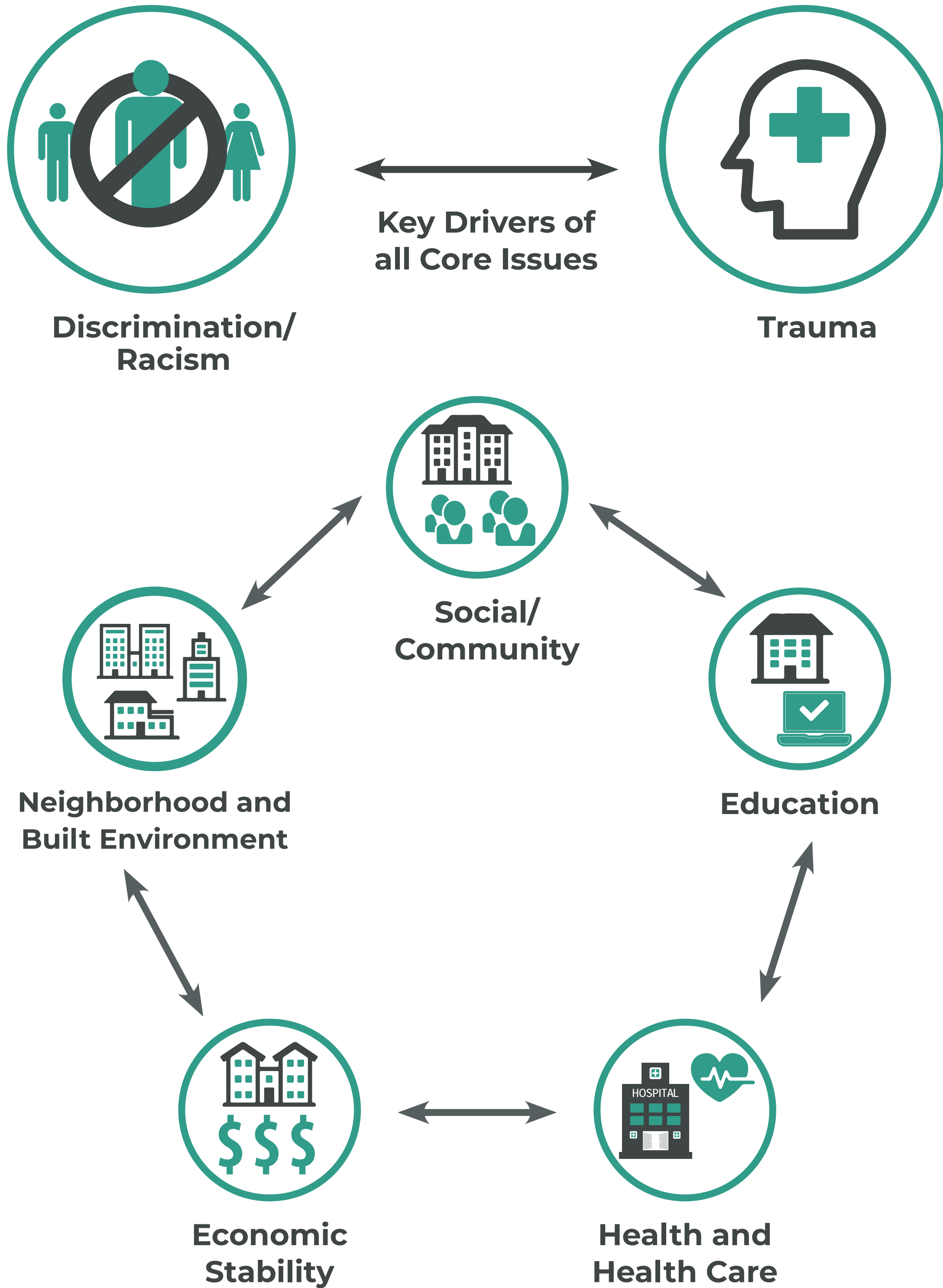


Social Determinants of Health

Social and Community Context

Social and community connections and context are crucial to the health and well-being of the region. Civic participation, discrimination, racism, incarceration, and social cohesion affects the lives of individuals throughout the region in a myriad of ways. Strong social and community connections are key to addressing health outcomes. All the social determinants of health are intrinsically linked with discrimination and racism. Discrimination and racism impact all aspects of community members' lives.

