Washington County Public Health:

Community Engagement Findings to Support Public Health Modernization

Prepared by Rede Group in October 2024

Acknowledgments

This report was produced by Rede Group in October 2024 on behalf of the Washington County Public Health Division (WCPH), Washington County, Oregon.

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Executive Summary

Purpose and Methods

In partnership with Washington County Public Health (WCPH), Rede Group (hereafter, Rede) planned and conducted two phases of engagement with community organizations, community members, and public-sector organizations in Washington County. The purpose of this partnership is to use findings gathered from this work to inform multiple public health modernization (PHM) plans such as the Climate Adaptation Plan, All Hazards Preparedness Plan, and Health Equity Action Plan, as well as a Community Health Improvement Plan (CHIP). Between July 2023 and September 2024, Rede and WCPH conducted 45 unique engagements and reached 551 participants. Engagements included interviews, focus groups, knowledge exchange events, tabling events, surveys, and partner meetings. Communities reached included Latino/a/x/e, Chinese, Vietnamese, African American, Native Hawaiian, Pacific Islander, American Indian and Alaska Native, Russian, Ukrainian, Arabic-speaking, Somali-speaking, and Pashto-speaking communities, in addition to other immigrant and refugee groups. Individuals and organizations also represented youth, students, older adults, individuals who identify as LGBTQIA2S+, people with disabilities, unhoused individuals, and individuals experiencing food insecurity. Rede conducted engagement and data collection in eight languages: English, Spanish, Somali, Pashto, Russian, Arabic, Vietnamese, and Dari.

Key Findings

Climate Change and Health

Community members and partners shared their experiences with climate change events, such as extreme heat, wildfires and smoke, winter storms and extreme cold, and flooding. They also shared their thoughts on individual and community preparedness, as well as suggestions to build more climate resilient communities:

- Generally, participants were concerned about the health impacts of climate change, and did not feel fully prepared to respond to extreme temperatures, wildfires/smoke, or floods.
- One of the most commonly requested climate adaptation resources was air conditioning and filtration systems, along with financial assistance to use these resources.
- Participants wanted to attend events where they could learn more about climate events in Washington County, how to prepare, and where to get supplies from WCPH.
- Participants were concerned about equitable strategies to build climate resilience, desiring approaches tailored for people with disabilities, experiencing economic/housing insecurity, who live in rural areas, and learning/speaking English as a second language as well as other populations with specific access and functional needs.

Emergency Preparedness

Participants shared their experiences with emergency preparedness, awareness of Washington County's current emergency readiness, and use of available resources. They also offered strategies to enhance community readiness and gave valuable insights into strengthening emergency preparedness:

- Overall, participants noted their social networks as strengths within their communities for sharing information and providing support during emergencies.

- Participants brought up inequities in emergency preparedness, especially for those with access and functional needs. They pointed to the lack of tailored resources for people with disabilities, language barriers, and financial constraints that hinder readiness.
- Participants wanted more emergency resources, such as centralized emergency support centers stocked with essential supplies like food, water, and medical resources, as well as guidance and training.

Health Equity

Health equity themes came up in every engagement across every topic. Participants in health equity-focused engagements shared about their own health equity work, priorities, and partnership opportunities and needs:

- Participants shared that health equity means ensuring everyone has fair and just access to health services and resources, including a focus on health education, promotion, and prevention.
- Partners wanted to build their capacity and skills in research, evaluation, community engagement, policy, and advocacy.
- Partners appreciated WCPH for demonstrating a knowledge of community, collaboration skills, cultural humility, commitment to addressing inequities, transparent communication, and grant funding opportunities.
- Partners wanted to see WCPH deepen community connections and collaborations, make data and planning efforts more accessible, and focus on workforce development.
- Partners wanted more opportunities to collaborate with WCPH on health service provision, community engagement, outreach and education, and data-focused projects. They also wanted WCPH to bring partners together for shared purpose and collaboration.

Community Health Improvement Planning

Participants from community organizations with varying levels of familiarity or experience engaging in Washington County's CHIP process shared their reflections and priorities for collaborating to improve community health:

- Past CHIP successes include significant county-wide collaboration, coalition-building, and mini-grants.
- WCPH has played a critical role as the backbone of the CHIP; staff listen to community partners, provide public health expertise, and allocate resources towards community-identified priorities.
- Partners wanted the CHIP to include a focus on mental health, access to care, social determinants of health (SDOH), and traditional health workers (THWs).
- Partners wanted to increase community voice in the Community Health Needs Assessment (CHNA) and increase community engagement to identify CHIP priorities and guide implementation.
- Partners mentioned their top priorities, which include building diverse leadership, increasing funding for CHIP efforts, improving communication, and measuring impact.

Recommendations Based on Community Engagement

WCPH will use these community engagement findings as they work to develop their Climate Adaptation, All Hazards Preparedness, and Health Equity Action Plans by June 30, 2025, while evolving their Community Health Improvement Plan and process. Below are topic-specific recommendations.

Climate Change and Health

1. Prioritize populations disproportionately impacted by climate events and develop equitable adaptation strategies that account for specific challenges of diverse groups.

2. Explore options to support and expand community's access to energy efficient heating and cooling resources.
3. Develop a coordinated response and establish community hubs that build on community members' desire for local preparedness and response efforts.
4. Expand culturally responsive and specific climate and health communications and education.
5. Balance individual adaptation strategies with community-wide initiatives. Acquire and distribute resources to community members who experience significant barriers in preparing for, responding to, and recovering from climate events without additional support.

Emergency Preparedness

1. Establish year-round emergency support centers.
2. Provide financial assistance for emergency supplies.
3. Enhance multilingual, culturally specific and responsive, and accessible emergency preparedness materials.

Health Equity

1. Improve communication by ensuring information and resources are consolidated, easily accessible, available in multiple languages, and distributed to priority populations.
2. Increase the availability of health programs and services, prioritizing community settings while meeting access and functional needs.
3. Deepen partner and community engagement through expanding collaborations during the CHIP process, attending community events, and continuing work with engagement advisors.
4. Enhance resources for partners, including expanding low-barrier community grants and ensuring equitable resource distribution.

5. Ensure quality and representative data is driving decision-making.
6. Implement data justice practices and partnerships.
7. Partner with community organizations addressing social determinants of health.
8. Focus workforce development efforts on filling open positions and increasing support for THWs.

Community Health Improvement Planning

1. Deepen community engagement in the CHNA and CHIP processes.
2. Increase communication about the CHIP with community organizations and public sector partners to facilitate their engagement.
3. Build more partner support and resources into the CHIP structure and process.

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Terminology

Key Terms

Many of the terms below have widely accepted definitions, and a few of them have been carefully defined by WCPH and Rede for the specific purpose of this report. We have included references where appropriate.

Term	Definition
Climate adaptation	Taking steps to prepare for the current and future impacts of climate change, including climate change events such as extreme heat, wildfires and smoke, winter storms and extreme cold, and flooding. In this report, climate adaptation focuses on the health impacts of climate change.
Climate resilience	The ability to prepare for, recover from, and adapt to the health impacts of climate change events.[1]
Data justice	An approach that redresses ways of collecting and disseminating data that have invisibilized and harmed historically marginalized communities. The fundamental premises of data justice are that data should: (1) make visible community-driven needs, challenges, and strengths, (2) be representative of community; and (3) treat data in ways that promote community self-determination.[2]

[1] Center of Climate and Energy Solutions. What is Climate Resilience and Why Does it Matter? https://www.c2es.org/document/what-is-climate-resilience-and-why-does-it-matter/

[2] Coalition of Communities of Color. Research and Data Justice. https://www.coalitioncommunitiescolor.org/-why-research-data-justice

Term	Definition
Data sovereignty	A group or individual's right to control and maintain their own data, which includes the collection, storage, and interpretation of data.[3]
Emergency preparedness	Actions taken to prepare for, respond to, and recover from emergency events.
Health equity	Everyone has a fair and just opportunity to be as healthy as possible.[4]
Priority populations	Populations in Washington County that have been marginalized and are highly impacted by health inequities. These include Black, Indigenous, People of Color (BIPOC) communities, immigrants and refugees, individuals with disabilities, LGBTQ+, individuals facing financial hardship, and older adults, among others.
Social determinants of health	The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[5]

[3] National Library of Medicine. Data Sovereignty. https://www.nnlm.gov/guides/data-glossary/data-sovereignty
[4] Robert Wood Johnson Foundation. What is Health Equity? https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html
[5] U.S. Department of Health and Human Services. Healthy People 2030: Social Determinants of Health. https://health.gov/healthypeople/priority-areas/social-determinants-health

Acronyms

Acronym	Meaning
AYCO	African Youth Community Organization
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CEA	Community Engagement Advisor
CHNA	Community Health Needs Assessment
CHIP	Community Health Improvement Plan
CHW	Community Health Worker
CPO	Community Participation Organization
CPR	Cardiopulmonary Resuscitation
CCS	Coordinated Consulting Services
HEAP	Health Equity Action Plan
HHS	Washington County Health and Human Services
HVAC	Heating, Ventilation, and Air Conditioning
ILR	Independent Living Resources

Acronym	Meaning
KE	Knowledge Exchange
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Two-Spirit, and Plus. The plus symbol encompasses other sexual orientations and gender identities, including Non-binary, Pansexual, Demisexual, Aromantic, Genderfluid, and Agender.
LPHA	Local Public Health Authority
PHM	Public Health Modernization
PTSD	Post-Traumatic Stress Disorder
SDOH	Social Determinants of Health
THW	Traditional Health Worker
WCPH	Washington County Public Health

Introduction

Background

In partnership with WCPH, Rede planned and conducted a robust community engagement effort from July 2023 to September 2024. Throughout two phases of engagement, Rede and WCPH engaged and collected data from community organizations, community members, and public-sector organizations in Washington County to inform its Community Health Improvement Plan (CHIP) and multiple public health modernization (PHM) plans:

1. Climate Adaptation Plan
2. All Hazards Preparedness Plan
3. Health Equity Action Plan

About Public Health Modernization

Since 2013, Oregon has been revitalizing its governmental public health system to ensure essential public health protections for people statewide through equitable, community-centered, and accountable services. In 2015, Oregon established the framework for achieving a modern public health system in House Bill 3100. PHM focuses on improving population health within four foundational program areas that include: communicable disease control, environmental health, prevention and health promotion, and access to clinical preventive services (see Figure 1). Oregon's PHM efforts have also been focused on building capacity across seven foundational capabilities:

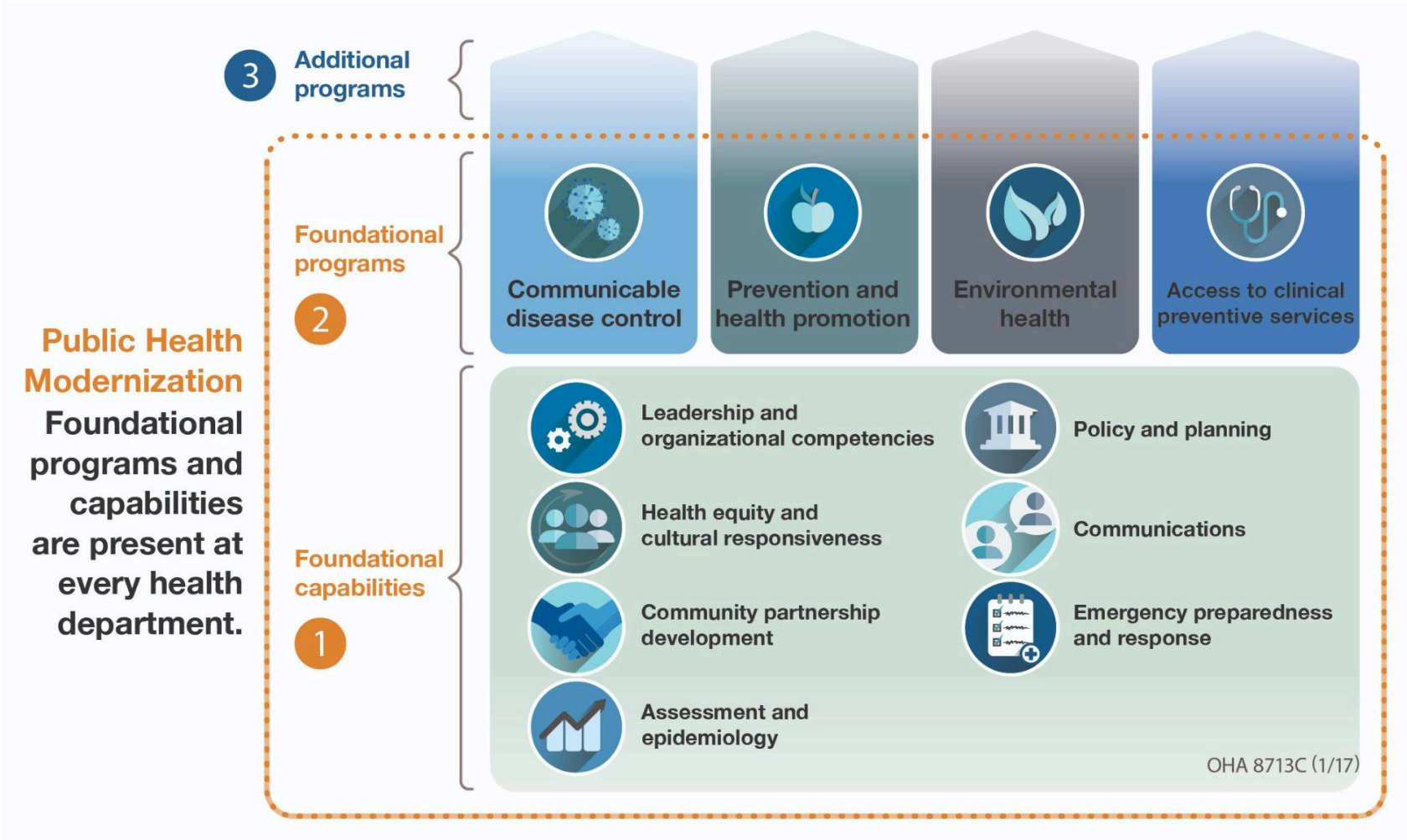
- Health equity and cultural responsiveness
- Assessment and epidemiology
- Community partnership development

- Emergency preparedness and response
- Communications
- Policy and planning
- Leadership and organizational competencies

Since 2017, the Oregon State Legislature has made significant investments in PHM, allocating funds to local public health authorities (LPHAs) starting in 2017, as well as federally recognized Tribes and the Urban Indian Health Program starting in 2019, and community-based organizations (CBOs) starting in 2021.

