

2020-2023
Washington County
**Community
Health
Improvement
Plan**

March 2021



A Message from the CHIP Leadership Team

The CHIP Leadership Team is excited to release this update to our Community Health Improvement Plan (CHIP). We are a group of community leaders who are passionate about addressing health issues that Washington County community members face. We are committed to prioritizing the transformation of health systems that harm or do not adequately serve specific communities as evidenced by disparities in health outcomes. Over the past year, we have envisioned and developed a CHIP that both builds upon the work of past years and also reflects the needs and assets of our county today.

The pandemic has impacted much of the work we set out to do with this CHIP. In March 2020, Washington County staff and community-based organizations alike became fully engaged in the response. We partnered both in trying to contain the disease, and in supporting our most impacted community members whose basic needs became so drastically compromised in the face of the pandemic.

We know that our inequitable systems and structures are much to blame for how the pandemic has impacted our communities, and that they will also shape the long road to recovery. COVID-19 has shined a spotlight on the stark disparities that exist within our county and confirmed the importance of the CHIP as a means to move toward more equitable health and well-being. Now more than ever, we must seek community leadership to guide us, and listen for and incorporate community voices and stories as the work unfolds. The pandemic has underlined how crucial it is for us to work in collaboration if we hope to see impact. We must be guided by the lived experience, wisdom and resilience of our community members, and commit ourselves to continuing to learn from the stories that are shared with us.

This year has also taught us that we must not look past the inequities and health disparities that were so evident in our Community Health Needs Assessment (CHNA), and we must focus our work on the racist structures and systems that have created them. The CHIP Leadership Team is committed to deepening our understanding of anti-racism work and to using a racial equity lens to implement the CHIP over the next three years. We will leverage our current awareness of systemic and institutional racism to engage in an ongoing reflection and analysis of the CHIP, striving to ensure that it is a tool that can be used for dismantling systems of racism and oppression. We know this is necessary work to improve the health and well-being of all community members in Washington County.

The work that has been accomplished this year despite the pandemic is a truly impressive starting place for the 2020-2023 CHIP and speaks to the capacity and resilience that exists within Washington County. We are deeply appreciative of the efforts of the CHIP committees and other community members who have supported CHIP work so far and look forward to deepening those collaborative relationships in the years to come.

I decided to join the CHIP LEADERSHIP TEAM to
address health disparities
and increase access to culturally responsive
quality mental health care in our community.
- Lorena Mosqueda

Dear Community Partner,

Washington County Health and Human Services (HHS) is committed to removing barriers to health equity and to ensuring communities are supported in achieving their best health. We are fortunate to partner with many passionate community leaders toward achieving this vision. The Washington County Community Health Improvement Plan (CHIP) is the blueprint for our work together in the coming years.

The updated CHIP was developed in collaboration across many sectors to create a shared vision for tackling important health issues. This plan was informed by the most recent regional community health needs assessment (CHNA) and builds on the partnerships and progress made since the 2017 CHIP. The priorities were selected based on CHNA data, including engagement from communities most impacted by many health issues, and input from the diverse organizations involved in the CHIP. It is important to recognize the work of partners across many sectors is necessary if we are to make an impact on the complex issues shaping health and well-being in our communities.

This CHIP has also been informed by the impact the pandemic has had on our community and the world this year. Oregon's first positive case of COVID-19 occurred in Washington County. As the pandemic unfolded, community partners came together with Washington County to strengthen coordination across systems and silos, to provide information and resources to our most underserved populations, and to develop culturally-specific strategies to try to contain the disease and mitigate its impact.

HHS also centered equity in our governmental response efforts. Our Emergency Operations Center's (EOC) Equity Officer led and supported an equity approach to ensure the needs of disproportionately impacted individuals were prioritized. Equity considerations were incorporated into all EOC management functions, response priorities and policies, such as scarce resource allocation.

Despite our efforts, the impacts of this health crisis were not distributed equitably across our communities. We have seen from data across the nation, non-white residents have suffered significantly higher rates of illness, hospitalization and death compared to white residents. Those disparities are replicated here in Washington County: 15% of our county's residents are Latinx but they make up almost half of the cases, while white residents make up 72% of the population but only about one-third of the cases. These disparities also bring to light the structural inequalities that are starkly evident during public health emergencies and include challenges in accessing health care, education, food and housing. Compounding these circumstances is the fact that many of these communities are already impacted by racism, poverty and other systemic inequities.

We must all work together to strengthen our values in community engagement, center the needs and expertise of our communities, and prioritize our efforts toward a trauma-informed and equity-guided approach.

It is an honor to partner with so many passionate and creative organizations and individuals. We look forward to a continued collaboration in the years ahead. Thank you for your commitment to community health — your partnership in this work makes a difference.

Thank you,



Marni Kuyl, MS, RN

Director, Washington County Health and Human Services

Acknowledgments

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Beaverton Together
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Boys and Girls Aid
Boys and Girls Club
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City of Beaverton
City of Cornelius
City of Durham
City of Forest Grove
City of Gaston
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City of Sherwood
City of Tigard
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Elder Safe
Familias en Acción
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Gaston School District
Health Share of Oregon
Hillsboro Police Department
Hillsboro School District
Home Instead
HomePlate Youth Services
Iraqi Society of Oregon
IRCO
Kaiser Permanente
King City
Legacy Emanuel/Randall's Children's Hospital
Legacy Health
Lifeworks Northwest
Lines for Life

Lutheran Community Services
Meals on Wheels People
Metro HomeShare
Morrison Child and Family Services
NAMI Washington County
National University of Natural Medicine
Native American Rehabilitation Association
Neighborhood Health Center
NUNM
NW Regional Education Service District
ORCHWA
Oregon Health Equity Alliance
Oregon Oral Health Coalition
Oregon Senior Peer Outreach
OSU Extension Service
Pacific University
PFLAG
Planned Parenthood
Project Access NOW
Providence Health
Providence Rebels for a Cause
Sequoia Mental Health Services
Sherwood School District
Sherwood YWCA/YMCA
The Hillsboro Senior Center
The Intertwine Alliance
The Juanita Pohl Center
The Marjorie Stewart Center
The Parkinson's Resources of Oregon
Tigard Police
Tigard Turns the Tide
Tigard-Tualatin School District
Tualatin Hills Park and Recreation District
Tualatin Police
Tualatin Together
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I. CHIP Overview and Vision

