of 30.6%.
- About one in three Clackamas County residents are considered overweight, meaning that nearly 2 of 3 adult county residents are either overweight or obese (data not shown).
- Overweight and obese individuals are at risk of coronary heart disease, diabetes, hypertension, and stroke.

Health Habits and Behavior

Adults

The leading factors contributing to death in the U.S. include tobacco use, diet and physical activity, and alcohol consumption. These health habits not only contribute to death, but also to the onset of chronic conditions such as diabetes, and heart, lung, and liver disease. While poor health habits can make us chronically ill and more likely to die early, healthy choices can contribute to a longer life and decrease the risk of chronic disease.



Source: Keeping Oregonians Healthy 1999-2011

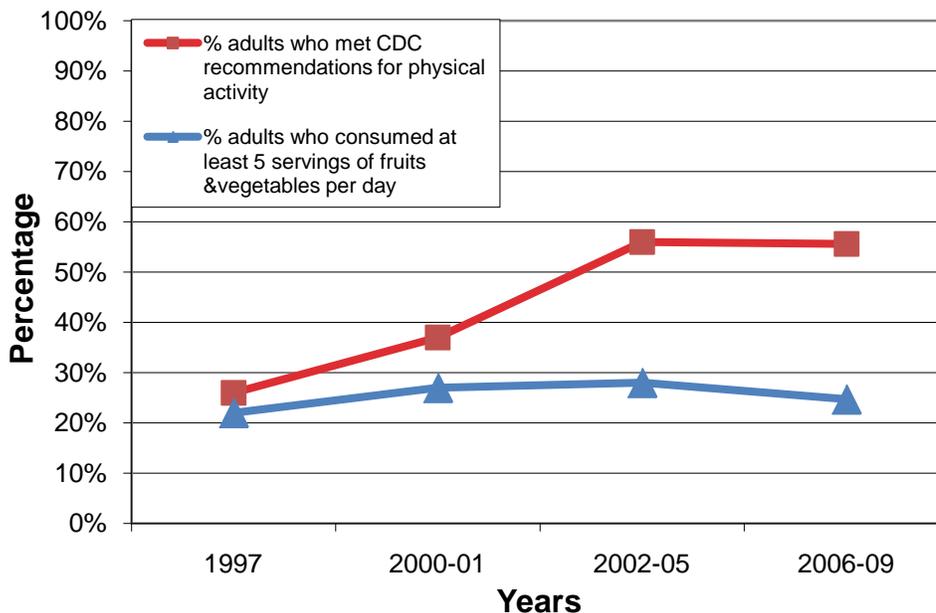
Key Points

- Cigarette smoking among adults is steadily decreasing in both Clackamas County and Oregon, although these rates remain above the Healthy People 2020 target of 12%.
- Tobacco is directly linked to the four leading causes of death (cancer, heart disease, stroke, and chronic lung disease) in Clackamas County.
- Combined, tobacco-related deaths are equivalent to the second leading cause of death within the county.



A nutritious **Diet** and adequate **Physical Activity** are two individual activities that can improve health outcomes. The latest U.S. Department of Agriculture (USDA) dietary guidelines (2010) recommends that adults eat at least four and a half cups of fruits or vegetables daily based on a 2,000 calorie intake. Being physically active helps decrease the risk of developing chronic diseases, such as heart disease, high blood pressure, and diabetes. CDC recommends that adults participate in moderate activity ≥ 30 minutes at least five days a week or vigorous activity for ≥ 20 minutes at least three days a week.

Adult Diet and Physical Activity, Clackamas County, 1997-2009



Source: Keeping Oregonians Healthy 1999, 2003, 2007, 2011

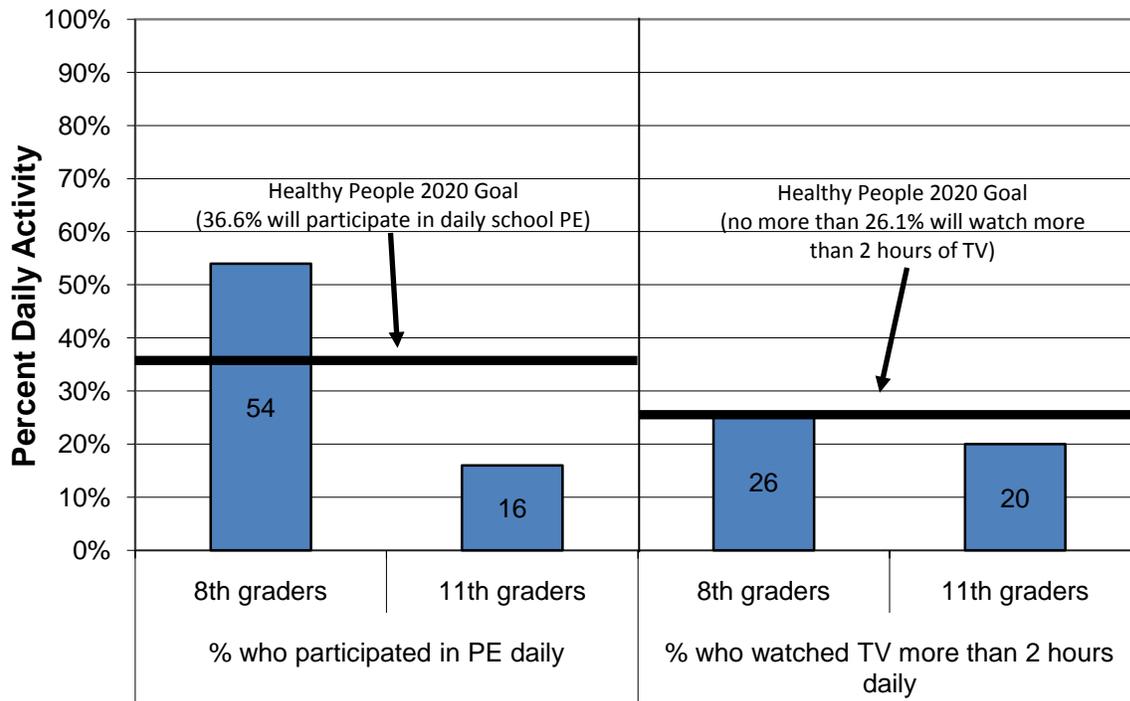
Key Points

- About half of the adults in Clackamas County met CDC recommendations for physical activity, which is comparable with the state. There has been no increase noted since 2002-05.
- Clackamas County adults rarely meet the Healthy People 2010 nutrition goals; less than one third of residents reporting at least 2 servings of fruit and 3 of vegetables. The results show no change in the proportion of adults meeting this goal over the last 12 years.

Youth

The overall National Healthy People 2020 goal for adolescent health is to improve the health, safety, and well-being of adolescent and young adults. It is important to encourage healthy behaviors among Clackamas County children so that positive habits, such as healthy eating and active living, may be sustained into adulthood. The best information we have on this topic comes from the Oregon Healthy Teens Survey.

