2022 COLUMBIA GORGE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

ABOUT OUR REGION

The Columbia Gorge Region includes seven counties along the Columbia River: Hood River, Wasco, Sherman, Gilliam, and Wheeler counties in Oregon, and Skamania and Klickitat counties in Washington. Combined, these counties cover 10,284 square miles and are home to a population of approximately 91,434 (as of 2021[1]).

FIGURE 1-MAP OF COLUMBIA GORGE REGION

The Columbia Gorge Region is a mostly rural area with several towns that are larger than 1,000 people. Agriculture is the dominant industry in almost every county. Many of our industries rely on seasonal employment, which results in a regular ebb and flow of workers throughout the year, especially migrant or seasonal farmworkers.

Across the seven counties, roughly 92.2% of the residents identify as white, 2.5% identify as American Indian or Alaska Native, 1.2% identify as Asian, 0.7% identify solely as Black or African American, and 0.4% identify as Native Hawaiian and Other Pacific Islander. 2.9% identify as two or more races. 18.9% describe themselves as Hispanic or Latino/a, and 74.9% describe themselves as white alone, not Hispanic or Latino. 16.4% of people ages five and up speak a language other than English at home.[2]

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[1] U.S. Census Bureau QuickFacts: United States
[2] U.S. Census Bureau QuickFacts: United States

UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Needs Assessment (CHNA) is an opportunity for the Gorge Collaborative to engage the community with the goal of better understanding community strengths and needs. For our organizations, this process informs our partnerships, programs, and investments.

OVERVIEW OF THE GORGE COLLABORATIVE

The Gorge Collaborative is comprised of seven not-for-profit health systems dedicated to creating equity in healthcare and improving health outcomes for the communities we serve. Striving to treat each person with compassion and dignity, our organizations serve communities in the seven counties of the Columbia Gorge region on both the Oregon and Washington sides.

The Gorge Collaborative consists of the following organizations:

- **Klickitat Valley Health**
- **Mid-Columbia Community Action Council**
- **Mid-Columbia Medical Center**
- **One Community Health**
- **Providence Hood River Memorial Hospital**
- **Skamania County Public Health**
- **Skyline Health**

Before beginning this CHNA process, these Principles of Collaboration were agreed to:

- Producing accurate and actionable products, as Partners agree on the needs within our region and communities and as we align our abilities to address those needs together.
- Avoid community partner burnout with respect to qualitative data collection through a coordinated approach to listening sessions and key stakeholder interviews.

- Maximize collective resources available for improving health in the region.
- The collaborative approach requires commitments of cash or in-kind resources from all Partners using it to satisfy a regulatory requirement.

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Through a mixed-methods approach using both quantitative and qualitative data, we collected and analyzed information from the following external sources: American Community Survey; Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention; County Health Rankings & Roadmaps; Oregon Health Authority's Student Health Survey (2020); Washington Office of Superintendent of Public Instruction (OSPI)'s Healthy Youth Survey (2021); State and federal COVID infection, vaccination, hospitalization, and death trackers; U.S. Census Bureau.

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, we conducted eight listening sessions with a total of 66 individuals, each hosted in partnership with a community organization. Listening sessions were comprised of representatives from medically underserved communities, including the LGBTQ community, Latino youth and families, individuals experiencing homelessness or housing insecurity, elders, and Indigenous and monolingual Spanish speakers. We also conducted 11 stakeholder interviews with 16 leaders who directly serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. In addition, the Gorge Collaborative conducted an online and paper community health survey in English and Spanish that engaged 1,279 residents.

Key findings include the following:

- A primary strength within the service areas is **strong community partnerships** between nonprofits, health care, school districts, faith-based organizations, community and civic groups, and social support organizations, all working together to address community needs.

- The need for **stable and affordable housing** was the *single highest concern* of nearly every stakeholder and listening session completed during this process. Interviewees and survey respondents emphasized the connection between housing stability and economic security, as the cost of housing in the Gorge continues to increase without a corresponding increase in average household income.
- 69% of survey respondents reported feeling **socially isolated or lonely** at least some of the time over the last year, with 9% feeling isolated or lonely "all of the time." This highlights the profound impacts the pandemic has had on the mental health and well-being of communities in the Gorge.
- **Suicide is the leading cause of death** among Oregonians aged 10 to 24, and is the second leading cause of death for Washington teens aged 15-19 years old. 48% of Gorge high schoolers experience depression, and 24% have considered death by suicide. These rates are higher than both Washington and Oregon state averages.
- While care was taken to select and gather data that would tell the story of the Gorge Collaborative's service areas, it is important to **recognize the limitations** and gaps in information that naturally occur. Some data evolved and shifted during the CHNA process, making it difficult to capture reliable information. Many rural communities are insular by nature, so it can take time to build the trust needed for high-quality information-gathering. A full accounting of data limitations can be found starting on page 25 of the full CHNA report.

KEY THEMES AND TAKEAWAYS

Through a collaborative process of data collection, analyzing community input, and cross-referencing qualitative and quantitative data, the Gorge Collaborative identified the following key themes and takeaways:

1. **Homelessness and housing instability**

   a. Issues of housing and homelessness were raised by stakeholders and in every listening session completed during this process.
   b. Since the 2019 Gorge CHNA, worry about housing has risen from 10.3% to 18%.
   c. Over the past three years, the percentage of survey respondents who have insecure or unstable housing jumped from 6.8% to 13%.
   d. Severe housing cost burden occurs when households spend 50% or more of their income on housing. In Washington, 13% of residents experience severe housing cost burden. In Oregon, 15% of residents experience severe housing cost burden.
2. **Behavioral health challenges and access**
   a. There are many unmet substance abuse and addiction needs in the communities of the Gorge. Of survey respondents needing help with alcohol treatment, 68.7% were not able to access it, compared to 31.3% who were.
   b. Employment impacts overall mental health and wellness. 82% of employed respondents reported good mental health, while 61% of unemployed respondents reported good mental health.
   c. Isolation and loneliness is a mental health concern, especially during and after a pandemic. Age appears to impact experiences of isolation, with 45% of respondents under 24 reporting feelings of social isolation all or most of the time. But only 10% of respondents 55+ felt socially isolated all or most of the time.
3. **Economic insecurity (including childcare)**
   a. Economic insecurity is a cross-cutting theme affecting access to housing, healthy food, reliable childcare, and virtually every aspect of a person's life.
   b. 38% of respondents were not able to afford the dental care they needed or were worried they would not be able to afford the dental care they needed.

c. 36% of respondents who needed childcare were not able to afford it or worried that they would not be able to afford it.

d. 34% who needed medical care were not able to afford it, or worried that they would not be able to afford it.

e. 42% of respondents reported that they work full-time, 17% work more than one job to cover living expenses, and over 25% reported they or someone in their household lost a job or hours due to COVID-19.

4. **Access to health care services (including oral health)**

   a. There is an ongoing need for more bilingual and bicultural providers, particularly to serve the Spanish-speaking community.

   b. Transportation is a barrier to accessing care, especially for people living in rural areas.

   c. Due to the COVID-19 pandemic, people had to delay routine care and elective procedures, leading to a backlog of needed care and putting pressure on an already exhausted workforce.

   d. Most survey respondents got all the medical care they needed, however, nearly 25% of respondents did not get all the medical care they needed.

   e. As of March 2021, an estimated 430,000 Washingtonians are uninsured.[3] Across the state of Oregon, 275,522 people are reported to be uninsured.

5. **Food insecurity**

   a. Food insecurity emerged as a key theme due to the complexities of the food system in rural communities.

   b. 17% of survey respondents shared that they were worried about being unable to afford or access food, and 7% shared that they went without food in the last year because they couldn't afford or access it.

   c. Food insecurity is higher than statewide averages in most counties of the Gorge.

[3] Uninsured rates in Washington state from 2014-2020 | Dec. 30, 2021

6. **Chronic conditions (including recreation opportunities)**
    a. Stakeholders and listening session participants noted the need to support young people in getting sufficient activity and eating healthy foods. It can be challenging to find free, accessible outdoor activities for children; many families do not have access to local parks.
    b. Of all survey respondents, 44.2% have a chronic condition and understand how to access treatment.
    c. Of those with a chronic condition, 24% do not understand their health condition or do not understand what treatment options are available to them.

For a rank order list and a description of significant health needs, see page 39 of the CHNA Report. For a list of potential resources available to address the identified needs, see the end of each Key Theme description in the collaborative CHNA report.

NEXT STEPS

The 2022 CHNA for the Columbia Gorge Region serves multiple purposes. Among these purposes, the assessment enables its collaborative members and community partners to:

- Use the data presented to guide the development of goals, objectives, strategies, and performance measures.
- Identify the social determinants of health most affecting our region and explore how these factors are impacting overall health and vitality of our communities.
- Observe the shifting patterns of these health issues over time.
- Identify assets and resources as well as gaps and needs in services in order to help set funding and programming priorities.
- Use the report as the foundation for organizational Community Health Improvement Plans (CHIPs) that will address specific aspects of the health

needs identified in this CHNA. Each CHIP will describe the actions each organization intends to take, the anticipated impact of these actions, and the resources the organization plans to commit to address the health need. The CHIP will also describe any planned collaboration between organizations in addressing the prioritized needs.

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Introduction

Purpose of the CHNA Collaborative

Seven community health organizations, collectively referred to as the Gorge Collaborative, worked together to complete this comprehensive assessment of our communities' most pressing needs. The Gorge Collaborative conducted this assessment to serve as the guiding document when developing improvement strategies and making targeted investments in the community. Establishing a shared understanding of community needs serves as the foundation for developing a CHIP for each individual health organization in the collaborative. Each organization contributed by attending planning meetings, translating documents, assisting with outreach, analyzing survey data, and much more.

- **Klickitat Valley Health** is a nonprofit healthcare provider operated by Public Hospital District # 1 of Klickitat County, Washington and owned by the citizens of the District. The District serves a population of about 12,000 persons in the middle and eastern portions of Klickitat County. Services include a Critical Access Hospital that provides emergency, inpatient, and outpatient services. A Rural Health Clinic provides additional outpatient services including primary care and medical specialist services, diabetes education, care management, and behavioral health services. The District also provides Hospice services.
- **Mid-Columbia Community Action Council (MCCAC)** is the Community Action Agency serving Hood River, Wasco and Sherman County. MCCAC's mission is to build a better a better future for our community through partnership and equity-centered programs that prevent and eliminate poverty and houselessness. MCCAC accomplishes its mission through its core program areas which include Housing Stabilization, Shelter, Veteran Services, Utility Assistance and Weatherization.
- **Mid-Columbia Medical Center (MCMC)** is a nonprofit, community health care system serving the Columbia River Gorge. MCMC offers a 49-bed hospital, 24/7

emergency care, immediate care center, cancer care, breast center, cardiovascular services, surgery, childbirth, physical therapy, internal medicine, behavioral health, and more.

- **One Community Health (OCH)** is a nonprofit, Federally Qualified Health Center with locations in The Dalles and Hood River, Ore. Formerly known as La Clínica del Cariño Family Health Care Center, Inc., it was founded in 1986 and today has evolved into an official Patient-Centered Primary Care Home recognized as the Best Primary Care Clinic of 2019 by the Central Oregon Independent Practice Association (COIPA).

- **Providence Hood River Memorial Hospital (Providence)** is a full-service, critical-access hospital with a 24-hour emergency department serving five counties in the Columbia River Gorge. We are committed to providing compassionate, reliable and safe care. That's why we continually implement quality initiatives that ensure our patients receive the absolute best care.

- **Skamania County Public Health's** mission is to improve the health of individuals, families, and communities through the promotion of health, prevention of disease and protection from injury. Key areas we provide services in include communicable disease, family planning, immunizations, children with special care needs, tobacco prevention, behavioral health, and the Pathways HealthConnect Program.

- **Skyline Health** is a Critical Access Hospital whose mission is to provide an exceptional level of health and well-being in our community. Serving the regions of western Klickitat County and eastern Skamania County, Skyline Health continually strives to be responsive to the changing needs of the community. The values that drive Skyline Health to achieve its mission include compassion, community, integrity and health equity. Skyline Health is proud to be a community-owned hospital, governed by a five-member Board of Commissioners, with a focus on delivering high-quality health care and essential services in a rural setting.

Before beginning this year's CHNA process, these Principles of Collaboration were agreed to:

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- Avoid community partner burnout with respect to qualitative data collection through a coordinated approach to listening sessions and key stakeholder interviews.
- Maximize collective resources available for improving health in the region.
- The collaborative approach requires commitments of cash or in-kind resources from all Partners using it to satisfy a regulatory requirement.

This 2022 CHNA represents the first iteration of this collaborative effort specifically between our seven organizations. Our Principles of Collaboration outline our shared beliefs:

- A collaborative approach to the CHNA and subsequent Community Health Improvement Plans (CHIP) is better for our region, yielding more accurate and more actionable products. As community providers, we agree on the needs within our region and communities and strive to align our abilities to address those needs together.
- A collaborative approach to the CHNA and CHIP will maximize collective resources available for improving health in the region.
- The rest of this document illustrates our collaborative effort and our shared recognition of the greatest needs in the Columbia Gorge Region.

State and Federal Requirements

KVH, MCMC, OCH, Providence, and Skyline Health are required by section 501(r) of the Internal Revenue Service Code, as tax-exempt 501(c)3 organizations that operate one or more hospital facilities, to conduct a CHNA at least once every three years for each hospital.

As a recipient of a Community Services Block Grant (CSBG), MCCAC is required to conduct a community assessment including key findings on the causes and conditions of poverty and the needs of the communities assessments. Additionally, the organization should collect and analyze both qualitative and quantitative data on its geographic area(s) in the community assessment, including data collected from low-income community members.

CHNA Framework and Process

Overview

The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not simply within medical facilities. In gathering information on communities within the Gorge, we looked at socioeconomic factors, the physical environment, and health behaviors, in addition to the health conditions of the population. There were three main aspects of the primary data collection performed for this assessment:

1. A Community Health Survey distributed electronically and in print across the region. The survey was offered in both English and Spanish, and was developed with the assistance of collaborative team members.
2. Community Listening Sessions were completed in partnership with key community organizations who serve uniquely marginalized populations in the region.
3. Stakeholder interviews were conducted with key community and health leaders representing educational, community health, family services, nonprofits, and other organizations across the seven counties covered by this assessment.

The information gathered from these three sources was then examined and analyzed; many themes and patterns emerged from the data. This community input brings qualitative data to life, adding critical nuance to the vital information gathered from the Community Health Survey. They are included in this assessment.

Approach and Methods

The following section describes the assessment framework used for community engagement, data collection, and analysis.

Health Equity Framework

The Gorge Collaborative acknowledges that systems of oppression and inequities result in lost opportunity and access for many people. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. To improve the health of our communities, we believe (and the data shows) that we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see **Figure 1**).

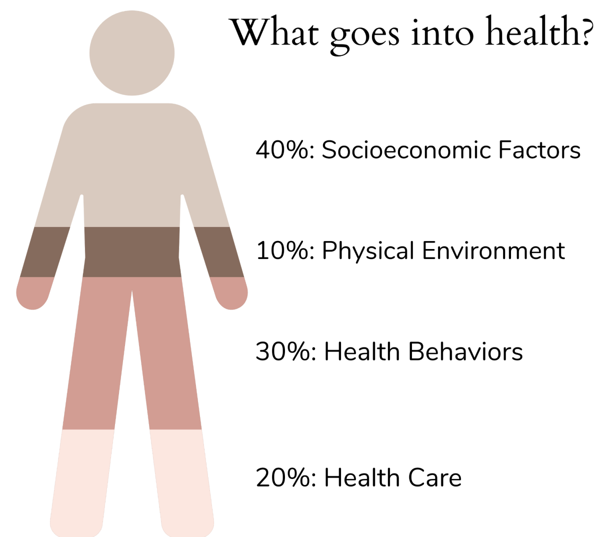


Figure One: Health Equity Framework

The CHNA is an important tool that guides us towards a better understanding of community strengths and assets, in addition to health disparities and inequities. Through our own lived experiences and those of our community partners, as well as the wealth of data on the subject, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive.

We name racism as a primary barrier to all the determinants of health that help people live their best lives, including safe and affordable housing, nutritious food, responsive health care, and more.

The Health Equity Framework provides shared language for the four categories of social determinants of health that contribute to overall health and wellbeing, as follows:

- **Socioeconomic Factors:** Non-medical aspects such as employment, income, housing, transportation, childcare, education, and discrimination, accounting for roughly 40% of the social determinants of health.
- **Physical Environment:** The quality of the places where people live, work, learn, and play, all of which influence health at a rate of 10%.
- **Health Behaviors:** These are individual actions, such as tobacco use, diet and exercise, alcohol use, unsafe sex, etc. Health behaviors comprise 30% of the social determinants of health.
- **Health Care:** Access to care and quality of care. This accounts for 20% of the overall social determinants of health.

Understanding the four categories of social determinants of health helped inform the analysis of our data.

Modified Mobilizing for Action through Planning and Partnerships (MAPP) Framework

The Gorge Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP)[4] model as a framework to guide our data collection and analysis (see **Figure 2**). Using a mixed-methods approach allowed us to consider several key elements necessary to determine prioritized health needs including:

Figure 2: MAPP Model for data collection and analysis

- Population health data (gathered through publicly-available resources, in addition to information only available to our community partners)

[4] Mobilizing for Action through Planning and Partnerships (MAPP): User's Handbook

- Community engagement (completed through stakeholder interviews and listening sessions)
- Utilization data (accessed from hospital- and clinic-level reports)
- Community strengths & assets (solicited via the Community Health Survey, stakeholder interviews, and listening sessions)
- Prioritization protocol (based on rigorous analysis of the data, looking for patterns and differences between and across groups)

Data Collection and Analysis

Stakeholder Interviews and Community Listening Sessions

The Gorge Collaborative contracted with Collaborate Consulting, LLC to conduct stakeholder interviews and community listening sessions. Listening to and engaging with people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of their community. Collaborate Consulting conducted 11 stakeholder interviews with 16 leaders who are invested in the well-being of the community Collaborate Consulting also conducted eight listening sessions with a total of 66 community members, each hosted in partnership with a community organization. Six were held in English, one was held in English with live Spanish interpretation, and one was held exclusively in Spanish. Based on the guidance of the partner organization, some sessions were held via Zoom while others were held in person.

The goal of the stakeholder interviews and listening sessions was to identify the existing strengths of the community, what health needs are currently not being met, and what assets could be leveraged to address these needs.

Collaborate Consulting conducted stakeholder interviews and listening sessions in April, May, and June of 2022. Stakeholders were selected by the collaborative based on their knowledge of the community and engagement in work that directly serves people who are economically disenfranchised. The collaborative aimed to engage

stakeholders from social service agencies, health care, education, housing, education, and government to ensure a wide range of perspectives.

A summary of the protocols, findings, and attendees are available in Appendix 1. The full report on these listening sessions and stakeholder interviews is available in Appendix 2.

Community Health Survey

The Community Health Survey was open from May 12th to July 8th, was distributed in both paper and electronic formats, and was available in English and Spanish. The survey captured key information on health and lifestyle factors, community needs, and barriers to accessing health and social services. The survey was conducted electively and while efforts were made to engage the diverse populations of our primary service areas, survey results are not representative of demographics in the general population. The tables below highlight demographic information for survey respondents.

Table 1. Respondents by County, 2022

County	Count	Percent of Total
Hood River County	216	17%
Klickitat	407	32%
Sherman	28	2%
Skamania	167	13%
Wasco	302	24%
#N/A	159	12%
Grand Total	1279	100%

The largest age group of respondents was over the age of 55 (40.9%). The second largest age group of respondents was between the ages of 25 and 34 (20.3%).

Table 2. Respondents by Age Group, 2022

Age Category	Count	Percent
15-24	58	5.0%
25-34	238	20.5%
35-44	195	16.8%
45-54	195	16.8%
55+	474	40.9%
Total	1160	100.0%

The largest group of respondents by gender was female (70.2%). The high percentage of female survey respondents differs from the percentage of women in the general population (51.1%). 4% of respondents shared that they were transgender and 14.2% selected a sexual orientation other than heterosexual/straight.

Table 3. Respondents by Gender, 2022

Gender	Count	Percent
Female	874	70.2%
Male	316	25.4%
Choose not to answer	37	3.0%
Non-Binary	14	1.1%
Other	4	0.3%

The largest group of respondents by race was white (84.5%), though the region is 92.2% white. So, our survey was able to oversample some communities of color. The race question on the survey allowed respondents to “check all that apply,” resulting in a large variation of responses. This variation in responses highlights the importance of community members having the option to self-identify as accurately as possible.

Table 4. Respondents by Race, 2022

Race	Count	Percentage
White	1063	84%
Black or African-American	42	3%
Asian	17	1%
Native Hawaiian or other Pacific Islander	10	1%
American Indian or Alaska Native	46	4%
Middle Eastern/North African	9	1%
Do not know/not sure	13	1%
Prefer not to answer	72	6%

The largest group of respondents by sexual orientation was Heterosexual or Straight (76.3%). The second largest group chose not to answer this question (9.4%). The higher-than-average prevalence of 'asexual' identifications (5.2%) suggests individuals may have been interpreting 'asexual' to be interchangeable with 'abstinent,' 'unpartnered,' or 'celibate.' It is also possible that respondents may have interpreted "asexual" for heterosexual or simply "not gay." There is an opportunity to hone this question in future CHNA processes, adding more definitions to this section and working to ensure that those definitions also carry over effectively when translated into Spanish.

Table 5. Respondents by Sexual Orientation

Sexual Orientation	Count	Percentage
Heterosexual or straight	929	76.3%
Choose not to answer	115	9.4%
Asexual	63	5.2%
Bisexual	53	4.4%

Gay	18	1.5%
Lesbian	12	1.0%
Pansexual	11	0.9%
Queer	8	0.7%
Other	8	0.7%
Total Responses	1217	100%

56% of survey respondents had a household income at or below $60,000. 16.7% had a household income at or above $100,001, which is well above average household income levels in the Gorge.

Table 6. Respondents by Household Income

Household Income	Count	Percentage
$0	30	2.5%
$1 to $10,000	93	7.7%
$10,001 to $20,000	104	8.7%
$20,001 to $30,000	135	11.2%
$30,001 to $40,000	117	9.7%
$40,001 to $50,000	98	8.2%
$50,001 to $60,000	90	7.5%
$60,001 to $70,000	82	6.8%
$70,001 to $80,000	91	7.6%
$80,001 to $90,000	74	6.2%
$90,001 to $100,000	87	7.2%
$100,001 or more	200	16.7%
Grand Total	1201	100%

A summary of the Community Health Survey can be found in Appendix 3.

