

# Community Health Needs Assessment Overview

# Overview

HCWC is dedicated to advancing health equity by identifying health assets and challenges facing communities in the quad-county region. This 2019 community health needs assessment (CHNA) seeks to highlight the community’s needs and provide a road map for future collaborations and health improvement projects. It will also inform the individual community health improvement plans of partner organizations.

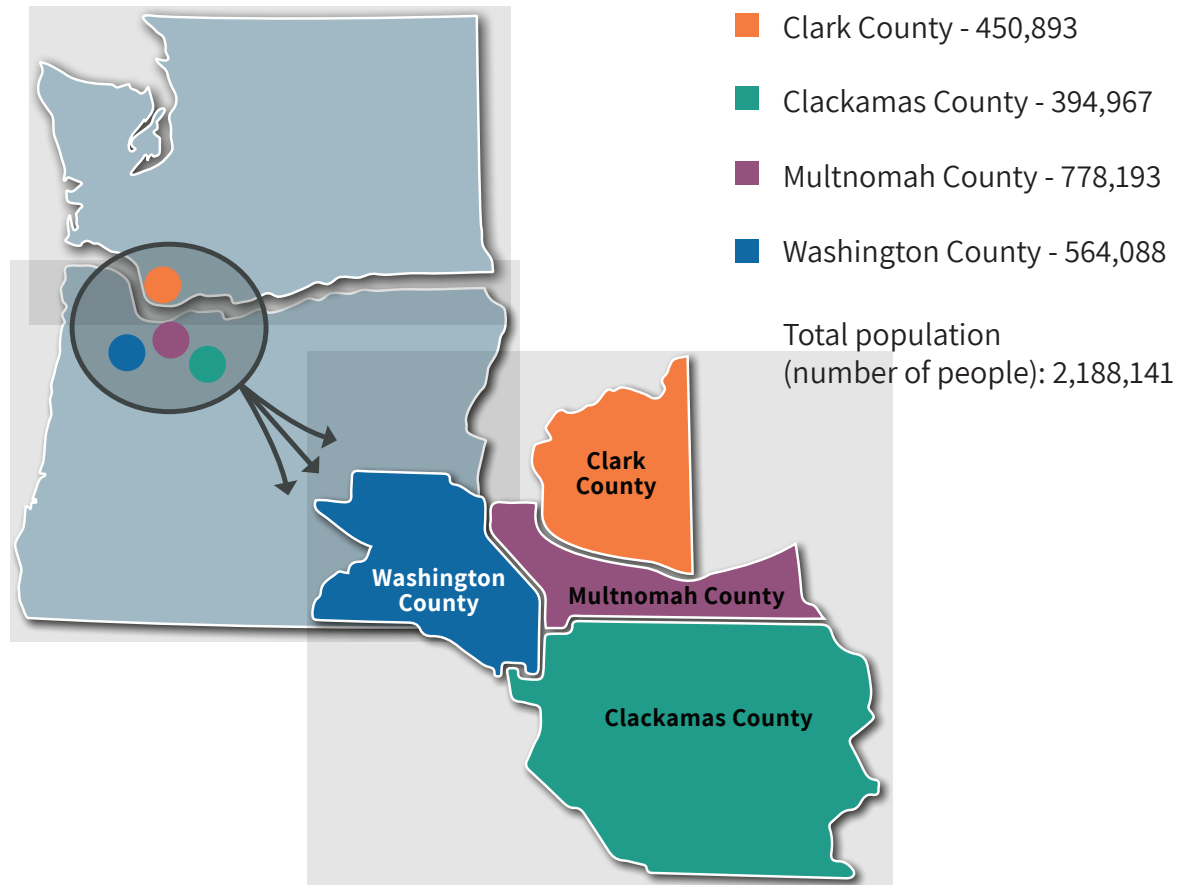
In past cycles, the opioid crisis was highlighted and led to statewide focus and work to reduce opioid-related harms. The “Housing is Health Initiative,” with Central City Concern, began as a result of a previous CHNA, which addressed social determinants affecting the overall health of the community. The 2016 CHNA report is available [here](#).

## HCWC members:

- Adventist Health
- Clackamas County Health, Housing and Human Services
- Clark County Public Health
- Health Share of Oregon
- Kaiser Permanente
- Legacy Health
- Multnomah County Health Department
- Oregon Health & Science University (OHSU)
- PeaceHealth Southwest Medical Center
- Providence Health and Services
- Tuality Healthcare
- Washington County Public Health

## Quad-County Region

This CHNA covers the quad-county region of Clark County, Washington, and three counties in Oregon: Clackamas, Multnomah, and Washington.



## Quad-County Region (continued)

The demographics of the region shows the importance of having a community health system that is responsive to diversity. Tables 1–3 show basic demographic characteristics of the quad-county region’s population.