Percent of Youth who Participated in Physical Activity & Percent of Youth who Watched TV Daily, Clackamas County, 2005-06



Source: Oregon Healthy Teens Survey, 2005-2006

Activity by Age Group

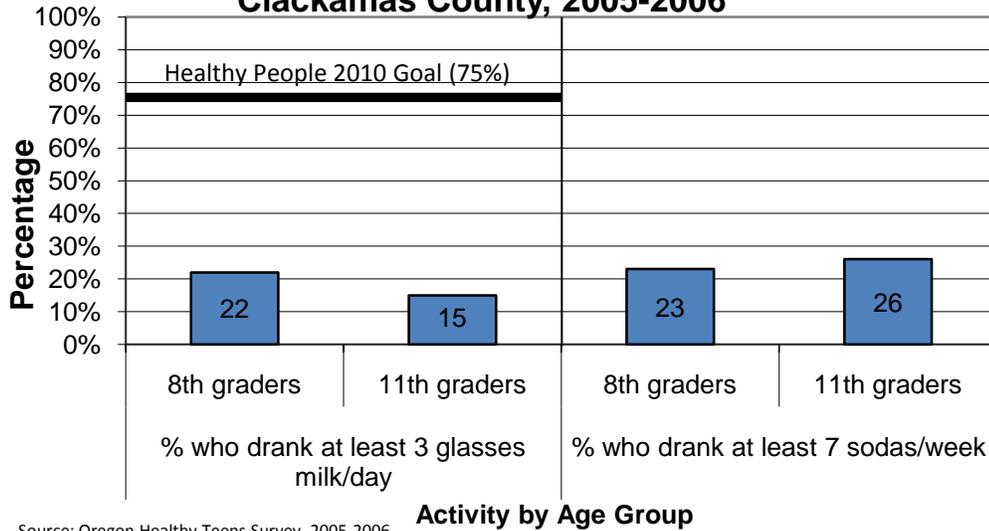
Key Points

- Although only a small proportion of 11th graders report participation in PE, this more likely reflects the requirements of the curriculum rather than accurately measuring physical activity.
- Compared with state peers and national goals, few Clackamas County teens watch more than 2 hours of TV daily. Since the time of this survey, media usage has evolved and TV viewing alone is no longer a comprehensive measure of 'screen time.'
- Clackamas teens appear to have habits similar to their statewide peers (data not shown).

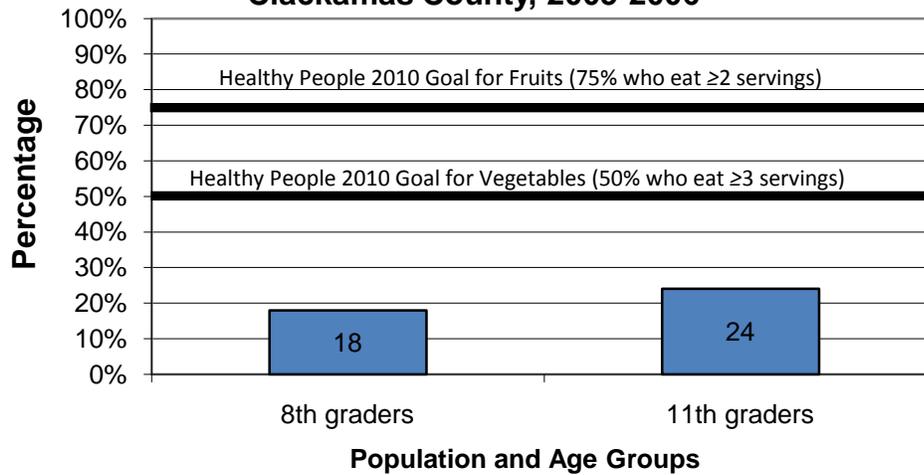


The two major beverages for children, by average caloric intake, are milk and regular soda. The National Academy of Science recommends that children aged 9 to 18 years get 1,300 mg of calcium per day, which equates to about 4 cups of milk.

Consumption of Beverages Consumed: Milk vs. Soda in 8th and 11th Graders, Clackamas County, 2005-2006



Percent of 8th & 11th graders Who Consumed At Least 5 Servings of Fruits and Vegetables Per Day, Clackamas County, 2005-2006



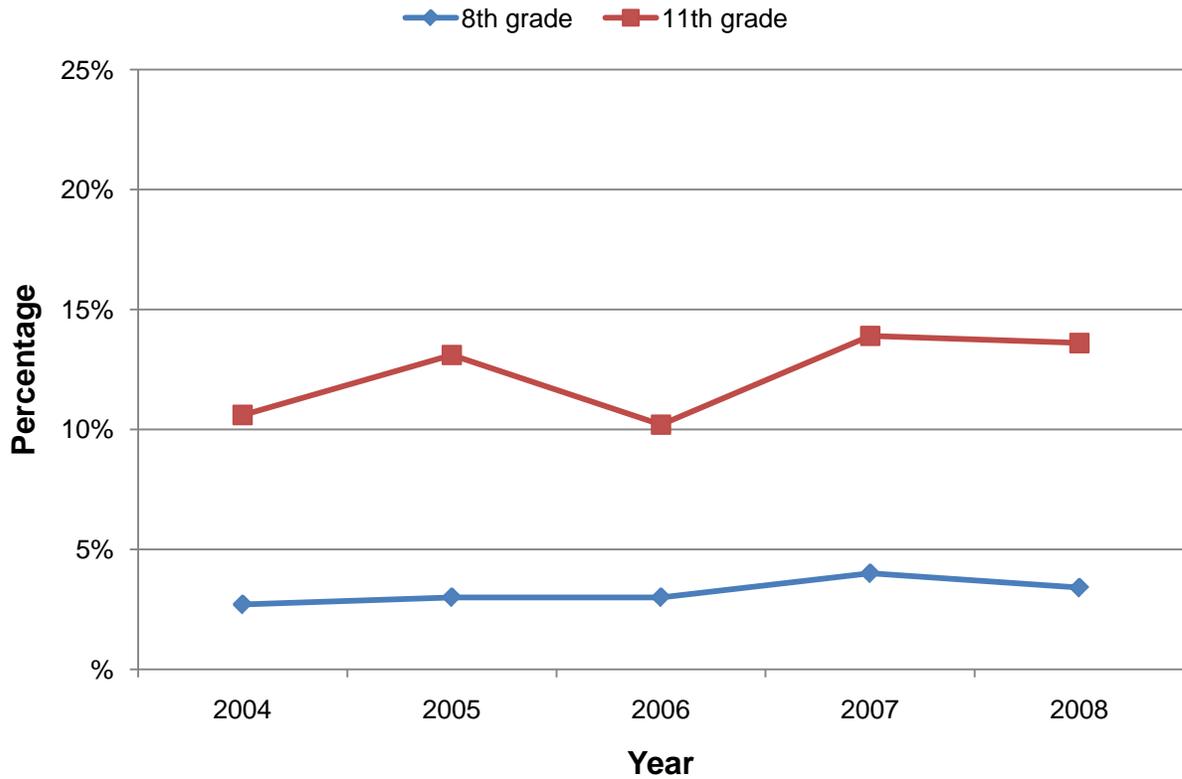
Key Points

- Fewer than a quarter of teens in Oregon or Clackamas County met the milk/calcium recommendation, while over a quarter of 11th graders drank at least 7 regular sodas per week.
- About a quarter of Clackamas adolescents consumed at least five servings of fruits and vegetables each day, which is well below the Healthy People 2010 goal.



Tobacco Use and cigarette smoking are strongly linked to heart and lung disease plus many other chronic conditions. Alternatives to cigarettes, such as smokeless tobacco, are not safe and are linked to oral cancer, periodontitis, and tooth loss.