The Washington County Community Health Improvement Plan (CHIP) is a community plan for action that defines how Washington County Health and Human Services (HHS) and community partners come together to improve health equity and address priority health issues identified by a comprehensive assessment of local data. Many complex factors and social issues impact the health of individuals and communities. Washington County HHS engaged and convened community-based organizations and local health care organizations and worked collaboratively with partners across sectors to address the unique needs of our community. Washington County's commitment to diversity, equity and inclusion was foundational for our engagement and partnerships with culturally specific organizations and community leaders. This collaboration is important to prioritize lived expertise and community knowledge and to work toward aligning resources to improve the overall health of our community.

Over the past three years, collaborative CHIP committees have been meeting regularly to implement health improvement strategies based on the 2017 CHIP. The committees have achieved successes and made significant progress in developing stronger partnerships across community organizations. The new CHIP structure will build on these community achievements.

The 2019 regional community health needs assessment (CHNA) is the basis for development and the update of the CHIP. The CHNA includes population data and community engagement to ensure that

both are reflected in the prioritization of health issues to inform the CHIP. The CHNA data is then reviewed with community stakeholders to gather input on how to address these health priority areas.

Using this input and the CHNA data, the CHIP Leadership Team determined the priority areas and committee structure for 2020-2023. These are the areas in which the Washington County CHIP committees will lead and coordinate efforts in the county.

The foundational goals for the CHIP are to:

- Reduce health disparities.
- Improve health equity.
- Apply a racial equity lens and trauma-informed principles to the CHIP structure and work.

The priorities are to:

- Improve access to health care, including primary care, behavioral health and oral health services.
- Improve behavioral health outcomes, including mental health, suicide and substance use.
- Build systems to improve well-being.

The CHIP is aligned and coordinated with other local plans to ensure that the many social determinants of health are addressed. These issues, such as income and employment opportunities, education, environmental conditions, social support networks and access to health care services, are complex and require coordinated strategies and diverse approaches. The CHIP fosters strong partnerships and highlights the critical role of community partners to improve health outcomes in Washington County.

Vision

By collaborating to leverage community strengths and resources and honoring lived expertise, we support our community to improve our own health.



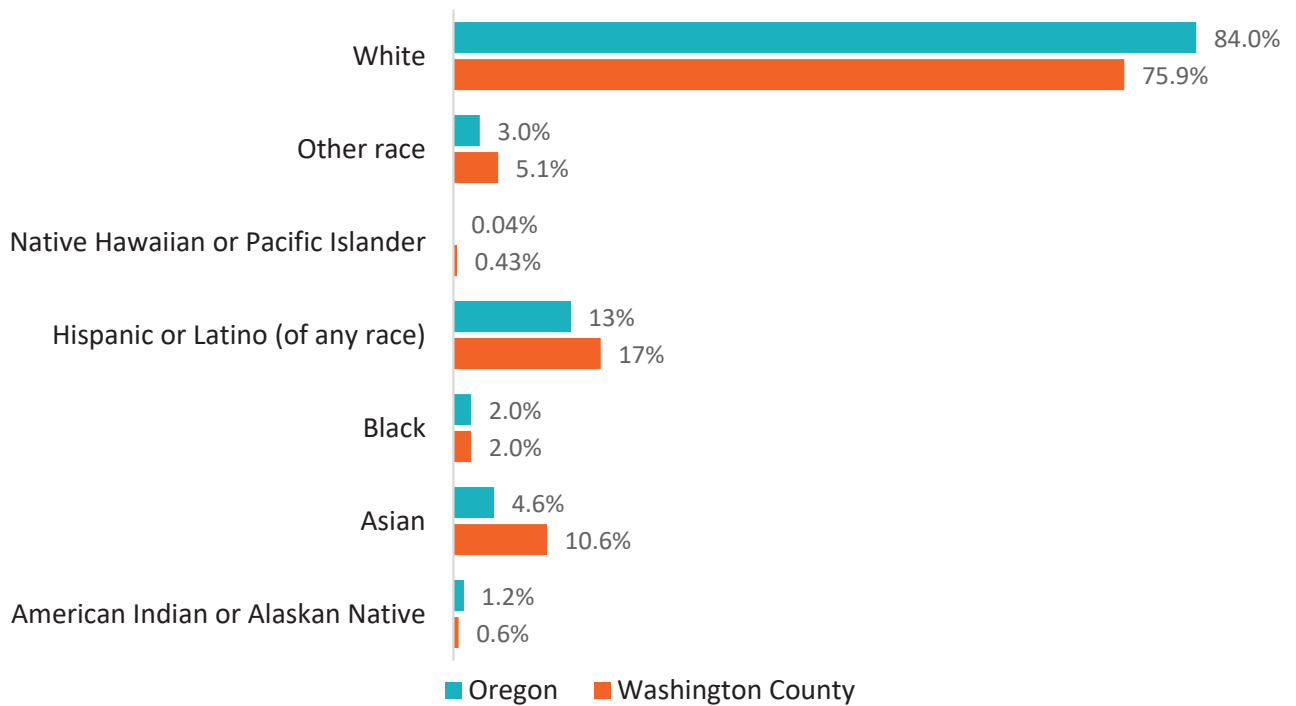
The CHIP Leadership Team has adopted an equity statement to ensure that the CHIP supports and contributes to community goals to achieve equity.

The CHIP Leadership Team commits to:

- Fostering, supporting, and strengthening equity and inclusion in programs, practices and policies.
- Continuing to develop our understanding of inequities to more effectively dismantle any systemic racism and systematic harm that – intentionally or unintentionally – CHIP policies, programs and practices may cause.
- Continuing to provide the leadership to make the CHIP more equitable and inclusive.
- Ensuring that we spend the resources in a way that maximizes benefit to the community and provides equitable access.
- Structuring our CHIP organization to model services, practices and engagement approaches that equitably meets the needs of all residents.