Review of Secondary Data

This CHNA incorporated quantitative data on health conditions, health behaviors, and social determinants of health. Data was pulled from local, state, and national levels to identify how health trends have changed over time. Data sources in this CHNA include:

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control and Prevention
- County Health Rankings & Roadmaps
- Oregon Health Authority's Student Health Survey (2020)
- State and federal COVID infection, vaccination, hospitalization, and death trackers
- U.S. Census Bureau
- Washington Office of Superintendent of Public Instruction (OSPI)'s Healthy Youth Survey (2021)

Equity in Data Collection

As often as possible in this assessment, equity is at the forefront of our presentation of the data; yet we understand the limitations of collection methodology. We recognize that true health equity must be measured using multiple streams of data, just as it takes multiple cross-sector, ongoing efforts to create the conditions that result in equitable health outcomes.

In addition, we recognize there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the zip code or census tract level. These smaller

geographic areas allow us to better understand the neighborhood-level needs of our communities and better address inequities within and across communities. For example, we reviewed data from the American Community Survey and County Health Rankings & Roadmaps. In addition, we have included hospital utilization data to identify demographic disparities in utilization when reliably collected.

We have also tried to analyze the data with specific attention paid to the economic realities of the region; for example, the Federal Poverty Level (FPL) does not reflect true challenges and struggles for households in the Columbia Gorge due to the cost of housing. In fact, the Columbia Gorge is officially designated as a housing-burdened community. Thus, this 2022 CHNA uses 200% of the FPL to identify 'low-income', which we recognize is still inadequate to fully define income inequality but may still help capture useful information around income and poverty levels.

In another example, the numbers of survey respondents who are people of color are statistically small, which makes it difficult to assess the inequities faced by these crucial segments of our communities. This is a challenge the Gorge Collaborative and agency partners will address in the upcoming CHIP process and in future versions of the CHNA itself.

Further, the collaborative strived to use best practices for gathering meaningful data on racial and ethnic identities throughout the Community Health Survey. Our demographic questions were created to closely mirror the ways data is collected in the census, so we could compare and contrast our findings with that of the census. But we acknowledge that identity is complicated. For example, some survey respondents who are Hispanic or Latino/a left the "Race" question blank, selected the "Not Sure" response, or identified themselves as White. In these cases, our group asked whether we should consider these respondents "People of Color" when analyzing the data. We tried to be thoughtful and data-driven throughout the creation, distribution, and analysis of the Community Health Survey. This is an area in which "best practices" will surely continue to evolve well into the future.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the health and well-being story of Gorge residents, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use, so we looked to stakeholders and community members to speak to this topic and its prevalence.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as the percentage of uninsured people or the number of COVID infections) and the most recent data available may not be an accurate reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they represent the general population.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- Due to the COVID-19 pandemic and burnout experienced by community-based organizations, some listening sessions were conducted virtually, which limited the number of people able to participate and created technology challenges for some participants.

- CHNA Collaborative partners' efforts to collect Spanish-language and paper surveys were vital to our data collection process. Special attention was paid to translation of questions from English to Spanish, and the community partners have deep and meaningful relationships with the Hispanic communities of the Gorge. However, only 90 Spanish-language surveys were collected.
- Social media advertising, combined with a giveaway component for completion and direct invitations to local professionals, may have inadvertently recruited a more affluent demographic than intended, resulting in skewed survey results. 17% of all respondents reported an income more than $100,000, with 44% reporting incomes over $60,000.
- We are aware of several other assessments and strategic planning processes that occurred concurrent with this one and have done our best to include links to those reports as they were available to us. However, not all data collection efforts and subsequent analyses were complete by the time this CHNA report was published, so those efforts are not fully captured here.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2019 Gorge CHNA and 2020-2022 CHIP reports in several ways, which were made widely available to the public via posting on the internet in December 2019 (CHNA) and May 2020 (CHIP), as well as through various channels with our community-based organization partners. Additionally, a link was provided at the end of the Community Health Survey inviting public comment on the 2019 CHNA and 2020-2022 CHIP. No comments were received.

Regional Snapshot – Our Community

Collaborative Service Area and Community Served

The Columbia Gorge Region includes seven counties along the Columbia River: Hood River, Wasco, Sherman, Gilliam, and Wheeler counties in Oregon and Skamania and Klickitat counties in Washington. Combined, these counties cover 10,284 square miles and are home to a population of approximately 91,434 (as of 2021[5]).

The Columbia Gorge Region is a mostly rural area with several towns that are larger than 1,000 people. Agriculture is the dominant industry in almost every county. Many of our industries rely on seasonal employment, which results in a regular ebb and flow of workers throughout the year, especially migrant or seasonal farmworkers.

FIGURE 1-MAP OF COLUMBIA GORGE REGION

Across the seven counties, roughly 92.2% of the residents identify as white, 2.5% identify as American Indian or Alaska Native, 1.2% identify as Asian, 0.7% identify solely as Black or African American, and 0.4% identify as Native Hawaiian and Other Pacific Islander. 2.9% identify as two or more races. 18.9% describe themselves as Hispanic or Latino/a, and 74.9% describe themselves as white alone, not Hispanic or Latino. 16.4% of people ages five and up speak a language other than English at home.[6]

This CHNA focused on Hood River, Klickitat, and Wasco Counties as primary service areas and Skamania, Sherman, Wheeler, and Gilliam as secondary service areas. When

[5] U.S. Census Bureau QuickFacts: United States
[6] U.S. Census Bureau QuickFacts: United States

we refer to “The Gorge,” we mean those seven counties in our region, though this process gathered more data from the primary service areas than from the secondary ones.

Community Demographics

The current population of the Columbia Gorge Region is 91,000. All counties within the Gorge have seen an increase in population between 2010 and 2021 with Hood River County and Klickitat County showing the largest increases.

The following population demographics are from the U.S. Census Bureau. In addition to this demographic information, Providence developed a dashboard that maps different health indicators at the census tract level for the Gorge. The dashboard may be found here.

Table 7. Total Population and Percent Change, by State and County, 2010 and 2021

	2010	2021	% Change
Oregon	3.8 million	4.2 million	10.6%
Washington	6.7 million	7.7 million	14.8%
Hood River County	22,447	24,057	7.2%
Klickitat	20,375	23,118	13.5%
Gilliam	1,880	2,005	6.6%
Sherman	1,779	1,907	7.2%
Skamania	11,115	12,170	9.5%
Wasco	25,282	26,726	5.7%
Wheeler	1,449	1,451	0.1%

Table 8. Population by Age, 2020

Age Range	Oregon Counties					Washington Counties	
	Hood River	Wasco	Sherman	Gilliam	Wheeler	Klickitat	Skamania
0-4	1,374 (5.7%)	1,476 (5.5%)	109 (5.7%)	86 (4.3%)	52 (3.6%)	1,073 (4.6%)	445 (3.7%)
5-19	4,715 (19.6%)	4,888 (18.3%)	300 (15.7%)	349 (17.4%)	168 (11.6%)	3,667 (15.9%)	1,880 (15.4%)
20-34	4,326 (18%)	4,966 (18.6%)	275 (14.4%)	246 (12.3%)	166 (11.4%)	3,389 (14.7%)	1,737 (14.3%)
35-49	4,829 (20.1%)	4,788 (17.9%)	330 (17.3%)	325 (16.2%)	203 (14%)	4,161 (18%)	2,231 (18.3%)
50-64	4,717 (19.6%)	4,976 (18.6%)	399 (20.9%)	420 (20.9%)	2,933 (24.1%)	5,010 (21.7%)	2,933 (24.1%)
65+	4,096 (17%)	5,632 (21.1%)	494 (25.9%)	579 (28.9%)	2,944 (24.2%)	5,818 (25.2%)	2,944 (24.2%)

Table 9. Population by Race, 2020

Race	Oregon Counties					Washington Counties	
	Hood River	Wasco	Sherman	Gilliam	Wheeler	Skamania	Klickitat
White alone	22,298 (93.0%)	24,216 (90.9%)	1,765 (94.4%)	1,857 (93.4%)	1,337 (92.3%)	11,085 (92.1%)	21,098 (92.8%)
Black or African American alone	191 (0.8%)	213 (0.8%)	5 (0.3%)	7 (0.4%)	4 (0.3%)	96 (0.8%)	159 (0.7%)
American Indian or Alaska Native	287 (1.2%)	986 (3.7%)	46 (2.5%)	43 (2.2%)	39 (2.7%)	240 (2.0%)	591 (2.6%)

alone							
Asian alone	431 (1.8%)	266 (1.0%)	13 (0.7%)	15 (0.8%)	13 (0.9%)	132 (1.1%)	227 (1.0%)
Native Hawaiian and Other Pacific Islander alone	71 (0.3%)	213 (0.8%)	1 (0.1%)	9 (0.5%)	1 (0.1%)	36 (0.3%)	45 (0.3%)
Two or More Races	695 (2.9%)	746 (2.8%)	39 (2.1%)	57 (2.9%)	55 (3.8%)	445 (3.7%)	613 (2.7%)

Table 10. Population by Ethnicity, 2020

Ethnicity	Oregon Counties					Washington Counties	
	Hood River	Wasco	Sherman	Gilliam	Wheeler	Skamania	Klickitat
Hispanic or Latino	34%	22%	6%	8%	7%	8%	13%
White alone, not Hispanic or Latino	66%	78%	94%	92%	93%	92%	87%

Table 11. Population by At-Home Language, 2016 - 2020

	Oregon Counties					Washington Counties	
	Hood River	Wasco	Sherman	Gilliam	Wheeler	Skamania	Klickitat
Total Population (2020	23,977 (77.2%)	26,670 (86.6%)	1,870 (96.9%)	1,995 (97.2%)	1,451 (95.1%	12,036 (95.5%)	22,735 (88.7%)

Census)							
Language other than English spoken at home, percent of persons age 5+ years, (2016-2020)	7,097 (22.8%)	4,133 (13.4%)	59 (3.1%)	57 (2.8%)	75 (4.9%)	565 (4.5%)	2,910 (11.3%)

Mortality

In 2020, the top three leading causes of mortality included cancer, heart disease, accidents, COVID-19, and cerebrovascular disease across counties in Oregon and Washington. Tables 5 and 6 show the top five leading causes of mortality by county in 2020. In Appendix 4, Table 3.1 shows all-cause mortality rates by county for the years 2018, 2019, and 2020.

Table 12. Top Five Leading Causes of Mortality, Age-Adjusted Rates Per 100,000 Population, Oregon Gorge Counties 2020

Rank	Hood River	Wasco	Sherman	Gilliam	Wheeler
1	Cancer	Heart disease	Heart disease	Cancer	Cancer
2	Heart disease	Cancer	Cancer	Accidents	Heart disease
3	Accidents	COVID-19	Accidents	Heart disease	Cerebrovascular disease
4	Alzheimer’s disease	Chronic lower respiratory disease	Cerebro-vascular disease	Cerebro-vascular disease	Accidents
5	COVID-19	Cerebro-vascular disease	Chronic lower respiratory disease	Chronic lower respiratory disease	Chronic lower respiratory disease

SOURCE: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2020

Table 13. Top Five Leading Causes of Mortality, Age-Adjusted Rates Per 100,000 Population, Washington Gorge Counties 2020

Rank	Skamania	Klickitat
1	Cancer	Cancer
2	Heart disease	Heart disease
3	Accidents	Chronic lower respiratory disease
4	Chronic lower respiratory disease	Accidents
5	Alzheimer's disease	Diabetes mellitus

SOURCE: Oregon Public Health Assessment Tool, Behavioral Risk Factor Surveillance System, 2020
SOURCE: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, Community Health Assessment Tool (CHAT), 2020

Health Professional Shortage Area

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSA) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Tables 3.2, 3.3, and 3.4 in Appendix 4 show the geographic, demographic, and institutional HPSAs in the Gorge.

Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Collaborate Consulting, on behalf of the Gorge Collaborative, conducted 11 stakeholder interviews with 16 leaders. Collaborate Consulting also conducted eight listening sessions with a total of 66 community members, each hosted in partnership with a community organization. These stakeholder interviews and listening sessions took place in April, May, and June of 2022. Below is a high-level summary of the findings of these sessions; a summary of the protocols, findings, challenges, and attendees are available in Appendix 1. The full report on the community input process can be found in Appendix 2.

Here are the details on the listening sessions completed as part of the CHNA Community Input Process:

Table 14. Community Listening Sessions by Type, Population, Location, Date, and Language

Community Input Type and Population	Location of Session	Date	Language
Listening session with older adults and people with disabilities	Zoom	6/9/2022	English
Listening session with people experiencing homelessness	Outdoors in a park	5/18/2022	English
Listening session with elders	Mid-Columbia Senior Center, The Dalles	4/19/2022	English
Listening session with elders	Sherman County Senior Center	4/19/2022	English
Listening Session with Native and Indigenous people	Zoom	5/3/2022	English

Listening session with Spanish-speaking people identifying as Hispanic/Latinx	Zoom	4/28/2022	Spanish
Listening session with LGBTQIA+ community	Zoom	4/20/2022	English
Listening session with people experiencing homelessness	White Salmon, WA	5/18/2022	English and Spanish
Listening session with board of organization serving youth and families	Wasco County YOUTHINK offices, The Dalles	4/5/2022	English

Vision for a Healthy Community

Listening session participants were asked to describe their vision of a healthy community. This question is important for understanding what matters to community members and how they define health and wellness for themselves, their families, and their communities. The primary theme shared was “social connection and support,” and participants noted this has been especially important during challenging times, such as the wildfires that impacted the community over the past several years, not to mention the COVID-19 pandemic, which still impacts the daily lives of many community members.

The following is a list of all the themes that emerged when listening session attendees were asked what a healthy community means to them:

- **Community connection and inclusion:** In a healthy community people are connected, spending time together, and getting along. Participants spoke to the importance of all people belonging in a community, strong family units, and engaged parents. People are friendly and no one feels ignored. In a healthy community, there is equitable access to resources and services and people’s cultures are valued.
- **Access to health care services:** In a healthy community, there is good medical care close by and everyone can see a provider quickly. People have support navigating the health care system through community health workers and there

is support for older adults, like home health workers. People consistently see the same physician and care is holistic, looking at all the needs of a person.

- **Behavioral health supports:** There are easily accessible mental health and recovery services. People can address their mental and emotional needs, particularly older adults and young people. There is little substance use/misuse in a healthy community.
- **Access to affordable housing and shelter:** Everyone has a safe, sheltered place to sleep. In a healthy community, there is affordable and safe housing, as well as support paying for rent if needed.
- **Equitable access to resources, including transportation:** In a healthy community people know what resources are available and there are equitable resources for all people. This means that services are accessible, and information is shared through multiple channels, including through a newspaper. Transportation is an important part of a healthy community so that people can get to services.
- **Safety:** Everyone is safe in a healthy community. They are able to walk around their neighborhood without fear of being harmed. There are safe parks for young people to play and no violence.
- **Food security:** Everyone has access to healthy, affordable food close by. There is also clean drinking water.
- **Recreation and wellness activities:** There are free activities for everyone to be healthy and active together. In a healthy community there are parks, swimming pools, playgrounds, and play places for young people to be active in nature. There are also activities like tai chi, yoga, and physical therapy for older adults, as well as places for people to sit outdoors in the community.

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Community stakeholders who were interviewed shared the following strengths of the region:

- **Collaboration between local organizations:** Stakeholders shared there is a culture of collaboration among non-profit service providers. Examples of this include the Bridges to Health Pathways program, the local Coordinated Care Organization, the Natives Along the Big River collaborative, COVID-19 response services, community-wide trauma-informed practices, and more.
- **Supporting complex cases:** Stakeholders also see organizations coming together to support complex cases when a client or patient is involved with multiple systems. They described local service providers as being invested in working together and doing what is right for the client.
- **Community engagement:** Stakeholders described a very caring community where people want to help one another and be involved. They shared that there are a lot of small communities in the Gorge where people know one another and have strong relationships.
- **The Latino/a community:** This community was identified as one where there are strong cultural connections and relationships, in addition to effective and nimble support structures provided by formal and informal community organizations.
- **Local school staff** were also identified as being very knowledgeable about the families in the schools and committed to ensuring the best for local children. People generally have strong networks of support, family, friends, etc. and many people have lived in the area for years.
- **Community Health Workers:** Strong community relationships are leveraged through community health workers who have had similar life experiences to the clients they serve. They are able to help address barriers to health and provide support to the people they serve.

- **Diversity and inclusion:** Stakeholders described the diversity of the residents of the Gorge as a strength, with many community-wide efforts to commit to plain language and translation of materials into Spanish. There are also efforts to train and promote people who speak Spanish, Russian, and other languages, creating a more diverse workforce and opportunities for people with lived experience to bring their knowledge to their work.

Community Needs

Listening session participants discussed a variety of needs, but the three most common were **homelessness and housing instability**, **behavioral health challenges and access**, and **economic insecurity (including childcare)**. Stakeholders and listening session participants shared there is a desperate need for affordable housing as the cost of housing continues to increase while wages stay stagnant or even decrease. Housing stability is connected to both health and economic security; many families are simply trying to meet their basic needs, which include having a place to store food and cook healthy meals. This is difficult or even impossible without affordable, appropriate housing options.

These three top priorities also intersect with each other; lack of affordable housing contributes to the need for both behavioral health supports, as housing insecurity has downline impacts on the mental health of those experiencing it. Lack of affordable housing also makes it difficult for health clinics to recruit and maintain behavioral health providers. Stakeholders shared that many open behavioral health positions remain open for months because it can be difficult to find people who can afford to live in the area. Economic insecurity is profoundly impacted by employment and housing availability and affordability. These three community needs are all linked together, which raises the importance of a collective approach to address them.

Other needs discussed in detail included **access to health care services (including oral health)**, **food insecurity**, and **chronic conditions (including opportunities for recreation)**. Additional details can be found in the Key Themes section below.

Challenges in Obtaining Community Input

To create an environment conducive to honest communication, listening sessions were facilitated by members of the impacted community and were held in the language most comfortable for attendees, in the format they felt most comfortable with. That meant that some sessions were held over Zoom, as attendees shared that they weren't ready to engage in in-person group conversations at this point in the pandemic. In other cases, however, the sessions were held in person because the group was comprised of individuals with little or no access to the technology required for a Zoom meeting. However, Zoom sessions may have left out individuals without access to the technology required for online conferencing, and in-person sessions may have excluded those who felt uncomfortable returning to face-to-face meetings.

Additionally, due to many community organizations still engaging in COVID-19 response or completing their own independent community health assessments, some organizations had limited capacity and were not able to participate in listening sessions. We worked to include the leaders of these organizations in formal and informal stakeholder conversations and believe we have captured their insights accordingly. However, in future CHNAs we would like to include even more communities in this engagement process.

Key Themes

This Key Themes section describes the highest priority needs determined through an analysis of qualitative data (key stakeholder interviews, listening sessions), Community Health Survey results, and publicly available population-level data. The key themes below are listed in order of highest priority as identified by community participants.

Homelessness and Housing Instability

Importance and connection to other health issues

County Health Rankings and Roadmaps explains the link between health and housing in the following way: "There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."[7]

Key Findings

Qualitative Data

From the community input process, stakeholders and listening session participants shared there is a desperate need for affordable housing as the cost of housing continues to increase. In fact, housing and homelessness were the *single highest concerns* of nearly every stakeholder and listening session completed during this 2022 process. These interviewees emphasized the connection between housing stability and

[7] *SOURCE: County Health Rankings & Roadmaps, 2022 County Health Rankings, 2021.*

economic security, as the cost of housing is a burden for many families trying to meet their basic needs.

Specific challenges raised during these conversations included the fact that individuals and families cannot use their Housing Choice (Section 8) Vouchers if there are few or no housing units available. Stakeholders noted a need for permanent supportive housing for older adults and people with behavioral health challenges and developmental disabilities. Government agencies and nonprofits spoke to how high housing costs impact their workforces, making it challenging to recruit and retain employees to lead and carry out supportive programming.

In other words, the lack of safe, affordable housing in the region creates scarcity, amplifying every other unmet need.

Stakeholders and listening session participants also noted the need to ensure that homelessness services are available year-round, particularly warming and cooling shelters as climate change creates more extreme weather conditions. Listening session participants in The Dalles mentioned the devastating (and very public) case of John Michael Doyle, a man experiencing homelessness who passed away on the steps of a shelter that wasn't open.

Community members also shared how the COVID-19 pandemic has created additional strains on families' economic security, leading to even more homelessness and housing instability.

Survey Data

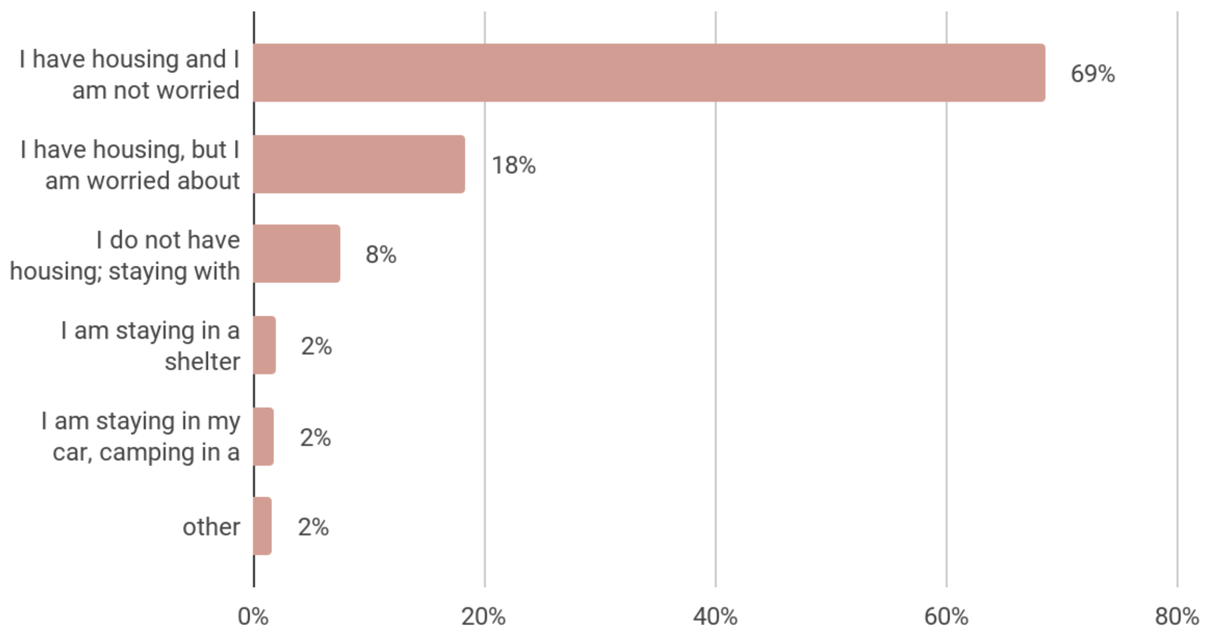
Community members responding to the Community Health Survey reiterated the housing concerns introduced by community stakeholders discussing housing availability, affordability, and quality. One respondent indicated that their adult children lived with them because those children have been

> "We are living in a one-bedroom apartment. I share custody of four kids and one toddler who lives with us, I also care for my dad who has memory issues. We have been trying to find bigger place but just cant afford it."
> - Community Health Survey respondent

unable to find affordable housing. A respondent said they must find new housing soon, as their landlord's children are "coming home from college." Another comment stated that the respondent's family is surrounded by empty houses that are unoccupied because they are "second or third homes," used only sparingly by their owners but unavailable for rent (or too expensive to afford).