Oregon Health Authority (OHA) oversees LPHAs and their ongoing efforts toward PHM. One current PHM requirement for LPHAs is to submit three PHM plans (Climate Adaptation Plan, All Hazards Preparedness Plan, and Health Equity Action Plan) in June 2025. These PHM plans are in addition to and aligned with LPHAs' ongoing work on their regional CHIPs.

Figure 1. Oregon's Public Health Modernization framework for governmental public health services



Rede coordinated and facilitated engagement activities in fall 2023 and during spring and summer 2024. Through these engagement sessions we gathered insights about community needs, strengths, and priorities

related to WCPH's PHM plans and CHIP. This report summarizes findings from both phases of community engagement, though we are emphasizing findings from our second phase. A project timeline follows below.

Figure 2. Project timeline

Methods

The Rede team and WCPH staff to co-developed an engagement approach centered around several important principles:

- Prioritize hearing from groups that are marginalized and highly impacted by health inequities (hereafter, priority populations).
- Reduce burden on community by streamlining data collection.
- Ensure engagement activities meet accessibility needs, including language access and functional needs.
- Implement an iterative process that considers learnings and gaps from phase 1 to inform phase 2.
- Improve partner relationships throughout the process.

- Build community capacity by sharing relevant public health information during engagement activities and providing community health leaders with resources to guide phase 2 engagement activities.

These principles guided our selection of engagement methods in phase 1 and our reflection on findings from phase 1 engagement efforts and helped determine how we evolved methods from phase 1 to phase 2.

Evolving Methods from Phase 1 to Phase 2

While planning phase 1 engagement, Rede and WCPH conducted a partner mapping process and generated a list of partner organizations and community contacts for engagement in data collection efforts. In reference to WCPH's PHM plans and other timely work under development, Rede and WCPH chose five topics for data collection: climate, emergency preparedness, health equity, CHIP, and community data needs. Rede and WCPH chose three engagement methods: interviews, focus groups, and knowledge exchange events. Interviews and focus groups were selected for familiarity among the project team and engagement participants. These engagement methods also allowed for participants to dive deep into topics, share experiences with peers, and share perspectives about a breadth of topics. Knowledge exchange events were selected to pilot test a process of collaborating with partners who are subject matter experts, have close connections with priority populations, and are skilled in best practices for data collection.

Following phase 1 engagement, information gathered was analyzed by identifying key findings about community strengths and needs as well as strengths and gaps in the engagement process. Rede and WCPH identified gaps in the priority populations reached and in the depth of input provided on specific topics.

The team changed our approach to the topic of community data needs from phase 1 to phase 2. In phase 1, participants gave little feedback about their experiences and needs related to data, and only a small handful

of participants wanted to engage on that topic. For phase 2 the team decided to ask about data needs in health equity-focused engagements to bring up insights on how WCPH can work with partners to effectively use data to advance health equity. This shift ensured we still heard from CBOs and public sector partners about how WCPH can address community data needs while focusing attention on the topics participants had the greatest interest in.

Rede also brought up community partners' desires to have more in-person engagement in community gathering spaces, and to see WCPH more closely involved in data collection in the next phase of engagement. These desires shaped an initial scope for phase 2 engagement activities. Additionally, in reflection conversations, WCPH staff expressed an interest in identifying and collaborating with a group of community engagement advisors (CEAs) to guide the phase 2 engagement process and activities.

Rede researched and drafted a CEA concept for discussing and refining with WCPH. The final concept reflected a close partnership with individuals representing or working with priority populations in the county who would serve as paid advisors to support the planning and implementation of phase 2 engagement activities. (See the CEA role description in Appendix A.) Rede began the process of recruiting CEAs by reaching out to phase 1 data collection participants and through WCPH-led outreach to additional community contacts. In total, 21 CEAs were recruited. Rede planned and facilitated initial orientation meetings with CEAs to discuss the role, share phase 1 engagement findings, and brainstorm opportunities and priorities for phase 2 engagement activities. Each CEA was invited to identify the topics they were most interested in as well as the priority populations they could support connections to. Rede then held a series of individual and group meetings with CEAs to set engagement targets, scope feasibility and budget for engagements, prioritize, and organize logistics (e.g., identifying a venue, securing language interpretation services, recruiting participants, and purchasing participation stipends). CEAs were closely involved in

planning and hosting the engagements and dedicated their expertise, time, and energy to this work. This collaboration facilitated deeper relationships between WCPH and its community partners.

Data Collection

Across both phases of engagement, Rede and WCPH conducted 45 unique engagements and reached 551 participants. (Note that there is some duplication reflected in the total number of participants, as some partners and community members participated in multiple engagements. As such, the number of unique individuals reached is less than 551.) Of these engagements, 12 were conducted in-person and 33 took place virtually over Zoom video conferencing.

Throughout our engagement activities we heard from diverse community members and organizations serving a wide array of communities within Washington County. Communities reached included Latino/a/x/e, Chinese, Vietnamese, African American, Native Hawaiian, Pacific Islander, American Indian and Alaska Native, Russian, Ukrainian, Arabic-speaking, Somali-speaking, and Pashto-speaking communities, in addition to other immigrant and refugee groups. Individuals and organizations also represented youth, students, older adults, individuals who identify as LGBTQIA2S+, people with disabilities, unhoused individuals, and individuals experiencing food insecurity. We conducted engagement and data collection in eight languages: English, Spanish, Somali, Pashto, Russian, Arabic, Vietnamese, and Dari.

Below is a description of each type of engagement activity. All data collection instruments can be found in Appendix B.

Interviews

Rede interviewers conducted semi-structured interviews in English. Rede staff developed interview guides, which were refined based on a review by WCPH staff. Interviewers sent the guides to interviewees at least 24 hours before their interview. In phase 1, WCPH staff compiled an extensive list of community partner organizations and contacts. Rede conducted outreach and recruitment for data collection via convenience sampling[6]. Community partners were invited to select their preferred engagement type (between focus groups and interviews) and topics. Partners who self-selected to participate in an interview were provided an interview guide covering five engagement topics (climate, emergency preparedness, health equity, CHIP, and community data needs), and chose which topics they wanted to discuss in their 60-minute interview. Rede conducted ten interviews in phase 1 spanning all five topics.

Phase 2 interviews were specific to the topic of health equity. The project team determined that individual interviews were an ideal method for gathering data on the unique experiences, perspectives, and characteristics of organizations leading health equity work. WCPH staff identified 13 partner organizations, prioritizing representatives who serve priority populations the team had a difficult time reaching in phase 1 engagement. This list included some organizations with longstanding, established relationships with WCPH and some with newer or no relationship with WCPH. Rede staff conducted outreach and recruitment via purposive sampling[7] and were able to interview eight partners on this topic. Seven interviews were conducted via Zoom white one was conducted in-person. Detailed interview notes and transcriptions were uploaded to qualitative analysis software for analysis.

[6] Convenience sampling is when participants are selected based on their availability, willingness, or ease of access for researchers.
[7] Purposive sampling is when participants are selected based on specific characteristics, such as knowledge or experiences.

Focus Groups

Staff from Rede and Coordinated Consulting Service (CCS) facilitated topic-specific focus groups in English and Spanish. Rede developed detailed focus group guides, which were updated following WCPH's review. Rede conducted phase 1 outreach and recruitment with community partner organizations via convenience sampling. Community partners were invited to self-select their preferred engagement type (between focus groups and interviews) and topics. Rede and CCS conducted six focus groups spanning the topics of climate, emergency preparedness, and CHIP. Focus groups were conducted via Zoom, and detailed notes and transcriptions of all focus groups were uploaded to qualitative analysis software for analysis.

Phase 2 engagement did not include focus groups, as the project team prioritized in-person tabling and knowledge exchanges to reach broader and more diverse populations. The team also conducted partner meetings and interviews to dig deeper into the topics of health equity and CHIP.

Knowledge Exchanges

Knowledge exchange events are a two-way engagement method that allows participants to learn while sharing their perspective and insights. Both Rede and WCPH staff facilitated topic-specific knowledge exchange events in English, Spanish, Somali, Pashto, and Russian. English and Spanish knowledge exchanges were entirely facilitated in those languages, while Somali, Pashto, and Russian knowledge exchanges were facilitated in English with simultaneous interpretation. These events were structured to include a presentation portion relevant to the topic (for example, a presentation from WCPH on emergency preparedness and county information and resources) as well as a discussion portion in which participants were asked to share their experiences, priorities, and needs. Phase 1 included four knowledge exchange events spanning the topics of climate, emergency preparedness, health equity, and CHIP. Rede

and WCPH facilitated three of these events, while a community partner organization co-planned and hosted one event.

In phase 2, Rede and WCPH facilitated seven knowledge exchange events. WCPH conducted two knowledge exchanges with groups of community participation organizations (CPOs) and included WCPH presentations on emergency preparedness followed by discussions about community needs to become more prepared. Three knowledge exchanges were co-planned and hosted with community partner organizations on the topics of emergency preparedness and climate. These exchanges were designed to share information and resources, and then encourage participants to share about their own strengths and needs. One knowledge exchange was co-planned and hosted with community partners on the topics of health equity, emergency preparedness, climate, and CHIP and was designed to hear specifically from community health workers (CHWs) about their insights, observations, and priorities for addressing community health needs. Finally, WCPH facilitated one knowledge exchange with the Washington County Public Health Advisory Council. This engagement was designed to share information about the county's PHM efforts then engage the council in providing guidance related to the WCPH's health equity action plan (HEAP).

The participant sharing portion of these events was either recorded and transcribed or documented in detailed notes. Transcripts and notes were uploaded to qualitative software for analysis.

Tabling

The project team chose tabling as a new engagement activity in phase 2 because this method allows for engaging a large and diverse number of community members in settings where they are already coming together. Representatives from Rede and WCPH tabled at a variety of community events, including Washington County Juneteenth, Tigard Pride, Beaverton Pride, Tauraro Fest, and the Forest Grove Farmers

Market. At these events Rede and WCPH set up tables that included interactive posters, handouts, and resources that prompted communities to engage in and think about their own preparedness and needs for climate events and emergencies. Rede and WCPH staff took detailed notes, and community members wrote ideas and needs on sticky notes and placed them on poster boards. Sticky notes were transcribed and all notes were uploaded to qualitative analysis software for analysis.

Surveys

The project team chose surveys as a new engagement activity in phase 2 because this method was preferred by a few community members and partners we desired to engage with but had been unable to reach through other engagement activities. Two in-person intercept surveys on the topic of climate were administered in community settings (Cedar Halal Market and Islamic Social Services of Oregon State food pantry) and specifically reached immigrant, refugee and low-income community members. Surveys were developed by Rede, reviewed and updated by WCPH staff and community partners, and translated into multiple languages. Rede and WCPH staff collected Arabic, Vietnamese, Dari, English, and Spanish language surveys. Non-English survey responses were translated into English and all transcripts were uploaded to qualitative analysis software for analysis.

WCPH administered and broadly shared one online survey with community organizations and partners to gather information about partners' interest in participating in the Washington County CHIP. The survey will remain open for partners, but an initial set of partner response data was downloaded in September 2024 and sent to Rede for analysis and inclusion in this report.