Discrimination and Racism

Discrimination and racism across the region continue to impact the health of community members. The policies and structures that are in place across the region limit opportunities for some individuals. The link between discrimination and racism and health is clear. Differences in health between racial groups in the United States are significant and persistent, even after controlling for known factors. The physical impact of discrimination and racism can cause people to live in a constant state of stress,[4] which over time leads to chronic conditions. It also impacts the mental health of those experiencing it.

Discrimination

Discrimination, while often tied to racism, is not entirely the same. Discrimination is the unjust or prejudicial treatment of categories of people based on race, age, sex, sexual orientation, gender identity, disability status, mental health status, cultural identity, and other factors. Similar to racism, discrimination affects the everyday lives of community members across the region through large and small actions taken by individuals and institutions.

"As a society we have an unwillingness or inability to acknowledge the role of structural racism in informing people's health, including how we decide what data are 'valid' and 'statistically significant.'"
- Town Hall Participant

Community members who experience unjust treatment based on race may also experience discrimination. Some people whose race aligns with the white majority (see quad-county region demographics, page 14) experience discrimination based on other identities.

This discrimination can include:

- harassment such as inappropriate jokes, insults, or visual displays
- wage discrimination, where an employer offers a lower wage to one person versus another based on their identity
- hiring discrimination where an employer asks inappropriate questions about life circumstances or declines to hire a person based on disabilities or health limitations
- housing discrimination where a landlord may refuse to rent to, for example, a family or a young person

Racism

Race and racism are social constructs. Racism structures opportunity and assigns value based on the social interpretation of the way people look. It unfairly disadvantages some individuals and communities, while unfairly giving other individuals and communities advantages. Racism saps strength from society by undermining the realization of full potential for some communities based on their race (Camara Jones, MD, PhD, MPH).[5]

Racism affects people's everyday lives through small and large actions at the individual, community, and system level.

> ***"Racism and prejudices from childhood are a hard boulder to move."***
> **– Listening Session Participant**

Effects of Historical Racism

The region's history influences the racism and discrimination of today. This includes the genocide and removal of Native American tribes from their ancestral land, national immigration restrictions limiting immigrants from certain countries or regions, and redlining against African Americans, which is the practice of denying or limiting financial services (like home loans) to certain neighborhoods.[6,7]

These policies and events continue to impact people of color across the region today. Gentrification of neighborhoods historically populated by communities of color, perpetuates racism as people are driven out of their communities. At the same time, national policies affect immigrant and refugee communities.

Isolation and Social Cohesion

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased disease and early death. Studies have shown that the magnitude of health risk associated with social isolation are similar to that of smoking cigarettes.[8] Social networks have been shown to be predictors of health behaviors, suggesting people with strong social networks will make healthier lifestyle choices than those without social support.[9] See Isolation section for more.

Across the region there are significant differences in the rate of social associations, which are the number of membership associations in a population.[10] Lower rates of social associations can indicate isolation from the larger community.

Rate of Social Associations per 10,000 population:

- **Clark County** **7.1**
- **Clackamas County** **9.0**
- **Multnomah County** **11.4**
- **Washington County** **7.3**

Source: 2018 County Health Rankings & Roadmaps.

Education, Literacy and Language

Education is a powerful driver of wellness and can improve health outcomes, health behaviors, and social outcomes into adulthood.[11] Achievement gaps, which begin as opportunity gaps, are disparities in academic performance between groups of students; for example, between students of different socioeconomic backgrounds and between different racial and ethnic groups.[12,13] Achievement gaps are evident in children as young as nine months,[2] suggesting that early childhood services and education are necessary to support achievement. This sentiment was echoed by participants in listening sessions who expressed a desire for skills and education development supporting better employment opportunities for community members, especially those with limited access to housing or stable income.

Below are some notable literacy and education findings about the region:

- Youth literacy in the region:
  - 56% of students in all grades met Oregon's English language arts standard in 2016–2017
  - 67% of Grade 10 students in Clark County met Washington's English language arts standard
- Between 2012 and 2016, 6.5% of preschool age children were enrolled in nursery school or preschool across the region (does not include daycares or other types of childcare).
- Five-year graduation rates in Clark County in Washington have been increasing since 2013.[14]
- Across the quad-county region, 8.9% of the population has an associate's degree, 23.9% has a bachelor's degree, and 14.7% has a graduate or professional degree.[15]

During the 2016–2017 academic year an average of 16 languages were spoken in schools and nearly one-quarter (23%) of students in Clackamas, Multnomah, and Washington counties were English language learners.[16] In Clark County, the percentage of students who were English language learners was much lower (5%).[17]

Limited English proficiency creates additional hurdles to accessing health care services and understanding health information.[18] Listening session and town hall participants from the Hispanic/Latino community described feeling discriminated against after being turned away by health care providers due to lack of insurance and language barriers. Participants cited language barriers and a lack of translators as significant challenges to health.

