Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members

July 2013

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Photo: Clackamas County, Oregon (Tony Fischer Photography)

The Healthy Columbia Willamette Collaborative gratefully acknowledges the organizations conducting the assessment projects used for this analysis. We would also like to thank community members living in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington for their participation in these assessment projects.

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I. INTRODUCTION

Collaborative Origin

In 2010, local health care and public health leaders in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington began to discuss the upcoming need for several community health assessments and health improvement plans within the region in response to the Affordable Care Act and Public Health Accreditation[1]. They recognized these requirements as an opportunity to align the efforts of hospitals, public health and the residents of the communities they serve in an effort to develop an accessible, real-time assessment of community health across the four-county region. By working together, they would eliminate duplicative efforts, facilitate the prioritization of community health needs, enable joint efforts for implementing and tracking improvement activities, and improve the health of the community.

Members

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette Collaborative (Collaborative) was developed. It is a large public-private collaborative comprised of 14 hospitals and four local public health departments in the four-county region. Members include: Adventist Medical Center, Clackamas County Health Department, Clark County Public Health Department, Kaiser Permanente, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek, Multnomah County Health Department, Oregon Health & Science University, PeaceHealth Southwest Medical Center, Providence Milwaukie, Providence Portland, Providence St. Vincent, Providence Willamette Falls, Tuality Healthcare and Washington County Health Department.

Healthy Columbia Willamette Collaborative Assessment Model

The Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model[2]. See Figure 1. The MAPP model uses health data and community input to identify the most important community health issues. This assessment will be an ongoing, real-time assessment with formal community-wide findings every three years. Community input on strategies and evaluation throughout the three-year cycle will be crucial to the effort's effectiveness. This report describes the first assessment component: The Community Themes and Strengths Assessment.

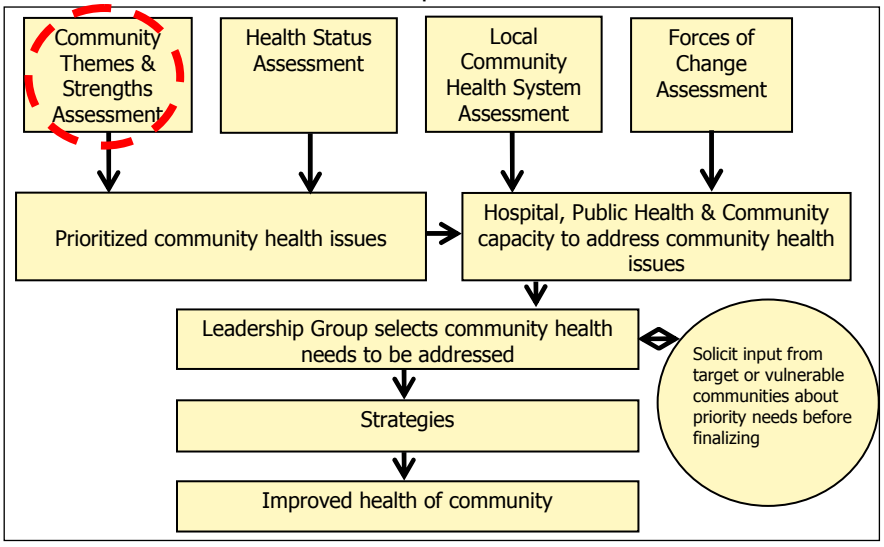

Figure 1. Schematic of the Modified MAPP Model

[1] The federal Affordable Care Act, Section 501(r)(3) requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at minimum once every three years, effective for tax years beginning after March 2012. Through the Public Health Accreditation Board, public health departments now have the opportunity to achieve accreditation by meeting a set of standards. As part of the standards, they must complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

[2] MAPP is a model developed by the National Association of County and City Health Officials (NACCHO)

Community Engagement Process

As part of the modified model adopted by the Collaborative, community input was collected during three distinct phases between August 2012 and April 2013.

The Community Themes and Strengths Assessment

The first phase of community engagement involved reviewing 62 community engagement projects that had been conducted in the four-county region since 2009. A list of these projects is presented in Appendix I. Findings from the 62 projects were analyzed for themes about how community members described the most important health issues affecting themselves, their families, and the community.

The Local Community Health System & Forces of Change Assessment

This second phase of community engagement involved 126 stakeholders participating in interviews or responding to surveys. This assessment was designed to solicit stakeholder feedback on the health issues resulting from the previous assessment work and epidemiological data. Stakeholders were asked to add and prioritize health issues they thought should be on the list, as well as describe their organizations' capacity to address these health issues. (For more information, see *Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them.* July 2013.)

Community Listening Sessions

The third phase of community engagement was completed in May 2013. Fourteen community listening sessions were held with uninsured and/or low-income community members living in Clackamas, Clark, Multnomah and Washington counties. In all, 202 individuals participated. During these meetings, community members were asked whether they agreed with the issues that were identified through the previously conducted community engagement/assessment work, epidemiological data, and the stakeholder interviews and surveys. Participants were also asked to add to the list the health issues that they thought were missing. Next, participants voted for what they thought were the most important issues from the expanded list. (For more information, see *Community Listening Sessions: Important Health Issues and Ideas for Solutions.* July 2013.)

Because members of the Collaborative understand the importance of working with the community, in years two and three of the project there will be more opportunities to engage multiple constituents in the process. At the time of this writing, these opportunities have yet to be developed; this process will start during the summer of 2013.

II. COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Purpose

The broad goal of the Community Themes and Strengths Assessment was to identify health-related themes from recent projects engaging community members of Clackamas, Multnomah and Washington counties in Oregon and Clark County in Washington.

Conducting the Community Themes and Strengths Assessment served three purposes: 1) to increase the number of community members whose voices could be included; 2) to prevent duplication of efforts and respect the contributions of community members who have already shared their opinions in recent projects; and 3) to utilize the extensive and diverse community engagement work that local community-based organizations, advocacy organizations, and government programs have already done.

Community Themes and Strengths Assessment findings combined with the findings of the other three MAPP assessment components and the community listening sessions provided the Collaborative's Leadership Group with information necessary to select the community health needs and improvement strategies within the four-county region.

Methodology

The Community Themes and Strengths Assessment, the first of four major components of MAPP, was an analysis of findings from recently conducted health-related community assessment projects conducted in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington State.

Between September and December 2012, the Collaborative identified community assessment projects conducted within the four-county region. Four criteria were used for inclusion in the "inventory" of assessment projects that would be used to identify community-identified themes. The assessment project needed to: 1) be designed to explore health-related needs, 2) have been completed within the last three years (since 2009), 3) have a geographic scope within the four-county region, and 4) engage individual community members in some capacity, as opposed to only agency-level stakeholders.

Community assessment projects were identified by: 1) contacting individual community leaders, community-based organizations, public agencies and Healthy Columbia Willamette Collaborative leadership members to solicit their recommendations for projects to include in the inventory; 2) conducting numerous Internet searches, which consisted of using a Google search engine and by examining hundreds of organizational websites across the four-county region and; 3) including recent community assessment projects that had already been identified through the Multnomah County Health Department's 2011 Community Health Assessment. At the end of this report, tables in four appendices describe the assessment projects included in this inventory; the participants for each project (as described by each project's authors); and the health-related themes found from each project. In all, 62 community assessment projects' findings were included in the "inventory" of assessments.

This inventory includes large-scale surveys, PhotoVoice[3] projects, community listening sessions, public assemblies, focus groups, and stakeholder interviews. Not only did their designs vary, the number and included participants were quite different. For example, one project engaged a small group of Somali elders while another was a massive multi-year process engaging thousands of members of the general public. Collectively, these projects' findings paint a picture of what people living in the four-county area say are the most pressing health issues they and their families face. Although there is not a scientific way to analyze these findings as a whole, it was possible to identify frequently-occurring themes across these projects.

Findings

The most frequently-arising themes in the four-county region were identified through a content analysis of the findings from the assessment projects. Below, each theme is defined using descriptors directly from the individual projects. Issues are categorized either as "important" or as a "problem." In Table 1, these themes are listed in the order of how frequently they arose in the four-county region, as well as the order they occurred in each county.

Social environment

- Issues identified as important: sense of community, social support for the community, families, and parents, equity, social inclusion, opportunities/venues to socialize, spirituality
- Issue identified as problems: racism

Equal economic opportunities

- Issues identified as important: jobs, prosperous households, economic self sufficiency, equal access to living-wage jobs, workforce development, economic recovery
- Issue identified as problems: unemployment

[3] PhotoVoice is a process by which people can identify, represent, and enhance their community by taking photos to record and reflect their community's strengths and concerns.

Access to affordable health care

- Issues identified as important: access for low income, uninsured, underinsured, access to primary care, medications, health care coordination
- Issue identified as problems: emergency room utilization

Education

- Issues identified as important: culturally relevant curriculum, student empowerment, education quality, opportunity to go to college, long term funding/investment in education
- Issues identified as problems: low graduation rates, college too expensive

Access to healthy food

- Issues identified as important: Electronic Benefit Transfer-Supplemental Nutrition Assistance Program (EBT-SNAP) benefits, nutrition, fruit and vegetable consumption, community gardens, farmers' markets, healthy food retail, farm-to-school
- Issue identified as problems: hunger

Housing

- Issues identified as important: affordability, availability, stability, tenant education, healthy housing, housing integrated with social services/transportation
- Issues identified as problems: evictions, homelessness

Mental health & substance abuse treatment

- Issues identified as important: access for culturally-specific groups and LGBTQI community, counseling, quality and availability of inpatient treatment, prevention
- Issues identified as problems: depression, suicide, drug/alcohol abuse

Poverty

- Issues identified as important: basic needs, family financial status
- Issues identified as problems: cost of living, daily struggles to make ends meet

Early childhood/youth

- Issues identified as important: child welfare, youth development and empowerment, opportunities for youth, parental support of student education experience
- Issues identified as problems: lack of support for youth of all ages, child protection services

Chronic disease

- Issues identified as important: chronic disease support, management and prevention

- Issues identified as problems: obesity, smoking

Safe neighborhood

- Issues identified as important: public safety, traffic/pedestrian safety
- Issues identified as problems: crime, violence, police relations

Transportation options

- Issues identified as important: equitable access to public transportation, transportation infrastructure investments
- Issues identified as problems: bus is too expensive, limited routes for shift workers

Table 1. Top Health-Related Themes by Region and County*

Region 62 Assessment Projects	**Clackamas (OR) 29 Assessment Projects**	**Clark (WA) 12 Assessment Projects**	**Multnomah (OR) 42 Assessment Projects**	**Washington (OR) 28 Assessment Projects**
• Social environment	• Access to affordable health care	• Social environment	• Social environment	• Social environment
• Equal economic opportunities	• Social environment	• Access to affordable health care	• Equal economic opportunities	• Access to affordable health care
• Access to affordable health care	• Housing	• Equal economic opportunities	• Access to healthy food	• Equal economic opportunities
• Education	• Equal economic opportunities	• Housing	• Education	• Mental health & substance abuse
• Access to healthy food	• Mental health & substance abuse	• Access to healthy food	• Housing	• Education
• Housing	• Access to healthy food	• Education	• Access to affordable health care	• Housing
• Mental health and substance abuse	• Education	• Chronic disease	• Mental health & substance abuse	• Chronic disease
• Poverty	• Civic engagement	• Mental health & substance abuse	• Chronic disease	• Safe neighborhood
• Early childhood/ youth	• Chronic disease	• Safe neighborhood	• Poverty	• Early childhood/youth
• Chronic disease	• Culturally competent care	• Poverty	• Early childhood/youth	• Access to healthy food
• Safe neighborhood	• Transportation options		• Civic engagement	
• Transportation options	• Safe neighborhood			

*Ranked by how many assessments the theme was identified in.

The information learned through this compilation of assessment projects showed that when the participants were asked questions about health, community and well-being, they were likely to describe basic needs and social determinants of health[4] rather than specific health conditions. Most of the social determinants prioritized in Table 1 require more than a local response. For instance, "equal economic opportunities/employment" is directly affected by the national economy. This does not mean that the issue isn't critical, only that it needs to be brought to the attention of those with the reach and authority to have an impact. Local responses could address components of the issue. For example, the Collaborative could choose to support targeted work force development programs that help chronically under-employed populations become gainfully employed, particularly for those populations with significant health disparities.

The health issues (other than the social determinants of health) identified were chronic disease, mental health, and substance abuse. These issues were also prioritized through epidemiological study and organizational stakeholder interviews. (For more information, see *Health Status Assessment: Quantitative Data Analysis Methods and Findings.* May 2013, and *Local Community Health System and Forces of Change Assessments: Stakeholders' Priority Health Issues and Capacity to Address Them.* June 2013.)

Limitations

It is likely that there are important community assessment projects not represented in this inventory; ones that have been completed after the analysis, ones we did not know about or could not find through our search methods, and ones that are being conducted currently. Our intent is to be looking for this community work on an ongoing basis so that this regional assessment can continue to be informed by the health-related work conducted by other disciplines, organizations, and community groups within the region.

The intent is not to rely solely on this first inventory of assessments to represent the community's voices. It is one step in community engagement. As discussed earlier in this report, interviews and surveys with 126 agency stakeholders and listening sessions with 202 community members are also being done. Additionally, community engagement will continue throughout the three-year cycle to inform the development, implementation and evaluation of strategies, as well as to help the Collaborative identify additional community health needs to be considered for the next cycle (2016).

Resources

The following resources are referenced above and may be useful for background information:

- New Requirements for Charitable 501(c) (3) Hospitals under the Affordable Care. Internal Revenue Service. Available from: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act
- Public Health Accreditation. Public Health Accreditation Board. Available from: http://www.phaboard.org/
- Mobilizing for Action through Planning and Partnerships (MAPP). National Association of County and City Health Officials. Available from: http://www.naccho.org/topics/infrastructure/mapp/
- Healthy Columbia Willamette regional website. Healthy Columbia Willamette Collaborative. Available from: http://www.healthycolumbiawillamette.org.

[4]As defined by the World Health Organization, the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

APPENDIX I: Community Engagement/Assessment Projects Included in Inventory

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
ACHIEVE (Action Communities for Health, Innovation and Environmental Change) Community ***Multnomah County Health Department*** **2009**	The overall focus was to increase equitable and culturally relevant policies to promote tobacco-free and smoke-free environments, opportunities for physical activity, and healthy food. The assessment provided an inclusive, empowering political process through group discussions, walking tours, key leader interviews, and organization tours. The project engaged the general population of Multnomah County with specialized efforts in faith based, African-American, low-income communities.	Multnomah (OR)
African American Health Coalition CPPW Final Report **2012**	The coalition conducted interviews and surveys of African-American members involved in the African American Health Coalition exercise program in North and Northeast Portland. Topics included the retail and food environment, community gardens, and park/recreation facility use and barriers.	Multnomah (OR)
The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile ***Coalition of Communities of Color*** **2012**	This report documents the experiences of the Asian and Pacific Islander community in Multnomah County using data from the Census and the American Community Survey and leverages a range of input given by communities of color. The report also includes recommendations and calls for action.	Multnomah (OR)
Beaverton Community Vision Action Plan Update ***City of Beaverton*** **2012**	The City of Beaverton surveyed Beaverton residents to share success stories, identify challenges, and let them know how the priorities identified in the Community Vision Action Plan were progressing.	Washington (OR)
Cascade AIDS Project Strategic Planning 2009-2014 Data Collection Report **2009**	To receive insight on what areas of improvement were desired within the service scope of Cascade AIDS Project, staff members facilitated focus groups and conducted a survey with the following populations: women living with HIV, Latino men who have sex with men, African-American men who have sex with men, White men who have sex with men, youth, communities of color leadership (African-American and Latino), Clark County residents, and people living with HIV (mixed population).	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)
Causa/Oregon Latino Health Coalition and NW Health Foundation Latino Health Assembly **2010**	This assembly brought together Latino community members, as well as policy makers, health care advocates, and legislators to discuss expanded access for uninsured Latino children to the Healthy Kids Program and increasing state funding for safety net and community clinics.	Clackamas (OR) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Clackamas County Children's Commission Community Assessment ***Clackamas County Children's Commission Head Start, Clackamas Education Service District*** **2012**	This assessment analyzed service area data to promote program development per Head Start federal requirements. A survey asked questions to Head Start families about their perceptions of their community, social connectedness, health system, and whether they think their family is healthy.	Clackamas (OR)
Clackamas County Community Health Improvement Plan ***Clackamas County Department of Health, Housing, and Human Services*** **2012**	This report was intended to both guide local efforts over the next five years to improve overall health of the Clackamas County population, and to meet the requirements of the Public Health Accreditation Board. Community meetings were held in which the general population was invited to identify priorities related to health, education and other topics.	Clackamas (OR)
Communities of Color in Multnomah County: An Unsettling Profile ***Coalition of Communities of Color*** **2010**	This report documents the experiences of communities of color in Multnomah County using data from the Census and the American Community Survey and leverages a range of input given by communities of color. The report also includes recommendations and calls for action.	Multnomah (OR)
Community Health Partnership: SNAP Roundtable ***Oregon Public Health Institute*** **2009**	The institute conducted roundtable discussions with stakeholders and community members about nutrition and health promotion within the Supplemental Nutrition Assistance Program (SNAP). Participants shared expertise and information, and contributed to ongoing conversations about how best to promote health and good nutrition for low-income Oregonians.	Clackamas (OR) Multnomah (OR) Washington (OR)
Community Value Assessment of North by Northeast Community Health Center **2012**	The center conducted surveys, focus groups and phone interviews with the clinic's former and current patient base (residents of N/NE Portland who were low-income, many of whom were African-American) about health concerns and recommendations for the clinic to address health concerns in the future.	Multnomah (OR)
Comprehensive Plan Update ***Washington County*** **2010**	Organizations, coalitions, networks and community members involved in issues related to children and families participated in interviews addressing successes, challenges, and changes in conditions related to child/family programs.	Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
engAGE in Community **2012**	A telephone survey was conducted of people 60+ in six communities within Clackamas County to assess assets and residents' perceptions of current and future resources required to improve livability or 'age-friendliness.'	Clackamas (OR)
Focus Group Discussions with Housing, Job Training and Employment Professionals ***Multnomah County Health Department*** **2009**	These focus group discussions about housing and employment issues with African-American community members were used to inform help design of Multnomah County Health Department's Healthy Birth Initiative program.	Multnomah (OR)
Growing Healthier: Planning for a Healthier Clark County ***Clark County Public Health Advisory Council, Clark County Public Health*** **2012**	This report outlined policy recommendations on ways that Clark County's Comprehensive Growth Management Plan can better address health issues. Outreach efforts with the general population included public meetings, key stakeholder interviews and meetings, presentations to community groups, and online surveys.	Clark (WA)
Healthy Active Communities for Portland's Affordable Housing Families ***Oregon Public Health Institute*** **2011**	This four-year project aimed to shape policies and neighborhood environments to increase healthy eating and active living for children and families living in Portland's affordable housing communities. This initiative included a PhotoVoice component with residents of multi family housing developments.	Multnomah (OR)
Healthy Communities: Building Capacity Based on Local Tobacco Control Efforts ***Oregon Health Authority*** **2011**	This report described the process for developing the Healthy Communities: Building Capacity program conducted in Oregon from 2008 through 2011, and the results of the capacity-building phase. It utilized the CHANGE tool, which is a data-collection and planning resource for community members wanting to make their community a healthier place to live, work, play, and learn.	Clackamas (OR) Multnomah (OR) Washington (OR)
Healthy Eating at Farmer's Markets: The Impact of Nutrition Incentive Programs ***Oregon Public Health Institute*** **2011**	Supplemental Nutrition Assistance Program (SNAP) customers of farmer's markets were surveyed to evaluate the impact of the Nutrition Incentive Programs at selected markets in the Portland area.	Multnomah (OR)
Healthy Eating/Active Living Partnership ***Portland State University, Multnomah County Health Department*** **2009**	Through community-based participatory research and a PhotoVoice project, Latino community members and children of Portland's Portsmouth neighborhood were engaged to create a healthier built environment and public policies that reduce the disproportionately high rate of obesity in low income and minority communities (particularly among children).	Multnomah (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Hillsboro 2020 Vision and Action Plan ***Hillsboro City Council*** **2010**	To develop a picture of the community in the year 2020 as seen by citizens from a variety of backgrounds, cultures and interests, the Plan's revision process in 2010 engaged 1,000 people from the general population through multiple venues and outreach opportunities.	Washington (OR)
HOPE (Healthy Oregon Partnership for Equity) Coalition Five Year Health Equity Plan **2012**	This plan identified the most pressing health equity needs for Multnomah, Washington, Marion, & Clackamas Counties, drew from interviews and community forums and built upon years of community advocacy efforts in the region.	Clackamas (OR) Multnomah (OR) Washington (OR)
Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference **2010**	This all-day conference allowed immigrant and refugee community members to prioritize their needs, engage in facilitated group discussions, and interface with policymakers.	Clackamas (OR) Multnomah (OR) Washington (OR)
Improving Access to Affordable Health Care: An Outreach Audit of North Clackamas County Residents Living Below 200% of Poverty ***Clackamas County Department of Health, Housing, and Human Services*** **2011**	A bilingual survey was sent to North Clackamas County residents to gather information about the health activities and social needs of this community. Findings informed service decisions and outreach efforts to residents who live below 200 percent of the federal poverty level.	Clackamas (OR)
The Latino Community in Multnomah County: An Unsettling Profile ***Coalition of Communities of Color*** **2012**	This report was prepared to ensure that the experiences of communities of color are widely available. The information collected from community members was meant to determine and illustrate disparities that might not be seen in census data.	Multnomah (OR)
Legacy Health Community Needs Assessment **2011**	This assessment included over 100 interviews with various stakeholders within the four-county Portland metropolitan area which covers Legacy Health's greater service area. The purpose of the assessment was to determine the elements within the health factors that have the greatest impact on our communities and to compare them with Legacy's strategic priorities, available expertise and available resources.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Legacy Salmon Creek Hospital Community Needs Assessment and Implementation Strategies Plan ***Legacy Health*** **2012**	This assessment included interviews with various stakeholders within the primary service area (five mile radius) of Legacy Salmon Creek Hospital in Clark County. The purpose of the assessment was to determine the elements within the health factors that have the greatest impact on our communities and to compare them with Legacy's strategic priorities, available expertise and available resources.	Clark (WA)
Lessons from the Field: Portland, Oregon: Kelly GROW: Integrating Healthy Eating and Active Learning (HEAL) at Kelly Elementary ***Oregon Public Health Institute*** **2010**	Through engaging with 3rd-5th graders in Kelly Elementary School's SUN afterschool program by having them create "Personal Meaning Maps", this exercise helped determine the impact of the Kelly GROW project.	Multnomah (OR)
Multnomah County Community Health Assessment ***Multnomah County Health Department*** **2011**	This assessment included interviews, surveys and focus groups with various populations to learn the most important health-related issues according to people in Multnomah County.	Multnomah (OR)
Multnomah County Health Equity Initiative: Unnatural Causes ***Multnomah County Health Department*** **2009**	Through a hosted "report back" session as well as surveys with community members and county employees, this process helped provide insight into the levels of concern regarding a list of selected health-related issues.	Multnomah (OR)
The Native American Community in Multnomah County: An Unsettling Profile ***Coalition of Communities of Color*** **2012**	This report documents the experiences of the Native American community in Multnomah County using data from the Census and the American Community Survey and leverages a range of input given by communities of color. The report also includes recommendations and calls for action.	Multnomah (OR)
Oregon Food Bank Nutrition Education Program Long-Term Follow-up Survey **2010**	Through surveys and interviews with Operation Frontline course participants, this process identified measurable lifestyle changes among nutrition education class participants, gathered feedback about the class, and created a baseline for future long-term surveys of the program and its Oregon Food Bank participants. Of Operation Frontline participants, the majority were 50+ in age, while others were disabled adults in low-income housing, parents of pre-school and school-aged children, single adults and families.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Oregon Health Improvement Plan ***Oregon Health Policy Board, Oregon Health Authority*** **2010**	A series of forums and public input surveys with community members across Oregon resulted in recommendations to improve the lifelong health of Oregonians, prevent chronic disease, and stimulate innovation and collaboration within our communities.	Clackamas (OR) Multnomah (OR) Washington (OR)
Oregon Latino Agenda for Action Summit **2010**	This event focused on finding consensus on the issues facing Latinos in Oregon, on ways to address those issues, and finally on which issue should be our first priority. Group discussion topics among varying community members and stakeholders included health, economics, and education	Clackamas (OR) Multnomah (OR) Washington (OR)
Oregon Medicare-Medicaid Listening Groups: Final Report ***Oregon Health Authority*** **2011**	Listening groups comprised of individuals eligible for dual enrollment for Medicare-Medicaid were convened across Oregon. These events informed Oregon Health Authority's Design Contract proposal for individuals who would be directly impacted.	Clackamas (OR) Multnomah (OR) Washington (OR)
Overview of Hispanics in an Aging Population: A supplement to the engAGE in Community initiative **2011**	This project interviewed Latino Baby Boomers as well as younger Latino community members in order to understand and gauge the age-friendliness of Clackamas County.	Clackamas (OR)
Partnering for Student Success-The Cradle to Career Framework: Report To The Community **2010**	The Cradle to Career strategic framework was developed through data collection and group conversations with a variety of stakeholders, including Multnomah County residents and community members from organizations committed to student academic/social growth. The framework was a set of educational and student support goals and a plan to coordinate community efforts to achieve them.	Multnomah (OR)
The Path to Economic Prosperity: Equity and the Education Imperative ***Greater Portland Pulse*** **2011**	The report was developed so that elected officials, community leaders, and the public can have access to up-to-date, consistent, measurable data in order to engage in informed regional and community decisions. The process involved people across the region, from Hillsboro to Gresham and Wilsonville to Vancouver.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)
Patient Centered Primary Care Home Implementation Task Force Report ***Oregon Health Authority, NW Health Foundation*** **2011**	This report dealt with workgroups developed as a result of feedback from targeted interviews/surveys conducted by Oregon Health Authority and NW Health Foundation in 2010 and 2011. This report provides recommendations that would support the goal to have 75% of Oregonians accessing care in a Patient-Centered Primary Care Home by 2015.	Clackamas (OR) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Perceived and Actual Diabetes Risk in the Chinese and Hispanic/Latino Communities in Portland, Oregon ***Portland State University*** **2011**	This was a community-based participatory research study surveying Chinese and Hispanic/Latino immigrants in Portland about diabetes risk and awareness. The report assessed the association between perceived and actual risk and identified factors associated with disease risk.	Multnomah (OR)
Portland Mercado: Community Economic Development to Revitalize, Uplift, and Empower ***Adelante Planning, Hacienda Community Development Corporation, Portland State University*** **2011**	Over 200 Portland-area Latinos were interviewed with open-ended questions about entrepreneurial attitudes and assets, consumer habits and shopping perceptions, and interest in a new Mercado in the Portland area.	Multnomah (OR)
Portland Plan ***City of Portland Bureau of Planning and Sustainability*** **2012**	This multi-faceted community engagement project was intended to inform and develop a 25-year strategic plan for Portland. It included processes in goal-setting, discussing obstacles, and generating ideas about what the community really wants for the future. Multiple listening sessions and subcommittees were formed to process all information gathered.	Multnomah (OR)
Project Access Now 2008-2010 Program Evaluation **2010**	In order to effectively improve the health of the community, Project Access Now implemented a program evaluation in the midst of their strategic planning efforts that engaged the Project's clients via surveys.	Clark (WA) Multnomah (OR) Washington (OR)
Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment **2012**	In order to capture a comprehensive picture of community needs for these hospitals, Providence utilized a supplemental survey conducted with 2,500 individuals who participated in the Oregon Health Study and who live in these facilities' service areas.	Clackamas (OR)
Providence Portland Medical Center-Community Health Needs Assessment **2012**	In order to capture a comprehensive picture of community needs for this Medical Center, Providence conducted community stakeholder interviews, focus groups, and surveys for people living in its primary and secondary service areas.	Multnomah (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Providence St. Vincent Medical Center-Community Health Needs Assessment **2012**	In order to capture a comprehensive picture of community needs for this Medical Center, Providence conducted community stakeholder interviews, focus groups, and surveys for people living in its primary and secondary service areas.	Clackamas (OR) Multnomah (OR) Washington (OR)
Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System ***Washington Health Authority*** **2012**	This process surveyed multiple stakeholders (including community members) with the purpose of informing and driving the course of change for public health in Washington for the next three-to-five years.	Clark (WA)
Regional Equity Atlas Project Action Agenda ***Coalition for a Livable Future*** **2007-2009**	The Action Agenda was a blueprint for action that responded to the research and direction from the community. It established policy priorities that aimed to address systemic causes of inequities in access to essential community resources and to opportunities for prosperity and good health. The Agenda was created between 2005 and 2007, and was unveiled in a series of forums that gathered feedback from community members from 2007 to 2009.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)
Roadmap to Health Communities: A Community Health Assessment ***Clackamas County Department of Health and Human Services*** **2012**	This process gathered community information from as many diverse citizens as possible (via grassroots dialogue and surveys) on needs and priorities for building a healthy community while using limited resources wisely.	Clackamas (OR)
Running on Empty: Services and Citizens Stretched to the Limit ***Washington County Anti-Poverty Workgroup*** **2012**	The purpose of this process was to explore via focus groups and interviews how residents had been faring during the recession, and to compare findings to an earlier needs assessment.	Washington (OR)
Share Our Strength's No Kid Hungry Lead Partner Report ***Oregon Food Bank*** **2011**	In order to evaluate the impact of the Cooking Matters course, adult, teen and child participants were surveyed. Cooking Matters empowers families at risk of hunger with the skills, knowledge and confidence to make healthy and affordable meals.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Speak Out Survey 2009 ***Multnomah County Health Department*** **2010**	This survey gathered descriptive data about the health and well-being of LGBTQI individuals in the Portland metropolitan area. It was conducted to inform efforts to promote health equity across sexual orientation and gender identity.	Multnomah (OR)
State of Black Oregon ***Urban League of Portland*** **2009**	This report on the African-American community used case studies, developed policy recommendations and drew from community knowledge. It examined seven key social and economic indicators, racial disparities, and institutional barriers to prosperity and well-being for this community.	Clackamas (OR) Multnomah (OR) Washington (OR)
State of Cultural Competency Community Forum-Results ***Asian Pacific American Network of Oregon*** **2012**	In this forum, 70 community members representing Asian and Pacific Islander communities split into small groups to identify policy recommendations through which to advance cultural competency and health equity.	Clackamas (OR) Multnomah (OR) Washington (OR)
Together for Children: A Comprehensive Plan for Children and Families ***Washington County Commission on Children and Families*** **2010**	This Plan documents the work of more than 250 individuals and organizations who gathered in small and large groups over the past year to develop a plan around Washington County's needs including those of a large Latino population.	Washington (OR)
Tri-County Supported Housing and Supportive Services Needs Assessment ***Central City Concern on behalf of CareOregon*** **2012**	This assessment interviewed low-income and homeless individuals with the goal of supporting the current health care transformation efforts in the tri-county region by identifying the services needed to decrease hospital utilization by determining best practice interventions.	Clackamas (OR) Multnomah (OR) Washington (OR)
United Way White House Community Conversations—Clackamas, Clark, Washington counties, East Portland, and Camp Odyssey members (Five separate reports) **2012**	United Way of the Columbia Willamette (UWCW) held conversations in the four-county area with members—including high school students, nontraditional community groups, the general population, residents of East Portland, and Spanish-speaking low-income apartment complex residents—so that UWCW could gain a stronger sense of the community's aspirations/concerns and so that UWCW could deepen relationships with members of nontraditional community groups.	Clackamas (OR) Clark (WA) Multnomah (OR) Washington (OR)

