MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
******This form is a public record******

MEETING DATE: 7/31/14

AGENDA # ____ OR NON-AGENDA SUBJECT: ALWAYS BRING

FOR: _____ AGAINST: _____

NAME: PAUL PHILLIPS

CONTACT INFORMATION (*optional*):

ADDRESS: 1218 S.W. CLAY #21

CITY/STATE/ZIP: PORTLAND, OR 97201

PHONE: [redacted] EMAIL: [redacted]

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
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IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into and remain a part of the official record.

PAUL PHILLIPS

Summer 2014

Portland State UNIVERSITY

Community Health Study

Dr. Paula Carder from the Institute on Aging is conducting a research study. The purpose of the study is to understand the health and well-being of people who live in affordable apartment buildings in Portland. You are being invited to participate in this study because you live in an affordable apartment building.

Your participation will involve answering questions about your health and overall well-being, as well as your satisfaction with your home and neighborhood. The survey should take about 20 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey. The survey includes questions such as "How satisfied are you with your apartment building?" and "How many times have you been to a doctor's office?" You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept for 5 years in a locked file in Dr. Carder's office and then destroyed.

The findings from this project will provide information on the health and well-being of tenants who live in different apartment buildings in Portland. This information might help health and social service agencies plan their services. If published, results will be presented in summary form only.

People who complete and return the survey are eligible for a random drawing to win one of 100 $20 gift cards. If you want to be included in the drawing, please write your name and contact information on the enclosed yellow form and include it in the envelope addressed to PSU. If your name is drawn, the gift card will be mailed to you.

If you have questions about this research project, please feel free to call Paula Carder at 503-725-5144. If you have questions regarding your legal rights as a research participant, you may call the PSU Office of Research Integrity at (503) 725-2227.

By completing and returning this survey, you will be agreeing to participate in the above described research study. This letter is your copy of the consent statement.

Thank you for your consideration.

Sincerely,

Paula Carder

Paula Carder, PhD
Associate Professor

7/31/14

Portland Community Health Study

ID: 71016

Thank you for taking the time to complete these questions. There are no wrong answers – just pick the answer that is best for you. Please answer all questions, even if they don't seem to apply to you.
Most questions ask you to **check a box like this** ☐. Feel free to use a **X** or **/** or √ or your own mark.

If you want someone from the Portland State University study team to ask you the questions in person, please call (503) 725-5144.

If you want to answer these questions using a **computer survey**, please go to:
http://bit.ly/pdxcommunityhealthstudy and enter the ID number from the top right corner of this page.

Your Apartment Building and Neighborhood

How satisfied are you with your apartment building as a place to live?	☐ Very dissatisfied	☐ Dissatisfied	☐ Neither	☐ Satisfied	☐ Very satisfied
How satisfied are you with your neighborhood as a place to live?	☐ Very dissatisfied	☐ Dissatisfied	☐ Neither	☐ Satisfied	☐ Very satisfied

Thinking about all your friends, including those who live in your neighborhood...

How many friends do you see or hear from at least once a month?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+
How friends do you feel at ease with that you can talk about private matters?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+
How many friends do you feel close to such that you could call on them for help?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+

Thinking about your relatives or family members

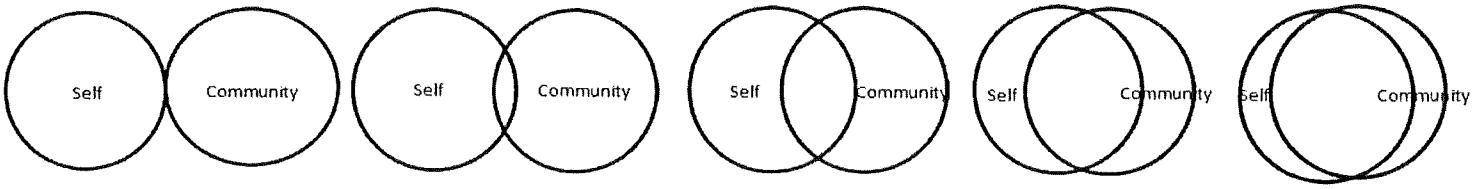
How many relatives or family members do you see or hear from at least once a month?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+
How many relatives or family members do you feel at ease with that you can talk about private matters?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+
How many relatives or family members do you feel close to such that you could call on them for help?	☐ 0	☐ 1	☐ 2	☐ 3 – 4	☐ 5 – 8	☐ 9+