Adolescent Tobacco Use*, Oregon, 2004-2008



*Tobacco use includes spit (chewing), snuff, or dip

Source: Oregon Healthy Teens Survey

Key Points

- Tobacco use increases sharply between 8th and 11th grade.
- Although tobacco use is not increasing among teens, there has been no decrease noted since this survey began.

Mental Health

Adults

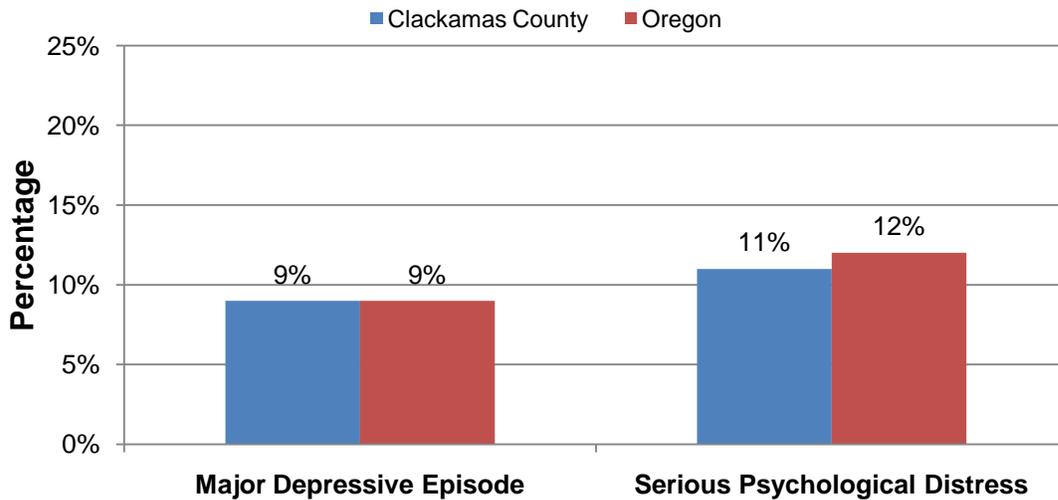
Good mental health is related to personal well-being, fulfilling relationships with loved ones, and the capacity to cope with challenges. Mental illnesses like depression are associated with adverse health behaviors, such as smoking, alcohol consumption, physical inactivity, and sleep disturbance. Untreated depression may lead to poor outcomes, including damaged relationships and suicide.



A **Major Depressive Episode (MDE)** occurs when 1) a person experiences a depressed mood or loss of interest or pleasure in daily activities for a period of at least two weeks and 2) has had at least four of the seven additional symptoms reflecting the criteria for major depressive disorder defined in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Serious Psychological Distress (SPD) is characterized by symptoms at a level known to be indicative of having a mental disorder (i.e., any disorder such as an anxiety or mood disorder). The SPD measure is based on the Kessler 6, a standardized and validated measure of non-specific psychological distress.

Percent of Adults 18 or Older who had a MDE or SPD in the Past Year, Clackamas County and Oregon, 2004-2006

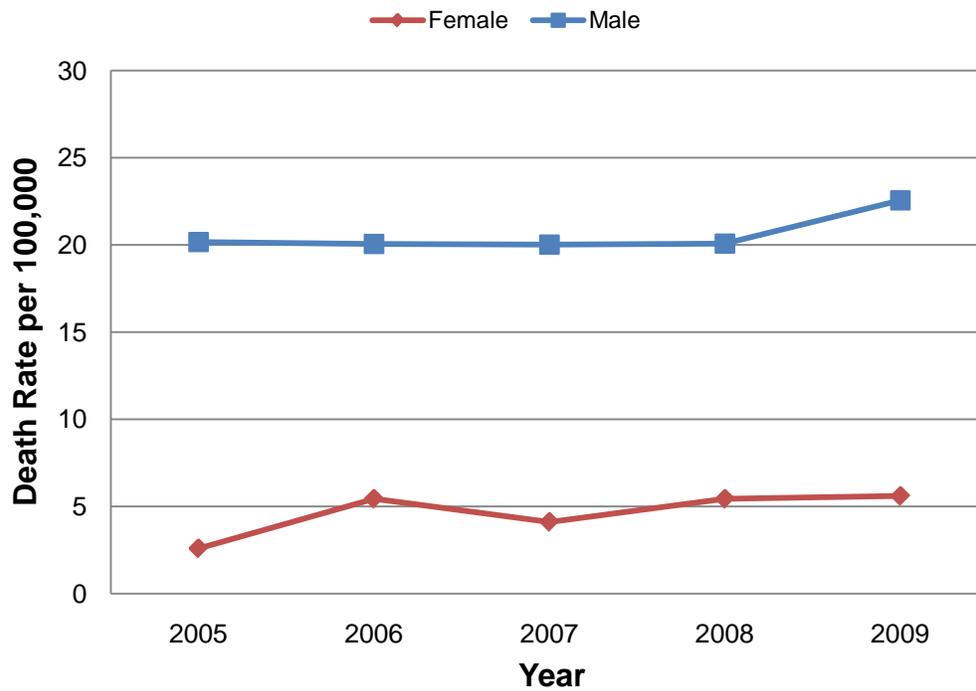


Source: Oregon Addictions Services--Addictions and Mental Health

Key Points

- From 2004 - 2006, approximately 10% of Oregonians and Clackamas County adults reported a major depressive episode or serious psychological distress.
- The proportion of Clackamas County residents experiencing MDE or SPD is comparable to Oregonians statewide.

Rates of Suicide Deaths by Sex, Clackamas County, 2005-09



Source: Oregon Department of Human Services, Center for Health Statistics

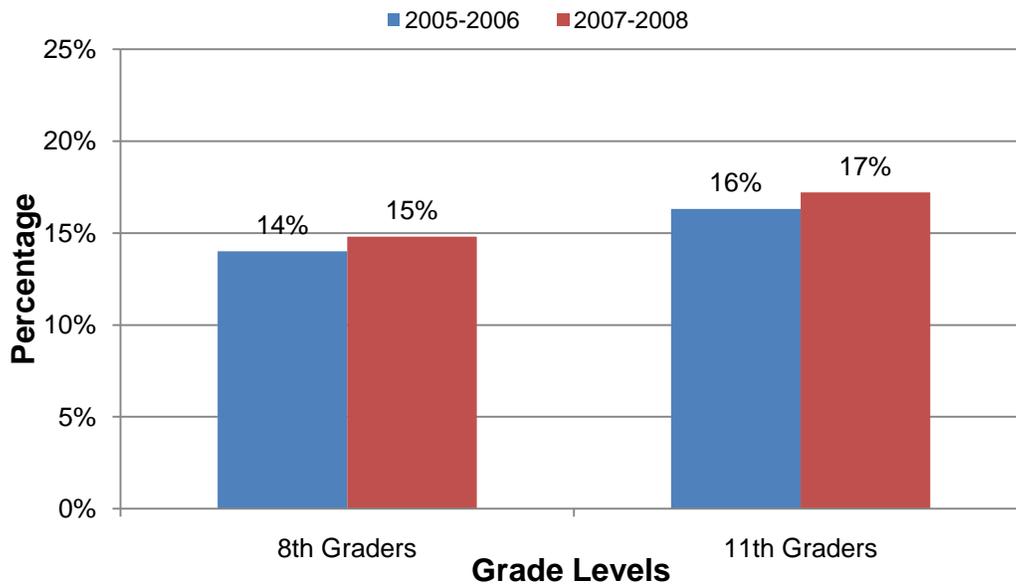
Key Points

- In Clackamas County, the suicide rate is about four times higher for men compared to women, which is consistent with state and national data.
- The Healthy People 2020 goal is to reduce the rate to 10.2 suicides per 100,000. The overall rate for Clackamas County (14.0 per 100,000) and the state (16.1 per 100,000) are well above this target.