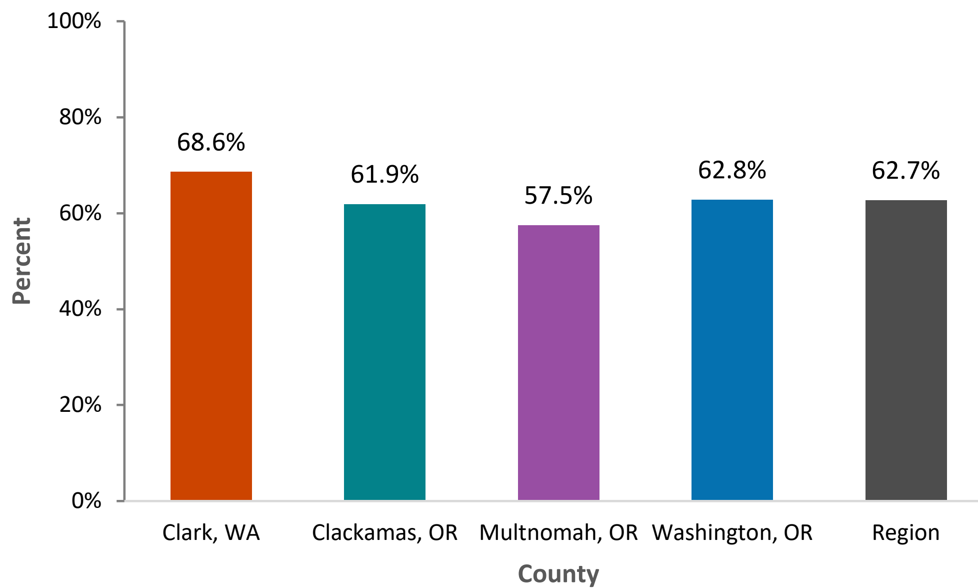
See Appendix C for more about education and literacy in the quad-county region.

Health and Health Care

Access to health care is fundamental to the improved health and well-being of the region. Across the region, about 90% of the population has some form of health insurance,[19] but accessing health care services continues to be a challenge for many communities.

As shown in Figure 2, fewer than 70% of people across the region reported they had a routine check-up with a health care provider in the last year.

Figure 2. Percentage of Population Who Had a Routine Check-up in the Last Year (2012–2015).



Source: BRFSS, 2012-2015.

Health and Health Care (continued)

Some data suggests that the number of providers available across the region varies significantly based on location. Data from County Health Rankings shows that across the United States, the top-performing counties have a primary care provider to population ratio of 1 to 1,030. Only Multnomah County has a better ratio than that (1:712), with Clark County having significantly fewer primary care providers per population. See Appendix E for specific ratios by county and provider type.

"Insurance issues are a nightmare in this country."
– Listening Session Participant

Even though most quad-county residents have health insurance, many face challenges related to the cost and coverage of services.

Over 10% of the population in every county reported not being able to access health care services due to cost.

This challenge was echoed by listening session participants, some of whom noted the choice they had to make between accessing health care services and paying for their basic needs. The financial burden of medical care, notably the high cost of insurance and co-pays, limited access to health services. Often participants had to choose between affording health care or medications and providing for their families.

In addition:

- Listening session participants who identify as transgender or non-binary noted the lack of coverage for services related to body dysphoria and transitioning.
- Participants with disabilities noted difficulty in accessing medical equipment and transportation to medical care.
- Immigrant communities noted that the cost of co-pays and insurance deductibles affected their decisions about accessing health care services.

Health literacy is also related to multiple facets of health. Limited literacy is a barrier to health knowledge access, proper medication use, and utilization of preventive services.[20-22] Individuals with limited literacy face additional difficulties following medication instructions, communicating with health care providers, and attaining health information, which may have negative implications for health.[23]

Economic Stability

Economic stability is a crucial part of community health and well-being. Socioeconomic status, job stability, access to financial assistance programs, affordable housing, and access to education and job training are all factors that determine economic opportunity and stability for people living in the region.

