



Health

Every community member has access to the resources and underlying conditions that promote health and well-being

Goal: Every community member has access to the resources and underlying conditions that promote health and well-being.

Description

Climate change poses a significant threat in Multnomah County and jeopardizes access to the building blocks of good health: clean air, water, stable housing, and healthy food. It acts as a “risk multiplier,” worsening existing public health issues and intensifying health inequities, particularly for communities of color and low-income populations in the Portland region who are already experiencing health inequities.

Our commitment is to counteract this by ensuring universal access to the fundamental resources necessary for health and well-being, regardless of a person’s background or location. This includes providing clean water, nutritious food, safe and healthy housing, accessible green spaces, and quality health-care (including mental health support), as well as utilizing technology to bridge gaps and address diverse climate-related health challenges.

How we measure progress

Indicator 1: Heat-related emergency department (ED) or urgent care (UC) visits, hospitalizations, and deaths.

Description: Oregon’s public health and climate *accountability* metrics are designed to track progress toward a 2030 goal of building a modern, equitable, and resilient public health system. Established by the Public Health Advisory Board (PHAB) and managed by the Oregon Health Authority (OHA), these metrics focus on reducing the health impacts of extreme heat and wildfire smoke. Public health accountability metrics are one way that Oregon’s public health system ensures and demonstrates it is improving health, eliminating inequities, and effectively using public dollars through a modern public health system. Tracking health outcomes based on extreme temperatures, air quality, and infectious diseases is a way we can measure impact.

Current data: Heat-related illness ED/UC visits since 2021 have been much higher than in 2020 and earlier. Hospitalizations for heat-related illness were highest in summer 2021 (62 visits) and have been above 16 visits in Multnomah County since then. Most heat-

related deaths happened during the 2021 Heat Dome; summers since then have had more deaths than expected and have not returned to pre-Heat Dome levels.

Data source: [Regional Climate and Health Dashboard: Extreme Heat](#)

Indicator 2: Effects of climate change on psychological, mental and emotional health.

Description: The current and future impacts of climate change are having a detrimental impact on the mental health of individuals and communities, undermining their well-being and exacerbating other stresses they may be experiencing.

Current data: When thinking about climate change, about 75% of respondents in a regional climate mental health survey conducted in 2025 reported feeling sadness, anxiety/fear, and helplessness at least moderately, making these the most common emotional responses. In contrast, optimism was reported the least frequently, with only 28% reporting it to a similar degree. Over half of all respondents also felt grief and anger, while fewer than half reported feelings of guilt or shame.

Data source: [Regional Climate and Health Dashboard: Mental Health Survey Findings](#)

Indicator 3: Reported case incidence for climate-sensitive infectious diseases (communicable, vector-borne, and fungal infections).

Description: Changes in local and regional climate can allow some infectious diseases to become present in areas they were previously unable to survive or thrive.

Current data: Most disease cases tracked in this Regional Climate and Health Dashboard plummeted in 2020 due to the COVID-19 shutdown. Cases then rebounded in 2021 and continued to climb through 2023. From 2023 to 2024, the total number of cases generally decreased, but this varied by condition. While the two most common diseases, campylobacteriosis (Campy) and salmonellosis, declined, less common diseases like tuberculosis (TB), coccidioidomycosis (Valley fever), and Lyme disease increased slightly.

Data source: [Regional Climate and Health Dashboard: Infectious Disease](#)

Strategy 1: Implement the Climate and Health Resilience Plan.

Why does this matter?

The Multnomah County [Climate and Health Resilience Plan](#) fulfills an Oregon Health Authority requirement to develop a climate adaptation plan. The purpose of this plan is to guide the work of the County's Health Department and Public Health Division toward a just, resilient, and healthy future for Multnomah County.

This plan outlines three action areas to guide climate and health work: building frontline neighborhood heat resilience, making our housing more resilient, and promoting mental wellness.

