

Multnomah County Community Health Assessment

Identifying the Most Important Health Issues Through Multiple Community Engagement Processes

Community Themes and Strengths Assessment



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INTRODUCTION

This report presents the findings from the first phase of the Multnomah County Community Health Assessment. This first phase is the Community Themes and Strengths Assessment, and was conducted from September 2010 through April 2011. This study is the first of four complementary assessments based on the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model.

MAPP is a community planning process developed to identify key health issues and recommendations to improve public health through the involvement of community members and stakeholders from community-based organizations, advocacy organizations, and government. The process is facilitated by public health leaders and is intended to increase the efficiency, effectiveness, and, ultimately, the performance of local public health systems.

Mobilizing for Action through Planning and Partnerships (MAPP)

The standard NACCHO MAPP process includes the following four assessments:

- (1) The Community Themes and Strengths Assessment identifies the health-related issues that are most important to community members.
- (2) The Community Health Status Assessment describes the health of the community through quantitative data on key health indicators (e.g., leading causes of death, rates of first trimester prenatal care).
- (3) The Local Public Health System Assessment highlights the strengths and challenges of our current local public health system.
- (4) The Forces of Change Assessment identifies the political, social, and economic issues that could affect the local public health system's ability to address health-related priorities.

Multnomah County Modifications to the MAPP Model

The Multnomah County Assessment was tailored to capitalize on community engagement efforts previously conducted by community-based organizations and local government. These changes meant the Community Themes and Strengths Assessment could build on community input previously collected.

Additionally, the Local Public Health System Assessment and Forces of Change Assessment were combined because the information collected for each was obtained through 43 interviews with more than 50 leaders in public health, local government, community-based services, transportation, education, employment, and planning. All of whom were qualified to speak to the current capacity and future opportunities and uncertainties affecting the local public health system.

PROCESS USED TO ASSESS COMMUNITY THEMES AND STRENGTHS

The Community Themes and Strengths Assessment was conducted in three steps. The first built on previous assessments conducted by local entities, the second involved the development of a short-term multi-agency advisory group, and the third solicited input from community members whose voices may not have been included in the findings from the previously conducted community assessments and engagement projects.

Inventory of Previous Assessments

The purpose of the Community Themes and Strengths Assessment was to identify the most important health-related issues according to the people in Multnomah County. To this end, significant effort was put into engaging as many people as possible. The first step was to identify multiple community assessments and engagement projects conducted within recent years,¹ with an emphasis on those conducted within the last five years. In all, findings from 29 community assessments and engagement projects were compiled into the first iteration of an “inventory,” (i.e., a compilation of assessment descriptions and their findings). These community assessments and engagement projects included large-scale surveys, focus groups, photovoice projects, and stakeholder interviews.

This step served three purposes: (1) It increased the number of community members whose voices could be included; (2) It prevented duplication of effort, important as an economic measure as well as a way to respect community members who had already shared their opinions; and (3) It utilized the extensive and diverse community engagement work local community-based organizations, advocacy organizations, and government programs have done.

Next, staff interviewed stakeholders from each assessment in order to ensure that their findings and the populations involved were characterized accurately. It was not possible to prioritize the findings from this collection of study designs; therefore, the findings are presented in order by the number of community assessments and engagement projects in which they were identified (i.e., the first theme was identified in the most efforts, etc.). Some of the themes were identified in the same number of previous studies.

As will be discussed in the next section, the first version of the inventory was used by an advisory group to identify additional community input to be collected. This additional community input, collected in a focus group study and community health survey, was incorporated into the final inventory comprised of 31 community assessment and engagement projects. Table 1 highlights the themes from the final inventory. The list of community assessments and engagement projects included in the inventory along with the final inventory are included at the end of this report (Tables 3 and 4 respectively).

¹ The majority were conducted within the last five years.

