

Executive Summary

- This is the fourth 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 health priorities and needs in the region.

- The CAT identified four key priority areas for community health:

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

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

- Key health outcomes identified include:

1. Mental health
2. Chronic diseases
3. Vaccine-preventable diseases

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

- Investing in affordable housing
- Creating workforce development programs
- Expanding culturally-responsive health services
- Providing more community spaces and events

- The goal is for this CHNA to inform health improvement planning and community investments by the participating organizations to address identified needs and priorities.

In summary, this CHNA used a community-driven process to identify key health priorities and outcomes in the region, with recommendations for how to address them through community investments and improvements. The focus was on understanding root causes and social determinants of health from the community's perspective.

Biggest Gaps in Service

1. Culturally and linguistically responsive care: The report emphasizes a lack of health care providers who reflect the diversity of the communities they serve. There's a need for more providers who share languages, cultures, and lived experiences with patients.

2. Mental health and substance use care: The report notes that getting mental health or substance use care was one of the lowest satisfaction areas among survey respondents. Only 39% of all respondents were satisfied with access to these services.

3. Affordable health care: While the uninsured rate has decreased, there are still gaps in insurance coverage, particularly for Hispanic/Latino and multiracial populations. High out-of-pocket costs were cited as a barrier to care.
4. Trauma-informed care: Community members expressed a desire for health care that is attentive to healing marginalized communities' experiences, past traumas, and historical inequities.
5. Accessibility: Physical accessibility of healthcare facilities and services was noted as an issue, particularly for people with disabilities.
6. Evening and weekend hours: Limited service hours were cited as a challenge in getting needed care.
7. Transportation: Lack of transportation or difficulty traveling to health care services was noted as a barrier, especially for rural areas and people with disabilities.
8. Dental/oral health care: This was identified as one of the top health concerns, suggesting gaps in access to these services.
9. Trust and communication: Many community members, especially from marginalized groups, reported a lack of trust in the healthcare system and difficulties in communication with providers.

These gaps highlight the need for more accessible, affordable, and culturally responsive health care services across the region.

Greatest Barriers to Care

1. Lack of culturally and linguistically responsive care: Many community members reported wanting providers who share their language, culture, and lived experiences.
2. Affordability: High out-of-pocket costs were frequently cited as a barrier, even for those with insurance.
3. Lack of awareness about available services: Many respondents, especially from priority populations, reported not knowing what services and resources were available.
4. Limited service hours: The need for evening and weekend hours was frequently mentioned as a barrier to accessing care.
5. Transportation issues: Difficulty traveling to health care services or lack of transportation was a common barrier, especially for rural residents and people with disabilities.
6. Eligibility restrictions: Many reported being ineligible for certain services or supports.
7. Trust issues: Lack of trust in the healthcare system was a significant barrier, especially among priority populations.
8. Discrimination and bias: Many respondents reported avoiding or delaying care due to fears of not being taken seriously or treated fairly due to their age, race, gender, or health condition.

9. Language barriers: For non-English speakers, language was a significant barrier to accessing and understanding health information and services.

10. Complex application processes: Complicated forms and processes were cited as barriers to accessing services.

11. Lack of providers: In some areas, particularly for specialized care, there was a lack of available providers or long wait times for appointments.

12. Physical accessibility: For people with disabilities, physical access to healthcare facilities was sometimes a barrier.

These barriers were often more pronounced for the priority populations identified in the report, including BIPOC communities, LGBTQ2IA individuals, people with disabilities, and older adults.

The Unique Needs of the Community

1. Safe and affordable housing: There's a significant need for affordable housing options, particularly for low-income residents and communities of color facing displacement due to gentrification.

2. Cultural and linguistic responsiveness in healthcare: The community needs healthcare providers who reflect their diversity and can provide care in their languages and with cultural understanding.

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

4. Economic opportunities: There's a need for better job opportunities, workforce development programs, and pathways to earn living wages.