Youth

Establishing sound mental health is essential during childhood, particularly for developing healthy relationships and emotional well-being. A child who experiences depression is more susceptible to low academic achievement, elevated anxiety, and underdevelopment of relationships. The National Institute of Mental Health states that about 11% of adolescents have a depressive disorder by age 18.

Percent of Youth who had a Depressive Episode in the Past Year, 2005-2008 8th & 11th Grade



Source: Oregon Healthy Teens Survey

Key Points

- In Clackamas County, about 14% of 8th graders and 16% of 11th graders have had a depressive episode, with a slight increase over time and grade level.

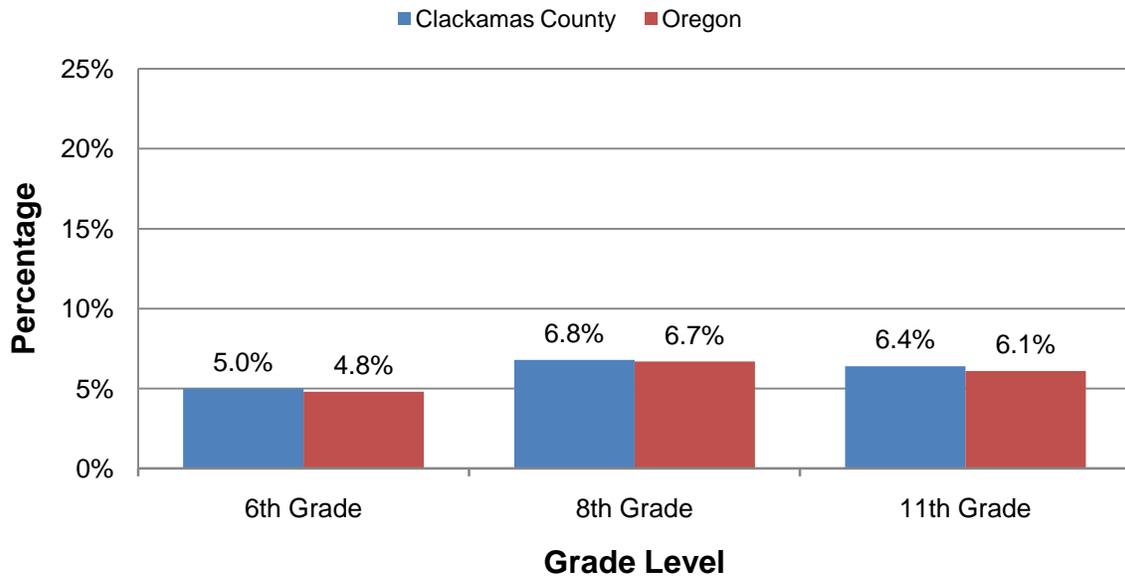


The Oregon Student Wellness Survey evaluates **Psychological Distress** by conducting the Mental Health Inventory (MHI-5). MHI-5 consists of the five questions below asking how many times in the last 30 days they have:

- Been a very nervous person?
- Felt calm and peaceful?
- Felt downhearted and blue?
- Been a happy person?
- Felt so down in the dumps that nothing could cheer you up?

When these answers are considered together, the result provides indication of youth mental health concern that may require further assessment.

Percent of Youth who Exhibit Psychological Distress Based on Mental Health Inventory-5 (MHI-5), 2010 6th, 8th, 11th Grade

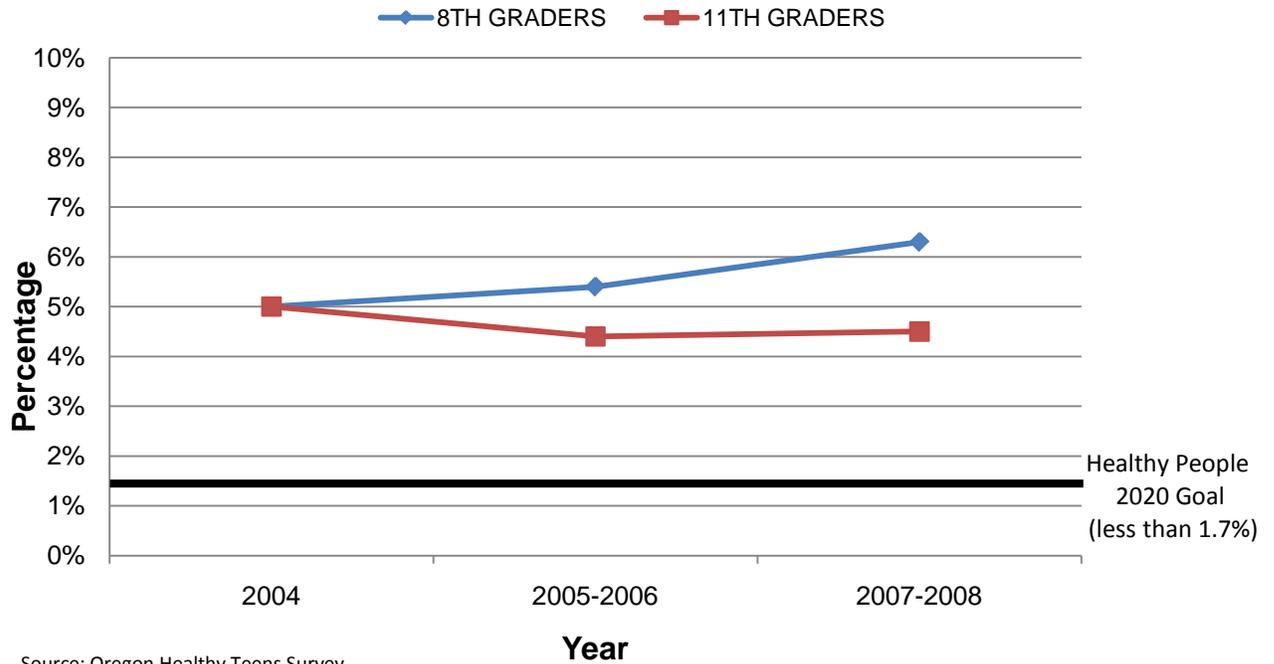


Source: Oregon Healthy Teens Survey, Oregon Student Wellness Survey

Key Points

- In 2010, 5% of 6th graders, 6.8% of 8th graders, and 6.4% of 11th graders in Clackamas County experienced psychological distress based on MHI-5.
- Oregon youth demonstrated similar results and stability across grade levels in the same year.