Table 1: Identified Health Issues: Themes from the Final Inventory of Community Assessments and Engagement Projects (and the number of assessments in which they were identified)

<ul style="list-style-type: none"> • Involvement in public decision making (23) • Economic and employment opportunities for everyone (22) • Community health promotion activities (20) • Healthy built environment (16) • Universal health care (16) • Access to behavioral and mental health services (16) • Strong sense of community (16) • Education opportunities for everyone (16) • Stable housing (14) • Elimination of racism (12) • Public safety (12) • Access to public transportation (11) • Affordable and healthy food (11) • Environmental health (10) 	<ul style="list-style-type: none"> • Preservation of cultural diversity (9) • Commitment to child health and welfare (9) • Equitable health care spending (6) • Access to technology (5) • Access to language classes (5) • Personal responsibility for health (5) • Transparency in research practices (4) • Protection of the natural environment (3) • Chronic disease prevention (3) • Presence of art and cultures (2) • Health education and literacy (1) • Limited government involvement in health care (1) • Increased accessibility of resources (1) • Government accountability and responsibility (1) • Domestic/Intimate partner violence (1)
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(#) The number of assessments/engagement projects in which issue was identified

The Multnomah County Community Health Assessment Advisory Group

The Multnomah County Community Health Assessment Advisory Group was convened specifically for the community health assessment and was comprised of partners from several programs within the Multnomah County Health Department, city bureaus, and community-based organizations. The Advisory Group met five times between October 2010 and June 2011. Special efforts (i.e., phone conversations, e-mail, and meetings) were made to solicit feedback from members who were unable to make meetings, as well as from partners who were unable to formally join the Advisory Group but provided feedback during the process.

The Advisory Group was asked to participate in the development of the MAPP assessments and to use the findings from each of the assessments to identify “key health-related issues.” These issues are intended to inform future public health planning and the development of a health improvement plan. Table 5 provides a list of the Advisory Group members and stakeholders.

Once the findings from the initial inventory of community assessments and engagement projects were compiled, they were presented to the Advisory Group. They reviewed the inventory findings to identify populations that did not appear to be involved in these early efforts. As a result of this process, the group recommended that focus groups and a survey be conducted with community members from the groups listed in Table 2.

The majority of populations prioritized by the Advisory Group were engaged in either the focus groups or community survey; due to recruitment or facilitation challenges (e.g., the difficulty of connecting with people living in rural or unincorporated areas of Multnomah County and limited resources for translation services) some prioritized populations were not engaged to the level desired.

Table 2: Prioritized Populations for Focus Groups

1. Populations between 20 and 40 years old (Emphasis on East and Mid-County) Men and women of reproductive age Young Latina mothers
2. Rural communities/ unincorporated Multnomah County
3. Low-income people (Emphasis on East and Mid-County) People below 200% FPL (\$44,100 for family of four)
4. Immigrants & refugees African immigrants- especially elders Slavic community- especially middle aged Families who immigrated from rural areas of a developing country
5. Communities of color (those engaged to a lesser degree in previous assessments) Native Americans/ American Indians African Americans displaced to East and Mid-County Pacific Islanders
6. Population by housing status Homeless (all ages) Transitional (all ages) Renters & mixed income housing

Additional Community Input Collected

Two studies were conducted to solicit additional community input in response to the Advisory Group's recommendation.

Focus Groups

During February and March 2011, 13 focus groups with 72 participants were conducted in Mid-County and East County. The purpose of these discussions was to learn what people in Multnomah County feel are the most important issues affecting their health and that of their families and communities. The questions asked during the groups were developed by the Community Health Assessment Advisory Group based on their professional expertise and what had been asked in previous assessments (based on the inventory findings).²

Findings from these focus groups are incorporated into the themes from the final inventory of community assessments and engagement projects, as shown in Table 1.

