



Oregon

John A. Kitzhaber, M.D., Governor

Department of Land Conservation and Development

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Salem, Oregon 97301-2540

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www.oregon.gov/LCD



NOTICE OF ADOPTED CHANGE TO A COMPREHENSIVE PLAN OR LAND USE REGULATION

Date: 09/15/2014
Jurisdiction: City of Beaverton
Local file no.: CPA 2014-006
DLCD file no.: 001-14

The Department of Land Conservation and Development (DLCD) received the attached notice of adopted amendment to a comprehensive plan or land use regulation on 09/10/2014. A copy of the adopted amendment is available for review at the DLCD office in Salem and the local government office.

Notice of the proposed amendment was submitted to DLCD 147 days prior to the first evidentiary hearing.

Appeal Procedures

Eligibility to appeal this amendment is governed by ORS 197.612, ORS 197.620, and ORS 197.830. Under ORS 197.830(9), a notice of intent to appeal a land use decision to LUBA must be filed no later than 21 days after the date the decision sought to be reviewed became final. If you have questions about the date the decision became final, please contact the jurisdiction that adopted the amendment.

A notice of intent to appeal must be served upon the local government and others who received written notice of the final decision from the local government. The notice of intent to appeal must be served and filed in the form and manner prescribed by LUBA, (OAR chapter 661, division 10).

If the amendment is not appealed, it will be deemed acknowledged as set forth in ORS 197.625(1)(a). Please call LUBA at 503-373-1265, if you have questions about appeal procedures.

DLCD Contact

If you have questions about this notice, please contact DLCD's Plan Amendment Specialist at 503-934-0017 or plan.amendments@state.or.us



NOTICE OF ADOPTED CHANGE TO A COMPREHENSIVE PLAN OR LAND USE REGULATION

FOR DLCD USE	
File No.:	001-14
	{19870}
Received:	9/10/2014

Local governments are required to send notice of an adopted change to a comprehensive plan or land use regulation **no more than 20 days after the adoption.** (See [OAR 660-018-0040](#)). The rules require that the notice include a completed copy of this form. **This notice form is not for submittal of a completed periodic review task or a plan amendment reviewed in the manner of periodic review.** Use [Form 4](#) for an adopted urban growth boundary including over 50 acres by a city with a population greater than 2,500 within the UGB or an urban growth boundary amendment over 100 acres adopted by a metropolitan service district. Use [Form 5](#) for an adopted urban reserve designation, or amendment to add over 50 acres, by a city with a population greater than 2,500 within the UGB. Use [Form 6](#) with submittal of an adopted periodic review task.

Jurisdiction: City of Beaverton

Local file no.: **CPA 2014-006 (Ordinance 4641)**

Date of adoption: 9/9/2014 Date sent: 9/10/2014

Was Notice of a Proposed Change (Form 1) submitted to DLCD?

Yes: Date (use the date of last revision if a revised Form 1 was submitted): 4/28/14
No

Is the adopted change different from what was described in the Notice of Proposed Change? Yes No

If yes, describe how the adoption differs from the proposal:

Local contact (name and title): Steven A Sparks, Planning Manager

Phone: 503-526-2429

E-mail: ssparks@beavertonoregon.gov

Street address: 12725 SW Millikan Way

City: Beaverton

Zip: 97076-

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS THAT APPLY

For a change to comprehensive plan text:

Identify the sections of the plan that were added or amended and which statewide planning goals those sections implement, if any:

A new Community Health Element was added to the Comprehensive Plan to specifically address the topics of healthy food, physical activity, healthy environment, access to care, and economic safety nets. The new element implements Statewide Planning Goals 1, 6, 7 and 8.