II. Demographics and Social Determinants of Health

Figure 1. Race and ethnicity in Washington County and Oregon (2015-2019)



Data source: American Community Survey, 2015-2019 5-year estimates.

Washington County is home to a growing and diverse community. Between 2010 and 2019, the population increased by 14%, exceeding the 10% increase observed in the rest of the state during the same time period.^{1,2} As of 2019 estimates, 589,481 individuals are living in 229,077 households across the county.¹ Washington County is the second most populous of Oregon’s 36 counties and among the most diverse in the state.¹

Hispanic or Latino/Latinx of any race are the second-largest group of residents (17%) followed by Asian (11%) (Figure 1).^{1,3} Nearly one-in-five (18%) community members were born outside the United States and a quarter (25%) speak a language other than English at home.⁴ Following English (75%) and Spanish (12%), the top three languages spoken at home are Chinese (2%), Vietnamese (1%) and Korean (1%).⁵

Washington County has a relatively young population, with a median age of 36.7 years.¹ Nearly two-thirds of the community is comprised of adults ages 18-64 years (63.8%), and children under 18 years represent about one-fifth (23.2%) of the population.¹



Social Determinants of Health

Social and environmental conditions can have a greater impact on individual health than medical services or individual behavior. The need to focus on social determinants of health (SDOH) was reinforced by the 2019 Washington County CHNA which demonstrated that factors such as education, economic stability, built environment, racism and discrimination continue to have significant impacts on individual and community health. While these are complex issues to address, their presence reinforces our need to work across systems and include partners outside of health care, such as school districts, housing, transportation and culturally specific organizations. In 2020, a slightly revised version of SDOH was launched with national health objectives described in Healthy People 2030.

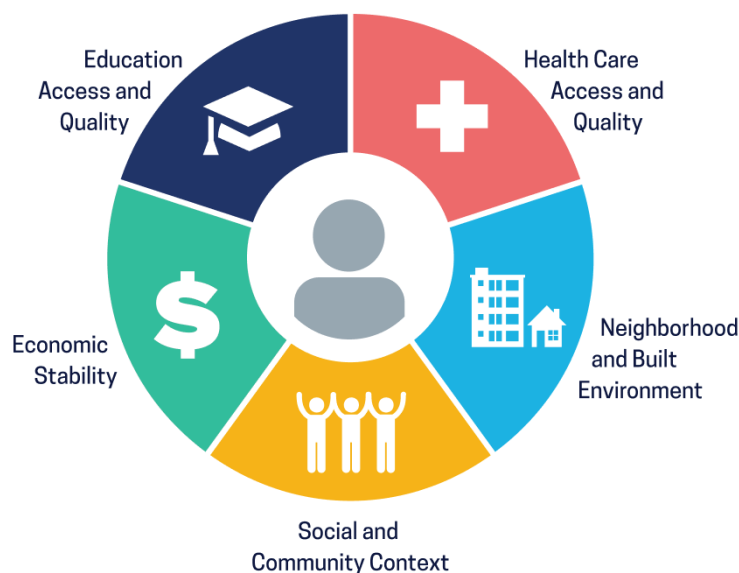
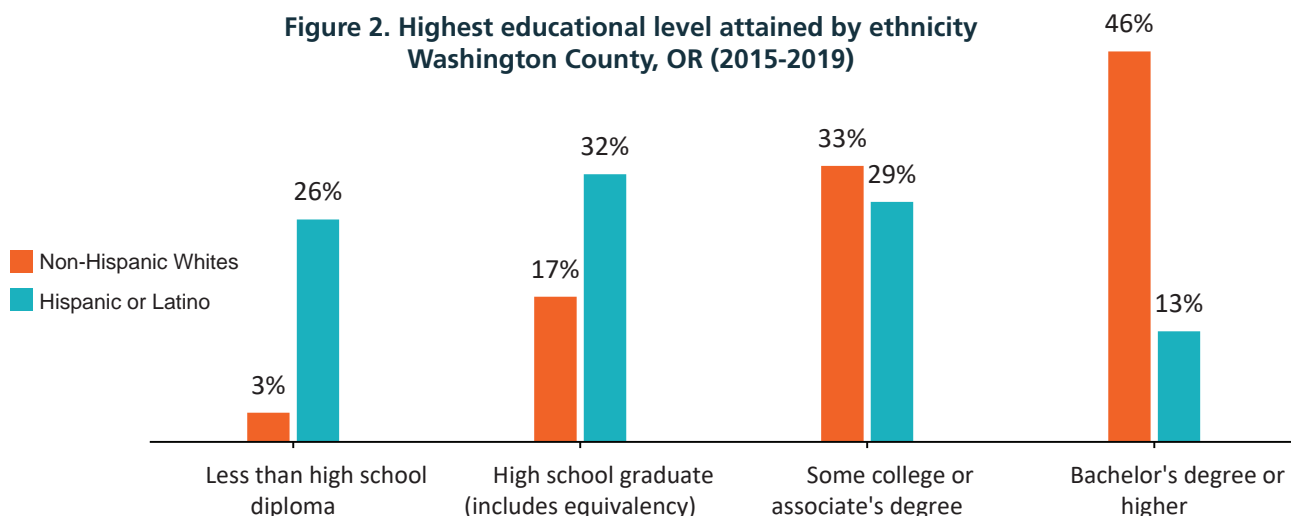


Image source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Education Access and Quality – Educational Attainment

An education is a determining qualification for many job opportunities and well-paying jobs. Low paying jobs generally require less formal education, and greater educational attainment is associated with increased lifetime earned income.⁶ Thus, education is an early stepping stone for greater financial stability. On average, residents of Washington County (aged 25 years and older) have higher educational attainment when compared to Oregon.⁷ However, when examined by ethnicity, disparities are present at all educational levels. Residents who identify as Hispanic/Latino are less likely to have at least a high school diploma or GED equivalent (74%) compared to non-Hispanic Whites (97%), and only 13% of residents who identify as Hispanic/Latino go on to complete a four-year degree (see Figure 2).^{8,9} Improving access to high-quality education is a national priority with several strategies described in Healthy People 2030. It is unclear how virtual educational formats imposed during COVID-19 will impact the long-term educational trajectory of young adults or children.