² Summary information from *Multnomah County Community Health Assessment: Discussions with People Living in Mid-County and East County*, August 2011. Christine Sorvari

Community Health Survey

The Community Health Survey was conducted during the spring of 2011. The purpose of the survey was to collect opinions and perceptions of health in Multnomah County from specific populations that may have been missed in previous health assessments, such as residents of Mid-County and East County. Survey questions elicited opinions on key factors that improve quality of life, the most important health problems, and risky behaviors that have the greatest impact on community health in this county. The survey also asked respondents to rate their health and their community's health on a five point Likert scale. The 15-question survey was adapted from the NACCHO MAPP Community Strengths and Themes Survey. Additionally, demographic information was collected including household income, education level, ethnicity, age, sex, and insurance status.³

Potential survey respondents were Multnomah County residents 18 years or older who were willing to complete the survey. Surveys were available in English and Spanish. There were 476 completed surveys. The majority of the survey respondents, like the focus group participants, were from Mid-County and East County. The survey reached individuals with higher household incomes than those participating in the focus groups. The survey sample was also older and less racially and ethnically diverse than the focus group participation.

Findings from the survey are incorporated into the themes from the final inventory of community assessments and engagement projects, as shown in Table 1.

Table 3: Multiple Community Assessment and Engagement Projects

Project Name/Date	Project description/ background
ACHIEVE Community Assessment (Fall 2009-Winter 2010) MCHD	Assessment engaged community members and provided an inclusive, empowering political process through group discussions, walking tours, key leader interviews, and organization tours. Overall focus was to increase equitable and culturally relevant policies so that African American, African, and Black communities in Multnomah County have equitable access to tobacco-free and smoke-free environments, opportunities for physical activity, and healthy food. The assessment findings were supplemented with recommendations and findings from other assessments.
African American Health Coalition Policy Survey (2010)	Survey of African American members involved in the African American Health Coalition exercise program (mostly in N and NE Portland). Focused on the following topics: (1) retail and food environment, (2) community gardens, (3) park use and barriers, and (4) use of parks and recreation facilities.
CAUSA Health care Meetings (Winter 2009)	Small group meetings to discuss immigration and health care issues.
CAUSA /Latino Health Coalition and NW Health Foundation Latino Health Assembly (2010)	An assembly bringing together community members, policy makers, health care advocates, and legislators to discuss expanded access for uninsured Latino children to the Healthy Kids Program and increasing state funding for safety net and community clinics.

³ Summary information from *Multnomah County Community Health Assessment: A Survey of Multnomah County Residents, Survey Report*, August 2011. Maya Bhat

Community Connect (2006-2008)	Listening sessions and survey to learn what are the strengths and challenges of Portland's community involvement system. Purpose was to strengthen involvement in Portland's communities, create a welcoming environment for public participation, and reinvigorate the partnership between community and government.
Community Health Partnership: SNAP Roundtable (2009)	Roundtable discussions with key stakeholders about nutrition and health promotion within the Supplemental Nutrition Assistance Program (SNAP).
Communities of Color in Multnomah County: An Unsettling Profile (2010)	Report documenting the experiences of communities of color in Multnomah County using data from the Census and the American Community Survey. Report also includes recommendations and calls for action.
Disability Health Promotion (April 2006-March 2007) MCHD	Survey to identify health promotion needs of disabled clients who receive primary care through Multnomah County Health Department.
East Portland Review and Action Plan (2007)	An overview of development, change, and livability issues affecting Portland's eastern neighborhoods. It is intended to inform potential changes in land development policy and regulation, public services and other community-development related activities. The action plan is designed to build on information gathered in the East Portland Review study and look strategically at short-term opportunities to improve livability, as well as long-term strategies to address some of the challenges facing East Portland.
Healthy Birth Initiative Focus Group Study (2008) MCHD	Focus groups with African American community members and service providers to gather information about health concerns, and barriers to housing and employment.
Health Equity Initiative Unnatural Causes (Spring 2008) MCHD	Surveys and facilitated discussions with community members attending the screenings of the video series <i>Unnatural Causes</i> . Focus on the root causes of racial and ethnic health disparities and their possible solutions, social justice, and equity.
Healthy Eating/Active Living Coalition (HEAL): Photovoice Research Project (2008)	Photovoice research project conducted by a team of parents from both Clarendon at Portsmouth K-8 School and James John Elementary documenting barriers to healthy eating and active living in their neighborhoods. Discussion of the photographs led the parents to develop a series of policy recommendations which were the driving force for the Coalition's work plan.
Immigrant and Refugee Community Organization Community Engage Project (2010)	Event to identify training topics for immigrant and refugee community members to gain skills so that they can effectively interface with public policy groups and elected officials. Focus is to promote community members to become actively involved in civic activities.
Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference (2010)	An all-day conference for immigrant and refugee communities to prioritize their needs and interface with policy makers.
Karen Community Support Group: (2009/2010)	Series of groups with Karen community members, with the first one being a "brainstorming" of issues that have been challenging in their efforts to adapt to life in the United States. Subsequent groups involved education and support to help address these challenges.
Latino Patient Advisory Council Focus Groups (2010)	A focus group held with the Latino Patient Advisory Council at Wallace Medical Center. Participants were asked how they see a healthy community, what the barriers are to having a healthy community, why those barriers exist, what the current needs of the community are and how WMC can better meet those needs.