Partner meetings

Partner meetings were another new engagement activity in phase 2. The project team chose this method as a flexible way of building shared understanding with partners, as well as strategizing and planning for

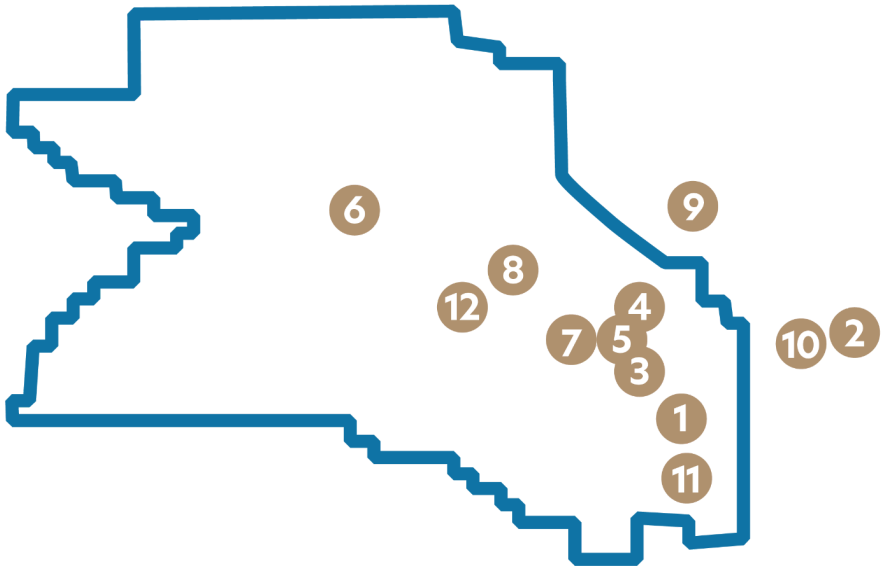
the future of the CHIP. Rede and WCPH planned and facilitated two meetings with CHIP partners, including long-standing partners and those newer to engaging with the county on the CHIP. Rede drafted agendas for review and refinement with WCPH. Interactive activities were designed to reflect on past successes and challenges with the CHIP and re-envision the structure and process for designing and implementing the CHIP moving forward. While these partner meetings focused on the CHIP, the ideas and priorities that emerged reflected a strong emphasis on health equity as well. Detailed notes from partner meetings were uploaded to qualitative analysis software for analysis.

Figure 3. Overview of engagement activities

Engagement activity	Mode		Topics				Participants
	In person	Virtual	Climate	Emergency Preparedness	Health Equity (including Data Needs)	CHIP	
18 Interviews	●	●	●	●	●	●	18
6 Focus groups		●	●	●	●	●	41
11 Knowledge exchanges	●	●	●	●	●	●	145
5 Tabling events	●		●	●			233
3 Surveys	●	●	●				96
2 Partner meetings	●	●			●	●	18
						Total Participants	551

Figure 4. Location of in-person engagement activities

1. Adult Day Center
2. African Youth Community Organization
3. Beaverton Pride Event
4. Beaverton Resource Center
5. Cedar Halal Market
6. Forest Grove Farmers Market
7. Islamic Social Services Food Pantry
8. Juneteenth Event
9. Northwest Portland Area Indian Health Board
10. Tauraro Fest Event
11. Tigard Pride Event
12. Washington Street Conference Center



Data Analyses

Qualitative Data Analysis

Qualitative data collected include partner interview, focus group, and knowledge exchange transcripts and notes, partner meeting notes, open-ended survey responses, and written sticky notes from tabling events. Qualitative data were uploaded to qualitative analysis software Dedoose (phase 1) or ATLAS.ti (phase 2) and thematically coded using a mixture of “a priori” (pre-established) and “in-vivo” (emergent) codes. A priori codes were developed based on engagement questions identified by WCPH and data collection tools such as knowledge exchange guides and survey questions, and in vivo codes were added to capture additional findings from participants.

Quantitative Data Analysis

Quantitative data collected include survey and tabling data. Tabling event data were analyzed in ATLAS.ti and Google Docs to understand and visualize the level of preparedness community members reported for wildfire, smoke and air pollution, extreme heat, extreme cold, floods and other emergencies. Climate and health survey data were also analyzed in ATLAS.ti and Google Docs, while CHIP partner survey data were analyzed in Excel.

Identification and Presentation of Key Findings

Data were analyzed by topic, specifically climate, emergency preparedness, health equity, and CHIP. This helped Rede analysts to identify key findings relevant to each topic area and PHM plan and provide recommendations. To identify emergent and reinforced themes, key findings from phase 2 were cross walked with those from phase 1. These synthesized findings were presented via Zoom video conference to the WCPH client team, a convenience sample of additional WCPH staff and leadership, CEAs, and community members and partner organizations. All data collection participants, CEAs, and WCPH staff were invited to the

presentation, and anyone else interested in the findings. Findings were presented in English with simultaneous Spanish interpretation, and participants were given opportunities to reflect upon and discuss key findings related to each topic. This attendee feedback was also analyzed and used to further solidify the key findings and recommendations included in this summary.

Development of Recommendations

To support WCPH in the development of each PHM plan – including a Climate Adaptation Plan, All Hazards Preparedness Plan, Health Equity Action Plan, and CHIP – Rede used key findings from both phases of data collection to develop community-informed recommendations for planning organized and presented by topic.

Limitations

Rede, in collaboration with WCPH, conducted data collection and analysis using research best practices. Findings from this engagement should be considered within the context of the following limitations.

Selection Bias

Participants were recruited and selected through convenience and purposive sampling rather than random sampling. In phase 1, WCPH provided a list of established or emerging partner organizations for convenience sampling, skewing participation toward organizations who had some relationship to WCPH. In phase 2, Rede and WCPH collaborated with CEAs to conduct more targeted recruitment of diverse community groups and engage priority populations through purposive sampling. Within these community groups, Rede worked with CEAs to identify community events that aligned with the project timeline and were appropriate for data collection. These convenience and purposive sampling methods create a selection bias that limits the representativeness of findings.

Generalizability of Findings

Although Rede staff, WCPH, and CEAs were able to reach and collect data from a large group of diverse participants, findings from this research are not representative of all of Washington County. Thus, there are limits to generalizing these findings to the entire county. Clear themes did emerge in data collection, suggesting that we were able to reach some degree of saturation and that the needs participants identified are likely widespread. That said, we recommend continuing efforts to discuss these findings with community members and partners to assess resonance and generalizability.

Self-Report Data

Participants were asked to evaluate their own preparedness for climate and other emergency events. Social desirability bias (a desire to present oneself in a positive light), and other factors could have skewed results to show higher levels of preparedness among community members.

Interpretation and Translation Limitations

When data were collected in languages other than English (specifically Spanish, Somali, Pashto, Russian, Arabic, Vietnamese, and Dari), Rede took steps to ensure questions and tools were translated and interpreted accurately. We hired professional language interpreters and also worked with native speakers to review translated data collection instruments for clarity as timelines allowed. However, if the project timeline had allowed, additional steps could have strengthened the clarity and accuracy of our interpretation and translation (e.g., cognitive interviews, pretesting survey instruments, and reviewing facilitation guides in advance with simultaneous interpreters).

Community Engagement Findings

Climate Change and Health

From July 2023 to September 2024, Rede engaged over 200 participants in Washington County to assess their climate preparedness. Through intercept surveys, tabling events, knowledge exchanges, interviews, and focus group engagement activities, participants identified which climate events they felt most prepared for, which resources helped them stay safe and healthy in the past, and which resources they would like to see from the county in the future.

Participants were specifically asked about their climate preparedness, needs, and sources of resilience in the following engagements:

1. Five individual interviews with community partners
2. Three knowledge exchanges with community members, two co-planned and/or co-hosted by Bienestar and African Youth and Community Organization (AYCO), and one with WCPH Maternal, Child, and Family home visitors
3. One focus group with Pacific University students
4. Five tabling events, including a Hillsboro Juneteenth Celebration, Tauraro Fest, Tigard Pride Festival, Beaverton Pride Festival, and the Adelante Mujeres Forest Grove Farmers Market
5. Two survey efforts at Cedar Halal Market and Islamic Social Services of Oregon State food pantry

Climate and health issues and strategies overlap with other public health modernization topics, including health equity and emergency preparedness. As such, findings from engagements on this topic are connected to findings in other sections of this summary.

Climate Change and Health Findings

Readiness for Climate Events

Overall, the climate events that participants felt most or least ready for varied greatly. Rede focused on the following climate events: extreme heat, extreme cold, wildfire, smoke/air pollution and floods. In quantitative data collection, participants were asked to vote on which event they were most prepared for or rank their preparedness for each event. In qualitative data collection, participants were asked openly about climate events they experienced and were concerned about.

Figures 5 and 6 below show that participants who responded to surveys or participated in dot voting at a tabling event in phase 2 generally felt most prepared for extreme cold. This is largely consistent with findings from focus groups and interviews in phase 1, with the exception of a few participants who were most concerned about extreme cold due to challenges accessing food and the fear of slipping and falling. There were differences in readiness for extreme heat, wildfire, and smoke/air pollution. Tabling event participants ranked heat as the climate event they were second-most prepared for, while survey respondents ranked their preparedness for extreme heat slightly lower. Tabling participants and survey respondents were likely to report being only somewhat or not prepared for smoke/air pollution, and unprepared for floods.

Figure 5. Climate Event Participants Were Most Prepared For (Dot Voting)

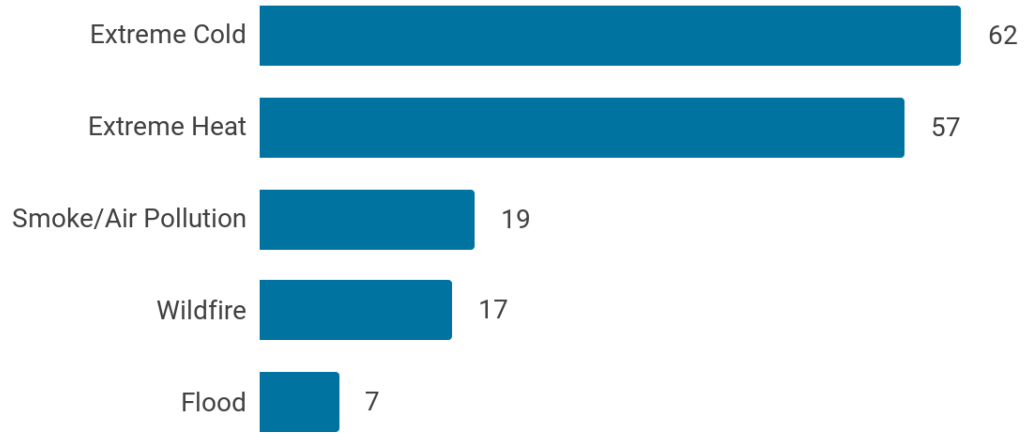


Figure 6. Ranked Preparedness for Climate Events (Survey Responses)

Event	Avg. Preparedness Ranking out of 5
Extreme Cold	3 (2.77)
Wildfire	3 (2.77)
Extreme Heat	3 (2.62)
Smoke/Air Pollution	3 (2.53)
Flood	2 (2.31)

Individuals' circumstances, training and education, and life experiences can greatly affect how, when, and to what degree they prepare for climate events. Those who were more prepared reported their own lived

experience as the main reason for their increased preparedness. Events that participants described experiencing include the heat dome of 2021, extreme heat from countries they moved from or had family in, wildfires and smoke, and past experience with floods.

During interviews, focus groups, and knowledge exchanges, extreme heat and wildfires were frequently mentioned as the most concerning events to peoples' health. Participants described experiencing or observing health issues like heat-related illness, lethargy, fatigue, reduced appetite, stress, anxiety, fear, loneliness, and impacts to existing conditions like migraines and Long COVID. Data from both phases also showed a high need for air conditioning at home, suggesting a lower degree of preparedness for extreme heat. A need for a planned evacuation route and having supplies prepared in the case of wildfires also came up in surveys, tabling, and focus groups, further complicating this finding (See Needs and Gaps).

Despite some differences in individual responses, it is clear that community members generally do not feel fully prepared for any climate event. Participants also emphasized the need for tailored support for populations with specific needs and barriers related to climate adaptation, specifically highlighting older adults, infants, homebound populations, agricultural workers, and people with disabilities, with chronic conditions, experiencing houselessness, learning/speaking English as a second language, and experiencing food insecurity.

> "Over the summer, I was living in a little house with no AC, and so when it was in the hundreds…I felt this kind of weight, lethargicness, and I didn't have an appetite."
>
> —— Focus Group Participant

> "[During a wildfire] I was just texting my friends that I knew who lived in these concrete buildings…'You should come over and stay at my place.' And ended up having four people in my house in addition to me and my partner, and we live in a two-bedroom apartment…And so, I really had to extend myself out to folks and I'm not going to complain about having my friends in my space for five days during the 2020 wildfires, but I knew that they were better off than being in their own homes and not being able to feel safe or to stay healthy. And so, it's just hard. I think it really affected my mental health afterwards because I felt like I couldn't really react in the moment because just stuff was so bad. And sometimes I think about how my anxiety levels are just, I forget what the psychology term is for it, but it's like when you just constantly experience stress, you just adapt to the stress instead of overcoming the stress itself."
>
> —— Interviewee

> "One thought that I had ...is about the rural communities and people who have disabilities. …it's not that it's something that I'm surprised to see, but we know that these communities need more support. It was a good reminder to think about it. …If you know your neighbor and they have a disability, you might know the best way to reach out to them because you are more connected to them and you know if they check messages, or what is the way to communicate."
>
> —— Community Data Party Participant

Actions and Resources Used to Prepare for Climate Events

When reflecting on their experiences with past climate events, many participants said they had used some supplies they had previously prepared, including extra electronics, an emergency "go bag", firewood, extra food and water, flashlights, cooling rags, and a battery-run lantern. Some survey respondents also reported using alternative energy sources such as generators, solar panels, and a wood stove. Participants also highlighted notifications/public alerts as an important resource to stay informed and respond appropriately to climate events like wildfires. Some participants used social media, including Facebook, or messaging platforms like WhatsApp, to stay informed about current and upcoming climate events.

