

Executive Summary

- This is the 4th regional Community Health Needs Assessment (CHNA) conducted by the Healthy Columbia Willamette Collaborative (HCWC) for Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington.

- The CHNA used a community-informed process led by a Community Action Team (CAT) to identify and prioritize health needs.

- The CAT identified 4 key priority areas:

1. A Neighborhood for All - Access to safe, affordable neighborhoods and housing
2. Essential Community Services and Resources - Access to education, employment, food, and transportation
3. Access to Culturally- and Linguistically-Responsive Health Care
4. Support for Family and Community Ways - Access to culturally-specific foods, medicines, practices

- The CHNA relied on community voices and stories to identify root causes of poor health, and used secondary data to understand health outcomes.

- Over 300 people participated in community meetings and over 500 responded to an online survey.

- The report provides recommendations for addressing the priority areas, including:

- Investing in affordable housing and neighborhood safety
- Creating workforce development and economic opportunities
- Improving access to culturally-responsive health care
- Supporting community spaces and connections

- The goal is for this community-informed CHNA to guide health improvement planning and investments to address health inequities in the region.

Biggest Gaps in Service

1. Access to culturally and linguistically responsive care: Community members expressed a desire for health care providers who share their cultural background, speak their language, and understand their experiences. There is a lack of diversity in the health care workforce compared to the diversity of the population.

2. Mental health and substance use services: The report notes that getting mental health or substance use care was one of the areas with lowest satisfaction among survey respondents. There are not enough treatment facilities, especially those addressing both mental health and addiction together.

3. Affordable health care: While the uninsured rate has decreased, there are still gaps in insurance coverage, especially among certain racial/ethnic groups. High out-of-pocket costs remain a barrier even for those with insurance.

4. Trauma-informed care: Community members expressed a need for health care that is attentive to healing marginalized communities' experiences, past traumas, and historical inequities.

5. Dental/oral health care: This was identified as one of the top health concerns, with dental care noted as being exceptionally expensive even with insurance.
6. Availability of specialists and timely appointments: Long wait times for specialists and difficulty getting timely appointments, especially for mental health services, were mentioned.
7. Transportation and geographic access: Lack of transportation options and long distances to care providers were cited as barriers, especially in rural areas.
8. Services for people with disabilities: The report mentions gaps in accessible care and understanding of disability among health care providers.
9. Trust and cultural competency: Many community members, especially from marginalized groups, reported delaying or avoiding care due to lack of trust or fear of discrimination in the health care system.

Greatest Barriers to Care

1. Lack of culturally and linguistically responsive care: Many community members expressed difficulty finding providers who understand their cultural background, speak their language, or have shared experiences.
2. Cost and affordability: High out-of-pocket costs remain a significant barrier, even for those with insurance. Some people reported delaying or avoiding care due to costs.
3. Lack of trust in the healthcare system: Many community members, especially from marginalized groups, reported avoiding or delaying care due to past negative experiences or fear of discrimination.
4. Limited availability of services: Long wait times for appointments, especially for specialists and mental health services, were frequently mentioned.
5. Transportation and geographic access: Lack of transportation options and long distances to care providers were cited as barriers, particularly in rural areas.
6. Language barriers: Lack of interpretation services or materials in needed languages was noted as a significant barrier for non-English speakers.
7. Lack of health insurance: While the uninsured rate has decreased, some groups still lack coverage, particularly among certain racial/ethnic populations.
8. Limited health literacy: Difficulty understanding health information or navigating the healthcare system was mentioned as a barrier.
9. Inconvenient service hours: The need for evening and weekend hours of service was noted as a challenge for many.
10. Lack of disability accessibility: Physical and communication barriers for people with disabilities were mentioned.

11. Limited awareness of available services: Many respondents reported not knowing what services and resources were available to them.

12. Stigma: Particularly around mental health and substance use issues, stigma was noted as a barrier to seeking care.

13. Complicated application processes: Some respondents mentioned that application forms for services were too complex.

These barriers often intersect and compound each other, creating significant challenges for many community members in accessing needed health care services.

The Unique Needs of the Community

1. Culturally and linguistically responsive health care: There's a strong desire for providers who understand and respect different cultural backgrounds, speak community languages, and have shared experiences with the populations they serve.

