



# 2021

## Klamath County Community Health Assessment

1/27/2022 **DRAFT** 1/27/2022

Beatty ✧ Bly ✧ Bonanza ✧ Chemult ✧ Chiloquin ✧  
Crater Lake ✧ Crescent ✧ Dairy ✧ Fort Klamath ✧  
Gilchrist ✧ Keno ✧ Klamath Falls ✧ Malin ✧ Merrill ✧  
Midland ✧ Sprague River

Please send your comments and suggestions to:  
[info@healthyklamath.org](mailto:info@healthyklamath.org)

On the cover: Klamath County, Oregon, begins at the California border and stretches more than 100 miles up US Highway 97 to the north and nearly 120 miles east to west at its widest point. The Welcome to Oregon sign highlights some of the best of Klamath County: Crater Lake, bald eagles and forest stands.

1/27/2022 **DRAFT** 1/27/2022

Klamath County Community Health Assessment 2021

DRAFT January 27, 2022

DRAFT January 3, 2022

DRAFT December 4, 2021

DRAFT October 18, 2021

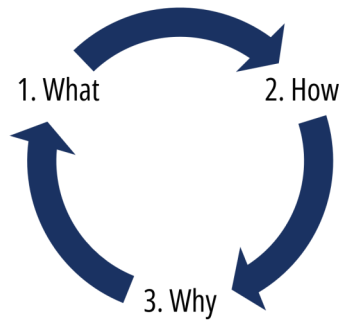
DRAFT October 13, 2021

Every three years a community health assessment is created to serve as a process to move Klamath County toward a healthier future. This marks the fourth edition of the assessment, with its earliest version appearing in 2013.

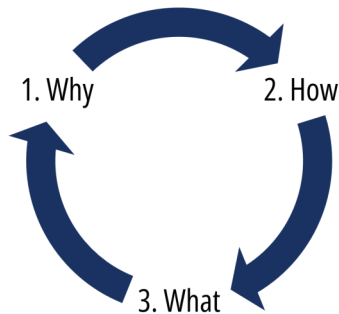
Each effort improves upon the last and the 2021 document is no exception. Care was taken to encourage the entire community have a voice in this process and create a record of where Klamath County stands on its wellness journey. Hopefully, this information can be used by students in health classes, local residents, health professionals and elected leaders to understand where the community is now and set a course to achieve the goals yet to be set in the 2022 Klamath County Community Health Improvement Plan.

Simon Sinek, a British-American author and inspirational speaker, provided insight into successful communication during a September 2009 TEDx Talk.

He noted the golden circle of communication is usually:



For the exceptional, such as the Apple brand, the golden circle of communication is:



This document begins with the vision for this very reason. The vision is why the health assessment matters and is clearly the intended outcome of the work yet to come. Klamath County's "how" is the people of the community, found in the "who are we" section.

Work can only be accomplished through collective and individual efforts. The “what” are the areas addressed by previous health improvement plans and that anticipated in 2022.

Much like the waves of infection seen in the current COVID-19 era, the health progress of Klamath County has seen times of waxing and waning success in the 12 years since the original health assessment. What has not changed is the continued resilience of Klamath County residents and their commitment to helping the most vulnerable — children and elders — have a better experience.

Many local organizations, such as Salvation Army, Klamath County Chamber of Commerce, Klamath County Rotary and Klamath Falls Kiwanis, have already or will celebrate a century of existence in the next several months. This is tangible proof of the longstanding commitment local citizens have made to the community and its residents.

There are many areas that could use improvement for Klamath County to experience success in the areas of physical, mental, behavioral, and spiritual health. The strategic plan exemplified in the 2022 community health improvement document will require the community to select a few key areas where momentum can be achieved and improvement seen, without becoming overwhelmed with the amount of work which could be used.

The children’s fable of the tortoise and the hare reminds everyone that slow and steady wins the race. The prominent assortment of local birds — from bald eagles to white pelicans — should be a reminder that a big-picture, or elevated, perspective helps keep work and priorities in line with the march of time and trends.



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This document reflects a point in time in Klamath County. Gathering information presented challenges during the era of COVID-19. The agencies tasked with creating this assessment provided professionals who meet the community with open hearts, empathy, critical thought processes that are not based in community criticism, and a willingness to learn.

Every effort was made to provide a process that was inclusive and accessible to all Klamath County residents. A new community health assessment is created every three years and new lessons are learned with each edition.

For the first time Klamath Tribal Health & Family Services was represented on the steering committee leading the work on the assessment. While it is an equitable step in the right direction, Klamath's Indigenous people have always provided insight and guidance in various ways throughout the community.

The last major face-to-face activity to draw information from the community before the pandemic was a summer 2019 maternal and child health survey created by Oregon Health Authority and local focus groups conducted by Klamath County Public Health staff.

At a gathering to hear from people and request survey participation, an elder of The Klamath Tribes pulled a focus group facilitator aside to review the correct tone for community service: humility.

**“To ask about maternal and child health and not mention domestic violence is foolish. To come to Indian Country and ask about women’s health without mentioning missing and murdered Indigenous women is ignorant. To refer to culturally and linguistically responsive services on a survey instrument that is difficult for even the most educated to work through is offensive. Service requires lowering yourself, not elevating yourself.”**

While the effort was not perfect, it did provide opportunities for community feedback from underrepresented groups. There is good work to be done to help Klamath County reach its vision. This assessment serves to document the reality of 2021 to prepare for the community health improvement plan of 2022.

# Introduction



Wikimedia Commons

Painting of Crater Lake by John Englehart, circa 1890. Crater Lake is a natural wonder appreciated worldwide, with a history that begins with The Klamath Tribes oral traditions.

One of the first steps in beginning work on the Community Health Assessment was creating a shared vision for the future. Community members agreed that it is:

## **To be a balanced, beautiful and accessible community.**

Balanced = having mental, spiritual, physical, social and emotional aspects working in unison for health and vitality.

Beautiful = seeing each other as human beings with infinite potential and worth; appreciating the natural surroundings of the community; providing space for people to reach their goals and dreams.

Accessible = resources in place to help people along their journey; room for everyone at the table; understanding historic trauma and other influences that are the root cause of lack, disease and unease.



# Overview

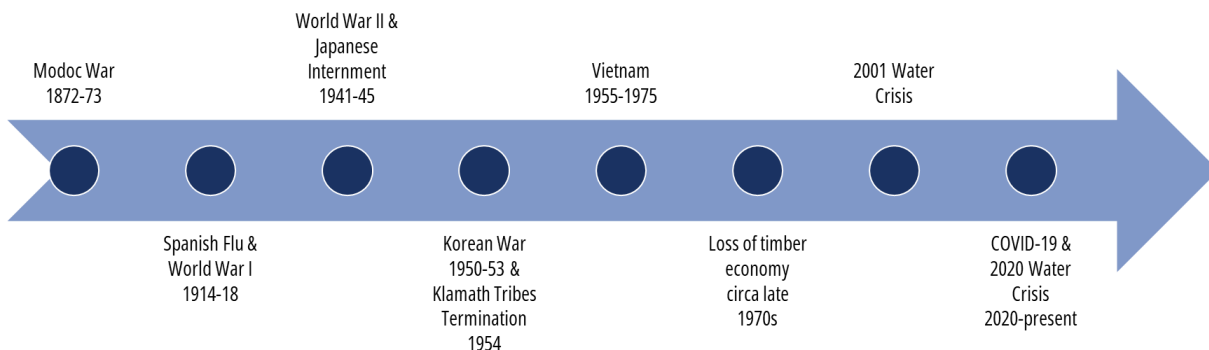
Who are your people? It's a common question when an elder is trying to place you within the community. The answers include:

- Indigenous people who saw Mount Mazama erupt.
- Settlers who came over the Applegate and Oregon trails.
- Loggers, farmers and ranchers.
- Professionals who came to manage the forests, lands and water.
- Czech "Bohemians" who tamed the Malin area.
- "Okies" and "Arkies" who came during the Dust Bowl years.
- Patriots who came to defend the nation at the naval air station and later the air base.
- Tradesmen who started a vocational school, followed by academics who reinvented it as a world class university.
- Individuals who saw opportunity in an unspoiled land and the promise of a better tomorrow.

Getting to this place in history has not been easy. Divisions have been made by race, creed, religion and socioeconomic standing to name a few differences. In some families there are only two generations separating the community from the Modoc War. It is the same for the internment of Japanese-Americans in Newell, Calif., (just over the Oregon border) during World War II. The same era brought a Jehovah's Witness riot in downtown Klamath Falls. Following the world war, The Klamath Tribes' federal recognition was terminated. Water crises and the loss of the timber economy have marked the land and its people.

Trauma has touched every generation.

## Klamath County historic trauma since the Modoc War



Who are we?

These hard facts shaped the community, but do not define its people today. Resiliency is displayed daily and work is done to learn from the past and create a better tomorrow. No individual is perfect, but there are many people engaged daily in efforts to improve the lives of others.

## Working together

The Healthy Klamath Coalition is the connecting point for most of these professionals. It is a multi-sector partnership established to guide community health improvement efforts in Klamath County. The community mobilized in 2012, forming the coalition in response to consistently low rankings in the annual Robert Wood Johnson Foundation (RWJF) County Health Rankings. Over the past seven years, dedicated community members, leaders, and organizations have launched numerous initiatives, programs, and policy changes to address the health factors contributing to poor health outcomes in Klamath County. Passionate community leaders and community members are working together to find innovative solutions to address the health issues where we live, learn, work, and play. This momentum is helping build a culture of health in Klamath County.

A list of participating groups, dated from the September 2021 presentation to members, is provided in the Appendix on page 167.

Today's Healthy Klamath owes much to the efforts made to help Klamath Falls receive certified Blue Zones Project® recognition. The entire county was given insight into the principles that have helped communities and individuals live well into old age. Healthy Klamath's small paid staff are holdovers from the Blue Zones efforts.

In December 2020, Healthy Klamath, Sky Lakes Medical Center, Sharecare, Inc. and Blue Zones, LLC announced that Klamath Falls has achieved certified Blue Zones Community® status.

The certification recognized Klamath Falls' community well-being transformation through successful implementation of the Blue Zones Project® by Sharecare, a first-of-its-kind population health program that brings evidence-based best practices in built environment, policy, and social networks to participating cities.

Brought to Oregon through sponsorship by Cambia Health Foundation in collaboration with Sharecare and Blue Zones, the local Blue Zones Project initiative encouraged all Oregon communities to optimize their surroundings to make the healthy choice the easy choice. The project is a privately-led, publicly-endorsed initiative intended to inspire community members to improve personal well-being.

Cambia Health Foundation, Sky Lakes Medical Center, Cascade Health Alliance, the City of Klamath Falls, and Klamath County provided financial backing to support the project in Klamath Falls.

## Learning from a National Geographic scholar

In 2015, Klamath Falls was selected to be the first Blue Zones Project demonstration site in the Pacific Northwest. Since then, local leaders, volunteers, and organizations throughout the community worked to achieve certification status.

While Klamath Falls was the focus of the Blue Zones effort, the entire county became aware of the nine principles that promote health and well-being. The Blue Zones concept came from National Geographic Explorer Dan Buettner's study of places where many people live into their 100th year and beyond.

**Move Naturally.** The world's longest-lived people don't pump iron, run marathons or join gyms. Instead, they live in environments that constantly nudge them into moving without thinking about it. They grow gardens and don't have mechanical conveniences for house and yard work.

**Purpose.** The Okinawans call it "ikigai" and the Nicoyans call it "plan de vida;" for both it translates to "why I wake up in the morning." Knowing your sense of purpose is worth up to seven years of extra life expectancy

**Down Shift.** Even people in the Blue Zones experience stress. Stress leads to chronic inflammation, associated with every major age-related disease. What the world's longest-lived people have that we don't are routines to shed that stress. Okinawans take a few moments each day to remember their ancestors, Adventists pray, Ikarians take a nap and Sardinians do happy hour.

**80% Rule.** "Hara hachi bu" – the Okinawan, 2500-year old Confucian mantra said before meals reminds them to stop eating when their stomachs are 80 percent full. The 20% gap between not being hungry and feeling full could be the difference between losing weight or gaining it. People in the Blue Zones eat their smallest meal in the late afternoon or early evening and then they don't eat any more the rest of the day.

**Plant Slant.** Beans, including fava, black, soy and lentils, are the cornerstone of most centenarian diets. Meat—mostly pork—is eaten on average only five times per month. Serving sizes are 3-4 oz., about the size of deck or cards.

**Wine @ 5.** People in all Blue Zones (except Adventists) drink alcohol moderately and regularly. Moderate drinkers outlive non-drinkers. The trick is to drink 1-2 glasses per day (preferably

Sardinian Cannonau wine), with friends and/or with food. And no, you can't save up all weekend and have 14 drinks on Saturday.

Belong. All but five of the 263 centenarians we interviewed belonged to some faith-based community. Denomination doesn't seem to matter. Research shows that attending faith-based services four times per month will add 4-14 years of life expectancy.

Loved Ones First. Successful centenarians in the Blue Zones put their families first. This means keeping aging parents and grandparents nearby or in the home (It lowers disease and mortality rates of children in the home too.). They commit to a life partner (which can add up to 3 years of life expectancy) and invest in their children with time and love (They'll be more likely to care for you when the time comes).

Right Tribe. The world's longest lived people chose—or were born into—social circles that supported healthy behaviors, Okinawans created "moais"—groups of five friends that committed to each other for life. Research from the Framingham Studies shows that smoking, obesity, happiness, and even loneliness are contagious. So the social networks of long-lived people have favorably shaped their health behaviors.



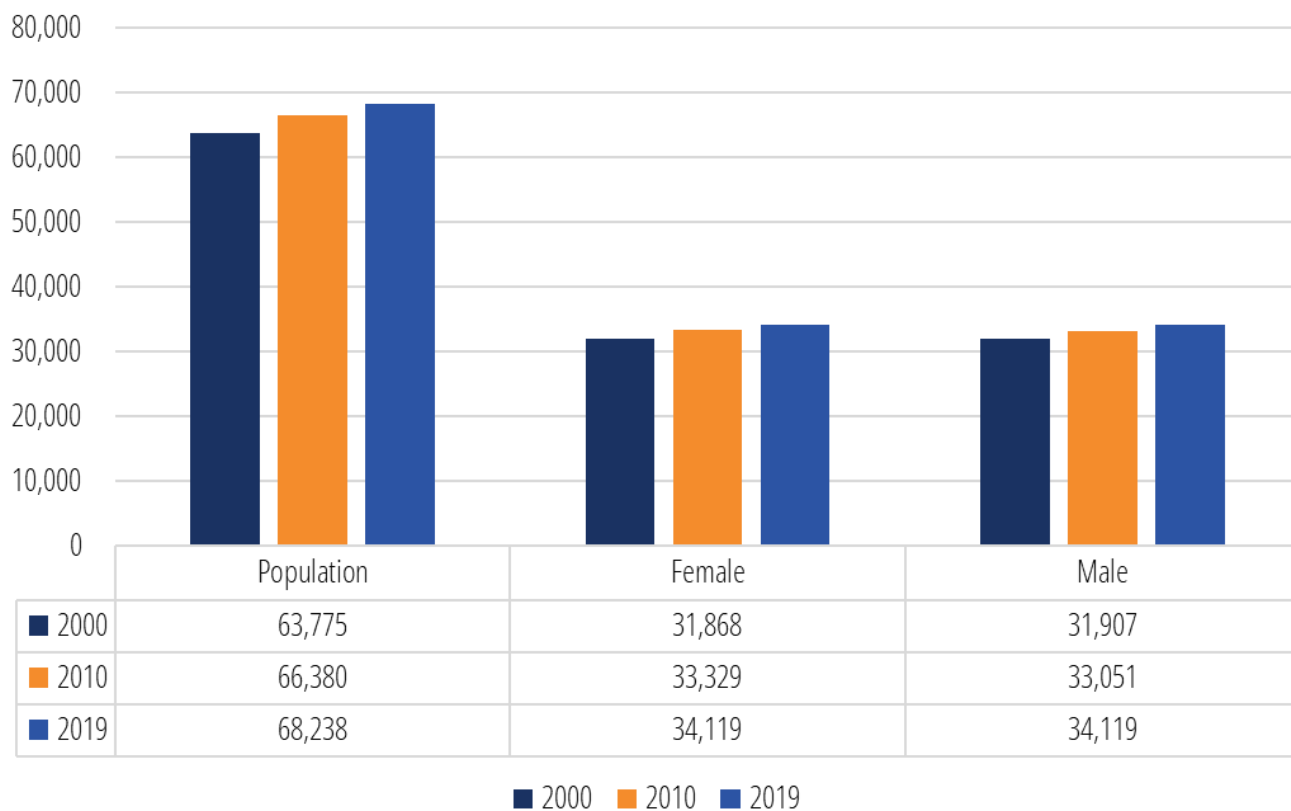
# Klamath County by the numbers

Local residents are more than graphs, charts and statistics, but that is the easiest way to detail the Klamath County experience.

Home to the Klamath Tribes.....	Since time immemorial
People (April 2020, US Census).....	69,413
Square miles .....	5,941
People per square mile .....	12
Incorporated cities or towns .....	5 (Bonanza, Chiloquin, Klamath Falls, Malin, Merrill)
Housing units (July 2019) .....	33,876
Building permits issued 2020 .....	152
Households .....	27,886
Persons per household .....	2.36
Living in same house one year ago, percent of persons age 1 and older.....	81.3%
Language other than English spoken at home, percent of persons age 5 and older .....	8.6%
Households with a computer .....	89.9%
Households with a broadband Internet subscription .....	80.1%
High school graduate or higher, percent of persons age 25 and older .....	88.1%
Bachelor's degree or higher, percent of persons age 25 and older.....	20.0%
With a disability, under age 65 .....	14.0%
Persons without health insurance, under age 65 .....	10.7%
Persons in poverty .....	19.7%

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## Population over time



## Race and Hispanic origin

Year	2000	2010	2019
American Indian and Alaska Native alone	4.19%	4.12%	5.00%
Asian alone	0.80%	0.94%	1.10%
Black or African American alone	0.63%	0.65%	0.90%
Native Hawaiian and Other Pacific Native alone	0.12%	0.11%	0.20%
Some other race alone	3.45%	4.14%	—
Two or more races	3.47%	4.14%	4.30%
White alone	87.33%	85.90%	88.4%
Persons of Hispanic or Latino Origin	7.78%	10.42%	13.8%

## Age distribution

Year	2000	2010	2019
Persons 17 and under (18 and under in 2019)	25.93%	22.30%	21.50%
Persons 18 to 64 years (19 to 64 years in 2019)	59.25%	60.60%	56.80%
Persons 65 and older	14.93%	17.10%	21.70%



## Community voice: mending a broken world

In June 2019, 10 local professionals attended a training to help facilitate work within the community. Here are their thoughts on mending the broken world:

**Spiritual connection:** All that ails mankind could be improved with spiritual connection. This includes not only connecting with Creator, but with nature and other humans. When the spiritual is taken into account it is easier to see the humanity in others.

**Education:** Humans need education. This is not just formal education, but learning about the world. It also includes different learning styles and formats. Not everyone goes to college; trade schools and life experience are valuable, too.

**Relationships:** Even introverts need relationships with others. People need life anchors for love, protection, encouragement and the like.

**Belonging:** Everyone needs to have a place where they fit into a larger group, whether it is family, community or a team.

**Connection:** In addition to connecting with other people, individuals need to feel connected to their environment, nature and community.

**Equity:** This is a buzzword that many people use, but very few get. A couple of people shared the following descriptions found on fakeequity.com.

Equity brave – You practice equity in your work. You are thoughtful and gracious and speak up for those not at the meeting. You promote equity by telling people to stop talking to you and listen to the community. You work to change policies, procedures, and systems to be more inclusive and thoughtful, but you still hold onto your seat at the table. People seek you out for too many committees.

Equity champion – You play a supporting role and let communities (disproportionately impacted communities, communities of color, etc.) lead. You use your position and influence to encourage accountability to the community. You open doors for others who are the most impacted. You relinquish control and know the work isn't about you. Your work drives towards action – not just talking.

Resources: Every activity and engagement needs a resource of some kind, whether it is natural resources like timber or people to take action.

Employment: People need work to not only pay for their lifestyle, but to feel important and like a contributing member of the community.

Culture: Not everyone has a specific culture to draw from. One man said he was once told by members of another Tribe that it is okay to borrow a cultural item or practice until you find your own. Epigenetics can come into play in feeling connection to something that is authentic.

Traditions: Many families and groups have traditions that bring them together and help them meet new challenges.

Responsibility: Nothing is accomplished unless someone takes responsibility for making things happen.

Compassion: Not everyone comes to the table with the same experiences, skills or abilities. Helping others see value in themselves is a vital characteristic.

Healthy family structure: Family is not always defined by blood connection. People need a network of individuals who are on their side, willing to help, willing to hold the person accountable, and are there come what may.

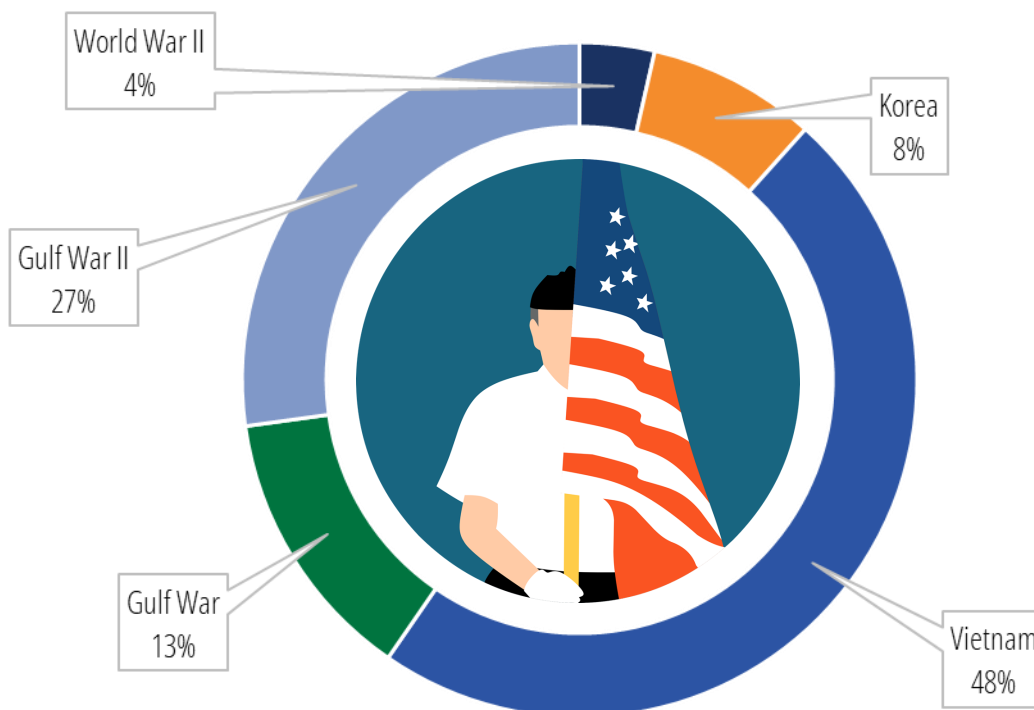


# Veterans service

## 10% of Klamath County residents are veterans

Highway signs entering the county state “We honor veterans”. Throughout its history, Klamath County has been home to many veterans, and in World War II was the site of Klamath Falls Marine Barracks. The barracks, four miles from downtown Klamath Falls, was an 800-acre treatment and recuperation center that served thousands of Marines and some Navy personnel suffering from a variety of mosquito-borne tropical diseases — malaria, filariasis and elephantiasis. The first Marines arrived in April 1944 and the last were discharged in March 1946. Klamath Falls is also home to Kingsley Field and the Oregon Air National Guard’s 173rd Fighter Wing. The air base started as a Naval Air Station during World War II.

### Periods of veteran service



Source: datausa.io

Data from the Census Bureau’s American 2015-2019 Community Survey, 5-year estimate.



## People with disabilities

### 14% of people under 65 have a disability in Klamath County

A 2019 Annual Disability Statistics Compendium indicated that Klamath County's prevalence for people living with a disability was 18.8%. Oregon's prevalence was 14.4%. The data also showed that 30.5% of the Klamath County individuals with disabilities were employed, while 32.6% of individuals ages 18 to 64 living in Klamath County with a disability were also living in poverty.

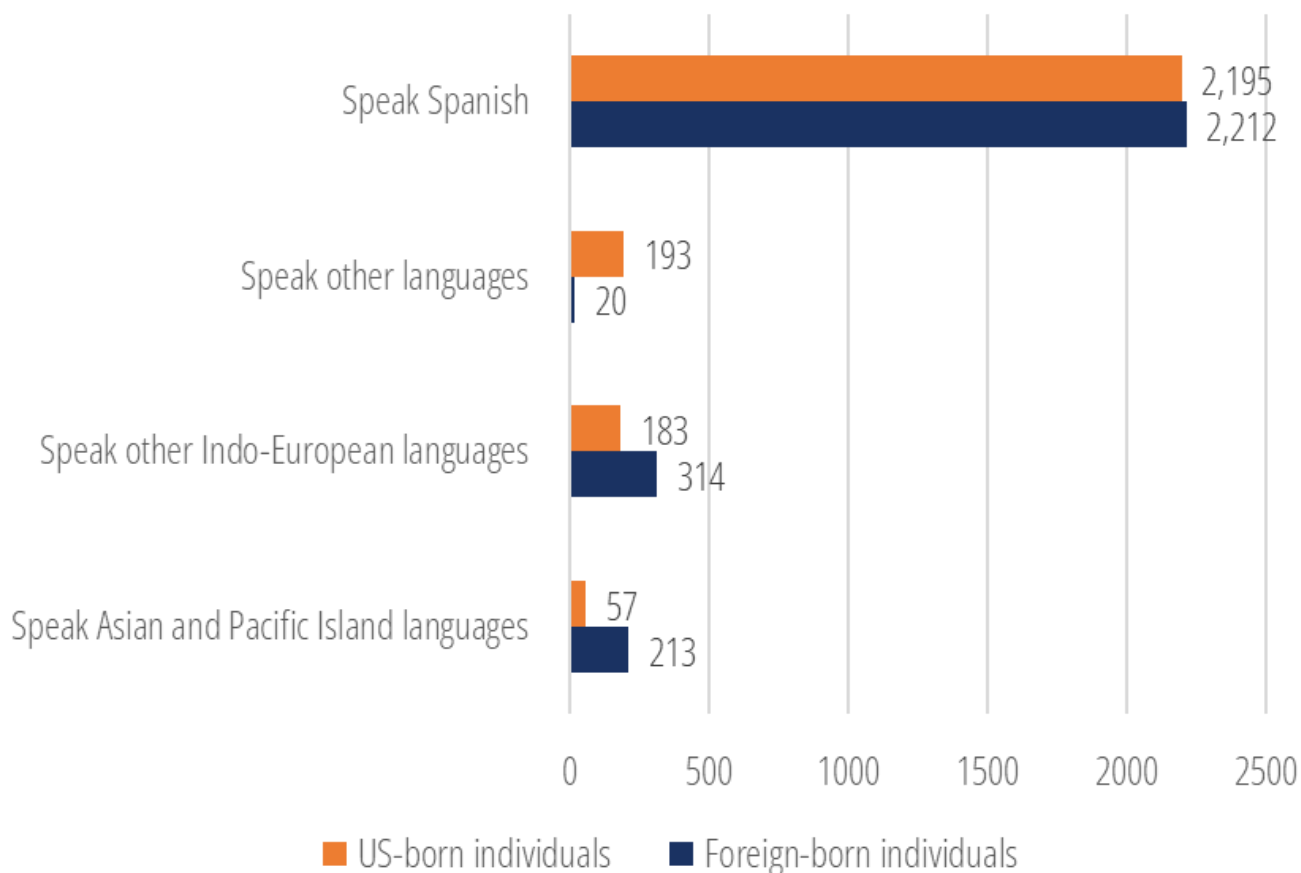
## National origin

### 16.4% foreign-born persons; 97.1% US citizenship

In 2019, 16.4% of Klamath County residents (11,000 people) were born outside of the United States, which is lower than the national average of 34%. In 2018, the percentage of foreign-born citizens was 5.4%, meaning that the rate is increasing. Also in 2019, 97.1% of residents were US citizens, which is higher than the national average of 93.4%. In 2018, the percentage of US citizens in Klamath County was 97%, meaning that the rate of citizenship is increasing.

# Languages spoken

Klamath County residents speak non-English languages at home



Source: <https://www.livestories.com/statistics/oregon/klamath-county-language>

Indo-European languages include many spoken languages, ranging from French to Farsi, along with the numerous languages spoken on the Indian subcontinent. (English and Spanish are also Indo-European languages, but are recorded in separate categories.)

Asian and Pacific Island languages include Chinese, Japanese, Thai, Vietnamese, and languages spoken by indigenous people of Australia along with other Pacific cultures.

The Other language category includes Afro-Asiatic languages such as Arabic and Hebrew, as well as Native American languages.



Source: Klamath County School District, Klamath Falls City Schools

19 languages and dialects used in local school districts for students who do not speak English. There are also the languages spoken by The Klamath Tribes being taught by The Klamath Nation to help students learn their Indigenous language.



## Community voice: Hispanic experience

The following information came from a Hispanic listening session during the Summer 2019 maternal and child health survey.

The Hispanic population is living in a state of stress, fearing an ICE operation coming to Klamath County. One woman went into a severe panic attack and was taken to the hospital, when a rumor surfaced that ICE was in Klamath Falls preparing for raids.

The level of racism, manifest through comments and physical actions, had increased in the last year.

A mother was very concerned about the chemicals associated with the pesticides and fertilizers used in the strawberry plant fields. She thought that pregnant ladies, in particular, were at risk for poor health.

Another woman indicated that she could not have her medical appointment information translated. She was referred to a specialist, but did not go, as she could not confirm there would be translation.

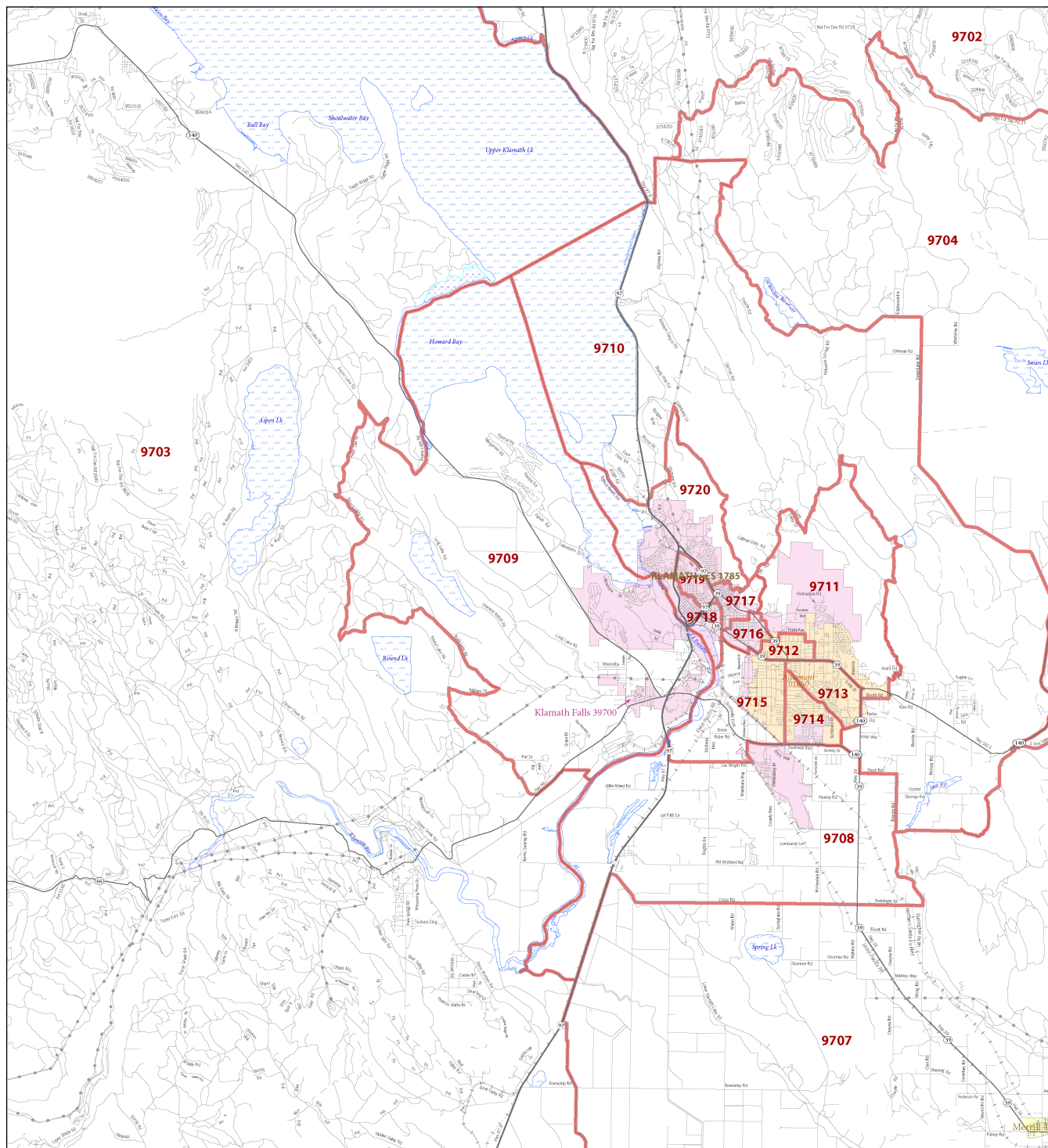
Sundays are the only days field workers have to attend to business. They asked if a mini health fair after church one Sunday. Many people rely on folk medicine, because they cannot go to the doctor.

No one there knew about the Oregon Health Plan, but were concerned about medical costs.



# Median income

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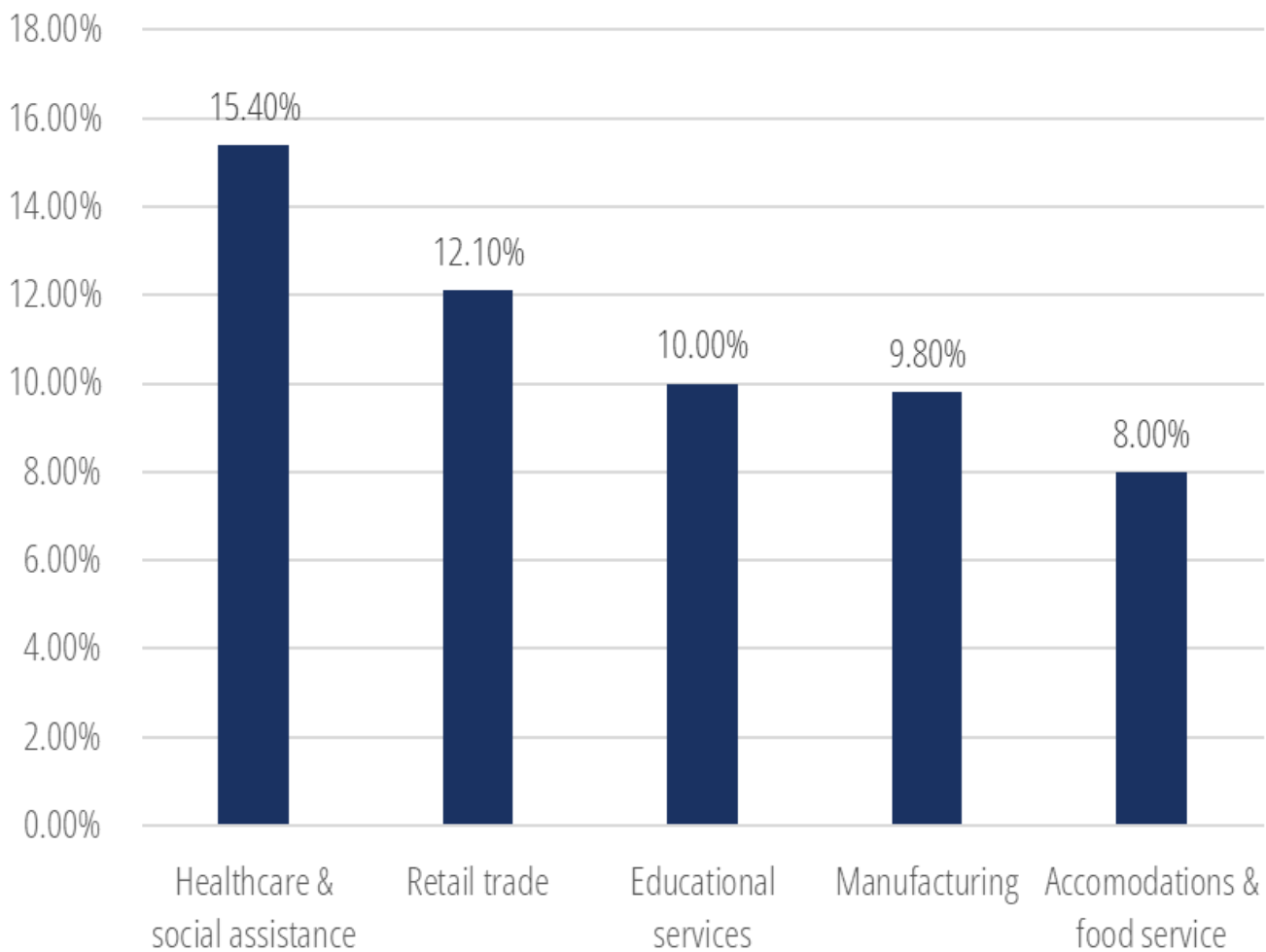


Source: US Census Bureau, American Community Survey, 5-year estimate

In 2019, the Census Tract with the highest median household income (total) in Klamath County was Census Tract 9710 with a value of \$73,472, followed by Census Tract 9720 and Census Tract 9711, with respective values of \$69,707 and \$66,818.



## Top 5 industries in Klamath County



# Poverty

Nearly 1 in 5 Klamath County residents live in poverty

About 18% report being food insecure

Race/ethnicity	Percent of race/ethnicity population total living in poverty	Actual number of those living in poverty
American Indian	26%	902
Hispanic	24%	2,299
White	20%	12,272
Pacific Islander	12%	17
Black	10%	63
2 or more races	2%	60
Asian	2%	15

Women and children are eligible for the Women, Infants & Children program to help with healthy foods, community and health referrals, nutrition education, breastfeeding support, and health and growth screening.

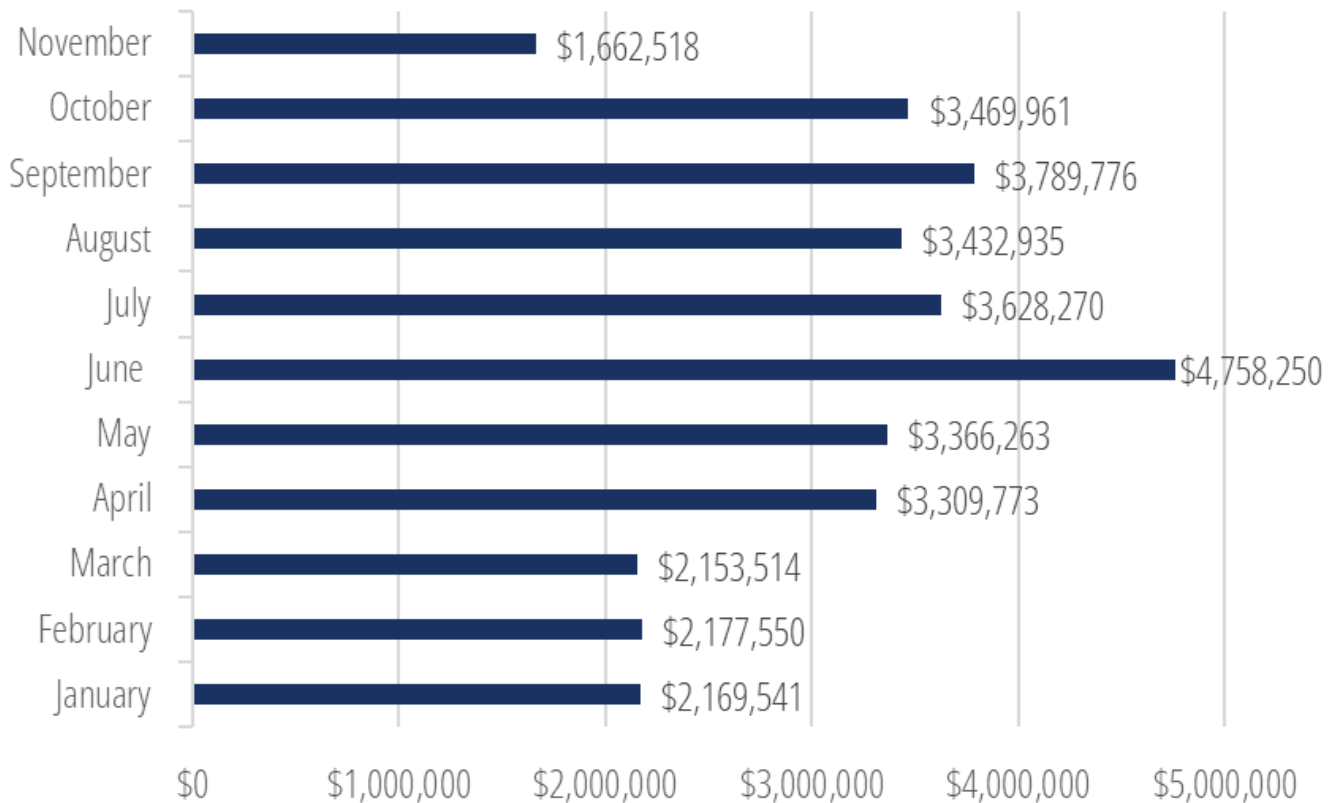
Participating in WIC supports the long-term health of women, infants, children and families. WIC is proven to support longer pregnancies and positive birth outcomes. For children, the American Academy of Pediatrics identifies three foundation of health child development:

- Stable, responsive relationships
- Safe, supportive environments
- Appropriate nutrition

## 2020 Klamath County WIC data

Women, infants and children who participated in WIC.....	3,351
Of all pregnant women served by WIC.....	49%
WIC families served .....	1,927
Participants that are infants and children under 5 .....	3 out of 4
WIC mom start out breastfeeding .....	90%
WIC moms breastfeed exclusively for six months.....	34%
Total dollars spent by WIC participants at local stores .....	\$1,345,063

## SNAP benefits January-November 2020



The Supplemental Nutrition Assistance Program (SNAP) is the largest federal nutrition assistance program. SNAP provides benefits to eligible low-income individuals and families via an Electronic Benefits Transfer card. This card can be used like a debit card to purchase eligible food in authorized retail food stores.

In 2020, Klamath County had a monthly average of \$3,083,486 in SNAP benefits distributed to qualifying individuals. Of the 18,199 average monthly recipients, about 2,690 were over 60 and 1,554 under age 5. The county's average monthly case load was 10,641.

About one in five members of the population for whom poverty status is determined in Klamath County (19.7%) live below the poverty line, a number that is higher than the national average of 12.3%. In 2019, the largest demographic living in poverty were females 25 to 34, followed by females 18 to 24 and then males 6 to 11. The complete data set can be seen on page 168 in the Appendix.

Klamath Falls has three high poverty hotspots: Klamath Falls West, Klamath Falls East and Altamont. The Chiloquin high poverty hotspot, not shown, includes Sprague River and Beatty. Oregon's Department of Human Services defines a high poverty hotspot as a census tract or contiguous group of tracts with poverty rates of 20% or more for two consecutive measurements. Poverty rates were measured in the Census Bureau's 2011-2015 and 2010-2014 American Community Surveys (ACS). Tracts must also have fewer than 20 percent of residents living in group quarters and fewer than 20 percent of adult residents who are higher education students. DHS did not publish County Quick Facts for 2019 or 2020.





# Community voice: living in poverty

The following information came from a Bonanza listening session during the Summer 2019 maternal and child health survey.

All of the women had experienced food insecurity. Food boxes were only available once a month and one lady had 13 children in her household. The Produce Connection foods were helpful, but decisions were made every month about what bill to skip in order to have food on the table. They reported being treated like “trash” when obtaining the food boxes; this was stated to be the case in Bonanza and at the Food Bank in Klamath Falls. A woman was concerned about identity theft, reporting that she had to provide copies of her children’s birth certificates to receive a food box. She did not ask to speak with a manager to see if there was a miscommunication.

Money was also not available for medical services, which found even the children going to the doctor on an emergency basis. At the clinic and/or hospital they felt judged harshly because the children do not have well child check-ups. Juggling expenses and trying to meet the emergent needs of the family prevented any type of ongoing care. Having a child with a severely cut finger, one family went to a Sky Lakes Clinic for services. The bill was well over \$1,000 and a payment schedule was made, but the family was turned over to a collection agency. They did not understand how to contact the billing office with follow up communication. The thought of care for the parents was not entertained.

Some families had come to the area and lived on Bly Mountain. Many did not have appropriate shelter and were required to bring water to their home sites. They were afraid to ask for help, as they perceived their children would be removed from the family because of the extreme poverty and living conditions. Many families helped others where they could. The woman with 13 children in her home gave another family, living on Bly Mountain, an RV to get them out of tent living.

It was reported that people who move to the area from other states have difficulty obtaining food stamps and help from DHS. They feel judged when trying to obtain services.

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# Schools

Klamath County is home to the main campus of Oregon Institute of Technology. The university reached the milestone of awarding more than \$10 million in scholarships for academic year 2021-22.

Klamath Community College is also sited in Klamath County. A community college service district was established by the voters of Klamath County in 1996. After several years of contracting with Rogue Community College, Oregon Institute of Technology, and Portland Community College to hold classes in rented facilities, a permanent campus was opened in 2000.

The college provides associate's degrees, community education and workforce development offerings.

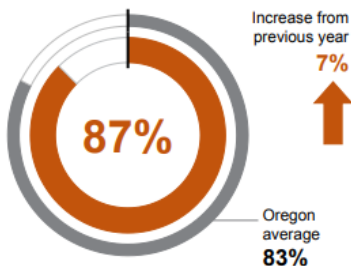
There are private school offerings for all, and portions of, the kindergarten through high school experience. However, the most reflective of the community as a whole are the public schools.

1/27/2022 DRAFT 1/27/2022

## Start Strong

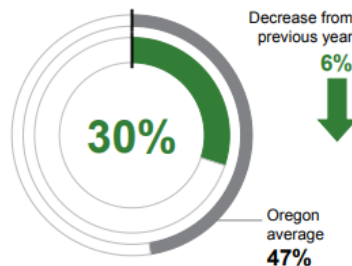
### Grades K-2 REGULAR ATTENDERS

Students who attended more than 90% of their enrolled school days.



### Grade 3 ENGLISH LANGUAGE ARTS

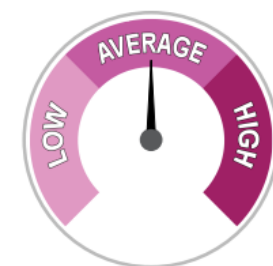
Students meeting state grade-level expectations.



## Academic Progress

### Grades 3-8 INDIVIDUAL STUDENT PROGRESS

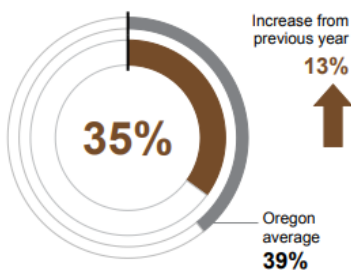
Year-to-year progress in English language arts and mathematics.



## High School Success

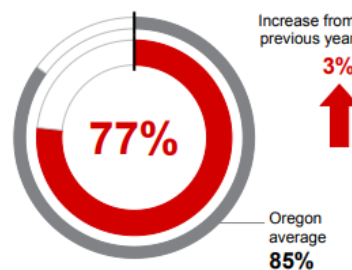
### Grade 8 MATHEMATICS

Students meeting state grade-level expectations.



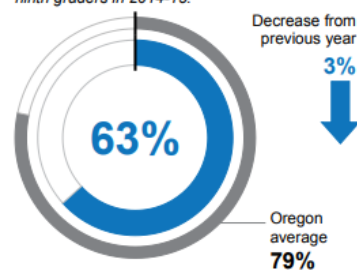
### Grade 9 ON-TRACK TO GRADUATE

Students earning one-quarter of graduation credits in their 9th grade year.



### Grade 12 ON-TIME GRADUATION

Students earning a diploma within four years. Cohort includes students who were first-time ninth graders in 2014-15.



Source: Oregon Department of Education

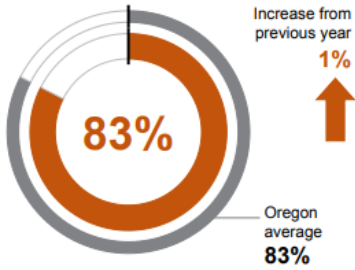
Klamath Falls City Schools performance in school year 2018-19.



## Start Strong

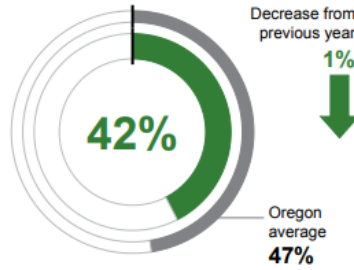
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### Grade 3 ENGLISH LANGUAGE ARTS

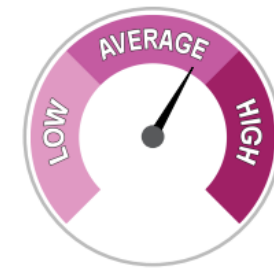
Students meeting state grade-level expectations.



## Academic Progress

### Grades 3-8 INDIVIDUAL STUDENT PROGRESS

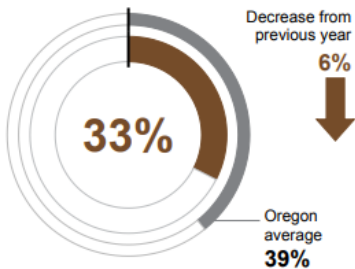
Year-to-year progress in English language arts and mathematics.



## High School Success

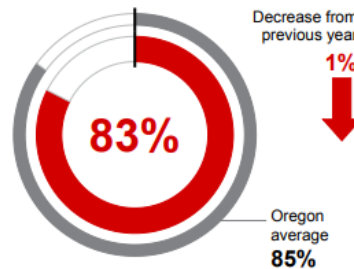
### Grade 8 MATHEMATICS

Students meeting state grade-level expectations.



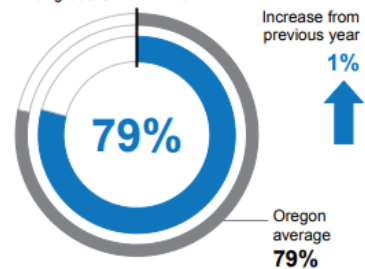
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Students earning a diploma within four years. Cohort includes students who were first-time ninth graders in 2014-15.



Source: Oregon Department of Education

Klamath County School District performance in school year 2018-19.

Klamath County is served by the Klamath County School District and Klamath Falls City Schools district. Dashboards for the performance of each district are found above and on the previous page.

In Fall 2021, Triad and Hosanna private schools merged to become Crosspoint Christian School, serving preschool through high schools students.

## Community voice: hearing from youth

A 2019 listening session with Tribal youth found health defined as “taking care of the body in physical, mental and spiritual aspects.” Keeping youth engaged in activities, connected to culture and around family were suggested strategies to prevent them from being lured into unhealthy behaviors.

Being with family, working outside, participating in Youth Council, engaging in sports, culture and art were all ways the youth felt healthy in their lives. The sacred C’waam Ceremony was mentioned, which is the annual event that honors Creator for the fish that has sustained the Tribes

throughout history. In addition to a river-side blessing of the fish, the daylong activity includes a luncheon, pow wow and a naming ceremony for children.

To help others feel engaged the youth suggested listening to what the person has to say, inviting the person to participate in activities, surrounding the person with good people, and getting to know the person and their interests.

Responses when asked what they wished other people knew included:

- You don't have to be addicted to things like alcohol, drugs and gambling.
- Be open and kind to everyone you meet.
- Be open, not judgmental, quick to judge, and people will respond better.
- Get more involved in doing things. There is always something to do.
- Everyone has been through something. There are resources available to help.
- How much being connected to culture can help.
- Some families need support. Others don't. You don't know what someone else is going through.
- Why that Indian kid walks down the street singing and playing his drum.

# Health

The vast majority (91.5%) of the Klamath County population has health coverage, with 32.5% on employee plans, 25.7% on Medicaid, 15.6% on Medicare, 13.8% on non-group plans, and 3.98% on military or Veterans' Administration plans. This leaves 8.46% uninsured.

## 2021 County Health Rankings & Roadmaps

### Patient to clinician ratios

Patient to primary care physician ratio .....	1,074 to 1
Patient to dentist ratio .....	1,137 to 1
Patient to mental health provider ratio .....	211 to 1

### Health risks

Diabetes prevalence .....	11.4%
Adult obesity .....	30.1%
HIV diagnoses.....	51 per 100,000 people
Sexually transmitted infections .....	523 per 100,000 people
Adult smoking.....	21.6%
Alcohol –impaired driving deaths .....	31.9%
Motor vehicle crash deaths .....	18.6 per 100,000 people
Homicides .....	7.71 per 100,000 people
Violent crimes.....	218 per 100,000 people



# Community voice: service club perspective

During the 2019 listening sessions about maternal and child health, reflections from a service club on issues that impact the health and well-being of families locally were:

- The need for two incomes to support a household.
- The burden on local support agencies.
- Fragmented family structures that reduce support systems, such as having grandparents, aunts and uncles to help in times of need or for additional childcare.
- Understanding the need for well-child visits.
- Understanding the educational system, especially for special needs children.

In regard to priority areas:

- There is acknowledgement that in the Klamath Basin, toxic stress, trauma and adverse childhood events, exist. However, there are some agencies that touch on these topics, especially for fundraising, without saying how they can be addressed proactively and with community support.
- The Produce Connection has made food insecurity seem like less of an issue. However, it is still a true ongoing issue for families that are isolated. The ability to travel to a distribution site is not a given for every household.
- Culturally and linguistically responsive services are still an area that needs more attention. Some people act like they want to be culturally informed, but it is never with the first thought about the people being served. It's a display of personal professional growth. Asking what people need and how they need it, in their own language, is always preferable to assuming you know what people need. In many instances, agencies and professionals don't recognize they do this.
- Well woman visits are a concern because many women will sacrifice their own care for that of their children and mate. There is no knowledge base with the group regarding low-risk cesarean delivery.
- Oral care can feel like a luxury when it is hard to put food on the table. Smoking during pregnancy is not a perfect situation, but knowing that some women switched from hard drugs to tobacco when they learned they were pregnant seems like a perspective that is missed.

- Risk-appropriate perinatal care would be a gift to some families. (It was pointed out that the language used around this information gathering is not friendly to the community. Not everyone knows what perinatal care means. Again, asking people what they need and how they need it, in their own language or words, is always preferable to assuming you know what people need.)
- Breastfeeding is a gift some mothers can give their children. It would be nice to remember that not every mother can successfully breastfeed. It seems like there was a period of time that safe sleeping for infants had more national attention. It is a good reminder for parents and others in infants' lives.
- When families are struggling financially, adequate insurance coverage is a big deal. Other topics are good, but being able to pay for medical services is a necessity. Families go bankrupt trying to pay for some care. There is a lot of emphasis placed on smoking exposure and no one wants a child harmed.
- However, there are some very weighty issues that are not addressed, when focus is put on adult vices. Bullying is an ongoing problem that can be addressed, but probably never stopped. There will always be bullies and victims. Parenting classes would be helpful for some families in the community; there was a family-to-family mentoring program locally in the last 1990s. Maybe we can find ways to be a stronger community together, instead of depending upon the State of Oregon to mandate and enforce what should happen.

# Klamath County... as individual communities

There are five incorporated cities and towns in Klamath County, but each is a small sampling of a larger zip code area. The following pages provide demographic insight into the communities that create the larger county.

## Community voice: Chiloquin

Overarching themes heard in Chiloquin during the 2019 maternal and child health listening sessions were:

- Health means being physically strong and mentally happy.
- People must have their physiological needs met so they can live their best life.
- To be healthy, families need good food, clean water, fresh air, culture, security, safety, a home, and a healthy environment.
- Better health insurance would make wellness checks and treatment less stressful.
- Everyone of the 50 people in attendance had access to food and shelter, but knew someone who did not.
- Connections within the Tribes make it hard to see homelessness. People may be sleeping outside, but they have family and/or friends who will let them shower or eat at their homes.
- The individuals who are considered the town drunks are someone's loved ones. It's painful to see people in deep addiction and disrespecting these individuals hurt those who love them.
- There is a need for community members to support one another and keep each other accountable, without being judgmental.
- People need to know what types of help and support are available.
- Youth need to be supported and provided with opportunities to learn, play and give back.

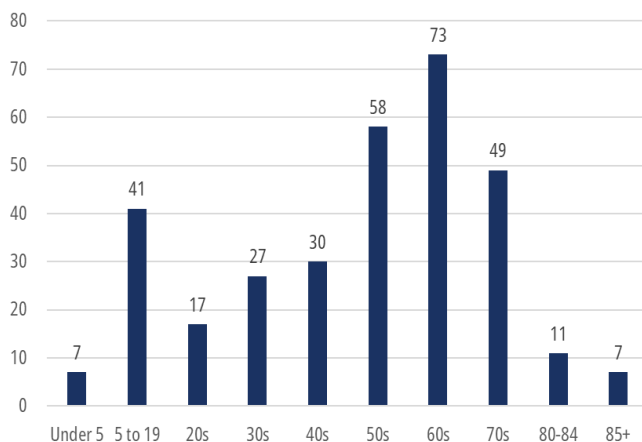


# Beatty

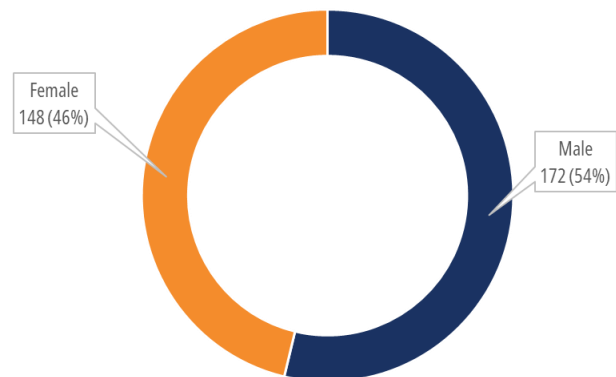
Source: unitedstateszipcodes.org

Zip code .....	97621
Land area .....	129.47 square miles
Water area .....	0.22 square miles
Closest clinic.....	Chiloquin (39 miles), Bonanza (open half-day, 21 miles)
Population .....	320
Population as a percentage of Klamath County total .....	0.5%
Population density .....	2 people per square mile
Distance to Klamath Falls .....	40 miles
Housing units .....	270
Occupied housing units .....	166
Median home value .....	\$55,500
Median household income .....	\$34,315
Means of transportation to work for workers 16 and older .....	100% (19) car, truck or van
Travel time to work (in minutes) .....	20-29

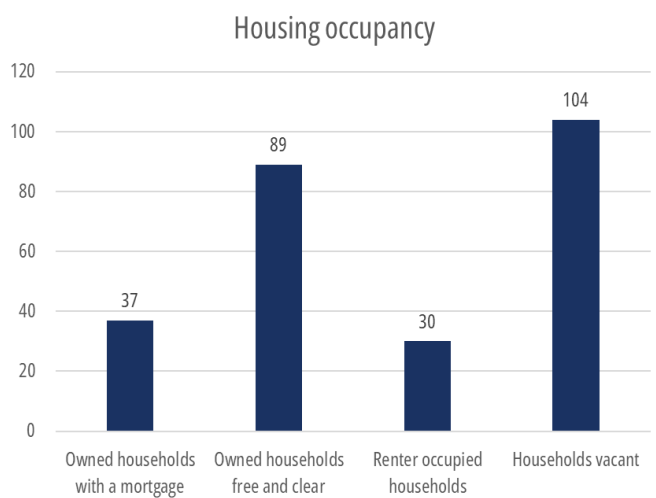
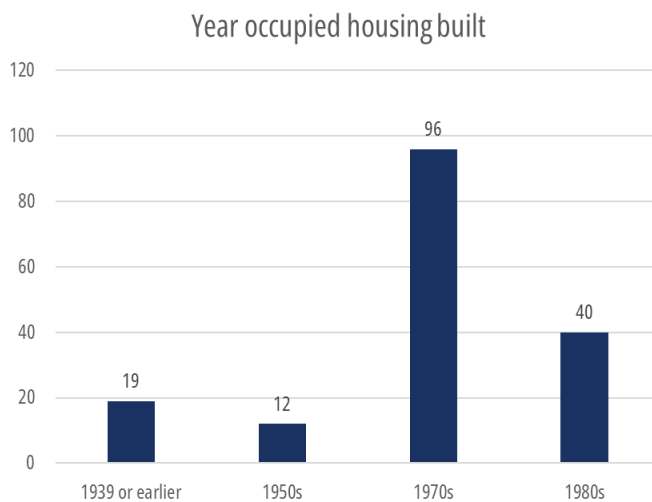
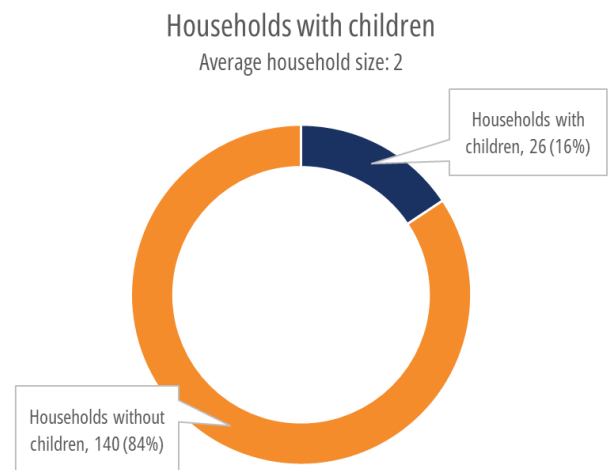
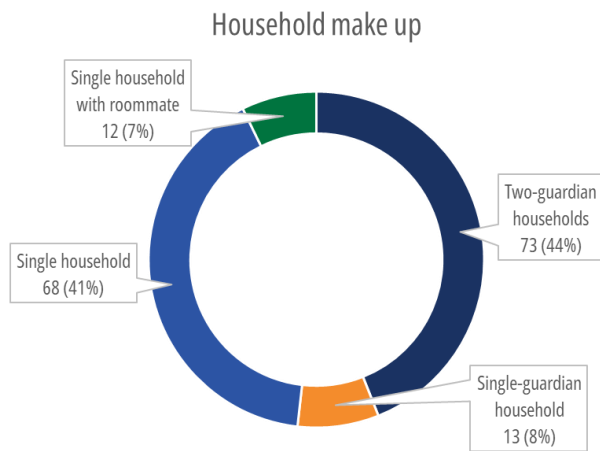
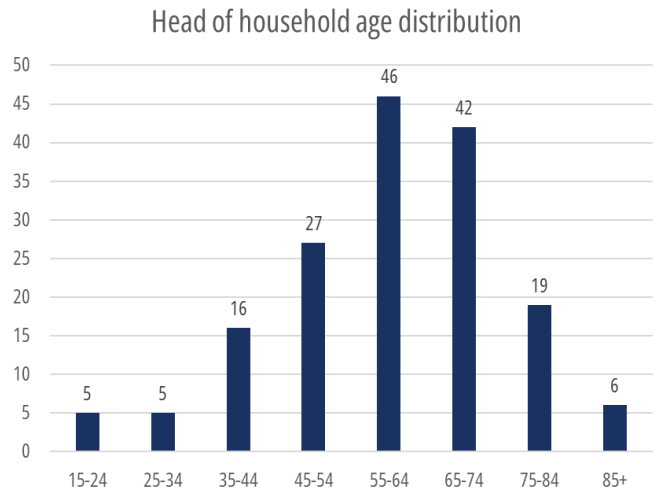
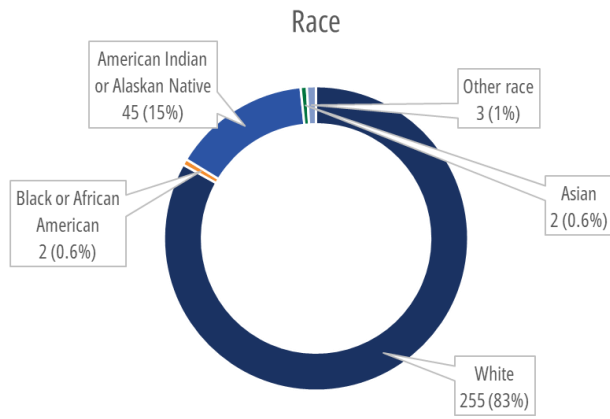
Population age distribution



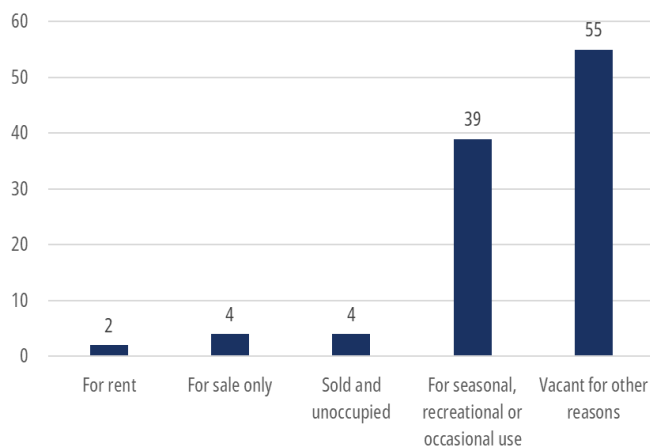
Gender



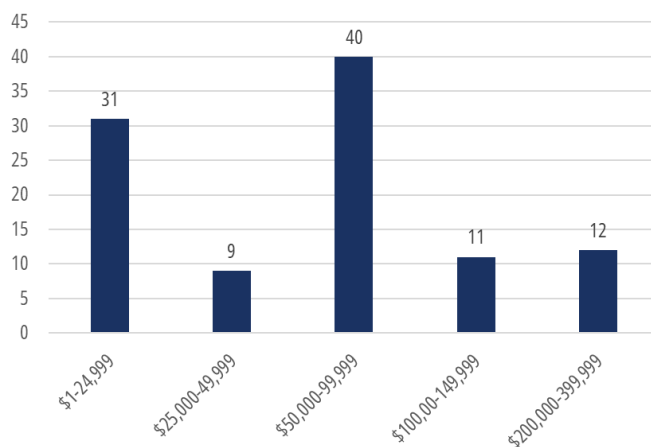
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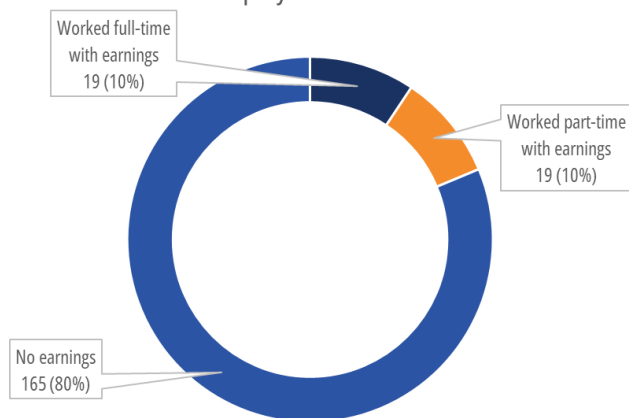
Vacancy reasons



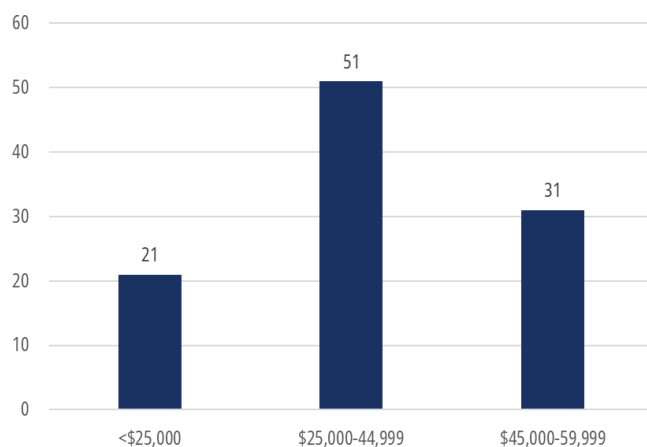
Owner occupied home values



Employment status



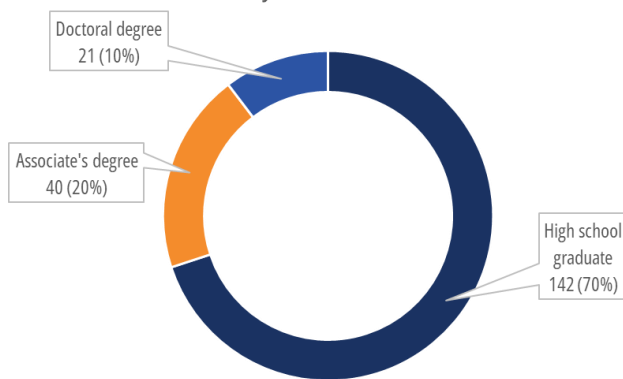
Household income



Annual individual earnings



Educational attainment for the population 25 years and older

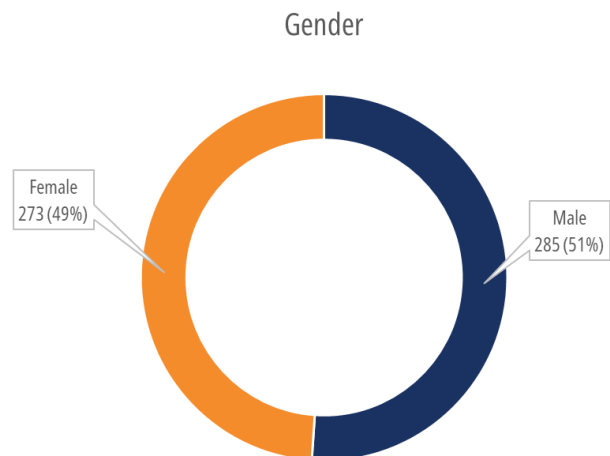
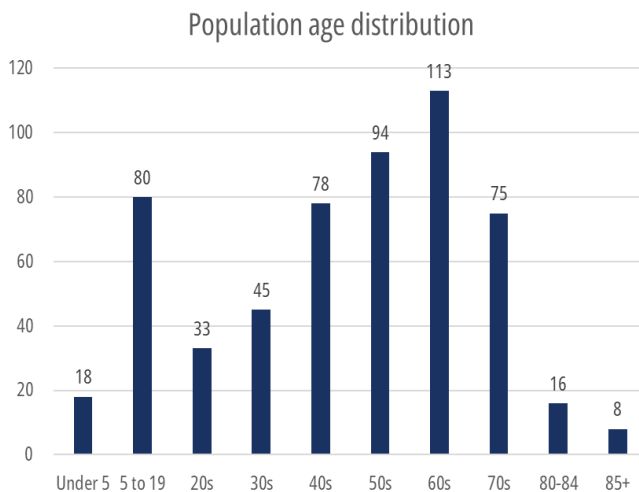




