

# CJP Community Forum: Health Goal

Tuesday, November 4, 2025

## Meeting Notes

### Attendees (in person)

- Brendon Haggerty - Project staff, MultCo Environmental Health
- Tim Lynch - Project staff, MultCo Office of Sustainability
- Kirsten Aird - Multnomah County Public Health
- Simone Crowe - Centennial Community Resilience Network
- Danny Cage - Multnomah Educational Service District
- Melanie Platt - Oregon Physicians for Social Responsibility

### Attendees (online)

- Jairaj Singh - MultCo Environmental Health
- Monique Smiley - Project Staff, Mult Co Office of Sustainability
- Nsilo Berry - MultCo Racial and Ethnic Approaches to Community Health
- Renee Huizinga - MultCo Chair's Office
- Barbara Snow - MultCo Behavioral Health / NAACP EJ Committee
- Jeremy O'Leary - MultCo IT
- Diane Meisenhelter - Extinction Rebellion
- Michaela McCormick - Extinction Rebellion
- Amy Rathfelder - NW Natural
- Diala Villavicena- Community member
- Gayle Palmer - Thrive East PDX / Community Resilience
- Kate Murphy - Columbia Riverkeepers
- Norika Yamaguchi - Phd Student in Community Health at PSU, East Portland resident
- Denise - Rooted in Natural Healthcare
- Xitlali Torres - Verde
- Babs V - Community member
- Karen Wolfgang - CO2 Foundation

### **Overview on Mult Co's existing work on this goal**

- Staff presented on existing efforts related to the CJP "health" goal
- Public health = population level response, keep people out of the doctors office
- Kate - What is the collaboration among the County/Oregon Health Authority (OHA)/City/Regulators on how we are reducing harm that is already happening and how we are engaging in prevention policy making? Collaboration is needed as industry is really good at finding loopholes.
  - Oregon is a decentralized system and there is opportunity beyond information sharing and stronger collaboration. OHA is overseen by the governor and it's important when community calls out and asks elected officials – it's not always easy to get a seat at that table.

### **Outcome Metrics**

- Melanie - it seems like metrics do not focus a lot on process. Much harder to prove outcome measures, might want to also look at some health process measures.
- Unknown - Liked the regional climate health data story. How to measure population outcomes, and integrated considerations like utility rate increases, OHA program changes. How can access to resources and support be measured?
- Noriko - There were a lot of indicators in the EJ Snapshot and how will those be in the CJP? (ie cancer from mobile sources for air toxics).
- Noriko - From a mitigation standpoint, does OHA or Mult Co require any sort of measurements of decarbonization in the health system? To reach net zero, the health system also needs to decarbonize.
- Danny - Asked about HB4077 and if the County has been involved with the state EJ mapping indicators process. He said more rural counties have been involved. Brendon and Tim said they were involved to a limited degree at the state level with this.
- Barb - Obtaining data from Coordinated Care Organizations and Healthshare - using data from people the MultCo contracts with. Can emissions within the health sector within the state and county be measured? Challenge of tracking mental health, distributed across providers,
- Unknown - Patients are screened with the social determinants of health - would it be possible to pull SDOH data from EMR screenings for metrics? Also, if there are adaptations for climate would be great to be able to proscribe them - heat stress, emergency,
  - Brendon - Could be a good metric.
- Unknown - How many providers are aware of the OHA/CCO medicaid waivers, and how many are taken advantage of them? Another strategy could be to expand the eligibility, which is narrow. Also, the waiver would need to be renewed in 2027.
  - Brendon - Note there have been correlations found between heat and pre-term birth.
- Difficulty is capturing data at the population level, one alternative would be to identify the exposure pathways (air, earth, water), and look at where folks get exposed (home, work, play etc.) and to drill down to more specific demographics.
- Jeremy - Given the fluid nature of current events and how climate change will be impacting us, should this include tracking the quality of health insurance and accessibility to health care? For example with extreme weather disasters and insurance companies pulling out, seems like a priority to track. Tracking changes in health care, how different communities are able to access, over time
- Noriko - Asked how many providers are accessing and sharing climate related services to medicaid patients?
- Unknown - Question about to what degree are other programs reflected in the plan? Can CJP serve as a landing place for collective action? Including resources and data and inputs, providing greater visibility.
- Unknown - Suggestion to include [heatwave.gov](https://heatwave.gov) as a metric/resource.

## Strategies

- Xitlali - highlighting the importance of mutual aid in these strategies and also understanding that data can be undercounted. When it comes to access in healthcare and hospitals, undocumented folks do not have that access and are at risk of deportation.

- Michaela - all of the strategies included in this plan are vital and the government is limited by budget constraints. How is the County considering funding strategies? Being capital starved is part of the future.
- Danny - climate change strategies are also a movement led by the community, using resources like PCEF, recognize continuing and building on that model.
- Unknown - Challenge of prioritizing County resources. It is important to bring together folks working on different issues of homeless, hospital professionals, into "climate cafes" to align activities.
- Finding ways to group the activities, come together
- Diane - Incorporate the [HEART](#) standards into all policies and requirements. Need to make sure that solutions aren't inadvertently causing more problems.
- Melanie - in prioritizing these strategies, you could group them into what the county is doing (ie woodsmoke season + health literacy). Ensure that these strategies don't just stand alone, interrelated.
- Noriko - Asked about climate related health services within the healthcare system?
  - Brendon responded that MultCo has a contract with Oregon Health Authority that provides resources to medicaid patients but it's not in the private health system. The eligibility requirements are very narrow and could be expanded.
- Kate - Asked how can these strategies capture the entire population? These issues often feel segregated and identify disparities among different indicators.
- Simone - There is a need for a large network of hubs to support climate preparation and post disaster recovery. Recognize the need for third spaces to support folks' health. Connecting with equity economic opportunity groups who are working with BIPOC small businesses.
- Simone - It would be great for PCEF to fund some of these strategies. Their grants are very narrow and there could be advocacy opportunities to expand these funds.
- Unknown - City has housing infrastructure, where does the County come in, where can the County regulate. Not currently any indoor air quality standards, there is no reference value to enforce, doesn't exist in the US.
- Unknown - Recommend a disaster resilience fund to support networks and hubs, funds to keep folks safe in their homes, places to go if they are not.
- Unknown - OHA covers massage and somatic healing, pilot with Vets, SA survivors, could be something to build on.
- Unknown - Engage with economic opportunity organizations, growing incomes is a path to better health outcomes. Look to examples like the economic equity summit (hosted by East Portland Thrive).
- Unknown - Consider pulling out a specific box for funding considerations.

## Closeout

- Kate Murphy - When and how will the comments that are shared privately after the meeting be shared out with participants. Can we post the information, can we do it sooner rather than later?