Racism and Discrimination, Health, and Poverty

Poverty is a strong indicator of overall health. People who live below the poverty line are more likely to suffer from chronic diseases and mental health concerns.[24] Income inequality can exacerbate mental health issues.

Some listening session participants expressed feeling isolated and indicated their poor mental health was being exacerbated by the financial stressors in their lives.

Non-dominant racial and ethnic groups, the LGBTQ+ community, women, single-parent households and people with disabilities are more likely to experience poverty.[25-29] Due to historic and systemic barriers, and the lack of available resources, people in affected communities are often unable to access systems, such as financial systems of support or higher education, that lead to economic stability. These barriers reinforce discriminatory practices that create additional obstacles to professional advancement and financial security.

These issues greatly impact the likelihood of experiencing adverse outcomes of health and well-being across the course of one's life.

Communities of color are more economically insecure than other communities in the region. The intersection between racial and ethnic disparities, gender disparities, rates of houselessness, experiences in foster care, incarceration rates, education access, and unemployment rates are exacerbated by systemic and institutional forms of discrimination. See page 37 for more about how discrimination and racism impact these issues and more.

As shown in Figures 3–9, residents of Multnomah County who identified as African American, Native Hawaiian/Pacific Islander, Native American/Alaska Native, and Hispanic/Latino were, on average, twice as likely to live below the poverty line than white individuals. Consistently, white and Asian individuals were significantly less likely to live below the poverty line in the region than other races/ethnicities. Overall, a lower percentage of the white population lives below the poverty line in the quad-county region.

Racism and Discrimination, Health, and Poverty (continued)

Figures 3–9. Percentages of Individuals below the Poverty Line by Racial/Ethnic Group and County.

Figure 3.

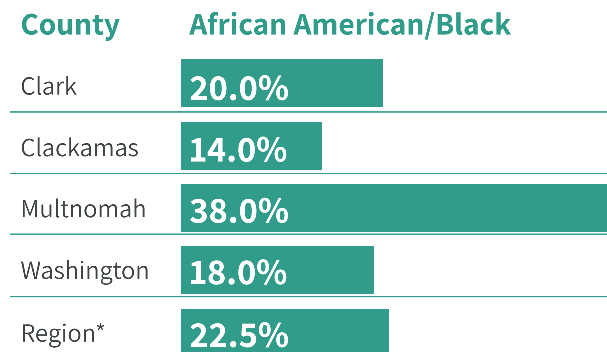


Figure 4.

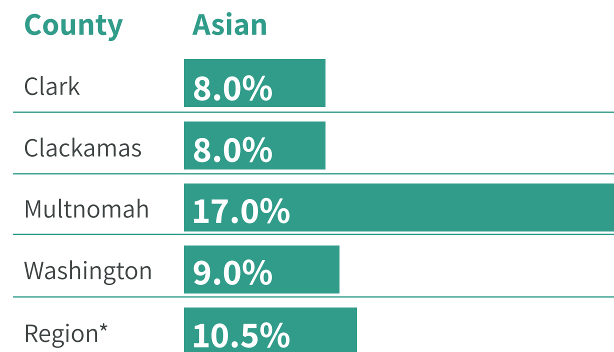


Figure 5.

