

**Clackamas County  
Community Health  
Division  
Public Health Services  
2012 - 2014  
Triennial Plan**

**CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION  
PUBLIC HEALTH SERVICES  
2012 – 2014 TRIENNIAL PLAN**

**The local public health authority is submitting this 2012 – 2014 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.**

---

Charlotte Lehan, Chair  
Board of County Commissioners  
Local Public Health Authority

---

County

---

Date

---

Cindy Becker  
Community Health Director

---

County

---

Date

# TABLE OF CONTENTS

	<u>Page</u>
I. Executive Summary. . . . .	1
II. Assessment Update	
A. Issues and Needs Arising from Assessment Data. . . . .	2
B. Adequacy of Local Public Health Services. . . . .	2
C. Provision of Five Basic Services. . . . .	2-5
1. Epidemiology and Control of Preventable Diseases and Disorders	2-3
2. Parent and Child Health Services. . . . .	3-4
3. Collection and Reporting of Health Statistics. . . . .	4
4. Health Information and Referral Services. . . . .	4
5. Environmental Health Services. . . . .	5
D. Adequacy of Other Services. . . . .	6-10
1. Primary Care and Behavioral Health. . . . .	6
2. Preparedness and Emergency Medical Services. . . . .	6
3. School-Based Health Centers. . . . .	7-8
4. Community Engagement to improve health. . . . .	8-9
5. Dental services coordination in the community. . . . .	9-10
III. Action Plans	
A. Epidemiology and Control of Preventable Diseases and Disorders. . .	11
1. Communicable Diseases and Tuberculosis. . . . .	11
2. Human Immunodeficiency Virus. . . . .	11
B. Parent and Child Services. . . . .	12-13
1. Immunization. . . . .	12
2. Women, Infants and Children Nutrition. . . . .	12
3. Family Planning. . . . .	13
4. Maternal and Child Health Home Visiting. . . . .	13

C. Environmental Health. . . . .	13
D. Health Statistics. . . . .	14
E. Information and Referral. . . . .	14
F. Primary Care and Behavioral Health. . . . .	14
G. Preparedness and Emergency Medical Services. . . . .	14
H. School-Based Health Centers. . . . .	14
I. Community engagement to improve health. . . . .	15
J. Dental Services coordination in the community. . . . .	15
IV. Additional Requirements. . . . .	16
V. Unmet Needs. . . . .	17
VI. Budget	
Budget Officer Contact Information . . . . .	18
VII. Minimum Standards . . . . .	19-26
<u>Attachments</u>	
A. Clackamas County 2011 Community Health Assessment. . . . .	27
B. FY 2012-2013 Immunization Annual Plan Checklist. . . . .	27
C. FY 2013 Family Planning Annual Plan. . . . .	27
D. FY 2011-2012 Public Health Services Organizational Chart. . . . .	27

**CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION**  
**PUBLIC HEALTH SERVICES**  
**2012 – 2014 TRIENNIAL PLAN**

**I. Executive Summary**

The Public Health (PH) services of Clackamas County Community Health Division have evolved into a thriving system focused on health protection and promotion and integrated with community planning processes and with our fellow county-based human service divisions. With enthusiastic support of our county administration, we were able to complete a community needs assessment and community engagement process, using the MAPP tool from NACCHO. That process resulted in a report, Roadmap to Healthy Communities, and an RFP to the community to support local projects focused on improving access to healthy foods and physical activity. Thirteen projects have been completed and we are in the second year and a new RFP for community-based projects. We now are engaged in new community partnerships with emphasis on population health.

We have added a staff person to support and oversee the community projects, as well as a policy analyst to monitor legislation and new initiatives. We added an epidemiologist to work on gathering community health data and interpreting it for community planning and internal public health purposes. Our new Public Health Nursing Supervisor oversees both the communicable disease team and the field team of home visiting nurses. A dental services coordinator has helped to find resources to fill some of the many holes in that safety net. A new administrative assistant helps us keep all the threads pulled together. With these positions, we are able to move beyond a focus on specific program services and into community engagement and planning. We are working much more closely with our internal county partner divisions and are now connected to sustainability, land use planning and transportation planning. We have begun to provide opportunities for student placements for nursing, PH undergrad, and MPH students, as well as ongoing opportunities in WIC for dietician interns.

Looking ahead, we need to continue to build upon the community and county-based planning and integration initiatives, while addressing Public Health accreditation and the role of Public Health in health care transformation. We have recognized that accreditation will help align our agency with national standards that have been developed over the last several years. Accreditation will be one means of assuring the public and our partners and funders that Clackamas County Public Health services are adequate and appropriate to address our community's needs. We are currently completing prerequisite activities and anticipate applying for accreditation next fall.

Oregon's health transformation work is fully under way and promises fundamental change in the way health care is funded and delivered in order to both improve efficiency and health outcomes. The Early Learning Council seeks to improve how we prepare children to enter school ready to learn. Public Health is at the planning tables of these processes and will be affected in ways that are not yet clear. We are part of planning for a four-county metro area needs assessment, including public health and hospital systems. We will continue to advocate for the importance of population services, while the health care system undergoes transformation. It is indeed an exciting time, full of opportunity for improved collaboration and outcomes.

## **II. Assessment**

A comprehensive community needs assessment was completed in 2009-10, using the MAPP assessment tool. An update of the health data portion of that assessment has been completed and is attached to this document (**see Attachment A**). The attachment includes narrative analysis and suggested direction for further community health planning and partnership to improve the health of Clackamas County residents.

### **A. Issues and Needs Arising from Assessment Data**

1. Some of the issues for further analysis, planning and strategy development include:
  - The health needs of aging residents, including arthritis and injuries due to falls
  - Unintended injuries as a cause of Years of Potential Life Lost
  - Tobacco use and obesity prevention
  - Suicide prevention
  - Immunizations through the life span
  - Improved health insurance coverage and access to quality physical, behavioral and oral health services

### **B. Adequacy of Local Public Health Services**

PH services are adequate at this time. As documented within, the organization continues to identify areas for development and improvement. The facilitated internal assessment process under development should assist with aligning services and programs more closely with essential PH services.

### **C. Provision of Five Basic Services**

#### **1. Epidemiology and Control of Preventable Diseases and Disorders**

- a. The Communicable Disease (CD) Team consists of 3 RN's, a Nursing Supervisor, and is supported as needed by a bi-lingual Community Health Worker for Directly Observed Therapy (DOT) and other duties. The Nursing Supervisor is newly hired and is also supervising the Home Visiting field team. A recently hired Epidemiologist, while serving a role in all county wide community assessments, data collection, and analysis; will also be available to consult with outbreak investigations and reporting. The CD Team continues to work with cross training and cross collaboration for all roles within the team. Team members work closely with Public Health Officer, Environmental Health (EH) staff, and Emergency Preparedness staff. The CD team continues to work to increase efficiency in investigating and reporting to manage disease outbreaks.

- b. Beginning in the summer of 2010 Clackamas County contracted HIV Prevention and Promotion activities for Clackamas County to Cascade AIDS Project (CAP). In July 2011 we enhanced the efforts by establishing a working contract relationship with Washington County to contract both of the county service work to CAP. The effort takes us further down the road of efficiency and continuing to find ways to regionalize activities, not duplicate them. State programmatic support for HIV Disease Investigation Specialist work has been inconsistent and poorly communicated to the county, while both HIV Program technical assistance and leadership proved challenging to us. CDC has cut funding to states with low prevalence of disease which translates into a cut to funding of 30% as well as a reduction of support to all but 7 counties in Oregon. That trend of reduced funding continues for the next 5 years.

## **2. Parent and Child Health Services**

### **a. Immunization**

During 2011 Immunization Program staff served as liaisons to four satellite clinics and one delegate agency. In this role, staff provided vaccine management training, education and technical assistance. Vaccine transfers were conducted as needed and quarterly audits carried out to ensure compliance with state immunization practices.

Staff also worked with community partners throughout the year to plan and coordinate four immunization outreach events which provided vaccine to uninsured and underinsured populations. Participation in these events reduces the barrier to timely immunization, prevents the spread of communicable disease and strengthens community partnerships.

During the fall and winter months, staff focused on providing technical assistance and training to school and child care staff on school law as it relates to immunizations. The program applied the LEAN process improvement tool to the current school exclusion process and will test the future state model beginning January 2012.

### **b. Women, Infants and Children Nutrition**

The WIC program has continued to maintain caseload this past year even when the state overall experienced a decrease in participation. This was accomplished by expanding the number of days available at the five clinic locations and continued high Portland Metro unemployment rates over 9%. The Oregon City WIC Program site moved in January of 2011 to a remodeled building with expanded space for counseling and classroom activities. Our Breastfeeding Peer Counselor Program has been in operation for over a year with an average caseload of 325 women. The program uses a prevention approach to avoid problems vs. a medical model approach of treating problems.

Our Nutrition Education focus this year has been to enhance our Participant Centered Skills with group education planning and activities. In-services and State sponsored training have been the vehicles for training staff. The WIC

program used LEAN process improvement techniques to address inventory and supplies control and the Lactina Breast Pump Loan program management this year. The WIC Program is managed by a Public Health Program Manager, daily operations by a Human Services Coordinator, staffed by 2 FTE Registered Dietitians, 6 Nutrition Assistants, 4 Health Assistants and 1 OS1. The staff has grown by two positions late this year.

c. **Family Planning:**  
**See Attachment C**

b. **Maternal and Child Health Home Visiting**

The Community Health Nurse (CHN) Field Team consists of 4 RN's, a bilingual Community Health Worker, and a Nursing Supervisor (shared with CD team). The Community Health Nurses provide Maternity Case Management through home visits to pregnant women. The CHN also does home visits for children birth to age 5 through Babies First. Children with developmental delays and/or medically fragile are seen at home by CHN's through the CaCoon program (ages birth- 21).

Clackamas County Public Health, WIC, Primary Care Clinics (FQHC), and Healthy Start (Children, Youth, and Families) have recently worked with other home visiting programs to develop a service called BabyLink. BabyLink is an access program for pregnant women and families with young children to provide information and connection to all programs in Clackamas County that can meet their needs. Inquiries are received by, phone, text, and e-mail. Trained telephone screeners have ready access to referral resources for prompt replies. This has become an integration of both public and private resources available in Clackamas County. BabyLink can be used by individuals or providers seeking information.

3. **Collection and Reporting of Health Statistics**

Our system for collecting and reporting health statistics continues to run efficiently and effectively. The cross-trained office staff, who are all certified deputy registrars, work closely with the state staff, hospitals and funeral homes to assure services meet the needs of the public as well as our needs for accurate data management.

4. **Health Information and Referral Services**

The County's updated website has become one of our best resources for educating and updating residents regarding PH services, eligibility, and access information. Forms are available online, and restaurant workers may test and be licensed online, and health alerts and updates can be posted. Many inquiries are received by email or phone and receive prompt attention. The County's Social Services Division (SSD) provides access to updated lists of agencies and support services for the general public

## **5. Environmental Health Services**

Environmental Health Services is staffed with six full-time Environmental Health Specialists, a half-time equivalent of part-time EH Specialists, an EH Manager and one support Office Specialist. Five full-time EH Specialists each cover a geographic area of the County. They conduct all of the delegated and required facility licensing and inspection services for foodservice facilities, swimming facilities, and tourist facilities. Contracted inspection services are provided for public schools, daycare facilities, and others. One FTE EH Specialist focuses on the public water system requirements for the State Drinking Water Program.

The EH Manager closely monitors the work of the team and provides backup and support, including responding to most public inquiries and environmental issues. Food Handler testing and certification is provided by trained support staff. EH and Communicable Disease staff work collaboratively to investigate disease outbreaks, complaints, and cases of food-borne illness. The Environmental Health staff participates in emergency preparedness exercises and provides support and expertise during natural disaster and pandemic response.

### **ACCOMPLISHMENTS**

1. The EH Program is current with the IGA program standards for the State Drinking Water Program and the Food, Pool, Lodging, Health and Safety Program, Division 12.
2. All staff is current with the State Standardization Program requirements.
3. We continue to update the CCCHD EH website to provide relevant information and the ability to download rules and forms.
4. Completed work with communities to replace their wading pools and to meet the new state standards.
5. Continue to provide pool operator training classes in order to update the operators regarding new requirements.
6. Continuing to identify and assist the operators of unlicensed organization camps.
7. Continuing to provide a hand washing demonstration mobile unit at the county fair.

## **D. Adequacy of Other Services**

### **1. Primary Care and Behavioral Health**

The Primary Care (Federally Qualified Health Center, FQHC) and Behavioral Health (BH) divisions of our organization have spent time assessing their roles in the larger systems of care in which they operate. They recognized the need for significant integration of their services in order to address health issues of clients holistically and more effectively. Through consultation, training and ongoing coordination, their integration continues to evolve and improve. The Primary Care services added an FQHC Director and is now operating a clinic in Gladstone in conjunction with Care Oregon, as well as being the medical sponsor of two SBHC's. The FQHC continues to operate the clinic in Oregon City, which includes BH and dental services, and is developing a clinic on Sunnyside Rd, which will open in 2012. An electronic health record has been added to clinical services. Behavioral Health continues to operate clinical services in Oregon City and Sandy and is developing a new crisis services center on 82<sup>nd</sup> Ave., to open in 2012.

Both the FQHC and BH divisions are involved in health care transformation and CCO planning. They work with health systems and law enforcement to assure more appropriate referral to services and reduce unnecessary use of emergency rooms. Public Health works with both areas to assure integration with services such as immunization, school-based health centers, family planning, communicable disease and home visiting. We meet together regularly and continue to identify more areas in which our integration will result in improved linkage and outcomes for community residents.

### **2. Preparedness and Emergency Medical Services**

The preparedness program is managed by the Emergency Medical Services Manager and has been in compliance with the requirements of Program Element (PE) 12 in yearly reviews.

Staff maintains a three year training and exercise calendar based upon the requirements of PE 12, the intergovernmental agreement for Cities Readiness Initiative and the improvement plans developed following real events and exercises.

All public health staff receives training and participates in exercises of various aspects of the County response plans. Clackamas County Emergency Management staff is integral to preparedness planning, training and exercise. A seven-member Incident Response Team provides 24 hour coverage for receiving reports of, and responding to, public health emergencies.

Recent exercises included a regional full-scale exercise of the push partners and a community flu clinic in Milwaukie with outreach to homeless persons in the county. These exercises are integrated with the County Department of Emergency Management and community partners

### 3. School-Based Health Centers

Accomplishments July 1, 2010 – December 31, 2011

#### Expanding services

- Nurse practitioners in Oregon City High School, Margaret Stochosky and Canby High School, Julie Passon started full time (September 2010)
- Anne Weaver started assessing the need for behavioral health services in Oregon City High School to determine if 10 hours of a Behavior Health Consultant is sufficient (September – present)
- Dr. Katherine Cook and Janelle McLeod are using a \$97,000 Safety Net Capacity Grant to screen and provide dental services to uninsured students in the Oregon City School District

#### New SBHCs

- A Steering Committee and Community Advisory Board in the Oregon Trail School District started planning a SBHC (September 2010)
- Milwaukie High School was awarded \$396,681 from HRSA to build a school-based health center (July 2011)
- Estacada High School was awarded \$392,104 from HRSA to build a school-based health center (December 2011)

#### Youth Advisory Boards

- Students from Oregon City, Canby and Milwaukie High Schools attended the annual SBHC conference (October 2010)
  - The conference inspired Canby High School to implement the “Talk About It” campaign which addressed teen depression and suicide (Nov 2010 – Jan 2011)
  - The conference motivated Oregon City High School to host an open house at their health center. Attendees included Commissioners Bernard and Savas, a City Councilman and a school board member (January 2011)
- Students from Oregon City, Canby and Milwaukie High Schools participated in Advocacy Day in Salem and spoke with Representatives about their respective SBHCs (February 2011)
- Milwaukie, Canby, Oregon City, Estacada and Sandy High Schools participated in a youth summit, funded by a CORE Grant that Milwaukie High School received from the Oregon School Based Health Care Network. Students strengthened their advocacy skills and sharpened their “elevator speech” about SBHCs. Students from Estacada and Sandy were introduced to SBHC and motivated by their peers. (April 2011)
  - The summit created an opportunity for students from Milwaukie to speak to the Board of County Commissioners about SBHCs during a business meeting (May 2011)
- Canby students made a presentation to the School Board about access to contraception in the SBHC (June 2011). The Board requested more information before they voted on the issue. Students went before the Board again in October at which point the Board voted against providing contraception in the SBHC.

Between June and October, the students and their advisor were featured in the local media multiple times.

- Canby, Milwaukie and Sandy High Schools attended the annual SBHC conference (Oct 2011)
- Clackamas County Community Health Division received a \$35,000 grant from the Northwest Health Foundation and \$10,000 grant from the Oregon School Based Health Care Network (OSBHCN) for a Clackamas Youth Voice project. Students from Canby, Milwaukie, and Sandy High Schools participated in a summit on November 1st where they learned about “Action Research”. Each group selected a topic to research in their school:
  - Canby is surveying all high school students about bullying
  - Milwaukie is surveying all high school students about stress
  - Sandy is conducting focus groups and surveying students in middle and high schools about influences.

#### Collaborations

- Clackamas County Community Health Division hosted county-wide meetings for schools (Canby, Estacada, Milwaukie, Oregon City and Sandy) and medical providers (Clackamas County Primary Care, Outside In, Legacy Health System) to address shared challenges and learn from each other (Nov 2010, March 2011, May 2011)
- Canby and Oregon City High Schools established a referral system with Healthy Kids application assisters so they can streamline students and families to sign up for health insurance.

#### Miscellaneous

- Canby and Oregon City started using EHR (September 2011). CCCHD is one of three health systems in the State to participate in the “OCHIN pilot” program to test templates specific for SBHCs.
- In preparation for Oregon City’s recertification site visit, all SBHC policies were reviewed, revised and loaded into Policy Tech (December 2011)
- Information about School Based Health Centers is posted on the County’s website, under the primary care page (October 2011)

## **4. Community Engagement to improve Health**

### **Tobacco Prevention and Education and Healthy Communities**

The Tobacco Prevention and Education Program (TPEP) has focused on the mandatory work areas of reducing or eliminating tobacco use on hospital campuses, community college campuses, and multi-unit housing. Achievements include:

- a. Approval by the Board of County Commissioners of a request from the Housing Authority of Clackamas County to convert all its multi-family properties to smoke-free policy.
- b. Adoption of a smoke-free policy for all events by the Clackamas County Events Center.

- c. Adoption of a smoke-free campus policy by Providence Willamette Falls Hospital.
- d. Adoption of designated smoking area policies by Clackamas Community College and Clackamas County

### **Healthy Communities Program**

The Healthy Communities Program worked closely with TPEP to complete a community health assessment and to award small grants to community organizations that enabled them to:

- a. Build walking paths at two schools,
- b. Build community and school gardens,
- c. Introduce children to shopping for fruit and vegetables at local farmers markets, and
- d. Provided children, adults, and seniors with information on gardening, physical activity and nutrition.

## **5. Dental Services coordination in the community**

During the 2011 calendar year, the Dental Access Program developed and implemented many projects that worked towards the outcomes of improving access to dental services and increasing the understanding of the importance of oral health. Below are the projects developed and coordinated throughout the year:

**Giving Smiles Day:** The Kaiser Permanente Oregon City Dental Clinic provided urgent dental services to 14 students from Jennings Lodge School and 13 adults on October 26 for a total of \$8,808 of donated care services. Referrals were received from the state of Oregon Sealant Program, Clackamas County Beaver Creek Dental Clinic, Babies First/CaCoon Home Visiting Nurses, Clackamas County Healthy Start Program and community non-profits. The Giving Smiles Day would not have been possible without the generous volunteer services of three Hygienists, School of Dental Health Sciences at Pacific University, Northwest Family Services and Kaiser Permanente. The Clackamas Dental Access Program is pursuing future partnerships with Kaiser Permanente for similar projects to occur.

**Women, Infants, Children Varnish Program:** The Dental Access Program worked with Clackamas County Community Health supervisors to ensure the continuation of the WIC Varnish Program. This service is offered at three WIC Clinic sites in the County, Sandy, Wichita and Oregon City. Clackamas County is now working with the School of Dental Health Sciences at Pacific University for the services to be provided with WIC eligible clients.

**Donated Dental Services:** The Dental Access Program has been working very closely with the Clackamas Dental Society and Project Access Now for the development of a system that allows local oral health professionals and Dental Care Organizations to donate urgent dental care services to those adults experiencing pain and infection. The concept is based on the existing PA NOW medical model.

Housing Authority Dental Access Program: Clackamas County Health, Housing and Human services is seeking support and funding from Dental Care Organizations, regional foundations and partners for the implementation of a pilot project based on best practice proven programs that currently exist in the state of Oregon. The goals of this project are to increase access to dental care and improve the oral health of Clackamas County high-need residents through the provision of education, preventative, and treatment services.

This project proposes to serve residents from one of four public housing complexes in Clackamas County. Residents of these complexes are traditionally low-income families, the elderly, and people with disabilities and qualify for public assistance and Medicaid (Oregon Health Plan). Residents are eligible to receive help connecting with a wide variety of programs providing rental and utility assistance, health, mental health, care giving training, money management, drug and alcohol counseling and financial and credit counseling services.

Clackamas County is seeking funding in order to contract with an Expanded Practice Dental Hygienist (EPDH) to serve residents of a Housing Authority complex located in the County. The EPDH will serve both adults and children and will be responsible for screening, and when needed, triaging residents for appropriate dental care services to community resources. The EPDH will provide preventative dental services such as cleanings, basic fillings, and fluoride varnish and sealant application on location at the Housing Authority complex. In addition, the EPDH will conduct oral health education with adults and youth. For those residents who are experiencing acute dental pain and infection they will be referred on to the Volunteer Dentist Network for dental services.

Dental Health Month, February: Kaiser Permanente was recognized by the Clackamas County Board of Commissioners for their provision of oral health treatment services to individuals with acute oral health needs and their donation of oral health hygiene kits.

Educational Materials and Hygiene Kits: Approximately 6,000 dental hygiene kits and educational materials were distributed throughout Clackamas County through the Backpack Buddy programs, homeless shelters, health fairs and oral health screenings conducted in schools.

### **III. Action Plans**

#### **Action Plans for the Five Basic Services**

##### **A. Epidemiology and Control of Preventable Diseases and Disorders**

###### **1. Communicable Diseases and Tuberculosis**

The CD Team consists of 3 CD RN's who receive daily reportable information, conduct investigations, and report required information to the State of Oregon, Oregon Health Authority (OHA).

The nurses are cross-trained to assure coverage and rapid response to both urgent requests and routine public inquiries. The nurses participate in outbreak investigation and response; and may create epidemiological charts and graphs to study data. The team provides Tuberculosis (TB) case management for TB clients and conducts investigation and testing of contacts. The CHN Field team nurses are trained to provide DOT visits and are fitted for N95 masks.

We will continue to work on improving the system of coordinated surveillance and response that we have created. The CD Nursing Supervisor and EH supervisor work together to provide oversight and assure coordinated investigation of food borne and other outbreaks. After hours and weekend CD response is covered by members of the Incident Response Team, consisting of Primary Care and Public Health managers trained to provide initial response to calls forwarded through an answering service.

The metropolitan Tri-County Public Health Officers approve protocols and provide general direction to CD and TB activities. State of Oregon, Oregon Health Authority CD staff provide technical support and often participate in large investigations. State Disease Investigation Specialist, assigned to Clackamas County, investigates STI's. Our tri-county system is working with other counties and state staff to identify a more efficient and effective way to deliver STI case investigation services. We will also continue to meet and plan in the metro region to develop common policies and protocols related to our CD and TB programs.