Project Name, Organization, Date	Project Description: Overview, Objectives, Methods, Populations Engaged	Geographic Area
Washington County Community Assessment ***Oregon Child Development Coalition*** **2009**	This assessment was conducted for Oregon Child Development Coalition's Migrant Seasonal Head Start Program and leveraged input from parents with perceived needs and Latino migrants.	Washington (OR)
Washington County Issues of Poverty ***Community Action*** **2011**	Through conducting interviews and a convening a focus group, this process addressed the causes and conditions of poverty in Washington County. Participants included Washington County residents, 40 of whom were low-income and seven of whom were Spanish-speaking.	Washington (OR)

APPENDIX II: Populations Identified in Community Engagement/Assessment Projects for Region[5]

Members of medically underserved populations, low income populations, minority populations and populations with chronic disease needs:

- African-American population
- Asian and Pacific Islander population
- Black Oregonians[6]
- Chinese immigrant population
- Communities of color
- HIV-positive population
- Homeless population
- Immigrant and Refugee communities
- Latino and immigrant population
- Latino community members
- Latino migrant population
- Latino population/Spanish speaking
- LGBTQI population
- Low-income older adults (ages 50+)
- Low-income population
- Low-income renters in North and Northeast Portland
- Native American population
- Oregon Food Bank recipients (low-income adults, teens, children)
- Oregon Food and Nutrition Assistance Program participants
- Seniors (ages 60-93)
- Somali and Ethiopian elders
- Spanish speaking population
- Uninsured population

People who represent communities served by the following hospital facilities:

- Residents of Legacy Emanuel Hospital service area
- Residents of Legacy Good Samaritan Hospital service area
- Residents of Legacy Meridian Park Hospital service area
- Residents of Legacy Mt. Hood Hospital service area
- Residents of Legacy Salmon Creek Hospital service area
- Residents of Providence Milwaukie Hospital service area
- Residents of Providence Portland Hospital service area
- Residents of Providence St. Vincent Hospital service area
- Residents of Providence Willamette Falls Hospital service area

Other populations:

- 3rd and 5th graders in SUN afterschool program
- General population[7]
- High school students
- Residents of East Portland

[5] Populations identified in community engagement/assessment projects are arranged by IRS 990 requirements.

[6] As identified in *State of Black Oregon*

[7] General population is defined as adult and/or youth community members who do not represent any specific population

APPENDIX III: Populations Identified in Community Assessment Projects by County

Clackamas (OR)	**Members of medically underserved populations, low income populations, minority populations and populations with chronic disease needs:** • Asian and Pacific Islander population • Black Oregonians • HIV-positive population • Homeless population • Immigrant and refugee communities • Latino population/Spanish speaking • LGBTQI population • Low-income older adults (ages 50+) • Low-income population • Oregon Food Bank recipients (low-income adults, teens, children) • Oregon Food and Nutrition Assistance program participants • Seniors (ages 60-93)
	People who represent communities served by the following hospital facilities[3]: • Residents of Legacy Meridian Park Hospital service area • Residents of Providence Milwaukie Hospital service area • Residents of Providence Willamette Falls Hospital service area
	Other populations: • General population • High school students
Clark (WA)	**Members of medically underserved populations, low income populations, minority populations and populations with chronic disease needs:** • HIV-Positive population • LGBTQI population • Low-income older adults (ages 50+) • Oregon Food Bank recipients (low-income adults, teens, children) • Uninsured population
	People who represent communities served by the following hospital facilities: • Residents of Legacy Salmon Creek Hospital Service Area
	Other populations: • High school students • General population
Multnomah (OR) **Multnomah (OR)**	**Members of medically underserved populations, low income populations, minority populations and populations with chronic disease needs:** • African-American population • Asian & Pacific Islander population • Black Oregonians[4] • Chinese immigrant population • Communities of color • HIV-positive population • Homeless population • Immigrant and refugee communities • Latino immigrant population • Latino population/Spanish speaking • LGBTQI population • Low-income older adults (ages 50+) • Low-income population

(continued)	• Low-income renters in North and Northeast Portland • Low-income uninsured residents of East, North and Northeast Portland • Native American population • Oregon Food Bank recipients (low-income adults, teens, children) • Oregon Food and Nutrition Assistance program participants • Seniors (ages 60-93) • Somali and Ethiopian elders
	People who represent communities served by the following hospital facilities: • Residents of Legacy Emanuel Hospital service area • Residents of Legacy Good Samaritan Hospital service area • Residents of Legacy Mt. Hood Hospital service area • Residents of Providence Portland Hospital service area • Residents of Providence St. Vincent Hospital service area
	Other populations: • 3rd and 5th graders in SUN afternoon program • General population • High school students • Residents of East Portland
Washington (OR)	**Members of medically underserved populations, low income populations, minority populations and populations with chronic disease needs:** • Asian and Pacific Islander population • Black Oregonians • HIV-positive population • Immigrant and refugee communities • Latino community members • Latino migrant population • LGBTQI population • Low-income older adults (ages 50+) • Low-income population • Oregon Food Bank recipients (low-income adults, teens, children) • Oregon Food and Nutrition Assistance program participants • Seniors (ages 60-93) • Spanish speaking population
	People who represent communities served by the following hospital facilities: • Residents of Legacy Meridian Park Hospital service area • Residents of Providence St. Vincent Hospital service area
	Other populations: • General population • High school students

Appendix IV: Top Health-Related Themes with Corresponding Community Engagement/ Assessment Projects for Region

Theme	Corresponding Community Engagement/Assessment Projects
Social environment: Sense of community; social support for the community, families, and parents; equity; social inclusion; racism; opportunities/venues to socialize; spirituality	• ACHIEVE (Action Communities for Health, Innovation and Environmental Change) Community, Multnomah County Health Department • The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Beaverton Community Vision Action Plan Update, City of Beaverton • Cascade AIDS Project Strategic Planning 2009-2014 Data Collection Report • Clackamas County Community Health Improvement Plan, Clackamas County Department of Health, Housing, and Human Services • Communities of Color in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Comprehensive Plan Update, Washington County • engAGE in community • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Growing Healthier: Planning for a Healthier Clark County, Health Advisory Council, Clark County Public Health • Healthy Eating/Active Living, Multnomah County Health Department • HOPE (Healthy Oregon Partnership for Equity Coalition) Five Year Health Equity Plan • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • The Latino Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Legacy Health 2011 Community Needs Assessment • Legacy Salmon Creek Hospital Community Needs Assessment • Multnomah County Community Health Assessment 2011, Multnomah County Health Department • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Oregon Health Improvement Plan, Oregon Health Authority • Oregon Latino Agenda for Action Summit-2010 • Overview of Hispanics in an Aging Population: A supplement to the engAGE in Community initiative • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Portland Plan, City of Portland Bureau of Planning and Sustainability • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • Speak Out Survey 2009, Multnomah County Health Department • State of Black Oregon, Urban League of Portland • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • Together for Children: A Comprehensive Plan for Children and Families, Washington County Commission on Children and Families • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on behalf of CareOregon • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-Clark County • United Way White House Community Conversation-East Portland Community Center • United Way White House Community Conversations-Washington County • Washington County Community Assessment, Oregon Child Development Coalition

Equal economic opportunities: Jobs; prosperous households; economic self-sufficiency; equal access to living wage jobs; workforce development; economic recovery.	• The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile, Coalitions of Communities of Color, Coalitions of Communities of Color • Beaverton Community Vision Action Plan Update 2012, City of Beaverton • Communities of Color in Multnomah County: An Unsettling Profile, Coalitions of Communities of Color • Healthy Eating/Active Living, Multnomah County Health Department • Comprehensive Plan Update, Washington County • engAGE in community • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • HOPE (Healthy Oregon Partnership for Equity Coalition) Five Year Health Equity Plan • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • Legacy Health 2011 Community Needs Assessment • Legacy Salmon Creek Hospital Community Needs Assessment • Multnomah County Community Health Assessment 2011 • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • Oregon Latino Agenda for Action Summit-2010 • Overview of Hispanics in an Aging Population: A supplement to the engAGE in Community initiative • Partnering for Student Success-The Cradle to Career Framework: 2010 Report To The Community • Portland Mercado: Community Economic Development to Revitalize, Uplift, and Empower • Portland Plan, City of Portland Bureau of Planning and Sustainability • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • State of Black Oregon, Urban League of Portland • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on Behalf of CareOregon • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-Clark County • United Way White House Community Conversation-East Portland Community Center • United Way White House Community Conversations-Washington County • Washington County Community Assessment, Oregon Child Development Coalition • Washington County Issues of Poverty, Community Action
Access to Affordable Health Care: Access for low income, uninsured, underinsured; access to primary care, medications; emergency room utilization; health care coordination.	• Beaverton Community Vision Action Plan Update 2012, City of Beaverton • Cascade AIDS Project Strategic Planning 2009-2014 Data Collection Report • Causa/Latino Health Coalition and NW Health Foundation Latino Health Assembly • Community Value Assessment of North by Northeast Community Health Center • Comprehensive Plan Update, Washington County • engAGE in Community • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • HOPE (Healthy Oregon Partnership for Equity) Coalition Five Year Health Equity Plan • Improving Access to Affordable Health Care: An Outreach Audit of North Clackamas County Residents Living Below %200 of Poverty, Clackamas County Department of Health, Housing, and Human Services • Legacy Health 2011 Community Needs Assessment • Legacy Salmon Creek Hospital Community Needs Assessment

Access to Affordable Health Care: (continued)	• Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • Oregon Health Improvement Plan, Oregon Health Authority • Oregon Medicare-Medicaid Listening Groups: Final Report, Oregon Health Authority • Overview of Hispanics in an Aging Population: A supplement to the engAGE in Community initiative • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Project Access Now 2008-2010 Program Evaluation • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence Portland Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center-Community Health Needs Assessment • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • Speak Out Survey 2009, Multnomah County Health Department • State of Black Oregon, Urban League of Portland • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • Together for Children: A Comprehensive Plan for Children and Families, Washington County Commission on Children and Families • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on Behalf of CareOregon • United Way White House Community Conversation-East Portland Community Center • Washington County Issues of Poverty, Community Action
Education: culturally-relevant curriculum; student empowerment; education quality; opportunity to go to college; long term funding/ investment in education	• The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile, Coalitions of Communities of Color • Beaverton Community Vision Action Plan Update 2012, City of Beaverton • Clackamas County Community Health Improvement Plan, Clackamas County Department of Health and Human Services • Comprehensive Plan Update, Washington County • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Healthy Communities: Building Capacity Based on Local Tobacco Control Efforts, Oregon Health Authority • Healthy Eating/Active Living, Multnomah County Health Department • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • The Latino Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Legacy Health 2011 Community Needs Assessment • Legacy Salmon Creek Hospital Community Needs Assessment • Lessons from the Field: Portland, Oregon: Kelly GROW: Integrating Healthy Eating and Active Learning (HEAL) at Kelly Elementary, Oregon Public Health Institute • Multnomah County Community Health Assessment 2011 • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Oregon Health Improvement Plan, Oregon Health Authority • Oregon Latino Agenda for Action Summit-2010 • Partnering for Student Success-The Cradle to Career Framework: 2010 Report To The Community • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse

Education: (continued)	• Portland Plan, City of Portland Bureau of Planning and Sustainability • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • State of Black Oregon, Urban League of Portland • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-Clark County • United Way White House Community Conversation-East Portland Community Center • United Way White House Community Conversations-Washington County • Washington County Community Assessment, Oregon Child Development Coalition
Access to healthy food: Hunger; EBT-SNAP benefits; nutrition; fruit and vegetable consumption; community gardens; farmers markets; healthy food retail; farm-to-school	• ACHIEVE (Action Communities for Health, Innovation and Environmental Change) Community, Multnomah County Health Department • African American Health Coalition CPPW Final Report • Clackamas County Community Health Improvement Plan, Clackamas County Department of Health, Housing, and Human Services • Community Health Partnership: SNAP Roundtable, Oregon Public Health Institute • Community Value Assessment of North by Northeast Community Health Center • engAGE in community • Growing Healthier: Planning for a Healthier Clark County • Healthy Active Communities for Portland's Affordable Housing Families, Oregon Public Health Institute • Healthy Communities: Building Capacity Based on Local Tobacco Control Efforts • Healthy Eating/Active Living, Multnomah County Health Department • Healthy Eating at Farmers Markets: The Impact of Nutrition Incentive Programs, Oregon Public Health Institute • HOPE (Healthy Oregon Partnership for Equity) Coalition Five Year Health Equity Plan • Legacy Salmon Creek Hospital Community Needs Assessment • Lessons from the Field: Portland, Oregon: Kelly GROW: Integrating Healthy Eating and Active Learning (HEAL) at Kelly Elementary, Oregon Public Health Institute • Multnomah County Community Health Assessment • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Oregon Food Bank Nutrition Education Program 2010 Long-Term Follow-up Survey • Portland Plan, City of Portland Bureau of Planning and Sustainability • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center- Community Health Needs Assessment • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • Share Our Strength's No Kid Hungry Lead Partner Report, Oregon Food Bank • Speak Out Survey 2009, Multnomah County Health Department • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • United Way White House Community Conversation-Clackamas County • Washington County Community Assessment, Oregon Child Development Coalition

Housing: Affordability; availability; stability; evictions; tenant education; homelessness; healthy housing; housing integrated with social services/ transportation	• The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile, Coalitions of Communities of Color • Beaverton Community Vision Action Plan Update 2012, City of Beaverton • Cascade AIDS Project Strategic Planning 2009-2014 Data Collection Report • Legacy Salmon Creek Hospital Community Needs Assessment • Community Value Assessment of North by Northeast Community Health Center • engAGE in community • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Growing Healthier: Planning for a Healthier Clark County, Health Advisory Council, Clark County Public Health • Healthy Active Communities for Portland's Affordable Housing Families, Oregon Public Health Institute • Healthy Communities: Building Capacity Based on Local Tobacco Control Efforts • Healthy Eating/Active Living, Multnomah County Health Department • HOPE (Healthy Oregon Partnership for Equity) Five Year Health Equity Plan • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • Legacy Health 2011 Community Needs Assessment • Multnomah County Community Health Assessment 2011 • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • Portland Plan, City of Portland Bureau of Planning and Sustainability • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center- Community Health Needs Assessment • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • State of Black Oregon, Urban League of Portland • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on behalf of CareOregon • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • Washington County Issues of Poverty, Community Action
Mental health & substance abuse treatment: Depression; suicide; drug/alcohol abuse; access for culturally-specific groups and LGBTQI community; counseling; inpatient treatment; prevention.	• Community Value Assessment of North by Northeast Community Health Center • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • HOPE (Healthy Oregon Partnership for Equity) Five Year Health Equity Plan • Improving Access to Affordable Health Care: An Outreach Audit of North Clackamas County Residents Living Below% 200 of Poverty, Clackamas County Department of Health, Housing, and Human Services • The Latino Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Legacy Salmon Creek Hospital Community Needs Assessment • Multnomah County Community Health Assessment 2011 • Oregon Health Improvement Plan, Oregon Health Authority • Patient Centered Primary Care Home Implementation Task Force Report, Oregon Health Authority, NW Health Foundation • Project Access Now 2008-2010 Program Evaluation • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment

Mental health & substance abuse treatment: (continued)	• Providence Portland Medical Center-Community Health Needs Assessment • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • Speak Out Survey 2009, Multnomah County Health Department • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • Together for Children: A Comprehensive Plan for Children and Families, Washington County Commission on Children and Families • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on behalf of CareOregon • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-East Portland Community Center • Washington County Community Assessment, Oregon Child Development Coalition • Washington County Issues of Poverty, Community Action
Poverty: Basic needs; cost of living; financial status; daily struggles to make ends meet	• The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile, Coalitions of Communities of Color • Comprehensive Plan Update, Washington County • Communities of Color in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Community Value Assessment of North by Northeast Community Health Center • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Growing Healthier: Planning for a Healthier Clark County, Health Advisory Council, Clark County Public Health • Healthy Eating/Active Living, Multnomah County Health Department • The Latino Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Legacy Salmon Creek Hospital Community Needs Assessment • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Oregon Food Bank Nutrition Education Program 2010 Long-Term Follow-up Survey • Oregon Health Improvement Plan, Oregon Health Authority • Project Access Now 2008-2010 Program Evaluation • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center- Community Health Needs Assessment • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • State of Black Oregon, Urban League of Portland • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-East Portland Community Center • Washington County Issues of Poverty, Community Action

Early childhood/ Youth: Child welfare; youth development & empowerment; opportunities for youth; parental support of student education experience	• Causa/Latino Health Coalition and NW Health Foundation Latino Health Assembly • Clackamas County Community Health Improvement Plan, Clackamas County Department of Health, Housing, and Human Services • Communities of Color in Multnomah County: An Unsettling Profile • Comprehensive Plan Update, Washington County • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • The Latino Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Legacy Salmon Creek Hospital Community Needs Assessment • Multnomah County Community Health Assessment 2011 • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • Oregon Latino Agenda for Action Summit-2010 • The Native American Community in Multnomah County: An Unsettling Profile, Coalition of Communities of Color • Partnering for Student Success-The Cradle to Career Framework: 2010 Report To The Community • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Portland Plan, City of Portland Bureau of Planning and Sustainability • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • State of Black Oregon, Urban League of Portland • Together for Children: A Comprehensive Plan for Children and Families, Washington County Commission on Children and Families • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-Clark County • United Way White House Community Conversation-East Portland Community Center • Washington County Community Assessment, Oregon Child Development Coalition
Chronic disease: obesity; smoking; chronic disease support, management & prevention	• African American Health Coalition CPPW Final Report • Community Value Assessment of North by Northeast Community Health Center • Focus Group Discussions with Housing, Job Training and Employment Professionals, Multnomah County Health Department • Healthy Communities: Building Capacity Based on Local Tobacco Control Efforts, Oregon Health Authority • HOPE (Healthy Oregon Partnership for Equity) Coalition Five Year Health Equity Plan • Legacy Health 2011 Community Needs Assessment • Legacy Salmon Creek Community Needs Assessment • Oregon Health Improvement Plan, Oregon Health Authority • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Perceived and actual diabetes risk in the Chinese and Hispanic/Latino Communities in Portland, OR, Portland State University • Portland Plan, City of Portland Bureau of Planning and Sustainability • Project Access Now 2008-2010 Program Evaluation • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence Portland Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center-Community Health Needs Assessment • Public Health Improvement Partnership Agenda for Change Action Plan: Initial Priorities and First Steps for Advancing Washington's Public Health System, Washington Department of Health • Speak Out Survey 2009, Multnomah County Health Department • State of Black Oregon, Urban League of Portland • State of Cultural Competency Community Forum-Results, Asian Pacific American Network of Oregon • Tri-County Supported Housing and Supportive Services Needs Assessment, Central City Concern on behalf of CareOregon • Washington County Community Assessment, Oregon Child Development Coalition

Safe neighborhood: Public safety; crime; violence; police relations; traffic/pedestrian safety	• Beaverton Community Vision Action Plan Update 2012, City of Beaverton • engAGE in community • Comprehensive Plan Update, Washington County • Growing Healthier: Planning for a Healthier Clark County, Health Advisory Council, Clark County Public Health • Healthy Active Communities for Portland's Affordable Housing Families, Oregon Public Health Institute • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • Healthy Eating/Active Living, Multnomah County Health Department • Multnomah County Community Health Assessment 2011 • The Path to Economic Prosperity: Equity and the Education Imperative, Greater Portland Pulse • Portland Plan, City of Portland Bureau of Planning and Sustainability • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • State of Black Oregon, Urban League of Portland • United Way White House Community Conversation-Camp Odyssey • United Way White House Community Conversation-Clackamas County • United Way White House Community Conversation-Clark County • United Way White House Community Conversation-East Portland Community Center • United Way White House Community Conversations-Washington County • Washington County Issues of Poverty, Community Action
Transportation options: Equitable access to public transportation; bicycling and pedestrian issues; transportation infrastructure investments	• Beaverton Community Vision Action Plan Update 2012, City of Beaverton • Community Value Assessment of North by Northeast Community Health Center • engAGE in community • Growing Healthier: Planning for a Healthier Clark County, Health Advisory Council, Clark County Public Health • Healthy Active Communities for Portland's Affordable Housing Families, Oregon Public Health Institute • Healthy Eating/Active Living, Multnomah County Health Department • Hillsboro 2020 Vision and Action Plan, Hillsboro City Council • Immigrant and Refugee Community Organization Shaping Our Future: Community Needs Assessment Conference • Lessons from the Field: Portland, Oregon: Kelly GROW: Integrating Healthy Eating and Active Learning (HEAL) at Kelly Elementary, Oregon Public Health Institute • Multnomah County Community Health Assessment 2011 • Multnomah County Health Equity Initiative: Unnatural Causes, Multnomah County Health Department • Overview of Hispanics in an Aging Population: A supplement to the engAGE in Community initiative • Portland Plan, City of Portland Bureau of Planning and Sustainability • Project Access Now 2008-2010 Program Evaluation • Providence Milwaukie Hospital and Providence Willamette Falls Medical Center-Community Health Needs Assessment • Providence St. Vincent Medical Center- Community Health Needs Assessment • Regional Equity Atlas Project Action Plan, Coalition for a Livable Future • Roadmap to Healthy Communities: A Community Health Assessment, Clackamas County Health Department • Running on Empty: Services and Citizens Stretched to the Limit, Washington County Anti-Poverty Workgroup • United Way White House Community Conversation-Clackamas County • Washington County Issues of Poverty, Community Action

Health Status Assessment:
Quantitative Data Analysis Methods and Findings

July 2013

REPORTS IN THIS SERIES

Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members. July 2013

Health Status Assessment: Quantitative Data Analysis Methods and Findings. July 2013

Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them. July 2013

Community Listening Sessions: Important Health Issues and Ideas for Solutions. July 2013

Photo: Clark County, Washington

ACKNOWLEDGEMENTS

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I. INTRODUCTION

Origination of Collaborative

In 2010, local health care and public health leaders in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington began to discuss the upcoming need for several community health assessments and health improvement plans within the region in response to the Affordable Care Act and Public Health Accreditation[1]. They recognized these requirements as an opportunity to align the efforts of hospitals, public health and the residents of the communities they serve in an effort to develop an accessible, real-time assessment of community health across the four-county region. By working together, they would eliminate duplicative efforts, facilitate the prioritization of community health needs, enable joint efforts for implementing and tracking improvement activities, and improve the health of the community. A description of the four-county region can be found in the final report from this series, *Healthy Columbia Willamette: Assessing Community Needs and Improving Health in Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington.* July 2013. General demographic information can be found in Appendix I of this report.

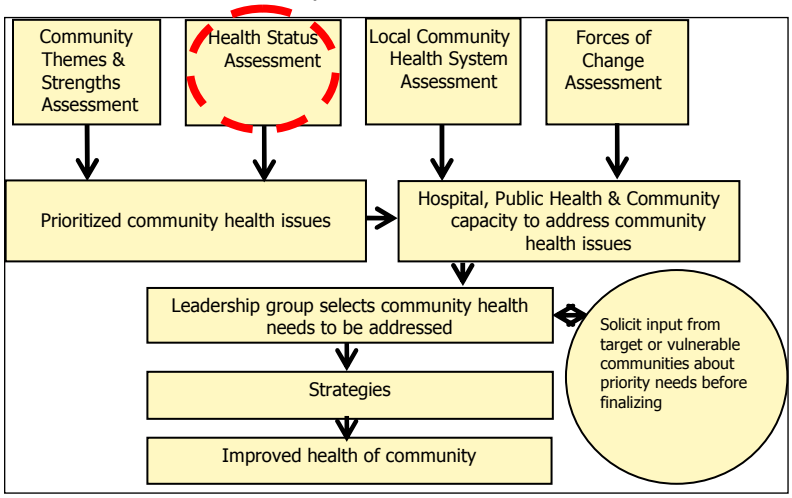
Members

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette Collaborative (Collaborative) was developed. It is a large public-private collaborative comprised of fourteen hospitals and four local public health departments in the four-county region. Members include: Adventist Medical Center, Clackamas County Public Health Division, Clark County Public Health Department, Kaiser Sunnyside Hospital, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek, Multnomah County Health Department, Oregon Health & Science University, PeaceHealth Southwest Medical Center, Providence Milwaukie, Providence Portland, Providence St. Vincent, Providence Willamette Falls, Tuality Healthcare/Tuality Community Hospital and Washington County Public Health Division.