How many people in your apartment building do you know well? ____ [*Write number*]

How many people in your neighborhood do you know well? ____ [*Write number*]

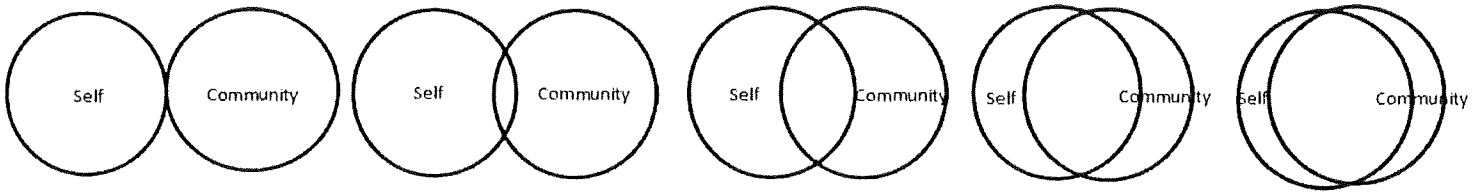
These circles are about you and your community. Please check the box over the set of 2 circles that best describe your relationship with <u>your apartment building community</u>.

☐ Set 1 ☐ Set 2 ☐ Set 3 ☐ Set 4 ☐ Set 5



Please select the set which best describes your relationship with <u>your neighborhood community</u>.

☐ Set 1 ☐ Set 2 ☐ Set 3 ☐ Set 4 ☐ Set 5



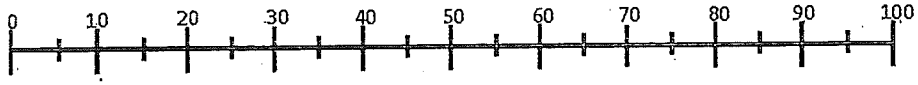
Your Apartment Building

How good a job does the property management staff do?	☐ Excellent	☐ Good	☐ Neither	☐ Fair	☐ Poor
How good a job does the maintenance staff do at keeping things in good shape?	☐ Excellent	☐ Good	☐ Neither	☐ Fair	☐ Poor
What is the condition of your apartment?	☐ Excellent	☐ Good	☐ Neither	☐ Fair	☐ Poor
What is the condition of the building?	☐ Excellent	☐ Good	☐ Neither	☐ Fair	☐ Poor ☐
It is very important to have a service coordinator in this building	☐ Strongly agree	☐ Agree	☐ Unsure	☐ Disagree	☐ Strongly disagree
The service coordinator in this building is very helpful	☐ Strongly agree	☐ Agree	☐ Unsure	☐ Disagree	☐ Strongly disagree

This section asks about your ***health***. Your best health would be marked 100 and the worst health would be marked 0, based on your opinion. Please mark a place on the line below that describes your health today; you do not need to circle a number.

Your Health Today

Worst possible health



Best possible health

Has a doctor or other health professional ever told you that you have:

Check all that apply to you

- ☐ Diabetes or sugar diabetes
- ☐ Asthma
- ☐ High blood pressure, hypertension
- ☐ COPD, emphysema, chronic bronchitis
- ☐ Heart trouble or heart disease
- ☐ Kidney problems
- ☐ Liver disease
- ☐ Acid reflux
- ☐ Severe vision problems
- ☐ Severe hearing problems
- ☐ Depression
- ☐ Anxiety
- ☐ Schizophrenia, bipolar disorder, or other mental illness
- ☐ Post-traumatic stress disorder
- ☐ Sleep disorder, sleep apnea
- ☐ Developmental disability or intellectual disability
- ☐ Dementia (such as Alzheimer's Disease)
- ☐ Addiction to alcohol or drugs
- ☐ Other: _____