Percent of Youth who Attempted Suicide in the Past Year, Clackamas County, 2004-08 8th & 11th Grade



Key Points

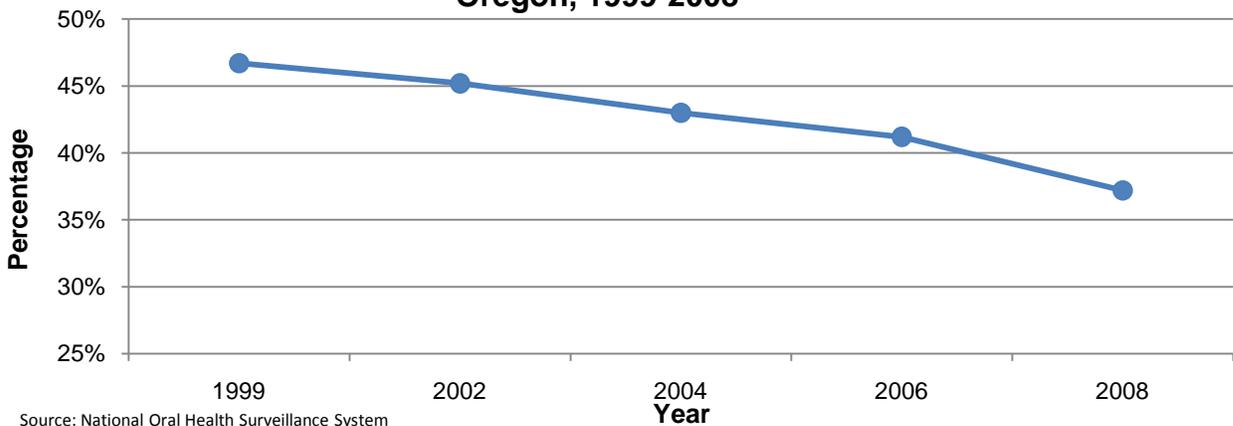
- *Suicide attempts reported by Healthy Teens Survey respondents in Clackamas County were far more frequent than the benchmark suggested by Healthy People 2020.*

Oral Health

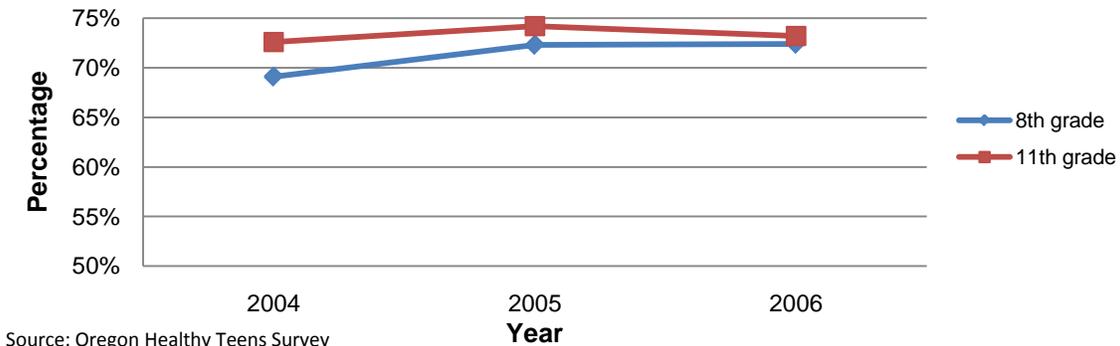
Developing good oral health habits beginning in childhood facilitates one's well-being for the future. Maintaining oral health is essential for vital human functions like eating, drinking, speaking, and showing emotions. Poor oral health is related to tobacco use, excessive alcohol use, unhealthy dietary choices, and limited access to preventive dental services.

While nearly 75% of Americans drink fluoridated water, only 27.4% of Oregonians do so. In Clackamas County there are no community water systems in that add fluoride or purchase fluoridated water. Currently, oral health data for Clackamas County is limited.

Percent of Adults Aged 65 Years or Older Who Have Lost Six or More Teeth Due To Tooth Decay or Gum Disease, Oregon, 1999-2008



Adolescents with One or More Cavities, Oregon, 2004-2006



Key Points

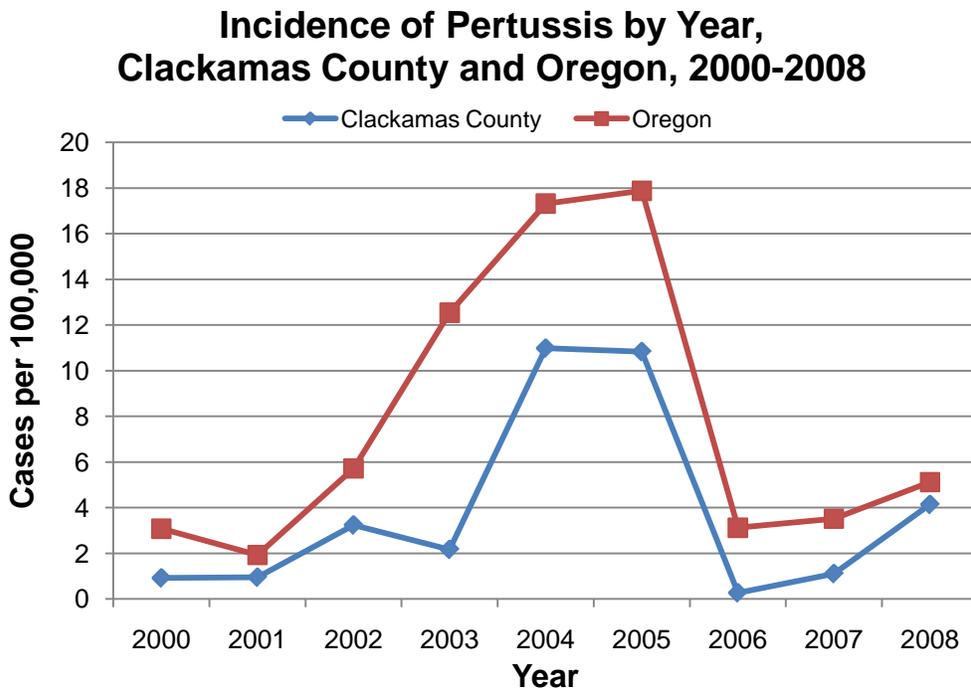
- Although there has been slight improvement over time, about one in three adults aged 65 and older have lost six or more teeth due to tooth decay or gum disease.
- Over 70% of 8th and 11th graders in Oregon have had one or more cavities.
- Most tooth decay among Oregon teens is established by 8th grade.

Communicable Disease

Pertussis

There are 58 reportable diseases in the state of Oregon. While this assessment does not cover all of these diseases, we identify a few that have been commonly endemic within Clackamas County, and for which public health interventions are available.

One example is Pertussis, which is also known as Whooping Cough. Pertussis is caused by the bacterium, *Bordetella pertussis*, and is highly contagious. The most severe cases are among infants too young to be immunized. Almost half of infant cases are hospitalized and deaths can occur. Pertussis can also cause serious illness in children and adults. Pertussis can be prevented by vaccination for children, adolescents, adults, and seniors.



Source: PSU, VistaPHw

Key Points

- In the last 10 years, about 60% of Oregon's cases occurred in persons over 10 years of age.
- Pertussis is endemic in the U.S., and epidemics occur every three to five years, which is consistent with incidence patterns in Clackamas County and Oregon.