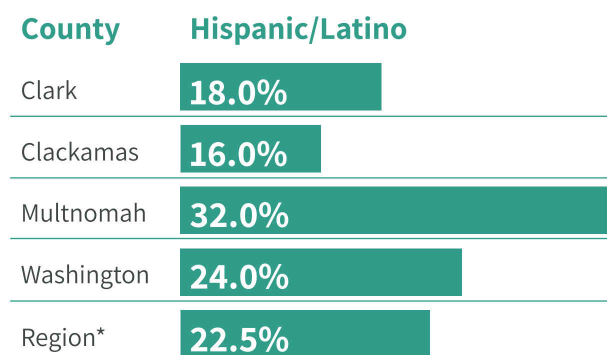
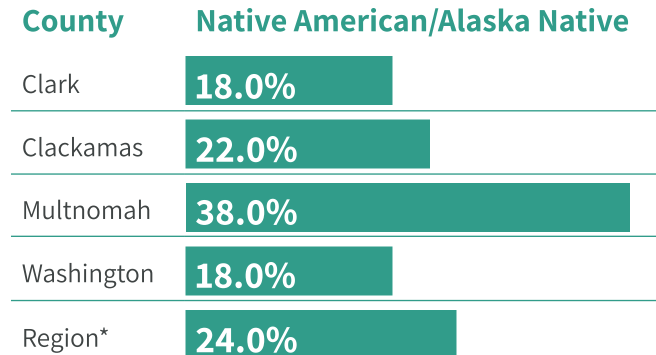
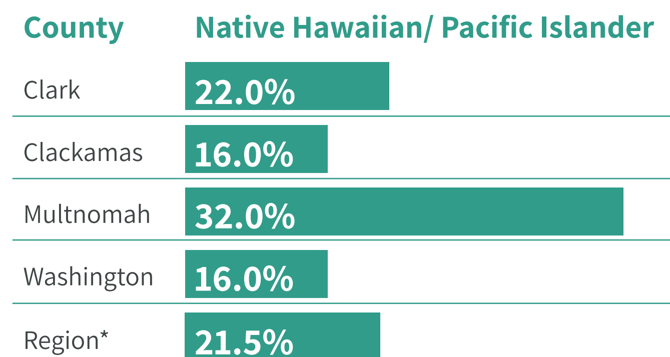


Figure 6.



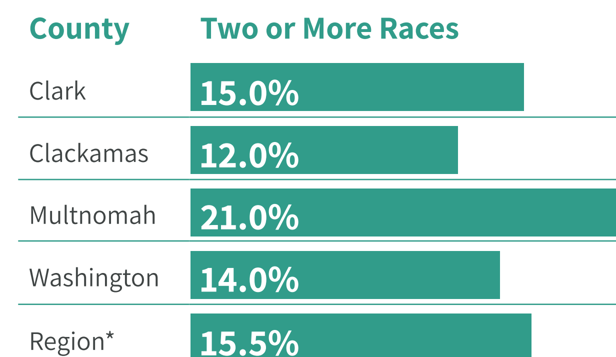
Racism and Discrimination, Health, and Poverty (continued)

Figure 7.



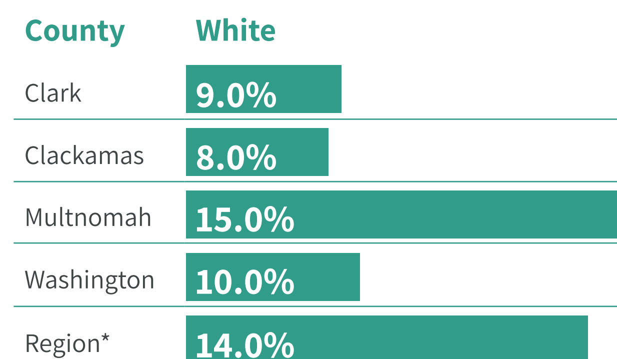
County	Native Hawaiian/ Pacific Islander
Clark	22.0%
Clackamas	16.0%
Multnomah	32.0%
Washington	16.0%
Region*	21.5%

Figure 8.



County	Two or More Races
Clark	15.0%
Clackamas	12.0%
Multnomah	21.0%
Washington	14.0%
Region*	15.5%

Figure 9.



County	White
Clark	9.0%
Clackamas	8.0%
Multnomah	15.0%
Washington	10.0%
Region*	14.0%

Source: American Community Survey 5-year estimates 2012–2016.
*Regional percentages calculated by unweighted averages.

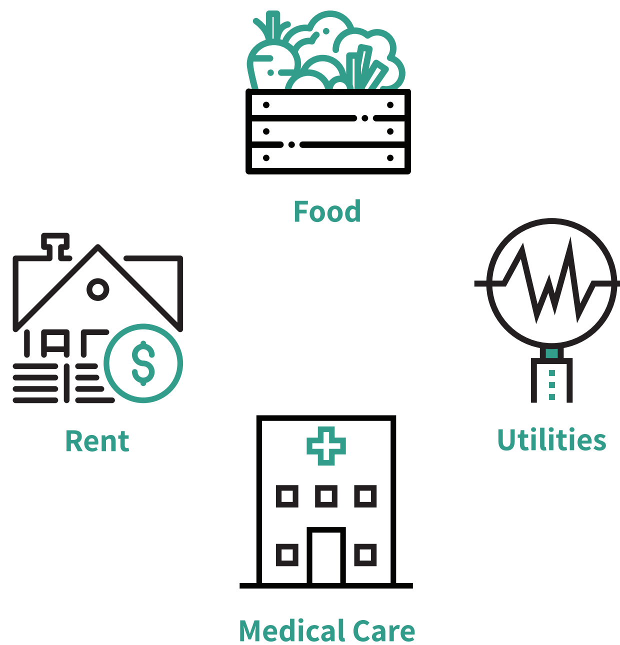
Racism and Discrimination, Health, and Poverty (continued)