Legacy Health Community Health Needs Assessment (2010)	Community health needs assessment in progress. Formal report in progress at time of this project. Health Department met with staff at Legacy. Preliminary community-identified findings have been included in the inventory.
Making the Invisible Visible (2007-2010)	Story of Native people of Portland, Oregon written by the leaders and representatives of 24 Native communities and agencies. Project was designed to educate key audiences about the concerns that the Native people of Portland share. A formal community assessment specific to Native communities will be released through the Coalition of Communities of Color.
Multnomah County PACE Environmental Health (EH) Community Coalition (2004)	Community meetings, photo voice, interviews, and walking tours conducted to involve North and Northeast Portland communities in the planning and decision making about local environmental health and environmental justice issues.
Multnomah County Community Health Focus Groups (2011)	Focus groups with community members in Mid-County and East County. Overall goal was to reach populations not reached in many other assessments (that were already included in the Community Health Assessment inventory). Community members were asked about general health issues and community needs.
Multnomah County Community Health Survey (2011)	Survey conducted with community members throughout Multnomah County. Purpose was to reach populations not reached in many other assessments (that were already included in the Community Health Assessment inventory). Community members were asked about general health issues and community needs (using an adapted NACCHO survey).
Northwest Health Foundation Community Health Priorities (2006)	Surveys and blogs to gather information from people throughout the state about their vision of a healthier life for everyone. Overall goal was to create a sustainable community dialogue and develop public health policies and priorities that truly reflect community needs.
Oregon Health Improvement Plan (2010)	Series of forums and public input survey resulting in a series of recommendations to improve the lifelong health of Oregonians, prevent chronic disease, and stimulate innovation and collaboration within our communities. Its focus is on finding ways to ensure people's health long before health care is needed.
Oregon Latino Agenda for Action Summit (2010)	Summit to identify and prioritize policy recommendations and a strategic agenda for action for the Latino community through community input.
Portland Plan (2005- current)	Multi-faceted community engagement project intended to inform and develop a 25 year strategic plan for Portland. Includes setting goals, discussing the obstacles that get in the way and generating ideas that bring us close to what the community really wants for the future. Multiple listening sessions and subcommittees formed to process all information.
Regional Equity Atlas (Created 2005-2007; Community Input 2007-2009)	Assessment of access to resources like affordable housing, transit, parks and grocery stores, the Atlas illustrates (via maps) which people and places have the best access and which ones have the worst access to these important assets. It was unveiled in a series of forums- gathered community feedback, responses to maps and information.
Salir Adelante (1999-2000)	Series of community focus groups. Theses themes, along with others, were discussed at the Oregon Latino Agenda for Action event. Focus was the view of services of Multnomah County Hispanic residents. Two planning meetings were held with Multnomah County area service providers.
Speak Out (2009)	Survey to gather descriptive data about the health and well-being of LGBTQI individuals in the Portland metropolitan area. Conducted to inform efforts to promote health equity across sexual orientation and gender identity.