For a change to a comprehensive plan map:

Identify the former and new map designations and the area affected:

- | | | | |
|------------------------|----|--------|--|
| Change from
change. | to | acres. | A goal exception was required for this |
| Change from
change. | to | acres. | A goal exception was required for this |
| Change from
change. | to | acres. | A goal exception was required for this |
| Change from | to | acres. | A goal exception was required for this change. |

Location of affected property (T, R, Sec., TL and address):

The subject property is entirely within an urban growth boundary

The subject property is partially within an urban growth boundary

If the comprehensive plan map change is a UGB amendment including less than 50 acres and/or by a city with a population less than 2,500 in the urban area, indicate the number of acres of the former rural plan designation, by type, included in the boundary.

Exclusive Farm Use – Acres:	Non-resource – Acres:
Forest – Acres:	Marginal Lands – Acres:
Rural Residential – Acres:	Natural Resource/Coastal/Open Space – Acres:
Rural Commercial or Industrial – Acres:	Other: – Acres:

If the comprehensive plan map change is an urban reserve amendment including less than 50 acres, or establishment or amendment of an urban reserve by a city with a population less than 2,500 in the urban area, indicate the number of acres, by plan designation, included in the boundary.

Exclusive Farm Use – Acres:	Non-resource – Acres:
Forest – Acres:	Marginal Lands – Acres:
Rural Residential – Acres:	Natural Resource/Coastal/Open Space – Acres:
Rural Commercial or Industrial – Acres:	Other: – Acres:

For a change to the text of an ordinance or code:

Identify the sections of the ordinance or code that were added or amended by title and number:

For a change to a zoning map:

Identify the former and new base zone designations and the area affected:

Change from	to	Acres:
Change from	to	Acres:
Change from	to	Acres:
Change from	to	Acres:

Identify additions to or removal from an overlay zone designation and the area affected:

Overlay zone designation:	Acres added:	Acres removed:
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Location of affected property (T, R, Sec., TL and address):

List affected state or federal agencies, local governments and special districts: None

Identify supplemental information that is included because it may be useful to inform DLCD or members of the public of the effect of the actual change that has been submitted with this Notice of Adopted Change, if any. If the submittal, including supplementary materials, exceeds 100 pages, include a summary of the amendment briefly describing its purpose and requirements.

See attached signed ordinance (#4641) and land use notice of decision, new Community Health Element, staff report, and associated exhibits. DLCD Form 1 was submitted on February 12, 2014, and revised on April 28, 2014.

ORDINANCE NO. 4641

AN ORDINANCE AMENDING ORDINANCE NO. 4187, THE COMPREHENSIVE PLAN, BY ADOPTING A NEW CHAPTER: COMMUNITY HEALTH ELEMENT AND ASSOCIATED DEFINITIONS; CPA 2014-0006, COMMUNITY HEALTH ELEMENT

- WHEREAS,** in 2012, the City received a \$1.6 million Centers for Disease Control and Prevention Community Transformation Grant to adopt a new Community Health Element into the Comprehensive Plan, and other tasks; and
- WHEREAS,** a diverse professional committee was developed to create the proposed chapter that met over the course of 2013 and 2014; and
- WHEREAS,** the proposed updates to the Comprehensive Plan Volume I proposes to add a new chapter and associated definitions; and
- WHEREAS,** on July 9, 2014, the Planning Commission conducted a public hearing at the conclusion of which, the Planning Commissioners made recommendations to staff to incorporate appropriate definitions, to add three new policies and to correct any scrivener's errors, and the Planning Commission closed the public hearing and continued deliberations to July 16, 2014; and
- WHEREAS,** on July 16, 2014, the Planning Commission reached a determination to recommend to the City Council adoption of the proposed addition of the Community Health Element and associated definitions to the Comprehensive Plan Volume I as summarized in the Planning Commission Land Use Order No. 2357; and
- WHEREAS,** no appeal of the Planning Commission recommendation has been filed with the City; and
- WHEREAS,** the City Council adopts and incorporates herein the Planning Division Staff Report dated June 25, 2014, and staff memorandum dated July 10, 2014, and the Planning Commission Land Use Order No. 2357 as the applicable criteria and findings which constitute an adequate factual base for this ordinance. Now, therefore,