###### **2. Human Immunodeficiency Virus**

Future focus will be to increase testing of high risk individuals as well as to work to include HIV testing as a routine screening at primary care visits, ER and Urgent Care clinics. Increase availability to condoms as a best practice prevention activity and increase ongoing care services for HIV positive individuals. Our approach will be to continue to move towards streamlined, economical regional planning and service provision.

## **B. Parent and Child Services**

### **1. Immunization**

The Immunization Program staff will be involved in Public Health Accreditation work over the next two years which will include community assessments, strategic planning and program and activity review. The staff will continue in their monitoring and assurance role to five clinic sites with the addition of a Sunnyside Primary Care Clinic scheduled to open spring 2012. With the increases in coverage for children through Healthy Kids Program we have experienced declining participation in community events this year. We will be evaluating our continuing community clinic participation weighing demand with the cost of the service to the program and the county. We plan to continue to apply LEAN practice and process review in our Immunization Program areas. Our role in Emergency Preparedness and community engagement activities will be assessed based on state and local plans. Leadership development and program coordinator delegation will continue to be implemented over the next year.

**See Attachment B**

### **2. Women, Infants and Children Nutrition**

Next year WIC Breastfeeding Peer Counselor staff will be focused on implementing learned processes for Education groups. General staff focus will be to continually improve customer service skills and techniques. The expectation is that the caseload will continue to grow in the coming years, requiring continues assessment of the needs for now service sites and additional staff.

WIC staff will be part of the work towards Public Health Accreditation, become part of the Division Health Education and Promotion Team and continue nutrition consultation services for Social Services Senior Centers and the County Jail - all activities to aiming to improve the health of the population in Clackamas County.

### **3. Family Planning**

**See Attachment C**

#### **4. Maternal and Child Health Home Visiting**

The CHN Field Team nurses provide the range of home visiting services, including Maternal Case Management, Babies First, and CaCoon. Most visits occur in the home, although some are in group settings. Spanish speaking clients are served by the inclusion of the bi-lingual Community Health Worker in making and reminding clients of appointments, and accompanying RN's on home visits. In the absence of the CHW, interpreters from the Primary Care clinic will accompany RN's on home visits or assist with telephone calls. CNN's will also use language services as needed for other clients.

One of the CHN's regularly attends Young Parenting Opportunity for Parents (YPOP) at the Oregon City, Clackamas Community College. Currently, there are plans to have another CHN attend the PACE program at the Sabin-Schellenberg Professional Technical School. Both programs are school based teen parenting programs. With the planned expansion of School Based Health Care Centers, it is hoped that the CHN team will be a valuable source of education and referrals.

We will focus on opportunities to improve services and outcomes for families through BabyLink and through involvement in Early Learning Council changes to systems as they occur.

### **C. Environmental Health**

The 2012-2014, three year plan:

1. Environmental Health Services will be participating and contributing to the strategic planning process and Community Health Accreditation.
2. Environmental Health Services is pursuing the opportunity to add an Environmental Health Specialist who can provide outreach capacity and focus on built environment education, pursue climate change outreach opportunities, maintain the Environmental Health website, food program newsletter, EH consultation, and plan review services.
3. The Field staff will continue to maintain their State Standardization status.
4. EH staff will maintain their quality assurance reviews.
5. Assure staff is maintaining the Food, Pool, and Tourist Facility Program intergovernmental agreement requirements.
6. Implement the new 2009 FDA food code and Mobile Unit Code in 2012.
7. Train several key staff to do swimming facility plan review, 2012.
8. Train staff and implement the new Phoenix software system, 2012.
9. Train staff and implement the new Accela software system that will replace the existing Permits Plus system, 2013.
10. Participate on the new Organization Camp Rule Committee.
11. Continue to provide annual pool operator seminars.
12. Continue to operate the Hand Washing Demonstration Mobile Unit at the county fair.
13. Implement the EPA Ground Water Rules and maintain the DWP inter- governmental agreement performance measures.
14. Keep staff current with their continuing education requirements and emergency preparedness.
15. Maintain program financial stability and staffing.

**D. Health Statistics**

No change anticipated in the way health statistics are collected and reported

**E. Information and Referral**

We plan to explore our access to the county's reverse 911 system for use in notifying health care providers of surveillance needs and other important public health information

**Action Plans for Other Services**

**F. Primary Care and Behavioral Health**

Planning and implementation of BH into PC, new crisis/diversion clinic, new PC clinic, establishment of patient-centered medical home model.

**G. Preparedness and Emergency Medical Services**

Current planning addresses:

- a. Improving the communication capabilities with Clackamas County Emergency Operations Center (EOC), with surrounding Local Health Department operations and with community partners and the State AOC.
- b. Improving coordination of quarantine and isolation measures between Local Health Authority, County Counsel and Clackamas County Sheriff's Office.
- c. Improving the Local Health Authority's continuity of operations plan.
- d. Working with emergency management to develop a revised hazard vulnerability analysis reflecting a response to the public health effects of hazards.

**H. School-Based Health Centers**

Future of School Based Health Centers (2012 – 2014)

- Open SBHCs in Estacada, Milwaukie, and Sandy
- Establish and strengthen partnerships with other health care providers in the county to operate health centers in schools.
- Explore how SBHCs fit into healthcare transformation. What is the role of SBHC in Coordinated Care Organizations
- Improve billing systems to increase reimbursement from third party payers.
- Negotiate with insurance (Blue Cross Blue Shield) and health care providers (Kaiser) to reimburse SBHCs for services provided
- Extend hours of SBHC for students to access services all year.
- Foster youth development to continue advocating for their SBHC
- Strengthen community support and ownership of their SBHC

**I. Community Engagement to Improve Health**

The TPEP program will continue to work within approved work plans to decrease tobacco use in the county. We are fortunate to have good BCC support for community health improvement initiatives and have recently completed a second year of the RFP process to support health improvement projects. We have received 32 applications, a considerable increase from the first year and an indication of growing community interest in collaborative efforts to increase opportunities for physical activity and access to healthy foods in Clackamas County.

**J. Dental Services Coordination in the Community**

Dental Health Month: Posters and educational brochures will be distributed during January/February to promote positive oral health during Dental Health Month. Service Resource listings will also be distributed through community partners.

Housing Authority Dental Access Program: It is the goal of the Dental Access Coordinator to implement this program by April 1st, 2012.

Complete Resource Mapping Project: It is the goal of the Dental Access Coordinator to complete the mapping of dental resources by April 1st. This map will be available on the internet and assist local community service providers, schools and others with finding dentists, services for Medicaid eligible residents, urgent care services and care for seniors.

Oral Health Education Program: Through the involvement of an intern/student it is the goal to complete an Oral Health Education Program Plan by June 2012. The program will be based on the Head Start Dental Home Project which is a best practice model. Educational activities and strategies will be directed to children/youth and parents, adults, seniors, school staff and social service providers. The components of the oral health education program will include nutrition, parent modeling of good behavior, varnish application, why oral health is important, and tobacco use prevention.

Dental Services for Seniors Plan Development: Based on a community resource assessment and input, the need for dental services for low-income seniors is significant. Neighboring counties through their local dental society have established membership programs for these seniors. The Dental Access Coordinator in partnership with the Clackamas Dental Society and other oral health professionals, foundations and DCOs will develop a plan by June 2012 to increase access to dental services for seniors. Implementation of the plan will begin immediately thereafter.

Community-Based Dental Navigator: Based on a community resource assessment and input, the need for “dental navigators” is high. In coordination with local school districts, oral health professionals and foundations, this concept will be explored. The concept is based on the need for trained volunteers, “promotores” to be available to provide assistance to individuals as they try to navigate the dental care service system and gain access to care. In addition, these individuals will be available to assist school staff and human services professionals navigate the system and provide education on prevention and increase positive oral health outcomes. If the idea proves feasible and funding is obtained, a plan will be developed by June 2012.

#### **IV. Additional Requirements**

**A. Senate Bill 555:**

The LPHA Plan is integrated into the Clackamas County Comprehensive Plan for children aged 0-18. The Comprehensive Plan is used as a basis for development of services and programs targeted to children and families throughout the County.

**B. Organizational Chart (See Attachment D)**

V. **Unmet Needs**

- Resolve efforts to improve the public health system approach to STI and HIV case investigation, determining the best balance of state and local resources in the program.
- Continue support of county health department accreditation processes.
- Determine roles for Public health system in the health care reform movement, assuring that the public continues to have population-level health protection and promotion services.

## VI. **Budget**

### **Budget Officer Contact Information**

Karen Slothower, Business Services Manager, is the Budget Officer contact for Clackamas County Community Health Division and can be reached at:

Clackamas County Community Health Division  
Public Services Building  
2051 Kaen Road, Suite 367  
Oregon City, OR 97045

Telephone: 503-742-5300

Email: [KarenS@co.clackamas.or.us](mailto:KarenS@co.clackamas.or.us)

## VII. Minimum Standards

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

### Organization

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for PH as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from PH services are allocated to PH programs.
10. Yes  No  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  Personnel policies and procedures are available for all employees.
12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done annually.
14. Yes  No  Evidence of staff development activities exists.

15. Yes  No  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

#### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No  A written plan exists for responding to emergencies involving public water systems.

56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No  Environmental contamination potentially impacting PH or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  \_\_\_ WIC
  - b. Yes  No  \_\_\_ Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes  No  Prevention oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

### **Parent and Child Health**

82. Yes  No  Perinatal care is provided directly or by referral.
83. Yes  No  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No  Comprehensive family planning services are provided directly or by referral.
85. Yes  No  Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes  No  Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  No  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  No  There is a system in place for identifying and following up on high-risk infants.
89. Yes  No  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes  No  The local health department identifies barriers to primary health care services.
94. Yes  No  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.

97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

**Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  No  The local health department develops implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

**ATTACHMENT A**

[Attachments\CHA.pdf](#)

**ATTACHMENT B**

[Attachments\LHD Immunization Annual Plan checklist 2011-12\(B\).pdf](#)

**ATTACHMENT C**

[Attachments\FY 2012-2013 Family Planning Annual Plan.pdf](#)

**ATTACHMENT D**

[Attachments\PH Svcs 11-12\(D\).pdf](#)

Clackamas  
County  
Community  
Health

# Community Health Assessment



# 2011

# ***Table of Contents***

<b>Population and Demographics</b>	<b>7</b>
<b>Social, Economic, and Physical Environment</b>	<b>10</b>
<b>Mortality</b>	<b>13</b>
<b>Maternal and Child Health</b>	<b>15</b>
<b>Chronic Illness</b>	<b>18</b>
<b>Health Habits and Behavior</b>	<b>21</b>
<b>Mental Health</b>	<b>25</b>
<b>Oral Health</b>	<b>31</b>
<b>Communicable Disease</b>	<b>33</b>
<b>Insurance and Access to Health care</b>	<b>39</b>
<b>References</b>	<b>40</b>

## Charts

Chart 1.	Population Density in Clackamas County, 2010	7
Chart 2.	Clackamas County Population, 1970-2010	8
Chart 3.	Clackamas County Population: Bridged Race/Ethnicity, 2010	8
Chart 4.	Age Distribution by Sex in Clackamas County, 2010	9
Chart 5.	Age Distribution by Sex in Oregon, 2010	9
Chart 6.	Adult Education Attainment, 2008-2010	10
Chart 7.	Economic Characteristics, 2010	11
Chart 8.	Students Eligible for Free and Reduced Lunches (FRL) in Clackamas County Schools	11
Chart 9.	Percent Sidewalk Coverage Around Schools	12
Chart 10.	Leading Causes of Mortality, Clackamas County and Oregon, 2009	13
Chart 11.	Leading Unintentional Injury Deaths, Clackamas County, 2009	13
Chart 12.	Leading Causes of Years of Potential Life Lost by Sex, Oregon, 2009	14
Chart 13.	Leading Causes of Years of Potential Life Lost, Clackamas County, 2009	14
Chart 14.	Infant Mortality, Clackamas County and Oregon, 1988-2008	15
Chart 15.	Births to Mothers aged 10-17 years, Oregon and Clackamas County 1988-2009	16
Chart 16.	24-35 month old Immunization Rates, Oregon, 2004-2009	17
Chart 17.	Morbidity of Chronic Diseases, Clackamas County, 2000-2009	18
Chart 18.	Adult Obesity and Overweight, Clackamas County and Oregon, 1997-2009	20
Chart 19.	Adult Smoking, Clackamas County and Oregon, 1997-2009	21
Chart 20.	Adult Diet and Physical Activity, Clackamas County and Oregon, 1997-2009	22

## Charts cont'd

Chart 21.	Percent of Youth who Participated in Physical Activity & Watched TV Daily, Clackamas County and Oregon, 2005-2006	23
Chart 22.	Percent of 8 <sup>th</sup> and 11 <sup>th</sup> Graders that Consumed At Least 5 Servings of Fruits and Vegetables per Day, Clackamas County and Oregon, 2005-2006	24
Chart 23.	Consumption of beverages consumed: Milk vs. Soda in 8 <sup>th</sup> and 11 <sup>th</sup> graders, Clackamas County and Oregon, 2005-2006	24
Chart 24.	Percent of Adults 18 or Older who had a Major Depressive Episode in the Past Year, 2004-2006	25
Chart 25.	Percent of Adults 18 or Older with Serious Psychological Distress in the Past Year, 2002-2006	26
Chart 26.	Percent of Youth who had a Depressive Episode in the Past Year, 2005-2008	27
Chart 27.	Percent of Youth that Exhibit Psychological Distress Based on Mental Health Inventory-5 (MHI-5), 2010	28
Chart 28.	Rates of Suicide Deaths by Sex, Clackamas County, 2005-2009	29
Chart 29.	Rates of Suicide Deaths by Sex, Oregon, 2005-2009	29
Chart 30.	Percent of Youth Who Attempted Suicide in the Past Year, Clackamas County, 2004-2008	30
Chart 31.	Adolescent Tobacco Use, Oregon, 2004-2008	31
Chart 32.	Adolescents with One or More Cavities, Oregon, 2004-2006	31
Chart 33.	Percentage of adults aged 65 years or older who have lost six or more teeth due to tooth decay or gum disease	32
Chart 34.	Incidence of Pertussis by Year, Clackamas County and Oregon, 2005-2008	33
Chart 35.	Incidence of Pertussis by County of Residence: Oregon, 2000-2010	34
Chart 36.	Chlamydia Incidence, Portland Metro Counties, 2000-2009	35
Chart 37.	<i>C. trachomatis</i> Incidence by Age, Clackamas County, 2004-2009	35

## Charts cont'd

Chart 38.	<i>C. trachomatis</i> Incidence by Race and Ethnicity, Clackamas County 2004-09	36
Chart 39.	Gonorrhea Incidence, Portland Metro Counties 2000-2009	37
Chart 40.	<i>N. gonorrhoea</i> Incidence by Age, Clackamas County, 2004-09	37
Chart 41.	<i>N. gonorrhoea</i> Incidence by Race and Ethnicity, Clackamas County 2004-09	38
Chart 42.	Lack of Health Insurance, Oregon Region 14, Clackamas County, 2009	39

# Clackamas County Health Status Assessment

This assessment provides a snapshot of selected demographic, social, economic and health indicators for Clackamas County. The data used for this assessment were collected from various sources including Oregon Public Health Division, Center for Health Statistics and the US Census Bureau.

The selection of health indicators comes from the Core Indicators for Community Health published by the National Association for City and County 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 the national *Healthy People 2010/2020* Health Indicators.

*Healthy People 2010/2020* 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 2010/2020* 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 Health Status Assessment.

## *Why do a community health assessment?*

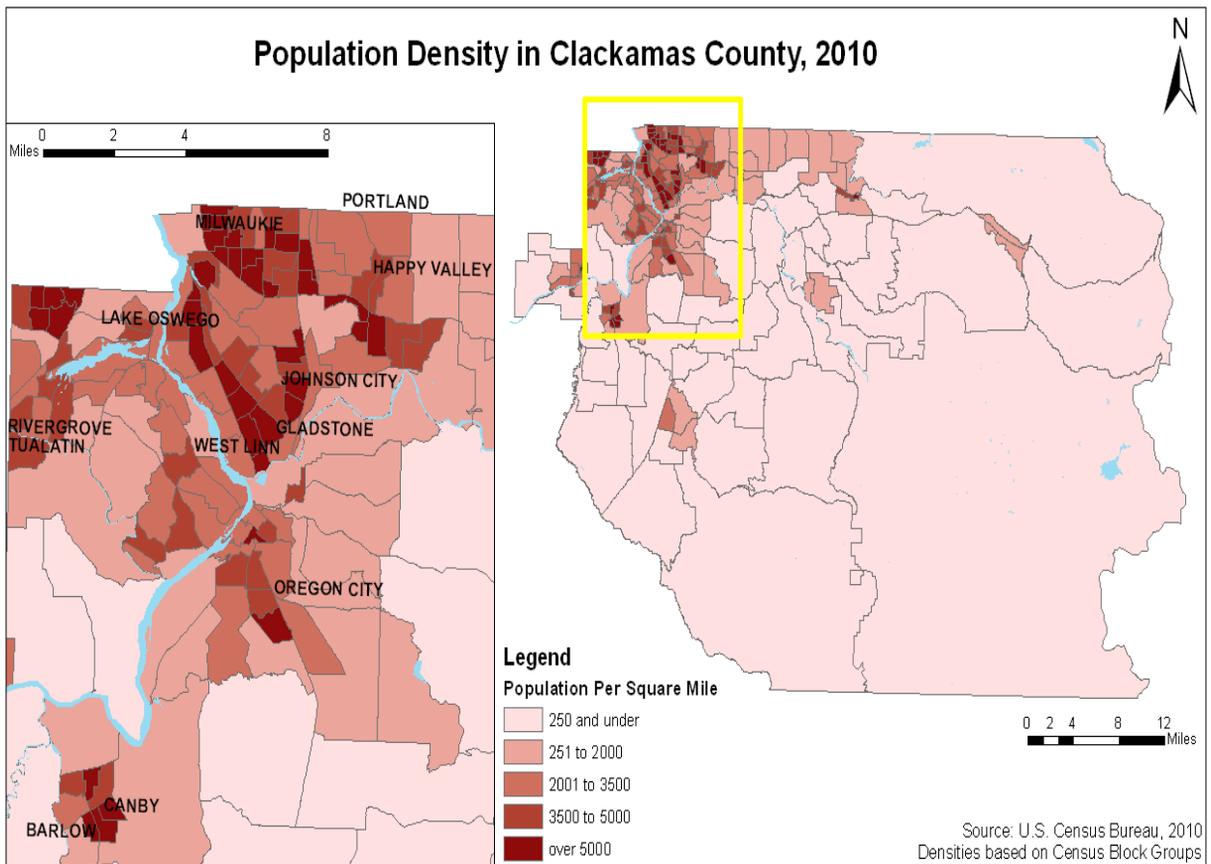
This health assessment emphasizes trends whenever possible. Trends over time help us to identify emerging problems, keep track of known problems, and plan efforts to prevent illness and promote health as well as to efficiently and effectively provide service for those in need. Specifically:

- Population and economic trends help predict future challenges and the need for services
- Trends in the frequency on chronic disease and the health habits that can lead to such life-long illnesses helps focus prevention and service efforts
- Trends in births helps us to predict future needs and to understand how to best promote maternal and child health
- Mortality data (when and how we die) gives us the best and most detailed information on the most serious illnesses of our residents; deaths among the young are often preventable and deserving of special attention
- The conditions that lead to the greatest health care costs indicate the source of suffering as well as the economic impact to our community of ill health

# County Demographics and Growth

## Main Points

- The Clackamas County community is gradually increasing in number and diversity.
- Public health professionals can better serve the health of Clackamas residents by accounting for population characteristics.



*Clackamas County is one of the largest in Oregon and is the third most populous within the state. The county itself covers an expansive and diverse landscape. Portland's suburban population mainly reside in the northwest, where the population density is mostly concentrated (see map above), with rural communities populating the southeastern region.*

## Age Distribution by Sex in Clackamas County, 2010

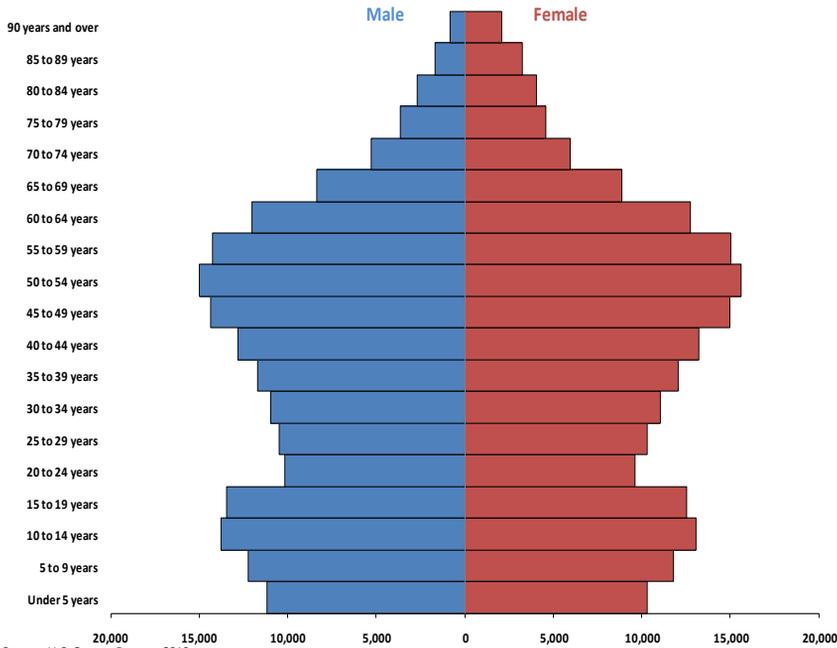
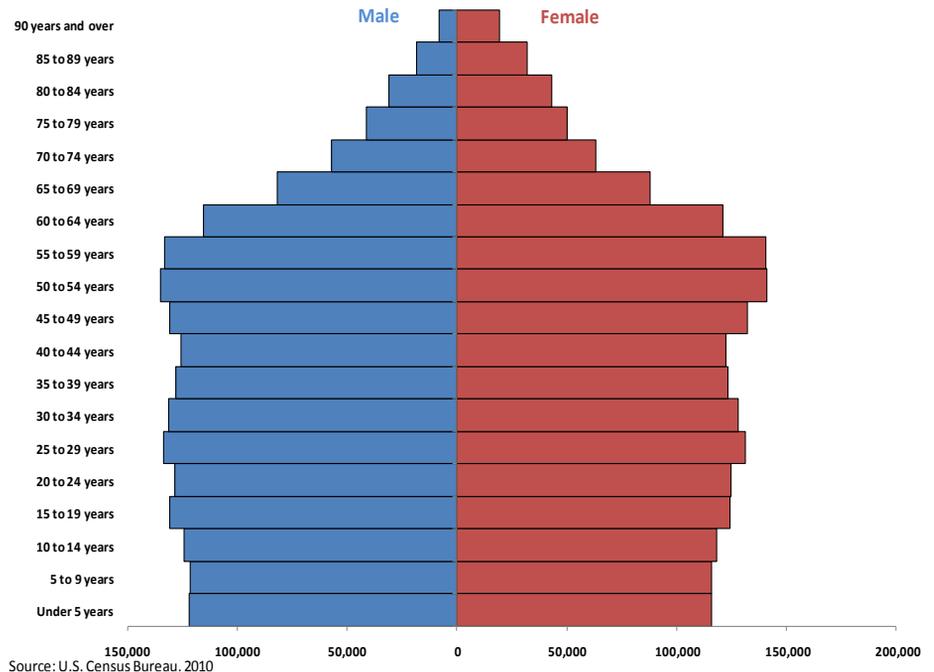


Figure X shows the population distribution in Oregon and Clackamas County. The proportion of male and female residents is fairly balanced up to about 80 years of age in both Oregon and Clackamas County, and indicates a high life expectancy. The population pyramid shows that Oregon as a whole is an even population, which is also true for the county, except that Clackamas has had a decrease in the working population, with a bulge in the number of teens. With the gradual increase in population, it is important to account for the make up and diversity that characterize the community so that public health practices can better cater to the needs of the community.