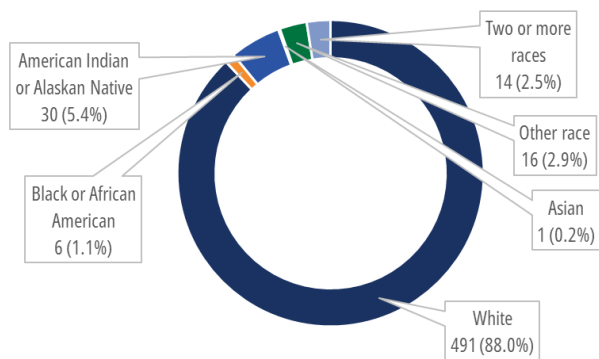
Source: unitedstateszipcodes.org

Zip code .....	97622
Land area .....	164.29 square miles
Water area .....	0.36 square miles
Closest clinic.....	Chiloquin (52 miles), Bonanza (open half-day, 34 miles)
Population .....	558
Population as a percentage of Klamath County total .....	0.9%
Population density .....	3 people per square mile
Distance to Klamath Falls .....	53 miles
Housing units .....	359
Occupied housing units .....	265
Median home value .....	\$175,400
Median household income .....	\$15,972

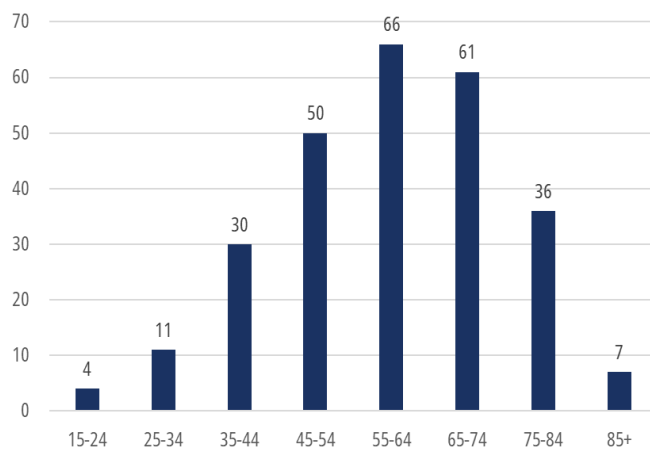
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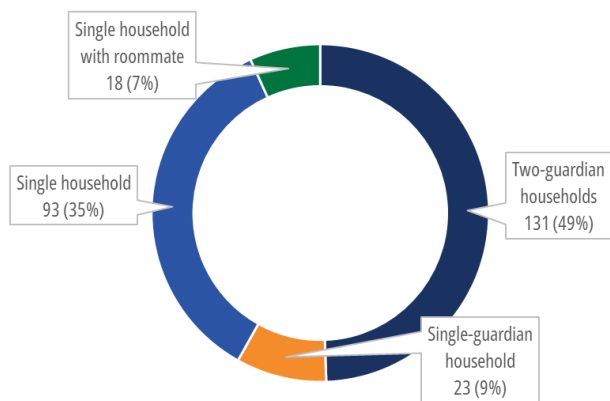
Race



Head of household age distribution

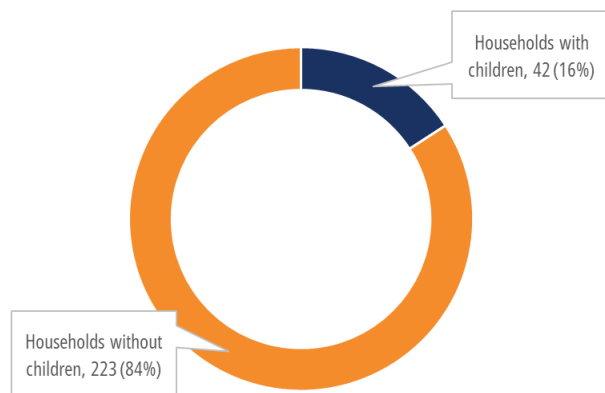


Household make up

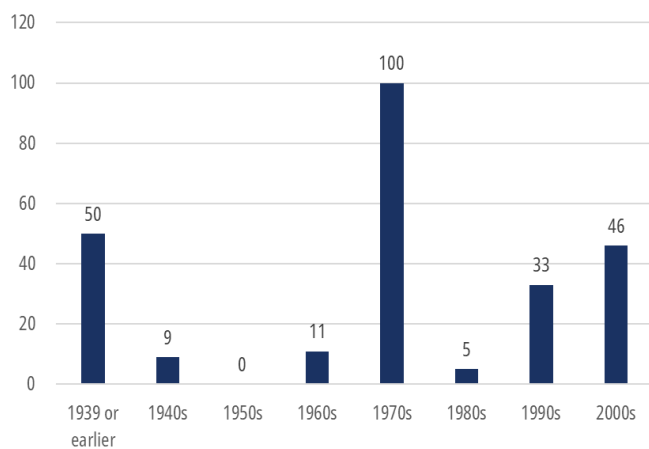


Households with children

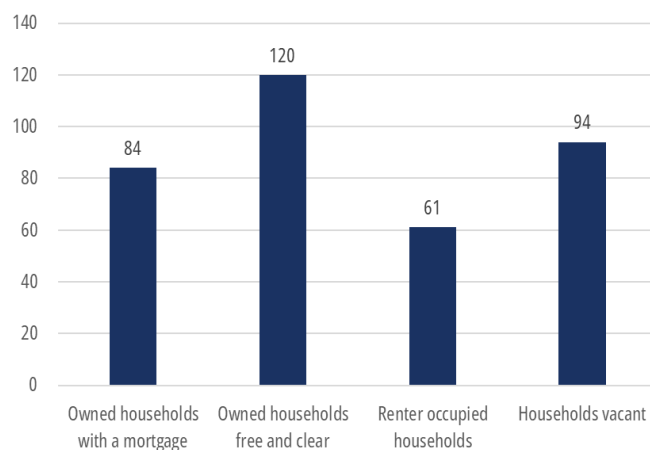
Average household size: 2



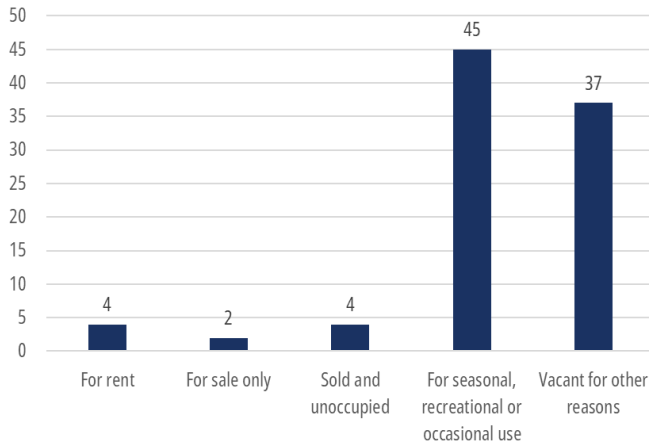
Year occupied housing built



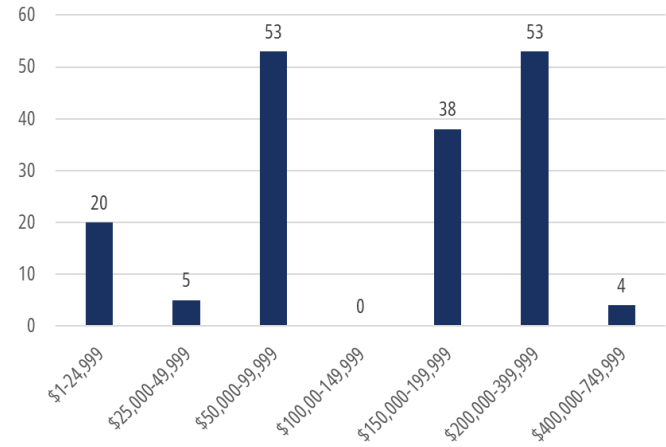
Housing occupancy



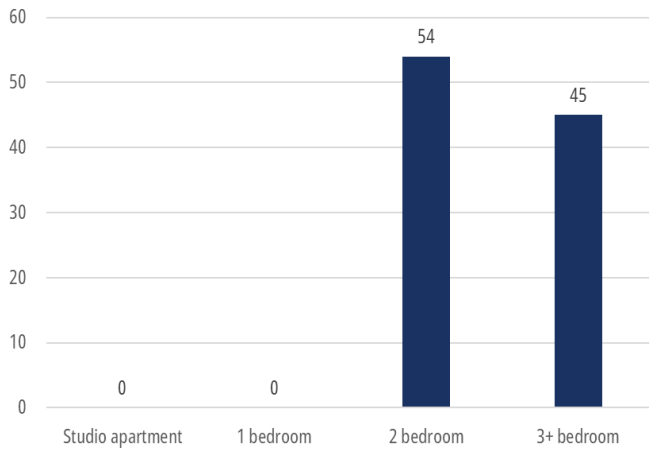
Vacancy reasons



Owner occupied home values

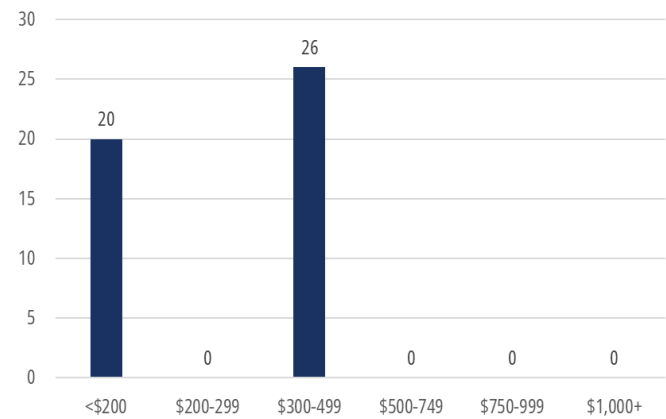


Rental properties by number of rooms



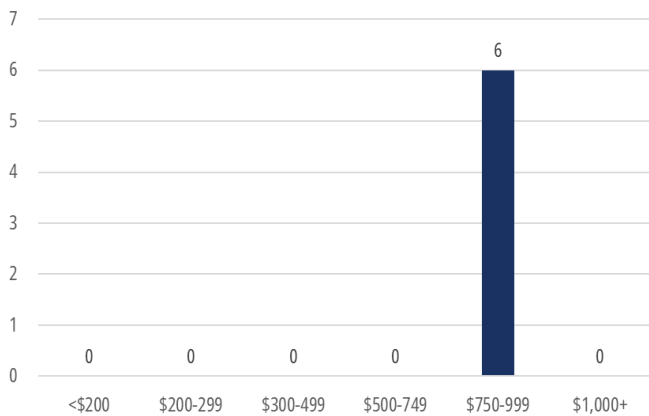
Cost of monthly rent including utilities

2 bedroom

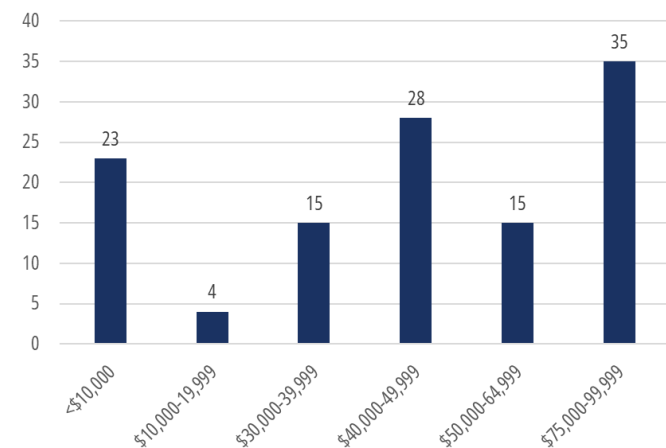


Cost of monthly rent including utilities

3+ bedroom



Annual individual earnings

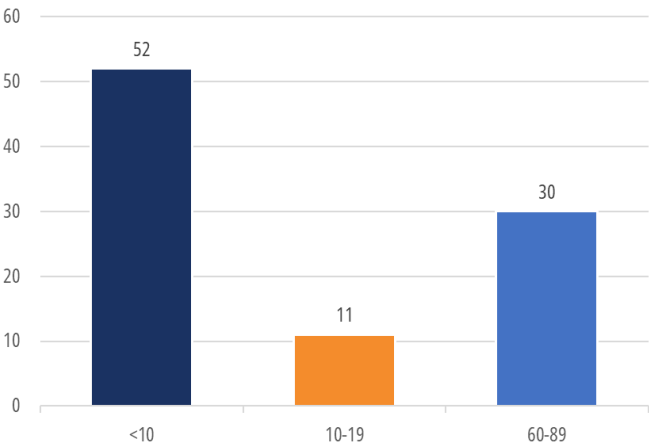




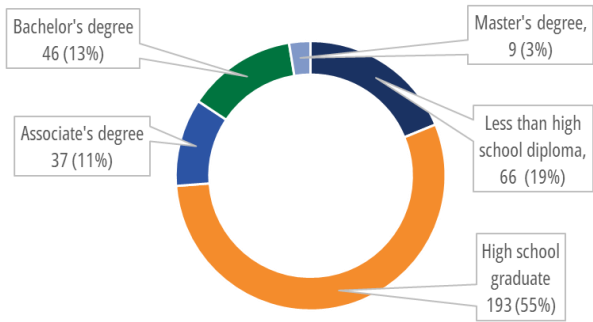
Means of transportation to work for workers  
16 and older



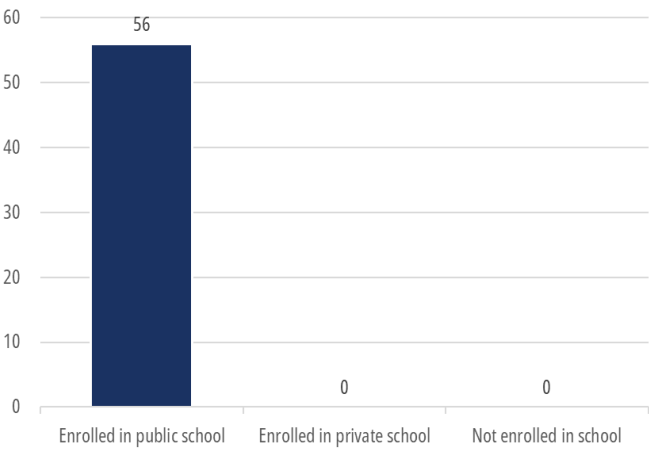
Travel time to work (in minutes)



Educational attainment for the population  
25 years and older



School enrollment, ages 3 to 17

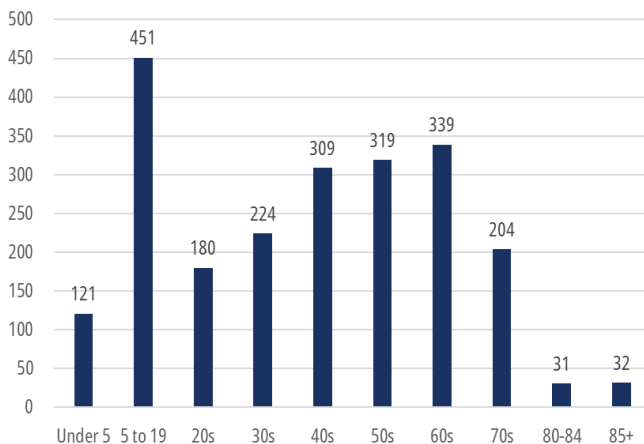


# Bonanza

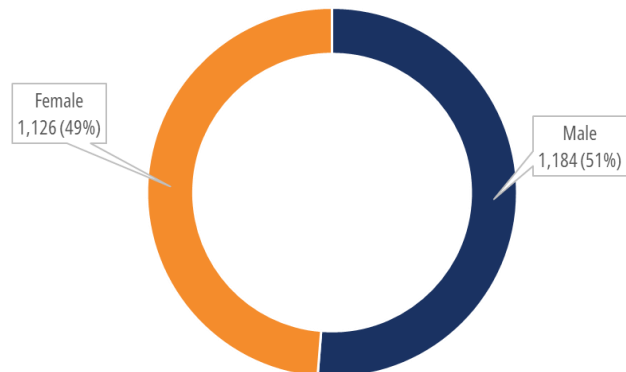
Source: unitedstateszipcodes.org

Zip code .....	97623
Land area .....	370.18 square miles
Water area .....	3.98 square miles
Closest clinic.....	Bonanza (open half-day)
Population .....	2,310
Population as a percentage of Klamath County total .....	3.6%
Population density .....	6 people per square mile
Distance to Klamath Falls .....	24 miles
Housing units .....	1,073
Occupied housing units .....	913
Median home value .....	\$161,900
Median household income .....	\$38,472

Population age distribution

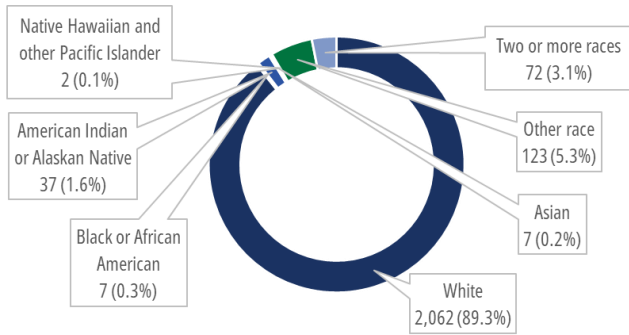


Gender

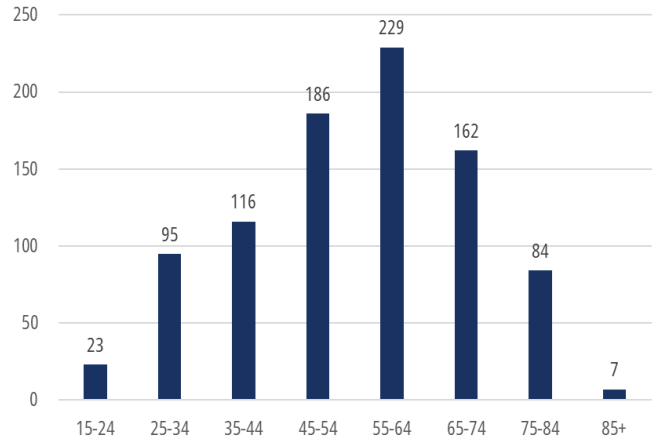


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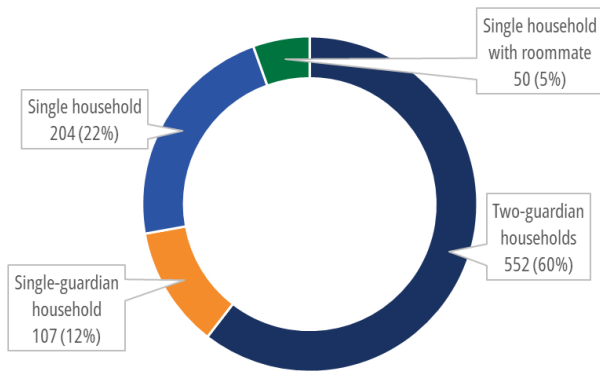
Race



Head of household age distribution

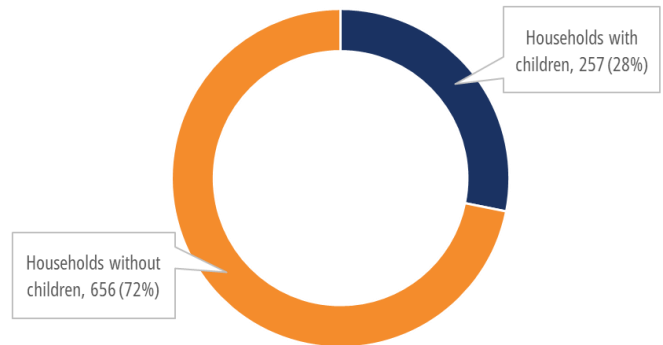


Household make up

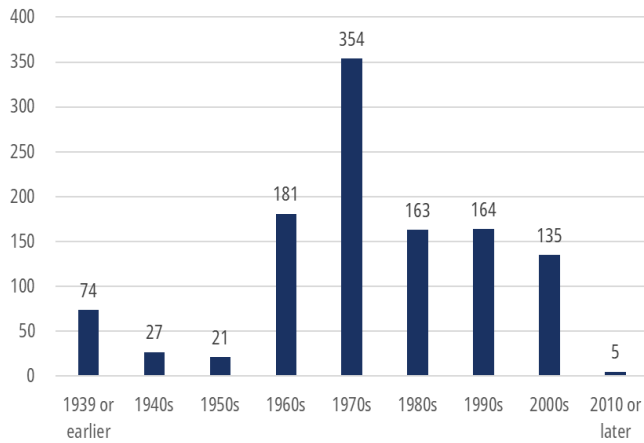


Households with children

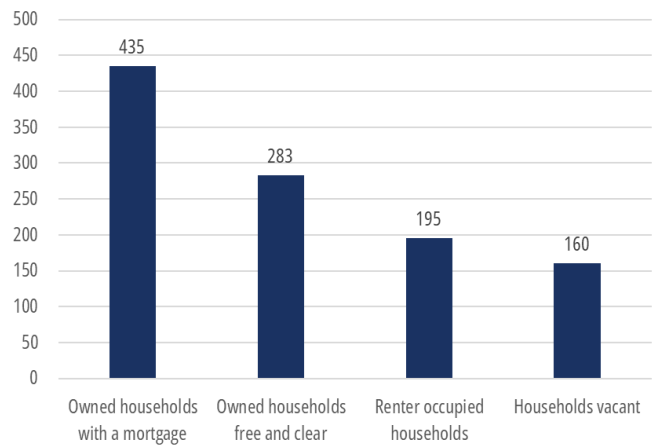
Average household size: 3



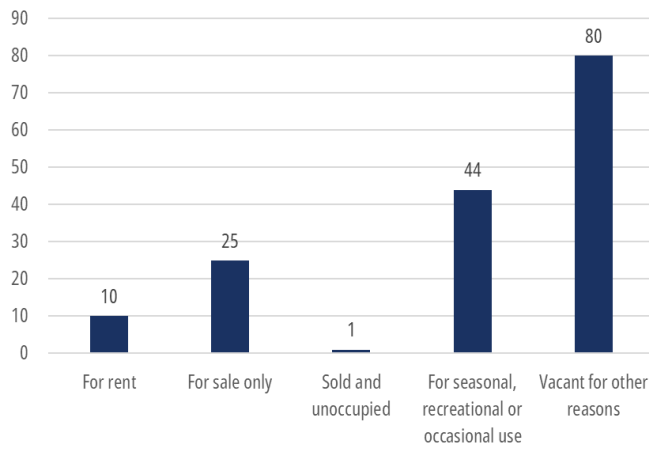
Year occupied housing built



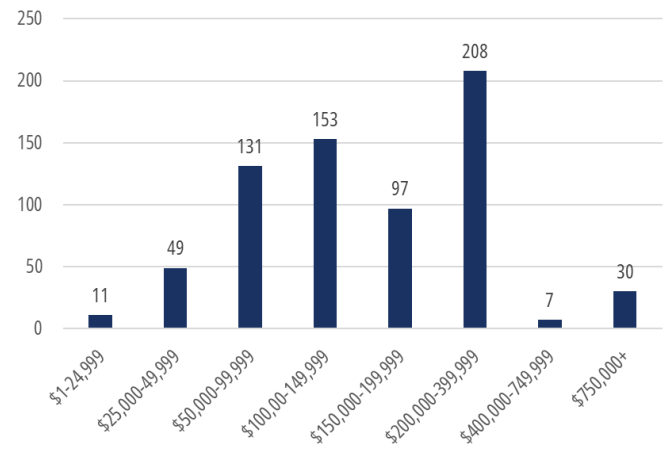
Housing occupancy



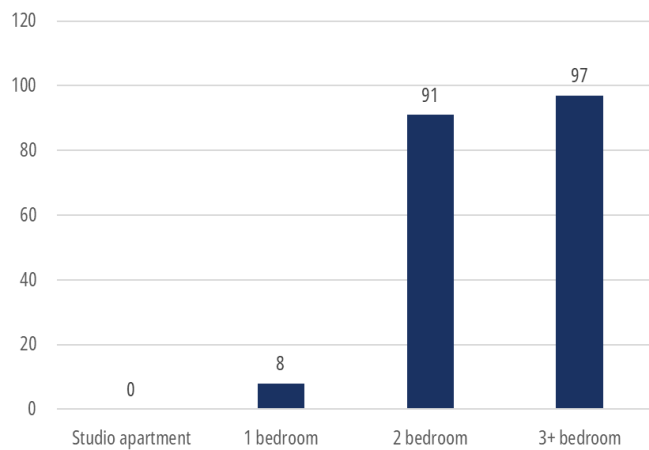
Vacancy reasons



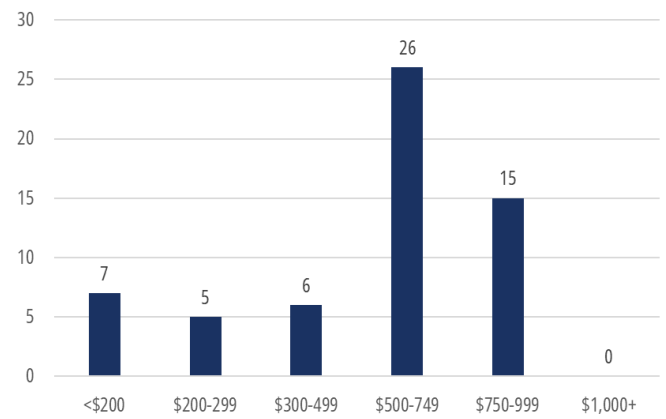
Owner occupied home values



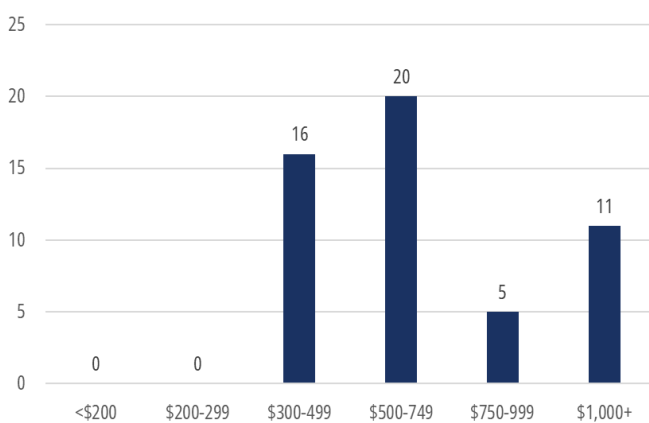
Rental properties by number of rooms



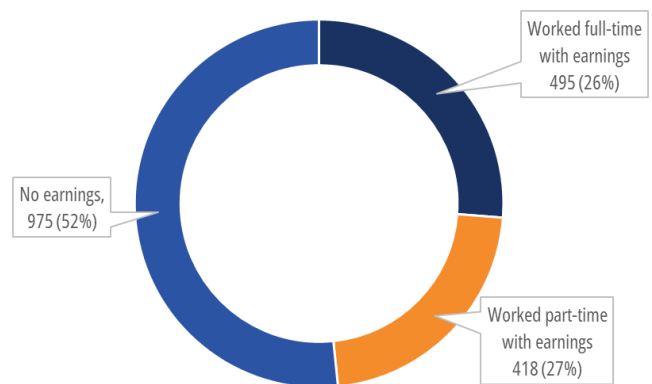
Cost of monthly rent including utilities  
2 bedroom



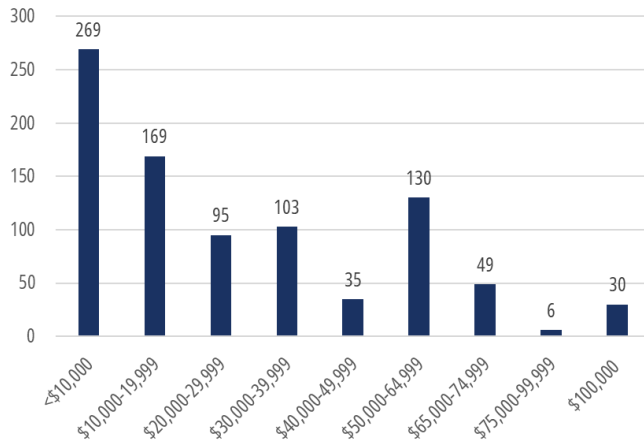
Cost of monthly rent including utilities  
3+ bedroom



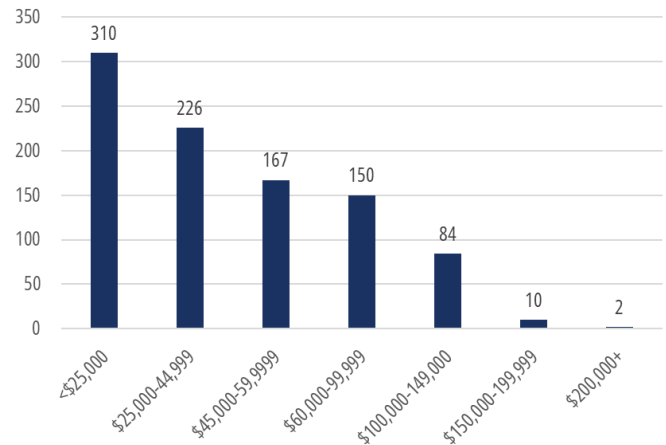
Employment status



Annual individual earnings



Household income



### Sources of household income

Wages.....	76% (\$39,538 average)
Business .....	13% (\$7,783 average)
Partnership.....	3% (\$7,900 average)
Unemployment .....	6% (\$4,000 average)

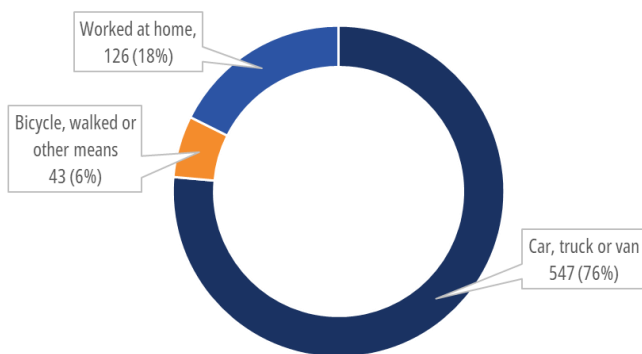
### Household investment income

Interest .....	32% (\$1,048 average)
Ordinary dividends .....	12% (\$3,373 average)
Qualified dividends.....	10% (\$2,900 average)
Capital gains.....	17% (\$8,193 average)

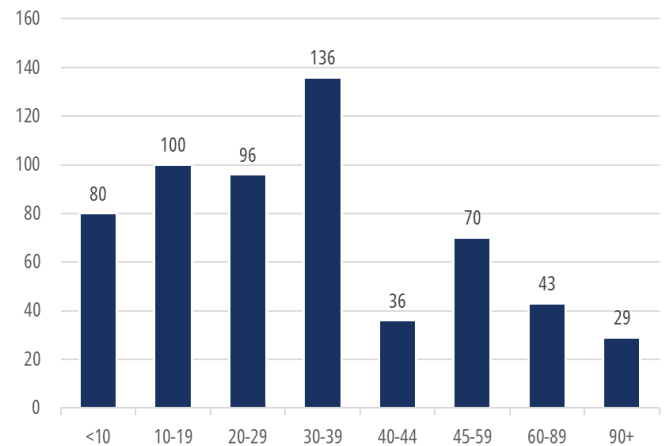
### Household retirement income

IRA/pension/annuity distributions.....	30% of households (\$24,444 average)
Social security .....	21% of households (\$12,147 average)

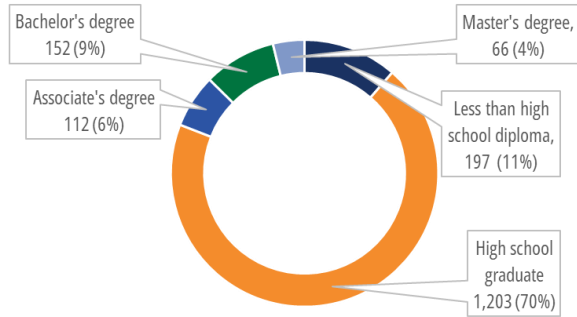
Means of transportation to work for workers  
16 and older



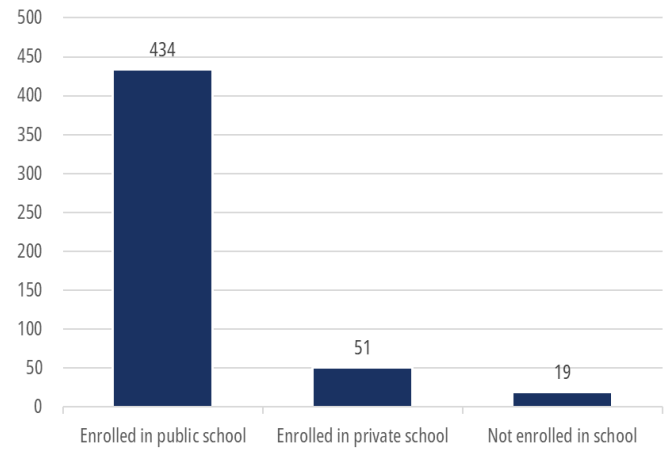
Travel time to work (in minutes)



Educational attainment for the population  
25 years and older



School enrollment, ages 3 to 17



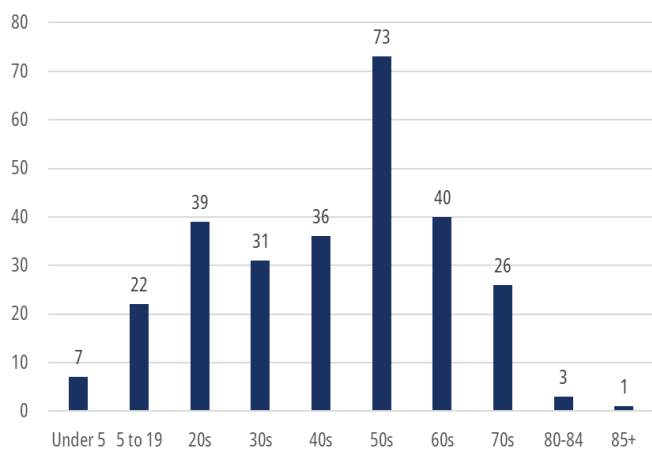
# 📍Chemult

Source: unitedstateszipcodes.org

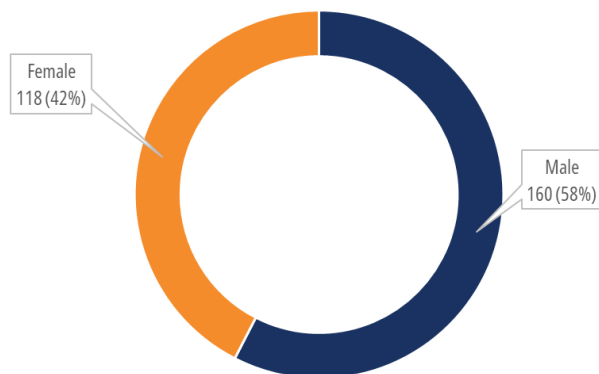
Zip code .....	97731
Land area .....	48.55 square miles
Water area: .....	0.0 square miles
Closest clinic .....	La Pine (36 miles, in Deschutes County)
Population .....	278
Population as a percentage of Klamath County total.....	0.4%
Population density .....	6 people per square mile
Distance from Klamath Falls .....	72 miles
Housing units .....	177
Occupied housing units .....	135
Median home value.....	\$56,400
Median household income .....	\$38,800



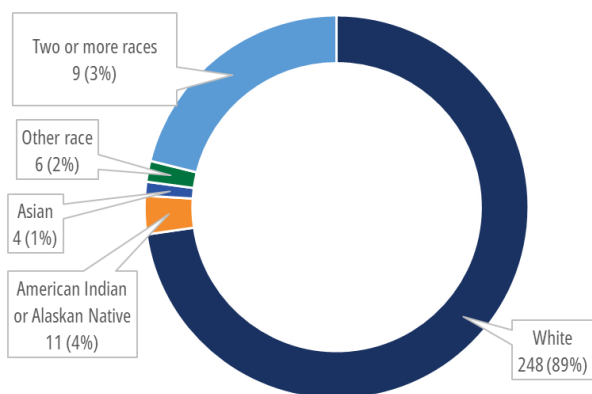
Population age distribution



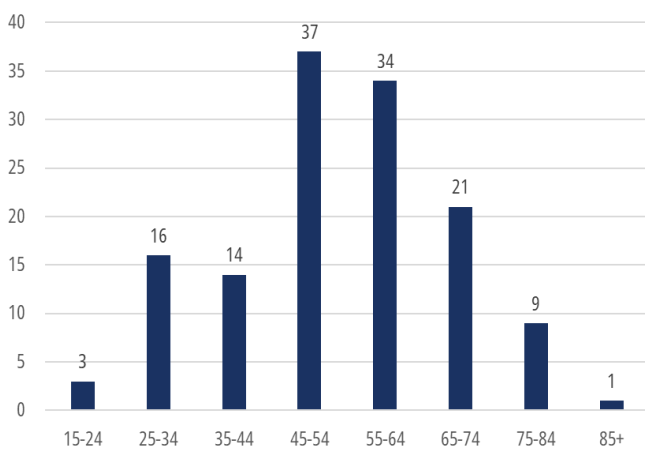
Gender



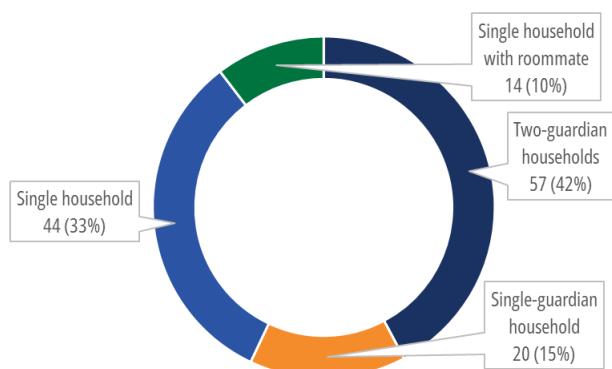
Race



Head of household age distribution

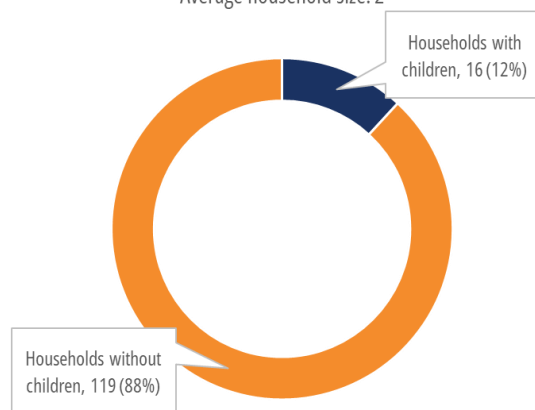


Household make up

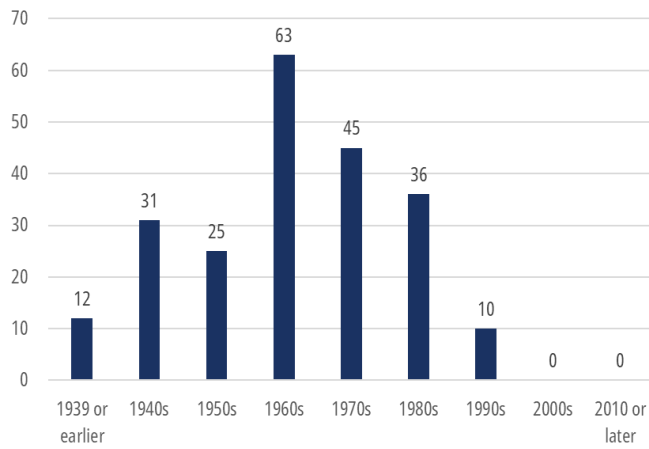


Households with children

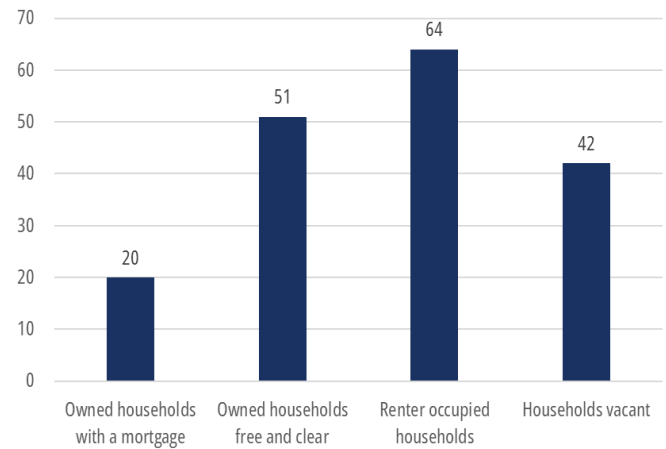
Average household size: 2



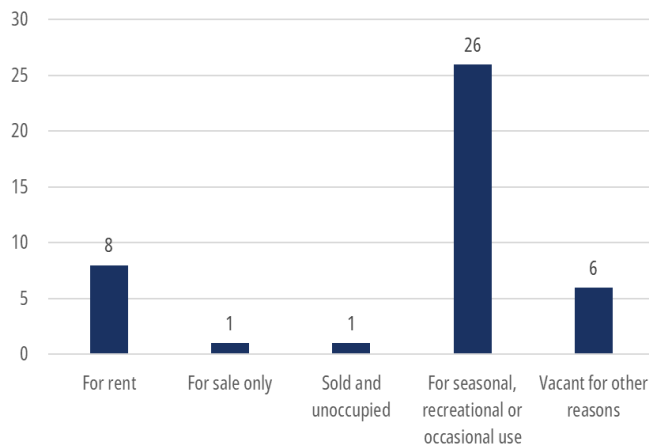
Year occupied housing built



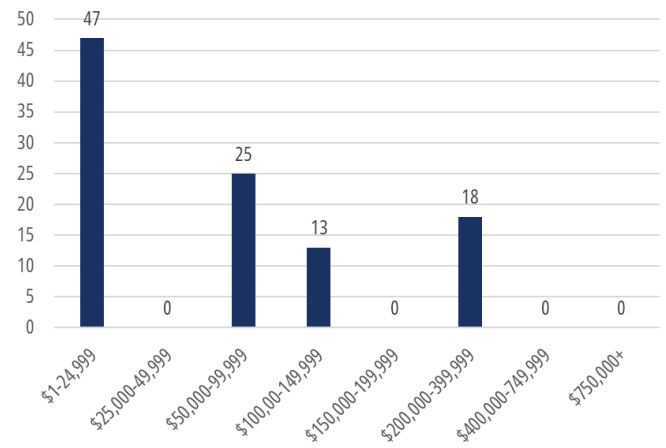
Housing occupancy



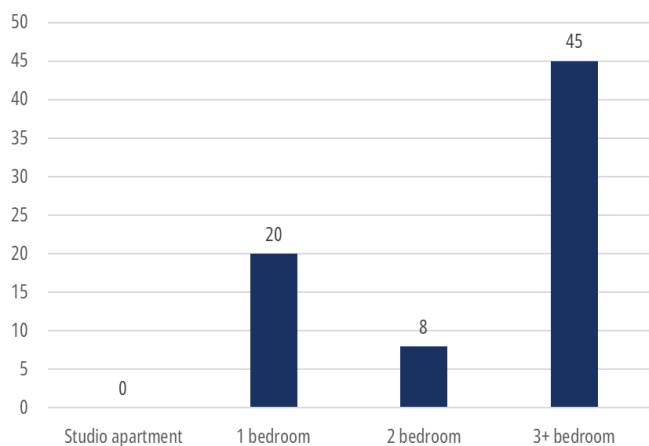
Vacancy reasons



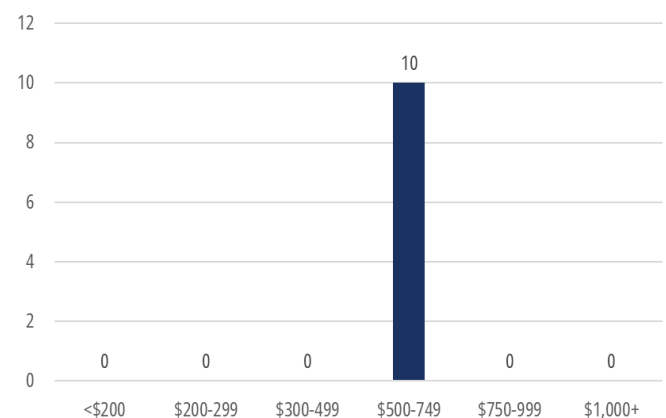
Owner occupied home values



Rental properties by number of rooms

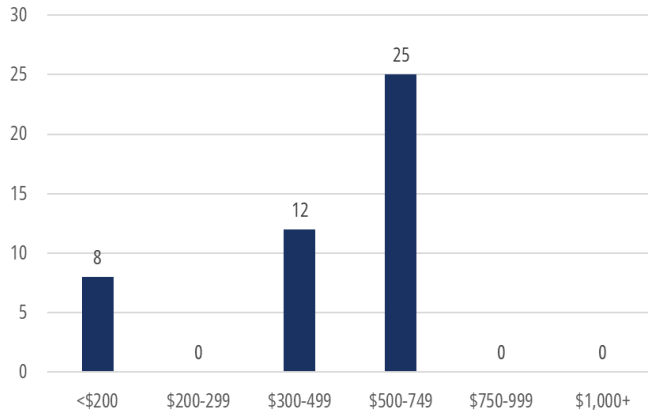


Cost of monthly rent including utilities  
1 bedroom

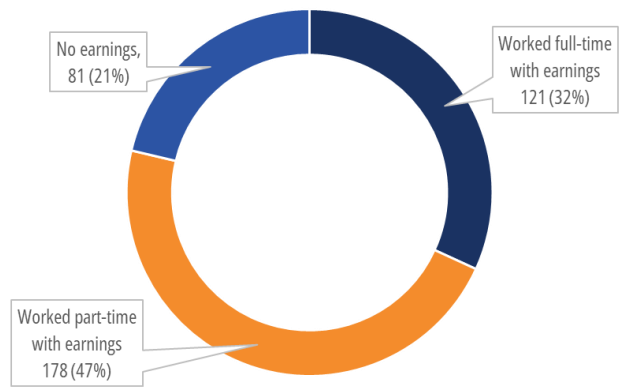


### Cost of monthly rent including utilities

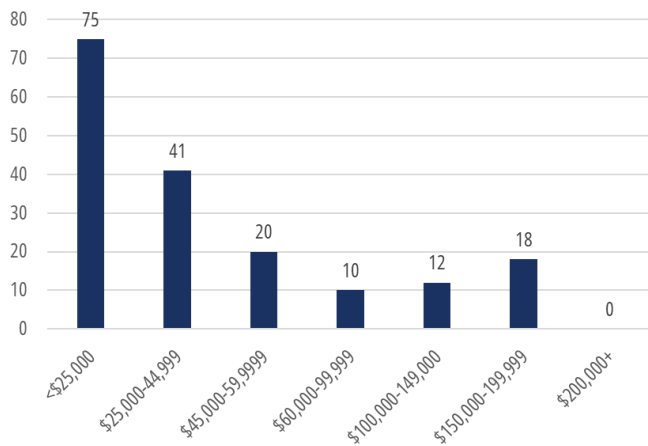
3+ bedroom



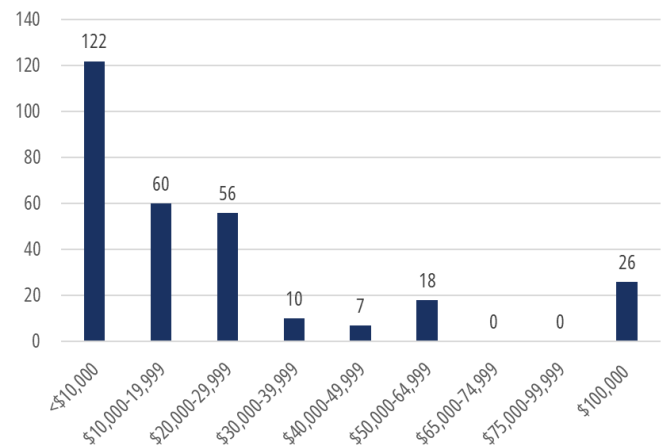
### Employment status



### Household income



### Annual individual earnings



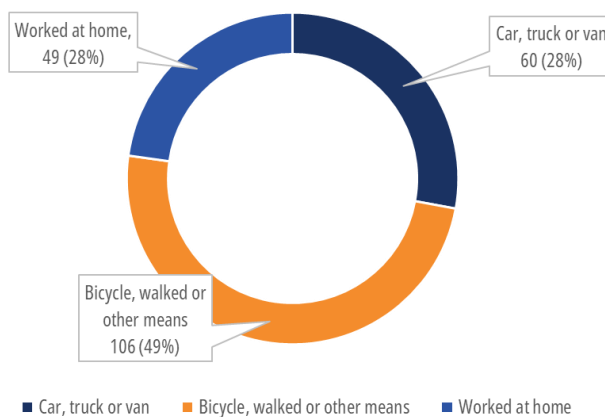
### Sources of household income

Wages.....

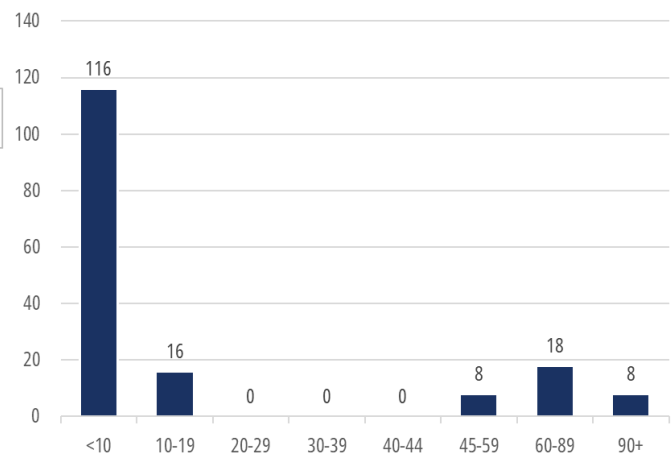
93% of households (\$27,469 average)

### Means of transportation to work for workers

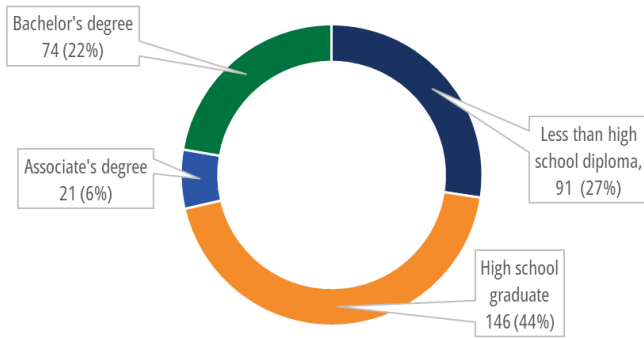
16 and older



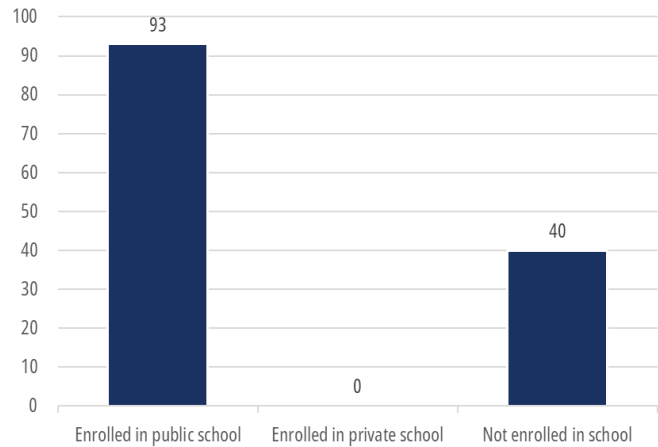
### Travel time to work (in minutes)



Educational attainment for the population  
25 years and older



School enrollment, ages 3 to 17

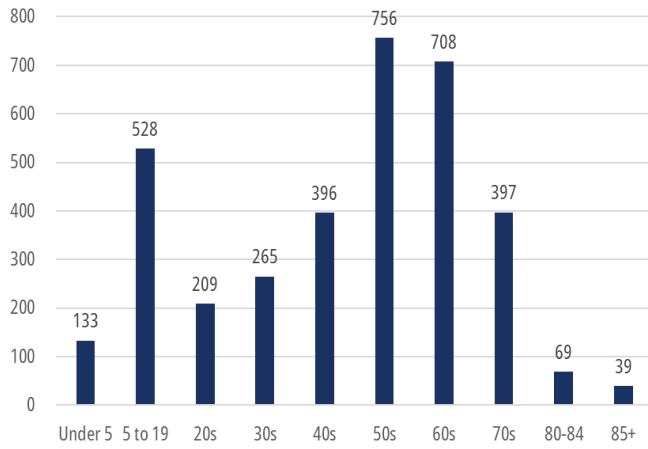


# Chiloquin

Source: unitedstateszipcodes.org

Zip code.....	97624
Land area .....	454.87 square miles
Water area .....	17.40 square miles
Closest clinic.....	Chiloquin
Population .....	3,500
Population as a percentage of Klamath County total .....	5.4%
Population density.....	8 people per square mile
Distance from Klamath Falls.....	30 miles
Housing units .....	2,109
Occupied housing units.....	1,539
Median home value .....	\$149,500
Median household income.....	\$34,750

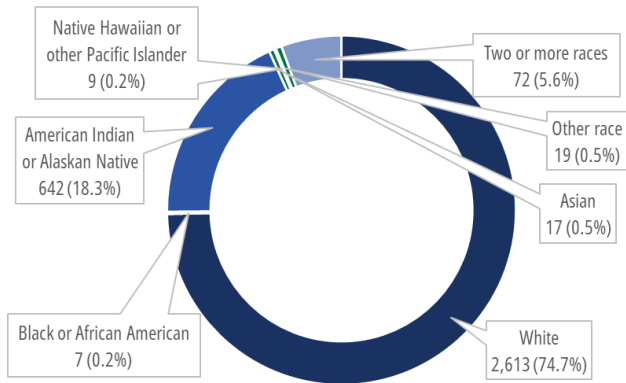
Population age distribution



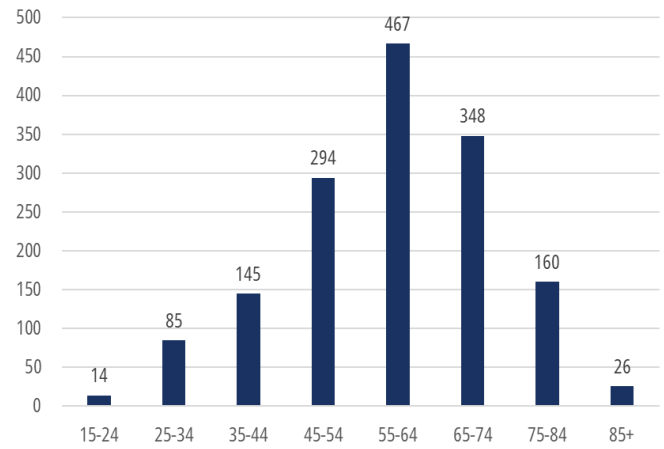
Gender



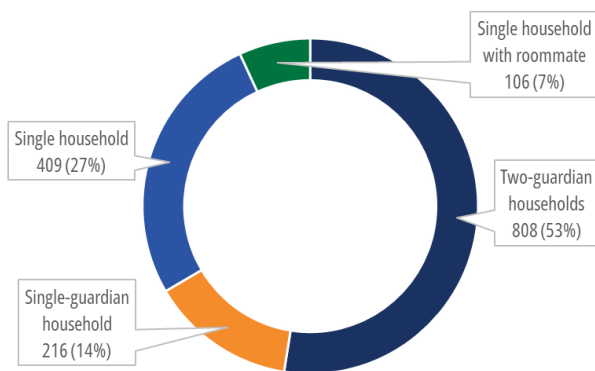
Race



Head of household age distribution

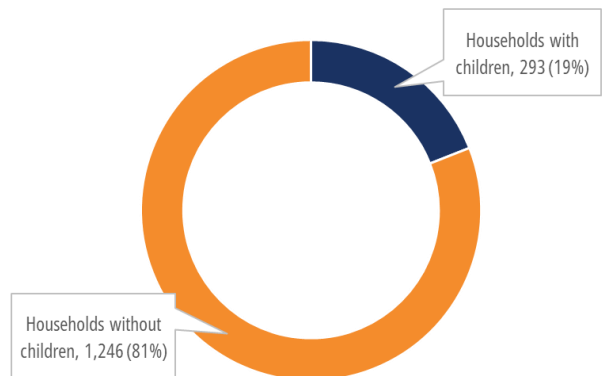


Household make up

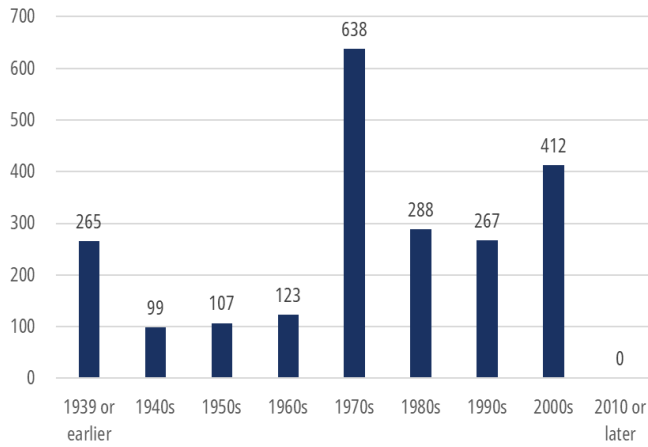


Households with children

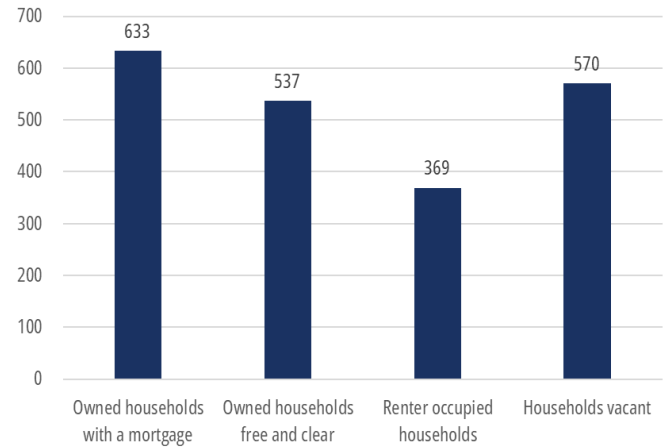
Average household size: 2



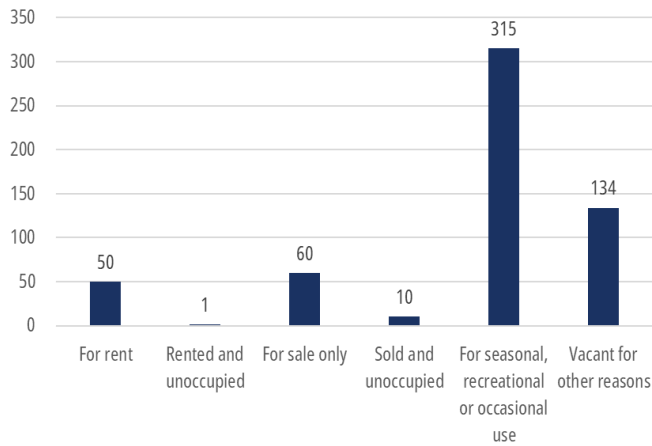
Year occupied housing built



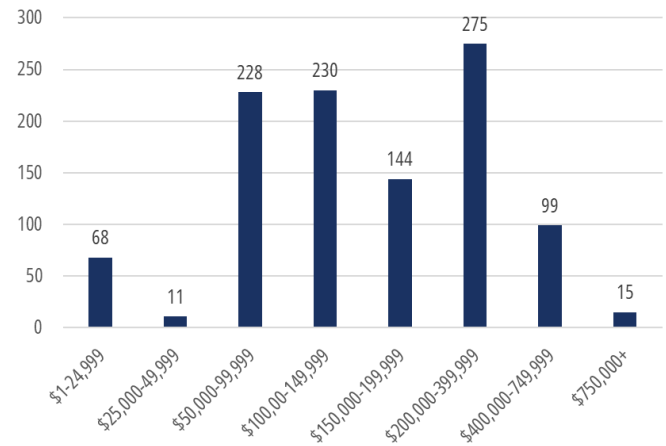
Housing occupancy



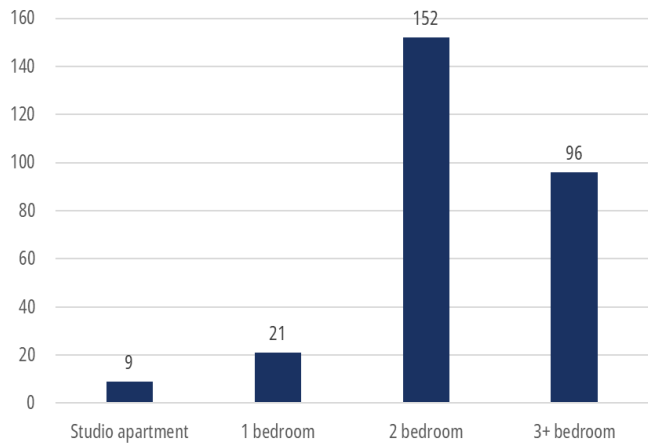
Vacancy reasons



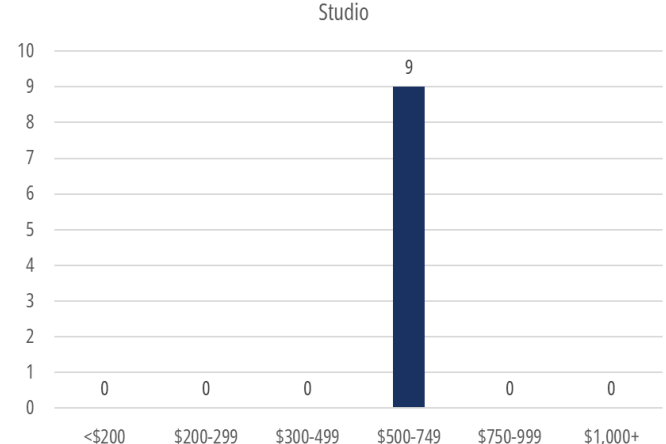
Owner occupied home values



Rental properties by number of rooms

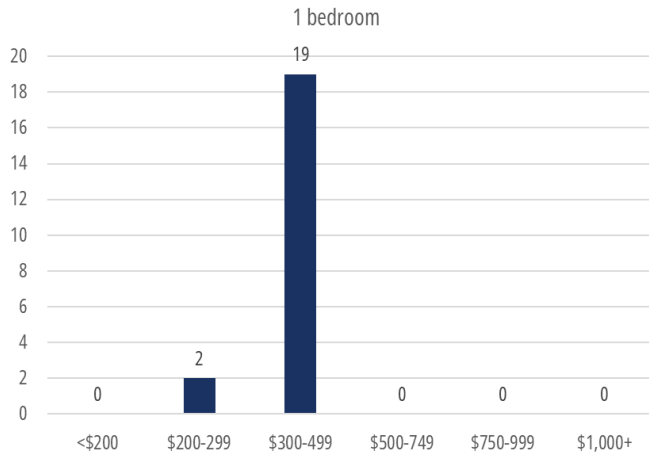


Cost of monthly rent including utilities

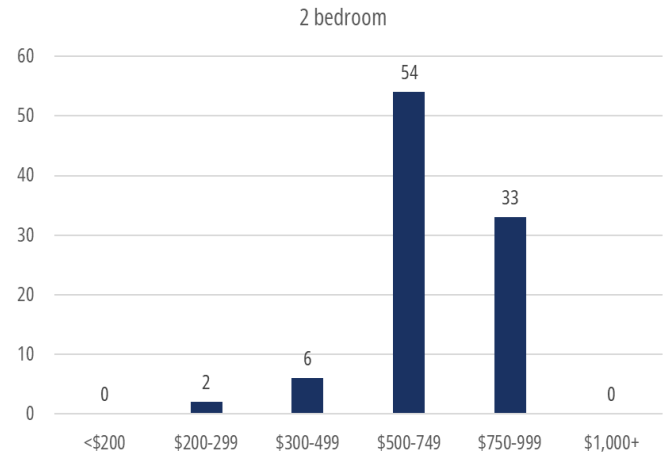




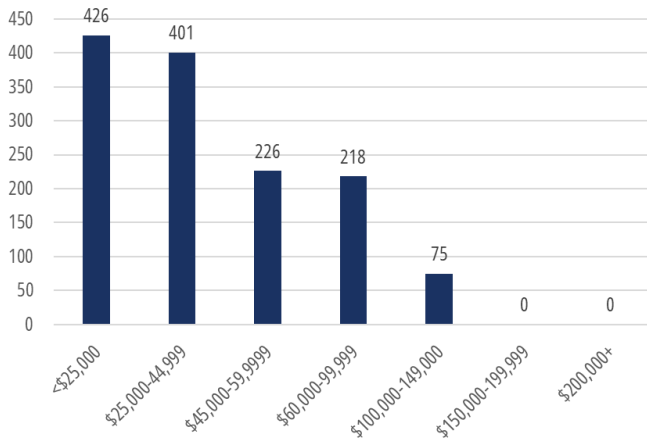
Cost of monthly rent including utilities



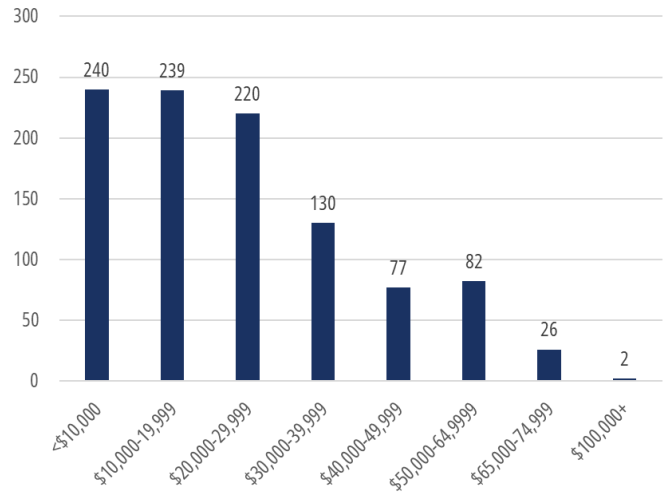
Cost of monthly rent including utilities



Household income



Annual individual earnings



### Sources of household income

Wages.....	69% (\$35,097 average)
Business .....	14% (\$5,395 average)
Partnership.....	3% (\$11,000 average)
Unemployment .....	8% (\$4,870 average)

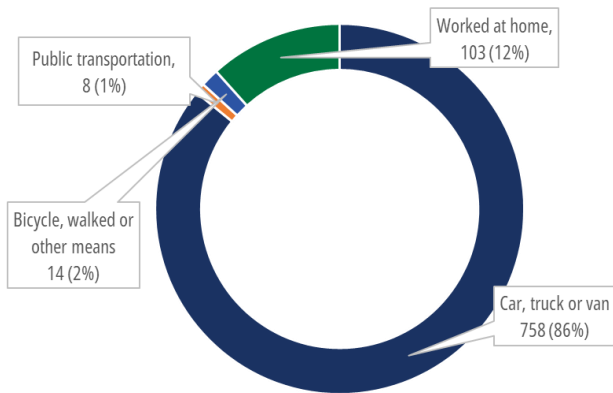
### Household investment income

Interest .....	33% of households (\$1,068 average)
Ordinary dividends .....	14% of households (\$3,422 average)
Qualified dividends.....	14% of households (\$2,483 average)
Capital gains.....	14% of households (\$9,700)

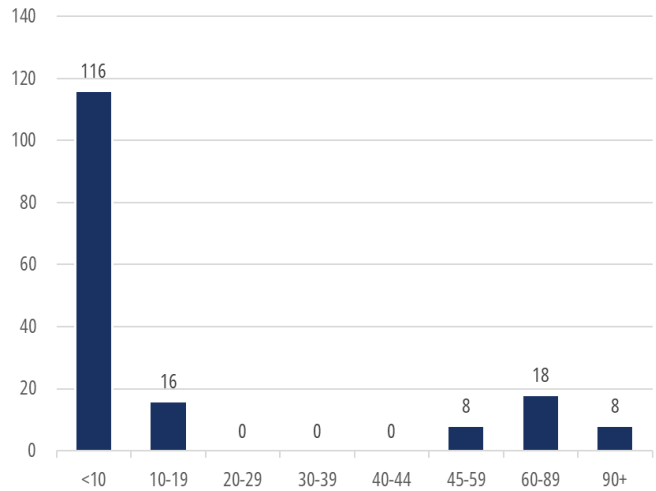
### Household retirement income

IRA/pension/annuity distributions.....	37% of households (\$32,076 average)
Social Security.....	26% of households (\$12,320 average)

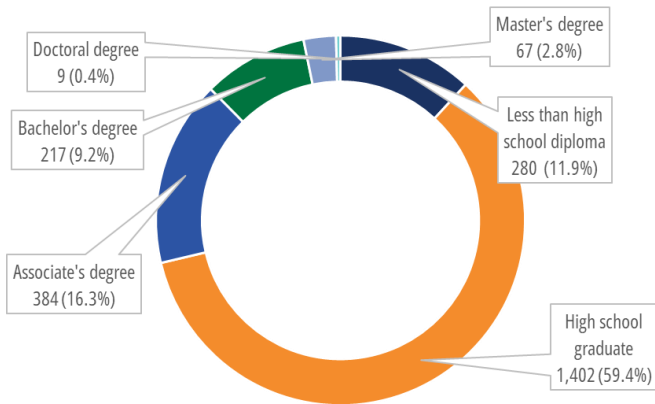
Means of transportation to work for workers  
16 and older



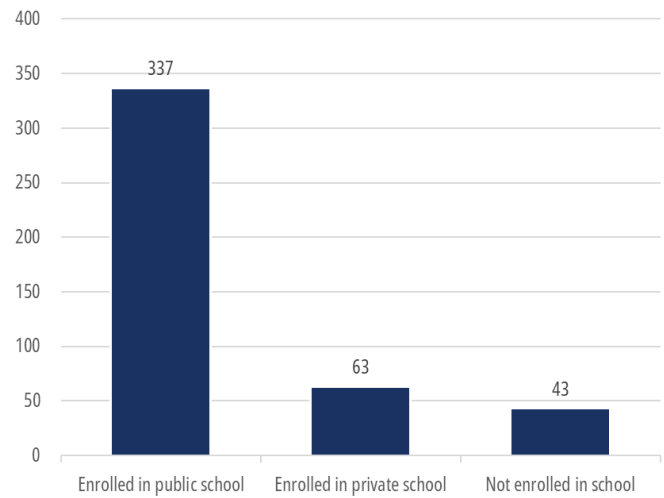
Travel time to work (in minutes)