Many participants said they had access to heat and/or air conditioning at home during past climate events. Several participants reported using fans, an HVAC system, or air purifiers during times of poor air quality, especially high levels of wildfire smoke. A few survey respondents also reported taking other measures to prepare for and respond to wildfire smoke, such as sealing their windows with duct tape or bubble wrap to keep smoke from seeping in. A few survey respondents reported using face masks during times of poor air quality, but this did not come up as a commonly used resource amongst most participants. Only a few participants reported having had an evacuation plan or designated meeting plan during wildfires and other climate events.

Many participants said their relationships with their neighbors and surrounding community served them well in previous climate events and a few survey respondents said they had received support from family or friends during similar climate events. A few survey respondents reported receiving support from an organization.

Needs and Gaps

Many participants desired education about what climate change is, how to prepare, and the potential health impacts of climate events. Some specific education requests included social media/video/short form educational content, cardiopulmonary resuscitation (CPR) training, presentations at the library and independent living centers, information for individuals using assistive medical devices, and education about evacuating with pets. At one knowledge exchange event, participants reported that WCPH's presentations provided helpful information, and that they would benefit in the future from attending an event about building preparedness kits and learning more about climate events most likely to occur in Washington County. One participant suggested engaging the media and implementing education across local news channels, radio, schools, and libraries to reach as many people as possible, while taking into account those who cannot access the internet or TV. Even participants who thought resources may be available to them said that they weren't

sure how to access or learn more about those resources. THis suggested a potential opportunity to explore additional communications channels to reach more community members with climate adaptation information.

> “There’s a difference between heat exhaustion and heat stroke, and that's something most people here don't know, even though we experience extreme heat a lot. In 2021, we had a heat dome, and several hundred people died because we were unprepared for that.”
>
> —— Focus Group Participant

> "We often develop a lot of materials, but how do we actually make the information reach out to people, that’s one of the things that is very important to also keep in mind, because there are a lot of materials out there, but clearly the information is not getting to a lot of them. So…not only creating the information, but creating access to the information in different channels."
>
> —— Community Data Party Participant

When asked about specific resources they needed to feel more prepared for climate events, most participants said they would appreciate a wide range of free or low-cost supplies. Some specific supplies people requested include emergency kits, non-perishable foods, back-up batteries (including extra batteries for power chair users), masks, warming packets for hands, and extra water and medicine (or access to these supplies in an emergency). Resources to adapt to extreme heat and wildfires/smoke were top of mind for most participants, many of whom expressed a need for access to air conditioning and air filtration systems for their homes. Several participants also noted clean water for drinking and recreation as an important resource. Overall, the cost of preparing for climate events was a significant barrier to individuals’ preparedness, and there was much desire to balance individual preparedness and county-wide strategies. There was also an interest in building or establishing community “hubs” that also had a cache of resources and could serve as meeting places or

shelters in times of need. Participants seemed to envision these hubs within their neighborhoods or school districts, thinking perhaps even more locally than their county or city.

To this end, several participants said that social connections, including neighbors, community centers, and community planning and support groups would increase their individual or community-wide preparedness for climate events. CBOs came up often in conversations with participants about equitable strategies for climate adaptation. Participants felt that CBOs could be important connectors between community members and the county, especially for harder to reach populations (e.g., new immigrants or refugee communities who may be in closer contact with a support organization), and that CBOs would be an important piece of widespread efforts to build climate resilience. Participants also said that expanded wraparound supports during and after a severe climate event like mental health services, food delivery, and social connection would help people recover.

> "One thing that was interesting to me, and it's not surprising, was how people around the community trust their own community members and they rely on them as a resource. Government cannot do that much and be everywhere, so there's a need to empower community members to support each other, because it's hard to be everywhere…so you need to empower people who are already there and connected."
>
> —— Community Data Party Participant

> “I think it is just generally a technical assistance issue where people, they understand the harm that climate change and adverse weather events have on their bodies and their household, but they don't always have the tools to be prepared to act, whether that's purchasing expensive equipment or adaptive equipment, but also having the technical knowledge to plan ahead or the resources to plan ahead.”
>
> —— Interviewee

> "I wasn't super involved in the climate and emergency preparedness, but a lot of things are resonating for me, especially around community partners or community-based organizations wanting a little bit more support and wanting to be involved in the planning and the outreach. …We know how to serve our communities. I think Pacific Islanders especially, we're all very connected to one another, either through family, through relatives, friends, through our CBOs, trusted partners, and we have a referral system almost…And so we have other community hubs. Each of our organizations acts as one…So in whatever ways Washington County can continue to partner or lift up those community-based organizations is really important to me."
>
> —— Community Data Party Participant

> "Something that came to my mind is…mental health services, because emergencies are so sudden and people can't prepare for them. And so I think that they can take a huge mental toll, especially when a lot of people are dealing with the losses of loved ones or property or pets. And so that's sure one thing that could help, especially in the recovery and the afterwards of that effect."
>
> —— Interviewee

Participants also talked a great deal about alerts for climate events. A few said they need to sign up for alerts on their phone and just didn't know how or hadn't gotten around to it, while others said they were already signed up, but they would like more information as climate events progress. Others requested this information be shared through the news, social media, and/or public service announcements. One participant noted that in rural areas, where there is little to no phone or internet access, they are not sure how to stay aware of climate events or receive notifications. Lastly, participants highlighted that preferred communication channels vary across population groups, and it would be important for WCPH to explore all options to reach as many community members as possible. Tied in to alerts about climate events was a need for an evacuation plan or guidance, either ahead or in the middle of a climate event. Many participants felt that they would not know where to go in case of an evacuation, especially for wildfires and floods.

> "I think we also need to think about immigrants. What is the social media tool that works for a lot of immigrants? And I'll say that…the tool that we use quite a lot is WhatsApp. It's not just Facebook. That seems to be the universal tool to communicate among the many immigrant families. And also, we need to definitely engage school-aged children because many of them are the ones who interpret for their parents and are able to at least pass the information, or they can train those children, like middle school, high schoolers or even the little ones, just to pass that information, share information with the parents. 'Okay, this is what we do if we need this,' I think it can be an amazing ally to us."
>
> —— Community Data Party Participant

Although engagement did not focus as much on climate mitigation and greenhouse gas emissions reduction strategies, some participants offered ideas, including transitioning off of fossil fuels, reducing pollution, using more renewable energy sources, and other environmental, infrastructure and policy changes. To protect unhoused populations and people using public transportation from extreme temperatures, one participant suggested that bus stops be improved to provide shelter. Other participants described potential policy actions, such as planting more trees to prevent heat island effects in neighborhoods, and promoting laws that increase affordable housing and allow the county to deploy emergency shelters in times of increased need.

> "One thing that can help is better or more affordable housing…that has cooling abilities or protection from the elements so that they can have a place where they can be protected from extreme heat, extreme cold, snow, ice, or even flooding. And that could save a lot of lives."
>
> —— Interviewee

Community Recommendations for Climate Adaptation Planning

1. **Prioritize populations disproportionately impacted by climate events and develop equitable adaptation strategies that account for specific challenges of diverse groups.** Participants in both phases highlighted a need for climate adaptation strategies that clearly incorporate their communities' specific needs and considerations. These include accessibility needs, language access, and geographic considerations (e.g., rurality). Community members and partners would like to see more climate adaptation information that is specifically tailored to their community. We recommend continuing to assess the reach and effectiveness of climate and health communications and tailoring information as needed based on advice from community partners and members shared through existing or newly created feedback channels.

> "We want to see a plan for immediate action during a climate event with outreach to priority populations."
>
> —— Knowledge Exchange Participant

> "We really need to encompass the whole-person perspective. How does this impact [you]? How is this experience traumatic? How does this impact your mental well-being? What are the physical needs that you have in terms of mobility or food? And so I think it's just really important to bake all of those in."
>
> —— Community Data Party Participant

2. **Explore options to support and expand community's access to energy efficient health and cooling resources.** Although some participants felt somewhat prepared for extreme heat and extreme cold, many participants specifically requested resources to increase resilience to extreme temperatures. In addition to issues with accessing heating and cooling, several participants noted the cost of utilities as a concern and something they would like support with. We recommend utilizing community partners and other resources to share information about available support for heating and cooling with individuals who may not be as connected to WCPH, while exploring opportunities to expand this support.

3. **Build on community members' desire for local preparedness and response efforts to develop a coordinated response and establish community hubs.** One key finding from climate and health data collection was the emphasis on social connection and support as people prepare for, respond to, and recover from climate events. To this end, participants requested local resources and plans, showing a tendency to define local as neighborhoods and school districts, rather than the county at large. We recommend engaging school administrators, city managers, homeowners associations (HOAs), and local community leaders (e.g., faith leaders, partner organizations, CHWs) to train them on climate preparedness and adaptation. This ensures they are aware of the full scope of resources and information available and are able to support community members in their preparedness and response efforts.

> "We need community organizations to be informed with a structured plan to help."
>
> —— Knowledge Exchange Participant

4. **Expand climate and health communications and education, including culturally responsive and specific information.** Findings from both phases show a clear desire for more information about the types of climate events that are common in Washington County, along with information on how to prepare for these events. This includes more information about how and where to evacuate, as well as expanded efforts to help people sign up for alerts and notifications. We recommend engaging community members and partners in ongoing climate and health adaptation efforts, such as community panels and advisory committees, as well as special events like a climate and health preparedness week or a similar engagement.

5. **Balance individual adaptation strategies with community-wide strategies; acquire and distribute resources to community members who experience significant barriers in preparing for, responding to,**

and recovering from climate events without additional support. For example, participants noted that community members who are unhoused, or are experiencing financial hardship, would likely not be able to store extra food or supplies in case of a climate event and would need to rely on support from WCPH or another community organization. Additionally, participants acknowledged that climate and health preparedness can bring up trauma or overwhelming or fearful thoughts that hinder an individual's ability to take steps to prepare themselves. We recommend following the advice of several participants in this project to provide supplies along with information and education.

> "What I would need to plan for is being evacuated, that type of a disaster that would affect the area I'm living in. If I am in a situation where I'm being evacuated, all that stuff I gathered together to be prepared, may be destroyed, may be lost. And so, please don't ignore the very valid stance of, 'I don't have the money to pull this all together and still continue to support my family the way we need.' Centralized, small warehouse set-ups would be much more effective."
>
> —— Community Data Party Participant

> "One of the things that really resonated with me was the sense of overwhelm in terms of even beginning to think about preparedness or climate change or natural disasters, and I can even speak for myself…it's like, 'Where do I put the water? Where do I put the food?' And even just the feeling of fear, the sheer fear of being separated from family, from community, is really overwhelming. And so I feel that that is something important to address when planning…how do we not neglect that psychological piece of ourselves in talking about emergency preparedness and climate change, but how do we lean into that and give some tips for stress management or just building that into a plan in a way that doesn't feel terrifying?"
>
> —— Community Data Party Participant

Emergency Preparedness

Between September 2023 and August 2024, Rede collected data and gathered insights from community members and partners to assess Washington County's emergency preparedness. This included six knowledge exchanges, one tabling event, three focus groups, and eight individual interviews, engaging over 180 participants. Through these interactions, participants identified the county's current level of preparedness, available resources and strategies for enhancing community readiness in the event of an emergency. Findings from this topic provided critical information on the community's awareness of emergency preparedness and the steps needed to strengthen emergency preparedness in Washington County.

Rede and WCPH engaged over 180 participants in Washington County through the following emergency preparedness specific engagements:

1. Eight individual interviews with community partners
2. Six knowledge exchanges with CHWs, partners who belong to Washington County's Community Participation Organizations, and community members who identify as disabled, are BIPOC, and speak Russian
3. One tabling event with Adelante Mujeres at the Forest Grove Farmers Market
4. Three focus groups with community members from Washington County and Pacific University students

Emergency Preparedness Findings

Community Strengths

Across multiple engagement sessions, participants highlighted several key strengths within their communities that contribute to emergency preparedness. One most often mentioned was the willingness of community members to share information and resources. Data from phase 1 reflected a strong culture of support, where community members were eager to share critical information with one another such as the location of emergency shelters, distribution sites for emergency supplies, and the details shared in emergency alerts. This community-driven collaboration was seen as a vital component of resilience.