Listening session participants described obstacles to economic stability as multi-faceted and intersectional, including:

- Housing security
- Financial burden of medical care
- Discrimination and representation
- Trauma
- Mental health concerns
- Socioeconomic status

They described limited opportunities to transcend barriers, keeping their communities economically unstable.

Many face a cycle of difficult decisions to achieve or maintain economic stability. Often, these difficult choices entail choosing between:



Participants described struggling against a common cultural misconception that they could simply pull themselves up by their bootstraps and climb out of poverty, regardless of the hurdles in their way. This sentiment neglects to acknowledge the barriers in the overall systems that prevent many from attaining, and maintaining, economic stability despite their hard work and merit.

Inequity in the Employment Sector

Town hall and listening session participants described inequities in the workforce as barriers to professional advancement of minority populations in the region.

They described their communities as unable to escape the cycle of poverty due to structural and institutional barriers, including:

- the inability to secure stable jobs that pay a living wage
- lack of insurance benefits
- the inability to advance due to work-place discrimination

> ***"I thought that diversity [in the work place] was important, but now I see that's a cover up – yeah, let's hire a few blacks, let's hire a few trans people – but they basically deny you from moving up."***
> **– Listening Session Participant**

For individuals with disabilities, communities of color, LGBTQ+ communities, single parent families, and immigrant and refugee communities, workplace discrimination is an additional barrier to economic stability. These economic disparities are much worse for women, non-binary people, people who are transgender, and for others with identities from underrepresented communities.[30]

Participants in the listening sessions for immigrants and refugees described financial challenges due to discrimination (see Discrimination and Racism section on page 36) and cultural misunderstandings, such as lack of credit history, to assist in financial endeavors.

While many immigrants and refugees came to the United States with transferrable job skills and education from their home countries, their credentials were not transferrable. This hurdle often required finances to fund additional education or changing careers.

One solution offered by participants to help close this gap would be to invest in community-centered small businesses, particularly family-oriented and culturally specific businesses. Participants want to see investment in their communities to encourage economic growth and financial security for all community members.

Income Gap

The income gap between many communities of color and the white population, as show in Table 4, reflects the unequal opportunities described by listening session and town hall participants. Individuals who identified themselves as Two or More Races and individuals who identified as Hispanic/Latino made significantly less money per capita than individuals in the region who identified as white. On average, across the region, Hispanic/Latino and those identifying Two or More Races had a lower median per capita income than other groups.

Table 4. Median Per Capita Income by Race and County.

	Clark	Clackamas	Multnomah	Washington	Region*
African American/Black	$24,854	$27,741	$17,805	$26,730	$24,282
Asian	$32,306	$34,355	$27,896	$37,972	$33,382
Hispanic/Latino	$15,171	$20,162	$17,335	$15,255	$16,981
Native American/Alaska Native	$24,928	$20,676	$16,534	$24,245	$21,596
Native Hawaiian/Pacific Islander	$21,686	$24,676	$15,905	$21, 765	$21,008
Two or More Races	$15,935	$20,720	$17,335	$17,030	$17,755
White	$31,704	$36,674	$36,751	$35,540	$35,167

Source: American Community Survey 5-year estimates 2012–2016.
*Regional percentages calculated by unweighted averages.

Pathways to Economic Stability

Many people who participated in the listening sessions expressed the need for services linked to longer-term pathways to improving living standards, while still maintaining the immediate basic needs. Participants who were a part of immigrant and refugee communities described receiving more outreach efforts and resources when they first arrived, but not for the long-term.

To achieve economic stability, participants stated they need more pathways to education, to transfer existing job skills, and to access financial coaching and job assistance to establish credit and develop a long-term plan to support their families. See more in the Access section on page 56.

Neighborhood and Built Environment

The natural and built environment strongly influences the health and well-being of the region and contributes to quality of life. As the region's population continues to grow, the restructuring of neighborhoods, transportation infrastructure, the accessibility of parks and community spaces, environmental exposure, and safety remain important topics and contributors to community health. Individuals with low socioeconomic status, communities of color, rural communities, and other communities traditionally underrepresented in the region's data measures are often the most impacted by these influencers on health (see Discrimination/Racism, on page 37).