Educational attainment for the population  
25 years and older



School enrollment, ages 3 to 17

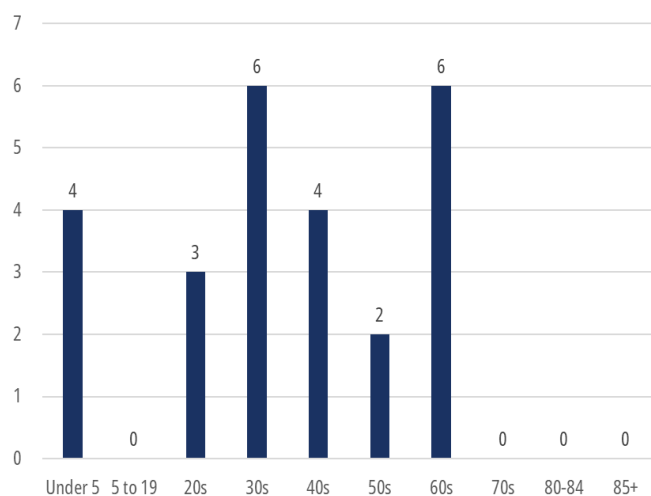


# Crater Lake

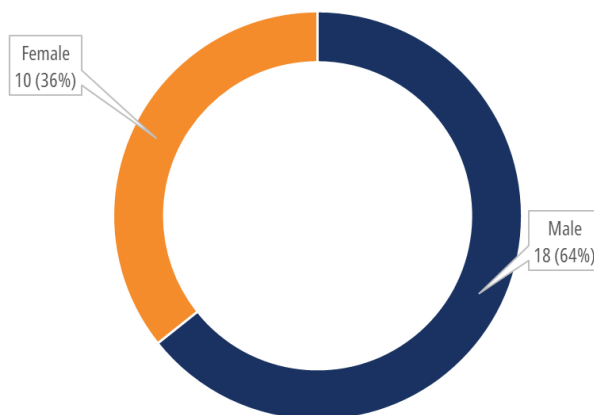
Source: unitedstateszipcodes.org

Zip code .....	97604
Land area .....	74.24 square miles
Water area .....	20.63 square miles
Closest clinic.....	Chiloquin (19 miles)
Population .....	28
Population as a percentage of Klamath County total .....	0.0%
Population density: .....	Less than one person per square mile
Distance to Klamath Falls .....	43 miles
Housing units .....	40
Occupied housing units .....	14

Population age distribution

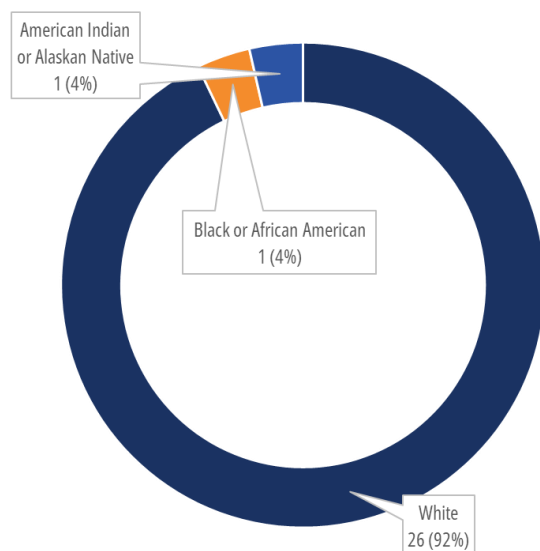


Gender

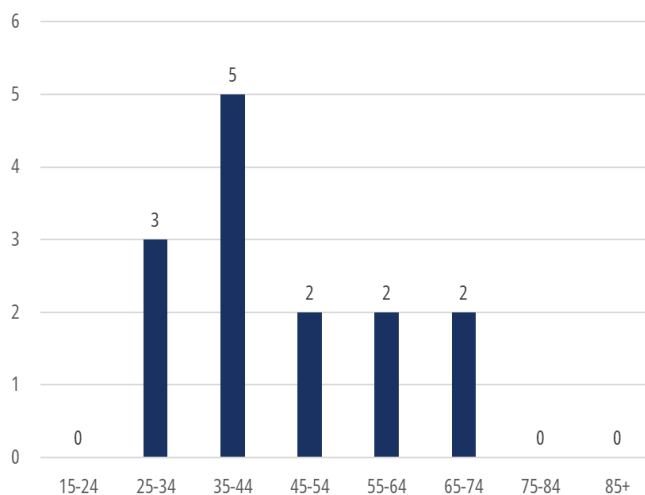


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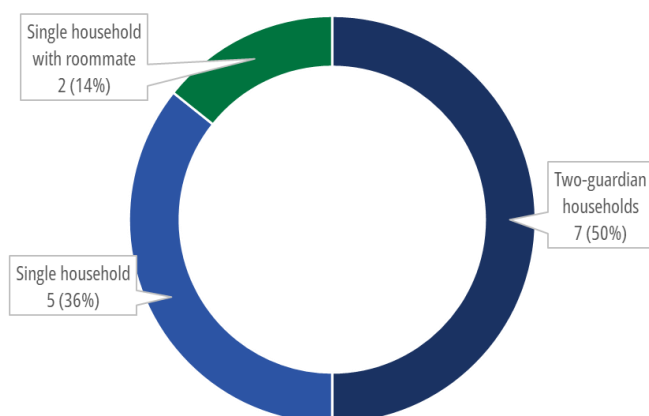
Race



Head of household age distribution

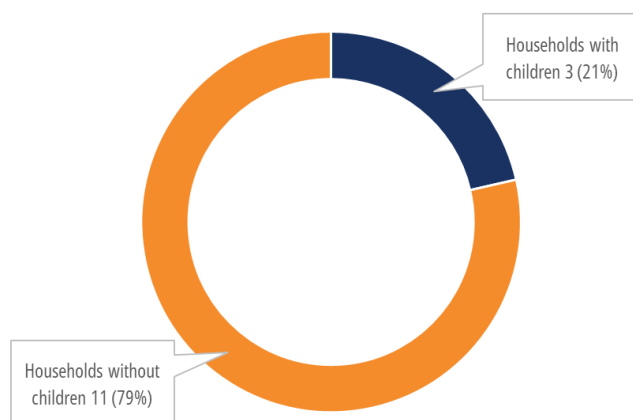


Household make up

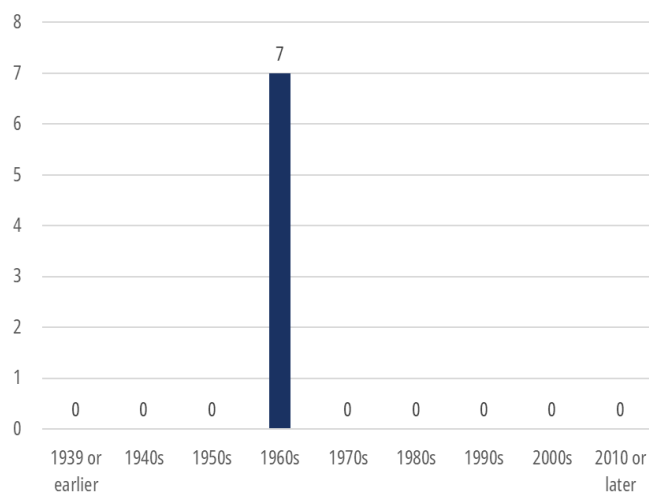


Households with children

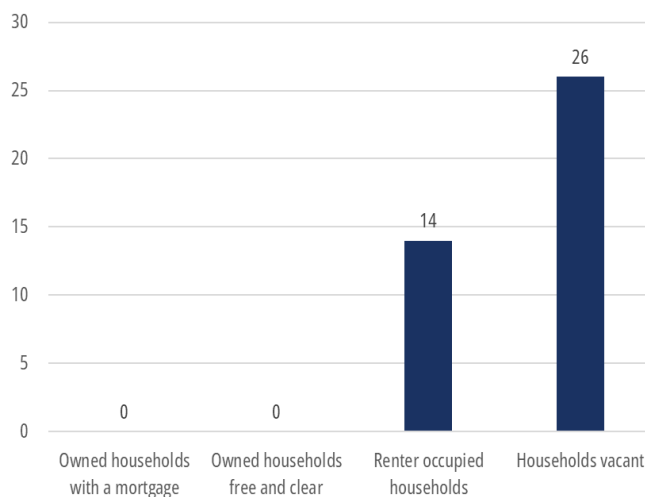
Average household size: 2



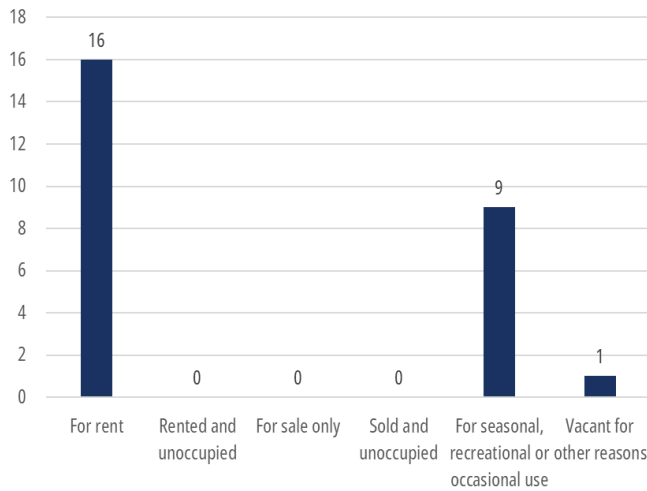
Year occupied housing built



Housing occupancy



### Vacancy reasons



### Rental properties

3+ bedrooms ..... 7 (100%)  
 Cost of a 3+ bedroom..... \$750-999

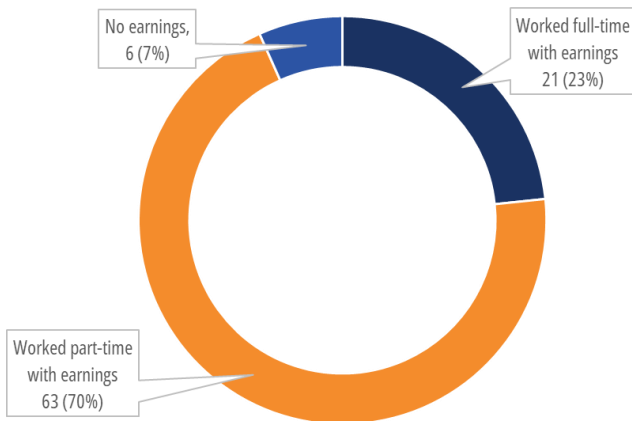
### Means of transportation to work for workers 16 and older

Car, truck or van.....12 (14%)  
 Bicycle, walked or other means.....58 (69%)  
 Worked at home .....14 (17%)

### Travel time to work (in minutes)

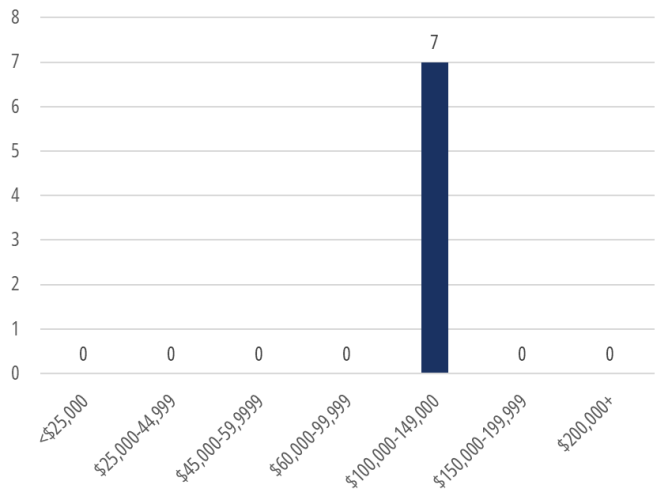
<10 .....56  
 10-19 .....14

### Employment status

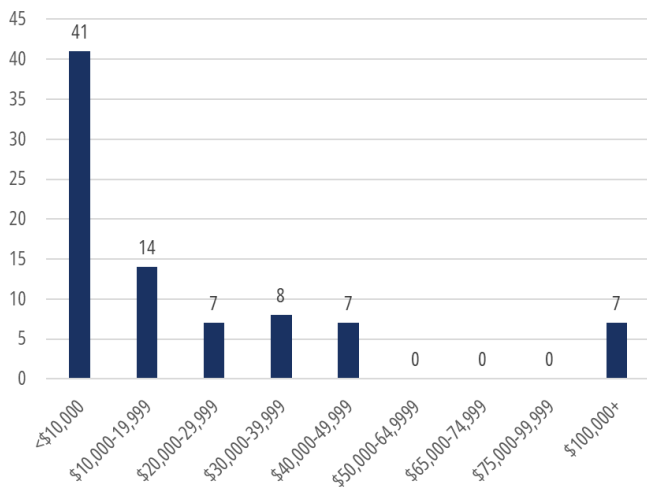


Note: Crater Lake population varies by season.

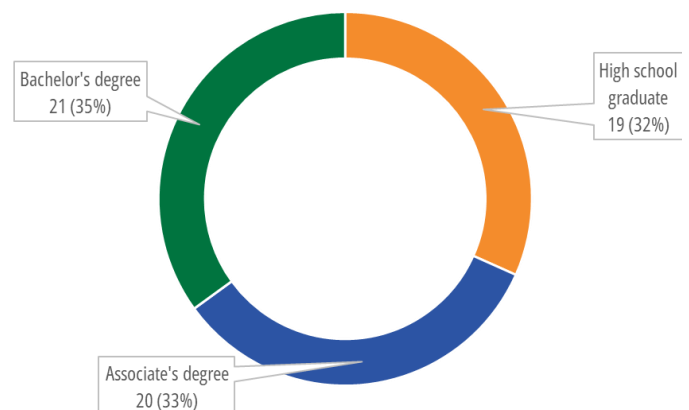
### Household income



### Annual individual earnings



### Educational attainment for the population 25 years and older

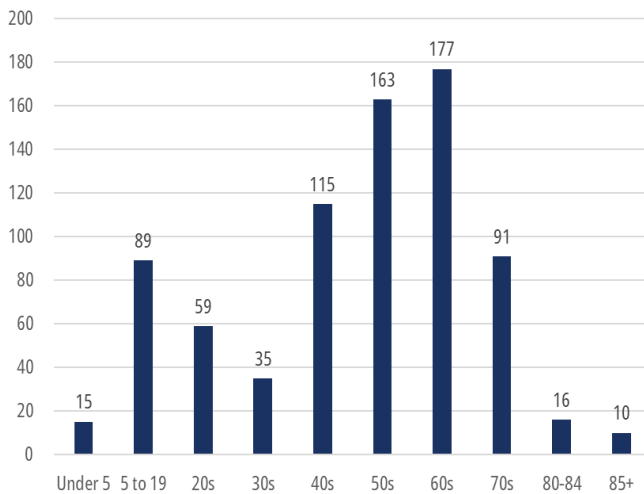


# 📍Crescent, Crescent Lake

Source: unitedstateszipcodes.org

Zip code .....	97733
Land area .....	350.49 square miles
Water area .....	13.72 square miles
Closest clinic .....	La Pine (18 miles)
Population .....	770
Population as a percentage of Klamath County total .....	1.2%
Population density .....	2 people per square mile
Distance from Klamath Falls .....	90 miles
Housing units .....	1,297
Occupied housing units .....	376
Median home value .....	\$167,100
Median household income .....	\$57,188

Population age distribution

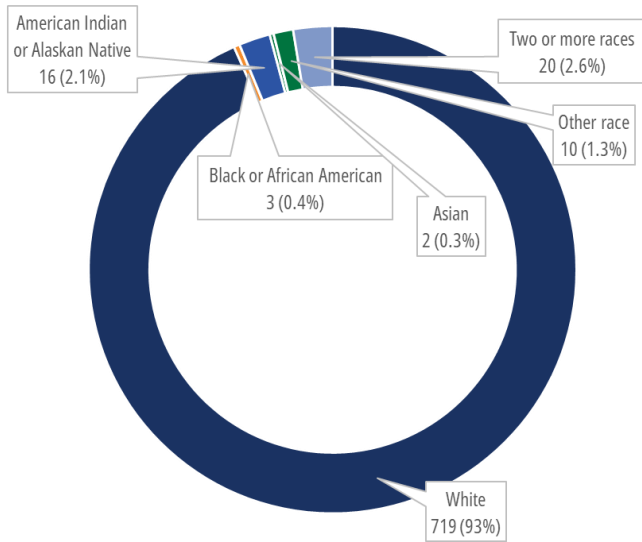


Gender

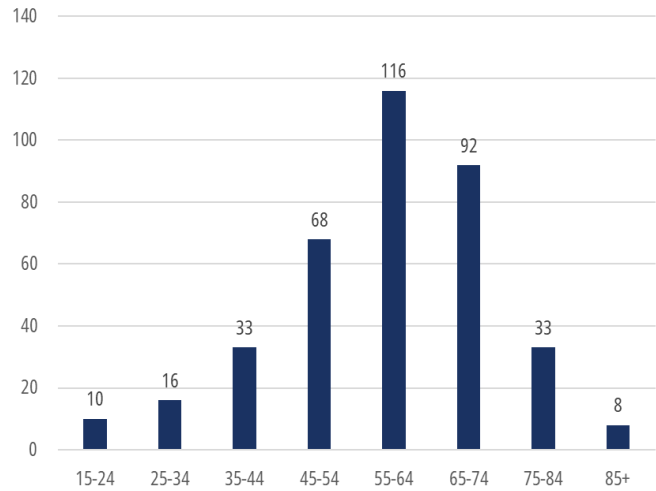


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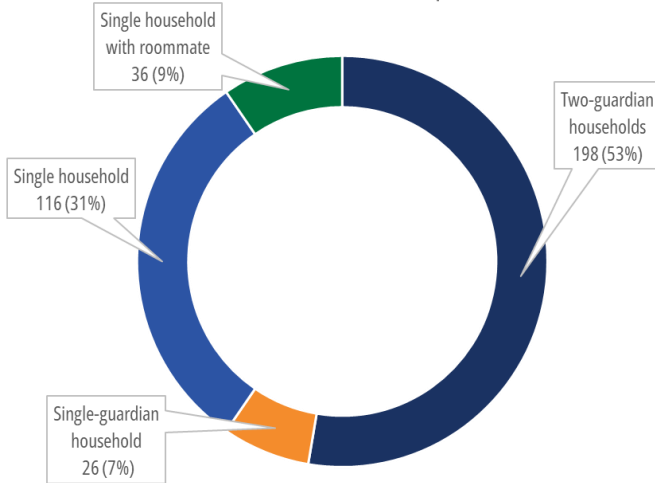
Race



Head of household age distribution

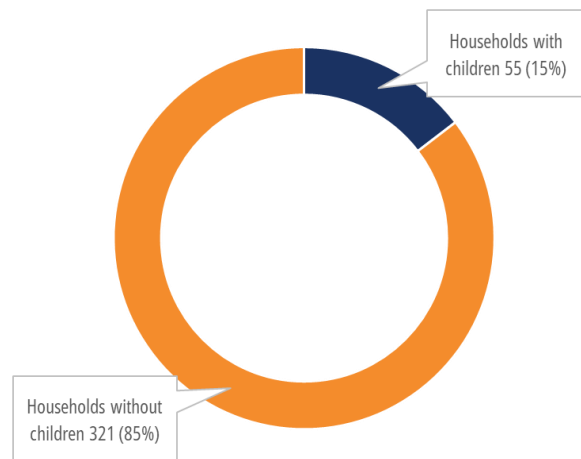


Household make up

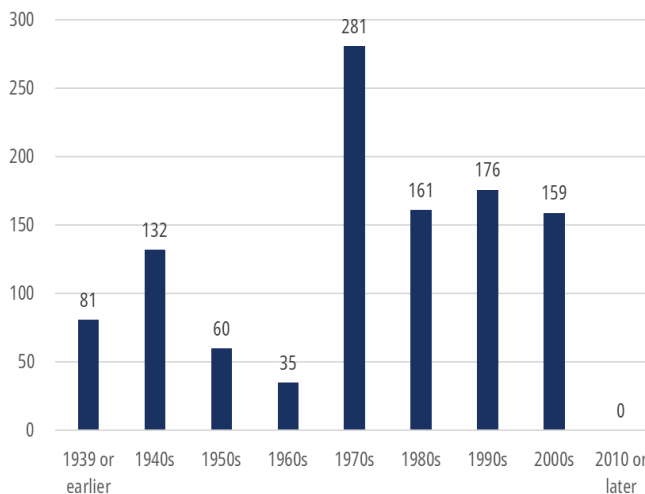


Households with children

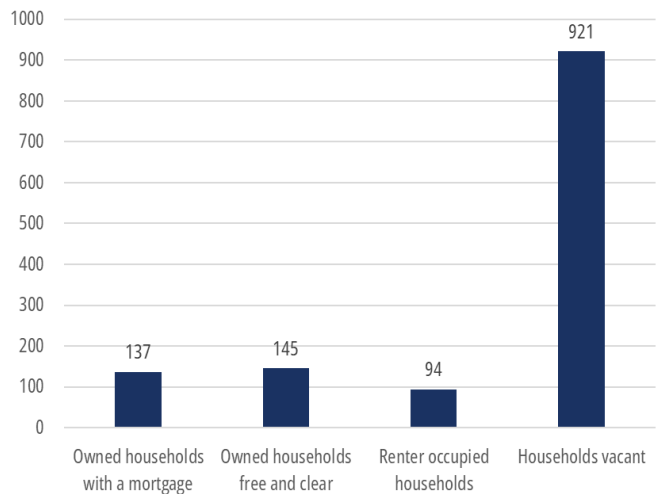
Average household size: 2



Year occupied housing built

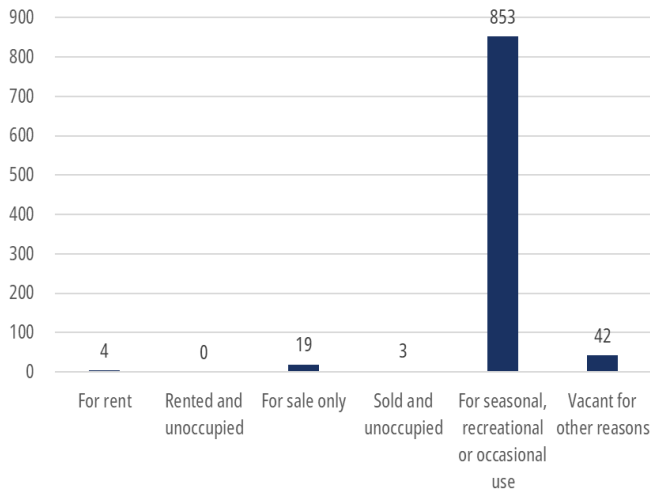


Housing occupancy

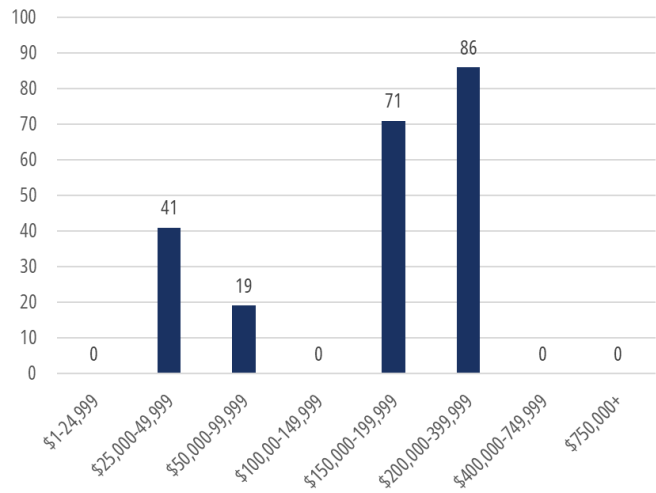




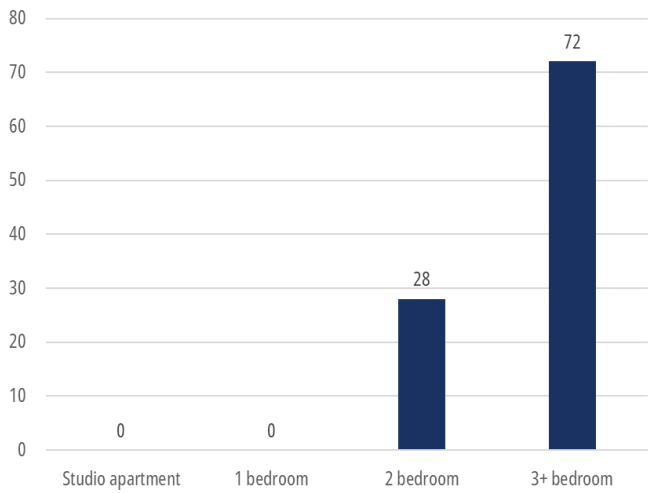
Vacancy reasons



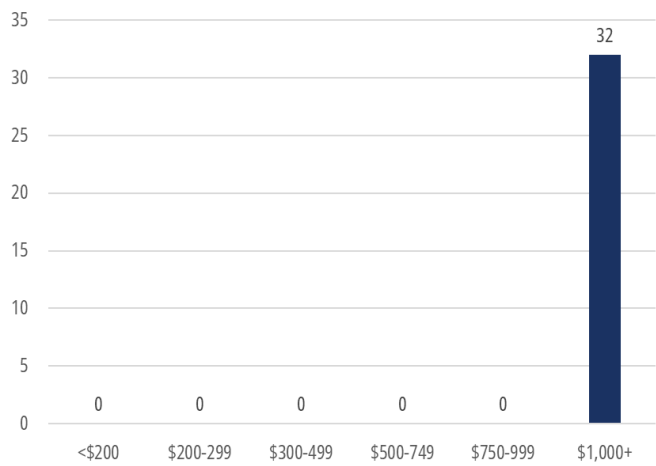
Owner occupied home values



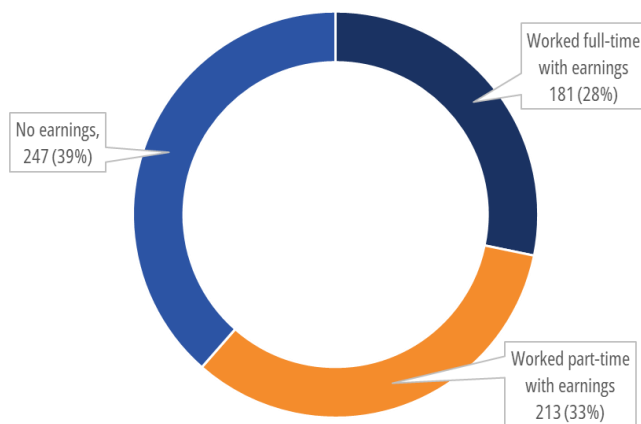
Rental properties by number of rooms



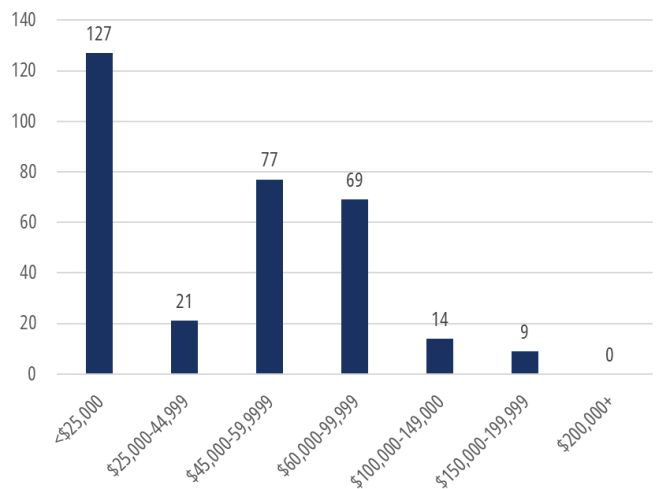
Cost of monthly rent including utilities  
3+ bedroom



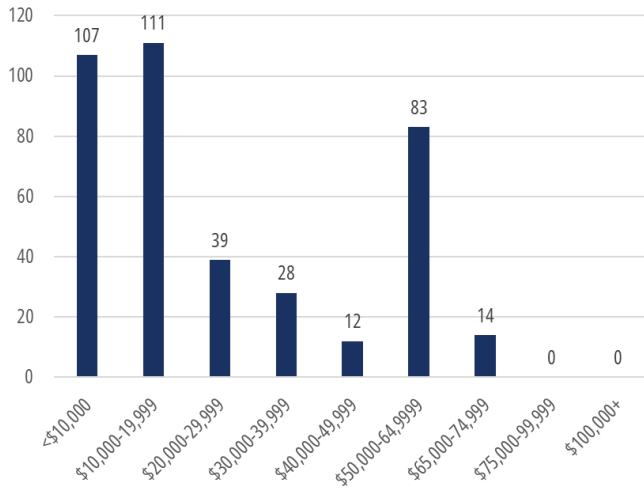
Employment status



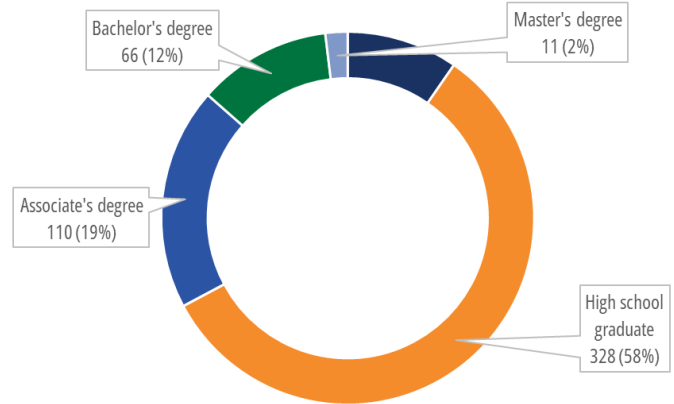
Household income



Annual individual earnings



Educational attainment for the population  
25 years and older



### Sources of household income

Wages.....	64% of households (\$36,430 average)
Business .....	8% of households (\$6,533 average)

### Household investment income

Interest.....	28% of households (\$1,230 average)
Ordinary dividends .....	11% of households (\$2,600 average)
Qualified dividends.....	11% of households (\$1,575 average)
Capital gains .....	14% of households (\$9,620 average)

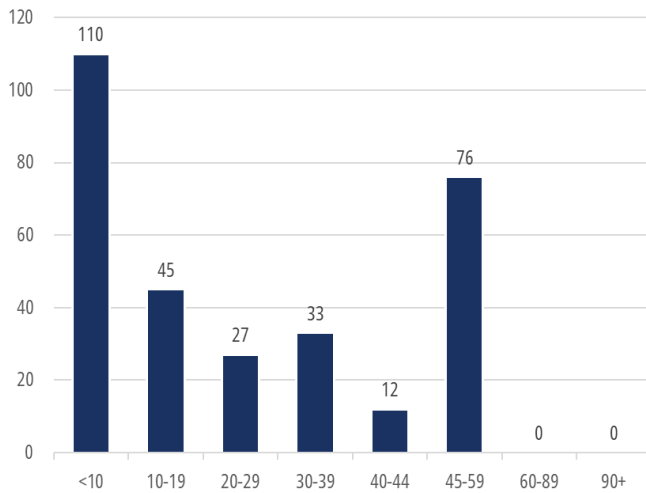
### Household retirement income

IRA/pension/annuity distributions.....	36% of households (27,938 average)
Social Security .....	25% of households (\$12,056 average)

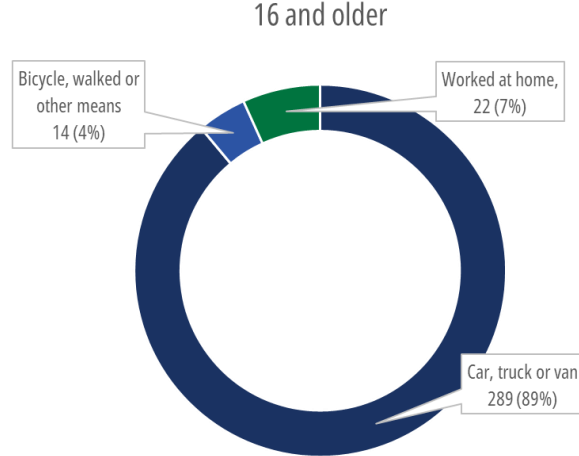
### School enrollment (ages 3 to 17)

Enrolled in public school.....	23 (100%)
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Travel time to work (in minutes)



Means of transportation to work for workers 16 and older

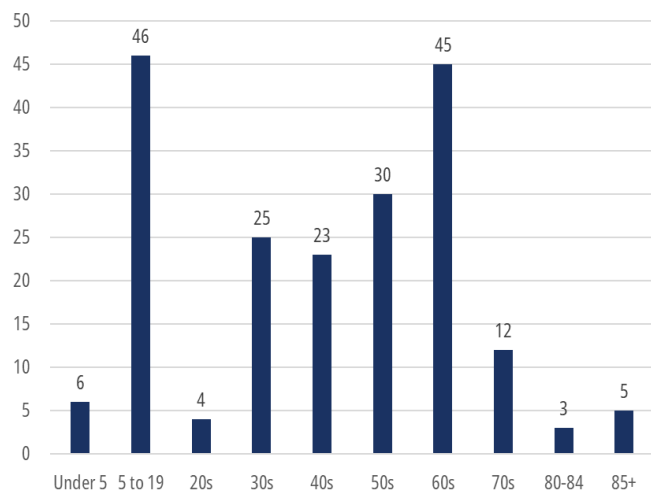


## 📍 Dairy

Source: unitedstateszipcodes.org

Zip code .....	97625
Land area.....	54.37 square miles
Water area.....	0.00 square miles
Closest clinic .....	Bonanza (open half-day, 6 miles)
Population .....	199
Population as a percentage of Klamath County total .....	0.3%
Population density .....	4 people per square mile
Distance to Klamath Falls .....	19 miles
Housing units.....	87
Occupied housing units .....	82
Median home value .....	\$179,800
Median household income .....	\$27,188

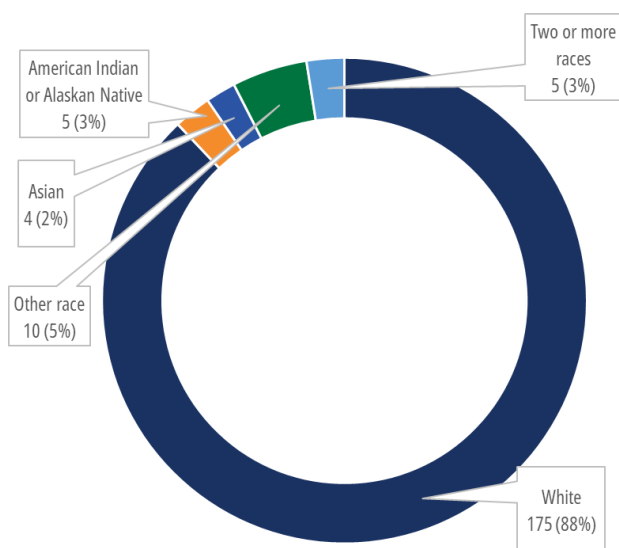
Population age distribution



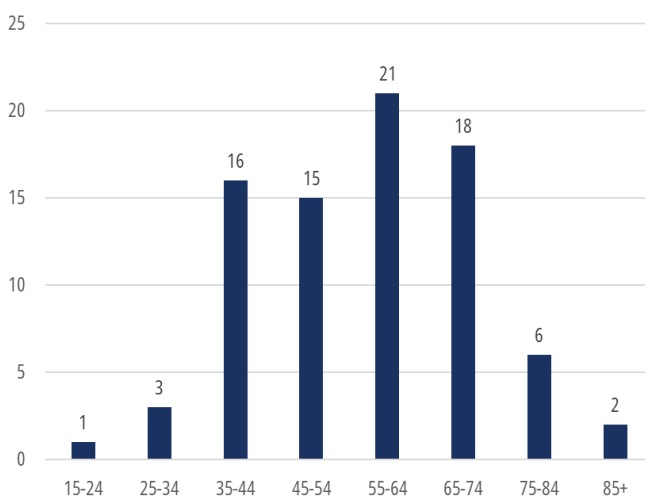
Gender



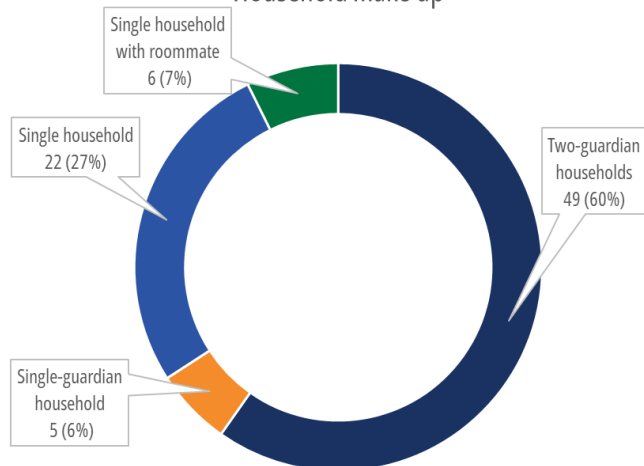
Race



Head of household age distribution

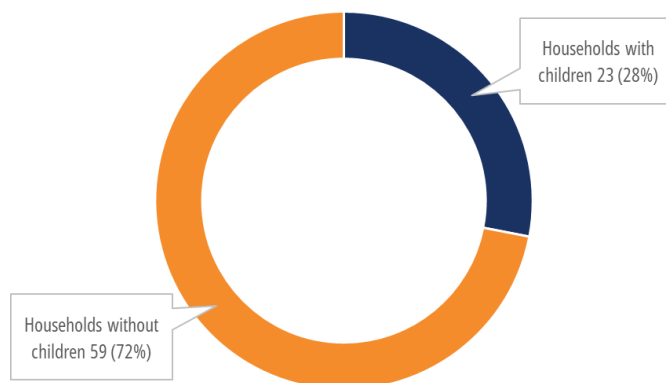


Household make up

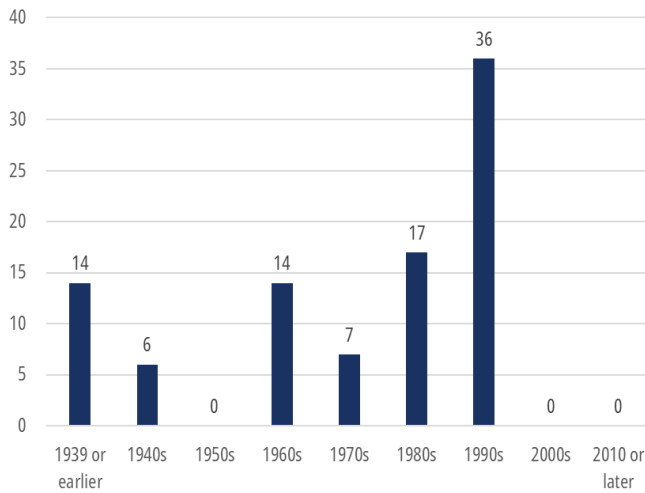


Households with children

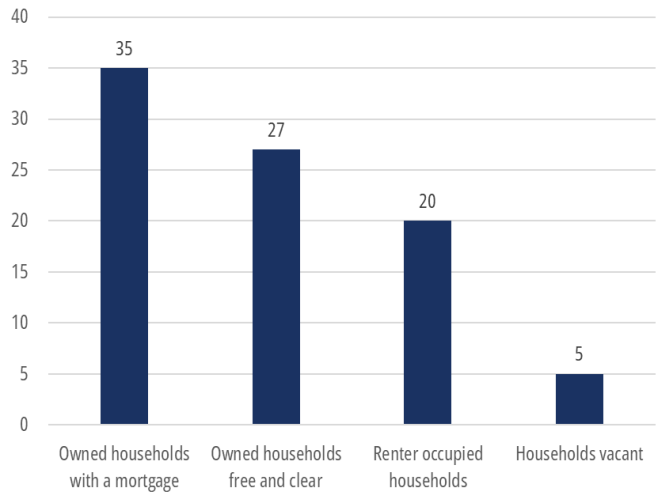
Average household size: 2



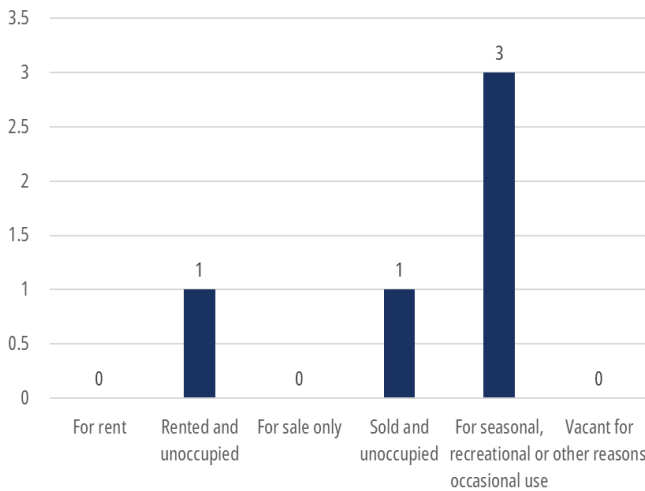
Year occupied housing built



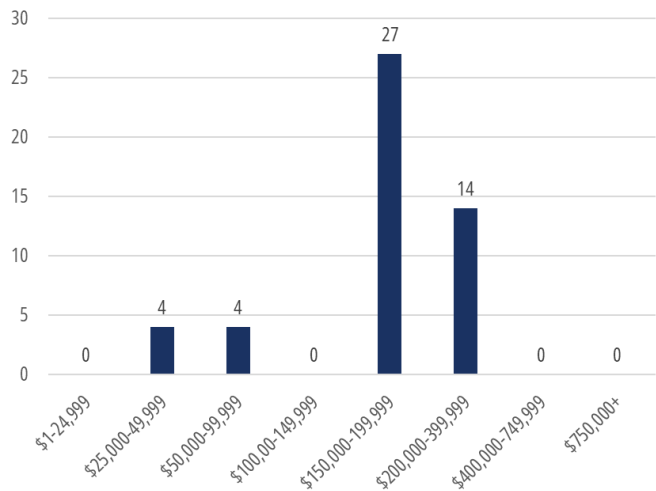
Housing occupancy



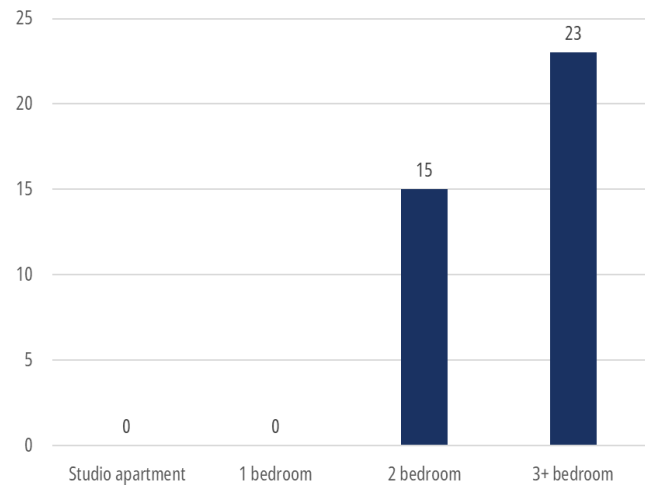
Vacancy reasons



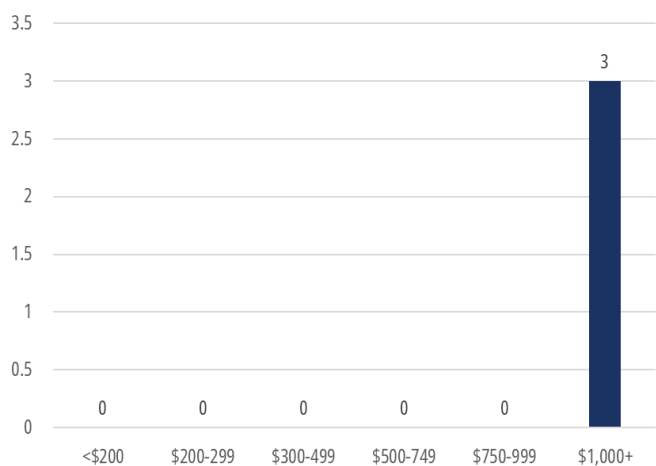
Owner occupied home values



Rental properties by number of rooms

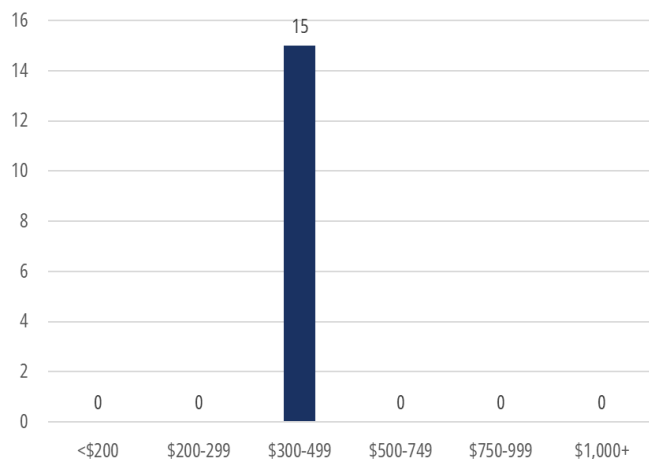


Cost of monthly rent including utilities  
3+ bedroom

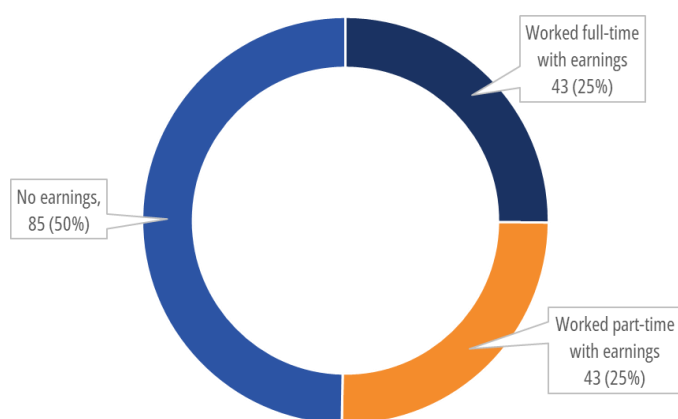


Cost of monthly rent including utilities

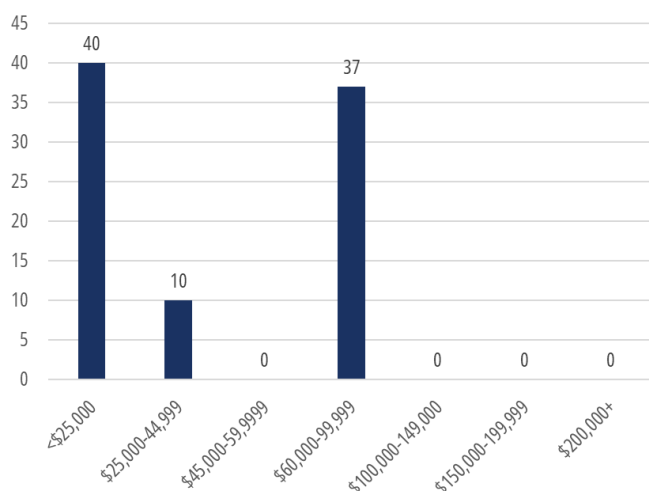
2 bedroom



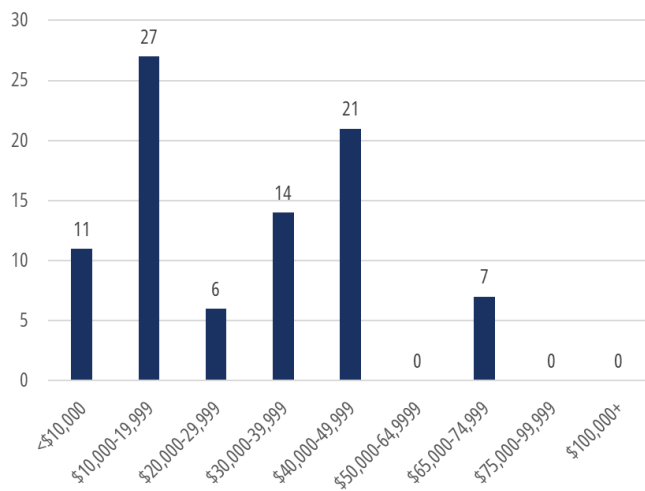
Employment status



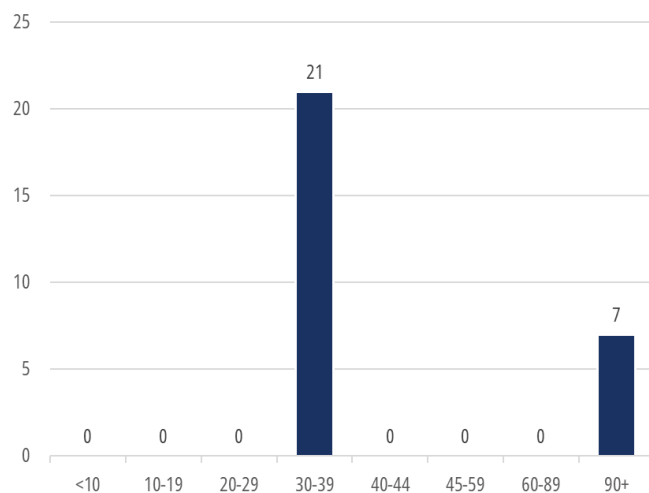
Household income



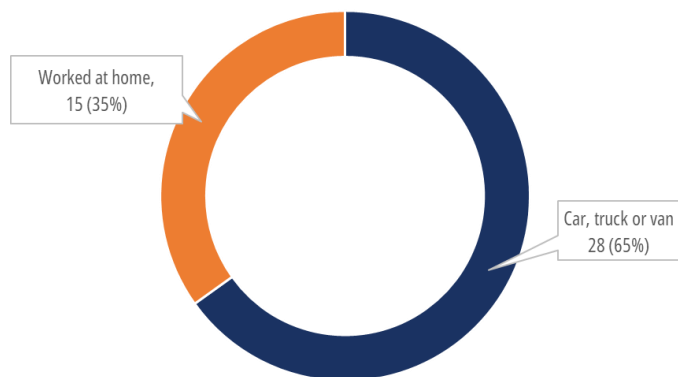
Annual individual earnings



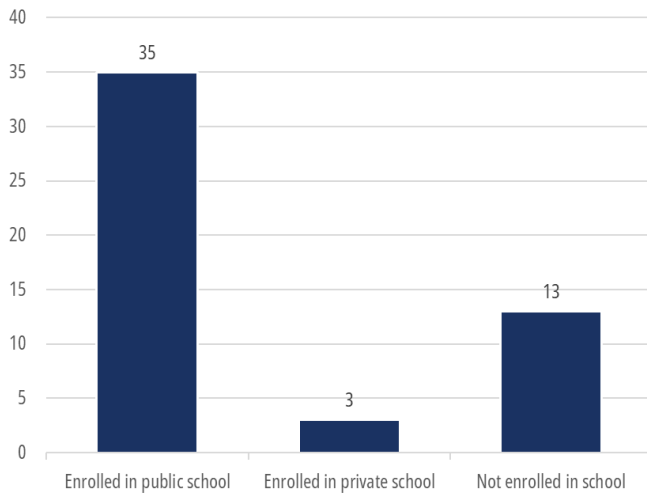
Travel time to work (in minutes)



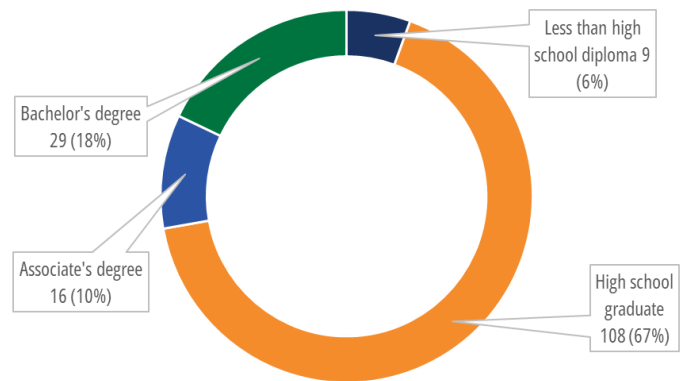
Means of transportation to work for workers 16 and older



School enrollment, ages 3 to 17



Educational attainment for the population 25 years and older



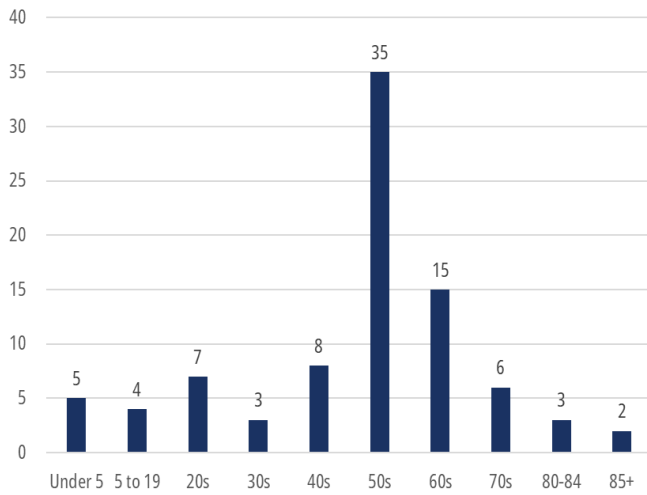
## Fort Klamath

Source: unitedstateszipcodes.org

Zip code .....	97626
Land area .....	65.16 square miles
Water area .....	0.10 square miles
Closest clinic.....	Chiloquin (13 miles)
Population .....	88
Population as a percentage of Klamath County total .....	0.1%
Population density .....	1 person per square mile
Distance to Klamath Falls .....	37 miles
Housing units .....	106
Occupied housing units .....	51
Median home value .....	\$198,100
Median household income .....	\$66,378



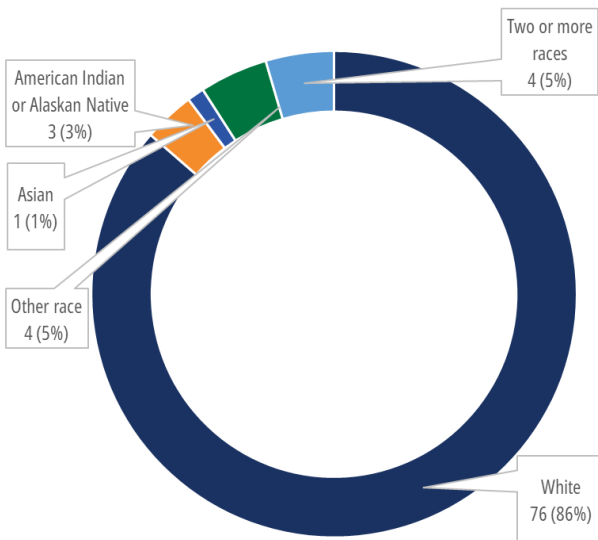
Population age distribution



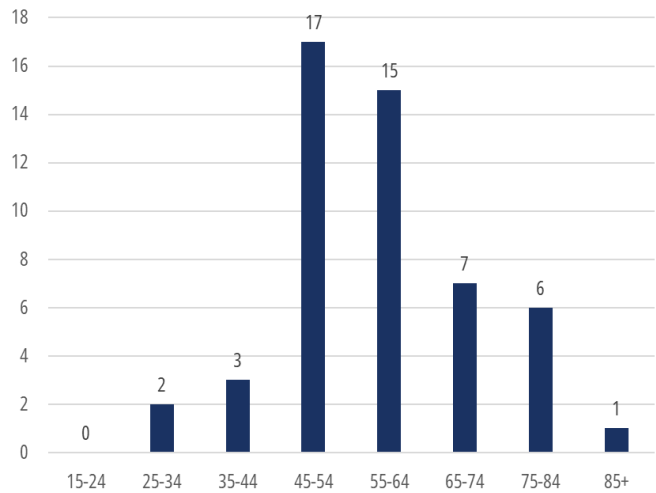
Gender



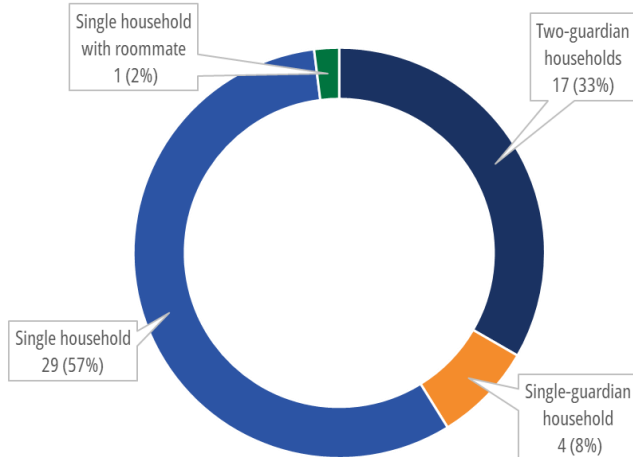
Race



Head of household age distribution

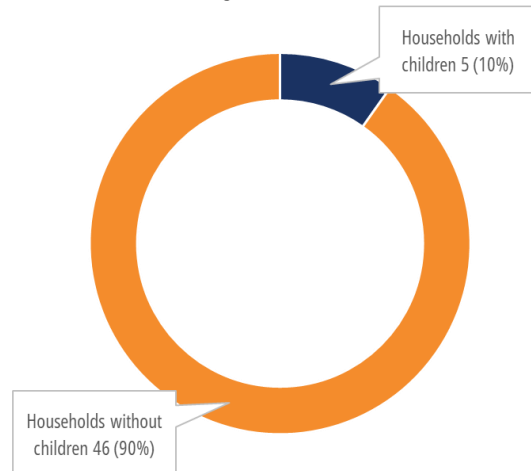


Household make up

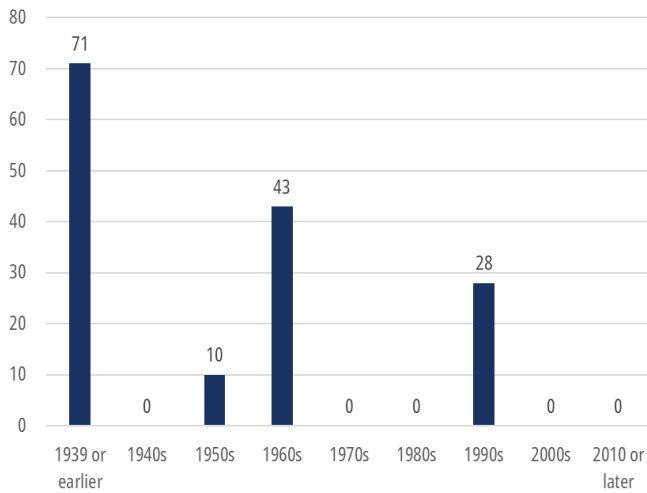


Households with children

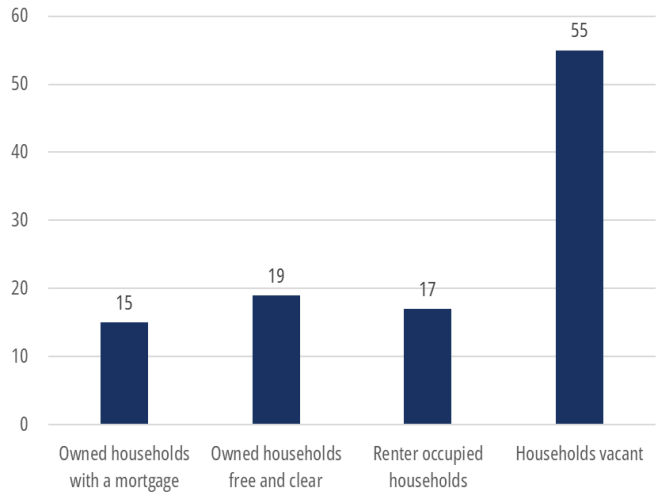
Average household size: 2



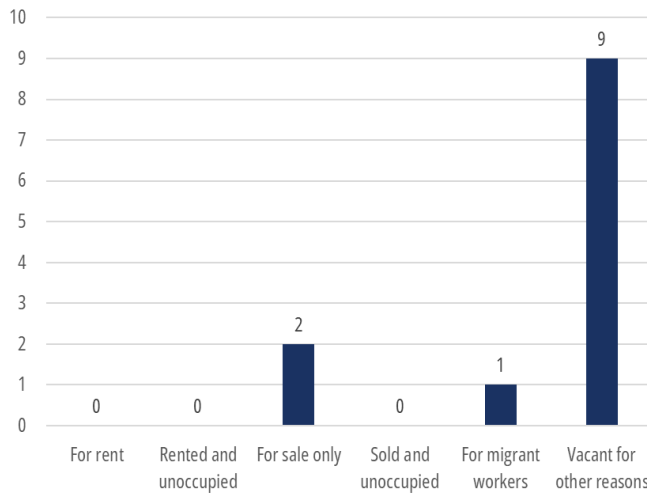
Year occupied housing built



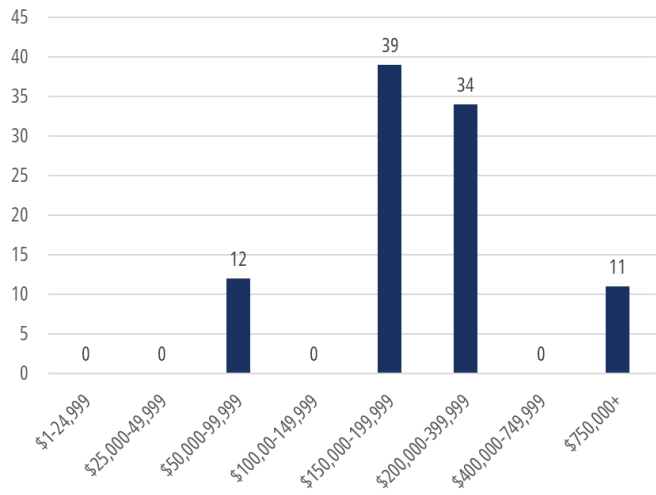
Housing occupancy



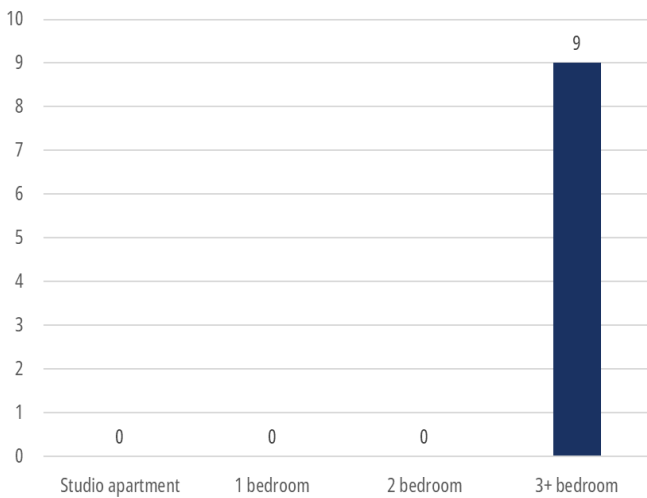
Vacancy reasons



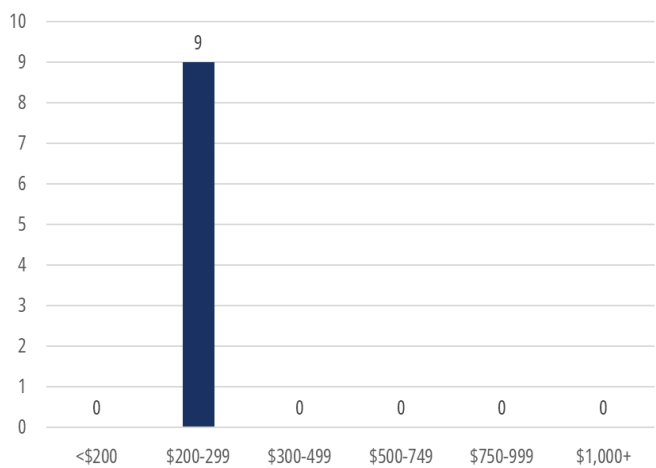
Owner occupied home values



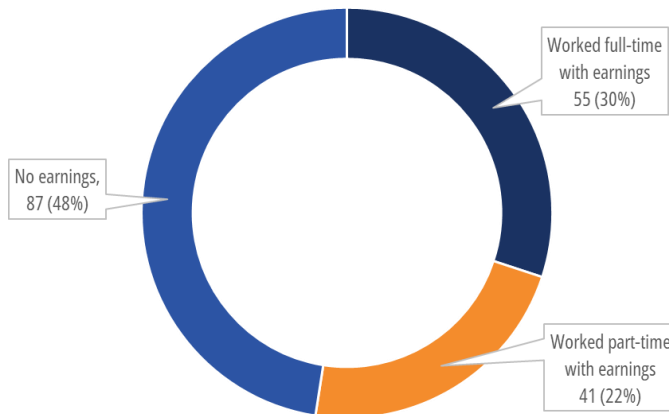
Rental properties by number of rooms



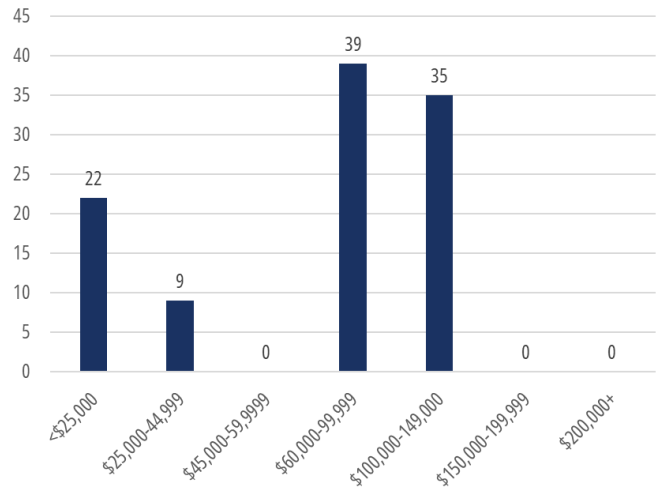
Cost of monthly rent including utilities  
3+ bedroom



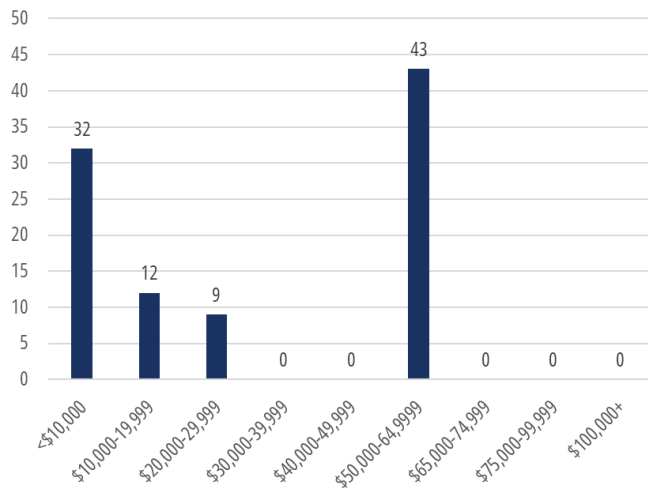
Employment status



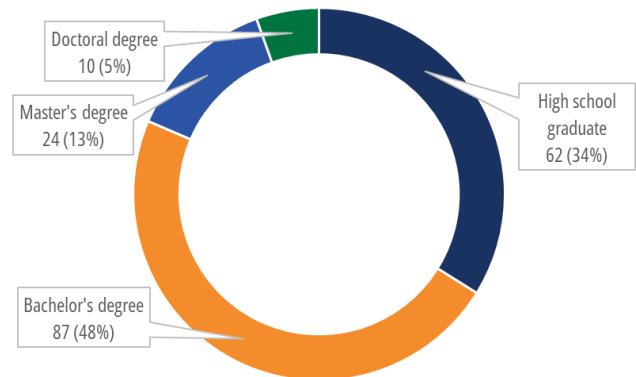
Household income



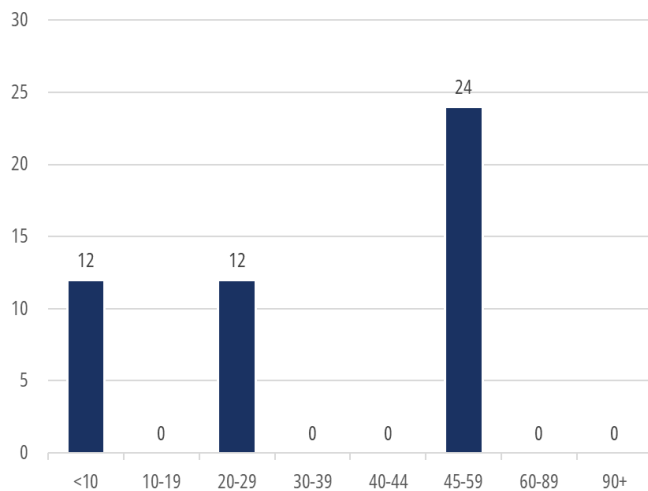
Annual individual earnings



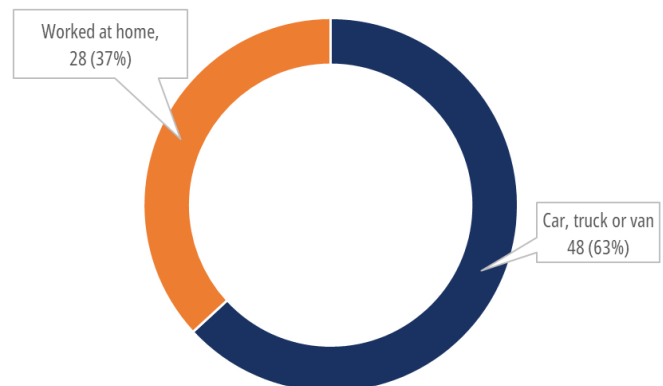
Educational attainment for the population 25 years and older



Travel time to work (in minutes)



Means of transportation to work for workers 16 and older

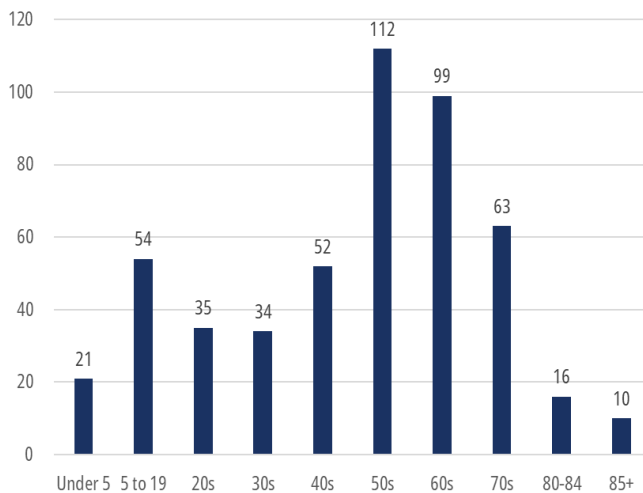


# Gilchrist

Source: unitedstateszipcodes.org

Zip code .....	97737
Land area .....	25.93 square miles
Water area .....	0.06 square miles
Closest clinic.....	La Pine (17 miles)
Population .....	496
Population as a percentage of Klamath County total .....	0.8%
Population density .....	19 people per square mile
Distance from Klamath Falls.....	91 miles
Housing units .....	340
Occupied housing units .....	239
Median home value .....	\$117,100
Median household income .....	\$29,803

