

Executive Summary

- This report describes the results of a Community Health Needs Assessment (CHNA) for the quad-county region of Clark County, Washington and Clackamas, Multnomah, and Washington counties in Oregon.

- The CHNA was designed to be community-informed and equity-centered. It relied on input from a Community Action Team (CAT) made up of community leaders representing diverse populations.

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

1. A Neighborhood for All - Access to safe, affordable neighborhoods and housing
2. Essential Community Services and Resources - Access to education, employment, nutrition, 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.

- Key health issues identified include mental health, chronic diseases, and substance use.

- The report provides recommendations for addressing the priority areas, including investing in workforce development, improving access to culturally-responsive care, supporting community spaces and connections, and addressing disparities in housing, education, and food access.

- The goal is for this CHNA to serve as a catalyst for changes to improve health and address inequities in the region.

Biggest Gaps in Service

1. Access to culturally and linguistically responsive health care: The report highlights that many community members desire 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 that reflects the communities being served.

2. Mental health and substance use services: Mental health was identified as one of the top health concerns across all counties. The report notes challenges in accessing mental health care, including long wait times and insufficient providers.

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

4. Affordable health care: While the uninsured rate has decreased, there are still gaps in insurance coverage, particularly among certain racial and ethnic groups. High out-of-pocket costs were cited as a barrier to care.

5. Dental/oral health care: This was identified as an important health issue, particularly for certain priority populations.

6. Transportation to health services: Lack of transportation options was noted as a barrier to accessing care, especially for rural communities and people with disabilities.

7. Virtual health resources: While telehealth has increased access for some, there are gaps in digital literacy and internet access that create barriers for others.

8. Trust in the health care system: The report indicates that many community members, especially from priority populations, have delayed or avoided care due to lack of trust or fear of discrimination.

These gaps appear to be more pronounced for certain populations, including communities of color, LGBTQ2IA individuals, people with disabilities, and rural communities.

Greatest Barriers to Care

1. Lack of culturally and linguistically responsive care: Many community members reported difficulty finding providers who understand their cultural background, speak their language, or have shared experiences.

2. Cost and affordability: High out-of-pocket costs and issues with insurance coverage were frequently cited as barriers, even for those with insurance.

3. Trust and past negative experiences: Many community members, especially from priority populations, reported avoiding or delaying care due to distrust of the health care system or fear of discrimination.

4. Lack of transportation: Difficulty accessing transportation to health care services was noted as a significant barrier, particularly for rural communities and people with disabilities.

5. Limited availability of services: Long wait times for appointments, especially for specialty care and mental health services, were reported as barriers.

6. Language barriers: Lack of adequate interpretation services and translated materials were cited as obstacles to care.

7. Lack of awareness about available services: Many community members reported not knowing what services and resources were available to them.

8. Inconvenient hours of operation: The need for evening and weekend hours was mentioned as a barrier for many working individuals.

9. Complexity of the health care system: Difficulty navigating the system, including complicated application forms for services, was noted as a barrier.

10. Digital divide: While telehealth has increased access for some, lack of internet access or digital literacy creates barriers for others, especially older adults and low-income communities.

11. Discrimination and lack of respect: Experiences of discrimination or feeling disrespected by health care providers were reported as reasons for avoiding care.

The Unique Needs of the Community

1. Safe and affordable housing: The report highlights a significant need for accessible, affordable housing options, particularly for low-income and marginalized communities.

2. Culturally-specific and healthy food access: There's a need for better access to culturally relevant and nutritious foods, especially in areas identified as food deserts.

3. Economic opportunities: The community needs more workforce development programs and opportunities for living-wage jobs.

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

5. Culturally and linguistically responsive health care: The community needs health care providers who reflect the diversity of the population and can provide care in patients' preferred languages.

6. Mental health services: There's a significant need for more accessible, culturally-appropriate mental health services.

7. Community spaces and connection: The report identifies a need for culturally-specific community spaces for gatherings, events, and building social connections.

8. Transportation access: Improved transportation options, especially for non-emergency medical transport, are needed.

9. Physical safety: There's a need to address rising crime rates and improve community safety, particularly in certain neighborhoods.

10. Support for immigrant and refugee communities: The report identifies unique needs for these populations, including civic education and support navigating various systems.

11. Youth support: There's a need for non-academic youth development programs and peer mentorship opportunities.

12. Trauma-informed care: The community needs health care and other services that are attentive to past traumas and historical inequities.

13. Technology access: There's a need to address the digital divide by improving access to internet and digital literacy skills.

14. Trust-building: The report highlights a need to build/repair trust between health care systems and priority populations.

What the Hospital is Doing Well

1. Expanding access to safe, affordable, and supportive housing through the Regional Supportive Housing Impact Fund (RSHIF).

2. Collective investments in Project Access NOW, a non-profit focused on improving community health and equity by providing access to care, services, and resources for the underserved and uninsured.

3. Collaborative efforts in response to COVID-19, including vaccine and testing clinics, and partnerships with community-based organizations to provide essential resources and education.

4. The foundation of partnership work through the CHNA and CHIP (Community Health Improvement Plan) processes, which enables faster collaborative responses to emergencies.

The report suggests that these collaborative efforts demonstrate the potential for positive impact when healthcare organizations work together and with community partners. However, it does not provide specific evaluations of individual hospitals or CCOs.

Strengths of the Community

1. Social Connection and Support: Community members frequently noted the strength of relationships and word-of-mouth networks. They emphasized the willingness to "show up and support each other."

2. Cultural Practices and Traditions: Many community members cited cultural practices as vital to overall wellness and healing. This includes traditional ceremonies, songs, storytelling, and cultural events.

3. Resilience: The community's capacity for resilience, despite adversity, was noted as a significant strength. This includes being good problem solvers and adapting to challenges.

4. Intergenerational Knowledge: There's a deep respect for and awareness of the need to support youth and children, and to find space for youth to understand how cultural practices can support health and healing.

5. Community-Led Initiatives: The report mentions several community-led efforts to address health issues, including peer support programs and efforts to reduce stigma around mental health.

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

7. Shared Experiences: The ability to relate to and support others with similar experiences, particularly among marginalized communities, was seen as a strength.

8. Youth Engagement: Increasing awareness and engagement of youth in health issues affecting marginalized communities was noted as a positive trend.

9. Problem-Solving Skills: Community members described themselves as "really good problem solvers" due to the necessity of adapting to challenges and finding workarounds when not well-served by existing systems.

10. Healing Practices: Many communities have maintained traditional healing practices and medicines that support their health and well-being.

11. Community Organizations: The presence of community-based organizations that understand and serve specific cultural needs was noted as a strength.

These strengths demonstrate the resilience, wisdom, and capacity for mutual support within the communities, often developed in response to systemic challenges and barriers.

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
- Addressing delayed or avoided health care

4. Support for Family and Community Ways:

- Social connection

The report also identified three key health outcome priorities:

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

Overall, the priorities focus on addressing social determinants of health, improving access to culturally-responsive care, supporting community connections, and addressing key health issues like mental health and chronic disease. The priorities aim to take a holistic, community-centered approach to improving health equity in the region.