THE CITY OF BEAVERTON ORDAINS AS FOLLOWS:

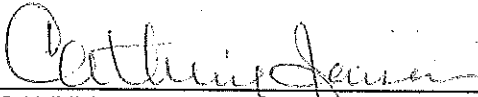
- Section 1.** The Comprehensive Plan Volume I is amended as set out in Exhibit "A" to this Ordinance, attached to and incorporated herein by this reference.
- Section 2.** The Comprehensive Plan Volume I is amended as set out in Exhibit "B" to this Ordinance, attached to and incorporated herein by this reference.

First reading this 12th day of August, 2014.

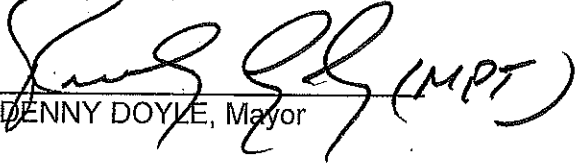
Second reading and passage this 9th day of September, 2014.

Approved by the Mayor this 10th day of September, 2014.

ATTEST:


CATHY JANSEN, City Recorder

APPROVED:


DENNY DOYLE, Mayor

NOTICE OF DECISION

July 24, 2014

To Whom It May Concern:

The Beaverton **PLANNING COMMISSION** has recommended **approval** of **CPA2014-0006 – Community Health Element and Associated Definitions** to the **Beaverton City Council** at the Commission's July 16, 2014, meeting. The Land Use Order summarizing the Commission's decision can be viewed and downloaded http://apps.beavertonoregon.gov/DevelopmentProjects/full_list.aspx.

The **PLANNING COMMISSION'S** recommendation may be appealed within ten (10) calendar days of the date of this notice. The appeal closing date is **5:00 p.m., Monday, August 4, 2014**. Pursuant to Section 50.75, an appeal application shall contain the following minimum information:

1. The case file number designated by the City.
2. The name and signature of each appellant.
3. Reference to the oral or written evidence provided to the decision-making authority by the appellant that is contrary to the decision.
4. If multiple people sign and file a single appeal, the appeal shall include verifiable evidence that each appellant provided written testimony to the decision-making authority and that the decision being appealed was contrary to such testimony. The appeal shall designate one person as the contact representative for all pre-appeal hearing contact with the City. All contact with the City regarding the appeal, including notice, shall be through this contact representative.
5. The specific approval criteria, condition, or both being appealed, the reasons why the finding, condition, or both is in error as a matter of fact, law or both, and the evidence relied on to allege the error.
6. The appeal fee, as established by resolution of the City Council.

The appellate decision making authority on appeal of Type 4 decision shall be the City Council. The appeal hearing shall be *de novo*, which means new evidence and argument can be introduced in writing, orally, or both. The hearing of the appeal shall be conducted in the manner specified in Section 50.85 through 50.88 except as otherwise required by statute.

Please note that the failure to comply with the requirements of Sections 50.75.1 and 50.75.2 is jurisdictional and deprives the appellant of an opportunity for the appellate decision making authority to hear an appeal.

The current appeal fee due at time of filing is \$1,463.00.

The complete case file is available for review at the Planning Division, Community Development Department, 2nd Floor, City Hall, and 4755 SW Griffith Drive. Hours of operation are 7:30 a.m., to 4:00 p.m., Monday through Friday, except for holidays. For more information about the project, please contact **Barbara Fryer** at **503-526-3718**.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven A. Sparks".