Please write the names of any health problems (from the above list or others not on this list) that have bothered you the most in the past few months: _____

_____

Is there one doctor's office, clinic, or health center where you usually go if you are sick? ☐ Yes ☐ No

Your Apartment

Have you had a failed apartment inspection in the past two years? ☐ Yes ☐ No

Do you ever need help preparing for the annual apartment inspection? ☐ Yes ☐ No

Falls and Health

I have fallen in the past year	☐ Yes	☐ No
Sometimes I feel unsteady when I am walking	☐ Yes	☐ No
I am worried about falling	☐ Yes	☐ No
I have lost some feeling in my feet	☐ Yes	☐ No

Prescription Medicine

I don't take prescription medicine. *[If true, check yes]*	☐Yes	☐No
Do you sometimes forget to take your prescription medicine?	☐Yes	☐No
Over the past 2 weeks, were there any days when you did not take your prescription medication?	☐Yes	☐No
Have you ever cut back or stopped taking your prescription medication without telling your doctor because you felt worse when you took it?	☐Yes	☐No
When you travel or leave home, do you sometimes forget to bring along your medications?	☐Yes	☐No
Did you take your prescription medication yesterday?	☐Yes	☐No
When you feel better, do you sometimes stop taking your prescribed medicine?	☐Yes	☐No
Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your medication plan?	☐Yes	☐No
How often do you have difficulty remembering to take all of your prescription medications? ☐ Never	☐ Some-times	☐ Often
Does anyone help you with your medications by setting up pill boxes, helping you with injections, reminding you to take your medication, explaining the directions, or other help?	☐Yes	☐No
Do you believe that you need help taking your medications as prescribed?	☐Yes	☐No

Healthy Activities

In the last 30 days, did you often walk, take fitness classes, lift weights, hike, jog, bike, swim, do yoga, Tai Chi, or other exercise?	☐ Yes	☐ No
Did you get a flu shot in the past 12 months?	☐ Yes	☐ No
Did you have a health screening in the past 12 months, such as blood pressure check, colo-rectal exam, or mammography?	☐ Yes	☐ No

Food Access

In the past 30 days, have you:	☐ Yes	☐ No
Been concerned about having enough food to eat?		
Eaten less than you felt you should because there wasn't enough money to buy food?	☐ Yes	☐ No
Ever been hungry but didn't eat because you weren't able to get out for food?	☐ Yes	☐ No

Your Health and Feelings

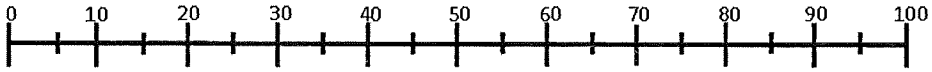
In general, **would you say your health is**:

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

This section asks about your ***quality of life today***. The best quality of life would be marked 100 and the worst quality of life would be marked 0. This is based on your own opinion. Please circle a place on the line below that describes your quality of life today; you do not need to circle a number.

Your Quality of Life Today

Worst possible quality of life



Best possible quality of life

In each of the 5 boxes below, please check the one statement that best describes your health today.