Figure 2. Highest educational level attained by ethnicity Washington County, OR (2015-2019)



Data source: American Community Survey, 2015-2019 5-year estimates.

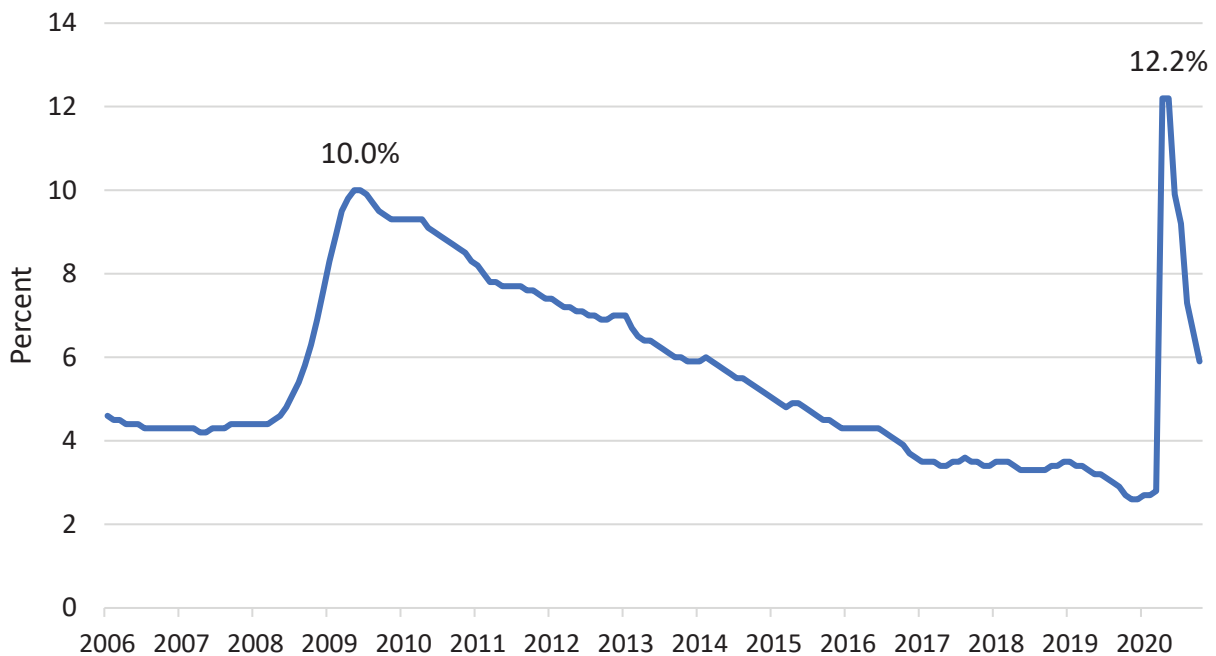
Economic Stability – Employment

The ability to secure and maintain a job can have long-lasting effects on the health of people and families. Having a job that pays a living wage and provides decent benefits can allow a person to live in safer neighborhoods, buy healthier food, and afford health insurance and medical care. Prior to the COVID-19 pandemic, the county benefitted from a low unemployment rate – sinking to 3.3% compared to state level of 3.4% in July 2019.¹⁰

Washington County is home to some of the largest employers in the region. Along with other small and medium-size businesses, they play an important role in the economy. The vibrant nature of the local economy is reflected by the fact that more than 86% of the civilian employed population 16 years and older work in the private sector. Other employers include government (9%) and self-employment (4%).¹¹

The financial impact of COVID-19 devastated Oregon’s local economy. Despite being home to large regional employers, Washington County lost 39,600 jobs in the spring of 2020.^{10,12} During that time, the unemployment rate peaked at 12.2%^{10,12} (see Figure 3), which surpassed the rate observed during the Great Recession of 2007-2009 (10.0%).¹⁰ Across the state, low-wage workers and workers without a college education were disproportionately impacted by job losses.¹³ Unemployment insurance (UI) claimants from the accommodation and food service industry, where median hourly wage is less than \$15, made up 20% of UI claims in July 2020 compared to 5% in January of the same year.¹⁴ Additionally, persons with a high school diploma or less represented 54% of all UI claimants.¹³ In October 2020, Washington County regained 39% of all lost jobs from the spring; however, the Oregon Office of Economic Analysis forecasted that statewide pre-pandemic levels of employment would return by mid-2023.¹²

Figure 3. Seasonally Adjusted Unemployment Rate Washington County, OR (2006-2020)



Data source: State of Oregon Department of Employment, Unemployment Rate (LAUS – Local Area Unemployed Statistics), Washington County Seasonally Adjusted 2006-2020

Economic Stability - Income

Socioeconomic status (SES) is a strong predictor of health and well-being. Research shows that perhaps the most influential of all is income.¹⁵ Income shapes overall living conditions – determining where one lives, quality of diet, and even health behaviors. Higher income is strongly associated with greater life expectancy – a pattern that holds true throughout the income distribution.¹⁵ Although Washington County has a median household income of \$82,215, which is the highest in the Portland Metro region, county residents also face issues of poverty.¹⁶ Prior to the COVID-19 pandemic, approximately 1 in 12 individuals were living in poverty, including 12% of children (18 years or younger) and 17% of Hispanic/Latino residents.^{17,16} Over 9% of households receive SNAP (food assistance) benefits and 1 in 10 people are food insecure.^{17,18,19} The last three years, Washington County has seen progressive increases in income and declines in unemployment and poverty rates. However, gains seen in these last few years have likely been reversed and worsened since the pandemic began.^{10,20,16}