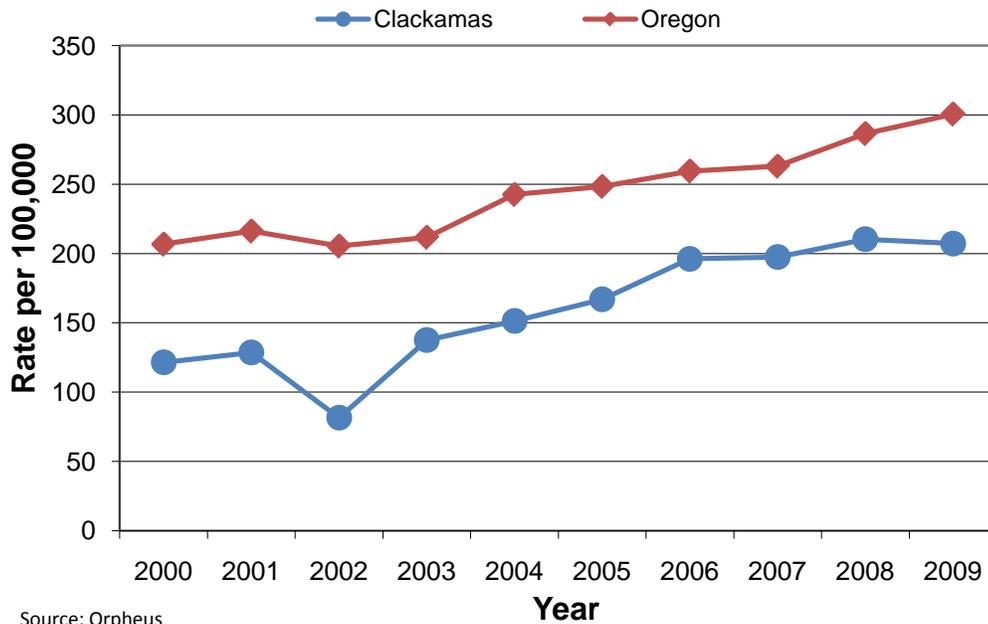
Chlamydia

Sexually transmitted infections (STI's) are common, cause considerable morbidity, and efforts to control them require the integrated efforts of clinicians, laboratories, disease investigators, and policy makers. Untreated cases can cause permanent reproductive health problems and lead to further transmission of infection. Chlamydia diagnosis is more commonly reported in women than men, possibly because of screening programs.



Chlamydia is caused by the bacterium, *Chlamydia trachomatis*, and is the most frequently reported STI in the United States (426 cases per 100,000). According to the 2010 CDC STI surveillance report, the reported rate for Oregon (322.9 cases per 100,000) was lower than that for the U.S.

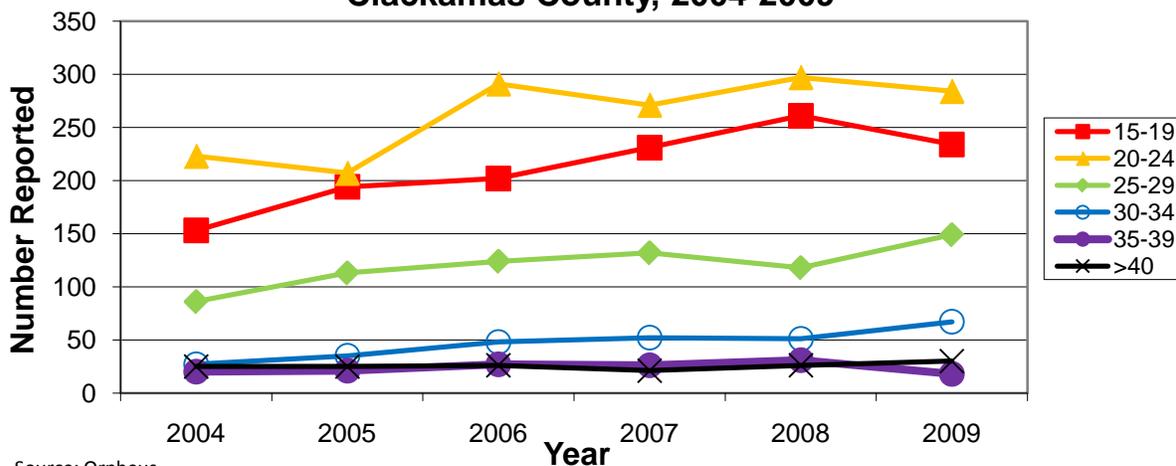
Chlamydia Incidence, Clackamas County and Oregon, 2000-2009



Key Points

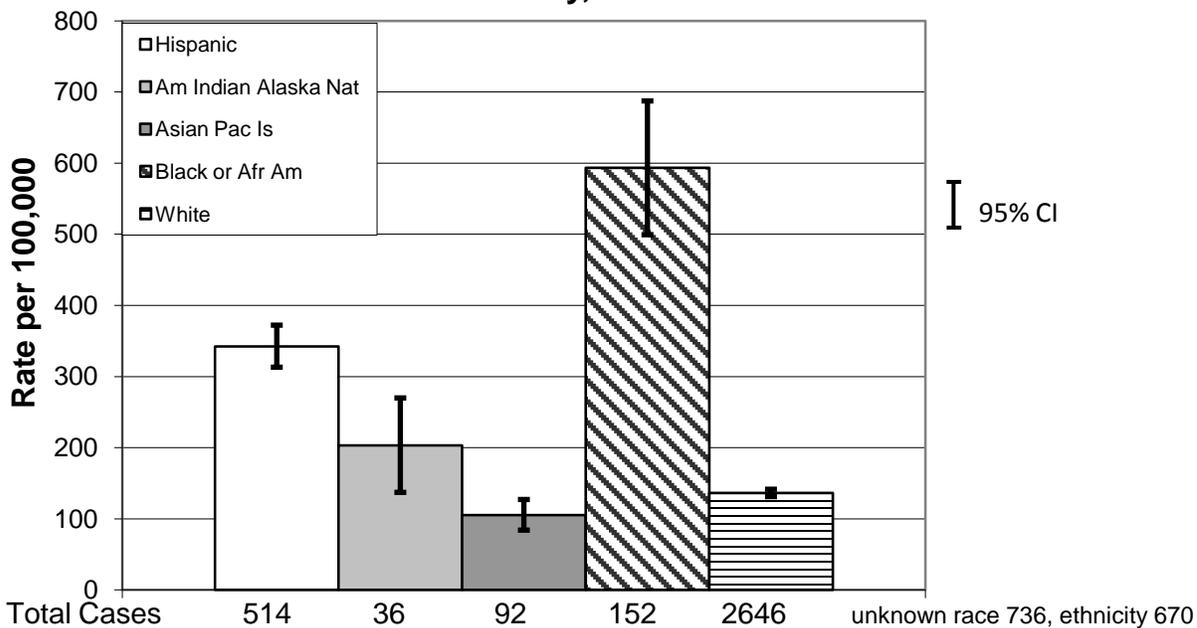
- The incidence of Chlamydia has been steadily increasing in both Clackamas County and in Oregon.