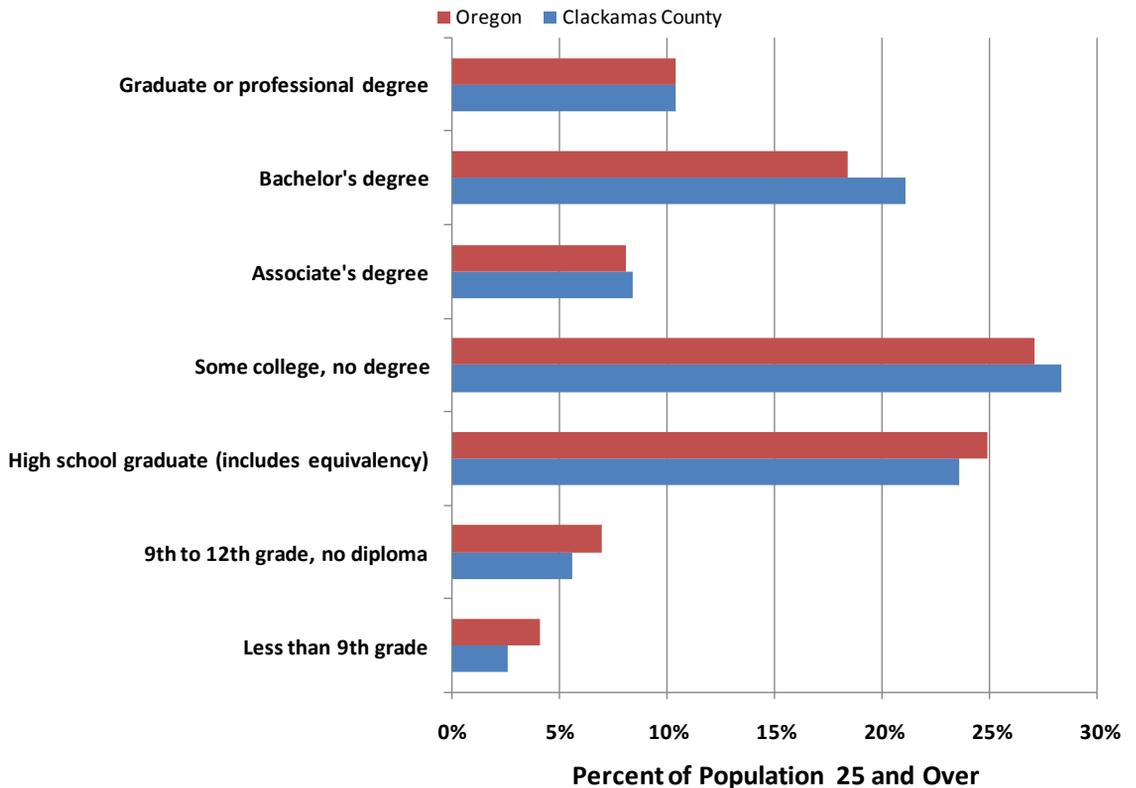
## Age Distribution by Sex in Oregon, 2010



# Social, Economic, and Physical Environment

Socioeconomic conditions and the environment have marked influences on health. These social determinants of health must be considered to eliminate health disparities, as decreasing socioeconomic circumstances increases the risk for morbidity and mortality. While education reflects upon prospective employment and income, the latter is indicative of better access to wholesome foods and health services.

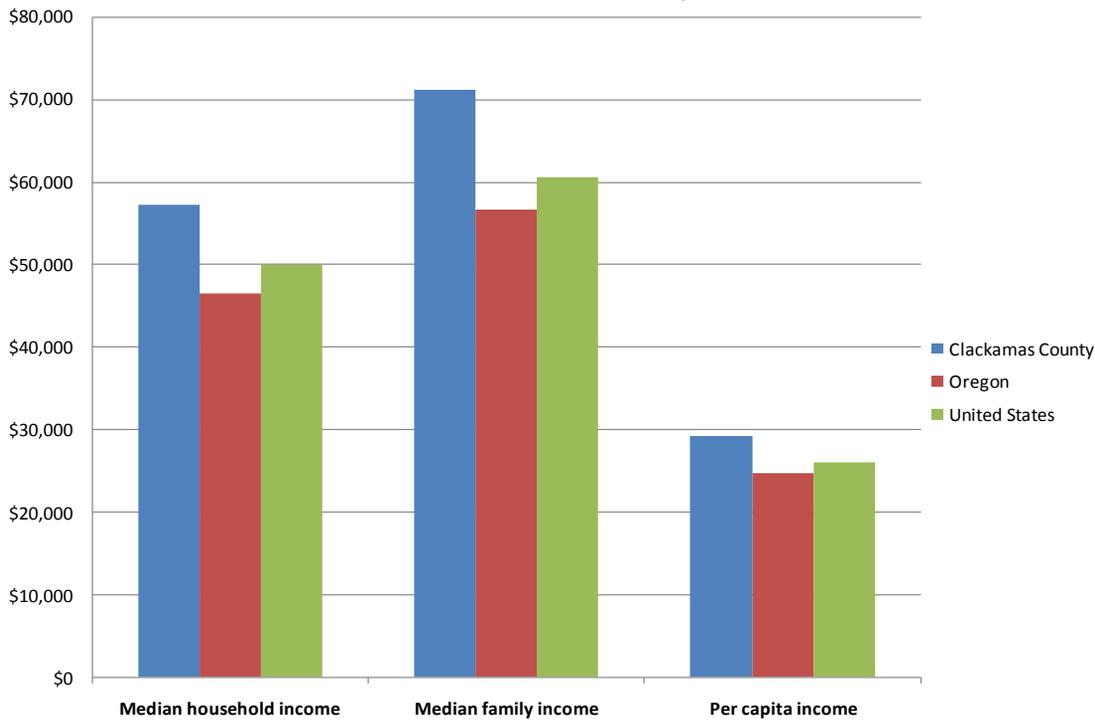
## Adult Education Attainment, 2008-2010



Between 2008 and 2010, about a quarter of Clackamas County adults aged 25 and older have no education beyond high school. Approximately 31% of adults in the county received their college diploma; however, this estimate is comparable to the number of adults who received some college education without graduating (28%). Overall, Oregon's educational attainment statistics closely mirror those for Clackamas County.

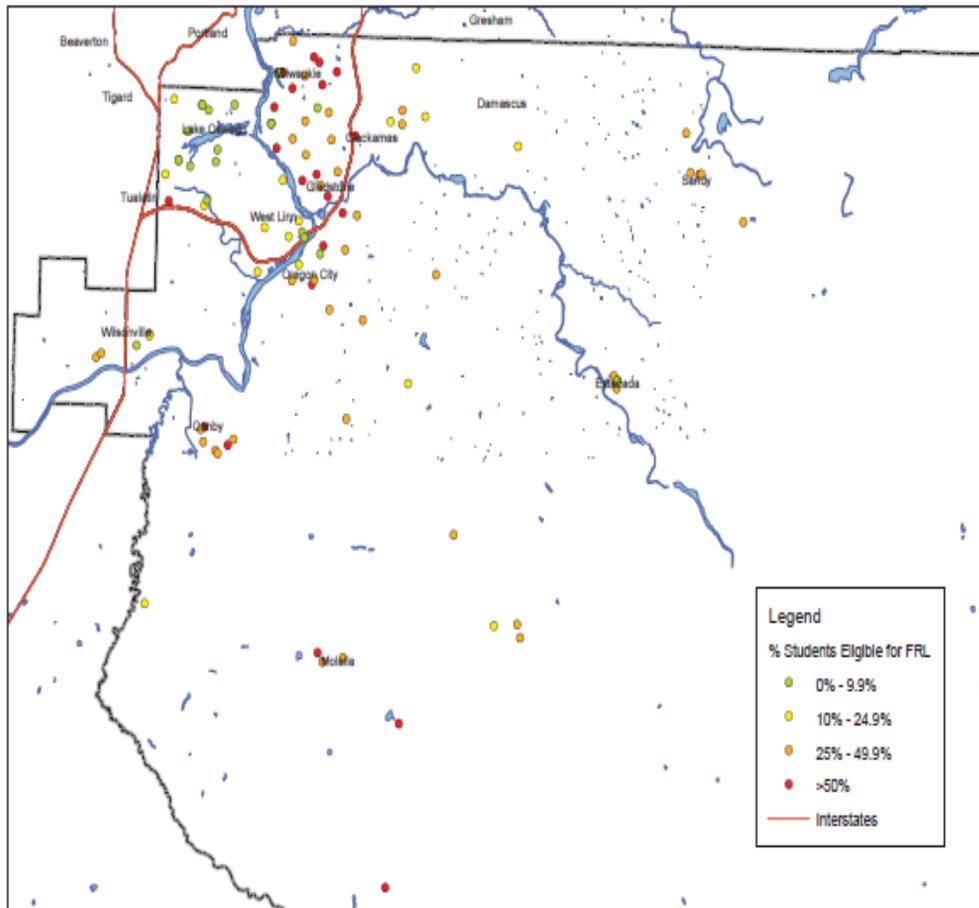
## Economic Characteristics, 2010

The median household income measures the income distribution among the total number of households and families, and includes persons with no income. In 2010, the median household income for Clackamas County (\$57,298) was considerably more than that for Oregon (\$46,560), as well as for the nation overall (\$50,046).



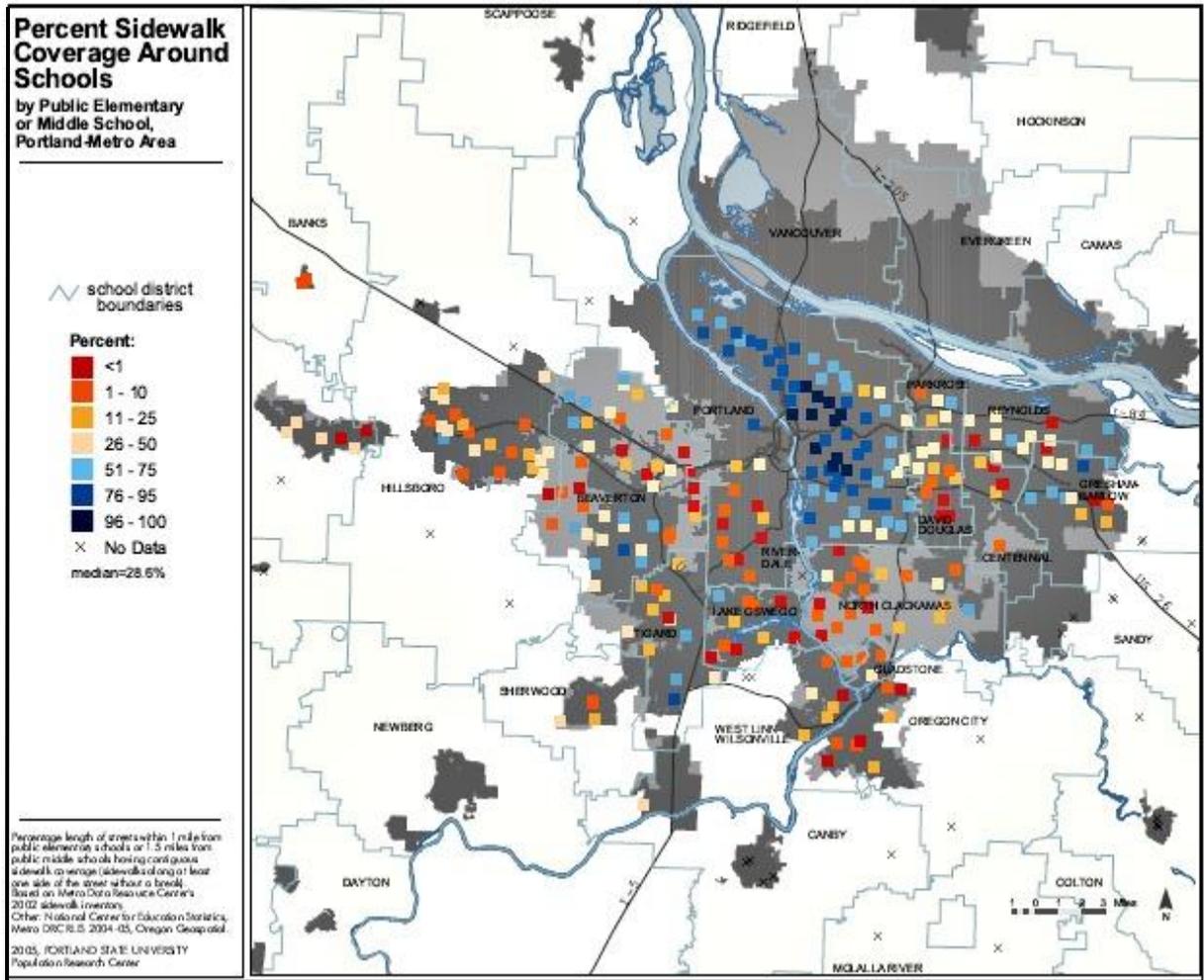
Source: American Community Survey, 2010

### Students Eligible for Free and Reduced Lunch Programs (FRL) in Clackamas County Schools



The free and reduced lunch programs offer free balanced nutritional 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. About a third (35.4%) of 57,334 students enrolled in the 10 Clackamas County school districts were eligible for this program for the 2010-2011 school year. Figure \_\_\_ illustrates that over 50% of enrolled students are eligible for free and reduced lunches in 35 schools countywide, the majority of which are in the extended metro area.

*It is important to teach good stewardship to future generations by stressing healthy habits and safe environments in which they can thrive and grow.*

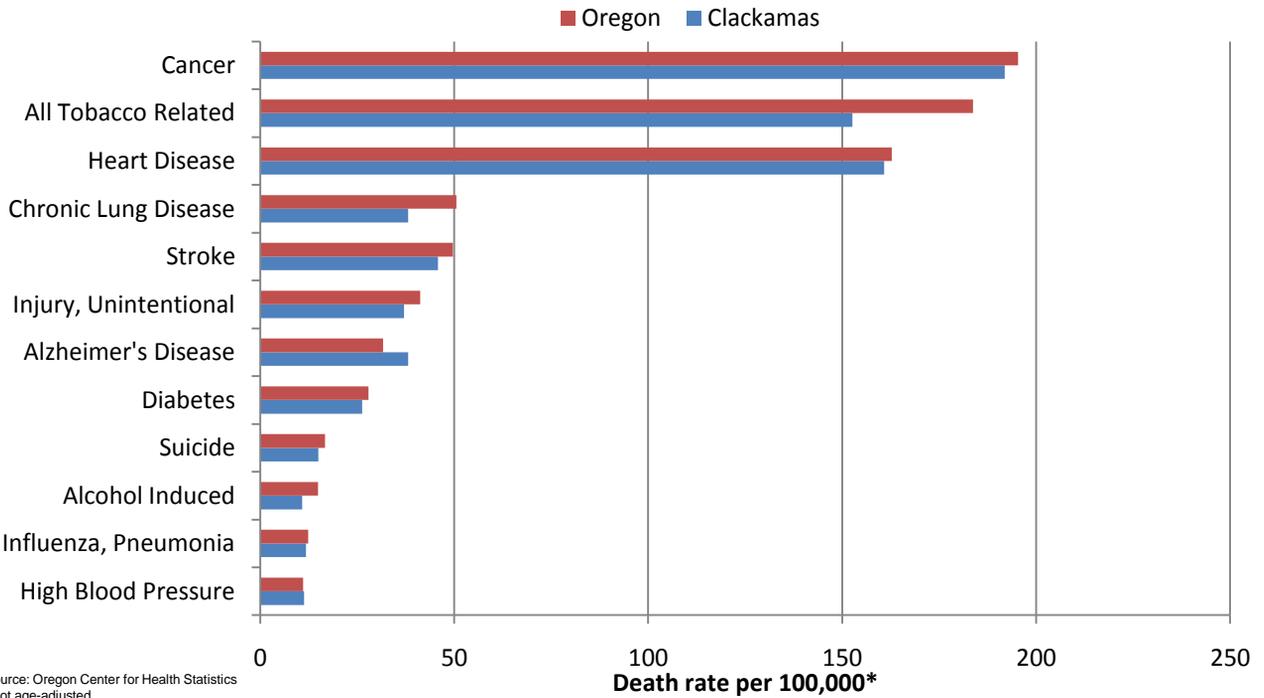


*Figure \_\_ depicts the availability of sidewalks within walking or biking distance of public elementary and middle schools in the Portland area. Most of the region within central Portland has over 80% of sidewalks that are contiguous extending 1 mile from elementary schools or 1.5 miles from middle schools. However, this is not the case for schools belonging to the extended metro within the northwest portion of Clackamas County. Proper sidewalk coverage provides a safe pathway for children to exercise their minds and bodies.*

# Mortality

Mortality data provides a measure for assessing the health status of a community by aiding in the prevention of premature mortality, as well as improving quality of life. By looking at mortality statistics, current health problems can be evaluated, patterns of risk can be identified, and any preventable conditions can be addressed by public health efforts.

## Leading Causes of Mortality, Clackamas County and Oregon, 2009



## Leading Unintentional Injury Deaths, Clackamas County, 2009

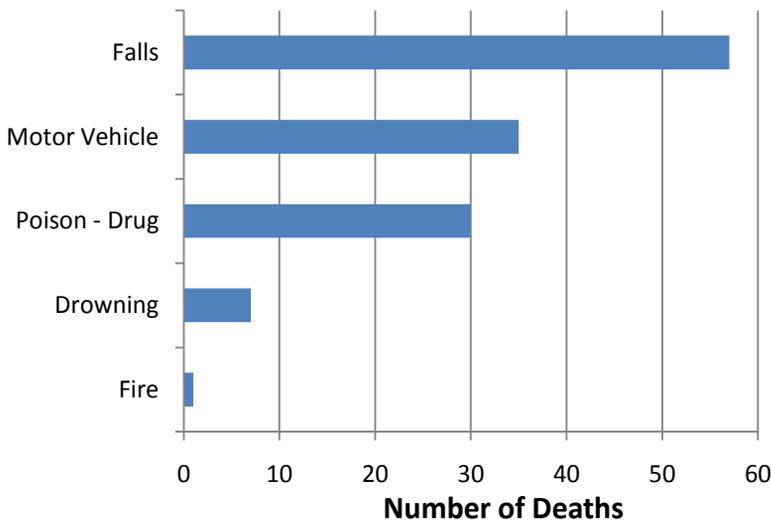
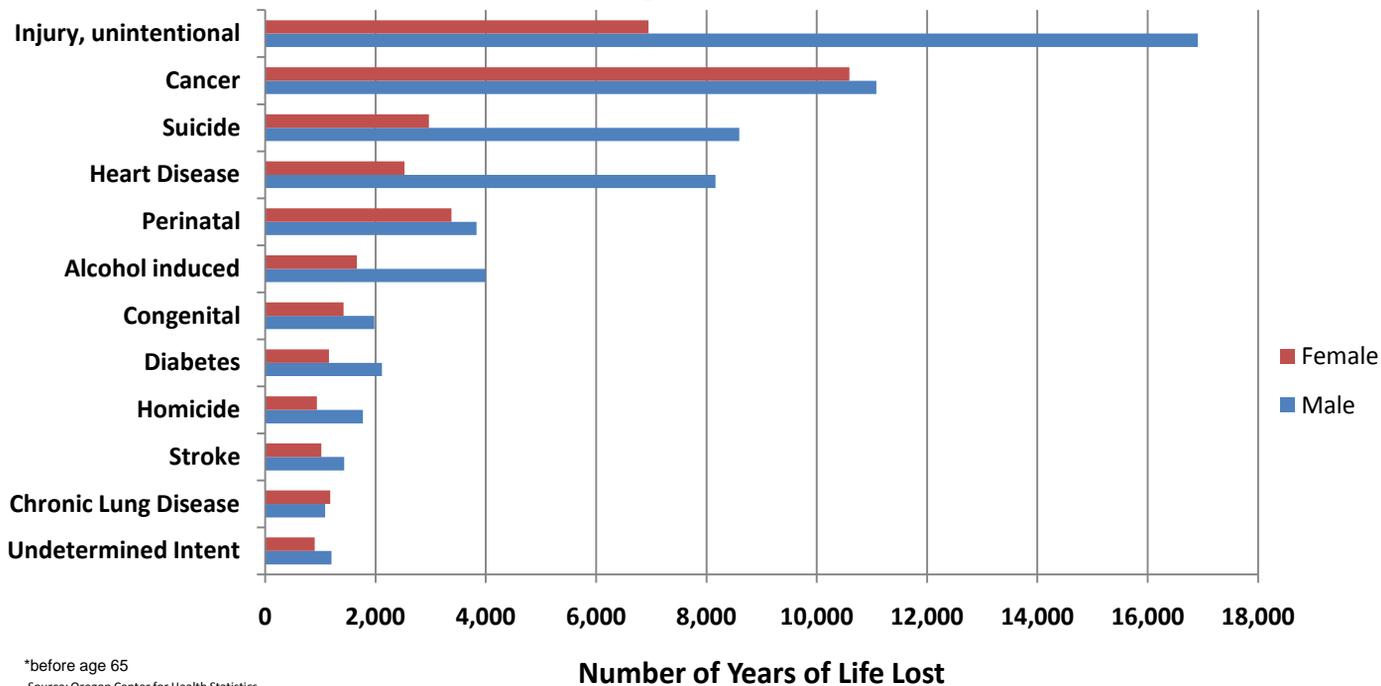


Figure X shows the conditions associated with the highest death rates in Clackamas County, which are generally similar to or slightly lower than the rest of Oregon. These leading causes are also comparable to national mortality data from CDC, and have fluctuated minimally over the past decade. It is important to note that all of the 10 leading causes of death in Clackamas County, except for cancer (other than lung) and Alzheimer's Disease, are completely or partly preventable by modifying related behavioral risk factors such as smoking and obesity.