Neighborhood and Built Environment - Housing

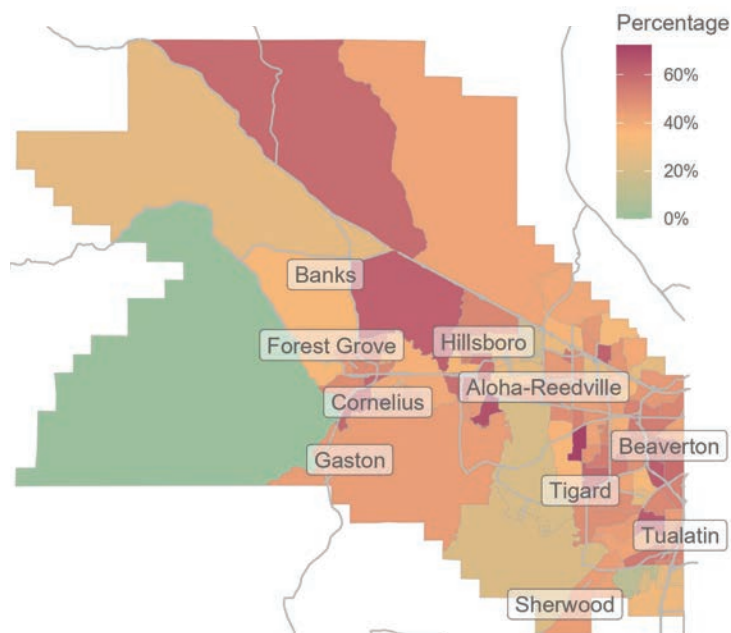
Reducing the proportion of families that spend more than 30% of income on housing is an objective in Healthy People 2030. Housing is a major household expense and could cost a substantial proportion of individuals and families' income, especially around major metropolitan areas in the Pacific Northwest. Washington County is no exception with a median rent of \$1,359 per month.²¹ As is the case in the rest of region, affordable housing in Washington County is a significant concern for many. Affordable housing is defined as spending less than 30% of a family's income on rent or house payments. When a family spends more than 30% of its income on housing, the family can experience financial strain that makes it difficult to afford other basic needs such as food, utilities and health care. Washington County and the Portland Metropolitan Region are experiencing rising housing costs and declining vacancy rates, resulting in a shortage of affordable housing for lower-income households. Nearly half (47%) of Washington County renters and one in four (27%) homeowners pay at least 30% or more of their income on housing²¹ (see Figure 4).

Households that earn 50% or less of the median household income have the hardest time finding affordable housing in Washington County, and COVID-19 has further strained financial resources for families. Many in Oregon are choosing between basic needs and paying rent. Eviction is a common outcome for renters who are unable to pay rent or default in subsequent months. The eviction moratorium[■], issued by the Centers for Disease Control and Prevention in September of last year and extended by the Oregon legislature, was enacted in hopes of preventing further spread of the virus amid a mass wave of evictions in the middle of the pandemic. Prior to the pandemic, the county eviction filing rate was two per day, lower than the rest of the state.²² Although no county figures are available, it is estimated that 35% of Oregonian renters owe "back rent" as of April 2020.²⁵ This figure increases to 56% for people of color who are renters in the state.²³ Evictions are looming and expected to explode in 2021, once the eviction moratorium expires.²⁴

[■]The eviction moratorium prevents renters from evictions due to defaulted rent payments and allows a 6-month grace period to pay back rent accumulated during the pandemic.

Figure 4. Percent of Renter Households with Rent \geq 30% of Household Income by Census Tract in Washington County, OR (2015-2019)

Data Source: American Community Survey, 2019-2015, 5-year estimates; ESRI ArcGIS ACS Housing Costs Variables, American Community Survey, 2019-2015, 5-year estimates.



COVID-19 Impacts

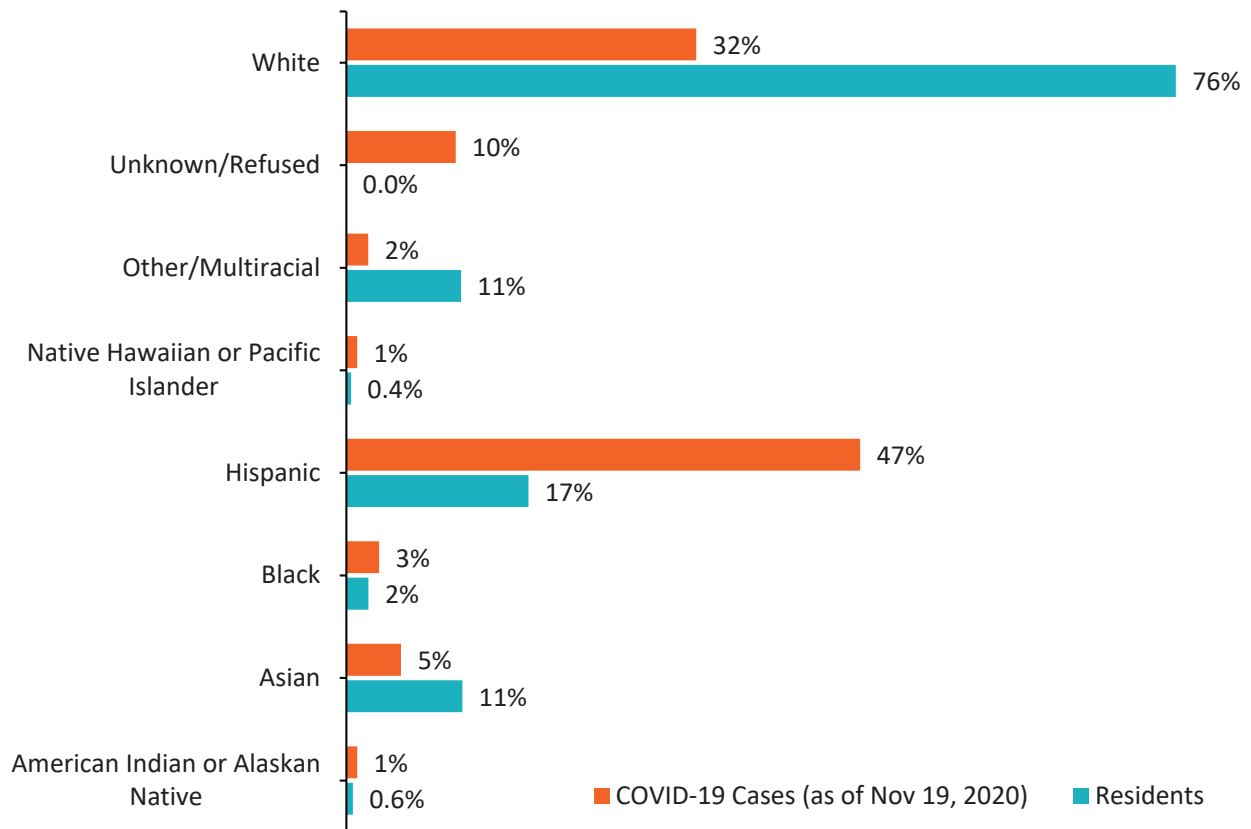
The COVID-19 pandemic has dramatically impacted life in Washington County and across the world. The inequities caused from deep-rooted and continued structural racism were only made worse for communities of color during COVID-19. Many essential workers – those who work in healthcare, who work in harvesting, selling or processing food, or who care for older adults when they are no longer able to live independently – are persons of color. These essential occupations, combined with differences in healthcare access, education and housing, put communities of color at greater risk for infection from COVID-19.