Putting this into practice

- Build partnerships with agencies and organizations in *Heat Resilience Focus Areas*.
- Co-develop and pilot heat resilience solutions with partner organizations.
- Measure and monitor changes to heat resilience.
- Conduct a countywide Health and Housing Vulnerability Assessment to identify areas of elevated climate risk and housing precarity.
- Develop a suite of housing policies supported by evidence on climate impacts on public health.
- Engage with partner agencies to assess the risk of conflagrations and develop risk mitigation strategies.
- Develop measures of mental health impacts of climate change and continue to resource and deploy a climate mental health survey.
- Collaborate with community organizations to establish and maintain long-term trauma recovery networks.

Lead department(s)

Health Department

STRATEGY CATEGORY

- ☒ County Strategy
- ☐ Investment Opportunity
- ☐ Community Leadership

STRATEGY TYPE

- ☐ Advocate ☒ Research
- ☐ Convene ☒ Implement

COUNTY CAPACITY

- ☒ Existing ☐ Additional ☐ New

COUNTY CONTROL



Low Med High

COUNTY INFLUENCE



Low Med High

COUNTY PRIORITY



Low Med High

Climate and Health Resilience Plan 2025

Strategy 2: Partner with health care providers to identify diagnosis, treatment, and prevention options for emerging climate related health threats.

Why does this matter?

Climate change presents health threats that are new to the area. Healthcare providers must move from reactive treatment to climate-informed clinical care to prevent avoidable deaths. For example, vector-borne diseases like malaria, for which healthcare providers may not be familiar with diagnosis and treatment, are predicted to become more prevalent. Existing health conditions, like asthma or chronic obstructive pulmonary disease (COPD), are exacerbated by climate threats like heat and smoke. Medications can be impacted by high temperatures, limiting their efficacy. These conditions require new or revised guidance by medical providers. Tracking these trends and communicating to healthcare providers will be necessary as climate impacts become more clear and worsen over time.

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COUNTY CONTROL



COUNTY INFLUENCE



COUNTY PRIORITY



Putting this into practice

- Track emerging climate-related health risks (e.g., vector-borne disease, impacts on medication).
- Support healthcare professionals with the knowledge and skills to integrate climate change considerations into their practice, leverage relevant technologies, and promote equitable access to climate-resilient healthcare.

Lead department(s)

Health Department



Strategy 3: Initiate a climate and health literacy education campaign to access resources and preventative care.

Why does this matter?

Climate change acts as a “*threat multiplier*,” worsening existing health inequities and straining resources. For communities already facing higher rates of chronic disease or housing instability, a heat wave or wildfire smoke event can be a life-threatening crisis. By providing information and access to resources and promoting preventative care, an education campaign can reduce health disparities, improve health outcomes, and enable communities to adapt to climate and environmental challenges.

Putting this into practice

- Empower individuals and communities to make informed decisions about their health and well-being in the face of climate change by improving climate health literacy and facilitating access to resources and preventative care.
- Create a comprehensive Climate Health Literacy Campaign that:
 - Explains the health impacts of climate change, including extreme weather events, air pollution, waterborne diseases, and mental health effects.
 - Simplifies scientific information and terminology related to climate and health.
 - Raises awareness about preventative measures, preparedness strategies, and available resources to promote community resilience and adaptation to climate change.

Lead department(s)

Health Department



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Strategy 4: Support and participate in climate and health resilience across healthcare systems, coordinated care organizations, emergency management, and local public health authorities.

Why does this matter?

When health systems, emergency responders, and public health authorities operate in silos, it creates gaps in care and life-threatening delays during climate emergencies. A high level of coordination across healthcare systems, emergency management, and the County's Public Health Division can enhance impact, reduce unnecessary redundancies, and streamline the implementation of best practices.

Putting this into practice

- Strengthen regional healthcare coalitions, establish information sharing protocols (possibly in real-time), and develop coordinated emergency plans.
- Create an integrated inventory system to track supplies, personnel, and equipment across all interested parties.
- Engage non-traditional partners (including schools, libraries, community-based organizations) and potentially conduct joint training and exercises.
- Prepare and retrofit hospitals to upgrade for climate emergencies, including air filters, batteries, and other technologies and resources.

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☐ Community Leadership

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COUNTY CONTROL



Low Med High

COUNTY INFLUENCE



Low Med High

COUNTY PRIORITY



Low Med High

Authorizing agencies

Oregon Health Authority; Coordinated Care Organizations

Lead department(s)

Health Department

