COLUMBIA GORGE REGIONAL COMMUNITY HEALTH ASSESSMENT 2016

Robert Wood Johnson Foundation
CULTURE OF HEALTH PRIZE
2016 WINNER

Collaborating for Optimum Health and Optimized Healthcare

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North Central Public Health Department

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COLUMBIA GORGE HEALTH COUNCIL

PacificSource Community Solutions

FOUR RIVERS EARLY LEARNING HUB
GILLIAM, HOOD RIVER, SHERMAN, WASCO & WHEELER COUNTIES

United Way

A summary of the needs for improved health for the residents of the Columbia Gorge Region including Hood River, Wasco, Sherman, Gilliam, Wheeler counties in Oregon and Skamania and Klickitat counties in Washington – Fall 2016

A result that is rewarding

In a rural community, working together is paramount for success. The formation of the Columbia Gorge Coordinated Care Organization with PacificSource Community Solutions aided us to turn an ordinary requirement from Oregon lawmakers into an extraordinary opportunity to improve the health and wellness of all residents. We are proud of our accomplishments and delighted that the Robert Wood Johnson Foundation recognized our work.

We invite the community to use this material in the pursuit of better health for all.

***For the full document look on the Columbia Gorge Health Council website at cghealthcouncil.org

Columbia Gorge Regional Community Health Assessment

2013	VS	2016
Mail = 457 Hand-fielded = 691	SURVEYS	Mail = 674* statistical significance Hand-fielded = 694
Non-Hispanic White=827 Hispanic/Latino/Other= 290 Low Income= 668	DEMOGRAPHICS	Non-Hispanic White= 1043 Hispanic/Latino/Other= 301 Low Income=631
6 Counties: 4 Oregon + 2 Washington	COUNTY	7 Counties: 5 Oregon + 2 Washington
65 Questions including Food, Housing and Transportation	QUESTIONS	72 Questions including Trauma and Support for Caregivers
4 hospitals; 4 Health Departs; One Community Health; County Mental Health Columbia Gorge CCO	COHORT	2013 cohort + United Way; Four Rivers Early Learning Hub
Housing & Food; Transportation; Jobs	SOCIAL DETERMINANTS	Employment rate better; other areas remain a concern
Adult Dental Access; Physical and Mental health together; Mental Health access for Children & Youth	HEALTHCARE	Dental Access remains #1 gap; Progress on Mental Health Access; PCP Access harder
Coordination with healthcare & social services; Health insurance re-enrollment; Supporting Developmental and Healthy Growth in the Early Years	CONNECTED	Coordination with primary care and mental health=good; More people are insured; Families with children 0-5 more likely to go without basic needs

COLUMBIA GORGE HEALTH COUNCIL

In partnership with:

Hospitals: Providence Hood River, Mid-Columbia Medical Center, Klickitat Valley Health, Skyline
Public Health: Hood River County, Klickitat Valley, North Central, Skamania
One Community Health, Mid-Columbia Center for Living, PacificSource Community Solutions
United Way of the Columbia Gorge, 4 Rivers Early Learning Hub

Columbia Gorge Regional Health Assessment-2016

General Population

Basic Needs	Basic Needs	1 in 4 had to go without a basic need AND 1 in 4 had to go without a healthcare need 	pg 18
	Income Security	 1 in 3 had trouble paying for basic needs	pg 18
	Food Security and Healthy Eating	1 in 3 are worried about running out of food*   more than 1 in 10 had to go without food	pg 18
	Housing Security	25% are worried about their housing situation  7% had to go without stable housing	pg 19
	Transportation Access	13% had to go without transportation	pg 20
	Health Insurance	8% are uninsured of the uninsured, 21% live in Washington and 69% live in Oregon	pg 20
Community and Social Environment	Social Support	21% do not have someone to make them feel loved or wanted 22% do no have someone to give them good advice 29% do no have someone to relax with 26% do not have someone to talk to about problems 29% do not have someone to help if they were confined to a bed	pg 37
	Social Cohesion	25% feel they can not trust people in their community 20% can not count on adults in their community 13% think people in their community are unwilling to help 10% do not feel safe in their community	pg 37
	Support for Caregivers	 1 in 5 are caregivers  6 out of 10 caregivers don't feel that they have adequate support	pg 37

***Gorge Wide Food Survey**

Columbia Gorge Regional Health Assessment-2016

Populations with disparities by race/ethnicity, income, or insurance

Basic Needs	Basic Needs	4 in 10 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without a basic need and healthcare need 	pg 18
Basic Needs	Income Security	 More than half of the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had trouble paying for basic needs	pg 18
Basic Needs	Food Security and Healthy Eating	1 in 4 in the Hispanic/Latino/Other, Uninsured, and Medicaid populations had to go without food 	pg 18
Basic Needs	Housing Security	About 40% in Hispanic/Latino/Other, Uninsured, and Medicaid populations are worried about their housing situation 16% of these populations had to go without stable housing	pg 19
Basic Needs	Transportation Access	 About 1 in 4 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without transportation	pg 20
Basic Needs	Health Insurance	Hispanic/Latino/Other and Low income populations are about twice as likely to be uninsured than the general population	pg 20
Community and Social Environment	Social Support	Low income was less likely to feel like they had these social supports than higher incomes Uninsured and Medicaid populations were less likely to feel like they had these social supports than the Private and Medicare populations.	pg 37
Community and Social Environment	Social Cohesion	35% of Low income, Uninsured, and Medicaid populations feel they can not trust people in their community 25% of Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations can not count on adults in their community 25% of the Uninsured think people in their community are unwilling to help 20% of the Uninsured do not feel safe in their community	pg 37
Community and Social Environment	Support for Caregivers	 6 out of 10 caregivers do not feel like they have adequate support	pg 37

Columbia Gorge Regional Health Assessment-2016

Adults (ages 18-98)

Health Status	General Health	1 in 4 rated their health as fair or poor 2 out of 3 are overweight or obese	pg 22
	Chronic Medical Conditions	**High blood pressure** is the most common chronic condition More than half have a chronic medical condition	pg 22
	Mental Health Conditions	**Depression** is the most diagnosed mental health condition 1 in 3 have a mental health condition	pg 22
	Trauma and Resilience	3 out of 4 experienced one or more traumatic event About 4 out of 10 had someone do something harmful to them	pg 23
	Alcohol, Tobacco, Other Drugs	21% have three or more drinks on the days they drink 19% use tobacco 15% use marijuana 7 % use other drugs	pg 24
Healthcare Access	Physical Healthcare Access	1 in 5 do not have a primary care provider and are going without needed care	pg 26
	Dental Healthcare Access	**Greatest unmet healthcare need:** 344 people are going without care 1 in 4 are going without needed care	pg 26
	Mental Healthcare Access	**Access greatly improved from 2013** 46% got care from primary care provider 30% got care from county mental health clinics	pg 27
	Substance Use Treatment	7% needed substance use care, of those 68% are receiving treatment	pg 28
	Medications	1 in 10 cannot get all their medications	pg 29
	Specialists	Neurology, substance use treatment, and cancer treatment had highest unmet need Most people use local services	pg 29

Columbia Gorge Regional Health Assessment-2016

Adults with disparities by race/ethnicity, income, or insurance (ages 18-98)

	General Health	35% of Low income and Medicaid populations rated their health as fair or poor	pg 22
Health Status	Chronic Medical Conditions	3 out of 4 on Medicare have a chronic medical condition 	pg 22
Health Status	Mental Health Conditions	**Anxiety** is the most diagnosed mental condition for Low income and Medicaid  2 of 5 of the Low income population have a mental health condition Half of Medicaid recipients have a mental condition 	pg 22
Health Status	Trauma and Resilience	Half of the Medicaid population has experienced 3 or more traumatic events 	pg 23
	Alcohol, Tobacco, Other Drugs	The Uninsured and Medicaid population were more likely to have three or more drinks, use tobacco, and use other drugs than general population Low income was more likely to use tobacco than the general population	pg 24
	Physical Healthcare Access	1 in 4 of the Uninsured and Medicaid populations are going without needed care  More than half of the Uninsured do not have a primary care provider	pg 26
Healthcare Access	Dental Healthcare Access	About 37% of the Low income, Uninsured, and Medicaid populations are going without needed care	pg 26
Healthcare Access	Mental Healthcare Access	Nearly twice as many Medicaid recipients are going without needed care than the general population	pg 27
Healthcare Access	Substance Use Treatment	15% of Medicaid recipients needed substance use care High income, Uninsured, and Private insurance populations were twice as likely to go without needed care than the general population	pg 28
Healthcare Access	Medications	No significant disparities	pg 29
	Specialists	Low income had more unmet orthopedic needs than the general population Private insurance had more unmet cardiology needs than the general population Medicaid had more unmet skin condition needs than the general population	pg 29

Columbia Gorge Regional Health Assessment-2016

Youth (ages 0-17)

	General Health	1 in 10 rated their health as fair or poor* 1 out of 3 are overweight or obese*	pg 31
Health Status	Chronic Medical Conditions	**Asthma** is the most common chronic medical condition	pg 31
Health Status	Mental Health Conditions	**Anxiety** is the most diagnosed mental health condition 1 in 4 have a mental health condition	pg 31
Health Status	Trauma and Resilience	Nearly 1 out of 4 had an adult hurt them on purpose*	pg 31
Health Status	Alcohol, Tobacco, Other Drugs	20% have had alcohol* 14% have used tobacco* 15% have used marijuana* 5% have used other drugs*	pg 32
Healthcare Access	Physical Healthcare Access	1 in 10 parents said their children are not getting all needed care **VS** 1 in 5 youth feel they are not getting all needed care*	pg 34
Healthcare Access	Dental Healthcare Access	1 in 10 parents said their children are not getting all needed care **VS** 1 in 5 teens haven't been to the dentist in the past 12 months	pg 34
Healthcare Access	Mental Healthcare Access	8% parents said their children are not getting all needed care **VS** 15% youth feel they are not getting all needed care*	pg 34
Healthcare Access	Substance Use Treatment	7% needed substance use care, of those 22% are receiving treatment^	pg 35
	Medications	1in 20 teens have used prescription drugs without a doctor's orders*	pg 35

***This information is from the Oregon and Washington Healthy Teen Survey**

^ This information came from the Oregon Health Authority (OHA) Behavioral Profiles

All other information is from the 2016 Community Health Survey

Columbia Gorge Regional Community Health Assessment-2016

The Cohort

In 2013, the Columbia Gorge Region came together to create an integrated Columbia Gorge Regional Community Health Assessment. The first integrated assessment represented healthcare providers from six counties, as well as non-profits and social service agencies. They worked together to create a prioritized set of needs for the region, as well as identify unique needs in specific areas and groups within the region.

Keeping with that spirit of collaboration, the organizations listed worked together again in 2016 to create a new regional health assessment. In addition to the 2013 cohort members, we added a new county to the region, Wheeler and two new organizations, United Way of the Columbia Gorge and Four Rivers Early Learning Hub. We used the Columbia Gorge Health Council with its Consumer Advisory Council as the organizers.

We were once again able to look at social and economic conditions, in addition to key healthcare information in the region. By doing so we were able to recognize the most important issues that face our population. This method of cross organizational, cross-county forum was able to serve the needs of multiple organizations. Our Principles of Collaboration remained the same and outline our mutual intention:

- A collaborative approach to the Community Health Survey (CHA) and the Community Health Improvement Plan (CHIP) is better for our region, yielding more accurate and more actionable products, as community providers agree on the needs within our region and communities and as we align our abilities to address those needs together.
- A collaborative approach to the CHA and CHIP will maximize collective resources available for improving health in the region.
- A collaborative approach to the CHA and CHIP must be truly collaborative, requiring commitments of cash or in-kind resources from all participants who would use it to satisfy a regulatory requirement.

The Cohort

Columbia Gorge Health Council

Four Rivers Early Learning Hub

Hood River County Health Department

Klickitat Valley Health

Klickitat Public Health

Mid-Columbia Medical Center

Mid-Columbia Center for Living

North Central Public Health District

One Community Health

PacificSource Community Solutions

Providence Hood River Memorial Hospital

Skamania County Health Department

Skyline Hospital

United Way of the Columbia Gorge

The rest of this document illustrates our collaborative effort, and our shared recognition of the greatest needs in the Columbia Gorge Region.

About the Region

The Columbia Gorge Region is comprised of seven counties and lies on both sides of the Columbia River. In Oregon, the Columbia Gorge region is represented by Hood River, Wasco, Sherman, Gilliam, and Wheeler counties. Skamania and Klickitat counties make up the Washington side of the Columbia Gorge region. These counties cover 10,284 square miles and are home to a population of approximately 84,000.

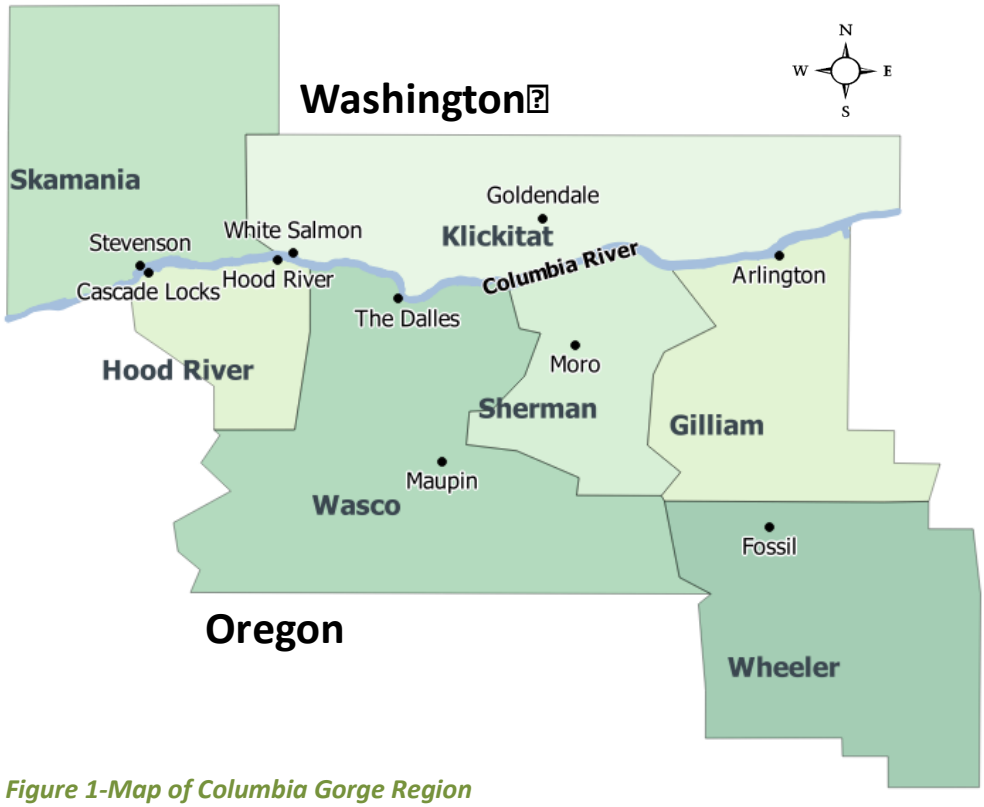


Figure 1-Map of Columbia Gorge Region

The Columbia Gorge Region is a mostly rural area with only a few towns that are larger than 1,000 people. Agriculture is a large industry in almost every county. Tourism, healthcare, forestry, and growing technology firms also drive the economy. Many of our industries rely on seasonal employment. Therefore, we experience a large influx of workers, especially migrant and seasonal farmworkers.

Demographics

Overall Region Demographics

The current population of the Columbia Gorge Region is 84,234. Hood River, Klickitat, Wasco and Sherman counties have seen a steady increase in population since 2013, while Gilliam and Skamania have seen an overall population decrease. Overall the population in these counties is older than the general population of Washington and Oregon. Also, the Hispanic population has grown in almost every county. The region is also represented by relatively small populations of Blacks, American Indians, and Asian or Pacific Islanders.

Table 1-Overall Demographics

		Columbia Gorge Region								
		Hood River	Gilliam	Sherman	Wasco	Wheeler	Oregon	Klickitat	Skamania	Washington
Total Population		23,655	1,925	1,730	25,909	1,380	4,024,730	21,549	8,086	7,185,383
Ethnicity	Hispanic Population	7,300	141	137	4,570	74	515,904	2,775	561	901,137
	Non Hispanic Population	16,355	1,784	1,593	21,339	1,306	3,508,826	18,774	7,525	6,284,246
Race	White	19,445	1,777	1,567	21,992	1,232	3,302,732	18,534	7,354	5,378,968
	Black	135	5	8	162	-	75,965	107	48	282,815
	American Indian	218	27	33	950	26	57,176	513	169	110,808
	Asian Pacific Islander	398	30	4	406	14	186,442	194	92	631,683
	Other	2,700	42	64	1,597	42	233,308	1,452	137	411,583
	2+ Races	759	44	54	802	66	169,107	749	286	369,526

Source: Data from Truven Market Expert 2016

Survey Participant Demographics

The Columbia Gorge Health Survey was completed by 1,368 adults and was representative of 3,590 adults and children. 84% of participants were English speakers, while 10% were Spanish speakers. Most adults were Non-Hispanic whites. There was also a higher volume of older adults in relation to the general population of region. Of those that responded 48 were Dual eligible. 60% of them are under the age of 65.

Table 2-Survey Participant Demographics

		Survey Participant Demographics								
		Hood River	Gilliam	Sherman	Wasco	Wheeler	Oregon	Klickitat	Skamania	Washington
Total Population		398	18	13	392	14	835	340	110	450
Ethnicity	Hispanic Population	135	2	-	55	-	192	12	5	7
	Non Hispanic Population	252	16	13	331	14	626	315	102	417
Race	White	332	18	13	365	14	742	306	101	407
	Black	-	-	-	2	-	2	1	3	4
	American Indian	6	-	-	2	-	8	3	-	3
	Asian Pacific Islander	12	1	1	-	-	34	19	5	24

Forces of Change

Forces of change are “trends, factors or events—that are or will be influencing health and quality of life of the community and the local public health system” (NACCHO). There are several forces of change affecting the Columbia Gorge region that impact our health and health system.