Another significant strength noted was the role of community members working in emergency services. These individuals, well-known and trusted within their neighborhoods, were viewed as valuable resources not only for their professional expertise, but also for their presence within the community. Their involvement enhanced both the sense of security and the community's overall preparedness efforts.

Community events, both in-person and virtual, were also identified as important platforms for sharing preparedness information. At these events, community members gather to discuss critical topics that might otherwise be difficult to access or prioritize in everyday life. In phase 1, participants emphasized the importance of these events for fostering discussion, while in phase 2, they highlighted how fairs and vendor booths provided key opportunities for disseminating emergency preparedness knowledge.

The strengths of community information sharing, trusted emergency service professionals, and the use of community events as platforms for preparedness were consistent themes across both phases. However, challenges remain in ensuring that shared information translates into concrete action. Both phases

underscored the importance of building on these strengths to create a more prepared and resilient community.

> "I think one of the strengths in the community is that a lot of us are willing to at least share the information."
>
> —— Knowledge Exchange Participant

> "[In regard to an emergency event…] the only reason we bounced back as easily as we did was because everybody worked on it together and everyone threw in together, and it became like a community-rebuilding thing"
>
> —— Focus Group Participant

> "I do think that's a strength and I think that the, what do you call it? The vendor booths and these different fairs that businesses go to, there's a lot of folks that I think show up and I think it's the strength of even being in a space where that knowledge could be retrieved in some way. "
>
> —— Knowledge Exchange Participant

> “My children attend the Muslim Educational Trust in Tigard. The director has been an amazing resource for our community. During last year's ice storm he reached out to around 4000 community members via WhatsApp.”
>
> —— Knowledge Exchange Participant

Differences in Individual and Community Preparedness

Community Preparedness

Many participants expressed concerns about the overall lack of preparedness at the community level, even though some individuals had made commendable efforts. A recurring theme across interviews, focus groups, and knowledge exchanges was the fragmented knowledge and lack of resources within communities to adequately prepare for emergencies. In one knowledge exchange in particular, most participants had joined to build their knowledge in emergency preparedness. Participants discussed the need for a more formalized, community-wide approach, with Washington County playing a central role in organizing and distributing resources, particularly for low-income and marginalized communities.

Several participants highlighted that preparedness should not fall solely on individuals but instead be viewed as a collective responsibility, necessitating improvements in infrastructure and outreach efforts. This concern was echoed across various engagements, with participants in focus groups and interviews frequently calling for stronger community engagement and the need to break down language barriers and build trust, particularly in marginalized communities. In both phase 1 and phase 2, there were calls for enhanced coordination from the government, emphasizing that community leaders, volunteers, and trusted messengers should be integrated into preparedness efforts. Similarly, participants in phase 2 emphasized that community events and partnerships with local organizations were crucial in engaging the public and disseminating preparedness information.

Individual Preparedness

Despite the positive findings regarding community preparedness, individual preparedness was described as inconsistent and highly dependent on personal resources or knowledge. Participants noted that the unpredictable nature of emergencies left them feeling overwhelmed, despite taking steps to prepare. For example, one participant from a knowledge exchange recalled purchasing emergency equipment, such as fire blankets and ladders, but questioned whether they would be able to effectively use these items in an actual emergency situation.

Financial barriers were a key concern raised by many participants in interviews and focus groups. They described the high costs associated with preparing for disasters, especially for low-income families, and called for more accessible and cost-effective solutions. In phase 1, participants suggested subsidies or grants for emergency supplies as a way to lower the financial burden. This theme was reinforced in phase 2, where the need for affordable preparedness resources and training emerged as a priority. In both phases, there was a shared sentiment that individual preparedness cannot be expected to fully mitigate the risks posed by emergencies, especially for financially strained households.

"For me when I think about the fire, I think I had what I needed based on what I know now about having, what do you call those? Fire blankets. Fire extinguishers. I mean I recently bought some from my house and even the [escape] ladders when you are on a two-story house. I have been teaching my kids how to use [escape] ladders. And being from a very low-income family, I mean maybe they couldn't afford it because this stuff costs, to be prepared and to have these little food kits…I can't think of those emergency packages, but that stuff it costs, it's a lot. And anyways, I mean, I wasn't prepared. I mean, it was panic. It is panic and I'm thinking, 'Even if I had it, would I have ran and got it?' Or was it somewhere even convenient to get out the house versus, 'I might be losing my life. "

—— Knowledge Exchange Participant

"They need to prepare, the community needs to prepare to have something in place in case of emergency, like water, first aid kit, medication, dry food. Those are the things the community member needs to be prepared in case something happens."

—— Focus Group Participant

"Those who should know all this are the community leaders, not the population, because the population, I say it with all due respect, does not understand what a disaster is until they experience it."

—— Interviewee

"They're in low-income subsidized housing. They get SNAP [supplemental nutrition assistance program] benefits, they're trying to pay their utilities, and we're told to put together a bag, an emergency preparedness bag, but they're just trying to get through month to month with water, canned goods. They don't have the funds to put aside money to put food and things in a bag that they need right at this moment."

—— Knowledge Exchange Participant

Needs and Gaps

Participants in phases 1 and phase 2 identified significant needs and gaps hindering effective emergency preparedness and response, particularly for non-English speakers and individuals experiencing financial hardship. Data was collected from focus groups, interviews, and knowledge exchanges involving a wide range of community members, including public health staff, CBOs, and representatives from various sectors.

One of the primary concerns raised across these data collection efforts was the accessibility of emergency preparedness information and resources. Participants consistently highlighted that non-English speakers and individuals experiencing financial hardship faced challenges in accessing relevant information. For example, many participants shared that current materials are not available in languages that their communities speak, creating barriers to understanding how to prepare for emergencies. A similar theme emerged in phase 2, where participants also expressed a need for more culturally appropriate communication methods. Several knowledge exchange participants emphasized this gap as they discussed the critical role of trusted community leaders in delivering emergency information in a way that resonates with their respective communities.

In both phases, the high cost of preparing for disasters was identified as a significant barrier for many individuals. Focus group participants in phase 1 shared that many families struggled to afford basic emergency supplies like food, water or first aid kits, especially when they are already facing financial constraints. Similarly, in phase 2, participants noted that the cost of preparedness supplies like emergency “go bags” or backup batteries was a burden, particularly for families struggling to make ends meet. This challenge was exacerbated by the expectation for households to be self-reliant during emergencies, which some participants felt was unrealistic for those facing financial hardship.

Another significant gap noted across both phases was the lack of culturally appropriate and trusted messengers to share emergency preparedness information. Both knowledge exchanges and interviews pointed out that messaging from government sources was often not well-received in certain communities due to a lack of trust. Participants emphasized the importance of community leaders and CHWs who are deeply embedded in their communities as more effective messengers. This theme was echoed in phase 2, where a participant stressed the need for “trusted” messengers to be central to emergency preparedness efforts, particularly for reaching marginalized communities.

In addition to these broader concerns, participants from both phases highlighted the need for more localized, community-specific emergency plans. In phase 1, some focus group participants mentioned the importance of neighborhood-level planning, rather than relying solely on countywide strategies. This was further supported in phase 2, where interviewees called for personalized communication strategies, such as leveraging local social media networks like WhatsApp groups, to ensure timely and relevant information reaches all community members. The consensus was that localized efforts would better reflect the unique needs of different communities and increase overall preparedness.

> "People who don't speak English need more proactive outreach."
>
> —— Tabling Event Participant

> "Getting ready for disaster is not cheap at all. Are there subsidies for the less spoken-for communities who have less of the economic power?"
>
> —— Knowledge Exchange Participant

> "I was just going to add that a lot of the folks that I work with often are barely surviving today, let alone planning ahead for an emergency. So to have two weeks of food or emergency supplies when you don't have food for the weekend can be challenging. So I think potentially resources like showing up to a community event where you get to pack a box of the supplies, different agencies maybe donate those supplies so you can make that kit, because many folks don't have it within their own financial situation to put things aside for emergencies."
>
> —— Focus Group Participant

> "We want information available in every language."
>
> —— Knowledge Exchange Participant

> “So we can have as many things as we want online and as many flyers as we can, but the messenger is equally as important as the message. So I think about how it is that some CBOs who have been pushed to provide emergency preparedness materials, how and why they are doing it with either limited or no funding, without the support of government in some instances. And that happens because oftentimes, community health workers, public health leads within underserved communities are the trusted messengers, it's not emergency preparedness leaders...because you can have the most educated up-to-date seasoned, deployed ready, emergency preparedness person, but if they do not know the community, if they do not represent the community, if they have no roots and no connections and have no prior communication experience with that community, that message will not be received well and it likely will not be delivered well.”
>
> —— Interviewee

Ideas, Improvements, and Suggestions

Participants from focus groups, interviews, and knowledge exchanges suggested a range of ideas and improvements to address current gaps in emergency preparedness. One prominent suggestion was the

establishment of permanently stocked emergency support centers, which would remain running year-round instead of being activated only during crises. This suggestion highlights the desire for continuous access to essential resources, a point also echoed in phase 1 when participants discussed the challenges in accessing supplies for post-emergency recovery.

Participants also emphasized the enhanced role of CHWs in emergency preparedness. Participants suggested that CHWs, along with other trusted community members, receive more training and resources. The role of trusted messengers is a common theme that was carried over from phase 1, where participants consistently noted the need for communication from people they trust, such as CHWs, community leaders and other local influencers. Participants believe that expanding the role of CHWs would help ensure culturally relevant and community-centered preparedness efforts.

Another suggestion was for more personalized and localized emergency communication strategies, such as leveraging WhatsApp groups and other community networks to disseminate timely information. This aligns with phase 1 findings, where participants noted that social media and word of mouth were common and effective ways of receiving emergency preparedness information. In both phases, participants called for more accessible communication, particularly through networks familiar to the community.

Additionally, participants in phase 2 suggested having practical, hands-on activities during emergency preparedness events. Phase 1 participants also suggested community-based events where individuals could gather at trusted locations such as libraries to learn how to create preparedness kits. The idea of local events where community members come together to receive training and share resources was discussed in both phases, demonstrating the importance of collective preparedness and learning.

Community Recommendations for Emergency Preparedness Planning

1. **Establish year-round emergency support centers.** Participants in both phases identified the need for permanent, easily accessible emergency support centers. Currently, many residents, especially those experiencing financial hardship, struggle to afford or access essential emergency supplies. We recommend establishing emergency support centers that are stocked with necessary supplies year-round. These centers should be strategically located across the county to allow broad access, particularly in more vulnerable and hard-to-reach communities. In addition to providing supplies like food, water, and first aid kits, the centers could also offer educational resources and workshops on emergency preparedness.

2. **Provide financial assistance for emergency supplies.** The cost of preparing for emergencies was a major barrier for low-income communities, with many participants unable to afford essential supplies. Explore ways to provide subsidies, grants or free distribution of emergency supplies, such as go bags, batteries, food, water, and first-aid kits, to low-income families and other vulnerable populations. This effort could be paired with outreach campaigns to inform eligible families about these resources and where they can access them.

3. **Enhance multilingual and accessible preparedness materials.** Many participants noted that current emergency preparedness materials are often unavailable in languages other than English or are too complex for individuals with lower literacy levels. We recommend expanding on translation services and simplifying the language used in emergency preparedness materials. Materials should include visual aids and infographics to make information more accessible to people with varying literacy levels or disabilities. Collaborating with community leaders and trusted organizations to co-create these materials will ensure they are relevant and effective.

Health Equity

To inform the development of an internal Health Equity Action Plan, WCPH wanted to understand what health inequities community partners and members see in the county, which health equity work partners are leading, what health equity skills partners have and want to develop, and how WCPH can be a trusted and effective partner in advancing health equity work.

From July 2023 to September 2024, Rede and WCPH engaged 84 participants in Washington County through the following engagements:

1. 16 individual interviews with partner organizations
2. One focus group with Pacific University students
3. Three knowledge exchanges with WCPH health literacy grant partners, community health workers, and the Washington County Public Health Advisory Council
4. Two partner meetings with a mix of long-standing and new CHIP partners

Most participants in these health equity engagements represented CBOs, including many who currently partner with WCPH and some who do not. Data collection prioritized engagement of CBOs that are leading health equity work. Other participants included Washington County staff, public sector partners, and representatives from local government. In total, 28 partner organizations participated in health equity-focused engagements. Participants served in a variety of leadership, management, and direct service roles in their organizations and agencies.

Notably, health equity came up in every engagement across every topic. Nearly every single participant engaged in this project shared an experience or surfaced a need or idea around addressing inequities in health services, access, and outcomes. As such, topic-specific health equity findings and recommendations are included in the Climate and Emergency Preparedness sections above, we are not repeating them here. Rede and WCPH did not include questions that are in the regional CHNA, which largely explores health disparities and health inequities. Findings shared below are the themes from our data collection with the 84 individuals we engaged with on their health equity work, priorities, and partnership needs from WCPH, as well as findings about community data needs.