Healthy Columbia Willamette Collaborative Assessment Model

The Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model[2]. See Figure 1. The MAPP model uses health data and community input to identify the most important community health issues. This assessment will be an on-going, real-time assessment with formal community-wide findings every three years. Community input on strategies and evaluation throughout the three year cycle will be crucial to the effort's effectiveness. This report describes the second assessment component: The health status assessment.

Figure 1.
Schematic of the Modified MAPP Model



[1] The federal Affordable Care Act, Section 501(r)(3) requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at minimum once every three years, effective for tax years beginning after March 2012. Through the Public Health Accreditation Board, public health departments now have the opportunity to achieve accreditation by meeting a set of standards. As part of the standards, they must complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

[2] MAPP is a model developed by the National Association of County and City Health Officials (NACCHO).

II. HEALTH STATUS ASSESSMENT

Epidemiology Workgroup

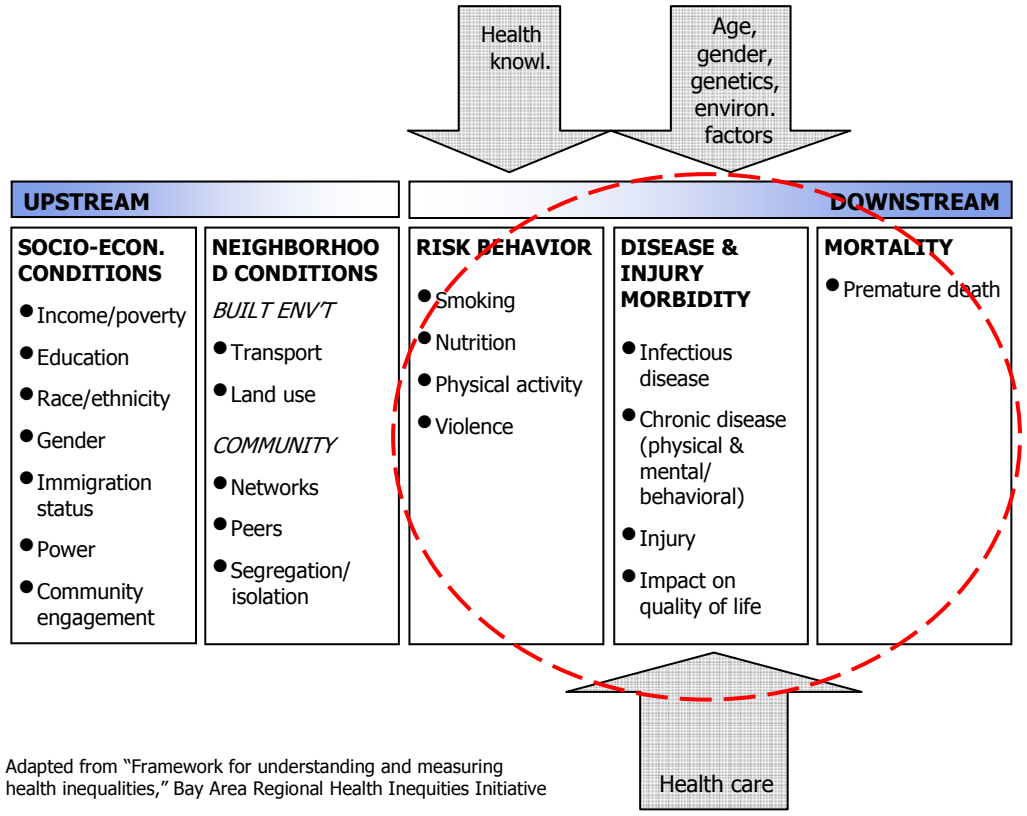
The Collaborative's Epidemiology Workgroup (Workgroup) was established to develop and implement a systematic approach to screening and prioritizing quantitative population health data to satisfy the community health status assessment component of MAPP.

The Workgroup consists of epidemiologists from the four county health departments with representatives from two hospital systems acting in an advisory capacity. The broad goal of the health status assessment was to systematically analyze quantitative population health-related behavior and outcome data to identify important health issues affecting each of the four counties as well as the four-county region. Health status assessment findings combined with the findings of the other three MAPP assessment components would provide the Collaborative's Leadership Group with information necessary to select health priorities and improvement strategies within the communities they serve.

Methodology

The health status assessment, one of four major components of MAPP, requires a systematic examination of population health data to identify health issues faced in the community. Figure 2 shows a conceptual framework connecting upstream determinants of health with downstream health effects. The health status assessment focused on health outcomes and behaviors contained in the red circle. While recognizing the importance of socioeconomic and other societal conditions as determinants of population health outcomes, the Workgroup focused its initial analytic efforts on health behaviors and health outcomes. After identifying broad community health issues, the Workgroup will assist the Leadership Group in examining contributing social determinants of health as it identifies strategies to address the health issues.

Figure 2. Continuum of Health Determinants and Health Outcomes



Adapted from "Framework for understanding and measuring health inequalities," Bay Area Regional Health Inequities Initiative

The Workgroup created a list of health indicators that were analyzed and prioritized systematically based on a predetermined set of criteria. Health indicators were placed on the list if they were 1) assigned a "red" or "yellow" status (indicating a health concern) on the Healthy Communities Institute (HCI) web site[3] for the four counties, 2) identified as important indicators by public health and other local experts, or 3) a top ten leading cause of death in one of the counties. Data for all health indicators were available at the county level through state government agencies and include vital statistics, disease and injury morbidity data, or survey data (adult or student).

Workgroup members conducted literature reviews and examined other nationally recognized prioritization schemes to identify examples of robust methods for screening and prioritizing quantitative population health measures. The Workgroup adapted a health indicator ranking prioritization worksheet developed for use with maternal/child health data in Multnomah County Health Department[4]. This worksheet met the needs of the regional community health status assessment by establishing prioritization criteria against which health indicator data were evaluated objectively and consistently. All criteria were weighted equally. The highest score meant a health indicator had a disparity by race/ethnicity, a disparity by gender, a worsening trend, a worse rate at the county level compared to the state, a high proportion of the population affected, and a severe health consequence. County-level scores were averaged for the region to generate regional scores per indicator. Once scored, the health indicators were ranked relative to one another for each county as well as for the four-county region as a whole.

To make the results of this analysis more meaningful to the Leadership Group and easier to incorporate into the other MAPP assessment components, the Workgroup clustered health indicators where there were natural relationships between them. This allowed health indicators to be understood as broader health issues within the community. For example, indicators of nutrition and physical exercise were grouped with indicators of heart disease and diabetes-related deaths into a health issue focused on nutrition and physical activity-related chronic diseases. The resulting health issues will be used by the Leadership Group, in combination with findings from the other MAPP assessments, to develop health improvement strategies.

Findings

Using the criteria scoring, each county's top ten ranked health-related behavior and health outcome indicators were identified (Table 1 and Table 2). Indicators that are "starred" are those that were on the regional list of top health indicators. Overall population rates can be found in Appendix II. Indicators with the same score tied in rank which created a list of more than ten indicators in some cases.

The regional score for each indicator was the average of the four individual county scores. In most cases, scores were fairly close to one another across counties. The top ten ranked health-related behavior and health outcome indicators for the four-county region were identified (Table 3). Again, indicators with the same score tied in rank which created a list of more than ten indicators in some cases. Due to lack of available data, many fewer health-related behaviors were available for regional scoring.

[3] The Collaborative contracted with Healthy Communities Institute, a private vendor, to purchase a web-based interface with a dashboard displaying the status of each of the four counties data in terms of local health indicators. The Collaborative regional HCI web site can be accessed at www.healthycolumbiawillamette.org.

[4] The Multnomah County Health Department referenced the Pickett Hanlon method of prioritizing public health issues.

Table 1. Top Ranked Health Outcomes by County

Clackamas (OR)	Clark (WA)	Multnomah (OR)	Washington (OR)
• Non-transport accident deaths ★	• Non-transport accident deaths ★	• Non-transport accident deaths ★	• Suicide ★
• Chlamydia incidence rate ★	• Drug-related deaths ★	• Chlamydia incidence rate ★	• Breast cancer incidence rate
• Suicide	• Colorectal cancer deaths	• Diabetes-related deaths ★	• Parkinson's disease deaths
• Breast cancer deaths ★	• Lung cancer deaths	• Alcohol-related deaths	• All cancer incidence rate
• Adults who are obese ★	• Lymphoid cancer deaths	• Drug-related deaths ★	• Heart disease deaths ★
• Ovarian cancer deaths	• Diabetes-related deaths ★	• Early syphilis incidence rate	• Chlamydia incidence rate ★
• Chronic liver disease deaths	• Alzheimer's disease deaths ★	• Chronic liver disease deaths	• Unintentional injury deaths ★
• Heart disease deaths ★	• Unintentional injury deaths ★	• Breast cancer deaths ★	• Non-transport accident deaths ★
• Drug-related deaths ★	• Alcohol-related deaths	• Breast cancer incidence rate	• Ovarian cancer deaths
• Adults who are overweight	• Transport accident deaths	• All cancer deaths ★	• Adults who are obese ★
• Prostate cancer deaths ★	• Motor vehicle collision deaths	• All cancer incidence rate	• Chronic liver disease deaths
		• Heart disease deaths ★	
		• HIV incidence rate	
		• Suicide ★	
		• Unintentional injury deaths ★	
		• Tobacco-linked deaths	

Table 2. Top Ranked Health-Related Behaviors by County

Clackamas (OR)	Clark (WA)	Multnomah (OR)	Washington (OR)
• Adults doing regular physical activity ★	• Adults with a usual source of health care ★	• Adults with a usual source of health care ★	• Adult fruit & vegetable consumption ★
• Adults who binge drink: males ★	• Adults with health insurance ★	• Adults with health insurance ★	• Adults doing regular physical activity ★
• Adult fruit & vegetable consumption ★	• Influenza vaccination rate	• Mothers receiving early prenatal care ★	• Adults with health insurance ★
• Children with health insurance ★	• Adult fruit & vegetable consumption ★	• Adults who binge drink: female	• Children with health insurance ★
	• Teens who smoke	• Adults who binge drink: males ★	
	• Pap test history	• Adult fruit & vegetable consumption ★	
	• Influenza vaccination rate for adults aged 65+	• Adults doing regular physical activity ★	
	• Mothers receiving early prenatal care ★	• Adults who smoke ★	
	• Adults doing regular physical activity ★		
	• Adults who smoke ★		

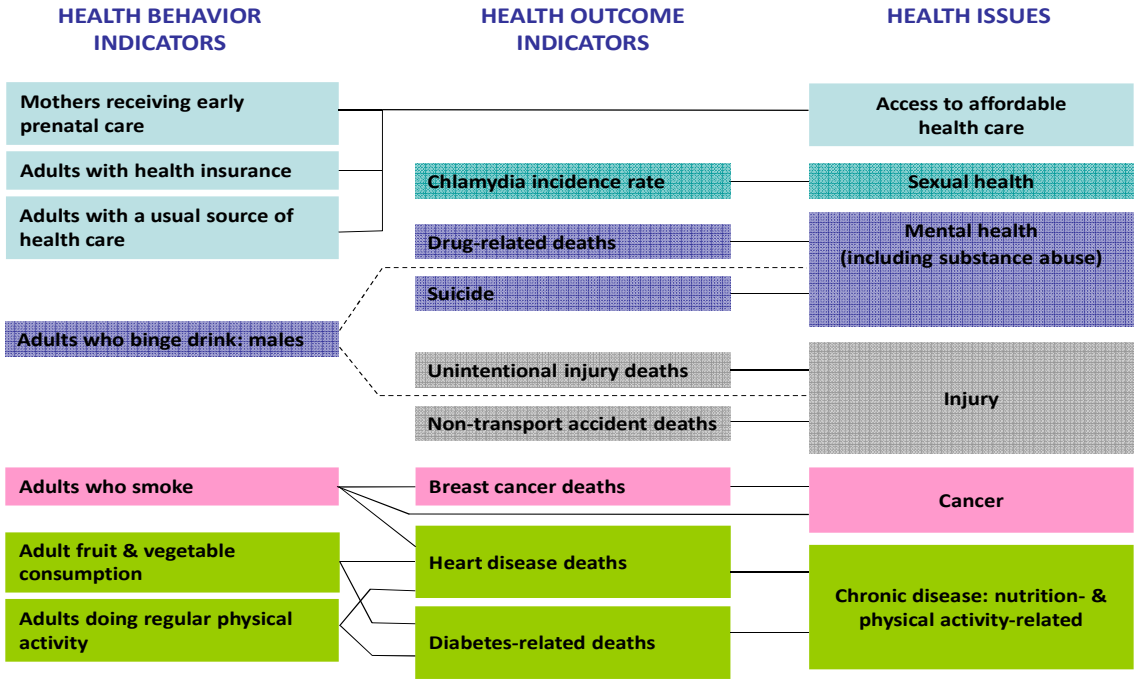
★Health outcomes and health-related behavior indicators that were top-ranked for the region (see Table 3).

Table 3. ★Top Ranked Health-Related Behavior and Health Outcome Indicators in the Region

Health Behaviors	Health Outcomes
• Adult fruit & vegetable consumption • Adults doing regular physical activity • Adults with health insurance • Adults with a usual source of health care • Adults who binge drink: males • Mothers receiving early prenatal care • Adults who smoke	• Non-transport accident deaths • Suicide • Chlamydia incidence rate • Breast cancer deaths • Heart disease deaths • Unintentional injury deaths • Drug-related deaths • Diabetes-related deaths
The following indicators ranked lower and were not considered for regional action:	
• Children with health insurance	• Prostate cancer deaths • Alzheimer's disease deaths • Adults who are obese • All cancer deaths

The strongest consideration for regional action was given to the highest scoring health behavior and health outcome indicators listed in Table 3 (above the shaded section). These indicators showed significant disparities, a worsening trend, poor performance compared to state values, impact many people, and/or had severe consequences. These indicators were combined into six broader health issues for community discussion (Figure 3). Although other indicators were in the top scoring for the region, those with lower scores were not considered as strong for regional action. These indicators are listed in the shaded section of Table 3.

Figure 3. Top Ranked Health Behaviors, Health Outcomes, and Health Issues in the Region



Note: Solid lines represent a strong evidence base for the relationship and dotted lines represent a suggested relationship.
The identified health issues were substantiated by a parallel assessment of community themes and strengths, a separate MAPP component that explored existing evidence of community input around health issues. (For more information, see *Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members, March 2013.*)

Quantitative Data Limitations

There are limitations to keep in mind when using quantitative data. The following lists describes limitations specific to this analysis.

Data collection

Each source of data—whether a national survey, vital records or any other source—has its own limitations. For example, health behavior data included in this assessment were based on answers from self-reported national surveys, and therefore may be affected by recall or response bias. There were over ten data sources from two states analyzed in this community health needs assessment. We strongly recommend reviewing known limitations from each data source (see Data Sources section) before interpreting the data for your county.

Granularity

The data available for this assessment were largely unavailable at the zip code level, and thus were analyzed at the county level. Analyzing indicators at the county level allowed application of the prioritization criteria in a consistent manner.

Data availability

The initial list of health outcome and behavior indicators reflected data that was available to each of the four counties. Consequently, it was evident that this selection was not able to assess certain important health areas. Thus, these areas with data gaps are not represented by the quantitative analysis findings. Health behavior data was limited because few counties had these data available. Youth, mental health and oral health data were very limited or not available at all.

Statistical analysis

Results based on certain criteria were suppressed when statistical analysis was unstable due to low counts. In order to ensure a reliable analysis, indicators were removed from consideration if fewer than four of the criteria were available. Health behavior indicators were only considered for regional analysis if they were evaluated by two or more counties.

Rate Comparison

For purposes of comparison across geographic areas in the Appendix tables, age-adjusted rates should be used. Age-adjusted rates were calculated using the US 2000 Standard Population. Although age-adjusted rates may not reflect the actual burden of disease or risk factor in a population, they are necessary for comparisons between rates. When age-adjusted rates are not available, crude rates (number of events/population) are available and describe the burden in the given area though do not account for demographic differences between the areas. Rates that are not age-adjusted (e.g., crude rates) should not be compared to age-adjusted rates.

Data Sources

Oregon

- American Community Survey, U.S. Census Bureau. Available from: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
- Centers for Disease Control and Prevention. National Center for Health Statistics. Available from: http://wonder.cdc.gov/
- Oregon Health Authority, Public Health Division. Center for Health Statistics. Oregon Behavioral Risk Factor Surveillance System. Available from: https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/Pages/index.aspx
- Oregon Health Authority, Public Health Division. Center for Health Statistics. Oregon Vital Statistics. Available from: https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/Pages/index.aspx
- Oregon Health Authority, Public Health Division. Oregon State Cancer Registry (OSCaR). Available from: http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/index.aspx
- Oregon Health Authority, Public Health Division. HIV/STD/TB Program. Available from: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Pages/index.aspx
- Oregon Student Wellness Survey. Available from: http://www.oregon.gov/oha/amh/pages/student-wellness/index.aspx
- VistaPHw: Software for Public Health Assessment in Oregon.

Washington

- American Community Survey, U.S. Census Bureau. Available from: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
- Washington State Department of Health. Center for Health Statistics. Washington Behavioral Risk Factor Surveillance System. Available from: http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/BehavioralRiskFactorSurveillanceSystemBRFSS.aspx
- Washington State Department of Health. Center for Health Statistics. Washington State Vital Statistics. Available from: http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/Publications.aspx
- Washington State Department of Health. Washington State Cancer Registry. Available from: https://fortress.wa.gov/doh/wscr/WSCR/
- Washington State Department of Health. Communicable Disease Epidemiology. Communicable Disease Surveillance Data. Available from: http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData.aspx
- Washington State Healthy Youth Survey. Available from: http://www.askhys.net/
- Community Health Assessment Tool (CHAT) [Computer software for public health assessment], Washington State Department of Health.

Resources

The following resources are referenced above and may be useful for background information:

- New Requirements for Charitable 501(c) (3) Hospitals under the Affordable Care. Internal Revenue Service. Available from: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act
- Public Health Accreditation. Public Health Accreditation Board. Available from: http://www.phaboard.org/
- Mobilizing for Action through Planning and Partnerships (MAPP). National Association of County and City Health Officials. Available from: http://www.naccho.org/topics/infrastructure/mapp/
- Healthy Columbia Willamette regional website. Healthy Columbia Willamette Collaborative. Available from: www.healthycolumbiawillamette.org.
- Pickett Hanlon method of prioritizing public health issues. University of Chicago School of Public Health. Available from: http://www.uic.edu/sph/prepare/courses/ph440/mods/bpr.htm.

APPENDIX I: General Demographics by County and State

	Year	Washington State	Clark County		Oregon	Clackamas County	Multnomah County	Washington County
Total population[1]	2010	6,652,845	421,154		3801991	375,992	735,334	529,710
Gender[2]	2011							
% Female		50.1%	50.6%		50.5%	50.8%	50.5%	50.8%
% Male		49.9%	49.4%		49.4%	49.2%	49.5%	49.2%
Age[2]	2007-11							
Median (years)		37.1	36.5		38.2	40.3	35.8	35.1
Under 5 years		6.5%	7.0%		6.2%	5.7%	6.3%	7.3%
5 to 19 years		19.9%	22.3%		19.3%	20.7%	16.7%	20.7%
20 to 44 years		34.6%	26.0%		33.5%	30.2%	41.0%	37.3%
45 to 64 years		26.9%	26.7%		27.3%	30.2%	25.6%	24.9%
65 years & older		12.1%	11.1%		11.8%	13.2%	24.9%	9.7%
Race/Ethnicity[2]	2007-11							
White, non-Hispanic		73.1%	82.2%		78.8%	84.8%	72.5%	70.4%
African American		3.4%	1.9%		1.7%	0.8%	5.5%	1.6%
Native American		1.2%	0.5%		1.0%	0.3%	0.7%	0.5%
Asian/Pacific Islander		7.6%	4.5%		4.0%	3.6%	7.1%	9.1%
Hispanic		10.9%	7.4%		11.5%	7.5%	10.7%	15.4%
Education[3]	2010-11							
High school graduation		77%	80%		68%	72%	63%	78%
Some college		67%	65%		65%	69%	72%	73%
Employment[4]	2011							
Unemployment rate		9.2%	12.4%		9.5%	8.7%	8.5%	7.7%
Income[2]	2007-11							
Median household income		$ 58,890	$ 59,051		$ 49,850	$ 63,790	$ 50,726	$ 63,814
% living in poverty		12.50%	11.7%		14.8%	9.5%	16.5%	10.4%
% of children in poverty (<18)		16.5%	15.9%		23.0%	12.9%	22.4%	13.6%

[1] American Community Survey, 2010.
[2] American Community Survey, 2007-2011.
[3] County Health Rankings (Oregon Department of Education, WA Office of Superintendent of Public Instruction), 2010-2011.
[4] County Health Rankings (Bureau of Labor Statistics), 2011.

APPENDIX II:

Table 1. Overall Population Rates for Top Ranked Health-Related Behavior and Health Outcome Indicators, Clark County and Washington State

	Washington State	Clark County	Year
ACCESS TO HEALTH SERVICES			
★ Adults with a usual source of health care (%)	78.5%	77.3%	2010
★ Adults with health insurance (%)	85.0%	85.2%	2010
Children with health insurance (%)	93.6%	93.5%	2010
CANCER			
All cancer incidence (per 100,000)	534.3	451.8	2009
★ All cancer deaths (per 100,000)	170.0	181.4	2010
★ Breast cancer incidence (per 100,000 females)	179.9	164.8	2009
★ Breast cancer deaths (per 100,000 females)	21.2	24.1	2010
Colorectal cancer deaths (per 100,000)	14.1	13.3	2010
Lung cancer deaths (per 100,000)	46.8	50.4	2010
★ Prostate cancer deaths (per 100,000)	23.2	29.3	2010
Ovarian cancer deaths (per 100,000)	8.4	5.2	2010
Lymphoid hematopoietic cancer deaths (per 100,000)	17.0	18.3	2010
Pap test history (%)	80.7%	80.9%	2010
DIABETES			
★ Diabetes-related deaths (per 100,000)	75.2	83.0	2010
EXERCISE, NUTRITION & WEIGHT			
★ Adult fruit and vegetable consumption (%)	26.0%	21.7%	2009
★ Adults engaging in regular physical activity (%)	53.6%	55.2%	2009
★ Adults who are obese (%)	25.8%	27.7%	2010
Adults who are overweight (%)	35.5%	34.1%	2010
HEART DISEASE & STROKE			
★ Heart disease deaths (per 100,000)	150.5	144.9	2010
IMMUNIZATIONS & INFECTIOUS DISEASES			
Adults aged 65+ years with influenza vaccination (%)	69.8%	69.1%	2010
Influenza and pneumonia deaths (per 100,000)	8.3	10.2	2010

	Washington State	Clark County	Year
★ Chlamydia incidence (per 100,000)	318.3	316.7	2010
Early syphilis incidence (per 100,000)	3.9	1.4	2010
HIV/AIDS incidence† (per 100,000)	8.3	7.5	2010
MATERNAL, FETAL & INFANT HEALTH			
★ Mothers who received early prenatal care (%)	80.1%	76.2%	2010
MENTAL HEALTH & MENTAL DISORDERS			
★ Suicide deaths (per 100,000)	13.8	17.7	2010
Teen self-reported emotional and mental health (%)	29.8%	29.2%	2010
OTHER ADULTS & AGING			
★ Alzheimer's disease deaths (per 100,000)	43.6	42.7	2010
Parkinson's disease deaths (per 100,000)	7.8	9.3	2010
PREVENTION & SAFETY			
★Unintentional injury deaths (per 100,000)	37.3	41.5	2010
★ Nontransport accidents deaths (per 100,000)	28.4	32.7	2010
SUBSTANCE ABUSE			
Adults who binge drink: females (%)	11.7%	7.6%	2010
★ Adults who binge drink: males (%)	19.7%	20.1%	2010
Alcohol-related deaths‡ (per 100,000)	11.2	8.1	2010
Chronic liver disease and cirrhosis deaths (per 100,000)	10.4	5.9	2010
★ Adults who smoke (%)	14.9%	17.1%	2010
Teens who smoke (%)	12.7%	13.7%	2010
Tobacco-related deaths (per 100,000)	not avail	not avail	--
★Drug-related deaths‡ (per 100,000)	13.7	12.6	2010
TRANSPORTATION SAFETY			
Motor vehicle collision deaths (per 100,000)	7.8	8.2	2010
Transport accident deaths (per 100,000)	8.9	8.8	2010

Notes: ★indicates top ranking regional indicators. Death rates and cancer incidence rates are per 100,000 age-adjusted to US 2000 Standard Population. Other incidence rates are per 100,000 of the population at risk. Adult behavior data are a percent of the population at risk (and are not age-adjusted). Youth behavior data are a percent of student enrollment per grade (note Washington State uses 10th grade data). For comparisons, age-adjusted rates should be used.

†HIV incidence rate includes unduplicated counts of newly diagnosed cases regardless of diagnostic status (HIV or AIDS). ‡Alcohol-related deaths and Drug-related deaths in Oregon include additional death categories that are not included in the Washington State indicators.