In Washington County, the distribution of cases of COVID-19 compared to the population demonstrates disproportionate burden of disease (see Figure 5). The diversity of our community and the impact that complex social issues have on health illustrate the need for cross-sector strategic partnerships to improve health equity.

Unprecedented layoffs due to the COVID-19 pandemic in the tri-county area have undoubtedly drastically changed household incomes for families. It is expected that the percent of individuals, children and households living in poverty is much higher now than it was prior to the pandemic. Less income can impact a family’s ability to pay for food, medical care, housing and other basic needs. According to the Oregon Department of Human Services (DHS), District 16[▼] has seen an almost 20% increase in the number of households receiving SNAP in April 2020 compared to the year prior.²⁵ Due to COVID-19, the overall food insecurity rate in Washington County in 2020 was estimated at 12.7%, a substantial increase from 9% in 2018.²⁶

[▼]District 16 is a DHS designated administrative boundary and includes the cities of Beaverton, Hillsboro, Tigard, and encapsulates most of Washington County.

Figure 5. Race/Ethnicity of Residents^a and Cumulative COVID-19 Cases^b Washington County, OR (2020)



Data Sources: ^aAmerican Community Survey 2015-2019, 5-year estimates; ^bOregon Public Health Division, region Pandemic Emergency Response Application (Opera), COVID-19 cases received by Washington County, OR between January 1, 2020 and November 19, 2020.

III. Community Health Needs Assessment

Washington County is a member of Healthy Columbia Willamette Collaborative (HCWC). Following are the core issue areas that were identified in the 2019 HCWC Community Health Needs Assessment (CHNA) and informed this community health improvement plan.²⁷ HCWC is committed to centering community voice and health equity, and prioritized equity throughout the data collection, analysis and reporting process for this CHNA. Volunteer participants shared their insights on the vision, strengths, challenges and needs of their communities in town halls and listening sessions. As supported by quantitative data collected and analyzed for this CHNA, HCWC identified nine core issues as central to the needs of the region.



DISCRIMINATION AND RACISM

Discrimination and racism impact all aspects of a person's health and well-being and intersect with all major systems of society—education, governing/political, law enforcement, health care and others. The impacts of discrimination and racism are deep rooted and multi-generational. Focus issues include health inequity, collective historical trauma, toxic stress and lack of representation.

TRAUMA

Trauma has a profound impact on people. Adverse childhood experiences can have long-lasting adverse effects on people and correlate directly with poorer health outcomes. As understanding of the long-term social and health impacts of trauma grows, trauma-informed care practices, policies and resources will continue to grow and develop to respectfully and compassionately support needs of people in the community.

BEHAVIORAL HEALTH

Behavioral health includes mental and emotional health, and conditions such as anxiety, depression, substance use disorders and many others. Across the quad-county region, almost a quarter of the population has been diagnosed with depression. Depression and suicide are major concerns for adults and youth alike. More access to behavioral health services is needed, as well as more providers who can provide culturally and linguistically competent behavioral health services.

CHRONIC CONDITIONS

HCWC identified heart disease, diabetes, hypertension and liver disease as significantly impacting residents of the region, with communities of color having higher rates than whites. Listening session participants highlighted several needs in this area, including for more peer navigators to help people access comprehensive health care and for intergenerational lifestyle change programs to improve health.

SEXUALLY TRANSMITTED INFECTIONS

Rates of chlamydia and gonorrhea are increasing in the region. Youth in listening sessions raised the issue of STIs and the need for more resources and education about STIs.

ACCESS TO HEALTH CARE, TRANSPORTATION AND RESOURCES

Access to health care is a challenge for those without insurance and for those with Medicaid, Medicare and commercial insurance. Cost, location and availability of services are key factors influencing access. The following issues were identified:

- More focus on prevention, including understanding and acknowledging what has happened in a person's life before they come to a health provider.
- Cost is a major barrier, even for those who are insured.
- Co-pays can be barriers to service if they are struggling financially.
- Language can be a barrier to care.
- More coordination between types of services and providers is needed to help people access and navigate care.

Peer navigators and community health workers were frequently mentioned in listening sessions and town halls as great ways to help people navigate the health care system.

Through this assessment, HCWC found access to transportation to be both a strength and an area for improvement, depending on where residents live and their particular needs. Issues include:

- Challenge for residents of rural areas.
- Impacts ability to access health care.
- Geographic isolation.
- Centralized services are ideal.

HCWC identified many strengths and areas for improvement in the area of access to resources. Communities in the region have many valuable resources like food banks, emergency shelters, multicultural centers and LGBTQ+ organizations. Key areas that fall under community resources are safe and affordable housing, community spaces, safe spaces for children and youth and resources for low income people.

Areas of need that were often mentioned in the HCWC listening sessions were more preventive care and screening for mental health issues, more financial counseling, more resources for parents, particularly those who are immigrants or refugees and/or whose primary language is not English, and better coordination of existing community resources.