A majority of survey respondents have housing and are not worried about losing it (68.6%), 18% have housing of their own but are worried about losing it, and 13% could be considered to have insecure or unstable housing (staying with friends or family, living in a hotel, or sleeping in a shelter, car, or on the street).

Figure 3. Which of the following describes your living situation today?



SOURCE: Community Health Needs Assessment Survey, 2022

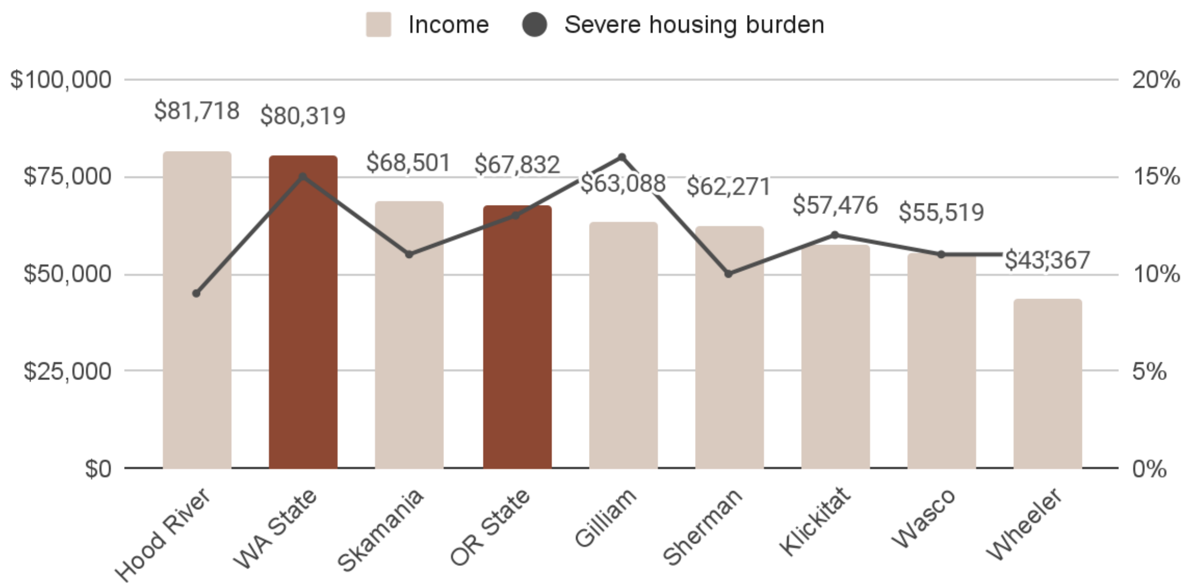
Since the 2019 Gorge CHNA, the number surveyed who were worried about their housing has risen from 10.3% to 18%. The percentage of respondents who could be considered to have insecure or unstable housing more generally (such as staying with friends, living in a hotel, or camping on the street) jumped from 6.8% in 2019 to 13% in 2022. Those specifically living in a shelter increased from 0.3% to 2%, and those sleeping in a car, camping in a tent, or living on the street increased from 1.8% to 2%.

The number of people who do not have housing and are staying with friends or family rose from 4.7% in 2019 to 8% in 2022.

Secondary Data

There is a correlation between household income and housing cost burden: low-income households have an increased chance of experiencing severe housing cost burden, which is defined as households that spend 50% or more of their income on housing. Wheeler County's median income ($43,367) is much lower than Oregon's median income of $67,832, and the median income in Klickitat County's ($57,476) is substantially lower than Washington's, which is $80,319. In Washington, 13% of residents experience severe housing cost burden. In Oregon, 15% of residents experience severe housing cost burden. Of the Gorge counties, Gilliam County has the highest rate of severe housing cost burden; in the state of Oregon, only six counties have higher rates of severe housing cost burden.

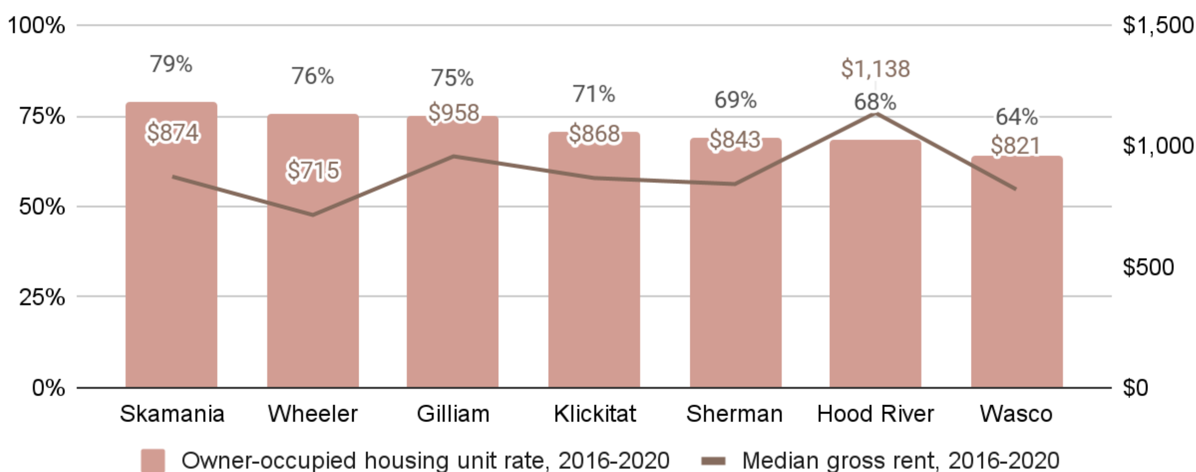
Figure 4. Median Household Income and Percent Households Where Housing Costs are 50% or More of Income by State and County, 2020



SOURCE: County Health Rankings & Roadmaps, 2022.

Higher proportions of housing units were occupied by owners than by renters (**Figure 5**). Skamania County had the highest proportion of owner-occupied housing units (79%) compared to the U.S. (64.4%) and Washington state (63.3%). The median rent was lowest in Wheeler County, at $715 per month, and was highest in Hood River County, at $1,138. Rents are, on average, still lower in the Gorge than in Oregon state ($1,173), Washington state ($1,337), and the U.S. as a whole ($1,096). However, it should be noted that Hood River County rents now exceed the U.S. average.

Figure 5. Percent Owner-Occupied Housing Units compared to Median Gross Rent by County, 2016-2020



SOURCE: U.S. Census Bureau, Quick Facts, 5-Year Estimates, 2016-2020

County Health Rankings & Roadmaps defines households with ‘Severe housing problems’ as experiencing at least one of the following four problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Severe housing problems can lead to health problems such as infectious and chronic diseases, injuries, and poor childhood development.[8]

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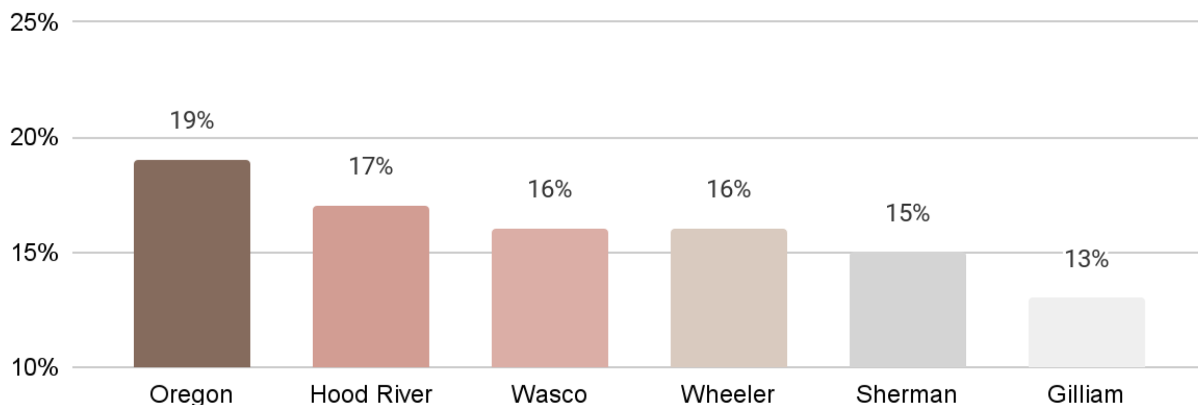
[8] *County Health Rankings & Roadmaps, 2022 County Health Rankings. Data from 2014-2018 used for this measure.*

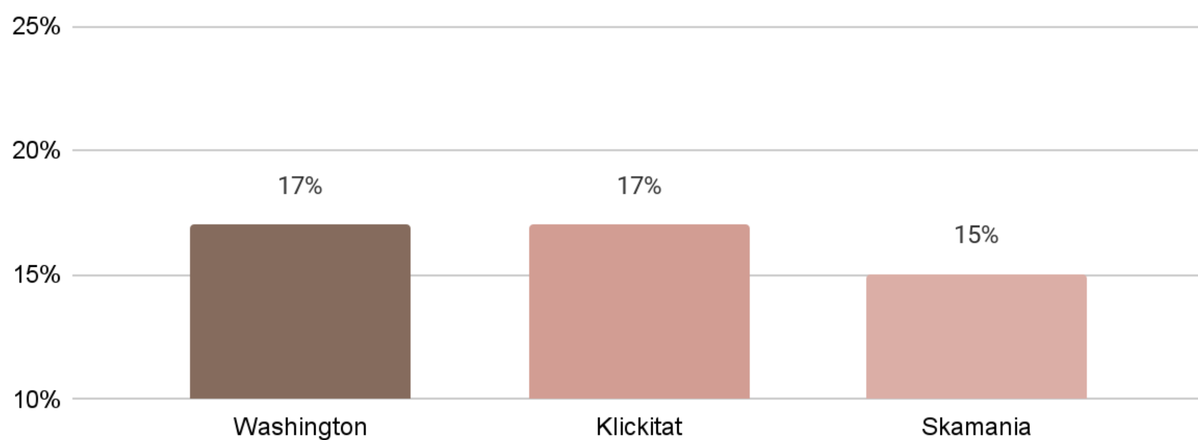
Fortunately, as shown in the following charts **(Figure 6)**, all Gorge counties have similar or lower rates of severe housing problems than their respective statewide averages. Gilliam County has the lowest percentage of severe housing problems in the Gorge (13%), while Hood River and Klickitat have the highest (17%).

Figure 6. Percent Oregon Households with Severe Housing Problems, by State and County, 2014-2018



SOURCE: County Health Rankings & Roadmaps, 2022 County Health Rankings. Data from 2014-2018 used for this measure.

Figure 7. Percent Washington Households with Severe Housing Problems, by State and County, 2014-2018



SOURCE: County Health Rankings & Roadmaps, 2022 County Health Rankings. Data from 2014-2018 used for this measure.

Existing Assets and Resources

Below is a selection of community resources addressing homelessness in the seven counties of the Gorge:

- Bridges to Health Pathways
- Mid-Columbia Community Action Council
- Motel 6 in the Dalles (an affordable emergency housing option)
- Washington Gorge Action Programs
- Mid-Columbia Housing Authority (MCHA), Columbia Gorge Housing Authority (CGHA), Columbia Cascade Housing Corporation (CCHC)

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region. For a comprehensive list of housing resources, visit this link to the Columbia Gorge Resource Guide: Housing – Gorge Resource Guide (c-gorge-resourceguide.com)

Behavioral Health

This CHNA includes both mental health and substance use/misuse in its definition of behavioral health. In some cases, substance use disorders are considered a subset of mental health disorders, while general substance use was still named as a concern for stakeholders, listening session attendees, and community health survey respondents. We also include access (or lack of access) to behavioral health services in this assessment section.

Importance and connection to other health issues

As reported by the Centers for Disease Control and Prevention (CDC), evidence has shown that mental disorders, especially depressive disorders, are strongly correlated

with many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity. Mental health challenges also correlate with many risk behaviors for chronic disease, including physical inactivity, smoking, excessive drinking, and insufficient sleep. Mental health is an important component of health-related quality of life.

Many adults and youth who develop substance use disorders will also be diagnosed with mental health disorders such as generalized anxiety disorder, post-traumatic stress disorder, depression, and bipolar disorder. Research shows 25% of people with serious mental illness also have a co-occurring substance use disorder.[9] Additionally, chronic health conditions often co-occur with substance use disorder. These include chronic pain, cancer, and heart disease, which are independently associated with increased risk from substance use.[10]

Key Findings

Qualitative Data

During stakeholder interviews, healthcare leaders described a crisis situation growing related to behavioral health in the community. The COVID-19 pandemic has contributed to more mental health needs, and staffing challenges have made meeting the needs difficult. With challenges filling open behavioral health positions, there are long wait times to get care and slow crisis response times. There is a need for more mental health and substance use disorder treatment services to meet these growing needs, particularly for people without insurance or with low incomes.

Racism and discrimination appear to contribute to the mental health needs of people identifying as LGBTQIA+ and/or Hispanic/Latino/a, noting the need for more culturally responsive providers to serve these populations. Older adults and young people may experience more barriers to accessing needed care for stress, anxiety, and depression.

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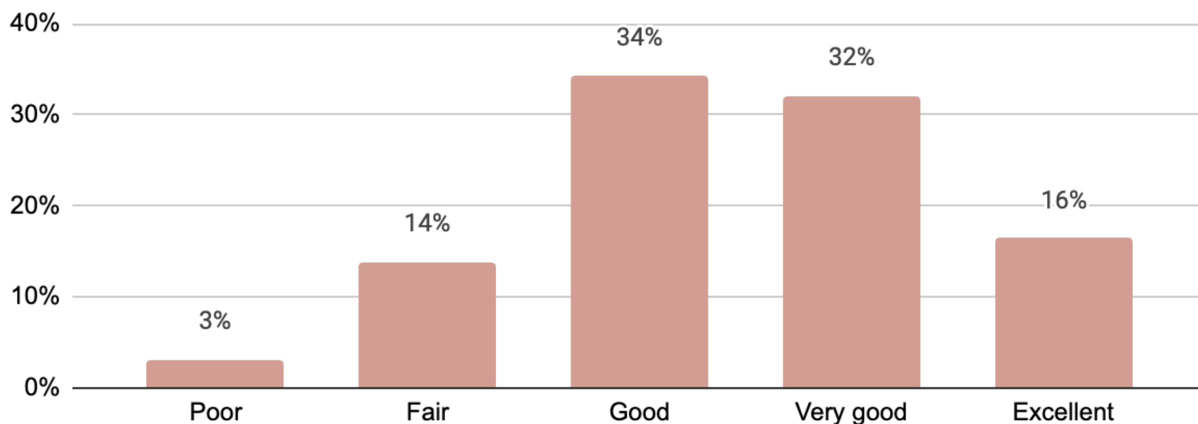
[9] *Common Comorbidities with Substance Use Disorders Research Report. Part 1: The Connection Between Substance Use Disorders and Mental Illness.*
[10] *Common Comorbidities with Substance Use Disorders Research Report. Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities.*

Listening session participants expressed the importance of inclusion and community-building to ensure people feel a sense of belonging and connection, which has downstream impacts on mental health and substance use/misuse. The first organized LGBTQ Pride event in The Dalles was held in 2021[11] while the first for the Gorge was in 2018. It was held in Hood River, organized by the Gorge Pride Alliance. The 2022 LGBTQ listening session participants expressed excitement about attending Pride events in the Gorge again this year. These types of events can foster critical connections while increasing experiences of safety in marginalized communities.

Survey Data

82% of Community Health Survey respondents rated their mental health as good, very good, or excellent. 17% rated their mental health as fair or poor.

Figure 8. How would you rate your overall mental health?



SOURCE: Community Health Needs Assessment Survey, 2022

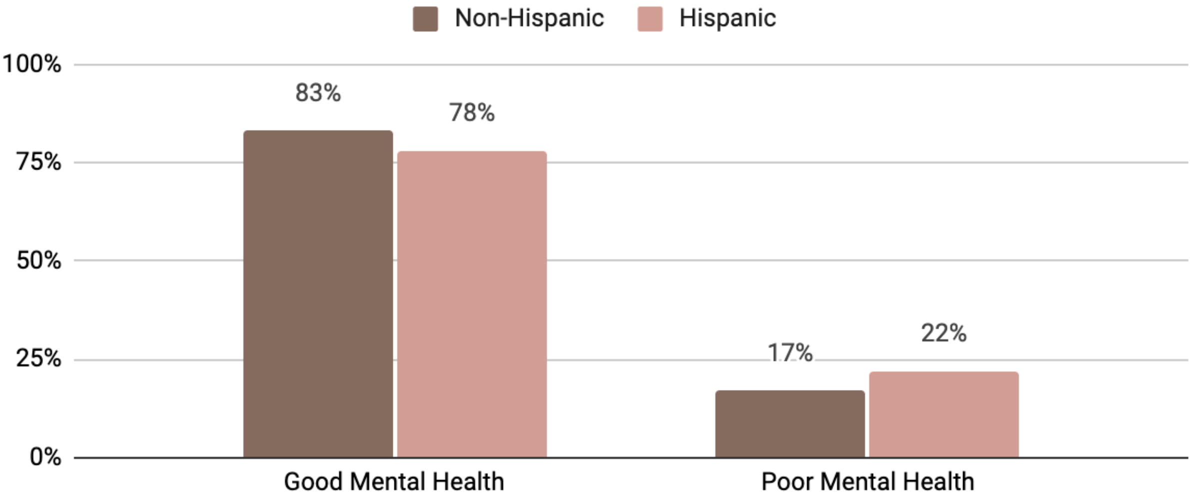
Respondents to the Community Health Survey echoed stakeholder concerns, noting the importance of having accessible, affordable, and timely mental health care available for all community members. Stakeholders identified a clear need for mental health care for children and teens, including inpatient or residential opportunities, as well as a need for culturally competent bilingual care for our Spanish-speaking community members. "Not knowing where to go," "no local doctor who accepted my

[11] *Columbia Community Connection: 8 Ways to Celebrate Pride in 2021, accessed September 2022*

insurance," and fear were all cited as barriers to receiving appropriate mental health care by respondents. Respondents referenced a lack of access to treatment for PTSD, depression, or anxiety, and counseling to quit tobacco, alcohol, or drug use.

Survey analysis found that many factors impact respondents' mental health, including race, insurance status, parental role, and income. For example, 82% of white respondents reported having good mental health, while 69% of American Indian/Alaska Native respondents reported having good mental health. 22% of Hispanic respondents rated their mental health as fair or poor, while only 17% of non-Hispanics reported the same. Overall, white respondents had higher mental health ratings than any other racial category.

Figure 9. Percent of Survey Respondents Reporting Good vs Poor Mental Health, by Hispanic Ethnicity, 2022



SOURCE: Community Health Needs Assessment Survey, 2022

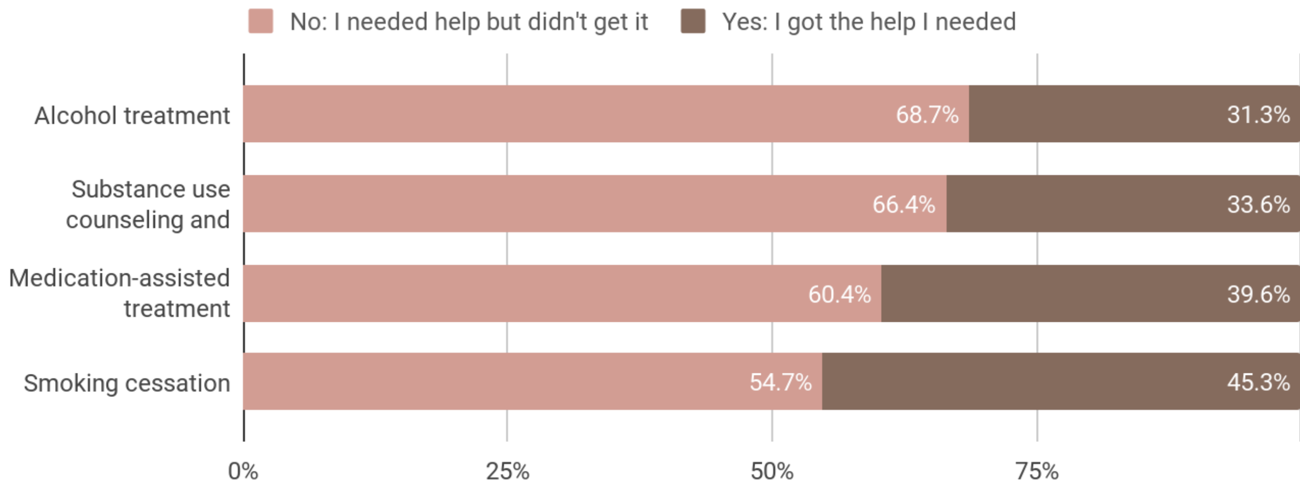
Additional disparities in mental health status include:

- 85% of respondents with employer-based health insurance reported having good mental health, while 76% of respondents with Medicaid in WA reported having good mental health.
- 87% of respondents earning ≥$60K reported good mental health, while 73% of those earning <$30K reported good mental health.

- 82% of respondents who are working reported good mental health, while 61% of those unemployed or unable to work reported good mental health.
- 84% of respondents without children under 18 in the household reported good mental health, while 78% of those with children under 18 reported good mental health.