Table 2. Overall Population Rates for Top Ranked Health-Related Behavior and Health Outcome Indicators, Clackamas, Multnomah, and Washington Counties, and Oregon

	Oregon	Clackamas County	Multnomah County	Washington County	Year
ACCESS TO HEALTH SERVICES					
★ Adults with a usual source of health care (%)	79.1%	81.5%	77.1%	80.6%	2006-09
★ Adults with health insurance (%)	83.6%	86.8%	85.0%	87.2%	2006-09
Children with health insurance (%)	91.2%	92.0%	92.5%	94.3%	2010
CANCER					
All cancer incidence (per 100,000)	464.6	457.1	477.3	435.1	2005-09
★All cancer deaths (per 100,000)	172.8	163.3	182.4	149.6	2010
★ Breast cancer incidence (per 100,000 females)	130.7	134.8	140.5	138.1	2005-09
★ Breast cancer deaths (per 100,000 females)	23.0	24.9	23.7	25.9	2010
Colorectal cancer deaths (per 100,000)	14.8	14.7	16.9	15.5	2010
Lung cancer deaths (per 100,000)	46.9	46.0	51.9	35.2	2010
★Prostate cancer deaths (per 100,000)	21.8	21.7	24.3	18.1	2010
Ovarian cancer deaths (per 100,000)	9.2	9.3	9.3	7.5	2010
Lymphoid hematopoietic cancer deaths (per 100,000)	17.3	16.2	17.0	16.9	2010
Pap test history (%)	85.8%	88.3%	86.6%	91.5%	2006-09
DIABETES					
★Diabetes-related deaths (per 100,000)	82.3	75.6	79.5	62.1	2010
EXERCISE, NUTRITION & WEIGHT					
★ Adult fruit and vegetable consumption (%)	27.0%	24.7%	30.0%	24.9%	2006-09
★ Adults engaging in regular physical activity (%)	55.8%	55.6%	55.1%	53.8%	2006-09
★ Adults who are obese (%)	24.5%	23.6%	21.8%	23.2%	2006-09
Adults who are overweight (%)	36.1%	35.7%	33.8%	36.9%	2006-09
HEART DISEASE & STROKE					
★Heart disease deaths (per 100,000)	134.2	126.8	135.0	124.4	2010
IMMUNIZATIONS & INFECTIOUS DISEASES					
Adults aged 65+ years with influenza vaccination* (%)	69.2%	70.0%	72.0%	70.9%	2006-09
Influenza and pneumonia deaths (per 100,000)	9.2	6.7	9.4	7.6	2010

	Oregon	Clackamas County	Multnomah County	Washington County	Year
★Chlamydia incidence (per 100,000)	334.6	287.4	438.3	320.2	2010
Early syphilis incidence (per 100,000)	2.9	3.7	8.1	4.4	2010
HIV/AIDS incidence† (per 100,000)	6.4	7.6	14.1	6.1	2010
MATERNAL, FETAL & INFANT HEALTH					
★ Mothers who received early prenatal care (%)	73.1%	73.2%	70.1%	79.1%	2010
MENTAL HEALTH & MENTAL DISORDERS					
★ Suicide deaths (per 100,000)	17.1	15.8	14.1	13.8	2010
Teen self-reported emotional and mental health (%)	14.4%	17.5%	13.8%	13.8%	2010
OTHER ADULTS & AGING					
★ Alzheimer's disease deaths (per 100,000)	28.2	31.9	29.1	23.7	2010
Parkinson's disease deaths (per 100,000)	8.3	9.2	10.4	9.0	2010
PREVENTION & SAFETY					
★ Unintentional injury deaths (per 100,000)	37.5	35.4	38.0	27.2	2010
★ Nontransport accidents deaths (per 100,000)	28.5	27.1	36.9	21.5	2010
SUBSTANCE ABUSE					
Adults who binge drink: females (%)	10.8%	9.3%	14.0%	9.0%	2006-09
★ Adults who binge drink: males (%)	18.7%	18.9%	21.8%	15.3%	2006-09
Alcohol-related deaths‡ (per 100,000)	12.9	8.7	13.7	6.7	2010
Chronic liver disease and cirrhosis deaths (per 100,000)	11.2	7.1	11.3	6.4	2010
★ Adults who smoke (%)	17.1%	15.4%	15.3%	12.9%	2006-09
Teens who smoke (%)	14.3%	15.6%	8.2%	11.4%	2010
Tobacco-related deaths (per 100,000)	160.1	143.8	165.3	113.3	2010
★Drug-related deaths‡ (per 100,000)	14.5	13.3	18.1	8.0	2010
TRANSPORTATION SAFETY					
Motor vehicle collision deaths (per 100,000)	8.1	7.6	6.3	4.9	2010
Transport accident deaths (per 100,000)	8.9	8.4	6.9	5.7	2010

Notes: ★indicates top ranking regional indicators. Death rates, sexually transmitted disease, and cancer incidence rates are per 100,000 age-adjusted to US 2000 Standard Population. Adult behavior data are a percent of the population at risk and are age-adjusted to the US 2000 Standard Population unless otherwise noted. Youth behavior data are a percent of student enrollment per grade (note Oregon uses 11th grade data). For comparisons, age-adjusted rates should be used.
* Not age-adjusted. †HIV incidence rate includes unduplicated counts of newly diagnosed cases regardless of diagnostic status (HIV or AIDS). ‡Alcohol-related deaths and Drug-related deaths in Oregon include additional death categories that are not included in the Washington State indicator.

Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them

July 2013

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Community Listening Sessions: Important Health Issues and Ideas for Solutions. July 2013

Photo: Melanie Payne

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I. INTRODUCTION

Origination of Collaborative

In 2010, local health care and public health leaders in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington began to discuss the need for several community health assessments and health improvement plans within the region in response to the Affordable Care Act and Public Health Accreditation[1]. They recognized these requirements as an opportunity to align the efforts of hospitals, public health and the residents of the communities they serve in an effort to develop an accessible, real-time assessment of community health across the four-county region. By working together, they would eliminate duplication, facilitate the prioritization of community health needs, enable joint efforts for implementing and tracking improvement activities, and improve the health of the community.

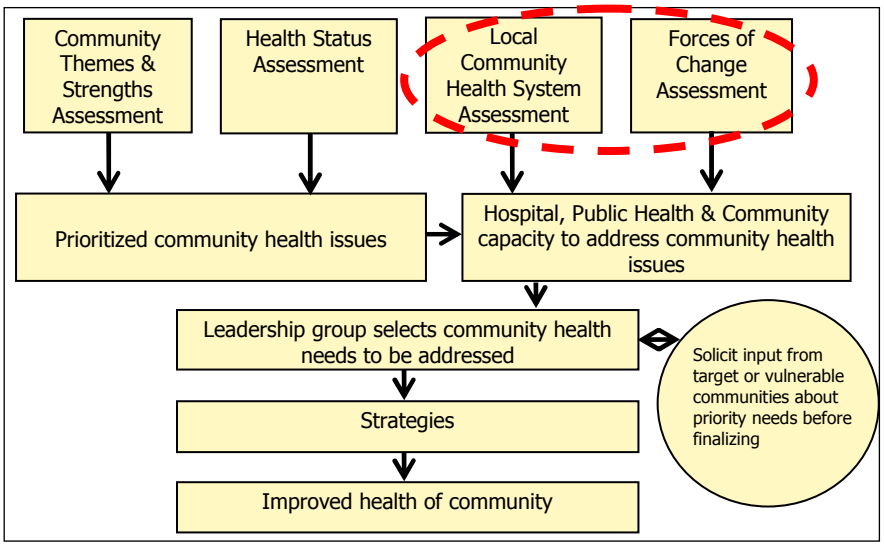
Members

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette Collaborative (Collaborative) was developed. It is a large public-private collaborative comprised of 14 hospitals and four local public health departments in the four-county region. Members include: Adventist Medical Center, Clackamas County Health Department, Clark County Health Department, Kaiser Permanente, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek, Multnomah County Health Department, Oregon Health & Science University, PeaceHealth Southwest Medical Center, Providence Milwaukie, Providence Portland, Providence St. Vincent, Providence Willamette Falls, Tuality Healthcare and Washington County Health Department.

Healthy Columbia Willamette Collaborative Assessment Model

The Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model[2]. See Figure 1. The MAPP model uses health data and community input to identify the most important community health issues. This assessment will be an ongoing, real-time assessment with formal community-wide findings every three years. Community input on strategies and evaluation throughout the three-year cycle will be crucial to the effort's effectiveness. This report describes the third and fourth assessment components: The Local Community Health System and Forces of Change Assessment.

Figure 1.
Schematic of the Modified MAPP Model



[1] The federal Affordable Care Act, Section 501(r)(3) requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at minimum once every three years, effective for tax years beginning after March 2012. Through the Public Health Accreditation Board, public health departments now have the opportunity to achieve accreditation by meeting a set of standards. As part of the standards, they must complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

[2] MAPP is a model developed by the National Association of County and City Health Officials (NACCHO)

Community Engagement Process

As part of the modified MAPP model adopted by the Collaborative, community input was collected during three distinct phases between August 2012 and April 2013.

The Community Themes and Strengths Assessment

The first phase of community engagement involved reviewing 62 community engagement projects that had been conducted in the four-county region since 2009. Findings from the 62 projects were analyzed for themes about how community members described the most important health issues affecting themselves, their families, and the community. (For more information, see *Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members.* July 2013.)

The Local Community Health System & Forces of Change Assessment

This second phase of community engagement involved 126 stakeholders participating in interviews or responding to surveys. This assessment (as detailed in this report) was designed to solicit stakeholder feedback on the health issues resulting from the previous assessment work and epidemiological data. Stakeholders were asked to add and prioritize health issues they thought should be on the list, as well as describe their organizations' capacity to address these health issues.

Community Listening Sessions

The third phase of community engagement was completed in May 2013. Fourteen community listening sessions were held with uninsured and/or low-income community members living in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington State. In all, 202 individuals participated. During these meetings, community members were asked whether they agreed with the health issues that were identified through the previously conducted community engagement/assessment work, epidemiological data, and the stakeholder interviews and surveys. Participants were also asked to convey any other health issues that they thought were missing. Next, participants voted for what they perceived were the most important issues from the expanded list. (For more information, see *Community Listening Sessions: Important Health Issues and Ideas for Solutions.* July 2013.)

Because members of the Collaborative understand the importance of working with the community, in years two and three of the project there will be more opportunities to engage multiple constituents in the process. At the time of this writing, these opportunities have yet to be developed; this process will start during the summer of 2013.

II. LOCAL COMMUNITY HEALTH SYSTEM AND FORCES OF CHANGE ASSESSMENT

Purpose

The purpose of the Local Community Health System and Forces of Change Assessment was to learn the most important health issues facing the clients of stakeholder organizations across Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington, as well as the organizations' capacity to address those needs. The assessment was designed to also collect input about the current opportunities and threats to the "local community health system" (LCHS).

The LCHS is the network of organizations that contributes to the health of a community. LCHS stakeholders include public health authorities, community based organizations, hospitals, health care providers, and advocacy groups. A LCHS can also include stakeholders working to address social determinants of health—housing, education, employment, and other factors—and could expand to include less obvious contributors to the community's health. Examples include media companies that can participate in health promotion efforts and grocery stores that influence what types of food are available.

Findings from the Local Community Health System and Forces of Change Assessment were used in conjunction with the results from the Community Themes & Strengths Assessment, Health Status Assessment, and

Community Listening Sessions to guide the Healthy Columbia Willamette Collaborative's selection process of community health issues it will work to address.

Methodology

Between January and March 2013, 126 stakeholder organizations were interviewed (n=69) and surveyed (n=57). The stakeholders play primary roles of the LCHS in Clackamas, Multnomah, and Washington Counties in Oregon and Clark County, Washington.

For the scope of this first cycle of the Healthy Columbia Willamette community needs assessment, the list of stakeholders engaged was driven by the Community Health Needs Assessment (CHNA) requirements for non-profit hospitals and Coordinated Care Organizations set forth by the Internal Revenue Service and the Oregon Health Authority respectively.

The Internal Revenue Service and the Oregon Health Authority identify the following stakeholder groups that should be engaged during the CHNA process: 1) people with special knowledge of, or expertise in public health; 2) federal, tribal, regional, state, local, or other departments/agencies; and 3) community members and/or agencies that represent or serve medically underserved/underinsured/uninsured populations, low income populations, communities of color, populations with chronic disease issues, aging populations, the disability community, the LGBTQI[3] community, and populations with mental health and/or substance abuse issues. A complete list of interviewed and surveyed stakeholder organizations is in Appendix I.

Interview questions were informed by Healthy Columbia Willamette members' experiences—hospitals conducting CHNAs and local health departments completing community health assessments. Members also reviewed resources available from the National Association of County and City Health Officials (NACCHO) MAPP Clearinghouse. The interview tool is in Appendix II.

Stakeholders were asked about:

- The health of the populations they serve;
- The list of important health issues identified through the Community Themes and Strengths and Health Status Assessments (i.e., access to health care, sexual health, mental health & substance abuse, injury, cancer, and chronic disease);
- Health issues that should be added to the list;
- Their opinions on the three most important health issues;
- Their current work to address important health issues;
- The work they would like to be doing in the future to address important health issues;
- Opportunities and threats to their current capacity to do this work; and
- Resources that would help their organization continue or expand their capacity.

Information learned from the interviews was used to develop an online survey, and in turn, information learned from the survey informed a second analysis of interview notes to find themes that may not have been recognized the first time. This iterative process was used to ensure that the ideas generated by participants were not overlooked due to a methodological process. See Appendix III for the online survey tool.

[3] Lesbian, Gay, Bisexual, Transgender, Questioning or Queer, and Intersex

Findings

Stakeholder organizations that participated in interviews and surveys described the important health issues facing community members and what is currently being done to improve the health of the community. Stakeholders participating in interviews and surveys indicated that they served primarily:

- Medically underserved, uninsured, and underinsured populations;
- Communities of color;
- Children and youth;
- The disability community; and/or
- Populations with mental health and/or substance abuse issues.

Of those organizations reporting that they work with communities of color, American Indians/Alaska Natives and Hispanics/Latinos were the most common populations they mentioned. Of those who work with populations that speak limited English, Spanish and Russian were the most commonly spoken languages. See Appendix IV for more information on the populations served by the participating stakeholder organizations.

The Community's Health

During the interviews participants were asked, "How healthy is the population/community you serve compared to the larger population?" More than half of the interviewees did not think the community they served was as healthy as the larger population.

> There are still too many health disparities, not enough breastfeeding, too many people who are overweight, too many people who smoke, and not enough focus on prevention.
>
> It's clear that our population of folks is struggling much more than the general population. They have a higher level of health challenges that come with poverty, struggling with basic health care. Often homeless populations are in those situations because they have health issues. It creates a vicious cycle that spirals downwards.
>
> There are a lot of barriers to good health because of a lack of cultural competency in provider settings. Many [people] experience discrimination and consequently put off care, making them less healthy in the long run.
>
> There is an "immigrant paradox" where new immigrants are healthier and the longer they are in the US, the less healthy they become.
>
> [It] depends. Children? Yes. Adults? No—[due to] lack of specialists, lack of mental health care, lack of programs to educate about wellness, and often adults have chronic conditions.
>
> We know that Native American, African American, Latino, Asian Pacific Islander, and low-income communities fare worse than Non-Hispanic Whites with chronic conditions and have increased illnesses across the board. We've spent time enumerating the health inequities; a lot of it is understood.

An Iterative Process to Identify Health Issues

During interviews, stakeholders were asked to review the list of health issues that were identified through the first two assessments of the Healthy Columbia Willamette Collaborative's CHNA. The first assessment, The Community Strengths and Themes Assessment, looked at recently conducted local community engagement projects; the second assessment, The Health Status Assessment looked at the epidemiological data to describe the current health status of the community. *(Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members.* July 2013 and *Health Status Assessment: Quantitative Data Analysis Methods and Findings.* July 2013*)*

These two assessments had complementary findings with both the qualitative data and the quantitative data describing similar health issues in the community. The only community health issue that was not identified during both assessments was "injury." Injury was identified through the Health Status Assessment and included deaths due to falls and accidental poisoning deaths—including drug overdoses. The list of health issues discussed during the stakeholder interviews (in alphabetical order) included:

- Access to health care
- Cancer
- Chronic disease
- Injury
- Mental health & substance abuse
- Sexual health

Stakeholders were asked, *"After looking over this list, is there any health issue, specifically a health outcome or behavior--that you are surprised to not see? If so, what is it and why do you think it's important?*"

As a result, the most common health issues stakeholders added to the list included domestic violence and oral health. Although not mentioned as frequently as domestic violence or oral health, the need to develop culturally competent services and collect culturally competent data was discussed by several stakeholders. These issues were added to the survey for two reasons: 1) addressing racial/ethnic health disparities is a top priority for all Healthy Columbia Willamette Collaborative members, and 2) the lack of data available for the Health Status Assessment made it challenging to assess indicators stratified by race/ethnicity.

During the interviews, mental health and substance abuse were grouped together as one health issue. Many stakeholders suggested that mental health and substance abuse be separated into two issues for the "voting" process because both are important problems that are distinct from one another and have unique interventions. Consequently, these two issues were separated on the survey and in the findings presented in Table 1. Because "mental health & substance abuse" was one issue during the interviews, it was not possible to determine, in all cases, whether there was more importance placed on mental health or substance abuse. For the analysis, if an interviewee selected "mental health & substance abuse" as one of their top three health issues, their response was separated into two votes; one each for mental health and substance abuse. Their other four votes were kept resulting in their having four votes in total.

The majority of stakeholders participating in interviews said that the two health issues, "injury" and "sexual health" were not clear. They suggested that these categories needed to be described better by listing the data or indicators that were included. In response to this feedback, both health issues were described. "Injury" was separated into two categories: falls and poisoning/overdose. "Sexual health" was further clarified to include HIV, Syphilis, and Chlamydia, stemming from the epidemiological data. This feedback from the interviews was used to compile the answer choices on the survey:

- Access to Health care
- Cancer
- Chronic Disease
- Culturally Competent Services/Data
- Domestic Violence
- Falls
- Mental Health
- Oral Health
- Poisoning/Overdose
- Sexual Health (HIV, Syphilis, Chlamydia)
- Substance Abuse
- Other_____

An additional health issue, "perinatal health," emerged from the following write-in survey responses: "women's health," "family health," "reproductive health," "prenatal health," "maternal health," "maternal and child health," "pre-conception health," "healthy pregnancy," "birth outcomes," and "Fetal Alcohol Spectrum Disorders." After a second study of interview notes, answers that corresponded to this "perinatal health" category were classified and were taken into consideration when identifying health issues prioritized by the interview and survey participants.

Prioritized Health Issues

Issues that were selected by at least 30% of survey and/or interview responses combined were regarded as prioritized health issues. In the four-county region, these were (in alphabetical order):

- Access to health care
- Chronic disease
- Culturally competent services/data
- Mental health
- Substance abuse

These five health issues were the priorities all four counties. Stakeholders working in Clark County, Washington also prioritized cancer and oral health.

Stakeholders were asked to identify age groups that were at high risk for each of their top health issues. However, stakeholders only differentiated high risk populations among persons aged 45-64 years and 65+ years for chronic disease and cancer. This finding is consistent with national trends as the Centers for Disease Control and Prevention cites that "about 80% of older adults have one chronic condition, and 50% have at least two."

Table 1. Top Prioritized Health Issues from Stakeholder Organizations by Region and County

Region	Clackamas (OR)	Clark (WA)	Multnomah (OR)	Washington (OR)
Access to Health care • 72% of interviews • 67% of surveys	**Access to Health care** • 69% of interviews • 80% of surveys	**Access to Health care** • 79% of interviews • 59% of surveys	**Access to Health care** • 73% of interviews • 74% of surveys	**Access to Health care** • 73% of interviews • 78% of surveys
Mental Health • 64% of interviews • 67% of surveys	**Mental Health** • 53% of interviews • 73% of surveys	**Mental Health** • 65% of interviews • 59% of surveys	**Mental Health** • 57% of interviews • 55% of surveys	**Mental Health** • 56% of interviews • 67% of surveys
Chronic Disease • 65% of interviews • 35% of surveys	**Chronic Disease** • 67% of interviews • 37% of surveys	**Chronic Disease** • 71% of interviews • 41%of surveys	**Chronic Disease** • 69% of interviews • 37% of surveys	**Chronic Disease** • 69% of interviews • 29% of surveys
Substance Abuse • 64% of interviews • 26% of surveys	**Substance Abuse** • 53% of interviews • 17% of surveys	**Substance Abuse** • 65% of interviews • 34% of surveys	**Substance Abuse** • 57% of interviews • 19% of surveys	**Substance Abuse** • 56% of interviews • 19% of surveys
Culturally Competent Services/Data • 6% of interviews • 33% of surveys	**Culturally Competent Services/Data** • 7% of interviews • 40% of surveys	**Cancer** • 32% of interviews • 3% of surveys	**Culturally Competent Services/Data** • 8% of interviews • 39% of surveys	**Culturally Competent Services/Data** • 7% of interviews • 41% of surveys
Oral Health • 10% of interviews • 12% of surveys	**Cancer** • 22% of interviews • 3% of surveys	**Oral Health** • 15% of interviews • 17% of surveys	**Perinatal Health** • 20% of interviews • 3% of survey	**Cancer** • 22% of interviews • 4% of surveys
Domestic Violence • 4% of interviews • 17% of surveys	**Oral Health** • 11% of interviews • 10% of surveys	**Culturally Competent Services/Data** • 0 interviews • 31% of surveys	**Cancer** • 18% of interviews • 3% of surveys	**Domestic Violence** • 2% of interviews • 19% of surveys
Cancer • 17% of interviews • 2% of surveys	**Domestic Violence** • 2% of interviews • 17% of surveys	**Domestic Violence** • 9% of interviews • 9% of surveys	**Oral Health** • 10% of interviews • 8% of surveys	**Perinatal Health** • 18% of interviews • 0 surveys
Perinatal Health • 14% of interviews • 4% of surveys	**Perinatal Health** • 18% of interviews • 0 surveys	**Sexual Health** • 12% of interviews • 3% of surveys	**Domestic Violence** • 2% of interviews • 13% of surveys	**Oral Health** • 11% of interviews • 7% of surveys
Sexual Health • 12% of interviews • 2% of surveys	**Sexual Health** • 9% of interviews • 3% of surveys	**Perinatal Health** • 9% of interviews • 3% of surveys	**Sexual Health** • 12% of interviews • 3% of surveys	**Sexual Health** • 9% of interviews • 4% of survey

Opportunities to Address Prioritized Health Issues

Stakeholders were also asked about their current work on the health issues they prioritized. The most frequently described types of work being done to address the prioritized health issues[4] include:

- Collaborate with others to identify strategies to address health issues.
- Help clients navigate the health care/social service system.
- Work to coordinate care.
- Provide services to individuals.
- Advocate for policy change within the community.

Stakeholders described the type of work they would like be doing to address the prioritized health issues. The work described fell into four categories: 1) programs and operations, 2) topic-specific advocacy groups and policies, 3) partnerships to promote health and address disparities, and 4) advocacy for funding-system change.

Programs and Operations:

- Utilize networks of clinics to provide comprehensive referrals, treatment, and services (specific to behavioral health).
- Integrate oral health services into community health clinics.
- Support patient navigators for vulnerable patients with, or at risk for, cancer.
- Train health care providers to work with vulnerable patients with, or at risk for, cancer.
- Develop health education activities for culturally specific and vulnerable populations to increase cancer awareness, prevention, and treatment (e.g., tribes, disability community, communities of color, etc.).
- Develop health education activities to increase awareness on how oral health is related to other health outcomes.

Support topic-specific advocacy groups and policies:

- Support community efforts to promote the use of fluoridation treatment in the public water system.
- Develop coalitions focused on chronic disease awareness, prevention, and policy interventions (like a soda tax).
- Support policies that address the social determinants of health.
- Focus on prevention, early intervention, increased screenings for young populations, and school-based interventions.
- Support policy and practice for standardized collection of race, ethnicity, language, and disability data; and require culturally-competent, continuing education for health researchers.

Partnerships to promote health and address disparities:

- Support coalitions comprised of culturally specific organizations.
- Promote understanding and acceptance of marginalized communities.
- Fund organizations that do culturally specific work.
- Develop partnerships between culturally specific organizations and health care providers to find concrete ways to serve low income populations and communities of color.

Advocacy for funding-system change:

- Increased availability of services through changing the funding/reimbursement streams, and by providing services related to social determinants of health (job training, housing, etc).
- Learn from the CCO model to inform the transformation of the mental health system.

[4] Access to health care, mental health, chronic disease, substance abuse, culturally competent services/data, oral health (Clark County), and Cancer (Clark County)

Limitations

An iterative approach was used to identify important health issues from which stakeholders were asked to prioritize (see page 5). As a result, those stakeholders participating in interviews did not have the opportunity to "vote for" or select health issues that were not on the original list or that they did not think of themselves. The stakeholders taking the survey benefited from the thinking of those interviewed because the additional health issues identified during the interviews were included on the list from which they were asked to select their top three most important. It is unknown how or if interviewees would have "voted" for different health issues if they were provided with the expanded list from the survey.