Steven A. Sparks, AICP
Planning Division Manager

cc: Community Health Advisory Committee
Nadine Smith Jennifer Garland
Project File

Naomi Vogel
Barbara Fryer

**BEFORE THE PLANNING COMMISSION FOR
THE CITY OF BEAVERTON, OREGON**

IN THE MATTER OF CPA2014-0006, A)	ORDER NO. 2357
REQUEST TO AMEND THE COMPREHENSIVE)	APPROVING REQUEST
PLAN TO ADD A NEW CHAPTER:)	
COMMUNITY HEALTH ELEMENT AND)	
ASSOCIATED DEFINITIONS. CITY OF)	
BEAVERTON, APPLICANT.)	
)	
)	

The matter came before the Planning Commission on July 9, 2014, on a request for an amendment to the *Comprehensive Plan Volume 1* in order to add a new chapter: Community Health Element, and associated definitions. The City initiated this amendment to comply with the requirements of a Centers for Disease Control Community Transformation Grant.

Pursuant to Ordinance 4187 (Comprehensive Plan), Section 1.5.1, the Planning Commission conducted a public hearing and considered testimony and exhibits.

The Planning Commission adopts the Staff Report dated June 25, 2014, as to the applicable criteria contained in Section 1.5.1 of the Comprehensive Plan and findings thereon.

On July 9, 2014, the Planning Commission asked staff to add three policies to the proposal, to add the definitions, and to check for scrivener's errors.

On July 16, 2014, the Planning Commission received the staff memorandum dated July 10, 2012 with the final copy of the proposed element and final copy of the proposed definitions; now, therefore:

IT IS HEREBY ORDERED that CPA2014-0006 is **RECOMMENDED FOR APPROVAL** to the City Council based on the facts and findings of the Planning Commission on July 16, 2014.

Motion **CARRIED** by the following vote:

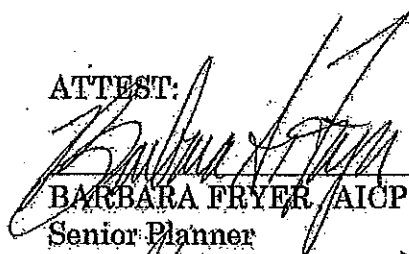
AYES:	Doukas, Kiene, Stephens, Wilson, Winter, Overhage.
NAYS:	None.
ABSTAIN:	Nye.
ABSENT:	None.

Dated this 24th day of July, 2014.

To appeal the decision of the Planning Commission, as articulated in Land Use Order No. 2357, an appeal must be filed on an Appeal form provided by the Director at the City of Beaverton Community Development Department's office by no later than 5:00 p.m. on Monday, August 4, 2014.

PLANNING COMMISSION
FOR BEAVERTON, OREGON

ATTEST:


BARBARA FRYER, AICP
Senior Planner

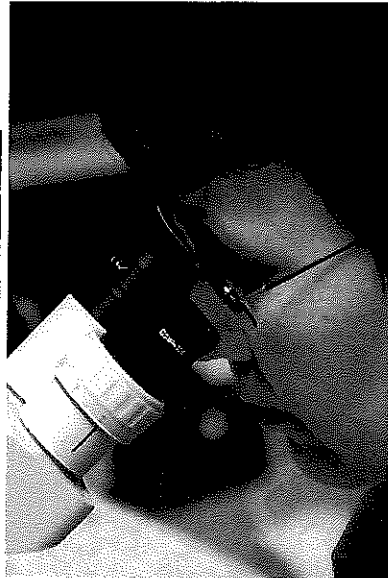
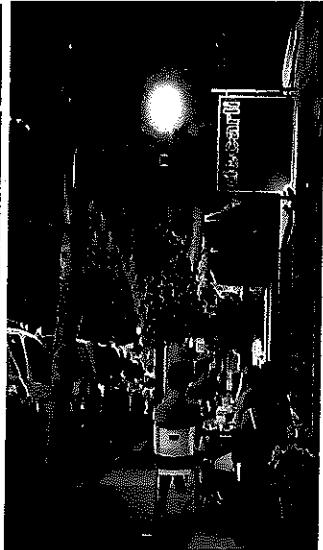
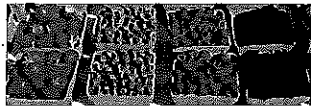
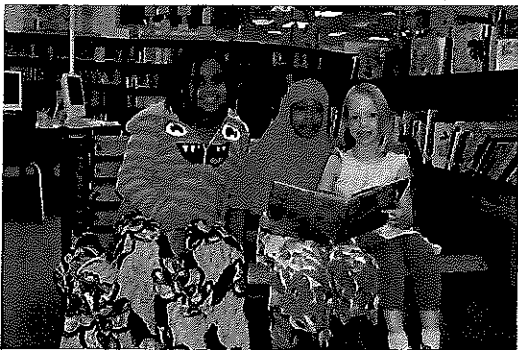
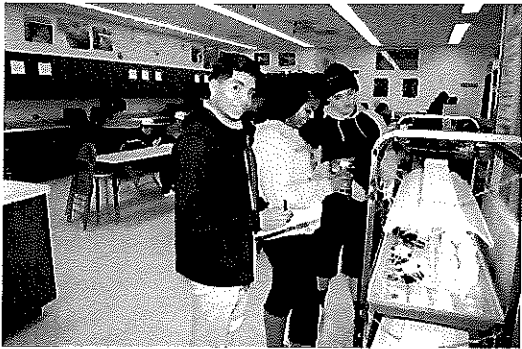