Survey respondents reporting 'yes' to having concerns about alcohol, tobacco, or substance use stated whether they were able to get help with each concern (**Figure 10**). 68.7% of respondents needing help with alcohol treatment were not able to access it, compared to 31.3% who were. Smoking cessation had the highest percentage of respondents who were able to access treatment, at 45.3%. It is clear the need for substance use treatment far outweighs the ability of respondents to access assistance.

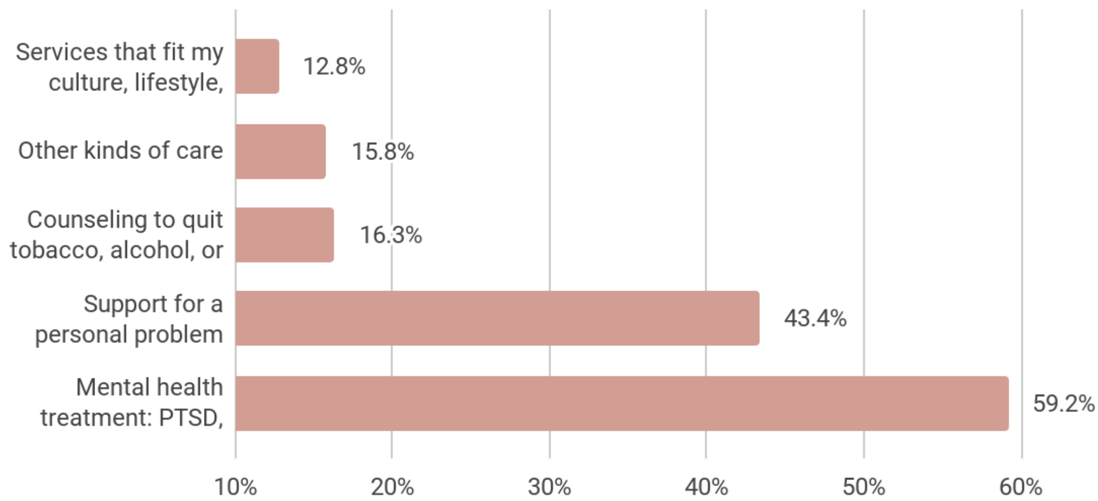
Figure 10. In the last year, were you or anyone in your household able to get the help you needed with alcohol, tobacco, or substance use?



SOURCE: Community Health Needs Assessment Survey, 2022

For respondents who reported not receiving counseling or mental health care, just over 59% and nearly 45% did not receive treatment for a mental health condition or support for a personal problem, respectively.

Figure 11. Which types of services did you have to go without?



SOURCE: Community Health Needs Assessment Survey, 2022

When analyzing the Community Health Survey data, we identified an additional gap in mental health access: many individuals who responded to the survey met the criteria for needing mental health services yet they stated that they "did not need" mental health services. In fact, between 30-43% of survey respondents who said they "did not need" mental health services answered that they regularly had little interest or pleasure in doing things, felt down, depressed, nervous, anxious, or on edge, or were not able to stop worrying at least several days of the previous two weeks.

There is a gap between those who could benefit from mental health support and those who are receiving mental health support, perhaps due to the stigma associated with seeking services to assist with mental health struggles. The data suggests the gap between those who could benefit from services vs those receiving services may be larger than the data shows.

Experiences of safety and connection also impact the overall mental health and well-being of community members. From the Community Health Survey, overall:

- 63% believe that their community is a good place to raise children
- 59% believe their community is a good place to grow older

- 66% feel safe in their community, while 14% feel unsafe
- 40% said that people of all identities are treated fairly in their community
- 69% felt socially isolated or lonely at least some of the time over the last year, with 9% feeling isolated or lonely "all of the time"
    - Young respondents experienced greater feelings of isolation and loneliness compared to older respondents; 45% of respondents under 24 felt socially isolated all or most of the time, while only 10% of respondents 55+ felt socially isolated all/most of the time.

Perceptions of safety have gotten worse from 2019 to 2022, as demonstrated by comparing Community Health Survey data from both years.

- In 2019, 10% felt unsafe in their neighborhood
- In 2022, 14% feel unsafe in their community

Conversely, 2022 survey data shows that social support has drastically improved from the 2019 survey, with over 90% of respondents reporting positive social support for most domains.

- Only 3% do not have someone to make them feel loved or wanted (vs. 26% answering the same question in 2019)
- 5% do not have someone to confide in or talk about their problems (vs. 27% who did not have someone to give them good advice in 2019)
- 7% do not have someone who could help them if they suddenly became ill or disabled (vs. 32% who did not have someone to help if they were confined to a bed in 2019)

Secondary Data

Frequent Mental Distress provides a picture that emphasizes those who are experiencing more chronic, and likely severe, mental health issues. As shown in **Table 8**, Wheeler County had the highest percentage of adults in frequent mental distress,

while Hood River County had the lowest. However, all are within a few percentage points of each other, and within the state averages. Frequent Mental Distress is the percentage of adults who reported 14 or more days in response to the question, "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

Table 15. Percent of Residents Experiencing Frequent Mental Distress, 2019

State	County	% Frequent mental distress
Oregon	Gilliam	16%
Oregon	Hood River	14%
Oregon	Sherman	16%
Oregon	Wasco	16%
Oregon	Wheeler	17%
Oregon		15%
Washington	Klickitat	15%
Washington	Skamania	15%
Washington		14%

SOURCE: Behavioral Risk Factor Surveillance System Survey (BRFSS), County Health Rankings, 2019

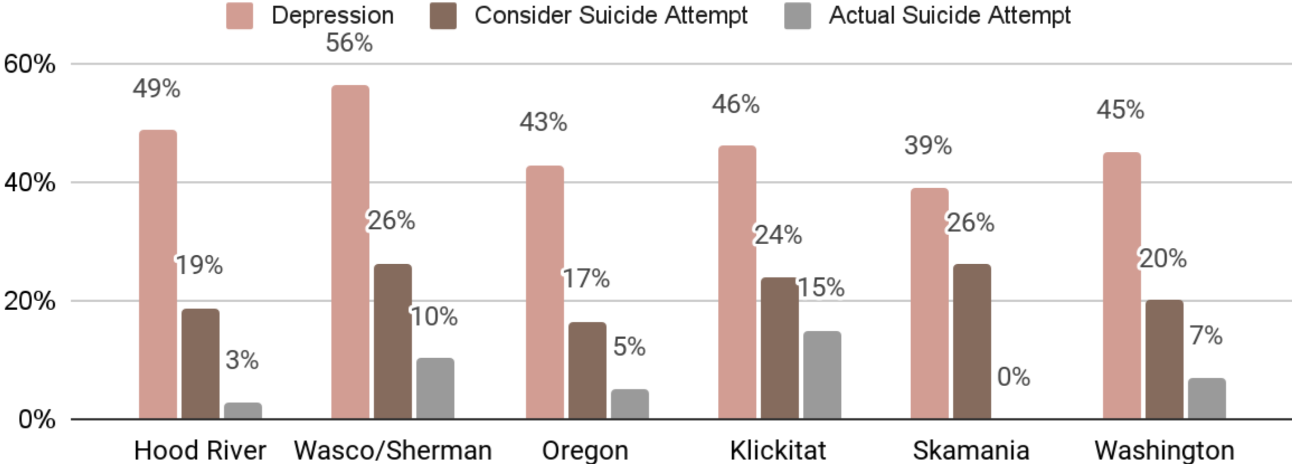
Suicide is the leading cause of death among Oregonians aged 10 to 24, and mental health (including depression and suicidality) was a significant health concern among youth as reported in the 2020 Student Wellness Survey among 11th grade students in Oregon.

Hood River county school district participated in the 2020 survey, as did Sherman and Wasco Counties (though their results were combined into one category during analysis). As shown in **Figure 12**, Hood River County had higher rates of students reporting signs of depression (48.6%) and suicidality (18%) than Oregon state overall (42.9% and 16.5%, respectively). Fortunately, actual suicide attempts were lower in Hood River than across the state, at 2.9% compared to the statewide average of 5.1%. Sherman and Wasco Counties have higher rates of 11th grade depression (56.4%) and

suicidality (26.3%) than the statewide average and Hood River County. Suicide attempts in Sherman and Wasco were substantially higher, at 10.2%, than both Hood River County and Oregon state as a whole.

Suicide is the second leading cause of death for Washington teens aged 15-19 years old.[12] The Washington State Healthy Youth Survey found that 18% of eighth graders in Skamania County had considered suicide in the past year. 14% made a plan to die by suicide and 3% attempted suicide in the previous year. Numbers were substantially higher in Klickitat County, with 25% of 8th graders considering suicide, 22% making a plan, and 18% attempting suicide in the year preceding the survey.

Figure 12. Percent High School Students Reported Signs of Depression, by State and County, 2020/21



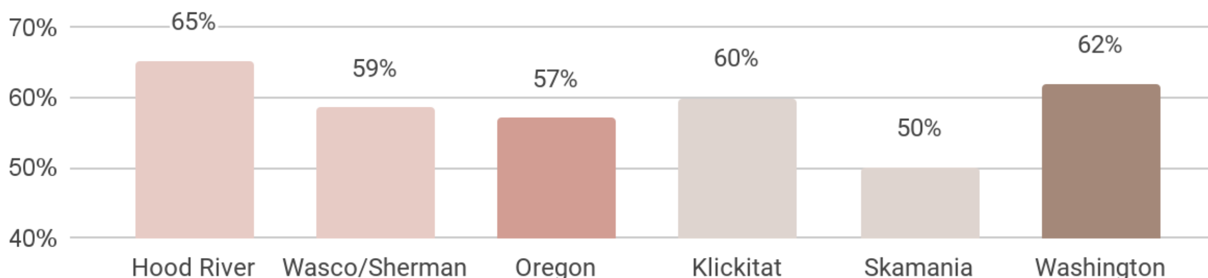
SOURCE: Oregon Health Authority, Student Health Survey, 2020 (11th grade data used here)
SOURCE: Washington State Healthy Youth Survey, 2021 (12th grade data used here)

In 2020 and 2021, middle school students reported varying levels of feeling nervous, anxious, or on edge within the previous 30 days from when the Student Wellness Surveys were conducted. **Figure 13** demonstrates that most 8th-grade students in Hood River County reported feeling anxious during this 30-day period, at slightly higher rates for both ages than the statewide average. But all Oregon counties captured in the study showed higher rates of anxiety compared to the statewide

[12] *SOURCE: Washington State Healthy Youth Survey, 2021*

average. However, Klickitat and Skamania counties both showed lower levels of anxiety when compared to Washington's statewide average.

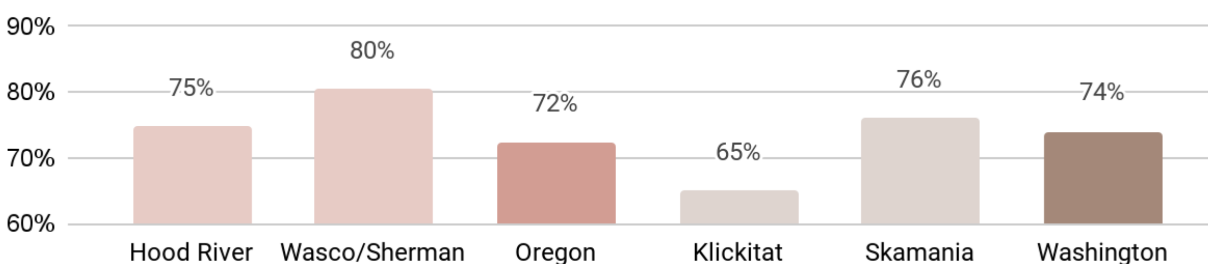
Figure 13. Percent 8th Grade Students Reported Signs of Anxiety, by State and County, 2020/21



SOURCE: Oregon Health Authority, Student Health Survey, 2020
SOURCE: Washington State Healthy Youth Survey, 2021

These trends stay largely consistent at the high school level, with all Oregon counties showing higher rates of anxiety compared to the statewide average. Skamania county high schoolers have slightly higher levels of anxiety compared to Washington's statewide average, with Klickitat teens reporting lower-than-average levels.

Figure 14. Percent High School Students Reported Signs of Anxiety, by State and County, 2020/21



SOURCE: Oregon Health Authority, Student Health Survey, 2020 (11th-grade data used here)
SOURCE: Washington State Healthy Youth Survey, 2021 (12th-grade data used here)

Looking at youth who have used substances in the previous 30 days is one way to assess overall substance use/misuse among youth in the Gorge. Alcohol use, tobacco use, use of e-cigarettes, misuse of prescription medications, and use of illicit drugs in adolescence can cause long-term, lifelong negative effects.

Alcohol use: As reported in the 2020 Student Wellness Survey, "youth who initiate alcohol use at an early age are four times more likely to experience lifetime dependency and are more likely to be involved in alcohol-related motor vehicle crashes, personal injury, and physical fights."

Cigarettes: Tobacco use is the number one cause of preventable cause of death and disability in Oregon and the United States; tobacco product use is started and established primarily during adolescence.

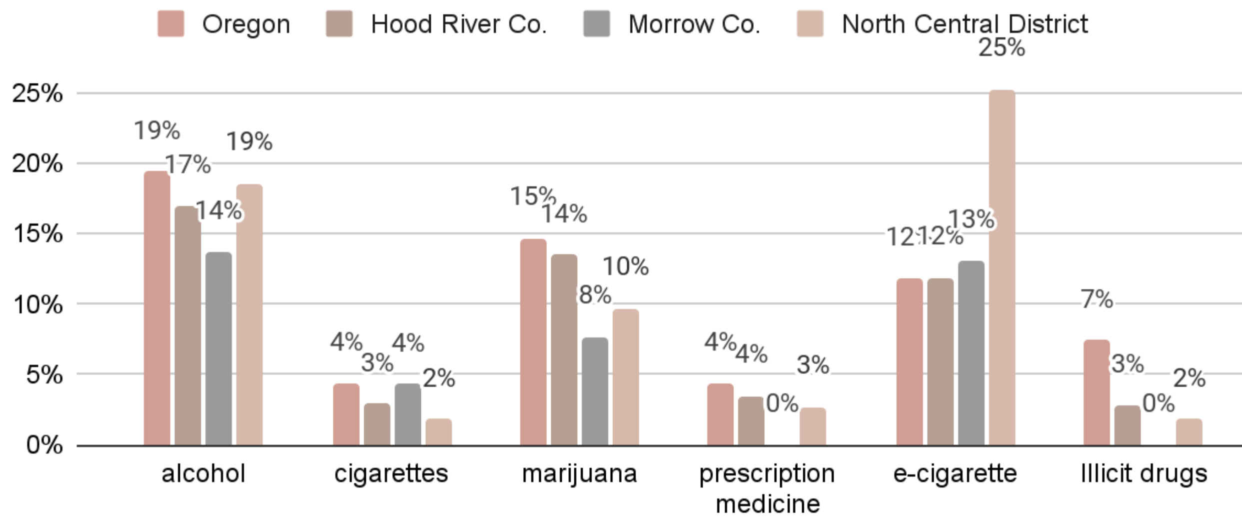
E-cigarettes: E-cigarettes contain nicotine, the same addictive ingredient in conventional tobacco products. There is strong evidence to suggest that these products increase youth nicotine addiction and youth initiation of conventional tobacco products.

Marijuana: Based on current science, we know that youth should not use marijuana because of the increased risk for both short- and possible long-term negative outcomes related to brain development.

Prescription drugs: Prescription drug misuse and other illicit drug use can have many adverse health and social outcomes on youth, including injury, low academic achievement, mental health issues, and possible overdose.

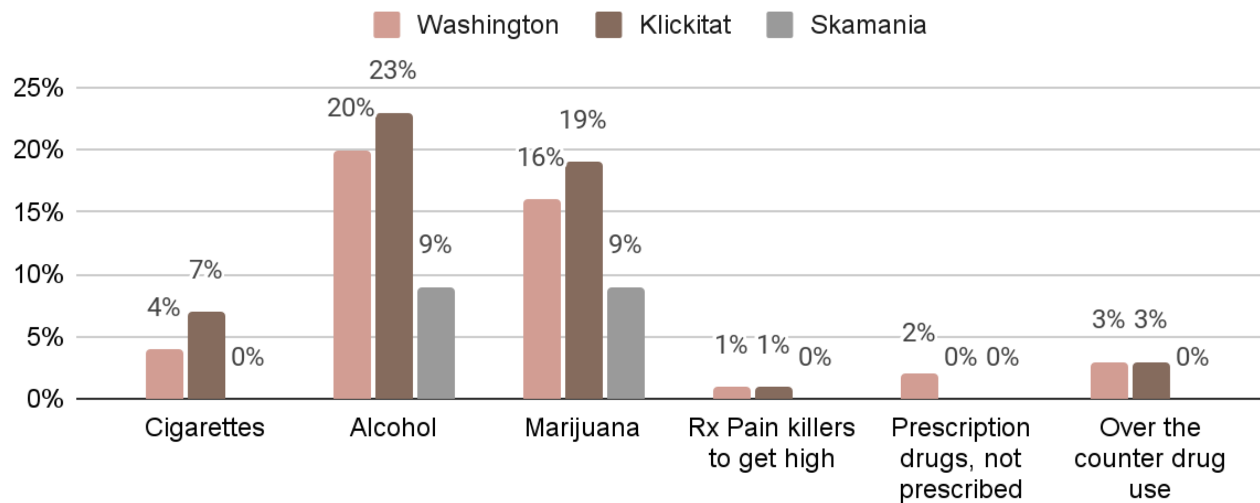
Figure 15 shows reported 30-day substance use by 11th-grade students in Oregon, and **Figure 16** shows reported 30-day substance use by 12th-grade students in Washington.

Figure 15. Percent 11th Grade Oregon Students Reported 30-Day Substance Use, by State and County, 2020



SOURCE: Oregon Health Authority, Student Health Survey, 2020. Note that OHA combined Sherman and Wasco Counties into the "North Central Health District" category due to relatively small sample sizes.

Figure 16. Percent 12th Grade Washington Students Reported 30-Day Substance Use, by State and County, 2021



SOURCE: Washington State Healthy Youth Survey, 2021

Additional data on youth substance use in Oregon and Washington can be found in Appendix 4, Figures 3.1, 3.2, 3.3, and 3.4.

In addition to public health surveillance data, we were interested in studying potentially avoidable Emergency Departments visits. Avoidable Emergency Department (AED) discharges typically contain primary diagnoses that are deemed non-emergent, primary care treatable, or preventable/avoidable with better managed care. The top three behavioral health diagnosis groups at Skyline Health and Providence Hood River Hospital are shown in the tables below.

Table 16. Top Three Behavioral Health Diagnosis Groups, Skyline Health, 2021

2021 Behavioral Health ED Cases by Diagnosis Groupings	% of Total AED Cases
Mental and behavioral disorders due to psychoactive substance use	4.6%
Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	3.2%
Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders	1.6%

SOURCE: Skyline Health data provided via email, 2022

Table 17. Top Three Behavioral Health Diagnosis Groups, Providence Hood River Hospital, 2021

2021 Behavioral Health ED Cases by Diagnosis Groupings	% of Total AED Cases
Substance Use Disorders	5.8%
Anxiety and Personality Disorders	5.8%
Mood Disorders, Episodic	2.0%

SOURCE: Providence Hood River data provided via email, 2022

Existing Assets and Resources

Below is a list of some community resources addressing behavioral health in the Gorge:

- Mid-Columbia Center for Living

- Naloxone program provided through the Klickitat County Public Health Department to prevent overdoses
- The Next Door
- Washington Gorge Action Programs
- Coalition for Preventing Abuse in Klickitat County
- Community Prevention & Wellness Initiative (CPWI), in partnership between WAGAP, White Salmon Valley School District, Klickitat Community Link Project, ESD 112, and other community partners
- Skamania County Public Health

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region.

For a comprehensive list of resources, visit this link to the Columbia Gorge Resource Guide: Mental Health – Gorge Resource Guide (c-gorge-resourceguide.com)

Economic Insecurity

Importance and connection to other health issues

Economic insecurity is a cross-cutting theme affecting access to housing, healthy food, reliable childcare, and virtually every aspect of a person's life. Research shows that the social determinants of health – such as quality housing, adequate employment and income, food security, education, and social support systems – influence individual health as much as health behaviors and access to clinical care. Without the ability to meet basic needs, individuals cannot experience full and healthy lives.

Key Findings

Qualitative Data

Many in the Gorge had to make difficult financial decisions relating to housing, food, transportation, childcare, and clothing in the last year, with roughly half of all Community Health Survey respondents sacrificing at least one aspect of their basic needs due to economic constraints. Economic insecurity, including lack of access to education and job skills, was among the top three concerns of the stakeholders and community members interviewed.

Listening session participants discussed the importance of new employers hiring locally and emphasized wanting to see better-paying jobs available, particularly for the Spanish-speaking community. One listening session attendee lamented the lack of high-paying jobs in the technology sector, saying, "We thought when these companies moved here, they would bring jobs with them. Instead, they brought an outside workforce into our communities, driving up housing costs and leaving our young people to seek employment in Portland."

Stakeholders recommended ensuring equitable opportunities in education and addressing the effects of racism and discrimination on generational wealth building. To ensure people receive support to meet their basic needs, listening session participants discussed wanting to see more resources and information shared in the community, particularly in Spanish and through non-electronic methods. The COVID-19 pandemic increased many families' economic insecurity, contributing to stress and behavioral health challenges.