For community-based organizations, obtaining sufficient and consistent funding for their programs is a major challenge. They also find the lack of coordination between agencies and organizations as an area for improvement. More awareness of each other's available resources could help the communities they serve.

COMMUNITY REPRESENTATION

The lack of representation in local governments, particularly of communities of color, is a core issue. The lack of diversity and representation extends to all areas, including schools, workplaces and the organizations that serve communities. This representation gap contributes to perpetuating policies that are outdated and misinformed. Increased representation and civic engagement among underrepresented communities helps elevate voices that both represent and understand the lived experiences of community members. Increased representation and cultural awareness in health care settings increases clear communication, trust and understanding of how to best manage health.

CULTURALLY RESPONSIVE CARE

For those in immigrant or refugee communities, and for those whose English is limited, language barriers and a lack of interpreters in health care settings poses significant challenges to accessing health care. Lack of cultural awareness by health care providers can also be a barrier.

ISOLATION

Geographic and social isolation adversely impact health and well-being. Access to services, including healthcare centers and providers, is often an issue in rural areas where there are limited, if any, public transportation options. Social isolation, which occurs in both rural and urban areas, means limited social support through family and social circles, and limited community involvement. For immigrants, social isolation can also result in cultural isolation as well.



IV. CHIP Foundational Goals and Priority Areas

Based on the CHNA data and input from community stakeholders, the CHIP Leadership Team determined the foundational goals and priority areas for the 2020 CHIP.

The foundational goals for the CHIP are to:

- Reduce health disparities.
- Improve health equity.
- Apply a racial equity lens and trauma-informed principles to the CHIP structure and work.

The priorities are to:

- Improve access to health care, including primary care, behavioral health and oral health services.
- Improve behavioral health outcomes, including mental health, suicide and substance use.
- Build systems to improve well-being.

To achieve these goals and priorities, the CHIP must focus on the racist systems and structures that create and perpetuate inequity and trauma.

Equity and Structural Racism

Health equity means that everyone has the opportunity to attain their highest potential level of health.²⁸ It is both an organizational value and a foundational goal for HHS and our partners. As part of the focus on social determinants of health, through the community health assessment process, HHS heard directly from community members that racism, discrimination and trauma are impacting the health and well-being of our community. Communities of color face issues of discrimination and historical marginalization that continue to impact their health. Data collection processes and tools have undercounted or erased the experiences of many communities who have lived in the county for generations.

We also know that tremendous assets exist within traditionally underserved communities. Within these communities are our current and future community leaders and change-agents who have been working tirelessly to lead and support their communities in times of need.

As one of the fastest growing and most diverse counties in Oregon, Washington County has a responsibility to tackle the large and complex issues of structural racism and work toward health equity. HHS acknowledges the role that local government has historically played and is committed to dismantling systems of oppression and structural racism. County leadership have been taking important steps to assess how we are doing and where we need to improve, but we know our work is far from complete. The work to dismantle racism and oppression in a system is not only about policy and process, but also a transformation of our community and a personal journey for all individuals involved.

Trauma and Community Resilience

The trauma of racism and discrimination faced by marginalized groups, compounded by historical and generational trauma, has created an additional layer of toxic stress that impacts community health. Additional stressors related to the social determinants of health, such as poverty, food or housing insecurity, and substance use can and do contribute to poor overall health for a significant number of individuals within our community. Individual trauma is described as resulting from an event, series of events, or set of circumstances that is experienced by an individual and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.²⁹ In addition to events, adverse community experiences may include ongoing conditions such as lack of opportunity, limited economic mobility, fear of discrimination, and the associated effects of poverty and joblessness that contribute to the adversities experienced by individuals and families.²⁹

Washington County HHS has provided information and education about adverse childhood experiences (ACEs), toxic stress, and adversity to our community and is working to build resilience and promote healing. Based on guidance from SAMHSA, there are three primary strategies for reducing the effects of adverse community experiences, including being culturally responsive, recognizing strengths and resiliency, and encouraging involvement in community action.²⁹ HHS works through our community health improvement plan to employ these strategies to build resilience and promote better health and wellness outcomes for our community.



CHIP Community Grants

With guidance from the CHIP Leadership Team and funded by Washington County HHS and Health Share of Oregon, the CHIP program provides grants to support community organizations to advance the work of the CHIP and build organizational capacity in trauma-informed approaches, community resilience and equity. These projects are a community-based approach to implement the CHIP objectives.

Committees

The CHIP Committees have action plans with specific goals, objectives and activities that can be accessed at www.HealthierTogetherWashingtonCounty.com.

AGING AND CONNECTION COMMITTEE

The Aging and Connection Committee is focused on identifying, implementing and evaluating innovative strategies to prevent and address loneliness and isolation in older adults in Washington County. This committee works to strengthen our community by cultivating a culture of collaboration, innovation and inclusion that supports belonging and connection throughout the aging process.

GOAL:

To strengthen our community by cultivating a culture of collaboration, innovation and inclusion that supports belonging and connection throughout the aging process.

OBJECTIVES:

- Increase awareness of the impact that loneliness and isolation have on the health of older adults in our community through community presentations, development and distribution of health literacy materials, and professional trainings.
- Increase opportunity for intentional community-based social connection for vulnerable and high-risk older adults through collaboration and development of formal programs and services.
- Strengthen natural systems of support through older adult training programs such as creative engagement, facilitation skills, allyship classes, communication, conflict resolution and peer mentorship.

SUICIDE PREVENTION COUNCIL (SPC)

The Suicide Prevention Council (SPC) implements work from the National Strategy for Suicide Prevention, with the goal of preventing suicide in Washington County. The vision of the council is “Zero is possible” in alignment with the national Zero Suicide approach. The objectives are focused on integrating and coordinating suicide prevention activities across multiple sectors, reducing access to lethal means, promoting suicide prevention as a core component of health care services, and evaluating the impact and effectiveness of suicide prevention interventions. The council reviews local suicide fatality data to monitor and inform prevention efforts.