2. Safe and affordable housing: Access to quality, affordable housing was identified as a critical need, especially given rising housing costs and gentrification in some areas.

3. Mental health support: Mental health was consistently identified as a top health concern across all groups, with a need for more accessible and culturally appropriate mental health services.

4. Economic opportunities: The community expressed a need for better job opportunities, workforce development programs, and pathways to living wage employment.

5. Access to culturally specific foods: Many community members emphasized the importance of having access to foods that are culturally relevant and familiar.

6. Support for family and community connections: There was a strong emphasis on the need for community spaces and opportunities for social connection, particularly for specific cultural groups.

7. Trauma-informed care: Given historical traumas and ongoing experiences of discrimination, there's a need for health care that is attentive to healing these experiences.

8. Transportation access: Improved transportation options, especially for accessing health care and other essential services, was identified as a significant need.

9. Environmental health and safety: Communities expressed concerns about environmental hazards and the need for safer, healthier living environments.

10. Education support: There was an emphasis on the need for better educational opportunities, including early childhood education and support for youth.

11. Virtual resource access: With the increase in telehealth and online services, there's a need to ensure all community members have access to and can navigate digital resources.

12. Community safety: Addressing issues of violence and creating safer neighborhoods was identified as a priority.

13. Support for immigrant and refugee communities: Specific needs were identified for these populations, including assistance with navigating systems and civic engagement education.

These unique needs reflect the diverse composition of the community and the complex interplay of social, economic, and health factors that impact well-being.

What the Hospital or CCO is Doing Well

1. Establishing a Regional Supportive Housing Impact Fund to promote housing stability and health equity.

2. Collectively investing in Project Access NOW, a non-profit focused on improving community health and equity by providing access to care for underserved and uninsured individuals.

3. Partnering with community-based organizations to provide resources and education during the COVID-19 pandemic, including vaccine and testing clinics.

4. Using the CHNA process to build partnerships that enable faster collaborative responses to emergencies.

Strengths of the Community

1. Social connections and support: Community members frequently noted the strength of relationships and "word of mouth" networks within their communities.

2. Cultural practices and traditions: Many emphasized the vital role of cultural practices in overall wellness and healing.

3. Resilience: The community's capacity for resilience and problem-solving, especially in the face of adversity, was highlighted.

4. Intergenerational knowledge and compassion: There's a deep respect for and sharing of knowledge between generations, particularly in supporting youth.

5. Storytelling and shared experiences: The ability to share stories and relate to each other was seen as a powerful tool for healing and connection.

6. Community-based solutions: Many examples were given of communities coming together to solve problems and support each other.

7. Increasing awareness of mental health: There's growing attention to mental health issues and efforts to reduce stigma around discussing and addressing mental health.

8. Connection to the environment: Many community members noted the importance of connection to land and nature for health and healing.

9. Peer support: The value of peer-to-peer support, especially for those with shared experiences, was emphasized.
10. Cultural events and gatherings: Spiritual gatherings, sharing ceremonies, and cultural events were noted as important for community healing and well-being.
11. Youth engagement: Increasing youth involvement in health awareness and community issues was seen as a positive trend.
12. Traditional healing practices: Many communities value and maintain traditional medicine and healing practices.
13. Adaptability: The ability to adapt and find "workarounds" when faced with systemic barriers was noted as a community strength.
14. Diversity: The diverse backgrounds and experiences within the community were seen as a source of strength and knowledge.

Priorities

1. A Neighborhood for All
 - Safe and affordable housing
 - Physical safety in community
 - Cultural displacement due to gentrification
2. Essential Community Services and Resources
 - Economic opportunity
 - Educational opportunity
 - Culturally-specific and healthy foods
 - Transportation
 - Virtual resources
3. Access to Culturally- and Linguistically-Responsive Health Care
 - Affordable health care
 - Culturally- and linguistically-responsive health care
 - Trauma-informed care
 - Delayed or avoided health care
4. Support for Family and Community Ways
 - Social connection
 - Access to foods and healing medicines or practices specific to communities of origin
 - Access to land which supports physical activity and connection to the natural world
 - Opportunities for ceremonial, religious, cultural, educational, and community gatherings