Population age distribution

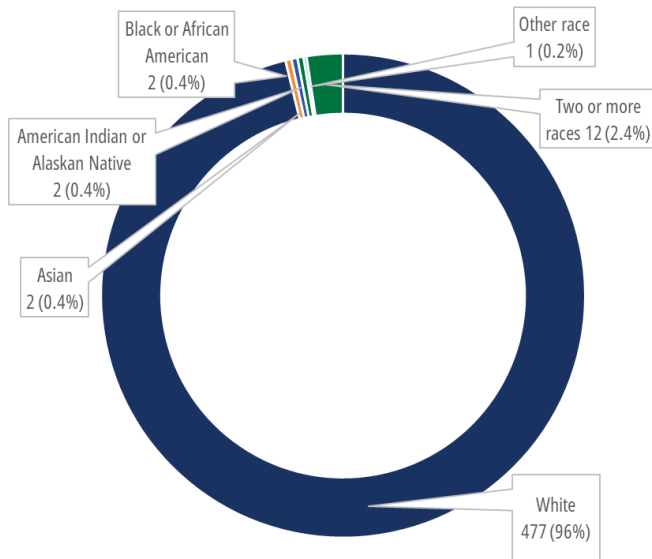


Gender

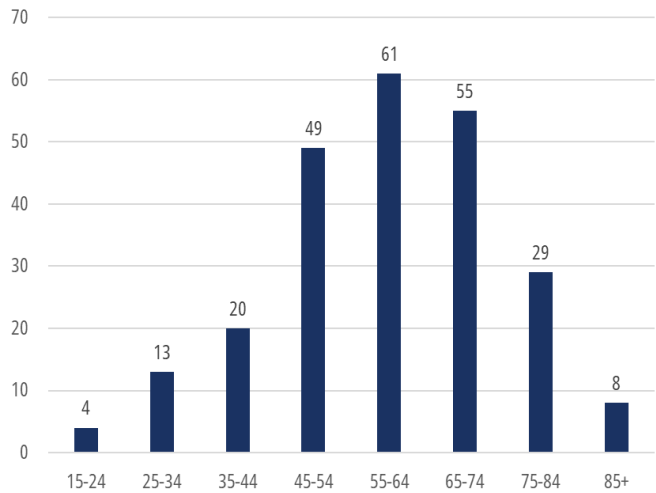


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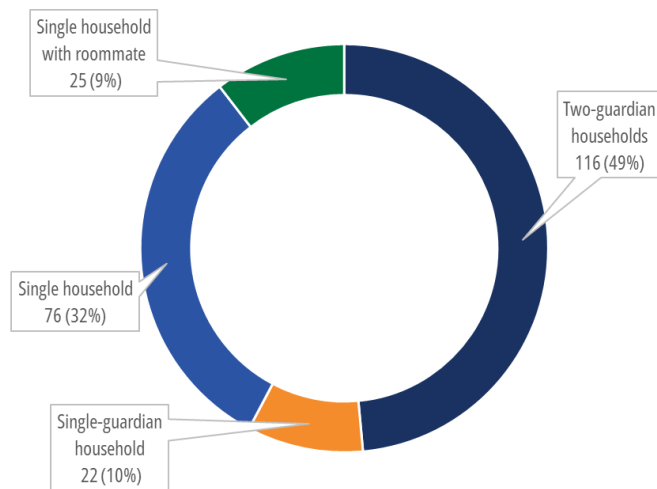
Race



Head of household age distribution

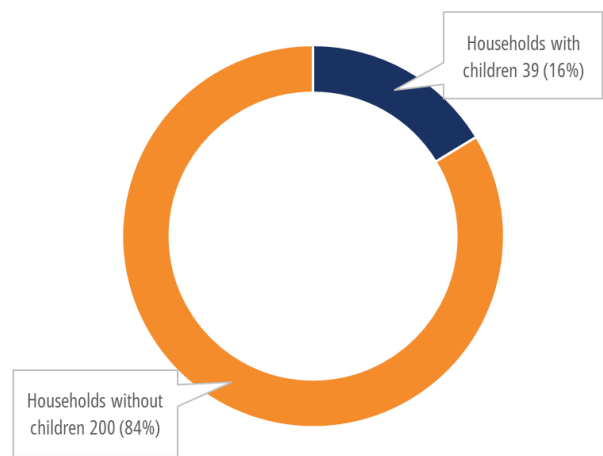


Household make up

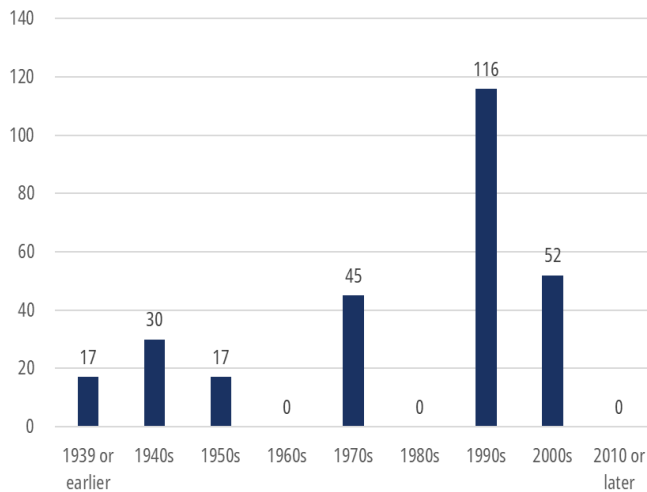


Households with children

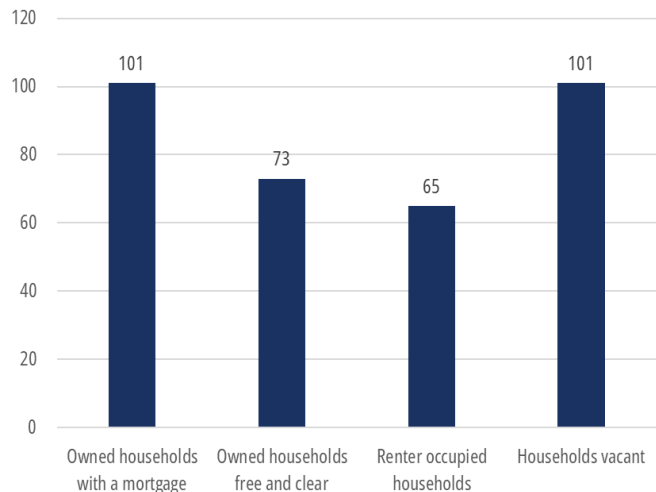
Average household size: 2



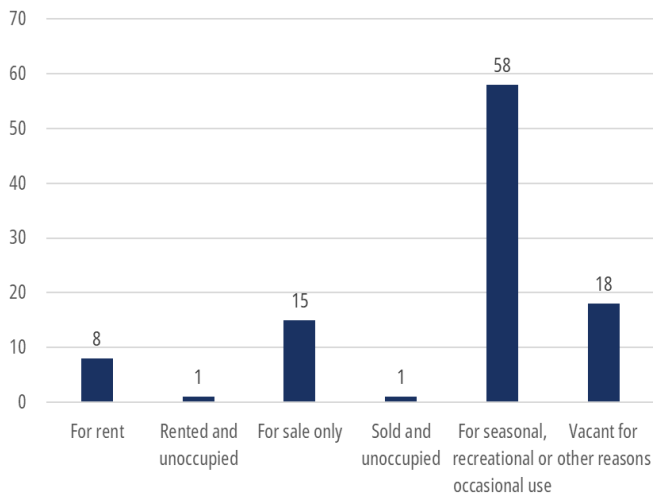
Year occupied housing built



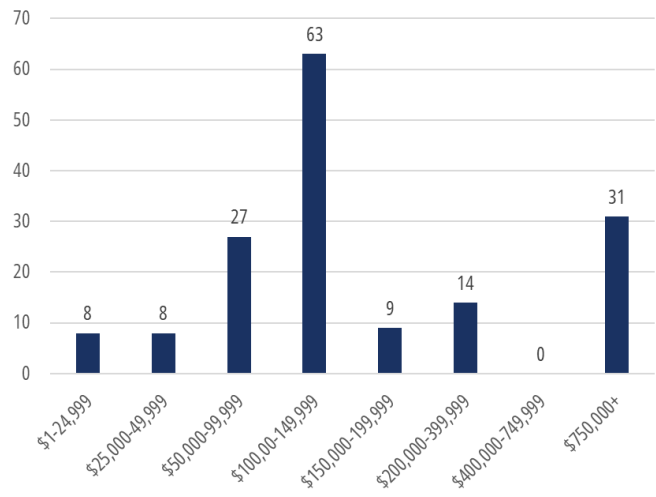
Housing occupancy



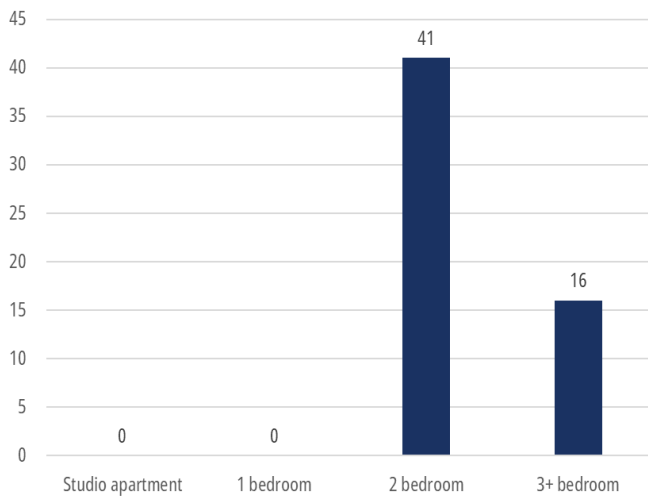
Vacancy reasons



Owner occupied home values

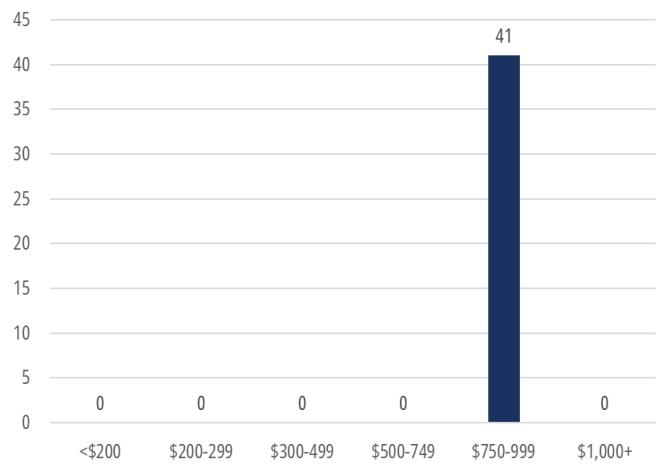


Rental properties by number of rooms



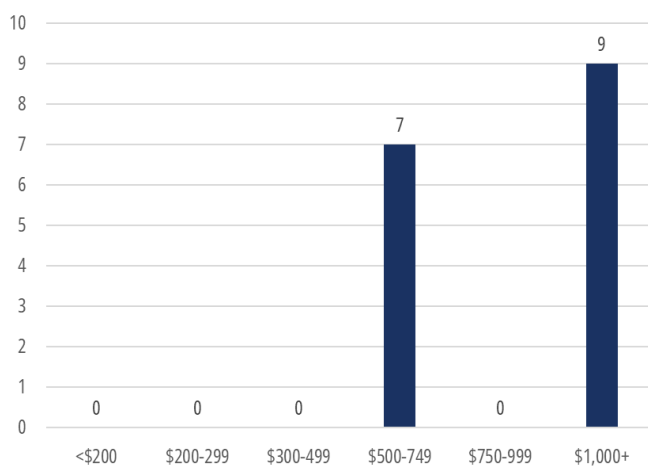
Cost of monthly rent including utilities

2 bedroom

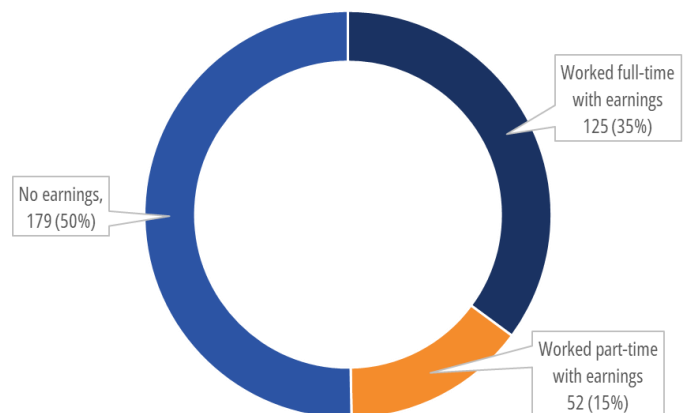


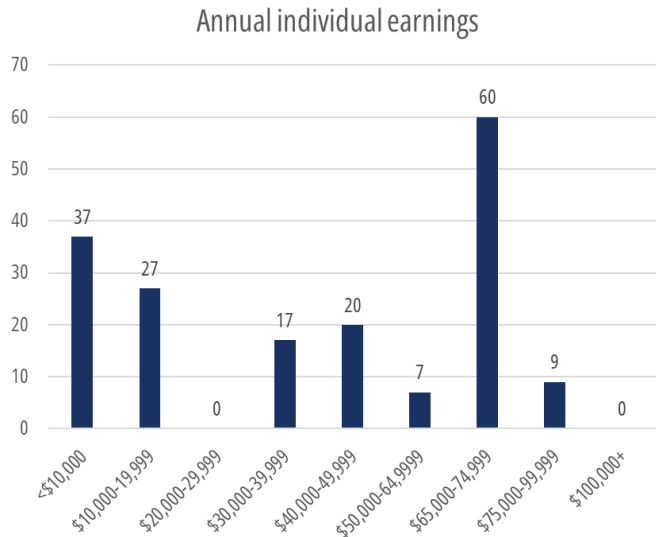
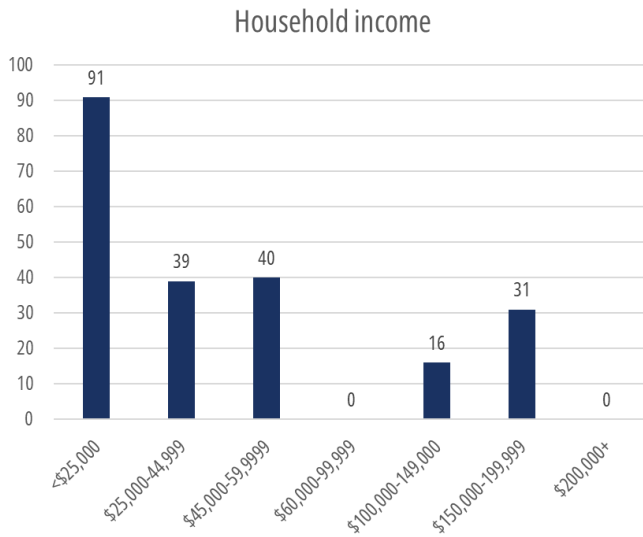
Cost of monthly rent including utilities

3+ bedroom



Employment status





#### Sources of household income

Wages ..... 77% of households (\$34,200 average)

#### Household investment income

Interest ..... 23% of households (\$500 average)

Ordinary dividends..... 14% of households (\$1,300 average)

Qualified dividends ..... 9% of households (\$600 average)

Capital gains..... 14% of households (\$3,500 average)

#### Household retirement income

IRA/pension/annuity distributions ..... 36% of households (\$23,800 average)

Social Security ..... 27% of households (\$10,783 average)

#### Educational attainment for the population 25 years and older

Less than high school diploma..... 49 (14%)

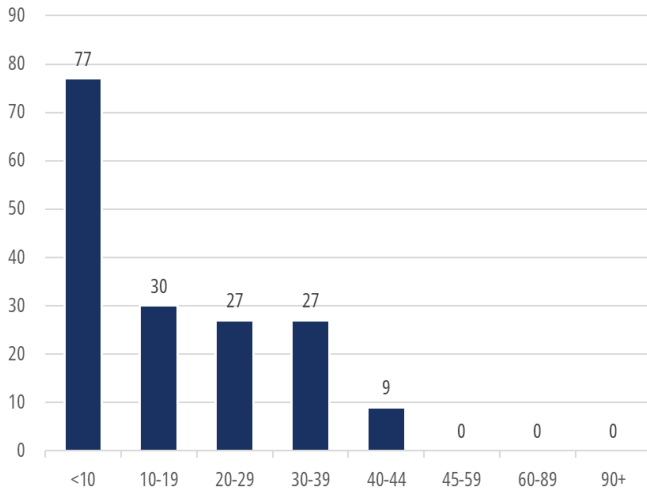
High school graduate..... 258 (72%)

Associate's degree ..... 9 (3%)

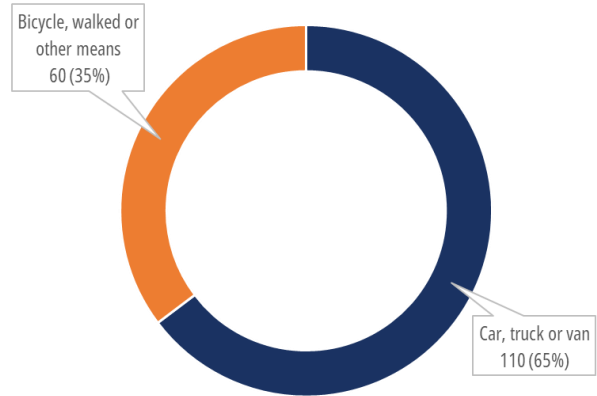
Bachelor's degree..... 40 (11%)



Travel time to work (in minutes)



Means of transportation to work for workers 16 and older

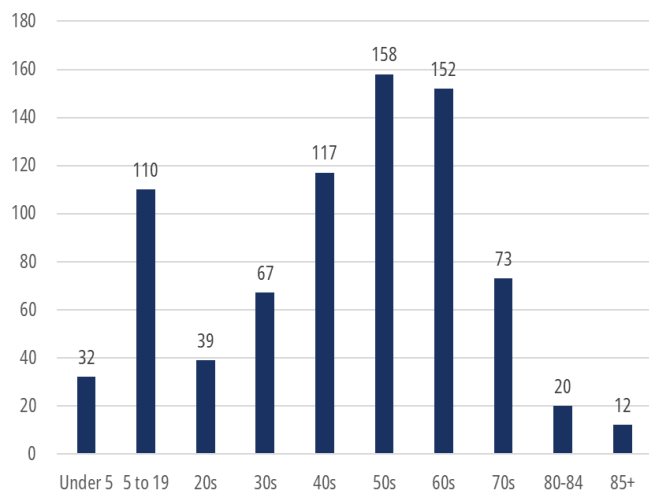


## Keno

Source: unitedstateszipcodes.org

Zip code .....	97627
Land area .....	27.87 square miles
Water area .....	0.48 square miles
Closest clinic.....	Klamath Falls (12 miles)
Population .....	780
Population as a percentage of Klamath County total .....	1.2%
Population density .....	28 people per square mile
Distance from Klamath Falls.....	12 miles
Housing units .....	383
Occupied housing units .....	342
Median home value .....	\$185,500
Median household income .....	\$43,750

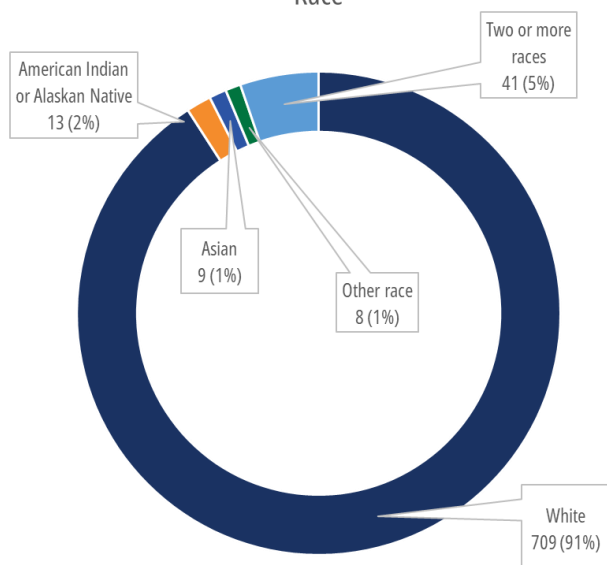
Population age distribution



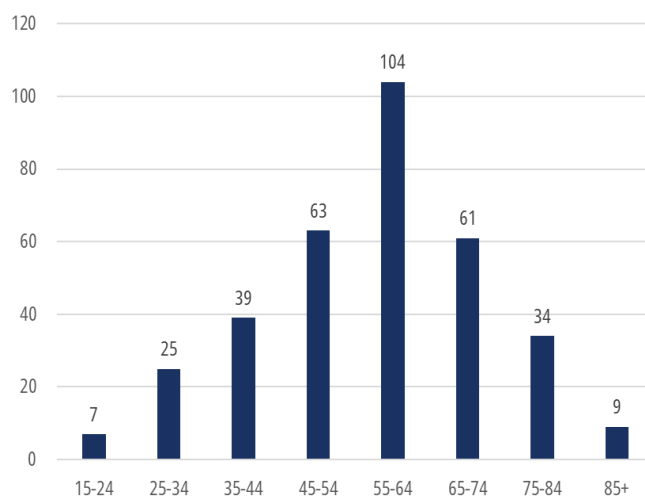
Gender



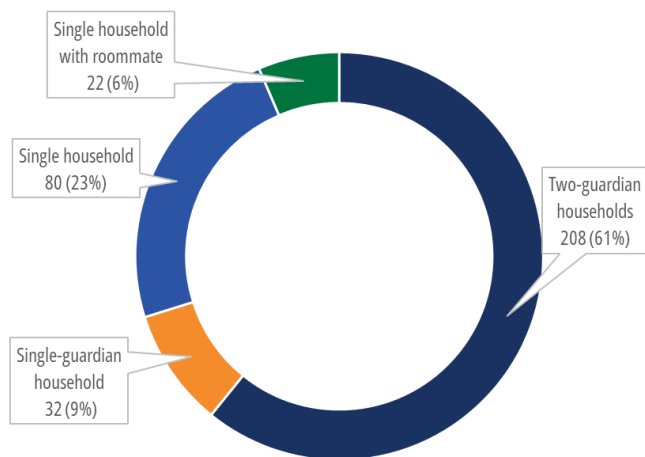
Race



Head of household age distribution

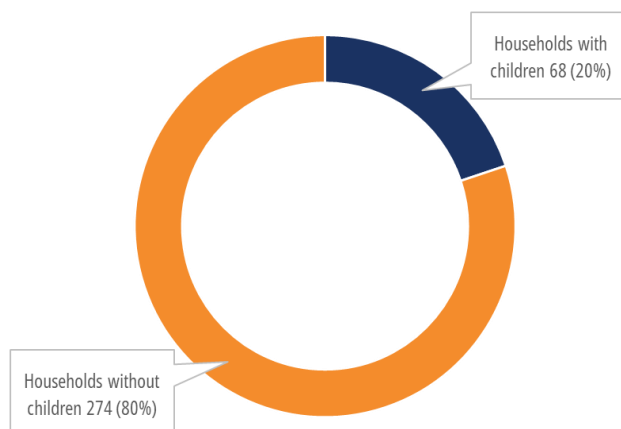


Household make up

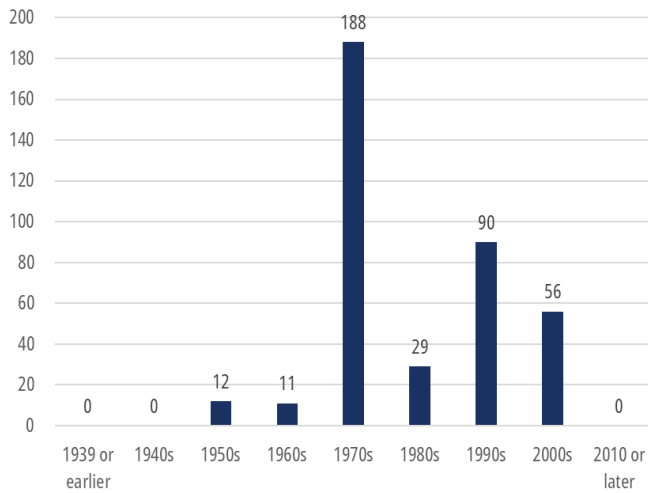


Households with children

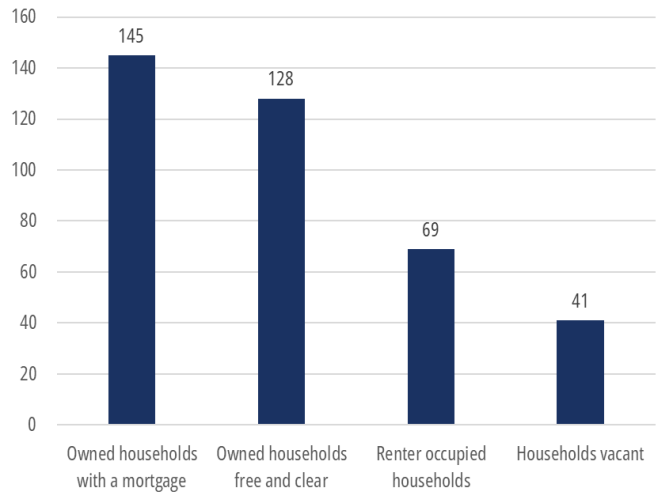
Average household size: 2



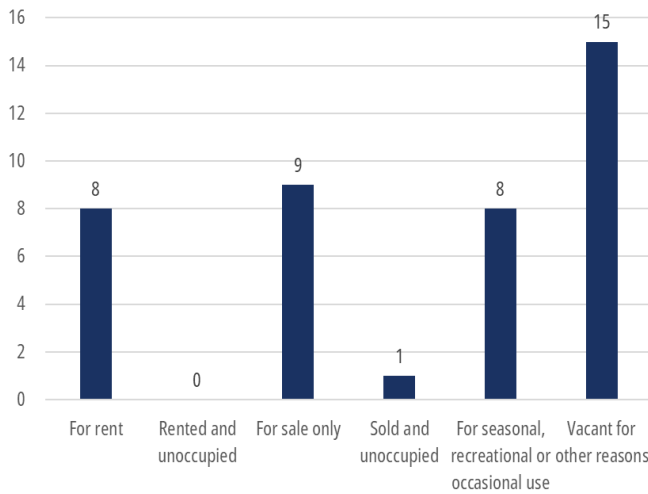
Year occupied housing built



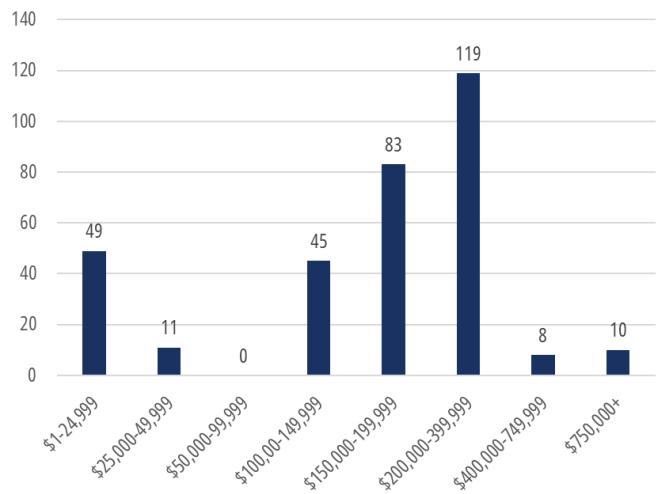
Housing occupancy



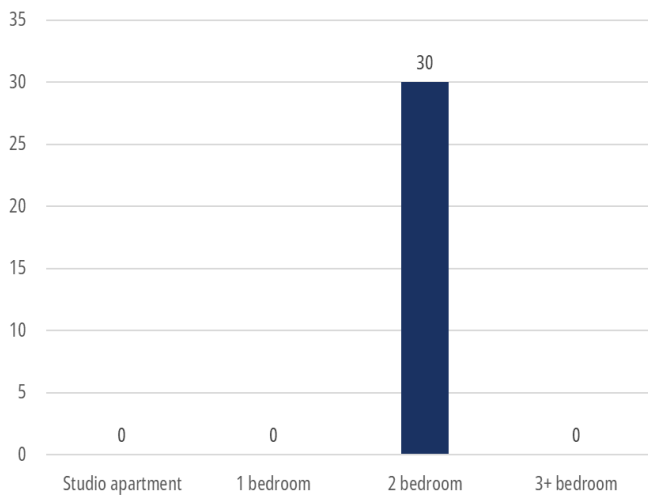
Vacancy reasons



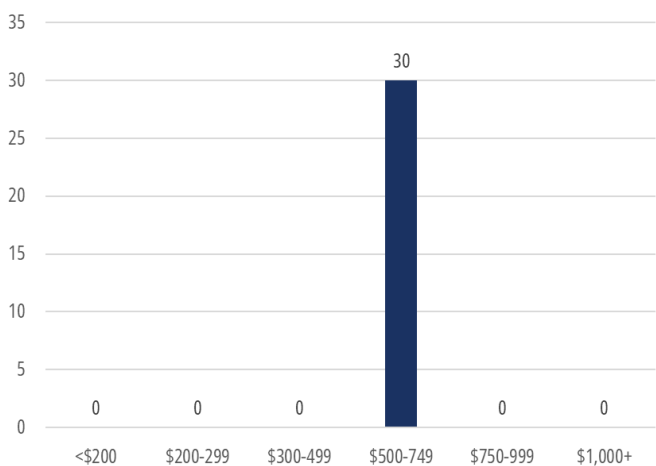
Owner occupied home values



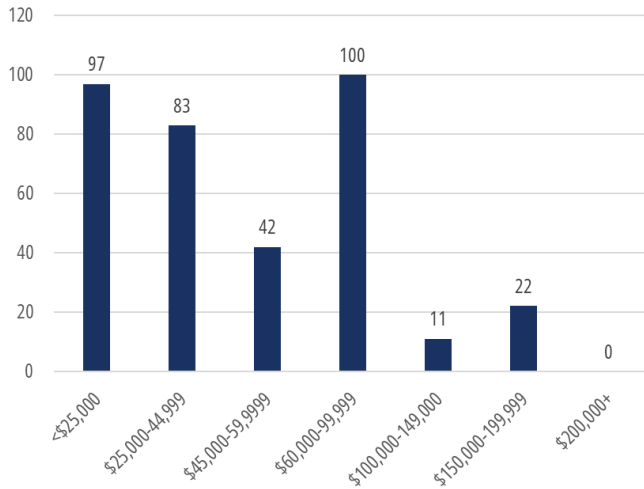
Rental properties by number of rooms



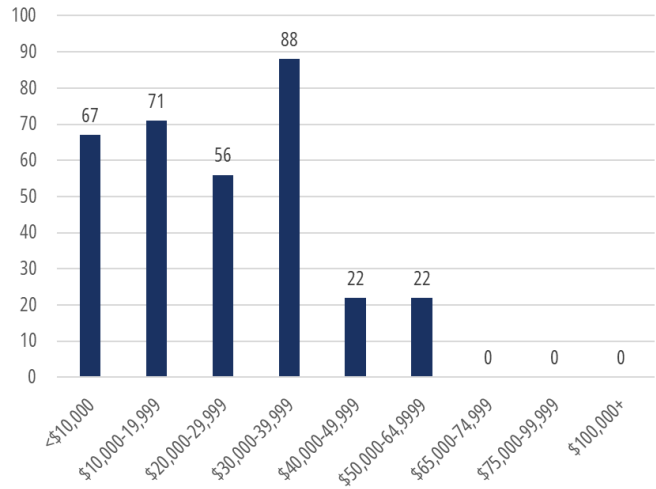
Cost of monthly rent including utilities  
2 bedroom



Household income



Annual individual earnings



### Sources of household income

Wages .....	69% of households (\$46,714 average)
Business .....	13% of households (\$6,113 average)
Partnership.....	5% of households (\$17,000 average)
Unemployment.....	8% of households (\$4,860 average)

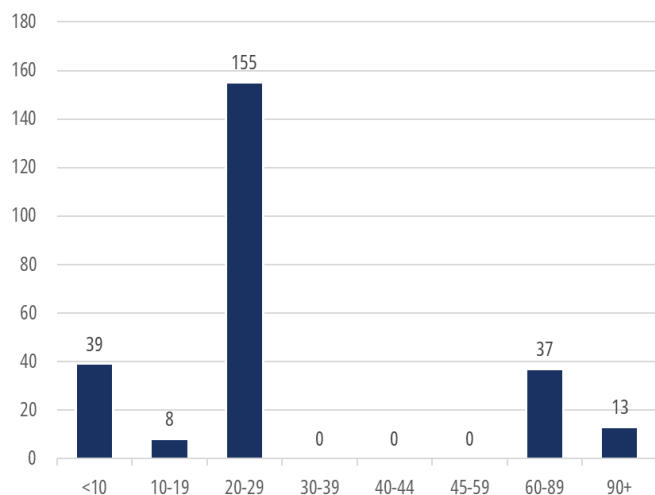
### Household investment income

Interest.....	40% of households (\$368 average)
Ordinary dividends .....	13% of households (\$1,775 average)
Qualified dividends .....	13% of households (\$975 average)
Capital gains .....	15% of households (\$5,489 average)

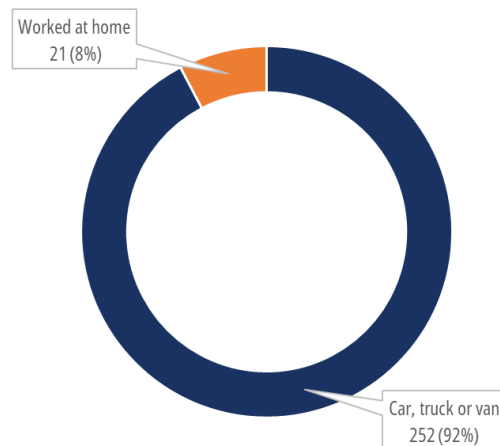
### Household retirement income

IRA/pension/annuity distributions.....	42% of households (\$31,765 average)
Social Security .....	27% of households (\$12,847 average)

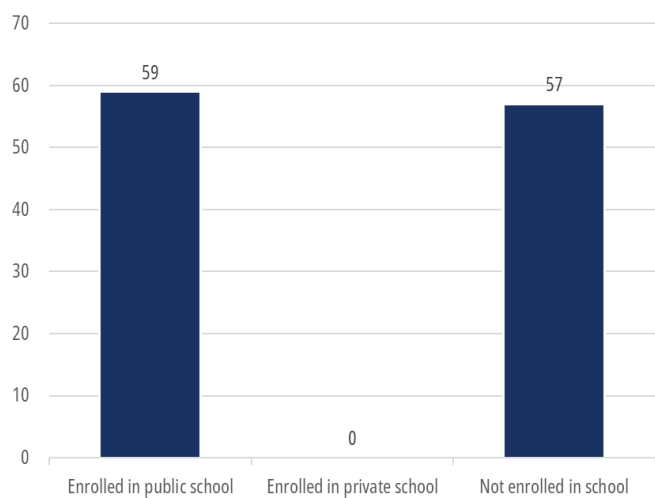
Travel time to work (in minutes)



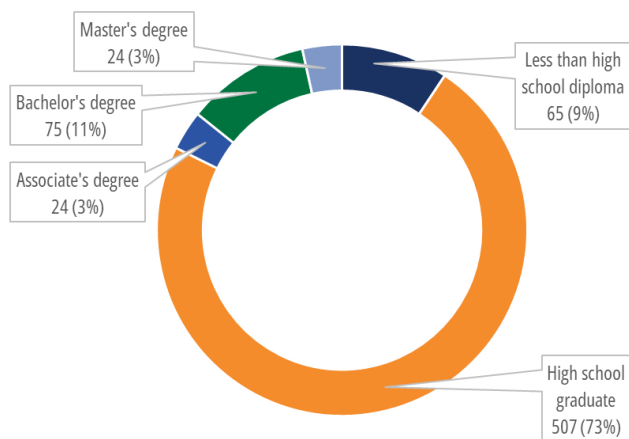
Means of transportation to work for workers 16 and older



School enrollment, ages 3 to 17



Educational attainment for the population 25 years and older



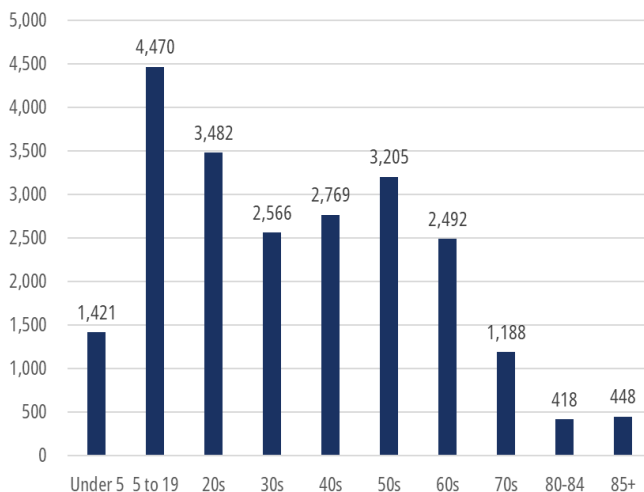
# 📍 Klamath Falls (97601)

Source: unitedstateszipcodes.org

Zip code .....	97601
Land area .....	555.29 square miles
Water area .....	37.96 square miles
Population .....	22,459
Population as a percentage of Klamath County total .....	34.6%
Population density .....	40 people per square mile
Distance from Rocky Point to downtown Klamath Falls .....	31 miles
Housing units .....	11,139
Occupied housing units .....	9,206
Median home value .....	\$148,400
Median household income .....	\$33,902

1/27/2022 **DRAFT** 1/27/2022

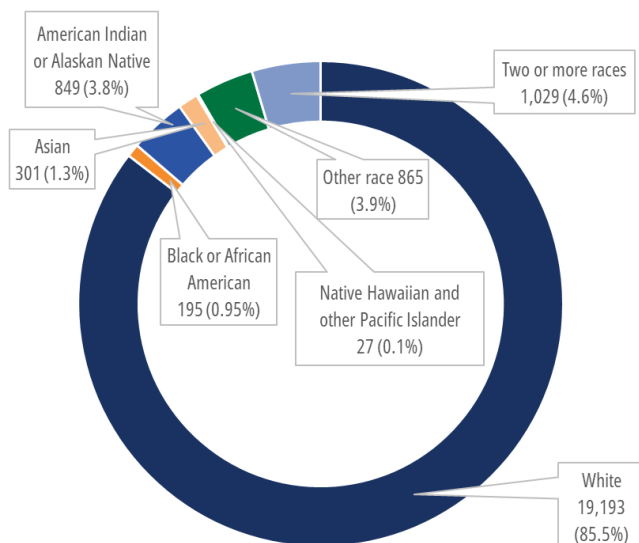
Population age distribution



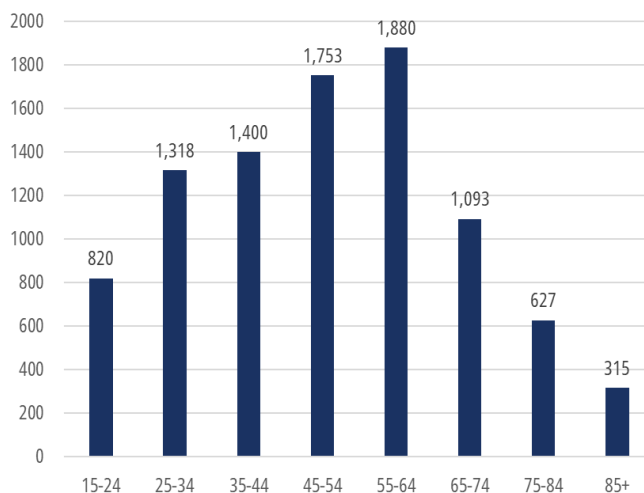
Gender



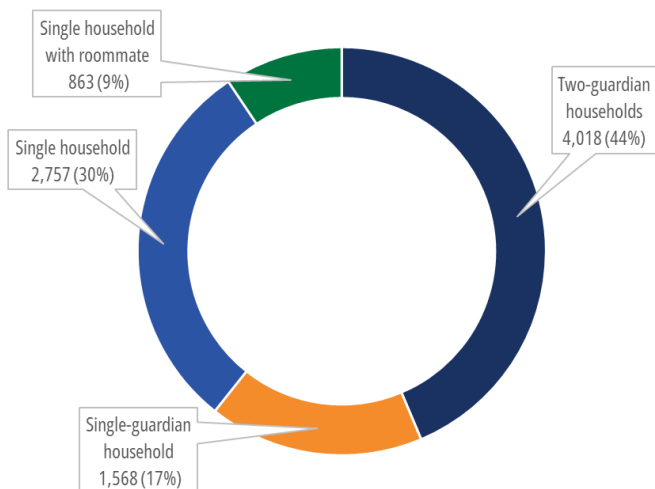
Race



Head of household age distribution

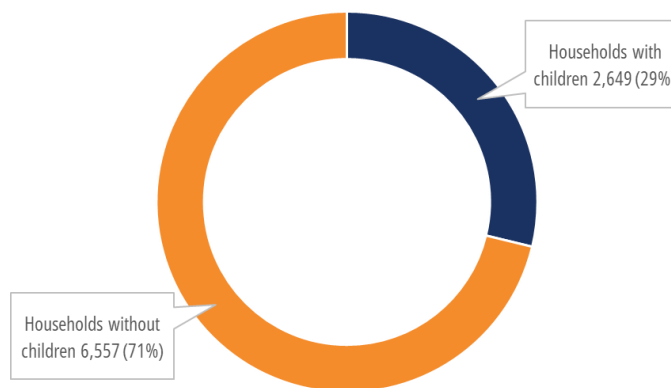


Household make up

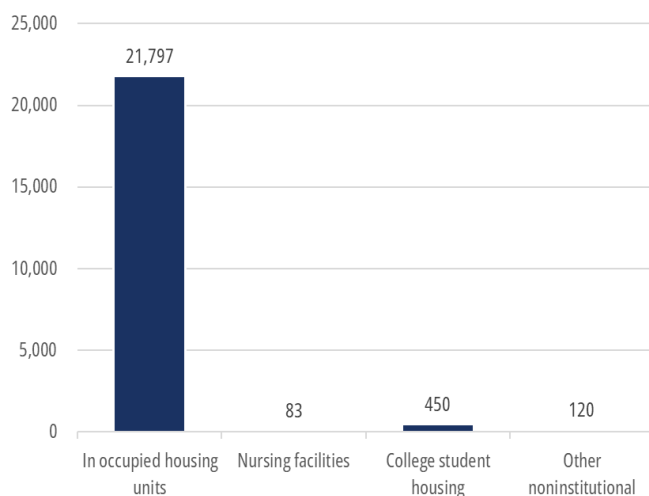


Households with children

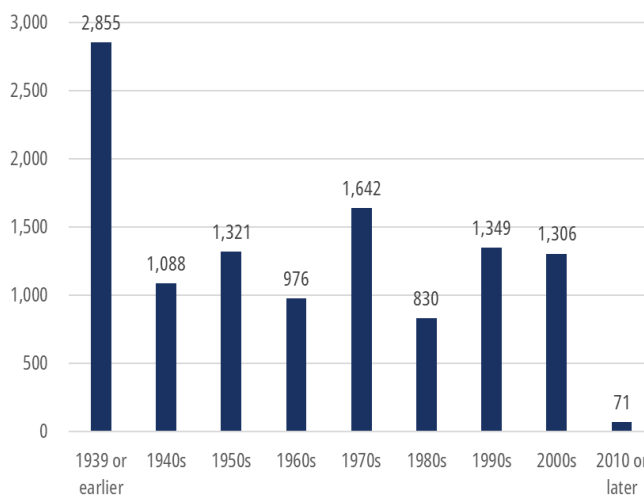
Average household size: 2



Housing type

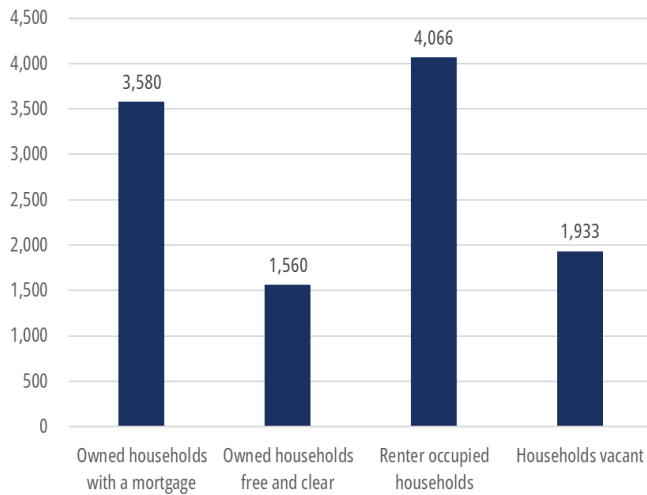


Year occupied housing built

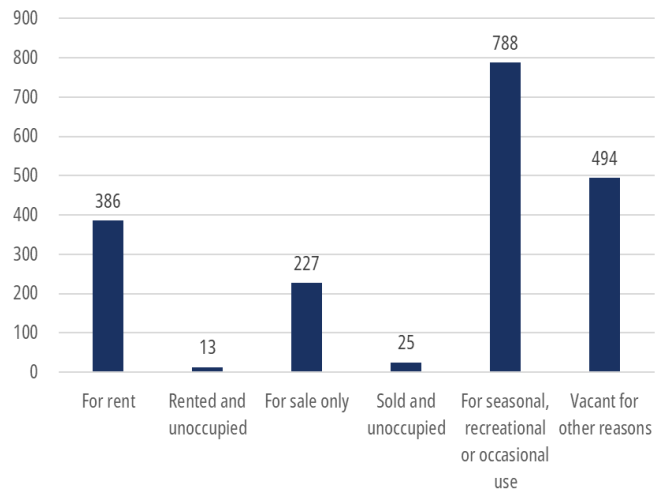




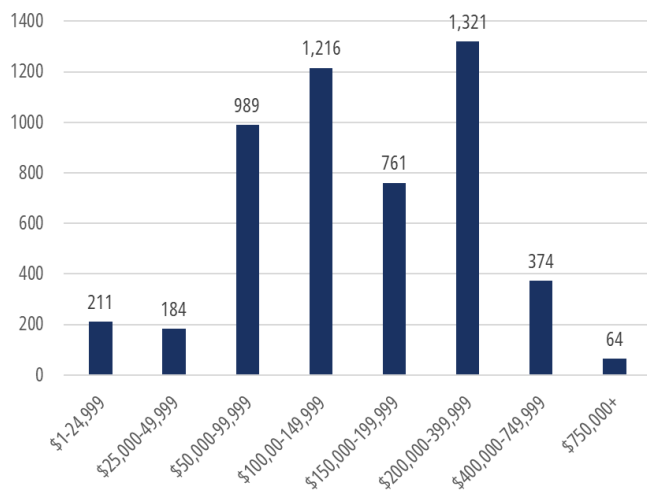
### Housing occupancy



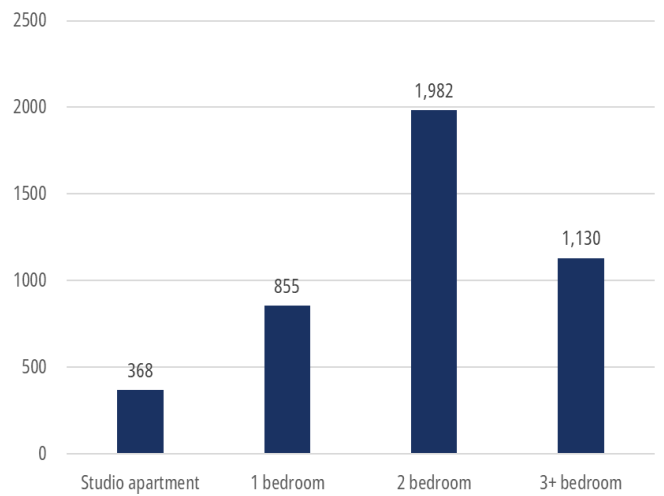
### Vacancy reasons



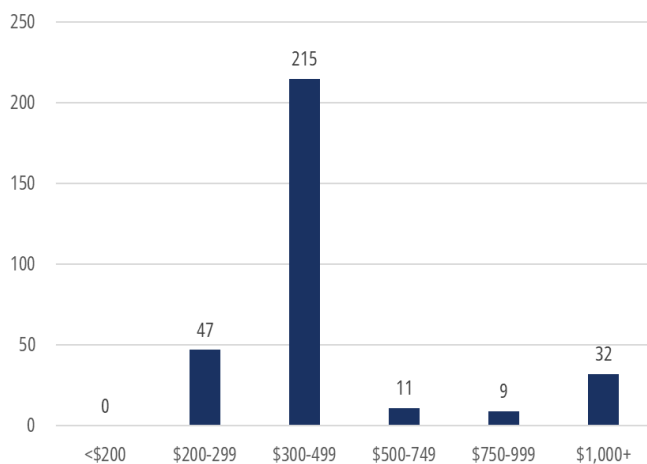
### Owner occupied home values



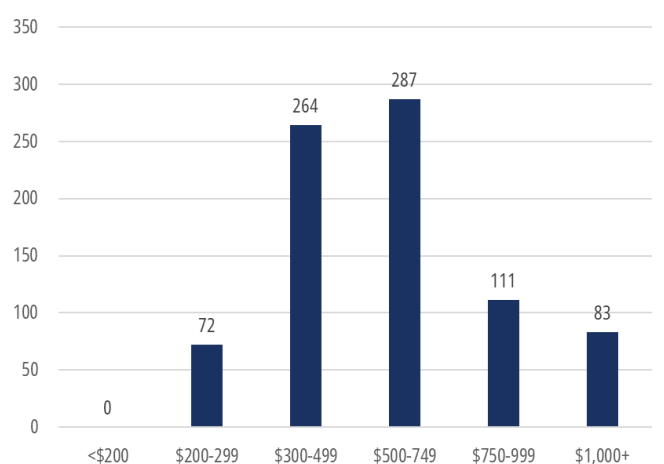
### Rental properties by number of rooms



### Cost of monthly rent including utilities Studio apartment

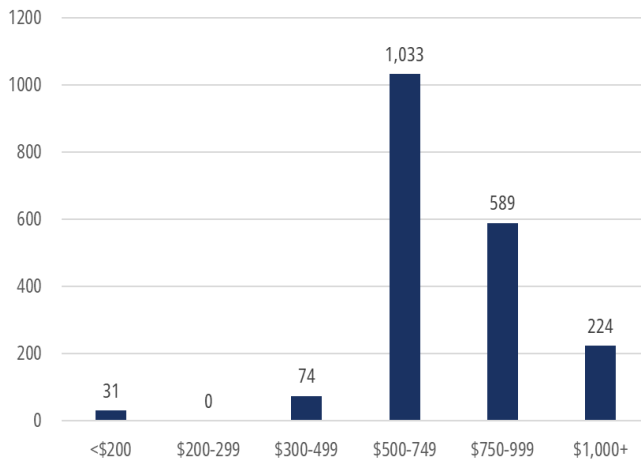


### Cost of monthly rent including utilities 1 bedroom



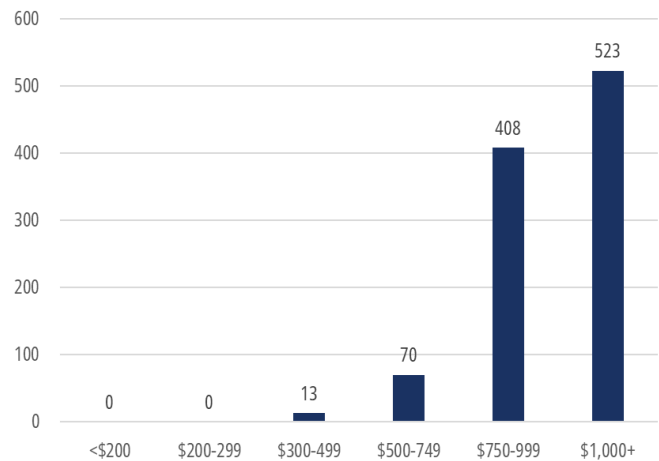
Cost of monthly rent including utilities

2 bedroom

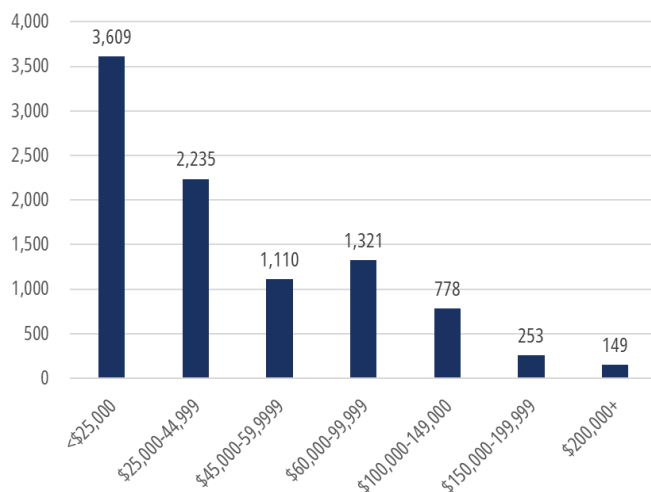


Cost of monthly rent including utilities

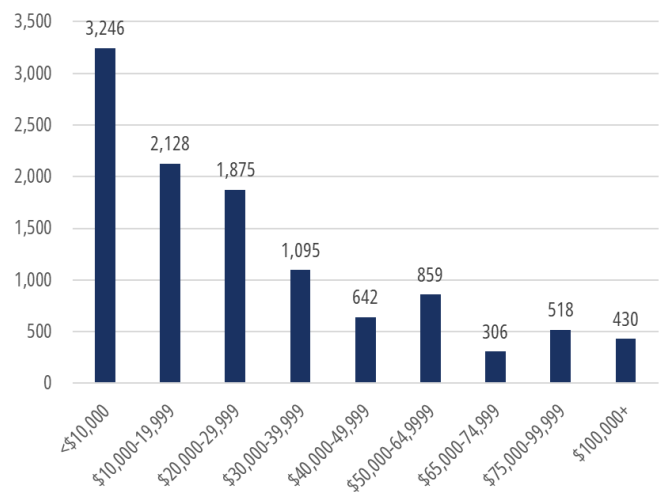
3+ bedroom



Household income



Annual individual earnings



### Sources of household income

Wages.....	82% of households (\$42,771 average)
Business .....	12% of households (\$15,233 average)
Partnership.....	5% of households (\$42,406 average)
Unemployment.....	7% of households (\$4,305 average)

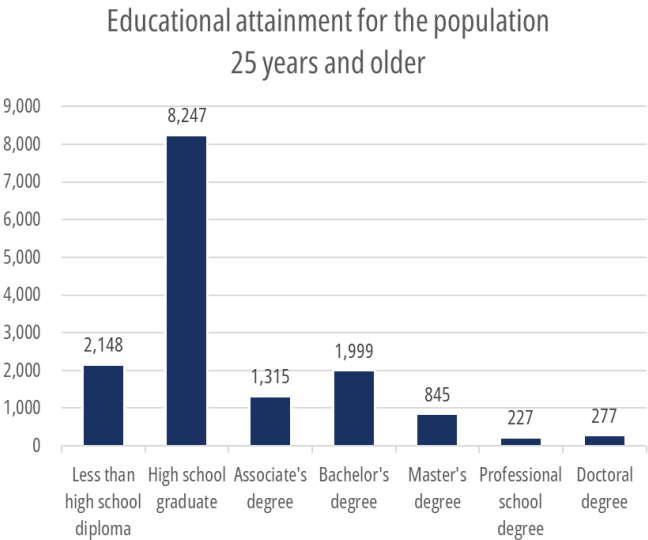
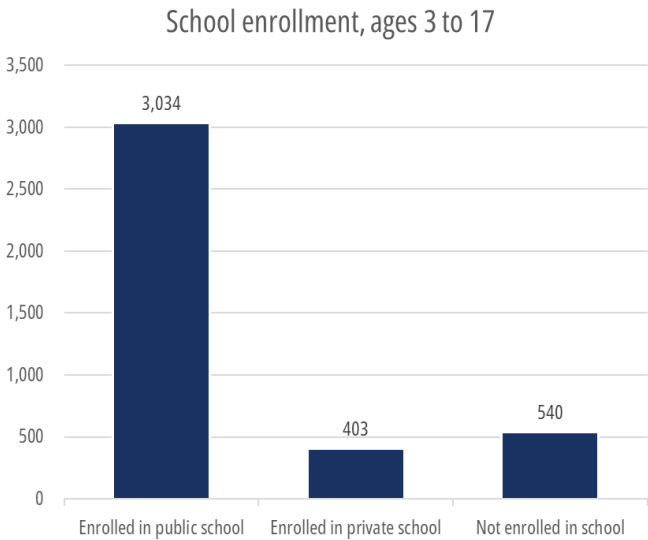
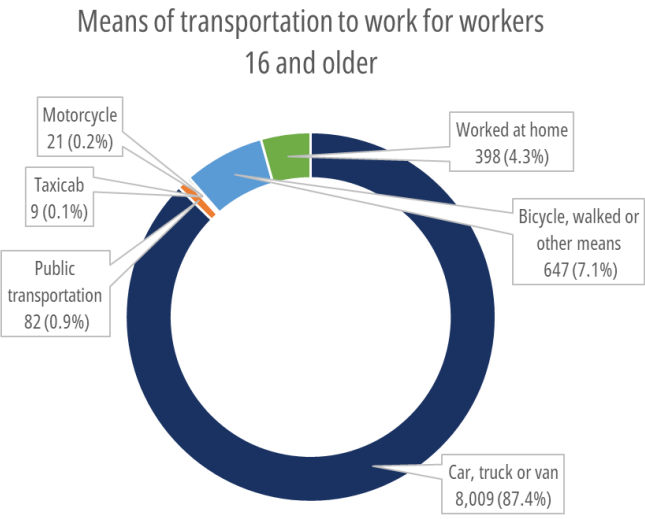
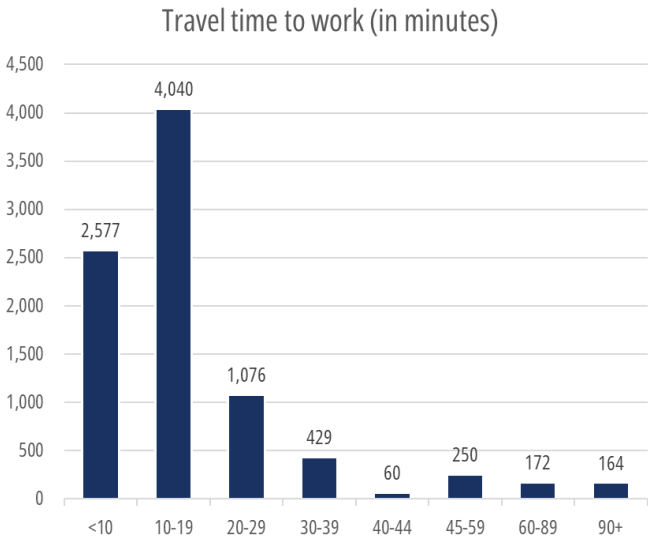
### Household investment income

Interest.....	29% of households (\$1,406 average)
Ordinary dividends .....	15% of households (\$8,381 average)
Qualified dividends.....	14% of households (\$6,689 average)
Capital gains .....	15% of households (\$30,801 average)

# Household retirement income

IRA/pension/annuity distributions.....25% of households (\$32,597 average)

Social Security .....17% of households (\$15,196 average)

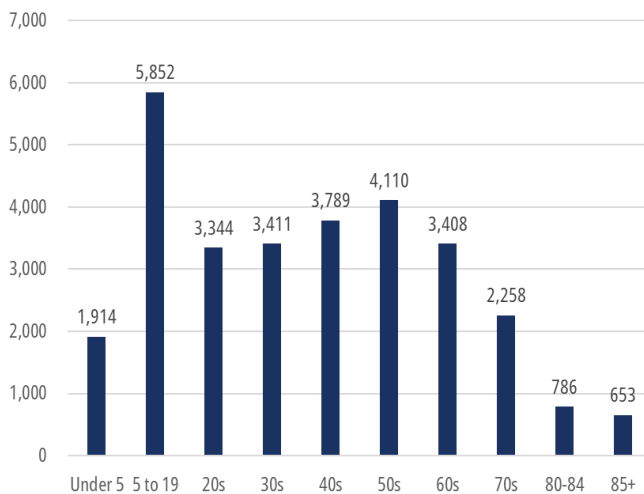


# 📍 Klamath Falls (97603)

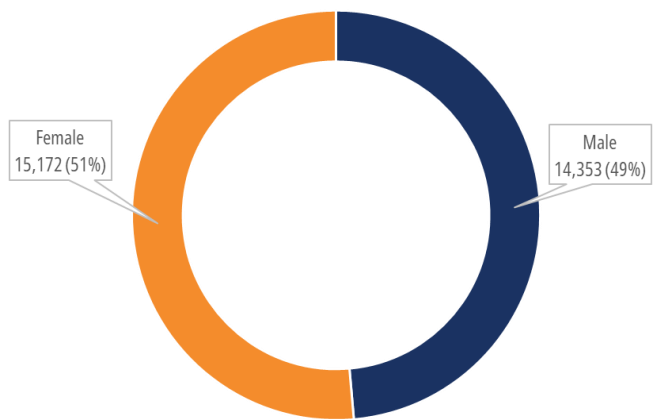
Source: unitedstateszipcodes.org

Zip code .....	97603
Land area .....	310.84 square miles
Water area .....	5.14 square miles
Population .....	29,525
Population as a percentage of Klamath County total .....	45.5%
Population density .....	95 people per square mile
Distance from Swan Lake Road to downtown Klamath Falls .....	21 miles
Housing units .....	12,962
Occupied housing units .....	11,960
Median home value .....	\$156,900
Median household income .....	\$45,456

Population age distribution

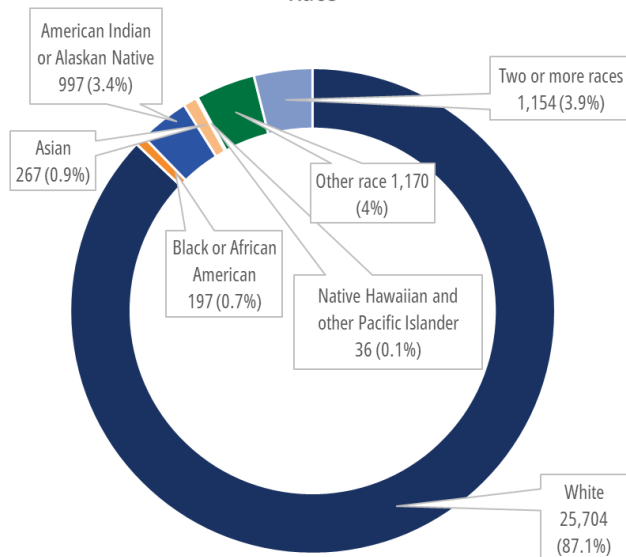


Gender

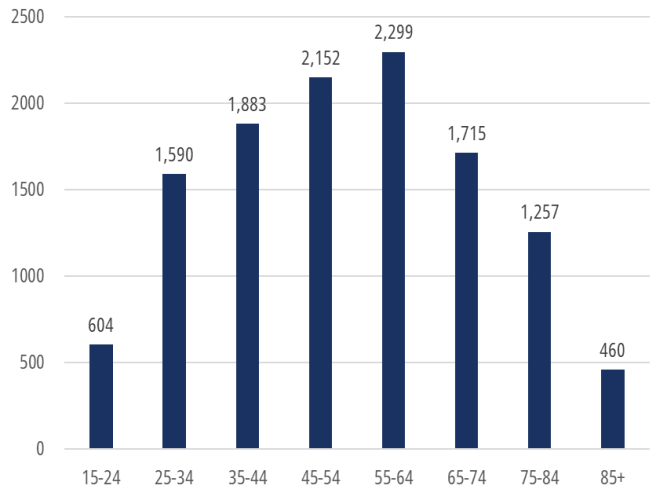


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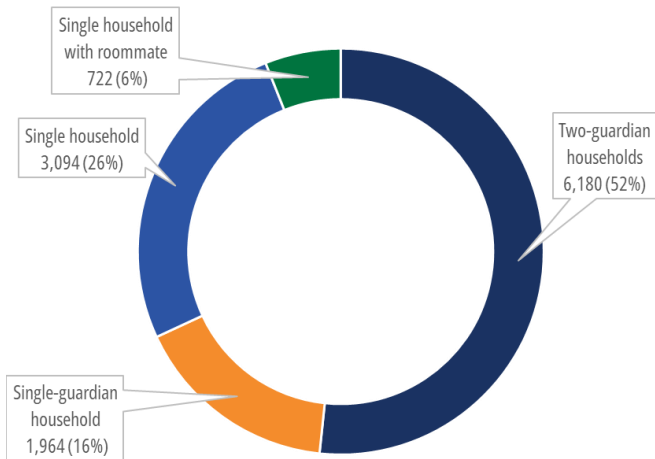
Race



Head of household age distribution

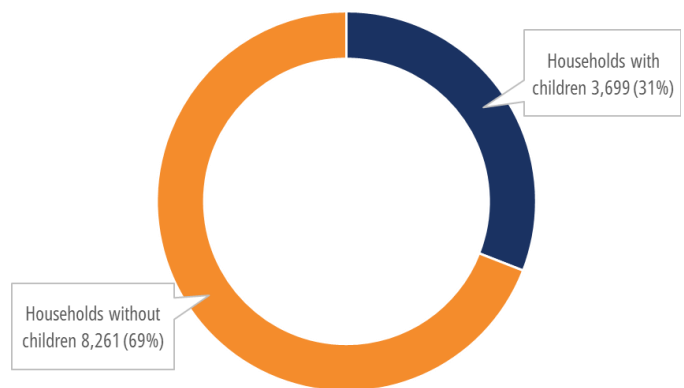


Household make up

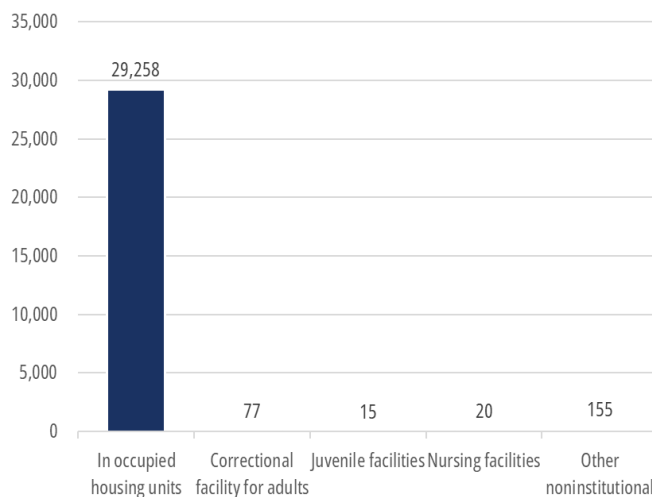


Households with children

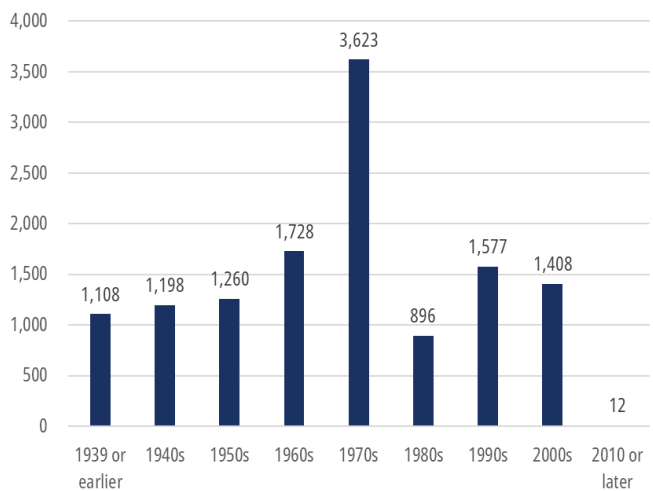
Average household size: 2



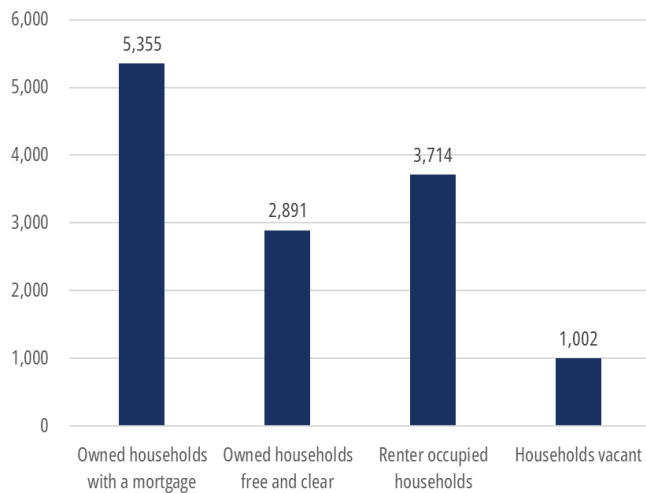
Housing type



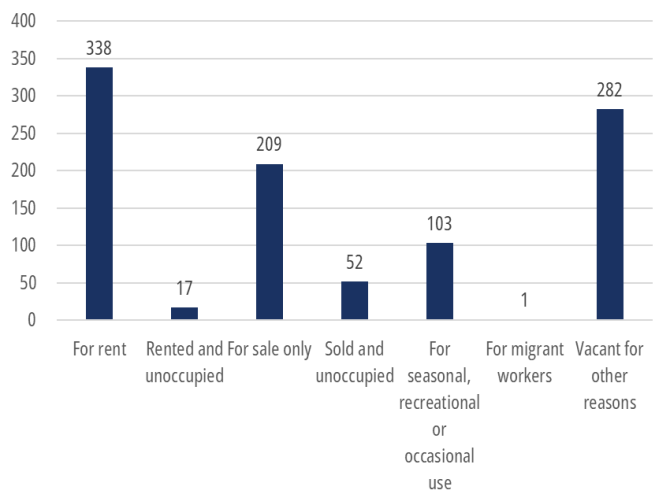
Year occupied housing built



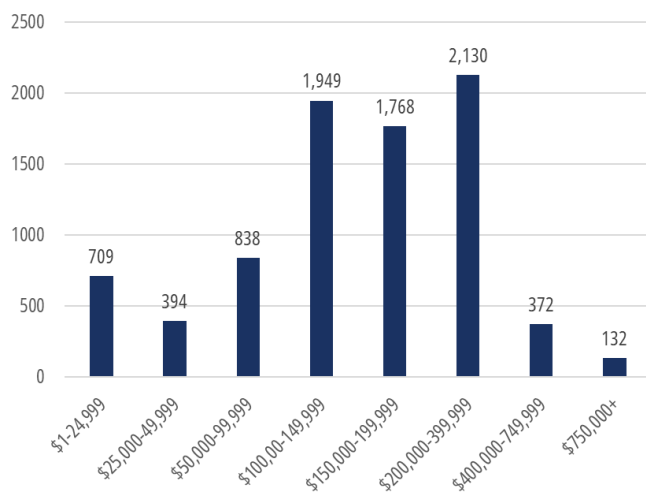
### Housing occupancy



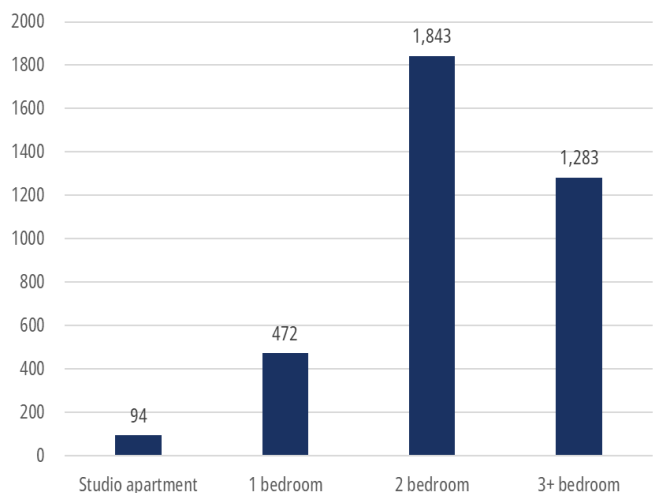
### Vacancy reasons



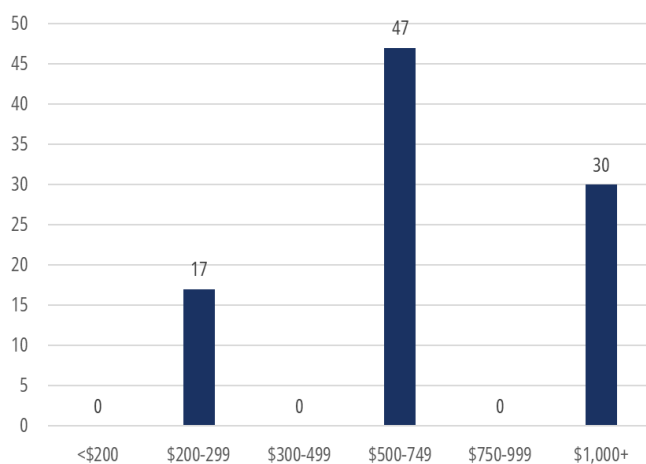
### Owner occupied home values



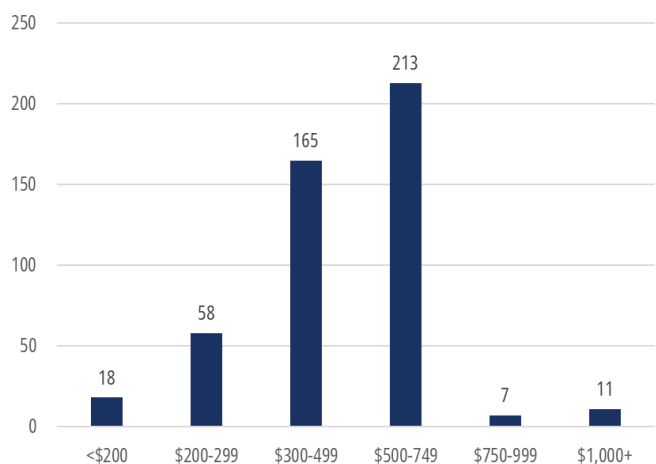
### Rental properties by number of rooms