GOAL:

Decrease the overall suicide rate in Washington County by 10% between 2018 and 2023 to a rate of 9.4 per 100,000 people.

OBJECTIVES:

- Develop and implement a prevention and a postvention policy for Washington County community.
- Integrate and coordinate suicide prevention activities across multiple sectors and settings.
- Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risks.

- Increase knowledge and outreach resources to high risk groups including veterans and LGBTQ youth and older adults experiencing isolation.
- Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
- Promote suicide prevention as a core component of health care services.
- Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

ACCESS TO CARE COMMITTEE

The Access to Care Committee is focused on improving access to health care through an approach to identifying and addressing barriers that is coordinated and sustainable. The committee focuses on equity through cultural responsiveness, person-centered programs, holistic approaches, and developing programs that are focused on addressing health inequities and disparities.

GOAL:

Improve access to and utilization of primary care, mental and behavioral health services and oral health services.

OBJECTIVES:

- Ensure access to and utilization of reproductive and sexual health care for all people in Washington County by coordinating activities, resources and services.
- Improve oral health access through patient education, referral coordination, closed loop referrals and community partner collaboration.
- Improve access to harm reduction services, a key access touchpoint, to improve access to health care needs related to drug use, including mental health, sexual health and communicable disease like HIV/STIs and hepatitis.
- Increase capacity for traditional health workers (including community health workers and behavioral health specialists) in Washington County and coordinate with regional efforts.
- Increase access to primary care services in partnership with supportive housing units and community organizations.

HEALTHY COMMUNITIES COMMITTEE

The Healthy Communities Committee is comprised of organizations focused on improving access to healthy food and opportunities for physical activity, reducing tobacco use, improving programs for people living with chronic disease, and addressing built environment and place-based issues that impact chronic disease. The committee's objectives are focused on supporting health in all policies and increasing access to and awareness of affordable, healthy food, physical activity and chronic disease self-management opportunities.

GOAL:

Create and improve the physical and social environments in which people live, learn, work and play; enable communities and individuals to live life to their maximum potential.

OBJECTIVES:

- Increase access to and awareness of affordable and healthy food, physical activity and chronic disease self-management opportunities through educational programs and resources.
- Identify opportunities to incorporate health into community design processes and policies to support (1) access to healthy and affordable food, (2) opportunities for physical activity and (3) access to tobacco-free environments.
- Develop and maintain infrastructure to support implementation of committee objectives.

YOUTH SUBSTANCE USE PREVENTION COLLABORATIVE (SUP)

The Youth Substance Use Prevention Collaborative (SUP) focuses on reducing youth use of alcohol, tobacco and other drugs, as well as gambling, through policy and environmental change, community education and collaboration. SUP strives to empower youth and young adults to make safe, healthy and legal choices.

GOAL:

Develop policies, systems and environments that promote healthy, substance-free youth.

OBJECTIVES:

- Review school district policies relating to substance use; develop and disseminate evidence-based policy and prevention tools/resources.
- Increase youth and family resiliency.
- Assess community readiness and promote social norms to reduce youth substance use.
- Leverage community partnerships to reduce youth access to substances, such as through social hosting.

EVALUATION AND METRICS:

The CHIP success and progress is measured through tracking work plan objectives and population-level metrics for the priority areas.

The work plans and CHIP metrics are available on www.HealthierTogetherWashingtonCounty.org.

The CHIP Leadership Team is utilizing data with a focus on:

- Racial equity
- Disability status
- Community strengths

Measures are selected that:

- Align with other metrics
- Include geographic distribution
- Cover the lifespan

I am involved with WASHINGTON COUNTY'S CHIP because it's tackling the hard work of **changing systems** so they are more equitable, and offer more **culturally-responsive AND trauma-informed** support to our community.

- Alfonso Ramirez

Closing Statement

The foundational goals for the 2020-2023 Washington County CHIP are to reduce health disparities, improve health equity, and apply a racial equity lens and trauma-informed principles to the CHIP structure and work. In addition to outlining how the foundational goals and priorities of this CHIP will guide our work in the coming years, we hope this plan also speaks to our commitment of centering our community partnerships in this work. It is only through community leadership that we can reduce health disparities and improve health equity in this growing, vibrant and diverse county.

Recent Highlights From our CHIP Work

Over the past year, many of our CHIP grantees made impressive adaptations to their projects in the face of the pandemic. For example, when activities that were meant to connect with and serve community members became impossible in a remote world, community partners shifted to offer physically distant walking groups for seniors, and conducted peer support and trainings using Zoom. When elective dental treatment was halted in Oregon, one grantee redesigned their services and modified their mobile van to offer COVID-19 testing instead of dental services.

Next Steps and Ongoing Commitments

With the launch of our 2020-2023 CHIP, next steps include creating opportunities for community engagement in and dialogue about our CHIP work, continuing to support the great work of our community partners through CHIP grants, and developing metrics to measure impact as we move forward. In addition, we will continue to strive toward flexibility and accountability as the work of this CHIP unfolds in the coming years.

Flexibility will allow us to leave room for unforeseen events and the changes they bring, and to bend and adapt in response. Even as we plan for uncertainty, we know too that our understanding, wisdom and strength will expand, particularly as we deepen our commitment to health equity and anti-racism work. Because of that, this CHIP will function as a living document. We commit also to ongoing accountability to community feedback, and to amplifying community voices. This plan is the continuation of a conversation about community health in Washington County, and we look forward to using it as an opportunity to continue to engage with our community partners on the topic of health equity.

Communication and Accessibility

We plan to implement a variety of venues and formats to support community engagement in this CHIP, including virtual events (and in-person ones, when they are safe) and our [Healthier Together website](#), which offers a dashboard through which we will continue to track our work and map our progress on the CHIP goals and priorities.

We strive to make our work transparent and accessible. We welcome feedback on how we can continue to improve our work. We look forward to continued partnership, learning and celebrating the milestones ahead as we work toward achieving health equity in Washington County.

TO MAKE THINGS BETTER,
**working
 together**
 is key; this is one way
 that many are working
**for the
 common good.**
 - Maureen Quinn

VI. Sources

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