Healthy Columbia Willamette Collaborative

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Why do a regional health needs assessment?

- Non-profit hospitals must conduct one every three years under the Affordable Care Act
- Public health departments must do so every five years for Public Health Accreditation
- Coordinated Care Organizations must also conduct an assessment every three years (OAR 410-141-3145)
- The goal: to understand local health issues and work together to improve the health of the community with a special emphasis on health disparities

Healthy Columbia Willamette's vision

- Align efforts of hospitals and public health to develop an assessment of community health across Multnomah, Washington, Clackamas and Clark Counties.
- This collaboration will:
  - Create an effective, sustainable process
  - Strengthen relationships between hospitals and public health
  - Develop a meaningful community health needs assessment
  - Consider collective strategies that will improve the health and well-being of our four counties

Who are the members?

What has Healthy Columbia Willamette done so far?

1. Conducted a comprehensive study of the community health needs for the four-county region of Washington, Multnomah, Clackamas, and Clark counties
2. Prioritized community health needs identified through the project
3. Developed strategies that will begin to address prioritized community health needs
4. Identified indicators to monitor health outcomes

Year 1: How did Healthy Columbia Willamette examine health needs?

1. We reviewed existing reports from the four-county region
2. Public health epidemiologists analyzed over 120 health indicators
3. We surveyed 126 stakeholder organizations to understand the system's capacity to address health needs
4. We listened to over 200 community members who came to one of 14 listening sessions
5. We listened to content experts who work directly in the priority areas that emerged

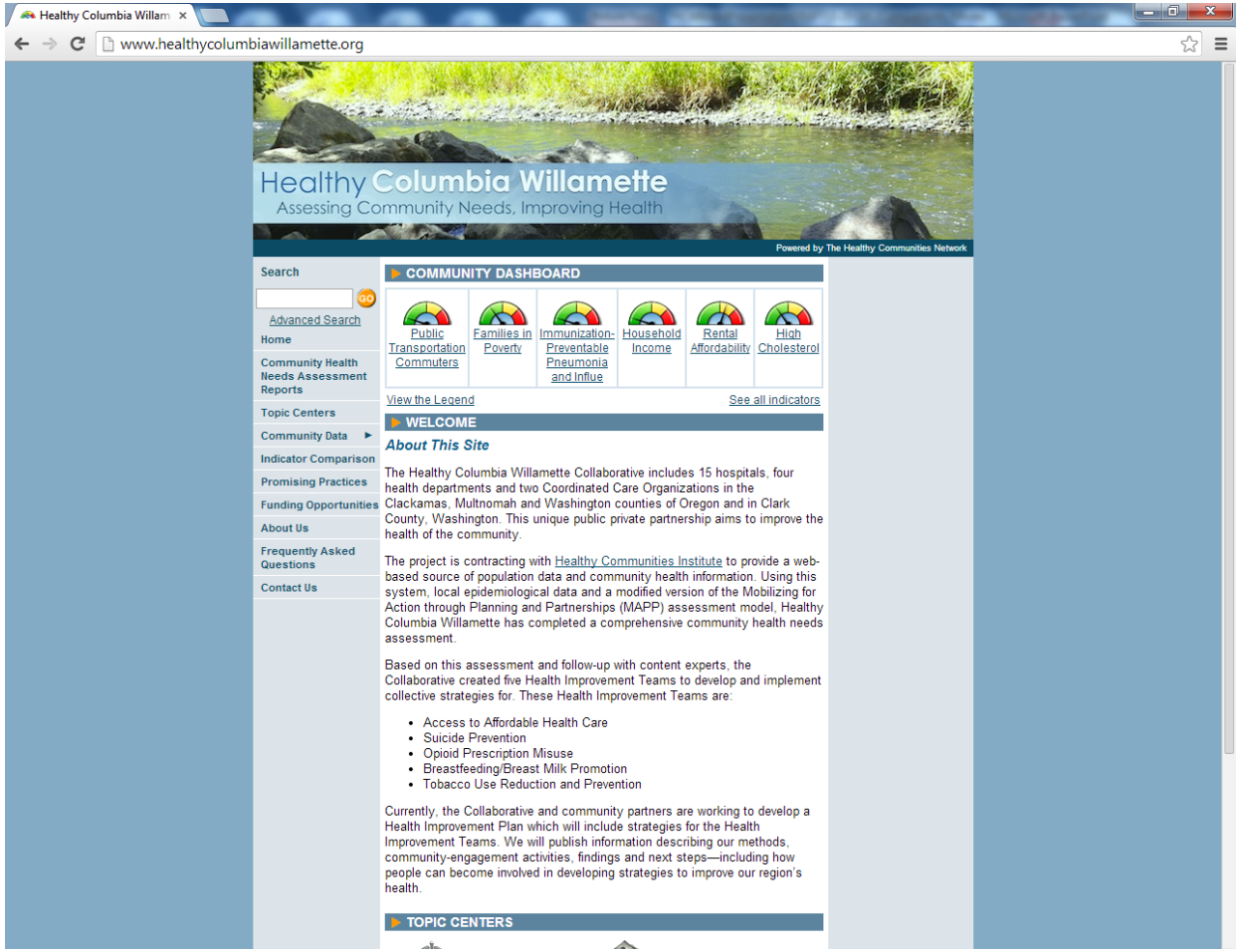
Step 1: Examples of existing reports we reviewed