### Cost of monthly rent including utilities Studio apartment

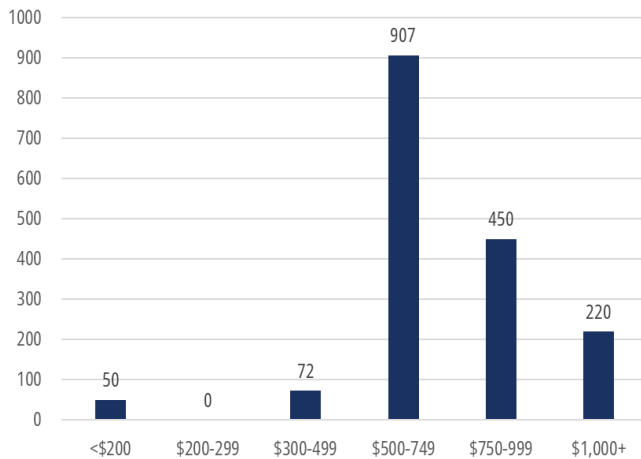


### Cost of monthly rent including utilities 1 bedroom



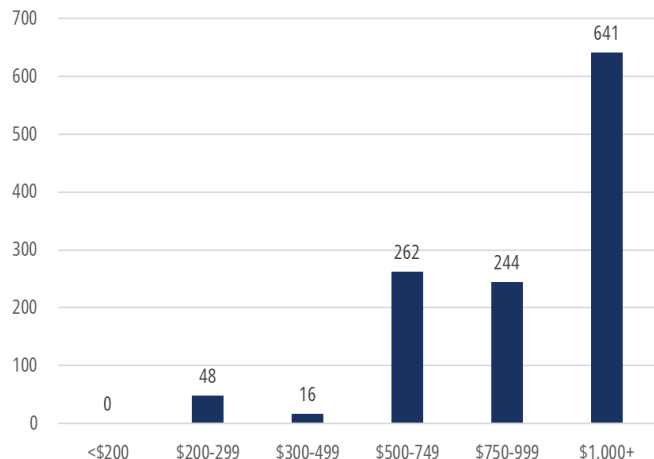
Cost of monthly rent including utilities

2 bedroom

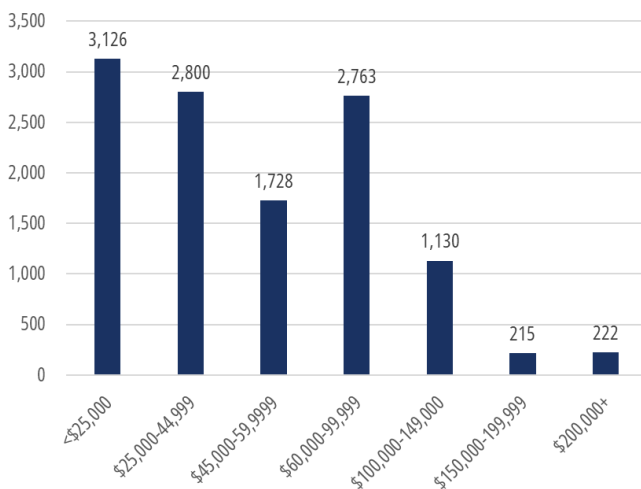


Cost of monthly rent including utilities

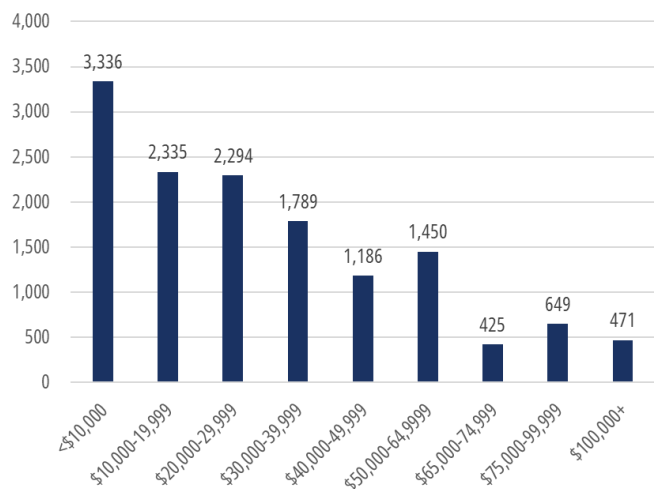
3+ bedroom



Household income



Annual individual earnings



## Sources of household income

Wages .....	81% of households (\$43,884 average)
Business .....	12% of households (\$11,492 average)
Partnership .....	5% of households (\$44,211 average)
Unemployment .....	6% of households (\$4,243 average)

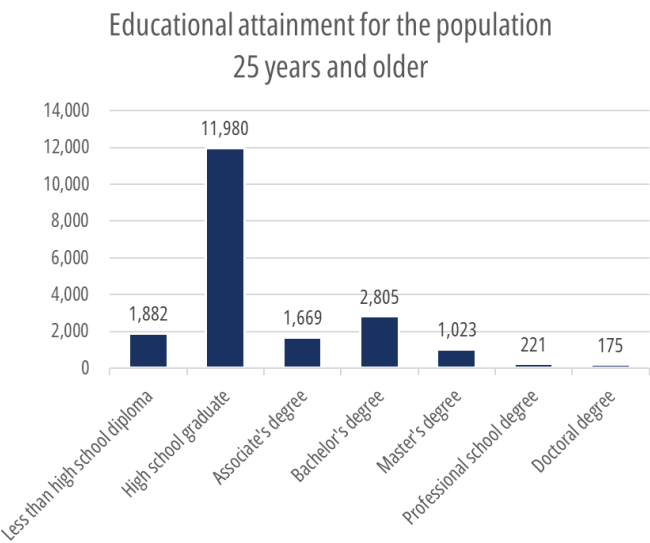
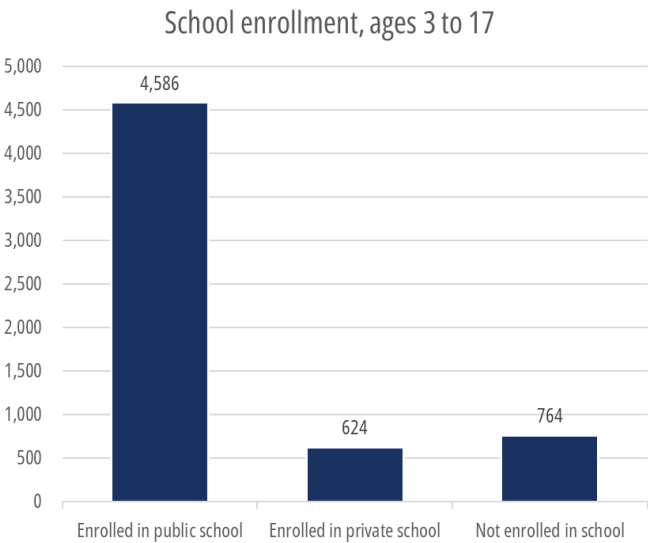
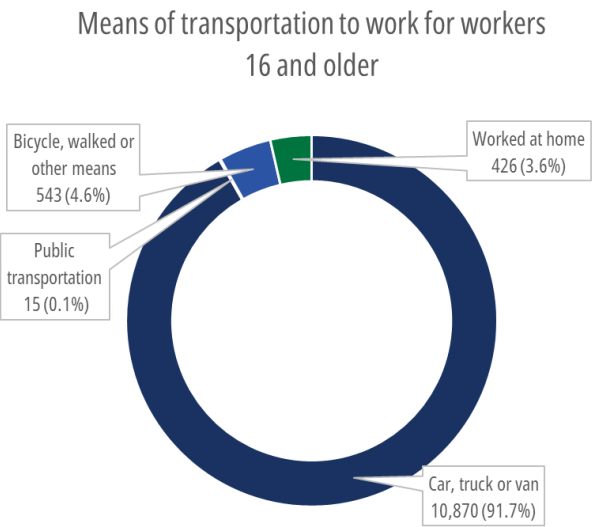
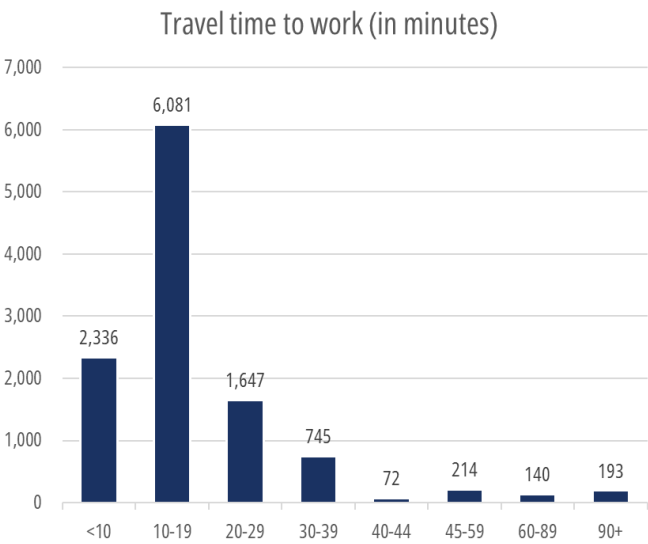
## Household investment income

Interest .....	30% of households (\$1,138 average)
Ordinary dividends .....	13% of households (\$4,943 average)
Qualified dividends .....	12% of households (\$3,418 average)
Capital gains .....	13% of households (\$18,771 average)

Household retirement income

IRA/pension/annuity distributions ..... 26% of households (\$26,979 average)

Social Security ..... 18% of households (\$12,931 average)



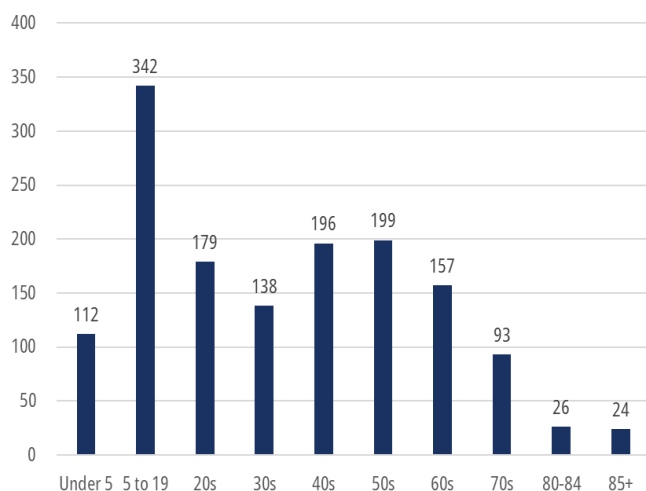


# Malin

Source: unitedstateszipcodes.org

Zip code .....	97632
Land area .....	42.84 square miles
Water area .....	0.03 square miles
Closest clinic.....	Merrill (open half-day; 10 miles)
Population .....	1,466
Population as a percentage of Klamath County total.....	2.3%
Population density .....	34 people per square mile
Distance from Klamath Falls.....	31 miles
Housing units .....	563
Occupied housing units .....	513
Median home value.....	\$193,800
Median household income .....	\$45,750

Population age distribution

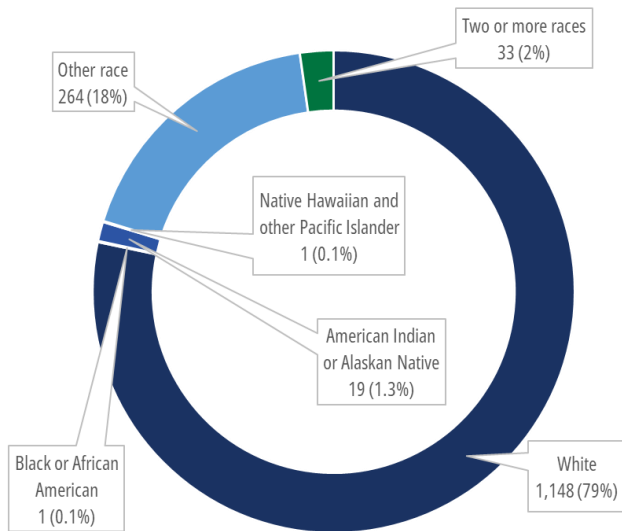


Gender

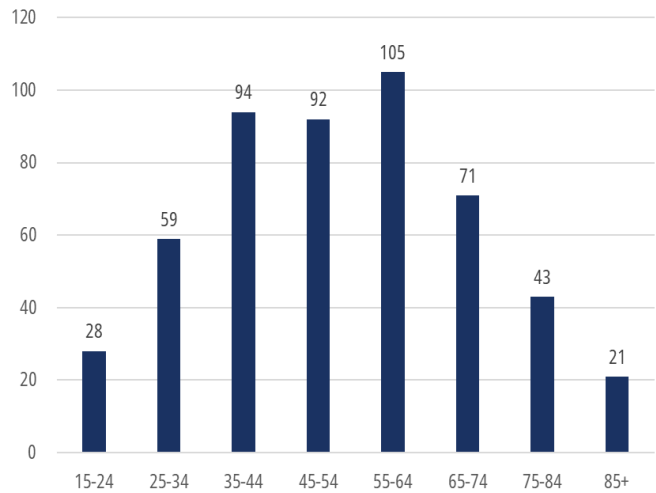


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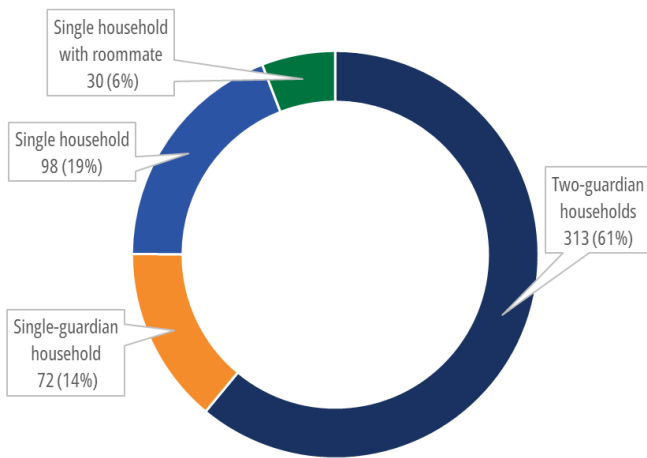
Race



Head of household age distribution

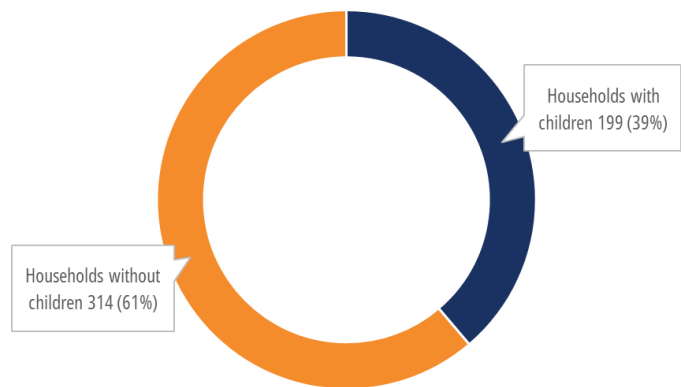


Household make up

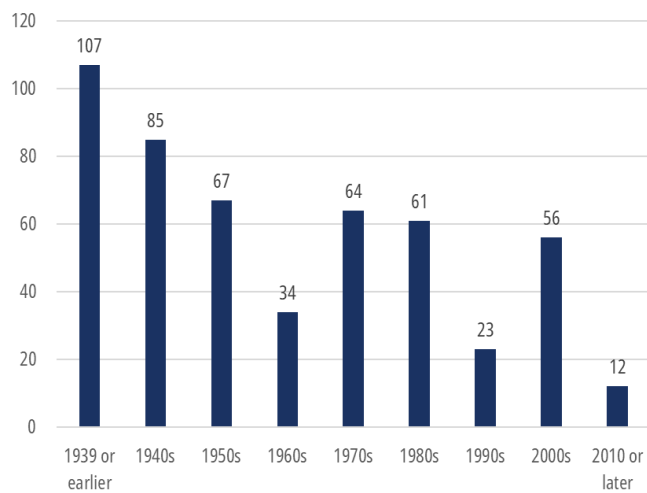


Households with children

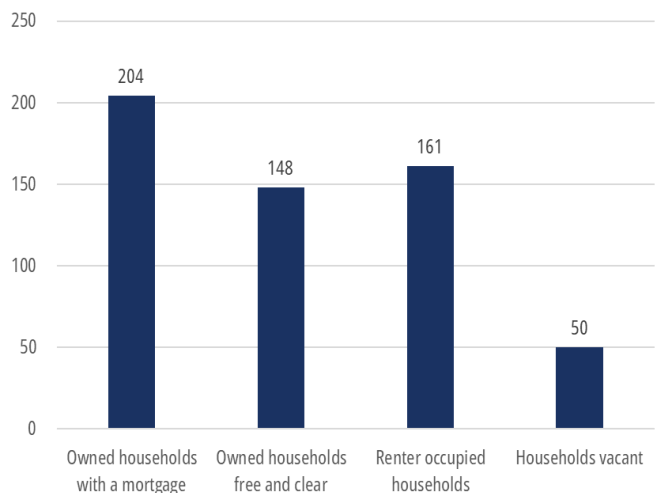
Average household size: 3



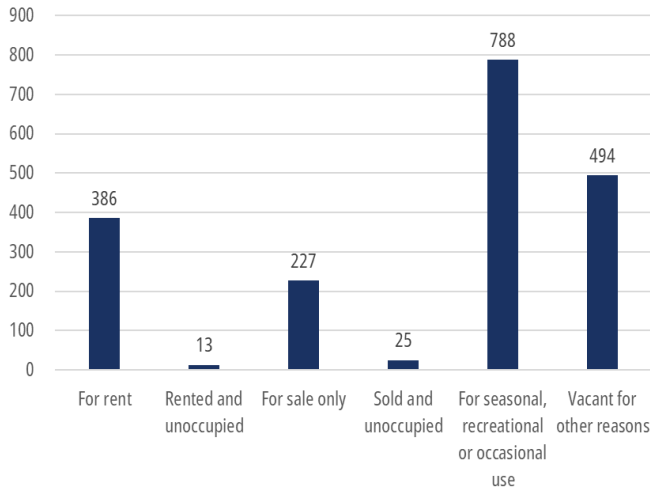
Year occupied housing built



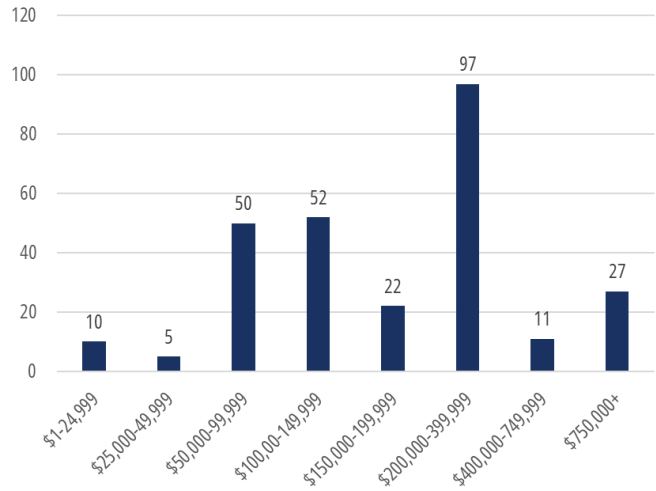
Housing occupancy



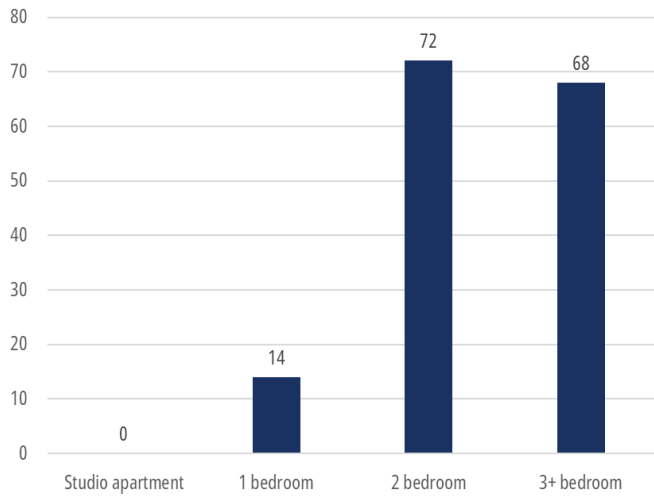
Vacancy reasons



Owner occupied home values

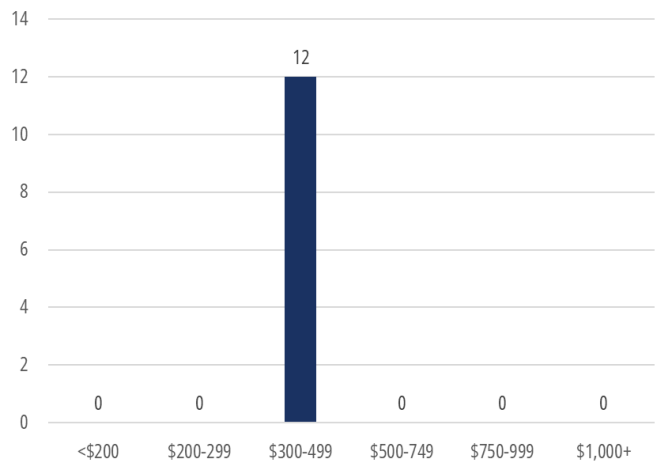


Rental properties by number of rooms



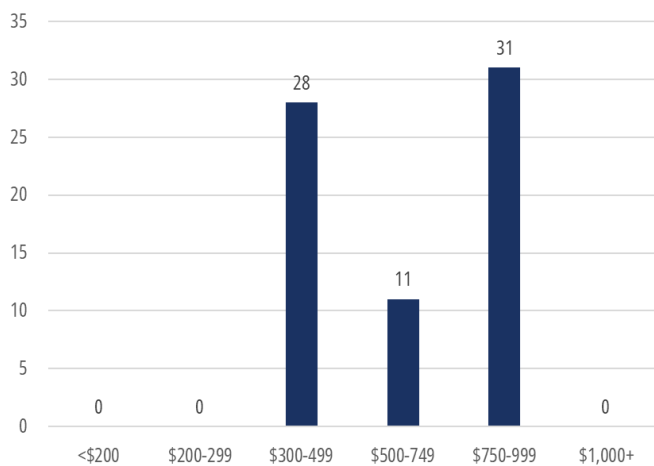
Cost of monthly rent including utilities

1 bedroom



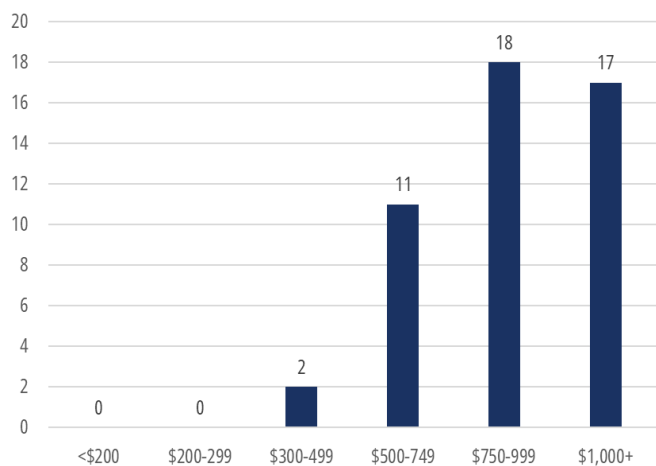
Cost of monthly rent including utilities

2 bedroom

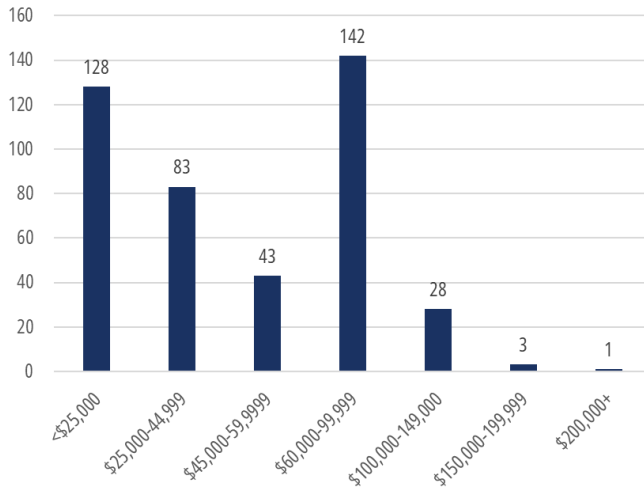


Cost of monthly rent including utilities

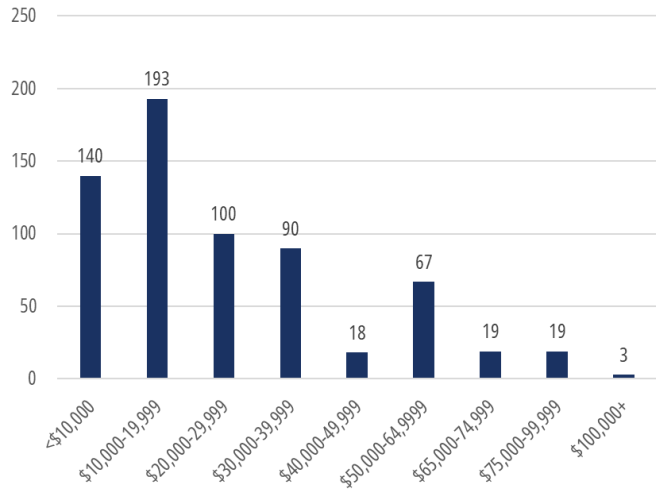
3+ bedroom



Household income



Annual individual earnings



### Sources of household income

Wages .....	85% of households (\$37,267 average)
Business .....	11% of households (\$7,650 average)
Partnership .....	6% of households (\$5,467 average)
Unemployment.....	13% of households (\$4,229 average)

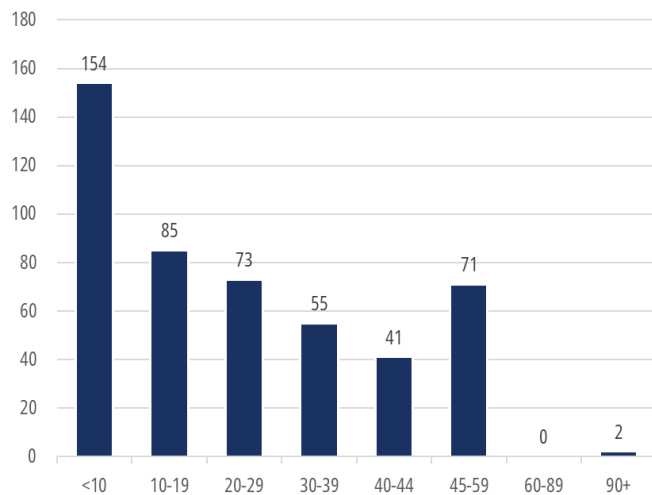
### Household investment income

Interest.....	20% of households (\$527 average)
Ordinary dividends.....	9% of households (\$2,280 average)
Qualified dividends .....	7% of households (\$1,625 average)
Capital gains.....	11% of households (\$4,750 average)

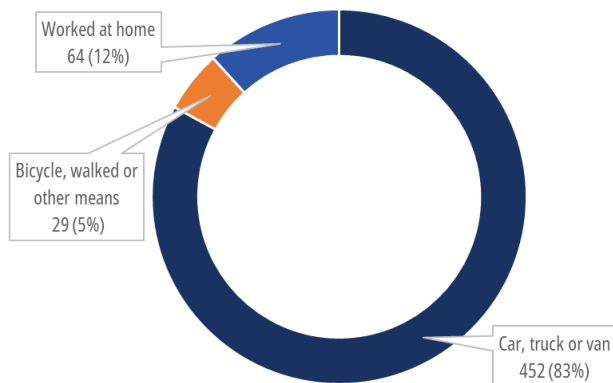
### Household retirement income

IRA/pension/annuity distributions.....	20% of households (\$24,027 average)
Social Security .....	13% of households (\$11,543 average)

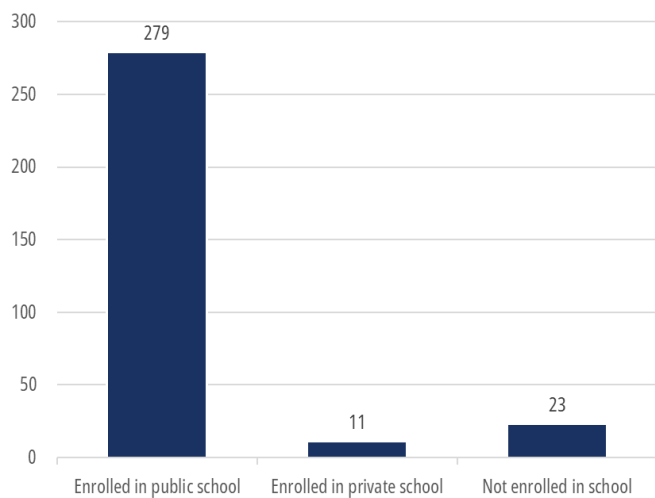
Travel time to work (in minutes)



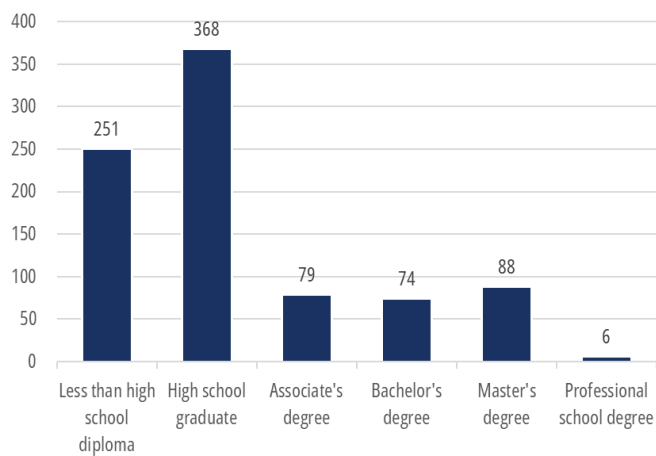
Means of transportation to work for workers 16 and older



School enrollment, ages 3 to 17



Educational attainment for the population 25 years and older

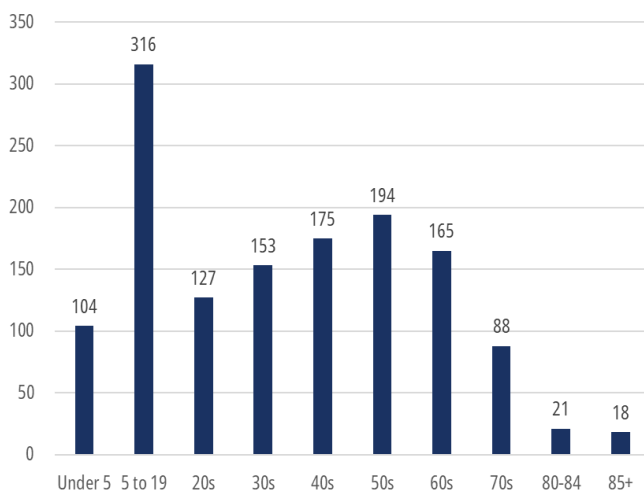


# Merrill

Source: unitedstateszipcodes.org

Zip code .....	97633
Land area .....	29.67 square miles
Water area .....	0.30 square miles
Closest clinic.....	Merrill (open half-day)
Population .....	1,361
Population as a percentage of Klamath County total .....	2.1%
Population density .....	46 people per square mile
Distance from Klamath Falls.....	21 miles
Housing units .....	572
Occupied housing units .....	504
Median home value .....	\$154,900
Median household income .....	\$40,742

Population age distribution

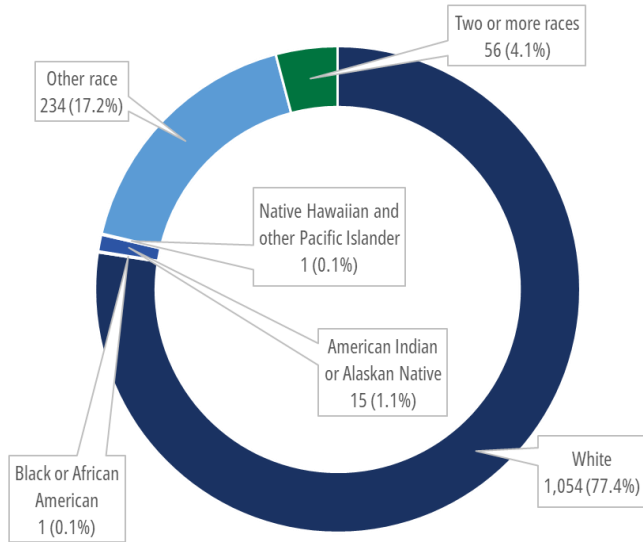


Gender

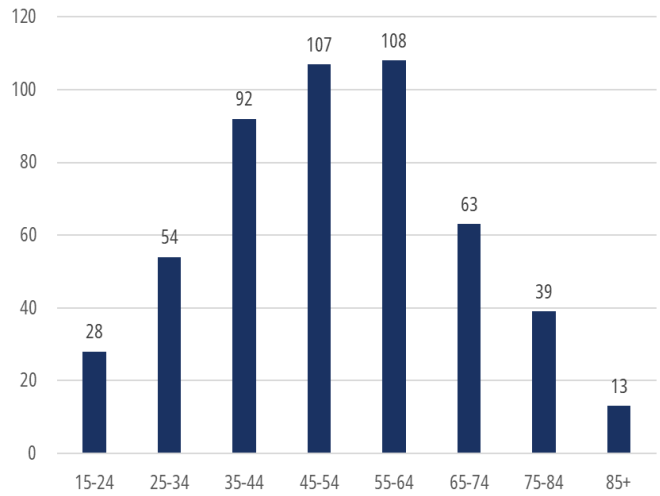


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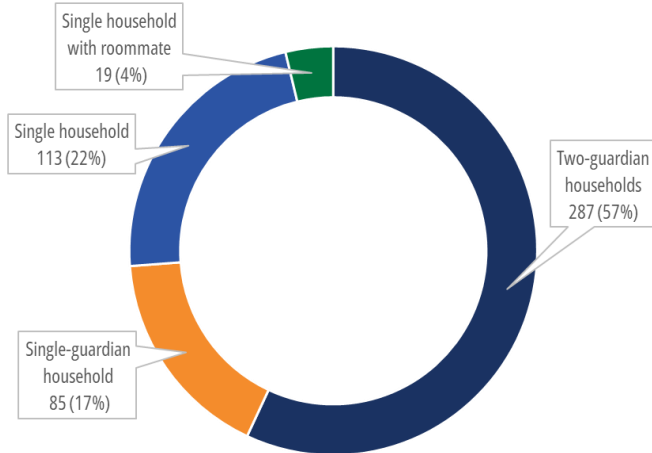
Race



Head of household age distribution

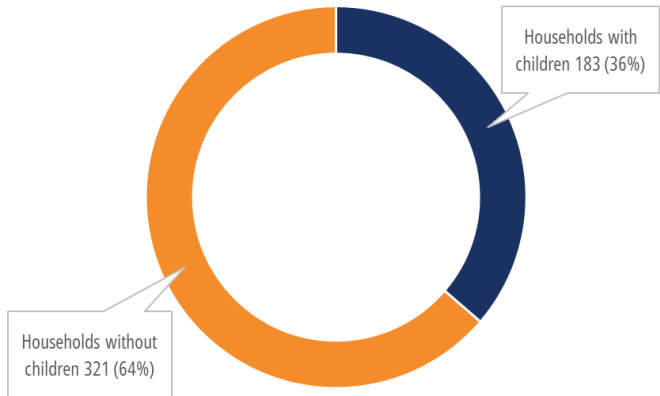


Household make up

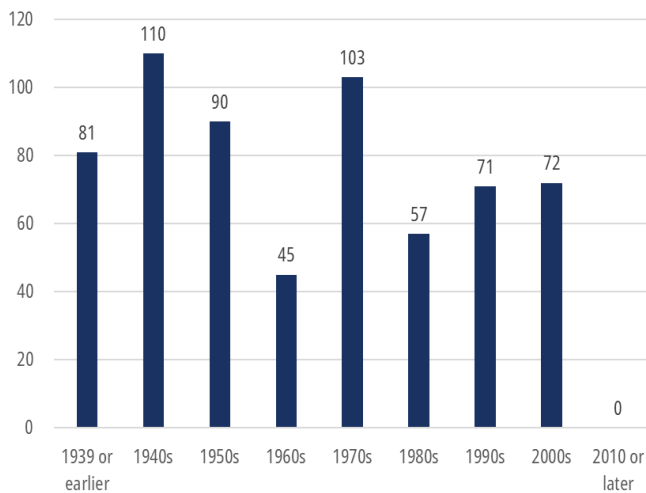


Households with children

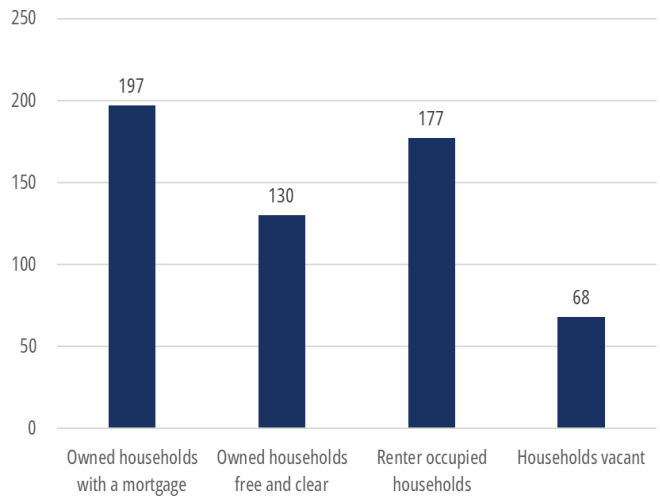
Average household size: 3



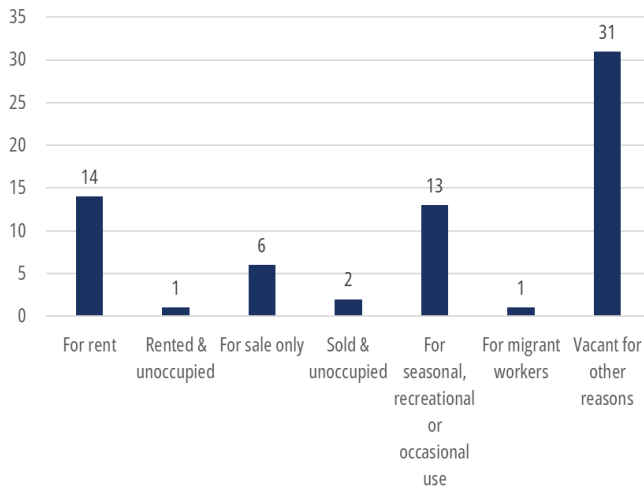
Year occupied housing built



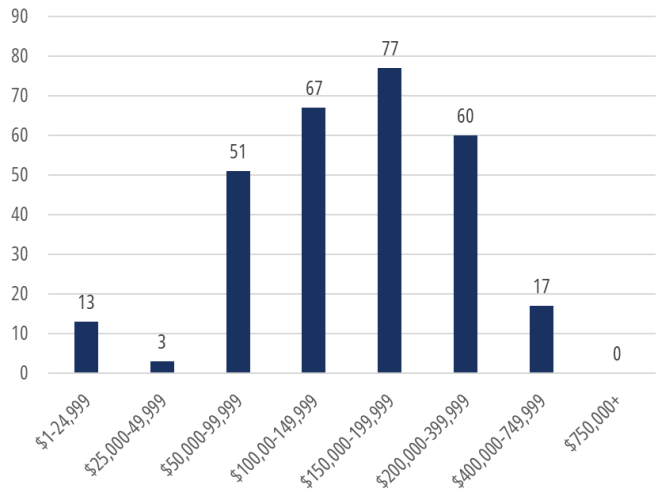
Housing occupancy



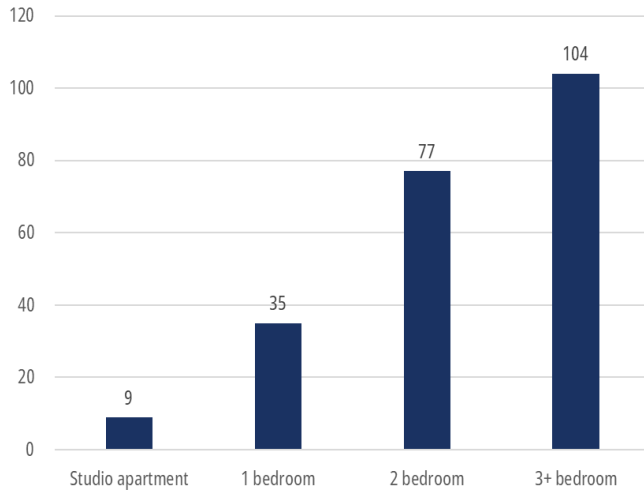
Vacancy reasons



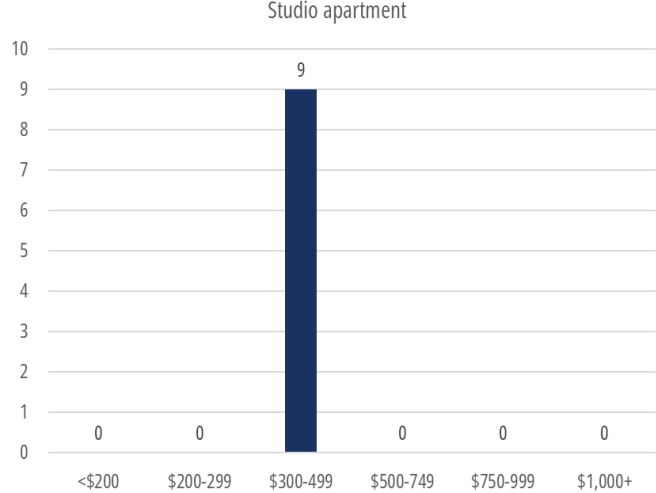
Owner occupied home values



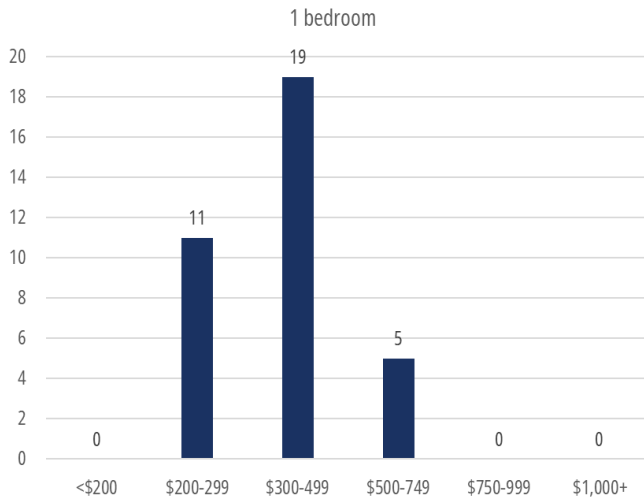
Rental properties by number of rooms



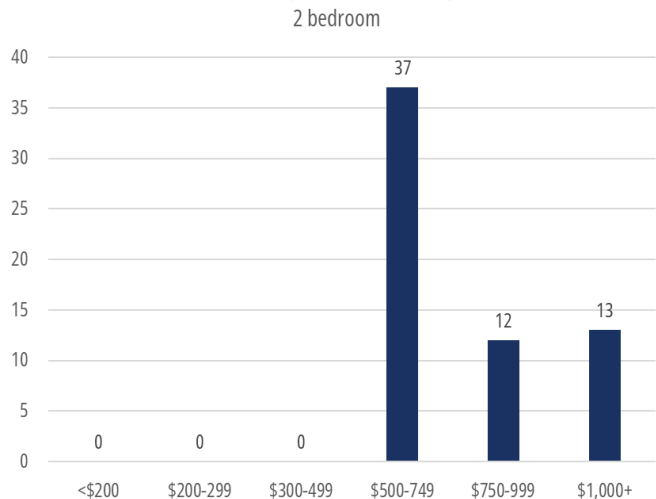
Cost of monthly rent including utilities



Cost of monthly rent including utilities



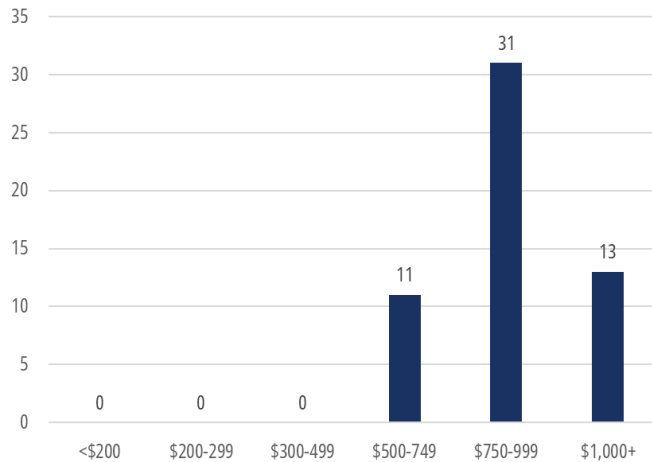
Cost of monthly rent including utilities



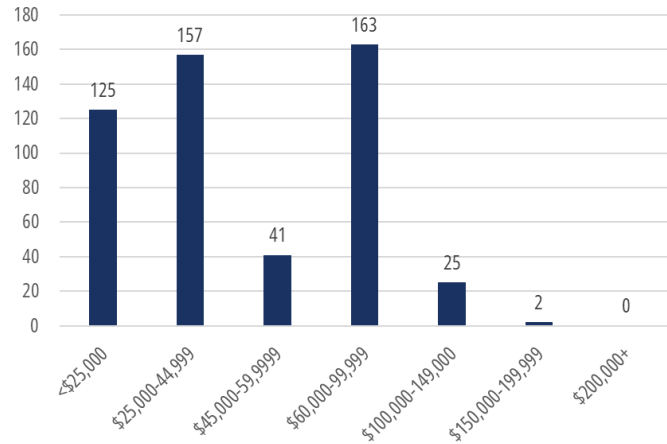


## Cost of monthly rent including utilities

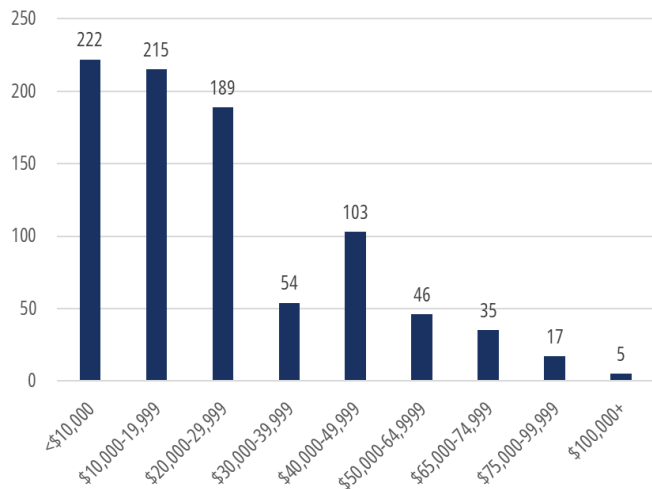
3+ bedroom



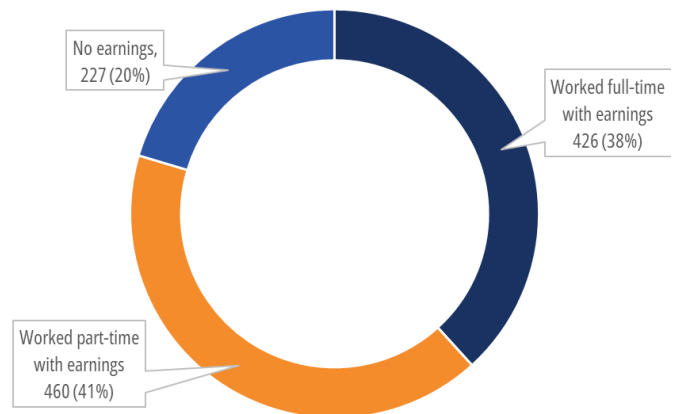
## Household income



## Annual individual earnings



## Employment status



## Sources of household income

Wages .....	81% of households (\$41,402 average)
Business .....	13% of households (\$13,656 average)
Partnership .....	9% of households (\$62,783 average)
Unemployment .....	13% of households (\$4,678 average)

## Household investment income

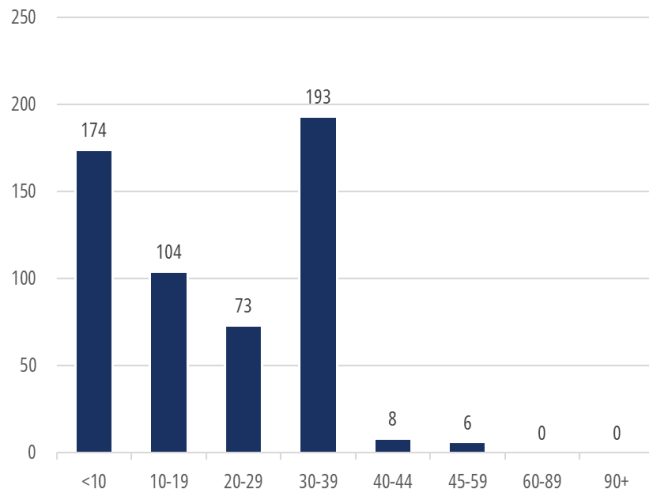
Interest .....	29% of households (\$2,005 average)
Ordinary dividends .....	12% of households (\$2,913 average)
Qualified dividends .....	10% of households (\$1,743 average)
Capital gains .....	12% of households (\$16,225 average)

## Household retirement income

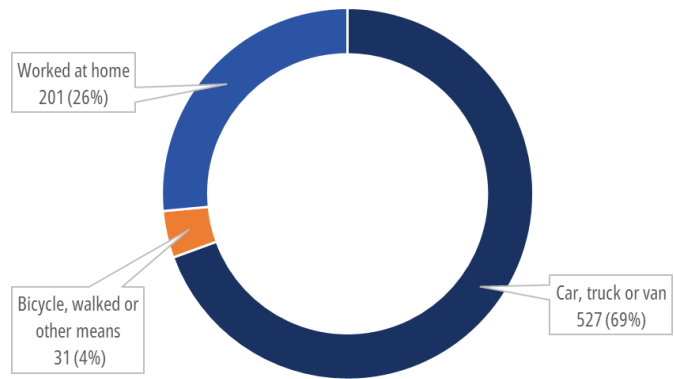
IRA/pension/annuity distributions ..... 19% of households (\$22,808 average)

Social Security ..... 15% of households (\$12,440 average)

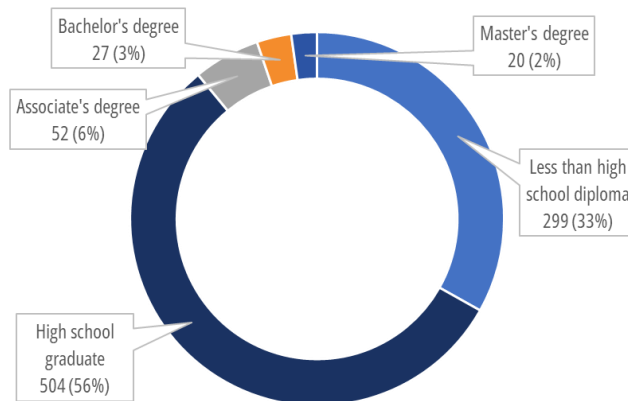
Travel time to work (in minutes)



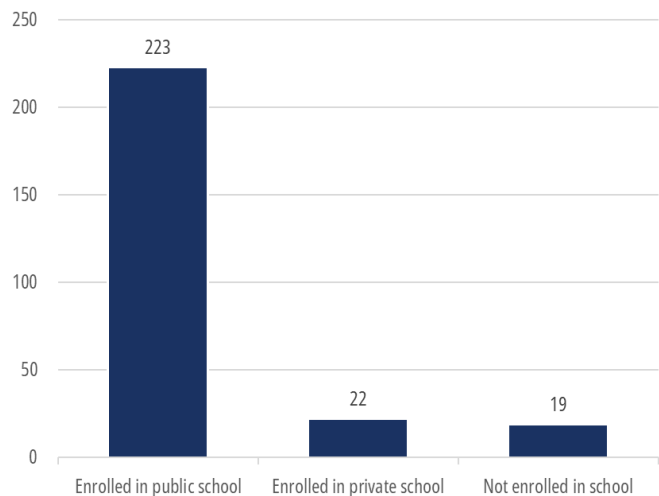
Means of transportation to work for workers 16 and older



Educational attainment for the population 25 years and older



School enrollment, ages 3 to 17



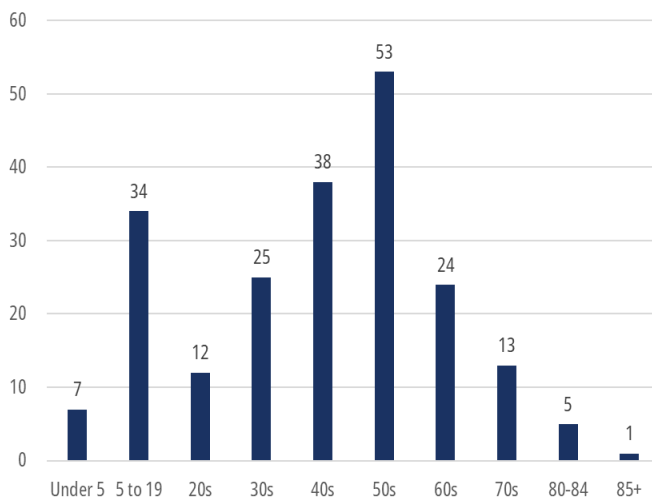
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# Midland

Source: unitedstateszipcodes.org

Zip code .....	97634
Land area .....	0.58 square miles
Water area .....	0.00 square miles
Closest clinic.....	Klamath Falls (8 miles)
Population .....	212
Population as a percentage of Klamath County total .....	0.3%
Population density .....	369 people per square mile
Distance from Klamath Falls.....	8 miles
Housing units .....	90
Occupied housing units .....	86
Median home value .....	\$160,400
Median household income .....	\$67,344

Population age distribution

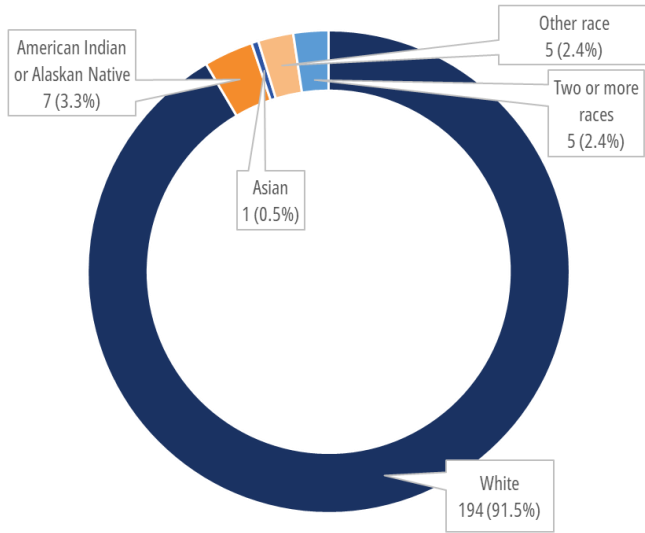


Gender

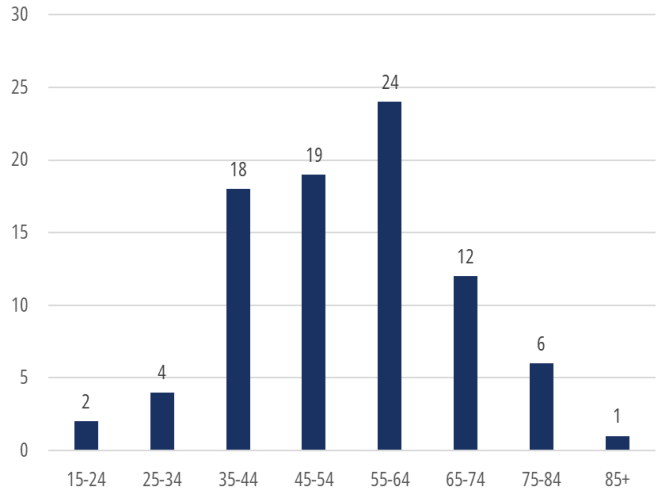


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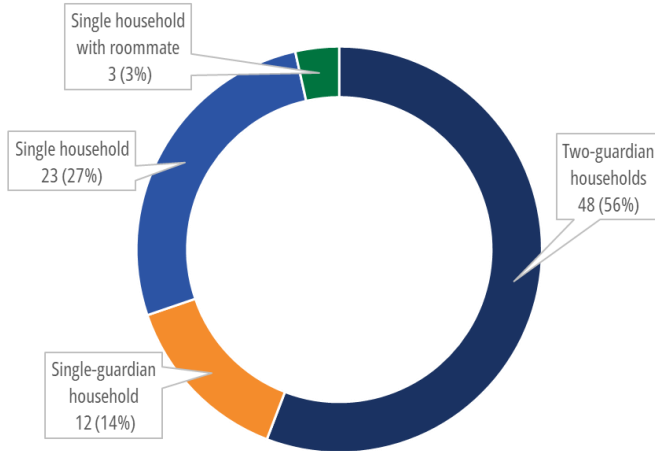
Race



Head of household age distribution

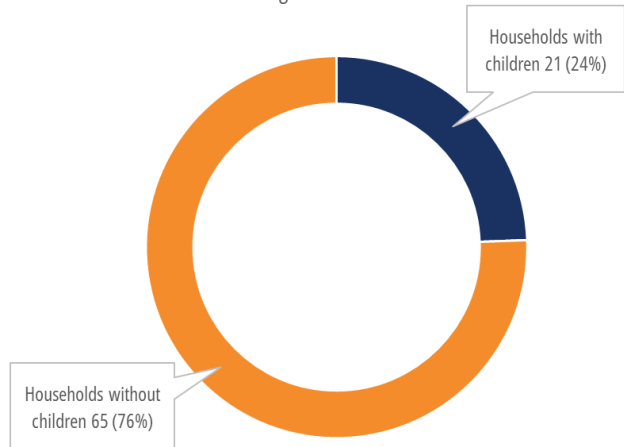


Household make up

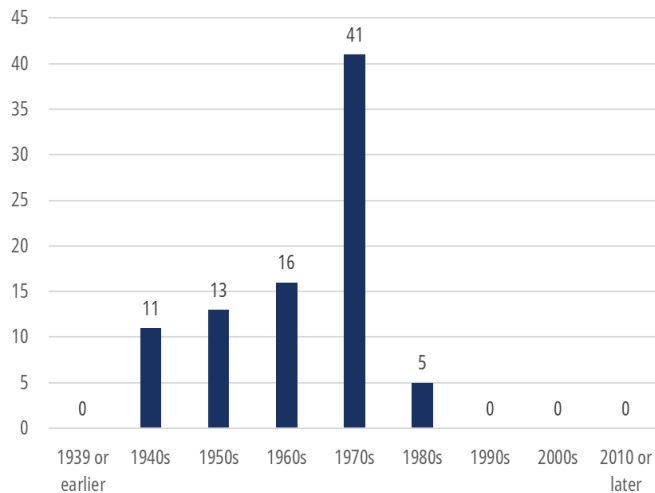


Households with children

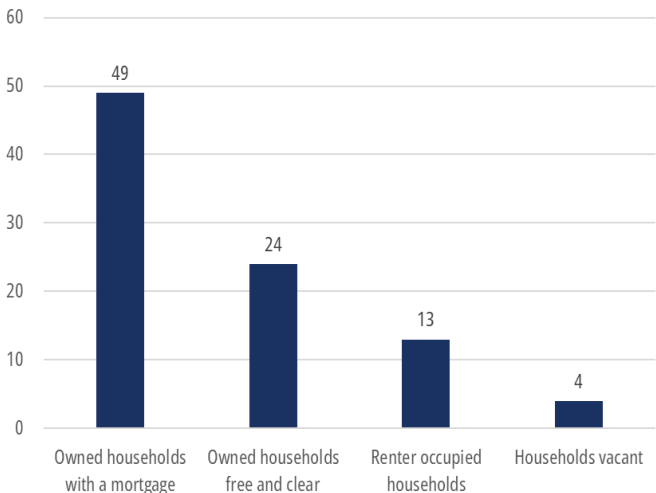
Average household size: 2



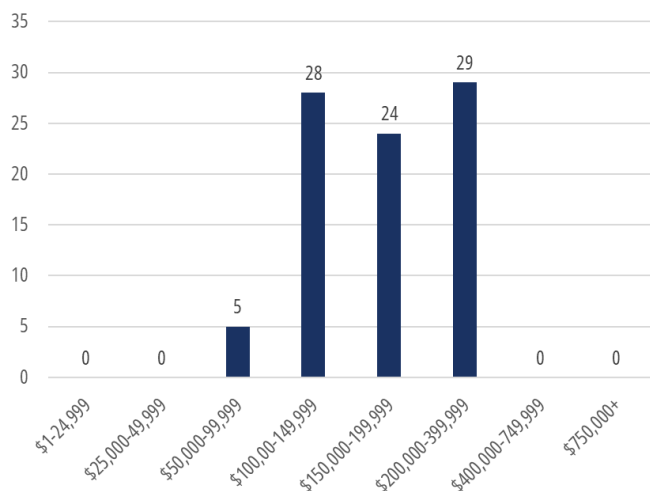
Year occupied housing built



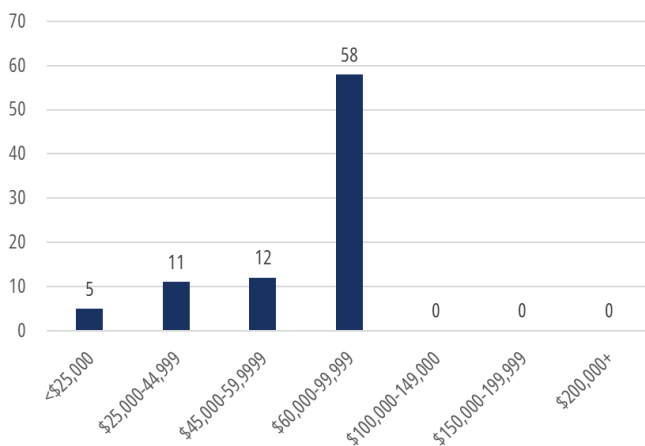
Housing occupancy



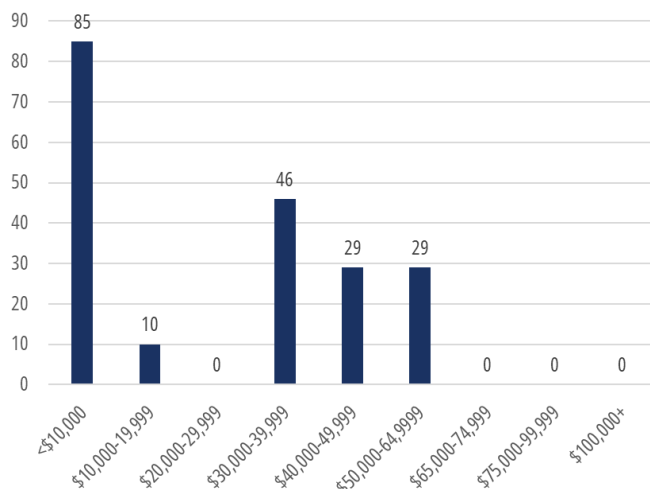
Owner occupied home values



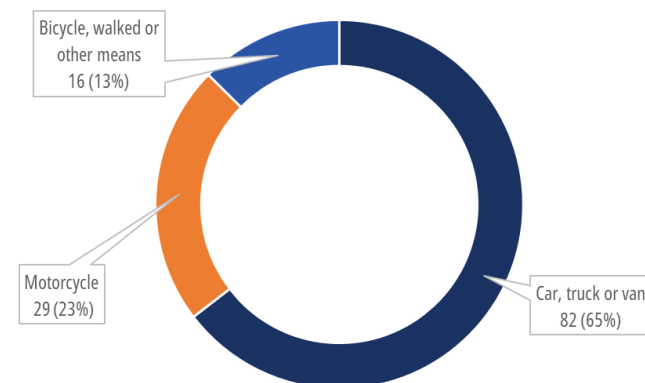
Household income



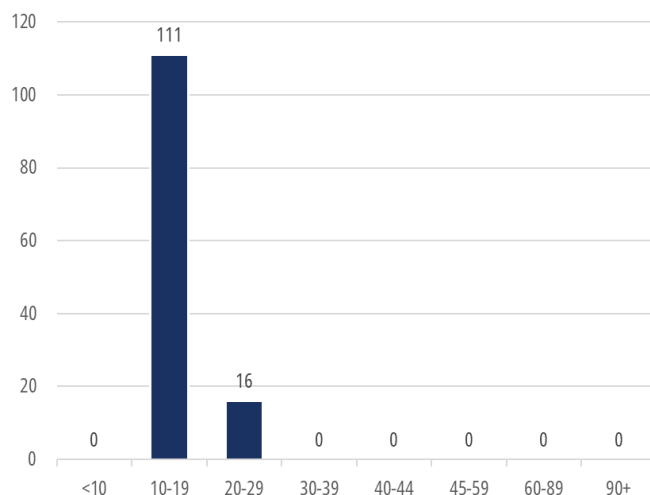
Annual individual earnings



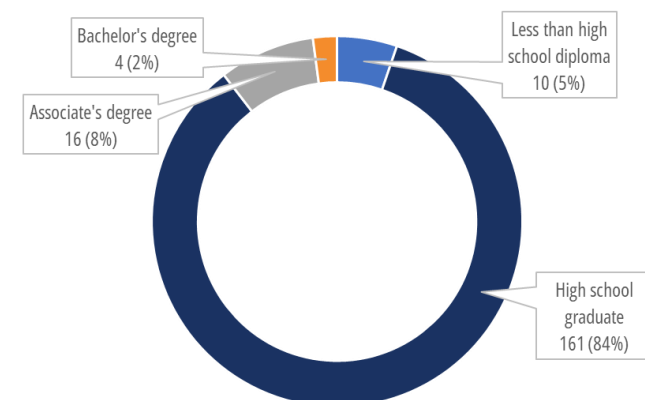
Means of transportation to work for workers 16 and older



Travel time to work (in minutes)



Educational attainment for the population 25 years and older

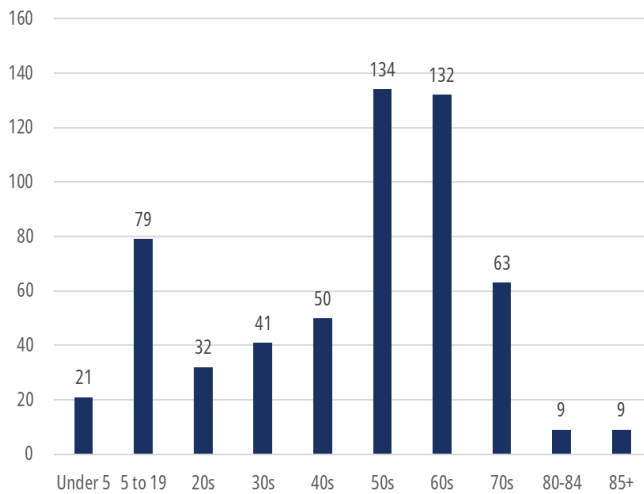


# 📍 Sprague River

Source: unitedstateszipcodes.org

Zip code .....	97639
Land area .....	82.01 square miles
Water area .....	0.44 square miles
Closest clinic .....	Chiloquin (24 miles), Bonanza (open half-day, 24 miles)
Population .....	570
Population as a percentage of Klamath County total .....	0.9%
Population density .....	7 people per square mile
Distance from Klamath Falls .....	45 miles
Housing units .....	349
Occupied housing units .....	266
Median home value .....	\$124,300
Median household income .....	\$23,375