Forces of Change	Local impact
Changes to Health Insurance	• Medicaid expansion significantly increased coverage ifor the adult population • The number of adults covered now equals the number of children covered (about 5,000 newly covered adults) • Qualified Health plans help provide coverage to those who do not meet Medicaid qualifications based on a sliding fee scale • Number of uninsured went from >30% to ~10% • Prior to 2013, Medicaid only provided dental coverage for children. Starting in 2014, Medicaid expanded dental coverage for adults. • In July 2016, Medicaid expanded its benefits for dentures
Legalization of Marijuana in Washington and Oregon	• Marijuana is now available recreationally • Youth and adult use is higher
Immigration Reform	• There has been little movement on immigration reform. This has prevented people from becoming citizens • In Oregon, people are no longer able to get a driver's license without documentation • CAWEM and CAWEM Plus (Emergency Medical Care for Non-Citizens) provides coverage for emergency medical services and pregnancy care for those that do not qualify for Medicaid based on legal status
Increase in Housing Costs	• Oregon land use laws restrict where housing can be built, aka Urban Growth Boundary. Therefore there is likely to be increased pressure for denser housing • There is an existing deficit of affordable housing. • There is a limited supply of residential land for apartment/condominium development. This type of development is a comparatively afforadable type of housing • The US Department of Housing and Urban Development (HUD) adopted the Affirmatively Furthering Fair Housing (AFFH) rule in 2015 to encourage fair housing outcomes ▪ Patterns of integration and segregation; ▪ Racially or ethnically concentrated areas of poverty; ▪ Disparities in access to opportunity; and ▪ Disproportionate housing needs
Trauma Informed Care and the Sanctuary Model	• This is a new model for treating patients and clients. • The model encourages organizations to create culture that is more welcoming and non-judgmental • More emphasis is placed on :what happened to you" instead of "what's wrong with you"

Sources of Information

To create the 2016 Community Health Survey, we partnered with Providence’s Center for Outcomes Research and Education (CORE) to design a base survey of 36 questions. In addition, the Community Advisory Council (CAC) formulated an additional 91 questions. From which, 36 were selected to appear on the survey. These additional questions enabled us to collect information about access to specific kinds of care, trauma history, housing security, and social support/social cohesion. Surveys were available and distributed in both Spanish and English. Additionally, we used several other sources of information from the community to supplement our data and provide additional resources.

Mail survey

2,500 households received the survey based on a random mailing address based sampling method. The mail survey was representative of healthcare needs for those who have a stable address. If the address's zip code was in an area where at least 10% of the households reported Spanish was spoken at home, a Spanish and English survey was mailed to them. Of the 2,500 surveys that were mailed, 675 were returned, 13 of which were Spanish language surveys. Although more surveys was returned, the response rate was 27% compared to a 35% response rate in 2013.

Hand-fielded survey

The hand-fielded survey was meant to reach the populations that did not have stable housing or who did not speak English, as they were less likely to respond to the mailed survey. To do this, volunteers handed out surveys at locations that may be frequented by those who were less likely to participate in the mailed survey. Places that the survey was available included Meals on Wheels, Department of Human Services Self Sufficiency agencies, and county mental health clinics. With the help of these agencies we were able to collect 694 surveys, which was slightly more than the number completed in 2013.

Oregon Healthy Teen Survey

The Oregon Healthy Teen Survey is a completely anonymous and voluntary survey that is conducted among the 8th and 11th graders across Oregon. It attempts to monitor the health and well-being of youth in all counties. Consequently, questions that are related to alcohol, tobacco, drug use, personal safety, violence, diet, exercise, and access to care are asked. The survey is only conducted in odd years, therefore the data we use is from 2015. The data is representative of 717 teens from Wasco, Hood River, Gilliam, and Sherman counties; Wheeler did not participate.

Washington Healthy Teen Survey

The Washington Healthy Teen Survey is also an anonymous survey given to 6th, 8th, and 10th graders across Washington. It aims to provide a glimpse of the health of adolescents in Washington by asking questions about health, risk, safety, and substance use behaviors. This survey is conducted in even years, so this data is from 2014. The data is representative of 318 students from both Skamania and Klickitat counties.

Gorge Wide Food Survey

The Columbia Gorge Health Council and the Community Advisory Council conducted a survey to address food insecurity in the Gorge. It addressed questions such as "did you skip a meal", "are you worried about food running out", and "what makes it difficult to access food." The survey was distributed in five counties: Hood River, Wasco, Sherman, Skamania and Klickitat. Due to this collaborative work, the survey is representative of 4,664 people, many of which represent vulnerable populations in our region. The majority of participants were English speaking and about a third identified as Hispanic. Nearly half of the participants were receiving SNAP, WIC, or Free and Reduced Lunch.

Oregon Health Authority Behavioral Health Profiles

This Oregon Health Authority (OHA) data addresses both mental health and substance use conditions in Medicaid patients in Hood River, Sherman, and Wasco counties. The data provides estimates of those that have a mental health or substance use condition. To derive these estimates, OHA looked at insurance codes on patients records and recorded any that had to do with a mental health service, substance use service, diagnoses of either, or prescriptions, etc. This derived prevalence, based on insurance codes, indicates actual diagnoses. The OHA data also includes those that are receiving treatment for these conditions.

PacificSource Medicaid Utilization Rates

This data is representative of Oregonians in the Columbia Gorge CCO region that are on Medicaid. The data presented shows the number of times members visited their primary care provider, behavioral health, or dentist. The data covers 2013-2016, however there is no data for dental visits in 2013 because dental coverage was not a part of the CCO until 2014.

Coordinated Human Services Transportation Plan Data

Mid-Columbia Economic Development District distributed a survey in Wasco, Hood River, and Sherman counties to get a better sense of these communities' needs in regards to transportation. Questions regarded the use of transportation, their destinations, whether it was a barrier to receiving services, etc. The survey was passed out to clients at social service agencies, as well as the staff themselves. It was also distributed at senior centers, to the public, and to the public transportation providers in each county. About 775 people completed the survey.

Emergency Department Utilization

Collective Medical Technologies (CMT) uses real-time data, risk analytics, notifications, and shared care guidelines to prompt and guide provider decision making in a way that drives differential outcomes in terms of reduced ED utilization and inpatient readmissions. CMT was able to provide us with accurate up to date information about Emergency Department Utilization based on Emergency Department Information Exchange (EDIE).

Healthcare and Agency Ecosystem

Due to the relatively small size of the regional population, many healthcare professionals, social service agencies, and non-profits in the Columbia Gorge Region serve patients and clients across county and state boundaries. Therefore, this regional approach to a community health needs assessment provides the opportunity for multiple organizations to leverage our collective work for the benefit of the entire community.

Healthcare Professionals

The Columbia Gorge Region is served by four hospitals: Providence Hood River Memorial Hospital (Hood River^[1]), Skyline Hospital (White Salmon), Mid-Columbia Medical Center (The Dalles), and Klickitat Valley

[1] Hood River County also has a city called Hood River. The notation Hood River^ means the city. All other references of Hood River mean the county of Hood River

Hospital (Goldendale). Each has been designated as a Critical Access Hospital, except Mid-Columbia Medical Center.

Each of the seven counties has access to a primary care provider. Gilliam, Sherman, and Wheeler counties are able to receive care locally through mid-level providers. For the rest of the counties, both mid-level and physicians are available for care. The Columbia Gorge Region is also served by One Community Health, which has been designated as a Federally Qualified Health Center (FQHC). One Community Health has offices in The Dalles and Hood River^.

Acknowledgment to the Clinical Advisory Panel (CAP)

The Clinical Advisory Panel, or CAP, is a panel of providers specializing in variety of fields including primary care, physical therapy, dental, family medicine, psychiatrist, etc. Their goals focus on building networks of care that promote improving care, improving experience of care, and reducing cost. They help set clinical standards within the community and determine how clinical priorities are implemented.

The CAP has been involved in several projects aimed at bettering community health. They have advocated for mental health services. In fact, as a result of the expansion of behavioral health consultants into primary care settings, more people are getting the mental health services they need. The panel was also supportive in the effort to establish the first school based health center in the region at Hood River Valley High School. In short, the CAP is trying to create a better health and healthcare environment in the Columbia Gorge Region.

Table 3-Participating health organizations in the CAP

Advantage Dental	Mid-Columbia Medical Center
Columbia Gorge Family Medicine	North Central Public Health Department
Deschutes Rim	Northwest Pediatrics and Adolescent Medicine
Hood River County Health Department	One Community Health
Hood River County School District	Oregon Health and Science University
Kids Dental Zone	Oregon Health Authority
Little Shredders Dental	PacificSource Community Solutions
Mid-Columbia Center for Living	Providence Hood River Memorial Hospital

Social Service and Governmental Agencies

Acknowledgment to the Community Advisory Council (CAC)

The Community Advisory Council, or CAC, is comprised of Medicaid consumers, community members, and local organizations. Their mission is to give the community a voice so that the consumer and community health needs are heard. They provide feedback on current services and programs and give their input on new program ideas. They also help connect organizations which in turn improves community connectedness.

The CAC also plays a large role in overseeing the Community Health Assessment. As part of this role, the CAC played an integral role in creating survey questions. The additional questions they drafted helped to highlight the community needs, such as trauma informed care. Additionally, many CAC agencies helped to distribute the hand-fielded surveys and enter the data.

The CAC is also responsible for the Community Health Improvement Plan (CHIP). Through the Community Health Survey data, they are able to call out area of concerns in the region. They go further and support the community in addressing these topics. By endorsing proposals, signing letters of support, and continuously advocating for CHIP topics they are the voice of community input.

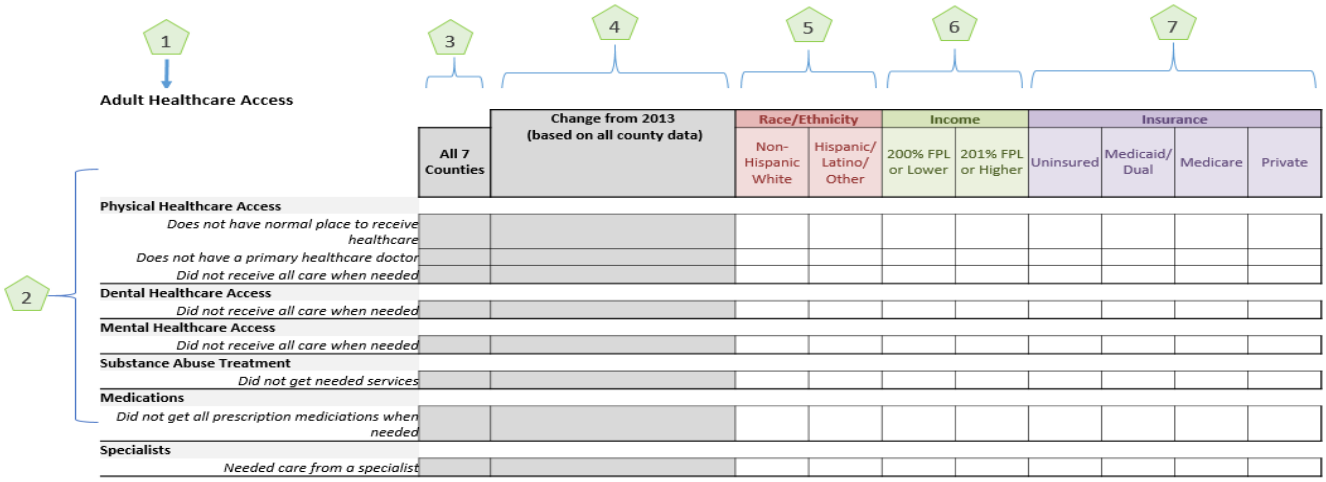
Overall, the Community Advisory Council is an essential voice of the community to create a better and healthier region.

Table 4-Community Advisory Council (CAC) members

Member Perspectives	Healthcare	Social Service and Governmental Agencies
• Parent of child with disabilities • Grandparent of child with disabilities • Adult with disabilities • Adult with dual diagnosis • Parent of child with behavioral issues • Low-income • English as a second language • Migrant/Seasonal Farmworker liaison	• Advantage Dental • Columbia Gorge Family Medicine • Klickitat Public Health • Klickitat Valley Hospital • Mid-Columbia Center for Living • Mid-Columbia Medical Center • North Central Public Health District • Oregon Health and Science University • Greater Oregon Behavioral Health Inc. • One Community Health • Providence Hood River Memorial Hospital • Skyline Hospital	• 211Info • Aging in the Gorge Alliance • Columbia Gorge Health Council • Hood River County School District • Mid-Columbia Council of Governments • Mid-Columbia Housing Authority • Oregon Child Development Coalition • Gorge Grown • HAVEN • Helping Hands Against Violence • Hood River County Prevention Department • Oregon Department of Human Services • Oregon Health Authority • Oregon State Extension Program • PacificSource • Revell Coy Insurance • Sherman County Commissioner • The Next Door • United Way of the Columbia Gorge • YOUTHTHINK

How to Read the Results of the Analysis

The following diagram will help you read the results that will be presented in the following pages. These pages include the results of hand fielded surveys, mail based surveys, and alternate data sources to supplement the health assessment data.



1. The topic heading refers to the overall topic that will be analyzed.
2. The subtopics of each main section with important data points or survey questions.
    a. Each question is based on a negative view, such as did not receive care, so in most cases lower numbers are better.
3. The **Region** column represents the results of all 7 counties together.
4. The **Change** column compares data, where applicable, from the 2013 community health assessment to the 2016 community health assessment. This column first displays an arrow followed by a graph. If the arrow is green and pointing down, the topic improved, while a red, pointing upwards arrow indicates the topic worsened from 2013. In the bar graph, the dark blue represents 2016 and the light blue represents 2013. **It should be noted that the 2016 mail survey data was weighted based on age because the older population responded at a much higher rate and was not reflective of the general population. Therefore, we need to take notice that the comparisons are not perfect.
5. **Race/Ethnicity View (red)** shows results for Non-Hispanic whites and Hispanic/Latino/Others. The other category includes Asian, Black, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native.
6. **Income View (green)** shows results for those under 200% Federal Poverty Level (FPL) and those above 201% Federal Poverty Level.

Federal Poverty Level Guidelines		
	2013 200% FPL	2016 200% FPL
1 person household	$22,980	$23,760
4 person household	$44,100	$48,600

7. **Insurance View (purple)** shows the results for those with Private insurance, Medicare, Medicaid, and those that are uninsured or have another type of insurance.

**** If a box has a double lined border and the number is in the middle, this represents that the number is significantly different from the results of the overall region**
**** If data had less than 25 people answer the question the information was omitted**

Additionally, this document is best read in color. Within the narratives, if text is bold and black it means that the topic is of notable concern for the whole region. If the text is bold and colored, the color indicates that the topic is a disparity for a particular group. If the color is….

1. Red-the disparity is within a particular race or ethnicity
2. Green-the disparity is within the income population
3. Purple-the disparity is within a particular insurance population
4. Blue-this is important data from another survey

*** All data is from the 2016 Community Health Survey unless otherwise noted**

Basic Needs

Social Determinants of health, or basic needs, are "the conditions in the places where people live, learn, work, and play" (CDC) that directly impact people's health. Examples of these basic needs include:

- Income
- Food
- Housing
- Transportation
- Health Insurance

In the Columbia Gorge Region, **nearly 1 in 4 people are going without a basic need**. Those with lower incomes are **7 times more likely** to go without a basic need than someone with a higher income. Despite disparities across population categories, all groups said that **food and transportation** are the biggest unmet needs. Similarly, **1 in 4 people are going without a healthcare need**. The healthcare need people are going without the most, in all population categories, is **dental healthcare**. This unmet need is affecting about **1 out of 3 people in the uninsured population**. In short, going without any one of these necessities can greatly affect health.

Income Security

Income security means having the amount of income necessary to cover the basic necessities of life. Following this definition, **1 out of 3 people** are experiencing some kind of financial instability. Income insecurity affected the Hispanic/Latino/other, low income, Medicaid, and uninsured populations at a much higher rate than other populations.

Food Security and Healthy Eating

In 2013 food security was identified as a Community Health Improvement Plan (CHIP) topic. To address this issue, programs such as VeggieRx were initiated in the hopes of making healthy food more accessible. However, the 2016 Community Health Survey revealed that food security is still a major issue for the Columbia Gorge Region. According to the Gorge Wide Food Survey, **1 in 5 people ran out of food and 1 in 3 were worried**

about running out[2]. It also indicated that food security was a major issue especially for people receiving WIC, SNAP, and Free and Reduced Lunch programs. The Community Health Survey showed that **more than 1 in 10 people are going without food**. However, those in the Medicaid, uninsured, or Hispanic/Latino/Other populations go without food at a rate of **1 in 4**. In fact, those with lower incomes are almost **10 times more likely** to go without food than those with higher incomes. Additionally, in the Healthy Teen Survey, **1 in 7 teens** said that they ate less than they should because there wasn't enough money to buy food[3].

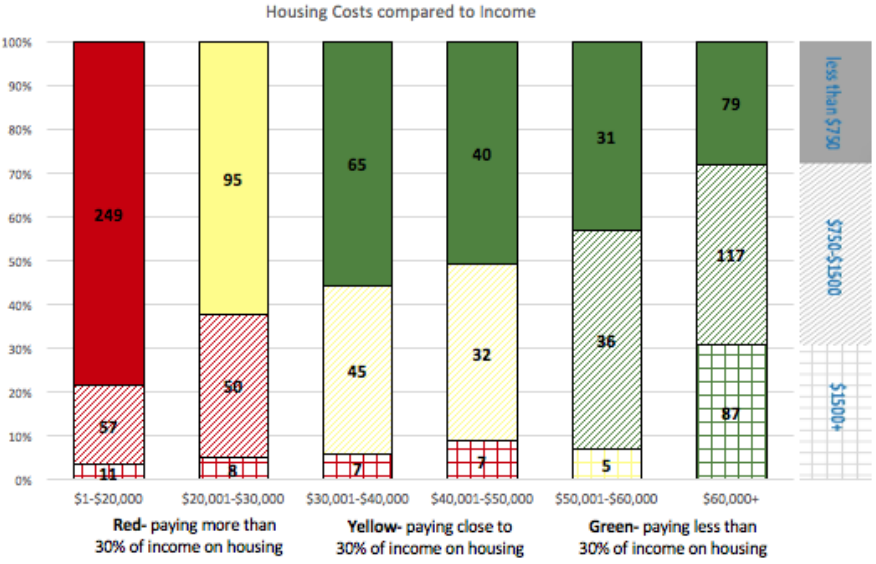
***4 in 10** eat 2 or less servings of fruit and veggies a day*

Food security, however, does not stop with having enough food but also having access to healthy food. In a region where agriculture is a large industry one may believe that healthy foods, such as fruits and vegetables, would be easily accessible. However, this does not seem to be the case. According to the United States Department of Agriculture, we should be eating at least 5 servings of fruits and vegetables a day. Yet, **4 in 10 people are eating less than half of the recommended amount** and only **a quarter** are getting the recommended average. Similar results appeared in the healthy teen survey. **Half of the teens** ate 2 or less servings of fruit and vegetables while only **a quarter** got the recommended amount[3]. This was the case for all populations regardless of race, income, or insurance. If a respondent did not have children, they were more than **2 times as likely** to eat less than the recommended amount than those with children.