**Table 1. Selected Demographic Characteristics of the Region.**

	Clark	Clackamas	Multnomah	Washington	Region
	450,893	394,967	778,193	564,088	2,188,141
<b>Gender</b>					
Male	49.4%	49.2%	49.5%	49.3%	49.4%
Female	50.6%	50.8%	50.5%	50.7%	50.6%
<b>With a disability</b>	12.6%	11.9%	13.3%	10.2%	12.0%
<b>Foreign born</b>	10.4%	8.0%	13.9%	17.0%	12.9%
<b>Language other than English spoken at home</b>	15.0%	12.1%	19.7%	24.1%	17.4%

Source: American Community Survey 5-year estimates 2012–2016.

**Table 2. Quad-County Region: Ages.**

	Clark	Clackamas	Multnomah	Washington	Region
<b>Age</b>					
Median age (years)	37.8	41.4	36.7	36.2	38.0
Under 5 years	6.4%	5.5%	5.9%	6.6%	6.1%
5 to 19 years	21.1%	19.1%	15.9%	19.9%	18.6%
20 to 44 years	32.2%	30.3%	41.1%	36.4%	36.1%
45 to 64 years	26.6%	29.0%	25.2%	25.2%	26.2%
65 years and older	13.7%	16.1%	11.9%	11.8%	13.0%

Source: American Community Survey 5-year estimates 2012–2016.

**Table 3. Quad-County Region: Race and Ethnicity.**

	Clark	Clackamas	Multnomah	Washington	Region
<b>Race/ethnicity</b>					
American Indian and Alaska Native	0.6%	0.7%	0.8%	0.6%	0.7%
Asian	4.3%	4.1%	6.9%	9.5%	6.5%
Black or African American	1.9%	0.9%	5.4%	1.8%	3.0%
Hispanic or Latino (of any race)	8.7%	8.2%	11.1%	16.2%	11.4%
Native Hawaiian and Other Pacific Islander	0.8%	0.3%	0.6%	0.4%	0.5%
Two or more races	4.6%	3.4%	5.2%	4.9%	4.7%
White	84.6%	89.0%	78.2%	77.6%	81.3%

Source: American Community Survey 5-year estimates 2012–2016.



## Influencers of Change

Many issues affecting the quad-county region are driven by local, state and national issues and policy. A brief summary of factors, trends, and events includes:

- Local, state, and nationwide election cycles and policy shifts
- Wildfire, flooding, and other natural disasters affecting landscape, housing, and health
- Historic racism and discrimination ([see Discrimination and Racism](#))
- Other reports evaluating the region for priority areas of focus to affect resourcing
- Housing, opioids, and education are focus factors in the quad-county region

For more information about these impactful trends and events, see [Appendix C](#).

## Community Voice

Community-based organizations hosted 18 community listening sessions focusing on the following priority populations:

- Senior (65+) LGBTQ+ persons
- Senior (65+) Low-Income
- Senior (65+) Rural
- Farmworkers
- Hispanic/Latinx
- LGBTQ+ Homeless Youth
- Middle Eastern
- Military Connected
- Pacific Islanders
- People of Color with Housing Concerns
- People with Mental Health Concerns
- Rural
- Slavic
- Youth
- Youth of Color

## Community Voice (continued)

The listening sessions were discussions with community members focusing on their lived experiences and perspectives regarding the strengths and challenges facing their communities. This information was analyzed to support the findings in this report. See [Appendix D](#) for demographic information about participants in these listening sessions.

HCWC conducted four town halls, one in each county, with participants that represented community organizations. At the town halls, representatives of community-based organizations, public health professionals, and community leaders gathered to review morbidity and mortality data and reflect on their experiences supporting community health and well-being. Their input was collected and analyzed.

## Methodology

HCWC used a mixed methods approach for the CHNA. HCWC prioritized community voice and input in this assessment (qualitative data), while also including data from public health surveys, hospitals, and other sources (quantitative data). HCWC used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) model to guide the needs assessment (see Figure 1). The MAPP model is an iterative process combining health data and community input to identify and prioritize community health needs.

In this report, HCWC examines conditions by ethnic and racial categories, whenever possible, to focus on how health differs within communities of color, who are

often most impacted by health disparities. Because comparing communities of color on a single health issue in a single chart can unintentionally contribute to racism by reinforcing scarcity-based thinking and creating competition between groups for limited resources, the assessment is organized in some sections by race or ethnicity rather than by health condition.

There are limitations on how race and ethnicity are collected and categorized in the data systems used in this report. Most data collection systems use a limited number of racial and ethnic categories that are not always self-reported by an individual, leading to bias in data collection. The categorization of people who identify with multiple races or ethnicities is limited.

Both Oregon's and Washington's populations are predominantly white with 84.4% and 75.4% of the population identifying as white, non-Hispanic. The region's large white population makes it hard to collect data that would allow for a robust analysis of health disparities and health outcomes in communities of color. Due to sample sizes for some populations, data connecting the themes of the qualitative data collection to the quantitative data is limited.

For more information about the methodology, see [Appendix B](#).

**Figure 1. HCWC 2019 Assessment Model.**

**Health Status Assessment & Community Themes and Strengths Assessment**