Survey Data

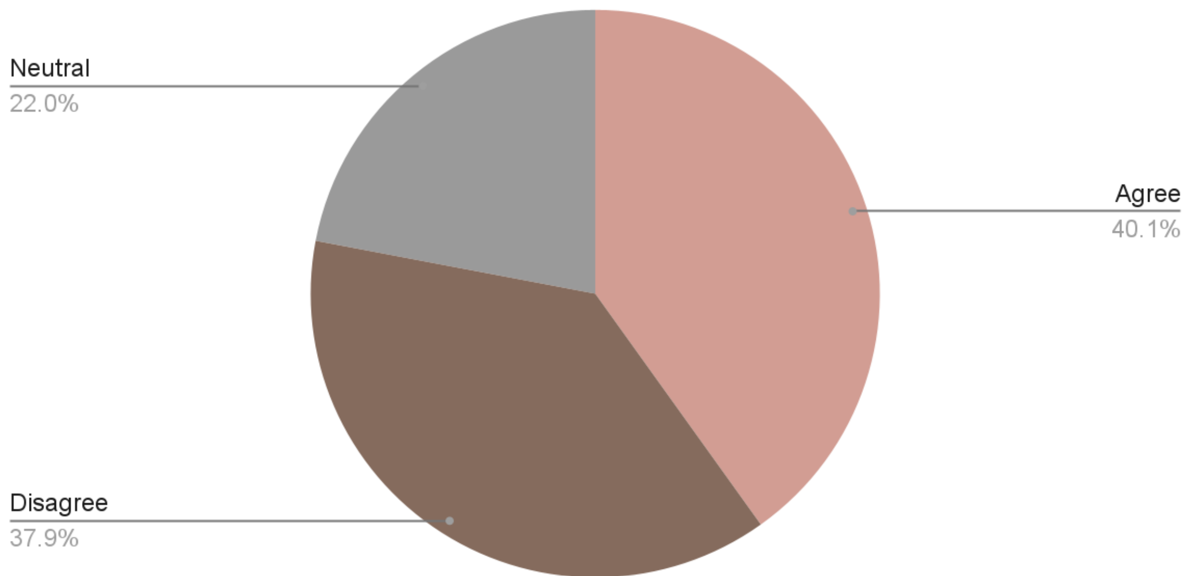
From the Community Health Survey:

- 38% of respondents were not able to afford the dental care they needed or were worried they would not be able to afford the dental care they needed
- 36% of respondents who needed childcare were not able to afford it or worried that they would not be able to afford it

- 34% who needed medical care were not able to afford it, or worried that they would not be able to afford it

Nearly 40% of survey respondents do not feel their community has enough jobs or opportunities, with 40% agreeing that their community does have enough jobs or opportunities.

Figure 17. My community has enough jobs and opportunities to make a living.

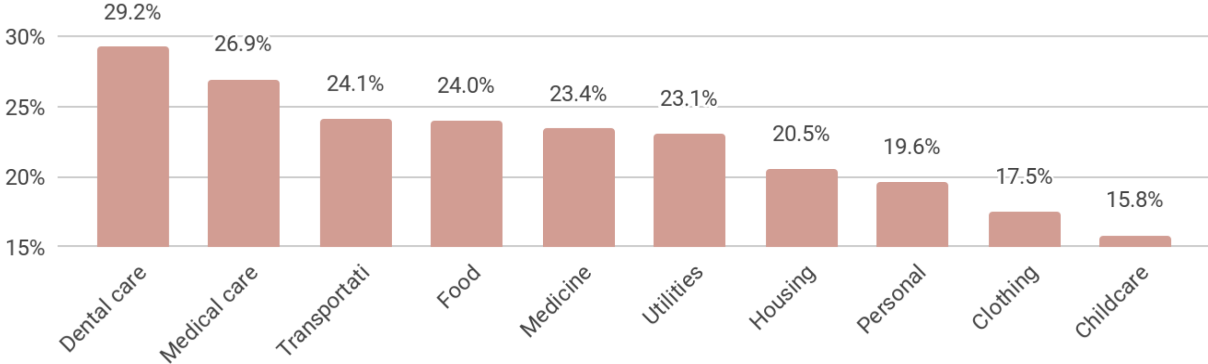


SOURCE: Community Health Needs Assessment Survey, 2022

42% of respondents reported that they work full-time, 17% work more than one job to cover living expenses, and over 25% reported they or someone in their household lost a job or hours due to COVID-19.

When asked about what household needs survey respondents went without (or were worried about losing because of financial constraints), the top three responses were dental care, medical care, and transportation.

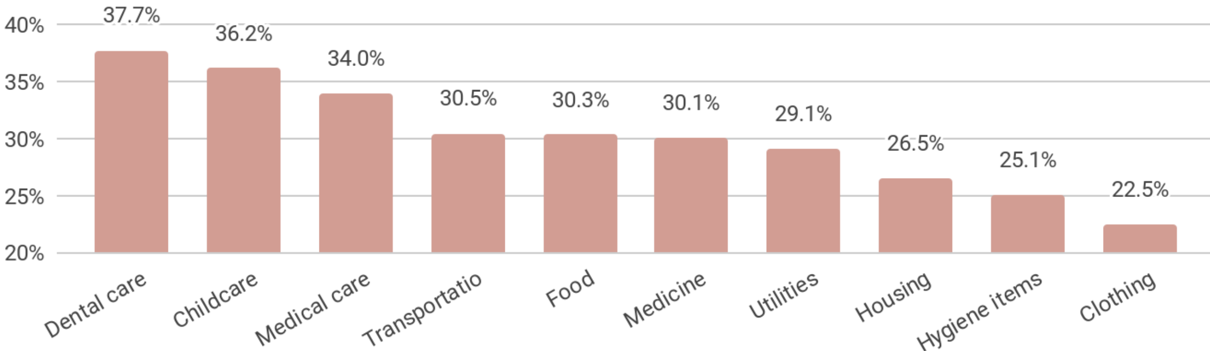
Figure 18. Which items have you or your household had to go without (or were worried about going without) because you couldn't afford it or access it?



SOURCE: Community Health Needs Assessment Survey, 2022

However, not every respondent was in need of every item on the list. For example, many respondents are not parents, so they did not need childcare. Not every respondent needed medical care in the past year, so that might have impacted their responses. When "does not apply" is filtered out of the respondent answers, the top three basic needs that respondents went without or worried about losing were dental care, childcare, and medical care. With this additional step of analysis, we can see an even clearer picture of what needs are going unfulfilled due to economic insecurity.

Figure 19. Which items have you or your household had to go without (or were worried about going without) because you couldn't afford it or access it? (Minus "Does Not Apply")



SOURCE: Community Health Needs Assessment Survey, 2022

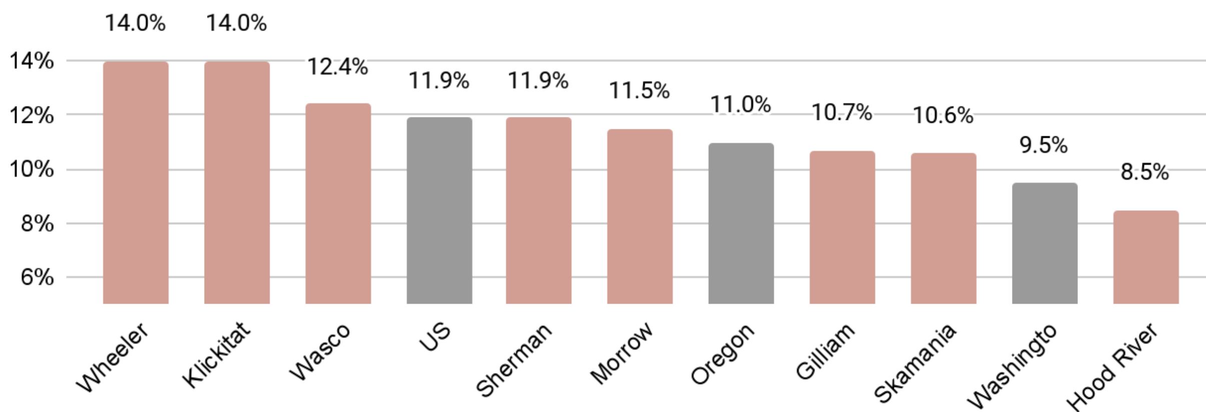
36.2% of survey respondents who needed childcare couldn't afford or access it or were worried about affording or accessing it. This could be a result of financial constraints, which are of major concern in the Gorge for the reasons outlined above. This issue could also be because of the lack of childcare options available in the region. According to the Center for American Progress, part or all of the following Gorge counties are considered childcare deserts:

- Skamania County
- Klickitat County
- Hood River County
- Wasco County

Secondary Data

In the Gorge, 11,521 people are reported to be living in poverty (according to the 2020 US Census). In Oregon, 457,940 Oregonians are reported to be living in poverty, while 714,653 Washingtonians are living in poverty. For reference, in 2021, 200% Federal Poverty Level was equivalent to an annual household income of $53,000 or less for a family of four.

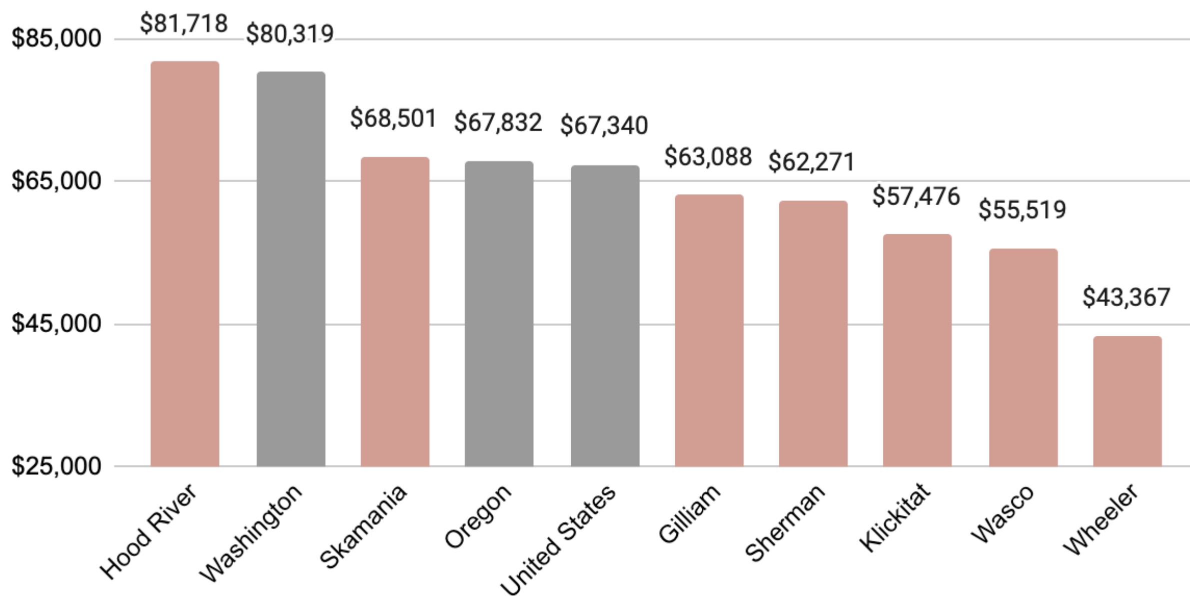
Figure 20. Percentage of the Population at or below Federal Poverty Level, by County and State, 2020



SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2020

Household median income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. All Oregon counties in the Gorge except Hood River County show significantly lower median income compared to the state of Oregon. Similarly, Klickitat and Skamania counties both have lower median household incomes compared to Washington state.

Figure 21. Household Median Income, by State and County, 2019



SOURCE: U.S. Census Bureau, Quick Facts, 5-Year Estimates, 2016-2020

In general, 2021 unemployment rates throughout the Gorge region were lower than in Oregon, Washington, and the U.S. more broadly. In 2021, the Gorge unemployment rate was 4.9% compared to 5.2% unemployment for Oregon and Washington State. The COVID pandemic seems to have impacted the region's employment rates slightly less compared to the U.S[13].

[13] U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2021

Existing Assets and Resources

Below is a list of community resources addressing economic insecurity in the seven counties of the Gorge:

- Washington Gorge Action Programs
- Department of Human Services in Hood River and The Dalles
- Department of Social & Health Services in Goldendale and White Salmon
- Mid-Columbia Community Action Council
- Oregon Human Development Corporation in Hood River
- Oregon Employment Department in The Dalles
- People for People in White Salmon

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region.

For a comprehensive list of resources, visit this link to the Columbia Gorge Resource Guide: Financial – Gorge Resource Guide (c-gorge-resourceguide.com)

Access to Health Care Services

Importance and connection to other health issues

Health and well-being refers to much more than a lack of illness. Access to health care requires collaboration between sectors typically viewed as “outside” of health care; communities must examine how cross-sector collaborations occur and measure their success. Because health is impacted by so many factors, it is critical to break down the silos that separate health from education, business, transportation, community development, and other historically “non-health” sectors that are still an integral part

of the health ecosystem. We also must ensure that organizations serving marginalized communities are actively included in dialogue and decision-making.

Key Findings

Qualitative Data

Access to health care services was found to be of moderate need by stakeholders and listening session participants. Although an important need, access to health care was mentioned less than homelessness or behavioral health for example. Among others, below is a list of concerns raised by community members and stakeholders about access to health care services:

1. There is an ongoing need for more bilingual and bicultural providers, particularly to serve the Spanish-speaking community.

2. Transportation is a barrier to accessing care, especially for people living in rural areas. Certain communities raved about the free, reliable, safe medical transportation options available to them while others shared stories about waiting for vans that never arrive, taking public transportation (transferring several times because a direct route isn't available), or missing appointments because no transportation options are available whatsoever.

3. Listening session participants shared many stories about the inability to receive care at all, demonstrated by long wait times for appointments and few specialists in the region (such as cardiologists and endocrinologists). This was not true for all communities, however; some listening session participants raved about their ability to easily book an appointment with a knowledgeable provider who worked to ensure that they could access a pharmacy to fill their prescriptions. However, a majority of listening sessions had participants who struggled to access the care they needed.

4. Listening session participants also spoke at length about the quality of care received by some medical centers in their area. These challenges include

complaints about shortened appointments that feel rushed and impersonal, in addition to issues with provider turnover. One session attendee lamented that she had finally found a doctor who could treat her heart condition, but a month later he had left the area without a replacement prepared to take over his docket of patients.

5. Due to the COVID-19 pandemic, people had to delay routine care and elective procedures, leading to a backlog of needed care and putting pressure on an already exhausted workforce. Stakeholders discussed a need for more primary care providers to meet local needs, as well as increased care coordination services, particularly for people experiencing houselessness.

6. Telehealth visits have been positive for some people but created technology barriers for others.

Stakeholders and community members agreed that accessing care may be particularly hard for young people, noting a need for more school nurses. Community Health Workers from the Bridges to Health Pathways program are placed in select schools in the region, improving coordination between social services for high-needs students. In fact, as of 2021, 36% of community members served by Bridges to Health were aged 18 or younger, showing that an emphasis has already been placed on working with youth who are housing challenged.[14]

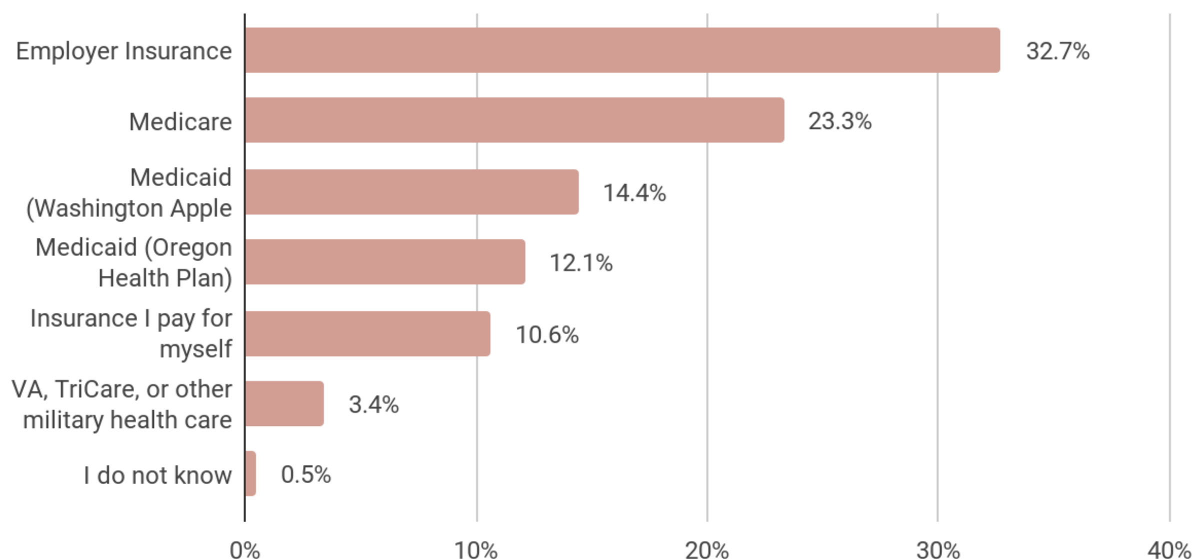
Survey Data

As mentioned above, respondents who are struggling financially have had to sacrifice dental care and medical care. When Gorge residents are economically disadvantaged, they do not seek the dental and medical care they need.

Healthcare access is highly dependent upon insurance; 88% of respondents have insurance, which means that 12% do not. Most survey respondents (32.7%) have employer-provided insurance, 26.5% have Medicaid, and 23.3% have Medicare or Medicare Advantage. 10.6% pay for insurance out-of-pocket.

[14] Bridges to Health Pathways 2021 Presentation

Figure 22. What kind of health insurance do you have? Check all that apply.



SOURCE: Community Health Survey, 2022

Of those who do not have insurance, the cost was the top reason given for not having insurance. Other barriers raised were lack of qualifying for insurance, signing up is too hard, or "I do not think I need insurance."

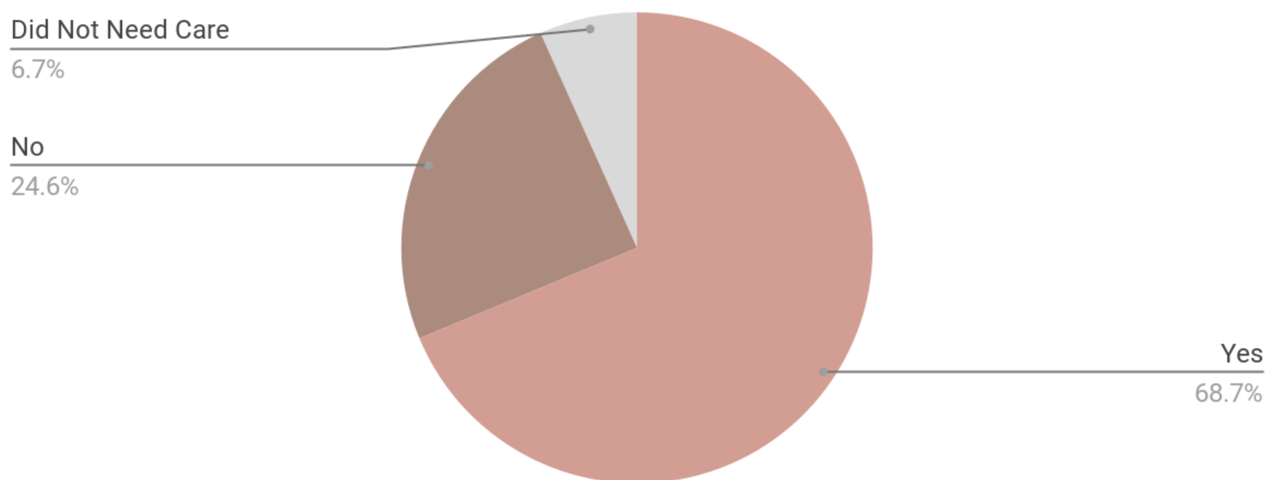
Table 18. If you do not have health coverage or insurance, what are the main reasons why? Check all that apply

Response	Percent
It costs too much	29.4%
I am waiting to get coverage through a job	21.0%
I do not qualify	12.2%
Signing up for insurance is too hard	10.3%
Other	9.8%
I do not think I need insurance	8.0%
This service was not available in my language	4.8%
I have not had time to do it	4.5%

SOURCE: Community Health Survey, 2022

Most survey respondents got all the medical care they needed, however, nearly 25% of respondents did not get all the medical care they needed.

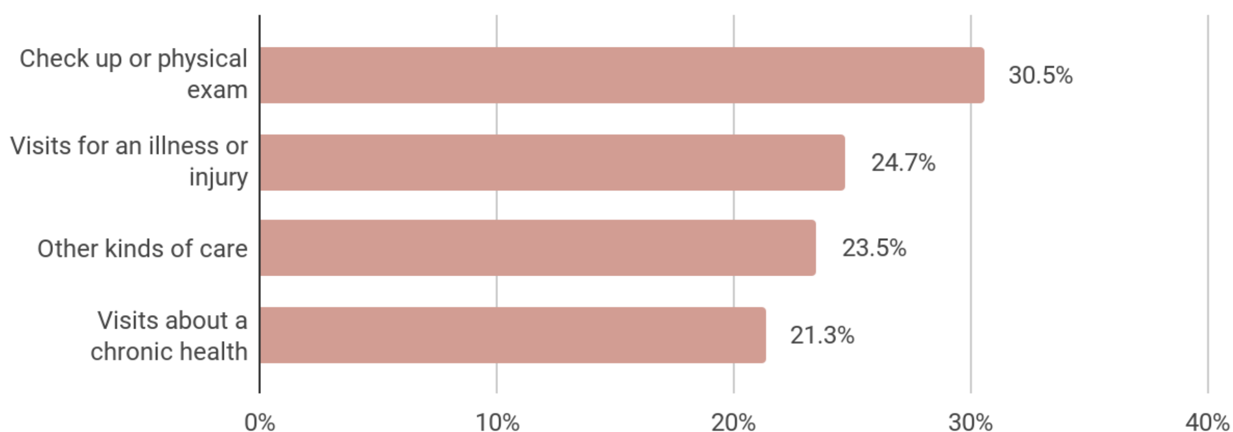
Figure 23. In the last year, did you get all the medical care you needed?



SOURCE: Community Health Needs Assessment Survey, 2022

Of the survey respondents who reported 'no' to receiving needed healthcare in the last year, **Figure 24** shows what types of healthcare they went without.

Figure 24. Which types of medical care did you have to go without? Check all that apply.