***Only a quarter** eat recommended servings*

Housing Security

Housing Security was also chosen as a CHIP topic in 2013. With housing and rent prices on the rise and limited long term housing options, housing security remains a large source of disparity in the Columbia Gorge Region. **Approximately 1 out of 10 people had to go without housing in 2016**. Even more, about **a quarter of the population** is worried about their current housing situation. This insecurity faced the lower income, Hispanic/Latino/Other, uninsured, and Medicaid populations the most. **10% of the population is paying more than $1,500 for housing a month. Of the 10%**



***1 out of 4** are worried about housing*

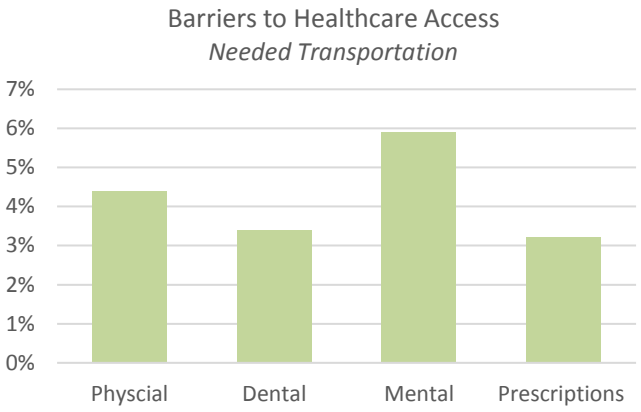
[2] Source: Gorge Wide Food Survey

[3] Source: Oregon and Washington Healthy Teen Survey

paying $1,500, 13% of them fall below 200% FPL. Approximately half of the population are cost burdened, which means they spend more than 30% of their yearly income on housing.

Transportation Access

Access to transportation was the final CHIP topic of 2013 in the social and economic conditions category. It was the **second most common basic need** people had to go without behind food. Despite efforts made to combat this problem and due to limited public transportation in the Gorge, **transportation is still a significant problem**. The disparity was most notable among those of the lower income population, who were **10 times more likely** to go without transportation than those with higher incomes.



According to the Coordinated Human Services Transportation Plan survey, most people need transportation for:

- **Medical care**
- **Essential shopping**
- **Going to work**

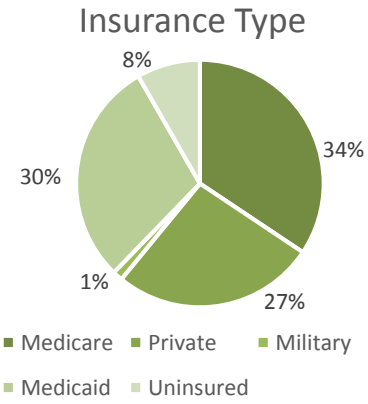
Lack of transportation is a frequent **barrier to getting necessary healthcare** for both adults and youth. Furthermore, in the local transportation survey, social service agencies were asked if transportation was an interference in the effectiveness of serving their clients. Of the counties that participated, lack of transportation was cited as a barrier at the following rates[4]

- **Wasco: 49%**
- **Hood River: 38%**
- **Sherman: 60%**

Thus, lack of transportation is not only inhibiting people from the medical care they need, but also social service programs they could greatly benefit from.

Health Insurance Status

Since 2013 and the implementation of the Affordable Care Act the **number of uninsured in the region has been cut in half**. Those that remain uninsured are more likely to be a part of the lower income and Hispanic/Latino/Other populations. A majority of the uninsured are also from Oregon. The most common form of insurance is Medicare followed by Medicaid.



[4] Source: Coordinated Human Services Transportation Plan Survey

Basic Needs/Social Determinants

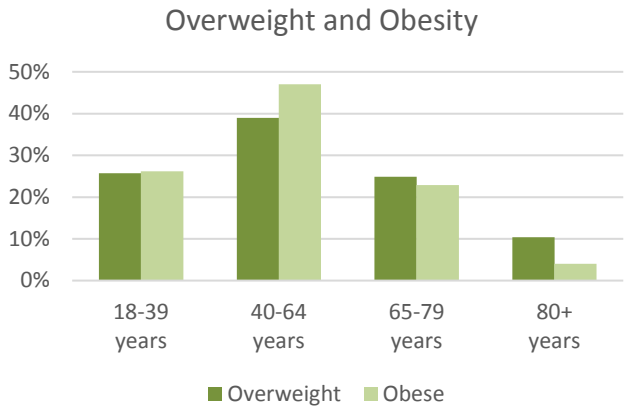
		Race/Ethnicity		Income		Insurance			
	All 7 Counties	Non-Hispanic White	Hispanic/ Latino/ Other	200% FPL or Lower	201% FPL or Higher	Uninsured	Medicaid/ Dual	Medicare	Private
Have you had to go without any of the following because you were having trouble making ends meet									
One or more social determinants(food, utilities, transport, clothing, childcare)	n=1258 **23.1%**	18.3%	40.4%	37.6%	5.1%	45.3%	44.2%	11.5%	9.0%
One or more health needs(medical, medicine, dental)	n=1258 **25.7%**	22.9%	36.2%	38.7%	10.8%	47.4%	37.6%	19.3%	14.8%
Income Stability and Jobs									
Any financial instability	n=1258 **33.8%**	29.7%	49.4%	52.8%	12.1%	61.1%	55.4%	21.8%	18.0%
Food Security and Healthy Eating									
Had to go without food	n=1258 **12.2%**	8.5%	26.0%	18.4%	2.6%	25.3%	23.6%	4.4%	4.9%
Eat less than 2 servings of fruit a day	n=1091 **49.3%**	50.9%	41.9%	51.5%	44.4%	46.0%	48.8%	43.2%	56.1%
Eat less than 2 servings of vegetables a day	n=1254 **35.6%**	34.3%	39.0%	41.3%	30.0%	43.0%	37.8%	28.0%	39.8%
Housing Security									
Does not have stable housing or worried about it	n=1153 **22.6%**	20.3%	32.4%	37.8%	6.4%	38.7%	46.0%	13.0%	9.5%
Pays more than $1500 a month	n=1172 **1.8%**	12.6%	8.5%	4.4%	20.0%	8.7%	1.3%	10.4%	21.5%
Transportation Access									
Had to go without transportation	n=1258 **13%**	10.3%	23.0%	21.7%	2.4%	24.2%	27.9%	5.0%	3.6%
Health Insurance Status									
Does not have health insurance	n=1317 **7.9%**	5.5%	14.6%	13.7%	3.0%	*	*	*	*
Had insurance for only part of the year	n=1306 **13.9%**	10.2%	25.4%	23.3%	6.5%	91.0%	14.6%	4.2%	2.5%

Figure 2- Basic Needs/Social Determinants

* refer to page 14 for instructions on how to read data tables

Adult Health Status

Overall Health Status-Adult



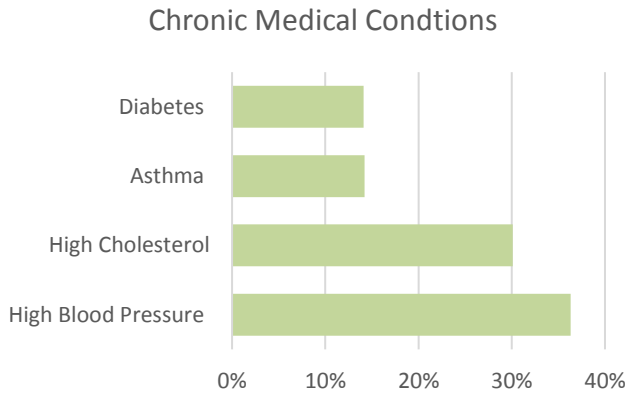
A quarter of the population rated their physical health as fair or poor. This rating was more typical amongst those with only a high school diploma or GED and the unemployed.

1 out of 4 *think they have fair or poor health*

Additionally, the BMI for adults was calculated based on the height and weight they provided. This revealed that the **40 to 64 year old category** was the most likely to be overweight or obese. It also showed that about **2 out of 3 people in the region are overweight or obese,** which is about the same as the national average.

Chronic Medical Conditions-Adult

A chronic medical condition is a condition or disease that lasts for longer than three months. In the Gorge **more than half of the adult population** is affected by at least one of these conditions. The most common condition is **high blood pressure** followed by **high cholesterol**. Non-Hispanic whites and Medicare recipients are more likely to have a chronic disease than other populations.



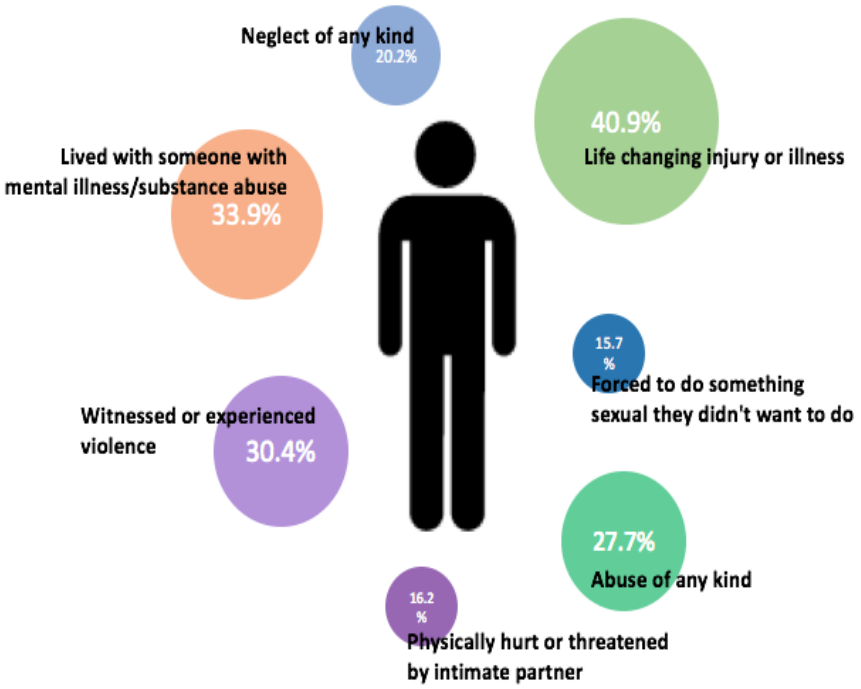
Mental Health Conditions- Adult

Mental health diagnoses are more widespread among the Non-Hispanic whites, low income, and Medicaid populations. **More than 1 in 3** have a mental health condition, the most common being **depression**. **A quarter of the population** is experiencing one physical condition and one mental condition.

37% *have at least one mental health condition*

Trauma and Resilience-Adult

A traumatic event is any event that causes physical, emotional, spiritual, or psychological harm. Scientific evidence has shown how these traumatic events, especially those that happen in our youth, can lead to long term health outcomes. People who have experienced a traumatic event are more likely to have a chronic medical condition, mental health condition, and an early death. With more emphasis being placed on trauma informed care, we thought it was important to see how traumatic events have impacted those within our community. As such, the 2016 survey featured a new section centered on traumatic events. Many of our questions were based on the Adverse Childhood Experiences (ACEs) study questions as well as a few of our own. While a few of these questions were asked in the 2013 Community Health Survey, they were presented in a different way in 2016. In the most recent survey there was one question that asked participants to what extent they had experienced some event in their life as opposed to separate questions for each hardship. When grouped this way the responses were drastically different. For example, in 2013 the question "Have you been forced to do something sexual that you didn't want to do" had a response rate around 1%; when grouped with other questions the response was 15.7%.



The results of this new section showed that **more than 3 out of 4 people** have experienced at least one traumatic event, while **2 out of 5 people** have experienced three or more traumatic events in their lives. Of those that have experienced a traumatic event, **40% had someone do something harmful to them**. This includes the categories of neglect or abuse of any kind, physically hurt by a partner, witnessed or experienced violence, and forced to do something sexual they didn't want to do. There were not significant disparities within any subpopulation group. The most common traumatic events experienced were life changing illness or injury, lived with someone with mental illness or substance abuse, and the unexpected death of a loved one.

3 out of 4 *have experienced at least one traumatic event*

2 out of 5 people *have experienced 3 or more traumatic events*

Alcohol, Tobacco, and Other Drugs- Adult

Alcohol Use

1 in 5 adults drink 4 or more times a week. This was more usual for Non-Hispanic whites and those with higher incomes. On the days that one drank, **1 in 5 are having 3 or more drinks**. Having 3 or more drinks a day is most common among the uninsured.

Tobacco Use

1 in 5 people use tobacco. This is more common among lower income, Medicaid, and uninsured populations. Use of tobacco was also higher for those that had experienced a traumatic event.

Other Drugs Use

Since 2013 marijuana and other drug use has increased. The use of marijuana is consistent throughout all population groups. However, other drug use is most prevalent in the lower income, Medicaid, and uninsured population. Non prescribed opioids were the most used drug besides marijuana. Those that have experienced a traumatic event used marijuana and other drugs at a much higher rate than the general population.

Adult Health Status

	All 7 Counties	Change from 2013 (2016 / 2013)	Race/Ethnicity: Non-Hispanic White	Race/Ethnicity: Hispanic/ Latino/ Other	Income: 200% FPL or Lower	Income: 201% FPL or Higher	Insurance: Uninsured	Insurance: Medicaid/ Dual	Insurance: Medicare	Insurance: Private
Overall Health Status										
Rate physical health as fair or poor	n=1308 **24.1%**		21.4%	33.7%	34.5%	10.7%	30.6%	34.8%	23.8%	12.9%
Overweight	n=1200 **31.8%**		30.9%	33.7%	29.6%	33.4%	40.0%	30.6%	33.8%	30.7%
Obese	n=1200 **33.8%**	No Comparable Data	32.8%	37.4%	38.2%	30.5%	33.3%	38.5%	29.6%	29.9%
Chronic Medical Conditions										
At least one physical condition	n=1293 **54.9%**		59.1%	41.8%	50.1%	54.8%	45.3%	44.5%	76.8%	47.4%
Mental Health Conditions										
Screen positive for depression	n=1183 **12.7%**		12.3%	15.4%	18.6%	6.8%	11.8%	22.1%	7.2%	8.0%
Screen Positive for Anxiety	n=1187 **16%**		15.5%	18.5%	22.2%	8.0%	15.5%	24.2%	11.0%	12.0%
Diagnosed with PTSD	n=1293 **10.2%**	No Data from 2013	10.8%	8.2%	12.9%	4.6%	6.3%	20.9%	6.7%	5.5%
At least one mental health condition	n=1293 **36.8%**		38.8%	29.3%	43.8%	26.5%	31.6%	52.9%	31.1%	29.2%
condition and 1 physical condition	n=1293 **24%**		25.6%	18.2%	28.3%	17.4%	21.1%	30.5%	26.5%	17.0%
Trauma and Resilence										
Experienced life-changing illness or injury	n=1315 **40.9%**	No Data from 2013	43.2%	33.0%	43.0%	37.4%	31.0%	42.5%	45.8%	37.1%
sexual that you didn't want to do	n=1315 **15.7%**	No Data from 2013	15.9%	15.5%	17.6%	11.5%	15.0%	24.6%	9.7%	14.3%
Experienced abuse of any kind	n=1315 **27.7%**	No Data from 2013	28.5%	25.4%	32.4%	20.1%	27.0%	40.8%	18.5%	25.2%
Experienced at least one traumatic event	n=1315 **78%**	No Data from 2013	82.1%	65.3%	78.6%	77.3%	75.0%	79.0.%	77.3%	77.9%
Experienced 3 or more tramuatic events	n=1315 **40.4%**	No Data from 2013	42.1%	35.7%	44.1%	34.6%	40.0%	50.4%	30.9%	38.0%
Alcohol, Tobacco, and Other Drugs										
Three or more drinks per day	n=760 **21.2%**		20.1%	24.2%	24.6%	17.7%	41.5%	29.4%	12.3%	17.6%
Tobacco use	n=1293 **19.6%**		19.8%	16.9%	25.1%	9.7%	27.8%	34.2%	9.1%	12.5%
Marijuana use	n=1189 **14.6%**		14.2%	12.7%	16.4%	14.7%	20.0%	16.1%	7.3%	16.7%
Other drug use	n=1189 **6.6%**		6.6%	7.5%	8.6%	4.5%	12.2%	13.1%	2.5%	3.3%

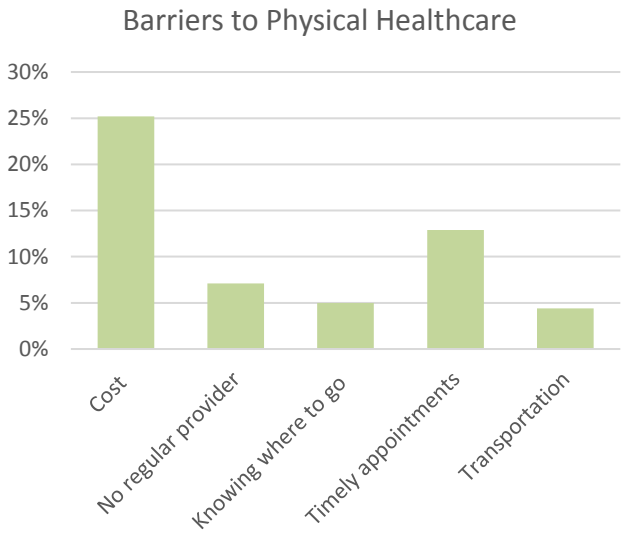
Figure 3-Adult Health Status

* refer to page 14 for instructions on how to read data tables

Adult Healthcare Access

Physical Healthcare Access-Adult

Physical healthcare access improved in 2016.