The issues from both the interviews and surveys results were included on the list of health issues from with community listening sessions participants "voted." (*Community Listening Sessions: Important Health Issues and Ideas for Solutions.* July 2013)

Resources

The following resources are referenced above and may be useful for background information:

- New Requirements for Charitable 501(c) (3) Hospitals under the Affordable Care. Internal Revenue Service. Available from: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act
- IRS Form 990, Schedule H, Part V. Available from: http://www.irs.gov/pub/irs-pdf/f990sh.pdf
- Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals. Available from: http://www.irs.gov/pub/irs-drop/n-11-52.pdf
- Oregon Administrative Rule 410-141-3145, Community Health Assessment and Community Health Improvement Plans. Available from: http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_141_3000-3430.html
- Community Health Assessments and Community Health Improvement Plans, Guidance for Coordinated Care Organizations. Available from: https://cco.health.oregon.gov/Documents/resources/CHA-guidance.pdf
- Public Health Accreditation. Public Health Accreditation Board. Available from: http://www.phaboard.org/
- Mobilizing for Action through Planning and Partnerships (MAPP). National Association of County and City Health Officials. Available from: http://www.naccho.org/topics/infrastructure/mapp/
- CDC Chronic Disease Prevention and Health Promotion, Healthy Aging. Available from: http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm
- Healthy Columbia Willamette regional website. Healthy Columbia Willamette Collaborative. Available from: http://www.healthycolumbiawillamette.org

APPENDIX I: Stakeholder Organizations that Participated in the Local Community Health System & Forces of Change Assessment

Organization Name	County(s)	Participation Format
Adelante Mujeres	Washington (OR)	Interview
Adventist Medical Center	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Survey
Affordable Community Environments	Clark (WA)	Survey
African American Health Coalition	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
African Partnership for Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Albertina Kerr Centers	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
American Cancer Society, Cancer Action Network, Oregon State	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Cancer Society, Cancer Action Network, Washington State	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Diabetes Association of Oregon & SW Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Lung Association of the Mountain Pacific	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Medical Response	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Survey
Area Agency on Aging and Disabilities of Southwest Washington	Clark (WA)	Interview
Asian Health and Service Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Asian Pacific American Network of Oregon	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Basic Rights Oregon	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
CareOregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Cascade AIDS Project	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Catholic Charities of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Catholic Charities of Oregon, El Programa Hispano	Clackamas (OR), Multnomah (OR)	Survey
Catholic Community Services of Southwest Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Causa	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Centro Cultural	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Children's Home Society of Washington	Clark (WA)	Interview
Children's Center	Clark (WA)	Survey
Children's Community Clinic	Multnomah (OR)	Survey
Children's Health Alliance	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
City of Portland Office of Equity & Human Rights, New Portlander Programs	Multnomah (OR)	Interview
City of Portland, Office of Neighborhood Involvement, Community and Neighborhood Involvement Center	Multnomah (OR)	Interview
City of Portland, Office of Neighborhood Involvement, Diversity and Civic Leadership Program	Multnomah (OR)	Interview

City of Wilsonville, Community Center	Clackamas (OR)	Survey
Clackamas County Area Agency on Aging	Clackamas (OR)	Interview
Clackamas County Department of Health, Housing and Human Services	Clackamas (OR)	Interview
Clackamas County Department of Health, Housing and Human Services, Public Health Division	Clackamas (OR)	Interview
Clackamas County Health Centers	Clackamas (OR)	Survey
Clackamas Service Center	Clackamas (OR), Multnomah (OR)	Survey
Clark College, Corporate and Continuing Education	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
Clark County Community Services	Clark (WA)	Interview
Clark County Public Health	Clark (WA)	Survey
Coalition of Community Health Clinics	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Columbia River Mental Health Services	Clark (WA)	Interview
Community Action	Washington (OR)	Survey
Confederated Tribes of Siletz Indians, Portland Office	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Council for the Homeless	Clark (WA)	Survey
Cowlitz Family Health Center	Clark (WA)	Interview
Cowlitz Indian Tribe	Clark (WA)	Survey
Disability Rights Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Educational Service District 112	Clark (WA)	Survey
Emmanuel Community Services	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Familias En Acción	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
FamilyCare Health Plans	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Filipino-American Association of Clark County and Vicinity	Clark (WA)	Interview
Free Clinic of Southwest Washington	Clark (WA)	Survey
Future Generations Collaborative	Multnomah (OR)	Survey
Health Share of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Health Share of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Healthy Oregon Partnership for Equity Coalition	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Human Solutions, Inc.	Multnomah (OR)	Survey
Immigrant and Refugee Community Organization, Asian Family Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Immigrant and Refugee Community Organization, Healthy Kids Program	Clackamas (OR), Multnomah (OR)	Survey
Impact NW	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Inclusion, Inc.	Clackamas (OR), Multnomah (OR)	Survey
Independence Northwest	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey

Independent Living Resources	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Iraqi Society of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Janus Youth Programs	Multnomah (OR), Washington (OR)	Survey
Kaiser Permanente	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Latino Learning Community	Multnomah (OR)	Interview
Latino Network	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
League of United Latin American Citizens, Southwest Washington Council #47013	Clark (WA)	Interview
Legacy Health	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Legacy Weight and Diabetes Institute	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Los Niňos Cuentan	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Luke-Dorf, Inc.	Clackamas (OR), Washington (OR)	Survey
Mentor Oregon Brokerage, Metro	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Metropolitan Family Service	Clackamas (OR), Clark (WA), Multnomah (OR)	Survey
Multnomah County Aging and Disability Services	Multnomah (OR)	Interview
Multnomah County Health Department	Multnomah (OR)	Interview
Multnomah County Health Department, Health Equity Initiative	Multnomah (OR)	Interview
Multnomah County Mental Health and Addiction Services	Multnomah (OR)	Survey
Multnomah County Mental Health and Addiction Services	Multnomah (OR)	Interview
National Alliance on Mental Illness-Clackamas County	Clackamas (OR)	Survey
National Alliance on Mental Illness-Clark County	Clark (WA)	Survey
National College of Natural Medicine, Community Clinics	Multnomah (OR), Washington (OR)	Survey
National Indian Child Welfare Association	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Native American Youth and Family Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
New Heights Physical Therapy Plus	Clark (WA), Multnomah (OR)	Survey
North by Northeast Community Health Center	Multnomah (OR)	Survey
NorthWest Tribal Epidemiology Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
NW Health Foundation	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
NW Indian Veterans Association, Portland and Vancouver Chapter	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Oregon College of Oriental Medicine	Multnomah (OR)	Survey
Oregon Department of Human Services	Clackamas (OR)	Survey
Oregon Health and Science University, Oregon Office on Disability and Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Health and Sciences University	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Oregon Health Authority, Office of Equity and Inclusion	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview

Oregon Health Authority, Public Health Division	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Health Equity Alliance	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Latino Agenda for Action	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Public Health Institute	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Organizing People, Activating Leaders	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
PeaceHealth Southwest Medical Center	Clark (WA)	Interview
Project Access NOW	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Providence Health & Services	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
Q Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Regional Health Alliance	Clark (WA)	Focus Group
Sea Mar Community Health Centers	Clark (WA), Multnomah (OR)	Interview
Second Step Housing	Clark (WA)	Survey
Self Enhancement, Inc.	Multnomah (OR)	Survey
Sí Se Puede Oregon	Washington (OR)	Survey
Southwest Washington Behavioral Health, Regional Support Network	Clark (WA)	Survey
Susan G. Komen for the Cure, Oregon and Southwest Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Tuality Healthcare	Washington (OR)	Interview
Tuality Healthcare, ¡Salud! Services	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
United Way of the Colombia-Willamette	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Upstream Public Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Urban League of Portland	Multnomah (OR)	Interview
Vietnamese Community of Clark County	Clark (WA)	Interview
Virginia Garcia Memorial Health Center	Washington (OR)	Interview
Washington County Health & Human Services	Washington (OR)	Interview
Washington County Health and Human Services, Healthy Start of Washington County	Washington (OR)	Survey
Washington State Department of Health	Clark (WA)	Survey
YMCA of Columbia-Willamette, Clark County Family YMCA	Clark (WA)	Survey

APPENDIX II: Interview Tool

The purpose of this interview is to ask about your opinions on important health issues in our community and about the capacity to address them. This information will be used by hospitals and health departments during the Healthy Columbia Willamette process (formally called Four County Community Health Needs Assessment), along with data and additional community feedback to identify which health issues to address.

Your responses along with feedback from 100+ organizations will help us find themes of what stakeholders have said about the local community health system's capacity to address important health issues.

1. What geographic area and population does your organization serve? (Select all that apply.)

- Clackamas county
- Clark county
- Multnomah county
- Washington county
- Medically underserved, uninsured, underinsured populations
- Low income populations
- Tribal populations
- Communities of color
- Populations with a chronic disease (e.g. heart disease, diabetes, cancer)
- Populations with mental health and/or substance abuse needs
- Aging population
- Disability community
- LGBTQI populations
- Children/youth
- General population
- Other

2. How healthy is the population/community you serve compared to the larger population?

The next few questions are about identifying the most important health issues in the community. I am going to share with you a list of six health issues that were identified in earlier steps of this project and ask you to respond to them. These issues were identified by analyzing quantitative data and considering racial/ ethnic/ gender disparities, magnitude of the population affected, severity, 5-10 year trend and comparison to state-level data. The issues identified are:

- **Access to health care**
- **Sexual health**
- **Mental health & substance abuse**
- **Injury**
- **Cancer**
- **Chronic disease**

3. After looking over this list, is there any health issue, specifically a health outcome or behavior--that you are surprised to not see? If so, what is it and why do you think it's important? Note: issues such as housing, education, economy, built environment (social determinants of health) will be incorporated into the stage when strategies are being developed. We are looking for health outcomes and behavior at this time.

4. From all of the issues I shared with you, and the issue(s) you brought up, what are the top three most important issues to your organization and the community it serves? You do not need to rank them, just select the three top ones.

Now I am going to ask you a series of questions for each of the three health issues you have said are the most important.

5. For Issue 1: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may help your organization address this issue?
   e. In the next two to three years, what are some things that may hinder your organization's ability address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      - currently don't have capacity
      - capacity will be eliminated
      - capacity will be reduced
      - capacity will be about the same
      - capacity will be increased
      - I don't know/not applicable

6. For Issue 2: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may help your organization address this issue?
   e. In the next two to three years, what are some things that may hinder your organization's ability to address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      - currently don't have capacity
      - capacity will be eliminated
      - capacity will be reduced
      - capacity will be about the same
      - capacity will be increased
      - I don't know/not applicable

7. For Issue 3: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may help your organization to address this issue?
   e. In the next two to three years, what are some things that may hinder your organization's ability to address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      - currently don't have capacity
      - capacity will be eliminated
      - capacity will be reduced
      - capacity will be about the same
      - capacity will be increased
      - I don't know/not applicable

8. Could you suggest other organizations/groups in our community who would be important to interview/survey?

9. Do you have any questions or something to add that can help make this project a success?

Thank you for your time today and for sharing your thoughts and feedback.

APPENDIX III: Online Survey Tool

PURPOSE OF SURVEY
To learn about the community health issues that stakeholders think are the most important and ideas on how to address them. This is part of the project's second phase of community engagement. Responses from this survey will be analyzed along with 100+ other interviews/surveys to help find themes of what stakeholders have said about the local community health system's capacity to address important health issues. Your name and findings from this survey will be reported in aggregate. Survey findings will not be presented in any way that would connect the information to individual people or organizations.

BACKGROUND
Healthy Columbia Willamette is a collaborative project among 14 local hospitals and four health departments to assess community health across Clackamas, Multnomah and Washington Counties in Oregon and Clark County in Washington. Under the requirements from the Patients Rights and Affordable Care Act, Oregon and Washington State laws and public health accreditation prerequisites, hospitals, coordinated care organizations and local health departments are required to conduct Community Health Needs Assessments every three to five years. In an effort to develop the most meaningful community health needs assessments and plans to improve community health, avoid duplication, and leverage resources, these partners within the four counties have come together to develop a comprehensive assessment for the region.

COMMUNITY ENGAGEMENT PROCESS
The Healthy Columbia Willamette Leadership Group is soliciting input from communities across the four counties in three distinct phases:

1) Sixty two, recently conducted projects during which community members gave input about health issues in the four-county region were studied. Findings from these projects were compiled to understand what community members think are the most important community health issues. (August 2012 and January 2013.)

2) Representatives of organizations in the local community health system (public health experts, government/tribal agencies, community based organizations that work with low income populations, communities of color, veterans, populations with chronic disease needs and medically underserved, LGBTQI, aging, disability communities) are being interviewed/surveyed to understand health issues of the populations they serve and their ideas around the community health system's capacity to address the issues (between now-end of January 2013). This survey is part of this step.

3) After completing the first two phases, the Leadership Group will use the community input to select a smaller list of proposed health issues that reflects both community input and data. Then community members across the four counties will be asked whether they "got it right." Specifically, community members participating in these community listening sessions will be asked which of the health issues on the list are the most important, which issues should be on the list but are not, and what types of things can be done to address these important health issues.

The next section asks you to share information about your organization, your role and your contact information.

1. What is your organization's name?
2. What is your name?
3. What is your job title or role?
4. What is your phone number?
5. What is your email?

The next few questions ask about your organization's geographic scope, population(s) served, and the general health status of the community.

6. Which of the following counties do you operate in? Check all that apply.
Clackamas County, Oregon
Clark County, Washington
Multnomah County, Oregon
Washington County, Oregon
Other: _____

7. In general, how would you rate people's health and quality of life in the counties you work in? Select one of the responses below.

Very healthy
Somewhat healthy
Somewhat unhealthy
Very unhealthy

The next set of questions asks about the population(s) your organization serves.

8. Does your organization target programs, services, or interventions specifically for communities of color? Note: you will be able to answer this question for multiple populations.

Yes
No

If you answered 'Yes' to Question #8, Proceed to Questions 8a-e. If you answered 'No', Skip to Question #9.

8a. Does your organization target programs, services, or interventions specifically for the African American community? Select one answer below.

Yes
No

8b. Does your organization target programs, services, or interventions specifically for the American Indian/Alaska Native community? Select one answer below.

Yes
No

8c. Does your organization target programs, services, or interventions specifically for Asian and Pacific Islander communities? Select one answer below.

Yes
No

8d. Does your organization target programs, services, or interventions specifically for the Hispanic/Latino community? Select one answer below.

Yes
No

8e. If your organization specifically targets programs, services, or interventions for another community of color, please list your answer below.

9. Does your organization target programs, services, or interventions specifically for immigrants and refugees? Select one answer below.

Yes
No

10. Does your organization target programs, services, or interventions specifically for populations that speak limited English? Select one answer below.

Yes
No

If you answered 'Yes' to Question #10, Proceed to Question 10a. If you answered 'No', Skip to Question #11.

10a. Please identify the languages that your organization specifically targets programs, services, or interventions. Check all that apply or add other language(s).

Arabic
Chinese/Cantonese
Somali
Spanish
Russian
Vietnamese
Other: _____

11. Does your organization target programs, services, or interventions specifically for children and/or youth? Select one answer below.

Yes
No

If you answered 'Yes' to Question #11, Proceed to Question 11a. If you answered 'No', Skip to Question #12.

11a. Among which of the following age groups does your organization specifically target children/youth related programs, services, or interventions? Check all that apply.

0-4
5-9
10-14
15-18
19-24
Other: _____

12. Does your organization target programs, services, or interventions specifically for aging populations? Select one answer below.

Yes
No

13. Does your organization target programs, services, or interventions specifically for communities that rely on public transportation? Select one answer below.

Yes
No

14. Does your organization target programs, services, or interventions specifically for populations with chronic disease needs (e.g. heart disease, diabetes, cancer)? Select one answer below.

Yes
No

15. Does your organization target programs, services, or interventions specifically for the disability community? Select one answer below.

Yes
No

16. Does your organization target programs, services, or interventions specifically for the LGBTQI community? Select one answer below.

Yes
No

17. Does your organization target programs, services, or interventions specifically for medically underserved, uninsured, under-insured and/or Medicaid populations? Select one answer below.

Yes
No

18. Does your organization target programs, services, or interventions specifically for populations with mental health and/or substance abuse needs? Select one answer below.

Yes
No

19. Does your organization target programs, services, or interventions specifically for veterans? Select one answer below.

Yes
No

20. If your organization targets programs, services, or interventions for other specific population(s), write your response below.

The next question is about identifying the most important health issues in the community.

Below is a preliminary list of health issues that were identified earlier in this process by analyzing quantitative data and collecting community input. The issues identified are:

- Access to Health care
- Cancer
- Chronic Disease
- Culturally Competent Services/Data
- Domestic Violence
- Falls
- Mental Health
- Oral Health
- Poisoning/Overdose
- Sexual Health (HIV, Syphilis, Chlamydia)
- Substance Abuse

21. Is there any important health issue—specifically a health outcome or behavior—that is missing from this list? Note: issues such as housing, economy, built environment (social determinants of health) will be incorporated into the state when strategies are being developed. We are looking for health outcomes and behaviors at this time.

The next questions are about prioritizing three health issues, starting with your first selection.

22. Of the above issues and any that you previously identified, what is your first top health issue? Choose one option below. Note: you will be able to select two other issues later in the survey. The issues do not need to be ranked in order of priority.

Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

23. How is your organization currently working on this issue? Choose up to three options below.

Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

24. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.

Yes
No

If you answered 'Yes' to Question #24, Proceed to Questions 24a-f. If you answered 'No', Skip to Question #25.

24a. How would your organization like to be working on this issue in the future? Choose up to three options below.

Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

24b. Is there a particular age group you see affected by this issue? Check all that apply.

0-4
5-9
10-14
15-18
19-24
Other: _____

24c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.

Leadership in our organization
Leadership in the community
Funding
Expanded access to Medicaid and other health insurance
Increased public awareness and interest in the issue
Advocacy, new legislation, and political support
Partnerships with other organizations
Health care reform
Increased availability of services
The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)
Community organizing /engagement
Focus on prevention
Other: _____

24d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.

Lack of leadership in our organization
Lack of leadership in our community
Lack of funding
Developing new services based on funding sources rather than need
CCOs could cause a reduction in funding for community organizations
The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

24e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

24f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

25. Of the above issues and any that you previously identified, what is your second top health issue? Choose one option below. Note: you will be able to select one other issue later in the survey. The issues do not need to be ranked in order of priority.
Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

26. How is your organization currently working on this issue? Choose up to three options below.
Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

27. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.

Yes
No

If you answered 'Yes' to Question #27, Proceed to Questions 27a-f. If you answered 'No', Skip to Question #28.

27a. How would your organization like to be working on this issue in the future? Choose up to three options below.

Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

27b. Is there a particular age group you see affected by this issue? Check all that apply.

0-4
5-9
10-14
15-18
19-24
Other: _____

27c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.

Leadership in our organization
Leadership in the community
Funding
Expanded access to Medicaid and other health insurance
Increased public awareness and interest in the issue
Advocacy, new legislation, and political support
Partnerships with other organizations
Health care reform
Increased availability of services
The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)
Community organizing /engagement
Focus on prevention
Other: _____

27d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.

Lack of leadership in our organization
Lack of leadership in our community
Lack of funding
Developing new services based on funding sources rather than need
CCOs could cause a reduction in funding for community organizations
The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

27e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

27f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

28. Of the above issues and any that you previously identified, what is your third top health issue? Choose one option below.
Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

29. How is your organization currently working on this issue? Choose up to three options below.
Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

30. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.

Yes
No

If you answered 'Yes' to Question #23, Proceed to Questions 30a-f. If you answered 'No', Skip to the end of the survey.

30a. How would your organization like to be working on this issue in the future? Choose up to three options below.

Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

30b. Is there a particular age group you see affected by this issue? Check all that apply.

0-4
5-9
10-14
15-18
19-24
Other: _____

30c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.

Leadership in our organization
Leadership in the community
Funding
Expanded access to Medicaid and other health insurance
Increased public awareness and interest in the issue
Advocacy, new legislation, and political support
Partnerships with other organizations
Health care reform
Increased availability of services
The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)
Community organizing /engagement
Focus on prevention
Other: _____

30d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.

Lack of leadership in our organization
Lack of leadership in our community
Lack of funding
Developing new services based on funding sources rather than need
CCOs could cause a reduction in funding for community organizations
The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

30e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

30f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

Thank you for your time today and for sharing your thoughts and feedback.

APPENDIX IV: Populations Served by Stakeholder Organizations

Population	Percentage of Participating Stakeholder Serving Population
Aging community	• 33% of surveys • 46% of interviews
Children/youth	• 70% of surveys • 43% of interviews
Populations with a chronic disease need	• 47% of surveys • 42% of interviews
Communities of color (all)	• 42% of surveys • 74% of interviews
Communities of color: African Americans	18% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: American Indians/Alaska Natives	12% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: Asian and Pacific Islanders	9% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: Hispanics/Latinos	32% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
People who are dependent on public transportation	• 53% of surveys • 1% of interviews
Disability community	• 47% of surveys • 43% of interviews
Immigrants and/or refugees	• 19% of surveys • 14% of interviews
LGBTQI community	• 18% of surveys • 35% of interviews
Low income populations	• 7% of surveys • 61% of interviews
Medically underserved, uninsured, underinsured populations	• 72% of surveys • 56% of interviews
Populations with mental health and/or substance abuse needs	• 59% of surveys • 45% of interviews
Populations that speak Limited English	• 32% of surveys • 3% of interviews
Populations that speak Arabic	6% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Chinese/Cantonese	28% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Russian	39% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Somali	22% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Spanish	89% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Vietnamese	22% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Other Languages	11% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Veterans	• 15% of surveys • 1% of interviews

N=126 (69 interviews, 57 surveys)

Community Listening Sessions
Important Health Issues and Ideas for Solutions

July 2013

REPORTS IN THIS SERIES

Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members. July 2013

Health Status Assessment: Quantitative Data Analysis Methods and Findings. July 2013

Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them. July 2013

Community Listening Sessions: Important Health Issues and Ideas for Solutions. July 2013

Photo: Multnomah County

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"We need to be moving from an 'I' community to an 'Us' community."

-- Listening Group Participant

I. INTRODUCTION

Collaborative Origin

In 2010, local health care and public health leaders in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington began to discuss the upcoming need for several community health assessments and health improvement plans within the region in response to the Affordable Care Act and Public Health Accreditation[1]. They recognized these requirements as an opportunity to align the efforts of hospitals, public health and the residents of the communities they serve in an effort to develop an accessible, real-time assessment of community health across the four-county region. By working together, they would eliminate duplicative efforts, facilitate the prioritization of community health needs, enable joint efforts for implementing and tracking improvement activities, and improve the health of the community.

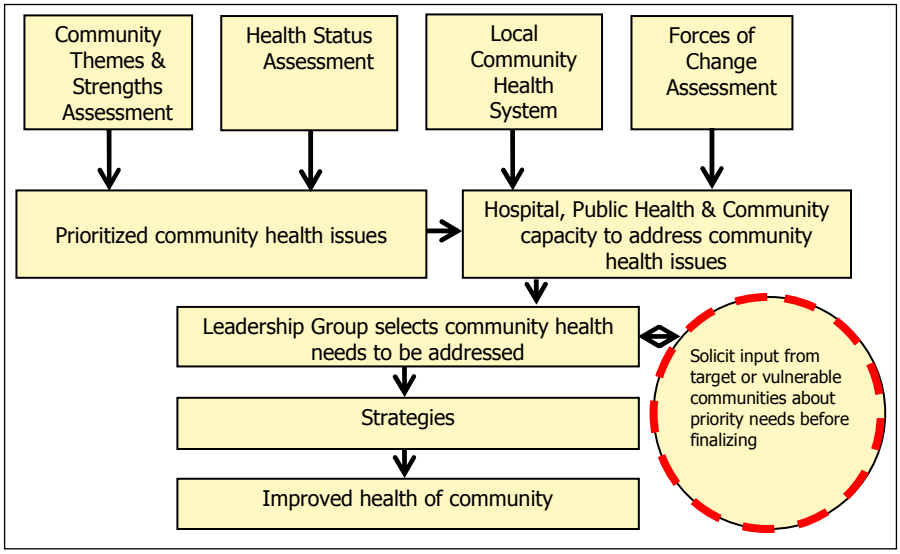
Members

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette Collaborative (Collaborative) was developed. It is a large public-private collaborative comprised of 14 hospitals and four local public health departments in the four-county region. Members include: Adventist Medical Center, Clackamas County Health Department, Clark County Public Health Department, Kaiser Permanente, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek, Multnomah County Health Department, Oregon Health & Science University, PeaceHealth Southwest Medical Center, Providence Milwaukie, Providence Portland, Providence St. Vincent, Providence Willamette Falls, Tuality Healthcare and Washington County Health Department.

Healthy Columbia Willamette Collaborative Assessment Model

The Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model[2]. See Figure 1. The MAPP model uses health data and community input to identify the most important community health issues. This assessment will be an ongoing, real-time assessment with formal community-wide findings every three years. Community input on strategies and evaluation throughout the three-year cycle will be crucial to the effort's effectiveness. This report describes the community listening sessions that were designed to solicit community members' feedback on the results from the earlier steps of this project. To see whether the Collaborative's process, "got it right."

Figure 1.
Schematic of the Modified MAPP Model



[1] The federal Affordable Care Act, Section 501(r)(3) requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at minimum once every three years, effective for tax years beginning after March 2012. Through the Public Health Accreditation Board, public health departments now have the opportunity to achieve accreditation by meeting a set of standards. As part of the standards, they must complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

[2] MAPP is a model developed by the National Association of County and City Health Officials (NACCHO)

Community Engagement Process

As part of the modified model adopted by the Collaborative, community input was collected during three distinct phases between August 2012 and April 2013.

The Community Themes and Strengths Assessment

The first phase of community engagement involved reviewing 62 community engagement projects that had been conducted in the four-county region since 2009. Findings from the 62 projects were analyzed for themes about how community members described the most important health issues affecting themselves, their families, and the community.

The Local Community Health System & Forces of Change Assessment

This second phase of community engagement involved 126 stakeholders participating in interviews or responding to surveys. This assessment was designed to solicit stakeholder feedback on the health issues resulting from the previous assessment work and epidemiological data. Stakeholders were asked to add and prioritize health issues they thought should be on the list, as well as describe their organizations' capacity to address these health issues. (For more information, see *Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them.* July 2013.)

Community Listening Sessions

The third phase of community engagement was completed in May 2013. Fourteen community listening sessions were held with uninsured and/or low-income community members living in Clackamas, Clark, Multnomah and Washington Counties. In all, 202 individuals participated. During these meetings, community members were asked whether the issues—identified through the previously conducted community engagement/assessment work, epidemiological data, and the stakeholder interviews and surveys—were right. During these meetings, participants added additional health issues and each person voted for what they thought were the most important issues. A list of the locations and number of participants of these groups is included in Appendix I.

Because members of the Collaborative understand the importance of working with the community to ensure that the process yields the most accurate results and is trusted by the public, in years two and three of the project there will be more opportunities to engage multiple constituents in the process. These opportunities have yet to be developed, but this process will start during the summer of 2013.

II. COMMUNITY LISTENING SESSIONS

Purpose

The purpose of these discussions was to learn what low-income and uninsured residents of the four-county region feel are the most important issues affecting their health, their families' health, and the community's health. In addition, the groups were held to solicit ideas about how to address these health needs.

Methodology

During March and April of 2013, 14 community listening sessions were conducted in Clackamas, Multnomah, and Washington Counties in Oregon and Clark County, Washington. In total, 202 individuals participated, sharing their opinions with one another about important community health issues and how the community's health can be improved. A list of the locations, dates, and number of participants is in Appendix I.

Recruitment

In advance of the listening sessions, recruitment flyers were developed by hospital members of the Collaborative and translated into Spanish, Russian, and Somali by health department members. They were distributed to organizations, community networks, and community-accessible locations to be posted or handed out. Flyers specified that low-income/no income and/or uninsured adults were the intended participants, and advertised locations and times for sessions, as well as the provided food, childcare, and $25 gift card incentives. Examples of the recruitment flyers are in Appendix II.

Recruitment materials were posted and distributed primarily through agencies and community organizations that serve low-income populations. Over 100 organizations were able to help with recruitment, ranging from individual housing projects to community groups with constituents across the four-county area. Healthy Columbia Willamette Collaborative members also recruited among their own organizations' constituents where appropriate, and asked their colleagues in the community to help recruit participants. In addition, local Spanish-language and Russian-language radio stations promoted the meetings. The listening sessions lasted approximately an hour and a half, and free childcare services were offered on site. Hospital partners provided meals and childcare for each group. Hospitals also provided $25 Fred Meyer gift-cards for the first 25 participants in each group to acknowledge participants' time and contribution to the project.

Group Structure

The Healthy Columbia Willamette Collaborative was interested in hearing specifically from low-income and uninsured residents from across the four-county area, and as mentioned above, efforts were made to reach this population during recruitment.

Listening sessions were opened with a large group introduction before splitting into small discussion groups of 10 or fewer participants. Each small discussion group was facilitated by a different Healthy Columbia Willamette Collaborative member or interpreter. Small groups were facilitated in English, Spanish, Russian, and Somali with the support of interpreters from participating health departments and the Immigrant and Refugee Community Organization (IRCO). In order to encourage attendance, meals were provided, and sessions were scheduled on both weekdays and weekends and at community-accessible locations across the four-county area.

Group discussions revolved around four questions:

- What does a healthy community look like to you?
- Are there other health issues that you think should be on this list? (The list of important health issues identified by the findings of the Community Themes and Strengths, Health Status, and Local Community Health System and Forces of Change Assessments. See Table 1 below.)
- What are the five health issues that you would like to see addressed first? (Participants selected from the issues in Table 1 and any health issues they added to the list.)
- What should be done to fix or address these health issues?

See Appendix III for the complete discussion guide and Appendix IV for the list of health issues used during the discussions in multiple languages.

Table 1. Important health issues identified by the findings of the Community Themes and Strengths, Health Status, and Local Community Health System and Forces of Change Assessments (in alphabetical order)

Access to affordable dental care	Data collection on the health of people from various cultures
Access to affordable health care	Injuries from falling
Access to affordable mental health services	Mental health
Access to services that are relevant/specific to different cultures	Oral Health
Accidental poisoning from chemicals, pesticides, gases, fertilizers, cleaning supplies, etc.	Perinatal health
Cancer	Sexually transmitted infections/diseases
Chronic disease and related health behaviors	Substance abuse

Participants

There were, on average, 14 participants attending each session, though the range in attendance between sessions was between one and 34 participants. Before small group discussions, participants were asked to complete an anonymous survey collecting demographic information. This was done on a voluntary basis and did not affect whether a person could participate or receive a gift card. Almost 96% of participants completed surveys. A copy of the survey in English is in Appendix V. The survey was available in English, Spanish, Russian, and Somali as well as in large font (in English).

Of participants specifying an income range on their survey, 62% came from households earning less than $20,000 per year. Of those indicating a health insurance status, 63% indicated they were uninsured with an additional 21% indicating they were on the Oregon Health Plan (OHP)[3]. Participants' ages ranged from 17 to 90 years, with an average age of 40 years. Almost three quarters of participants returning the surveys identified as female.

Participants were also asked to identify their race and ethnicity. Regionally, over half (53%) of those providing this information indicated that they were Hispanic, 25% were White, 7% were African, 6% were African American, 2% were Native American, 1% were Asian and 1% were Native Hawaiian/Pacific Islander. Individuals could select selected more than one race/ethnicity; only one participant did so.