Health Equity Findings

Partnership with Washington County

Participants had a range of history of partnership with WCPH. While a few participants had never partnered with WCPH, many started their partnerships a few years ago in the early stages of the COVID-19 pandemic as counties expanded community partnerships. They've continued to work together since then. Additionally, several participants had long histories of partnership spanning five to 30+ years.

When asked about their working relationship with WCPH, participants noted a variety of ways in which they partner or work with the county, including:

- Participating in CHIP implementation and oversight
- Partnering on Washington County's COVID-19 response
- Partnering to provide other health care services such as testing and vaccinations
- Partnering to provide education and resources to specific communities (e.g., youth, Latino/a/x/e community members, migrant and seasonal farm workers, etc.)
- Partnering on family and community engagement

- Being a past or current recipient of county grant funding.

Health equity priorities and work partners are leading

When speaking about their health equity priorities, participants raised the importance of equitable access to health services and resources. They spoke about the importance of accessing care in a timely manner and receiving the quantity and quality of care that is needed. Many noted that health services and resources need to be tailored to the unique needs of different community members, including addressing language barriers and eliminating systemic discrimination within our health care and public health systems. Another theme that arose was the importance of a focus on education, promotion, and prevention. This theme includes ensuring individuals have the information they need to navigate systems and proactively access the health care they need to stay healthy. Additionally, many participants discussed the importance of having basic needs like food, housing, utilities, and childcare met.

> "To me, health equity means that everybody in our community has access to basic health resources. And the equity piece is that we're able to provide it in their own language with individuals who look like them and sound like them."
>
> —— Interviewee

> "And so it's just a challenge for them to get really anything that they need because the systems that are in place that they are trying to get help from are not designed for them. So that's one thing that I've noticed."
>
> —— Focus Group Participant

Health equity data collection participants shared that they are working to address community health needs on a variety of specific health issues and among a range of priority populations. Participants and the organizations they represent are working on:

- Housing
- Preventive health (physical activity, health screenings, nutrition)
- Sexual and reproductive health
- Mental health
- Substance abuse
- Health insurance coverage
- Social service navigation
- Advocacy
- Community-specific data and research
- Education

> "And so right now the fundamental problems with our community's needs have to deal with housing. To prevent the homelessness, prevent evictions and such. So a lot of our resources go into keeping people safe in their current place as they transition into a point to be self-reliant. So we find that as kind of like the number one priority to focus on that and then work on other programs or projects relevant to community's needs."
>
> —— Interviewee

> "We do so much community mobile health outreach and outreach to the community."
>
> —— Interviewee

Most participants noted that their organizations serve specific priority populations, though a few said they serve the entire county or a larger geographic region like the Portland Metropolitan Area or the entire state of Oregon. The priority populations that partners mentioned that they serve include:

- Youth and young adults
- Pacific Islander community members
- Latino/a/x/e community members
- American Indian and Alaska Native community members
- Community members who identify as LGBTQIA2S+
- Migrant and seasonal farm workers
- Individuals with disabilities
- Older adults

Nearly all participants spoke about their deep, trusting relationships with the communities they work in and serve. Community organizations are trusted sources of information, connecting community members to resources, helping communities navigate services and systems, and advocating for the needs of their communities. Many provide health and social services themselves, in addition to connecting community members to services.

> "Part of our scope of work is health literacy, facilitating the navigation services, and the referral process in a bicultural and bilingual way for the Latino community of Washington County. A little bit of the scope of work that we do is not only health equity, we understand that there are social determinants of health also affecting health… So the rental assistance, utility assistance, the OHP program, and trying to propose and move policies and advocacy."
>
> —— Interviewee

> "So from our vantage point, a lot of it has to do with work to keep our community connected to each other, connected to resources and able to access fighting back against the isolation, which really plagues our community at all ages, but particularly as you get older, and really that community support piece. And that can range... It can be creating regular community gatherings and just everything in between. We're a very flexible organization and we do that intentionally so that we can respond to our community and what the need is."
>
> —— Interviewee

Partner data use and data needs

Participants in health equity-focused engagements shared their data needs and how they use available data. Participants reported minimal awareness and use of public health data. For participants, the most common example of important and useful public health data is COVID-19 data. A few participants had experience accessing and using WCPH data to understand the demographics of the county and assess community needs. There were also a few participants who noted that they use other local, state, and national health data sources, including local health systems, OHA, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and others.

> "As a matter of fact, I just did a report for my boss for the population. So I go into the Washington County Public Health data to be sure that I'm giving the latest information about the diversity of our county. And so, that's a good example that I just used within the last 24 hours. And so, I rely a great deal on this."
>
> —— Interviewee

Almost all health equity interviewees and some other participants shared that they collect primary data from the communities they serve. This includes client demographic data, service provision data, program evaluation data, and data on community needs.

> "So we have two individuals within our agency that really highly focus on data and using data to inform our practice… We do a lot of our documentation of who's receiving services and what services they're receiving, and then we can pull out reports that can show us the length of time people are staying with us and thinking about, are there higher outcomes, more positive outcomes for folks that are accessing more frequently."
>
> —— Interviewee

> "We survey our own community in some ways. It's not as robust as it should be around what role they see [us] serving in the community. What would they like to see us doing?"
>
> —— Interviewee

When partners were asked what additional public health data would be useful to them, the top data wish list item was more data specific to the communities being served, whether that was the LGBTQIA2S+, Pacific Islander, American Indian and Alaska Native communities or others. Two participants wished for more data from the county that maps community needs, and two wished for more data on service utilization, including looking at resources that are underused. When discussing having more data about community member experiences and needs, participants noted the importance of qualitative data to capture the nuance and diversity of individual experiences.

> "Well, I mean, I think one of the things that's become clear in the last several years is the Tri-County, Clackamas, Washington, Multnomah, are sorely lacking in data specific to our community. There's some, but not nearly the level that there should be."
>
> —— Interviewee

> "Something that we would love to have from the county, is probably to map where the community needs the services so we can focus our outreach and our services on those areas."
>
> —— Interviewee

Partners' desire for building capacity and skills

Participants in health equity-focused engagements talked about their organizations' desire to build capacity and skills around essential work functions. The top skills that participants wanted to build, which were each noted by over two thirds of interviewees, were data, research, evaluation and community engagement skills.

> "Because I think we've been really good at implementing projects or starting new work at the response of the [community] that we work with, but the ability to evaluate them and go those extra steps of being able to publish manuscripts and get that work out there, and the success that projects have shown for our people is something we haven't really been good at."
>
> —— Interviewee

> "Yeah, community engagement. I mean, I think we definitely want to always stay engaged with our community to make sure that they know that we're there and available for them."
>
> —— Interviewee

Participants who wanted to do more work on data collection and use emphasized a focus on data sovereignty and data justice. They described data sovereignty as the importance of collecting, analyzing, and sharing data that is specific to and owned by their community members, reflecting community members' real experiences.

> "And one of the things we're really focusing on or really trying to work on is data sovereignty within the coalition.… We know that a priority of our organizations is not to be too extractive with their data collection, and a lot of it is tied to grant requirements. And so within even those grant requirements, it doesn't go past maybe name, family name, zip code, things like that, but one of our priorities, though, is protecting our communities. I think there's a lot of healing that needs to be done with data and research itself. And so when I think about our work, we're really trying to figure out how we build the infrastructure to ensure that, the data protection, control, consent, fair and care principles, things like that."
>
> —— Interviewee

About half of interviewees also shared they want to build policy and advocacy capacity. Related to this finding was a large theme about the need for governmental agencies and other decision-making bodies to create space for CBOs at decision-making tables. Many participants talked about the extensive skills and community-grounded perspectives their staff have but mentioned that they are not at decision-making tables. These participants wanted to be recognized as leaders and have opportunities to influence decisions.

> "Advocacy to an extent. Definitely the formal side of it in terms of preparing white papers, preparing information for decision-makers and doing it in a way that is useful to them. That is definitely a skill that we don't have a lot of experience with. I can fumble through it, but I'd love for it not to be as time-consuming."
>
> —— Interviewee

> "Also, when I think about skills or capacity building, we really do have access to a lot of the skills. I think what it is, we don't have resources or people don't know who our communities are. So we have PhDs, we have folks that have data and research expertise, we have folks in policy and advocacy, but it's really hard to do that work when we're not given the resources or the space to do it, or we're not being actually pulled to the table… I think we are just needing the space to lead."
>
> —— Interviewee

Finally, several interviewees and other participants in partner meetings expressed a desire to do more health-specific work (for organizations that have historically been focused on social services) and to improve their grant writing skills (for smaller or more nascent organizations).

Health equity capacity and competencies demonstrated by WCPH

Most participants shared some form of appreciation for WCPH and noted the ways in which the agency and its staff demonstrate important health equity competencies[8]. Participants identified staff attributes such as knowledge of the community, collaboration skills and cultural humility. Many noted how dedicated, responsive, and supportive the staff are, and over half of participants shared they have built relationships with specific WCPH staff who are trusted sources of information and collaboration. Participants also appreciated WCPH staff's openness to partner and community feedback. Participants offered the example of this engagement effort, which includes reaching out to partners to hear from them on how WCPH can improve and strengthen their relationships. A few participants shared experiences navigating difficult moments or tension with WCPH staff and felt they were able to work through challenges and maintain a strong partnership.

[8] Bay Area Regional Health Inequities Initiative. Local Health Department Organizational Self-Assessment for Addressing Health Inequities. 2010. www.barhii.org

> "I mean, we have an incredible, incredible team in this county. They have always been very responsive, even during moments of little bit of tension or challenging. They come through."
>
> —— Interviewee

> "I think we already have a good relationship with the county and getting to know them in their capacity that they are. Again, the county is very flexible and it's very friendly with us. I know they are short in staff, or sometimes they don't have enough resources. I get it. So, I think I cannot ask more because they are already doing what they can do. I trust them."
>
> —— Interviewee

Participants also noted agency characteristics such as a commitment to addressing health inequities, a structure that supports community partnerships, transparent and inclusive communication, and streamlined and flexible grant funding. Over half of participants shared their gratitude for WCPH's consistent and proactive communication with community partners; they noted that WCPH shares updates and keeps partners informed of the county's work and priorities, which takes the burden off partners to spend the time reaching out for information and updates.

> "It really excites me because something that I've been noticing is that the Washington County Public Health, it's really focusing on addressing those inequities and the differences that you just mentioned earlier. Just knowing that they are really looking to support the community, it really excites me because it's like, okay, we can work together on this. It's like the community partners and the county, they can do things together. And we're kind of on the same vision and on the same mission as well."
>
> —— Interviewee

> "Well, I mean, my experience has been very positive working with the county and the public health department and in different areas. An organization and as an individual worker, I will always feel supported and I am very excited about the way they're focusing their strategies and stuff."

—— Interviewee

> "But also, and this is one of the reasons that I admit that I'm open to this conversation, is because even though I haven't had a lot of time to engage with Washington County in the last few months… Washington County has been consistent in ensuring that I have some kind of updates or I'm still giving the invitations and this and that. And it sounds really small, but what it does is help it to not fall off of my radar. So I don't have to keep track of keeping up with what Washington County's doing because they're telling me. So I appreciate that, honestly."

—— Interviewee

Some participants noted opportunities for WCPH to deepen its health equity skills and build capacity for health equity work. The top themes were around the need for WCPH to deepen its knowledge of and connections to the community, strengthen community partnerships (with a focus on more collaboration and innovation), make data and planning efforts more accessible, and emphasize health equity in hiring practices and workforce development efforts.

> "So, if the intent is just to check the box of, we talked to the community, we talked to our colleagues, and we now have data and information, but we have no actionable steps towards being innovative and working together, then you're just stuck in the same pattern. So taking the risks of creating equitable programming and initiatives means trying to create new patterns or systems that are different and working together differently and taking a chance on that investment."

—— Interviewee

> "Well, trust is gained by being engaged with other partners. For example, I know Washington County is such a diverse, diverse county. I mean, we're the most diverse county in this entire state of Oregon. So it's important for public health to really know, again, who is the population, where are the gaps in the population, who is doing the work directly with that particular population? And to continue to build those relationships, understand, work with those agencies that are providing that service to community members, to engage with them, and know who they are, and just make that effort of continuing to have a good grip of what is happening."
>
> —— Interviewee

> "We're just thinking in that box and not using people because they have life experiences but they don't have education. A lot of times those life experiences are a lot more necessary than this education that goes around. Yes. Which then goes to, I know they've talked about having equity and hiring, and some of the requirements... For example, they're trying to get a suicide prevention coordinator and they made the new requirement that you have to have a master's degree, and I don't know what. And so they went through a whole thing for interviews and nobody qualified, so they still haven't filled the spot. But there could be somebody that has a ton of life experience that would be great in that job, that's connected to the community, that can talk."
>
> —— Knowledge Exchange Participant

Partnership opportunities

When asked about what kinds of partnerships they would like to grow, nearly all participants in health equity-focused engagements expressed a desire and excitement to partner more with WCPH. The most common partnership opportunities with WCPH participants mentioned were:

- Providing health services, ensuring the needs of priority populations are met in accessing services, such as appointment times outside of traditional work hours, language access needs, and functional access needs.