STEVEN SPARKS, AICP
Planning Division Manager

APPROVED:


KIM OVERHAGE
Chair

Community Health Element

Health starts where we live, learn, work and play.



Staff Memo July 10, 2014
CPA2014-0006 Community Health Element

EX 4.1

This publication was supported by the City of Beaverton, under Cooperative Agreement Number 1H75DP004281-01 from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Thanks go to the following groups, agencies, staff and public officials:

Community Health Advisory Committee (CHAC):

Alliance of Culturally Specific Behavioral Health Providers
Asian Health and Service Center
Beaverton High School
Beaverton Hispanic Center
Center for Intercultural Organizing
Community Action
Iraqi Society of Oregon
Kaiser Permanente
Lifeworks Northwest
Oregon Public Health Institute
Oregon Somali Family Education Center
Pacific University
Tualatin Valley Fire and Rescue
Virginia Garcia Memorial Health Center
Washington County Disability, Aging, and Veterans Services
Women's Healthcare Associates

Washington County Public Health Staff:

Amanda Garcia-Snell Rose Sherwood

City of Beaverton Staff:

Lindsey Kuipers Jeff Salvon
Barbara Fryer Dave Waffle

City of Beaverton Planning Commission:

Mimi Doukas Greg Kiene
Wendy Kroger Jennifer Nye
Kim Overhage Ric Stephens
Linda Wilson Scott Winter

City of Beaverton City Council:

Mayor Denny Doyle Cate Arnold
Betty Bode Mark Fagin
Ian King Marc San Soucie

Health is shaped by the environment where people live, learn, work and play. Beaverton's overall health depends on many factors including access to vital resources such as quality and affordable housing; living-wage jobs and economic opportunities; quality educational services; and safe neighborhoods that encourage recreation, social connectedness, and most importantly: personal choice.

The Guiding Principal for this element is to: ***Create urban communities that provide choices for people to improve their health.***

The purpose of this health element is to provide choices related to the social determinants of health that most closely align with the needs of Beaverton residents. They include:

- Healthy food
- Physical activity
- Healthy environment
- Access to health care
- Social safety net

Healthy Food

Adequate access to healthy, affordable food outlets is critical in achieving and maintaining a nutritious diet. Healthy eating is associated with a lower risk for chronic diseases such as diabetes, hypertension, obesity, and micronutrient deficiencies. According to the United States Department of Agriculture publication *Dietary Guidelines for Americans 2010*, a balanced diet is one that emphasizes fresh fruits and vegetables, whole grains, and low-fat and fat-free milk products, and lean proteins.