Population age distribution

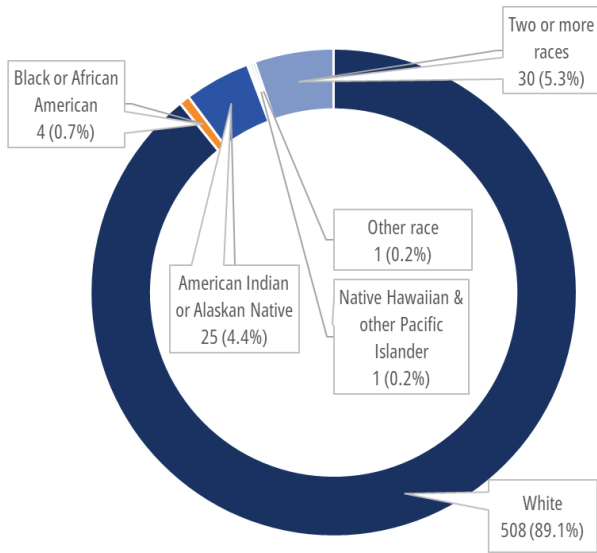


Gender

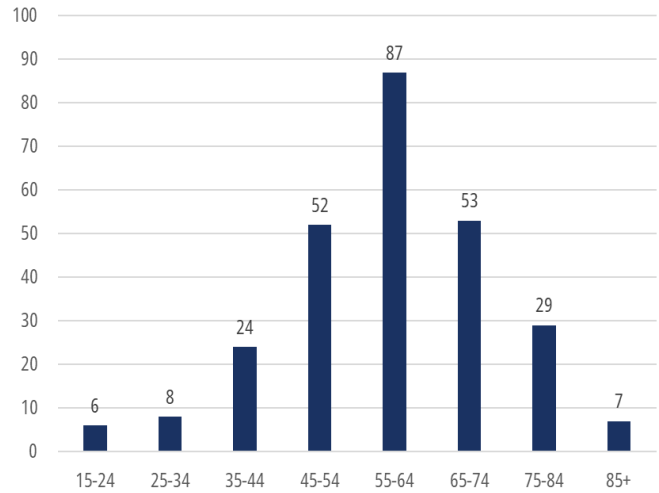


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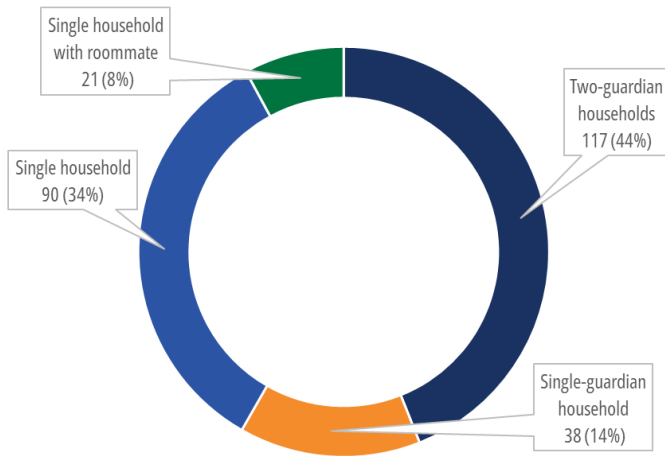
Race



Head of household age distribution

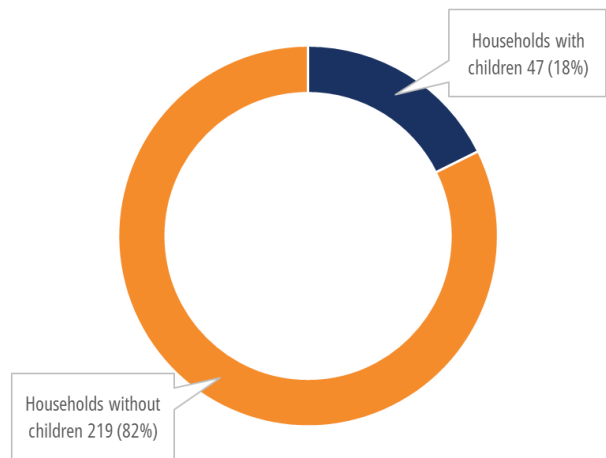


Household make up

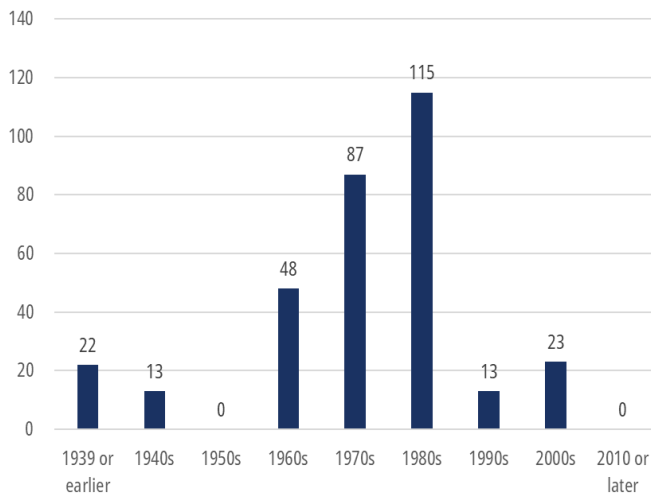


Households with children

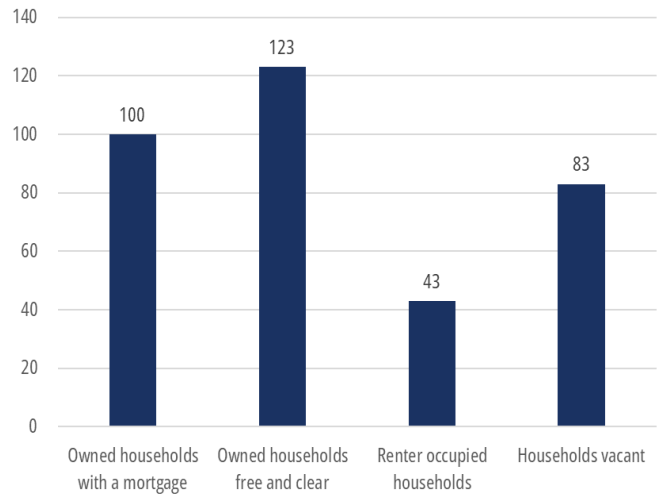
Average household size: 2



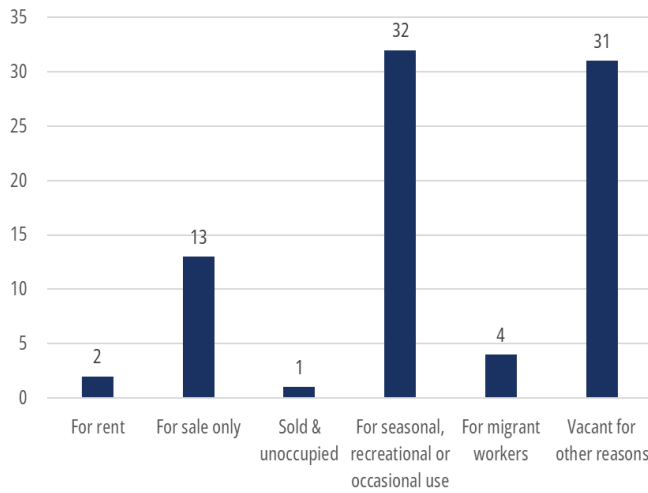
Year occupied housing built



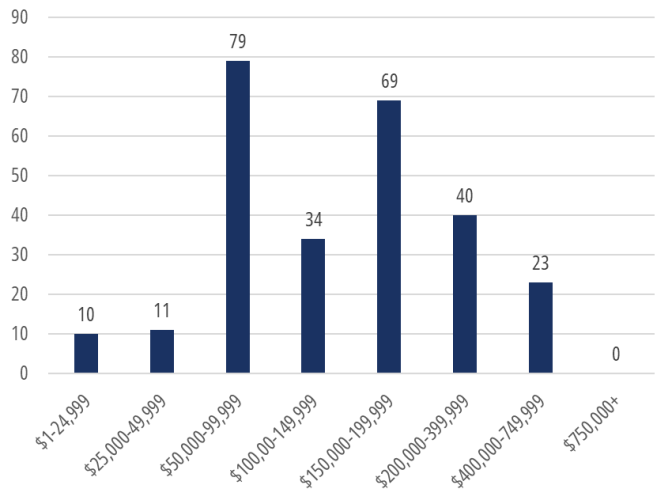
Housing occupancy



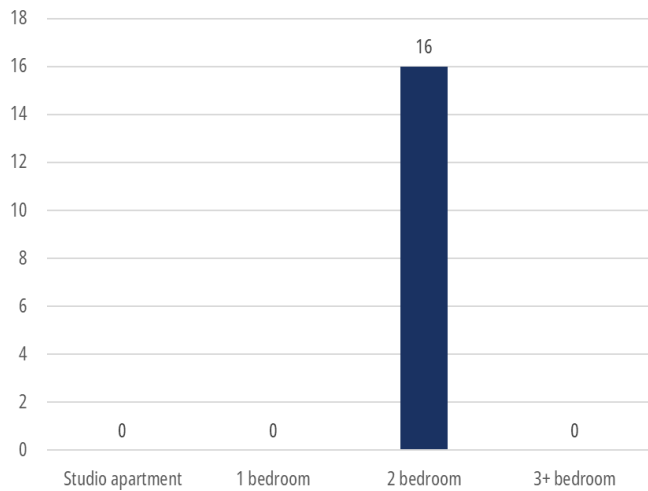
Vacancy reasons



Owner occupied home values

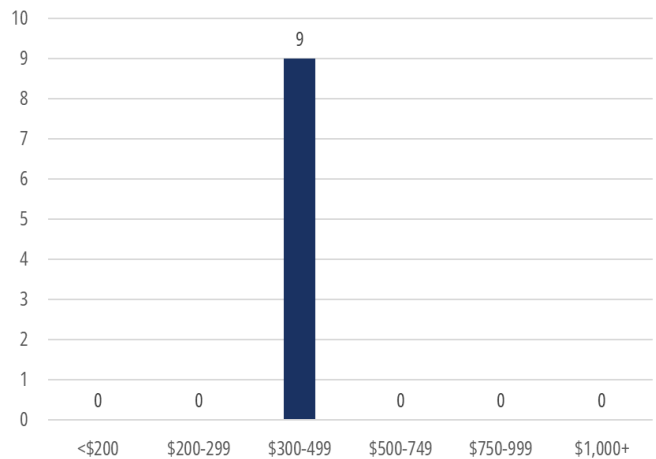


Rental properties by number of rooms

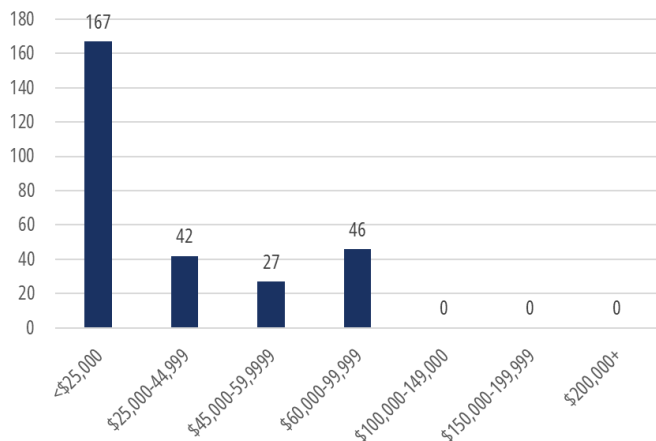


Cost of monthly rent including utilities

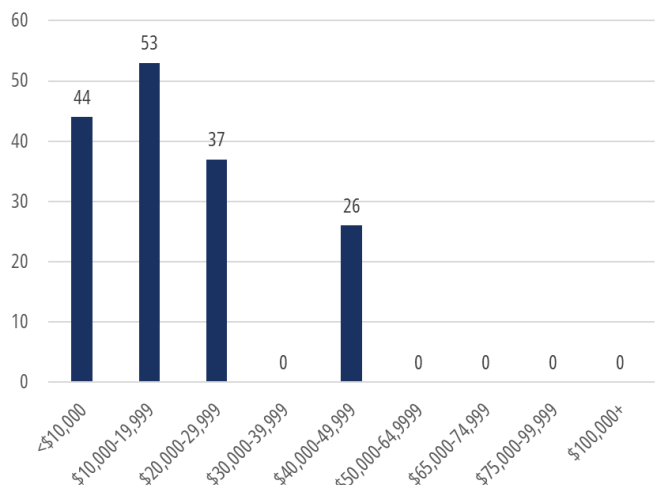
2 bedroom



Household income



Annual individual earnings





### Sources of household income

Wages.....	60% of households (\$27,883 average)
Business .....	13% of households (\$6,150 average)

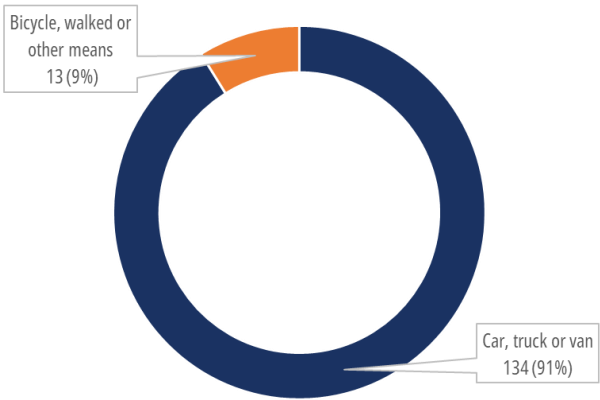
### Household investment income

Interest.....	33% of households (\$600 average)
---------------	-----------------------------------

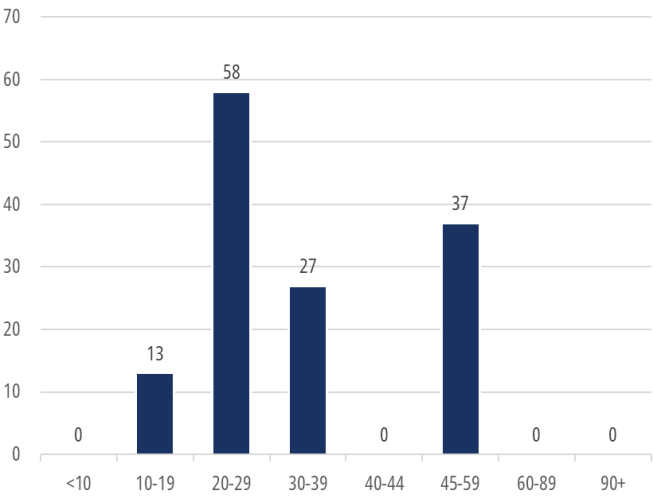
### Household retirement income

IRA/pension/annuity distributions.....	33% of households (\$35,500 average)
Social Security .....	27% of households (\$12,850 average)

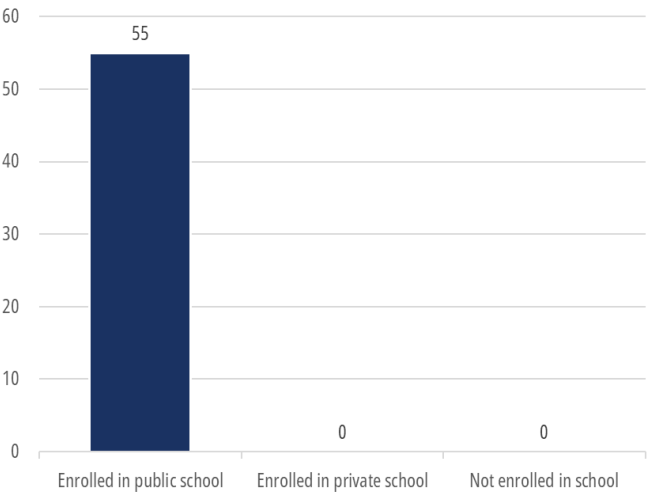
Means of transportation to work for workers  
16 and older



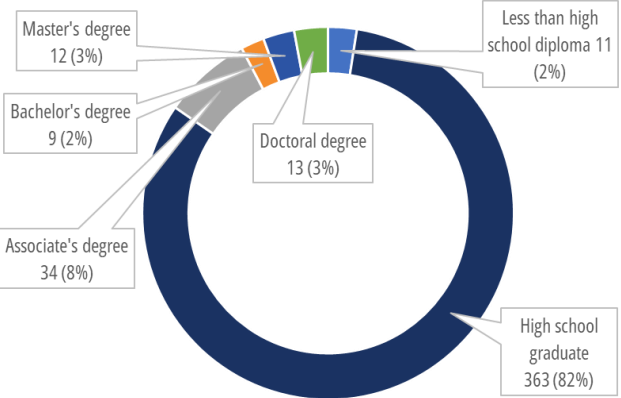
Travel time to work (in minutes)



School enrollment, ages 3 to 17



Educational attainment for the population  
25 years and older



# Regional connection

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<http://springtimeofnations.blogspot.com/2013/09/modoc-county-joins-siskiyou-in-seeking.html>

The southern border of Klamath County is the Oregon-California state line. Many people from Siskiyou and Modoc counties in California are employed in Klamath County. Sky Lakes Medical Center is the primary hospital system serving Klamath, Lake, Modoc and Siskiyou counties. In 1941, the Oregon and California counties shown above promoted the thought of seceding from the two states and creating its own: the State of Jefferson. Klamath County and its populace tend to associate themselves with these counties rather than the rest of Oregon.

Healthy Klamath is the collaborative local organization driving work on health issues. The overall membership serves as the steering committee for the Community Health Assessment and Community Health Improvement Plan.

The core group tasked with creating these documents expanded by one agency in this fourth cycle of document creation. Klamath Tribal Health & Family Services joined Cascade Health Alliance, Klamath County Public Health, Klamath Health Partnership, and Sky Lakes Medical Center in guiding the process.

Just like the three previous editions of the Klamath County Community Health Assessment, the National Association of County & City Health Officials (NACCHO) organizational format Mobilizing for Action through Planning and Partnerships (MAPP) was used to complete the necessary work.

There are six phases in the MAPP process, which will eventually lead to the 2022 Klamath County Community Health Improvement Plan. Organization is the very first phase, which was followed by visioning. The vision for local health can be found on page 2 of this document.

The third phase of MAPP consist of four assessments that reflect what is going on within the county. MAPP allows for an ongoing cycle of assessment, evaluation and action.

## Community Health Status Assessment

Identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

## Community Strengths and Themes Assessment

Provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

# Local Public Health System Assessment

Focuses on all of the organizations and entities that contribute to the public's health. It answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" On the next page a graphic is provided for the 10 Essential Public Health Services. Prior to the fall of 2020, the core of the graphic was "research", now it is "equity". This reflects the growing trend of meeting people where they are on their health journey and helping them get to where they would like to be.

## Forces of Change Assessment

Focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

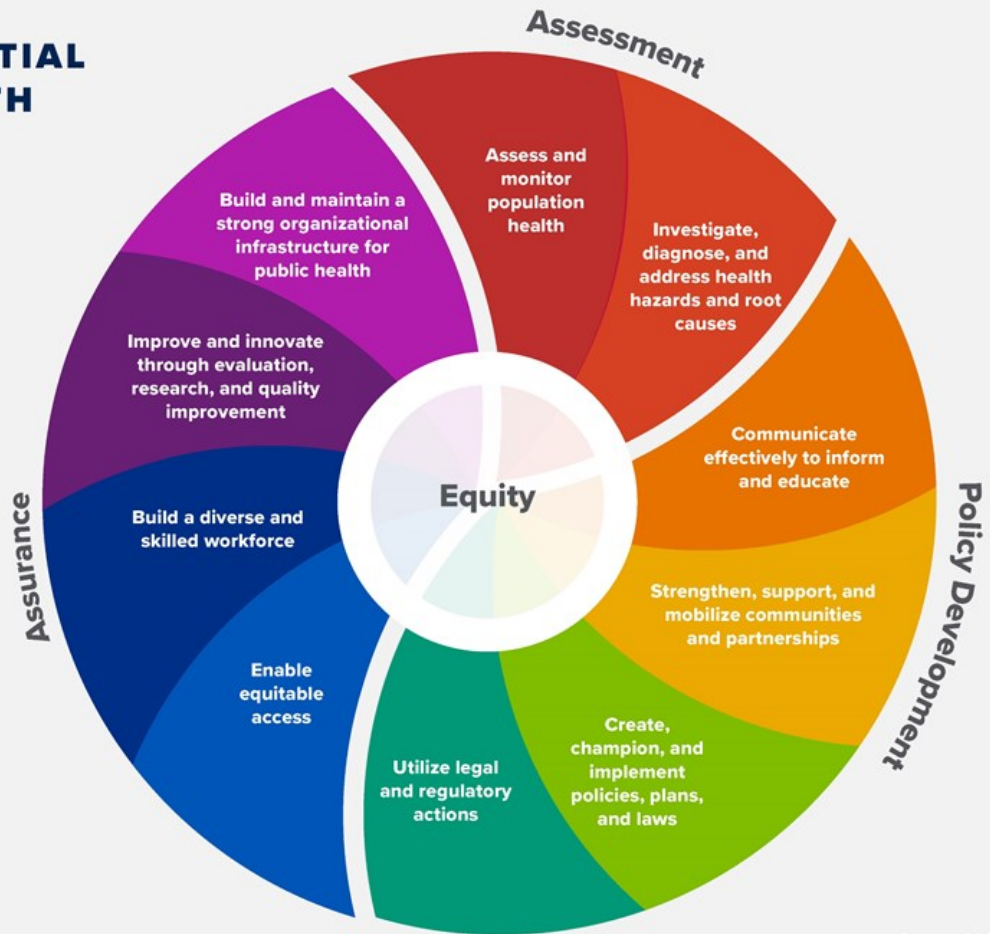
These assessments do not stand alone in providing insight into the community. There are annual County Rankings & Roadmaps data, which can lag several years in showing progress made in some areas.

There are also lessons to be drawn from other agencies and institutions in framing the data available. The following pages reflect what is known about current health conditions.

## THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.

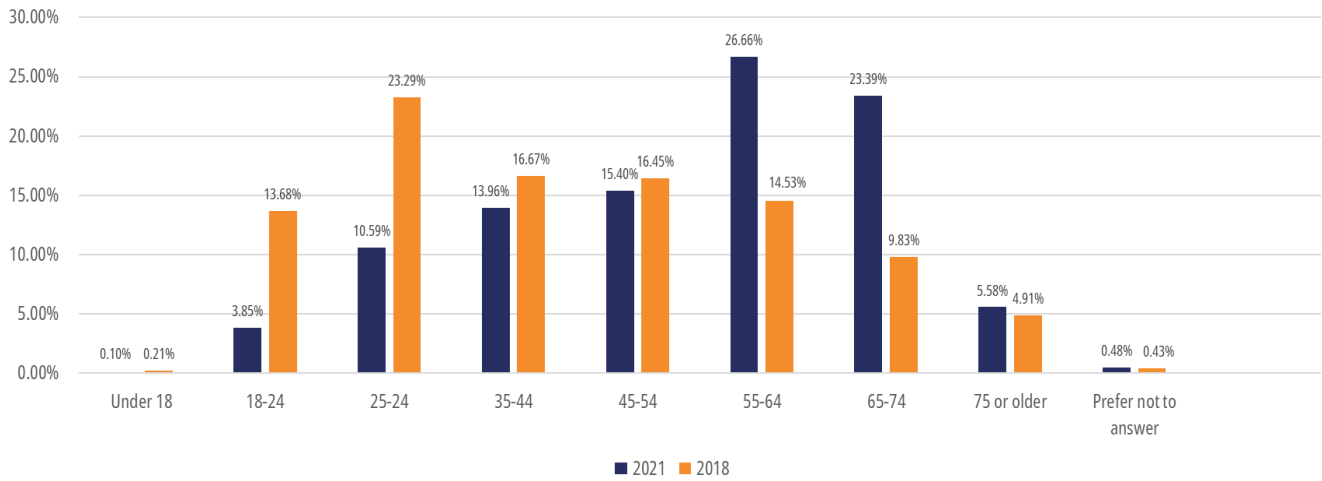


# Community Health Assessment Survey

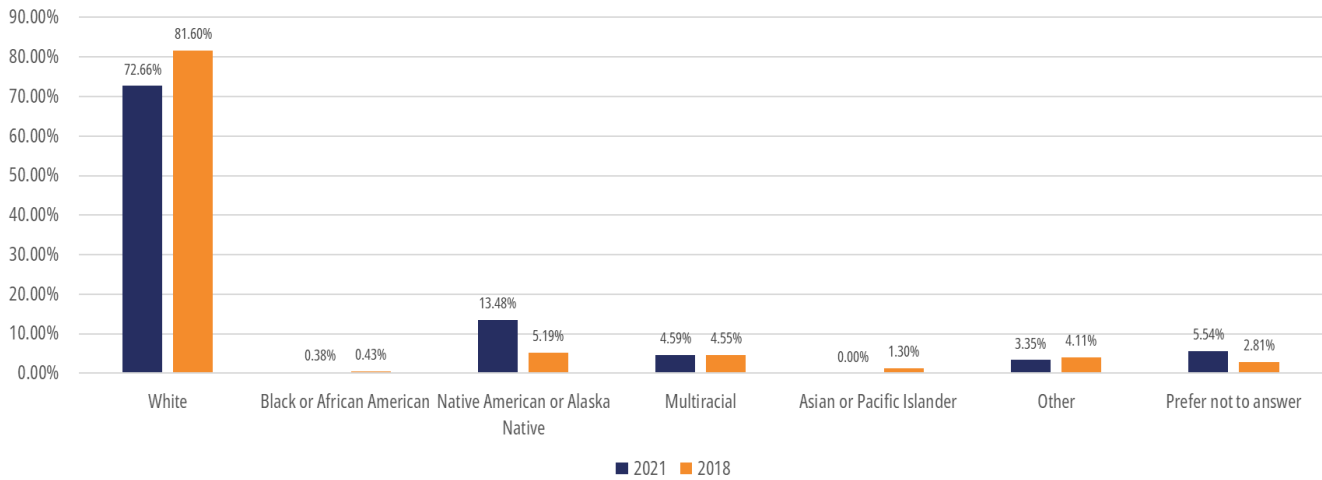
Participants at COVID-19 vaccine clinics were asked complete either a paper survey onsite or visit the online survey to provide answers to 26 assessment questions.

A total of 1,058 people participated, up from 500 for the 2018 assessment. Due to the age qualifications for early vaccine opportunities, the survey has an older demographic than previous assessments. Work with Klamath Tribal Health & Family Services also saw a larger population of Indigenous people participate in 2021.

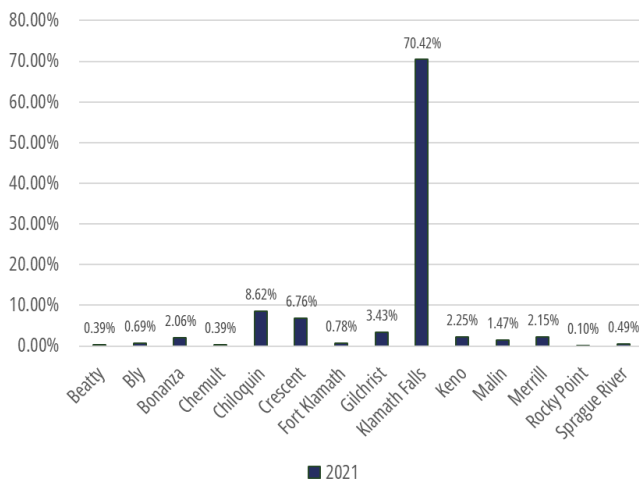
What is your age?



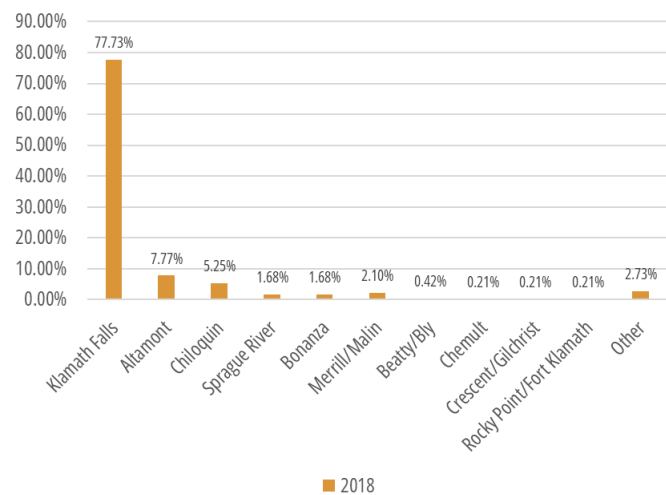
What is your race?



Where in Klamath County do you live?

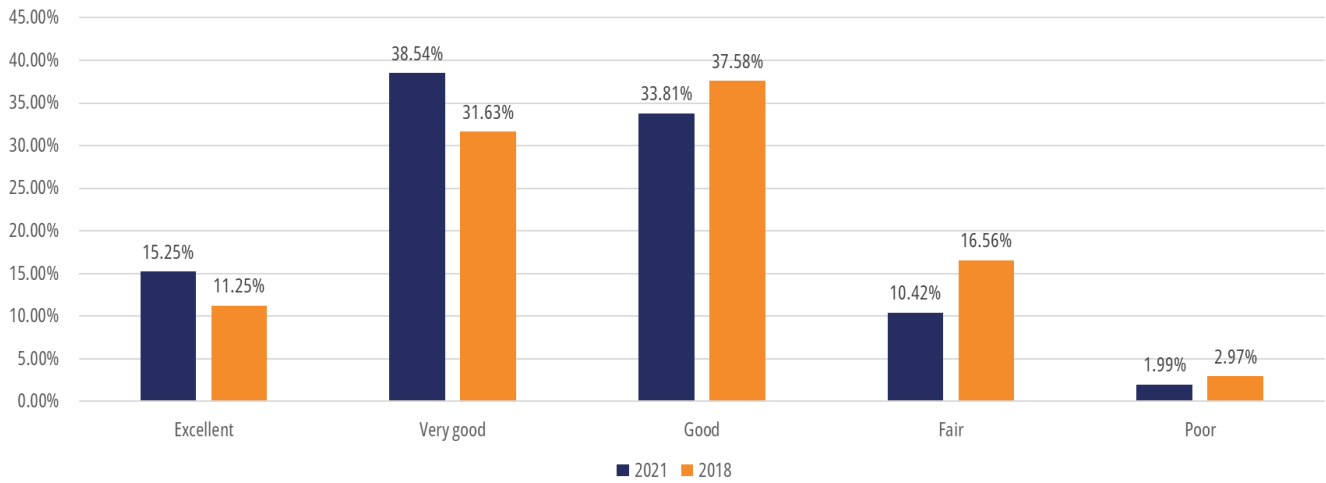


Where in Klamath County do you live?



County locations were described differently in 2021, but Klamath Falls was still home to largest number of respondents.

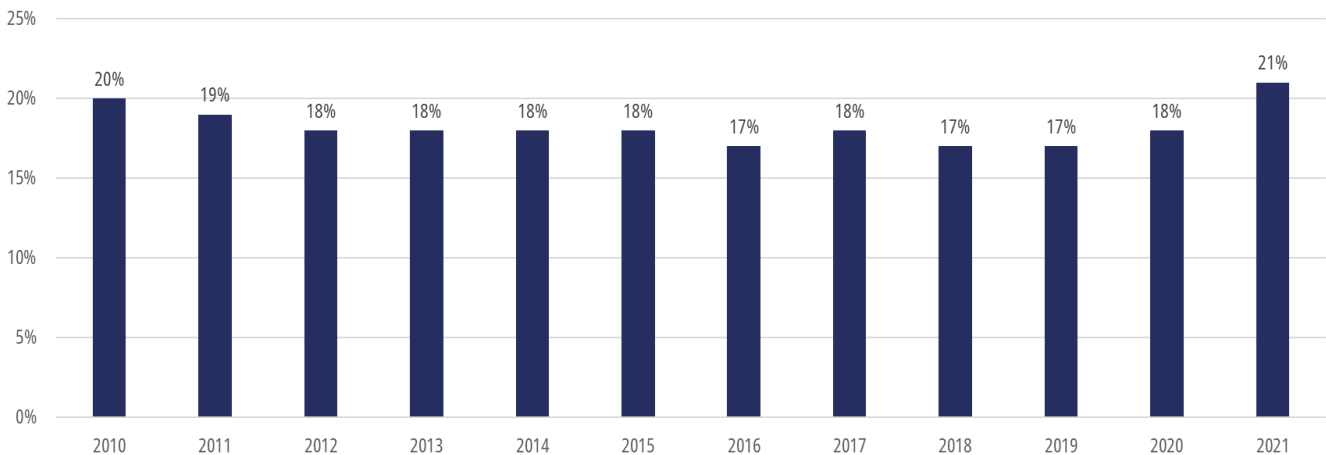
### In general would you say your health is:



More people indicated they were in “excellent” to “good” health, leaving another 12% reporting “fair” or “poor”.

### Percentage of Klamath County residents reporting poor or fair health County Rankings & Roadmaps

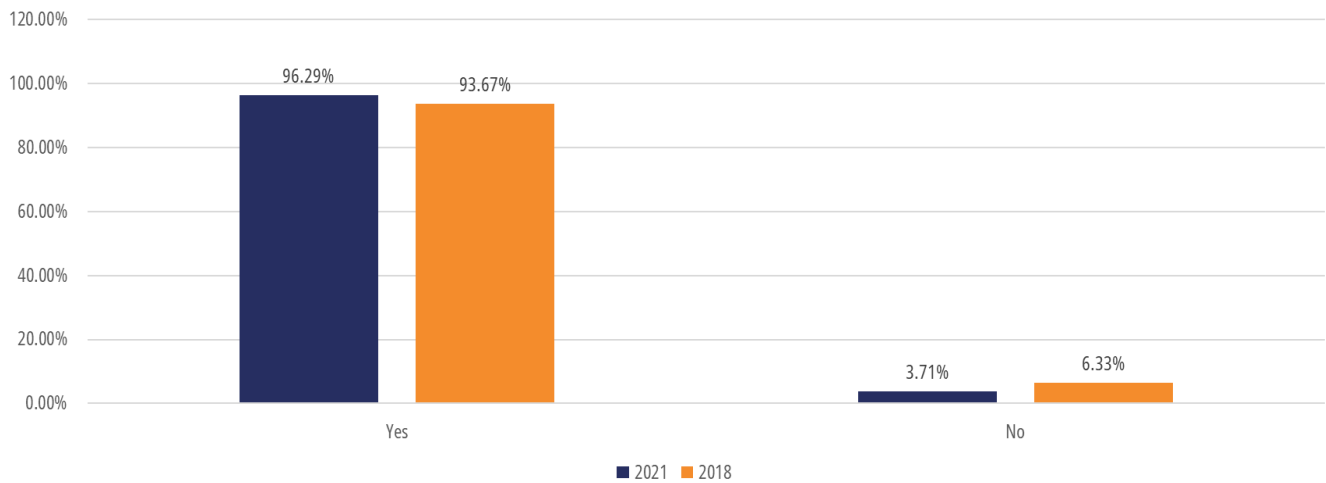
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As a point of comparison, the County Rankings and Roadmaps has shown those reporting “fair” or “poor” health to be 17% or more since 2010. The 2020 Oregon and US report was 17%.

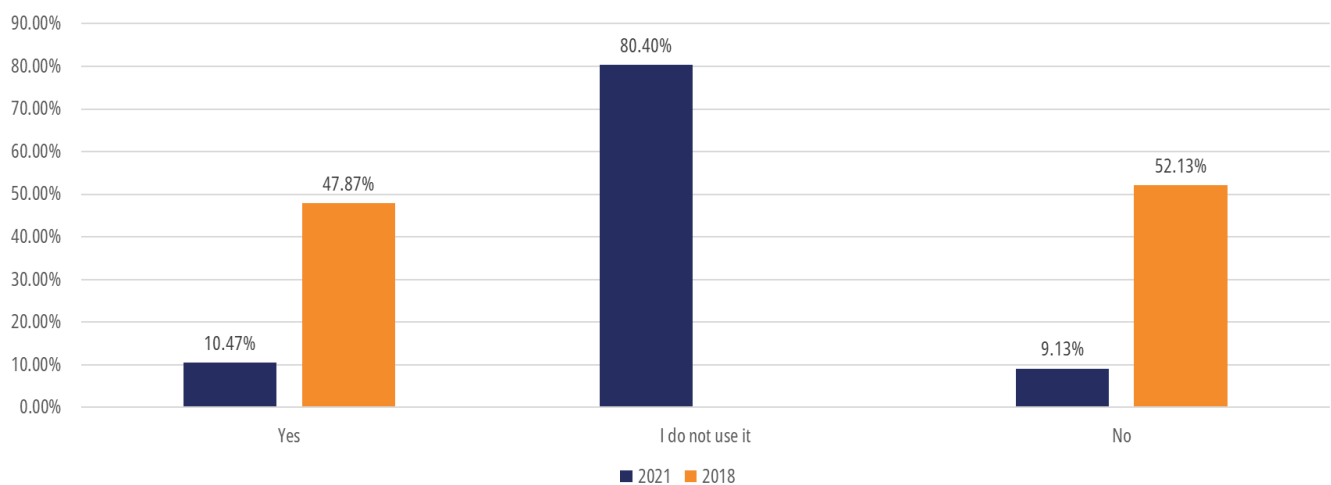


### Do you have reliable transportation?



The majority of people reported having reliable transportation, which is not surprising as most respondents were at a vaccine clinic and had to travel to be there.

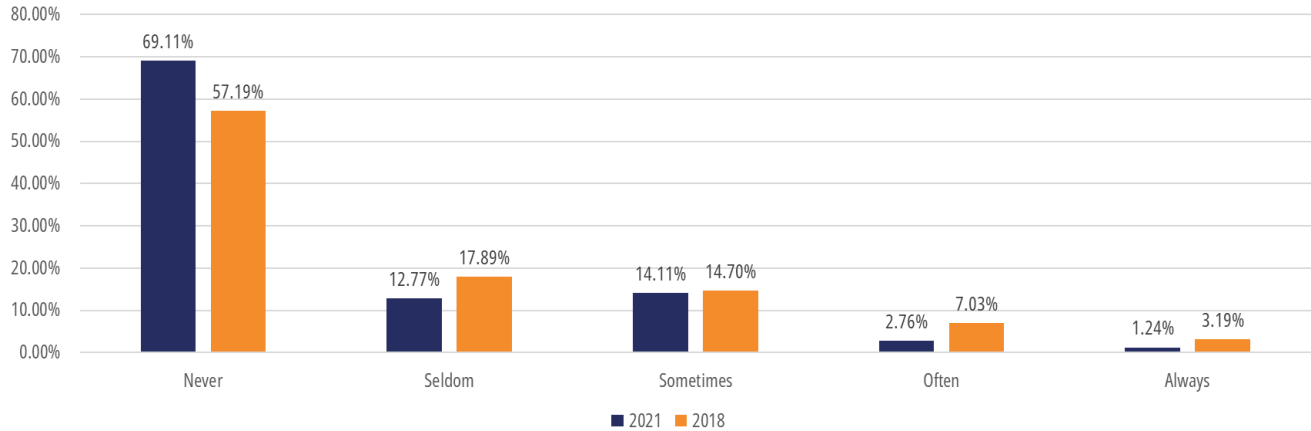
### Do you find public transportation easy to use?



In 2021 respondents were asked if they used public transportation, in addition to whether they found it easy to use. The majority of people do not use public transportation.

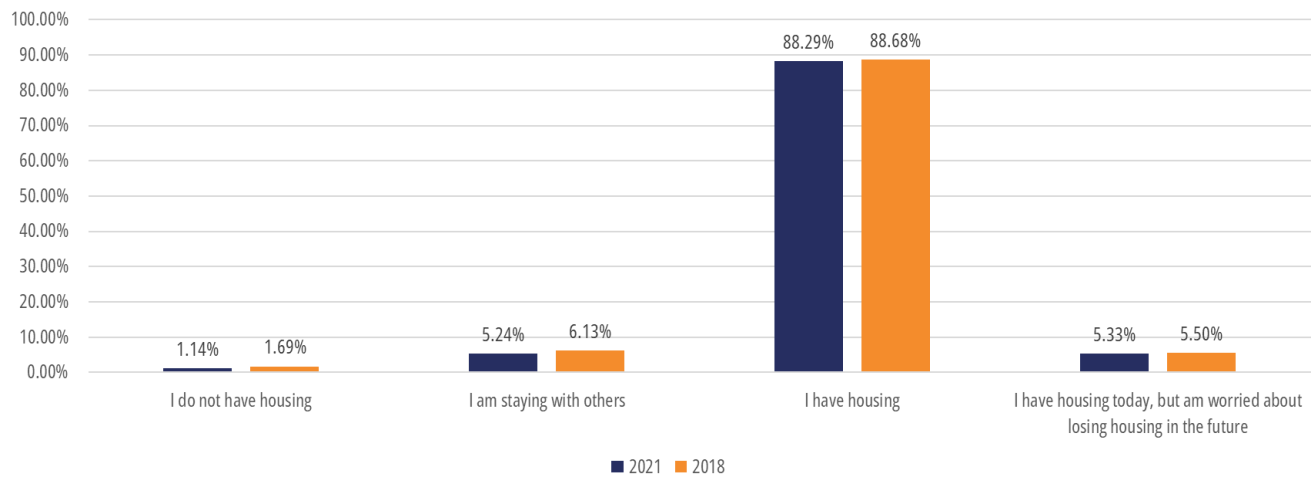


In the past 12 months, have you worried that you would run out before you got money to buy more?



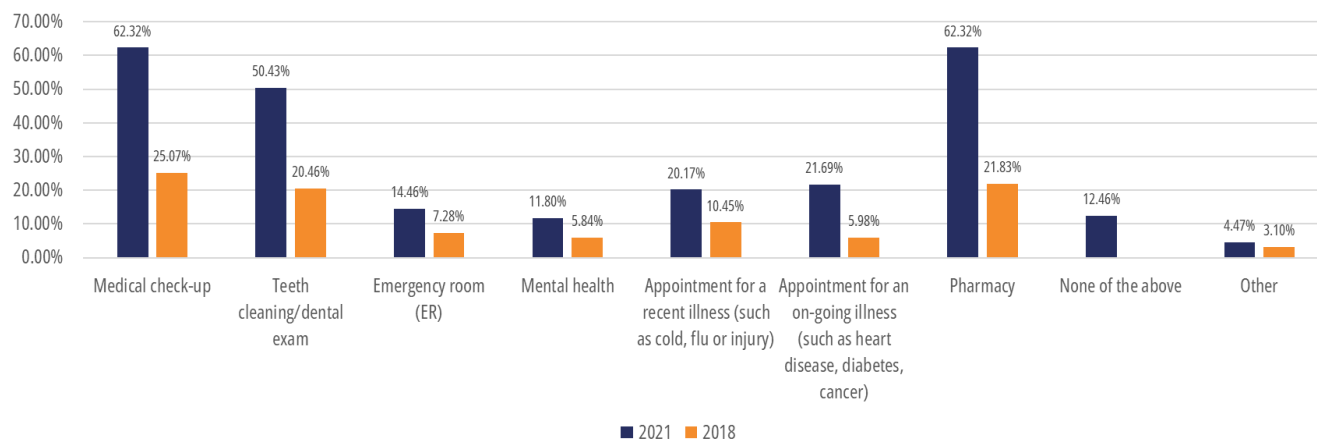
While the majority reported not worrying about access to food, about 30% reported food insecurity.

What is your housing situation today?



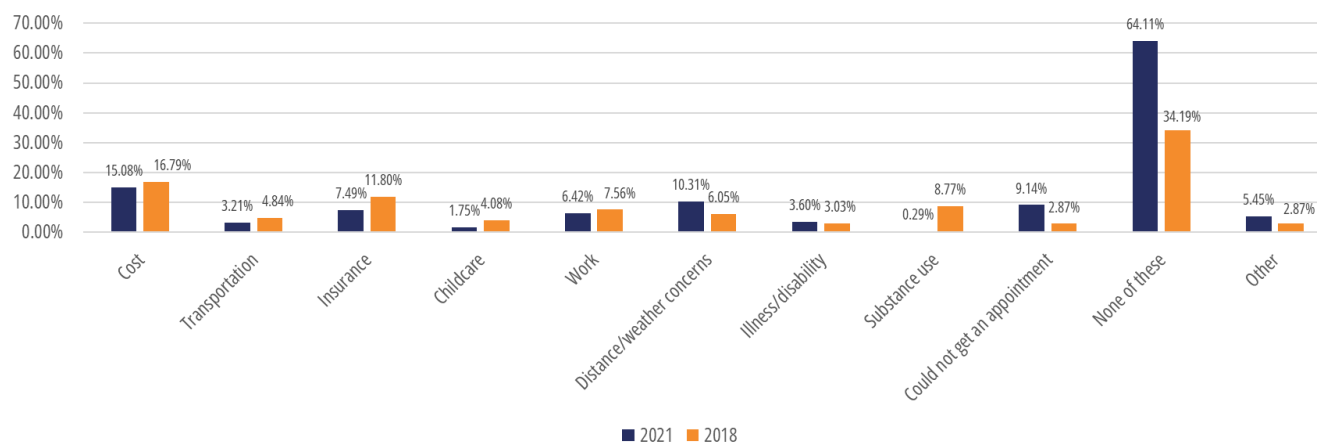
While the majority reported having housing, about 10% had shelter concerns.

### In the past 12 months, have you used any of the following services? (Check all that apply.)



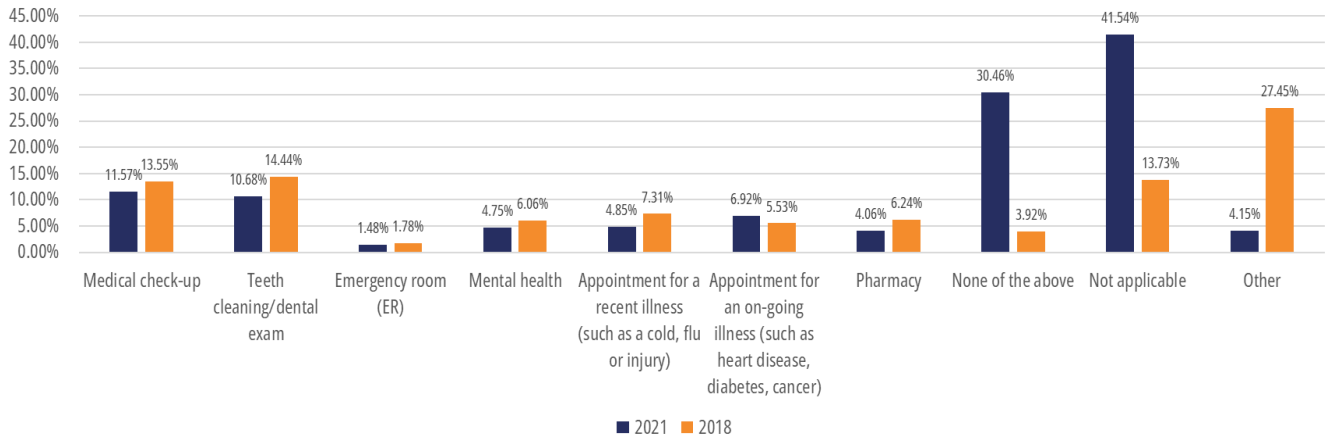
Well over 60% said they had a medical check-up and used the pharmacy in the last 12 months. However, there were about 12.5% who had no health services.

### In the past 12 months have any of the following issues kept you from using health care services? (Check all that apply.)



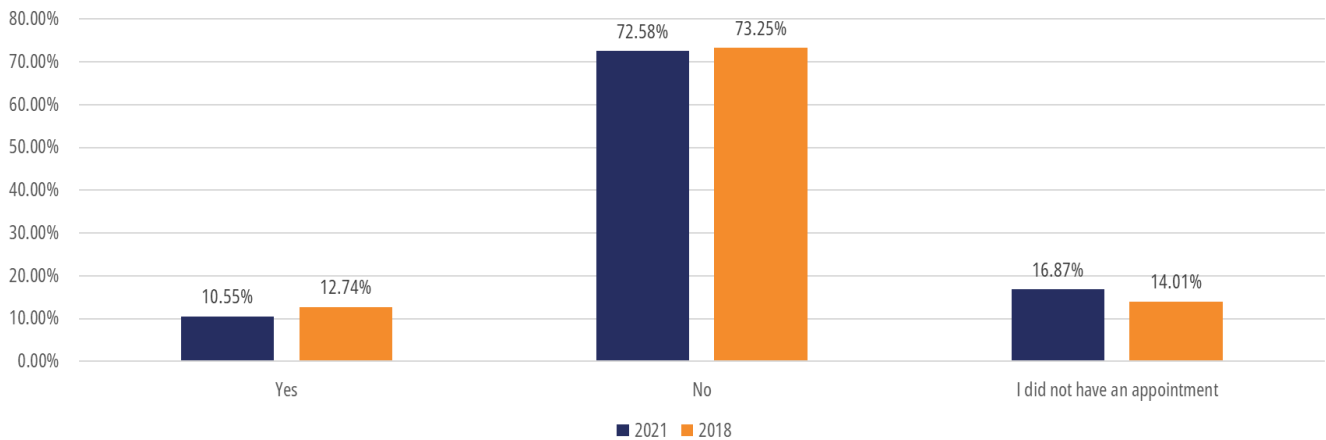
Barriers to receiving health services included cost (15%), distance and or weather (10%), and could not get an appointment (9%). The majority (64%) had no barrier to service.

If there was an issue that kept you from using health care services, which of the following were you unable to use? (Check all that apply.)



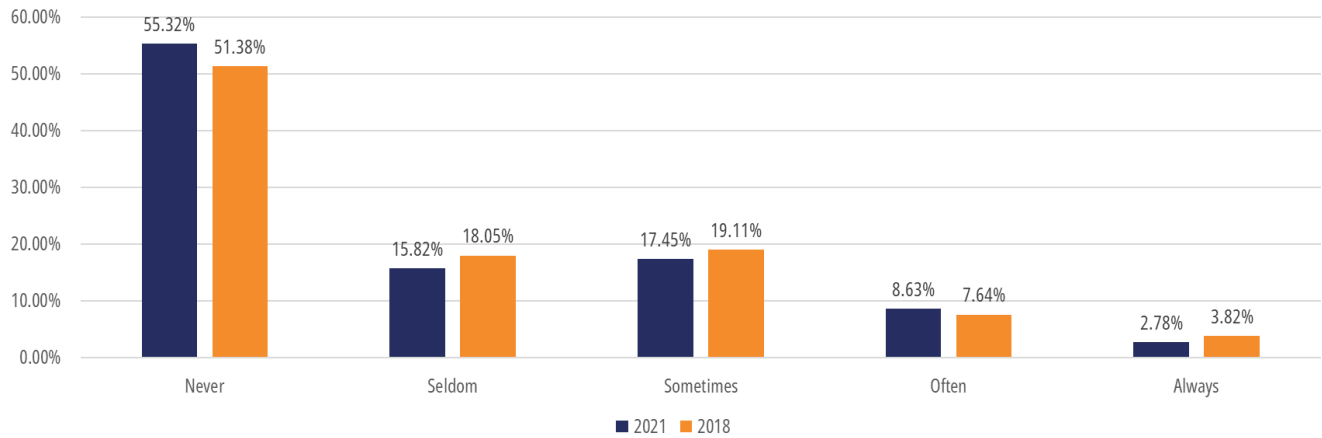
As the majority had access to services, most had no service they were unable to use. For those who did, medical check-up and dental exam were the most cited services.

In the past 30 days have you had a medical, dental, or mental health appointment you missed or skipped?



About 11% reported missing or skipping a health services appointment.

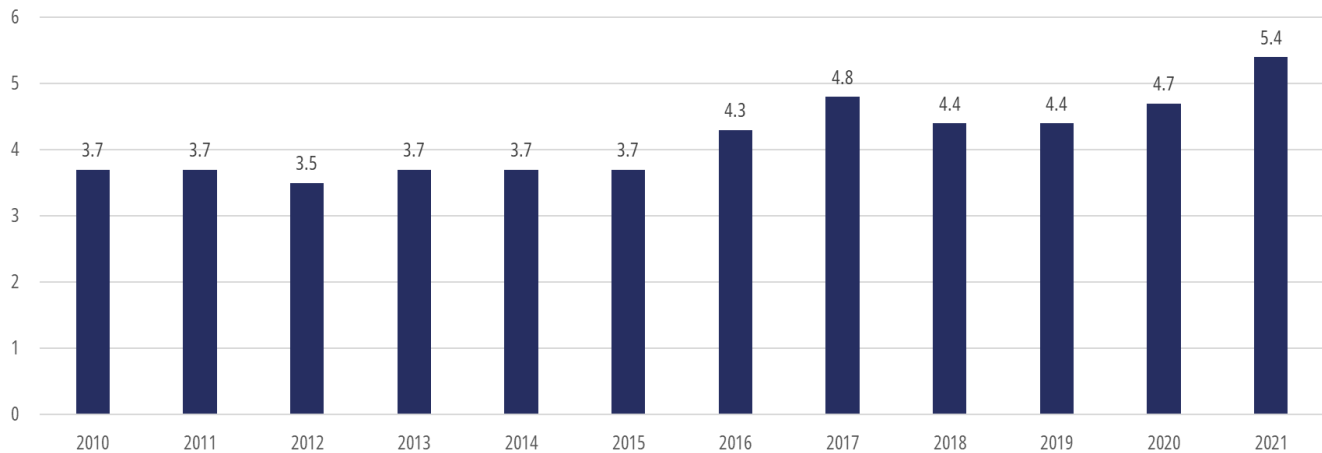
In the past 30 days, how often did mental health concerns (such as depression, anxiety or other mental health issues) make it hard for you to do your usual activities, such as self-care or work?



Just under half of respondents (about 45%) reported having mental health issues that affected daily activities in the last 30 days. The responses were comparable to the 2018 survey.

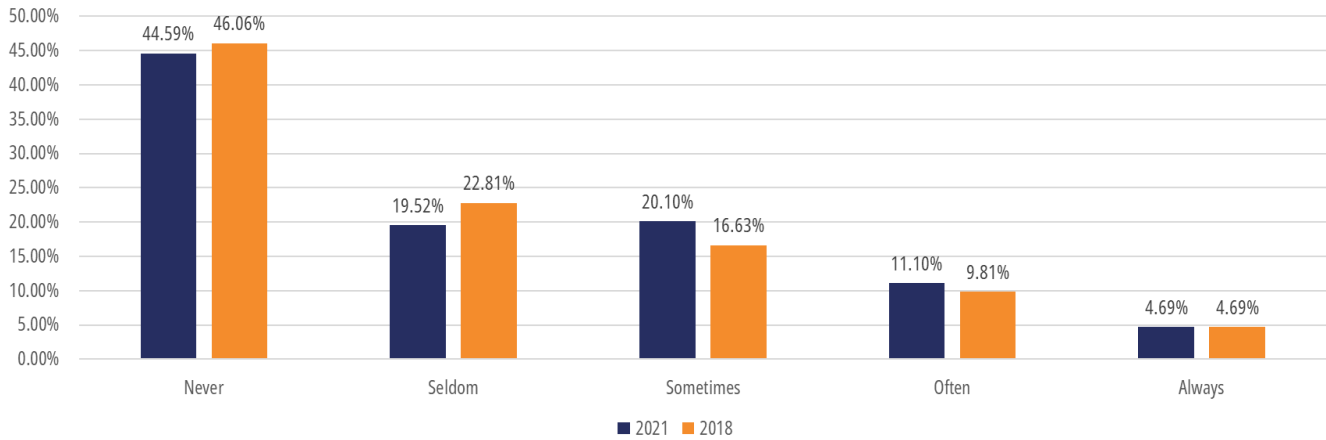
Number of monthly poor mental health days reported by Klamath County residents  
County Rankings & Roadmaps

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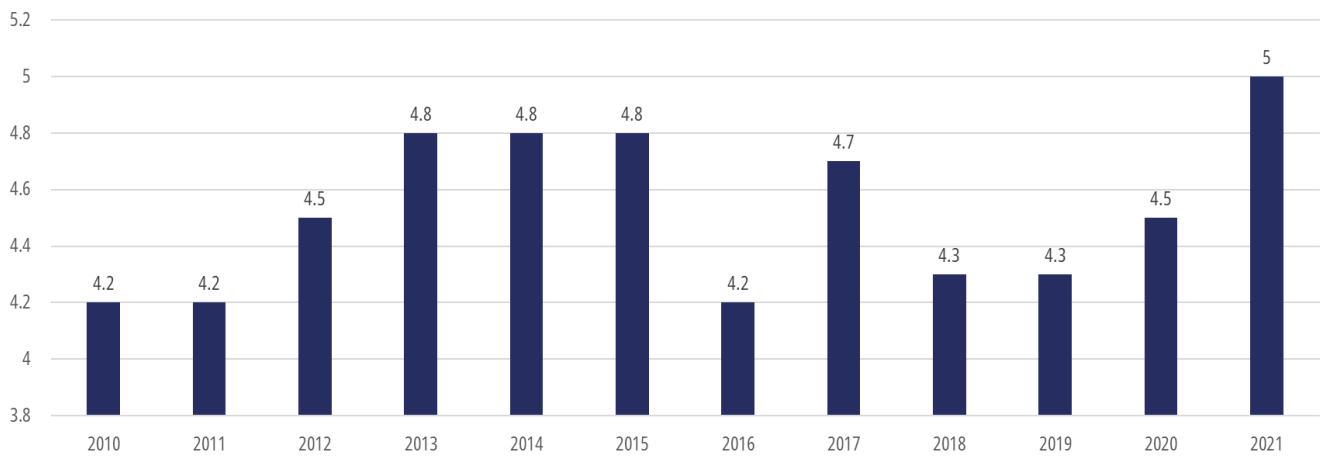
Since 2010 the County Rankings & Roadmaps has documented the increasing number of poor mental health days by Klamath County residents. In 2020 the number was 4.8 for Oregon and 4.0 for the US.

In the past 30 days, how often did pain make it hard for you to do your usual activities, such as self-care or work?



More than half (55%) reported physical pain affected daily activities.

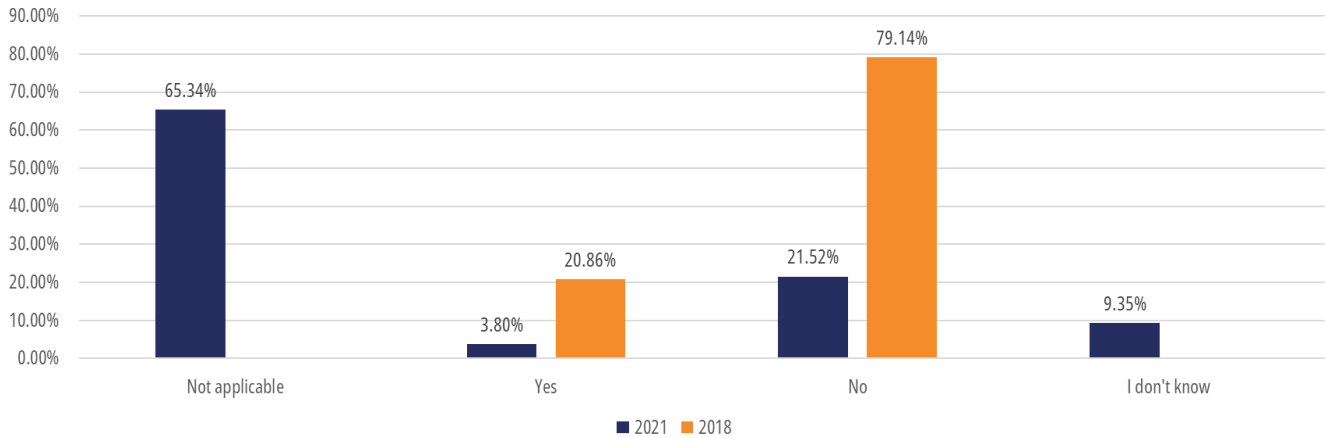
Number of poor physical health days reported by Klamath County residents  
County Rankings & Roadmaps



Since 2010 the County Rankings & Roadmaps has documented the increasing number of poor physical health days by Klamath County residents. In 2020 the number was 4.2 for Oregon and 3.8 for the US.

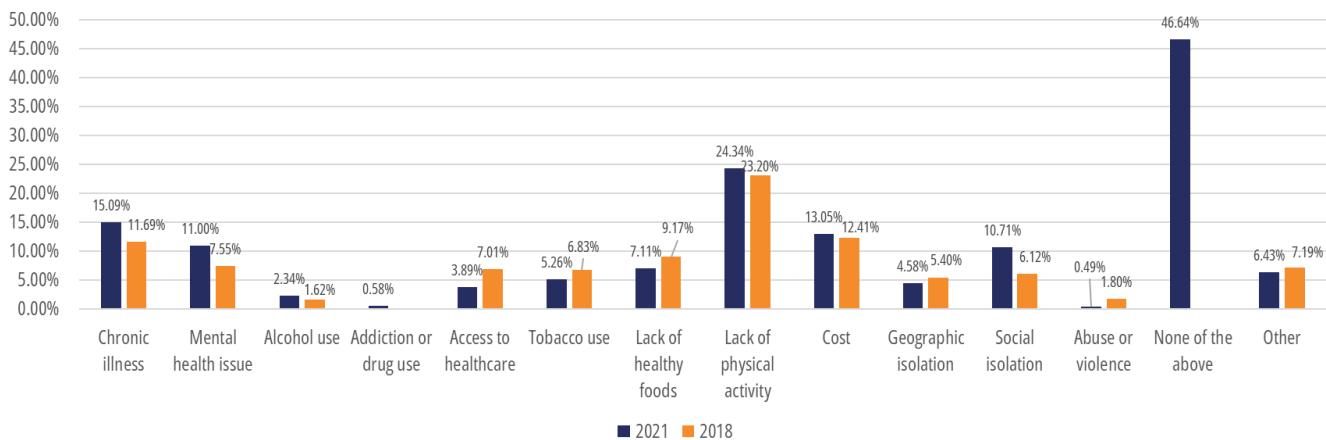
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If you are a member of Cascade Health Alliance,  
have you been offered case management?



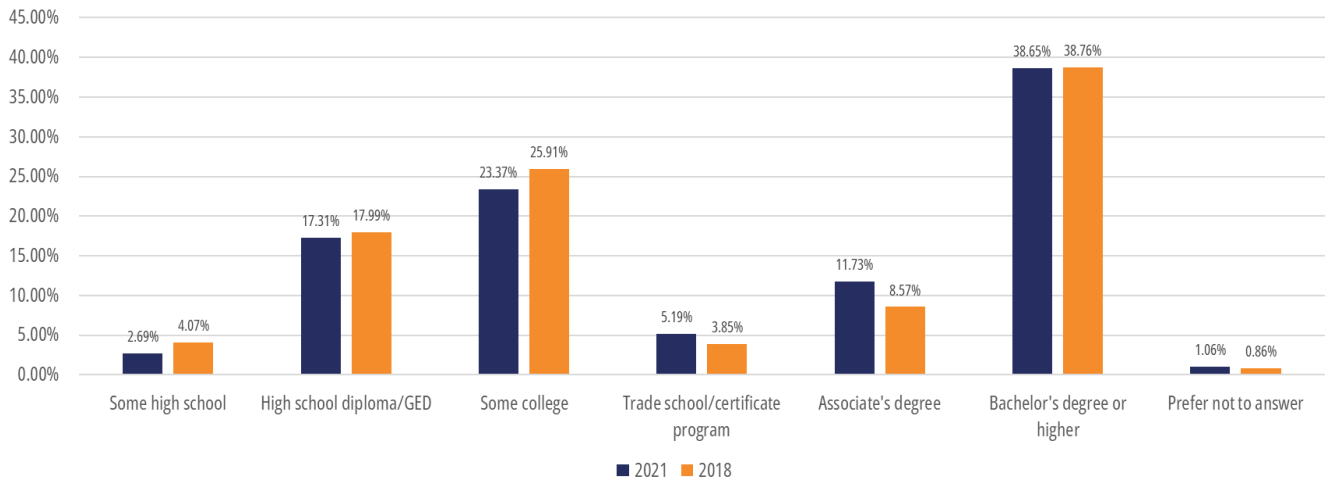
This question will be reworked for the 2024 community health assessment survey. Respondents from parts of the county not served by Cascade Health Alliance answered as though they were clients.

Is there anything you feel is keeping you from having better health?  
(Check all that apply.)



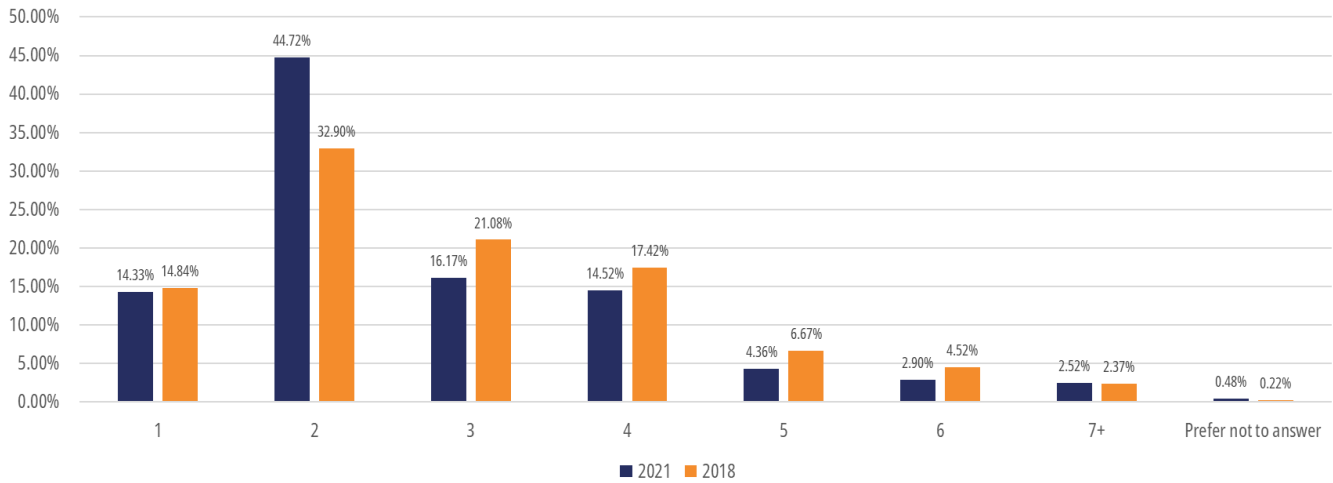
While the majority of respondents indicated that none of the options were preventing them from having better health, five areas received more than 10% in response. These areas are chronic illness, mental health, lack of physical activity, cost and social isolation.

### What is the highest level of education you completed?



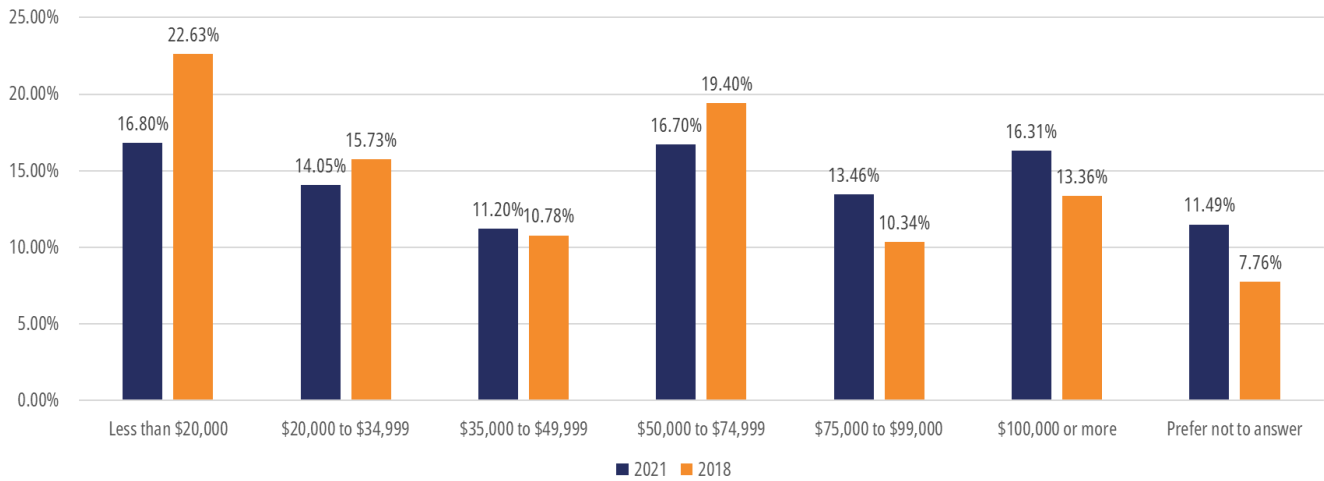
About 76% of respondents had some college, trade school education or higher level of education.

### How many people usually live in your household?



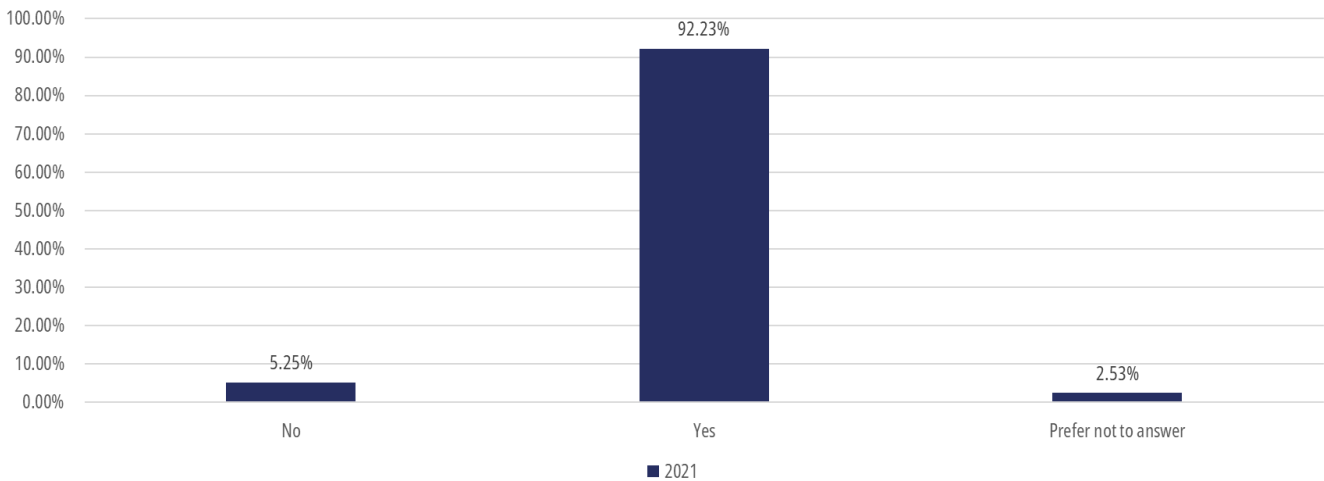
With the older population of respondents, the majority (46%) reported having a household of two.

### What is your yearly household income?



About 46% report having an income above \$50,000. This indicates the respondents might not be representative of those living in poverty within the county.

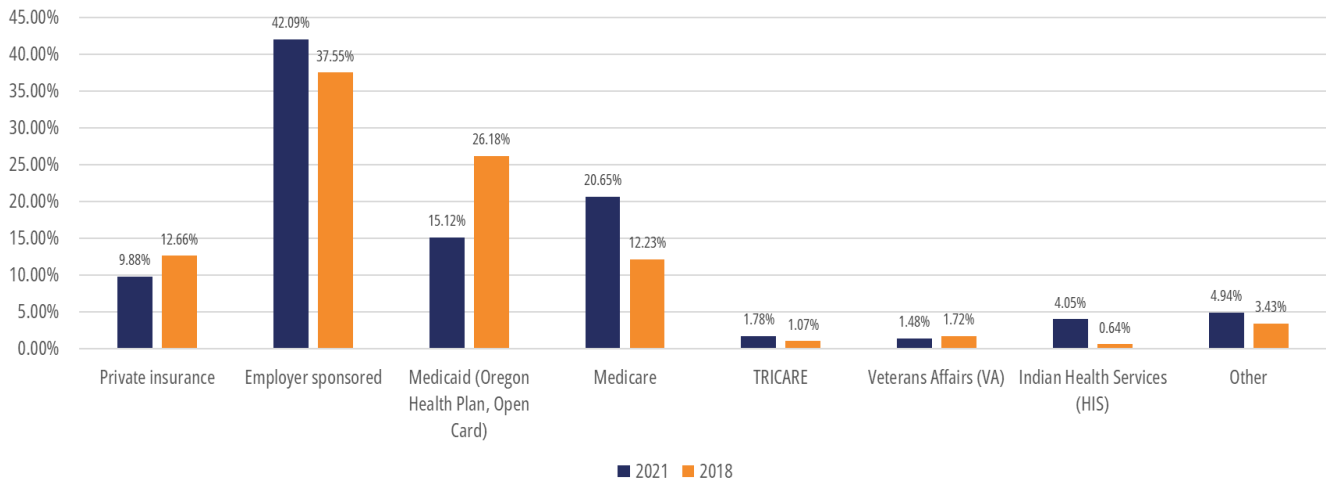
### Do you have health insurance?