The composition of participants involved in the listening sessions is not representative of regional race, ethnicity, or gender demographics. The sample may not be representative of other communities, (e.g., the LGBTQI, disability, and recovery communities). Given that hospitals have impending tax filing deadlines and requirements to focus on low-income and uninsured populations, the Healthy Columbia Willamette Collaborative members agreed for this first cycle, that recruitment for the community listening sessions would focus on people with low income levels and/or no health insurance. The Collaborative members recognized that by using only these criteria, people from other vulnerable communities might not be reached. In order to improve participation by other communities, the Collaborative worked with more than 100 community organizations to help with the recruitment. Examples of the communities these organizations helped recruit, include Native American, LGBTQI, disability, African American, recovery, immigrant/refugee, etc.

When looking at the participation in these community listening sessions and all previous assessment phases, (i.e., Community Strengths and Themes, Health Status, Local Community Health System and Forces of Change Assessments), it becomes clear that the Collaborative included the opinions from a wide array of stakeholders, including many people from culturally-identified communities. Moving forward, community members will be actively engaged to implement and monitor the health of the community. Table 2 presents participants' survey responses by county and region.

Participants lived throughout the four counties; however, not all areas of the four-county region were represented equally due to recruitment challenges such as difficulty connecting with people living in rural areas, or with people speaking languages other than English, Spanish, Somali, or Russian. Figure 2 illustrates the geographic reach of the listening sessions by indicating the percent of surveys responses (to this question) returned from residents living in each zip code in the four-county area. The darker the area on the map, the more participants reported living there.

Following each session, many participants expressed their appreciation for the opportunity to speak about their priorities and needs, and 26% of participants signed up on a contact list so they can be invited to other events, kept informed about how the information collected through the community listening sessions was used, and be informed about upcoming changes in health services and policies. Many participants also expressed that holding these types of groups is an effective way to help reduce social isolation and empower people to become involved in their neighborhoods.

[3] Clark County responses for health insurance type were not included in the regional calculation as the equivalent of OHP for Clark County was not on the survey).

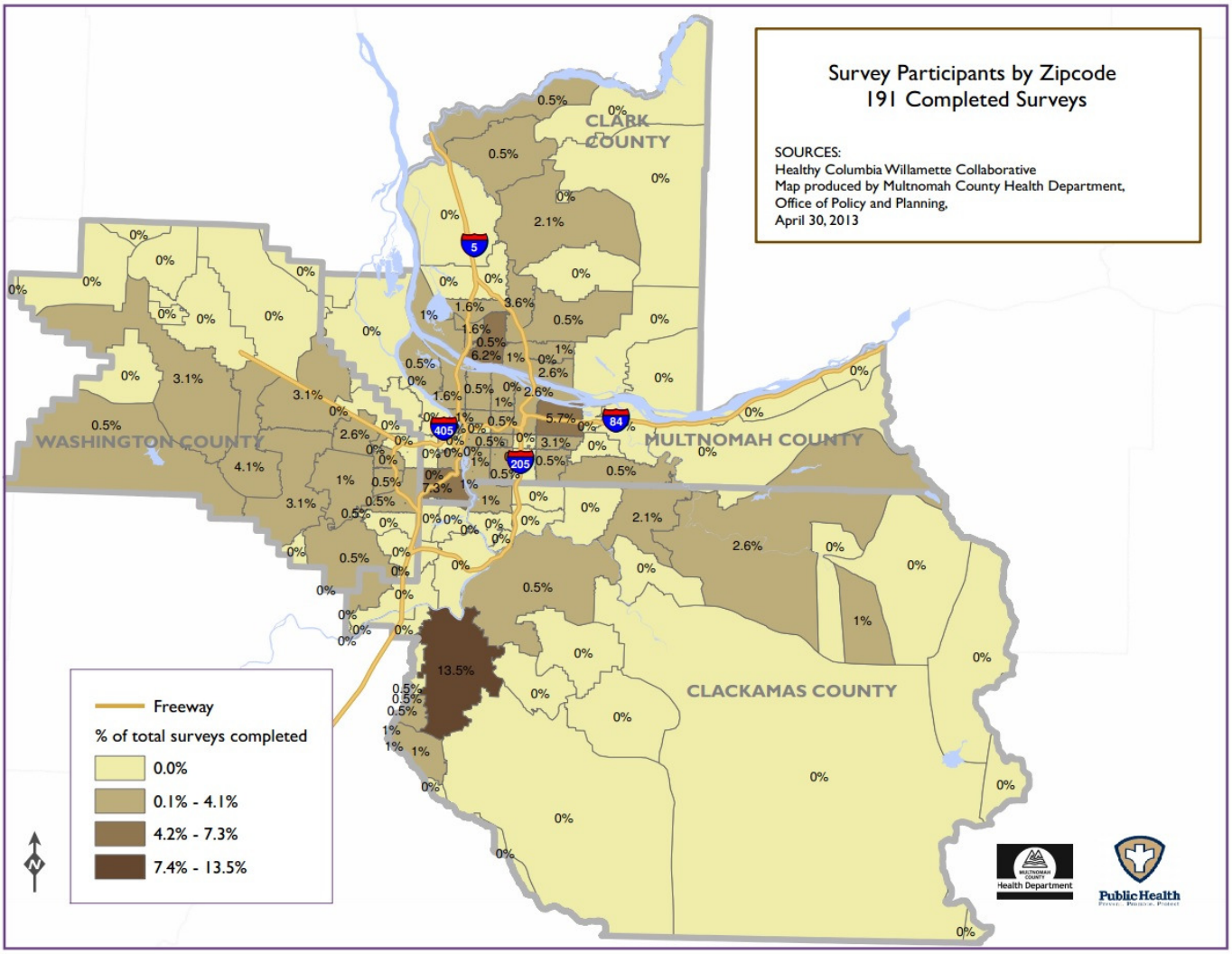
Table 2. Participant Demographics

	Clark	Clackamas	Multnomah	Washington	Region
Age					
Range	17-88 years	20-75 years	18-68 years	17-90 years	17-90 years
Average	44 years	40 years	44 years	45 years	40 years
Language					
English	66%	10%	48%	30%	39%
Russian	11%	0	2%	0	3%
Somali	0	0	9%	20%	7%
Spanish	23%	90%	41%	50%	51%
Race/Ethnicity					
African	0	0	9%	16%	7%
African American	0	0	12%	10%	6%
American Indian/Native American	0	0	5%	2%	2%
Asian	2%	0	0	0	1%
Hispanic	34%	88%	43%	52%	53%
Native Hawaiian/Pacific Islander	0	0	0	2%	1%
White	61%	12%	14%	18%	25%
Other/multiple	0	0	16%	0	5%
Gender					
Female	68%	74%	66%	76%	71%
Male	32%	19%	30%	24%	26%
Income					
Less than $10,000	45%	30%	34%	34%	36%
$10,000 to $19,999	32%	26%	18%	30%	26%
$20,000 to $29,000	9%	19%	23%	16%	17%
$30,000 to $39,000	5%	0	7%	6%	5%
$40,000 to $49,000	5%	2%	0	0	2%
$50,000 or higher	2%	2%	2%	2%	2%
Household Size					
Range	1-8 people	2-8 people	1-9 people	1-9 people	1-9 people
Average	3 people	3 people	4 people	5 people	4 people
Education					
Less than high school	23%	62%	36%	33%	38%
High school diploma/GED	19%	30%	30%	37%	30%
Some college	37%	5%	18%	13%	19%
College graduate or higher	21%	3%	15%	17%	13%
Health Insurance					
No insurance	73%	82%	53%	56%	63%
Oregon Health Plan	--	8%	27%	23%	21%
Medicare[4]	12%	5%	4%	9%	6%
Private insurance through work	14%	5%	15%	12%	11%
Private insurance purchased	0	0	1%	0	<1%
Do you have a health care provider?					
Yes	27%	23%	45%	50%	38%
No	63%	56%	33%	35%	45%
Sometimes	9%	21%	22%	15%	17%
Do you have a dentist?					
Yes	20%	13%	29%	24%	22%
No	74%	80%	64%	67%	71%
Sometimes	6%	7%	7%	9%	7%

Total may not equal 100% due to rounding.

[4] Clark County responses for health care type were not included in regional calculation. The equivalent of OHP for Clark County was not included on the survey.

Figure 2. Survey Participants by Zip Code in the Four-County Region[5]



Findings

The findings represent the opinions and experiences of 202 individuals living in the four counties. As a result of this small number and the use of a convenience sample, findings are presented for the region, not individual counties. There was a lot of agreement across individuals and between small discussion groups on what the important health needs are and what can be done to address them, which supports the possibility that these opinions are likely to be shared by a larger percentage of the population.

The findings are presented in two sections: 1) a description of what a healthy community looks like and 2) the important community health needs, as well as what can be done about them.

[5] 191 of the 196 survey respondents provided a zip code.

Discussing a Healthy Community

When initially asked how they would describe the elements of a healthy community, listening session participants tended to draw from current problems observed in their own communities. They generated a number of ideas about what might constitute a healthy community. The most common themes included people having 1) basic needs met (food, shelter and employment); 2) access to quality health services; 3) a connected and compassionate social system; 4) peer support, resources, and self-determination to practice healthy habits; and 5) access to education and other shared community resources.

In addition, there was strong agreement that a healthy community would have better access to public transportation, more recreation facilities to promote healthy behaviors, and expanded community programming catering to both individuals and families. They wanted to be able to feel safe from gang and street violence, to feel comfortable with the role and effectiveness of law enforcement, and to feel involved in and informed about their community's issues.

> Things have changed since growing up in the 60s. Today, moms have to be watching their kids and have them in view at every moment.

Perhaps most important to their definition of a healthy community, participants frequently stressed the importance of being socially connected to one's community in order to receive support in times of need and stress.

> We need to be moving from an "I" community to an "Us" community.

Important Community Health Issues and Strategies for addressing them

Several specific issues drawn from the Health Issues list (and from additional issues added by participants) recurred in discussions of communities' top health issues. When looking at voting results of all discussion groups, it is clear that there is strong agreement on what health issues are the most important. There are also frequently reoccurring ideas on strategies suggested for addressing these issues. These findings are presented in five sections, beginning with the most-prioritized health issue:

(1) Mental Health and Mental Health Services
(2) Chronic Disease and Related Health Behaviors
(3) Substance Abuse
(4) Access to Affordable Health Care
(5) Oral Health and Access to Oral Health Services

Mental Health and Access to Mental Health Services

Although mental health and access to mental health services were presented as two different health issues on the list, listening session participants most often voted to combine the two into a single issue. Even when this sentiment was not explicitly stated, discussion frequently treated the two together. Mental health stood out as the most voted-for health problem in the community.

Addressing Isolation and Anxiety as Contributing Factors to Mental Health Issues

In almost all groups, social isolation was a theme related to community mental health issues. Participants expressed significant concern over the detrimental impact of social isolation on mental and emotional health, and especially emphasized it as a cause and contributor to depression in their communities. They noted that isolation derived from many factors, including reliance on technology for communications, lack of employment, lack of cultural integration between different communities, being homeless, and family roles which tended to keep some women in the home or busy with childcare. Many also saw social isolation as a significant barrier to care, in that isolated individuals would feel less comfortable seeking out care themselves and would be less likely to be screened for mental health issues.

Most participants voiced that it was important, in confronting mental health issues, to promote social practices that would work against social isolation. In almost all groups, participants spoke about building a compassionate community that embraces diversity. This included working to eliminate racism, ageism and other forms of discrimination against individuals; as well as raising awareness of the different and special needs of individuals in their community.

> …Develop a sense of community where residents are motivated to care about each other, respect one another, connect with one another, and help out strangers and neighbors.

Many groups felt it was important to remove the stigma associated with mental health issues and treatment in order to help people feel supported by their communities and peers in seeking treatment:

> [Provide] support for people experiencing mental health issues so they can address what's happening and feel supported and secure with themselves.

Additionally, there was strong agreement that increasing opportunities for community involvement would also play a significant role in reducing the incidence of mental health issues. Examples suggested included volunteer programs, community classes and organized activities for individuals and families, more community recreation and arts centers, and sports programs for all ages. Several groups also mentioned the importance of services that could remove the barriers to participate for some people, including childcare, transportation, or providing visits to those who are home-bound.

In addition to isolation, most participants felt that depression in their community was caused by financial stress, the real-life stressors of poverty, homelessness, or adjusting to US systems and society as a member of an immigrant community. Participants generally agreed that, besides the social support discussed above, the way to ease such stress was to continue to work on improving the larger factors that influence a community's health—the economy, housing, and culturally competent services.

Improving Access to Mental Health Services

Many participants felt that there were too few mental health providers to meet community needs. Residents of more rural areas felt this was especially true, and many participants from non-English-speaking communities felt there was sometimes a complete lack of services that would be appropriate for them. Participants from these groups proposed increased training and community placement of mental health service providers, especially those offering therapy and counseling services. Non-English speaking communities hoped to see providers sourced and trained from their own communities.

For example, participants from Somali-speaking communities expressed feeling that Post Traumatic Stress Disorder (PTSD) and other trauma-related mental health issues were some of the most significant of all health issues in their communities. Such issues impacted entire families and communities—not just isolated individuals; and there was a general feeling among Somali participants that this problem was not sufficiently recognized by "western" providers. They expressed that in order to be effective, providers of therapy, counseling and other treatments would need to be much more culturally sensitive and better informed about the patients' backgrounds than they currently are.

Many participants indicated that affordability was an issue. It was frequently expressed that the inconsistency of insurance coverage offered for mental health services was a definite problem. Many participants suggested that in addition to pursuing universal health coverage, it would be important to put regulations in place to extend health coverage to include a full range of mental health treatment services.

Although they agreed that professional mental health services were very important, participants also felt it would be worth investing resources in community groups and support that contribute to good mental health and community-supported recovery. They named churches, peer support groups, and community health educators as examples things they would like to see developed or expanded activities in their communities.

Chronic Disease and Related Health Behaviors
Chronic disease and Related Health Behaviors ran a close second to mental health issues in the voting portion of the discussion. Many participants had stories to share about specific chronic disease issues they had experienced or witnessed in their families and communities. Most often their concerns focused on nutrition and exercise habits, diabetes, and heart disease.

Participants were particularly concerned about the lack of physical activity affecting all generations in their communities, not just adults as the epidemiology data identified. Many participants pointed out that motivation and opportunities for exercise in senior communities was extremely lacking. Participants largely attributed the lack of physical activity to an increasingly sedentary, technology-based society.

Across almost all groups, participants mentioned wanting to increase community programming that promoted physical activity for all ages—and to ensure that the opportunities be affordable. Some suggested that letting people rent or borrow equipment such as bicycles and helmets would help. Examples of programming included senior walking clubs, community gardening initiatives, and increased sports programs for youth. A few participants emphasized that some programming should be tailored to the needs of individuals already facing limiting chronic disease issues such as obesity and heart disease.

Several participants thought that their workplaces could benefit from programs encouraging wellness and physical activity on the job. Participants, whose jobs require sitting or standing in one place for long periods of time, recognized that this was especially detrimental to their health and even to their motivation to exercise outside of work.

Another concern was nutrition. Many participants felt that they could not afford or access the most nutritious food options, and were limited by the prices of produce and the lack of stores offering nutritious options in convenient locations. Participants wanted to see more nutritious options in the locations most convenient to them, such as convenience stores and chain grocery stores—and suggested the support of more farmers markets in their communities. Once again, participants suggested community gardening as an activity that promotes physical activity and provides healthy food to the community inexpensively.

Several participants suggested tactics to encourage low-income community members to choose healthy options where they are already available, such as subsidizing produce and limiting the kinds of food that could be purchased through the Supplemental Nutrition Assistance Program (SNAP). Many participants expressed feeling constantly tempted by "easy" inexpensive, unhealthy food offerings in vending machines and cafeterias and available through the numerous fast food restaurants near their homes. They wanted to see workplaces and schools make efforts to replace unhealthy food options with healthy ones, and wondered if there were a way to develop a "healthy fast food" that could make nutritious meals fairly cheap and easily accessible.

In some cases, working families felt overwhelmed about the cost and time that is required to provide healthy meals consistently to family members, and were unsure how to stop relying on quick and unhealthy food options. Participants from these families felt that they could benefit from community education focused on nutrition and cooking, and from a forum for sharing recipes that balance quick preparation and inexpensive ingredients with good nutrition.

Participants suggested other strategies addressing chronic disease issues that focused on creating educational and motivational opportunities for the community. They felt it was important to make sure the community was informed about the relationship between healthy habits and chronic disease, had skills and strategies for preparing nutritious food, and knew how to access information about chronic disease prevention and early symptoms. Ideas for implementing this education included a strong motivational media campaign, mailers, cooking classes, health fairs, and a stronger health curriculum in schools.

> Go back to the basics and get it into our curriculum.

Participants generally appreciated existing social services like WIC, but wanted to see this type of program expanded to reach more people not just women and children.

> [We need] NEW programs that educate and motivate people to make healthy choices, like a WIC program for adults.

Many participants felt that diabetes was a noticeable problem in their communities due in part to people's inability to recognize and manage symptoms of the disease. Similarly, they felt heart disease went largely unacknowledged and untreated even as it progressed due to unhealthy habits. There was general agreement that, in part, these diseases were going unmanaged as a result of a lack of community education about the diseases and symptoms. It was also stated that in some cases the lack of management was due to a lack of motivation to pursue treatment or lifestyle changes. Participants generally agreed that educating the public about the symptoms, behavioral links, and long-term consequences of these diseases would be the first step toward reducing their burden.

Substance Abuse

Substance abuse issues ranked third in importance to listening session participants. Discussions touched on several issues: smoking, alcohol abuse, misuse of over-the-counter medications, and methamphetamines. Participants were especially concerned about the lack of treatment programs they considered effective, the susceptibility of youth to addictive substances, the lack of clear information and facts about substance abuse issues, and a trend of substance abuse being socially acceptable.

Participants felt that the services currently available for treating substance abuse problems neglect "whole person" care and recovery; that is, they tend to focus too much on the clinical treatment of extreme incidents rather than using therapy, or the treatment of other health issues to support recovery. Prison, they felt, was too-often a substitute for effective treatment in this country. They recognized that residential treatment facilities do exist, but that they are largely targeted to higher-income individuals or are inadequate in capacity to meet the full need in the community. Many participants originally from other countries explained that treatment options in the US seemed significantly less effective than the highly-utilized residential treatment programs for substance abuse in their home countries.

Several groups' ideas involved strategies to create centralized substance abuse treatment services and make them available as part of a comprehensive treatment plan. Some groups wanted to create "case-worker" positions that could help individuals keep track of and coordinate different provider and community support services. Most groups discussing substance abuse mentioned feeling like they had a hard time getting access to unbiased information about the dangers of certain substances, and wanted to see clearly-presented materials developed that they could use as educational tools to protect themselves and their families. Also, as in their approach to mental health issues, participants generally felt that it was important to raise community awareness of existing substance abuse issues and available treatment. Some groups suggested media campaigns that warn, educate, and promote treatment options.

Many participants with children were extremely concerned by the susceptibility of their children to social pressure from peers and drug dealers to try drugs in schools and other settings outside the home. Several talked about how it seemed to be more and more difficult to talk to kids about these issues before they are approached about drugs. Many of these participants wanted to work with schools to develop a strong anti-drug curriculum targeted towards very young children.

Some participants were worried about themselves or their children becoming the targets of violence related to drug culture. As with their discussion of chronic disease prevention, participants wanted to see an increase in accessible recreation facilities and affordable sports and arts programming available to provide safe and enjoyable spaces. They felt that such spaces and activities—for both youth and adults—are important alternatives to opportunities for substance abuse.

In addition to street drugs, several participants also commented on the widespread abuse of tobacco and alcohol despite ongoing media campaigns they've seen to warn against the use of these products. Many participants repeatedly indicated that smoking and drinking excessively around children in the home is a problem that they witness in their communities on a regular basis. In a few groups, the abuse of over-the-counter drugs was of particular concern. Participants tended to be concerned with an apparent social acceptance of these practices.

Several individuals were frustrated by the role that media plays in marketing certain substances to the general public. A few participants stated that alcohol commercials send mixed messages. Others, especially those originally from other countries where media is differently regulated, found it troubling to constantly see advertisements for over-the-counter and prescription drugs – products, they felt, that didn't need to be advertised and were frequently abused. These participants suggested banning television advertisement for these products.

There were varying suggestions about regulation and policy changes that participants wanted to see established to confront substance abuse issues. On the whole, suggestions were aimed at restricting access to substances and to promotional media. Examples included drug laws with harsher penalties for selling illicit drugs, school policies that punish drug abuse and distribution more severely, more restrictions on medical marijuana, strict rules for medication and alcohol advertisements, and regulations to monitor provider prescriptions and patient need for medications.

Access to Affordable Health Care

As an issue unto itself, access to affordable health care was ranked below mental health, chronic disease and substance abuse issues. However, it is important to remember that many participants tended to incorporate specific access to care issues into their discussion of the health issues listed above, as well as their discussion of other less-prioritized issues.

Most participants felt that their most significant barriers to health care services were financial. Many participants expressed simultaneous concern over both their inability to get sufficient insurance coverage for the services they needed, as well as the often prohibitively expensive cost of insurance premiums. Participants frequently called for the cooperation of health care providers to lower rates for the health services not covered by their insurance, and of insurance companies to offer affordable health coverage. A common suggestion was the widespread adoption of sliding fee scales based on a family's income so that services and coverage could be obtained at a rate that is affordable.

When they could find more affordable services, participants from rural areas often had to travel significant distances and rely on infrequent public transportation to see providers. Many participants, who were struggling to maintain employment—and did not have time off, worried because they could not find affordable care at all outside of regular working hours. Many participants who had to pay for childcare, described the expense of this due to the travel and wait time necessary to access affordable health care, (e.g., waiting in line at a free clinic).

Several participants suggested extending the operating hours of existing providers and creating childcare options on-site. In addition, there was strong agreement between most groups that more free and low-cost clinics, providers, and urgent-care options be created in their communities. Most participants felt that expanding a workforce to provide these services locally, at low cost, would ultimately be a better long-term goal than improving transportation options to bring patients already-busy urban clinics.

In almost every group someone had a story to share about being unable to receive the care they needed – especially for non-emergency issues. Participants routinely noted that preventative care and screenings were especially out of their reach. Making the trip, missing work or even going into debt were not reasonable options, resulting in delays in care until an emergency medical situation developed. In response to this problem, participants suggested lowering the cost of, and even incentivizing preventative screenings, routine checkups and other care that could help low-income community members avoid waiting until they required costly emergency procedures.

Several participants wanted to loosen eligibility requirements for services like the Medicaid (Oregon Health Plan), SNAP and other programs that help low-income community members to maintain good health and regular access to medical care.

They felt that the current system of public assistance sometimes discouraged recipients to pursue employment out of fear of losing benefits even if it were only a seasonal or temporary increase in income. There was some concern expressed by participants that people living in the US without documentation are not getting the care they should be and having to wait until their situation is an emergency. These participants wanted to see policy changes aimed at granting access to government aid programs and essential health care services for those without basic legal paperwork.

Oral Health and Access to Oral Health Services

Several participants came to listening sessions with worries about oral health issues that were affecting them and their families. In many cases, the pain and distraction resulting from untreated oral health issues had greatly impacted their health, lives, and work.

Almost three quarters of participants responding in the participant survey said they did not have a dentist they could go to, and many participants indicated in discussion that they did not have any kind of coverage for dental services even if they did have health coverage. As with other health issues, participants largely agreed that the cost of dental services was prohibitively high, and that this often resulted in community-members waiting until their oral health problems had become serious issues before seeking treatment. Similar to discussions of strategies for improving access to health care, participants frequently suggested a cooperative agreement between their community's oral health service providers to lower the cost of services. Having providers drop prices specifically for preventative services and/or offer payment plans for costly ones were ideas that came up more than once.

Many participants also wanted to approach the problem of affordability by expanding dental insurance coverage for their communities. This included both expanding the number of people eligible for dental coverage, and expanding the number of important dental health services covered under such policies.

In several groups participants wanted to make dental insurance standard as part of any health insurance package, including those offered through the government, those offered by employers, and those purchased independently. It was also suggested that routine checkups for children and all significant services for adults, including dentures should all be covered under any dental insurance plan. The idea behind this was to create a standard of dental coverage that all parties could understand and expect.

Several participants also expressed a specific need in rural communities for more affordable oral health service providers in order to eliminate the need for repeated travel to urban centers to access these services. In one group participants expressed interest in the idea of funding mobile clinics to meet the on-going dental health needs of agricultural workers and other more-remote community members.

Over-Arching Strategies for Approaching Health Issues in the Community

In almost all of the groups, discussion included similar, over-arching strategies for improving community health.

Increase Health Education

Notably, in almost every discussion group participants mentioned a general desire to increase health education that focused on each community's major health issues. Examples of what could be done included, increasing the number of community health educators, working with schools to develop strong health curriculums supported by activity and nutrition programs, launching media campaigns targeting specific health issues, and engaging the community regularly through events such as nutrition classes, talks, and health fairs in accessible locations.

Improve Community Access to Health Data and Information about Health Services

Similarly, many participants called for easily accessible health information. They especially mentioned creating community information centers where all residents could go to access health data and research, as well as information about available health services—including eligibility requirements and instructions on how to apply. In some groups it was suggested that having staff who could provide reference services would be very helpful in such a setting in order to help people navigate the vast amount of information.

Improve Cultural Competency of the Health Care System
Improving cultural competency at all levels of the health care system was talked about in most discussions about health issues. Many participants emphasized the need to make sure that any efforts made to improve health care and services in the four-county area would benefit *all* community members. Specifically, this meant producing materials and resources in languages other than English and making them available to cultural communities that may not frequent the same locations as others. This also meant ensuring quality interpretation services at all levels of health care and training providers to better meet the specific needs of the cultural communities they serve.

Limitations

The information and ideas generated during these listening sessions came from participants recruited as part of a convenience sample. The sample does not represent the whole geographical scope of the four-county area. The opinions and ideas collected from 202 individuals through these listening sessions cannot be generalized to the overall population. The goal was to provide an opportunity for community members to express their needs and perspectives in order to help inform Healthy Columbia Willamette Collaborative members as they begin to develop plans to better serve the communities in which participants live. There was much agreement between the top health issues prioritized by participants of the listening groups, the findings from previously conducted community engagement/assessment projects, and the epidemiological data.

Resources

The following resources are referenced above and may be useful for background information:

- New Requirements for Charitable 501(c)(3) Hospitals under the Affordable Care. Internal Revenue Service. Available from: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act
- Public Health Accreditation. Public Health Accreditation Board. Available from: http://www.phaboard.org/
- Mobilizing for Action through Planning and Partnerships (MAPP). National Association of County and City Health Officials. Available from: http://www.naccho.org/topics/infrastructure/mapp/
- Healthy Columbia Willamette regional website. Healthy Columbia Willamette Collaborative. Available from: http://www.healthycolumbiawillamette.org.