SOURCE: Community Health Needs Assessment Survey, 2022

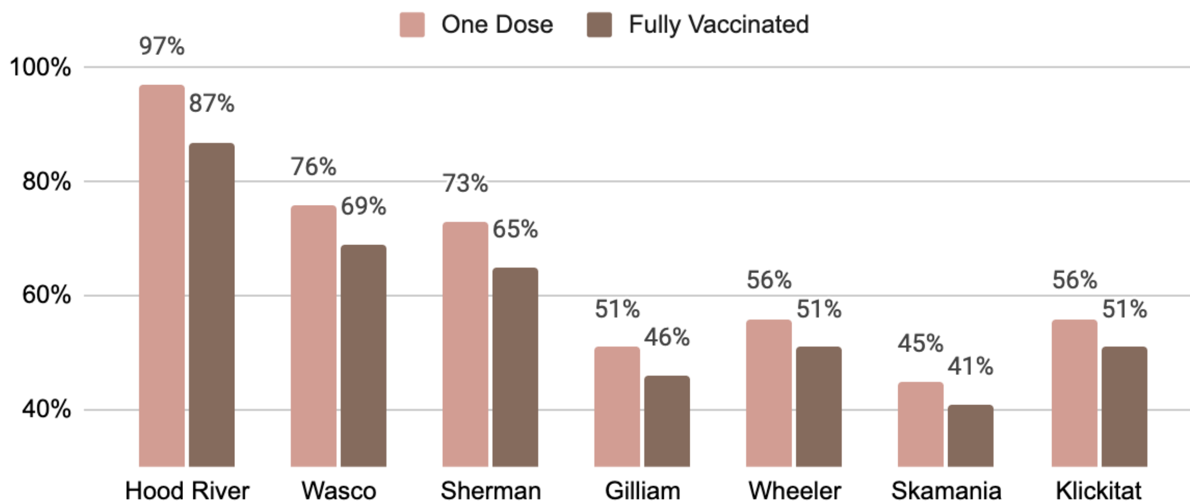
Secondary Data

According to the Washington State Insurance Commissioner, Washington's uninsured rate was 6.2% in March 2020, prior to the pandemic. While the rate nearly doubled to 12.6% in May 2020, it dropped back to 6% in February 2021. As of March 2021, an estimated 430,000 Washingtonians are uninsured.[15] Across the state of Oregon, 275,522 people are reported to be uninsured.

Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.

It is hard to measure the ways in which COVID impacted health care access, but COVID vaccine rates are available. Booster data is still in flux, so this report will only share information on initial vaccination dose completion and full vaccine series completion.

Figure 25. COVID Vaccination Rates by County, 2022



SOURCE: COVID-19 Vaccine Tracker | news-leader.com, Accessed August 2022

15 Uninsured rates in Washington state from 2014-2020 | Dec. 30, 2021

As mentioned above, we looked at potentially avoidable Emergency Departments visits. Avoidable Emergency Department (AED) discharges typically contain primary diagnoses that are deemed non-emergent, primary care treatable, or preventable/avoidable with better managed care. The top three diagnosis groups at Skyline Health and Providence Hood River Hospital are shown in the table below.

Table 19. Emergency Department Cases By Diagnosis, 2021

2021 Hospital ED Cases by Diagnosis Groupings	% of Total AED Cases
Providence Hood River Hospital	
Urinary Tract Infection	10.5%
Skin Infection	9.2%
Substance Use Disorders	5.8%
Skyline Health	
Skin Infection	13.6%
Chronic Lower Respiratory Diseases	7.9%
Back Pain	6.5%

SOURCE: Providence Hood River Hospital and Skyline Health data provided via email, 2022

Existing Assets and Resources

Below is a list of community resources addressing health care access in the seven counties of the Gorge:

- Bridges to Health Pathways
- Community-wide efforts to embrace trauma-informed practices and plain language training
- One Community Health
- PacificSource Community Solutions
- Washington Gorge Action Program’s Pathways Care Coordination Program

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region.

For a comprehensive list of resources, visit this link to the Columbia Gorge Resource Guide: Health_Medical – Gorge Resource Guide (c-gorge-resourceguide.com)

Food Insecurity

Importance and connection to other health issues

Non-rural communities often take food for granted, easily accessing healthy options from multiple local sources. However, in rural and frontier communities, many don't have easy access to healthy foods/beverages in the places they live, work, learn, play, and worship.

Key Findings

Qualitative Data

Food insecurity emerged as a key theme due to the complexities of the food system in rural communities. One stakeholder emphasized the irony of living in a food-producing part of Oregon that is also a food desert: "There are fresh fruits and vegetables being grown all around us, but it all gets shipped elsewhere! You'd think we'd be able to keep some of it here, where the people need it and you don't have to worry about the carbon footprint of all those trucks coming and going."

It is not just the availability of healthy food that is an issue, although that is a barrier. The cost of fresh food is also an issue, as is transportation to the places where healthy food is sold. Some rural and frontier communities don't have a grocery store at all, relying on corner stores with primarily canned and boxed food for most of their diet. One listening session attendee shared, "You can get produce at the gas station, but you'll have to ask the lady to open up the door to the back area. That's where the fruits

are." Another added, "Every once in awhile there's the farmer's cart that opens up on Sundays, but it's so expensive. I can't afford all that!"

While some community members may be able to drive to a nearby town with a full grocery store, this is a particularly onerous task for older adults and people with financial constraints.

Both stakeholders and community members named several successful programs in the region, including the Gorge Grown Food Network's VeggieRx program, which is a fruit and vegetable "prescription" effort designed to address food insecurity and increase intake of fresh produce. The program empowers health care and social services providers to "prescribe" vouchers to community members who screen positive for food insecurity. Vouchers can then be used to purchase fresh fruit and vegetables at farmers markets, farm stands, and other select sites[16].

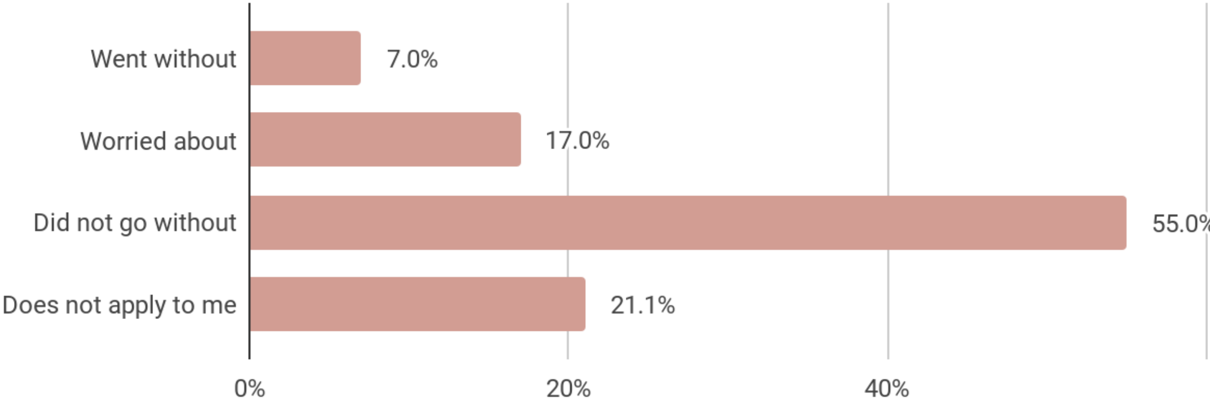
Food programs and their support staff work hard to meet the needs of the region but still face barriers that prevent people from getting their food needs met. These barriers include stigma around free school meals, lack of screening for food insecurity, and lack of culturally appropriate foods in food pantries. People living unhoused, with low incomes, or with incomes slightly above the threshold to qualify for food benefits may be disproportionately affected by food insecurity. More economic insecurity as a result of the COVID-19 pandemic has contributed to increased food insecurity.

Survey Data

17% of survey respondents shared that they were worried about being unable to afford or access food, and 7% shared that they went without food in the last year because they couldn't afford or access it.

[16] Gorge Grown Food Network | Veggie Rx Project, Accessed August 2022

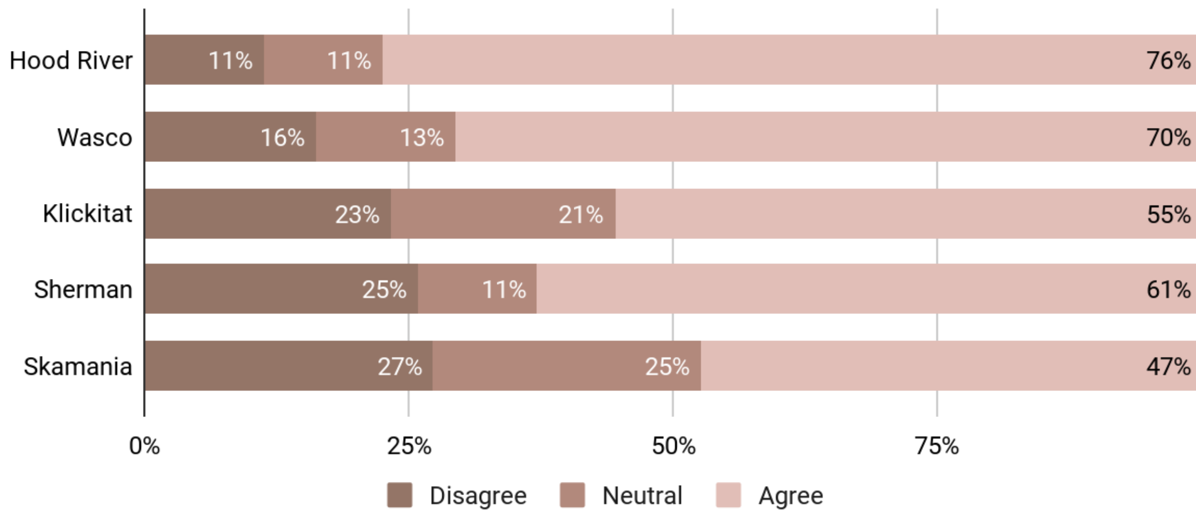
Figure 26. In the last year, have you or anyone in your household had to go without food because you couldn't afford it or access it?



SOURCE: Community Health Needs Assessment Survey, 2022

Community health survey respondents were asked to think about affordability, culturally-specific foods, restaurants, grocery stores, corner stores, and farmers' markets that sell fresh or frozen fruits and vegetables, and other healthy options. Of all the Gorge counties, Hood River County has the highest access to healthy food with 76% of respondents sharing that they agreed or strongly agreed that the food they enjoy eating was available in their community. The lowest level of agreement to this question was demonstrated by respondents in Skamania, with 47% agreeing or strongly agreeing that the food they enjoy eating is available in their community.

Figure 27. The food I enjoy eating is available in my community



SOURCE: Community Health Needs Assessment Survey, 2022

Secondary Data

According to the Gorge Community Food Assessment of 2021, the number of people accessing emergency food assistance through Columbia Gorge Food Bank partner agencies increased by an estimated 30-50% in 2020. SNAP use increased by about 12% in 2020 compared to the previous year, and many families temporarily stopped receiving school lunches.[17]

From County Health Rankings, "Lacking consistent access to food is related to negative health outcomes such as weight gain and premature mortality. In addition to asking about having a constant food supply in the past year, the measure also addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating."

Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

[17] Gorge Community Food Assessment (1).pdf

Table 20. Percentage of Food Insecurity by County and State, 2021

Location	Percentage
Oregon	12%
Washington	10%
Hood River County	7%
Klickitat	14%
Gilliam	12%
Sherman	13%
Skamania	12%
Wasco	12%
Wheeler	14%

SOURCE: County Health Rankings & Roadmaps, Feeding America: Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019

The Gorge Grown Food Network's website states that "over 98% of food consumed in the Gorge is imported." They also share that one in three Gorge residents worries about where their next meal is coming from. This trusted community resource reminds us that "a family can purchase a six-pack of soda for less than the price of a pound of fresh, healthy, local cherries."[18]

Existing Assets and Resources

Below is a list of community resources addressing food insecurity in the seven counties of the Gorge:

- Community gardens in Skamania County
- Food banks and food pantries, including the Natal Grange Food Pantry, Oregon Food Bank, and FISH Food Bank of Hood River County

[18] Gorge Grown Food Network | Vision & Strategy

- Gorge Grown's Veggie Rx Project
- Natives Along the Big River Group
- The Backpack Program in North Wasco School District.
- Windy River Gleaners, Goldendale Gleaners
- Washington Gorge Action Programs Food Banks
- North Central Public Health District's 2021 Columbia Gorge Community Food Assessment

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region.

For a comprehensive list of resources, visit this link to the Columbia Gorge Resource Guide: Food – Gorge Resource Guide (c-gorge-resourceguide.com)

Chronic Conditions

Importance and connection to other health issues

Primary and specialty care go hand in hand, and without access to specialists, people are often left to manage chronic diseases such as diabetes, hypertension, obesity, and heart disease on their own. When people lack access to primary care, specialists, or adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Additionally, people focused on essentials of living, such as economic instability, housing, childcare, food insecurity or other basic needs may not have the time, money, and energy to dedicate to managing health conditions.

Key Findings

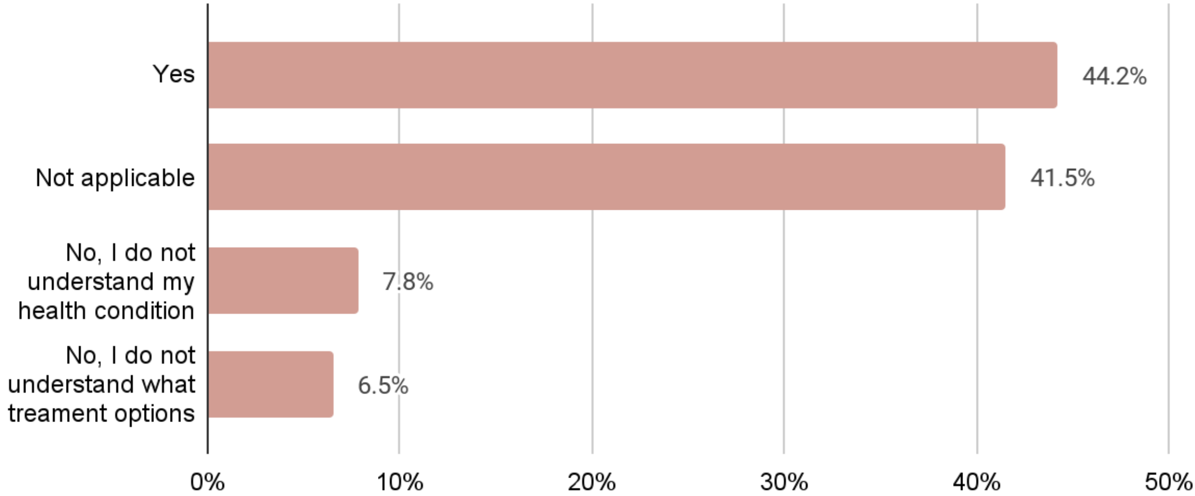
Qualitative Data

Stakeholders and listening session participants noted the need to support young people in getting sufficient activity and eating healthy foods. It can be challenging to find free, accessible outdoor activities for children; many families do not have access to local parks. Listening session participants want more recreation centers, free activities for families, and cleaner, safer green spaces to enjoy. Indoor recreation centers would also increase the capacity for people to be healthy during periods when wildfire smoke limits outdoor activity. Stakeholders discussed the need to ensure emergency plans are in place to support people with chronic conditions in times of poor air quality. Due to the COVID-19 pandemic, many people delayed seeking preventive care and may have left their chronic diseases unmanaged, leading to poorer health.

Survey Data

Overall, most respondents (58.5%) reported a chronic condition that would likely benefit from a specialist, such as an oncologist, cardiologist, pulmonologist, or endocrinologist. Of those with a chronic condition, 24% do not understand their health condition or do not understand what treatment options are available to them. Of all respondents, 44.2% have a chronic condition and understand how to access treatment. 7.8% do not understand their condition and 6.5% do not understand their treatment options.

Figure 28. Do you understand the chronic health condition and treatment options available to you?



SOURCE: Community Health Needs Assessment, 2022

Secondary Data

Heart disease is the leading cause of death for both men and women. Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually. Heart disease is the leading cause of death for people of most ethnicities in the US, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives or Pacific Islanders, heart disease is second only to cancer.

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers from 1975-2006. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

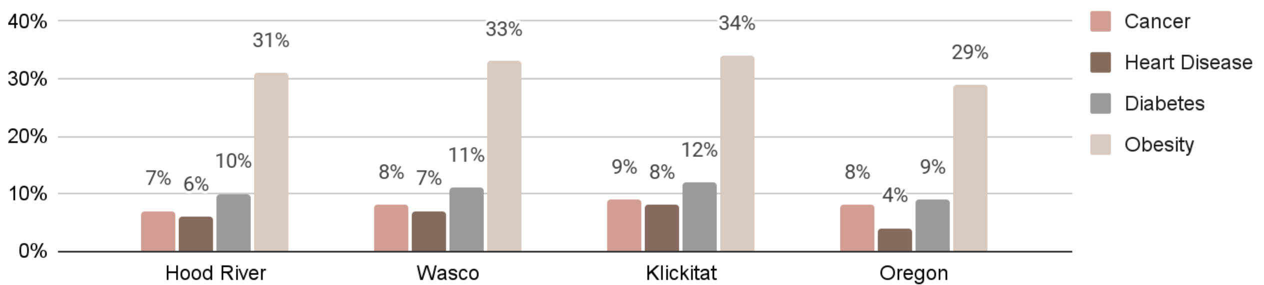
In 2011, 6.3% (15 million) of adults aged≥18 years reported that they had COPD nationwide. Another estimated 15 million adults have impaired pulmonary function and COPD symptoms but are unaware of having COPD because the disease has not been diagnosed by their physician with the use of spirometry. Approximately 80%–90% of identified COPD cases occur after age 45. Almost 80% of COPD deaths

are attributable to smoking; other risk factors for COPD include occupational exposure, ambient air pollution, and long-term severe asthma.

Individuals with asthma have a higher likelihood of adverse outcomes including emergency department visits, hospitalizations, and death. People with asthma have more days of activity limitation, more days of missed school/work, and are more likely to report comorbid depression.

One chronic condition that negatively affects all others is obesity. In particular, the increasing prevalence of obesity is causing an increase in diabetes. Substantial differences in diabetes prevalence exist by age, race, and ethnicity. Multiple long-term complications of diabetes can be prevented through improved patient education and self-management and the provision of adequate and timely screening services and medical care.

Figure 29. Chronic Conditions Crude Prevalence, by County and State, 2019



SOURCE: Providence Data Hub, Behavioral Risk Factor Surveillance System Survey, 2019

Existing Assets and Resources

Below is a list of community resources that may assist with managing chronic conditions:

- Skamania County Community Health
- One Community Health's Salud Program
- Providence Guide to Living Well With Diabetes

- All Gorge Collaborative organizations provide community resources that assist with the management of chronic conditions

Note: This selection of assets was provided by assessment participants and CHNA stakeholders. It is not meant to be an exhaustive list of all resources available. Also, note some resources are county-specific, some are state-specific, and others are available throughout the region.

Next Steps

The 2022 CHNA for the Columbia Gorge Region serves multiple purposes. Among these purposes, the assessment enables its collaborative members and community partners to:

- Use the data presented to guide the development of goals, objectives, strategies, and performance measures.
- Investigate current health statuses, health priorities, and new and emerging concerns among community members and service providers.
- Identify the social determinants of health most affecting our region and explore how these factors are impacting the overall health and vitality of our communities.
- Hear individual and group voices from a broad cross-section of the community to develop a deeper understanding of current and emerging health issues.
- Observe the shifting patterns of these health issues over time.
- Identify assets and resources as well as gaps and needs in services in order to help set funding and programming priorities.
- Fulfill the CHNA requirements for the collaborative organizations.
- Use the data gathered to inform and involve our community partners and community members in the community health improvement process.
- Use the report as the foundation for organizational CHIPs that will address aspects of the health needs identified in this CHNA and further develop strategies to improve access to resources, community capacity, and core competencies. Each organization's CHIP will describe the actions each organization intends to take, the anticipated impact of these actions, and the resources the organization plans to commit to addressing the health need. The CHIP will also describe any planned collaboration between organizations in addressing the prioritized needs.

Appendix 1: Summary of Community Input Process (Stakeholder Interviews and Listening Sessions)

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, the Gorge CHNA Collaborative conducted 11 stakeholder interviews including 16 participants, and eight listening sessions with a total of 66 community members. All community input was collected between April and June 2022. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 2.

Vision for a Healthy Community

Listening session participants were asked to describe their vision of a healthy community. This question is important for understanding what matters to community members and how they define health and wellness for themselves, their families, and their communities. The primary theme shared was "community connection and inclusion" and participants noted the importance of people getting along, strong family units, and everyone having a sense of belonging. The following is a list of all the themes that emerged:

- Community connection and inclusion
- Access to health care services
- Behavioral health supports
- Access to affordable housing and shelter
- Equitable access to resources, including transportation

- Safety
- Food security
- Recreation and wellness activities

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following identified by stakeholders:

Collaboration between local organizations

The primary strength identified by stakeholders was the collaboration and relationships between local organizations. They shared there is a culture of collaboration among non-profit service providers. Opportunities to leverage this strength include scaling successful programs and collective grant funding.

Community engagement

Stakeholders described a very caring community where people want to help one another and be involved. They shared that there are a lot of small communities within the Gorge where people know one another and have strong relationships.

Diversity and inclusion

Stakeholders described the diversity of the residents of the Gorge as a strength, with many resilient communities.

Community Needs

Stakeholders were asked to identify their top five health-related needs in the community. Three needs were prioritized by most stakeholders and with high priority. They were also identified as important to listening session participants and are therefore designated as high-priority health-related needs:

1. Homelessness and Housing Instability: Stakeholders and listening session participants shared there is a desperate need for affordable housing as the cost of housing continues to increase. Housing stability is connected to health and economic security; the cost of housing is a burden for many families trying to meet their basic needs. A lack of housing units means people have a hard time using their Housing Choice Vouchers. Stakeholders noted a need for supportive housing for older adults and people with behavioral health challenges and developmental disabilities. The high cost of housing affects the local workforce, making it challenging to recruit and retain workers, creating scarcity and affecting every other need. Stakeholders and listening session participants noted the need to ensure homelessness services are available, particularly warming and cooling shelters as climate change creates more extreme weather. The COVID-19 pandemic has disrupted families' economic security, leading to more homelessness and housing instability.

2. Behavioral health challenges and access to care (mental health and substance use/misuse): Stakeholders described a crisis situation growing related to behavioral health in the community. The COVID-19 pandemic has contributed to more mental health needs, and staffing challenges have made meeting the needs difficult. With challenges filling open behavioral health positions in the area, there are long wait times to get care and crisis response is slow. There is a need for more mental health and substance use disorder treatment services to meet the growing needs, particularly for people without insurance or with low incomes. Stakeholders described a disjointed behavioral health response in the community. Racism and discrimination may contribute to the mental health needs of people identifying as LGBTQIA+ and the Latino/a community, noting the need for more responsive providers to serve these populations. Older adults and young people may experience more barriers to accessing needed care. Stakeholders and listening session participants described more stress, anxiety, and depression in the community, particularly for people working hard to meet their basic needs, older adults, and young people. Listening session participants shared the importance of inclusion and community building to ensure people feel a sense of belonging and connection.