Impact on Health

Both town hall and listening session participants described healthy neighborhoods and built environment as crucial to living a healthy life. For a healthy community to thrive, participants highlighted the power of a united neighborhood that has strong community ties, and access to support and resources that are affordable and located within their neighborhoods (see Access to Health Care, Transportation and Resources on page 56 for more).

Neighborhood and built environment factors contributing to health include, but are not limited to:

- Transportation
- Sidewalk accessibility
- Environmental pollution
- Public safety
- Access to technology
- Housing
- Access to healthy foods
- Access to recreational and educational settings

Many chronic health conditions are mapped back to stressors originating in neighborhoods and built environments, which are one of the most powerful influencers on population health. A person's ZIP code and the surrounding area is a strong indicator for access to resources, long-term health outcomes, and economic advantages.[31,32]

Listening session participants expressed concerns about their environment, including exposure to pollutants and other human-related hazards that have an impact on the health of the community.[33] Exposure to environmental pollutants, notably air pollution, is linked to an increase in developing chronic health conditions such as diabetes, hypertension, asthma, chronic obstructive pulmonary disease, emphysema, and obesity.[34] Participants were concerned by what they are exposed to, both in their natural environment as well as in hazardous housing conditions. They also voiced concerns about how transportation and infrastructure contributed to the air quality of the region.

Participants wanted more geographically accessible spaces that offer pathways to healthy lifestyle choices, such as healthy eating, cooking classes, after-school youth activities, family-centered exercise classes, and classes to help manage chronic diseases.

Affordable Housing

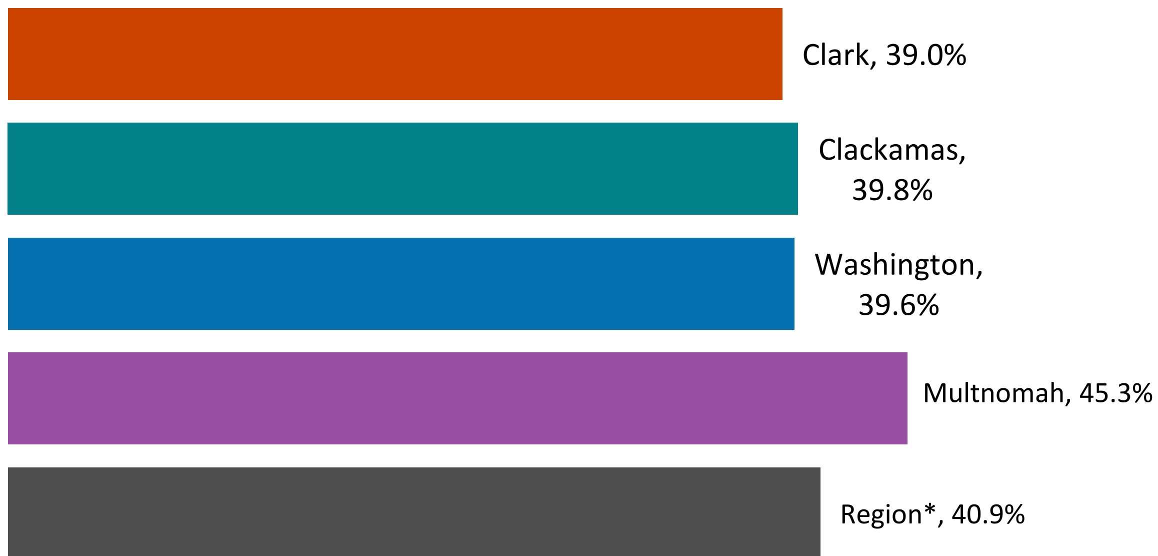
A pillar of a healthy community is access to affordable housing. While rent and the cost of living continue to rise in the United States, income and hourly wages remain stagnant.[35]

Over 93% of housing units are occupied in the region.[36] Listening session participants highlighted challenges in attaining and maintaining adequate living conditions. Evictions and instability in housing, even in emergency housing, was a consistent theme among both town hall and listening session participants. Being denied housing due to immigration status and race/ethnicity was also cited as major issue among participants.

Unaffordable housing costs and rent hikes greatly contribute to the stress community members face.