APPENDIX I: Schedule of Healthy Columbia Willamette Community Listening Sessions

	Date	Location	Time	Languages Available	Number of Participants
Clark County	**March 19th (Tues)**	**Jim Parsley Community Center** Vancouver, WA 98661	5:30pm–7pm	English, Spanish, Russian	**15**
	March 20th (Wed)	**Maple Grove Middle School** Battle Ground, WA 98604	5:30pm-7pm	English, Spanish, Russian	**11**
	April 11th (Thurs)	**Jim Parsley Community Center** Vancouver, WA 98661	6pm-7:30pm	English, Spanish, Russian	**16**
Washington County					
	April 1st (Mon)	**Tuality Education Center** Hillsboro, OR 97123	5:30pm–7pm	English, Spanish	**2**
	April 8th (Mon)	**Centro Cultural** Cornelius, OR 97133	5:30pm–7pm	English, Spanish	**21**
	April 13th (Sat)	**Beaverton City Library** Beaverton, OR 97005	1pm-2:30pm	English, Spanish, Somali	**28**
	April 17th (Wed)	**Forest Grove Senior and Community Center** Forest Grove, OR 97116	1pm-2:30pm	English	**5**
Multnomah County					
	April 14th (Sun)	**Human Solutions** Gresham, OR 97203	3–4:30pm	English, Spanish, Russian	**12**
	April 16th (Tues)	**Markham Elementary** Portland, OR 97219	1:30pm–3pm	English, Spanish	**13**
	April 18th (Thurs)	**Catholic Charities** Portland, OR 97202	5:30pm–7pm	English, Spanish, Somali	**18**
	April 20th (Sat)	**Matt Dishman Community Center** Portland, OR 97212	11:30am–1pm	English, Spanish, Somali	**12**
Clackamas County					
	April 23rd (Tues)	**Milwuakie High School** Milwaukie, OR 97222	6pm–7:30pm	English, Spanish	**1**
	April 24th (Wed)	**Sandy High School** Sandy, OR 97055	6pm–7:30pm	English, Spanish	**14**
	April 25th (Thurs)	**Canby High School** Canby, OR 97013	6pm–7:30pm	English, Spanish	**34**

N = 202 Clackamas County n= 49, Clark County n= 42, Multnomah County n= 55, Washington County n= 56

APPENDIX II: Recruitment Flyers

¿Qué Problemas de Salud Son Importante para Ud., Su Familia y Sus Amigos?

Queremos saber de Ud.

Estamos reclutando adultos del Condado de Clackamas para participar en reuniones para discutir los tipos de problemas de salud que son importantes para personas viviendo en este condado. Vamos a utilizar la información que recogemos para desarrollar y apoyar servicios diseñados para mejorar la salud de todos los que vivimos en el Condado de Clackamas.

Los primeros 25 participantes recibirán una tarjeta de regalo de $25 de parte de Fred Meyer. Limite una tarjeta por hogar.

Adventist Health — Care you can have faith in.

LEGACY HEALTH

Health, Housing & Human Services — CLACKAMAS COUNTY

KAISER PERMANENTE

PROVIDENCE Health & Services

Jueves, 25 de abril
6pm-7:30pm
Se abren las puertas a las 5:45pm

Canby High School
Cafeteria/Commons
721 SW 4th, Canby, OR 97013

Se provee cuidado de niños y una comida ligera.

Para participar, Debe de:

- Ser 18 años de edad o más y
- No tener seguro de salud o tener ningún/poco ingreso

Preguntas? Por favor, llame Jamie Zentner, 503-742-5939

Este proyecto está dirigido por la Colaboración Saludable de Columbia Willamette del Condado de Clark en Washington y Multnomah, Washington, y Clackamas condados en Oregon.

Какие вопросы здравоохранения важны для вас, вашей семьи и друзей?

Мы желаем услышать ваше мнение.

Мы приглашаем взрослых, проживающих в округе Кларк для принятия участия в встречах, где будут обсуждаться вопросы здравоохранения, которые важны для людей, проживающих в этом округе.

Полученная информация будет использована для разработки и поддержки обслуживания, предназначенного для улучшения здоровья всех, проживающих в округе Кларк.

Первые 25 участников получат подарочную карту на сумму 25 долл. в магазин Fred Meyer. Ограничено одним предложением на семью.

Подробная информация о встрече:

В Clark County состоится два заседания. Пожалуйста, приезжайте к тот, который будет рядом с вами.

Meeting 1:
Tues, March 19, 5:30-7:00pm
Doors open at 5:15pm
Jim Parsley Center – ***2901 Falk Rd, Vancouver, WA 98661***

Meeting 2:
Wed, March 20, 5:30-7:00pm
Doors open at 5:15pm
Maple Grove Middle School Cafeteria - ***610 SW Eaton Blvd, Battle Ground, WA 98604***

Предоставляем легкие закуски и присмотр за детьми.

Для участия, вы должны удовлетворять следующим требованиям:

- Возраст: 18 лет и старше и
- Не иметь медицинской страховки или
- иметь низкий доход/не иметь никакого дохода

For any questions, please call Devin Smith at 503-988-3663, ext. 22412

Данный проэкт проводят Healthy Columbia Willamette Collaborative of Clark County, Washington and Multnomah, Washington, and Clackamas counties in Oregon.

What Health Issues are Important to You, Your Family and Your Friends?

We want to hear from you.

We are recruiting adults from Multnomah County to participate in meetings to discuss the types of health issues that are important to people living in the county. We will be using the information we learn from you to develop and support services designed to improve the health of all of us living in Multnomah County.

The first 25 participants will get a $25 Fred Meyer gift card. Limit one card per household.

Adventist Health — Care you can have faith in.

LEGACY HEALTH

Multnomah County Health Department — Public Health

OREGON HEALTH & SCIENCE UNIVERSITY

PROVIDENCE Health & Services

Meeting Details:

There are four meetings in Multnomah County. Please attend the one that is closest to you:

Meeting 1:
Sun., April 14th, 3pm-4:30pm
Human Solutions
Multi Services Center, Main Floor
124 NE 181st Ave., Gresham, 97230

Meeting 2:
Tues., April 16th, 1:30pm-3pm
Markham Elementary
10531 SW Capitol Highway
Portland, OR 97219

Meeting 3:
Thurs., April 18th, 5:30pm-7pm
Catholic Charities
4th Floor
2740 SE Powell Blvd, Portland, OR 97202

Meeting 4:
Sat., April 20th, 11:30am-1pm
Matt Dishman Community Ctr.
77 NE Knott St., Portland, OR 97212

Childcare and a light meal will be provided.

To Participate, You Must:

- **Be 18 years or older and**
- **Have no health insurance or have no/low income**

For any questions, please call Devin Smith at 503-988-3663, ext. 22412

This project is being conducted by the Healthy Columbia Willamette Collaborative of Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington

Waa maxay arimaha caafimaad ee kuu muhiimsan adiga, qowsakaaga iyo saaxiibayaashaada?

In aan adiga kumaqalno ayaan dooneynaa.

Waxaan isugu yeereynaa dadka waaweyn ee kunool xaafada Washington County, in ay kaqeybqaataan wadakulanyo looga hadlayo arimaha caafimaadka ee muhiimka u ah dadweynaha kunool county ga. Murtida laga gaaro wada hadalkani, waxaa loo is ticmaalayaa sidii loo badinlahaa, arimaha gargaarka oo loogu talagalay in ay wanaajiyaan caafimaaka umadeenaan ku nool xaafada Washington County.

Labaatan iyo shanta 25 ruux oo ugu soo horeeya wexey helayaan $25.00 labaatan iyo shan dollar oo Fred Meyer hadiyad ah. Qowskiiba hal hadiyad baa looga talagalay.

PROVIDENCE Health & Services

KAISER PERMANENTE

LEGACY HEALTH

Tuality Healthcare
Building a healthier community.

WASHINGTON COUNTY OREGON
Department of Health and Human Services

Arimaha wada kulanka:

Beaverton City Library
12375 SW 5th St. Beaverton, OR 97005 (Qolka A)
Sabtida, bisha April, 13
1-2:30galabnimo
Doors open at 12:45pm

Wada kulanka iyo wada hadal dhacaya luqada Ingiriis baa lagu hadlayaa, Balse waxaa lagu turjibaanayaa afka Isbanishka iyo Somali ba.

Qof caruurta haye iyo cunta fudud ayaa labixinayaa.

Kaqeybqaadashada, waa in aad:
- Ahaataa, 18 sano jir ama kaweyn
- Oona ka tirsana qoosaska dhaqaalaha yar.

Hadii aad qabtid wax su'aal ah, fadlan la xiriir Shamsa Hussein telefonkaan: 503-846-5722.

Borogramkan waxaa isku daba riday, The Healthy Columbia Willamette Collaborative of Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington.

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Markham Elementary
10531 SW Capitol Highway
Portland, OR 97219

Meeting 3:
Thurs., April 18th, 5:30pm-7pm
Catholic Charities
4th Floor
2740 SE Powell Blvd, Portland, OR 97202

Meeting 4:
Sat., April 20th, 11:30am-1pm
Matt Dishman Community Ctr.
77 NE Knott St., Portland, OR 97212

Childcare and a light meal will be provided.

To Participate, You Must:

- **Be 18 years or older and**
- **Have no health insurance or have no/low income**

For any questions, please call Devin Smith at 503-988-3663, ext. 22412

This project is being conducted by the Healthy Columbia Willamette Collaborative of Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington

APPENDIX III: Discussion Guide

Healthy Columbia Willamette Collaborative
Community Listening Session Guide

Large Group Introduction: (*Instruction: Convener team or Leadership group member will present this to larger group and Interpreters will translate this information to non-English speakers. This is just a guide. Information should be covered but doesn't need to be read as written.)*

Welcome
Welcome everyone. Thank you so much for coming out tonight/today to participate in this important project. My name is _____ and I work at _____. I want to give you a quick overview of why we are here, but first I want to take care of some housekeeping things.

Housekeeping
- First, if you have questions about childcare, please ask _____
- If you haven't already, please help yourself to refreshments.
- The bathrooms are located_____
- Please make sure that you have signed in. The 25 adults who arrived and signed in first will receive Fred Meyer gift cards at the end of the meeting.
- We will be done by 7:00 sharp.

Project Overview
Today, we want to hear from you all about what are the most important health issues in the community. There are no right or wrong answers. We are here to hear your opinions and ideas. The information we hear from you today is going to be combined with information collected in 13 other groups just like this one.
We are hosting these meetings as part of the Healthy Columbia Willamette Collaborative. It is a collaborative of 14 hospitals and 4 health departments in Clark County Washington, and Clackamas, Multnomah and Washington Counties in Oregon.

The goal of this project is to identify the most important needs of the community and find ways that we can all work together to work on them. In June we will have a final list of priority health issues and will start planning what we all can do about these issues.

We have a handout describing the Healthy Columbia Willamette Collaborative, as well as a sheet that you can sign if you would like us to send you information about the process as we move forward. They are both on the table. I would like the group to break into smaller groups so that all of us have more of an opportunity to speak. In these small groups, you will have a facilitator who has some questions to ask you. But before we do this, does anyone have any questions?

Instructions: Ask people to break into groups of about 10 people. Each group will need at least one facilitator. If there are two available, have one take notes on poster sheets and the other ask the questions.

Small Group Discussion Questions:
Okay, we have a little over an hour to talk about health and what health issues are the most important in our community. This is going to be an informal discussion. We want to hear about your ideas, experiences and opinions. There are no wrong answers. I am also going to request that we let everyone have a chance to speak. The goal today is to have everyone's opinions recorded rather than come to an agreement. If we all end up agreeing however, that is just fine too.

Okay, let's start with a general question.

What does a healthy community look like to you? For this question, please define community however you like. It could be only people, or it can include things like the job market, housing, conditions of your neighborhood, etc.

Instructions: Please document the answers on a poster sheet.

Now I would like to talk about this list of health issues. *(Refer to poster or handout.)* These health issues have been identified as the most important issues affecting our community through a series of activities similar to this one and through data. Let's go over this list and make sure we have the same understanding of each issue. Then we are going to identify health issues that we think need to be added to the list. After that, we will each pick the five issues that each of us consider to be the most important. Remember there are no right or wrong answers.

Instructions: Go over the list as a group so that people understand what each issue is.

Are there other health issues that you think should be on this list?

Instructions: Write the new issues on a separate handout or poster sheet—assign a letter to each new issue so it fits in the existing list.

Alright, now we get to each pick the five issues that are the <u>most important</u> ones. The five issues that you would like to see addressed first. This is going to be a challenge because all of these issues are important.

Instructions: Read out each health issue (those you started with and any additional ones that were added). As you read through the list, ask participants to vote for their top five (only five). Having people vote with a show of hands is the best option; however, if you feel that group members may not feel comfortable to share their vote publicly, ask them to write down their votes. Make sure to record the votes on a poster sheet.

Okay, it looks like # issues have been voted for. Let's now brainstorm ideas on what we think should be done to fix or address the issue. Let's start with the issue with the most votes and work through all of the ones that at least one person voted for.

Instructions: On a poster sheet, write the issue down (or just its letter) and write down the ideas that participants come up with to address/fix the issue. Do this for each issue that received a vote, but start with the issue receiving the most votes in case you run out of time.

APPENDIX IV: List of Health Issues

Health Issues (English)

A) Mental health
- depression
- trauma
- stress
- mood disorders
- anxiety
- suicide

B) Substance Abuse
- prescription drug abuse
- illegal/street drug use
- alcohol abuse
- Adult smoking

C) Chronic Disease and related health behaviors
- adults not eating enough fruits and vegetables
- adults not being physically active
- obesity or being overweight
- heart disease
- diabetes

D) Sexually transmitted infections/diseases (Chlamydia, Syphilis, HIV, Herpes, etc)

E) Accidental poisoning from chemicals, pesticides, gases, fertilizers, cleaning supplies, etc

F) Injuries from falling

G) Cancer

H) Oral Health (gum disease, tooth decay, etc)

I) Perinatal health

J) Access to affordable mental health services

K) Access to affordable dental care

L) Access to affordable health care

M) Access to services that are relevant/specific to different cultures (such as African American, Latino, Native American, Asian, Slavic, refugee/immigrant, LGBT, disability communities, etc)

N) Data collection on the health of people from various cultures (such as African American, Latino, Native American, Asian, Slavic, refugee/immigrant, LGBT, disability communities, etc)

(Health Issues List, Spanish)
Problemas de la Salud

A) Salud Mental
- depresión
- trauma
- estrés
- trastornos del estado de ánimo
- angustia
- suicidio

B) Abuso de Sustancias
- Abuso del medicamento recetado
- Uso de drogas ilegales/de calle
- Abuso del alcohol
- Fumar adulto

C) Enfermedad crónica y conductas relacionadas con la salud
- adultos que no comen bastantes frutas y verduras
- adultos no siendo fisicamente activos
- obesidad o ser demasiado pesado
- enfermedad cardiáca
- diabetes

D) Infecciones/enfermedades transmitidas sexualmente (Chlamydia, Sifilis, VIH, Herpes, etc)

E) Envenenamiento accidental de productos quimicos, pesticidas, gases, fertilizantes, productos de limpieza, etc.

F) Heridas de caída

G) Cáncer

H) Salud oral (enfermedad periodontal, caries, etc)

I) Salud perinatal

J) Acceso a servicios de salud mental económicos

K) Acceso a cuidado dental económico

L) Acceso a asistencia médica económica

M) El acceso a servicios que son relevantes /especificos para culturas diferentes (como el afroamericano, Latino, americano indigena, asiáticos, eslavos, refugiado/inmigrante, LGBT, comunidades de invalidez, etc)

N) Recogida de datos en la salud de la gente de varias culturas (como el afroamericano, Latino, americano indigena, asiáticos, eslavos, refugiado/inmigrante, LGBT, comunidades de invalidez, etc)

(Health Issues List, Russian)
Вопросы Здравоохранения

A) Психическое здоровье

- депрессия
- травма
- стресс
- расстройство настроения
- страх
- самоубийство

B) Злоупотребление различными веществами

- злоупотребление лекарственными препаратами
- употребление наркотиков
- злоупотребление алкоголем
- курение (для взрослых)

C) Хронические болезни и ответственность за собственное здоровье

- Взрослые, не употребляющие достаточного количества фруктов и овощей
- взрослые, ведущие малоподвижный образ жизни
- ожирение или избыточный вес
- болезни сердца
- диабет

D) Заболевания, передающиеся половым путём (Хламидия, Сифилис, ВИЧ, Герпес и др.)

E) Случайное отравление химикатами, пестицидами, газом, удобрением, материалами для уборки и др.

F) Повреждения от того, что вы упали

G) Рак

H) Гигиена полости рта: заболевание десен, кариес зубов и др.

I) перинатального здоровья

J) Доступное лечение психического здоровья

K) Доступное стоматологическое обслуживание

L) Доступная медицина

M) Доступ к получению обслуживания, которое особенно важно или относительно для разных культур, т.к. афроамериканцев, латиноамериканцев, коренных американцев, азиат, славян, беженцев/иммигрантов, лезбиянок, геев, бисексуалов и трансгендерных людей, лиц с ограниченными возможностями и др.)

N) Сбор информации о здоровьи людей с разных культур (таких так афроамериканцев, латиноамериканцев, коренных американцев, азиат, славян, беженцев/иммигрантов, лезбиянок, геев, бисексуалов и трансгендерных людей, лиц с ограниченными возможностями и др.)

(Health Issues List, Somali)
Cudurada Caafimaadka

A) Cudurada Meskaxda
- Murugo
- Walaac/dhibaadooyin kugu dhacay oo xasuus xunleh
- Walwal/Walbahaar
- Isbadbadalka Dareenka
- kurbo
- isidilid

B) Isticmaalka Xaddhaafa daroogada
- Isticmaalka Xaddhaafa Daawada Laguu qoray
- Daawa aan laguu qorin/ama jidadka kazoo gadatay
- Isticmaalka Alkolada
- Qofka weyn sigaarka cabaaya

C) Cdurada Hoose iyo dhaqamada caafimaad
- dadka waaweyn oo aanan cuneyn qudaarta
- dadka waaweyn oo aanan aalmiiteyneynin
- cayilaka ama cayilka xeddhaafka ah
- cudurka wadnaha
- cudurka sokorowka

D) Cudurala isu taga ee infakshanka leh, ee leyska qaado (Chlamydia, Syphilis, HIV, Herpes, etc)

E) Sunta la cuno ama lasiiyo qofkale ayadoon loola jeedin, sida kimikadoo kale, suntan xayawaanka disha, sunta wax lagu dhaqdo, gaaska iyo wax yaaba badan.

F) Jabista laga qaada marka ladhoco

G) Cuduka Kaankaraha

H) Caafimaadka afka gudihiisa (Cudurka Ciridka, Ilka jajabka, iyo waxyaaba badan)

I) Caafimaadka Perinatal

J) Helista caadimaad raqiiska ah oo cudurka meskaxda

K) Helista caafimaad raqiiska ah ee dhaqaaleenta ilkaha

L) Helista caafimaad raqiiska ah

M) Helista brogaramya u gaar ah/loogu talagalay dadweynaha heysta dhaqanyada kala duwan (sidiiba African American, Latino, Native American, Asian, Slavic, refugee/immigrant, LGBT, disability communities, etc)

N) Gurbiska xisaabta caafimaadka ee dadka kakala imaaday dhaqanyo kala duwan (sidiiba African American, Latino, Native American, Asian, Slavic, refugee/immigrant, LGBT, disability communities, etc)

Appendix V: Healthy Columbia Willamette Collaborative Community Listening Session: Participant Survey

This information will be used to describe who participated in the discussions. This is an anonymous survey, so please do not put your name on it.

1) **What is your gender?**
   - ☐ Female
   - ☐ Male
   - ☐ Other

2) **What is your age?** _____years

3) **How would you describe your race/ethnicity? Please mark all that apply:**
   - ☐ African American/Black
   - ☐ American Indian/Native American
   - ☐ Asian
   - ☐ Hispanic
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White
   - ☐ Other (please specify): _____

4) **What is you household's yearly income?**
   - ☐ Less than $10,000
   - ☐ $10,000 to $19,999
   - ☐ $20,000 to $29,000
   - ☐ $30,000 to $39,000
   - ☐ $40,000 to $49,000
   - ☐ $50,000 or higher

5) **How many people live in your home?**
   1 2 3 4 5 6 7 8 9 or more

6) **What is your zip code?** _____

7) **Do you have a health care provider you can see?**
   - ☐ Yes
   - ☐ No
   - ☐ Sometimes

8) **Do you have a dentist you can see?**
   - ☐ Yes
   - ☐ No
   - ☐ Sometimes

9) **How much school have you had?**
   - ☐ Less than high school
   - ☐ High school diploma/GED
   - ☐ Some college
   - ☐ College graduate or higher

10) **What kind of health insurance do you have?**
   - ☐ No insurance
   - ☐ Oregon Health Plan
   - ☐ Medicare
   - ☐ Private insurance through work
   - ☐ Private insurance that you pay for

Healthy Columbia Willamette Collaborative

Progress Report

November 2014

Healthy Columbia Willamette Collaborative

The Healthy Columbia Willamette Collaborative is a large public-private collaborative comprised of 15 hospitals, four local public health departments, and two Coordinated Care Organizations in Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington.

It is one of the most complex collaborations in the country convened to conduct a community health needs assessment. It includes four counties in two states; three sectors--hospitals, public health departments, and Medicaid payers; large hospital systems and community hospitals; and urban and rural populations.

Contact

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Member Organizations

Adventist Medical Center
Clackamas County Health Division
Clark County Public Health
FamilyCare
Health Share of Oregon
Kaiser Sunnyside Hospital
Kaiser Westside Hospital
Legacy Emanuel Medical Center
Legacy Good Samaritan Medical Center
Legacy Meridian Park Medical Center
Legacy Mount Hood Medical Center
Legacy Salmon Creek Medical Center
Multnomah County Health Department
Oregon Health & Science University
PeaceHealth Southwest Medical Center
Providence Milwaukie Hospital
Providence Portland Medical Center
Providence St. Vincent Medical Center
Providence Willamette Falls Medical Center
Tuality Healthcare
Washington County Public Health Division

Healthy Columbia Willamette Collaborative (HCWC)
Progress at a Glance

2010-2011

Local health care and public health leaders began to discuss the upcoming need for several community health assessments and health improvement plans in response to the Affordable Care Act and Public Health Accreditation.

Spring 2012

Hospitals and local public health began a formal collaboration. The group published a "request for proposals" and selected the Multnomah County Health Department as the neutral convener for the first year of the collaboration (June 2012-May 2013).

Spring 2012-Summer 2013

HCWC conducted a regional community health needs assessment that was informed by the following sources across Clark County, Washington, and Clackamas, Multnomah, and Washington counties in Oregon:

- 38,000 participants in community engagement projects conducted since 2009;
- 202 community members participating in 14 community listening sessions;
- 126 interviews and surveys with community health stakeholders; and
- more than 100 population-health indicators in each of the four counties.

Spring 2013

HCWC extended the convener contract with Multnomah County Health Department through May 2015.

Spring 2013

Both Coordinated Care Organizations (CCOs) serving Clackamas, Multnomah, and Washington counties in Oregon joined HCWC.

Summer 2013

The community health needs assessment identified community health issues from data and community engagement findings (alphabetical order):

- Access to health care
- Cancer
- Chronic disease (related to physical activity & healthy eating)
- Culturally-competent services and data collection
- Injury
- Mental health
- Oral health
- Sexual health
- Substance abuse

Summer 2013

HCWC prioritized community health issues (alphabetical order):

- Access to health care
- Chronic disease (related to physical activity and healthy eating)
- Mental health
- Substance abuse – *mental health and substance abuse were later combined into "behavioral health"*

Summer 2013 – Winter 2014	**HCWC drafted community health improvement strategies** after meeting with more than 25 "content experts" about actions it could take to address these health issues. The following community health improvement strategies were drafted: ■ Improve access to affordable health care ■ Promote breastfeeding/breast milk support ■ Promote tobacco cessation ■ Prevent prescription opioid misuse ■ Prevent suicides amongst veterans of the US Armed Forces
Winter 2014 Spring 2014	**HCWC member organizations committed to two community health improvement strategies:** ■ Promote breastfeeding/breast milk support ■ Prevent prescription opioid misuse
Spring 2014	**Community Health Improvement Teams (C-HITs), comprised of content experts, were formed** to develop work plans and evaluation protocols for both community health improvement strategy areas. The work plans will be developed and adopted by executive management from each HCWC member organization by February 2015.
Summer 2014	**HCWC member organizations agreed to collaborate on another community health needs assessment and extended the convener contract** with Multnomah County Health Department through July 2016.
Summer 2014— Fall 2014	**HCWC member organizations committed to providing in-kind resources to work on these strategies, as well as financially contribute** to a HCWC-dedicated epidemiologist position and increased community-engagement activities. All of these commitments extend through July 2016.
Next Steps	**Designated staff and HCWC Leadership Group members from each of the member organizations will ensure that the CHIT work plans are implemented and evaluated through 2016.** **The second community health needs assessment will be completed in July 2016.** This assessment will include the health indicators involved in the first assessment and will be expanded to examine social determinants of health, as well as hospital and CCO data. Community engagement activities will be expanded to include a community survey in addition to community listening sessions and stakeholder interviews.

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Introduction

Purpose of this report

This report describes the Healthy Columbia Willamette Collaborative (HCWC)'s accomplishments. It starts with a brief review of where HCWC was at the time of the previous progress report released in July 2013, followed by a description of the work completed between August 2013 and October 2014.

By July 2013, a rigorous, regional community health needs assessment (CHNA) was completed. This study was designed to inform the CHNA reporting requirements, as well as to inform the community health improvement activities of the participating 15 hospitals, four public health departments, and two Coordinated Care Organizations (CCOs).

Between August 2013 and October 2014, HCWC developed strategy proposals for addressing community health issues that were identified through the CHNA and began to identify ways in which it could contribute to increasing local health assessment capacity.

Review of member organizations' CHNA requirements

Hospitals, public health, and CCOs share similar requirements for conducting CHNA. In an effort to avoid duplication of efforts, and to conduct a comprehensive regional assessment, 15 hospitals, four public health departments, and two CCOs in Clackamas, Multnomah, and Washington counties and Clark County, Washington came together to form the HCWC.

The federal Affordable Care Act (ACA), Section 501(r)(3), requires tax exempt hospital facilities to conduct a CHNA at minimum once every three years, effective for tax years beginning after March 2012. In conducting a CHNA, hospital facilities are required to take into account input from local health departments or other similar agencies with current health data. The data are to be used to inform community health improvement efforts.

Through the Public Health Accreditation Board, public health departments have the opportunity to become accredited by meeting a set of standards that document the department's capacity to deliver the core functions of public health as outlined in the "Ten Essential Public Health Services." As part of the standards, public health departments must complete a community health assessment and a community health improvement plan every five years.

In 2012, Oregon enacted legislation allowing the formation of CCOs. This law requires each CCO to conduct a community health assessment every three years and to establish a community advisory committee that will oversee its community health assessment and community health improvement plan within its jurisdiction. All Oregon-based hospitals and public health departments participating in HCWC are also members of the two CCOs operating in Clackamas, Multnomah, and Washington counties in Oregon.

Review (2012-2013)

Conducting a community health needs assessment

During the first year, HCWC conducted a comprehensive, regional community health needs assessment using a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) Model. MAPP was developed by the National Association of County and City Health Officials (NACCHO). Findings from this assessment were informed by the following sources:

- more than 38,000 participants in community engagement projects conducted since 2009;
- 202 community members participating in 14 community listening sessions across four counties;
- 126 interviews and surveys conducted with community health stakeholders; and
- More than 100 population health indicators reviewed in each of the four counties.

The combined findings from this work identified the following community health issues as the most important ones affecting the four-county region (in alphabetical order):

- Access to affordable health care
- Cancer
- Chronic disease (related to physical activity and healthy eating)
- Culturally-competent services and data collection
- Injury
- Mental health
- Oral health
- Sexual health
- Substance abuse

Complete information describing the design and methodology used in the CHNA is detailed in earlier reports available on the HCWC website.[1]

Addressing health disparities

HCWC member organizations are committed to addressing health disparities and working with communities who are experiencing them. Community and stakeholder phases of the assessment included significant efforts to include input from vulnerable communities. And the epidemiological study of health indicators considered racial/ethnic and/or gender health disparities.