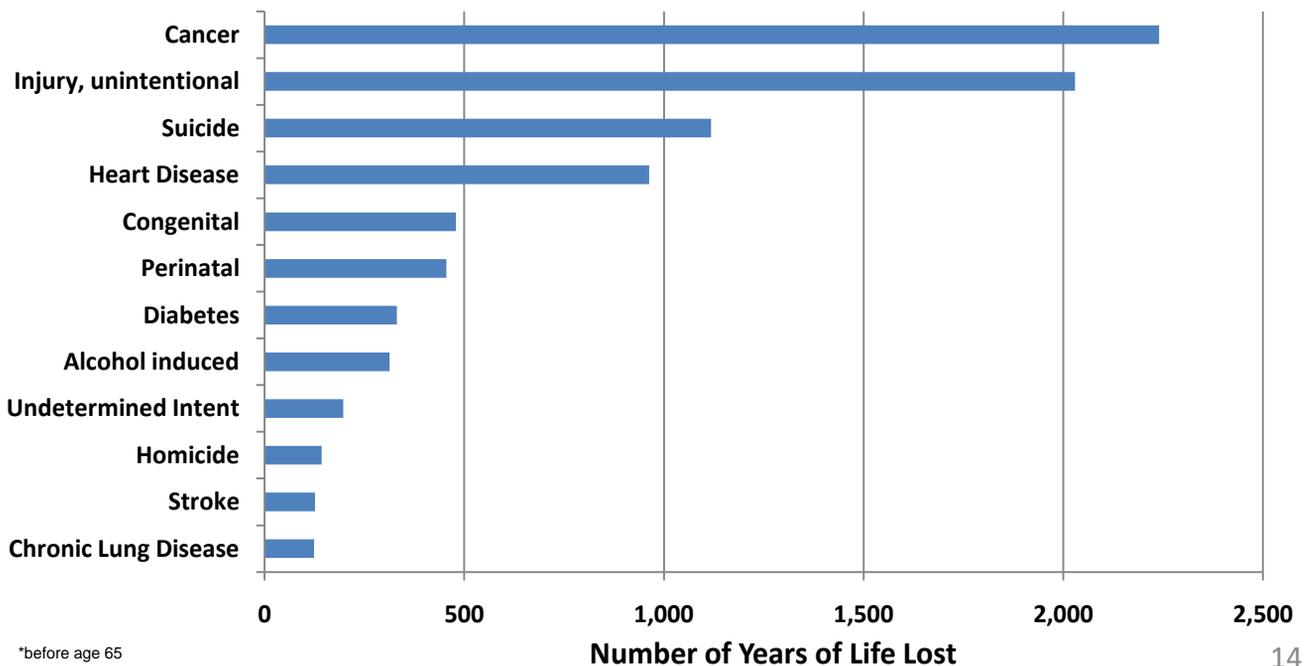
Figure 7 shows that among unintentional injury deaths in Clackamas County, the majority are a result of falls (39%), motor vehicle accidents (27%), and drug overdoses (22%).

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



*Even more striking are the leading causes of years of life lost among those under age 65 years, which is an important indicator for premature death. By far, the largest number of premature death in the county are from unintentional injury. Many of the other leading causes of death such as heart disease (#4), stroke (#11), and diabetes (#7) are influenced by diet and lifestyle. Suicide (#3) and alcohol-induced deaths (#8) are at least in part preventable. In Oregon, males are more likely to die prematurely from unintentional injuries, suicide, heart disease, and alcohol-related incidents.*

## Leading Causes of Years of Potential Life Lost\*, Clackamas County, 2009



# Maternal and Child Health

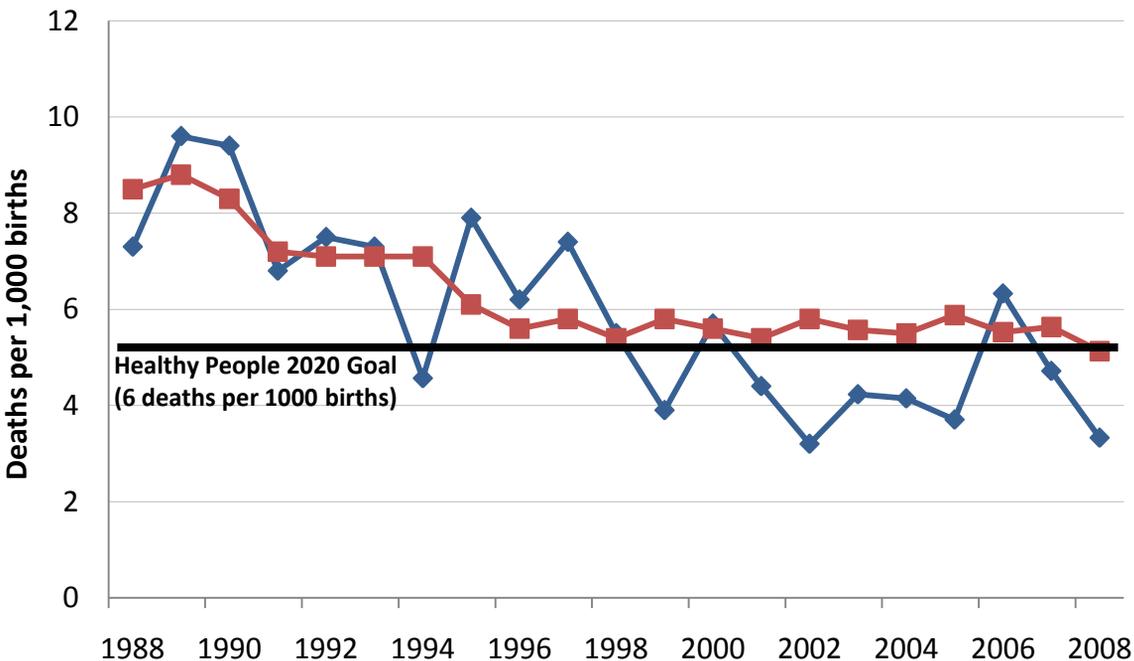
Infant mortality is defined as the rate of death among children under one year of age. Fortunately, deaths are uncommon in this age group so this measure is usually reported as the number of deaths per 1000 births.

Oregon and Clackamas County have a lower infant mortality rate than the US in general and both currently meet the national goal of less than 6 deaths per 1,000 births.

We expect good outcomes because of the status 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.

## Infant Mortality, Clackamas County and Oregon, 1988-2008

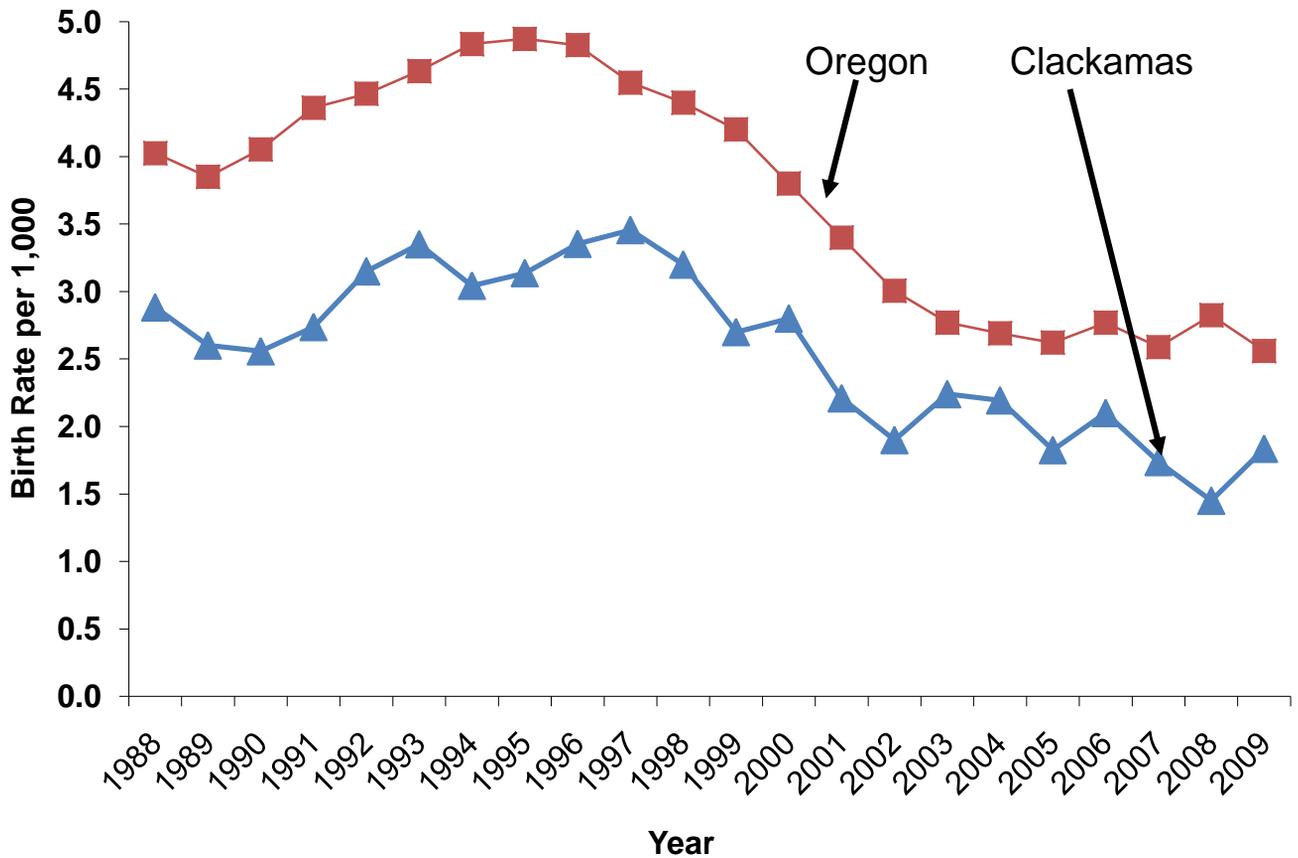
◆ Clackamas    ■ Oregon



The infant mortality rate in Clackamas County is usually less than 6 deaths per 1000 births, the national goal for 2020. Given the age, education, and access to health care among Clackamas mothers, infant mortality can improve more.

Source: Oregon Center for Health Statistics

## Births to Mothers aged 10-17 years, Oregon and Clackamas County 1988-2009

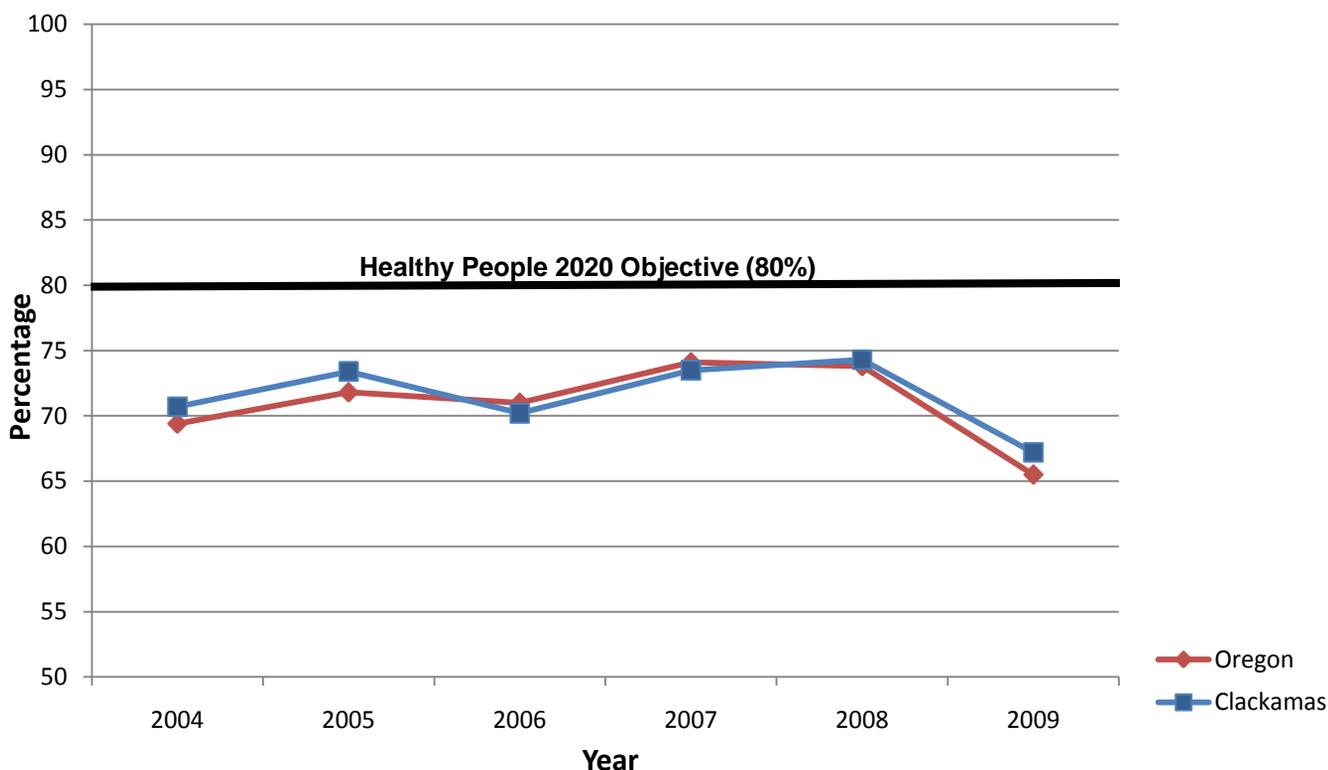


Source: Oregon Public Health Division  
<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/index.aspx>

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

Childhood immunization provides protection for the individual and security for 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.

## 24-35 month old Immunization Rates\*, Oregon, 2004-09



\*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 8/2/11

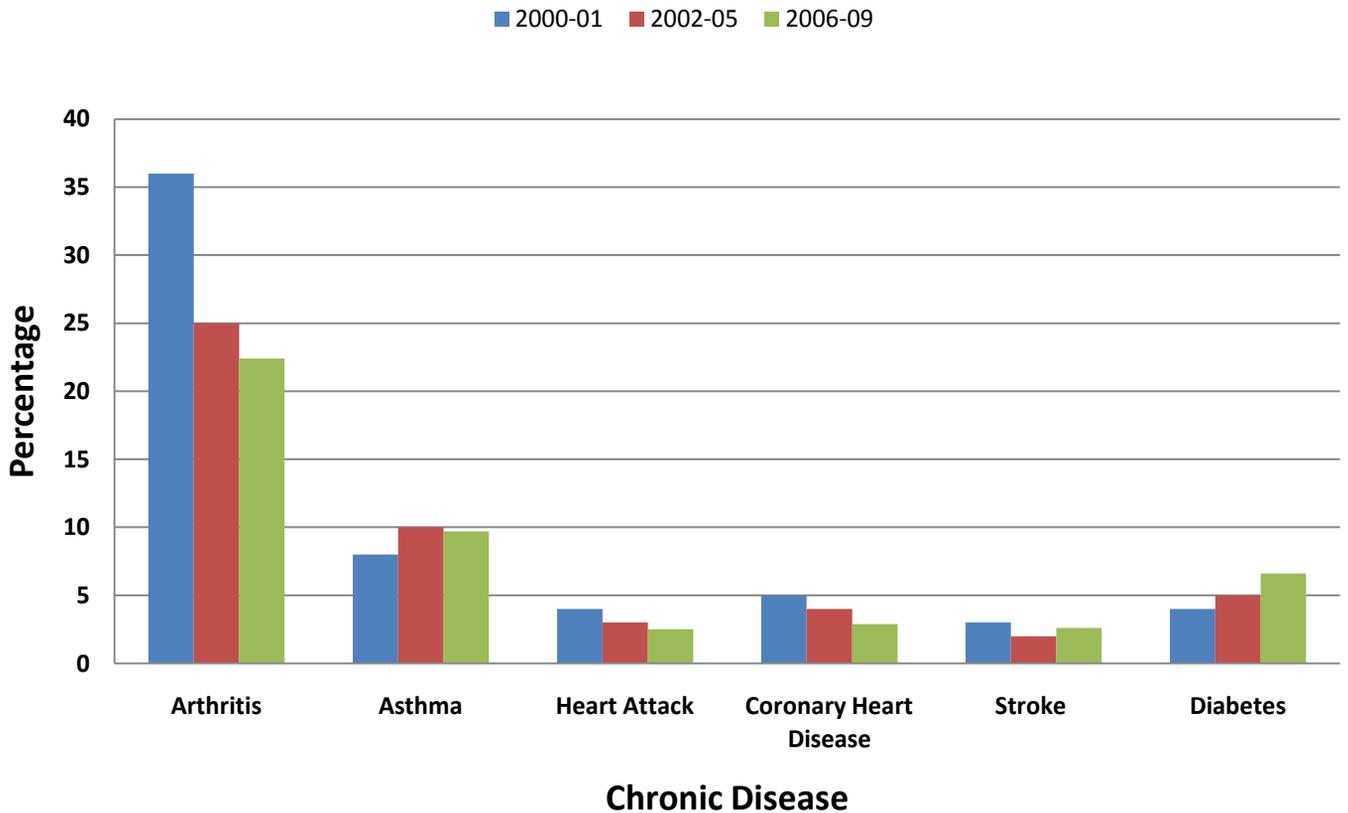
Figure 4 illustrates that Clackamas County immunization rates of young children closely resemble the statewide rate. Both are stable, but remain below the national Healthy People 2020 goal of 80%. The drop noted in this measure in 2009 is directly related to a nationwide shortage of one vaccine component.

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

# Chronic Illness

*In the US, chronic illnesses are the leading causes of death and disability, many of which are preventable by modifying related health risk behaviors. In many instances, several of these conditions occur in conjunction with other chronic diseases. Therefore, they have major implications for quality of life among Clackamas County residents.*

## Morbidity of Chronic Diseases, Clackamas County, 2000-09



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

## **Arthritis**

*Arthritis encompasses over 100 different conditions related to joints, the surrounding tissues, and other connective tissues. It is the most common cause of disability, and is attributed to activity limitations in over 20 million Americans. Elderly women are disproportionately more affected by arthritis, which also advances with age; however, those under 65 years of age are not excluded. In addition, arthritis is common to over half of adults with diabetes or heart disease. In Clackamas County, about 22% of adults are afflicted with arthritis, but the numbers have decreased by over 10% in almost 10 years. As the leading cause of unintentional injury death is a result of falls, it is imperative for those with arthritis to enhance muscular strength through resistance exercise to prevent falls and improve overall mobility.*

## **Asthma**

*Asthma affects the lungs, causing episodes of wheezing, breathlessness, tightness in the chest, and nighttime/early morning coughing. The number of cases has remained stable (10%) in Clackamas County. The main risk factors under consideration include having a parent with asthma, sensitization to irritants and allergens, respiratory infections in childhood, and overweight. Asthma attacks occur when exposed to environmental triggers, such as secondhand smoke, dust mites, and outdoor air pollution, but potential attacks may be avoided with proper management and treatment.*

## **Heart Attack, Coronary Heart Disease, Stroke**

*In the US, more than 1 in 3 adults currently have at least one type of cardiovascular disease. Coronary heart disease is caused by inadequate blood circulation to cardiac muscle and surrounding tissue. A heart attack occurs when the cardiac muscle is deprived of oxygen and blood, resulting in its death, and is mainly caused by coronary artery disease (a common form of heart disease). About 3% of adults in the county live with heart disease, while 2.5% of adults in the county have had a heart attack and 2.6% suffered a stroke. These conditions are important to note for Clackamas County residents, because the prevalence of coronary heart disease, heart attack, and stroke may be reduced by ceasing associated behavioral risk factors. Controlling these factors, which include high blood pressure, high cholesterol, smoking, diabetes, poor nutrition, lack of physical activity, and overweight/obesity, will directly improve cardiovascular health.*

## **Diabetes**

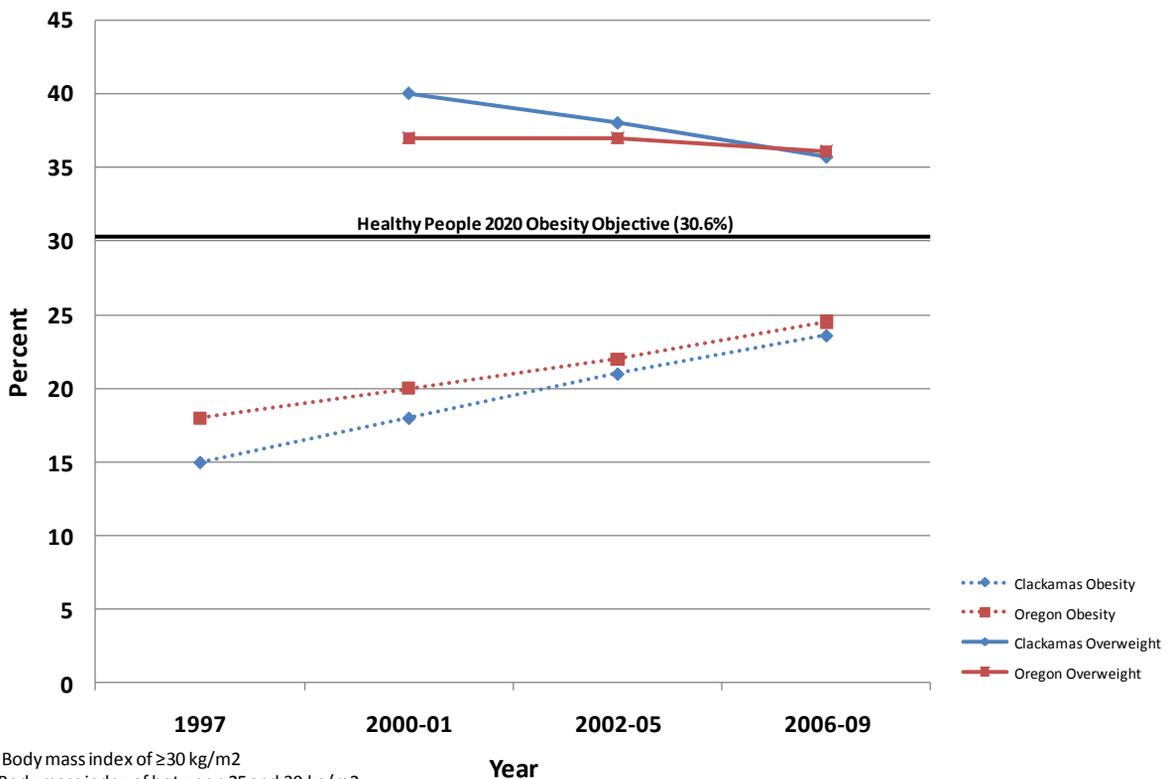
*According to CDC, diabetes affects 8.3% of the US population. About 7% of Clackamas County adults have diabetes, but the number is slowly increasing. Diabetes can lower life expectancy by up to 15 years, and increases the risk of health complications (blindness, kidney failure) and other chronic diseases such as heart disease. Type 1 diabetes can be managed through healthy eating, physical activity, and insulin injections. For people with type 2 diabetes, good nutrition, physical activity, and blood glucose testing are basic treatments.*

## **Obesity Main Points**

- *The obesity trend 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 (BMI between 25 and 30 kg/m<sup>2</sup>)*
- *Overweight and obese individuals are at risk of coronary heart disease, diabetes, hypertension, and stroke*

Over the past 20 years, the obesity rate among both adults and children has increased dramatically in the US. Overweight and obesity are determined by calculating body mass index (BMI) using an individual's weight and height. According to CDC, approximately one-third (33.8%) of American adults are considered obese, and Oregonians are not excluded from this growing epidemic. Although the Healthy People 2020 goal of 30.6% has been achieved, the obesity trend is steadily rising. However, 35.7% of adult Clackamas County residents are overweight. As a result, overweight and obese adults run the risk of serious health conditions, such as coronary heart disease, diabetes, hypertension, and stroke, thereby implementing higher costs of health care. In 2008, US medical costs incurred due to obesity reached \$147 billion.

