



# Cascade Health Alliance

## Oregon Health Plan



OHP – CHA - CHP 2020-2021 Progress Report

Created: 5/27/2021

# Suicide Prevention

## Lead Agency:

Klamath Basin Behavioral Health

## Coalition:

You Matter to Klamath

## 2018 CHA Data Indicator

Suicide death rate of 47 per 100,000 population

(2017 Oregon Public Health Assessment Tool)

## Baseline

47 deaths per 100,000 population (Oregon Public Health Assessment Tool)

## Target

≤42 deaths per 100,000 population

## Benchmark

19 deaths per 100,000 population (Oregon State Suicide Death Rate)

## 2020-2021 Progress:

37.5 deaths/ 100,000 population

Source: Centers for Disease Control and Prevention

Maintained by: Conduent Healthy Communities Institute

## Objective 1:

Reduce the suicide death rate in Klamath County by 10% each year.

## Strategies

1. Prevention: Implement suicide prevention programming in the school districts, in accordance with Oregon Senate Bill 52, and in the community.

	Process Measure	Status Update
Task 1: implement a community-wide suicide prevention messaging campaign	Number of earned media features and hits on social media.	<ul style="list-style-type: none"> <li>July – December 2020: We implemented a video campaign contest that encouraged members to videos have been posted on the UM2K YouTube channel as well as distributed to local and state-wide organizations to share. We opened up the new school year video contest for youth. We have received positive information regarding this and look forward to seeing some amazing videos.</li> <li>January – March 2021: We also have the 2 billboards that are receiving a lot of attention in the community. In addition, we have radio spots, Facebook ads, youth video contest, tear offs around community and schools, flyers sent home to all students in City and County Schools currently occurring.</li> </ul>
Task 2: Train Question, Persuade, Refer (QPR) trainers	Number of individuals trained as trainers.	<ul style="list-style-type: none"> <li>July – December 2020: 30 QPR trainers have been trained; 3 virtual QPR trainings have been held, and 1 virtual CONNECT training has been held. The format is different due to COVID and the need for virtual learning, but the information is the same. They were all very positively received. We will continue scheduling the virtual trainings as requests come in.</li> <li>January – March 2021: QPR trained professionals have provided 8 trainings during this quarter to a total of 62 participants</li> </ul>
Task 3: Conduct QPR training for school staff, students, and community members	Number of: Trainings, Individuals trained, Agencies trained.	<ul style="list-style-type: none"> <li>July – December 2020: Schools are not on-site at this time due to COVID, so all trainings have been postponed.</li> <li>January – March 2021: Virtual trainings have been held. Trainings at Klamath Union High School have started and are continuing through this school year.</li> </ul>



Task 4: Build a suicide prevention presentation and deliver to students	Number of presentations delivered.	<ul style="list-style-type: none"> <li>July 2020 – May 2020: We are working with Klamath Falls City School and Klamath County School District as it fits their curriculums. COVID has impacted the reach, but we are looking at integrating Hope Squad, Sources of Strength and QPR trainings in schools to deliver to students.</li> </ul>
Task 5: host suicide prevention and awareness raising events	Number of earned media features and hits on social media.	<ul style="list-style-type: none"> <li>July – December 2020: We implemented a video campaign contest that encouraged members to videos have been posted on the UM2K YouTube channel as well as distributed to local and state-wide organizations to share. We opened up the new school year video contest for youth. We have received positive information regarding this and look forward to seeing some amazing videos.</li> <li>January – March 2021: We also have the 2 billboards that are receiving a lot of attention in the community. In addition, we have radio spots, Facebook ads, youth video contest, tear offs around community and schools, flyers sent home to all students in City and County Schools currently occurring.</li> </ul>

2. Intervention: Identify individuals who are at potential risk of suicide and refer them to the appropriate agency.

	Process Measure	Status Update
Task 1: Develop and implement school-based policies to prevent, identify, and respond to suicide issues	Number of policies.	<ul style="list-style-type: none"> <li>July – December 2020: Most work scheduled to be completed during this reporting timelines was delayed due to COVID.</li> <li>January – March 2021: Klamath Falls City Schools and Klamath County School District developed a community wide Suicide prevention plan that all teachers and staff have been trained on.</li> </ul>
Task 2: Coordinate Mobile Crisis Team Response	Number of calls responded to and number of trained personnel.	<ul style="list-style-type: none"> <li>July – December 2020: 3,034 calls were made to the Mobile Crisis team during this reporting timeline. We currently have 6 mobile crisis personnel and 1 pre-commitment investigator, and a crisis navigator. Due to the call volume; we have added 2 more crisis personnel in the next month.</li> <li>January – March 2021: 782 calls were made to the Mobile Crisis team. KBBH currently has 8 Mobile Crisis Team personnel and 1 Pre-Commitment Investigator.</li> </ul>
Task 3: Implement messaging campaign with locations accessible for intervention opportunities (firearms community, animal shelter)	Number of participating locations.	<ul style="list-style-type: none"> <li>July – December 2020: 1500 prevention tear-off flyers have distributed in Klamath County at various business, schools, agencies; will be providing QPR training at sites as well in 2020. Prevention tear-off flyers distributed in Klamath County at various business, schools, agencies; will be providing QPR training at sites as well once virtual trainings have been developed by QPR and NAMI New Hampshire.</li> <li>January – March 2021: Community members continue to have the tear-off flyers in their bathrooms, as well as the schools.</li> </ul>
Task 4: Implement universal depression and suicide risk screening in school-based health centers	Number of participating locations.	<ul style="list-style-type: none"> <li>July 2020 – March 2021: Completed as part of Klamath Falls City Schools and Klamath County School District developed a community wide Suicide prevention plan that all teachers and staff have been trained on.</li> </ul>
Task 5: Establish clinical support group(s)	Number of groups hosted.	<ul style="list-style-type: none"> <li>Klamath Hospice currently runs a clinical support group, KBBH has a grief group, others have survivors of suicide groups as well. The survivors of suicide groups are not evidence based but are done by general community members. We did not receive the grant we were hoping for, however we are working on how to fund a clinical support group for suicide survivors or those who have lost someone to suicide</li> </ul>

3. Postvention: In accordance with Oregon Senate Bill 561, enact a comprehensive, community-wide suicide postvention plan to prevent suicide contagion.