The community health issue entitled "culturally competent services and data collection" did not meet the selection criteria used to identify the health issues HCWC will work together to address. After discussion, HCWC and community stakeholders agreed that "culturally competent services and data collection" needed to be elevated to an operating principle for HCWC work. To this end, a community engagement work group is currently being formed, and this group will work with community stakeholders to apply an equity lens to HCWC's on-going work.

[1] http://www.healthycolumbiawillamette.org/index.php?module=htmlpages&func=display&pid=5005

Prioritizing community health issues

HCWC recognized that nine community health issues would be too many to address in a manner that could show improvement over a relatively short period of time; therefore, HCWC developed selection criteria to further prioritize health issues for HCWC work. In order to be selected, a health issue needed to meet the following criteria:

- Is identified by at least two of the three community engagement activities (i.e., Community Themes & Strengths Assessment, Local Community Health System & Forces of Change Assessment, and community listening sessions);
- Is identified as a health issue (with indicators) through the Health Status Assessment or is an issue for which data are not currently available;
- Is one of the top five most expensive issues in the metropolitan statistical areas in western U.S. or is an issue for which health care expenditure data are not currently available; and
- Has shown to improve as a result of at least one type of evidence-based practice.

The Regional Selection Tool (Figure 1) on the next page illustrates how these criteria were applied to the nine community health issues that had been identified as the most important in the four-county region. See Appendix A for individual county selection tools.

The four community health issues that met the selection criteria for the region include:

- Access to affordable health care
- Chronic disease (related to physical activity and healthy eating)
- Mental health
- Substance abuse

Mental health and substance abuse were combined later in the process to form, "Behavioral health."

Figure 1: Selection Tool: Regional Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[2]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adult binge drinking: male Yes Adults who smoke Yes Drug-related deaths	Yes Suicide	Yes Adult doing regular physical activity Yes Adult fruit/vegetable consumption Yes Diabetes-related deaths Yes Heart disease deaths	Yes Adults who smoke Yes Breast cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adult with an usual source of health care Yes Adults with health insurance Yes Mothers receiving early prenatal care	Do not have data
3. Local Community Health System & Forces of Change Assessment[3]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No

[2] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[3] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top 5 most expensive in the metropolitan statistical areas in western U.S.[4]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy[5]?	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[6] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Healthcare	Community	Policy Healthcare Community	Research gap
Does this meet selection criteria?	Does not meet community input criterion—needs at least two.	Meets all Criteria	Meets all criteria	Meets all Criteria	Does not meet community input criterion—needs at least two.	Does not meet community input criterion—needs at least two. Does not meet cost criterion	Does not meet community input criterion—needs at least two.	Meets all criteria	Does not meet community input criterion—needs at least two.

[4] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[5] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[6] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Progress (2013-2014)

ADDRESSING COMMUNITY HEALTH ISSUES

As Figure 2 illustrates, HCWC's primary objectives for its second year were to 1) address selected community health issues, and 2) increase local assessment capacity. Addressing selected community health issues will be discussed first.

Figure 2: HCWC Year Two Work Flow: Addressing community health issues

Learning how HCWC could address community health issues

In August 2013, HCWC members met with stakeholders[7] from more than 25 organizations working to 1) improve health care access, 2) prevent chronic disease, and 3) address behavioral health issues (mental health and substance abuse). The intent of this meeting was to learn from content experts, who do the work every day, what HCWC could do to support existing work or develop new strategies focusing on these three community health issues. Table 1 lists the participants who either served on a panel discussion or offered input through a detailed survey.

[7] These stakeholders are in addition to the 126 content experts who participated in interviews or surveys in 2013 as part of the needs assessment

Table 1: Content experts contributing to the development of health improvement work

Access to Affordable Health Care	Behavioral Health (mental health & substance abuse)	Chronic Disease
Clackamas County Health Division FamilyCare Free Clinic of Southwest Washington Multnomah County Health Department Neighborhood Health Center (Clackamas and Washington Counties) Oregon Health Authority, Office of Equity and Inclusion Project Access NOW Virginia Garcia Memorial Health Center Wallace Medical Concern	Caremark Behavioral Health Services (Adventist's joint venture with Legacy Health Systems) Cascadia Behavioral Healthcare Clackamas County Behavioral Health Clark County Community Services Health Share of Oregon Lines for Life Multnomah County, Mental Health and Addictions Services National Alliance on Mental Illness Oregon Health Authority, Office of Equity and Inclusion Oregon Health and Science University, Department of Psychiatry and Division of Management Southwest Washington Behavioral Health Southwest Washington Regional Health Alliance Washington County Community Mental Health Program, Behavioral Health & Developmental Disabilities	Clackamas County Public Health Division Clark County Public Health Oregon Health Authority Health Promotion and Chronic Disease Prevention Oregon Health Authority, Office of Equity and Inclusion Oregon Public Health Institute Washington County Public Health

Content experts were asked to share ideas on what could be done to address the three prioritized community health issues, (i.e., access to affordable health care, behavioral health, and chronic disease). Specifically, they were asked the following questions:

1. *What could HCWC do to help address these health issues, (i.e., access to care, behavioral health, and chronic disease)?*
2. *Who is most affected by these health issues?*
3. *Can you suggest evidence-based interventions to address these issues?*
4. *Are there additional health indicators, (e.g., obesity rates, depression rates, etc.) describing these issues that we missed?*

Most of the content experts explicitly stated that they would suggest things that HCWC could do based on its unique composition and the member organizations' scope of influence. Ideas that arose included:

- Continue to support safety net clinics/programs to ensure those who will remain uninsured even under the ACA will still have access to health care.
- Facilitate access to health insurance for those eligible but unable to buy health insurance.
- Support anti-tobacco work as it remains the most preventable cause of illness, and that newer focus on healthy eating and active living fits more under the purview of public and community stakeholders than hospitals and CCOs.
- Promote breastfeeding and the use of breast milk as a primary prevention effort to reduce chronic disease, obesity, poor school performance, and numerous other health concerns. These experts acknowledged that the region has high rates of breastfeeding/use of breast milk amongst the majority of the population; however, there are significant disparities in the rates for African American, Native American, and teenage mothers.
- Increase capacity for mental health care, both through insurance coverage and services available.
- Work with hospital emergency departments, primary care, and local non-profit organizations to address suicide.
- Make sure mental health concerns do not eclipse substance abuse and recovery needs.
- Increase capacity for substance abuse and mental illness treatment and recovery services.

Developing health improvement strategies

After hearing from content experts, the HCWC epidemiologists reviewed the health indicators corresponding to the three health issues to identify the most affected populations, and the convener reviewed the community input on possible strategies. Following this additional review, five proposed community health improvement strategies were developed (Table 2). The five strategies include:

- Improve access to affordable health care
- Promote breastfeeding/breast milk support
- Promote tobacco cessation
- Prevent prescription opioid misuse
- Prevent suicides amongst veterans of the US Armed Forces

All five strategies were proposed in February 2014 to the executive management of each of the HCWC member organizations. In March 2014, the HCWC member organizations unanimously agreed to collaborate on two strategies: 1) promote breastfeeding/breast milk support and 2) prevent the misuse of prescription opioids. All HCWC member organizations have committed to providing in-kind resources to work on these strategies through July 2016.

Table 2. Progression from prioritized health indicators to HCWC health improvement strategies

Community Health Issue	Prioritized Health Indicators[8]	Proposed Health Improvement Strategies	HCWC Strategies Moving Forward
Access to affordable health care	Adults with a usual source of health care Adults with health insurance Mothers receiving early prenatal care	Improve access to affordable health care by participating in the premium assistance program →	No. Refer to next section
Chronic disease (Related to physical activity and healthy eating)	Adults doing regular physical activity Adult fruit/vegetable consumption Diabetes-related deaths Heart disease deaths	Promote breastfeeding / breast milk support →	**YES**
		Promote tobacco cessation →	No. Refer to next section
Behavioral health (Includes mental health and substance abuse)	Suicide Adult binge drinking (males) Adult smoking Drug-related deaths	Prevent suicides amongst veterans of the US Armed Forces →	No. Refer to next section
		Prevent the misuse of prescription opioids →	**YES**

An overview is provided below highlighting activities that HCWC member organizations are currently doing around the community health improvement strategies that were not selected for HCWC work at this time. The two strategies that HCWC member organizations are working on together will be discussed later in this report.

- Access to affordable health care
  - All HCWC hospital members in Oregon are providing financial support to Project Access NOW's Premium Assistance Program pilot. This program is for people who are unable to afford private insurance offered under the Affordable Care Act. Participants in this program are living at 139-200% of the Federal Poverty Level, which previously qualified them for 100% discounted services with hospital systems and other health care providers in our community. As of January 1, 2014, this same population is required to pay premiums, deductibles, co-insurance, and prescription costs, placing private insurance out of reach for many people. As of October 17, 2014, 151 people have been signed up for assistance.[9]

[8] Health indicators were identified through the Health Status Assessment phase of the CHNA
[9] Project Access NOW provided this information.

- More than 90% of HCWC member organizations are financially supporting safety-net clinics serving high-risk populations including those who do not have commercial health insurance and are not eligible to enroll in State and National insurance expansion programs.
- Almost 70% of HCWC member organizations have employed or financially contributed to the hiring of staff responsible for assisting community members from high-risk populations to enroll in State and National insurance expansion programs.
- Almost half of the HCWC member organizations are expanding direct-care capacity by introducing or increasing free or reduced-cost programs, expanding their service areas, or increasing the number of providers accepting Medicaid or similar insurance.
- Additional activities some of the HCWC member organizations are involved with include: coordinating utilization of primary care homes and access to specialty care; supporting clinical quality improvement steps for people living with chronic disease; expanding dental services; providing staff to work with patients at safety net clinics; and contracting with community-based organizations to work with homeless patients transitioning from acute hospital care so that they have a safe and healthy place to recover.

- Suicide prevention
  - Almost half of HCWC member organizations are partnering with stakeholders or financially contributing to lobbying legislators about the need to increase funding for mental health public education, health screening, and treatment.
  - Almost 25% of HCWC member organizations are partnering with stakeholders or financially contributing to lobbying legislators about the need to increase funding for mental health crisis services.
  - Additional activities some HCWC member organizations are working on include: increasing mental health services to inpatients and outpatients; providing community education on mental health; working on youth suicide prevention; and expanding relevant work to veterans of the US Armed Forces.

- Tobacco cessation
  - More than 75% of HCWC member organizations are employing or financially contributing to the use of community health workers, parish nurses, or social workers to work directly with high-risk populations around tobacco prevention and cessation.
  - More than half of HCWC member organizations actively provide public, provider, *and* patient education on tobacco.

Developing HCWC community health improvement teams

In June 2014, two meetings were held with more than 35 content experts from HCWC member organizations and community representatives. The primary objective of these meetings was to generate ideas on how to reduce the misuse of prescription opioids and increase the number of women who are able to breastfeed/give their infant breast milk. Volunteers from these meetings agreed to be part of the two Community Health Improvement Teams (C-HITs) formed to develop, implement, and evaluate strategies for addressing the misuse of prescription opioids and promoting breastfeeding/breast milk.

Preventing the misuse of prescription opioids

Clinicians prescribe opioids to treat pain and alleviate suffering. This commendable intention needs to be balanced by the known hazards of these drugs—both to the intended recipients and the broader community—when too many are dispensed. While some patients can be effectively treated with opioids, others may be unintentionally harmed through inappropriate prescribing, by overdose, or through development of dependence and addiction.

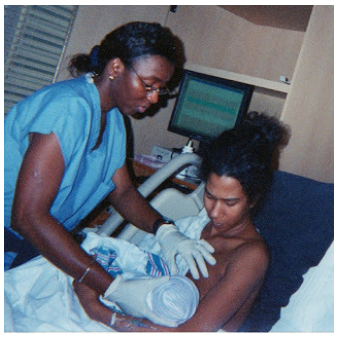
The Centers for Disease Control and Prevention (CDC) characterizes prescription drug overdoses as an epidemic. Drug poisoning deaths have become a leading cause of injury death in the United States. A substantial proportion of this increase is attributable to the dramatic rise in unintentional overdoses involving prescription opioids. In 2008, Oregon's and Washington's prescription opioid overdose death rates were substantially higher than the national rate. "Drug-related deaths" is a prioritized health indicator within the HCWC region.

To date, the Opioid Misuse Prevention C-HIT, comprised of medical directors, pharmacists, pain specialists, and public health officials, is developing the application and evaluation of three strategies that can be implemented by 2016:

- Adoption by HCWC member organizations of an opioid prescribing community standard for chronic, non-cancer related pain;
- Implementation by HCWC member organizations of opioid-prescribing monitoring practices; and
- Development and implementation of provider and patient education about chronic pain and prescription opioids.

The intent is to reduce the rate of opioid-related deaths in the HCWC region. It is anticipated that overall declines in opioid-related death rates will take years to realize; however, the C-HIT will evaluate whether strategies are implemented as planned by 2016.

Promoting breastfeeding/breast milk



Breastfeeding and breast milk are recognized as a primary chronic disease prevention strategy, improving health outcomes for both mother and child. Breastfeeding/breast milk have been associated with better health outcomes for infants, including reduced risk of pediatric overweight and obesity, diabetes, and high cholesterol. Experience with breastfeeding in the first hours and days of life are significantly associated with an infant's later feeding habits. The American Academy of Pediatrics, the World Health Organization, the Agency for Healthcare Research and Quality, and many other health authorities recommend exclusive breastfeeding/breast milk for six months and continued breastfeeding/use of breast milk up to two years of age with appropriate complementary foods.

In the HCWC region, breastfeeding/breast milk initiation rates are higher in the general population when compared to the national average; however, disparities based on income, education, race/ethnicity, Medicaid status, and age exist in Oregon and Washington. Rates of breastfeeding/ breast milk were not studied in HCWC's initial assessment; however, given that disparities exist for several communities, the strong evidence of preventive qualities, and the scope of work for HCWC member organizations, HCWC chose to collaborate on the promotion of breastfeeding/ breast milk as a primary prevention tool for chronic disease.

To date, the Breastfeeding/Breast Milk Promotion C-HIT, comprised of hospital maternal care managers, healthy workplace/wellness staff, lactation consultants, and community advocates, is exploring three strategies that HCWC organizations can implement by 2016:

- Improvement of hospital-based maternity care practices that affect vulnerable populations most at risk for barriers to breastfeeding/ breast milk;
- Development and adoption by HCWC member organizations of a comprehensive workplace policy supporting breastfeeding/expression of breast milk to be aligned with federal and state law; and
- Support of an optimal breastfeeding support benefit and an agreement on a standard benefits package, which may include breast pumps and lactation specialist consultation.

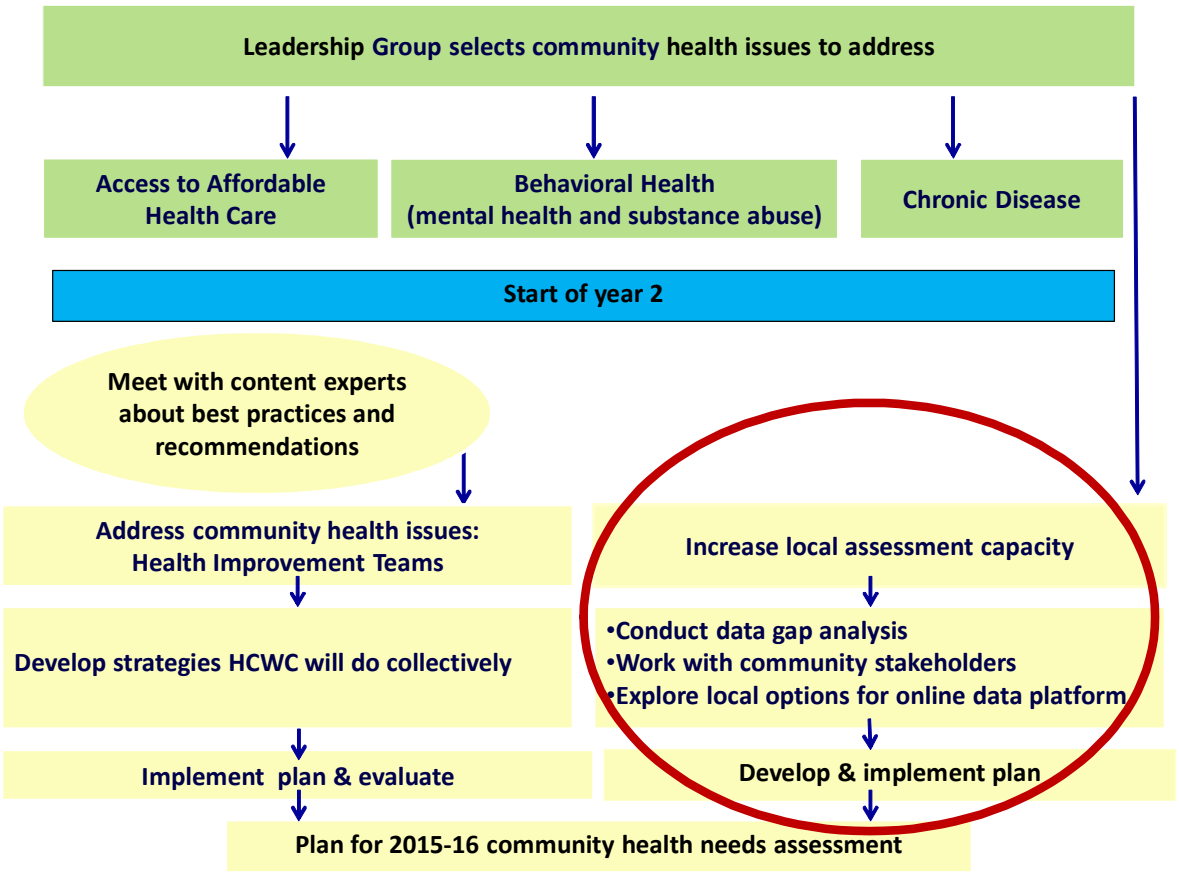
The intent, once the strategies are fully developed, is to increase initiation, duration, and exclusivity rates of breastfeeding/use of breast milk within the region. Efforts will be made to reduce barriers to breastfeeding/use of breast milk—especially those facing populations with racial/ethnic and age disparities. It is anticipated that overall improvement in initiation, duration, and exclusivity rates will take years to realize; however, the C-HIT will evaluate whether strategies are implemented as planned by 2016.

INCREASING LOCAL ASSESSMENT CAPACITY

In addition to developing a plan to implement community health improvement strategies, HCWC's primary objectives for year two included increasing local assessment capacity (Figure 3).

In internal evaluations, the contribution of the public health epidemiologists has been recognized as an important factor in HCWC's success. In order to support this expertise, HCWC member organizations have agreed to financially support a HCWC-dedicated epidemiologist for 14 months through the completion of the second HCWC CHNA in July 2016. This new position will reside in the Washington County Public Health Division starting in the spring of 2015.

Figure 3: HCWC Year Two Work Flow: Increasing local assessment capacity



The need for another local epidemiologist to conduct assessment work stemmed from the group's recognition that the four epidemiologists, one from each of the health departments, could not continue the same level of time commitment. The existing epidemiologists will still be involved at a reduced level. Their responsibilities will now include the following: hiring and training the new epidemiologist position; incorporating additional health and social determinants indicators into the assessment framework; modifying the prioritization tool to accommodate new indicators; providing technical assistance for the assessment work and C-HIT evaluations; and writing reports.

In addition, HCWC member organizations have committed in-kind resources to identify and use CCO and hospital data to further assess health needs. Although these data cannot be generalized to the larger community; they can help describe health issues with the level of detail needed to develop targeted interventions. They will be blended with the population data and community input to provide information that will inform interventions across the continuum of prevention.

Work is underway to convene a community-engagement work group, comprised of community members, equity experts, and HCWC members. This work group will be asked to guide data-collection tools, outreach efforts, and the application of an equity lens so that community input will play a larger role in this next assessment. All HCWC member organizations are committed to this work and have agreed to contribute in-kind and financial resources to increase community engagement.

Appendix A

Selection tools for Clackamas, Multnomah, and Washington counties in Oregon, and Clark County Washington

Selection Tool: Clackamas County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[10]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	Yes
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adults who binge drink: (males) Yes Chronic liver disease deaths Yes Drug-related deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Adults who are obese Yes Adults who are overweight Yes Heart disease deaths	Yes Breast cancer deaths Yes Ovarian cancer deaths Yes Prostate cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths	Yes Children with health insurance	Do not have data
3. Local Community Health System & Forces of Change Assessment[11]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes

[10] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[11] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[12]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy?[13]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[14] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap

[12] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[13] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[14] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Selection Tool: Clark County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services	Immunization	Aging-related issues
Was the issue identified by community members or population data?											
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[15]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No	No	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data ional	Yes Adults who smoke Yes Teens who smoke Yes Alcohol-related deaths Yes Drug-related deaths	No	Yes Adults doing regular physical activity Yes Adult fruit/vegetable consumption Yes Diabetes-related deaths	Yes Adults who smoke Yes Teens who smoke Yes Colorectal cancer deaths Yes Lung cancer deaths Yes Lymphoid cancer deaths	Yes Pap test history	Yes Motor vehicle collision deaths Yes Non-transport accident deaths Yes Transport accident deaths Yes Unintentional injury deaths	Yes Adult with an usual source of health care Yes Adults with health insurance Yes Mothers receiving early prenatal care	Do not have data	Yes Influenza vaccination rate	Yes Alzheimer's disease deaths Yes Unintentional injury deaths
3. Local Community Health System & Forces of Change Assessment[16]: Is the issue one of the most frequently identified? (community input)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No

[15] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[16] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services	Immunization	Aging-related issues
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No
Is the issue a driver of health care costs in the region?											
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data	No	Yes Includes all trauma related disorders (if falls are included)
Is the issue something that the Local Community Health System can influence?											
6. Is the issue a priority identified in the National Prevention Strategy	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproduc-tive and sexual health	Yes Injury and violence free living	No	No	No	Yes Injury and violence free living (if falls are included)
7. In what setting are the evidence-based practices to address this issue? (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Health-care	Policy Community	Policy Healthcare Community	Research gap	Policy Healthcare Community	Policy Healthcare Community

Selection Tool: Multnomah County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[17]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adults who binge drink: female Yes Adults who binge drink: male Yes Adults who smoke Yes Alcohol-related deaths Yes Chronic liver disease deaths Yes Drug-related deaths Yes Tobacco-linked deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Diabetes-related deaths Yes Heart disease deaths	Yes Adults who smoke Yes All cancer incidence Yes Breast cancer incidence Yes All cancer deaths Yes Breast cancer deaths Yes Tobacco-linked deaths	Yes Chlamydia incidence Yes Early syphilis incidence Yes HIV incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adults with health insurance Yes Adults with a usual source of health care Yes Mothers receiving early prenatal care	Do not have data

[17] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	l Health	Injury	Access to affordable health care	Culturally-competent data/ services
3. Local Community Health System & Forces of Change Assessment[18]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes
4. Community Listening Sessions: Is the issue in the five most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[19]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy?[20]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[21] (Prevention Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap

[18] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.
[19] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data
[20] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.
[21] Evidence-based practices have been identified by the Prevention Guide or HCI. They have been categorized into policy, healthcare and community settings.

Selection Tool: Washington County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services	Parkinson's disease
Was the issue identified by community members or population data?										
1. Community Themes & Strengths Assessment: Is the issue one of the 10* most frequently mentioned[1]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Access to healthy food	Yes Included in chronic disease	No	No	Yes	No	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Chronic liver disease deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Adults who are obese Yes Heart disease deaths	Yes All cancer incidence Yes Breast cancer incidence Yes Ovarian cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adults with health insurance Yes Children with health insurance	Do not have data	Yes Non-transport accident deaths Yes Parkinson's disease deaths
3. Local Community Health System & Forces of Change Assessment[1]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No
4. Community Listening Sessions: Is the issue in the five most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services	Parkinson's disease
Is the issue a driver of health care costs in the region?										
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[22]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data	No
Is the issue something that the Local Community Health System can influence?										
6. Is the issue a priority identified in the National Prevention Strategy[23]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No	No
7. In what setting are the evidence-based practices to address this issue?[24] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap	C

[22] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[23] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[24] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Appendix B

HCWC: Media Coverage and Notable Presentations

Media Coverage and Notable Presentations

Publications

Hayes, E. (7/15/2013). *Major hospitals, insurers team to gauge Portlanders' health.* Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/how-healthy-art-my-community-health.html

Hayes, E. (7/19/2013). *Vital stats: How fat are Portlanders? Here's the skinny.* Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/vital-stats-how-fat-are-portlanders.html

Hayes, E. (7/26/2013). *Vital stats: Too much fast food and liquor in Portland*. Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/vital-stats-does-portland-have-too.html

Hayes, E. (8/5/2013). *Vital stats: How much do Portlanders binge drink and smoke.* Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/08/vital-stats-how-much-do-portlanders.html

Hayes, E. (8/12/2013). *Vital stats: Do Portlanders brush off their dental checkups? Hard to say*. Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/08/vital-stats-do-portlanders-brush-off.html

Korn, P. (6/14/2012). *Hospitals tool up for changes to health care charity work.* The Portland Tribune. http://portlandtribune.com/pt/9-news/111045-hospitals-tool-up-for-changes-to-health-care-charity-work

NACCHO Field Summary. (2013). *Multnomah County Health Department story from the field summary: what does the future hold for community health assessment?* http://www.naccho.org/topics/infrastructure/healthy-people/multnomah-summary.cfm

Public Health Newswire (3/22/2013). *A vision for implementing health reform in Oregon.* http://www.publichealthnewswire.org/?p=6946

Presentations

Burdon, R.; Lee, S.; Lewis, P.; & Lewis. P. (10/15/2013). *Healthy Columbia Willamette: assessing community needs, improving health.* Oregon Public Health Association Annual Meeting. Corvallis, Oregon

Crane, M. & Lee, S. (5/1/2014). *Healthy Columbia Willamette Collaborative.* Oregon Health Authority Grand Rounds. Portland, Oregon

Klein, R. (4/2/2013). *Public health influence in health reform implementation.* National Association of Local Boards of Health. Salt Lake City, Utah

Payne, M. & Lee, S. (11/4/2013). *Role of quantitative data in selecting regional health priorities in a federally-required CHNA.* American Public Health Association Annual Meeting. Boston, Massachusetts

Payne, M. (10/14/2013). *Fourteen hospitals, four local health departments, two states: one community health needs assessment.* Washington State Joint Conference on Health. Wenatchee, Washington

Payne, M. (1/15/2014). *Healthy Columbia Willamette – A regional community health needs assessment collaborative*. Washington State Department of Health Epi Brown Bag. Olympia, Washington.

Repp, K. (9/19/14 & 9/20/14) *Community health needs assessment methodology*. Pacific University Managerial Epidemiology course (MHA 525) for Masters of Healthcare Administration students. Hillsboro, Oregon

Repp, K. & Payne, M. (7/9/2014). *Prioritizing community health needs: novel epidemiological methods used in the largest public/private collaboration for a community health needs assessment in the PNW.* National Association of City and County Health Officials Annual Meeting. Atlanta, Georgia

Sorvari, C.; Crane, M.; Payne, M.; & Repp, K. (7/9/2014). *Joining forces to improve community health: Fifteen hospitals, four local public health departments, and two Accountable Care Organizations partnering to meet federal and state community health needs assessment and community health improvement plan requirements.* National Association of City and County Health Officials Annual Meeting. Atlanta, Georgia

Sorvari, C. (11/5/2013). *Joining forces to improve community health: Fourteen hospitals and four local public health departments partnering to meet federal community health needs assessment requirements.* American Public Health Association Annual Meeting. Boston, Massachusetts