- African American Health Coalition CPPW Final Report
- APANO State of Cultural Competency Community Forum-Results
- Community Value Assessment of North by Northeast Community Health Center
- Focus Group Discussions with Housing, Job Training and Employment Professionals
- Healthy Active Communities for Portland's Affordable Housing Families
- The Latino Community in Multnomah County: An Unsettling Profile
- Together for Children: A Comprehensive Plan for Children and Families

REGIONAL ISSUES (N=62)

1. **Social Environment** (n=39)
2. **Equal Economic Opportunities** (n=35)
3. **Access to Affordable Health Care** (n=31)
4. **Education** (n=31)
5. **Access to Healthy Food** (n=30)
6. **Housing** (n=30)
7. **Mental Health and Addictions Treatment** (n=27)
8. **Poverty** (n=24)
9. **Early Childhood/Youth** (n=22)
10. **Chronic Disease** (n=21)
11. **Safe Neighborhood** (n=21)
12. **Transportation Options** (n=21)

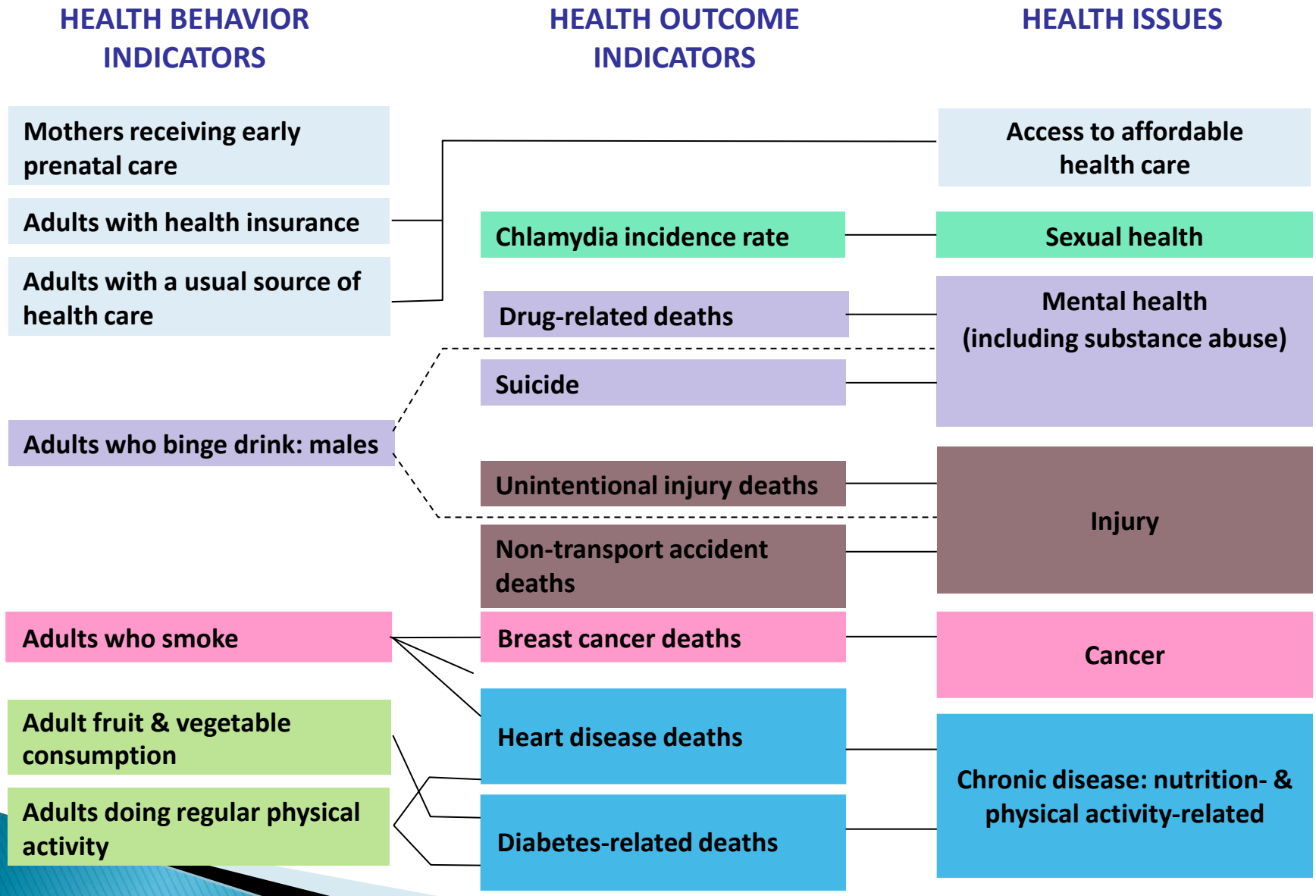
Step 2: Health indicator data published by Health Communities Institute