Mobility
☐ I have no problems in walking about
☐ I have some problems in walking
☐ I am confined to bed

Pain/Discomfort
☐ I have no pain or discomfort
☐ I have moderate pain or discomfort
☐ I have extreme pain or discomfort

Usual Activities (work, study, housework, family or leisure activities)
☐ I have no problems with performing my usual activities
☐ I have some problems with performing my usual activities
☐ I am unable to perform my usual activities

Self-Care (dressing, bathing, grooming)
☐ I have no problems with self-care
☐ I have some problems washing or dressing myself
☐ I am unable to wash or dress myself

Anxiety / Depression
☐ I am not anxious or depressed
☐ I am moderately anxious / depressed
☐ I am extremely anxious / depressed

Memory and Thinking

Do you have difficulty remembering or concentrating?	☐ No difficulty	☐ Difficulty remembering only	☐ Difficulty concentrating	☐ Difficulty remembering and concentrating
How often do you have difficulty remembering?	☐ Never	☐ Sometimes	☐ Often	☐ All the time
Do you have difficulty remembering a few things, a lot of things, or almost everything?	☐ Nothing	☐ A few things	☐ A lot of things	☐ Almost everything

Drug and Alcohol Use

These questions might seem intrusive – your answers are confidential.

In the past 6 months, have you used drugs other than those required for medical reasons?	☐ Yes ☐ No
How often did you have a drink containing alcohol in the <u>past month</u>?	☐ Never ☐ Monthly or less ☐ Two to four times a month ☐ Two to three times a week ☐ Four or more times a week
How many drinks containing alcohol did you have on a <u>typical day</u> when you were drinking <u>in the past year</u>?	☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10 or more
How often did you have 6 or more drinks at one time in the past year?	☐ Never ☐ Less than once a month ☐ Monthly ☐ Weekly ☐ Daily

Thank you for your time – you are almost done!

Health and Supportive Services

In the past 6 months, how many times did you go to a doctor's office, clinic, or other health care provider to get care for yourself?	☐ Never ☐ 1 time ☐ 2 times ☐ 3+ times
Would it be helpful if someone from your doctor's office called to check on you after a visit?	☐ Yes ☐ No
In the past 6 months, how many times did you go to a hospital emergency room (ER) to get care for yourself?	☐ Never ☐ 1 time ☐ 2 times ☐ 3+ times
If you went to the ER, did you need help with personal care, meals, medications, or anything else after you got home?	☐ Yes ☐ No ☐ Doesn't apply
In the past 6 months, how many times were you admitted overnight to a hospital?	☐ Never ☐ 1 time ☐ 2 times ☐ 3+ times
If you were admitted overnight, did you need help with personal care, meals, medications, or anything else after you got home?	☐ Yes ☐ No ☐ Doesn't apply
In the past 6 months, did you or anyone else call 911 because you had a health problem?	☐ Never ☐ 1 time ☐ 2 times ☐ 3+ times

If you have a change in your health or start to feel very sick at home, do you usually...

Not applicable (*IF TRUE, GO TO YEAR BORN*)	☐Yes	
Call a doctor or other care provider's office	☐Yes	☐No
Take medication prescribed by a doctor or other care provider	☐Yes	☐No
Take over-the-counter medication	☐Yes	☐No
Call 911 or go to the hospital	☐Yes	☐No
Call a friend, neighbor or relative	☐Yes	☐No
Call the service coordinator / building staff	☐Yes	☐No
Use meditation, visualization, prayer, or other ways of feeling better	☐Yes	☐No
Go to Urgent Care/Quick Care	☐Yes	☐No
Wait to feel better	☐Yes	☐No

In what year were you born? 19_____		
The **language** I usually speak at home is: _____		
In what **state or country** were you **born**? _____		
Do you now live alone?	☐ Yes	☐ No

In the past 30 days, did you receive help from another person or agency with:	Family, friend or neighbor	Agency or paid staff	Does not apply
Shopping, preparing meals or food, housekeeping, or doing laundry	☐	☐	☐
Going places beyond walking distance	☐	☐	☐
Managing your money	☐	☐	☐
Personal care (bathing, showering, getting dressed, getting in/out of chair, using toilet)	☐	☐	☐

Is your marital status:	√
Married or partnered	
Widowed	
Divorced	
Separated	
Never married	

Is your race: [*Check all that apply*]	√
White	
Black or African American	
American Indian or Alaska Native	
Asian	
Native Hawaiian; Pacific Islander	
More than one race, multi-racial	
Other: _____	
Hispanic, Latino, or Spanish origin	