Urban League State of Black Oregon (2009)	Assessment and report on the African American community using case studies and developing policy recommendations. Examined seven key social and economic indicators, racial disparities, and institutional barriers to prosperity and well-being.
visionPDX (2005-2007)	Survey and numerous community engagement activities create a vision for Portland for the next 20 years and beyond.
Your Oregon, Your Health (Spring 2008)	Fifteen community meetings throughout Oregon to gather input on health reform and inform the Oregon Health Fund Board preparing its draft for the 2009 Legislative Session. Participants discussed what they would like health reform to look like.

The following health systems were contacted during the development of this inventory. Because their community health needs assessments⁴ were in various stages, findings were not available.

Adventist Health & Adventist Medical Center (2010)	Community health needs assessment in progress
Kaiser Permanente Refresher Assessment (2009)	Community health needs assessment in progress in partnership with Portland State University Metropolitan Studies.
Providence Health and Services (2010)	Community health needs assessment in progress

⁴ Section 9007 of the Patient Protection and Affordable Care Act ("ACA," the 2010 federal health care reform law, P. L. 111-148) requires that a nonprofit hospital must conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment. This process must take into account input from people representing the broad interests of the community served by the facility, including those with special knowledge or expertise in public health issues. The needs assessment process must be made widely available to the public. Hospitals have three years to complete their first community health needs assessment (12/31/13 for calendar year taxpayers and 6/30/13 for fiscal year taxpayers).

Table 4: Final Inventory: Important Health Issues Identified

Themes	Community Assessments and Engagement Projects
<p>Involvement in public decision making: Commitment to social and civic engagement; responsiveness and accountability to community input and priorities; access to the legislative process; self-advocacy; knowing your voice counts; voting</p>	<ul style="list-style-type: none"> -CAUSA Health care meetings -Communities of Color in Multnomah County -Community Connect -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD Healthy Birth Initiative -MCHD Disability Health Promotion -MCHD Health Equity Initiative -Multnomah County PACE EH Assessment -Oregon Health Improvement Plan -Oregon Latino Agenda for Action Summit -Regional Equity Atlas -Salir Adelante -SNAP Roundtable -Speak Out Survey 2009 -The Portland Plan -The State of Black Oregon -visionPDX -Your Oregon, Your Health
<p>Economic and employment opportunities for everyone: Commitment to economic prosperity, sustainability and innovation and to workforce development; equity in access to living wage, employment opportunities and economic recovery; commitment to poverty reduction; access to financial education; hiring of more bilingual/ bicultural staff; pay incentives for linguistic and cultural skills; providing basic needs for survival; assistance with utility bills; ability to become self sufficient</p>	<ul style="list-style-type: none"> -Communities of Color in Multnomah County -East Portland Review and Action Plan -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Karen Community Groups -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD Community Health Survey -MCHD Disability Health Promotion -MCHD Healthy Eating Active Living -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -Oregon Latino Agenda for Action Summit -Regional Equity Atlas -Salir Adelante -The Portland Plan -The State of Black Oregon -visionPDX

<p>Community health promotion activities: Commitment to culturally-appropriate disease prevention, wellness programs, health education and health promotion activities including access to opportunities for physical activity; services provided in appropriate languages</p>	<ul style="list-style-type: none"> -African American Health Coalition Policy Survey -CAUSA Health care meetings -IRCO Community Engage Project -Karen Community Groups -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -NW Health Foundation Community Health Priorities -Oregon Health Improvement Plan -Salir Adelante -SNAP Roundtable -Speak Out Survey 2009 -The Portland Plan -The State of Black Oregon -Your Oregon, Your Health
<p>Healthy built environment: Commitment to an accessible and sustainable built environment including sidewalks, streets, neighborhoods, community gardens, bike routes, walking routes, bike parking, landscape character, parks, recreation areas, community and meeting spaces; provision of social services, and city centers; creation of “20-minute neighborhoods”; clean neighborhoods, vector control</p>	<ul style="list-style-type: none"> -African American Health Coalition Policy Survey -IRCO Community Engage Project -East Portland Review and Action Plan -Legacy Health Community Health Needs Assessment -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD Disability Health Promotion -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -Multnomah County PACE EH Assessment -Oregon Health Improvement Plan -Regional Equity Atlas -Salir Adelante -Speak Out Survey 2009 -The Portland Plan -visionPDX
<p>Universal health care: Universal access to affordable, culturally appropriate and sustainable health care/ medical care; navigating health and medical care system; coverage for undocumented people; including dental/ oral health; unrestricted (by gender, age or status with or without kids); access to preventive care</p>	<ul style="list-style-type: none"> -CAUSA & Oregon Latino Health Coalition: Latino Assembly -CAUSA Health care meetings -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Karen Community Groups -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -MCHD Community Health Focus Groups -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -NW Health Foundation Community Health Priorities -Oregon Health Improvement Plan -Speak Out Survey 2009 -The State of Black Oregon -Your Oregon, Your Health