Next, public health epidemiologists analyzed each health indicator. We asked:

- Are there disparities?
  - by race/ethnicity
  - by age
  - by sex
- Is the trend getting worse?
- Peer comparison
  - are values worse than peer counties, the state, the U.S.?
- What is the magnitude of the population affected?
- What is the severity of the health problem?
- Does the community view it as a health issue?

Regional Community Health Issues



Step 3: We surveyed community stakeholders, for example:

- Northwest Health Foundation
- Catholic Charities of Oregon
- Organizing People Activating Leaders (OPAL) Environmental Justice Oregon
- Northwest Tribal Epidemiology Center
- Urban League of Portland
- American Diabetes Association of Oregon & SW Washington

Step 4: We conducted community listening groups

We need to be moving from an “I” community to an “Us” community.

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

Healthy Columbia Willamette Year 1:

Regional Health Issues Assessment Findings

	Assessments			
	Existing reports	Health indicator analysis	Stakeholder interviews	Listening sessions
Was the issue identified by community members or population data?				
Access to Affordable Health Care	Yes	Yes	Yes	Yes
Chronic Disease: Cancer	Yes	Yes	No	No
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes
Culturally Competent Data/Services	No	No Data	Yes	No
Injury	No	Yes	No	No
Mental Health	Yes	Yes	Yes	Yes
Oral Health	No	No Data	No	Yes
Sexual Health	No	Yes	No	No
Substance Abuse	Yes	Yes	Yes	Yes

Step 5: Listening to content experts

- Access to affordable health care
- Mental health and substance abuse
  - Safe opiate prescribing
  - Suicide prevention
- Chronic disease
  - Breastfeeding promotion
  - Tobacco use prevention

What is Multnomah County already doing?

Access to care

1. Expanded primary care and dental services
2. Eligibility specialists and enrollment assisters helping to enroll newly eligible individuals as we speak

What is Multnomah County already doing?

Safe opiate prescribing

1. Reviewing existing policy to align with community standards
2. Continuing Opiate Oversight Committee for reviews of complex chronic pain patients
3. Supporting alternative treatment for chronic pain, in particular acupuncture

What is Multnomah County already doing?

Suicide prevention

Mental Health and Addiction Services offers three trainings:

1. Applied Suicide Intervention Skills Training (ASIST) – two-day course to teach individuals how to do a suicide intervention
2. RESPONSE – school-based suicide prevention program for staff and students
3. Question Persuade Refer (QPR) – three simple steps that anyone can use to help prevent a suicide

The primary care clinics have a structured approach to patients at risk of suicide with the highest risk tracked daily

What is Multnomah County already doing?

Breastfeeding promotion

1. Lactation consultation through home-visiting
2. Peer lead support groups
3. Breast pump loan program
4. Including breastfeeding as a core component of the County-wide It Starts Here campaign
5. Ensuring child care providers can support breastfeeding families

What is Multnomah County already doing?

Tobacco use prevention

Integrated referral service to the Oregon Tobacco Quitline through the clinic settings so that all Health Department clients hear the same questions (Do you smoke? Would you like to quit?) and receive the same cessation resources

Discussions now around collective strategies to improve health

Criteria:

- Identified by community members?
- Prioritized in data analysis?
- Are there evidence-based practices available?
- Identified by content experts?
- Is a strategy feasible in 3-5 years?
- Is strategy supported by group members?

Collective strategies that are currently moving forward

- Safe opiate prescribing
  - Aligning prescribing policies and prescription monitoring
  - Advocating for alternative therapies for chronic pain
- Breastfeeding promotion
  - Aligning maternity care practices
- Suicide prevention
  - Engage the Veterans' Administration
  - Continue to explore

Next steps for Healthy Columbia Willamette

- Implement strategies
- Identify data gaps in the health needs assessment and explore ways to fill them
- Explore ways to increase local assessment capacity
- Get the word out about this important work and opportunities to become involved

How does Healthy Columbia Willamette's work fit with MCHD long-term goals?

- This work highlights local health needs and important prevention strategies
- We will use the regional community health improvement plan to help us prioritize health issues, identify joint strategies, and leverage resources within the four-county region
- The Health Department's strategic plan will still include a broader range of health priorities and programs compared to the priorities indentified in the collaborative's three-year cycle

HCWC Conveners: Meghan Crane & Chris Sorvari
MCHD HCWC representatives: Jennifer Vines and Amy Zlot

www.healthycolumbiawillamette.org