- Community engagement to build relationships with various communities, deepen awareness of community issues, and ensure community needs and strengths are front and center in WCPH's work
- Health outreach and education to the community that includes public health campaigns and ensuring the provision of culturally appropriate and tailored information.
- Data-focused projects that ensure county data is representing communities as accurately, respectfully, and appropriately as possible and ensuring communities maintain ownership of their own data
- Utilizing WCPH as a resource hub and connecting community members to information, resources, and services that WCPH offers.

> "I think one of the big things is just making sure that services are just really accessible and that systems are communicating with one another when we have shared individuals. We're kind of partnering to support someone, making sure that the systems are communicating together, making things easier for folks and not more difficult."
>
> —— Interviewee

> "I think too just sharing initiatives or new ideas that you all might be working on where we might be able to find some sort of connective place to support you all, or maybe you're looking at ways to better connect with [my] community, and we might be able to provide some connections… So I think being able to do what you can to connect with youth and families from as early as possible, and just help them to find those connection points with you all, and being able to know that I can reach out to these folks and know that I can receive information or resources that I might need that are responsive to myself."
>
> —— Interviewee

> "How do we effectively do data sharing agreements in community, and what does that actually look like, and how do people respect that, too? …I think it's just around tender care. If you don't have data sharing agreements, then you sort of have an agreement in place that you know that you're operating from a place of respect for how the data are being represented."
>
> —— Interviewee

Other entities that participants would like to build more relationships with include CBOs, health systems, health care providers, funders and research partners.

> "Well, I think for us, I would like to continue to grow [our partnerships with] community-based organizations… In order to provide better services to our patients, we need to know what is available in the community, who's doing what, be it from housing to food insecurity, language access, childcare."
>
> —— Interviewee

> "Yes, definitely the health services. I mean, there are other services that we can provide to the community. As I mentioned, knowing that there's no county clinics, I mean probably having medical services that we can offer, doctors that could come and perform well-being checkups for a client on a regular basis or things like that. Or the childhood vaccinations that had been really hard for us to offer because the majority of the clinics are short staffed and they're not able to help us with that."
>
> —— Interviewee

> "When I start thinking about partnerships, I start thinking about the obvious, there's funders, which is a definite need."
>
> —— Interviewee

> "I think there are a lot of other community-based organizations we also want to work with that maybe have done this work or have been at the table a little bit longer or their advocacy has gotten them different resources. We'd really like to learn and grow from how others have been successful."
>
> —— Interviewee

Participants expressed a desire to connect with other organizations and agencies serving similar priority populations or doing similar work. For example, CBOs engaged in advocacy work want opportunities for peer learning and sharing. Similarly, organizations and agencies with CHWs want to increase partnerships with each other to better align their efforts and impact. Finally, participants noted the importance of partnering with organizations that share similar values and mission.

> "I think for us, too, partnerships are really based on values alignment… So that's one thing I'd put out there is we are actually pretty selective of our partnerships because we want to make sure that we're moving in the same direction in our mission and vision."
>
> —— Interviewee

Barriers to partnering with WCPH

Participants in health equity partner interviews, meetings, and knowledge exchange engagements mentioned some barriers to partnering with WCPH. A few of those barriers focused on internal systems, such as limited capacity within organizations to dedicate the time and energy to establishing a partnership with the county. Two participants shared that they don't have strong local connections in the community because their work has a larger geographic scope (statewide or international), so they are less aware of partnership opportunities with the county.

> "Capacity is a big one. We do a really big thing, but we're a really small organization. And even something as simple as the time for this conversation or engaging in round tables or figuring things out, that's just capacity for us that is on top of everything else. So that's probably the big one, is the ability to address the fact that there's not enough capacity to engage in the conversations, really much less the planning and the strategy and all the stuff that goes with it."
>
> —— Interviewee

On the other hand, several participants shared critical feedback about partnership opportunities with WCPH. The most common criticism was that the county does not have enough funding available for community partners, and that they distribute funds for community partners in an inequitable way, resulting in more funding for larger, more established organizations with an existing relationship to WCPH over other CBOs that may be just as, if not more equipped to do the work. Another criticism shared by participants was their sense that WCPH lacks a strong vision for improving community health and relies on community partners to do the work of developing the vision and the strategies.

> "Sometimes we are at a disadvantage of the larger organizations where they already have people that are probably dedicated to do the grant writings or they have the funding to pay and outsource to do that…. And it's a real disadvantage, and it's not only for us, but it's for many small organizations. Many times, I mean, they don't get the funding just because the bigger ones that they're already doing too much or they get it all. So it's something that I think needs to be more level."
>
> —— Interviewee

> "The problem is that they rely on us to do the work, to the point that even the staff of Washington County says like, 'Hey, these grants are coming, or they are closing in about three days or one week. Can you please help us fill out this grant proposal?' I'm really upset with that. It's like, you are the county. You should have the vision. Then, I'm doing your job. If it's like that, then I should apply on my own. It's just that sense of, I don't understand what's the direction of Washington County."
>
> —— Interviewee

A few additional themes came up about partnership barriers that were less strong but still noteworthy:

- A few participants shared that WCPH staff turnover is a barrier to long-term relationships and can disrupt the momentum of partnerships.
- A few participants shared that one historical event created negative feelings toward Washington County in the community. Partners described their experience with clinic closures as the county closing down its community health clinics without communication or advance notice.
- A few participants have experienced past harms from other local and state public health agencies that make them hesitant or cautious about partnering with WCPH, such as extractive and tokenizing interactions.

> "Yeah, I think something else that we've experienced is that a lot of the work we do is relationship based. So we might have a relationship with a specific person that we've done this education, we've brought them to community events, they really start to understand, but then they leave or they transition, or the work transitions out of their department and it goes to a new set of folks that do not have the understanding."
>
> —— Interviewee

> "This is years ago when the County Health Department closed their clinics. I mean, that was a big impact on this community. And there were many of us that were just kind of blindsided when those decisions were made. And we organized, and we went to hearings with the commissioners, and all that. But again, decisions probably had already been made before the voice of the community was heard. And people still talk about that."
>
> —— Interviewee

> "[This] community has actually dealt with a lot of harm from statewide agencies, county level, city level, external partners that, again, don't understand our communities and our values. And we've been in a lot of different situations where, and this all kind of ties back again to that data piece, is folks will, even in this interview, they'll go to the community, they'll ask them what they need. That information is extracted and then used and reported on and they either misrepresent us or, yeah."
>
> —— Interviewee

Role of WCPH in advancing health equity work

Participants identified several important roles that WCPH can and should play in advancing health equity efforts. According to participants, the most impactful role the county can play is to facilitate collaborations for partners to come together for shared purpose. Participants from CBOs desire opportunities for peer learning, coalition-building, and strategy development in particular.

> "So, I think Washington County is missing a great opportunity to sit with leaders, and talk, and work together on strategies. These kinds of questions that we are having, I'm pretty sure we can have on a different level that it is not the board…It's more like just a group that can help Washington County to build a vision and an agenda for health."
>
> —— Interviewee

> "So when I think of something like Washington County or Multnomah or anyone, it's this connecting piece and the ability to bring resources to facilitating those connections. Because otherwise there are tons and tons of tables and places where we would never cross paths, a lot of our entities, et cetera, which just exacerbates the isolation that can come and not just for our community. So really it's that ability to proactively and intentionally bring the diversity of who is in our community together in a shared space and a shared purpose."
>
> —— Interviewee

The majority of participants also wanted to see WCPH engaging more with communities throughout the county and going to spaces people are already gathering to build relationships and hear what is important to them.

> "But I think, also, looking at other spaces too… People show up. You visit. You eat together. Often the food is provided for free. Being in those spaces where people are already at a sense of comfort, being in community, and then folks coming in and into that space is really... I think that's the beauty of building those relationships. Then, of course, if you are holding times where you are meeting folks where they're at as far as if it's a talking circle, or a focus group, or whatever it might be, just doing that consistently and balancing it between maybe larger community events like that or smaller, more intimate settings as well."
>
> —— Interviewee

A large majority of participants also noted the county needs to play a role in providing health services and sharing information and resources with the community. Partners called for WCPH to prioritize historically marginalized and underserved populations in the county, investing time and resources in eliminating access barriers so that those community members receive care, information, and resources that are tailored to their needs in a culturally and linguistically appropriate way.

> "And again, just be aware of the diversity of our county. What are those language needs in our county? Which populations need the most support? It could be the Latinos. It could be the Asian Americans. It could be Native Americans. It could be the Pacific Islanders, the Polynesians. I mean, there's so much diversity in this county that we need to... I mean, that's why public health plays a big role. And how do we provide culturally specific care or information for these populations besides the mainstream?"
>
> —— Interviewee

> "I would like to see one portal/website/repository for all community resources so everyone can easily find the help they are looking for."
>
> —— Partner Meeting Participant

> "I think the county needs to do a better job when it's about communication and campaigns that they are doing. I'm not going to lie. Some campaigns are very lame… For example, we are talking right now about behavioral addictions, the homeless communities affecting all the Washington community. We are seeing the increase of drugs around Washington County and still you just see a flier once every couple of months just saying like ... 'If you're going to get high, just take turns so at least another one can supervise you.' You are like, 'For real? For real, that's the campaign that you are giving in Spanish to the community?' It should be a campaign at least educating about what the drugs are, what is the impact they are having, what are the resources that are available."
>
> —— Interviewee

Finally, many participants noted that WCPH plays an important role in addressing health inequities by funding CBOs and community health initiatives. Importantly, a few participants called for continued emphasis on ensuring grant funding is accessible, flexible, and has low-barrier applications and reporting requirements.

> “I think Washington County can continue to work on those community funds that they have available. I think we know what those community funds mean to a lot of us in the public health domain as well, that we rely on those funds for programs that we want to develop. And so, I truly appreciate that effort, and I hope that we continue to have those funds available for us to apply when they call for grants, for grant proposals, that there will be continuing opportunities on those funds for many of the community-based organizations that are doing excellent jobs here in our county.”
>
> —— Interviewee

> “Probably the biggest thing that any government... And it's the most difficult thing for any government entity to do, is to make it less cumbersome, and an obstacle filled to access resources. There are lots of hoops, there's lots of paperwork, there's lots of process. And I will say I don't know enough about how Washington County operates at the moment, but even something like a reimbursement model is super difficult for small on-the-ground organizations to have to deal with because we don't have that kind of money just sitting in the bank. So it's really about process and connecting with and... What's the word, actively and intentionally supporting the on-the-ground community-connected entities that are actually doing the work.”
>
> —— Interviewee

Community Recommendations for Planning

Below are recommendations for WCPH's Health Equity Action Plan organized by the key domains of the plan. Within each domain we are highlighting strengths WCPH needs to build on as well as partner priorities.

Communications and language access

1. Continue proactive communication to partners about WCPH programs, initiatives, services, and resources.
2. Consolidate information and resources in easily accessible places in multiple spoken and written languages.
3. Collaborate with and support THWs and partner organizations broadly to share information and resources with priority populations.

Accessible programs and services:

1. Increase health service availability by expanding services and staff.
2. Improve access to services in community settings throughout the county and at preferred dates and times, specifically outside of typical business hours.
3. Partner with organizations serving communities experiencing disabilities to deepen understanding of functional access needs and accommodations.

Partner and community engagement

1. Continue to support an inclusive and collaborative CHIP process that engages diverse community partners and members at all stages of planning, implementation, and assessment.

2. Reach out regularly to community organizations to identify and pursue opportunities for WCPH to attend community events, build community relationships, and share information and resources.
3. Build on the model of collaborating with CEAs to support future engagement.

Compensation, funding, and capacity building

1. Explore ways to compensate partners for their engagement in WCPH-led work (e.g., for serving on CHIP committees, for participating in outreach and education efforts about county programs and services)
2. Continue and expand low-barrier, flexible grants for CBOs.
3. Explore strategies to ensure equitable distribution of funds that is grounded in community needs.

Data-informed decision making

1. Collect and utilize community-specific data to inform WCPH decision-making, including partnering with community organizations serving specific populations who are willing to collaborate on data collection, sharing, and analysis.
2. Engage partners in decision-making and communicate transparently about decisions before, during, and after they are made.

Data justice

1. Deepen WCPH's knowledge of and practices in data sovereignty, justice, and decolonization.
2. Consult with and compensate partner organizations leading data justice and sovereignty work for subject matter expertise.

3. Explore formal and informal partnership opportunities (e.g., data sharing agreements, MOUs, etc.) to improve the county's access to and use of community data.

Social determinants of health

1. Expand partnerships with community organizations working on housing, mental health, social service navigation, education and other social determinants of health, including joining collaborative efforts and sitting at tables where this work is happening.

Workforce development

1. Prioritize filling staff vacancies in WCPH programs and services.
2. Continue to invest in the diverse workforce of THWs, including expanding funding for THWs and focusing on building advocacy skills for policy and systems change.

