Executive Summary

The assessment was conducted in partnership with the Healthy Columbia Willamette Collaborative (HCWC), a coalition of 13 organizations across several counties in Oregon and Washington.

- It used a mixed-methods approach including quantitative data from various health and demographic sources as well as qualitative data from community surveys and engagement sessions.

- Over 500 individuals responded to a community survey and over 300 participated in community engagement sessions.

- Key priority areas identified include:

1. Mental Health and Substance Use Disorder
2. Health Related Social Needs (housing, food insecurity, transportation, etc.)
3. Economic Security
4. Access to Care and Services

- Cross-cutting themes that emerged were:
- Racism, discrimination, and inclusion
- Culturally responsive care and services
- Trauma-informed care and services

- The assessment will inform Providence Milwaukie Hospital's Community Health Improvement Plan for 2023-2025.

- It provides an evaluation of the impact of the previous 2020-2022 Community Health Improvement Plan as well.

- The assessment was approved in November 2022 and made publicly available in December 2022.

Biggest Gaps in Service

1. Mental health and substance use disorder services: The report highlights increasing mental health issues, exacerbated by COVID-19, and struggles to meet the demand for mental health services, especially among students.

2. Culturally and linguistically responsive care: There's a lack of health care providers who reflect the diversity of the community in terms of race, ethnicity, language, and cultural background.

3. Access to affordable health care: While the number of uninsured residents has decreased, there are still disparities in insurance coverage, particularly among Hispanic/Latinx and multi-racial populations.

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 an important health condition by survey respondents, particularly among priority populations.

6. Timely access to care: Long wait times for appointments, especially for specialists and mental health providers, were noted as barriers.

7. Transportation to health services: Lack of transportation was identified as a significant barrier, particularly for non-emergency medical transportation.

8. Virtual care accessibility: While telemedicine has increased access for some, there are concerns about accessibility for those who lack technology skills or reliable internet access.

9. Preventive care: There are gaps in access to preventive services, particularly among certain demographic groups and in certain geographic areas.

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

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

Greatest Barriers to Care
1. Lack of culturally and linguistically responsive care: Many community members reported wanting providers who understand their culture, speak their language, and have shared experiences.

2. Trust issues: Many people, especially from priority populations, reported delaying or avoiding care due to lack of trust in the healthcare system.

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

4. Transportation: Lack of transportation or difficulty traveling to healthcare providers was a common barrier, especially for people with disabilities and in rural areas.

5. Limited availability of services: Long wait times for appointments, especially for specialists and mental health providers, were noted as significant barriers.

6. Lack of awareness about available services: Many respondents reported not knowing what services and resources were available to them.

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

8. Discrimination and bias: Some community members reported experiencing or fearing discrimination in healthcare settings due to their race, ethnicity, gender identity, sexual orientation, or disability status.

9. Inconvenient service hours: Many respondents cited a need for evening and weekend hours of service.

10. Complex application processes: Some people found application forms for services too complicated.

11. Lack of physical accessibility: For people with disabilities, poor physical access to healthcare facilities was a barrier.

12. Technology barriers: While telemedicine has increased, some people lack the necessary technology skills or reliable internet access to benefit from these services.

These barriers highlight the complex, multifaceted nature of healthcare access issues in the community, involving not just physical access but also cultural, linguistic, economic, and social factors.

The Unique Needs of the Community

1. Culturally and linguistically responsive care: There's a strong need for healthcare providers who reflect the diversity of the community and can provide care in patients' preferred languages.

2. Mental health and substance use disorder services: The community has a growing need for accessible mental health care, especially given the impacts of COVID-19.

3. Affordable housing: Safe and affordable housing was identified as a critical need, with increasing rates of homelessness in the region.

4. Economic opportunities: The community needs more workforce development programs and opportunities for living wage employment.

5. Food security: Access to healthy and culturally relevant foods was highlighted as an important need, especially in areas with limited grocery store options.

6. Transportation: Improved transportation options, especially for non-emergency medical transport, were identified as a significant need.

7. Community safety: There are concerns about increasing violent crime rates and the need for proactive, equity-centered solutions.