<p>Access to behavioral and mental health services: Universal access with mental health services;* access to (sustainable and comprehensive) behavioral health care including drug and alcohol counseling ; mental health and drug addiction as chronic diseases</p> <p>* For both mental illness and stress resulting from racism, poverty, isolation, and trauma.</p>	<ul style="list-style-type: none"> -CAUSA Health care meetings -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD County Community Health Survey -MCHD Disability Health Promotion -MCHD Healthy Birth Initiative -MCHD Health Equity Initiative -Oregon Health Improvement Plan -Oregon Latino Agenda for Action Summit -Speak Out Survey 2009 -The Portland Plan -Your Oregon, Your Health
<p>Strong sense of community: Commitment to community empowerment; social connectivity, social cohesion, and access to social networks; community activities</p>	<ul style="list-style-type: none"> -Community Connect -East Portland Review & Action Plan -IRCO Shaping Our Future Community Needs Assessment -Latino Patient Advisory Group -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -Oregon Health Improvement Plan -Salir Adelante -SNAP Roundtable -Speak Out Survey 2009 -The Portland plan -visionPDX
<p>Education opportunities for everyone: Access to culturally competent, relevant, quality education and skill-building opportunities, especially related to employment attainment; commitment to healthy learning environments; address unequal education /achievement disparities; navigating education system; assistance in navigating system/ planning for college and job training; good schools</p>	<ul style="list-style-type: none"> -Communities of Color in Multnomah County -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Karen Community Groups -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD County Community Health Survey -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -Oregon Latino Agenda for Action Summit -Regional Equity Atlas -The Portland Plan -The State of Black Oregon

<p>Stable housing: Access to affordable, healthy, sustainable housing; commitment to improved house condition and safety; gentrification and displacement issues; development, coding and zoning issues</p>	<ul style="list-style-type: none"> -East Portland Review and Action Plan -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD Health Equity Initiative -MCHD Healthy Eating Active Living -MCHD Healthy Birth Initiative -MCHD County PACE EH Assessment -Oregon Health Improvement Plan -Regional Equity Atlas -The Portland Plan -The State of Black Oregon
<p>Elimination of Racism: Commitment to issues related to racism and discrimination including cultural competence, achievement disparities, criminal justice disparities, mistreatment at the hands of authority (especially police), exclusion from opportunities, direct violence, stress, and lack of respect; commitment to equity; eliminate police intimidation and harassment</p>	<ul style="list-style-type: none"> -Communities of Color in Multnomah County -IRCO Shaping Our Future Community Needs Assessment -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -Regional Equity Atlas -The Portland Plan -The State of Black Oregon
<p>Public safety: Commitment to crime prevention, violence prevention and safety; gang violence prevention; safe neighborhoods</p>	<ul style="list-style-type: none"> -East Portland Review and Action Plan -IRCO Shaping Our Future Community Needs Assessment -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD County Community Health Survey -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -Speak Out Survey 2009 -The Portland Plan -visionPDX
<p>Access to public transportation: Access* to efficient affordable public transportation and ride-sharing programs; public transportation schedules and locations that fit community needs (e.g., shift work)</p> <p>* For some it was to learn how to use public transportation as well as have it.</p>	<ul style="list-style-type: none"> -East Portland Review and Action Plan -IRCO Shaping Our Future Community Needs Assessment -Karen Community Groups -MCHD ACHIEVE -MCHD Community Health Focus Groups -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Eating Active Living -Oregon Health Improvement Plan -Regional Equity Atlas -The Portland Plan

