



**Discrimination/
Racism**



**Key Drivers of
all Core Issues**



Trauma



Health Outcomes



**Behavioral
Health**



**Chronic
Conditions**



**Sexually
Transmitted
Infections**

Social Factors



**Access to:
Health Care,
Transportation, and
Resources**



**Community
Representation**



Isolation



**Culturally
Responsive Care**

Core Issues

Core Issues

A host of issues impacts the health of communities in the quad-county region. Yet nine issues consistently emerged in feedback from community members and community organizations and from data sources. HCWC designated these nine as the core issues, central to the needs of the region as supported by data collected and analyzed for this needs assessment.

In considering programs and actions to address the issues, discrimination and racism and trauma should be acknowledged, addressed and understood as a part of all programming and projects. HCWC is committed to health equity and understands that it cannot be achieved if acknowledging and addressing discrimination, racism, and trauma are not central to programs and initiatives to improve the health of the region.

The other core issues are broken into two categories, as shown below:

- **Key Drivers of all Core Issues**
 - o Discrimination and Racism
 - o Trauma
- **Health Outcomes**
 - o Behavioral Health
 - o Chronic Conditions
 - o Sexually Transmitted Infections
- **Social Factors**
 - o Access to: Health Care, Transportation and Resources
 - o Community Representation
 - o Culturally Responsive Care
 - o Isolation

It is important to note that the focus on these nine does not mean that other issues do not remain important issues in the community.

Summary

This report presents results of the third community health needs assessment (CHNA) conducted by the Healthy Columbia Willamette Collaborative (HCWC). Consisting of seven hospitals systems, four county health departments and one coordinated care organization, the HCWC region covers Clark County, Washington, and Clackamas, Multnomah, and Washington counties in Oregon.

This unique public/private partnership serves as a platform for collaboration around health needs assessments. It allows for a more comprehensive view of community needs, informs priorities for HCWC member organization improvement plans, and supports a shared understanding for HCWC stakeholders and partners who collaborate on how to best meet community health needs. This group focuses on broad issues impacting the health of the region, including chronic conditions, language barriers, economic instability, isolation, and others. HCWC identified discrimination, racism, and trauma as the overarching issues that shape the lives and health of community members.

Equity and Community Voice

HCWC is committed to centering community voice and health equity¹ in its work and as integral to its vision. HCWC prioritized equity throughout the data collection, analysis, and reporting process for this CHNA (see [Appendix A](#) for more explanation).

HCWC prioritized community input and lived experiences of priority populations and leaders from community-based organizations across the region. Volunteer participants shared their insights on the vision, strengths, challenges, and needs of their communities in town halls and listening sessions.

Four town halls were conducted—one in each county—and community-based organizations hosted 18 community listening sessions across the quad-county region, with more than 200 participants.

The town halls were guided by these questions:

- What are the major issues impacting the health – and access to health care – of residents in the quad-county area?
- What has shaped their experiences with the health care systems and how has this impacted their current health and well-being?

The listening sessions were guided by these questions:

- How can you tell if your community is healthy?
- What gets in the way of your community being healthy?
- What's currently working?
- What are the resources that currently help your community to be healthy?
- What is needed? What more could be done to help your community be healthy?

See Methodology in [Appendix B](#) for more about the town halls and listening sessions.

Social Determinants of Health

HCWC heard directly from community members that racism, discrimination, and trauma impact the health and well-being of communities. These are key drivers of each of the core issues identified in this report.²

In shaping this CHNA, the HCWC used Healthy People 2020's definition and five categories³:

- 1. Social and Community Context:** civic participation, discrimination, incarceration, social cohesion
- 2. Education:** early childhood education and development, enrollment in higher education, high school graduation, language and literacy
- 3. Health and Health Care:** access to health care, access to primary care, health literacy
- 4. Economic Stability:** employment, food insecurity, housing instability, and poverty
- 5. Neighborhood and Built Environment:** access to foods that support healthy eating patterns, crime and violence, environmental conditions, and quality of housing

See [page 18](#) for more information about social determinants of health.

Key Findings of CHNA: Nine Core Issues

Through the listening sessions and town halls, the HCWC gathered feedback directly from community members to identify important issues. As supported by quantitative data collected and analyzed for this CHNA, HCWC identified nine core issues as central to the needs of the region.

Discrimination and Racism and Trauma are the driver issues to all the core issues. The other core issues are broken into two categories, as shown below:

- **Key Drivers of all Core Issues:**
 - **Discrimination and Racism**
 - **Trauma**
- **Health Outcomes**
 - Behavioral Health
 - Chronic Conditions
 - Sexually Transmitted Infections
- **Social Factors**
 - Access to: Health Care, Transportation, and Resources
 - Community Representation
 - Culturally Responsive Care
 - Isolation

The key findings from each core issue are summarized below.