	Process Measure	Status Update
Task 1: Conduct Connect training throughout community	Number of 1) trainings held 2) individuals trained.	<ul style="list-style-type: none"> <li>July 2020 – March 2021: One CONNECT training was held virtually.</li> </ul>
Task 2: Develop and disseminate community suicide postvention plan	Number of participating agencies.	<ul style="list-style-type: none"> <li>July – December 2020: 3,034 calls were made to the Mobile Crisis team during this reporting timeline. We currently have 6 mobile crisis personnel and 1 pre-commitment investigator, and a crisis navigator. Due to the call volume, we have added 2 more crisis personnel in the next month.</li> <li>January – March 2021: 782 calls were made to the Mobile Crisis team. KBBH currently has 8 Mobile Crisis Team personnel and 1 Pre-Commitment Investigator.</li> </ul>
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## Measurement

2020 – 2021 Annual Report:

Quarterly reports on activities; annual report on actual suicide death rate

## Rationale

The intent is to reduce the suicide rate by 10% each year, which correlates to national work in this area. As a type of preventable injury death, suicide is a public health issue. While some groups are at a higher risk, suicide can affect anyone, regardless of age, race and ethnicity, and income. It also affects the health of others, to include family members and friends, and the community. Recognized as a local, state, and national health priority, suicide prevention extends across the entire lifespan. Everyone has a responsibility in preventing suicide.

Building off a local grassroots movement, the passage of Oregon Senate Bill 561, and an increasing need for collaborative suicide prevention efforts in the community, Klamath Basin Behavioral Health consolidated community efforts to form You Matter to Klamath, a suicide prevention and awareness coalition in 2018. The coalition focuses on prevention, intervention, and postvention response to prevent loss of life to suicide in our community. Through the work of the coalition, KBBH is coordinating a comprehensive community approach to suicide prevention affecting positive change at all levels, ranging from individuals to systems level.

## Relationship to state and national priorities

- **Oregon SB 561 (policy):** Prepare communities to respond to suicides in order to reduce the risk of more suicide.
- **Oregon SB 52 (policy):** School districts must implement suicide prevention programming.
- During 2015, OHA's Health Systems Division and Public Health Division partnered with subject matter experts to create the Youth Suicide Intervention and Prevention Plan for 2016 - 2020.
- **Healthy People 2020:** The suicide rate increased 19.5% between 2007 and 2016, from 11.3 to 13.5 per 100,000 population (age adjusted). In 2016, several population groups had the lowest suicide rate in their demographic category, including the non-Hispanic black population and females.
- Between 2008 and 2016, the proportion of adolescents aged 12–17 years who had a major depressive episode (MDE) in the past 12 months increased 54.2%, from 8.3% to 12.8%. In 2016, several population groups had the lowest rate of an MDE in the past 12 months in their demographic category, including the Native Hawaiian or Other Pacific Islander population, males, and persons aged 12–13 years.
- **National Prevention Strategy** priority areas: injury and violence-free living, and mental and emotional well-being

# Physical well-being

## 2018 CHA Data Indicator

Physical Health Score: 58 out of 100; WellBeing Index Score: 59 out of 100; Obesity Rate: 28.1% (Gallup-Sharecare Well-Being Index, Oregon Behavioral Risk Factor Surveillance System)

## Lead Agency

Sky Lakes Medical Center- Klamath Falls

## Committee

BZP Physical Health Committee

## Objective 1

Increase physical health and well-being in Klamath County by 5%, as measured by the Well-Being Index by **June 30, 2022**.

- Due to COVID-19, this objective has been pushed out from June 30, 2021 to June 30, 2022.

## Baseline

- Physical Health Score: 58 out of 100; WellBeing Index Score: 59 out of 100;

## Target

- Physical Health Score: 60 out 100, Well-Being Index Score: 61 out of 100

## 2020-2021 Progress towards Target:

- Physical Health Score: 52 out of 100; Well-Being Index Score: 64 out of 100

## Benchmark

- Physical Health Score: 66 out 100 Well-Being Index Score: 67 out of 100

## Strategies

1. Increase coordination and implementation of physical activity opportunities in schools and parks.

	Process Measure	Status Update
Task 1: Park with the City of Klamath Falls to redesign a new playground in Moore Park	\$800,000 funds raised for the build.	<ul style="list-style-type: none"> <li>• July 2020 – March 2021: within this reporting period, an additional \$24,500 has been raised for a total of \$200,000 have been raised.</li> </ul>
Task 2: Partner with Klamath Trails Alliance on Pump track Project to increase physical activity opportunities in parks.	\$300,000 raised.	<ul style="list-style-type: none"> <li>• July 2020 through March 2021: COVID-19 has delayed fund raising efforts towards this project. We have currently raised \$100,000 in funds raised.</li> </ul>
Task 3: Implement Safe Routes to School (SRTS) Program including walking school bus opportunities for children.	Number of children participating in walking school bus event and SRTS program	<ul style="list-style-type: none"> <li>• July 2020 to April 2021: Due to COVID-19, schools have been closed to in-person learning. In April 2021, schools have reopened to in-person learning. This task has been put on-hold until schools can stabilize in their current environments. We plan to pick the progress back up in the 2021-2022 school year.</li> </ul>

2. Increase connectivity of trails and protected walk/bike lanes to increase community opportunities for active transportation and recreation.

	Process Measure	Status Update
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Task 1: Gather trail/bike lane usage data to measure active transportation	Trail count data and data counts with Oregon Tech.	<ul style="list-style-type: none"> <li>July – December 2020: Trail count data was collected on the Separated Bike Lane in partnership with Oregon Tech students. There was an average of 23 pedestrians and 3.5 cyclists using the separated bike lane. In addition, there were four (4) eco-counters placed at Link River, the Lake Ewauna Trail, and two locations of the Separated Bike Lane.</li> <li>January – March: The data was analyzed, and results were a weekly average of 1851 unique and repeat visitors walked/bike/ran the Lake Ewauna trail, a weekly average of 3570 unique and repeat visitors walked/bike/ran the Link River trail; a weekly average 1014 walked/biked/ran the Separated Bike Lane</li> </ul>
Task 2: Partner with Klamath Trails Alliance (KTA) to increase the connectivity and miles of trail in Klamath County.	Number of new miles of trail.	<ul style="list-style-type: none"> <li>July – December 2020: KTA excavated and developed 1.5 new miles of trail. One (1) mile of trail was located off Lake Ewauna Trail and is now called Green Trail.</li> <li>January – March 2021: No additional progress has been made on this reporting timeframe.</li> </ul>

## Objective 2

Reduce obesity rate in Klamath Falls by 3%, as measured by the Oregon Behavioral Risk Factor Surveillance System by June 30, 2022.

