



Healthy Columbia Willamette
Assessing Community Needs, Improving Health

Healthy Columbia Willamette Collaborative

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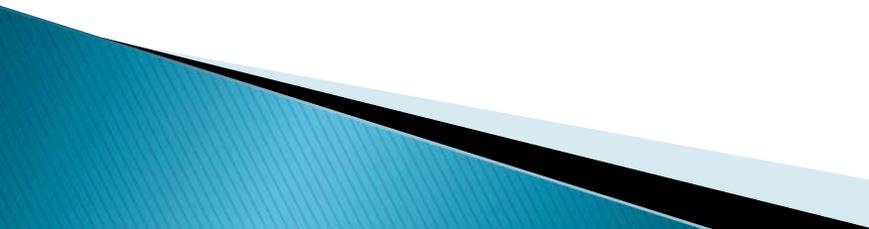
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Why do a regional health needs assessment?

- ▶ 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
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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?



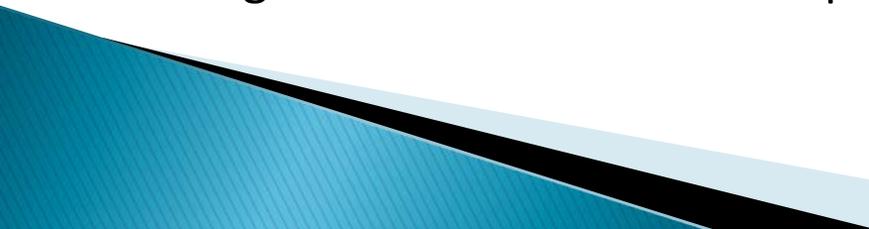
What has Healthy Columbia Willamette done so far?

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
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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
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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
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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 Healthy Communities Institute

The screenshot displays the website for Healthy Columbia Willamette, which is powered by The Healthy Communities Network. The page features a navigation menu on the left with categories such as Search, Home, Community Health Needs Assessment Reports, Topic Centers, Community Data, Indicator Comparison, Promising Practices, Funding Opportunities, About Us, Frequently Asked Questions, and Contact Us. The main content area is titled 'COMMUNITY DASHBOARD' and includes a search bar, a 'View the Legend' link, and a 'See all indicators' link. Below these are six circular gauges representing different health indicators: Public Transportation Commuters, Families in Poverty, Immunization-Preventable Pneumonia and Influe, Household Income, Rental Affordability, and High Cholesterol. A 'WELCOME' section follows, containing an 'About This Site' heading and three paragraphs of text. The first paragraph describes the collaborative effort involving 15 hospitals, four health departments, and two Coordinated Care Organizations in the Clackamas, Multnomah, and Washington counties of Oregon and in Clark County, Washington. The second paragraph explains the project's partnership with the Healthy Communities Institute to provide a web-based source of population data and community health information. The third paragraph lists five Health Improvement Teams and their focus areas: Access to Affordable Health Care, Suicide Prevention, Opioid Prescription Misuse, Breastfeeding/Breast Milk Promotion, and Tobacco Use Reduction and Prevention. The page concludes with a 'TOPIC CENTERS' section.

Healthy Columbia Willamette
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Search

Advanced Search

Home

Community Health Needs Assessment Reports

Topic Centers

Community Data

Indicator Comparison

Promising Practices

Funding Opportunities

About Us

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COMMUNITY DASHBOARD

Public Transportation Commuters

Families in Poverty

Immunization-Preventable Pneumonia and Influe

Household Income

Rental Affordability

High Cholesterol

View the Legend

See all indicators

WELCOME

About This Site

The Healthy Columbia Willamette Collaborative includes 15 hospitals, four health departments and two Coordinated Care Organizations in the Clackamas, Multnomah and Washington counties of Oregon and in Clark County, Washington. This unique public private partnership aims to improve the health of the community.

The project is contracting with [Healthy Communities Institute](#) to provide a web-based source of population data and community health information. Using this system, local epidemiological data and a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model, Healthy Columbia Willamette has completed a comprehensive community health needs assessment.

Based on this assessment and follow-up with content experts, the Collaborative created five Health Improvement Teams to develop and implement collective strategies for. These Health Improvement Teams are:

- Access to Affordable Health Care
- Suicide Prevention
- Opioid Prescription Misuse
- Breastfeeding/Breast Milk Promotion
- Tobacco Use Reduction and Prevention

Currently, the Collaborative and community partners are working to develop a Health Improvement Plan which will include strategies for the Health Improvement Teams. We will publish information describing our methods, community-engagement activities, findings and next steps—including how people can become involved in developing strategies to improve our region's health.

TOPIC CENTERS

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?
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Regional Community Health Issues

HEALTH BEHAVIOR INDICATORS

Mothers receiving early prenatal care

Adults with health insurance

Adults with a usual source of health care

Adults who binge drink: males

Adults who smoke

Adult fruit & vegetable consumption

Adults doing regular physical activity

HEALTH OUTCOME INDICATORS

Chlamydia incidence rate

Drug-related deaths

Suicide

Unintentional injury deaths

Non-transport accident deaths

Breast cancer deaths

Heart disease deaths

Diabetes-related deaths

HEALTH ISSUES

Access to affordable health care

Sexual health

Mental health
(including substance abuse)

Injury

Cancer

Chronic disease: nutrition- & physical activity-related

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
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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
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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
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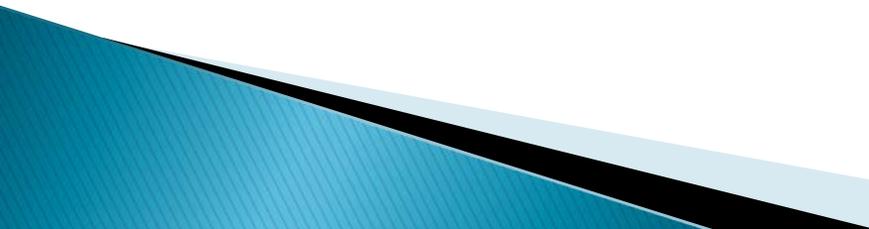
What is Multnomah County already doing?

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

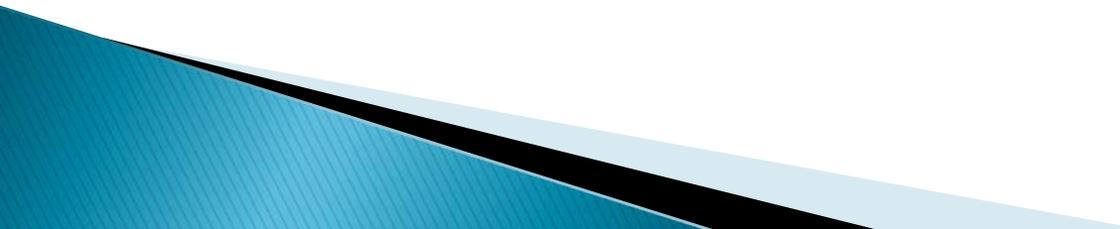
Criteria:

- 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
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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 identified in the collaborative's three-year cycle
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HCWC Conveners: Meghan Crane & Chris Sorvari
MCHD HCWC representatives: Jennifer Vines and Amy Zlot

www.healthycolumbiawillamette.org