Affordable & healthy food: Access to affordable, culturally appropriate, nutritious food; access to education about nutrition	-African American Health Coalition Policy Survey -Karen Community Groups -Legacy Health Community Health Needs Assessment -MCHD Community Health Focus Groups -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -Oregon Health Improvement Plan -SNAP Roundtable -Speak Out Survey 2009 -The Portland Plan
Environmental health: Commitment to environmental health and justice including disparities by race, ethnicity, and income; exposure to pollutants; air quality; exposure to second hand smoke; problems with mold, trash, and lead; environmentally safe housing	-East Portland Review and Action Plan -MCHD Community Health Focus Groups -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -MCHD Healthy Eating Active Living -Multnomah County PACE EH Assessment -Oregon Health Improvement Plan -Regional Equity Atlas -The Portland Plan -The State of Black Oregon
Preservation of cultural diversity: Commitment to community distinctiveness and diversity	-IRCO Shaping Our Future Community Needs Assessment -Latino Patient Advisory Group -Legacy Health Community Health Needs Assessment -MCHD Disability Health Promotion -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -Speak Out Survey 2009 -The Portland Plan -visionPDX
Commitment to child health and welfare: Commitment to early childhood services and child welfare; commitment to children's safety, health, mental health, and general well-being; access to immunizations; access to affordable childcare; child abuse prevention	-Communities of Color in Multnomah County -Legacy Health Community Health Needs Assessment -Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD County Community Health Survey -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -The State of Black Oregon -Your Oregon, Your Health
Equitable health care spending: Commitment to sustainable and equitable health care spending; commitment to funding to address health inequities, public health, and prevention	-CAUSA Health care meetings -MCHD Health Equity Initiative -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -Speak Out Survey 2009 -Your Oregon, Your Health
Access to technology: Access to resources, technology, and information, especially in relation to obtaining employment	-East Portland Review and Action Plan -MCHD Disability Health Promotion -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -The Portland Plan

Access to language classes: Learn how to speak and write in English; know the English terminology for one's line of work; understand how to negotiate/access services; interact with teachers in English; access translation services	-CAUSA Health care meetings -IRCO Community Engage Project -IRCO Shaping Our Future Community Needs Assessment -Karen Community Groups -Latino Patient Advisory Focus Group
Personal responsibility for health: Commitment to improving personal health behaviors and encouraging people to exercise; personal responsibility for their own health; focus on multigenerational habits and norms	-Latino Patient Advisory Group -MCHD Community Health Focus Groups -MCHD Healthy Birth Initiative -Oregon Health Improvement Plan -Your Oregon, Your Health
Transparency in research practices: Commitment to research practices, data collection methods, funding, and policy that are transparent and support communities of color	-Communities of Color in Multnomah County -Oregon Health Improvement Plan -MCHD Healthy Birth Initiative -Regional Equity Atlas
Protection of the natural environment: Commitment to environmental sustainability, especially related to healthy watersheds; commitment to mitigating and adapting to climate change	-East Portland Review and Action Plan -The Portland Plan -visionPDX
Chronic disease prevention: Diabetes; asthma; obesity-related diseases	-Making the Invisible Visible -MCHD Community Health Focus Groups -MCHD County Community Health Survey
Presence of art and cultures: Access to art and culture; commitment to innovation and creativity	-The Portland Plan -visionPDX
Health education and literacy Detail to be added once final report is available	-Legacy Health Community Health Needs Assessment
Limited government involvement in health care: No legislative activities (or taxes) for public funded health care	-Oregon Health Improvement Plan
Increased accessibility of resources Systems that are easy to navigate; increased information about how to access resources; fewer limitations on who can qualify; culturally accessible (language)	-MCHD Community Health Focus Groups
Government accountability and responsibility: Responding to community-identified needs	-MCHD Community Health Focus Groups
Domestic/Intimate partner violence: Cannot define specific dimensions because data were from survey only	-MCHD Community Health Survey