### Baseline

Obesity Rate: 28.1% (Gallup-Sharecare Well-Being Index)

### Target

Obesity Rate: 25% (Gallup-Sharecare Well-Being Index)

### 2020-2021 Progress:

28.4% (Gallup-Sharecare Well-Being Index)

### Benchmark

Obesity Rate: 20% (Gallup-Sharecare Well-Being Index)

### 3. Increase participation in well-being activities and prevention programs.

	Process Measure	Status Update
Task 1: Partner with OHSU to evaluate barriers that exist to accessing current well-being and prevention programs.	Focus group conducted	Completed in Year 1 (2019-2020)
Task 2: Review OHSU focus group results and create plan to address barriers to participation	OHSU focus group report, plan in place to address barriers.	Completed in Year 1 (2019-2020)
Task 3: Create a media campaign to increase awareness about well-being activities and programs	Campaign documents in place and social media posts	<ul style="list-style-type: none"> <li>July 2020 – March 2021: There have been 27 posts specific to Physical Activity.</li> </ul>
Task 4: Support the roll out of Healthy Klamath Connect to increase community referrals and awareness around prevention and wellness programs	Organizations and search history.	<ul style="list-style-type: none"> <li>Healthy Klamath Connect was rolled out on September 1, 2020.</li> <li>To date, there are 45 organizations using the platform who manage 297 programs.</li> <li>To date, there have been 2616 searches completed.</li> </ul>

## Justification

We aim to increase physical health by 5% and reduce obesity by 3%, these targets were chosen based on reviewing data changes since 2015. We know that changing physical health and reducing obesity is a slow process, therefore we set these targets based on the benchmarks and what we thought we could realistically achieve in the next three years.

## Measurement

Quarterly reports on activities; Gallup-Sharecare Well-Being Index; Oregon Behavioral Risk Factor Surveillance System

Physical health is critical for overall well-being. A healthy diet, physical activity, avoiding tobacco, and maintaining a healthy body weight all significantly contribute to preventing obesity and chronic disease. Obesity and chronic diseases such as cancer, diabetes, heart disease, and stroke are among the most common, costly, and preventable of all health problems in Klamath County and throughout the country. Currently, Klamath County's Physical Health score ranks at 58 out of 100, while the Well-Being Index score ranks at 59 out of 100.

### Relationship to state and national priorities

- **Oregon Well-being:** Oregon was one of 21 states that declined in well-being in 2017, dropping from a ranking of 24th in the nation to 35th in the Gallup-Sharecare Well-Being Index. The state dropped its rank in several indicators of overall well-being: sense of purpose, social connectedness, and financial security. On the other hand, Oregon held steady in smoking rates, obesity, physical activity and produce consumption.
- **Oregon Physical Activity:** Oregon ranks sixth of the 50 states in physical activity at 78.6%, which is higher than the national rate of 73.4% ([www.worldlifeexpectancy.com/usa/oregonparticipationinphysicalactivity](http://www.worldlifeexpectancy.com/usa/oregonparticipationinphysicalactivity)); Oregon's obesity rate hit 30.1 percent in 2015, the highest adult obesity rate of any state west of the Rockies (Robert Wood Johnson Foundation County Rankings)
- **Healthy People 2020:** Healthy People 2020 emphasizes the importance of health-related quality of life and well-being by including it as one of the initiative's four overarching goals. Healthy People 2020 objective PA-2.4 tracks the proportion of adults who report meeting current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity: at least 150 minutes of light/moderate or 75 minutes of vigorous physical activity per week or an equivalent combination of moderate- and vigorous-intensity activity and physical activities specifically designed to strengthen muscles at least twice per week. Healthy People 2020 objective NWS-9 tracks the proportion of adults with obesity (BMI  $\geq$  30).
- National Prevention Strategy priority areas: healthy eating, active living, and mental and emotional well-being.



# Oral health

## 2018 CHA Data Indicator

60% of the adult population in Klamath County have visited the dentist in the past year (2014-2017) (2017 Oregon Public Health Assessment Tool)

## Lead Agency

Klamath Health Partnership

## Committee

The Oral Health Coalition

## Objective 1

Increase the percentage of adults visiting the dentist each year to 70% no later than June 30, 2022.

## Baseline

Obesity Rate: 28.1% (Gallup-Sharecare Well-Being Index)

## Target

Obesity Rate: 25% (Gallup-Sharecare Well-Being Index)

## 2020-2021 Progress:

28.4% (Gallup-Sharecare Well-Being Index)

## Benchmark

Obesity Rate: 20% (Gallup-Sharecare Well-Being Index)



## Strategies

### 1. Develop a coordinated dental services referral protocol.

	Process Measure	Status Update
Task 1: Talk with PCPs about oral health and diagnosis – develop a 1-page “hit list” for oral matters and diabetes.	1-pager developed	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020) in both English and Spanish.</li> </ul>
Task 2: Pilot a program where a hygienist could follow-up with diabetics, newly diagnosed patients.	Pilot program created; pilot cohort recruited	<ul style="list-style-type: none"> <li>July 2020 – December 2020: Klamath Health Partnership hired a new Dental Director who is interested in starting a physical-dental integrated program. Patients with diabetes are the suggested beginning populations.</li> <li>January 2021 – May 2021: There has been no activity completed within this reporting timeframe.</li> </ul>
Task 3: Create a follow-up loop/auto referral to CHWs and oral health for all newly diagnosed diabetic patients	Follow-up loop created; process piloted with CHWs.	<ul style="list-style-type: none"> <li>July 2020 – March 2021: There has been no activity this reporting timeframe.</li> </ul>
Task 4: Train physical health providers in Chronic Care Module from OrOHC to increase understanding of oral health risks for patients with chronic conditions	Number of trained physical health providers.	<ul style="list-style-type: none"> <li>July 2019 – January 2020: Chronic care module obtained from OrOHC.</li> <li>There has not been a training to report</li> </ul>

### 2. Train frontline health workers (FLHW) on oral health intake, visual screening, referral, and patient education.



	Process Measure	Status Update
Task 1: Train DHS Family Coaches.	Number of Family Coaches trained	Completed in Year 1 (2019-2020) (All family coaches trained (9))
Task 2: Expand FLHW training to local CHWs, case managers, navigators.	Number of trainings held; # participants at each training.	Completed in Year 1 (2019-2020) All CHWs trained. 50% of FLHWs trained.