### Adult obesity\* and overweight<sup>†</sup>, Clackamas County, Oregon, 1997-2009



\*Body mass index of  $\geq 30$  kg/m<sup>2</sup>

<sup>†</sup>Body mass index of between 25 and 30 kg/m<sup>2</sup>

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

Nationwide, the childhood obesity rate is 17%—almost one in 5 children and adolescents aged 2 to 17 years. While the obesity prevalence increased by 10% for all US children aged 10 to 17 years between 2003 and 2007, there was a 32% decrease for children in Oregon. By 2007, 9.6% of children in Oregon were obese, which was the lowest of all US states; however, 24.3% of Oregon children are overweight, which exceeds the Healthy People 2020 goal of 14.6%. The consequences of childhood obesity and overweight are manifold, and include risk for cardiovascular disease, diabetes, and breathing problems, as well as long-lasting social issues. These undesirable outcomes reveal the importance of stressing effective prevention measures, such as healthy eating habits and adequate amounts of physical activity, for the growth and development of children.

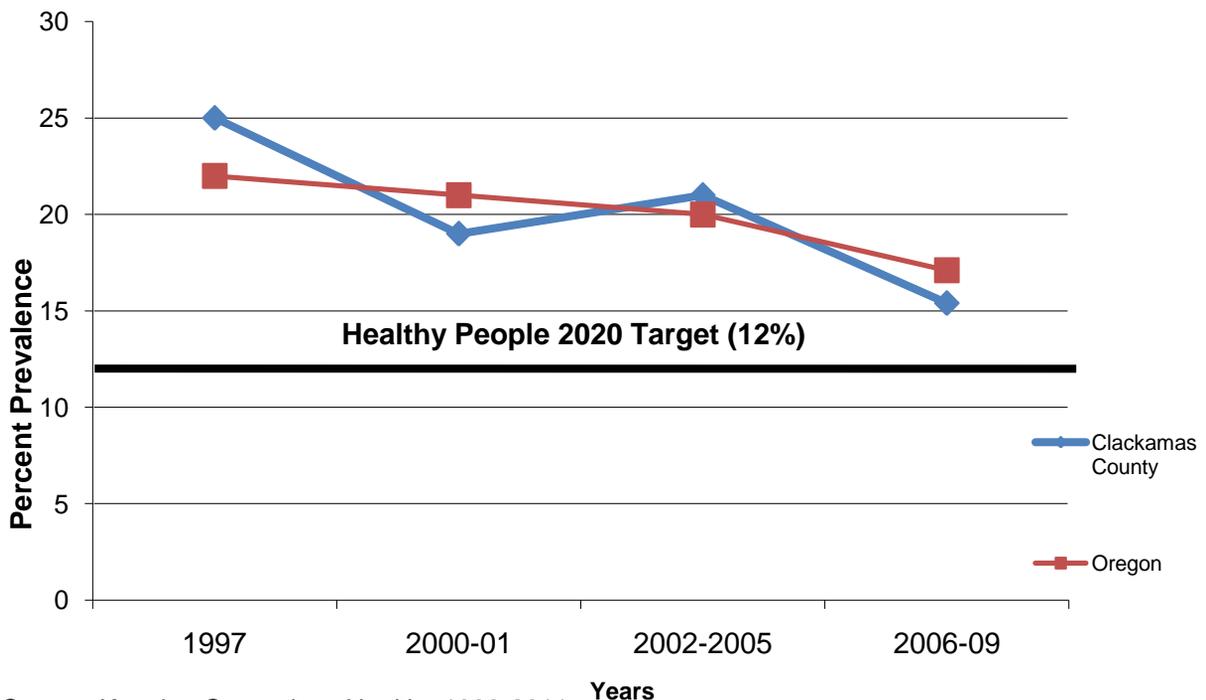
## Health Habits and Behavior

### Main Points

- Modifiable risk factors can contribute to the onset of chronic diseases; however, certain healthy lifestyle choices can reduce the risk of chronic diseases
- Cigarette smoking is the leading cause of preventable death in the US
- Healthy diets rich in fruits and vegetables provide essential vitamins and minerals to maintain a balanced lifestyle
- Being physically active helps decrease the risk of developing chronic diseases, such as heart disease, high blood pressure, and diabetes

While there are many factors that are attributed to chronic diseases like cancer, heart disease, and diabetes, certain individual health behaviors may be altered to reduce one's risk of developing such conditions. These modifiable risk factors are important behaviors that can either beneficially or adversely contribute to the risk of chronic diseases. It is important to encourage healthy behaviors among Clackamas County children so that they may be sustained into adulthood.

### Adult Smoking, Clackamas County and Oregon, 1997-2009

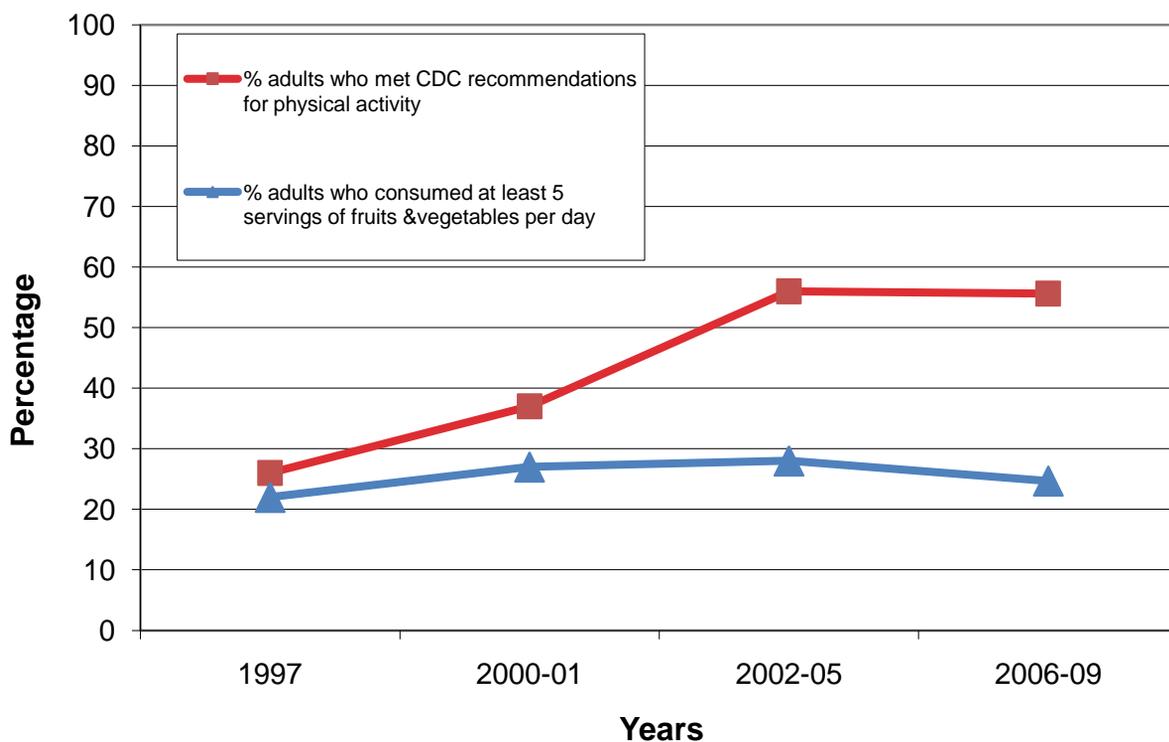


Source: Keeping Oregonians Healthy 1999-2011

The second leading cause of death in Clackamas County is related to tobacco use, which is also directly linked to the five leading causes of death (cancer, heart disease, chronic lung disease, and stroke). CDC estimates that cigarette smoking accounts for 1 in 5 deaths annually, making it the leading cause of preventable death in the US. Cigarette smoking among adults is steadily decreasing in both Clackamas County and Oregon to 15% and 17%, respectively. However, this exceeds the Healthy People 2020 target of 12%.

Proper diet and physical activity are two major components that can improve health. Healthy diets rich in fruits and vegetables provide essential vitamins and minerals to maintain a balanced lifestyle. Physical activity decreases the risk of developing chronic diseases, such as heart disease, high blood pressure, and diabetes. Common factors contributing to levels of physical activity (high and low) include: participation in school activities which promote activity, neighborhood environments, and amount of daily screen time (e.g. TV, computer, video games).

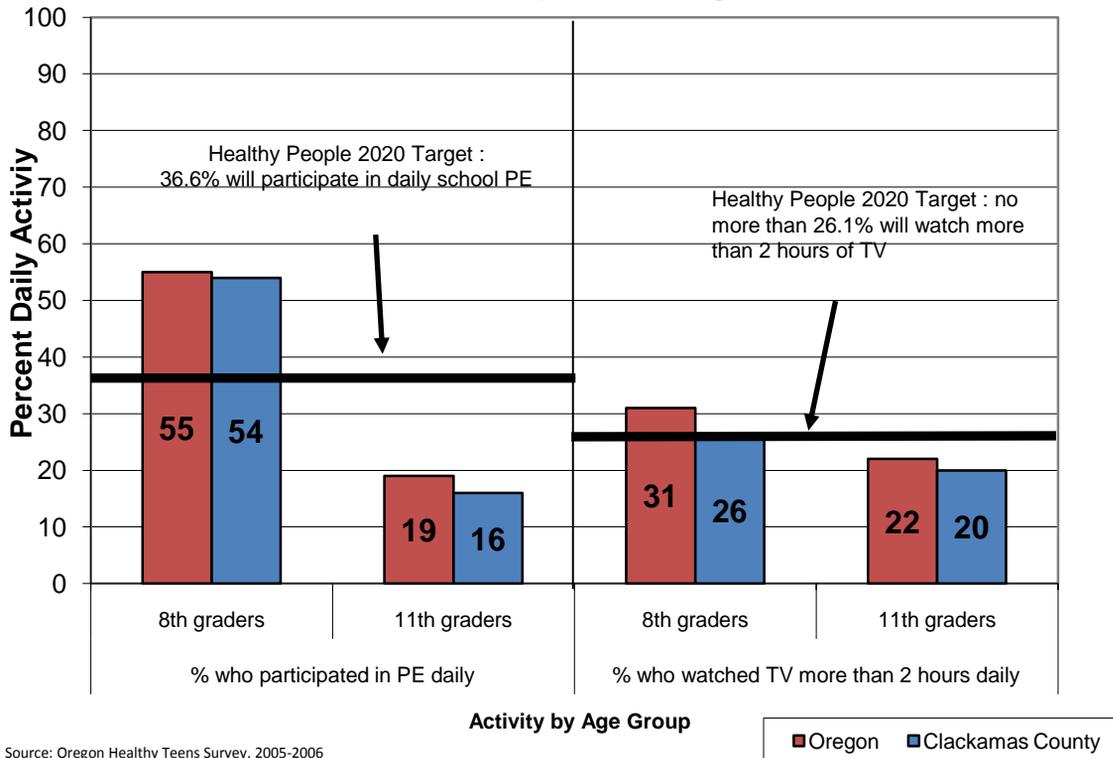
### Adult Diet and Physical Activity, Clackamas County, 1997-2009



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

Over half of the adults in Clackamas County met CDC recommendations for physical activity (moderate activity  $\geq 30$  minutes at least five days a week or vigorous activity for  $\geq 20$  minutes at least three days a week). This trend is comparable to that for adults within the state. The Healthy People 2010 set goals to increase the proportion of Americans aged at least 2 years consuming daily  $\geq 2$  servings of fruit to 75% and  $\geq 3$  servings of vegetables to 50%, respectively. Unfortunately, neither of these goals were met in Clackamas County. The updated Healthy People 2020 goal reflects the dietary contribution of fruits and vegetables, which increased to 0.9 cups and 1.1 cups, respectively.

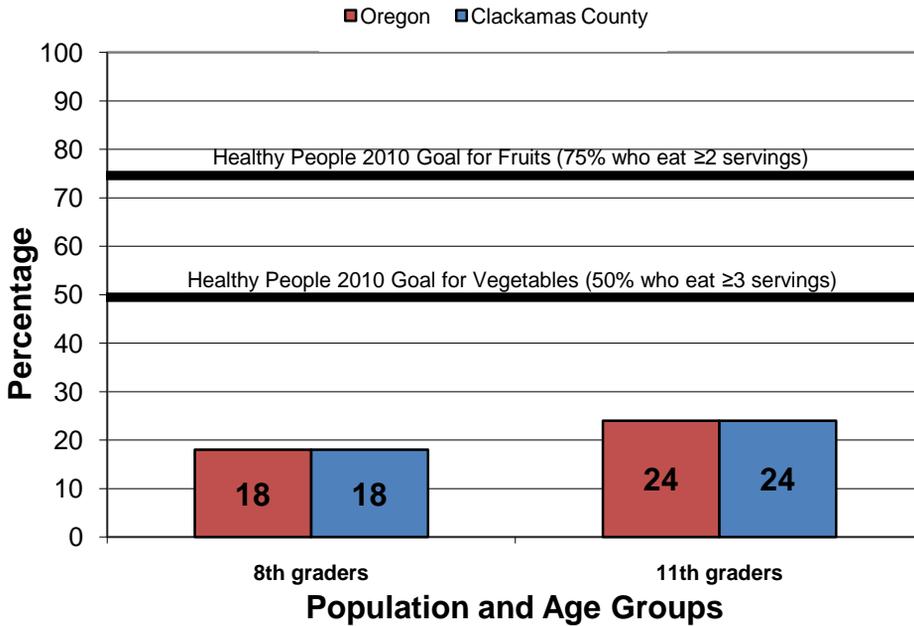
## Percent of Youth who participated in physical activity & watched TV daily, Clackamas County and Oregon, 2005-06



Source: Oregon Healthy Teens Survey, 2005-2006

*In Clackamas County, there is a decline in the proportion of adolescents who participate in daily physical education at school. By the time youth enter 11th grade, only 16% of Clackamas County students are active in school, which falls short of the Healthy People 2020 goal (36.6%). Between 2005 and 2006, Clackamas County adolescents in 8th grade (26%) consistently watched two or more hours of TV more frequently than 11th graders (20%), and just barely meets the Healthy People 2020 objective of 26.1%. In the course of four years, youth are participating in less physical education and watching less television.*

## Percent of 8th and 11th graders that consumed at least 5 servings of fruits and vegetables per day

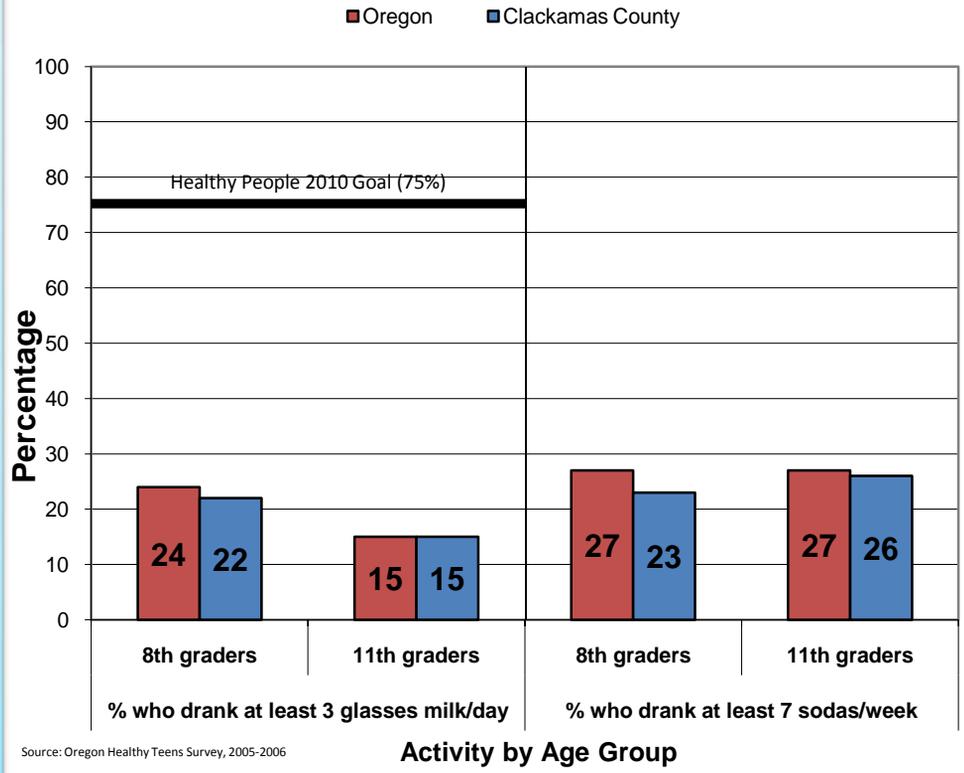


The latest US Department of Agriculture (USDA) dietary guidelines (2010) recommends that adults eat at least four and a half cups of fruits or vegetables daily. Based on the USDA food pattern, the average American eats 59% of the recommended intake of vegetables and 42% of the recommended intake of fruits. About a quarter of Clackamas adults, as well as adolescents, consume at least five servings of fruits and vegetables each day, which is well below the Healthy People 2010 goal (increase  $\geq 2$  servings of fruit to 75% and  $\geq 3$  servings of vegetables to 50%, respectively).

Source: Oregon Healthy Teens Survey, 2005-2006

The USDA warns that beverages may contribute substantially to overall dietary intake. The two major beverages for children, in order 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. Americans about 36% of added sugar intake In Clackamas County, there is a slight increase in the consumption of soda (at least 7 sodas/week) among adolescents with age and over time. Conversely, there is a decline in the proportion of 8th graders compared to 11th graders who drank at least 3 glasses of milk each day. Clackamas youth fall well short of the Healthy People 2010 goal for calcium intake from milk.

## Consumption of beverages consumed: Milk vs. Soda in 8th and 11th graders



Source: Oregon Healthy Teens Survey, 2005-2006

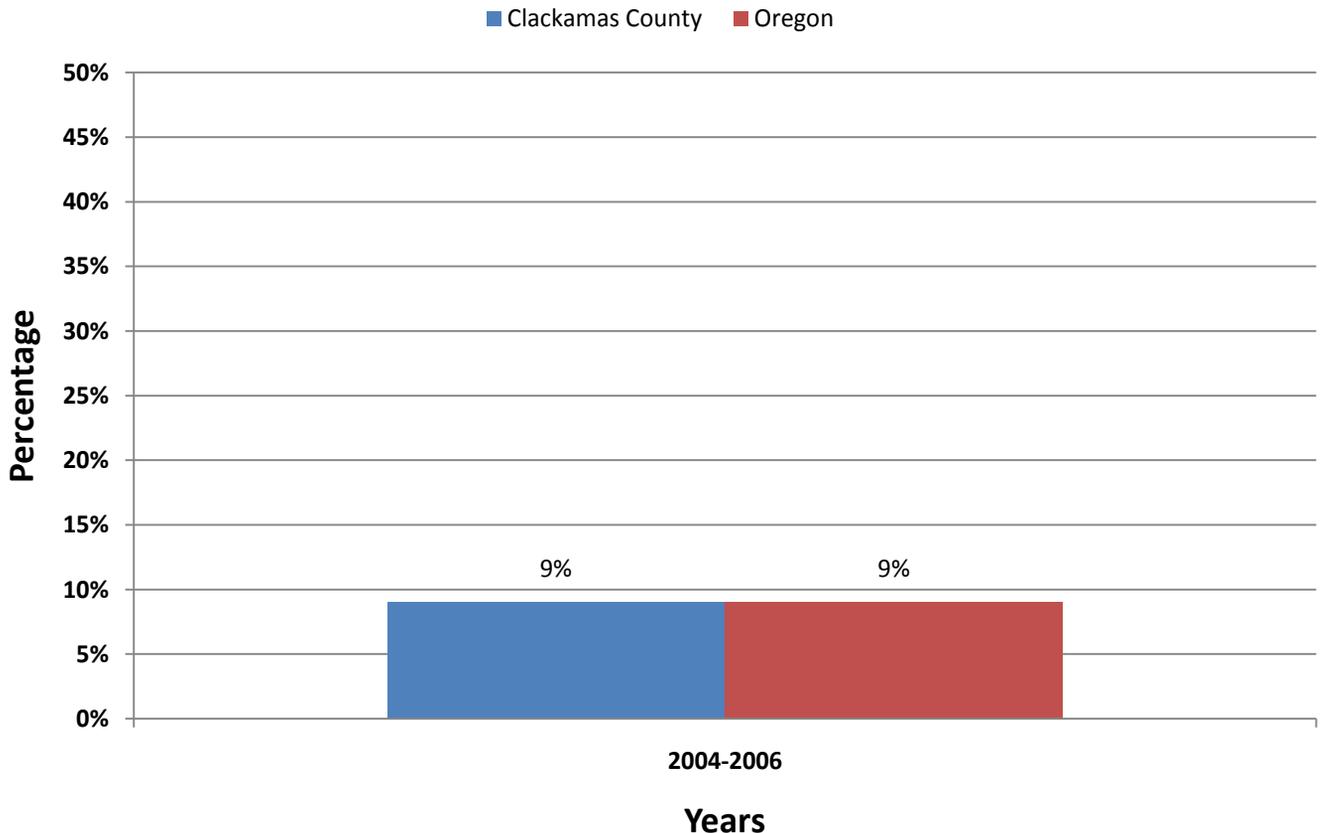
# Mental Health

## Main Points

- Depression is associated with adverse health behaviors, such as smoking, alcohol consumption, physical inactivity, and sleep disturbance
- Mental health is a serious risk factor for suicide, one of the leading causes of death in Oregon

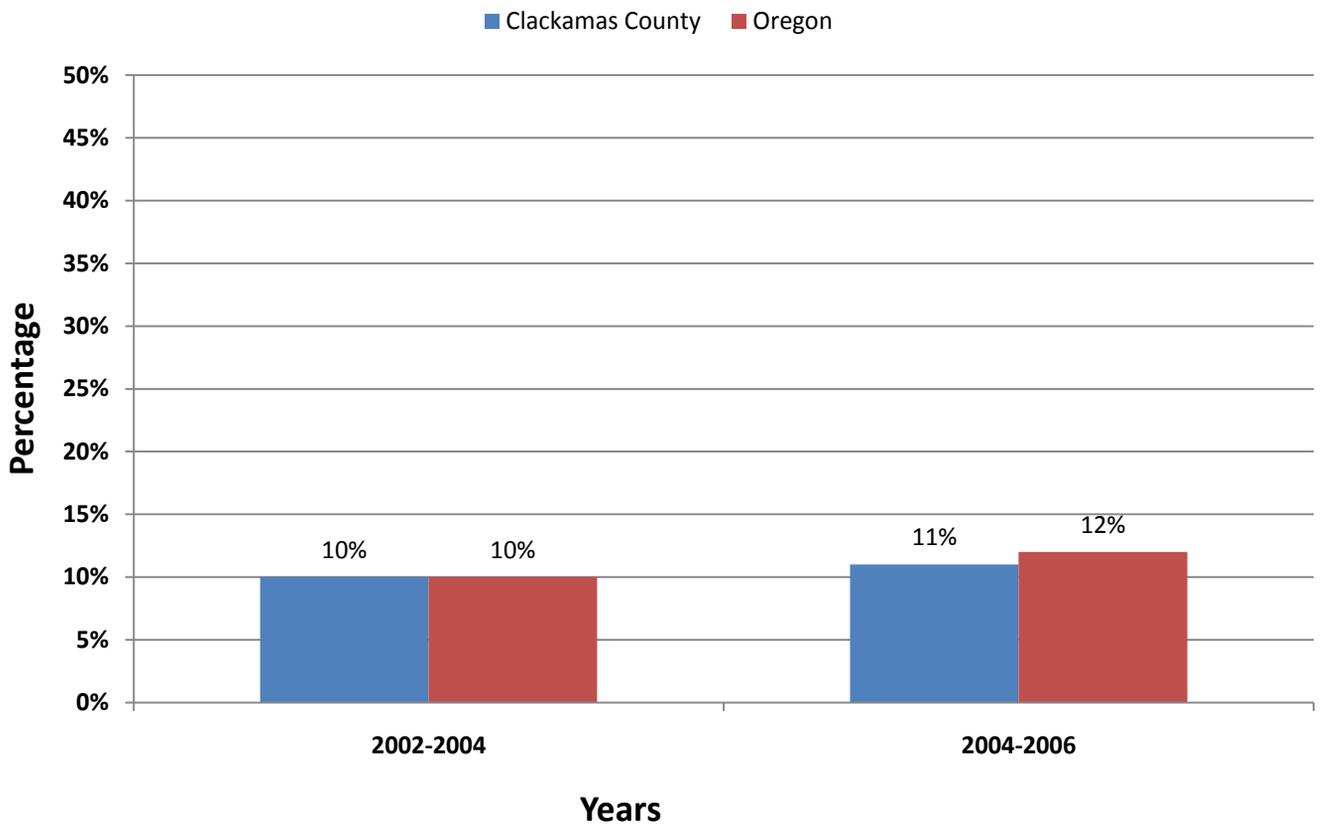
Depression is associated with adverse health behaviors, such as smoking, alcohol consumption, physical inactivity, and sleep disturbance. Untreated depression may lead to devastating outcomes, including suicide and damage relationships. A major depressive episode (MDE) occurs when 1) a person experiences 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 4<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). During 2004-2006, the proportion of adults experiencing major depressive episodes in Clackamas County was about the same as the number in the state of Oregon.