Well over 90% reported having health insurance.

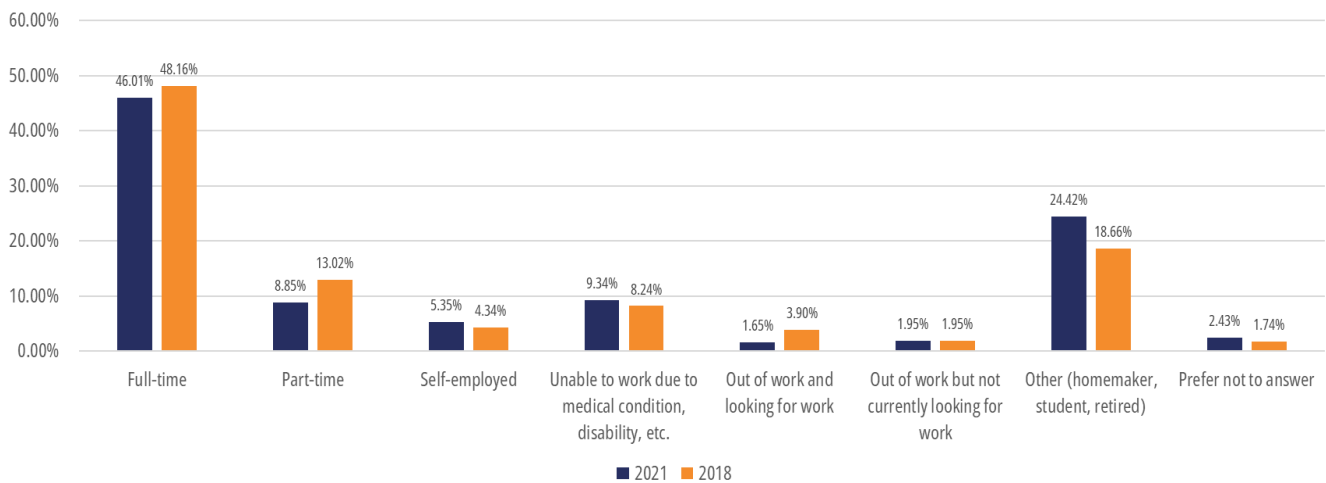


### If you have insurance, what type do you have?



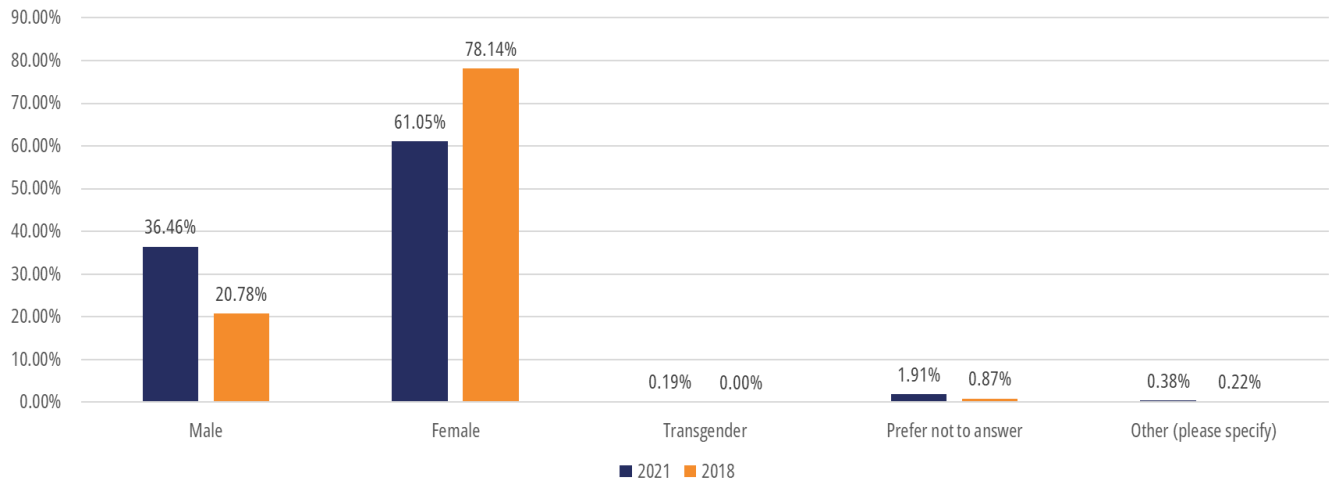
The majority had employer-sponsored insurance (42%), followed by Medicare (21%), Medicaid (15%) and private insurance (10%).

### What is your employment status?



The majority of respondents were full-time employees (46%), followed by other (24%), such as homemaker, student or retired.

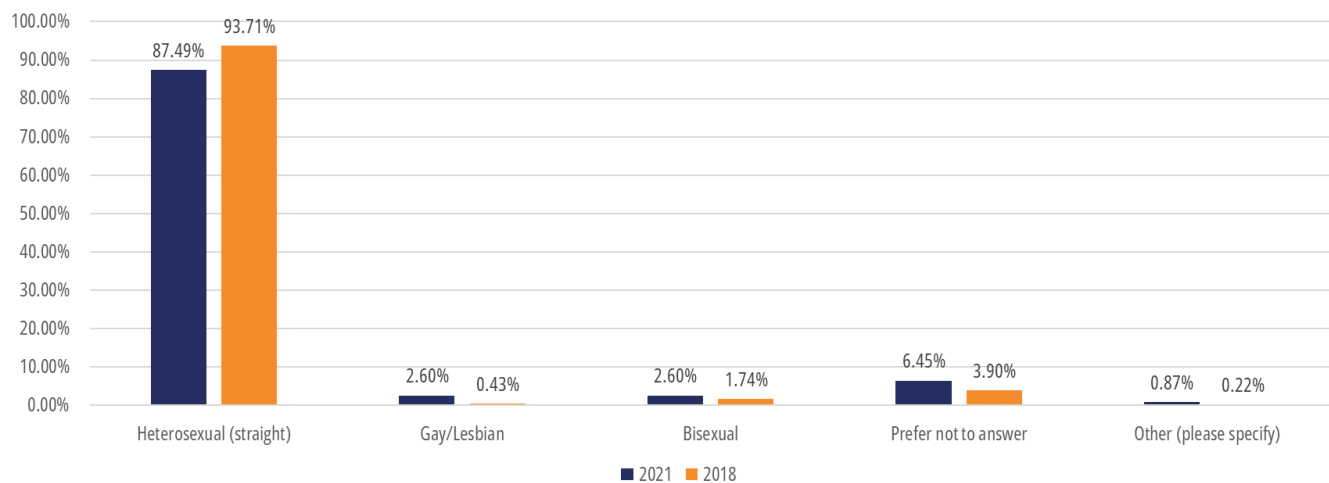
### What is your gender identity?



Census.gov reports Klamath County's gender distribution is equally 50% male and female. A 2020 Gallup Poll indicated 0.6% of all US adults identify as transgender.

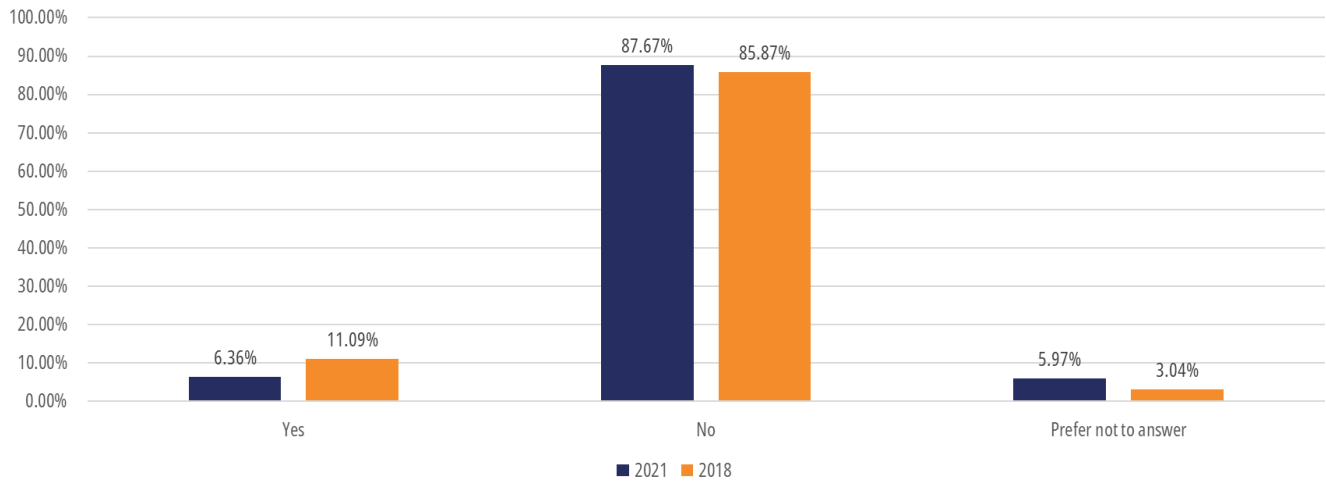
### How would you describe your sexual orientation?

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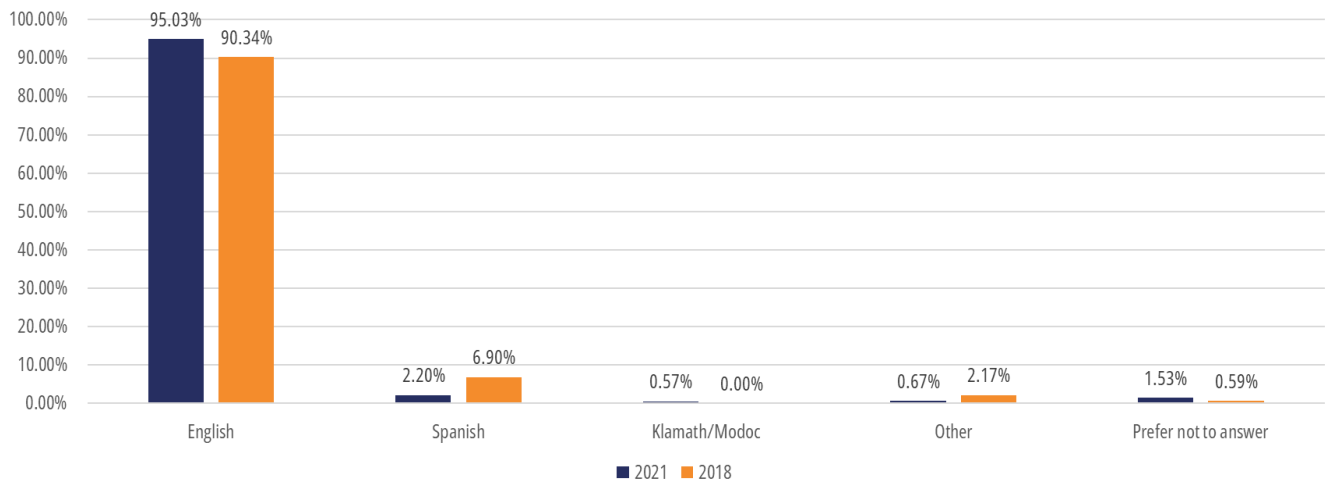
A February 2021 Gallup Poll indicated 86.7% of Americans say they are heterosexual or straight, and 7.6% do not answer the question about their sexual orientation. The poll indicated 5.6% of US adults identify as LGBT.

### Do you identify as Hispanic or Latina/Latino?



Census.gov records Klamath County's Hispanic population at 13.8%.

### Select all of the languages spoken in your home



Census.gov reports that only 8.6% of Klamath County residents speak a language other than English at home.

# Community Strengths and Themes Assessment

Previously, this assessment was done through listen sessions. COVID-19 required approaching the 2021 work with other ideas. Advertising was purchased on Facebook soliciting responses from Klamath County residents to what they saw as community strengths and assets, areas of concern, and local quality of life. These same prompts were used at Third Thursday community events on Main Street Klamath Falls.

Responses were plentiful and provide an insight into the summer of 2021.

## Strengths and assets

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Citizens	Recreation/leisure
Small population, low crime, no traffic	Wildlife, views, waterways, trails/paths
The Klamath, Modoc and Yahooskin peoples, Families, farmers, students, outdoors people	Snowflake Festival, Potato Festival, community events
Solutions to problems, sense of community, coming together	History, architecture, restaurants, sports
Caring, helpful, generous	Fishing, boating, hunting, camping
Communication, finance, promoting change	Biking, hiking, skiing, photography

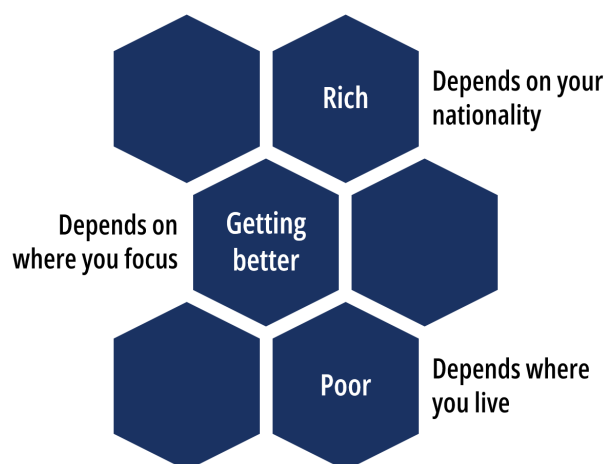
Institutions/agencies	Natural resources
Third Thursday, Saturday Market, pools	Crater Lake, Lava Beds, mountains, waterways, forests, land, parks
Oregon Tech, Kingsley Field, Klamath Community College	Clean air, clean water, clear, dark skies, geothermal wells, space, beauty
Churches, libraries, museums, Ragland Theater	Wildlife, birds
Small businesses	Farming
Klamath Basin Behavioral Health, support resources, drug and alcohol treatment	Small towns

# Concerns

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Access to services	
COVID-19	
Wildfire	
Mental health	
Alcohol use	
Drug use	
Change	
Economy	
Government	
Internet access	
Intentions of others	
Community resiliency	

# Quality of life



# Klamath County Public Health System Assessment

The Local Public Health System Assessment (LPHSA) focuses on all of the sectors' organizations and entities that contribute to the public's health. The LPHSA answers the questions:

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the essential services being provided to our community?

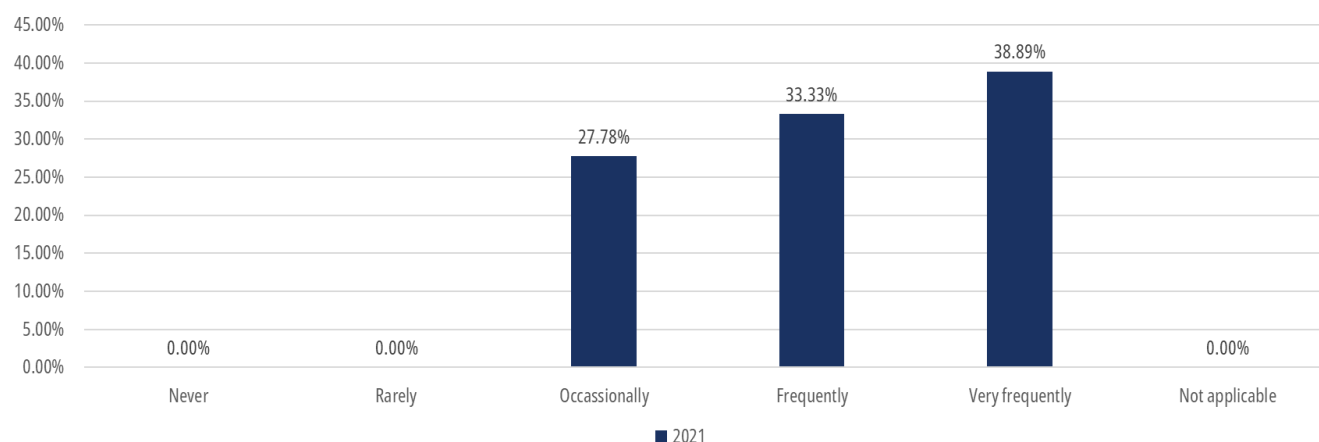
There were 52 respondents for the 2018 assessment, which included 46 questions. Those questions can be found on page 169 of the Appendix. The community health assessment steering committee agreed to shorten the survey to 17 questions in 2021. Only 18 respondents participated.

Participation was potentially influenced by the lack of person-to-person connection caused by COVID-19. Healthy Klamath coalition meetings were held remotely and the importance of participation may not have carried the same urgency as the previous assessment cycle. The list of participating agencies from both cycles can be found in the Appendix.

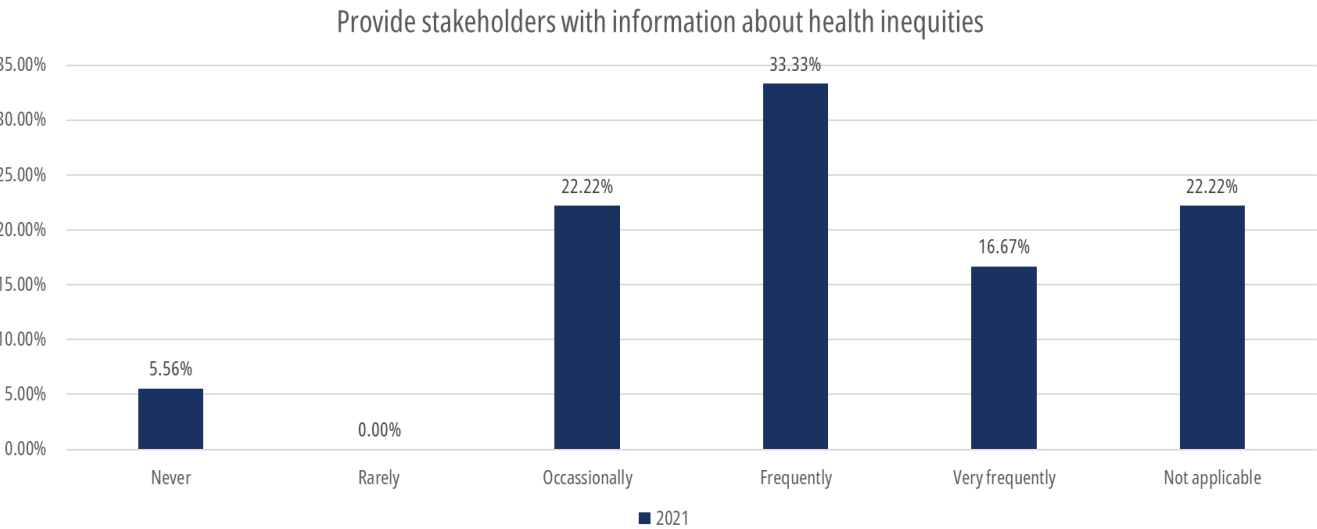
Moving into the creation of the community health improvement plan, there is an opportunity to help the entire community understand how different agencies and organizations can contribute to the public health essential services.

Results for 2021, and comparable 2018 results when available, included:

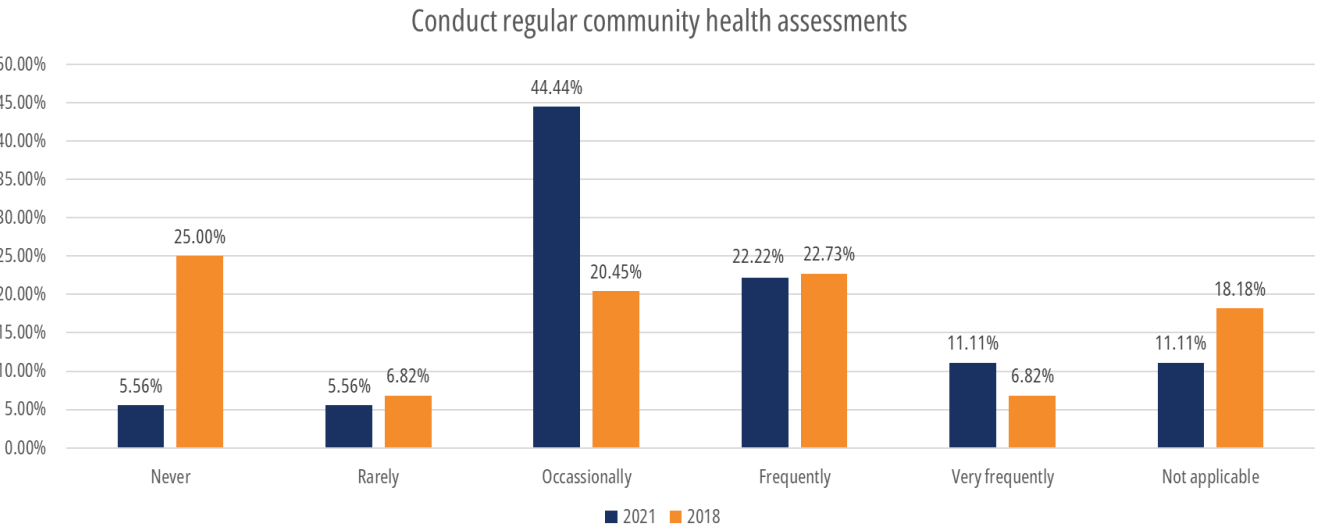
Assess and monitor population health status, factors that influence health, and community needs and assets



All respondents were engaged with assessing and monitoring health dynamics, community needs and assets. This indicates participants identified their respective agencies as part of the public health system.

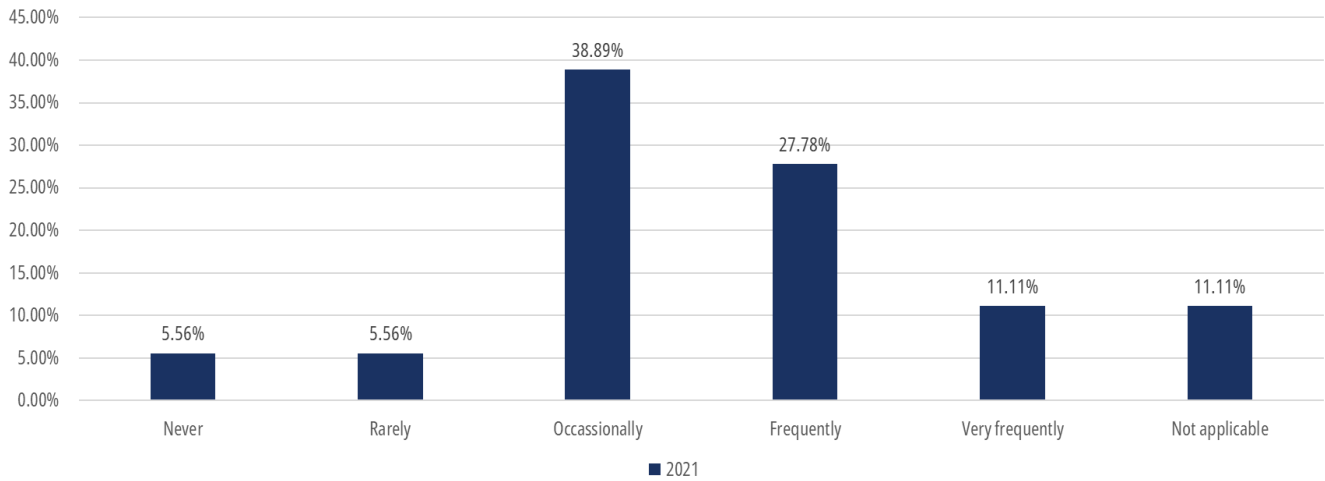


About two-third of participants reported sharing information about health inequities. This is an area worth monitoring after the pandemic era to determine if the COVID-19 national, statewide, regional and local conversations about health inequities increase the number of respondents sharing similar information.



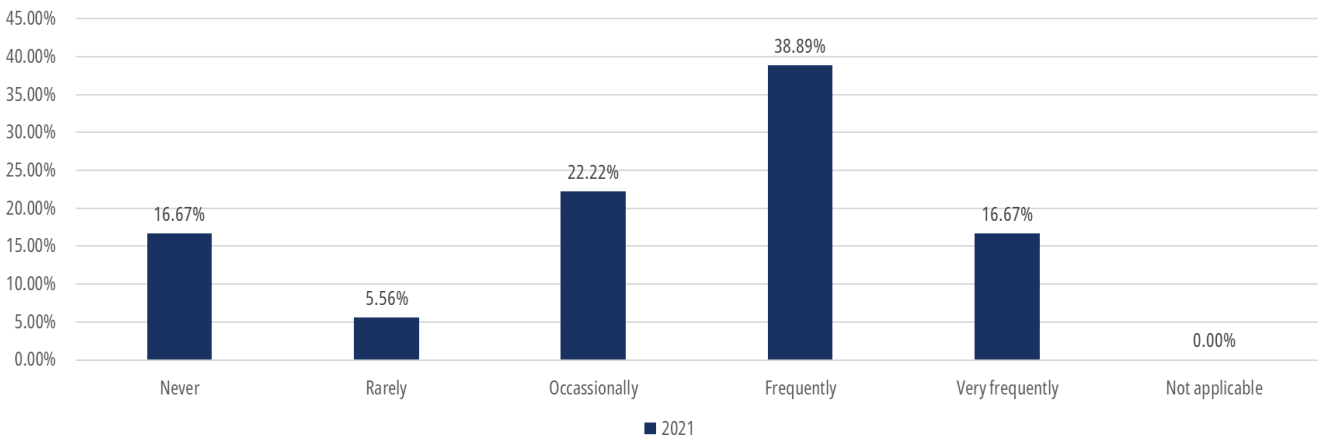
Responses from both years were comparable, with the exception of the number reporting never conducting health assessments in 2018 and those occasionally doing so in 2021. In both areas the changes were more than twice the corresponding year's number. Overall, more agencies reported participating in this arena, which is beneficial to the community.

### Conduct regular community social determinants of health or resource assessments



Nearly 70% were conducting regular social determinants of health or resource assessments, which is promising for future analysis and measurement of change.

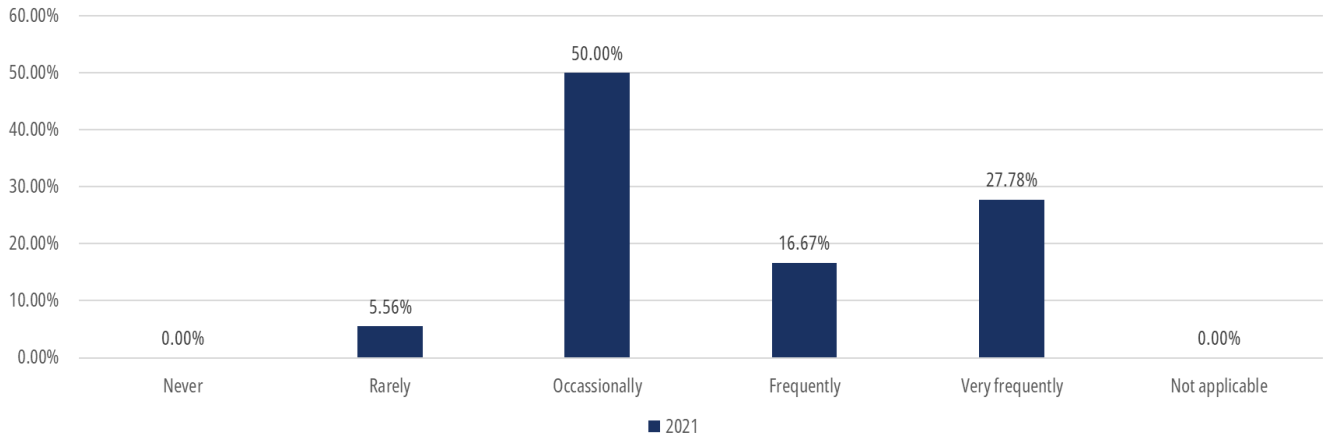
### Investigate, diagnose, and address health problems and hazards affecting the population



Approaching 80% were engaged in activities relating to health problems and hazards, which is a strong showing while also providing room to improve overall.

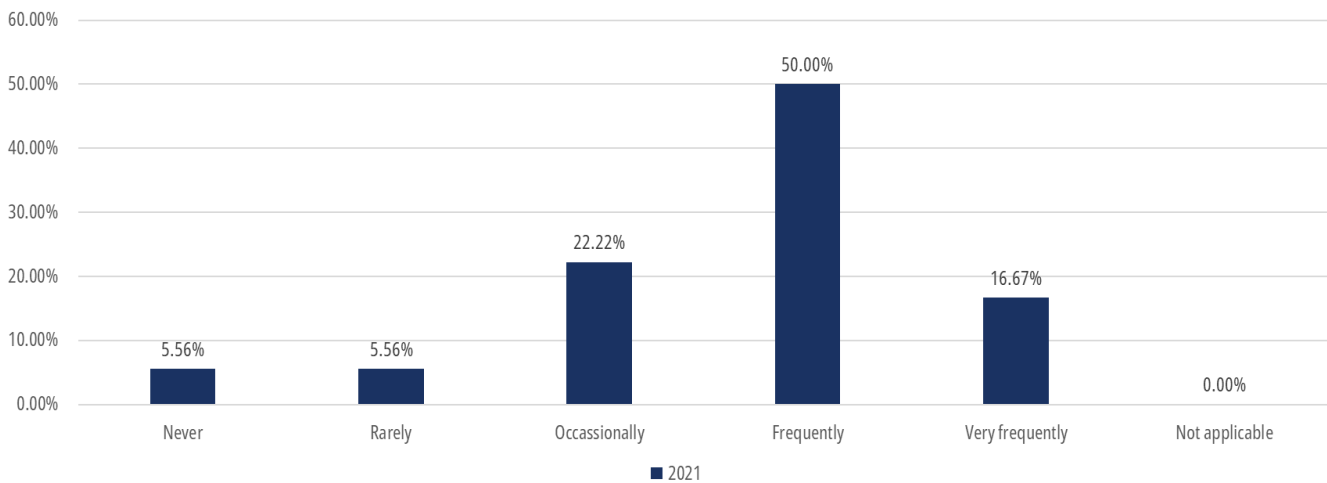


### Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it



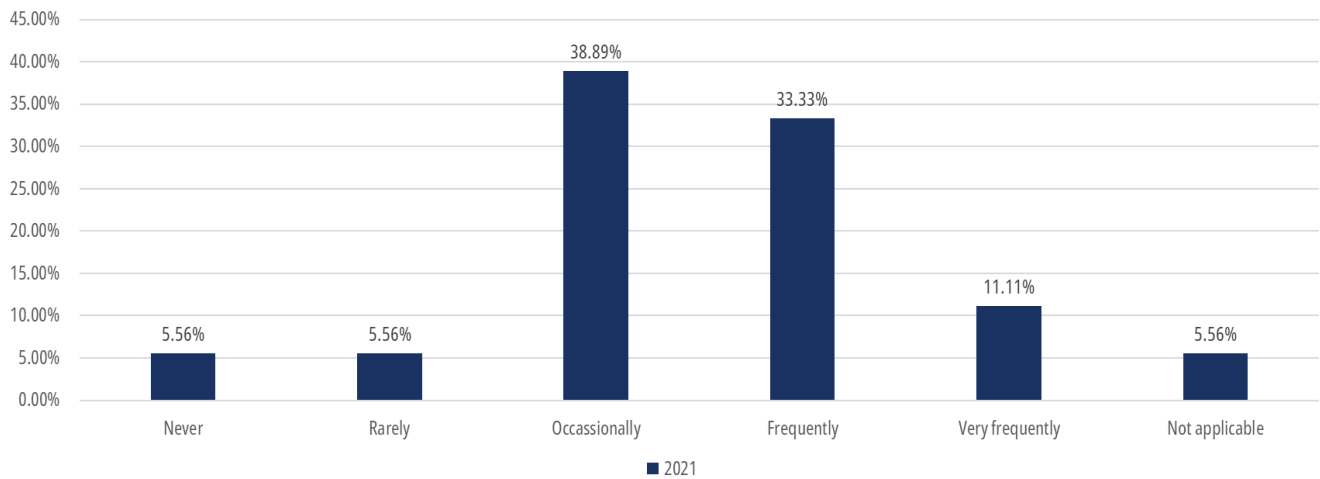
About 95% reported effective communication, and the 50% indicating occasional participation will allow for further growth and improvement.

### Strengthen, support and mobilize communities and partnerships to improve health



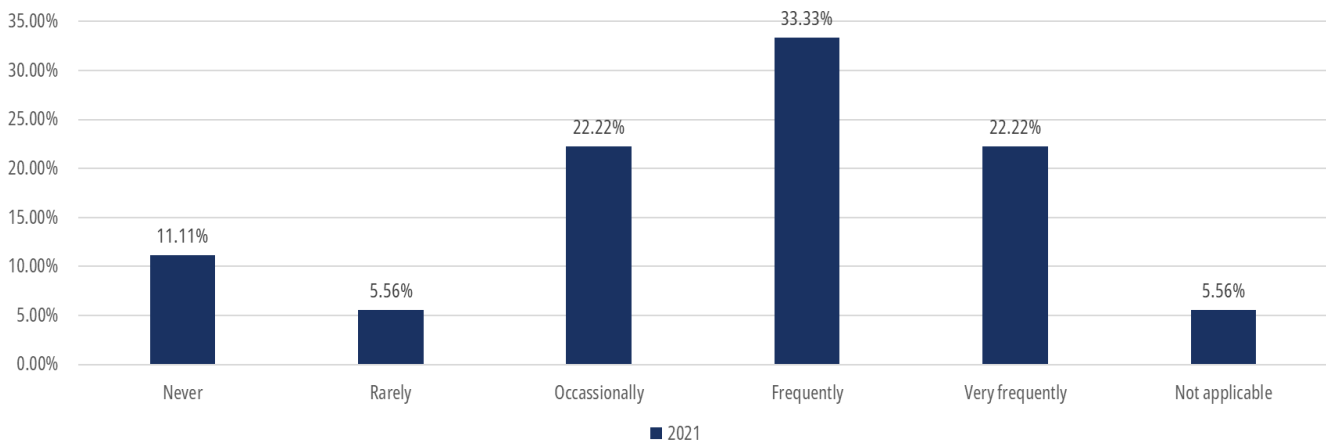
The nearly 67% participating in partnership opportunities provides opportunities to engage more agencies and community members in improving community health.

### Create, champion, and implement policies, plans, and laws that impact health



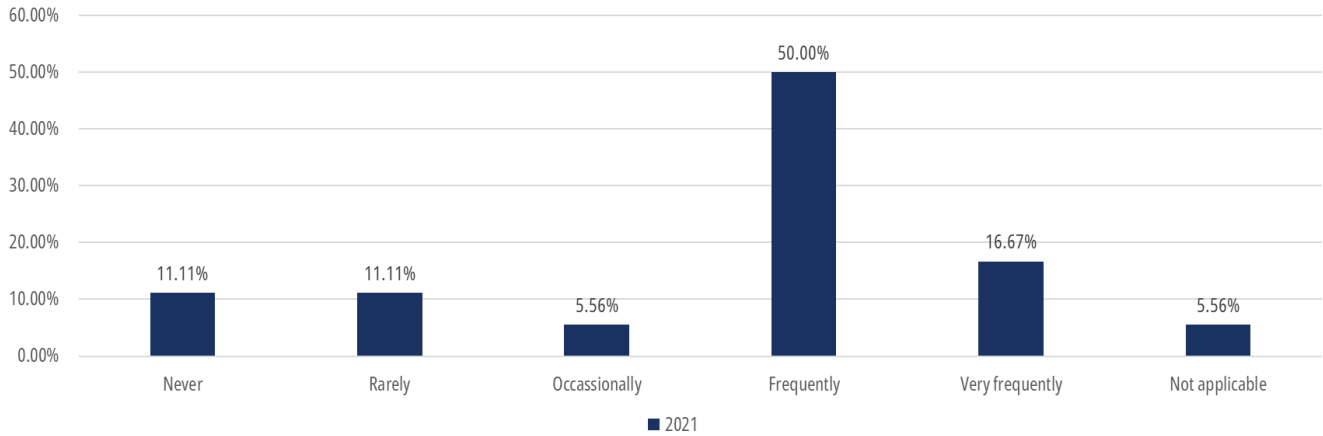
More than 80% are engaged in policy change, which becomes systematic change. This is promising for future engagement.

### Utilize legal and regulatory actions designed to improve and protect the public's health



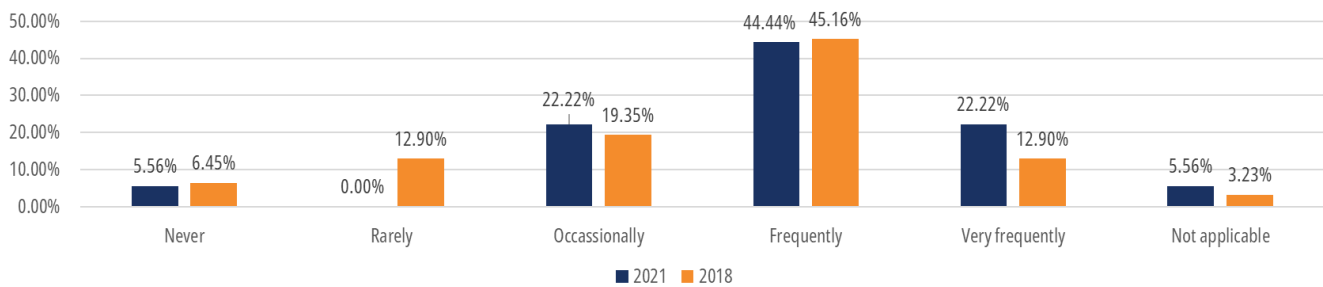
The vast majority, more than 75% of respondents, are using legal and regulatory means to improve and protect health.

### Assure an effective system that enables equitable access to the individual services and care needed to be healthy



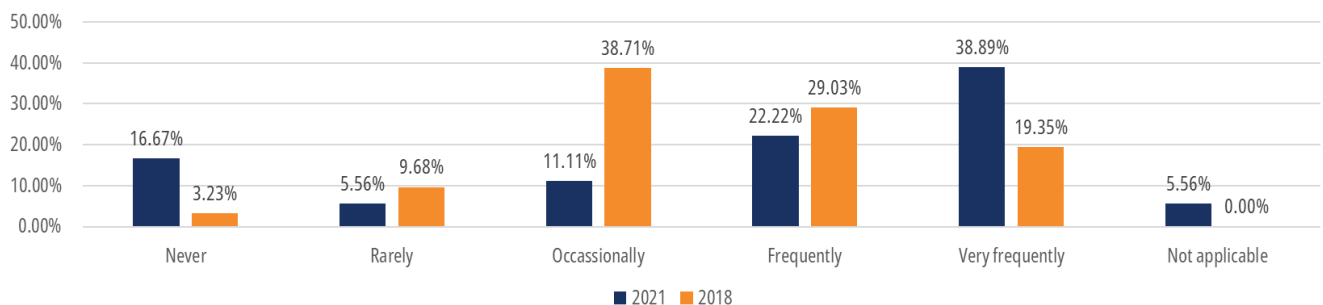
About two-thirds are actively engaged in assuring equitable access, which is a positive sign and also leaves room for further improvement.

### Share culturally-relevant and linguistically-appropriate materials



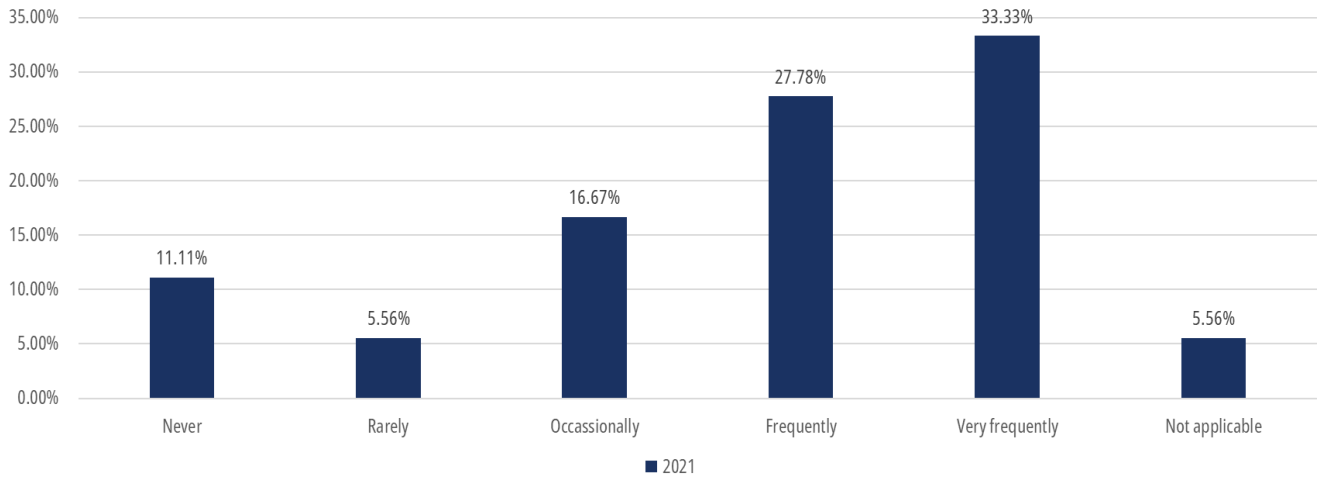
Use of culturally-relevant and linguistically-appropriate has increased since 2018, with an opportunity to explore those that report never doing so or the practice being not applicable.

### Identify people or populations that may experience barriers to healthcare or other services



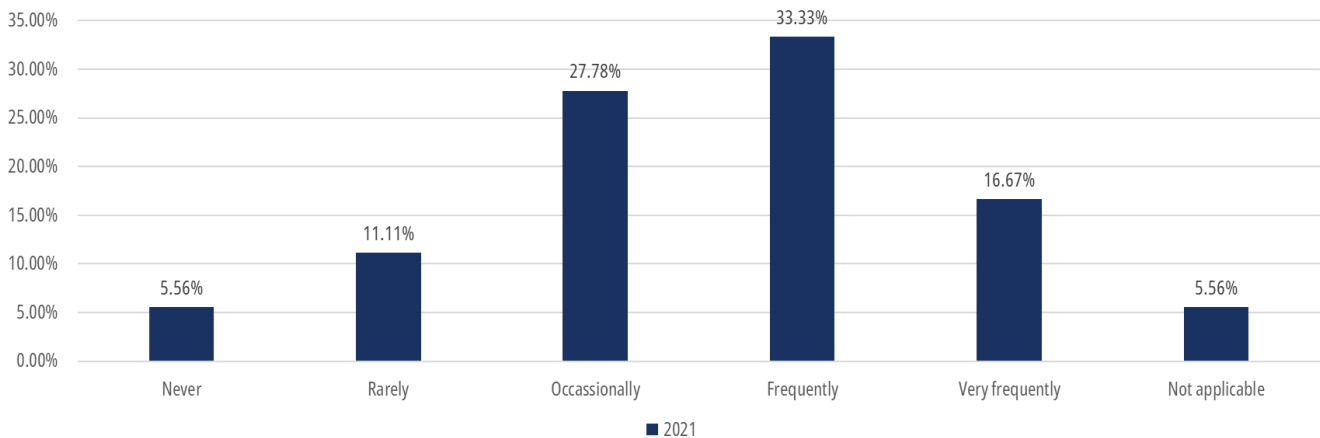
Those addressing barriers have decreased, which indicates a need to understand if known barriers in some areas have been successfully address – or if more education and outreach needs to be done.

### Build and support a diverse and skilled public health workforce



About 78% are contributing to the public health workforce, which is a favorable response. DataUSA.io reports in 2019 the healthcare and social assistance sector was the largest industry in Klamath County with 15.4% of the workforce.

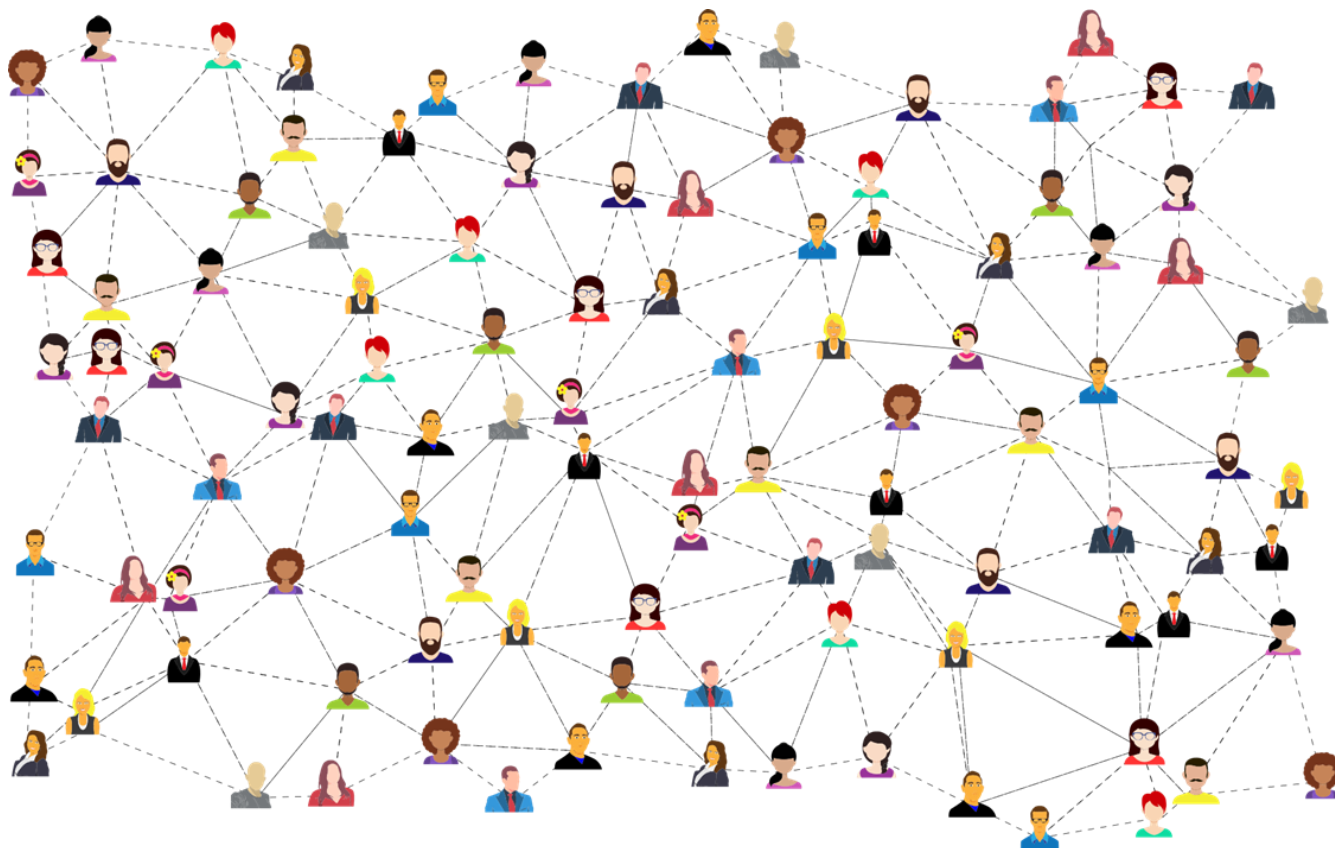
### Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement



More than three-quarters of respondents were engaged with the improvement of public health functions. This is, again, a strong showing and allows for further improvement.

Overall, the assessment reflected a strong public health system, while also presenting opportunities to engage other partners in the forthcoming community health improvement plan creation.

Anecdotally, many professionals in the health sector have indicated the pandemic has illustrated the strong partnerships and connections within the county to promote overall health and safety for community members.



Each community sector plays a role in creating and maintaining the public health system. Sectors include Agriculture, Business, Community and volunteer groups, Cultural organizations, Education, Environment, Government, Health, Human services, Housing and development, Parents and youth, Religion, Service and fraternal organizations, and Sports and recreation.

### Essential public health service 1: Assess and monitor population health status, factors that influence health, and community needs and assets

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
	Agriculture	Health	✓
	Business	Human services	✓
	Community & volunteer groups	Housing & development	✓
	Cultural organizations	Parents & youth	
✓	Education	Religion	
	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

## Essential public health service 2: Investigate, diagnose, and address health problems and hazards affecting the population

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
	Agriculture	Health	✓
	Business	Human services	✓
	Community & volunteer groups	Housing & development	✓
	Cultural organizations	Parents & youth	
	Education	Religion	
	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

## Essential public health service 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
✓	Agriculture	Health	✓
✓	Business	Human services	✓
✓	Community & volunteer groups	Housing & development	✓
✓	Cultural organizations	Parents & youth	✓
✓	Education	Religion	✓
✓	Environment	Service & fraternal organizations	✓
✓	Government	Sports & recreation	✓

### Essential public health service 4: Strengthen, support, and mobilize communities and partnerships to improve health

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
✓	Agriculture	Health	✓
✓	Business	Human services	✓
✓	Community & volunteer groups	Housing & development	✓
✓	Cultural organizations	Parents & youth	✓
✓	Education	Religion	✓
✓	Environment	Service & fraternal organizations	✓
✓	Government	Sports & recreation	✓

### Essential public health service 5: Create, champion, and implement policies, plans, and laws that impact health

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
✓	Agriculture	Health	✓
✓	Business	Human services	✓
✓	Community & volunteer groups	Housing & development	✓
✓	Cultural organizations	Parents & youth	✓
✓	Education	Religion	✓
✓	Environment	Service & fraternal organizations	✓
✓	Government	Sports & recreation	✓

### Essential public health service 6: Utilize legal and regulatory actions designed to improve and protect the public's health

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
✓	Agriculture	Health	✓
✓	Business	Human services	✓
	Community & volunteer groups	Housing & development	✓
	Cultural organizations	Parents & youth	
	Education	Religion	
✓	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

### Essential public health service 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
✓	Agriculture	Health	✓
✓	Business	Human services	✓
✓	Community & volunteer groups	Housing & development	✓
✓	Cultural organizations	Parents & youth	✓
✓	Education	Religion	✓
✓	Environment	Service & fraternal organizations	✓
✓	Government	Sports & recreation	✓



### Essential public health service 8: Build and support a diverse and skilled public health workforce

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
	Agriculture	Health	✓
✓	Business	Human services	✓
✓	Community & volunteer groups	Housing & development	
	Cultural organizations	Parents & youth	
✓	Education	Religion	
	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

### Essential public health service 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
	Agriculture	Health	✓
	Business	Human services	✓
	Community & volunteer groups	Housing & development	
	Cultural organizations	Parents & youth	
✓	Education	Religion	
	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

## Essential public health service 10: Build and maintain a strong organizational infrastructure for public health

Sectors (✓ denotes contributing sector)		Sectors (✓ denotes contributing sector)	
	Agriculture	Health	✓
	Business	Human services	✓
	Community & volunteer groups	Housing & development	✓
	Cultural organizations	Parents & youth	
	Education	Religion	
	Environment	Service & fraternal organizations	
✓	Government	Sports & recreation	

**Essential public health service 1:** Assess and monitor population health status, factors that influence health, and community needs and assets

**Involved sectors:** Education; Government; Health; Human services; Housing & development

**Essential public health service 2:** Investigate, diagnose, and address health problems and hazards affecting the population

**Involved sectors:** Government; Health; Human services; Housing & development

**Essential public health service 3:** Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

**Involved sectors:** Agriculture; Business; Community & volunteer groups; Cultural organizations; Education; Environment; Government; Health; Human services; Housing & development; Parents & youth; Religion; Service & fraternal organizations; Sports & recreation

**Essential public health service 4:** Strengthen, support, and mobilize communities and partnerships to improve health

**Involved sectors:** Agriculture; Business; Community & volunteer groups; Cultural organizations; Education; Environment; Government; Health; Human services; Housing & development; Parents & youth; Religion; Service & fraternal organizations; Sports & recreation

**Essential public health service 5:** Create, champion, and implement policies, plans, and laws that impact health

**Involved sectors:** Agriculture; Business; Community & volunteer groups; Cultural organizations; Education; Environment; Government; Health; Human services; Housing & development; Parents & youth; Religion; Service & fraternal organizations; Sports & recreation

**Essential public health service 6:** Utilize legal and regulatory actions designed to improve and protect the public's health

**Involved sectors:** Agriculture; Business; Environment; Government; Health; Human services; Housing & development

**Essential public health service 7:** Assure an effective system that enables equitable access to the individual services and care needed to be healthy

**Involved sectors:** Agriculture; Business; Community & volunteer groups; Cultural organizations; Education; Environment; Government; Health; Human services; Housing & development; Parents & youth; Religion; Service & fraternal organizations; Sports & recreation

**Essential public health service 8:** Build and support a diverse and skilled public health workforce

**Involved sectors:** Business; Community & volunteer groups; Education; Government; Health; Human services

**Essential public health service 9:** Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

**Involved sectors:** Education; Government; Health; Human services

**Essential public health service 10:** Build and maintain a strong organizational infrastructure for public health

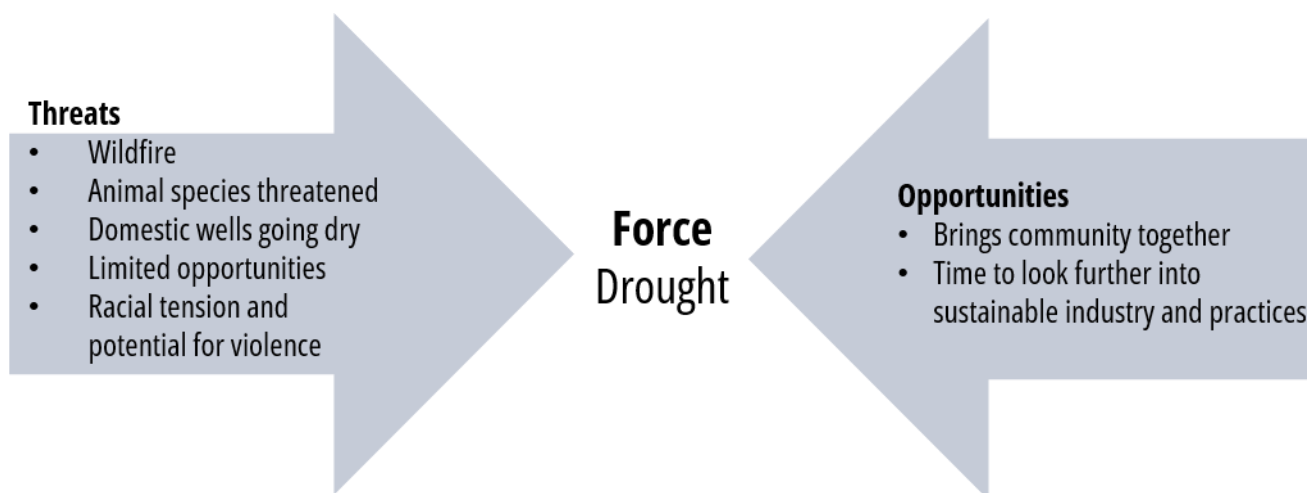
**Involved sectors:** Education; Government; Health; Human services; Housing & development

# Forces of Change Assessment

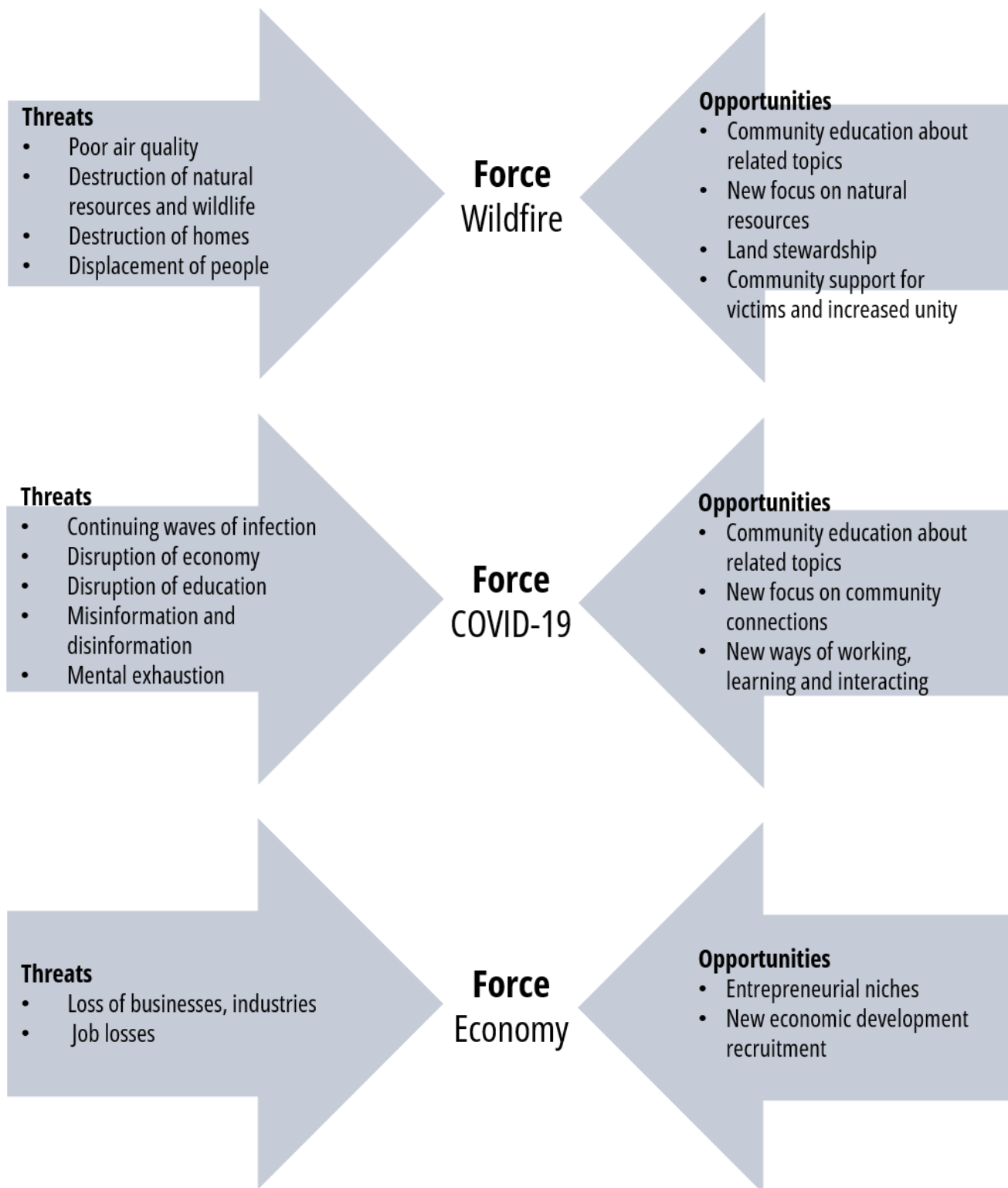
This assessment was drafted by the core group of representatives from Cascade Health Alliance, Klamath County Public Health, Klamath Health Partnership, Klamath Tribal Health & Family Services, and Sky Lakes. The draft was shared with the Healthy Klamath overall membership to provide feedback.

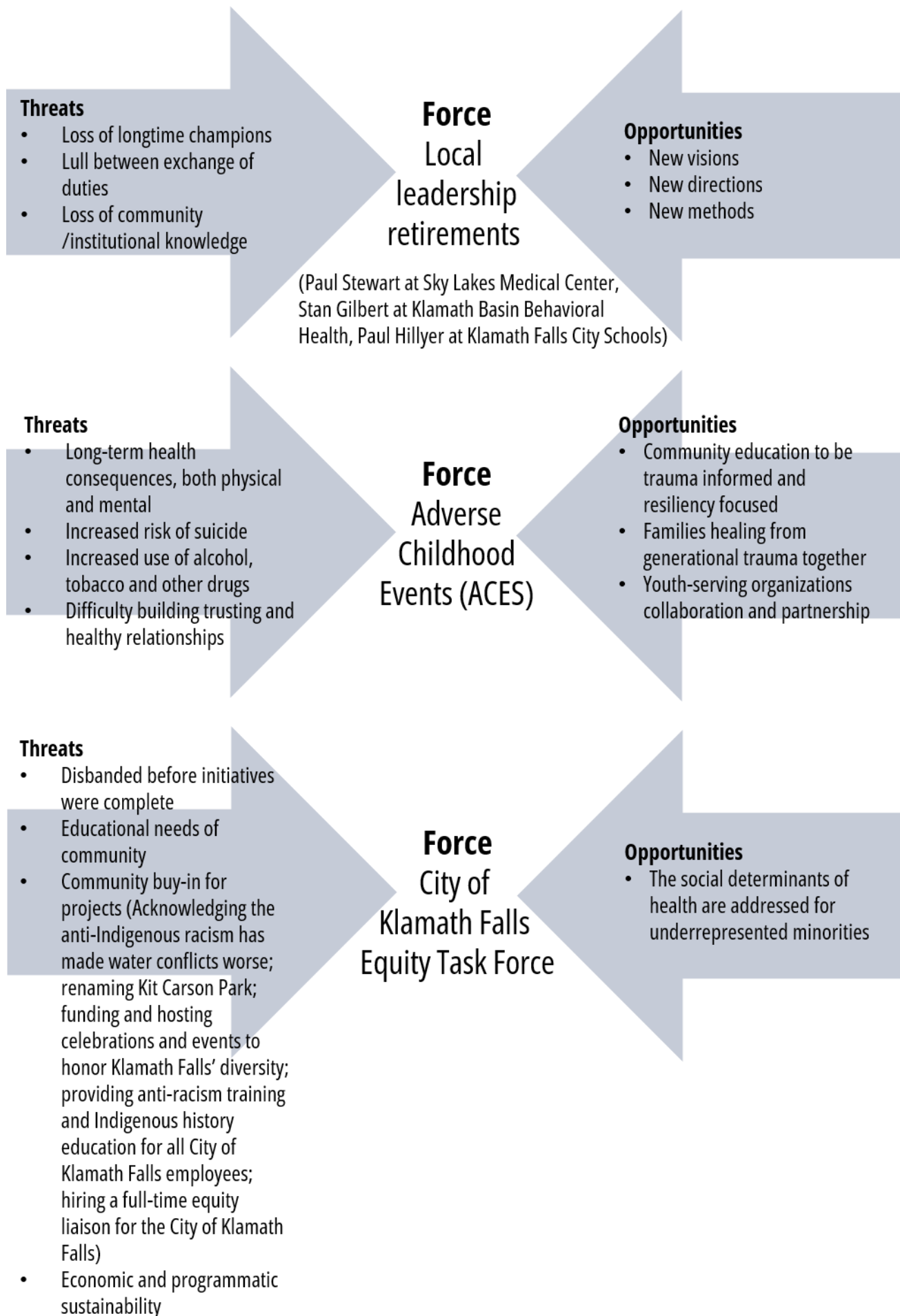


The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”



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### Threats

- Large economic commitment in a volatile economy
- Economic and programmatic sustainability
- Informing those who are eligible

## Force Oregon legislative bills forwarding equity

Please see the bills on page 171 of the Appendix.

### Opportunities

- The social determinants of health are addressed for underrepresented minorities

# Klamath County COVID-19

The week that concluded October 16, 2021, preceded the deadline for specific professionals to receive full COVID-19 vaccination or receive a medical or religious exception.

On August 19, Governor Kate Brown issued a press release announcing two vaccination measures to address Oregon's hospital crisis, caused by the Delta variant surge, and to help keep Oregon students safe in the upcoming school year and minimize disruptions to in-person instruction:

- Oregon's vaccination requirement for health care workers would no longer have a testing alternative. Health care workers would be required to be fully vaccinated by October 18 or six weeks after full FDA approval, whichever was later.
- All teachers, educators, support staff, and volunteers in K-12 schools would be required to be fully vaccinated by October 18 or six weeks after full FDA approval, whichever was later.

At the publication of this assessment, reported affects of these measures on schools and medical facilities were minimal.

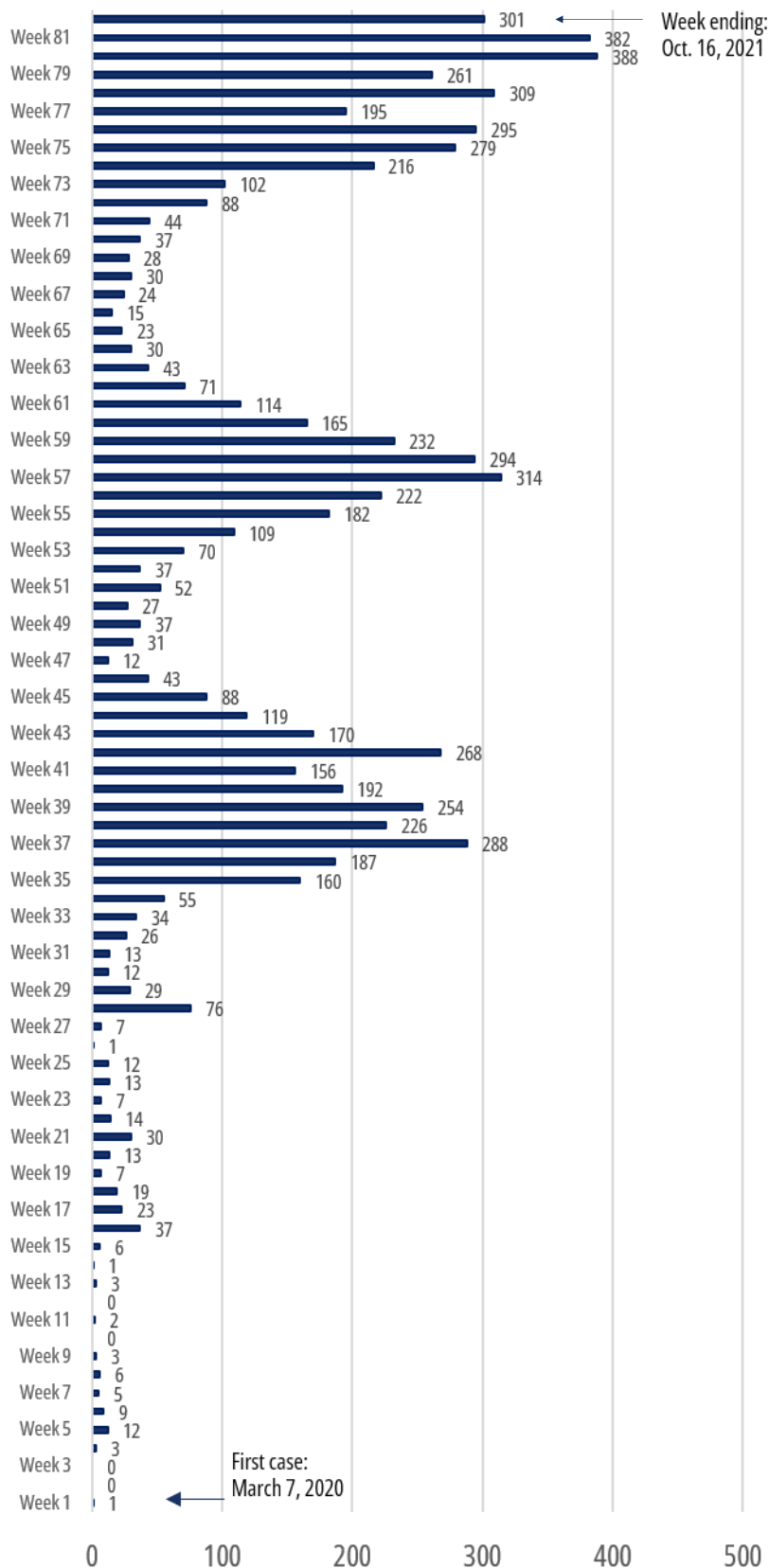
At the vaccine mandate deadline, Klamath County was 84 weeks into its COVID-19 experience. More than 85,000 laboratory tests had been administered with 7,898 known cases.

While the virus did not routinely leave people ill for an extended period, those who tested positive were considered "recovered" 90 days after diagnosis.

Of the 116 COVID-19 related deaths among community members, 81 were 70 or older — 35 were in their 70s, 35 in their 80s and 11 were 90 or older.

As of October 16, nearly 50% of those 12 and older, who are eligible for vaccination were vaccinated.

## COVID-19 cases in Klamath County



7,898

Known cases

5,402

'Recovered'

500

Known  
hospitalizations

116

Deaths

49.7%

Age 12+ vaccinated

85,550

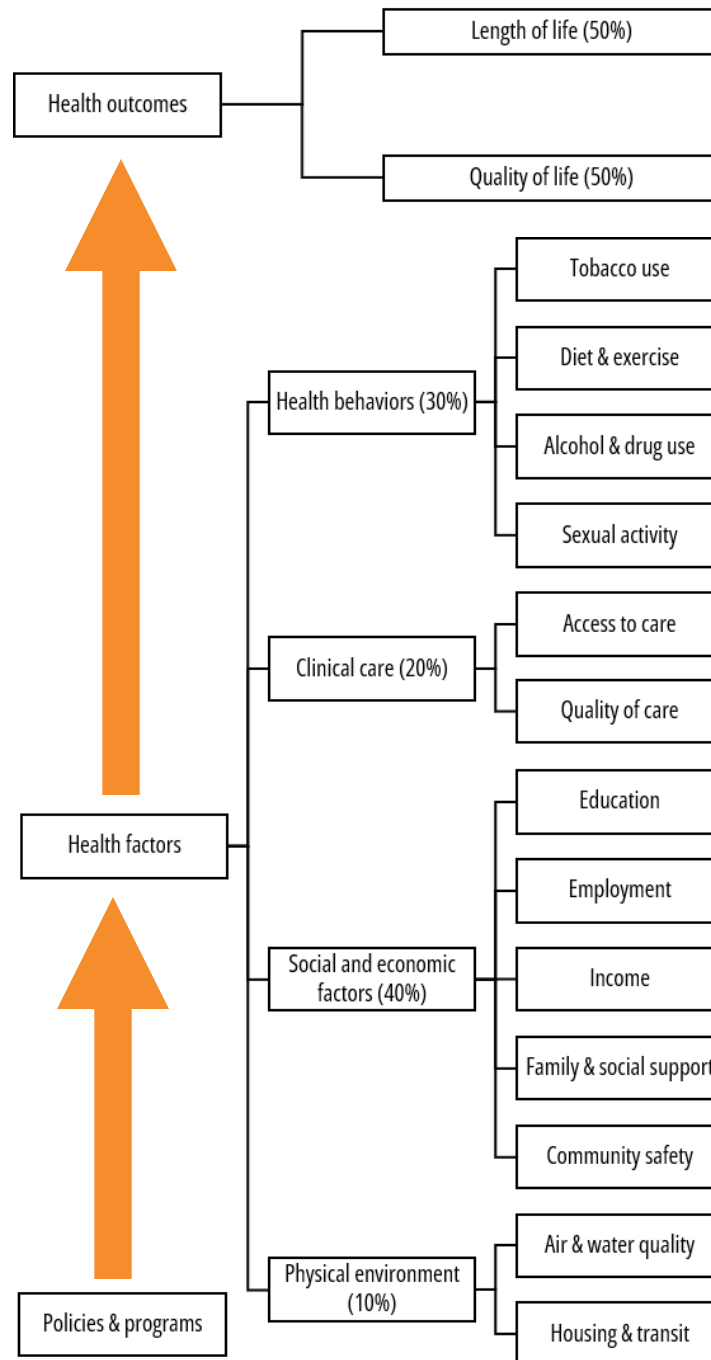
Electronic laboratory  
reports

COVID-19 data for Klamath County is shown through October 16, 2021.