### 3. Incorporate dental screening and referral into local emergency department.

	Process Measure	Status Update
Task 1: Research Linn-Benton OHC and hospital oral health program prevention programs.	Analysis and overview of program; contact LBOHC "staff"	July 2020 – December 2020: KCPH met with Capitol Dental EPDH and community outreach director about dental pilot at Samaritan Lebanon Community Hospital January 2021 – May 2021: There
Task 2: Create a work group to develop a pilot program for oral health services in hospital.	Work group formed	<ul style="list-style-type: none"> <li>July 2020 – May 2021: This has been put on-hold due to COVID-19.</li> </ul>

#### Baseline

18.5% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening (2018)

#### Target

21% of Cascade Health Alliance members with diabetes who are 18 and older have had an annual oral health screening

#### 2020-2021 Progress:

TBD

#### Benchmark

28% of OHP members with diabetes who are 18 and older have had an annual oral health screening (OHA Incentive Benchmark)

#### Measurement

Quarterly reports on activities; annual report on actual dental visits

### Objective 2

Increase awareness of relationship between oral health and physical health shown through increase in preventative service utilization (5% increase) by June 30, 2022.

#### Strategies

##### 1. Increase awareness of the relationship between oral health and physical health.

	Process Measure	Status Update
Task 1: Partner with OHSU to evaluate barriers that exist to accessing current well-being and prevention programs.	Co-branded materials developed.	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020)</li> </ul>
Task 2: Staff community events with KBOHC events.	# events participated in	<ul style="list-style-type: none"> <li>July 2020 – December 2020: The coalition participated at the Community Baby Shower (Early Learning Hub) and Merrill Potato Festival Health Fair (OIT DH)</li> <li>January 2021 – March 2021: Planning for KBOHC Free Dental Clinic Days scheduled for May 22 - 23 in Malin and Merrill.</li> </ul>
Task 3: Expand community outreach plan and update calendar.	Annual review of plan and calendar.	<ul style="list-style-type: none"> <li>July 2020 – March 2021: No activities have been completed on this reporting timeframe.</li> </ul>
Task 4: Support OIT Knight Cancer CPP grant in conducting oral cancer education needs assessment among providers.	Organizations and search history.	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020) - Need's assessment completed.</li> </ul>
Task 5: Support OIT Knight Cancer CPP Tier 2 grant funding and project.	Application submitted.	<ul style="list-style-type: none"> <li>From July 2020 to March 2021: Oregon Tech has chosen not to submit two (2) grant applications and continue work towards this activity.</li> </ul>
Task 6: Provide continuing education for	Develop toolkit; You are the Key Dental	<ul style="list-style-type: none"> <li>July 2020 – December 2020: KCPH facilitated conversations on 1) YATK Dental recurring webinar and 2) HPV/OPC/head and neck cancer recurring webinar with OPAHEC. Oregon</li> </ul>

dentists and dental hygienists on importance of HPV vaccination and oral cancer prevention	version, training plan/schedule	HPV Dental Task Force worked on key messaging for oral HPV toolkit. <ul style="list-style-type: none"> <li>January 2021 – March 2021: KCPH began development of HPV oral/dental toolkit in collaboration with the Oregon HPV Oral/Dental Task Force.</li> </ul>
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## 2. Increase annual oral health evaluations for adults with diabetes to 30%.

	Process Measure	Status Update
Task 1: Use case management/care coordination to schedule and follow up with diabetic clients about oral health.	Increase in # of oral evaluations among patients with diabetes	<ul style="list-style-type: none"> <li>July 2020 – March 2021: No activity has been made this quarter.</li> </ul>
Task 2: Work with CHA diabetic education to provide education materials to clients. Develop education tool for diabetics with dentures.	Material developed.	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020) – Diabetic materials have been made and distributed to diabetic members within Klamath Health Partnership and CHA.</li> </ul>

## Objective 3

Increase percentage of pregnant mothers seen by a dentist during pregnancy to 35% no later than June 30, 2022.

### Baseline

29% of pregnant mothers visited the dentist during pregnancy (April-June 2018; Klamath County Public Health Women, Infants, and Children (WIC) Program)

### Target

32% of pregnant mothers visiting the dentist during pregnancy

### Benchmark

To be determined

### 2020-2021 Progress:

To be determined

### Measurement

Quarterly reports on activities; annual report on actual dental visits

### Strategies

#### 1. Develop education materials for providers about safe and appropriate procedures.

	Process Measure	Status Update
Task 1: Work with OBs and dentists to develop appropriate materials for interdisciplinary communication.	Co-branded materials developed.	Completed in Year 1 (2019-2020) - Materials distributed among clinics.
Task 2: Create work group to create/find appropriate materials for patient/community education.	Work group created; materials distributed	Completed in Year 1 (2019-2020) - Materials distributed among clinics.
Task 3: Educate mothers on the importance of oral health through WIC and community dental screenings	Survey distribution	<ul style="list-style-type: none"> <li>July – December 2020: Research was conducted, and findings were shared with WIC partners.</li> <li>January – March 2021: We have administered surveys and interviews to understanding of mothers' knowledge of oral health practices. A community health group is forming, and official work will begin in the Fall of 2021.</li> </ul>

#### 2. Develop education materials for patients.

	Process Measure	Status Update
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Task 1: Work with CHA, providers, KCPH to create materials for pregnant women about the benefits of good oral health during pregnancy	Co-branded materials developed.	Completed in Year 1 (2019-2020) - Materials distributed among clinics.
Task 2: Infant oral health brochure	Brochure developed and translated by March 2021.	Completed in Year 1 (2019-2020) – Brochure has been developed, translated into Spanish, and distributed to CHA members, WIC clients, and the Pregnancy Hope Center.
Task 3: Educate mothers on the importance of oral health through WIC and community dental screenings	Survey distribution	<ul style="list-style-type: none"> <li>July – December 2020: Research was conducted, and findings were shared with WIC partners.</li> <li>January – March 2021: We have administered surveys and interviews to understanding of mothers' knowledge of oral health practices. A community health group is forming, and official work will begin in the Fall of 2021.</li> </ul>

71

**Percent of 11th graders who have had a cavity**

Source for all percentages:  
healthyklamath.org,  
2021

56

**Percent of 8th graders who have had a cavity**

67

**Percent of 11th graders who have seen a dentist or dental hygienist in the past year**

80

**Percent of 8th graders who have seen a dentist or dental hygienist in the past year**

## Rationale

Oral health is an integral part of overall health and well-being. Oral disease can affect what people eat, how they communicate, and their ability to learn. While tooth decay is preventable, it is one of the most common chronic diseases affecting children and teens. In fact, more than three-quarters of Klamath County youth have experienced at least one cavity by eleventh grade. Improvements in oral health in Klamath County require collaborative effort to support programs and policies to prevent dental disease.