In comparison with 2013, people are now more likely to:

- Have a normal site for healthcare
- Have a primary healthcare doctor
- Receive all the care they need

The most common places to receive care are:

- Doctor's office
- Public health clinic

The majority of adults received care in:

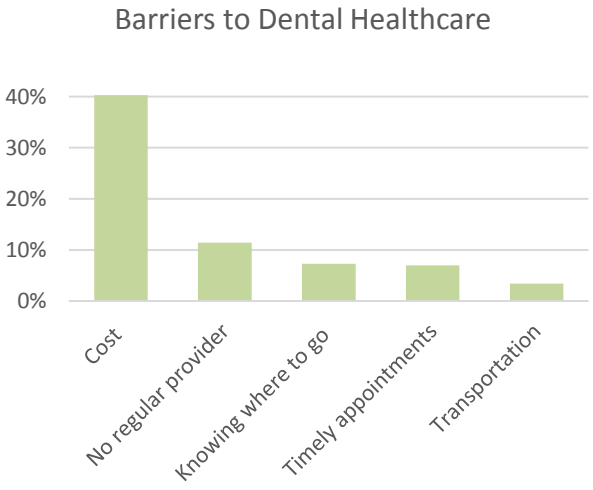
- Hood River^
- The Dalles
- Portland/Vancouver
- White Salmon

While the number of those receiving care did improve, **about 1 in 5 adults are still going without necessary care**. This unmet need is greater among people with lower incomes. The most common barriers to care are cost, not being able to get an appointment quickly enough, and not having a regular provider. According to a report about Medicaid members in Oregon, the number of primary care visits has been on a downward trend since 2013.

***18%** of adults have unmet healthcare needs*

Dental Healthcare Access-Adult

Dental healthcare access remains the greatest unmet healthcare need in 2016. A quarter of the population is not getting necessary dental care. This is mainly due to cost and not having a regular provider. Those that face unmet need the most are low income, Medicaid, and uninsured. In fact, **more than 1 in 3 Medicaid recipients** have an unmet need. Of those with unmet need, **63%** of Washington Medicaid users and **52%** of Oregon Medicaid users said it was due to cost. However, dental is covered under Medicaid and as such there should be no cost.



26% of adults have unmet dental needs

About 1 in 3 people also said that they did not need dental care. According to an OHA survey, of Oregon Medicaid users the average number of times a member sees a dentist is about once a year. However, preventative dental healthcare suggests people should be visiting the dentist twice a year. These results suggest that **education** about good dental healthcare and insurance benefits could play a big role in dental access.

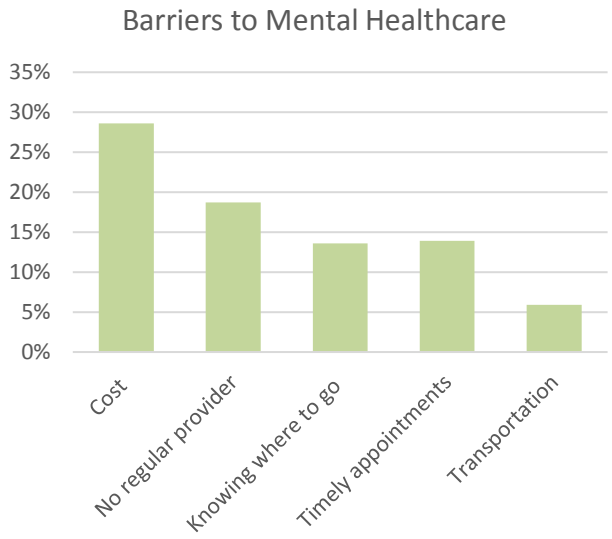
Mental Healthcare Access- Adult

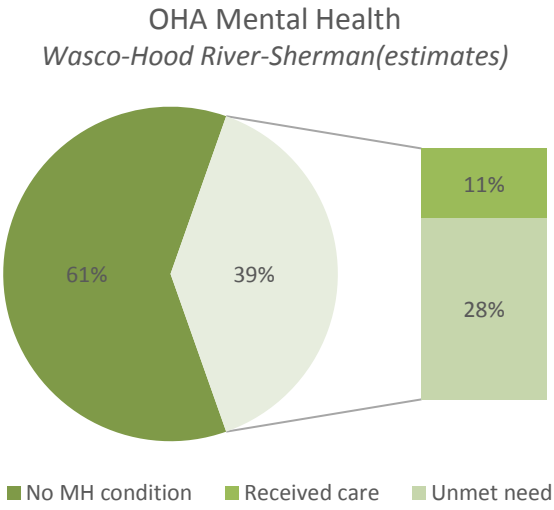
According to the 2016 survey, **mental healthcare access greatly improved from 2013. Less than 1 in 10 people** are not getting all of their mental healthcare needs met.

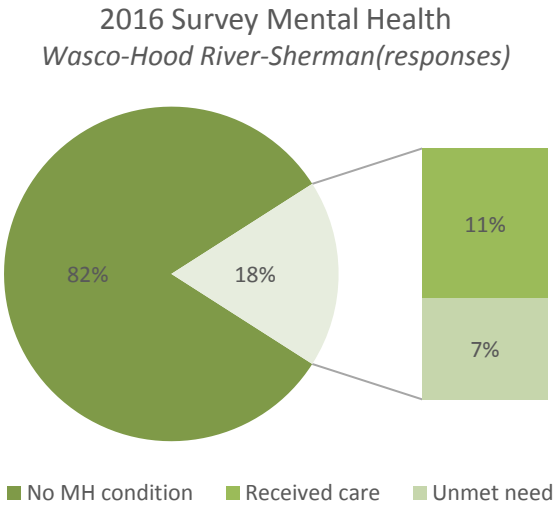
Most common places to receive care are:

- Primary healthcare provider
- County mental health clinic

Low income and Medicaid populations faced this access disparity the most. Most unmet needs are a result of cost, not knowing where to go, and not having a regular provider.







Data from Oregon Health Authority (OHA) sources on Wasco, Hood River, and Sherman counties shows that **39% of adults** in the three counties are estimated to have a mental health condition. Only **11%** of those with a mental health condition are receiving treatment **while 28% are not getting the necessary care**.[5] However, according to the Community Health Survey only **18% of adults** reported having mental health condition. About **11% are receiving all the care they need while 7% have unmet needs.**

[5] Source: Oregon Health Authority Behavioral Health Profiles

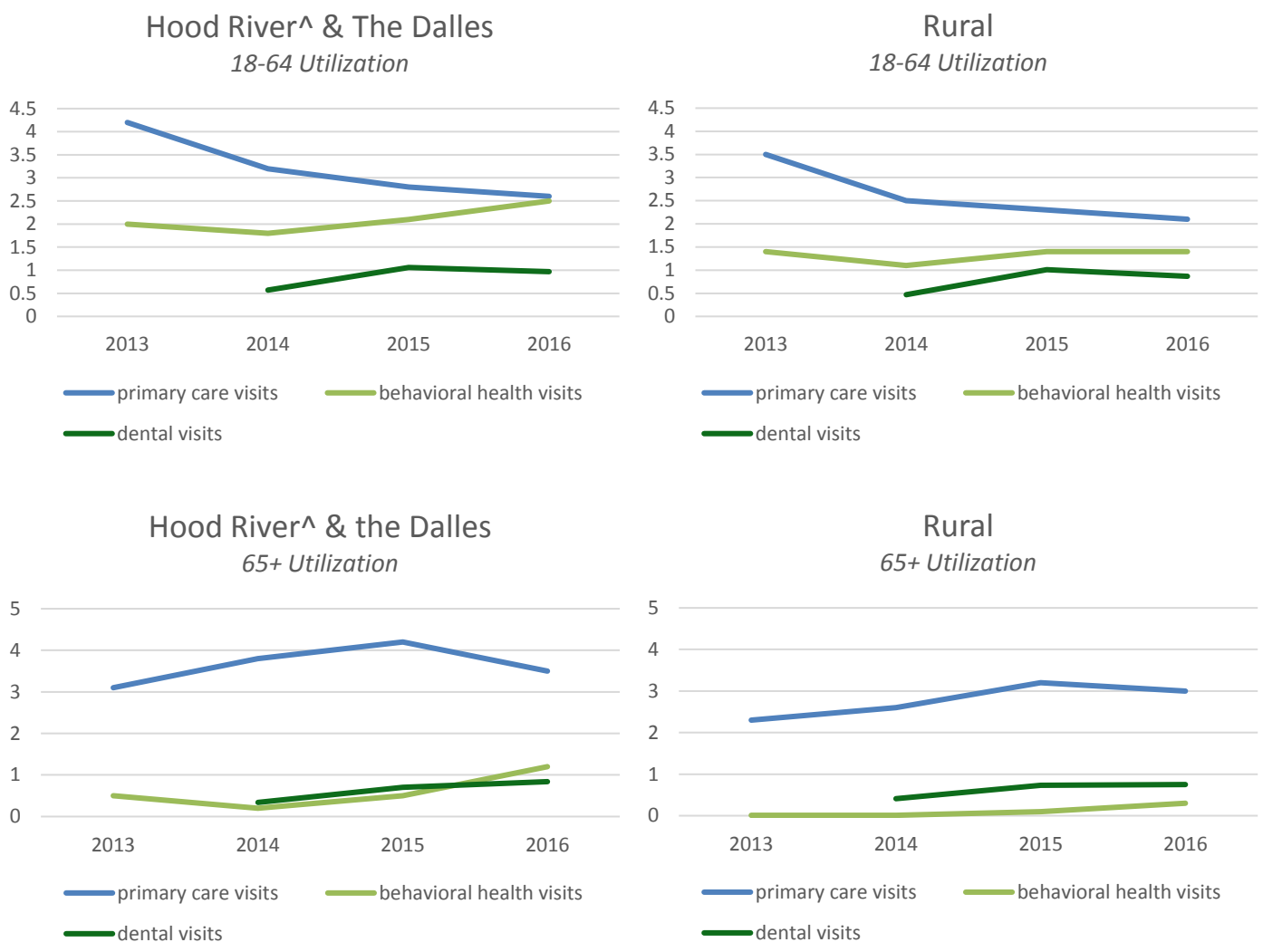


Figure 4-Adult Utilization- PacficSource Medicaid Utilization Rates

Substance Use Treatment-Adult

According to the 2016 survey responses, **less than 100 people needed substance use treatment in the Gorge**. Of those that did need substance use treatment, **2 out of 3 people** received local services, a small percentage used out of area services, and the rest are not getting the needed services. The uninsured have more trouble getting the needed services than other population groups.

Data from OHA sources on Wasco, Hood River, and Sherman counties shows that **9.1% of adults, or 815 adults,** in the three counties are estimated to have a substance use issue. Having a substance use problem was more pronounced in the 18-25 category. In this age range about 20% was estimated to have a substance use problem. **6% of those on Medicaid** in these regions are receiving some sort of substance use treatment.[6]

[6] Source: Oregon Health Authority Behavioral Health Profiles

Medications- Adult

A majority of the adult population needed some kind of prescription medication in the last 12 months. **However, 1 in 10 are not getting all the prescriptions that they need**. This problem is more pronounced in the low income, Medicaid, and uninsured populations. Cost is the largest barrier to getting all the prescriptions needed.

Specialists- Adult

Specialists are providers who focus in one area of healthcare. Here in the Gorge, **more than half of adults needed care from some type of specialist**.

60% *of adults needed specialist care*

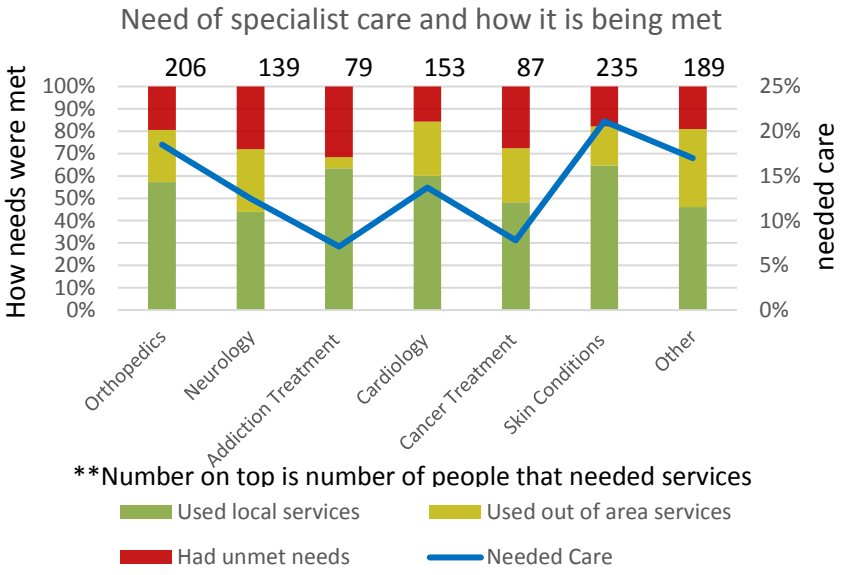
The most needed treatment:

- Skin conditions (acne, moles, skin cancers, etc)
- Orthopedics

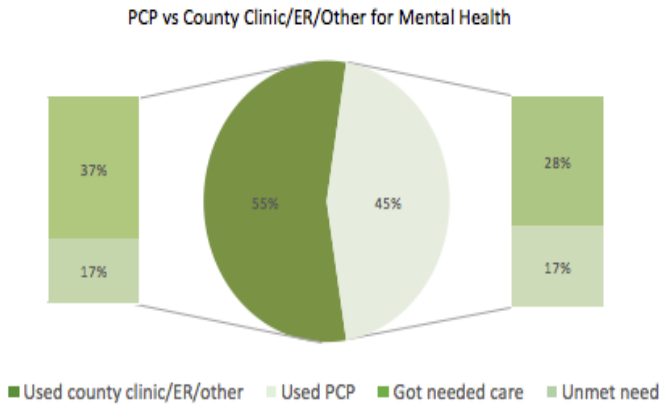
The treatment with most unmet need (in terms of numbers not percent):

- Neurology
- Skin Conditions
- Orthopedics

Those that did receive the needed services were typically able to use local services. Orthopedics had the largest number of people using non local services.



2013 CHIP Topics-Adult



Dental Access

Dental access still remains the greatest unmet healthcare need. Although, some improvement has been made since 2013.

Physical and Mental Health Together

Nearly half of adults that needed mental health used their primary care office to receive care. Of those that went to their primary care office, more than half got all the care they needed. This was also the case if they went elsewhere to receive their mental healthcare.

Adult Healthcare Access

	All 7 Counties	Change from 2013 (2016 / 2013)	Race/Ethnicity: Non-Hispanic White	Race/Ethnicity: Hispanic/ Latino/ Other	Income: 200% FPL or Lower	Income: 201% FPL or Higher	Insurance: Uninsured	Insurance: Medicaid/ Dual	Insurance: Medicare	Insurance: Private
Physical Healthcare Access										
Does not have normal place to receive healthcare	n=1305 **7.8%**		5.9%	13.6%	10.4%	5.2%	36.8%	8.0%	3.7%	4.7%
Does not have a primary healthcare doctor	n=1337 **19.3%**		16.3%	29.3%	24.7%	15.3%	53.6%	21.9%	8.7%	17.0%
Did not receive all care when needed	n=1276 **17.6%**		17.2%	17.7%	20.4%	11.8%	26.3%	23.4%	12.4%	14.6%
Dental Healthcare Access										
Did not receive all care when needed	n=1282 **26.8%**		27.1%	27.0%	36.3%	15.9%	37.9%	38.4%	19.1%	19.7%
Mental Healthcare Access										
Did not receive all care when needed	n=1295 **8.5%**		8.1%	9.4%	9.4%	4.6%	8.0%	14.2%	5.3%	6.8%
Medications										
Did not get all prescription mediciations when needed	n=1292 **9.9%**		10.3%	8.6%	12.2%	5.3%	13.8%	13.7%	7.6%	7.6%
Specialists										
Needed care from a specialist	n=1115 **58.9%**	**No Data from 2013**	63.2%	41.8%	54.0%	59.9%	*	57.7%	71.9%	54.4%
***Orthopedics** -Did not get needed services*	n=206 **19.4%**	**No Data from 2013**	18.8%	22.6%	32.1%	12.3%	*	24.4%	15.4%	14.3%
***Neurology** -Did not get needed services*	n=139 **28.1%**	**No Data from 2013**	28.6%	*	31.3%	23.3%	*	26.8%	13.2%	31.4%
***Substance Abuse Treatment** - Did not get needed services*	n=79 **31.6%**		31.7%	*	27.0%	*	*	10.9%	*	*
***Cardiology** - Did not get needed services*	n=153 **15.7%**	**No Data from 2013**	15.4%	*	21.3%	13.0%	*	19.4%	3.9%	26.7%
***Cancer Treatment** -Did not get needed services*	n=87 **27.6%**	**No Data from 2013**	26.0%	*	33.3%	25.0%	*	*	8.8%	*
***Skin Conditions** - Did not get needed services*	n=235 **17.9%**	**No Data from 2013**	18.4%	10.0%	25.5%	15.6%	*	30.3%	4.8%	21.1%
***Other** - Did not get needed services*	n=189 **19.0%**	**No Data from 2013**	20.0%	13.8%	20.9%	17.4%	*	23.4%	8.2%	19.4%

Figure 5-Adult Healthcare Access

* refer to page 14 for instructions on how to read data tables

Youth Health Status

The data on our youth comes from a variety of surveys. A portion of the data comes from the Oregon Healthy Teen survey and the Washington Healthy Teen survey. We also have parent responses about their children from the community health assessment. This provided an interesting comparison into how the kids felt their needs were being met versus how parents viewed their children's needs being met.