Table 5: Advisory Group Member and Key Stakeholder List

Name	Agency/Programs/Titles
Sonali Balajee	Multnomah County Health Department Health Equity Initiative Program Manager
Liz Baxter	We Can Do Better (formerly The Archimedes Movement) Executive Director
Rachel Burdon	Public Health Institute Right from the Start Child Care Assessment and Strategic Planning Process for SNAP Outreach in Oregon Project Manager
Polo Catalani	Office of Human Relations, City of Portland New Portlander Programs Program Coordinator
Molly Franks	Multnomah County Health Department Community Health Services HIV/Hep C Prevention Operations Health Educator
Mariotta Gary Smith	Multnomah County Health Department Community Health Services HIV/Hep C Prevention Operations Health Educator
Jonathan Harker	City of Gresham Comprehensive Planning Manager
Nancy Harvey	Mt Hood Community College Child Development and Family Support Services Early Head Start Family Support Specialist
Brian Hoop	Office of Neighborhood Involvement Neighborhood Resource Center Manager
Michelle Kunec	Portland Bureau of Planning and Sustainability The Portland Plan and East Portland Review & Action Plan Policy Analyst
Sandra Meucci	African American Health Coalition Internal Program Evaluator
Midge Purcell	Urban League of Portland Advocacy and Civic Engagement Director of Advocacy and Public Policy
Alejandro Queral	Multnomah County Health Department Community Health Services Communities Putting Prevention to Work Healthy Communities by Design Program Supervisor and Oregon Health Improvement Plan Committee Member
Teresa Rios-Campos	Multnomah County Health Department Community Capacitation Center Program Development Specialist
Pei-ru Wang	Immigrant and Refugee Community Organization Community Health Program Manager

Stakeholders: Provided feedback, developed tools, or community engagement strategies

Rujuta Gaonkar	Multnomah County Health Department Community Capacitation Center Program Development Specialist Senior
Multnomah County Diversity & Quality Team	Multnomah County Health Department
Lai-Lani Ovalles	Native American Youth and Family Center Development and Community Engagement Indigenous Community Engagement Coordinator
David Rebanal	Northwest Health Foundation Senior Program Officer
Consuelo Saragoza	Multnomah County Health Department Public Health and Community Initiatives Executive Advisor

MULTNOMAH COUNTY COMMUNITY HEALTH ASSESSMENT REPORTS

The following six reports, written by the Health Assessment and Evaluation and Grants Development Teams, describe the methodology and findings of the multiple components of the Multnomah County Community Health Assessment.



Multnomah County Community Health Assessment Mobilizing for Action through Planning and Partnerships (MAPP) to Identify Health-Related Priorities

Summary Report, August 2011

Christine Sorvari, MS and Erin Mowlds, MPH



Multnomah County Community Health Assessment: Identifying the Most Important Health Issues through Multiple Community Engagement Processes

Community Themes and Strengths Assessment, August 2011

Christine Sorvari, MS



Multnomah County Community Health Assessment: Discussions with People Living In Mid-County and East County

Focus Group Report, August 2011

Erin Mowlds, MPH and Christine Sorvari, MS



Multnomah County Community Health Assessment: A Survey of Multnomah County Residents

Survey Report, August 2011

Maya Bhat, MPH and Emily Francis, MPH



Multnomah County Community Health Assessment: Using Quantitative Data to Measure the Community's Health

Community Health Status Assessment, August 2011

Claire Smith, MURP



Multnomah County Community Health Assessment: Interviews with Local Public Health System Stakeholders about Future Opportunities and Challenges

Local Public Health Care System & Forces of Change Assessments, August 2011

Erin Mowlds, MPH and Nicole Hermanns, MA

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