## Percent of Adults 18 or Older Who Had A Major Depressive Episode in the Past Year, 2004-2006



*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 With Serious Psychological Distress in the Past Year, 2002-2006



Source: Oregon Addictions Services--Addictions and Mental Health

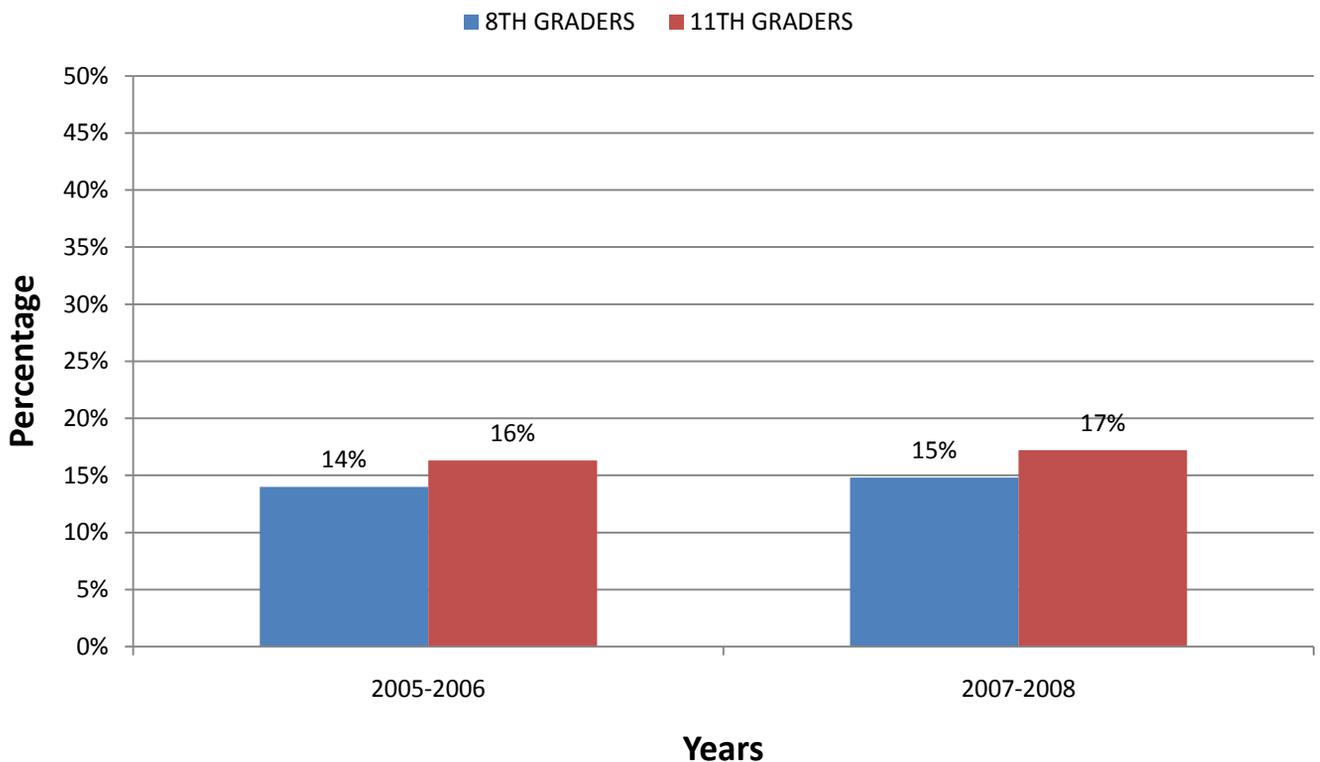
*The percent of Clackamas County residents experiencing SPD has increased slightly between the ranges in years, but is on par with the number from Oregon.*

## Youth Mental Health

Establishing good mental health is essential during childhood, particularly for developing healthy relationships and emotional well-being. A child experiencing 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. In Clackamas County, about 14% of 8<sup>th</sup> graders and 16% of 11<sup>th</sup> graders have had a depressive episode, with a slight increase over time and grade level.

### Percent of Youth Who Had a Depressive Episode in the Past Year, 2005-2008 8th & 11th Grade



Source: Oregon Healthy Teens Survey

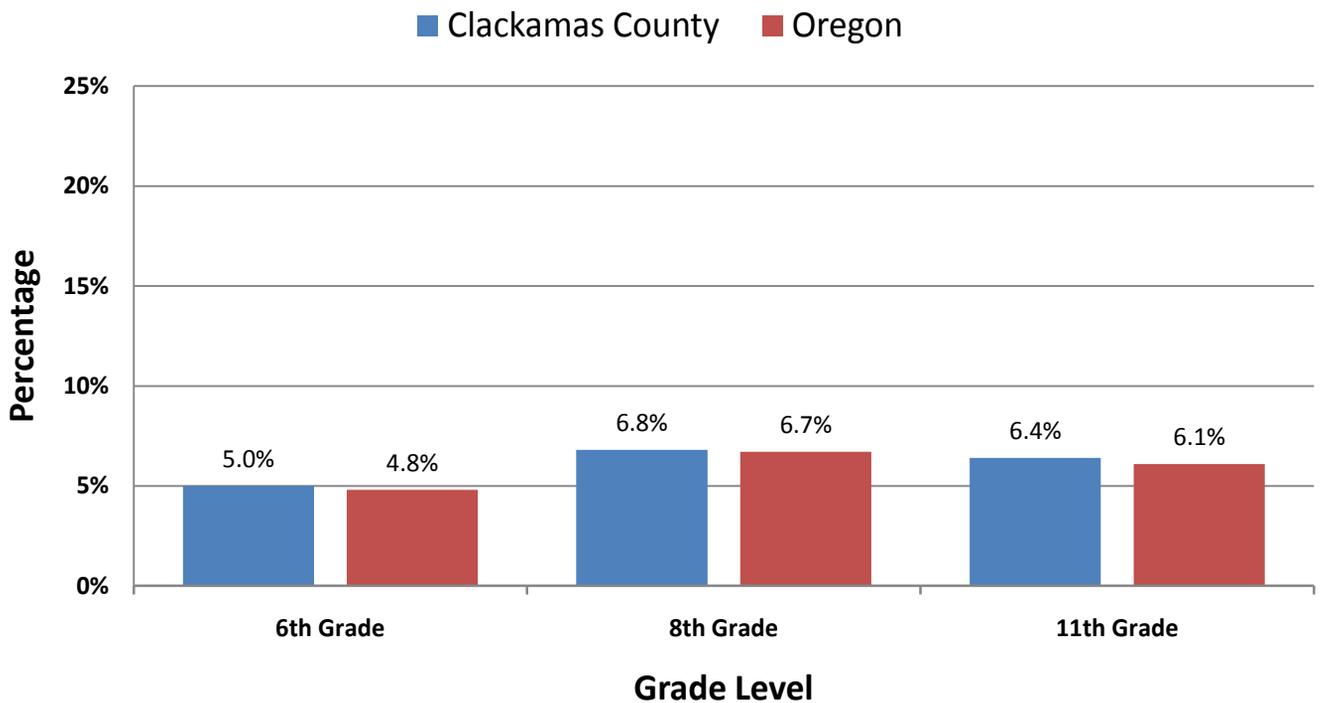
The Oregon Student Wellness Survey evaluates psychological distress by conducting the Mental Health Inventory (MHI-5). MHI-5 consists of the five questions below asking how many times in the last 30 days they have:

- 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 that 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

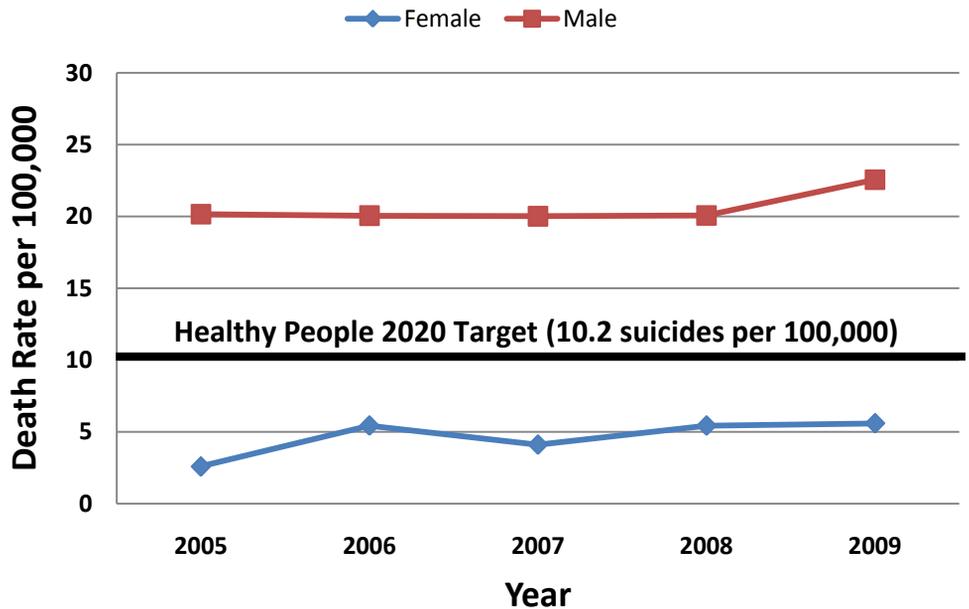
In 2010, 5% of 6<sup>th</sup> graders, 6.8% of 8<sup>th</sup> graders, and 6.4% of 11<sup>th</sup> graders in Clackamas County experienced psychological distress based on MHI-5. Oregon youth demonstrated similar results and stability across grade levels in the same year.

## Suicide

Mental health is a serious risk factor for suicide, one of the leading causes of death in Oregon. Suicide rates in Clackamas County are consistently below those for Oregon. However, over the years there has been a growing trend for suicide deaths in the county, as well as the state. Additionally, the suicide rate is about four times higher for men compared to women, which is consistent with national data.

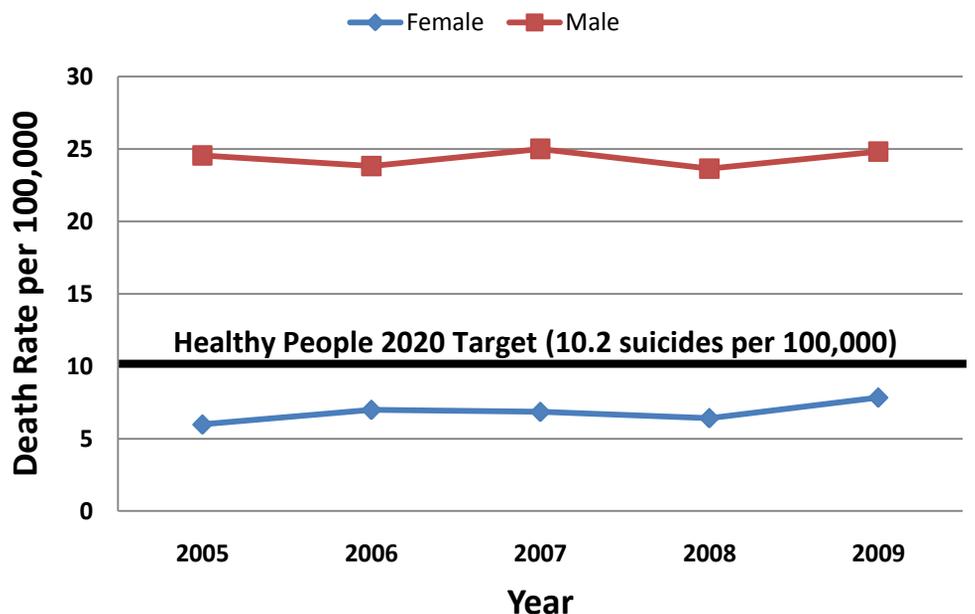
The corresponding Healthy People 2020 goal is to reduce the rate to 10.2 suicides per 100,000. This goal was based on national 2009 data, and the overall rate for Clackamas (14.0 per 100,000) and the state (16.1 per 100,000) do not meet this target value. Interestingly, stratification by sex reveals that this goal has been achieved for females, but not for males.

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



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

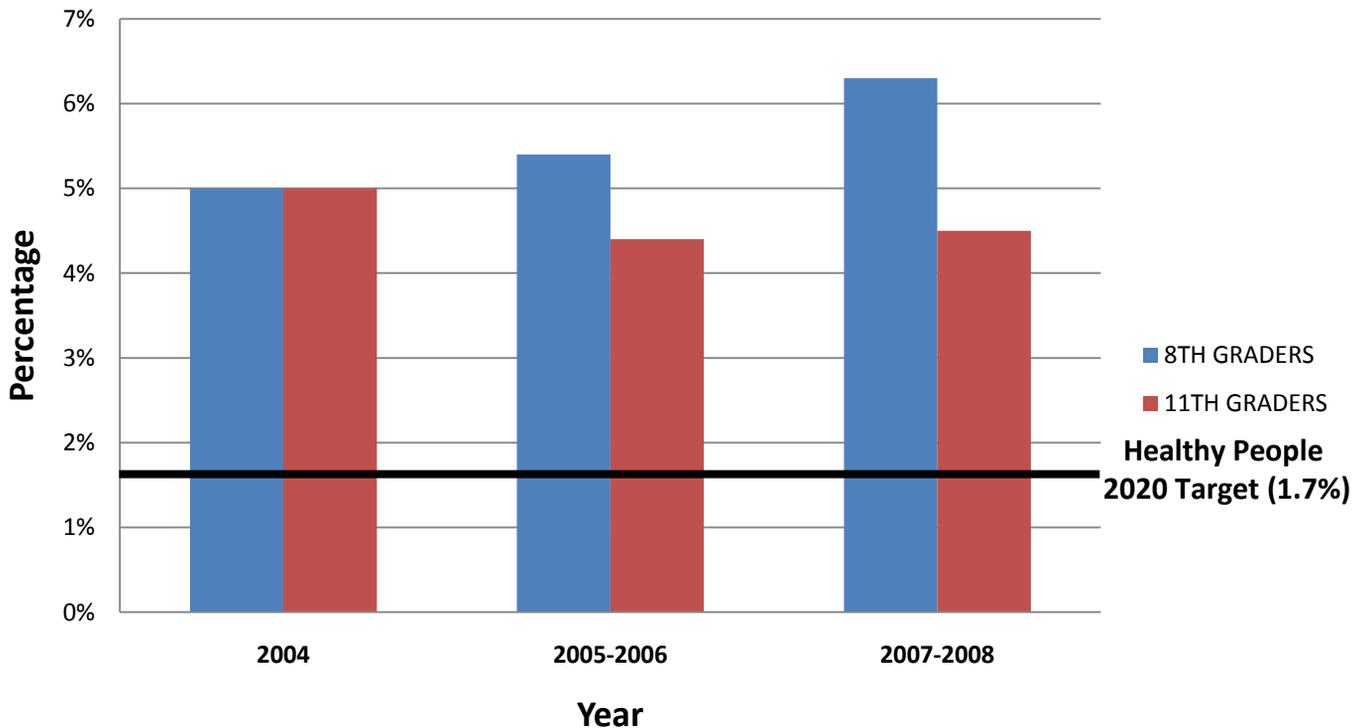
## Rate of Suicide Deaths by Sex, Oregon, 2005-09



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

*When comparing 8<sup>th</sup> graders and 11<sup>th</sup> graders in Clackamas County between 2004 and 2008, there is an increasing gap between the percent of attempted suicide among 8<sup>th</sup> graders and 11<sup>th</sup> graders. Neither grade level meets the Healthy People 2020 objective of 1.7%.*

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



Source: Oregon Healthy Teens Survey

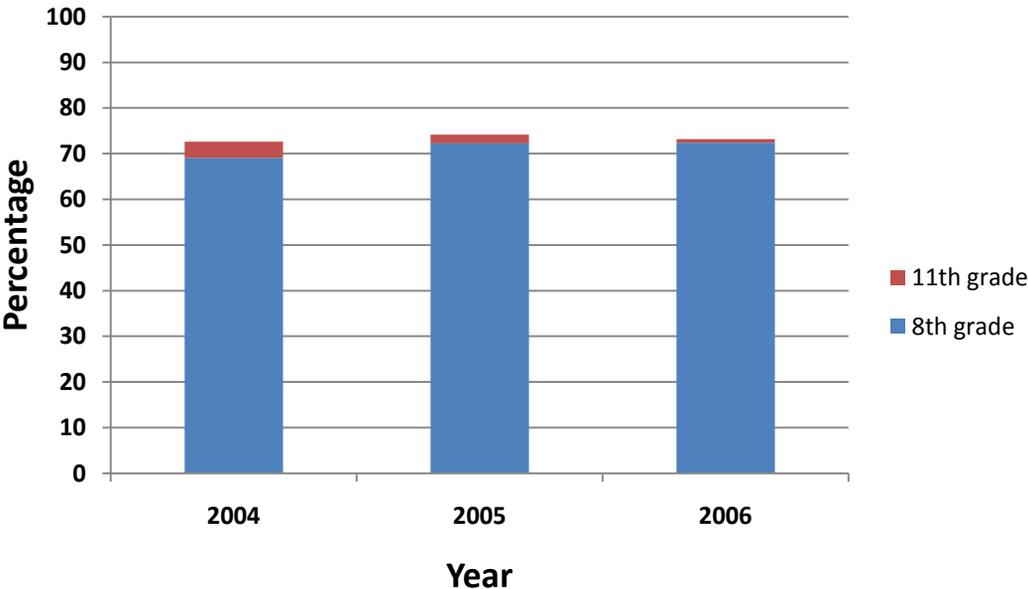
# Oral Health

## Main Points

- Over 70% of 8th and 11th graders have had one or more cavities
- About one in three adults 65 years and older have lost six or more teeth due to tooth decay or gum disease
- Currently, there are no community water systems in Clackamas County that add fluoride or purchase fluoridated water

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

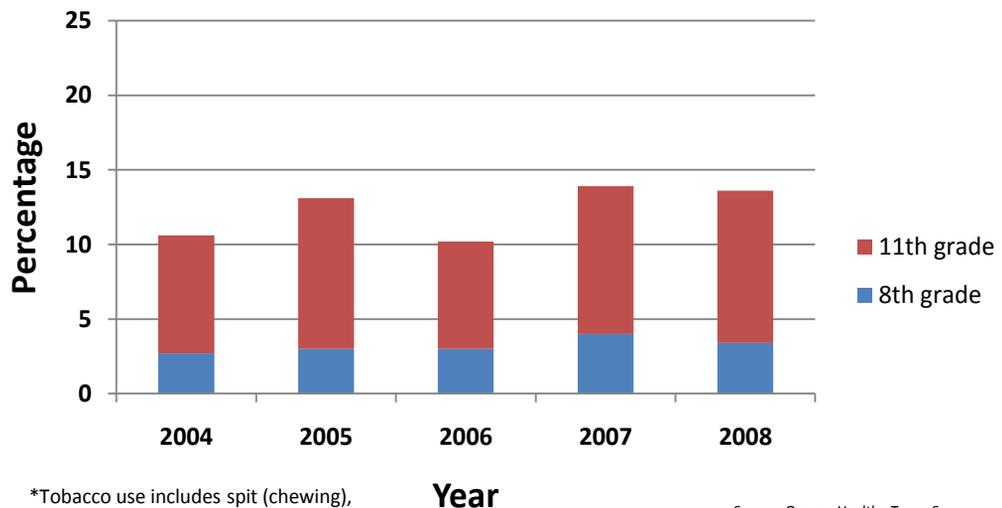
Developing good oral health habits beginning in childhood facilitates one's well-being for the future. Results from the Oregon Healthy Teens Survey indicate that over 70% of 8th and 11th graders have had one or more cavities, marked by a slight increase by the time they reach 11th grade.



Source: Oregon Healthy Teens Survey

On the other hand, there is a substantial increase in adolescent tobacco use when comparing 8th graders to 11th graders. Using smokeless tobacco can eventually lead to oral cancer, periodontitis, and tooth loss.