3. Economic insecurity, including education and job skills: Economic insecurity affects most other needs, like access to housing, food, and childcare. Stakeholders and listening session participants stressed the importance of people making a living wage, one that allows them to afford the high cost of housing and other basic needs. Stakeholders recommended ensuring equitable opportunities in education and addressing the affects of racism and discrimination on generational wealth building. Listening session participants discussed the importance of new employers hiring locally and emphasized wanting to see better paying jobs available, particularly for the Spanish-speaking community. To ensure people receive support to meet their basic needs, listening session participants discussed wanting to see more resources and information shared in the community, particularly in Spanish and through non-electronic methods. The COVID-19 pandemic increased many families' economic insecurity, contributing to stress and behavioral health challenges.

The following needs were frequently prioritized by stakeholders and discussed by community members. They represent the medium-priority health-related needs, based on community input:

- Access to health care services. Stakeholders and listening session participants emphasized a need for more bilingual and bicultural providers, particularly to serve the Spanish-speaking community. They shared transportation is a barrier to accessing care, especially people living in more rural areas. Listening session participants were concerned about long wait times for appointments, short visits, and high provider turnover, compromising the quality of care. The high cost of care is also a challenge for people, particularly those without insurance. Stakeholders discussed a need for more primary care providers to meet local needs, as well as increased care coordination services, particularly for people experiencing houselessness. Accessing care may be particularly hard for young people, noting a need for more school nurses. Due to the COVID-19 pandemic, people had to delay routine care and elective procedures, leading to a backlog of needed care and putting pressure on an already exhausted workforce. Telehealth visits have been positive for some people but created technology

barriers for others. Stakeholders expressed concern about people leaving the health care profession or moving, noting a need to address workforce shortages.

- Food insecurity: Stakeholders discussed the importance of investing in a more resilient food system that pays workers a living wage and responds to climate change. The cost of fresh, healthy foods, transportation barriers, and limited grocery stores in certain areas contribute to food insecurity, particularly for older adults and people with dietary restrictions. While there are programs to meet people's food needs, stigma around free school meals, lack of screening for food insecurity, and lack of culturally appropriate foods in food pantries can prevent people from having their food needs met. People living unhoused, with low incomes, and with incomes slightly above the threshold to qualify for food benefits may be disproportionately affected by food insecurity. More economic insecurity as a result of the COVID-19 pandemic has contributed to increased food insecurity.
- Obesity and chronic conditions (including opportunities for recreation): Stakeholders and listening session participants noted the need to support people in developing healthy lifestyles, particularly young people in getting sufficient activity and eating healthy foods. They shared it can be challenging to find free, easy-to-access outdoor activities for children and not all families may have access to safe parks. Listening session participants shared wanting a recreation center, more free activities for families, and cleaner, safer green spaces to enjoy. Increased wildfires and smoke may also affect chronic conditions, particularly asthma. Stakeholders discussed the need to ensure emergency plans are in place to support people with chronic conditions in times of poor air quality. Due to the COVID-19 pandemic, many people delayed seeking preventive care and may have left their chronic diseases unmanaged, leading to poorer health.

Appendix 2: Full Report on Community Input Process (Stakeholder Interviews and Listening Sessions)

Introduction

Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. The Gorge CHNA Collaborative conducted 11 stakeholder interviews, including 16 participants, people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. They also conducted 8 listening sessions with 66 community members. The goal of the interviews and listening sessions was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

Methodology

Selection

The Gorge CHNA Collaborative completed eight listening sessions that included a total of 66 participants. The sessions took place between April and June 2022.

Table_Apx 1: Community Input

Community Input Type and Population	Location of Session	Date	Language
Listening session with older adults and people with disabilities	Zoom	6/9/2022	English

Listening session with people experiencing homelessness	Outdoors in a park	5/18/2022	English
Listening session with elders	Mid-Columbia Senior Center, The Dalles	4/19/2022	English
Listening session with elders	Sherman County Senior Center	4/19/2022	English
Listening Session with Native and Indigenous people	Zoom	5/3/2022	English
Listening session with Spanish-speaking people identifying as Hispanic/Latinx	Zoom	4/28/2022	Spanish
Listening session with people experiencing homelessness	White Salmon, WA	5/18/2022	English and Spanish
Listening session with board of organization serving youth and families	Wasco County YOUTHINK offices, The Dalles	4/5/2022	English

The collaborative conducted 11 stakeholder interviews including 16 participants overall between April and May 2022. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people experiencing health disparities and social inequities. The Gorge CHNA Collaborative aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Table_Apx 2. Key Community Stakeholder Participants

#	Organization	Name	Title	Sector

1	Columbia Gorge Health Council	Suzanne Cross	Senior Program Manager	Health quality, access, and equity
2	Comprehensive Health Care	Chris De Villeneuve	Vice President of Outpatient Services	Behavioral health care
3	Goldendale School District	Ellen Perconti	Superintendent	Education
4	Gorge Grown Food Network	Sarah Sullivan	Executive Director	Food security, chronic disease prevention through nutrition, physical activity
	OSU Extension Service	Lauren Kraemer	Associate Professor of Practice in the College of Public Health and Human Sciences	
5	Hood River County Health Department	Trish Elliott	Director	Public health
	North Central Public Health District	Shellie Campbell	Director	
6	Klickitat County Public Health	Erinn Quinn	Public Health Director	Public health
7	Mid-Columbia Center for Living	Al Barton	Interim Executive Director	Behavioral health care
8	Mid-Columbia Housing Authority	Karen Long	Community Services and Special Program Manager	Housing
	Mid-Columbia Housing Authority	Joel Madsen	Executive Director	

<table>
<tr><td rowspan="2">9</td><td>North Wasco School District Number 21</td><td>Dottie Ray</td><td>General Manager Three in the role of Director of Nutrition</td><td rowspan="2">Education, food security, nutrition services</td></tr>
<tr><td>North Wasco County School District</td><td>Amy Hampton</td><td>Director of Student Services</td></tr>
<tr><td rowspan="2">10</td><td>One Community Health</td><td>Max Janasik</td><td>CEO</td><td rowspan="2">Health care, behavioral health care, dental care</td></tr>
<tr><td>One Community Health</td><td>Jennifer Griffith</td><td>Chief People Officer</td></tr>
<tr><td>11</td><td>Skamania County Community Health</td><td>Tamara Cissell</td><td>Director</td><td>Public health</td></tr>
</table>

Facilitation Guides

For the listening sessions, participants were asked an icebreaker and three questions (see Listening Session Questions below for the full list of questions):

- Community members' definitions of health and well-being
- The community needs
- The community strengths

For the stakeholder interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2022 CHNAs (see Stakeholder Interview Questions below for the full list of questions):

- The community served by the stakeholder's organization
- The community strengths

- Prioritization of unmet health related needs in the community, including social determinants of health
- The COVID-19 pandemic's effects on community needs
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations

Training

The facilitation guides provided instructions on how to conduct a stakeholder interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a stakeholder interview and listening session and were provided question guides.

Data Collection

Stakeholder interviews were conducted virtually and recorded with the participant's permission. Note takers documented the listening session conversations or in some cases the conversations were recorded with participants' permission and notes were taken based on that recording.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and

developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of stakeholder, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code "food insecurity" can occur often with the code "obesity." Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions, although rather than recordings, notes were used. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Findings from Community Listening Sessions

Vision of a Healthy Community

Listening session participants were asked to share their vision of a healthy community. The following themes emerged:

- Community connection and inclusion: In a healthy community people are connected, spending time together, and getting along. Participants spoke to the importance of all people belonging in a community, strong family units, and engaged parents. People are friendly and no one feels ignored. In a healthy community, there is equitable access to resources and services and people's cultures are valued.
- Access to health care services: In a healthy community, there is good medical care close by and everyone can see a provider quickly. People have support navigating the health care system through community health workers and there is support for older adults, like home health workers. People consistently see the same physician and care is holistic, looking at all the needs of a person.
- Behavioral health supports: There are easily accessible mental health and recovery services. People can address their mental and emotional needs, particularly older adults and young people. There is little substance use/misuse in a healthy community.
- Access to affordable housing and shelter: Everyone has a safe, sheltered place to sleep. In a healthy community, there is affordable and safe housing, as well as support paying for rent if needed.
- Equitable access to resources, including transportation: In a healthy community people know what resources are available and there are equitable resources for all people. This means that services are accessible, and information is shared through multiple channels, including through a newspaper. Transportation is an important part of a healthy community so that people can get to services.

- Safety: Everyone is safe in a healthy community. They are able to walk around their neighborhood without fear of being harmed. There are safe parks for young people to play and no violence.
- Food security: Everyone has access to healthy, affordable food close by. There is also clean drinking water.
- Recreation and wellness activities: There are free activities for everyone to be healthy and active together. In a healthy community there are parks, swimming pools, playgrounds, and play places for young people to be active in nature. There are also activities like tai chi, yoga, and physical therapy for older adults, as well as places for people to sit outdoors in the community.

Community Needs

High priority community needs identified from listening sessions

- Access to health care services: Listening session participants were most concerned about the barriers to care they experience, including a lack of transportation, long wait times to be seen by a provider, short visits, high provider turnover contributing to a lack of continuity of care, and a lack of specialists. Cost of care is also a concern for participants, particularly for people lacking insurance. Participants shared applying for insurance requires a lot of paperwork that not everyone can complete. Navigating technology can be overwhelming for some patients. They need help navigating finding providers, making appointments, and navigating telehealth appointments. Participants would also like to see more culturally responsive care and more compassionate providers. Older adults reported not always being treated with compassion. Participants want more bilingual and bicultural providers, particularly those that speak Spanish. There is also a need for more in-home nursing support.
- Economic security: Listening session participants were concerned that the high cost of living, including housing, does not match people's incomes. Even people working full time are living paycheck to paycheck. This causes a lot of stress and

contributes to mental health and substance use/misuse challenges. Participants would like to see better job opportunities that provide good benefits, particularly for local tribal members and for people whose primary language is Spanish. The Latino/a participants shared feeling their employment options often do not pay well (childcare, housekeeping, manual labor, etc.). They would like to see more work opportunities that specifically seek to leverage the skills and experiences of immigrants and people who are bilingual. There is a need for more educational and professional development opportunities to support people moving into better paying jobs. Affordable childcare is also important for ensuring people can consistently work.

- Behavioral health and belonging: Participants were concerned about improving access to mental health services, substance use/misuse treatment, and community connection and belonging. Stress from losing jobs and difficulties meeting basic needs may contribute to behavioral health challenges. Participants identified the following groups as needing specific supports:
    - People identifying as LGBTQIA+: There is a need for more community building to support the inclusion and belonging of people identifying as LGBTQIA+, as many may experience discrimination.
    - Older adults: COVID-19 has contributed to more social isolation, depression, and anxiety for older adults.
    - Young people: Educators report more behavioral issues for young people and a need for more mental health supports. Participants also spoke to needing more classes for parents to learn how to support their child's mental health.
    - People with low incomes: There is a need for more mental health services for people with low incomes and lacking insurance. There are long wait lists for services and many families are experiencing increased stress related to meeting their basic needs.

Participants noted the importance of addressing intergenerational trauma and ensuring that people care for and support one another. Community events like barbeques and festivals, as well as opportunities for people's voices to be heard are important for community building. It is especially important for people to build purpose and power together, making everyone feel included and like they add value to the community. Building belonging for young people, older adults, immigrants, and people identifying as LGBTQIA+ is especially important.

Medium priority community needs identified from listening sessions

- Homelessness and housing stability: Participants noted there is a desperate need for more affordable housing. People cannot afford the current rent prices, including older adults on limited incomes, and there are long waitlists for HUD assistance. There is also a need for more accessible housing, particularly for people with disabilities or mobility challenges. More motel vouchers, food, clothes, and gas gift cards would be helpful for people experiencing houselessness.
- Food insecurity: Accessing and affording healthy food is challenging for many people, including older adults, people experiencing houselessness, and people with dietary restrictions. Without a kitchen to prepare food and on limited incomes, including SNAP benefits, many people cannot afford or prepare healthy foods. Inflation has made the cost of food increase and people in rural areas may have to travel outside their community to access affordable food. Participants suggested investing in community gardens.
- Obesity and chronic conditions, including opportunities for recreation: There is a need for more safe places for people to enjoy the outdoors, including more activities for young people. Free gym memberships, exercise classes, and a recreation center with activities for all ages would help people be more active and healthier. Cleaner streets and green spaces would also contribute to

outdoor safety. During fire season, distributing air filters and respirators is important for people with chronic conditions, like asthma.

Community Strengths

The following table includes programs, initiatives, or other resources that participants noted are working well for them.

Area of Need	Program, Initiative, or Other Resource
Access to health care services	• Columbia Gorge Family Medicine • One Community Health's mobile medical unit and fitness classes • Oregon Health Plan • Shanon Saldivar Insurance, LLC
Behavioral health	• Comprehensive Healthcare
Community building and resources	• Libraries and librarians, including the social and educational events and programs • Mid-Columbia Community Action Council's community building events, like barbeques • Mid-Columbia Senior Center • Schools provide a lot of resources for young people • Seventh Day Adventist Church provide food boxes and clothes • Sherman County Senior Center • The Next Door Open Youth Drop-In Center • Transportation system for medical and senior transportation • YOUTHTHINK

Food insecurity	• Gorge Grown Food Network • Oregon Community Food Systems Network's VeggieRx Program • SNAP Benefits
Homelessness and housing	• Bridges to Health Pathways • Motel 6 in the Dalles, an affordable emergency housing option • Washington Gorge Action Programs' Guide Path Shelter and Permanent Housing and Spanish translation services
Recreation and chronic diseases	• Beautiful lakes, mountains, and scenery in White Salmon • Community gardens • Outdoor green spaces • Public pool in Hood River • Taking Off Pounds Sensibly (TOPS) Club • The connection to the outdoors—access to skiing, hiking, etc.

Findings from Stakeholder Interviews

Community Strengths

The interviewer asked stakeholders to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

Collaboration between local organizations

The primary strength identified by stakeholders was the collaboration and relationships between local organizations. They shared there is a culture of collaboration among non-profit service providers. Examples of this include the Bridges to Health Pathways program, the local Coordinated Care Organization, the Natives Along the Big River collaborative, COVID-19 response services, community-wide trauma-informed practices, and more. The COVID-19 pandemic has been an important opportunity to leverage these relationships and strengthen the collaborative efforts.

> *"I just feel like we've engaged and have interacted and have just really good working relationships. I can pick up my phone and call any of leadership in any of those entities and they take my phone call or get right back to me and able to have respectful conversations. I think when everyone's on that same playing field, that's when we start making a big difference in our communities."—Community Stakeholder*

Stakeholders also see organizations coming together to support complex cases when a client or patient is involved with multiple systems. They described local service providers as being invested in working together and doing what is right for the client.

> *"Well, I think one of the things that I'm always struck with is that when we get a complicated case, one of the things we strive to do-- and complicated meaning it might cover a bunch of domains. A person might be an older adult, a person might be involved with Department of Human Services, Child Welfare. They might be involved with law enforcement. They might be involved with a probationary agreement. We can have those conversations really quickly. Community partners mobilize really quickly. We can get a meeting really quickly and try to figure out what to do. It's not that we snap our fingers and everybody shows up, but people really have a vested interest in trying to do right and trying to come up with a collaborative plan."—Community Stakeholder*

Opportunities to leverage this strength include scaling successful programs and collective grant funding. Particularly to address complex needs like behavioral health and homelessness, stakeholders spoke to the importance of organizations collaborating to apply for funding and sharing resources. This typically requires finding a convenor to bring groups together and help facilitate conversations.

Community engagement

Stakeholders described a very caring community where people want to help one another and be involved. They shared that there are a lot of small communities in the Gorge where people know one another and have strong relationships.

> *"Historically with any crisis situation, people are very good at taking care of their own, supporting others. It's rural. They're supportive. You take care of your people and this county's always been phenomenal at that."—Community Stakeholder*

The Latino/a community was identified as one where there are strong cultural connections and relationships. Local school staff were also identified as being very knowledgeable about the families in the schools and committed to ensuring the best for local children. People generally have strong networks of support, family, friends, etc. and many people have lived in the area for years.

> *"A lot of people have a strong network of people, be it family or friends, a lot of people have been here for a long time. I think there's, and I think that there's just this strong sense of community in the Gorge of we have two states and all these counties, but we're one community."—Community Stakeholder*

These strong community relationships are leveraged through community health workers who have had similar life experiences to the clients they serve. They are able to help address barriers to health and providers support to the people they serve.

> *"Ideally, we're trying to staff those community health worker roles with people who have similar lived experiences. That does seem to make services more approachable. When you're able to talk to somebody who has a similar lived experience to you, that seems to be one of the things that works really well."—Community Stakeholder*

Diversity and inclusion

Stakeholders described the diversity of the residents of the Gorge as a strength, with many resilient communities. There are community-wide efforts to commit to plain language and translation of materials into Spanish. There are also efforts to train and promote people who speak Spanish, Russian, and other languages, creating a more diverse workforce and opportunities for people with lived experience to bring their knowledge to their work.

High Priority Unmet Health-Related Needs

Stakeholders were asked to identify their top five health-related needs in the community. Three needs were prioritized by most stakeholders and with high priority. Three additional needs were categorized as medium priority. The effects of the COVID-19 pandemic will be woven throughout the following sections on health-related needs.

Stakeholders were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)
3. Economic insecurity, including education and job skills

Homelessness and housing instability

Stakeholders and listening session participants shared there is a desperate need for affordable housing as the cost of housing continues to increase. Housing stability is connected to health and economic security; the cost of housing is a burden for many families trying to meet their basic needs. This includes having a place to store food and cook healthy meals.

A lot of wealth building has historically come from home ownership, and yet due to racism, Black, Brown, Indigenous and People of Color (BBIPOC) and other marginalized communities have not had the same opportunities for this wealth building.

The high cost of housing affects families being able to live in the area, especially for people with any issue in their rental history. There is a need for more housing units to meet demand. This lack of housing units means people have a hard time using their Housing Choice Vouchers.

> *"We have such overwhelming housing needs that families are unable to find affordable housing to live in. This is directly influencing the populations we see in White Salmon, where*

we see a drop in the number of kids going into schools because of the cost of affordable housing in the area."—Community Stakeholder

"Housing, definitely is an issue in Skamania County. Housing here is very expensive. There's not lot of housing stock. People do get Section 8 vouchers and they get them really quickly… but then people can't use their vouchers because they can't find a place to rent. That's an issue."—Community Stakeholder

Stakeholders noted a need for supportive housing for older adults and people with behavioral health challenges and developmental disabilities. The focus should be on supporting the employment and health needs of folks in supportive housing. There is currently very little supportive housing for people. Particularly for older adults, they may end up moving out of the community to access supportive housing and lose their local support system. Aging in place is difficult with the rising cost of housing.

Creative approaches, such as including a daycare in a complex for older adults or having medical clinics located in the housing development, could also be ways of addressing people's health and wellness needs.

The high cost of housing affects the local workforce, making it challenging to recruit and retain workers, creating scarcity and affecting every other need. Stakeholders emphasized this is a community issue, affecting most employers. Without addressing the affordable housing issue, people will continue to leave the area and workforce.

"We've got to be able to work as a community to really address what are the community needs, how do we support the schools and the hospitals and law enforcement and medical to ensure that they get the staff that they need and that they can have access to affordable housing as well. I think that that's a huge issue for us."—Community Stakeholder

"I think housing is one of the most pressing issues because it impacts so much. It's impacting our ability to hire healthcare workers and retain healthcare workers to provide the services that folks need. I think more so probably in Hood River County than Wasco County. It always has been a barrier. It's getting to be a feeling like an almost insurmountable one with the cost of living here."—Community Stakeholder

Stakeholders and listening session participants noted the need to ensure homelessness services are available, particularly warming and cooling shelters as climate change creates more extreme weather.

The COVID-19 pandemic has disrupted families' economic security, leading to more homelessness and housing instability. This contributes to stress for many people. There have been efforts to utilize motels to provide safe places for people experiencing houselessness to isolate and quarantine from COVID-19.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Stakeholders described a crisis situation growing related to behavioral health in the community, which has only worsened during the COVID-19 pandemic.

> *"I think mental health is first and foremost as a need in this county and that's not any different from anywhere else. I think we've all seen the data that demonstrates it's going to get worse over the next years."—Community Stakeholder*

Staffing challenges have made meeting the needs difficult. While there are many open behavioral health positions, it can be difficult to find people interesting in and invested in serving the local community. Stakeholders shared there are a lack of licensed providers, community mental health providers, and social workers.

With challenges filling open behavioral health positions in the area, there are long wait times to get care. Sometimes people wait six months to get care after a referral. Crisis response is also slow.

There is a need for more mental health and substance use disorder treatment services to meet the growing needs, particularly for people without insurance or with low incomes. They shared a need for a needle exchange and recovery support.

Stakeholders described a disjointed behavioral health response in the community.

> *"I think the way as a community, we approach [behavioral health] is very disjointed and disconnected and ineffective. I think we have a lot of pockets and silos that are trying their best with what they have available and there isn't a cohesive connected solution across the community. It's easy to get lost or overlooked."—Community Stakeholder*

Stakeholders discussed the specific behavioral health needs of the following populations:

- People identifying as LGBTQIA+: Discrimination may contribute to the mental health needs of people identifying as LGBTQIA+, noting the need for more responsive providers to serve these populations.
- The Latino/a community: Racism n may contribute to the mental health needs of the Latino/a community, noting the need for more bilingual and bicultural providers.
- Older adults: They may lack access to substance use disorder treatment because it is not covered by Medicare.
- Young people: Pediatric mental health services are difficult to access, particularly for young people on private insurance. It can be easier to access an appointment with Oregon Health Plan.

Barriers to accessing services include the following:

- Transportation can be a larger barrier for people living in more rural areas.
- A lack of technology or access to broadband can prevent people from engaging in telepsych visits.
- Hesitancy to seek mental health care and a culture of relying on oneself to cope with challenges may prevent people from reaching out for mental health supports.

The COVID-19 pandemic has contributed to more mental health needs. Stakeholders shared more people are feeling isolated and disconnected from community, contributing to more mental health needs. Increased instability and economic insecurity contribute to more depression, anxiety, and family-related problems.

The following populations may have experienced increased behavioral health needs as a result of the COVID-19 pandemic:

- Health care workers and teachers: Workforce challenges, fatigue, and stress have contributed to mental health needs for these workers.