Historically, low-income communities have been less likely to achieve a healthy balanced diet because of the lack of infrastructure in their community that supports healthy eating. Grocery stores and other fresh food retailers are less likely to locate in low-income neighborhoods. Additionally, low-income people are less likely to own an automobile; a factor which limits their food choices even further. Convenience stores and fast food restaurants are often more accessible than fresh fruit and vegetable retailers. This combination of factors typically results in a higher consumption of processed foods (loaded with fats and sugars) among low-income populations.

Increasing accessibility to culturally relevant and fresh foods can help improve the food environment and support healthy behaviors. Planning decisions and policies can help ensure that these resources are equitably distributed across the community and that all residents have an opportunity to make healthy food choices.

Goal

Increase access to healthy, fresh, affordable food, especially in underserved neighborhoods.

Policies

1. Support affordable and sustainable local food systems, food hubs and fresh food retailers to increase access to healthy food throughout the city.
2. Reduce barriers to siting and support of community gardens on private property, vacant public property, and unused rights-of-ways and increase access to fresh, local agricultural products.

Physical Activity

Physical activity is essential to good health. Regular exercise helps maintain healthy weight and reduces the risk of high blood pressure, type 2 diabetes, heart attack, stroke, and several forms of cancer. It also reduces the likelihood of arthritis pain and disability, osteoporosis, depression and anxiety.

Planning efforts that promote physical activity might include pedestrian and bicycle-oriented street design or design elements that link neighborhoods to public transit. This is especially crucial for groups that are less likely to own a car including low-income households, the elderly, people with disabilities, and young adults. Not only does convenient access to parks, playgrounds, pools and trails increase physical activity, but it's likely to contribute to the psychological health of area residents as they encourage social interaction among neighbors.

Goal

Increase access to safe and convenient opportunities for recreation and physical activity throughout the community.

Policies

1. Provide a comprehensive and integrated system of parks, plazas, playgrounds, trails and open space to promote health and social connectedness through physical activity.
2. Enhance accessibility and safety to key destinations such as schools, libraries and retail centers for pedestrians, bicyclists and public transit riders.
3. Promote mixed-use urban streets that balance public transit, walking and bicycling with other modes of travel.

Healthy Environment

The environment plays a significant role in shaping a safe and healthy community for all. Environmental factors are diverse and far-reaching. They include exposure to hazardous substances in the air, water, soil, and food; natural disasters; physical hazards; and the built environment. In addition to basic needs, a healthy environment supports a balance of uses that encourage safety, neighborhood stability and social interactions.

Physical features, which include the layout and design of a community, have a significant impact on housing, businesses, transportation systems, and recreation resources that affect patterns of living and health. For example, disconnected neighborhoods and unhealthy air quality contribute to indoor sedentary lifestyles. These habits lead to poor health outcomes such as overweightness and obesity, cardiovascular disease, diabetes, and some types of cancer.

Goal

Improve the quality of the built and natural environments.

Policies

1. Coordinate the development of complete neighborhoods that include neighborhood amenities, such as access to food, multiple modes of transportation (e.g. sidewalks, bike facilities, transit, safe routes to schools, automobile safety), medical care, and schools, for the health, safety, and welfare of all residents.
2. Encourage universal design in publicly funded new construction, renovation and community planning efforts.
3. Work with the appropriate local, state, and federal agencies to promote the clean-up and reuse of abandoned or underused sites, such as brownfields, to protect human and environmental health.
4. Consider creating incentives for improving indoor air quality (e.g. eliminating water leaks, removing mold, and improving ventilation) to property owners providing housing within Medically Underserved Census Tracts.
5. Partner with the Home Builders' Association to research demographic changes with regard to disabilities and seniors to encourage members to build new residential units with universal design.
6. Develop a tracking system of specific complaints and violations of the City's property maintenance code and other housing condition complaints and violations.