Overall Health Status-Youth

When asked to rate their own physical health, the majority of the teens thought they were in good, very good, or excellent physical health. Of the teens participating **nearly 1 in 5** are overweight and slightly **more than 1 in 10 youth** are obese. [7]

Chronic Medical Conditions-Youth

About **14% of youths** were diagnosed with a chronic medical condition. This was more notable among the Non-Hispanic whites and higher income populations. The most common chronic medical condition is **asthma**.

Mental Health Conditions-Youth

Nearly 1 in 5 teens responded that they thought that their mental health was fair or poor. **A quarter of the youth** population has been diagnosed with a mental health condition. This was more common among the Non-Hispanic whites and Medicaid populations. The most common mental health condition is **anxiety**.

***18%** think they have fair or poor mental health*

Trauma and Resilience-Youth

In the Oregon Healthy Teen Survey there were several questions about unwanted sexual encounters and violence. These questions were only given to the 11th graders. Of the 11th graders, **more than 1 in 5 had been intentionally hit or hurt by an adult**. Also **7% had been forced to do something sexual that they did not want to do**.

Bullying is also a traumatic event that many youth face during their teen years. **21% of teens** are being bullied by someone using a form of technology.

The main reasons teens are being bullied:

- Physical appearances
- Friend group
- Receiving unwanted sexual comments

Also, **about 10% of teens** are not going to school because they felt as though they would be unsafe at school or on their way to or from school. Finally, **1 in 10 students** have been in one or more fights at school.[7]

[7] Source: Oregon and Washington Healthy Teen Survey

Alcohol, Tobacco, and Other Drugs-Youth[8]

Alcohol Use

1 in 5 teens had at least one drink of alcohol in the past thirty days. The most common beverage when they do drink is liquor. Most of those that drank were 11th graders. Finally, the **majority of 11th graders** said that obtaining alcohol would be relatively easy, while **more than half of 8th graders** thought it would be difficult.

Tobacco Use

Almost 1 in 5 teens have used tobacco in the past thirty days. Most had never finished a whole cigarette, just took one or more puffs. Moreover, **about half of the teens** agree that cigarette companies deliberately advertise and promote cigarettes to youth under 18.

Marijuana Use

15% have used marijuana in the past thirty days. 29% of the 11th graders had marijuana in the past 30 days which was a drastic increase from 2013 when only 19% had used marijuana. However, the use of marijuana for the 8th graders decreased. In 2015, 5% had used marijuana compared to 9% in 2013. The most common way people got marijuana was through friends.

Other Drugs Use

1 in 20 teens are using prescription drugs without a doctor's order.

[8] Source: Oregon and Washington Healthy Teen Survey

Youth Health Status

		Race/Ethnicity		Income		Insurance			
	All 7 Counties	Non-Hispanic White	Hispanic/ Latino/ Other	200% FPL or Lower	201% FPL or Higher	Uninsured	Medicaid/ Dual	Medicare	Private
Overall Health Status									
Rate physical health as fair or poor	n=709 **10.9%**	*	*	*	*	*	*	*	*
Overweight	n=650 **17.6%**	*	*	*	*	*	*	*	*
Obese	n=650 **12.4%**	*	*	*	*	*	*	*	*
Chronic Medical Conditions									
At least one physical condition	n=346 **13.9%**	16.9%	11.2%	12.3%	16.8%	6.5%	14.8%	*	14.1%
Mental Health Conditions									
Diagnosed with depression	n=346 **11.6%**	14.9%	6.0%	11.7%	6.3%	9.7%	13.4%	*	8.6%
Screened positive for depression	n=683 **26.0%**	*	*	*	*	*	*	*	*
Diagnosed with PTSD	n=346 **5.2%**	5.6%	3.7%	5.8%	1.1%	3.2%	8.1%	*	2.3%
Diagnosed with Anxiety	n=346 **12.1%**	15.9%	6.0%	11.1%	9.5%	6.5%	15.4%	*	10.9%
At least one mental health condition	n=346 **26.9%**	34.4%	17.2%	26.9%	23.2%	9.7%	31.5%	*	25.0%
At least 1 mental health condition and 1 physical health condition	n=346 **7.8%**	10.8%	4.5%	6.4%	9.5%	3.2%	8.1%	*	8.6%
Trauma and Resilience									
intentionally hit or physically hurt you	n=395 **21.3%**	*	*	*	*	*	*	*	*
Forced to do something sexual that you didn't want to do	n=397 **7.3%**	*	*	*	*	*	*	*	*
Alcohol, Tobacco, and Other Drugs									
Alcohol use	n=655 **19.8%**	*	*	*	*	*	*	*	*
Tobacco use	n=667 **14.0%**	*	*	*	*	*	*	*	*
Marijuana use	n=685 **14.6%**	*	*	*	*	*	*	*	*
Other drug use	n=680 **5.0%**	*	*	*	*	*	*	*	*

Figure 6-Youth Health Status

* refer to page 14 for instructions on how to read data tables

Youth Healthcare Access[9]

Physical Healthcare Access- Youth

Physical healthcare access remains the same as 2013. According to parent responses about **1 in 10 children** are not getting all the care they need. This was true for all population groups. The reason for the unmet need was mostly due to cost and not being able to get an appointment quickly enough. However, when the youth answer this question nearly **1 in 5 teens** felt they were not getting the necessary care.

1 in 10 parents felt as though their child had unmet healthcare needs

2 in 10 youth feel as though they have unmet healthcare needs

Dental Healthcare Access- Youth

Dental healthcare access remains the largest unmet need among children. However, access did improve slightly from 2013. Access was more difficult for those among the lower income and uninsured populations. Cost is the biggest barrier to receiving dental care. The Healthy Teen Survey also asked when was the last time the teen had seen a dentist. **1 in 5 youth** had not been to the dentist in the past year. Again, preventative dental health suggests that we visit the dentist twice a year. Education is particularly important in dental healthcare access.

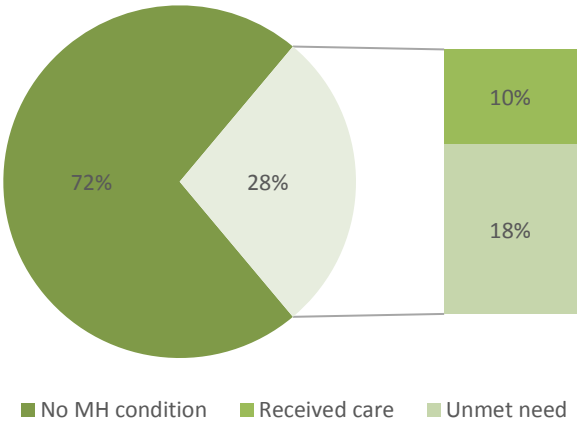
1 in 5 youth have not been to dentist in past year

Mental Healthcare Access- Youth

Access to mental healthcare for youth greatly improved in 2016. Less than 10% of children had an unmet need according to the parents. However, the teen response to unmet care was nearly twice the parent response at **15%.** The main barrier to accessing mental healthcare was cost.

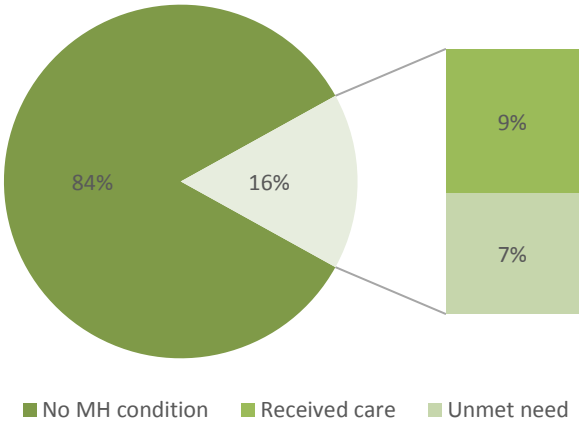
OHA Mental Health

Youth Wasco-Hood River-Sherman(estimates)



2016 Survey Mental Health

Youth Wasco-Hood River-Sherman(responses)



[9] Source: Oregon and Washington Healthy Teen Survey

Data from OHA on Wasco, Hood River, and Sherman counties illustrated that about **28% of youth** in the three counties are estimated to have a mental health condition. However, only **1 in 10 children** are receiving treatment. According to the 2016 survey **16% of youth** have been diagnosed with a mental health condition. **More than half** are getting all the care they need.[10]

Substance Abuse Treatment-Youth

According to data from OHA sources on Wasco, Hood River, and Sherman counties, about **7% of youth in the three counties** are estimated to have a substance use issue. However, only **1% of youth** are receiving treatment. [10]

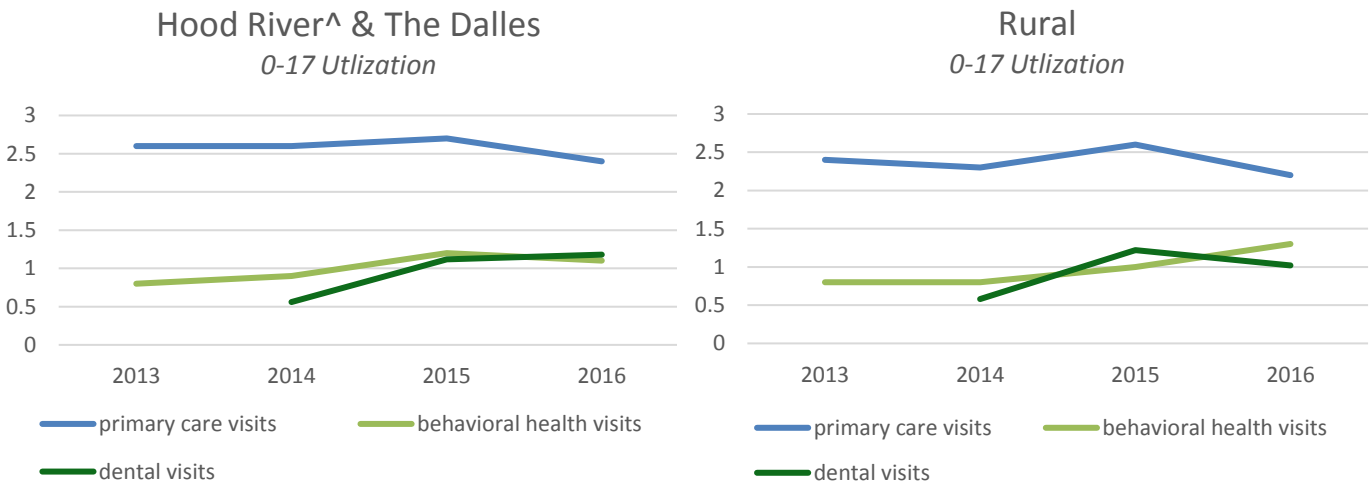


Figure 7-Youth Utilization- PacficSource Medicaid Utilization Rates

2013 CHIP Topics-Youth

Physical and Mental Health Together

More than a quarter of children that had a mental health need used their primary care to receive care. Of those that went to their primary care office for care, more than 80% got all the care they needed.

Mental Health Access for Children

Mental Health Access improved for children since 2013.

Supporting Developmental and Healthy Growth in the Early Years

251 households from those that participated in the 2016 survey had children ages 0-5. Of those households, more than half are below 200% FPL and about 44% are on Medicaid. Additionally, about 1 in 3 of these households are going without a basic need or healthcare need. Finally, the rates of adults smoking tobacco and marijuana are higher in this population than in the general population.

[10] Source: Oregon and Washington Healthy Teen Survey

Youth Healthcare Access

	All 7 Counties	Change from 2013 (2016 / 2013)	Race/Ethnicity: Non-Hispanic White	Race/Ethnicity: Hispanic/ Latino/ Other	Income: 200% FPL or Lower	Income: 201% FPL or Higher	Insurance: Uninsured	Insurance: Medicaid/ Dual	Insurance: Medicare	Insurance: Private
Physical Healthcare Access										
Did not receive all care when needed	n=700 **18.3%**	↓	*	*	*	*	*	*	*	*
Did not receive all care when needed- parent response	n=380 **10.8%**	=	10.0%	10.7%	10.8%	8.2%	11.1%	11.2%	*	12.2%
Dental Healthcare Access										
Has not been to the dentist in 12 months	n=651 **20.5%**	=	*	*	*	*	*	*	*	*
Did not receive all care when needed- parent response	n=349 **12.6%**	↓	13.2%	12.8%	16.2%	7.5%	23.5%	11.8%	*	9.6%
Mental Healthcare Access										
Did not receive all care when needed	n=705 **15%**	↑	*	*	*	*	*	*	*	*
Did not receive all care when needed-parent response	n=366 **7.9%**	↓	10.1%	3.4%	7.8%	5.2%	5.7%	7.5%	*	8.5%

Figure 8-Youth Healthcare Access

* refer to page 14 for instructions on how to read data tables

2013 CHIP Topic

Social Service Agencies and Healthcare Providers in the community were asked 10 questions regarding their referral process to other organizations including Primary Care, Mental Health, Dental, Public Health, Transportation, Housing, Food and other Social Services. The questions surveyed the organizations on the frequency of referrals, how referrals are made, the degree of care coordination for shared clients and information shared. In addition, survey participants indicated barriers they face when referring clients. These questions were in response to the 2013 CHIP topics of Coordination Across all Healthcare Providers and Coordination Across Healthcare and Social Services.

Coordination Across all Healthcare Providers

Coordination between primary care and mental health providers is common and the communication and coordination between these providers generally works well. However, primary care and mental dental generate far fewer referrals to dental and communication is not as effective as the communication between primary care and mental health.

Coordination Across Healthcare and Social Services

Coordination across healthcare and social services is initiated often and works well. Coordination with primary care happens the most frequently and is the most effective followed by mental health. However, the referral loop is not always closed and this varies based on the organization they are referring to. The most frequent social service referral is Transportation followed by food.

Assets and Barriers in the Referral process

Local providers said that having social workers, case managers, or community health workers helps coordinating care. They said that the biggest barriers to coordinating care was not having release of information from the client, lack of connectivity to referring organizations, and lack of local services for their clients.

Community and Social Environment

Social connectedness refers to relationships we have with others. These relationships with friends and family, as well as our community can influence our health in both positive and negative ways. As such, social connectedness has proven to be a major predictor of good health. According to many studies, good relationships with those in our community can or are associated with:

- Lower risk of chronic medical conditions
- Healthier habits
- Promote positive mental health
- Better recovery after a major illness

Therefore, our feelings about our social support or social cohesion could be a good explanation of our overall health.

Social Support

Social support means feeling as though you have someone in your life to support you in a variety of ways. **The feelings of social support improved from 2013.** The biggest disparities in this topic are with the low income population. The main areas where people do not feel that they had support was if they were confined to a bed and not having someone to get together with for relaxation.

Social Cohesion

Social cohesion refers to how people perceive the community and people in the community in which they live. In general, people in the Gorge feel positive about the community they live in. Hispanic/Latino/Other, low income, Medicaid, and uninsured populations are more likely to have hesitations about their community. For example, in the overall population **1 in 10 people** did not feel safe in their community. But those of lower incomes were about **5 times more likely** to feel unsafe than those of higher incomes.

Support for caregivers

22% of adults are acting as a caregiver

With an aging population, the role of caregiver has become more common in our society. In the Columbia Gorge **1 in 5 people** are currently providing help to a relative or loved one. However, **more than half of these caregivers** do not feel as though they have adequate support for their caregiving role. This was similar across all population groups.

***60% of caregivers** don't feel they have adequate support*

Community and Social Environment

		Race/Ethnicity		Income		Insurance			
	All 7 Counties	Non-Hispanic White	Hispanic/ Latino/ Other	200% FPL or Lower	201% FPL or Higher	Uninsured	Medicaid/ Dual	Medicare	Private
Social Support									
Has someone that loves them and makes them feel wanted-None or some of the time	n=1169 **20.8%**	20.6%	22.6%	23.3%	11.5%	25.3%	27.0%	13.5%	21.5%
Has someone to confide in or talk to about problems- None or some of the time	n=1169 **26%**	25.4%	28.6%	30.0%	17.2%	34.9%	29.7%	19.4%	26.9%
Social Cohesion									
People in my community are not willing to help each other- % disagree	n=1207 **13.3%**	11.2%	20.0%	19.1%	4.9%	24.4%	18.6%	6.8%	10.5%
People in my community can be trusted- %disagree	n=1185 **23.2%**	20.9%	31.0%	31.9%	13.3%	35.7%	34.9%	15.9%	15.3%
I feel safe in my community- %disagree	n=1225 **10.6%**	9.4%	15.3%	15.5%	4.0%	19.1%	14.4%	5.7%	9.5%
Support for Caregivers									
Caregivers do no feel like they have adequate support	n=255 **60%**	56.1%	67.6%	57.8%	56.0%	68.0%	57.4%	64.2%	53.8%

Figure 9-Community and Social Environment

* refer to page 14 for instructions on how to read data tables

Conclusion

Overall, the 2016 community health assessment illustrated that the region has the same needs, despite county lines. Thus, it again showed the importance of working together to address areas of concern in the region. It also showed us several issues about the current health and healthcare system of the region.

1. Food and housing security are still high concern areas.
2. The number of insured grew. Despite more coverage, the number of those receiving care got slightly better.
3. While those receiving dental care did improve it is still the largest unmet need in the region.
4. Transportation continues to be a barrier and thus utilization of transportation services is lower.
5. Parents underestimate the needs that their children face.
6. Households with children 0-5 are more likely to go without basic needs than those without children 0-5.
7. As we can see through the survey results, trauma is a real part of our community and we need to acknowledge it.