What health insurance do you have?	√
Both Medicare and Oregon Health Plan (OHP) / Medicaid (OHP)	
Oregon Health Plan (OHP)/Medicaid	
Medicare	
Veteran's	
Employer or family member's employer	
A private plan I pay for myself	
Other health insurance: _____	
I don't have any insurance now	
I don't know	

Are you:

- ☐ Male
- ☐ Female
- ☐ Transgender

What was your annual income last year, from all sources? [*Please check 1 box*]
☐ No income
☐ $1-4,999
☐ $5,000-7,999
☐ $8,000-10,999
☐ $11,000-13,999
☐ $14,000-16,999
☐ $17,000-19,999
☐ $20,000 or more

Did you receive help to answer these questions? ☐ Yes ☐ No

If you have concerns about your health or getting help that you might need, contact the service coordinator or the Aging & Disability Resource Center toll-free at 1-855-673-2372 or visit the website: https://www.adrcoforegon.org

Please return this completed form and yellow card to be entered in a drawing to win one of 100 $20 gift cards

Portland State
UNIVERSITY

College of Urban and Public Affairs
Institute on Aging
Post Office Box 751
Portland Oregon 97207

CONFIDENTIAL

Paula Carder
Portland State University

There are 3 ways to complete the Community Health Study questions:

1. If you need help with the questions and would like someone from the Institute on Aging at PSU to assist you, please call Paula Carder at 503-725-5144.
2. If you would rather complete the questions using an online (computer) questionnaire, please go to: http://bit.ly/pdxcommunityhealthstudy
3. Or, put the questions in the enclosed envelope addressed to Paula Carder at PSU and leave it at the manager's office or in the rental drop box in your building (if available).

Either way, you will still be eligible for the random drawing. Thank you for your attention to this study!

If you want to be entered into the drawing for one of 100 gift cards ($20 value), please provide your name, address, and a phone number or email address so we may contact you if your name is selected. The drawing will take place in about 6 weeks.

Name: _____

Mailing address: _____

Phone number: _____

Email address (if you have one): _____

If you completed the online computer survey, do not return this form.

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MEETING DATE: ____

AGENDA # ____ **OR NON-AGENDA SUBJECT:** ____

FOR: ____ **AGAINST:** ____

NAME: Lightning

CONTACT INFORMATION (***optional***):

ADDRESS: ____

CITY/STATE/ZIP: ____

PHONE: ____ EMAIL: ____

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AGENDA # ____ **OR NON-AGENDA SUBJECT:** _____

FOR: _____ **AGAINST:** _____

NAME: BEN PICKERING

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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MEETING DATE: July 31, 2014

AGENDA # ____ OR NON-AGENDA SUBJECT: Commissioners

FOR: _____ AGAINST: _____

NAME: Joe Walsh

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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AGENDA # ____ **OR NON-AGENDA SUBJECT:** _____

FOR: _____ **AGAINST:** _____

NAME: Kathleen Bushman

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: 503-574-0313 EMAIL: sassykathy46@yahoo.com

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MEETING DATE: 7-31-14

AGENDA # ____ **OR NON-AGENDA SUBJECT:** _____

FOR: _____ **AGAINST:** _____

NAME: MARY ENG

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
9. A buzzer will signify the end of your allotted time.
10. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into and remain a part of the official record.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
******This form is a public record******

MEETING DATE: Thur 31 July

AGENDA # N/A **OR NON-AGENDA SUBJECT:** public Comment MLK Dream

FOR: _____ **AGAINST:** _____

NAME: Charles JOHNSON

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET

Please complete this form and return to the Board Clerk
******This form is a public record******

MEETING DATE: July 31-14

AGENDA # R-5 **OR NON-AGENDA SUBJECT:** _____

FOR: _____ **AGAINST:** _____

NAME: Joseph Walsh

CONTACT INFORMATION (***optional***):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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