Oral health integration is founded on the ideals that young children receive oral health preventive services as a part of routine well-childcare, pregnant women have dental needs addressed prior to delivery, and that oral disease is treated as part of comprehensive care plans to reduce exacerbation of conditions. In addition, all providers would have a basic understanding of oral disease processes, causes, prevention, and effective treatments. In Oregon, 28% of adults avoid smiling due to the condition of their teeth; 20% of adults feel embarrassment due to the condition of their mouth and teeth; and 23% of adults feel anxiety due to the condition of their mouth and teeth. At present, there is very little coordination between dental, behavioral, and physical healthcare providers, not only throughout Oregon, but especially in Klamath County. While Oregon House Bill 2972 requires all children 7 and younger to have a dental screening upon entering public school, many parents in Klamath County are reluctant to take advantage of school-based dental screening programs. Klamath Falls does not have fluoridated water, which contributes to the manifestation of caries in children. There are also challenges with seniors living in long-term care facilities and individuals with diabetes receiving the dental services and treatment that they need.

## Relationship to state and national priorities

**Oregon:** The state is focused on achieving the triple aim for all Oregonians—better health, better care and lower costs. Oregon's health system transformation efforts have focused on wellness, treating the whole person and coordination among providers. Oral health is critical in this equation and over the last several years, community stakeholders and OHA have paid increasing attention to ensuring oral health.

To this aim, OHA appointed a Dental Director in February 2015 to work across the OHA to provide coordination and direction on oral health initiatives and dental health systems transformation work. The Dental director's role is to ensure all Oregonians have equitable access across the lifespan to better oral health and oral health outcomes.

The Oregon Oral Health Coalition provides medical offices, community health providers, and support organizations (such as WIC and Head Start) oral health resources which include comprehensive trainings, educational materials, and an understanding of the best oral health practices. A network of Oral Health Educators specializes in three curricula which can educate professionals on the importance of oral health for all Oregonians. The curricula include First Tooth, Maternal: Teeth for Two, and Oral Health & Chronic

Diseases.

**Healthy People 2020:** Objectives in this topic area address a number of areas for public health improvement, including the need to:

1. Increase awareness of the importance of oral health to overall health and well-being;
2. Increase acceptance and adoption of effective preventive interventions; and
3. Reduce disparities in access to effective preventive and dental treatment services.

**National Prevention Strategy** priority areas: healthy eating, and mental and emotional well-being.

# Infant mortality

## 2018 CHA Data Indicator

10 infant deaths per 1,000 within first year of life  
(2017 Oregon Public Health Assessment Tool)

## Lead Agency

Klamath County Public Health

## Work Group

Title V MCH Work Group

## Objective 1

Reduce low birthweight in Klamath County to 7% by June 30, 2022.

## Baseline

8% in 2017 (Oregon Public Health Assessment Tool)

## Target

7% by 2022

## Benchmark

7% (Oregon State Low Birth Weight 2017)

## 2020-2021 Progress:

TBD

## Measurement

Quarterly reports on activities; annual report on actual mortality rate

## Strategies

- 1 Increase access to and enrollment and utilization in prenatal care.

	Process Measure	Status Update
Task 1: CHA has incentive program for women who complete their prenatal appointments	Number of women who receive the incentive: goal 60	<ul style="list-style-type: none"><li>• July 2020 – December 2020: 36 pregnant moms are receiving incentives</li><li>• January – March 2021: an additional 23 pregnant moms are enrolled in CHA's incentive program making a total of 59 moms receiving incentives.</li></ul>
Task 2: Work with a pilot clinic to run reports for prenatal appt no shows and implement an automatic referral to case management (Cascades East)	Number of referrals from clinic	<ul style="list-style-type: none"><li>• July 2020 – March 2021: This task has been dropped due to COVID and there was not enough staffing capacity.</li></ul>

- 2 Reduce tobacco and substance use among pregnant mothers.

	Process Measure	Status Update
Task 1: Create informational brochure with smoking cessation resources and disseminate (include vaping)	Number of women who receive the incentive: goal 60	<ul style="list-style-type: none"><li>• July 2020 – December 2020: 36 pregnant moms are receiving incentives</li><li>• January – March 2021: an additional 23 pregnant moms are enrolled in CHA's incentive program making a total of 59 moms receiving incentives.</li></ul>



Task 2: Pregnancy Hope Center to host a smoking cessation class for pregnant smokers	Number of classes hosted, Number of participants	<ul style="list-style-type: none"> <li>July 2020 – March 2021: There was one class hosted with three participants who attended.</li> </ul>
Task 3: work with SUDS and PCP clinics to ensure pregnant mothers interested in rehab are given priority and can access services quickly	Number of letters of commitment	<ul style="list-style-type: none"> <li>July 2020 – March 2021: No activity or progress has been made on this. This has been added to the year-3 work plan.</li> </ul>
Task 4: Create a letter/fact sheet for Obstetricians and PCPs with X Waivers co-authored by an OB/PCP on how to safely prescribe MAT for drug addicted pregnant women	1 letter created; number of letters delivered	<ul style="list-style-type: none"> <li>July 2020 – March 2021: No activity or progress has been made on this. This has been added to the year-3 work plan.</li> </ul>

### 3 Ensure access to healthy foods among pregnant mothers.

	Process Measure	Status Update
Task 1: Promote KFOM and Produce Connection at organizations and clinics serving pregnant women	Number of utilizers of WIC produce connection	<ul style="list-style-type: none"> <li>July 2020 – December 2020: Due to COVID-19, this was put on hold and was targeted to start in January 2021.</li> <li>January – March 2021: Klamath Farmers Online Market has received a small grant to create promotional materials and will partner with TOTs. The Produce Connection will partner with TOTs for promotion during the upcoming season.</li> </ul>
Task 2: Set up WIC with Healthy Klamath Connects referral platform and promote its use among partners. Continue partnering with UpLift to connect pregnant women with WIC	Number of referrals to WIC from Healthy Klamath Connects and UpLift	<ul style="list-style-type: none"> <li>July 2020 – December 2020: We set up WIC is in the HKC platform and KCPH has claimed the program. Through this reporting period, we have seen 3 referrals submitted by CHA. 4 referrals from UpLift to WIC.</li> <li>January – March 2021: During this reporting period, 3 referrals from UPLIFT to WIC. 2 referrals to WIC from HKC.</li> </ul>
Task 3: Partner with OHSU Moore Institute on initiatives focused on nutrition for pregnant women and women of childbearing age	Number of materials reviewed by committee + number of agencies sharing materials created	<ul style="list-style-type: none"> <li>July 2020 – March 2021: The Nutrition Oregon Campaign worked to finalize messaging for “Health body, health baby, healthy life”.</li> </ul>