C. trachomatis Incidence by Age, Clackamas County, 2004-2009



Source: Orpheus

C. trachomatis Incidence by Race and Ethnicity, Clackamas County, 2004-2009



Source: Orpheus

Key Points

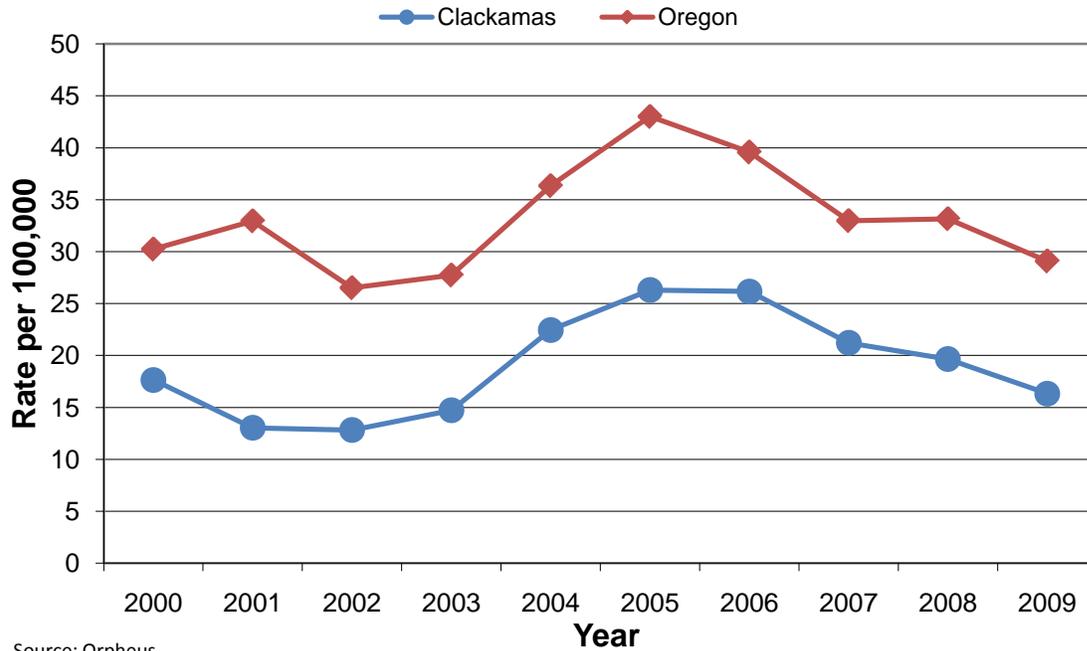
- Chlamydia diagnosis is most common among persons aged 15 through 24 years.
- In Clackamas County, African Americans and Hispanics are disproportionately diagnosed with Chlamydia compared to other racial/ethnic groups. This finding is seen in other Oregon counties, and is especially important for Clackamas County as these population groups are steadily growing.

Gonorrhea



Gonorrhea is caused by the *Neisseria gonorrhoea* bacterium, and is one of the most common STI's in the U.S.

Gonorrhea Incidence, Clackamas County and Oregon, 2000-2009

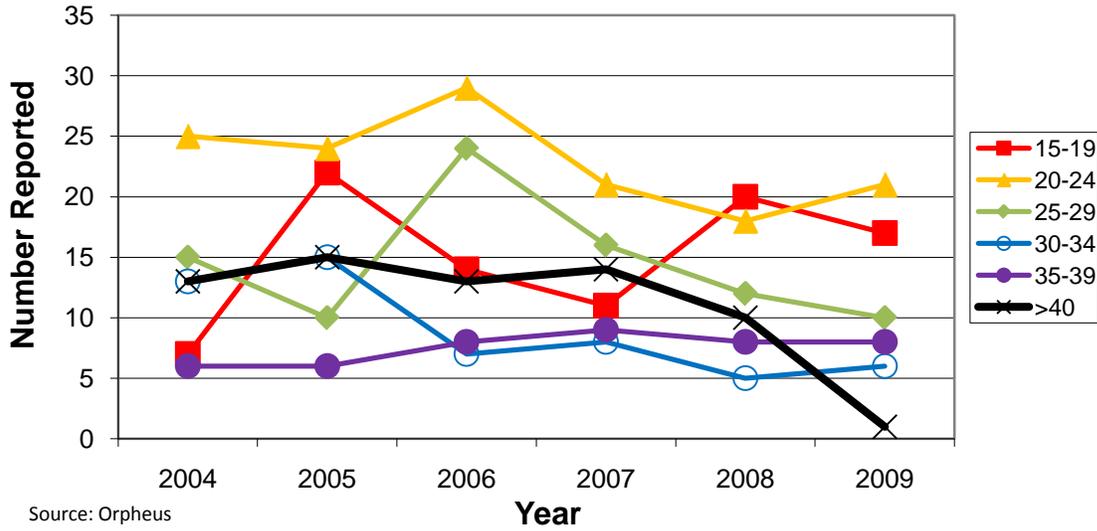


Source: Orpheus

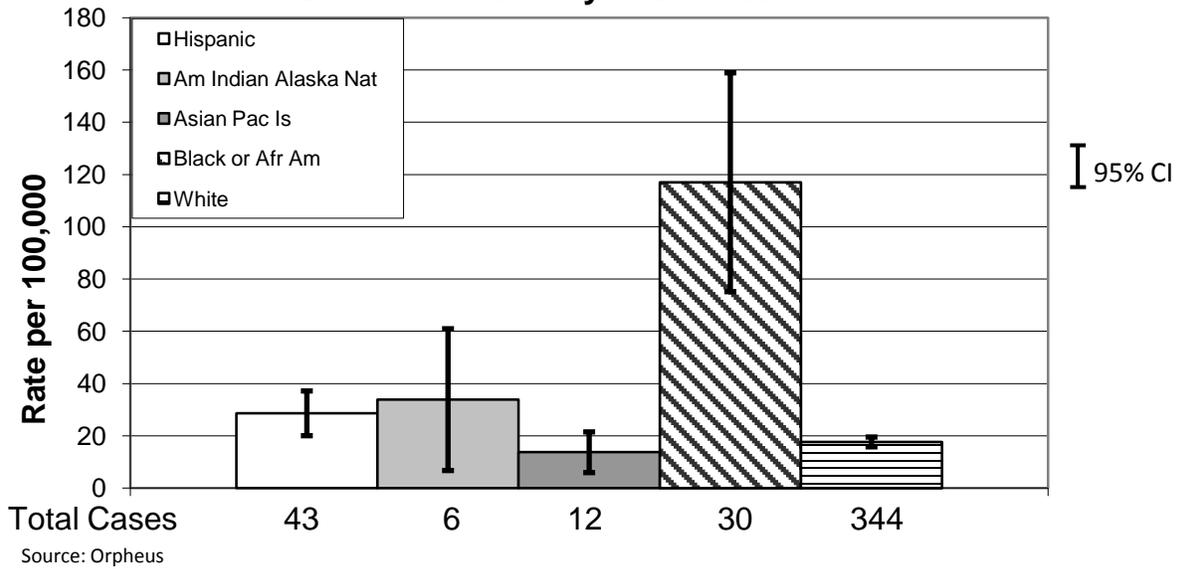
Key Points

- *The frequency of gonorrhea diagnosis has declined slightly in the past 5 years in Clackamas County along with the other Portland metro counties and the state overall.*

N. Gonorrhea Incidence by Age, Clackamas County, 2004-2009



N. gonorrhea Incidence by Race and Ethnicity, Clackamas County 2004-2009



Key Points

- In contrast to chlamydia, gonorrhea spans a broader age range.
- The incidence rate for Gonorrhea in African Americans is disproportionately higher than the incidence rate of other groups.

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9. Communicable Disease

- Selected Reportable Communicable Disease Summary: 2010 State of Oregon. Oregon Health Authority, Office of Disease Prevention and Epidemiology.

Conclusion

The initial Roadmap report discovered findings grouped into the following categories: local public health services were too concentrated in specific areas within the county, chronic disease negatively impact more than just the health of Clackamas County residents, healthcare access is a growing problem and public safety may be affected by many health related factors.

Summary of Key Findings

Local public health services were traditionally too concentrated in specific areas within the county, far from many county residents.