Appendix

List of Figures and Tables

MSFW- Migrant and Seasonal Farm Worker

		Number	Percent
Total Population		93	6.8%
FPL	200% and below	61	65.6%
	201% and above	13	14.0%
Race/Ethnicity	Hispanic/Latino/Other	64	68.8%
	Non-Hispanic whites	27	29.0%
Insurance	Uninsured	18	19.4%
	Medicaid/Dual	40	43.0%
	Medicare	9	9.7%
	Private	16	17.2%
Age	18-39 years	50	53.8%
	40-64 years	30	32.3%
	65-80 years	7	7.5%
	80+ years	1	1.1%
Basic Needs	Worried about housing	19	20.4%
	Pays less than 750	40	43.0%
	Pays 750-1500	24	25.8%
	Pays more than 1500	7	7.5%
	Went without a basic need	35	37.6%
	Went without healthcare	34	36.6%
	Went without food	21	22.6%
	Went without transportation	14	15.1%
	Went without housing	16	17.2%
	Any financial insecurity	50	53.8%
Health Status	General health- fair or poor	27	30.1%
	Overweight	26	28.0%
	Obese	26	28.0%
	Chronic Disease	23	24.7%
	Mental Health Condition	22	23.7%
	Mental and Physical	10	10.8%
	Traumatic Event	58	62.4%
	3 or more traumatic events	26	28.0%
Healthcare Access	Doesn't have usual place of care	10	10.8%
	Unmet Physical Need	15	16.1%
	Unmet Dental Need	23	24.7%
	Unmet Mental Need	4	4.3%
	Unmet Prescription Need	11	11.8%
	Needed Specialist care	29	31.2%
Youth Healthcare Access (n=52)	Unmet Physical Need	4	7.7%
	Unmet Dental Need	12	23.1%
	Unmet Mental Need	2	3.8%
Social and Community Environment (% disagree)	People in my community are willing to help	13	14.0%
	People in my community can be trusted	17	18.3%
	community	13	14.0%
	Caregivers feel like they have adequate support	12 (21 are tg)	57.1%
	Has someone to love them and make them feel	19	20.4%
	Has someone to confide in	25	26.9%

*cg=caregiver

A seasonal farmworker is someone who has done farm work to earn at least half of their income, however they are not employed in farm work year round or by the same employer. A migrant seasonal farmworker is a seasonal farmworker who has to travel to work and can therefore cannot return to their permanent place of residence.

Migrant and Seasonal Farm Workers are an important population in the Columbia Gorge Region. They make up about 7% of the population. Of those, about 2/3 are under 200% FPL and are Hispanic. The majority are on Medicaid.

The MSFW population was more likely to go without a basic need or healthcare need than the overall population, however their rates of going without these items were similar to the low income population. They were also more likely to have to go without food and housing. Finally, about half of this population had some type of financial insecurity.

More farmworkers rated their health as fair or poor than the region. However, their rates of chronic disease and mental health conditions were much lower than the general population. Also their trouble accessing care rivaled that of the general population. There was no notable disparity in getting all the care they needed for both children and adults.

Finally, their feelings about social support and social cohesion were similar to the general population. In fact, they felt a slightly better about their community than the general population.

**** percent don't always add up to 100 due to no responses answers**

Caregivers

		Number	Percent
Total Population		268	19.6%
FPL	200% and below	104	38.8%
	201% and above	93	34.7%
Race/Ethnicity	Hispanic/Latino/Other	71	26.5%
	Non Hispanic whites	190	70.9%
Insurance	Uninsured	25	9.3%
	Medicaid/Dual	66	24.6%
	Medicare	71	26.5%
	Private	81	30.2%
Age	18-39 years	59	22.0%
	40-64 years	131	48.9%
	65-80 years	57	21.3%
	80+ years	14	5.2%
Basic Needs	Worried about housing	61	22.8%
	Pays less than 750	142	53.0%
	Pays 750-1500	81	30.2%
	Pays more than 1500	21	7.8%
	Went without a basic need	75	28.0%
	Went without healthcare	87	32.5%
	Went without food	38	14.2%
	Went without transportation	41	15.3%
	Went without housing	22	8.2%
	Any financial insecurity	111	41.4%
Health Status	General health- fair or poor	72	26.9%
	Overweight	78	29.1%
	Obese	93	34.7%
	Chronic Disease	158	59.0%
	Mental Health Condition	116	45.0%
	Mental and Physical	87	32.5%
	Traumatic Event	229	85.4%
	3 or more traumatic events	139	51.9%
Healthcare Access	Doesn't have usual place of care	18	6.7%
	Unmet Physical Need	58	21.6%
	Unmet Dental Need	85	31.7%
	Unmet Mental Need	34	12.7%
	Unmet Prescription Need	28	10.4%
	Needed Specialist care	147	54.9%
Youth Healthcare Access (n=75)	Unmet Physical Need	8	10.7%
	Unmet Dental Need	14	18.7%
	Unmet Mental Need	7	9.3%
Social and Community Environment (% disagree)	People in my community are willing to help	34	12.7%
	People in my community can be trusted	64	23.9%
	community	27	10.1%
	Caregivers feel like they have adequate support	153 (268 are cg)	57.1%
	Has someone to love them and make them feel	54	20.1%
	Has someone to confide in	80	29.9%

*cg=caregiver

Caregivers are unpaid people who help others with their daily life activities. Due to the increasing age of the population, caregiving has become a more common role in our society. In the Columbia Gorge Region 1 in 5 adults act as a caregiver for a loved one.

Of the caregivers, 2 out of 5 are low income and the majority are Non-Hispanic whites. About 1 in 3 caregivers are on private insurance. The most common age of this population is the 40-64 year old category.

This population of caregivers was more likely to go without a healthcare need than the general population. They were also more likely than the general population to experience financial insecurity. However, they experience these hardships less than the vulnerable populations, Hispanic/Latino/Other, low income, uninsured, and Medicaid

Caregivers also were more frequently diagnosed with a mental health condition and were more likely to suffer from one mental health condition and one physical health condition. They were also more likely to have experienced a traumatic event in their life. Also their trouble accessing care rivaled that of the general population. There was no notable disparity in getting all the care they needed for both children and adults.

Finally, their feelings about social support and social cohesion were similar to the general population.

**** percent don't always add up to 100 due to no responses answers**

County Slices

Klickitat County

		Number	Percent
Total Population		340	24.9%
FPL	200% and below	94	27.6%
	201% and above	152	44.7%
Race/Ethnicity	Hispanic/Latino/Other	34	10.0%
	Non-Hispanic whites	293	86.2%
Insurance	Uninsured	17	5.0%
	Medicaid/Dual	57	16.8%
	Medicare	104	30.6%
	Private	126	37.1%
Age	18-39 years	81	23.8%
	40-64 years	134	39.4%
	65-80 years	97	28.5%
	80+ years	20	5.9%
Basic Needs	Worried about housing	62	18.2%
	Pays less than 750	173	50.9%
	Pays 750-1500	95	27.9%
	Pays more than 1500	37	10.9%
	Went without a basic need	59	17.4%
	Went without healthcare	80	23.5%
	Went without food	25	7.4%
	Went without transportation	36	10.6%
	Went without housing	16	4.7%
Health Status	General health-fair or poor	66	19.4%
	Overweight	95	27.9%
	Obese	120	35.3%
	Chronic Disease	202	59.4%
	Mental Health Condition	122	35.9%
	Mental and Physical	87	25.6%
	Traumatic Event	278	81.8%
	3 or more traumatic events	142	41.8%
	Has 3 or more drinks a day	51	15.0%
	Tobacco Use	63	18.5%
	Marijuana Use	51	15.0%
	Other drug use	24	7.1%
Healthcare Access	Doesn't have usual place of care	19	5.6%
	Unmet Physical Need	56	16.5%
	Unmet Dental Need	90	26.5%
	Unmet Mental Need	28	8.2%
	Unmet Prescription Need	32	9.4%
	Needed Specialist care	180	52.9%
Youth Health Status (n=75)	Chronic Disease	11	14.7%
	Mental Health Condition	18	24.0%
	Mental and Physical	8	10.7%
Youth Healthcare Access (n=75)	Unmet Physical Need	5	6.7%
	Unmet Dental Need	7	9.3%
	Unmet Mental Need	3	4.0%
Social and Community Environment (% disagree)	People in my community are willing to help	41	12.1%
	People in my community can be trusted	83	24.4%
	I feel safe in my community	31	9.1%
	Caregivers feel like they have adequate support	40 (70 are cg)	57.1%
	Has someone to love them and make them feel wanted	62	18.2%
	Has someone to confide in	72	21.2%

*cg=caregiver

Skamania County

		Number	Percent
Total Population		110	8.0%
FPL	200% and below	33	30.0%
	201% and above	31	28.2%
Race/Ethnicity	Hispanic/Latino/Other	12	10.9%
	Non-Hispanic whites	95	86.4%
Insurance	Uninsured	5	4.5%
	Medicaid/Dual	37	33.6%
	Medicare	29	26.4%
	Private	28	25.5%
Age	18-39 years	21	19.1%
	40-64 years	52	47.3%
	65-80 years	24	21.8%
	80+ years	9	8.2%
Basic Needs	Worried about housing	24	21.8%
	Pays less than 750	69	62.7%
	Pays 750-1500	25	22.7%
	Pays more than 1500	8	7.3%
	Went without a basic need	33	30.0%
	Went without healthcare	38	34.5%
	Went without food	12	10.9%
	Went without transportation	21	19.1%
	Went without housing	8	7.3%
Health Status	General health-fair or poor	40	36.4%
	Overweight	36	32.7%
	Obese	37	33.6%
	Chronic Disease	73	66.4%
	Mental Health Condition	53	48.2%
	Mental and Physical	38	34.5%
	Traumatic Event	93	84.5%
	3 or more traumatic events	53	48.2%
	Has 3 or more drinks a day	20	18.2%
	Tobacco Use	10	9.1%
	Marijuana Use	9	8.2%
	Other drug use	8	7.3%
Healthcare Access	Doesn't have usual place of care	4	3.6%
	Unmet Physical Need	27	24.5%
	Unmet Dental Need	40	36.4%
	Unmet Mental Need	15	13.6%
	Unmet Prescription Need	18	16.4%
	Needed Specialist care	61	55.5%
Youth Health Status (n=27)	Chronic Disease	6	22.2%
	Mental Health Condition	8	29.6%
	Mental and Physical	2	7.4%
Youth Healthcare Access (n=27)	Unmet Physical Need	4	14.8%
	Unmet Dental Need	6	22.2%
	Unmet Mental Need	4	14.8%
Social and Community Environment (% disagree)	People in my community are willing to help	11	10.0%
	People in my community can be trusted	18	16.4%
	I feel safe in my community	10	9.1%
	Caregivers feel like they have adequate support	18 (29 are cg)	62.1%
	Has someone to love them and make them feel wanted	24	21.8%
	Has someone to confide in	30	27.3%

*cg=caregivers

Wasco County

		Number	Percent
Total Population		**392**	**28.7%**
FPL	200% and below	145	37.0%
	201% and above	131	33.4%
Race/Ethnicity	Hispanic/Latino/Other	77	19.6%
	Non-Hispanic whites	309	78.8%
Insurance	Uninsured	30	7.7%
	Medicaid/Dual	126	32.1%
	Medicare	96	24.5%
	Private	118	30.1%
Age	18-39 years	93	23.7%
	40-64 years	164	41.8%
	65-80 years	86	21.9%
	80+ years	32	8.2%
Basic Needs	Worried about housing	90	23.0%
	Pays less than 750	206	52.6%
	Pays 750-1500	116	29.6%
	Pays more than 1500	33	8.4%
	Went without a basic need	87	22.2%
	Went without healthcare	94	24.0%
	Went without food	49	12.5%
	Went without transportation	43	11.0%
	Went without housing	29	7.4%
Health Status	General health- fair or poor	109	27.8%
	Overweight	110	28.1%
	Obese	126	32.1%
	Chronic Disease	217	55.4%
	Mental Health Condition	154	39.3%
	Mental and Physical	101	25.8%
	Traumatic Event	314	80.1%
	3 or more traumatic events	169	43.1%
	Has 3 or more drinks a day	40	10.2%
	Tobacco Use	97	24.7%
	Marijuana Use	45	11.5%
	Other drug use	26	6.6%
Healthcare Access	Doesn't have usual place of care	39	9.9%
	Unmet Physical Need	65	16.6%
	Unmet Dental Need	111	28.3%
	Unmet Mental Need	33	8.4%
	Unmet Prescription Need	42	10.7%
	Needed Specialist care	200	51.0%
Youth Health Status (n=105)	Chronic Disease	12	11.4%
	Mental Health Condition	32	30.5%
	Mental and Physical	9	8.6%
Youth Healthcare Access (n=105)	Unmet Physcial Need	16	15.2%
	Unmet Dental Need	12	11.4%
	Unmet Mental Need	11	10.5%
Social and Community Environment (% disagree)	People in my community are willing to help	55	14.0%
	People in my community can be trusted	89	22.7%
	I feel safe in my community	46	11.7%
	Caregivers feel like they have adequate support	37 (72 are cg)	51.4%
	Has someone to love them and make them feel wanted	76	19.4%
	Has someone to confide in	98	25.0%

*cg=caregivers

Hood River County

		Number	Percent
Total Population		**398**	**29.1%**
FPL	200% and below	151	37.9%
	201% and above	130	32.7%
Race/Ethnicity	Hispanic/Latino/Other	152	38.2%
	Non-Hispanic whites	235	59.0%
Insurance	Uninsured	40	10.1%
	Medicaid/Dual	108	27.1%
	Medicare	82	20.6%
	Private	136	34.2%
Age	18-39 years	138	34.7%
	40-64 years	145	36.4%
	65-80 years	65	16.3%
	80+ years	31	7.8%
Basic Needs	Worried about housing	69	17.3%
	Pays less than 750	164	41.2%
	Pays 750-1500	112	28.1%
	Pays more than 1500	56	14.1%
	Went without a basic need	85	21.4%
	Went without healthcare	86	21.6%
	Went without food	53	13.3%
	Went without transportation	46	11.6%
	Went without housing	34	8.5%
Health Status	General health- fair or poor	75	18.8%
	Overweight	114	28.6%
	Obese	98	24.6%
	Chronic Disease	173	43.5%
	Mental Health Condition	117	29.4%
	Mental and Physical	67	16.8%
	Traumatic Event	275	69.1%
	3 or more traumatic events	136	34.2%
	Has 3 or more drinks a day	46	11.6%
	Tobacco Use	48	12.1%
	Marijuana Use	53	13.3%
	Other drug use	17	4.3%
Healthcare Access	Doesn't have usual place of care	24	6.0%
	Unmet Physical Need	58	14.6%
	Unmet Dental Need	80	20.1%
	Unmet Mental Need	25	6.3%
	Unmet Prescription Need	28	7.0%
	Needed Specialist care	177	44.5%
Youth Health Status (n=152)	Chronic Disease	18	11.8%
	Mental Health Condition	28	18.4%
	Mental and Physical	7	4.6%
Youth Healthcare Access (n=152)	Unmet Physcial Need	11	7.2%
	Unmet Dental Need	16	10.5%
	Unmet Mental Need	5	3.3%
Social and Community Environment (% disagree)	People in my community are willing to help	38	9.5%
	People in my community can be trusted	65	16.3%
	I feel safe in my community	29	7.3%
	Caregivers feel like they have adequate support	49 (83 are cg)	59.0%
	Has someone to love them and make them feel wanted	64	16.1%
	Has someone to confide in	82	20.6%

*cg=caregivers

Emergency Room Utilization

The ER data was provided by Collective Medical Technologies. It is representative of residents of all zip codes found in the 7 counties across all hospitals. The reasons for visiting the ER was based on dx codes. The hospitals that were visited the most were Mid-Columbia Medical Center, Providence Hood River Memorial Hospital, Klickitat Valley Health and Skyline Hospital in the respective order. Most visits were payed through Medicare, Medicaid Oregon, PacificSource Plus, and AARP. The data is broken into four different age categories so that we can see what medical needs affects each age category the most.

Emergency Room Usage-Ages 0-5

	Number of Visits	Reason for Visit
1	118	Fever, unspecified
2	114	Acute upper respiratory infection, unspecified
3	86	Viral infection, unspecified
4	58	Vomiting, unspecified
5	49	Diarrhea, unspecified
6	49	Laceration without foreign body of other part of head, initial encounter
7	44	Acute bronchiolitis, unspecified
8	41	Unspecified injury of head, initial encounter
9	37	Other viral agents as the cause of diseases classified elsehwere
10	31	Acute obstructive laryngitis[croup]
11	28	Nausea with vomiting, unspecified
12	28	Other external cause status
13	27	Cough
14	24	Rash and other nonspecific skin eruption
15	24	Constipation, unspecified
16	22	Noninfective gastroenteritis and colitis, unspecified
17	20	Otitis media, unspecified, right ear
18	19	Pneumonia, unspecified organism
19	19	Dehydration
20	19	Otitis media, unspecified, left ear
21	18	Urticaria, unspecified
22	17	Laceration without foreign body of lip, initial encounter
23	16	Portal vein thrombosis
24	15	Unspecified fall, initial encounter
25	15	Acute pharyngitis, unspecified

Emergency Room Usage-Ages 6 to 17

	Number of Visits	Reason for Visit
1	46	Unspecified abdominal pain
2	45	Headache
3	41	Other external cause
4	40	Streptococcal pharyngitis
5	38	Fever, unspecified
6	37	Acute pharyngitis, unspecified
7	34	Viral infection, unspecified
8	30	Nausea with vomiting, unspecified
9	29	Unspecified injury of the head, initial encounter
10	28	Other injury of unspecified body region
11	25	Acute upper respiratory infection, unspecified
12	22	Urinary tract infection, site not specified
13	22	Vomiting, unspecified
14	22	Right lower quadrant pain
15	21	Concussion without loss of consciousness, initial encounter
16	21	Generalized abdominal pain
17	20	Diarrhea, unspecified
18	20	Epigastric pain
19	19	Person injured in unspecified moter-vehicle accident, initial encounter
20	19	Laceration without foreign body of other part of head, initial encounter
21	18	Other chest pain
22		Sprain of unspecified ligament of right ankle, initial encounter
23	17	Noninfective gastroenteritis and colitis, unspecified
24	16	Laceration without foreign body of scalp,initial encounter
25	16	Contusion of other part of head, initial encounter

Emergency Room Usage-Ages 18-64

	Number of Visits	Reason for Visit
1	307	Chest pain, unspecified
2	244	Unspecified abdominal pain
3	207	Nausea with vomiting, unspecified
4	204	Essential(primary) hypertension
5	198	Low back pain
6	176	Other chest pain
7	172	Headache
8	138	Diarrhea, unspecified
9	125	Strain of muscle, fascia and tendon of lower back, intial encounter
10	120	Other external cause status
11	116	Anxiety disorder, unspecified
12	108	Epigastric pain
13	107	Periapical abscess without sinus
14	106	Nicotine dependence, ciagrettes, uncomplicated
15	106	Urinary tract infection, site not specified
16	104	Synocope and collapse
17	103	Other specified disorders of teeth and supporting structures
18	102	Strain of muscle, fascia and tendon at neck level, intial encounter
19	101	Right lower quadrant pain
20	100	Dehydration
21	96	Dizziness and giddiness
22	93	Constipation, unspecified
23	88	Other inury of unspecified body region
24	86	Vomiting, unspecified
25	83	Person injured in unspecified motor-vehicle accident, traffic, initial encounter

Emergency Room Usage-Ages 65+

	Number of Visits	Reason for Visit
1	181	Essential(primary) hypertension
2	175	Chest pain, unspecified
3	154	Urinary tract infection, site not specified
4	120	Unspecified fall, initial encounter
5	114	Pneumonia, unspecified organism
6	102	Other chest pain
7	96	Dizziness and giddiness
8	89	Unspecified atrial fibrillation
9	86	Synocope and collapse
10	73	Acute cystitis without hematuria
11	69	Unspecified injury of head, initial encounter
12	67	Weakness
13	66	Chronic obstructive pulmonary disease with (acute) exacerbation
14	63	Dyspnea, unspecified
15	63	Heart failure, unspecified
16	59	Nausea with vomiting, unspecified
17	57	Other external cause status
18	57	Dehydration
19	56	Unspecified abdominal pain
20	55	Sepsis, unspecified organism
21	53	Low back pain
22	52	Hypo-osmolality and hyponatremia
23	50	Long term(current) use of anticoagulants
24	49	Diarrhea, unspecified
25	47	Type 2 diabetes mellitus without complications

Leading Causes of Death

This table shows the number of deaths in each county in 2015 due to the reason listed. The numbers are based on a rate of 100,000. The data was provided through Washington and Oregon state websites.