Many community members in the region are housing insecure, and many more struggle to pay their rent. As shown in Figure 10, a higher percentage of households in Multnomah County were paying 35% or more of their income on rent compared to the rest of the region.

Figure 10. Percent of Households Paying 35% or More of their Household Income on Rent, by County and Region.



Source: American Community Survey 5-year estimate 2012-2016.
*Regional percentages calculated by unweighted averages.

Affordable Housing (continued)

The issue of the houseless crisis[37] arose as two distinct concerns for participants, often expressed simultaneously:

1. The fear of community safety due to the amount of houseless people in their neighborhoods, and
2. The fear many community members face of being one step away from houselessness themselves due to lack of financial security and stability in their housing.

Listening session participants with mental health concerns said that case workers are pivotal to solving the housing crisis, and for addressing mental health issues that can lead to eviction, but that hospitalization is the main route to gain access case workers. Youth who are LGBTQ+ and housing insecure described the need for more resources available for adults over the age of 25, especially housing and day-time programs that kept them safe and connected to their community and resources. Many described feeling adrift when they aged out of services for "youth"; this age gap disqualified many youth in need from access to services that they rely on to survive.

Among those who had stable housing, there were concerns about negligent landlords not addressing property maintenance, safety, and sanitation issues.

"[Housing sanitation and apartment management is] Impacting people's physical, emotional, and mental wellbeing. It is stressful living in a neglected community"
– Listening Session Participant

Overall, town hall and listening session participants expressed the struggle to access resources that provided affordable housing, emergency shelters, assistance in paying utility bills, and wished for these topics to be higher priorities in their communities.

See the next page for more about houselessness in the region. For more information about the social determinants of health shaping the region, see Appendix C.

Houselessness in the Quad-County Region

According to the U.S. Department of Housing and Urban Development, the number of individuals experiencing houselessness in Oregon and Washington have increased in recent years: by 12.8% in Oregon from 2007 to 2018 and by 23.6% in Washington.[i]

Based on the "single night count" from January 2018, Oregon had an estimated 14,476 people experiencing houselessness statewide, and Washington had 22,304. In Oregon, more than half (64%) of individuals experiencing houselessness were staying in unsheltered locations, which was one of the highest rates in the country. Oregon also has one of the highest rates of unaccompanied youth experiencing houselessness in the country.

In the quad-county region, the numbers of people experiencing houselessness has increased in the past two years in Multnomah and Clark counties.

In Oregon, about 30% of people experiencing houselessness in the state are in Multnomah County.[ii]

- Multnomah County had about 4,177 experiencing houselessness in January 2017.
- Clackamas County had 497 in 2017, a slight increase from 494 in 2015.
- Washington County had 544 individuals experiencing houselessness, a decrease from 2015.

Based on the January 2019 point-in-time count in Clark County, 958 people were experiencing houselessness, which is a 21% increase from the 795 people in January 2018.[iii]

- About half (487) of these people were sleeping unsheltered (for example, sleeping in tents, cars, the street, or other places where people are not meant to sleep), while 471 had shelter of some sort (sleeping in an emergency shelter or transitional housing).

Other notes of interest:

- About 9% of people experiencing houselessness in Oregon are veterans, according to the 2017 point-in-time report.[iv]
- In Clark County, about 6% of those experiencing houselessness are adult survivors of domestic violence, according to the 2019 point-in-time report.[v]
- In the Springwater Trail report from Clackamas County, people experiencing houselessness who were living on the trail reported they felt, "isolated from family, but connected to 'street family.'"

[i] U.S. Department of Housing and Urban Development. The 2018 Annual Homeless Assessment Report to Congress. December 2018. https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

[ii] Oregon Housing and Community Services. 2017 Point-in-Time Estimates of Homelessness in Oregon. https://www.oregon.gov/ohcs/ISD/RA/2017-Point-in-Time-Estimates-Homelessness-Oregon.pdf

[iii] Council for the Homeless. 2019 Point-in-time count of people experiencing homelessness in Clark County. https://www.councilforthehomeless.org/data-system-numbers/

[iv] Oregon Housing and Community Services. 2017 Point-in-Time Estimates of Homelessness in Oregon. https://www.oregon.gov/ohcs/ISD/RA/2017-Point-in-Time-Estimates-Homelessness-Oregon.pdf

[v] Council for the Homeless. 2019 Point-in-time count of people experiencing homelessness in Clark County. https://www.councilforthehomeless.org/data-system-numbers/