## Rationale

There are several factors that influence infant mortality statistics, including low birth weight. Klamath’s low birthweight prevalence has consistently been 8% or higher for the past several years, which is higher than the average prevalence for the state of Oregon. The target is to reduce Klamath’s prevalence to that of the state, which is 7%. Infant mortality numbers fluctuate year to year, but since 2014, Klamath’s rate has been below 6 until 2017. The Oregon state rate is below 6 per 1000, and the benchmark for infant mortality is Healthy People 2020’s rate of 6 infant deaths per 1000 live births. Considering Klamath’s previous rates, the target is to reach the Healthy People 2020 benchmark.

## Objective 2

Reduce preventable infant deaths within the first year of life to less than 8 per 1,000 live births by 2022.

## Baseline

10 infant deaths per 1,000 live births within the first year of life (2017)

## Target

6 infant deaths per 1,000 live births

### 2020-2021 Progress:

10.1 deaths/ 1,000 live births

Source: Oregon Health Authority, Public Health Division

Maintained by: Conduent Healthy Communities Institute

Filter(s) for this location: Region: South Central

### Benchmark

6 infant deaths per 1,000 live births (Healthy People 2020)

### Measurement

Quarterly reports on activities; annual report on actual mortality rate

### Strategies

1. Establish a cross-jurisdictional infant mortality work group to coordinate efforts and ensure consistent messaging

	Process Measure	Status Update
Task 1: KCPH to coordinate and facilitate meetings	Number of meetings held and number of attendees at meetings	<ul style="list-style-type: none"><li>• July 2020 – December 2020: Meetings held 10/09/20: 9 participants; 11/13/20: 12 participants; 12/11/20: 10 participants.</li><li>• January – March 2021: Meetings held on 02/12/21: 13 participants; 03/12/21: 8 participants.</li></ul>
Task 2: Incorporate results of SWOT analysis, identify a need to address, develop a plan	Review of analysis and priority selected	<ul style="list-style-type: none"><li>• July 2020 – December 2020: KCPH reviewed SWOT, created summary of priority areas to discuss</li><li>• January – March 2021: TOTs decided to develop an additional work plan task around substance use and infant mortality.</li></ul>

2. Increase knowledge among families with children about safe sleep practices

	Process Measure	Status Update
Task 1: Implement the Direct On Scene Education (DOSE) program	Number of responders trained + number of CHWs/student RNs trained	<ul style="list-style-type: none"><li>• July 2020 – March 2021: Due to COVID-19, this was put on hold and was targeted to start in year 3 of the CHP workplan</li></ul>
Task 2: Re-publish an Op-Ed written by a provider about safe sleep. Post on partner social media sites	Number of articles published and number of social media posts	<ul style="list-style-type: none"><li>• July 2020 – March 2021: Due to COVID-19, there has not been activity completed on this task. We intend to start in year-3 of the CHP workplan.</li></ul>
Task 3: Re-publish article for the Senior Living newspaper insert informing grandparents about current safe sleep practices for their grandchildren.	One article	<ul style="list-style-type: none"><li>• July – December 2020: Connected with Senior Center about publication in February issue of Senior Living insert</li><li>• January – March 2021: Safe sleep article for grandparents republished in the February edition of the Active Seniors insert.</li></ul>
Task 4: Host at least two trainings (one English one Spanish) to educate grandparents and other family caregivers of current safe sleep practices for their infant family members	Number of trainings + attendees	<ul style="list-style-type: none"><li>• July 2020 – March 2021: Due to COVID-19, this was put on hold and was targeted to start in year 3 of the CHP workplan</li></ul>

3. Ensure access to resources needed for safe sleep practices (ex. Crib, pack and play, etc.)



	Process Measure	Status Update
Task 1: Assist in applying for funding for Cribs for Kids program	Number of applications submitted, and letters of support provided	<ul style="list-style-type: none"> <li>July 2020 – December 2020: Due to COVID-19, this was put on hold and was targeted to start in January 2021.</li> <li>January – March 2021: The Pregnancy Hope Center (PHC) received \$2,500 grant for car seat and Cribs for Kids programs. 1 application and 1 LOS for PHC's application to Avista grant; they did not receive it.</li> </ul>

### Relationship to state and national priorities

**Oregon:** In Oregon in 2016, 4.6 infants died per 1,000 live births among Oregon residents, down from 1990 when 8.3 infants died per 1,000 live births. Oregon's infant death rate has been lower than the U.S. rate for more than 25 years, but racial and ethnic disparities persist. On average from 2012 to 2016, the infant death rate was highest among African Americans (9.3 per 1,000 live births) and American Indian/Alaskan Natives (8.4 per 1,000 live births). Studies have found that, although interventions to reduce some causes of infant death, such as SUIDS, have been successful in these populations, other complex factors are involved, such as access to care.

**Healthy People 2020:** The Healthy People 2020 goal is to reduce infant mortality in the U.S. to 6.0 deaths per 1,000 live births by the year 2020.

# Food insecurity

## 2018 CHA Data Indicator

Food Environment Index: 6.7 (2019 County Health Rankings)

## Lead Agency

Blue Zones Project – Klamath Falls

## Committee

BZP Food Systems Committee

## Objective

Reduce food insecurity among Klamath County residents by 10%, as measured by the Food Environment Index, by June 30, 2022.

## Baseline

Food Environment Index: 6.7 (2019 County Health Rankings)

## Target

Food Environment Index: 7.4 (2020 County Health Rankings)

## 2020-2021 Progress:

Food Environment Index: 6.4 (2020 County Health Rankings)

## Benchmark

Food Environment Index: 10 (2020 County Health Rankings)

## Measurement

Quarterly reports on activities; annual County Health Rankings

## Rationale

The Food Environment Index, ranging from 0 (the worst) to 10 (the best), measures the combination of food insecurity and access to healthy foods. In Klamath County, the Food Environment Index has improved by 10% from 6.1 in 2015 to 6.7 in 2019. The target is to raise this another 10% in the next three years.