5. Food access: The community needs better access to healthy, culturally relevant foods, particularly in areas with limited grocery store options.

6. Education equity: There's a need to address educational disparities, starting with equitable access to affordable and quality childcare and preschools.

7. Community spaces and events: The community expressed a need for more culturally-specific community spaces for gatherings and events.

8. Trauma-informed care: Healthcare services that are attentive to healing marginalized communities' experiences, past traumas, and historical inequities.

9. Transportation access: Improved transportation options, especially for non-emergency medical transport and in rural areas.

10. Digital access and literacy: There's a need for better access to technology and internet services, as well as support in navigating digital health resources.

11. Youth support: Non-academic youth development programs and peer mentorship opportunities were identified as needs.

12. Public safety: The community expressed a need for proactive, equity-centered solutions to address rising crime rates and ensure community safety.

13. Social connection: Opportunities for community members to connect, share resources, and support each other were highlighted as important needs.

14. Traditional health practices: Access to traditional, culturally-specific healing practices and medicines was identified as a need for some communities.

What the Hospital or CCO is Doing Well

1. Taking a community-informed and equity-centered approach to the needs assessment process, including:

- Establishing a Community Action Team (CAT) composed of community leaders to guide every aspect of the assessment
- Conducting 37 community engagement sessions to gather input from over 300 community members, with a focus on priority populations
- Surveying over 500 community members
- Using a peer review group of data professionals of color to inform the approach

2. Focusing on social determinants of health and root causes of health inequities, rather than just individual health outcomes. The assessment identified four key priority areas:

- A neighborhood for all (safe/affordable housing, community safety, etc.)
- Essential community services and resources
- Access to culturally- and linguistically-responsive health care
- Support for family and community ways

3. Acknowledging limitations of traditional data sources and working to incorporate more community voices and qualitative data.

4. Making investments to address needs identified in previous assessments, such as:

- Contributing to a Regional Supportive Housing Impact Fund
- Investing in Project Access NOW to improve access to care for underserved populations
- Partnering on COVID-19 response efforts like vaccine clinics

5. Committing to use the assessment findings to inform future community health improvement plans and investments.

Strengths of the Community

1. Social connection and community support:

- Community members rely on their social networks when they are unable or unwilling to access the formal health care system.
- There is a strong sense of "showing up and supporting each other" within communities.

2. Cultural practices and traditions:

- Cultural practices are seen as vital to overall wellness and healing.
- Spiritual gatherings, ceremonies, and cultural events are important for discussing past traumas and working toward healing together.

3. Storytelling and information sharing:

- Sharing stories and relating to each other is seen as part of how communities connect and heal from traumas.
- Young adults reported the importance of peer education and sharing information on health issues affecting marginalized communities.

4. Connection to the environment:

- Community members noted the importance of connection to land and nature for health, healing, and wellness.

5. Resilience and problem-solving:

- Communities have developed strong problem-solving skills out of necessity, adapting to overcome challenges and barriers.

6. Intergenerational knowledge and compassion:

- There is a deep respect for supporting youth and children and finding ways to pass on cultural practices that support health and healing.

7. Awareness of mental health issues:

- There is an increased awareness and attention to mental health issues among both youth and adults, with efforts to reduce stigma.

8. Community partnerships:

- Some community members noted strong connections with other organizations serving their communities to support healing and wellness.

9. Traditional foods and medicine:

- Access to and knowledge of traditional foods and medicines was seen as important for maintaining health in some communities.

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

Additionally, the community survey identified three primary health concerns:

1. Mental health (e.g., stress, anxiety, depression, grieving)
2. Chronic disease (e.g., diabetes, heart disease and stroke, high blood pressure)
3. Vaccine preventable diseases (e.g., COVID-19, measles, influenza, mumps, pertussis)

The report also highlights three priority health outcomes based on the community input and population health data:

1. Mental Well-Being
2. Chronic and Communicable Disease Management
3. Accidental Injury