Access to Health Care

Equitable access to care is an important component in maintaining a healthy community. Availability of preventative services and primary care is essential to reducing chronic and communicable disease. While health care is not a central role of many municipalities, the City of Beaverton recognizes the importance of access to health care for all residents. The City supports policies and planning decisions that reduce health disparities and contribute to a healthy and thriving community.

The quantity, location, variety and accessibility of health care providers within the City are crucial factors in a resident's ability to receive the health care that they need. Low-income residents, seniors, people with disabilities and those who are transit-dependent may have a more difficult time accessing health care. Locating facilities throughout the city and near high-volume transit service areas helps reduce this barrier, particularly in times of urgency.

Goal

Improve access to health care for all.

Policies

1. Promote location of medical facilities within Medically Underserved Population Census Tracts.

Social Safety Net

For some Beaverton residents, achieving better health, in its simplest form, means acquiring the basic necessities of life: food, clothing and shelter. This is an unfortunate reality for people who do not have a financial cushion necessary to avert and address sickness, family crisis, and accidents. When residents are not financially stable, their health may suffer. This is especially true for low-income households with children and the elderly.

Strategic, coordinated referral to services within the City and among other agencies helps these populations acquire food, access temporary housing, and pay utility bills when circumstances are dire. Often, this little bit of help gives residents the boost they need to achieve self-sufficiency.

Goal

Increase coordination of public and private agencies to promote long-term health and maximize independence among vulnerable populations.

Policies

1. Encourage coordinated service delivery for food, housing, health care, and other basic necessities of life.
2. Promote access to information and referral to food, housing, healthcare and other resources throughout City departments and in coordination with other public agencies.
3. Encourage public and private efforts that support food pantries and other supplemental nutrition programs, especially to meet the nutritional needs of infants, children and the elderly.
4. Distribute social service funding equitably among organizations providing services to the Beaverton community according to demonstrated areas of need.

EXHIBIT b GLOSSARY ADDITIONS

Brownfield: a vacant or underused property where actual or perceived environmental contamination complicates its expansion or redevelopment.

Care: Includes all aspects of medical, behavioral, and non-traditional care.

Complete neighborhood: Complete neighborhoods are defined as areas with safe and convenient access to essential goods and services within a ½ mile radius. They are built to accommodate a range of residents including those with differing mobility, income and age.

Community garden: gardening on land that is owned by a community group, institution, municipality, land trust, or some other entity. Usually a fee is paid to cover basic costs of the garden, such as annual tilling, water supply, and general upkeep.

Chronic disease: a human health condition or disease that is persistent or otherwise long-lasting in its effects.

Fast food: restaurants that typically offer food that is prepared and served quickly often by drive-through service and tends to be high in fat and low in nutritional value.

Food hubs: a centrally located facility with a business management structure facilitating the aggregation, storage, processing, distribution, and/or marketing of locally/regionally produced food products.

Grocery store: a retail establishment that primarily sells food items. Stores with 10-49 annual payroll employees.

Health: A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

Health disparities: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.

Health equity: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

Healthy food: Healthy foods are fruits, vegetables, whole grains, lean protein, and related combination products, and nonfat and low-fat dairy that are limited to 200 calories or less per portion as packaged.

EXHIBIT b GLOSSARY ADDITIONS

Medical facilities: medical, dental, mental health, eye clinics and the like, generally not receiving emergency vehicles.

Overweight:

Adults: a Body Mass Index (BMI) between 25 and 29.9

Children: a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.

Obesity:

Adults: a BMI of 30 or higher is considered obese.

Children: a BMI at or above the 95th percentile for children of the same age and sex.

Social Determinants of Health: factors that determine the health of an individual, or when combined or aggregated, across a community. For social determinants of health, Social, Economic and Political factors account for 15%, Living and Working Conditions and Public Services and Infrastructure account for 45%, Health Care accounts for 10%, and Individual Factors (genetics, class, race/ethnicity and gender) accounts for 30%. Individual factors are generally not as fluid as the other factors.