8. Trauma-informed care: The community expressed a need for healthcare that is attentive to historical traumas and inequities.

9. Support for immigrant and refugee communities: There's a need for sustainable civic engagement and education programs for these groups.

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

11. Technology access: There's a need for improved access to virtual resources and internet connectivity, especially for accessing healthcare and civic engagement.

12. Social connection: The community expressed a need for more opportunities for social and community connection, including culturally specific community spaces.

13. Traditional health workers: There's a need to expand investments in community health workers to increase community representation in the healthcare workforce.

These unique needs reflect the diverse and complex challenges faced by the community, emphasizing the importance of holistic, community-centered approaches to improving health and well-being.

What the Hospital or CCO is Doing Well
1. Partnership and Collaboration: The assessment itself is a collaborative effort between multiple healthcare organizations, public health departments, and CCOs, which suggests effective partnership in addressing community health needs.

2. Community Engagement: The assessment process involved extensive community engagement, including surveys and focus groups, indicating a commitment to understanding community perspectives.

3. Equity Focus: The assessment demonstrates a strong focus on health equity and addressing the needs of marginalized populations.

4. Previous Plan Implementation: The report mentions evaluating the impact of the 2020-2022 Community Health Improvement Plan, suggesting follow-through on previous commitments.

5. Reduction in Uninsured Population: The report notes that residents without health insurance dropped by nearly half from 13.1% in 2010-2014 to 6.0% in 2015-2019, partly due to the Affordable Care Act and Medicaid expansion.

6. Telemedicine Implementation: The report mentions increased use of telemedicine, particularly for mental health conditions, suggesting adaptation to new care delivery models.

7. Community Resource Desks: The hospital implemented Community Resource Desks to connect families to housing resources.

8. Regional Supportive Housing Fund: The hospital participated in establishing a Regional Supportive Housing Impact Fund to promote housing stability and health equity.

While these points suggest areas of positive impact, it's important to note that the primary focus of the report is on identifying needs and gaps in services rather than highlighting successes of the hospital or CCOs.

Strengths of the Community
1. Social connection and support: Community members frequently noted the strength of relationships, word-of-mouth networks, and the ability to "show up and support each other."

2. Cultural practices and traditions: These were noted as vital to overall wellness and healing, including storytelling, cultural ceremonies, and traditional medicines.

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

4. Resilience: The community demonstrated a strong capacity for resilience and problem-solving, especially in the face of adversity.

5. Intergenerational knowledge and compassion: There was a deep respect for supporting youth and children, and passing down cultural practices that support health and healing.

6. Increased awareness of mental health issues: The community showed efforts to reduce stigma around mental health and increase support for those struggling.

7. Peer support and recovery: The community valued peer-to-peer support and the employment of people with lived experiences in health and social services.

8. Information sharing: Particularly among youth, there was a strength in connecting to share information and build awareness on certain health topics.

9. Holistic view of health: The community demonstrated a understanding of health that encompasses physical, emotional, mental, spiritual, and community well-being.

10. Community-based healing: Many emphasized the role of community in health and healing, viewing wellness as a collective responsibility.

11. Cultural diversity: The diversity of cultures and traditions within the community was seen as a strength, providing various approaches to health and healing.

These strengths highlight the community's resilience, cultural richness, and capacity for mutual support and problem-solving in addressing health and wellness issues.

Priorities
1. Mental Health and Substance Use Disorder:
  - Focus on prevention and treatment
  - Address social isolation
  - Community building related to safe spaces and recreation

2. Health Related Social Needs:
  - Focus on housing stability
  - Navigation of supportive services
  - Food insecurity
  - Transportation

3. Economic Security:
  - Focus on affordable childcare

- Education
  - Workforce development

4. Access to Care and Services:
  - Focus on chronic disease management and prevention
  - Oral health
  - Virtual care

Additionally, the report identified three consistent cross-cutting themes affecting all four priority areas:

- Racism, discrimination, and inclusion
- Culturally responsive care and services
- Trauma-informed care and services

These priorities were identified based on the hospital's unique capabilities, community partnerships, and potential areas of collaborative community impact, aligned with the broader collaborative health priorities identified by the Healthy Columbia Willamette Collaborative.