## Adolescent Tobacco Use\*, Oregon, 2004-2008

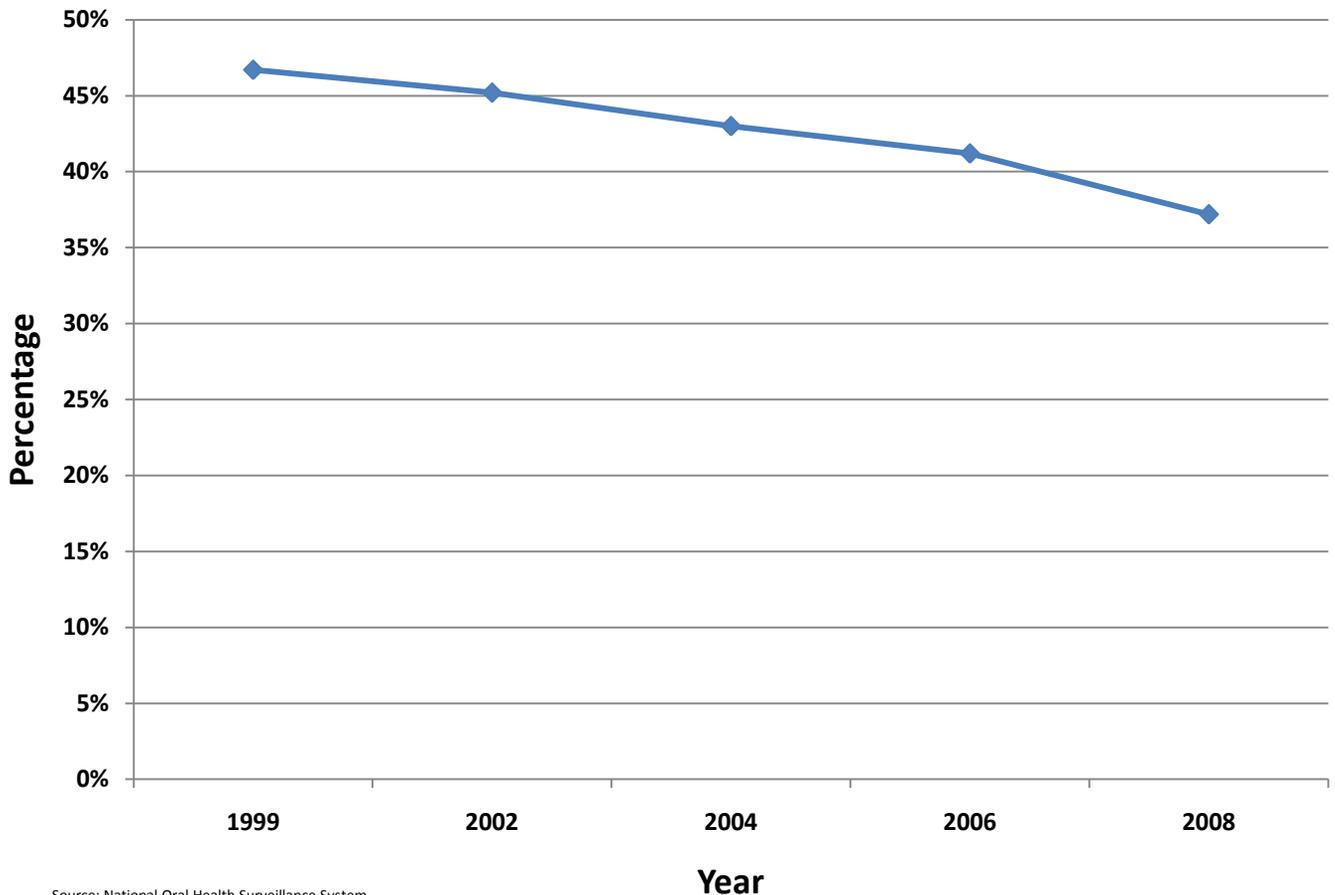


\*Tobacco use includes spit (chewing), snuff, or dip

Source: Oregon Healthy Teens Survey

*Although the trend has gradually decreased over the past decade, about one in three adults 65 years and older have lost six or more teeth due to tooth decay or gum disease.*

### Percentage of adults aged 65 years or older who have lost six or more teeth due to tooth decay or gum disease, Oregon, 1999-2008



Source: National Oral Health Surveillance System

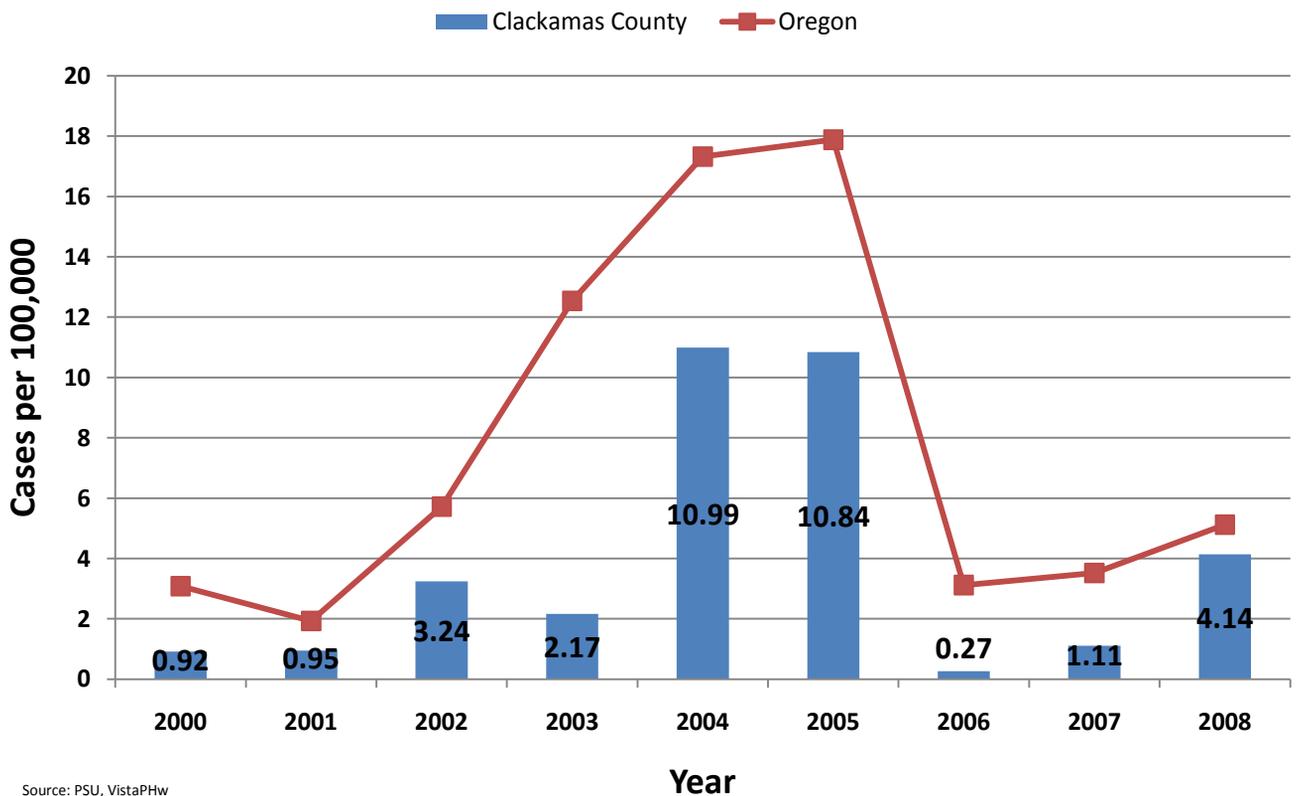
*Maintaining oral health is essential for vital human functions like eating, drinking, speaking, and showing emotions. Oral health is one particular area that may require further consideration in Clackamas County. Poor oral health is related to tobacco use, excessive alcohol use, and unhealthy dietary choices, as well as cost and limited access to dental services. While community water fluoridation has been successful for many communities (72.4% in the US), only 27.4% of Oregonians were served by public water systems that receive fluoridated water in 2008. Currently, there are no community water systems in Clackamas County that add fluoride or purchase fluoridated water.*

# Communicable Disease

## Pertussis

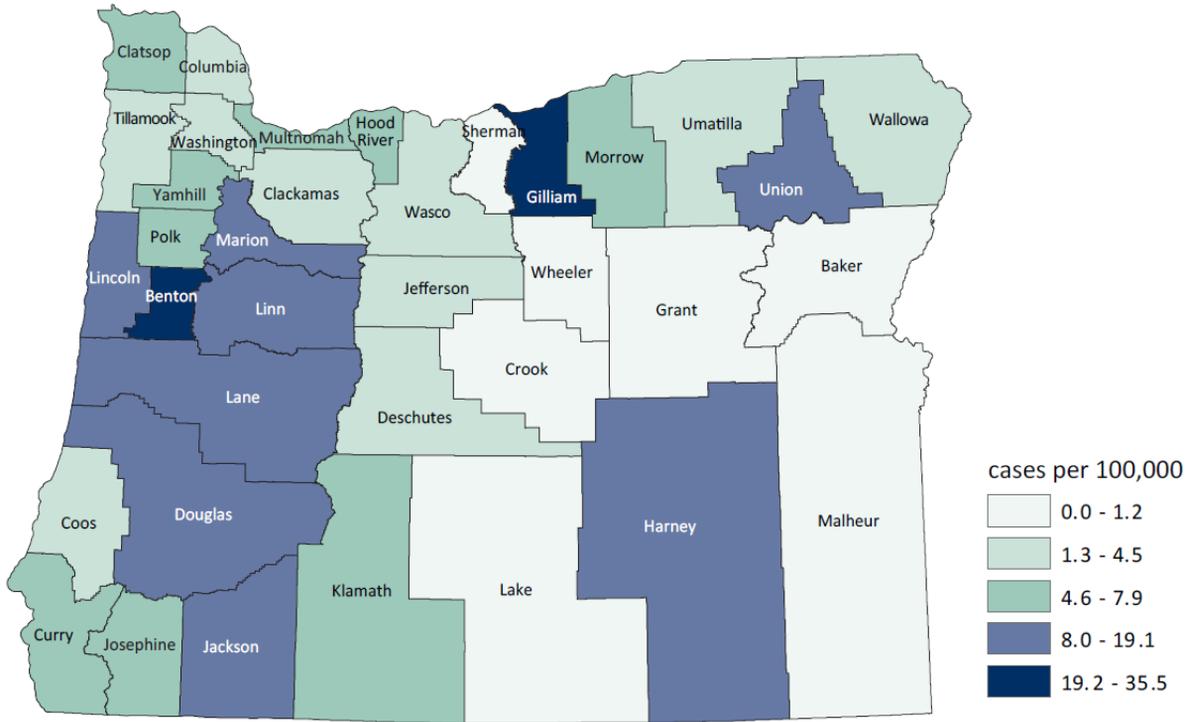
*Pertussis is caused by bacteria *Bordetella pertussis*, and is highly contagious through person to person transmission through contact with respiratory secretions. It is endemic to the US, with peak epidemics every three to five years, which is also the case in Clackamas County and in Oregon. Pertussis is also known as whooping cough, because cases can develop a series of coughing fits that persists over a period of weeks. The most severe cases are among infants who are too young to be immunized, and more than half of infected infants younger than 1 years old must be hospitalized, and in rare cases result in death. However, pertussis can cause serious illness in children and adults, and in the last 10 years, about 60% of cases occurred in persons over 10 years of age. Pertussis can be prevented by DTaP vaccination for children and Tdap vaccine for adolescents and adults.*

**Incidence of Pertussis by Year,  
Clackamas County and Oregon, 2005-2008**



Source: PSU, VistaPHW

## Incidence of pertussis by county of residence: Oregon, 2000–2010



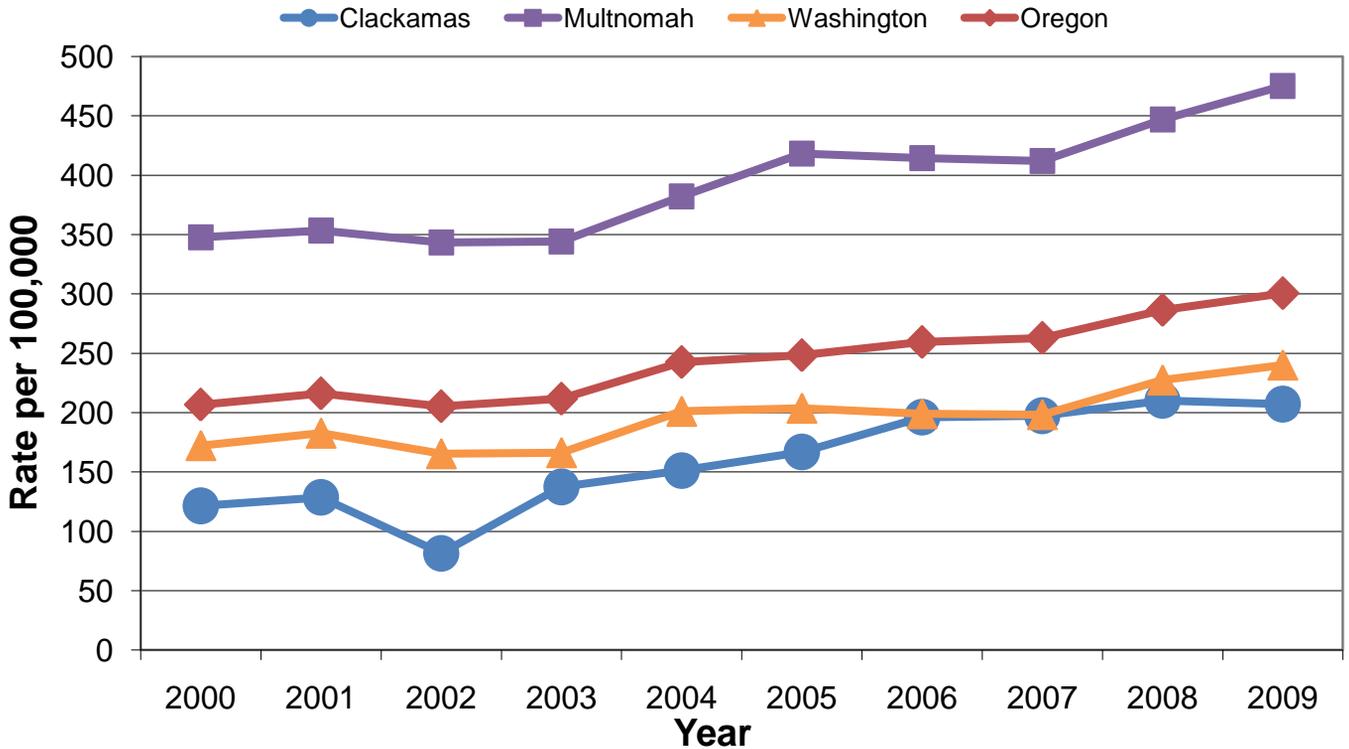
Source: Selected Reportable Communicable Disease Summary: 2010 State of Oregon

The pertussis incidence trends in Clackamas County are similar to Oregon.

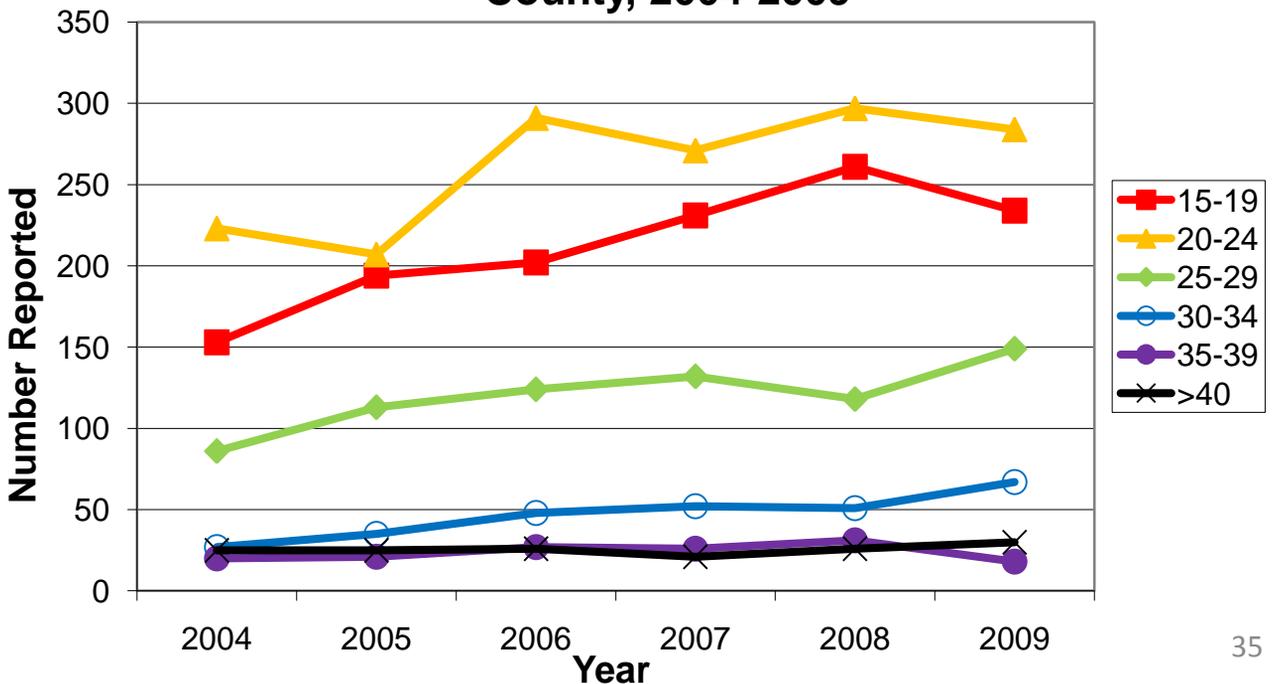
## SEXUALLY TRANSMITTED INFECTIONS (STI)

Sexually transmitted infections are common, cause considerable morbidity, and efforts to control them require the integrated efforts of clinicians, commercial and public health laboratories, disease investigators, and policy makers.

### Chlamydia Incidence, Portland Metro Counties 2000-2009



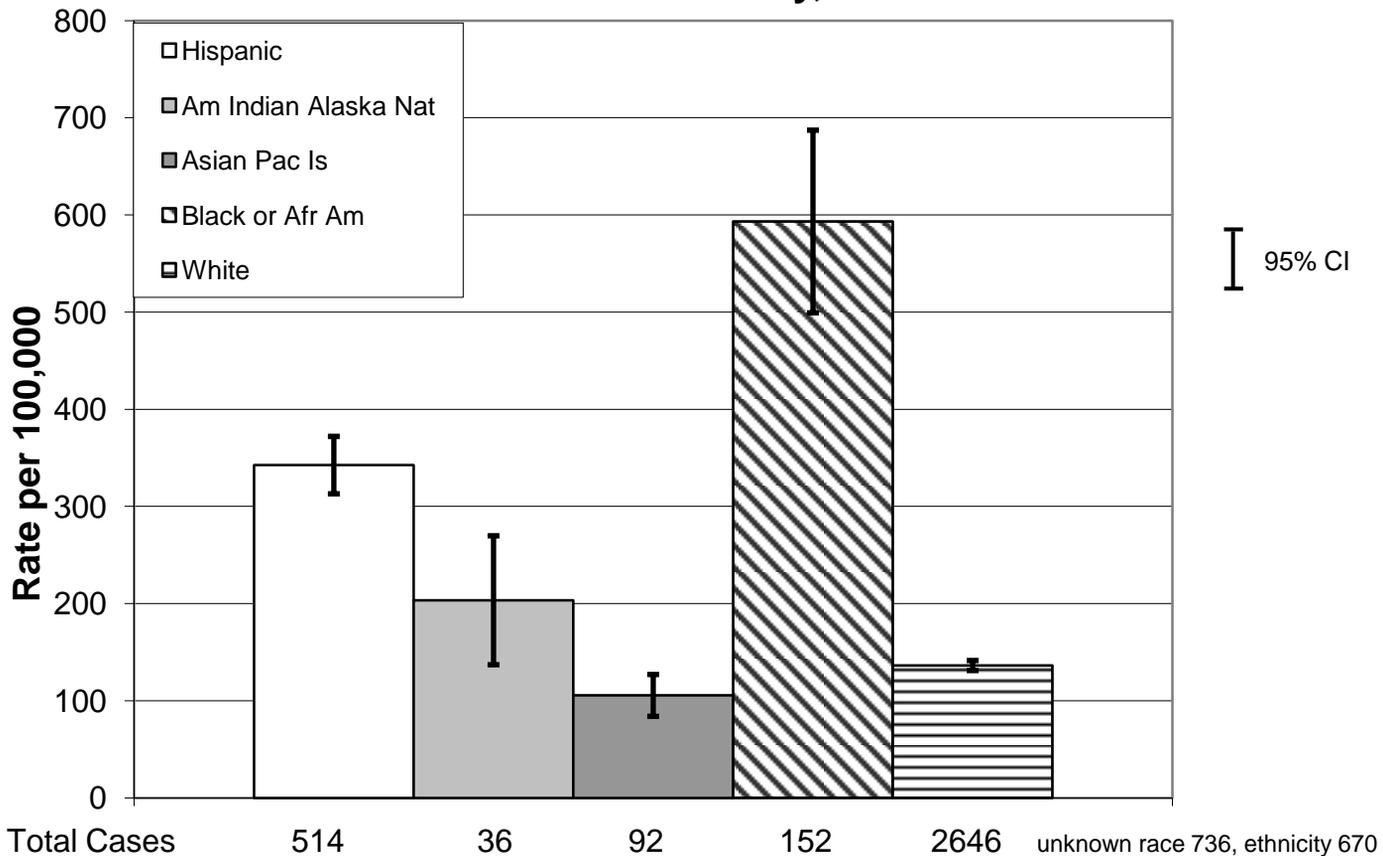
### *C. trachomatis* Incidence by Age, Clackamas County, 2004-2009



## Chlamydia

*Chlamydia is caused by the bacterium, Chlamydia trachomatis, and is the most frequently reported STI in the United States (426 cases per 100,000). Chlamydia diagnoses are increasing over time and are persistently more common in women than men. 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 US. Diagnosis is most common in those aged 15 through 24 years and rates of diagnosis steadily decrease in older age groups. African Americans and Hispanics are diagnosed with Chlamydia at greater rates than other ethnic/racial groups.*

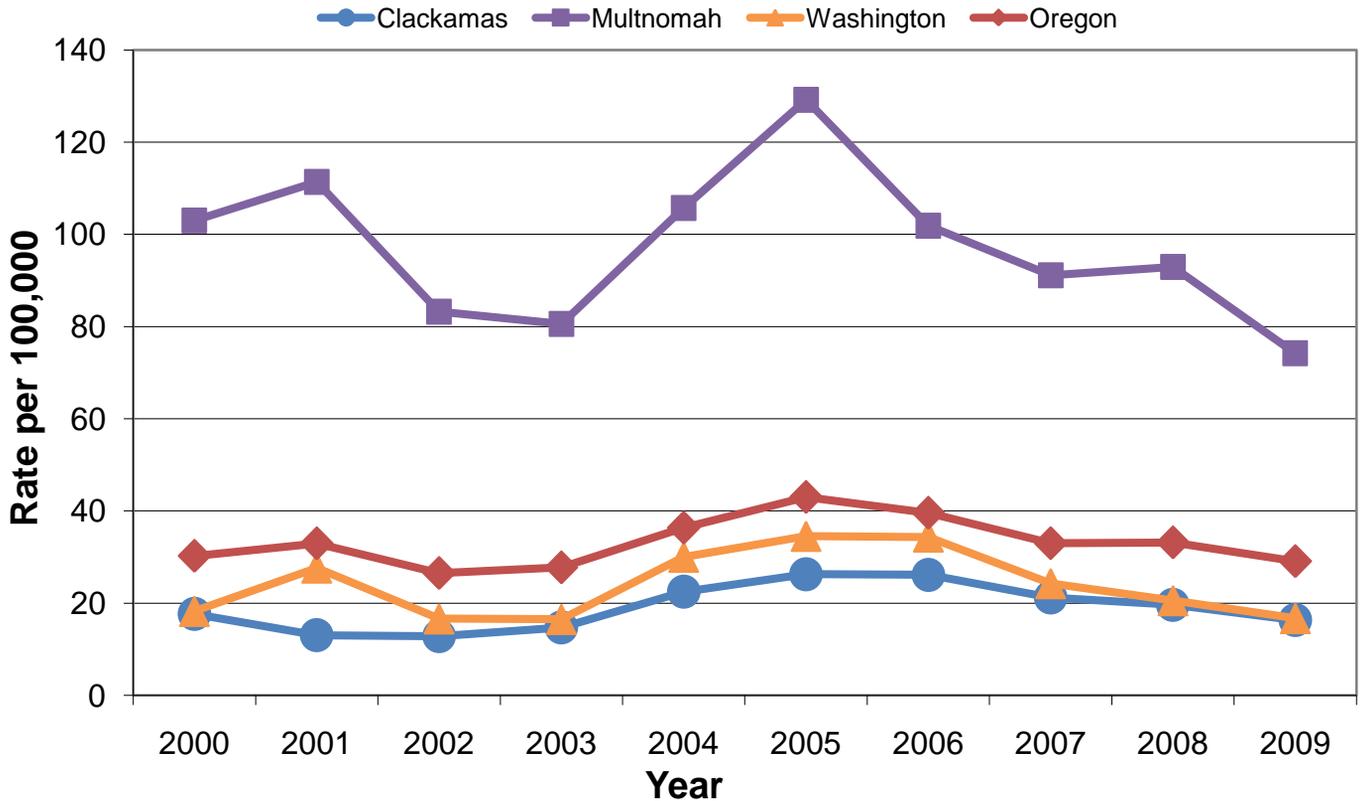
### **C. trachomatis Incidence by Race and Ethnicity, Clackamas County, 2004-09**