Medically Underserved Population Census Tracts: A Federal designation based on the ratio of primary care physicians per 1000 population; infant mortality; percent population below poverty; percent population 65 and older within Census Tracts. A score of 65 or lower (out of 100) receives the designation.

Universal design: the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Universal Design recognizes that there is a wide spectrum of human abilities and takes into account the full range of human diversity, including physical, perceptual and cognitive abilities, as well as different body sizes and shapes.

Vulnerable populations: groups of people, or populations, who are at risk for or vulnerable to health disparities. This term typically includes people who are economically disadvantaged, racial and ethnic minorities, uninsured, low-income children, elderly, homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a primary care provider. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education. They are not well integrated into the health care system because of these factors and their isolation put them at risk for not obtaining necessary preventative and medical care which compromises their health and health outcomes.

In Beaverton, vulnerable or at-risk populations include people experiencing poverty, Latinos, Asian and Pacific Islanders and other racial and ethnic minorities, people with limited English proficiency, low-income children, the elderly, homeless people, the uninsured, people

EXHIBIT b GLOSSARY ADDITIONS

experiencing mental illness or substance abuse, people with chronic health conditions and people with limited formal education.

bdisalan Muse
Andrea Ellis
Anne Erwin
Annette Gandy
Baher Butti
Beth Kaye
Brian Kelly
Carmen Madrid
Christine Lau
Gil Munoz
Holden Leung
Juanita Villareal
Judy Ortiz
Kaltun Caynan
Philip Wu
Scott Montegna

July 9, 2014

To the Members of the Beaverton Planning Commission:

On behalf of the Community Health Advisory Committee (CHAC), we write this letter to encourage your adoption of the draft Health Element of the Beaverton Comprehensive Plan that our committee helped to produce in collaboration with staff from the City of Beaverton and the Washington County Health Department.

Cities have a unique role to play in building a healthy community. City policy has an enormous impact on the environment where people live, work, learn, play and shop. Expanding options for healthy eating and active living in every neighborhood, ensuring that the environment is free of hazard, promoting access to care for physical, mental, and dental health, and upholding the safety net for our most vulnerable neighbors are all responsibilities that rest with city government and can be addressed through appropriate policy action.

The draft Health Element of the Beaverton Comprehensive Plan helps fulfill these responsibilities by providing guidance and recommendations specifically around:

- Healthy food
- Physical activity
- Healthy environment
- Access to care, including medical and mental health services
- Safety net provisions

These recommendations are offered after extensive review of evidence-based and best practices found in the literature and around the country and offer the greatest potential for effectiveness and impact. While these recommendations will benefit all Beaverton residents, they will have an additional focused impact on those who have been historically and are currently underserved and neighborhoods that lack the amenities that support a healthy lifestyle.

The Community Health Advisory Committee was convened by the City of Beaverton to assist in the development of the Health Element and represents a cross section of the community, both professionally and demographically. The committee met with staff from the City of Beaverton and the Washington County Health Department eight times between April 2013 and May 2014 in a professional, deliberate, and evidence-based process. The CHAC had the opportunity to comment on several drafts of the Health Element. We believe the level of engagement with the CHAC is another sign that the City of Beaverton is committed to creating a healthy community. City and County staff are to be commended for their passion and commitment to this process.

CITY OF BEAVERTON

Community Health Advisory Committee

The Beaverton Planning Commission has the unique responsibility to validate the work accomplished to date. The CHAC is confident that the Commission will agree with the City's determination to intentionally evolve towards a community where all Beaverton residents thrive.

Respectfully submitted,

Philip Wu, MD
Community Benefit
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Abdisalan Muse
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CITY OF BEAVERTON

Community Health Advisory Committee

City of Beaverton Community Health Advisory Committee Members:

Abdisalan Muse
Oregon Somali Family Education Center

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Beaverton Public Schools

Anne Erwin
Beaverton Public Schools

Annette Gandy
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