Discrimination and Racism

Discrimination and racism impact all aspects of a person's health and well-being and intersect with all major systems of society—education, governing/political, law enforcement, health care, and others. The impacts of discrimination and racism are deep rooted and multi-generational. These are just a few of the effects discussed as part of HCWC's listening sessions and town halls:

- Health inequity
- Collective historical trauma
- Toxic stress
- Lack of representation

Trauma

Trauma has a profound impact on people. Adverse childhood experiences can have long-lasting adverse effects on people and correlate directly with poorer health outcomes.

As understanding of the long-term social and health impacts of trauma grows, trauma-informed care practices, policies, and resources will continue to grow and develop to respectfully and compassionately support needs of people in the community.

Behavioral Health

Behavioral health includes mental and emotional health, and conditions such as anxiety, depression, substance use disorders, and many others.

Across the quad-county region, almost a quarter of the population has been diagnosed with depression. Depression and suicide are major concerns for adults and youth alike.

- More access to behavioral health services is needed, as well as more providers who can provide culturally and linguistically competent behavioral health services (also see Culturally Relevant Care).

Chronic Conditions

HCWC identified the following chronic conditions as significantly impacting residents of the region, with communities of color having higher rates than whites:

- Heart disease
- Diabetes
- Hypertension
- Liver disease

Listening session participants highlighted several needs in this area, including for more peer navigators to help people access comprehensive health care and for intergenerational lifestyle change programs to improve health.

Sexually Transmitted Infections

Rates of chlamydia and gonorrhea are increasing in the region. Youth in listening sessions raised the issue of STIs and the need for more resources and education about STIs.

Access to Health Care, Transportation, and Resources

Access to these three areas is a major issue in the region.

Access: To Health Care

Access to health care is a challenge for those without insurance and for those with Medicaid, Medicare, and commercial insurance. Cost, location, and availability of services are key factors influencing access.

- More focus on prevention, including understanding and acknowledging what has happened in a person's lives before they come to a health provider (for example, what was happening in their life before they're admitted to a hospital?).

Access to Health Care, Transportation, and Resources (continued)

- Cost is a major barrier. Even for those who are insured, copays can be barriers to service if they are struggling financially
- Language can be a barrier to care (see Culturally Responsive Care below)
- More coordination between types of services and providers is needed to help people access and navigate care. Peer navigators and community health workers were frequently mentioned in listening sessions and town halls as great ways to help people navigate the health care system.

Access: To Transportation

Through this assessment, HCWC found transportation to be both a strength and an area for improvement, depending on where residents live and their particular needs.

- Challenge for residents of rural areas; impacts abilities to access health care. Geographic isolation (see Isolation below). Centralized services are ideal.

Access: To Resources

HCWC identified many strengths and areas for improvement in the area of resources. Communities in the region have many valuable resources like food banks, emergency shelters, multicultural centers, and LGBTQ+ organizations.

These are key areas that fall under community resources:

- Safe and affordable housing
- Community spaces
- Safe spaces for children and youth
- Resources for low-income people

Participants in the HCWC listening sessions often mentioned the following as areas of need:

- More preventive care and screening for mental health issues
- More financial counseling
- More resources for parents, particularly those who are immigrants or refugees and/or whose primary language is not English (see Community Representation for more)
- Better coordination of existing community resources

For community-based organizations, obtaining sufficient and consistent funding for their programs is a major challenge. They also find the lack of coordination between agencies and organizations as an area for improvement—more awareness of each others' available resources could help the communities they serve.

Community Representation

The lack of representation in local governments, particularly of communities of color, is a core issue. The lack of diversity and representation extends to all areas, including schools, workplaces, and the organizations that serve communities. This representation gap contributes to perpetuating policies that are outdated and misinformed.

- Increased representation and civic engagement among underrepresented communities helps elevate voices at the table that both represent and understand the lived experiences of community members.
- Increased representation and cultural awareness in health care settings increases clear communication, trust and understanding of how to best manage health (see Culturally Responsive Care below).

Culturally Responsive Care

For those in immigrant or refugee communities, and for those whose English is limited, language barriers and a lack of translators in health care settings poses significant challenges to accessing health care. Lack of cultural awareness by health care providers can also be a barrier.

Participants in the HCWC listening sessions and town halls often mentioned the following as key to culturally responsive care:

- Community health workers
- Peer navigators
- Translators
- More translated resources in non-English languages

Isolation

Geographic and social isolation adversely impact health and well-being. Geographic and physical isolation decrease people's ability to access to services. This is often an issue in rural areas where there are limited, if any, public transportation options and limited health care providers and health care centers in those areas.

Social isolation, which occurs in both rural and urban areas, means limited support through family or a social circle and limited involvement with the community. For some immigrants, social isolation can mean feeling culturally isolated.

- To address geographic isolation in rural areas, medical mobile units and other outreach efforts are important.
- For social isolation, community outreach and social services are key to supporting better social connections.