Food insecurity is defined as “the state of being without reliable access to sufficient quantity of affordable, nutritious food.” Food insecurity and poor nutrition have serious consequences for the health and well-being of our community, including a greater risk for chronic disease, which can be costly to health systems and individuals. Vulnerable populations such as children, seniors, and individuals who live in rural areas have less access to healthy foods and are particularly at risk for food insecurity, poor nutrition, and chronic illnesses over the course of their life. The Food Environment Index, ranging from 0 (the worst) to 10 (the best), measures the combination of food insecurity and access to healthy foods. In Klamath County, the Food Environment Index has improved slightly from 6.1 in 2015 to 6.6 in 2018.

## Strategies

1. Increase access to local produce and other healthy foods within the urban food desert.

	Process Measure	Status Update
Task 1: Engage corner stores in making healthy choices easier through implementing corner store best practices	Number of best practices implemented in corner stores	• July 2020 – March 2021: Due to COVID-19, this was put on hold. We do not have a start date planned for this activity.
Task 2: Promote use of SNAP, WIC, and vouchers	Number of SNAP, WIC, and vouchers	• July – December 2020: KFOM has approved EBT machine and has increase sales directly to EBT consumers.



at Farmers Markets and KFOM	submitted through KFOM and the Farmers Market.	<ul style="list-style-type: none"> <li>January – March 2021: KFOM is working to accept WIC vouchers and is coordinating to become WIC approved site.</li> </ul>
Task 3: Identify transportation solutions to increase access to farmers markets and KFOM	Number of new transportation solutions in place.	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020)</li> </ul>

2. Improve local food economy by connecting and advocating for local producers to sell locally.

	Process Measure	Status Update
Task 1: Host Annual Find Your Farmer Event to connect local producers with buyers, and encourage restaurants/grocery stores to source from local buyers	Number of event participants, number of new buyers sourcing locally	<ul style="list-style-type: none"> <li>July 2020 – March 2021: Due to COVID-19, this was put on hold. We do plan to host an event in the Fall of 2021.</li> </ul>
Task 2: Implement Food Hub in Mills Addition Neighborhood.	Food Hub Operations	<ul style="list-style-type: none"> <li>July – December 2020: Through the summer of 2020, Klamath Falls was chosen as a recipient for funds from the National Parks and Recreation Association.</li> <li>January – March 2021: The Food Hub planning committee began planning for opening the Food hub in May 2021. The Food Hub plans to have options for people to come collect food, as well as access additional social service resources needed like, signing up for OHP, WIC, SNAP, etc.</li> <li>May 2021: The Food Hub official opened the doors for Klamath County families.</li> </ul>

3. Educate consumers on nutritional quality, producing, and preparing health foods.

	Process Measure	Status Update
Task 1: Host "food for thought" events to educate community members on our food system	Number of event participants, number of participants	<ul style="list-style-type: none"> <li>July 2020 – March 2021: Due to COVID-19, this was put on hold. We do plan to host an event in the Fall of 2021.</li> </ul>
Task 2: Utilize Healthy Klamath Website to promote nutrition and share food system resource materials	Number of new food system educational resources available on healthy Klamath website.	<ul style="list-style-type: none"> <li>July – December 2020: Through COVID-19 response, we have updated COVID resources for folks to find access to food.</li> <li>January – March 2021: There has not been progress made on this since the Resource Directory was made.</li> </ul>

### Relationship to state and national priorities

**Oregon:** The rate of food insecurity (being without access to a sufficient quantity of affordable, nutritious food) in Oregon is 14.6%. About 552,900 Oregonians are food insecure, of those 194,070 are children. About 72% of the people who receive food have incomes below the federal poverty level. (Oregon Food Bank, July 2019)

According to the Oregon Health Authority, one in eight Oregonians and one in five children in Oregon are food insecure. The food insecurity rate is highest in rural communities, communities of color, households with children and among renters. Single mothers in Oregon have historically had higher food insecurity rates than single mothers in the rest of the country.

**Healthy People 2020:** Food insecurity may be long term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. In 2016, 31.6% of low-income households were food insecure, compared to the national average of 12.3%. Unemployment can also negatively affect a household's food security status. High unemployment rates among low-income populations make it more difficult to meet basic household food needs. In addition, children with unemployed parents have higher rates of food insecurity than children with employed parents. Racial and ethnic disparities exist related to food insecurity. In 2016, black non-Hispanic households were nearly 2 times more likely to be food insecure than the national average (22.5% versus 12.3%, respectively). Among Hispanic households, the prevalence of food insecurity was 18.5% compared to the national average (12.3%). Disabled adults may be at a

higher risk for food insecurity due to limited employment opportunities and health care-related expenses that reduce the income available to buy food.

**National Prevention Strategy** priority issue: healthy eating.

# Housing

2018 CHA Data Indicator Gross Rent as a Percentage of Household Income (35% or more) (2018 United States Census Bureau)

## Lead Agencies

Cascade Health Alliance

## Work group

Klamath Falls Housing Task Force

## Objective 1

Form a housing task force with members who have expertise focused on infrastructure and program needs by June 2020.

	Process Measure	Status Update
	All activities were completed in Year 1 of the 2019 – 2020 CHP report.	

## Goal

Establish adequate supply of ownership and rental housing

## Objective 2

Implement a variety of housing education programs geared to housing assistance and renter education by June 6, 2023.

## Baseline

To be determined.

## Target

5 housing programs supported by KLCAS, Klamath Housing Authority, and Klamath Community College

## Benchmark

To be determined.

## Measurement

Quarterly reports on program development, implementation, and effectiveness

## Strategies

1. Host Traditional Healthcare Worker programs geared to implementing housing modules specific to Klamath County programs.