Community Health Improvement Planning

WCPH has been the backbone for a series of community health improvement plans (CHIPs) over the past 10 years. Washington County participates in a regional CHNA process with the Healthy Columbia Willamette Collaborative, engages with partners to review assessment findings, identifies and selects priority health issues for the CHIP, and implements the plan. CHIP work is guided primarily through committees focused on priority health issues, with support from a CHIP leadership team. The county and partners are in the process of aligning Washington County's CHIP timeline with other regional partners and developing a "bridge" CHIP for 2025. The purpose of CHIP engagements was to learn from partners about ways to deepen engagement and collaboration in the CHIP to work more strategically and effectively to improve community health.

From July 2023 to September 2024, Rede and WCPH engaged 126 participants representing over 50 partner organizations and agencies in Washington County through the following CHIP engagements:

1. Four individual interviews with partner organizations
2. One focus group with the CHIP leadership team
3. Two knowledge exchanges with WCPH health literacy grant partners and community health workers
4. Two partner meetings with long-standing and new CHIP partners
5. One partner survey with WCPH partners

Community Health Improvement Planning Findings

CHIP Successes

Participants reflected on the successes that have resulted from the past 10 years of partnership and engagement in CHIP planning and implementation. The top success named by participants was improved collaboration throughout the county. Over half of interview, focus group and partner meeting participants noted improved relationships between WCPH and community organizations, improved coordination of programs and initiatives, and a sense of collaboration over competition between community organizations.

Other successes named were specific efforts that CHIP committees have implemented (e.g., Adverse Childhood Experiences convening, and braiding funding to hire a new position focused on Access to Care), and the mini grant program which provides low-barrier, accessible grant funds to CBOs for capacity building and implementing efforts aligned with CHIP priorities.

Partners noted that WCPH has played a critical role as the backbone organization for the CHIP; they specifically appreciated the way WCPH staff listen to and trust community partners, center community wisdom, bring health expertise to the table and put resources toward community priorities.

Partnership barriers

Participants shared about past and current barriers that impact partnership with WCPH and engagement in the CHIP. Participants mentioned partnership barriers far less than partnership successes in interviews, focus groups, knowledge exchanges and partner meetings. The first barrier noted by participants was turnover of WCPH staff which impacts sustained relationship-building between WCPH and community partners.

The other barrier was a lack of CHIP awareness. Several knowledge exchange participants and two of the four interviewees were not aware of the Washington County CHIP. Of the 64 CHIP survey respondents, nine partner organizations said they have not been aware of or engaged in the CHIP at all. This barrier was directly related to suggestions for improving communication and outreach about the CHIP to increase partner engagement moving forward.

Improving the community health needs assessment (CHNA)

Partners shared ideas for improving the CHNA, a regional effort to gather data on community health status, experiences, and needs to inform CHIP priorities and strategies. All ideas for improving the CHNA centered on including and reflecting more voices and communities in the assessment. Specific strategy recommendations include 1) prioritizing data collection among priority populations (e.g., individuals with disabilities, community members who don't speak English), 2) collecting more qualitative data to uplift stories, 3) ensuring all data collection is culturally and linguistically responsive, and 4) working with local businesses to promote community-wide participation in data collection. A few partners shared their vision for a future in which participating in the CHNA is normalized and as easy as responding to a text message.

> "So it's important for public health to really know who is the population, where are the gaps in the population, who is doing the work directly with that particular population? And to continue to build those relationships, understand, work with those agencies that are providing that service to community members, to engage with them, and know who they are, and just make that effort of continuing to have a good grip of what is happening."
>
> —— Interviewee

One opportunity elevated by many participants was to collaborate with CBOs serving priority populations to support recruitment and engagement in CHNA data collection. Notably, Washington County has several

culturally-specific CBOs interested in deepening their engagement in the CHNA and CHIP process; of the 64 partner survey respondents, 19 represent culturally-specific CBOs.

Priorities for the next CHIP

While the majority of the engagement on the topic of the CHIP focused on improving the CHIP structure and process, a few participants in interviews, focus groups, knowledge exchanges, and partner meetings shared specific health issues they'd like to see prioritized in the next CHIP. Those health issues are:

- Mental health (specifically supporting the mental health needs of immigrant and refugee community members, including post-traumatic stress disorder (PTSD) services, suicide prevention, and strategies for addressing stigma associated with discussing mental health and seeking mental health services)
- Access to care (with a focus on increasing access to health care services such as child vaccines, dental health services, and pharmacy services)
- THWs (including expansion of their workforce within WCPH and within CBOs, sustainable funding for THWs, and integration of THWs into all CHIP work since THWs are a bridge and trusted resource for community members).

The CHIP partner survey also asked partners about the topics they are interested in. While partners expressed a large variety of interests and most respondents selected multiple topics of interest from the drop-down menu provided, the top health issues were:

- Access to care
- Social determinants of health
- Mental and behavioral health (including promotion, prevention, treatment, and community connection)

Improving partnerships

Across all CHIP engagements, a key theme emerged around improving partnerships. Participants expressed their desire to build on past collaboration successes to expand and deepen partner engagement in the CHIP. The top strategy participants mentioned for improving partnerships was building diverse leadership; participants want to continue centering the wisdom and strengths of CBOs and in particular organizations that serve priority populations. This includes resourcing organizations to build internal capacity and influence decision-making at all levels of CHIP implementation and other county-wide policies and initiatives.

Participants also noted opportunities to leverage partnerships through coalition-building as a strategy for achieving greater collective impact, which means spending time, energy, and other resources to share information, gain understanding, and develop the will to engage diverse partners around common goals. When asked on the CHIP partner survey about their hoped-for outcomes of participating in the CHIP, 11 respondents expressed a desire to network with other organizations and the county and 10 expressed a desire to contribute to collaborative projects with shared goals and metrics. Fewer respondents noted interest in training and professional development, support for community-led initiatives, health policy development, and information and resource-sharing.

Participants in knowledge exchanges and partner meetings expressed a few additional ideas about deepening partnership in the CHIP. Some shared ideas for improving cross-sector collaboration by engaging schools, local businesses, and health system partners more deeply in the CHIP. Health systems and local businesses were identified as having additional resources to bring to the table to maximize impact. Finally, a few partners noted opportunities for creating affinity spaces for organizations representing or serving similar communities (e.g.,

disability communities, organizations employing THWs) to gather and share about how their work intersects with CHIP priorities and collaborate with one another.

Improving resources and funding

On the topic of resources, participants had several reflections to share about improving the availability, accessibility, and distribution of funding for CHIP-aligned efforts.

Nearly all participants said they want to see more funding brought to the table to implement strategies. More funding opportunities was the top hoped-for outcome of CHIP survey respondents, with 19 respondents prioritizing that outcome. Many participants in focus groups, knowledge exchanges, and partner meetings hoped to see Washington County dedicate more funding to implementing the CHIP, and many hoped to see more blending and braiding of funding from different partners and sectors. Using multiple funding streams for shared work was noted as one way to enhance the sustainability of CHIP work and the longevity of partnerships.

The top need identified across CHIP-focused interviews, focus groups, knowledge exchanges and partner meetings was directing more funding and resources to community organizations for their work in leading community health improvement efforts. CBOs have built strong relationships and trust with communities across the county, and have skills and expertise for the work, including research, policy advocacy, community organizing and health care services. A few participants felt that county funding is distributed inequitably to partners and gives preference to organizations the county already has relationships with. These participants would like to see funding go directly to the organizations best equipped to meet specific needs and serve prioritized communities. Participants noted that low-barrier grant funding to CBOs has been a success to build on to ensure resources are accessible for partner organizations and support community capacity-building.

A few participants discussed the idea of expanding compensation for partners engaged in the CHIP leadership structure, whether that means serving in a committee chair or co-chair role, participating as a committee member, leading work to engage community members at various stages of the CHNA and CHIP process, or engaging in other ways.

Finally, a few participants wanted to see the county prioritize filling staff vacancies and expanding WCPH staffing, noting that the county is currently understaffed to provide essential services, resources, and information to community members.

Improving communication

Across all CHIP engagements, participants shared their desire to improve communication with the goals of building broad community awareness about the CHNA and CHIP, keeping partners engaged and informed, and providing essential community resources and information related to CHIP priorities.

CHIP survey respondents expressed a great desire to receive information, resources and updates on CHIP work. And over two thirds of interview, focus group, knowledge exchange, and partner meeting participants recommended that WCPH and partners share more about CHIP efforts and their impact in the community. Specific ideas included:

- Hosting community-facing events to increase awareness and connections (e.g., topic-specific convenings on CHIP priorities)
- Going to individual CBOs to present about the CHIP, including the priorities, strategies, and resources available, to get more partners interested and engaged

- Renaming and “branding” the CHIP so that all community-facing materials are catchy and easy to understand
- Collaborating with THWs to be trusted messengers about the CHIP in the community
- Launching a newsletter for sharing updates from CHIP committees and profiles of partners involved
- Developing an annual report to share the impact of the CHIP.

The other communication-focused theme that emerged was the importance of having consolidated and accessible resources and information for community members. Participants envisioned having one repository for all community resources related to the CHIP priorities, whether hosted on a WCPH webpage or elsewhere.

Measuring impact

Several participants would like to see more emphasis on measuring the impact of the CHIP moving forward. Specific ideas include:

- Utilizing data dashboards for each CHIP priority to track relevant community health indicators and progress toward improved health outcomes
- Focusing on eliminating health disparities by tracking specific indicators of those disparities and mapping service and resource gaps that need to be addressed to improve health equity
- Creating an annual report on the impact of the CHIP that could include both process measures (e.g., breadth and depth of partner engagement in the CHIP, improved collaboration, priority populations reached), outcome measures (e.g., improvements in access to and utilization of services, changes in health outcomes), and stories from community organizations receiving CHIP grants.

> "All the work that the government does, that we do, it's going to be delivered to this community, but at the end, I mean I would love to see something that we can hear, okay, is the community feeling that all that work is worth it? I mean, did they feel that they got what they needed or not? Are we meeting the expectations?"
>
> —— Focus Group Participant

WCPH role and opportunities

While it wasn't an explicit discussion question during CHIP engagements, participants shared ideas about the unique role that WCPH could play in the CHIP. Participants in interviews, focus groups, knowledge exchanges and partner meetings want WCPH to continue to provide backbone support, get partners together, and provide public health expertise and funding for CHIP work. Several CHIP survey respondents shared interest in training, technical assistance, and professional development that could be offered or supported through the CHIP. A few partner meeting participants also shared opportunities for WCPH to provide training and capacity building to other county departments on community engagement and accessible community grant processes and to better integrate initiatives with Washington County Health and Human Services (HHS). Finally, several participants mentioned the important role WCPH plays with regional partners and would like WCPH to sync the CHIP timeline and priorities with other regional CHIPs.

Community Recommendations for CHIP Structure, Process, and Planning

1. **Deepen community engagement in the CHNA and CHIP processes**. Specifically focus more effort in the CHNA to collect data from priority populations whose voices are underrepresented and build opportunities and structures for community members and partners to be involved in selecting CHIP priorities and directing initiatives.

> "My vision for the CHIP? I'd like to see a process that includes many opportunities for community members to be involved in shaping and implementing strategies."
>
> —— Partner Meeting Participant

2. **Increase communication about the CHIP with community organizations and public sector partners to facilitate their engagement.** Use clear and brief descriptions of the work and visual tools, such as the CHIP visual (Appendix C). Take a tailored approach that meets each partner where they are at and is responsive to their interests and capacity. One first step is to follow-up with each CHIP partner survey respondent to get them plugged in how and where they desire.

3. **Build more partner support and resources into the CHIP structure and process**. This can include compensating partners for their engagement and leadership, providing training to partners and technical assistance to partner organizations on key issues to support capacity-building, and creating more spaces for collaboration among organizations serving similar populations, coalition-building, and cross-sector initiatives.

Appendix

A. Community Engagement Advisor Role Description (English and Spanish)
B. Data collection instruments
    1. All Topic Interview Guide, English - Phase 1
    2. All Topic Interview Guide, Spanish - Phase 1
    3. All Topic Focus Group Guide, English - Phase 1
    4. Climate and Health Focus Group Guide, English - Phase 1
    5. Emergency Preparedness Focus Group Guide, English - Phase 1
    6. Emergency Preparedness Focus Group Guide, Spanish - Phase 1
    7. CHIP Focus Group Guide, English - Phase 1
    8. Health Equity Focus Group Guide, English - Phase 1
    9. Community Data Needs Focus Group Guide, English - Phase 1
    10. Health Equity Knowledge Exchange Guide, English - Phase 1
    11. Health Equity Knowledge Exchange Guide, Spanish - Phase 1
    12. Climate/Emergency Preparedness Knowledge Exchange Guide, English - Phase 1
    13. CPO Mini Survey, English - Phase 2
    14. Climate and Health Tabling Materials, English - Phase 2
    15. Emergency Preparedness Tabling Materials, English - Phase 2
    16. Emergency Preparedness Knowledge Exchange Guide, English - Phase 2
    17. Climate and Health Intercept Survey, Multiple Languages - Phase 2
    18. Health Equity Community Partner Interview Guide, English - Phase 2

C. Draft CHIP Visual (English and Spanish)