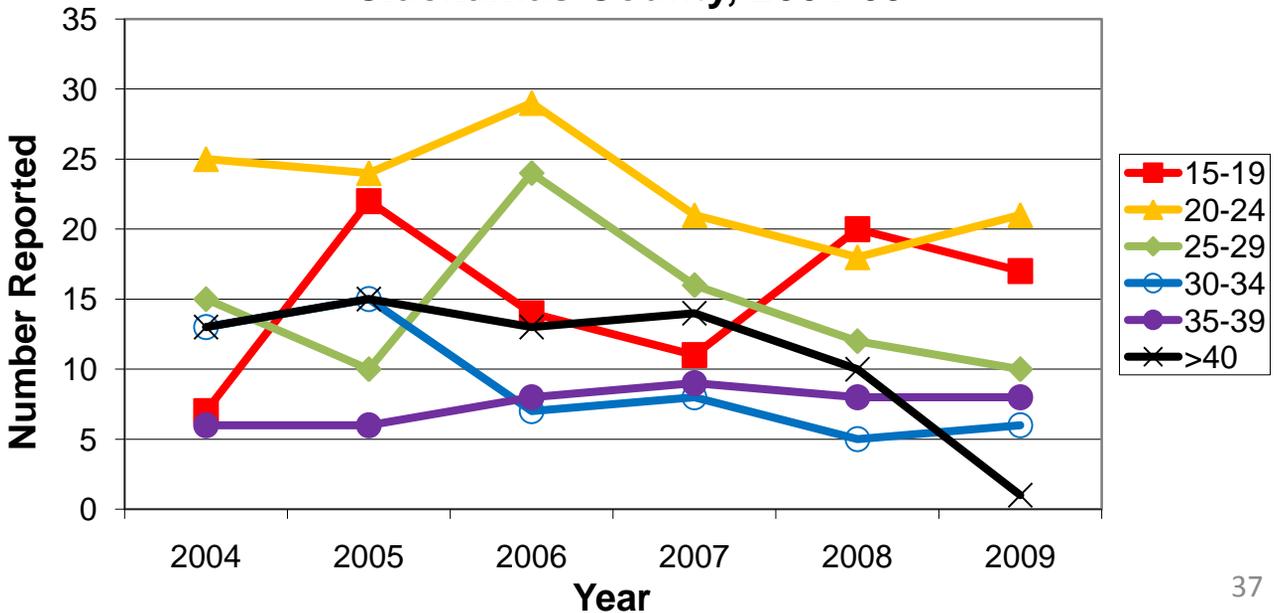
## Gonorrhea

*Gonorrhea is caused by the Neisseria gonorrhoea bacterium, and is one of the most common STI 's in the US. Untreated cases have serious implications, as infections can cause permanent reproductive health problems.*

### Gonorrhea Incidence, Portland Metro Counties, 2000-09

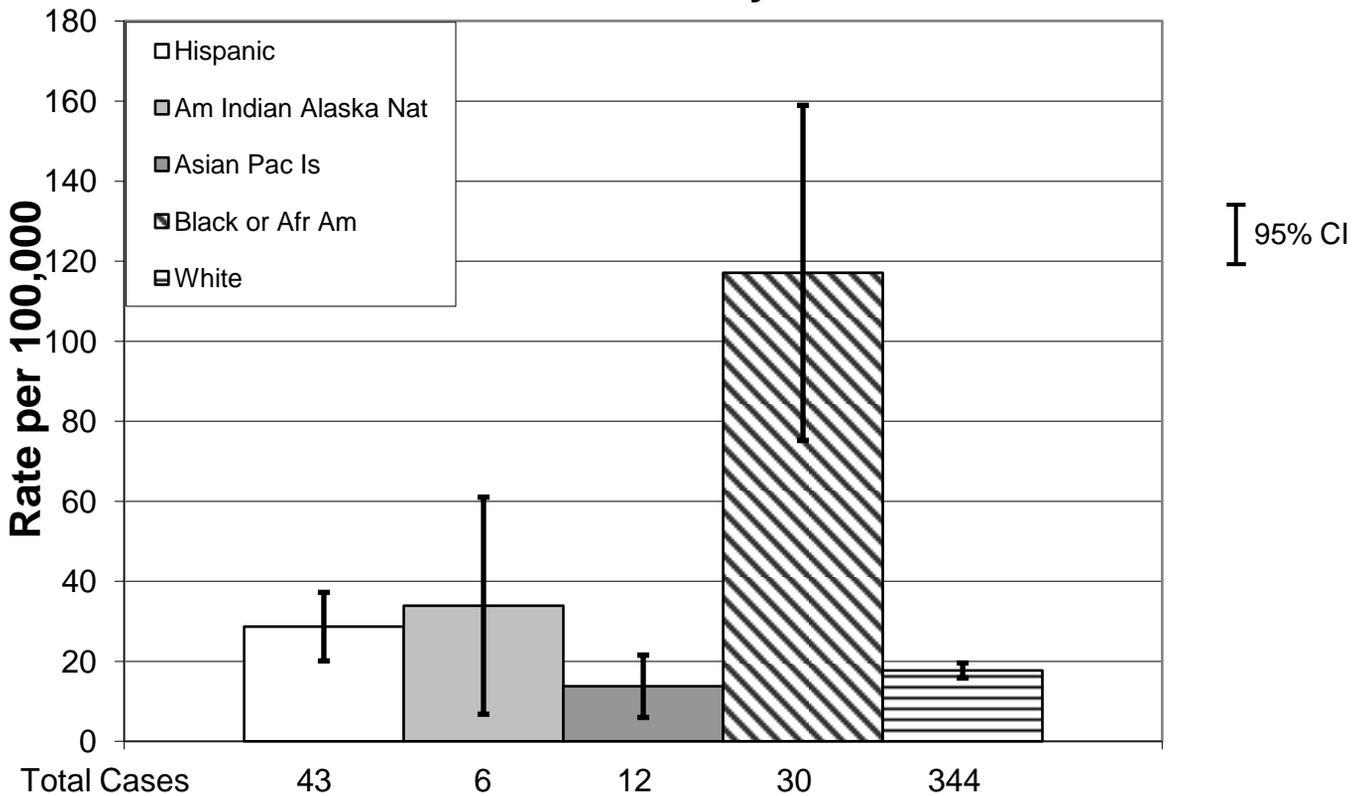


### N. Gonorrhoea Incidence by Age, Clackamas County, 2004-09



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. In contrast to chlamydia, gonorrhea spans a broader range, particularly in Clackamas County. African Americans are diagnosed more often with gonorrhea than other ethnic/racial groups. However, the incidence rate for Gonorrhea in African Americans is significantly higher than the incidence rate of other groups.

### ***N. gonorrhoea* Incidence by Race and Ethnicity, Clackamas County 2004-09**



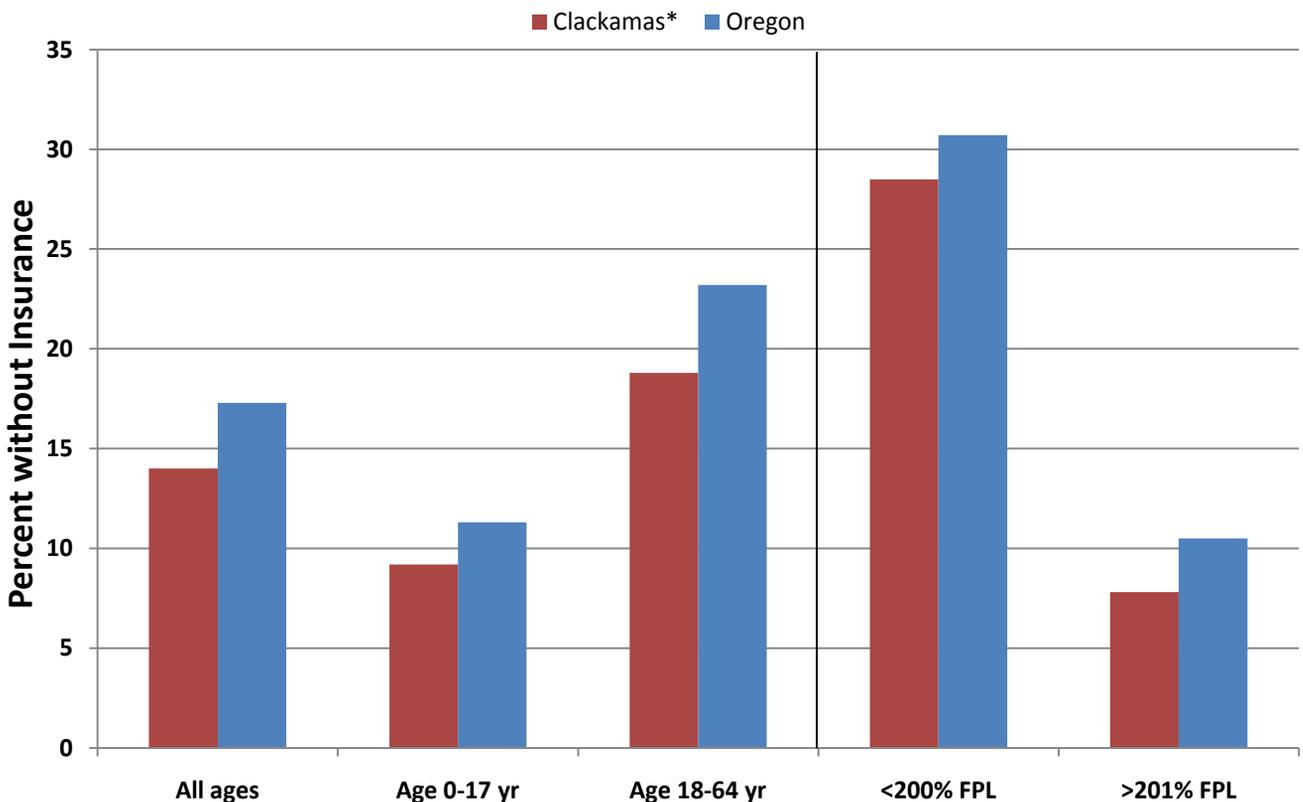
# Insurance and Access to Health Care

## Main Points

- Health coverage among youth has improved in the county and across the US
- Nearly a quarter of adults under 65 years of age and almost one-third of individuals with lower incomes lack insurance

Health insurance is one important 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. Trends in Clackamas County parallel those in Oregon as a whole and in the nation. Generally, health coverage among youth has improved, while nearly one in four adults under 65 years of age and almost one-third of individuals with lower incomes lack insurance.

## Lack of Health Insurance, Oregon Region 14, Clackamas County,\* 2009



\*Clackamas and far eastern Multnomah County

Source: Oregon's Uninsured, An analysis of the 2009 American Community Survey, Oregon Office of Health Policy Research March 2011

## References

1. Population and Demographics
2. Social, Economic, and Physical Education
3. Mortality
4. Maternal and Child Health

Centers for Disease Control and Prevention, National Center For Health Statistics. Available at <http://www.cdc.gov/nchs/fastats/deaths.htm>

5. Chronic Illness

Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion. Available at <http://www.cdc.gov/chronicdisease/index.htm>

Singh GK, Kogan MD, van Dyck PC. Changes in state-specific childhood obesity and overweight prevalence in the United States from 2003 to 2007. *Arch Pediatr Adolesc Med.* 2010;164(7):598-607.

6. Health Habits and Behavior

Centers for Disease Control and Prevention, Chronic Disease Prevention and Health Promotion. Tobacco Use: Targeting the Nation's Leading Killer. 2011. Available at <http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm>

National Institute of Child Health & Human Development. Milk Matters Education Campaign. Available at [http://www.nichd.nih.gov/milk/prob/calcium\\_need.cfm](http://www.nichd.nih.gov/milk/prob/calcium_need.cfm)

United States Department of Agriculture, Center for Nutrition Policy and Promotion. Dietary Guidelines for Americans, 2010. Available at <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>

7. Mental Health

Centers for Disease Control and Prevention, Injury Center: Violence Prevention. Available at <http://www.cdc.gov/violenceprevention/suicide/>

Depression in Children and Adolescents. National Institute of Mental Health. Available at <http://www.nimh.nih.gov/health/publications/depression-in-children-and-adolescents/index.shtml>

Oregon Health Authority, Addictions and Mental Health Division. Clackamas County's Epidemiological Data on Alcohol, Drugs and Mental Health, 2000 to 2010. Available at <http://www.oregon.gov/OHA/addiction/ad/data/clackamas.pdf>

## ***References***

### 8. Oral Health

Center for Disease Control and Prevention, Community Water Fluoridation. 2008 Water Fluoridation Statistics. Available at <http://www.cdc.gov/fluoridation/statistics/2008stats.htm>

### 9. Communicable Disease

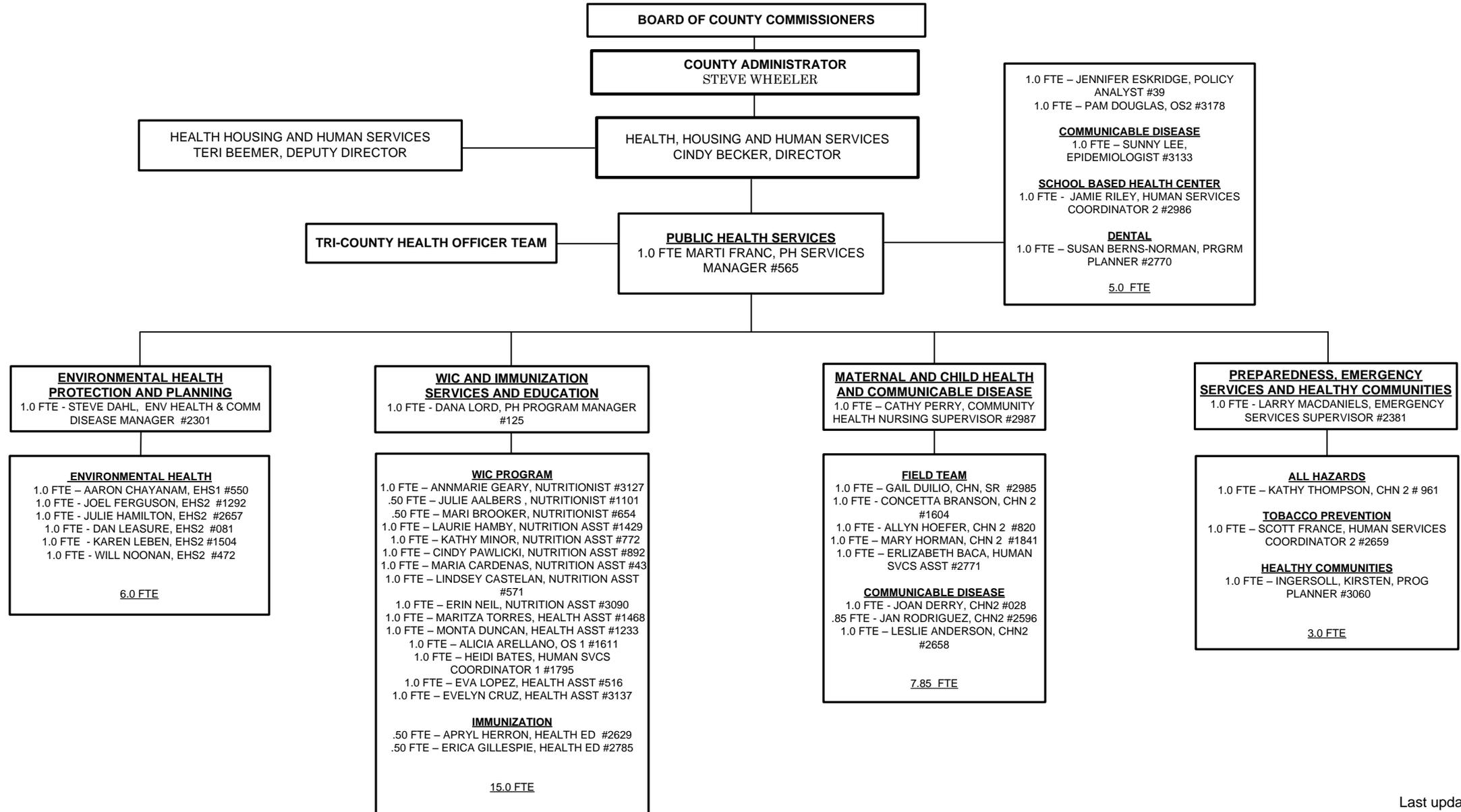
Selected Reportable Communicable Disease Summary: 2010 State of Oregon. Oregon Health Authority, Office of Disease Prevention and Epidemiology.

### 10. Insurance and Access to Health Care

CLACKAMAS COUNTY COMMUNITY HEALTH  
PUBLIC HEALTH SERVICES

HEALTH, HOUSING AND HUMAN SERVICES

Community Health Division  
Budget Fiscal Year 2011-2012



41.85 FTE

CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION  
PUBLIC HEALTH SERVICES  
2012 – 2014 TRIENNIAL PLAN

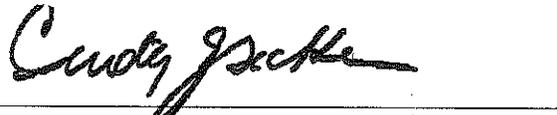
The local public health authority is submitting this 2012 – 2014 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Charlotte Lehan, Chair  
Board of County Commissioners  
Local Public Health Authority

Clackamas  
County

1-12-2012  
Date A.3



Cindy Becker  
Community Health Director

Clackamas  
County

1-12-2012  
Date

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT  
FY 2013**

July 1, 2012 to June 30, 2013

**Agency:** Clackamas County Community Health

**Contact:** Mary Horman, RN

**Goal # 1**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc..	To facilitate easy access for monitoring effective Family Planning activities as described in Goal #1	Electronic Records Family Planning Audits	QI Management Reporting
	Continued County Representation to keep up to date on information with CCO and Insurance Exchanges.	Monitoring Ahlers Database for identified Family Planning improvements.	Quarterly QI Monitoring and Reporting.

**Goal # 2**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Assure ongoing access to a broad range of effective planning methods and related preventative health services, including access to EC for current and future use	Link Family Planning staff to current and updated knowledge of FP Program needs, policies and clients,.	Family Planning coordination to meet with providers and staff with updates. Family Planning Coordination to meet with new staff to assist with orientation,	Reporting to QI Committee Reporting to Management

	<p>Outreach to local community youth and continued outreach with YPOP and initiate PACE as School Based Health Center</p> <p>Expand in Clack Co plan outreach and education.</p>	<p>Ongoing interface with management and School Based Health Centers.</p> <p>Community Education and activities as planned.</p>	
--	--	---	--

- Objectives checklist:
- Does the objective relate to the goal and needs assessment findings?
  - Is the objective clear in terms of what, how, when and where the situation will be changed?
  - Are the targets measurable?
  - Is the objective feasible within the stated time frame and appropriately limited in scope?

**Progress on Goals / Activities for FY 2012**

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities
<p>C Care forms are not consistently completed. Decrease the error rate to achieve 100% compliance rate.</p>	<p>The front office manager reviews all C Care Application forms. She reports that this process has decreased error rates.</p>
<p>The contraceptive P &amp;Ps are not based on national standards of care. Incorporate the National Standard of Care into the contraception P &amp; Ps.</p>	<ol style="list-style-type: none"> <li>1. The Women's Health Exam P&amp;P was completed based on national standards.</li> <li>2. Continued need to incorporate the national standard in the Contraceptive P&amp;Ps.</li> </ol>

Local Public Health Authority Immunization Annual Plan Checklist  
July 2012-June 2013  
Clackamas County Health Department

LHD staff completing this checklist: Apryl Herron

**State-Supplied Vaccine/IG**

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

**Vaccine Management & Accountability**

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

**Delegate Agencies**

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines

**Vaccine Administration**

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine

17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

### **Immunization Rates & Assessments**

18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

### **Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation**

19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women.
21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah X N/A
23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) X N/A
24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

### **Tracking & Recall**

29. Forecasts shots due for children eligible for immunization services using ALERT IIS
30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

### **WIC/Immunization Integration**

31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

### **Vaccine Information**

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

### **Outreach & education**

- 35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**
  - 1) School Exclusion Workshop: this training provides an overview of the school exclusion process and requirements to school and child care staff. This year's workshop included an ALERT IIS training as well as technical assistance for those completing the process by hand.
  - 2) Community Health in Motion Outreach Clinic & Canby Community Immunization Clinic: Community immunization clinics targeting uninsured and underinsured children of all ages. Designed to reduce barriers to timely immunization by providing a convenient and accessible clinic location.

### **Surveillance of Vaccine-Preventable Diseases**

- 36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

### **Adverse Events Following Immunizations**

- 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
- 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
- 39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

### **School/Facility Immunization Law**

- 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
  - a. Conducts secondary review of school & children's facility immunization records
  - b. Issues exclusion orders as necessary
  - c. Makes immunizations available in convenient areas and at convenient times
- 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

### **American Recovery & Reinvestment Act (ARRA) Stimulus Funds**

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted?  Yes  No

### **Performance Measures**

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes  No: 4<sup>th</sup> DTaP rate of  $\geq 90\%$ , or improves the prior year's rate by 1% or more
  - Yes  No: Missed Shot rate of  $\leq 10\%$ , or reduces the prior year's rate by 1% or more
  - Yes  No: Correctly codes  $\geq 95\%$  of state-supplied vaccines per guidelines in ALERT IIS
  - Yes  No: Completes the 3-dose hepatitis B series to  $\geq 80\%$  of HBsAg-exposed infants by 15 months of age
  - Yes  No: Enters  $\geq 80\%$  of vaccine administration data into ALERT IIS within 14 days of administration

### **Terms & Conditions Particular to LPHA Performance of Immunization Services**

45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)  N/A
47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

### **Reporting Obligations & Periodic Reporting**

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
  - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
  - Vaccine inventory via ALERT IIS
  - Immunization Status Report
  - Annual Progress Report
  - Corrective Action Plans for any unsatisfactory responses during triennial review site visits  N/A

# Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

<p>Q. 44. 4<sup>th</sup> DTaP rate of <math>\geq 90\%</math>, or improves the prior year's rate by 1% or more:</p> <p>We believe this measure was not met due to the population we typically provide services to. Often, this population has a larger percentage of children who start their vaccine series late and also find it difficult to stick to the recommended vaccine schedule. We will attempt to increase this rate by communicating to patients the importance of receiving all vaccines at the age which they are due and encouraging patients to keep all scheduled appointments.</p>
<p>Q. 44. Missed Shot rate of <math>\leq 10\%</math>, or reduces the prior year's rate by 1% or more</p> <p>Parents often refuse vaccines that are not required by school law. This especially true for Meningococcal, HPV and the second varicella dose which are always offered at the same time as Tdap. We have a fairly large number of parents who insist their children have only one or two injections at a time. There are also times that a child needs five or six vaccines and will be returning for a second dose of something in a month or two. The nurse or MA may offer to defer some of these vaccines until they return for that next dose. At times, providers will choose to defer vaccines if a child is mildly ill even though this is not a contraindication. As a staff we will continue to educate parents as to the importance of their children receiving all recommended vaccines on schedule, and offer all due vaccines at every visit. We will have an in service with providers and RNs regarding what constitutes a missed opportunity and what the state requires from us.</p>
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: [Oregon.VFC@state.or.us](mailto:Oregon.VFC@state.or.us)