- Transportation barriers and long distances limit the ability of more rural residents to access services.
- Services connected to or located in school districts could distribute opportunities to access healthcare and other initiatives.
- Health centers in schools may address some health problems of students. Communities could use such centers to increase access to fresh foods and exercise opportunities for children and adult residents.

Heart disease, obesity, nutrition and smoking negatively impact more than just the health of Clackamas County residents.

- Disease management and illnesses related to smoking are expensive to treat and contribute to rising healthcare costs for all residents of Clackamas County.
- Children lacking adequate nutrition have a hard time keeping up academically with their peers.
- Obese people frequently need complex treatment and support to become healthy because the condition is so often linked to mental health and addictions. Preventing obesity requires looking at economic disparities, as poverty is the single greatest risk factor identified³, and access to healthy food.
- Public health staff can work with community agencies and residents to create more opportunities to learn about and practice healthier lifestyles.

Healthcare access is a growing problem.

- Recession-based reductions in health insurance levels and population growth are increasing demand for healthcare services while transportation challenges and low numbers of healthcare providers create significant barriers to health care access.
- Insurance or not, most people find the health care system and other social service delivery systems in the county hard to navigate.
- Locally and nationally more people are demanding that community services be designed to maximize resources and access.
- A focus on improving health access for pregnant women may help reduce future incidences of disease and the associated social and financial costs from low-birth weight babies.

Public safety, a top priority identified by citizens contributing to Roadmap, may be affected by many health-related factors.

- Social gathering spaces and recreational opportunities, especially for students, could

³ Peter Marsh, *Poverty and Obesity*, Social Issues Research Centre, March 15, 2004, http://www.sirc.org/articles/poverty_and_obesity.shtml.

- reduce the use of tobacco, alcohol and other drugs.
- Increasing access to mental health services could reduce the problems caused by individuals with untreated mental illness and costs associated with handling these problems through the criminal justice system.
- Community Health is well positioned to assess the intersections of health and safety, explore best practices and alternative approaches, and convene stakeholders to co-create community based solutions.

Key general themes and innovations from Roadmap aligned with priorities that emerged included:

- Health is a shared responsibility
- Communities face some similar and some unique challenges
- Differences in urban and rural values lead people to measure health and community differently
- We can work from our strengths to support each other

Common priorities suggested by Roadmap participants included:

- Community centers that combine education and health and other services
- Building community through activities that strengthen social connections
- Increasing access to healthy foods by encouraging more urban agriculture and gardening
- Providing community resources for networking and access to programs and services

Key Questions for Decision Making

What are our best options for increasing the health of county residents?

- What ideas have broad support and are financially feasible?
- Where should CCPHD's efforts to create opportunities be concentrated?
- Who are our natural partners and allies in this work?

Given the community's needs and our expectations about the potential impacts of community challenges, what efforts are most likely to be successful?

- What critical issues at the local, state and national levels do we expect to influence Clackamas County?
- How do these issues affect our priorities and plans for implementation?
- What information does Roadmap need to track as we move ahead?

What role is CCPHD best able to play in realizing various elements of the vision for Health in Clackamas County?

- In which areas does CCPHD lead? Which does it support?
- What capacity exists? What skills, relationships, or additional capacity is needed?

Next Steps (2010 to present)

Community themes and priorities within the initial Roadmap report indicated an impending shift in the role of public health in Clackamas County. Historically, public health departments have primarily focused on upholding regulatory standards and providing education regarding community health, e.g., immunizations, food handling certification, and restaurant inspections. Amidst a poor economy and rapidly changing landscape of health reform, CCPHD continued working towards a more facilitative leadership role that recognizes the fulfillment of basic human needs as a foundation for individual and community health. New roles of public health included

the intersection of public health with environmental agencies' interests in clean air and water, sustainable agriculture's focus on locally grown food, and access to housing, education, and job security.

In the spring of 2010, the initial Roadmap report was finalized and presented to the Clackamas County Board of Commissioners (Board of Health) in a formal study session. CCPHD convenes study sessions with the Board in order to provide a forum to discuss department updates and education related to their role as the Board of Health. This is often an opportunity for the Board to ask questions and make recommendations to CCPHD. In this instance, the Board of Health was impressed by CCPHD's ability to engage the community in addressing key health problems within Clackamas County. In order to ensure that the Roadmap report's findings would not go unused, the Board dedicated \$88,000 to develop a variety of community led projects focused on population health-related priorities identified in the assessment.

Grant applications were made available to community organizations that could create a plan and implement a project related to findings discovered within the Roadmap report, especially related to obesity and safe neighborhoods. In the first year (2010-2011), thirteen organizations (out of twenty-three applicants) received funding for projects focused on healthy eating and active living (HEAL) programs serving Clackamas County residents. The projects included:

- Arts and Technology High School— A Cycling Fitness Program and repair shop that has created employment training for youth and promoted physical health.
- Canby Community Garden Association— Nutrition and fitness education for families.
- Clackamas Heights— Nutrition and physical education programs.
- Duncan Elementary School— Construction a small, surfaced track.
- Estacada High School— The building of a greenhouse that taught students about agriculture and healthy eating; produce was donated to local food baskets.
- Firwood Elementary School— A walking/jogging trail that promoted community fitness.
- Gladstone School District— Creation of a school garden.
- Hillside Park— Nutrition and physical education programs.
- Metropolitan Family Services— Provision of nutrition/fitness classes and fitness stations.
- Molalla Communities That Care—Nutrition and fitness education.
- Oregon City Farmers Market— For the promotion of healthy eating and local food preparation.
- Oregon State University Extension— Creation of a community garden and provided health education and employment training for youth.
- West Linn/Wilsonville School District— Promotion of healthy eating and food awareness through a Farm to School project.

The first year of the HEAL grants had a positive effect on the community. Some of the highlights included:

- Changed the built environment by adding 2 walking paths, 6 community gardens, 1 public disc golf course
- Increased local food production
- Encouraged new eating habits and fitness activities through education
- Taught new life skills in food preparation and nutrition
- In-Kind donations to projects valued at \$50,000
- Volunteer hours contributed to projects: 2,300

Because of successful outcomes of grant recipients, CCPHD continues to receive investment from the Board related to community health assessment initiatives and successive rounds of grant-funded opportunities were made available for the 2011-2012 and 2012-2013 fiscal years. These funds are being used to continue supporting local organizations that can identify viable projects and offer opportunities for community partners to build a resilient Clackamas County together. The grant recipients continue to be successful and the number of applicants have grown considerably each year.

The primary goal of the Roadmap project was that it would assist in gathering the information needed to develop a strategic plan for CCPHD through a participatory public engagement process. While the HEAL grants were a great start in implementing a specific priority within the initial Roadmap report, CCPHD and Roadmap participants felt that in order to ensure health for the future of Clackamas County, a thoughtful community planning process also needed to take place. This would involve community members and organizations coming together to set specific priorities based off of the data present in the community health status assessment.

In order to formalize the establishment of a quality improvement culture and help set priorities in challenging economic times, national public health accreditation became a priority for CCPHD in 2011. The beginning of the accreditation process for CCPHD proved to be an opportune time to convene a group of strategic community partners to build off the findings of the Roadmap and make strategic decisions to improve the health of Clackamas County. A Community Health Improvement Committee was established in November 2011 made up of many of the representatives from the original Roadmap to help address significant issues that have been identified by considering data from the 2008 and 2012 Community Health State Updates. As a result, measureable, goal-oriented objectives have been created through this meaningful community-driven and collaborative process that can improve the overall health of Clackamas County.