# County Rankings & Roadmaps

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well people live. The Rankings use more than 30 measures to help communities understand how healthy residents are today (health outcomes) and what will impact health in the future (health factors).



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The Rankings are sponsored by The Robert Wood Johnson Foundation. The program began in 2010, and as the case with all statistical data the information lags a few years from the time it reflects and the year it is released. As an example, the 2021 information about air pollution came from 2016.

Annually, Klamath County routinely ranks in the lower 25% of Oregon counties for Health Outcomes and Health Factors. Information from the Rankings is best looked at over time. Are trends improving? Are there actions to take for improvement? In 2018, Klamath County was awarded a Robert Wood Johnson Foundation Culture of Health Prize, which honors and elevates communities in America working at the forefront of advancing health, opportunity, and equity for all.

The Foundation describes the Rankings and Roadmaps in this way:

County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute, is working to improve health outcomes for all and to close the health gaps between those with the most and least opportunities for good health. This work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

Across the country there are significant differences in health outcomes, from one county to the next and among racial/ethnic groups. For example, Blacks, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health. For example, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

## 2021 health outcomes

Length of life				
	Klamath County	Error margin	Top US performers	Oregon
Premature death	9,800	8,900-10,700	5,400	5,900
Quality of life				
Poor or fair health	21%	19-23%	14%	18%
Poor physical health days	5.0	4.6-5.4	3.4	4.7
Poor mental health days	5.4	5.0-5.8	3.8	4.8
Low birthweight	8%	7-9%	6%	7%

## 2021 health factors: Health behaviors

	Klamath County	Error margin	Top US performers	Oregon
Adult smoking	22%	19-25%	16%	16%
Adult obesity	30%	25-35%	26%	29%
Food environment index	6.4		8.7	7.8
Physical inactivity	23%	18-28%	19%	17%
Access to exercise opportunities	81%		91%	88%
Excessive drinking	22%	21-23%	15%	19%
Alcohol-impaired driving deaths	32%	26-38%	11%	31%
Sexually transmitted infections	522.9		161.2	464.0
Teen births	31	28-34	12	17

## 2021 health factors: Clinical care

	Klamath County	Error margin	Top US performers	Oregon
Uninsured	11%	9-13%	6%	8%
Primary care physicians	1,070:1		1,030:1	1,060:1
Dentists	1,140:1		1,210:1	1,210:1
Mental health providers	210:1		270:1	180:1
Preventable hospital stays	3,209		2,565	2,799
Mammography screening	37%		51%	42%
Flu vaccinations	44%		55%	44%

## 2021 health factors: Social & economic factors

	Klamath County	Error margin	Top US performers	Oregon
High school completion	88%	87-89%	94%	91%
Some college	58%	53-62%	73%	70%
Unemployment	6.2%		2.6%	3.7%
Children in poverty	23%	15-31%	10%	14%
Income inequality	4.8	4.4-5.2	3.7	4.6
Children in single-parent households	26%	21-31%	14%	21%
Social associations	10.6		18.2	10.2
Violent crime	218		63	249
Injury deaths	103	93-114	59	75

## 2021 health factors: Physical environment

	Klamath County	Error margin	Top US performers	Oregon
Air pollution – particulate matter	6.9 days		5.2 days	6.4 days
Drinking water violations	No			
Severe housing problems	19%	16-21%	9%	19%
Driving alone to work	82%	80-84%	72%	72%
Long commute – drive alone	13%	12-15%	16%	30%

Of Oregon's 36 counties, Klamath ranked 34 in Health Outcomes and 31 in Health Factors. While that provides a snapshot of where available data placed Klamath County in 2021, looking at this information over time illustrates the story of Klamath life.

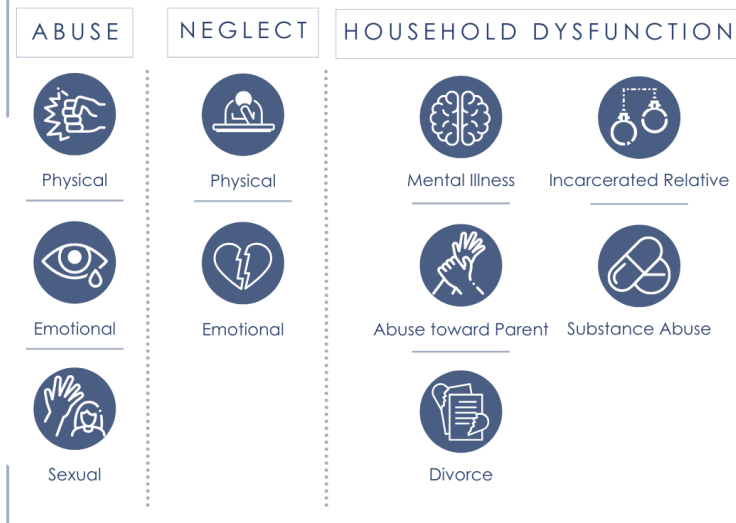
With sensitivity to the historical trauma seen locally, there are several county ranking measures that directly relate to Adverse Childhood Experiences (ACEs). The more ACEs a child experiences, there is a higher risk of having poor physical, mental and behavioral health. The next page shows ACE types and possible outcomes through graphics from [advokids.org](https://advokids.org).

Of the numerous ranking measures, 10 stand out as indicators of previous ACEs and progress made in helping families overcome trauma. They are: poor or fair health, poor physical health, poor mental health, adult smoking, adult obesity, excessive drinking, sexually transmitted infections, single parent households, drug overdose deaths and adult diabetes.

Graphs showing the long-term trends for those reporting poor or fair health, number of monthly poor mental health days and number of monthly poor physical health days can be found in the Community Health Assessment Survey section, with the comparable results.

# ACEs = Adverse Childhood Experiences

The 3 types of ACEs include

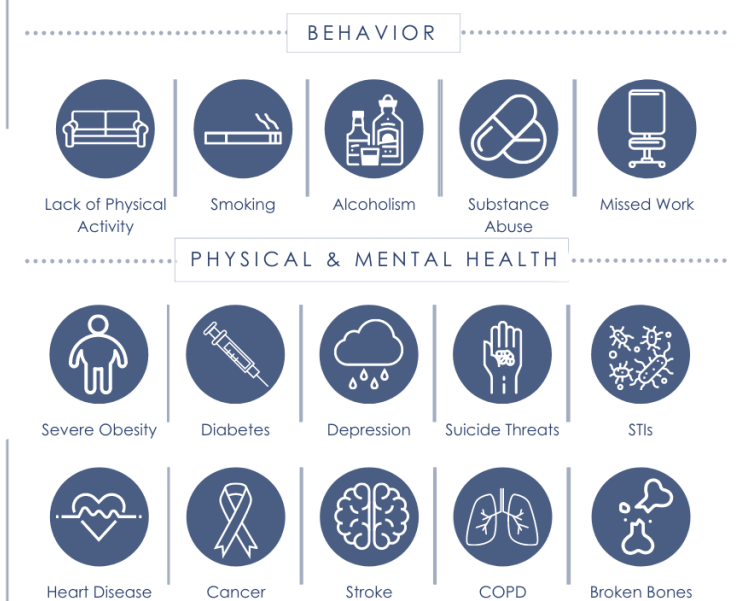


## What Impact Do ACEs Have?

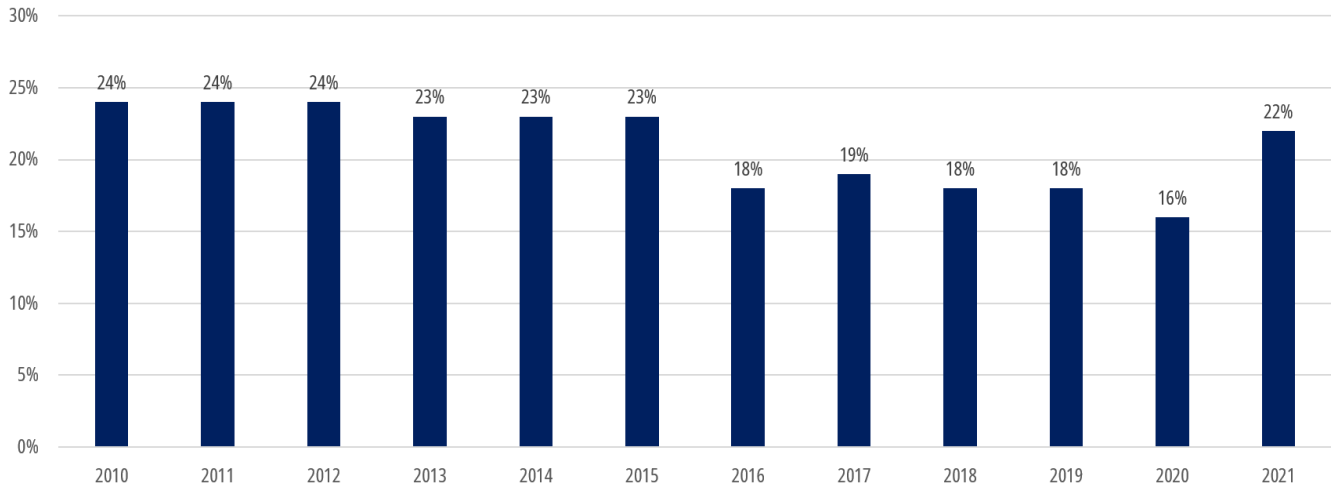
As the number of ACEs increases, so does the risk of negative health outcomes



Possible Risk Outcomes:

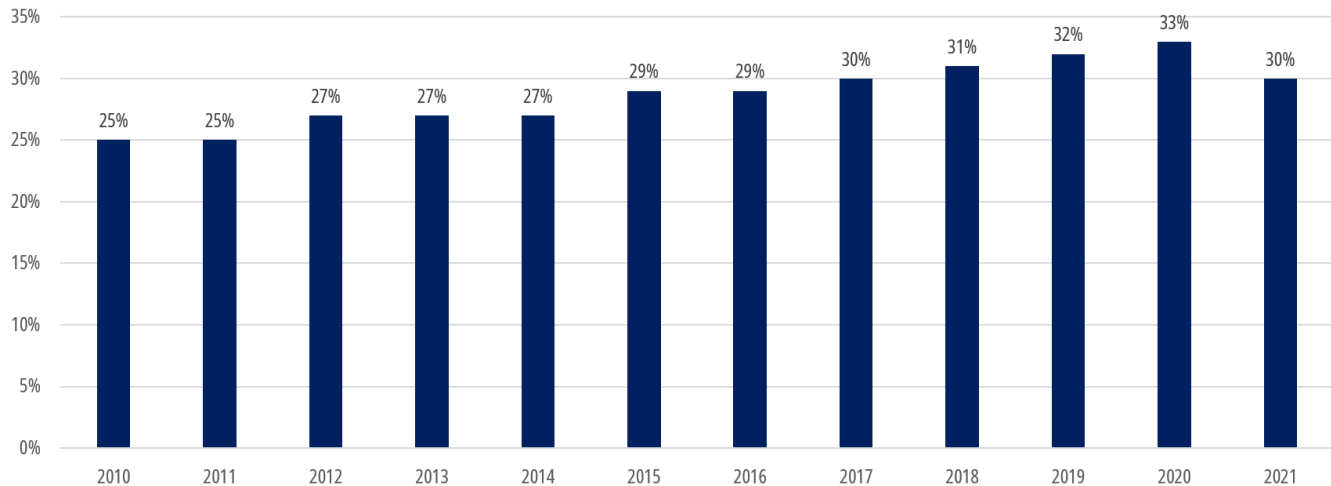


Percentage of Klamath County adult residents who smoke



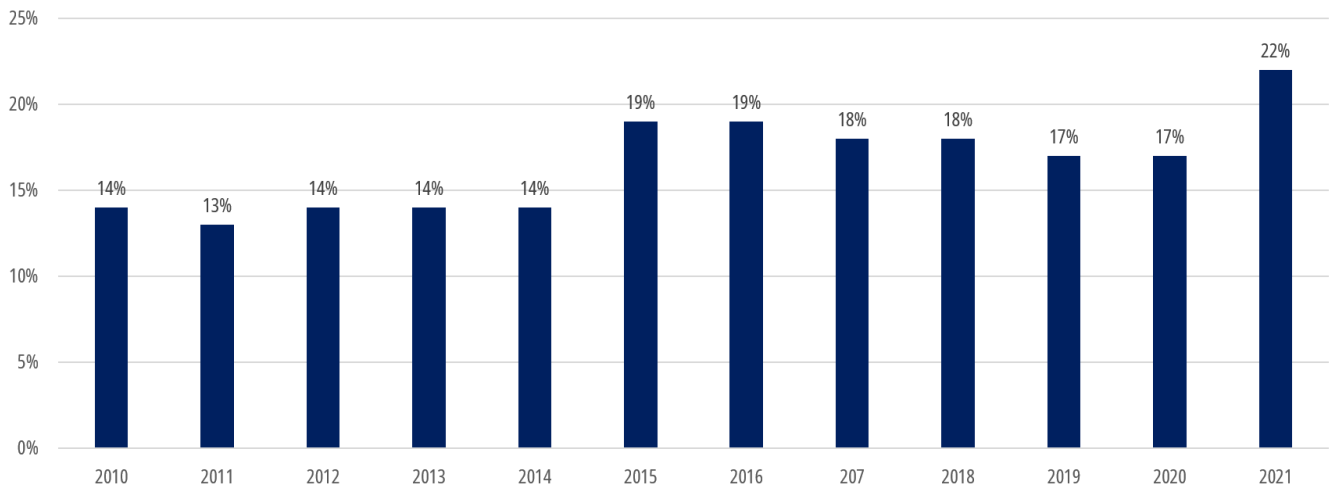
Smoking had dropped below 20% for five years. With the lag in time between gathering and reporting data, it may be three to five years before trends related to COVID-19 are available. In 2020 the US reflected 17%, with Oregon at 16%.

Percentage of Klamath County adult residents who are obese



Obesity dropped from an all-time high of 33% in 2020 to 30% in 2021. The 2020 US report was 17%, with Oregon at 16%.

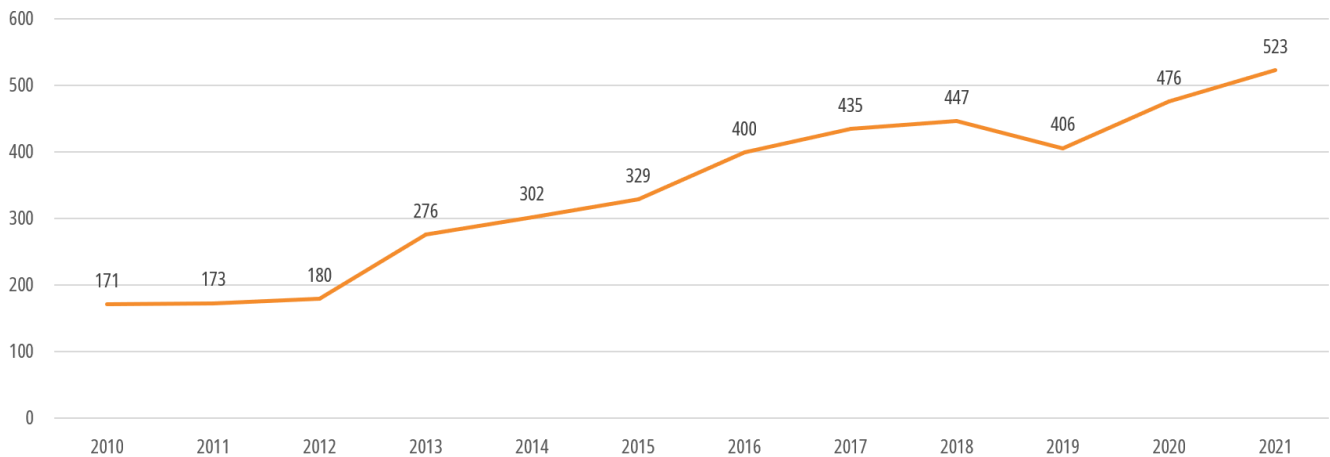
Percentage of adult Klamath County residents reporting binge drinking



Binge drinking increased five percentage points in 2021. US and Oregon reflected 19%.

Klamath County chlamydia rates

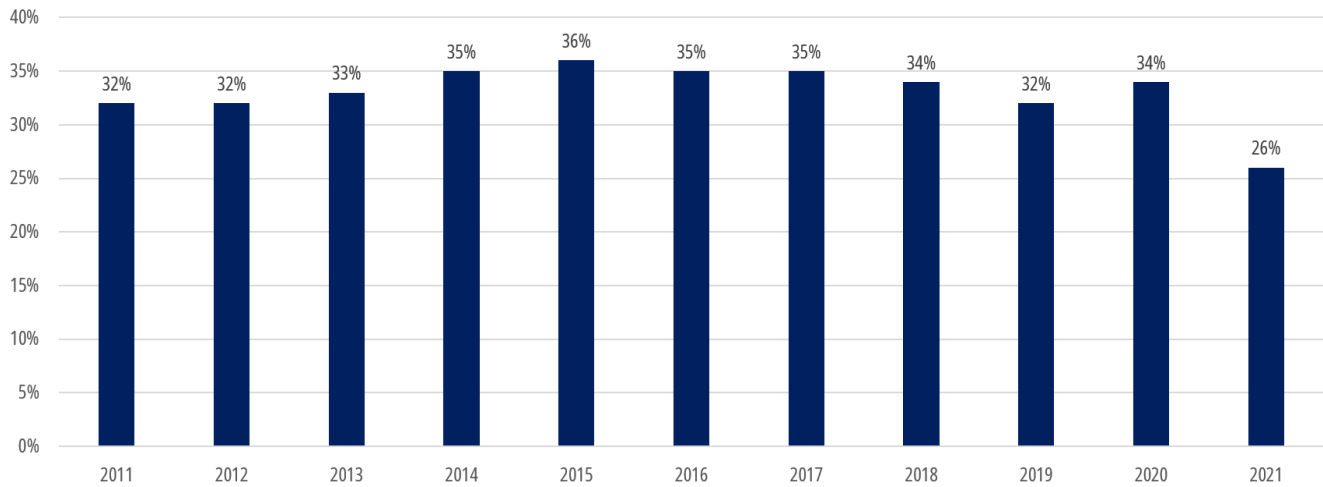
Per 100,000 population



Chlamydia rates continued to climb and during COVID-19 shutdowns, many people were not routinely tested for sexually transmitted infections. In 2020 the US rate was 525, with Oregon at 442.

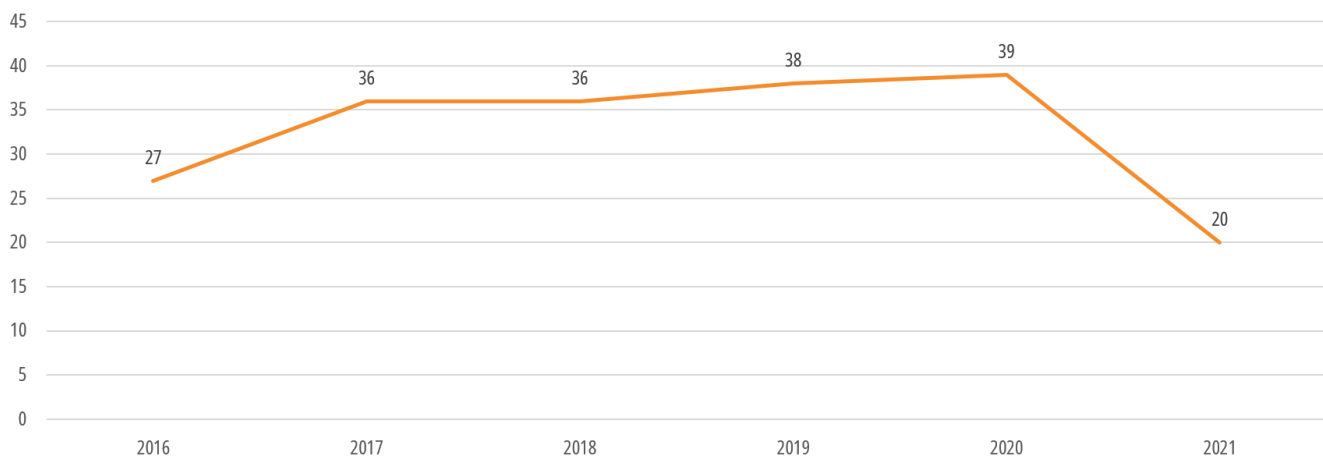


Percentage of Klamath County children living in single-parent households



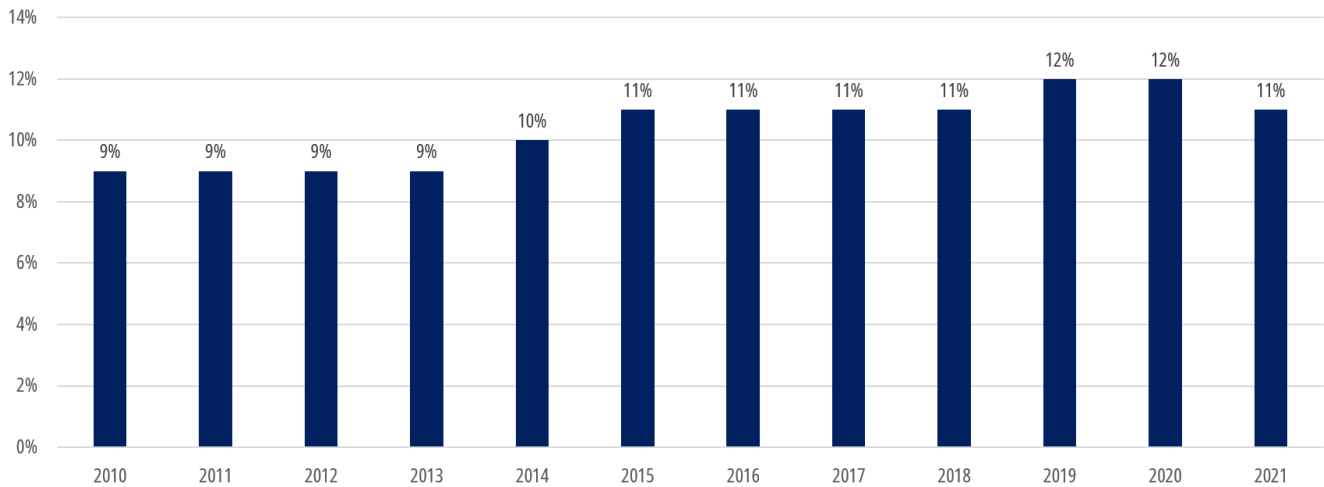
The percentage of children living in single-parent homes is a measure of family and social support. The best performing counties were at 14% in 2021, while the most challenged counties measured 26%. In 2020, the US reported 33%, with Oregon at 30%.

Klamath County drug overdose deaths  
Per 100,000 population



Anecdotal information suggests local overdoses are increasing, but are not necessarily fatal. Access to fentanyl has increased, which has driven overdoses in other communities. The 2020 rate for the US was 22, with Oregon at 38.

Percentage of Klamath County adult residents with diabetes



Adult diabetes dropped by a percentage point, but still exceeded the US and Oregon. In 2020 the US reported 10.5%, with Oregon at 9%.

## Causes of death

As the population numbers increase, so do the numbers of annual deaths. Cancer, heart disease chronic lower respiratory disease and cerebrovascular disease routinely lead the causes of death. ACEs can be factors in chronic illness, including unintended injuries, diabetes, suicide and alcoholism.

Prevalence of causes of death may change year to year, but the top causes of death have remained the same since 1995. Data from Oregon Health Authority indicates the top 11 causes of death in Klamath County are:

- Diseases of the heart
- Malignant neoplasms (cancer)
- Cerebrovascular disease
- Chronic lower respiratory disease (COPD)
- Diabetes mellitus
- Unintended injuries
- Influenza and pneumonia
- Alzheimer's disease
- Suicide
- Alcoholism

# Mental health

The County Rankings & Roadmaps show that Klamath County residents have had increasing difficulty each year with mental and behavioral health. This is shown through the number of days in a given month people have difficulty performing daily tasks because of mental and behavioral issues.

Klamath Basin Behavioral Health (KBBH) is the regional leader in this arena, invested in community partnerships and the county's success. In Fall 2021, service numbers were increasing across KBBH's 35 programs for both children and adults.

KBBH was responding to 20 youth walk-in patients each week and more than 200 adult walk-in clients each month as this assessment was being written. This was in addition to scheduled services being provided.

Professionals report the clinical needs and difficulties of local residents, following the widespread pandemic restrictions, were worse than before COVID-19. Therapists were also seeking other community support for clients, from food boxes to firewood to utilities payment.

At the time the community health assessment was being written, KBBH and other agencies engaged in addressing substance abuse disorder were drafting a proposal for the State of Oregon to become a one-stop support network in helping those seeking services.

This builds on another community project – the recently opened Link Access Center, which offers space for sobering, respite and mental health needs. The center diverts individuals who would otherwise have gone to jail or the emergency department into waiting beds, which are more appropriate for the needs of those being served.

The agency had a staff of 25 two decades ago and now has 250 professionals serving the community from peer support to advanced clinical care positions. It continues to seek community connections to strengthen support for its clients and to meet the growing needs of Klamath County.

# One Health paradigm

The University of Alaska Fairbanks has a successful way of looking at public health. It is called One Health, which a term coined by veterinarians to describe the interconnected reality of human, animal and environmental health.

It is a holistic approach to the well-being of all will lead to improved health outcomes and enhanced resilience. One Health also embraces the traditional knowledge of Indigenous people to highlight the wisdom available beyond academics and public health practice.

One Health provides a new paradigm in which to view the past, present and future of Klamath County.

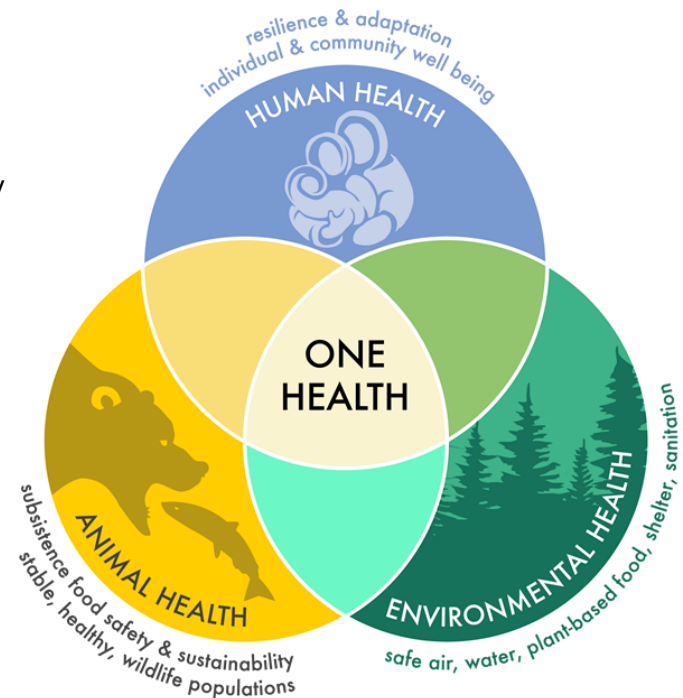
Human health encompasses everything that leads to well-being – mental, physical, spiritual and emotional. The medicine wheel used by Indigenous people incorporates these elements into its four quadrants.

Animal health includes the native species in the rivers, lakes and streams, forests and high desert areas – the migratory birds, too. Today the entire world is dealing with a virus with zoonotic, or animal, origins.

Beyond air quality, water systems and sanitation, environmental health includes the overall natural landscape and development of land for agriculture, housing or industry.

These issues take center stage with climate concerns, including:

- Drought, including domestic well failure and water quality
- Wildfire
- Air quality
- Energy accessibility
- Use or disuse of new technologies (solar, wind, etc.)
- Human involvement & repercussions



Local news stories have captured several One Health topics in Klamath County:

- Klamath County experiences two years of drought conditions.
- Residents in Crescent and southern Klamath Falls are experiencing dry domestic water wells.
- Klamath County's Two Four Two Fire began Sept. 7, 2020. It had an unknown cause. It reached 14,473 acres and destroyed 48 structures before being contained Oct. 10.
- The Bootleg Fire, named after the nearby Bootleg Spring, was a large wildfire that started near Beatty on July 6. Before being fully contained on August 15, it had burned 413,765 acres, making it the third-largest fire in the history of Oregon since 1900.
- Fire at the waste transfer station limits trash and recycling options in the county.
- Commissioners deal with several instances of dogs biting people or killing chickens.

Wildfire smoke can affect the air quality of the community. Below is an index that shows the air quality number and its associated health concerns.

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for sensitive groups	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy	201 to 300	Health alert: everyone may experience more serious health effects.
Hazardous	301 to 500	Health warning emergency conditions. The entire population is more likely to be affected

The Oregon Department of Environmental Quality measures air quality for Klamath County in Klamath Falls. Its most recent official reports provide air quality numbers for 2018, 2019 and 2020. They are provided in the chart on the next page. All of the unhealthy and very unhealthy days in 2018 were related to wildfire smoke. DEQ defines sensitive groups as individuals with heart or lung problems, children and pregnant women.

Air Quality Index	Klamath Falls 2018	Klamath Falls 2019	Klamath Falls 2020
Good	219 days	287 days	264 days
Moderate	105 days	78 days	75 days
Unhealthy for sensitive groups	11 days (10 wildfire)	—	12 days
Unhealthy	25 days (25 wildfire)	—	3 days
Very Unhealthy	3 days (3 wildfire)	—	1 day
Hazardous	—	—	1 day
Data missing	—	—	10 days

It is reasonable to expect that the more days of unhealthy for sensitive groups, unhealthy, very unhealthy and hazardous air quality will result in more poor health outcomes. Returning to the County Rankings poor air quality could factor into low birth weight, infant mortality, premature death and the number of monthly poor mental health days — to name just a few areas of concern.

One Health also uses the long-established wisdom of Indigenous people to understand how people, animals and the environment can exist together in healthy ways. One of the associated elements of human health is individual and community well-being. The State of Alaska has created a list of well-being domains and dimensions, which are listed on the next page.

Through the Blue Zones Project — Klamath Falls, the county seat has seen well-being trends measured three times. Areas identified are overall community well-being, overall individual well-being, and overall social determinants of health.

The social determinants of health are defined by Health People 2030 as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Through the local well-being observations, individual well-being includes financial, social, purpose, physical and community elements. The social determinants of health include economic security, housing and transportation, healthcare access, food access and resource access.

## Key domains of well-being: State of Alaska's Salmon & People well-being domains and dimensions

### Economy & livelihood

- Material wealth & security
- Economic dimensions of resource access
- Local & informal economies
- Employment & income
- Job satisfaction & quality
- Subsistence & traditional fishing and hunting livelihoods
- Commercial fishing livelihoods
- Recreation & tourism
- Time for fulfilling activities
- Food security
- Industry & commerce

### Environment

- Environmental health & quality
- Ecological dimensions and resource access
- Infrastructure
- Physical dimensions of resource access
- Pollution & waste
- Beauty & inspiration

### Health

- Emotional & mental health
- Physical health
- Spiritual health

### Safety

- Disaster preparedness
- Physical safety
- Peace & security

### Culture, place & identity

- Cultural values & practices
- Generational connections to place & culture

- Place attachments & sense of place
- Religion, spirituality & worldviews
- Stewardship & values
- Identity

### Social relationships

- Family & community connections
- Social dimensions of resource access
- Generational continuity
- Community size, composition & diversity
- Nonhuman social relationships
- Social integrity

### Education & knowledge

- Education & information
- Cognitive & cultural dimensions of resource access
- Local & traditional knowledge
- Institutions & infrastructure
- Research & technology
- Technical dimensions of resource access

### Voice & agency

- Self-determination
- Sovereignty
- Voice
- Political dimensions of resource access

### Management & governance

- Resource management
- Legal dimensions of resource access
- General governance
- Civic participation

## 2021 Klamath Falls Community Well-Being recommendations



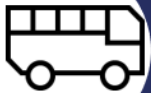
**Health care access:** Klamath Falls may consider improving healthcare provider access, particularly access to pediatric specialists. Values in this area lag slightly behind the state and nation.



**Resource access:** Klamath Falls has strong access to local libraries, and while it is a green city it may consider adding additional park space. This community may also consider improving grocery access at 20 miles.



**Food access:** In comparison to the state and nation, Klamath Falls may consider improving food access at one mile, across demographic and need-based groups. This community may also consider improving the ratio of health food retailers to all food retailers.



**Housing & transportation:** Housing in Klamath Falls appears to be less expensive and more affordable than homes in the state or nation. This community has active commuters, with medium amounts reporting that they walk or bike. It may benefit from increased access to public transit.



**Economic security:** In comparison to the state and nation, Klamath Falls struggles somewhat with labor force participation and poverty rates. A large portion of the population appears to use SNAP for food access.

1/27/2022 **DRAFT** 1/27/2022

For Klamath Falls, the overall 2021 well-being score was 59.9 out of 100. This was the same as 2020. Social and physical well-being were the strongest areas; opportunity areas are stress management, fruit and vegetable consumption, and body mass index.

Healthcare access is a strength for Klamath Falls, with areas of improvement seen in walking and biking to work, and using public transportation for commuting. The high poverty rate and higher percent of residents receiving supplemental nutrition assistance program benefits.

While these results don't reflect the status of the entire county, they do provide a glimpse of what improvements have happened over time. Well-being was the element with which the community struggled in receiving Blue Zones certification.

By reflecting on the elements used by Alaska, Klamath County might create its own definition of what well-being means.



# Youth suicide prevention

In 2021 The Klamath Tribes and University of Oregon published the Klamath County Youth Suicide Prevention Research Summary. The authors provided these concluding comments:

Youth suicide is a tragic but major issue within Klamath County. The suicide rates within the county are more than twice the overall rates for Oregon, and more than triple the rates for the United States as a whole. Mental health issues and suicide rates are particularly high within Native communities.

To help address these issues and instigate positive change within Klamath County, we conducted two pieces of research: the Klamath County Community Needs Assessment and the Klamath County Schools Youth Survey.

The needs assessment was completed by practitioners who work directly or indirectly in youth suicide prevention in Klamath County. This research helped us to understand the strengths of existing services, as well as opportunities for improvement. In particular, it was revealed that there is a clear need to improve the access and availability of mental health services within the county.

The youth survey was completed by youth in Klamath County themselves, giving us a direct insight into their own perceptions about the mental health support services offered to them at school. The results of the survey showed that many students were still unaware of the school's support for mental health or felt uncomfortable accessing these services. Clearly, schools should not only ensure that the services they offer are effective and evidence-based, but also consider how these services are communicated to students, reducing any barriers to access.

Overall, the two pieces of research led to the formulation of ten clear action points for improving youth suicide prevention in Klamath County. By following up on these and implementing the recommended actions, policymakers can help to ensure that any child suffering from depression in Klamath County is able to access effective mental health support, thereby reducing the troubling youth suicide rates.

After each Community Health Assessment cycle, a Community Health Improvement Plan is created the following year. The next pages describe the areas of work and emphasis in the three existing improvement plans.

In reviewing the 2016 plan, Klamath County Public Health's Public Health Accreditation Board site visitors suggested that areas of emphasis be reduced to no more than five. The 2016 plan set out to document the work that was being done toward Blue Zones Project certification. In the subsequent edition, focus areas were reduced to provide more attention and action toward improvement

Progress on the current improvement plan can be viewed at [HealthyKlamath.org](https://HealthyKlamath.org). The reality is there will always be more work to do and the best way to prepare for the future is to know where we have been.

# 2013 Community Health Improvement Plan

The following text is from the 2013 Community Health Improvement Plan. It describes what the issues were at the time.

## Focus areas

### Obesity

2013: In Klamath County, 60.6% of individuals are obese or overweight (34.6% overweight, 26.0% obese). About half (58.7%) of Klamath County residents meet the minimum physical activity, and just 28.3% of adults eat five or more servings of vegetables a day.

# Infrastructure

2013: In Klamath County, only 12.6% of low-income residents live within 10 miles of a supermarket or large grocery store. During 2012 focus groups, Chiloquin and Merrill residents reported difficulty purchasing healthy, affordable groceries in their communities. The lack of available public transportation services serves as a barrier to individuals living in outlying communities getting access to healthy food options, thus marginalizing those individuals.

Focus group participants reported a need for improvements to the built environment within their communities, such as street lights, sidewalks, cross walks to improve walkability, and park maintenance.

## Health in all policies

2013: Whether intentional or not, most policies have some effect on health. These policies are often not felt equitably among individuals. Health in All Policies (HiAP) is a collaborative approach that relies on evidence-based recommendations to inform the decision-making process to maximize gains in our community's health and well-being. This strategy will help our community make informed choices about improving public health through the development, implementation, and evaluation of policies and services. HiAP is a system change approach to ensure that decisions made by both non-health and health sectors have a positive or neutral impact on the environments where we live, learn, work and plan.

## Tobacco, alcohol and other drug use and prevention

2013: Klamath County continues to see rising rates of alcohol-related deaths, rates of which are significantly higher than the State rates. This is alarming, considering that Oregon's death rate from alcohol-induced disease alone is 80% higher than the national rate. According to the Oregon Health Authority, Center for Health Statistics, Klamath County is experiencing increasing death rates due to alcohol consumption. In 2007-2009, alcohol consumption results in 26.7 deaths per 100,000 in Klamath County compared to 13.2 deaths per 100,000 in Oregon. This is an increase from the alcohol consumption death rate of 22.6 per 100,000 in 2006-2008. The majority of alcohol-related deaths are in relation to liver disease and injury from motor-vehicle crashes. Males are significantly more likely to die from alcohol consumption than females in Klamath County.

# Mental health

Qualitative data collected from the community during the assessment process revealed that addressing mental health issues are a local priority. Focus groups and key informant interviews revealed a lack of accessible mental health services, particularly for school-aged children. Quantitative data confirms our community's need for mental health services. Klamath County reports 22.9 suicide deaths per 100,000, a rate that is higher than the state average and well above the Healthy People 2020 target. Research indicates that for every suicide death, 8 to 25 suicide attempts are made. In the 2012- 2013 School Year four suicide attempts were made at a local K-12 school, one of which was successful.

# Youth mentoring

Healthy, supportive relationships formed between mentors and youth mentees have long lasting benefits and promote resiliency among youth and future generations. Key informants interviewed during the assessment process emphasized the need to teach the next generation how to live a healthy, productive life. Youth mentoring and role modeling programs were pointed to as community assets, but our community needs more.

# Transportation

Klamath County is a geographically large county, forcing our residents to travel long distances to receive the resources and services needed to live a healthy life. During 2012 focus groups, many residents in outlying communities of Klamath Falls reported a lack of accessible transportation to the city and insufficient public transportation services within the city. The lack of public transportation services from outlying communities to Klamath Falls are contributing to an overuse of ambulatory services. In addition to a lack of public transportation services, the community noted a lack of safe streets for walking, biking, or for utilizing alternate modes of active transportation.

# Poverty

Klamath County has a high rate of economically disadvantaged residents faced with extreme poverty: 13.9 percent of Klamath County families and 18.1 percent of individuals are living in poverty. The income statistics further illustrate this issue, the median household income in Klamath County is \$41,787 which is significantly less than the state (\$49,850). In nearly every key informant interview, issues related to poverty were discussed. The effects of poverty plague nearly every sector.

# 2016 Community Health Improvement Plan

The following text is from the 2016 Community Health Improvement Plan. It describes what the issues were at the time.

## Focus areas

### Physical health

Chronic disease

1. Increase availability of self-management programs by Living Well Coalition
2. Reduce the burden of diabetes through chronic disease self-management and prevention programs
3. Reduce readmission rate among COPD sufferers through a multi-departmental effort

Cancer

1. Increase the number of preventative cancer screenings by increasing Primary Care Provider referrals through gap care analysis

Overweight and obesity

1. Lower overweight and obesity rates by offering a weight loss program with built-in support
2. Reduce the percentage of adolescents age 12-19 who are considered obese or overweight

### Mental health

Klamath County, although a vibrant community, is faced with some concerning health challenges. There is a high prevalence of mental health problems and unfortunately a lack of mental health providers in Klamath County. The Core Four are not directly involved in this but we recognize this as an issue and others in the community are working to address the issue.

### Maternal and infant health

1. Decrease infant mortality through offering education programs and access to prenatal care
2. Decrease incidence of Low Birth Weight through nutrition, education, smoking cessation, and managed oral hygiene

## Breastfeeding

1. Increase breastfeeding rates through education on lactation and providing ongoing support

## Reproductive health

1. Decrease teen pregnancy through education and contraceptive services
2. Decrease incidence of STI/STDs through education, screenings, and contraceptives

## Social determinants of health

1. Increase access to primary care through non-emergent medical transportation, health care outreach, and expanded clinic availability
2. Primary care is the focus for the Core Four. However, Cascade Health Alliance has made a variety of community donations to impact social determinants of health including poverty. Other agencies in the community such as Klamath & Lake Community Action Services, Klamath Works, and Lutheran Community Services implement successful programs that directly address poverty.
3. Although education is highly important and influential to the health of this community, the Core Four are focused on the more traditional health issues. Klamath Promise is a wonderful initiative focused on achieving 100% high school graduation and the Core Four are invested in and supportive of its efforts. The Klamath Tribes Administration addresses education needs through their Education Department.
4. The Core Four understand the correlation between safe housing and health, but housing is beyond the scope of their influence. Instead, they rely on the expertise and hard work of the Klamath Housing Authority and Klamath & Lake Community Action Services to assist community members in obtaining safe and stable housing. The Klamath Tribes Administration also addresses housing needs within their served population through their Housing Department.
5. The Core Four are not directly involved in efforts to eliminate food insecurity, however Sky Lakes Medical Center and Klamath Open Door have partnered with the Klamath-Lake Counties Food Bank to offer the Produce Connection program. The food bank provides boxes of fresh produce for free and distributes them at Klamath Open Door and Cascades East clinics. Beyond the Produce Connection, the Core Four look to community partners such as YMCA, Integral Youth Services, Klamath Basin Research and Extension Center, Klamath Library, Oregon Institute of Technology, and the county and city school districts who have teamed up to create the Child Hunger Coalition to provide free lunches and enrichment programming in parks. The Klamath Tribal Administration also provides services through their Commodity Program and the Food Bank Collaboration.

6. Decreasing crime and increasing safety is beyond the scope of the Core Four's influence. Cascade Health Alliance, Sky Lakes Medical Center, Klamath County Local Alcohol and Drug Planning Committee, and other community agencies, made monetary donations to establish the Sobering Center, which will be operated by Klamath Basin Behavioral Health. The Klamath Tribal Administration addresses the issue of criminal activity through their Tribal Court.
7. Sky Lakes Medical Center operates the Child Abuse Response and Evaluation (CARES) program, which focuses on analyzing possible cases of abuse or neglect and offers treatment and referral for victims. They offer expert medical diagnoses with speed and accuracy. They are also involved in the Stop the Hurt Coalition which works to prevent child abuse and neglect through advocacy and education. Other community organizations such as Court Appointed Special Advocates, Department of Human Services, Friends of the Children, and Citizens for Safe Schools work to prevent child abuse and neglect through mentorship and positive adult relationships. The Klamath Tribal Administration operates a Social Services Department to serve their population.

## Modifiable health risks

### Substance Abuse

The Core Four helps direct patients to substance abuse counseling services but do not provide direct services. Other community partners, including Klamath Basin Behavioral Health, Lutheran Community Services, Best Care Treatment, and Transformations Wellness Center, provide services. The Klamath Regional Health Equity Coalition advocates for youth drug prevention and facilitates the Sticker Shock campaign. Klamath Tribal Health & Family Services offers direct services through the Youth and Family Guidance Center, and the Substance Use Disorder Program.

### Tobacco

1. Decrease the prevalence of tobacco use among adults
2. Reduce use of cigarettes by adolescents (past month)

### Alcohol

Reduce the percentage of adolescents reporting use of alcohol or any illicit drugs during the past 30 days

### Marijuana

Reduce the percentage of adolescents reporting use of marijuana during the past 30 days

### Nutrition

Increase consumption of fruits and vegetables through education and public assistance

## Physical activity

Increase amount of physical activity through walking programs

# Built environment

## Active transport

Active transportation is closely linked with physical activity. Although built environment is not a traditional area of focus for the health system, Sky Lakes Medical Center and Cascade Health Alliance are funding projects to improve the built environment. Sky Lakes Medical Center is currently working to remodel Kit Carson Park as well as supporting a downtown pocket park. Cascade Health Alliance has committed funding for the first phase of a downtown protected bike lane project. The Blue Zones Project has a dedicated committee focused on improving the built environment to encourage physical activity. Additionally, one of the milestones for the Built Environment Committee is the completion of a Safe Routes to School Master Plan.

## Food

The built environment influences availability of food. The Core Four work with the Blue Zones Project and its Food Policy Committee to impact change in this area. The primary focus is to fill a food desert downtown as well as explore a Healthy Cornerstore Initiative.

## Tobacco

Klamath County Public Health is working to implement a Tobacco Retail Licensing program. Several community partners are working on tobacco-free worksites, smoke-free downtown, and tobacco-free city parks. Reference the Tobacco health issue chart under Modifiable Health Risks for more information.

# Environmental health

## Air Quality

Reduce amount of particulate matter (PM2.5) air pollutants affecting air quality



# 2019 Community Health Improvement Plan

The following text is from the 2019 Community Health Improvement Plan. It describes what the issues were at the time.

## Focus areas

### Suicide prevention

1. Prevention: Implement suicide prevention programming in the school districts, in accordance with Oregon Senate Bill 52, and in the community.
2. Intervention: Identify individuals who are at potential risk of suicide and refer them to the appropriate agency.
3. Postvention: In accordance with Oregon Senate Bill 561, enact a comprehensive, community-wide suicide postvention plan to prevent suicide contagion.

### Physical well-being

1. Increase coordination and implementation of physical activity opportunities in schools and parks.
2. Increase connectivity of trails and protected walk/bike lanes to increase community opportunities for active transportation and recreation.
3. Increase participation in well-being activities and prevention programs.

### Oral health

1. Develop a coordinated dental services referral protocol.
2. Train frontline health workers on oral health intake, visual screening, referral, and patient education.
3. Incorporate dental screening and referral into local emergency department.
4. Increase awareness of the relationship between oral health and physical health.
5. Use case management to schedule and follow up with diabetic clients about oral health.
6. Develop education materials for providers about safety.
7. Develop education materials for patients.
8. Develop shared protocol among obstetricians and dental providers about referral and communication between specialties.

9. Join Oral Health Progress and Equity Network (OPEN).
10. Secure funding for research and policy health impact statement.
11. Recruit health equity intern to research policies and impact on oral health

## Infant mortality

1. Increase access to and enrollment in prenatal care.
2. Reduce tobacco and substance use among pregnant mothers.
3. Ensure access to healthy foods among pregnant mothers
4. Establish a cross-jurisdictional infant mortality work group to coordinate efforts and ensure consistent messaging
5. Increase knowledge among families with children about safe sleep practices
6. Ensure access to resources needed for safe sleep practices (ex. Crib, pack and play, etc.)

## Food insecurity

1. Increase access to local produce and other healthy foods within the urban food desert.
2. Improve local food economy by connecting and advocating for local producers to sell locally.
3. Educate consumers on nutritional quality, producing, and preparing healthy foods.

## Housing

1. Convene stakeholders to initiate a collaborative process for healthy, affordable, safe, and equitable housing.
2. Identify best practice definitions for adequate housing.
3. Identify and advocate for policy implementation and changes directed towards housing expansion and code compliance.
4. Incorporate a Community Health Worker at Outpatient Care Management solely focused on housing assistance and education.
5. Implement a "Ready to Rent" program through Klamath Housing Authority.
6. Implement a community-wide community clean and safe housing campaign.
7. Convene partnerships with economic development community partnerships to create development incentive package.
8. Partner with Klamath Housing Authority to solicit grant funding opportunities.

# Where do we go from here?

This document completes the Community Health Assessment process for Klamath County. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. The essential ingredients are community engagement and collaborative participation.

The new year will take Healthy Klamath out into the community to obtain feedback and information about what the priorities and areas of emphasis should be for the 2022 Community Health Improvement Plan. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the various strengths, weaknesses, challenges, and opportunities that exist in the community to improve the overall health status.

The plan will focus on a few key areas to address in the next three years.

In addition to the local input, there are some vital areas of emphasis in Oregon's state health improvement plan. These may also become areas local residents choose to address. They include:

## Institutional bias

1. Expose and reduce the impact of institutional biases that influence health, by
2. Identifying and championing work across systems, structures, policies, communities and generations, so that
3. All people in Oregon are empowered and have the opportunity to participate fully in decisions to achieve optimal health.

## Adversity, trauma and toxic stress

1. Prevent trauma, toxic stress and adversity through data-driven policy, system and environmental change.
2. Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities.
3. Mitigate trauma by promoting trauma-informed systems and services that assure safety and equitable access to services and avoid re-traumatization.

## Behavioral health

1. Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.

2. Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery.

#### Economic drivers of health

1. Increase the percentage of Oregonians earning a livable wage by raising public awareness of the correlation between health and economic sufficiency and advocating for evidence-based policies to improve economic sufficiency.
2. Ensure that all people in Oregon live, work and play in a safe and healthy environment and have equitable access to stable, safe, affordable housing, transportation and other essential infrastructure so that they may live a healthy resilient life.
3. Increase equitable access to culturally appropriate nutritious food regardless of social or structural barriers by addressing the underlying issues in food availability.

#### Access to equitable preventative health care

1. Increase equitable access to and uptake of community-based preventive services.
2. Increase equitable access to and uptake of clinical preventive services.
3. Implement systemic and cross-collaborative changes to clinical and community-based health-related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention.

Additionally, Oregon Governor Kate Brown has created a priority list concerning the social determinants of health. These include:

#### Healthy and safe communities

Policy offices: Diversity, Equity, and Inclusion/Affirmative Action, Health Care, Housing, Human Services, Marijuana Policy, Open and Accountable Government, Public Safety/Military/Veterans, Seismic Resilience

#### Responsible environmental stewardship

Policy Offices: Diversity, Equity, and Inclusion/Affirmative Action, Energy and Climate Change, Natural Resources, Seismic Resilience

#### Seamless system of education

Policy Offices: Diversity, Equity, and Inclusion/Affirmative Action, Early Education, Higher Education, K-12, Workforce/Labor

#### A thriving statewide economy

Policy Offices: Diversity, Equity, and Inclusion/Affirmative Action, Energy and Climate Change, Federal Affairs, Housing, Human Services, Jobs/Economy, Marijuana Policy, Regional Solutions, Seismic Resilience, Transportation, Tribal Affairs, Workforce/Labor

# Appendices

Your feedback on this document is an important first step to moving into a healthier future for all of Klamath County. Please send your comments and suggestions to:  
[info@healthyklamath.org](mailto:info@healthyklamath.org).

# Healthy Klamath membership

From the September 2021 presentation to members

## Executive team

Cascade Comprehensive Care  
City of Klamath Falls  
Klamath County  
Klamath Health Partnership  
Sky Lakes Medical Center  
Wendt Family Foundation

## Members

Area Agency on Aging  
CASA for Children of Klamath County  
Cascade Health Alliance  
Cascades East Family Medicine Center  
Choose Klamath  
Citizens for Safe Schools  
City of Klamath Falls  
Community Action Partners of Oregon  
Department of Human Services — Klamath  
and Lake counties  
Friends of the Children  
Herald and News  
Integral Youth Services  
Just Talk  
KFLS Radio News — Klamath Talks  
Klamath and Lake Community Action  
Services  
Klamath Basin Behavioral Health  
Klamath Basin Research & Extension Center  
(OSU)  
Klamath Basin Senior Citizens' Center  
Klamath Community College

Klamath County Developmental  
Disabilities Services

Klamath County Public Health  
Klamath County School District  
Klamath Falls City Schools  
Klamath Falls Downtown Association  
Klamath Falls Farmers' Market  
Klamath Falls Online Marketplace (KFOM)  
Klamath Housing Authority  
Klamath-Lake Counties Food Bank  
Klamath Promise  
Klamath Tribal Health & Family Services  
The Klamath Tribes  
Klamath Works  
KVLR News — Klamath Voice  
Lutheran Community Services Northwest  
Marta's House  
Mills Neighborhood Association  
Oregon Health & Science University  
Oregon Tech  
Sanford Children's Clinic, Klamath Falls  
Sky Lakes Outpatient Care Management  
Sky Lakes Wellness Center  
South-Central Early Learning Hub  
South Central Oregon Economic Development  
District  
Steens Sports Park  
Stillwaters Hospice House  
Transformations Wellness Center  
YMCA of Klamath Falls

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# Poverty by age and gender

Source: Datausa.io; Census Bureau's American Community Survey, 5-year estimate

Year	2013	2014	2015	2016	2017	2018	2019
Male under 5	446	452	574	553	560	569	455
Female under 5	401	417	499	502	497	514	548
Male 5 years	161	130	86	51	14	24	92
Female 5 years	165	136	131	106	42	45	56
Male 6 to 11 years	601	488	468	460	526	757	819
Female 6 to 11 years	504	579	645	680	808	843	772
Male 12 to 14 years	277	134	154	198	198	218	229
Female 12 to 14 years	330	349	349	362	350	308	244
Male 15 years	71	76	79	115	101	147	160
Female 15 years	75	82	87	66	64	154	168
Male 16 & 17 years	179	151	184	130	168	223	185
Female 16 & 17 years	173	112	112	115	110	119	63
Male 18 to 24 years	614	828	853	809	766	730	566
Female 18 to 24 years	1180	1070	1100	1060	983	924	948
Male 25 to 34 years	734	689	691	660	719	800	786
Female 25 to 34 years	1010	992	990	884	996	999	949
Male 35 to 44 years	566	713	767	829	850	888	806
Female 35 to 44 years	684	662	789	733	707	770	712
Male 45 to 54 years	851	866	787	679	665	804	746
Female 45 to 54 years	884	917	966	882	825	912	799
Male 55 to 64 years	653	575	535	496	553	688	636
Female 55 to 64 years	586	663	720	738	755	768	746
Male 65 to 74 years	317	194	125	151	178	196	313
Female 65 to 74 years	336	320	350	370	354	424	530
Male 75+	141	145	149	181	152	161	171
Female 75+	373	331	354	309	261	290	354

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# 2019 Local Public Health Assessment questions

1. Organization?
2. Conduct regular Community Health Assessments?
3. Continuously update the Community Health Assessment with current information and promote that information among community members and partners?
4. Analyze health data, including geographic information to see where health problems exist?
5. Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information, to better understand emerging health problems and threats?
6. Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?
7. Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
8. Engage the community through the process of setting priorities, developing plans, and implementing health education and health promotion activities?
9. Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and recommendations for health promotion policies?
10. Reach their audience through different media providers (i.e. internet, radio, television, etc.)?
11. Follow an established process for identifying key community members related to overall public health and safety interests and particular health concerns?
12. Encourage community members to participate in activities to improve community health and safety?
13. Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health and safety in the community?
14. Support the work of the local health department to make sure the 10 Essential Public Health Services are provided?
15. Connect organizational strategic plans with the Community Health Improvement Plan (CHIP)?
16. Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
17. Review existing public health laws, regulations and ordinances at least once every three to five years?
18. Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?
19. Coordinate delivery of personal health and social services so that everyone in the community has access to the care they need?
20. Identify groups of people in the community who have trouble accessing or connecting to personal health services?



21. Define partner roles and responsibilities to respond to the unmet needs of the community?
22. Help people access personal health services, which take their unique needs into account?
23. Provide continuous training to the public health workforce, to deliver services in an appropriate manner, while taking social determinants of health into consideration?
24. Create a shared vision of community health and the Local Public Health System, welcoming all leaders and community members to work together?
25. Provide opportunities for the development of leaders who represent the diversity of the community?
26. Evaluate how well population-based health services are working, including meeting program goals?
27. Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?
28. Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services?
29. Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health and safety problems and see how well they actually work?
30. Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies.
31. Share findings with public health and safety colleagues and the community broadly, through websites, community meetings, etc.?
32. Provide the general public, policymakers, and public and private stakeholders with information about health inequities and the impact that government and private sector decision making has had on marginalized communities.
33. Share health information and education materials that are appropriately tailored to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?
34. Identify individuals and/or populations served that may experience barriers to health services based on factors such as age, education level, language, disability, race, gender, sexual orientation, and other discriminatory factors?

# Oregon Legislative bills promoting health equity

HB 2167 - Codification of the Racial Justice Council, implements statute requirements for executive branch and state agencies to engage with Black, Indigenous, Latinx, Asian, Pacific Islander, and Tribal communities as part of their budget and policy development. \$.51M

HB 2526 – Establishes second Monday in October as Indigenous Peoples Day

HB 2168 - Juneteenth, establishes June 19th as a State Holiday

HB 5006 - Universal Legal Representation for Immigrant Oregonians, provides that every Oregonian has access to legal services to stop unlawful or unjust deportation. \$.2M

SB 553 - COFA In-state Tuition, provides college in-state tuition for citizens of the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau. \$.1.3M

HB 5529 - Refugee Resettlement Program, extends refugee resettlement case management, employment and other vital supports available to all the refugees, asylees and Special Immigrant Visa holders who have arrived to Oregon from 30 different countries since 2016. \$.4.3M

HB 5006 - Justice Reinvestment, increases investments in victim services and to justice reinvestment; dedicates funds to culturally specific and culturally responsive organizations. \$.10M

HB 2204 & HB 5006 - Restorative Justice, establishes programs to support partnerships between district attorneys, those harmed, and responsible parties to hold people accountable and promote healing. \$.4M

HB 5006 - Reimagine Safety, a Black-led initiative to research and develop better approaches to public safety that reduces racial disparities. \$.1.5M

HB 5006 - Eliminating Community Corrections Supervision Fees, allows parole and post-prison supervision officers to focus on supervising individuals and removes money as a reason someone would not successfully complete supervision. \$.10M

HB 5006 - Marijuana Clemency Funds, provides funding for partnership with the Oregon Justice Department to identify cannabis convictions and use the Governor's clemency powers to set them aside. \$.1.2M

HB 2003 - Public Defense Reform, strengthens Oregon's statewide public defense infrastructure.

HB 3265 - Sanctuary Promise Act, extends and strengthens Oregon's Sanctuary law to protect Oregonians from racial profiling. Ensures that public resources are not used for federal immigration enforcement. \$1M

SB 397 - Expungement Reform, establishes procedure for filing a motion to set aside conviction, arrest, citation or charge. Eliminates fees, fingerprinting and background checks, and reduces the waiting period for filing a motion for several categories of offences.

HB 291 - Individualized Housing Assessment, removes barriers to housing stability for Oregonians with a criminal history. Requires landlords who screen for criminal history to review the circumstances of an individual's previous involvement with the criminal justice system and whether an applicant's history is relevant to their ability to be a good tenant.

HB 2100 - Oregon Housing and Community Services Statute Modernization, establishes task forces to investigate potential changes in Oregon's funding structure to address racial disparities among people experiencing housing insecurity and homelessness. Requires OHCS to engage in outcome-oriented contracting practices with culturally-responsive organizations to provide homeless and antipoverty services.

HB 3115 - Decriminalization of Homelessness, ensures a statutory framework for reasonable ordinances on camping, sleeping and laying down; creates process for cause of action for people experiencing homelessness.

HB 5011 - Expanding Homeownership Opportunities, increases funds to help provide pathways to homeownership for Black, Indigenous, Latino, Latina, Latinx, Asian, Pacific Islander, Native American and Tribal communities. Adds co-ops and land trust models to our system. \$22M

SB 2163 - Creates Statewide Long-term Rent Assistance Program, establishes a long-term rental assistance program serving people exiting foster care, aging out of homeless youth services, or otherwise experiencing homelessness. \$4.5M

Statewide Rent Forgiveness, The Governor's budget called on Congress to deliver a substantial aid package following up on the 2020 CARES Act and identified that top priority for federal stimulus should be \$350 million in rent assistance. Since the beginning of the pandemic, federal allocations for emergency rent assistance to Oregon and its local governments have totaled more than \$600M, with an additional \$230M in state investment. \$838.9M

HB 5006 - Regional Housing Needs Analysis and Missing Middle Housing, provides technical assistance on the implementation of HB 2001 and HB 2003; helping to address seeking some of the land use planning barriers to equitable housing development. \$2.2M

HB 5006, HB 5011, SB 5505 & SB 5506 - Affordable Housing Development, increases the housing supply for middle to low wage Oregonians who continue to be cost burdened by market rate housing. Investments include: Agricultural Worker Housing Tax Credit, LIFT Rental and Homeownership, Manufactured Parks Investments, Preservation, and Land Acquisition Programs. \$600.2M

HB 2266 - Access to Capital, expands access to capital for small businesses owned by communities of color, Tribal, and linguistically-diverse communities by investing in a loan loss reserve fund. Establishes a revolving loan fund for businesses participating in the Certification Office for Business Inclusion and Diversity (COBID) Program. \$20M

HB 2433 - Earned Income Tax Credit Expansion, expands eligibility for tax credit to taxpayers with Individual Taxpayer Identification Numbers. \$10M

HB 5023 Business Technical Assistance, invests in a technical assistance program targeting and supporting businesses that have been underserved and under-resourced. \$9M

HB 5006 - Oregon Statewide Disparity Study, funds a study to identify inequalities in public procurement and contracting by looking at state contracting data. The study serves as an actionable, data-driven foundation that can help advance the State Enterprise towards a more equitable procurement processes to support minority-, women-, and service-disabled-veteran owned businesses. \$3.7M

HB 5006 - Increasing Broadband Access, expands availability of broadband internet across the state, particularly in schools. First rounds of funding will focus on providing access to communities that have been disproportionately impacted by the pandemic, including rural, Black, Indigenous, Latino, Latina, Latinx, Asian, Pacific Islander, Native American, and Tribal communities. \$120M

SB 289 - Safety in the Outdoors, prohibits certain bias-crime-offenders from entering an area under jurisdiction of the State Parks and Recreation Department. Ensuring all Oregonians, regardless of background, are welcomed in all outdoor spaces and benefit from outdoor recreation activities.

HB 2171 - Outdoor Access Recreation, increases accessibility to Oregon's great outdoors by supporting the state's outdoor recreation and conservation efforts to enhance comfortable outdoor life for underserved populations. \$1M

HB 2475 - Energy Affordability, allows utilities to address energy burden through lower rates for the people who need it most and establishes funding for environmental justice organizations to participate in the Public Utility Commission process.

HB 3293 - Water Equity, allows funding of more than \$250M for place-based planning within communities and directs state agencies to develop best practices for equitable community engagement in water planning for a more equitable water future, including \$1.5M for Indigenous and Tribal communities water needs. \$1.5M

SB 762 - Wildfire Response, creates the foundation for Oregon to build fire adapted and fire resilient communities by embedding culturally responsive considerations in fire response policies. \$200M

SB 5530 - Climate Adaptation and Mitigation, ensures that the state advances equity-driven solutions to climate change. \$1.6M

SB 5516, SB 5518 & HB 5025 - Creating Diversity, Equity and Inclusion Positions, provides funding for DEI positions in the Department of Environmental Quality, the Department of Forestry, and the Department of Parks and Recreation. \$886K

HB 2166 - PreK-12 Education Equity, \$8M

Establishes the Early Childhood Suspension and Expulsion Prevention Program, establishing a cadre of mental health consultants and a centralized process for early childhood programs to request technical assistance to support stable and inclusive placements for children and to prevent expulsion or suspension, disproportionately impacting children of color.

Directs the development of a statewide social emotional learning framework for public schools, authorizes the creation of non-traditional pathways to licensure programs to increase diverse educators in schools.

Establishes a grant program to increase support for historically underserved students and students with disabilities through charter schools focused on serving these student populations.

SB 5513 - Fully Funding the Student Success Act: Making critical investments in equity across early care & education and K-12 public schools. \$1.7B

Addressing racial and ethnic disparities and supporting student behavioral health in public schools. Provides \$892.2 million to the Student Investment Account for grants to every Oregon school district to implement community-informed plans to address racial disparities in educational opportunities and outcomes and provide social, emotional and mental health supports for BIPOC students, tribal students, emerging bilingual students, students navigating poverty and homelessness, foster youth and other marginalized students. \$892.2M

Expanding access for children to early care and education programs. for 6,000 children and families. Provides \$70 million for the expansion of Oregon Prekindergarten and Early Head Start, Pre-

school Promise, the Early Childhood Equity Fund, Healthy Families Oregon, and Parenting Education. Creates one position to assist in grant administration. \$70M

Investing in community partnerships through Statewide Equity Initiatives. Fully funds statewide student success plan grants for African/Black students and American Indian/Alaska Native students and provides \$6 million investment in the new Latino/a/x Student Success Plan. Provides \$2million for new LGBTQ2SIA+ Student Success Plan. \$23M

Accelerating statewide progress toward achieving the goals of the Educator Equity Act. Provides resources to expand school district and higher education partnerships, including grow your own programs, for the recruitment, preparation and retention of teachers and school administrators of color. \$30.7M

Expanding support to youth disconnected from school. Fully fund the Oregon Youth Reengagement System to develop regional partnerships focused on serving the needs of youth disconnected from school, supporting their completion of high school, access to postsecondary education and training, and employment opportunities. \$8.3M

Supporting and Expanding Instructional Standards. Establish new standards that improve student outcomes through social/emotional learning and development grounded in racial equity and trauma informed principles, and ensure the Department has the support to adequately maintain compliance with existing state and federal programs and requirements. \$0.6M

SB 5514 - Statewide Anti-Racism Leadership Initiative, Within the \$9.3 billion legislative appropriation to public schools through the State School Fund is a continuous appropriation of \$50 million to the Educator Advancement Council and a statewide network for culturally responsive professional learning for educators. This appropriation includes a statewide anti-racism initiative to engage educators across the state in addressing racial bias and systemic racism in schools and classrooms. It also authorizes the creation of an Indigenous Educator Institute to support recruitment, preparation of and retention of tribal and other indigenous educators. \$14M

HB 2060 - Student Success Act Technical Changes, identifies economically disadvantaged students based on State Board of Education rule for purposes of Student Investment Account distributions; and authorizes the State Board of Education to set targets related to student mental and behavioral health needs for purposes of Student Investment Account grants to school districts.

HB 2052 - Tribal Regalia, requires school districts to allow students to wear Native American items of cultural significance at public school events, including high school graduation.

HB 2055 - Create Tribal Learning Hub, establishes Tribal Early Learning Hub for the purpose of delivering early learning services to tribal communities of this state. \$0.9M

HB 2056 - Access to Linguistic Inclusion, expands high school diploma requirements related to completion of credits in English to allow completion of credits in language arts.

HB 2055 - Create Tribal Early Learning Hub, Enhances the Early Learning Hub system by adding funding for planning and start-up for a Tribal Hub and the capacity of a Tribal Liaison to directly consult with the nine tribes to ensure that program expansion and creation of a Tribal Early Learning Hub supports the goals of tribes and respects sovereignty. \$0.9M

SB 757 - Central Background Registry, (CBR) for Recorded and Employment Related Day Care Background Checks. Increase personal service resources as well as cost of background checks for recorded programs so they are free to providers, and bring license-exempt Employment Related Day Care (ERDC) provider background checks from Oregon Department of Human Services (ODHS) to Early Learning Division (ELD). \$1.8M

SB 5528 - Transfer Portal, Fund planning costs for technology investments to effectively communicate new transfer pathways to students. Would lay groundwork for a Statewide Transfer Portal, a single web-based tool where students, parents, advisors, families, faculty, and staff could go to understand how courses articulate to degree completion at all Oregon public institutions. \$0.6M

SB 5528 - Expand HECC DEI Staffing, Create the Higher Education Coordinating Commission's (HECC) second and third equity-focused positions to support and operationalize work begun over the last several years, including strengthening community engagement and partnerships, supporting vulnerable populations, removing racism and bias from higher education and workforce policies, and consulting/serving Oregon's federally-recognized tribes. \$0.5M

HB 2092 - Oregon Youth Employment Program, Amends Oregon Youth Employment Program statute to ensure that at least 75% of participating youth are from communities of color, rural communities, or communities historically underrepresented in specific fields and occupations. Fund grants to local workforce development boards, community-based organizations, and other youth-serving organizations to provide paid work experiences and workforce training for youth ages 14-24. No less than 20 percent of program funds are to be awarded to organizations that serve communities of color. \$9M

SB 5528 - Expansion of the Oregon Opportunity Grant, The Oregon Opportunity Grant is Oregon's largest state-funded, need-based grant program supporting student access to an affordable college education. Approximately 40,000 students receive Opportunity Grants each year. The Opportunity Grant was increased by \$28 million over current service level and the initial funding requested in the Governor's Recommended Budget. \$200M



HB 3352 - Cover All People, expands OHP-like health care coverage to undocumented adults, DACA recipients, legal permanent residents, and young adults who age out of Cover All Kids. \$100M

SB 70 - Regional Health Equity Coalitions (RHECs), supports expansion of RHECs to address and identify health inequities across the state through local collaborative community-led engagement. \$5.8M

HB 5024 - Compact of Free Association (COFA) dental coverage, expands dental coverage for COFA residents in Oregon. \$2.6M

HB 5024 - high-quality reproductive health services, for Oregonians on the Oregon Health Plan (OHP). \$2M

HB 5024 - Traditional health worker licensing program, \$308,000.

HB 5024 - Public Health Modernization, funds core public health capacity for community-based organizations, local public health authorities, and tribal governments to help modernize the state's public health system. \$45M

HB 5024 - Establishes an Indian Managed Care Entity, provides critical care and coordination of services to tribal members on the Oregon Health Plan. \$1.4M

HB 2088 - Establishes Tribal Traditional Health Worker Program, supporting tribal-based practices and Indian health care providers. \$3M

HB 5024 - Supporting Tribal-based Practices, provides Medicaid funding to strengthen pathways for developing a tribal behavioral health workforce. \$5M

HB 3159 - Data Justice Act, requires coordinated care organizations, health care providers, and health insurers, to collect data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation, and gender identity. \$18.2M

HB 2949 Workforce Diversification – Provides incentives to increase recruitment and retention of mental health workforce, including pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments and retention activities. Specifically addresses incentives for culturally responsive behavioral health services. \$80M

HB 5024 Substance Use Disorder 1115 Waiver – Invests in substance use disorder treatment services, crisis intervention services and peer support services to help Oregonians recover from the disease of substance use disorders. \$19.3M



HB 2086 Community Behavioral Health Services– Establishes peer run and community-based services that ensure access to culturally specific and culturally responsive behavioral health services for people of color, tribal communities and people of lived experience, medical reimbursement for tribal-based practices, and start-up funding for behavioral health treatment programs that provide integrated co-occurring disorder treatment. \$10.2M Additionally, establishes a committee that is mandated to create quality metrics for behavioral health services provided by CCO's and providers to improve quality of behavioral health services through incentives and additional funding opportunities outside of the legislation established separately by the legislature.

HB 2980 Peer Run Respite Centers - Provides funding to peer-run organizations in the Portland metropolitan area, southern Oregon region, Oregon coast and eastern and central Oregon region to operate peer respite centers to provide peer respite services to individuals with mental illness or trauma response symptoms. Provides that at least one peer respite center receiving funding must participate in pilot project designed specifically to provide culturally responsive services to historically underrepresented communities such as communities of color including Black, African American, Latino, Asian, Asian American or Pacific Islander communities, or to the nine federally recognized tribes in this state. \$6M