	Process Measure	Status Update
Task 1: Apply for grants to funding THW programs.	Grants applied vs awarded.	<ul style="list-style-type: none"> <li>July – December 2020: CHA applied for one grant to OHSU HowTo program. The application was denied.</li> <li>January 2021 – May 2021: CHA applied to two grants that would support training for THWs. Of the two, CHA was awarded both grants. One was for \$57,000 would be used to support trainings. The other was for \$246,000 that will be used to support trainings and build workforce in THW. Each training curriculum will have a module specific to</li> </ul>
Task 2: Implement a “Ready to Rent” program through Klamath Housing Authority.	Number of course offered and number of participants	<ul style="list-style-type: none"> <li>Completed in Year 1 (2019-2020). First class had max capacity at 30 registers. The program is now launched and is held twice a year at Klamath Community College.</li> </ul>
Task 3: Implement a community wide clean-up program with educational materials.	Number of initiatives completed	<ul style="list-style-type: none"> <li>July 2020 – March 2021: Due to COVID-19, no progress has been made on this initiative. We plan to launch a community-wide cleanup program in the Spring of 2022.</li> </ul>

2. Increase opportunities to build self-sufficiency and financial well-being through housing rent reporting.

	Process Measure	Status Update
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Task 1: Implement renting reporting through Credit Bureau Alliance.	Implementing rent reporting program at the Klamath Housing Authority.	<ul style="list-style-type: none"> <li>January - March 2021: This was a year 2 program. We have engaged the Klamath Housing Authority about the opportunity to report their clients rent to the credit bureau. We plan to apply for CHA SHARE funding to support the program and launch in November 2021.</li> </ul>
Task 2: Pilot program for 24 months.	Number of participants in the pilot program.	<ul style="list-style-type: none"> <li>January - March 2021: We plan to apply for CHA SHARE funding to support the program and launch in November 2021. We are hoping to get 100 KHA clients enrolled and measure their credit scores for 24 months.</li> </ul>

### Objective 3

Establish baseline infrastructure and capital needs for housing in Klamath County by 2023.

#### Baseline

2.4% Vacancy Rate (2019 Klamath County Housing Study - Klamath Rental Homeowners Association 2020 Needs Assessment)

#### Target

3.4% Vacancy Rate

#### 2020-2021 Progress Update

2.8% Vacancy Rate (2019 Klamath County Housing Study - Klamath Rental Home-owners Association 2020 Needs Assessment)

#### Benchmark

5% Vacancy Rate (Oregon Housing and Community Services)

### Strategies

#### 1. Develop recruitment incentive package for Klamath Revitalization Fund.

	Process Measure	Status Update
Task 1: Build local support and fund recruitment	Incentive fund built.	Completed in year 1 (2019-2020) The fund was built and owned by 11 local members of Klamath County. There is a total of \$3M dollars' worth of cash and land assets in the fund
Task 2: Task 2: Support incentive fund growth and recruitment	Expand fund outside of private equity.	<ul style="list-style-type: none"> <li>April 2021: Klamath County Economic Association and Cascade Health Alliance testified to the COVID-19 economic recovery committee to support the fund expansion in the May legislative session.</li> </ul>
Task 3: Task 3: Work with Private Equity funders to develop housing projects	Private equity funding.	<ul style="list-style-type: none"> <li>July 2020 – March 2021: The equity fund was built to support development in affordable housing in Klamath County. In building the fund, Klamath County worked with a Private Equity ownership group to increase the fund by 50%. Negotiations have begun.</li> </ul>

#### 2. Partner with Klamath Housing Authority to solicit grant funding opportunities.

	Process Measure	Status Update
Task 2: Support Klamath Housing Authority tax credit application	Tax Credit	<ul style="list-style-type: none"> <li>July 2020 – March 2021: Due to COVID-19, this was put on hold. We do not have a start date planned for this activity.</li> </ul>

#### 3. Increase affordable housing opportunities and spaces.

	Process Measure	Status Update
Task 1: Partner with the County to implement Project Turnkey	Hotel conversion	<ul style="list-style-type: none"> <li>July 2020 – March 2021 Due to COVID-19, the housing committee aimed to increase housing opportunities for those displaced or in need of isolation. The housing task force partnered with Klamath County corrections to apply for Project Turnkey funds through the Oregon Community Foundation. Since the application, Klamath County was awarded. \$1.7M to convert a hotel into a transitional housing unit. We have purchased the hotel and conversion began in May 2021.</li> </ul>
Task 2: Partner with Klamath Lake County Action Services (KLCAS) to implement rental	Rental assistance supports.	<ul style="list-style-type: none"> <li>April 2020: CHA donated \$50,000 to KLCAS to support rental assistance for OHP members.</li> <li>October 2020: KLCAS was selected by Oregon Housing and Community Services (OHCS) to provide \$5M in rental assistance to Klamath County. Funds will be used to support renters and landlords for back pay through March 2020.</li> </ul>

## Measurement

Quarterly reports on activities.

## Rationale

Housing plays a critical role in laying a foundation for success for all health improvement efforts. Safe and affordable housing in Klamath Falls has become increasingly scarce, as wages and rental vacancy have failed to keep up with rising costs of the rental housing market. The current rental vacancy rate is 2.4% with nearly 35% of the population paying more than 50% of their income on rent. In 2011-2015, Klamath's rental vacancy rate was 9.4% with 33% of the population paying more than 50% of their income on rent. Given all we know about the importance of housing to health, the current housing environment in Klamath County has the potential to widen and exacerbate health disparities and inequities that impact people with fewer support and financial resources. In efforts to align with the 2019-2023 Statewide Housing Plan to increase healthy, affordable, safe, and equitable supply of rental housing for all income levels.

## Relationship to state and national priorities

**Oregon:** The Oregon Affordable Housing Assistance Corporation (OAHAC) is an Oregon nonprofit public benefit corporation. The primary purpose of OAHAC is to administer programs, such as the Oregon Housing Stabilization Initiative (OHSI), targeted to help prevent or mitigate the impact of foreclosures on low- and moderate-income persons, to help stabilize housing markets in Oregon, to provide resources for affordable or subsidized housing and to develop and administer programs related to housing permitted under the Emergency Economic Stabilization Act of 2008, as amended ("EESA"), and act as an institution eligible to receive Troubled Asset Relief Program Funds under EESA. The National Low Income Housing Coalition indicates that Oregonians working at minimum wage of \$11.25 an hour would need to work 67 hours to afford a modest 1-bedroom rental home at Fair Market Value.

**Healthy People 2020:** Households are considered to be cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50% of their income on housing. Cost-burdened households have little left over each month to spend on other necessities such as food, clothing, utilities, and health care. Black and Hispanic households are almost twice as likely as white households to be cost burdened. In 2014: 21.3 million households were cost burdened — of these, 11.4 million households were severely cost burdened, and 83% of households earning less than \$15,000 a year were cost burdened. Due to a limited rental market with few affordable vacancies, people with the lowest incomes may be forced to rent sub-standard housing that exposes them to health and safety risks such as vermin, mold, water leaks, and inadequate heating or cooling systems. They may also be forced to move in with others, potentially resulting in overcrowding. Overcrowding is defined as more than 2 people living in the same bedroom or multiple families living in 1 residence. Overcrowding may affect mental health, stress levels, relationships, and sleep, and it may increase the risk of infectious disease.