Leading Causes of Death in Columbia Gorge Region

	Cancer	Heart Disease	Chronic low respiratory disease	Unintentional Injury	Cerebrovascular disease	Alzheimer's	Diabetes	Alcohol Induced	Suicide	Flu & Pnemonia
Gilliam	4	7	1	1	-	2	-	1	-	-
Hood River	49	38	3	10	16	10	3	4	6	1
Sherman	5	7	1	2	2	1	-	1	-	-
Wasco	60	74	22	14	26	4	14	12	4	4
Wheeler	6	5	2	2	-	1	3	-	1	1
Klickitat	60	60	16	2	10	2	2	1	4	-
Skamania	31	17	4	2	3	4	2	4	2	-

COMMUNITY HEALTH SURVEY

INSTRUCTIONS: For each question, please fill in the circle that best represents your answer. Your results are completely private, and you can skip any question you do not want to answer. When you are finished, place the survey in the postage-paid envelope we have provided and drop it in the mail. If you have questions about this survey, please read the included letter or call us at 1-877-215-0686.

PART 1 YOUR HEALTH CARE

These questions help us understand your health and health care.

1 Do you currently have any kind of health insurance?
- ◯ Yes
- ◯ No → **(Skip to Question 3)**

2 What kind of health insurance do you have? *Mark all that apply.*
- ◯ Medicaid/Oregon Health Plan (OHP)/ WA Medicaid
- ◯ Medicare
- ◯ VA, TRICARE or other military health care
- ◯ Private coverage through an employer or family member's employer
- ◯ A private plan I pay for myself
- ◯ Other (tell us): _____
- ◯ I don't have any insurance now
- ◯ I don't know

3 If you **don't** currently have any kind of health insurance, what are the main reasons why? *Mark all that apply.*
- ◯ It costs too much
- ◯ I don't think I need insurance
- ◯ I am waiting to get coverage through a job
- ◯ Signing up is too confusing
- ◯ I haven't had time to deal with it
- ◯ Other (tell us): _____

4 For how many of the **last 12 months** did you have some kind of health insurance?
- ◯ Not insured during the last 12 months
- ◯ 1-3 months
- ◯ 4-6 months
- ◯ 7-9 months
- ◯ 10-11 months
- ◯ Insured for ALL of the last 12 months

5 Do you have a place to go for health care when it is not an emergency?
- ◯ Yes
- ◯ No → **(Skip to Question 7)**

6 Where do you usually go to receive health care when it is not an emergency? *Mark only one.*
- ◯ A private doctor's office or clinic
- ◯ A public health clinic or community health center
- ◯ A tribal health clinic
- ◯ A VA facility
- ◯ A hospital-based clinic
- ◯ A hospital emergency room
- ◯ An urgent care clinic
- ◯ Other (tell us): _____
- ◯ I don't have a usual place

7 Do you have **one person** you think of as your personal doctor or health care provider?
- ◯ Yes ◯ No

8 Was there a time in the **last 12 months** when you needed any type of health care?
- ◯ Yes ◯ No → **(Skip to Question 11)**

9 If you needed health care in the **last 12 months**, did you get **all** the care you needed?
- ◯ I got **all** the care I needed
- ◯ I got **some but not all** needed care
- ◯ I got **no care at all**
- ◯ I don't know

10 The **most recent time** you went without needed health care, what were the main reasons? *Mark all that apply.*
- ◯ Cost
- ◯ Not having a regular provider
- ◯ Not knowing where to go
- ◯ Couldn't get appointments quickly enough
- ◯ Offices aren't open when I can go
- ◯ Needed childcare
- ◯ Needed transportation
- ◯ Not having a provider that understands my culture, lifestyle, identity or my language
- ◯ Other reasons (tell us): _____

11 Was there a time in the **last 12 months** when you needed **dental** care?
- ◯ Yes ◯ No → **(Skip to Question 14)**

12 If you needed dental care in the **last 12 months**, did you get **all** the care you needed?

- ◯ I got **all** the care I needed
- ◯ I got **some but not all** needed care
- ◯ I got **no care at all**
- ◯ I don't know

13 The most recent time you went without needed dental care, what were the main reasons? *Mark all that apply.*

- ◯ Cost
- ◯ Not having a regular provider
- ◯ Not knowing where to go
- ◯ Couldn't get appointments quickly enough
- ◯ Offices aren't open when I can go
- ◯ Needed childcare
- ◯ Needed transportation
- ◯ Not having a provider that understands my culture, lifestyle, identity or my language
- ◯ Other reasons (tell us): _____

14 In the **last 12 months** have you needed treatment or counseling for a **mental health condition or personal problem**?

◯ Yes ◯ No → **(Skip to Question 18)**

15 If you did receive treatment or counseling for a mental health condition or personal problem in the **last 12 months**, where did you mostly go to get care? *Mark only one.*

- ◯ My primary care doctors office
- ◯ A county clinic
- ◯ Hospital emergency room
- ◯ Other (tell us): _____

16 In the **last 12 months**, when you needed treatment or counseling for a mental health condition or personal problem did you get **all** the care you needed?

- ◯ I got **all** the care I needed
- ◯ I got **some but not all** needed care
- ◯ I got **no care at all**
- ◯ I don't know

17 The **most recent time** you went without needed mental health care, what were the main reasons? *Mark all that apply.*

- ◯ Cost
- ◯ Not having a regular provider
- ◯ Not knowing where to go
- ◯ Couldn't get appointments quickly enough
- ◯ Offices aren't open when I can go
- ◯ Needed childcare
- ◯ Needed transportation
- ◯ Not having a provider that understands my culture, lifestyle, identity or my language
- ◯ Other reasons (tell us): _____

18 Was there a time in the **last 12 months** when you needed **prescription medication**?

◯ Yes ◯ No → **(Skip to Question 21)**

19 If you needed prescription medication in the **last 12 months**, did you get **all** the medications you needed?

- ◯ I got **all** the medication I needed
- ◯ I got **some but not all** medications
- ◯ I got **no medications at all**
- ◯ I don't know

20 The **most recent time** you went **without** needed prescription medication, what were the main reasons? *Mark all that apply.*

- ◯ Cost
- ◯ Not having a regular pharmacy
- ◯ Pharmacy is too far away
- ◯ Pharmacy isn't open when I can go
- ◯ Needed childcare
- ◯ Needed transportation
- ◯ Not having a provider that understands my culture, lifestyle, identity or my language
- ◯ Other reasons (tell us): _____

21 Where do you usually receive **most** of your healthcare? *Mark all that apply.*

- ◯ Bend area
- ◯ Condon/Arlington
- ◯ Cascade Locks
- ◯ Goldendale
- ◯ Hood River
- ◯ Maupin
- ◯ Moro
- ◯ Portland/Vancouver area
- ◯ Stevenson
- ◯ The Dalles
- ◯ Warm Springs
- ◯ White Salmon
- ◯ Yakima
- ◯ Other (tell us): _____

22 Specialists are providers who focus in one area of health care. In the last 12 months, have you needed any of the following services below and were you able to receive those services locally?

	Not needed	Used local services	Used out-of-area services	Did not get needed services
Orthopedics	◯	◯	◯	◯
Neurology	◯	◯	◯	◯
Addictions treatment	◯	◯	◯	◯
Cardiology	◯	◯	◯	◯
Cancer treatment	◯	◯	◯	◯
Skin conditions	◯	◯	◯	◯
Other (tell us): _____	◯	◯	◯	◯

23 Do you have any children (under 18 years of age)?

◯ Yes ◯ No → **(Skip to Question 35)**

24 In the **last 12 months** has any child of yours needed medical care?

◯ Yes ◯ No → **(Skip to Question 27)**

25 In the **last 12 months**, when your child or children needed medical care, did they get **all** the care they needed?

◯ They got **all** the care they needed
◯ They got **some but not all** needed care
◯ They got **no care at all**
◯ I don't know

26 The **most recent time** your child or children went **without** needed medical care, what were the main reasons? *Mark all that apply.*

◯ Cost
◯ Not having a regular provider
◯ Not knowing where to go
◯ Couldn't get appointments quickly enough
◯ Offices aren't open when I can go
◯ Needed childcare
◯ Needed transportation
◯ Not having a provider that understands my culture, lifestyle, identity or my language
◯ Other reasons (tell us): _____

27 Have you **ever** been told by a doctor or other health care professional that any of your children have any of the following?

	Yes	No
Diabetes or sugar diabetes	◯	◯
Asthma	◯	◯
A behavioral or mental health diagnosis (such as depression, anxiety or ADHD).	◯	◯
A developmental delay or learning disability (such as Autism or Dyslexia)	◯	◯
Depression	◯	◯
Post-traumatic stress disorder	◯	◯
Anxiety	◯	◯
Another ongoing health condition	◯	◯

(tell us): _____

28 In the **last 12 months** has any child of yours had an emotional, developmental or behavioral problem for which they needed treatment or counseling?

◯ Yes ◯ No → **(Skip to Question 32)**

29 If your child or children did receive treatment or counseling for an emotional, developmental or behavioral problem in the **last 12 months**, where did they mostly get their care? *Mark only one.*

◯ Their primary care doctor's office
◯ A county clinic
◯ Hospital emergency room
◯ Other (tell us): _____

30 In the **last 12 months**, when your child or children needed treatment or counseling, did they get **all** the care they needed?

◯ They got **all** the care they needed
◯ They got **some but not all** needed care
◯ They got **no care at all**
◯ I don't know

31 The **most recent time** your child or children went **without** needed mental health care, what were the main reasons? *Mark all that apply.*

◯ Cost
◯ Not having a regular provider
◯ Not knowing where to go
◯ Couldn't get appointments quickly enough
◯ Offices aren't open when I can go
◯ Needed childcare
◯ Needed transportation
◯ Not having a provider that understands my culture, lifestyle, identity or my language
◯ Other reasons (tell us): _____

32 In the **last 12 months** has any child of yours needed dental care?

◯ Yes ◯ No → **(Skip to Question 35)**

33 In the **last 12 months**, when your child or children needed dental care, did they get **all** the care they needed?

◯ They got **all** the care they needed
◯ They got **some but not all** needed care
◯ They got **no care at all**
◯ I don't know

34 The **most recent time** your child or children went **without** needed dental care, what were the main reasons? *Mark all that apply.*

◯ Cost
◯ Not having a regular provider
◯ Not knowing where to go
◯ Couldn't get appointments quickly enough
◯ Offices aren't open when I can go
◯ Needed childcare
◯ Needed transportation
◯ Not having a provider that understands my culture, lifestyle, identity or my language
◯ Other reasons (tell us): _____

PART 2 YOUR HEALTH & LIFESTYLE

These questions give us a picture of your overall health.

35 In general, would you say your health is:

- ◯ Excellent
- ◯ Very Good
- ◯ Good
- ◯ Fair
- ◯ Poor

36 Have you **ever** been told by a doctor or other health professional that you have any of the following?

	Yes	No
Diabetes or sugar diabetes	◯	◯
Asthma	◯	◯
High blood pressure	◯	◯
High cholesterol	◯	◯
Depression	◯	◯
Post-traumatic stress disorder	◯	◯
Anxiety	◯	◯
Another mental health condition	◯	◯

37 During the **past 2 weeks**, about how often have you been bothered by the following problems:

	Not at all	Several days	Over half the days	Nearly every day
Little interest or pleasure in doing things	◯	◯	◯	◯
Feeling down, depressed or hopeless	◯	◯	◯	◯
Feeling nervous, anxious or on edge	◯	◯	◯	◯
Not being able to stop or control worrying	◯	◯	◯	◯

38 To what extent have you experienced hardship, difficulty or traumatic events in your life?

	Not at all	Some	A lot
Life changing illness or injury	◯	◯	◯
Neglect of any kind	◯	◯	◯
Lived with someone with mental illness or substance abuse	◯	◯	◯
Witnessed or experienced violence	◯	◯	◯
Forced to do something sexual that you didn't want to do	◯	◯	◯
Physically hurt or threatened by an intimate partner	◯	◯	◯
Abuse of any kind	◯	◯	◯
Other traumatic event (tell us):_____	◯	◯	◯

39 Were your parents ever separated or divorced during your childhood (ages 0-18)?

- ◯ Yes
- ◯ No
- ◯ Doesn't apply to me

40 In your lifetime, have you experienced hardships or difficulty after an unexpected death of a loved one?

- ◯ Yes
- ◯ No
- ◯ Doesn't apply to me

41 During a **typical** day, how many servings of fruit do you usually eat? *A serving is one piece of fruit or about a cup of cut-up fruit. Don't count juices.*

↳ _____ servings per day

42 During a **typical** day, how many servings of vegetables do you usually eat? *A serving is about a cup of vegetables like green beans, salad or potatoes. Don't include fried foods like french fries.*

↳ _____ servings per day

43 Do you **currently** smoke cigarettes or e-cigarettes?

- ◯ Every day
- ◯ Some days
- ◯ Not at all

44 How often did you have a drink containing alcohol in the **past year**?

- ◯ Never → **(Skip to Question 47)**
- ◯ Monthly or less
- ◯ 2-4 times a month
- ◯ 2-3 times a week
- ◯ 4 or more times a week

45 How many days per week do you drink alcohol?

- ◯ 0 to 1
- ◯ 2 to 3
- ◯ 4 to 5
- ◯ 6 to 7

46 On the days when you did drink alcohol, how many drinks did you usually have **per day**? *A 'drink' is one beer, one glass of wine or one shot of liquor.*

- ◯ 1 or 2
- ◯ 3 or 4
- ◯ 5 or 6
- ◯ 7 to 9
- ◯ 10 or more

47 In the **last 12 months**, have you or anyone in your household used any of the following? *Mark all that apply.*

- ◯ Marijuana, pot, grass, hash or hash oil
- ◯ Opioids not as prescribed (oxycodone, heroin, morphine, methadone, codeine, etc.)
- ◯ Amphetamine-type stimulants (meth, speed, diet pills, ecstasy, etc.)
- ◯ Any other street drug
- ◯ I did not use any of these in the last 12 months

PART 3 YOUR HOUSEHOLD FINANCES

These questions help us understand finances for you and your family.

48 Which of the following best describes your housing situation today? *Mark all that apply.*

- ◯ I have housing of my own, and I'm NOT worried about losing it
- ◯ I have housing of my own, but I AM worried about losing it
- ◯ I'm staying in a hotel
- ◯ I'm staying with friends or family
- ◯ I'm staying in a shelter, in a car or on the street
- ◯ Other (tell us): _____

49 In the past 12 months, have you or someone in your household had to **go without** any of the following when it was really needed because you were having trouble making ends meet?

	Yes	No
Food	◯	◯
Utilities	◯	◯
Transportation	◯	◯
Clothing	◯	◯
Stable Housing or Shelter	◯	◯
Medical Care	◯	◯
Medicine	◯	◯
Child Care	◯	◯
Dental Care	◯	◯

50 How much do you pay out of pocket for housing monthly?

- ◯ Less than $750
- ◯ Between $750 - $1500
- ◯ More than $1500

PART 4 ABOUT YOU & YOUR FAMILY

These questions help us understand more about you, your living situation and your family.

51 Please tell us about the community where you currently live:

	Strongly Disagree	Disagree	Agree	Strongly Agree
People in my community are willing to help each other	◯	◯	◯	◯
People in my community can be trusted	◯	◯	◯	◯
You can count on adults in this community to watch out that children are safe and don't get in trouble	◯	◯	◯	◯
I feel safe in my community	◯	◯	◯	◯

52 Do you currently provide help or assistance to a relative, loved one, or friend for their living or health-related needs that they would not be able to do without you? *These tasks may include medication management, changing bandages, making appointments, etc.*

- ◯ Yes
- ◯ No → **(Skip to Question 54)**

53 How often do you feel you have the support necessary to help you deal with the challenges of caring for your loved one or friend?

- ◯ All of the time
- ◯ Some of the time
- ◯ None of the time

54 How often do you think you would have someone available to do each of the following?

	None of the time	Some of the time	Most of the time	All of the time
Love you and make you feel wanted?	◯	◯	◯	◯
Give you good advice about a crisis?	◯	◯	◯	◯
Get together with for relaxation?	◯	◯	◯	◯
Confide in or talk to about your problems?	◯	◯	◯	◯
Help you if you were confined to a bed?	◯	◯	◯	◯

55 Are you male, female or transgender?

◯ Male ◯ Female ◯ Transgender

56 What year were you born? 19_____

57 What is your height? _____ Feet _____ Inches

58 About how much do you currently weigh? _____ pounds

59 Are you Hispanic or Latino?
- ◯ Yes
- ◯ No

60 Which one or more of the following would you say is your race? *Mark all that apply.*
- ◯ White
- ◯ Black or African-American
- ◯ Asian
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ American Indian or Alaska Native
- ◯ Don't know / Not sure
- ◯ Prefer not to answer

61 What language do you speak best? *Mark only one.*
- ◯ English
- ◯ Spanish
- ◯ Vietnamese
- ◯ Russian
- ◯ Other (tell us): _____

62 What is the highest level of education you have completed? *Mark only one.*
- ◯ Less than high school
- ◯ High school diploma or GED
- ◯ Vocational training or 2-year degree
- ◯ A 4-year college degree
- ◯ An advanced or graduate degree

63 Are you currently employed or self-employed?
- ◯ Yes, employed by someone else
- ◯ Yes, self-employed
- ◯ Not currently employed
- ◯ Retired

64 About how many hours per week, on average, do you work at your current job(s)? *Your best estimate is fine.*
- ◯ I don't currently work
- ◯ Less than 20 hours per week
- ◯ 20-39 hours per week
- ◯ 40 or more hours per week

65 What is your gross household income (before taxes and deductions are taken out) for last year (2015)? *Your best estimate is fine.*
- ◯ $0
- ◯ $1 to $10,000
- ◯ $10,001 to $20,000
- ◯ $20,001 to $30,000
- ◯ $30,001 to $40,000
- ◯ $40,001 to $50,000
- ◯ $50,001 to $60,000
- ◯ $60,001 to $70,000
- ◯ $70,001 to $80,000
- ◯ $80,001 to $90,000
- ◯ $90,001 to $100,000
- ◯ $100,001 or more

66 Have you or a member of your family you live with, ever done agricultural work as your principal employment?
- ◯ Yes
- ◯ No → **(Skip to Question 69)**

67 Do you or a family member you live with, work for your/ their current employer year round or on a seasonal basis?
- ◯ Year round
- ◯ Seasonal
- ◯ Don't know

68 Have you or a member of your family with whom you reside: *(Mark only one)*
- ◯ Moved in the last 12 months to another area (established a temporary home) in order to work primarily in agriculture?
- ◯ Stayed in the area for the last 12 months in order to work primarily in agriculture?
- ◯ Does not apply to me

69 Altogether, how many people currently live in your home? *Count adults and children under 18.*

↳ Me, plus ___ other adults, ___ children ages 0-5, and ___ children ages 6-17

70 Do you currently live with: *(mark all that apply)*
- ◯ Spouse/significant other
- ◯ Adult children
- ◯ Parents

71 What is your zip code? _____

72 We may ask some participants to participate in listening sessions or other research (and be compensated for their time). If your household is selected again, are you interested?
- ◯ No
- ◯ Yes → *Is there a good phone number to reach you? (include area code):*

_____

and/or E-mail:

_____

STOP HERE Thank you very much for taking time to complete this survey. Please place the survey in the postage-paid envelope and mail it.
Contact us at 1-877-215-0686 or core@providence.org with any questions.

03/31/16

MOU from Cohort

Memorandum of Understanding to Conduct a Seven-County, Collaborative Community Health Assessment (CHA) in 2016 and Community Health Improvement Plan (CHIP) in 2017

Overview
This Memorandum of Understanding describes shared commitments, project timing, roles, and responsibilities between participating organizations in the seven-county region comprised of Hood River, Wasco, Sherman, Gilliam and Wheeler Counties in Oregon as well as Klickitat and Skamania Counties in Washington to develop a single Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), across hospitals, public health entities, a community health center, behavioral health, early learning and coordinated care organization stakeholders. A complete list of participating organizations is attached.

Background
Prior to 2013, multiple needs assessments were conducted separately for various populations and geographies within this region. There was limited common framework or process to organize data in a way that was simultaneously accessible to all stakeholders in the region, and therefore opportunities to provide valuable and strategic services within our community were missed. Efforts to prioritize needs, to coordinate health improvement efforts, and to track outcomes were inconsistent, resulting in less impactful outcomes.

In 2013, the Community Advisory Council of the Columbia Gorge Health Council (CGHC) convened multiple stakeholders and facilitated coordination on a shared Community Health Assessment (CHA). This document was used by the partners to each satisfy regulatory requirements while arriving at a shared understanding of the health priorities in the region. In 2014, The CGHC adopted a corresponding Community Health Improvement Plan/Process (CHIP) which prioritized the needs and described a common agreement on the path forward to greater understanding, participation, action and measurement of results.

These two documents served as critical guidelines in the allocation of several million dollars of Coordinated Care Organization (CCO) transformation fund monies and hospital community benefit investments as well as supporting the successful procurement of substantial grant funding specifically directed at the CHIP priorities.

Principles of Collaboration
The Community Advisory Council of the Columbia Gorge Health Council ("CGHC") and the signatories to this document have endorsed the following principles of collaboration:

- A collaborative approach to the CHA and the CHIP is better for our region, yielding more accurate and more actionable products, as community providers agree on the needs within our region and communities and as we align our abilities to address those needs together.
- A collaborative approach to the CHA and CHIP will maximize collective resources available for improving health in the region.
- A collaborative approach to the CHA and CHIP must be truly collaborative, requiring commitments of cash or in-kind resources from all participants who would use it to satisfy a regulatory requirement.

Shared Understandings

- The participating organizations declare their shared intent to collaborate in the CHA and the CHIP, as evidenced by the meeting minutes of the CGHC's Community Advisory Council and numerous collaborative CHA/CHIP planning activities in advance of finalizing this document. A copy of this MOU will be included in the appendix of the collaborative CHA.

- This MOU's term begins May 1, 2016 and continues through June 30, 2017, or when the Community Health Improvement Plan (CHIP) is adopted by the CAC, whichever comes first.

- The CGHC's Community Advisory Council will serve as the convener of participating organizations and community stakeholders in this process.

- Each of the participating organizations agrees to contribute cash and/or in-in kind resources to develop this collaboration and to realize the CHA and subsequent CHIP.

- Participating organizations will evaluate opportunities to contribute cash and/or in-kind resources toward identified strategies in the CHIP, in keeping with their mission, available resources and regulatory requirements and in coordination with other participating agencies.

- Subject to applicable law and each organization's applicable policies, the participating organizations have agreed to share, both publically and with each other, the findings of population demographic and health data; agency, service, provider, and community sessions; focus groups; listening sessions; community forums; interviews; and consumer surveys. Any facility-specific utilization data will be shared by further agreement of the individual parties and in the most consistent format possible.

- While efforts will be made to accommodate as many needs as possible, each of the participating organizations is responsible for amending the collaborative CHA and CHIP to satisfy the specific requirements of any regulatory bodies to whom they are accountable.

- Each of the participating organizations recognizes that this is the second instance of an ongoing collaborative effort, that future iterations of a collaborative CHA and CHIP will continue to evolve, and that there is a shared intention to be inclusive of additional participating organizations, including participants from sectors outside of health care.

Component	***Agreement***
Population data for assessment	**Summer 2016**: CGHC will aggregate the most current demographic data for the seven county area. CGHC will contract with an analyst to aggregate any additional demographic data in an agreed upon format, as needed. Other participating organizations will validate congruency with any data sources they are required to use.

Component	*Agreement*
Primary Research: Health care utilization data for assessment	**Fall 2016:** CGHC will collect, via the Emergency Department Information Exchange (EDIE), Emergency Department Utilization data attributed to residents from zip codes in the Columbia Gorge to identify top diagnoses. Data will be sortable by zip code, age, diagnosis (ICD-10), and payor type. The window of utilization will be from 11/1/2015 through 10/31, 2017. PacificSource Community Solutions will provide relevant data on Oregon Health Plan utilization for members in Hood River and Wasco counties.
Primary Research: Consumer Survey	**Summer 2016:** A community health survey will be collected, tabulated, analyzed, and a written analysis provided. CGHC will contract with The Center for Outcomes Research and Education (CORE) to field by mail a community health survey to be designed with input from CGHC Community Advisory Council and other local stakeholders and content experts. The survey will be appropriately translated into Spanish, utilizing translation process known to be effective in meeting the needs of Spanish speaking/reading community members in the Columbia Gorge. An additional 1,500 surveys will be provided to partner agencies and other agencies represented at the CGHC Community Advisory Council to be administered by hand within the community. The responses of all hand-fielded surveys will be entered by the agency fielding the surveys online via a mechanism to be provided by CORE. Participating organizations are responsible for distributing and facilitating completion of locally administered surveys within their service areas, in both English and Spanish at agency sites or in strategic locations to ensure reaching specific populations of interest, including: • Seniors (65+) • Migrant and seasonal farm workers • Limited English Proficiency • Low Income (<200% FPL) • Disabled

Component	*Agreement*
	• Unemployed • Justice-involved • Caregivers for vulnerable populations • LGBTQ • Young adults • Native/tribal • Latino/Hispanic • Housing and Food insecure CGHC will contract with CORE to track, collect and tabulate all the surveys, both those returned by mail and those that were hand-fielded.
Primary Research: Public Health, Community Health Center and County Mental Health	**Fall 2016:** Public Health entities, the Federally Qualified Health Center and the County Mental Health Agency will make known and available any relevant population statistics in a format that support aggregation and correlation to the degree possible. All information is de-identified and will not include small population numbers. Data of interest includes but not limited to: Public Health - Causes of death, communicable disease prevalence, any relevant factors influencing successful entry into school and successful high school graduation County Mental Health - Mental Health condition prevalence, Factors influencing successful entry into school and successful high school graduation. Federally Qualified Health Center – Top health condition diagnosis for Medicaid, Medicare, and uninsured populations
Primary Research: Listening Sessions—Social Services and Education	**Fall 2016:** CGHC's Community Advisory Council will collect feedback from a sampling of providers of social services and education stakeholders in the region. Information collected will be used to assess the degree of coordination experienced and to identify remaining barriers to coordination in two categories: • Coordination across health care providers • Coordination across health care and social services

Component	*Agreement*
Primary Research: Listening Sessions—Health Care Providers	**Fall 2016:** Participating organizations providing health care will distribute, via e mail, an electronic survey to clinical employees and medical staff. The survey will be developed by CGHC in an electronic format, and open for a minimum of seven days. Primary care clinicians should be particularly encouraged to reply. Information collected will be used to assess the degree of coordination experienced and to identify remaining barriers to coordination in two categories: • Coordination across health care providers • Coordination across health care and social services
Secondary Research:	**Summer 2016:** The work group will identify 6-8 publically available data sources to corroborate and augment primary research. These sources may include additional local research, public health data and community surveys. Data that provides further understanding of 2014 CHIP topics shall be prioritized. Data sources being currently reviewed include the following: - Oregon Healthy Teen Survey - Washington Healthy Teen Survey - County Health Rankings - Columbia Gorge Transportation - CGHC Food Insecurity data - OHA Behavioral Health Survey - Pacific Source utilization data
Writing the CHA	**Fall 2016:** CGHC, with input from the work group, will ensure the production of a draft CHA. The document will be the product of analysis of the above research and data collection activities, and consultation or contracting with necessary resources, including in-kind contributions by staff from participating organizations. CGHC will ensure the analysis and writing of the document in an

Component	*Agreement*
	agreed-upon format that satisfies regulatory requirements of the participating organizations to the fullest extent possible. A Table of Contents for the final deliverable is attached to this document
Adopting the CHA	**Fall 2016:** Participating organizations will have reviewed the CHA, and communicated any specific requests for changes, with the exception of proposing further primary research, though such requests may be considered as elements of the CHIP. The CHA will be presented to the CGHC Community Advisory Council for their endorsement. The document will be released to partners and published on the CGHC website.
CHIP	
Developing the CHIP: Community Member Listening Sessions	**Spring 2017:** The cohort included in the MOU will cooperate to ensure the completion of 9 to 12 community member listening sessions. These sessions will be conducted using a common format to be endorsed by the CGHC Community Advisory Council. In Hood River, Klickitat and Wasco counties, no fewer than 3 sessions shall be conducted in each county. The demographics of listening session participants shall be collected and thematic analysis of the listening session shall be conducted to corroborate primary and secondary research. The populations to be recruited for participation in listening sessions will be identified on the basis of known or suspected health disparities and/or underrepresentation in other CHA research elements with special consideration for the following: • Seniors (65+) • Migrant and seasonal farm workers • Limited English Proficiency • Low Income (<200% FPL) • Disabled • Unemployed • Justice-involved • Caregivers for vulnerable populations • LGBTQ • Young adults • Native/tribal

Component	*Agreement*
	• Latino/Hispanic CGHC will allocate funds to participating organizations and other community partners to ensure the completion of listening sessions. These funds are for the purpose of recruiting participants and removing barriers to participation with support such as meals, child care, transportation and/or stipends that will allow appropriate community members to be heard.
Mental Health and Substance Use Disorder Listening Sessions.	**Spring 2017:** CGHC will coordinate with Providence's Community Health Division to complete surveys or interviews and a minimum of two listening sessions with key stakeholders in the region involved with mental health and substance use disorder treatment. The purpose of the sessions shall be to identify a shared understanding of any gaps in services available in the region, in comparison with the prevalence of need for each service.
Developing the CHIP: Prioritizing CHIP Topics	**Spring 2017:** CGHC Community Advisory Council will convene the participating organizations to review input from community sessions and finalize prioritization of community needs by a vote of the Community Advisory Council. No more than 10 needs will advance to inclusion in the Community Health Improvement Plan (CHIP).
Writing the CHIP	**Spring 2017:** CGHC will facilitate assignment of CHIP topics to participating organizations, who will agree to serve as "CHIP Lead" in their respective area(s) of expertise. These shall be to identify and include appropriate stakeholder for each CHIP topic and to ensure the facilitation of those stakeholders toward the development of specific and measureable actions to address each identified CHIP topic. These agreements to serve as CHIP topic leads, and the identification of necessary stakeholders shall be mutually agreed upon according to each participating organization's mission, available resources and regulatory requirements, and shall be memorialized with specificity in a subsequent "Declaration of Cooperation". Unless there is compelling reason to do otherwise, all CHIP topics shall be addressed in a model of Collective Impact, requiring the coordinated action of the identified stakeholders. Technical assistance to ensure fidelity to this model can be requested of CGHC.

Component	*Agreement*
	Providing leadership for one CHIP topic is not mutually exclusive with participation in other CHIP topics.
Communicating the CHIP: Community forums	**Summer, 2017:** Participating organizations will each coordinate, communicate and host one or more community forums in a consistent, agreed-upon format. Collectively, the forums should include health care and social service agency staff and leadership, service clubs, private sector, local government, as well as public at large/consumers. The goal of these forums is to share the findings of the CHA and CHIP and invite broader community participation in coordinated efforts.

Terms of MOU

- The Community Advisory Council of the Columbia Gorge Health Council shall serve as the Community Convener for the development of this collaborative community health assessment (CHA) and community health improvement plan (CHIP), according to the description, above. Each participating organization will provide, at the time of this agreement, the names and contact information for a representative to participate in a CHA/CHIP work group. The work group will convened by the CGHC project lead. The work group will meet distinctly, as needed, and members are additionally encouraged to attend and participate in the Community Advisory Council of CGHC.
- Participating organizations shall govern all decision-making for the needs assessment process.
- On matters to be decided, each participating organization will represent one vote and matters will be determined by simple majority vote. The CGHC Community Advisory Council will act as final authority should the participating organizations reach an impasse.
- The CGHC will continue to provide project management, process facilitation and central coordination of efforts.
- Criteria to select additional participants may be developed and include reevaluation of funding model.
- Any party may terminate its participation in this MOU by providing the other parties hereto with 30-days advance written notice.

Financial Commitments:

Participating Organizations will each contribute cash and/or in-kind resources, proportionate to their overall revenue, staffing and regulatory requirements. Cash contributions are agreed to according to the table below:

Organization	Cash Contribution	Estimated In-Kind Cash Value
Columbia Gorge Health Council	Balance of funds needed not to exceed $40,000	• $15,000 in staff time • Coordinate and host one or more community forums

Four Rivers Early Learning Hub	$1,000	• Support identification of appropriate data for successful entry into school • Coordinate and host one or more community forums
Hood River County Health Department	-	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Klickitat Valley Health	$3,500	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Klickitat County Health Department	-	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Mid-Columbia Medical Center	$7,500	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Mid-Columbia Center for Living	$5,000	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
North Central Public Health District	-	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
One Community Health	$5,000	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Pacific Source Community Solutions	Funds provided to CGHC	• Contribute staff time valued at approximately $6,300 • Data analysis as outlined in primary research section. • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Providence Hood River Memorial Hospital	-	• ~$17,000 with CORE direct contract • $5,000 in staff time • Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
Skamania County Health Department	-	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums

Skyline Hospital	$3,500	• Data analysis as outlined in primary research section • Distribution of electronic health care survey to appropriate employees and/or medical staff • Coordinate and host one or more community forums
United Way of the Columbia Gorge	$1,000	Coordinate and host one or more community forums
TOTAL:	**Up to $66,500**	

Participating Organizations (in alphabetical order):

- Columbia Gorge Health Council
- Four Rivers Early Learning Hub
- Hood River County Health Department
- Klickitat Valley Health
- Klickitat County Health Department
- Mid-Columbia Medical Center
- Mid-Columbia Center for Living
- North Central Public Health District
- One Community Health
- Pacific Source Community Solutions
- Providence Hood River Memorial Hospital
- Skamania County Health Department
- Skyline Hospital
- United Way of the Columbia Gorge

Seven -County Region of Study:

Oregon Counties: Gilliam, Hood River, Sherman, Wasco, Wheeler
Washington Counties: Klickitat, Skamania

Common Assessment Process: The participating organizations have selected a modified Mobilizing for Action through Planning and Partnerships (MAPP) process as a common assessment framework. Developed by NAACHO, the MAPP framework consists of 6 phases: Organizing, Visioning, Assessments, Strategic Issues, Formulate Goals and Strategies, and Action Cycle.

Participant Commitment: Representative organizations will commit to participate in this project throughout the term of this Agreement. Each participant organization will contribute a designated organizational representative to work with the convening organization to implement and sustain the project. A reevaluation will occur at the end of term to determine ongoing needs.