- Young people: Educators shared concerns that students' social-emotional development is delayed for some young people and the mental health needs of students are greater now than prior to the pandemic.
- Older adults: Increased isolated and fear as a result of COVID-19 has contributed to mental health challenges.

While the behavioral health needs have increased, the community capacity to respond to those needs has not. There are not enough resources to address the needs and people are having a hard time getting the help they need.

Economic insecurity, including education and job skills

Economic insecurity affects most other needs, like access to housing, food, and childcare. Stakeholders and listening session participants stressed the importance of people making a living wage, one that allows them to afford the high cost of housing and other basic needs.

> *"[A living wage] drives all the other health issues whether you talk about food insecurity or housing insecurity or all this other stuff. Economic insecurity starts the cascading impact."—Community Stakeholder*

They emphasized how economic security is related to these other community challenges:

- Food insecurity: Families not making a living wage may not be able to afford sufficient, healthy food for their families.
- Racism: The exclusion of BBIPOC communities from wealth building through home ownership affects the economic security of many families.
- Mental health: Stress related to finances and difficulty meeting basic needs can affect the family's stability and the mental health of all family members.
- Childcare: The high cost of childcare causes a lot of financial strain for workers. It can also be difficult for parents to work if they do not have affordable and

reliable childcare. Parents of a child with a disability or children under two years may have even more difficulty finding childcare to meet their needs.

Stakeholders recommended ensuring equitable opportunities in education to ensure people are able to access the training they need for employment, particularly in the health care field. Staffing challenges in schools can mean that they are unable to offer all the classes and services they would like to.

Older adults on a fixed income may need financial supports to afford the high cost of housing. People unstably housed or experiencing houselessness may also benefit from connections to employment services and opportunities.

The COVID-19 pandemic increased many families' economic insecurity, contributing to food insecurity, housing instability, stress, and behavioral health challenges. Rental assistance programs helped keep people stable and housed. Cash assistance without a lot of applications or requirements was a huge benefit for many people in meeting their basic needs. This flexibility worked well for people.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by stakeholders:

1. Access to health care services
2. Food insecurity
3. Obesity and chronic conditions (including opportunities for recreation)

Access to health care services

Stakeholders emphasized the following needs to better meet the health care needs of the community:

- More bilingual and bicultural providers: Particularly to serve the Spanish-speaking community, there is a need to ensure services are culturally responsive.

- More primary care providers: Shortages in providers contributes to long wait times to be seen.

"As far as primary providers, there's not a lot of people there. If you need an appointment, you could be waiting for quite a while."—Community Stakeholder

- Care coordination: This is especially important for people with complex needs and people experiencing houselessness.
- Reproductive health care: Stakeholders spoke to a need to ensure access to contraception, particularly for young people.

Transportation is a barrier to accessing care, especially people living in more rural areas and young people. While there is non-emergency medical transportation reimbursement available, not everyone may know it is available or how to apply. Getting to specialty care outside of the community, for example in Portland or Bend, is also challenging. In certain areas, like Klickitat County, people may have to travel an hour to access a medical provider.

The high cost of care is also a challenge for people, particularly those without insurance.

Reimbursement systems negatively affect how health care can provider services. For example, the administrative cost of billing for Community Health Workers exceeds the amount an organization would receive in reimbursement. This broken model makes it more difficult to provide needed services.

Accessing care may be particularly hard for young people, noting a need for more school nurses. Stakeholders were concerned about young people not being up-to-date on their immunizations, particularly children under the age of two.

"What I'm really concerned about are those kids that are preschool age, that aren't caught up with their routine vaccines. We've seen outbreaks of measles and other pertussis and other vaccine-preventable diseases."—Community Stakeholder

"I don't know that there's a regular pediatrician paying attention to every child's needs as they're growing in the area. A lot of times, it's not needed but there are times where things can be caught earlier and supported differently when you have that person who knows the family taking that care."—Community Stakeholder

Due to the COVID-19 pandemic, people had to delay routine care and elective procedures, leading to a backlog of needed care and putting pressure on an already exhausted workforce. People with chronic conditions may have delayed visits, leading to worsening health. Due to some lack of screening and preventive care, stakeholders are seeing increases in other communicable diseases, like STIs. As people want to re-engage in care, they are seeing long wait times.

> *"We're trying to balance keeping our staff while at the same time meeting patient demand. It's a tricky balance that we're trying to maintain here."—Community Stakeholder*

Telehealth visits have been positive for some people but created technology barriers for others. Telehealth visits can work well for young people and eliminates their transportation barrier. Although, it can be challenging for health care and social service providers to see a client's full situation over a screen. For example, WIC providers are unable to weigh and see the baby over a virtual consultation.

> *"[With telehealth visits,] I feel like we in some ways lost a lot of a safety net of the in-person, like seeing your eyeballs and how you answer when I ask you that question. I think we lost a lot of that connection and I think there was some safety net that was lost."—Community Stakeholder*

Stakeholders expressed concern about people leaving the health care profession or moving, noting a need to address workforce shortages.

> *"We've asked so much of our staff to meet the needs of the community and they have risen to the challenge each and every time and they're tired. I feel like it's going to take us as long to recover from that as the pandemic's been happening. Add that too, we are losing staff because folks are making very personal life decisions to move to be with their families, to move out of the area, to leave healthcare."—Community Stakeholder*

Food insecurity

Stakeholders discussed the importance of investing in a more resilient food system that pays workers a living wage and responds to climate change. The current food system depends on inequities that have been in place for years.

> *"[Food] is available, but it's still expensive. It's still imported, or it's still harvested in really difficult challenging conditions by people who aren't paid a living wage."—Community Stakeholder*

The following were identified as contributors to food insecurity:

- The high cost of fresh, healthy foods
- Transportation, particularly for people living in more rural areas or far from a grocery store
- Limited grocery stores: In certain areas, like Skamania, there is only one grocery store that is more expensive, meaning people have to travel outside the community for more affordable options.

"I think food is a big issue. There are areas in the region that doesn't (sic) have access to fresh fruits and vegetables, even though we live in such a rich agricultural area."—Community Stakeholder

While there are programs to meet people's food needs, there are still barriers to people having their food needs met:

- Stigma around free school meals can mean children are concerned about being judged for getting the free school meals.
- Lack of screening for food insecurity can mean providers are not always able to identify people who would benefit from food resources. Increased screening in health and social services could be beneficial.
- Lack of culturally appropriate foods or those for medically prescribed diets in food pantries mean people do not receive foods they can eat. A lot of food supplied through food pantries has to be shelf-stable, meaning it is not fresh. There is an opportunity to collaborate with local farms to get fresh foods into the community.

"I think that's such an opportunity that I would love to see some organization take that on as a project to connect farmers and food banks in a way that creates a holistic, health-friendly, diabetic-friendly, culturally appropriate option that folks were really excited about."—Community Stakeholder

People living unhoused, with low incomes, and with incomes slightly above the threshold to qualify for food benefits may be disproportionately affected by food insecurity. Without a kitchen to store and prepare food people may not be able to meet

their nutritional needs. With low incomes, the high cost of healthy, fresh foods can be prohibitive. Families may need to make spending tradeoffs between food, gas, housing, and other necessities.

More economic insecurity as a result of the COVID-19 pandemic has contributed to increased food insecurity. Additional funding from state and federal sources, including SNAP Match at Farmers Markets, helped address some food security needs.

Obesity and chronic conditions (including opportunities for recreation)

Stakeholders and listening session participants noted the need to support people in developing healthy lifestyles, particularly young people in getting sufficient activity and eating healthy foods. They shared it can be challenging to find free, easy-to-access outdoor activities for children and not all families may have access to safe parks. Organized sports often require time and money from families that may not be feasible for everyone, although school sports were seen as a positive option that many families take advantage of.

> *"As far as the lack of activity, there's scheduled sports and so if you can afford and if your parents can sign you up and they know how to do all of that, you can be part of a sports team, but that's quite an expense for a lot of families and it also requires getting to practices, getting to games, there's lots of components there. We have some parks in town, but they are not necessarily well placed around town in order to allow everyone to access them."—Community Stakeholder*

Obesity and chronic conditions are also connected to food security. Stakeholders noted many young people are becoming more aware of where their food comes from as they participate in gardening clubs and other opportunities to learn about food systems.

Increased wildfires and smoke may also affect chronic conditions, particularly asthma. Stakeholders discussed the need to ensure emergency plans are in place to support people with chronic conditions in times of poor air quality. Specifically a list of people on ventilators or who have specific needs to evacuate in case of poor air quality would be beneficial.

Due to the COVID-19 pandemic, many people delayed seeking preventive care and may have left their chronic diseases unmanaged, leading to poorer health. The health care system is strained trying to catch up on delayed appointments.

> *"For people with chronic conditions, a lot of them put off being seen or treated and so we're having a lot of catch-up work to do on managing A1Cs and other support for our patients who are living with chronic conditions."—Community Stakeholder*

Community Stakeholder Identified Assets

Stakeholders were asked to identify one or two community initiatives or programs that they believe are currently meeting community needs.

Table_Apx 3. Organizations and Initiatives Addressing Community Needs

Community Need	Community Organization/Initiative
Health Care and Care Coordination	• Bridges to Health Program: A cross sector partnership approach to community care coordination. The program leverages the strength of community knowledge through Community Health Workers who build relationships with families or individuals to provide a unique approach to meeting their health and social needs. This collaborative model works well for bringing together multiple organizations to meet community needs. This collaborative model includes a monthly meeting of around 35 Community Health Workers that come together to learn about resources and share challenges with one another. • Community-wide efforts to embrace trauma-informed practices and plain language training • One Community Health: The organizations provide medical, dental, and behavioral health care to the community. They also have a mobile medical unit that visits local farms and areas where medical services are not available. The school sealant program offers free preventative oral health services to students.

	• PacificSource Community Solutions: This organization operates the Coordinated Care Organizations that service members of the Oregon Health Plan in Central Oregon, the Columbia Gorge, Lane County, and Marion and Polk Counties. Stakeholders shared PacificSource makes community health worker and interpreter training more affordable and accessible for organizations and individuals.
Behavioral Health	• Mid-Columbia Center for Living: This organization is the designated behavioral health agency for Hood River, Sherman, and Wasco Counties. Stakeholders mentioned the benefits of the school-based mental health services. Their housing assistance programs include a peer support specialist and a housing manager. The program serves people who are diagnosed as severely and persistently mentally ill. • Naloxone program provided through the Klickitat County Public Health Department to prevent overdoses. • The Next Door: This organization provides a variety of services including mental health and alcohol and drug counseling. There are also economic development and health promotion services. Stakeholders mentioned the benefits of the school-based mental health services.
Chronic Conditions	• Chronic Conditions Class with Skamania County Community Health
Food Insecurity	• Community gardens in Skamania County • Food banks and food pantries, including the Natal Grange Food Pantry, Oregon Food Bank, and FISH Food Bank of Hood River County • Gorge Grown's Veggie Rx Project: This project is a fruit and vegetable prescription program designed to address food insecurity. The Gorge Food Security Coalition aims to reduce

	hunger and strengthen the local food system in the Columbia River Gorge. • Natives Along the Big River Group • The Backpack Program: Provides weekly bags of food to kids through their schools in the North Wasco School District. • The Goldendale Gleaners in Klickitat County work to collect foods that are not used in stores and collect good-quality produce to donate to local food banks.
Resources and Social Services	• Klickitat Community Link Project (K-LINK): This collaboration of partners strives to better connect services to better serve community members in western Klickitat and eastern Skamania counties. Stakeholders shared K-LINK brings together the schools, law enforcement, hospitals, and community providers to talk about the community needs and potential resources to meet those needs.

Community Stakeholders: Opportunities to Work Together

Participants were asked, "What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?" Stakeholders shared the following opportunities:

Ease patients' access to care

Stakeholders suggested easing patients' access to care through warm hands-offs, co-located services, mobile medical care, and multidisciplinary teams to ensure that all of a patient's needs are met. Bringing services to where people live and work is one way to eliminate a lot of barriers to care. Co-locating services, such as daycare or health care services in a housing complex may also be a creative solution to making services more convenient for people. Stakeholders emphasized that organizations need to see clients as whole people with complex needs and organizations should ensure all

those needs are met. Having a multidisciplinary team that wraps services around patients can be one way to collaborate to meet all those needs.

> *"How can we cross-pollinate, co-locate, embed workers in each other's settings?... That would be my thought, is that we would have these more multidisciplinary teams that could really wrap services around people and build a treatment plan that just doesn't exist in a silo. You can say I'm a dreamer, I guess."—Community Stakeholder*

Focus on shared community priorities

Many community challenges, like homelessness and behavioral health needs, are complex and require organizations to work together to make a positive impact. This requires a shared understanding of community needs, as well as agreement upon an improvement plan to address those needs.

> *"We've got to be able to work as a community to really address what are the community needs, how do we support the schools and the hospitals and law enforcement and medical to ensure that they get the staff that they need and that they can have access to affordable housing as well. I think that that's a huge issue for us."—Community Stakeholder*

Many needs are interconnected, like housing and food insecurity, therefore organizations should bring their expertise to these conversations, recognizing that collective efforts to address needs will improve community health overall. To achieve these collective efforts, stakeholders recommended bringing in a convenor with the time and resources to dedicate to bringing people together. Additionally, there needs to be more transparency about what resources are available and collective action to apply for collaborative funding.

> *"We were talking about just trying to get all the players together because I think that's one of the things here, that there are a lot of people doing individual things, but if we all played together, we could be so much more successful, but it's trying to get that person to loop everybody together."—Community Stakeholder*

The COVID-19 pandemic created an opportunity to recreate systems that were not serving people well. Therefore, stakeholders identified this as an important time to re-invest in relationships and transparent conversations about how to work together to address big picture priorities and leverage resources in a meaningful way.

Limitations

While stakeholders and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder. Multiple interviewers conducted the sessions, which may affect the consistency in how the questions were asked. Multiple note-takers affected the consistency and quality of notes across the different listening sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

Stakeholder Interview Questions

1. Please state your name, title, and organization as you would like them included in the report.
2. How would you define the community that your organization serves?
3. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization serves.
4. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health.
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]

6. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
7. What suggestions do you have for how we can leverage community strengths to address these community needs?
8. Please identify one or two community health initiatives or programs that you see currently meeting the needs of the community.
9. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
10. Is there anything else you would like to share?

Question 5: Using the table below, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.			
	Access to health care services		Few community-building events (e.g. arts and cultural events)
	Access to dental care		Food insecurity
	Access to safe, reliable, affordable transportation		Gun violence
	Affordable childcare and preschools		HIV/AIDS
	Aging problems		Homelessness/lack of safe, affordable housing
	Behavioral health challenges and access to care (includes both mental health and substance use disorder)		Job skills training

	Bullying in schools		Lack of community involvement and engagement
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

Listening Session Questions

1. What makes a healthy community? How can you tell when your community is healthy?
2. What's needed? What more could be done to help your community be healthy?
3. What's working? What are the resources that currently help your community be healthy?
4. Is there anything else related to the topics we discussed today that you think I should know that I haven't asked or that you haven't shared?

Appendix 3: Community Health Survey

The Community Health Survey was open from May 12th to July 8th, was distributed in both paper and electronic formats, and was available in English and Spanish. The survey captured key information on health and lifestyle factors, community needs, and barriers to accessing health and social services. The data below is for all 1,279 survey responses from both the English and Spanish surveys. This data includes 159 responses that were received from outside the primary service areas. The survey was conducted electively and while efforts were made to engage the diverse populations of our primary service area, survey results are not representative of demographics in the general population. The tables below contain information about the responses.

Question 1: Do you have health coverage or insurance?

Response	#	%
No	146	12%
Yes	1115	88%
Grand Total	1261	100%

Question 2: What kind of health coverage or insurance do you have? Check all that apply.

Response	%
Employer Insurance	32.7%
Medicare	23.3%
Medicaid (Washington Apple Health)	14.4%
Medicaid (Oregon Health Plan)	12.1%
Insurance I pay for myself	10.6%
VA, TriCare, or other military health care	3.4%
I do not know	0.5%

Question 3: If you do not have health coverage or insurance, what are the main reasons why? Check all that apply.

Response	#	%
It costs too much	111	29.4%
I am waiting to get coverage through a job	79	21.0%
I do not qualify	46	12.2%
Signing up for insurance is too hard	39	10.3%
Other	37	9.8%
I do not think I need insurance	30	8.0%
This service was not available in my language	18	4.8%
I have not had time to do it	17	4.5%

Question 4: Do you have at least one person you think of as your doctor or health care provider?

Response	#	%
No	256	20%
Yes	995	80%
Grand Total	1251	100%

Question 5: In the last year, did you receive care using any of the following? Check all that apply.

Response	#	%
Mental health or SUD provider	198	15.9%
Telehealth	273	21.9%
Urgent care	284	22.8%
Emergency room	288	23.1%
Dental care provider	572	45.9%
Primary care provider	903	72.5%
No, I did not receive care using any of the above	118	9.5%

Question 5a. If you selected telehealth, what type of care did you receive using telehealth? (Open field question. Representative answers below.)

Primary care provider visit	COVID-19 screening for testing, treatment	Mental health (on-going counseling, psychiatric, psychological)
Acute care for a cold, bronchitis, sinus infection, flu, bacterial infections, viral infections	Consultation with specialist (neurosurgeon, endocrinologist, oncologist, gastroenterologist, rheumatologist, pulmonologist, cardiologist, immunologist, electrophysiologist, dermatologist, nephrologist)	Allergies, allergic reaction to medication
On-going support for chronic condition	Naturopathic primary care visit	Preoperative, postoperative visits with surgeon
Diagnosis, treatment for sleep condition	Pain management	Prenatal, postpartum care (mental health, diagnosis of mastitis)

Question 6: In the last year, did you get all the medical care you needed?

Response	#	%
Yes	859	69%
No	307	25%
Did Not Need Care	84	7%
Grand Total	1250	100%

Question 6a: If you did not get all the medical care you needed, which types of medical care did you have to go without?

Response	#	%
Check up or physical exam	126	30.5%
Visits for an illness or injury	102	24.7%
Other kinds of care	97	23.5%
Visits about a chronic health condition	88	21.3%

Question 7: If you have been diagnosed with a chronic medical condition (such as diabetes, heart disease, or any chronic condition with significant impact on your health) do you understand the condition and treatment options available to you? Check all that apply.

Response	#	%
Yes	546	45.0%
No, I do not understand my health condition	96	7.9%
No, I do not understand what treament options are available to me	80	6.6%
Not applicable	512	42.2%

Question 8: In the last year, did you get all the dental care you needed?

Response	#	%
Yes, I got all the dental care	668	54%
I did not need dental care	168	14%
No, I did not get all the dental care I needed	408	33%
Grand Total	1244	100%

Question 8a. If you did not get all the dental care you needed, which types of dental care did you have to go without? Check all that apply.

Response	#
Dental check up or teeth cleaning	263
Other kinds of care	115
Toothache or mouth pain	149

Question 9. In the last year, did you get all the counseling or mental health services you needed?

Response	#	%
Yes, I got all the counseling or mental health services I needed	367	30%
I did not need counseling or mental health services	659	53%
No, I did not get all the counseling or mental health services I needed	214	17%
Grand Total	1240	100%

Question 9a. If you did not get all the counseling or mental health services you needed, which types of counseling or mental health services did you have to go without? Check all that apply.

Response	#	%
Services that fit my culture, lifestyle, identity, or language	25	12.8%
Other kinds of care	31	15.8%
Counseling to quit tobacco, alcohol, or drug use	32	16.3%
Support for a personal problem	85	43.4%
Mental health treatment: PTSD, depression, anxiety	116	59.2%

Question 10. In the last year, were you or anyone in your household able to get the help you needed with alcohol, tobacco, or substance use?

	Alcohol treatment	Substance use counseling and treatment (excluding alcohol)	Medication- assisted treatment (for example Suboxone)	Smoking cessation
Does not apply to me	1050	1069	1051	1044
No, I needed help but didn't get it	68.7%	66.4%	60.4%	54.7%
Yes, I got the help I needed	31.3%	33.6%	39.6%	45.3%
Total needed	166	140	154	179

Question 11. If you went without any needed medical, dental, counseling, or mental health care in the last year, what were the main reasons why? Check all that apply. (An error prevented checking more than one option in the online version of the survey, so results here may not accurately represent the experiences of respondents.)

Response	Medical	Dental	Counseling/ Mental Health	Does not apply
The doctor or clinic did not understand my culture, lifestyle, identity, or language	61	76	61	444
I was afraid	46	95	71	437
There was no local doctor that accepted my insurance	57	94	74	444
I did not know where to go	63	99	80	429
Getting to the clinic was too hard	103	93	59	417
Other	115	113	58	386
It cost too much	123	220	63	373
I did not go without care. I got all the care I needed.	291	146	62	393

Question 12: How would you rate your overall physical health?

Response	#	%
Excellent	126	10.0%
Very good	392	31.1%
Good	472	37.4%
Fair	227	18.0%
Poor	44	3.5%
Grand Total	1261	100.0%

Question 13: How would you rate your overall mental health?

Excellent	210	17%
Very good	391	31%
Good	428	34%
Fair	187	15%
Poor	49	4%
Grand Total	1265	100%

Question 14: In the last year, how often did you feel socially isolated or experience loneliness?

Row Labels	#	%
None of the time	445	35%
Some of the time	561	45%
Most of the time	174	14%
All of the time	75	6%
Grand Total	1255	100%

Question 15: How often do you have someone available to do each of the following?

	All of the time	Most of the time	Some of the time	None of the time
Love you and make you feel wanted	46.0%	31.1%	19.5%	3.4%
Confide in or talk to about your problems	40.1%	31.7%	22.7%	5.5%
Help you if you became suddenly ill or disabled	45.7%	29.6%	17.6%	7.2%

Question 16: In the last year, did you participate in a religious or spiritual community? Check all that apply.

Response	#	%
Judaism	17	1.4%
Islam	26	2.1%
Buddhism	42	3.4%
Other	81	6.6%
No, I am atheist or agnostic	127	10.4%
No, but I am religious or spiritual	262	21.4%
No	284	23.2%
Christianity	434	35.5%
Total Responses	1222	

Question 16a. If Other, what religious or spiritual community did you participate in?

(Open field question. Representative responses below.)

AA	Catholic	Unitarian Universalism
Church of Jesus Christ of Latter Day Saints	Earth-based, nature-based faith/religion	Seventh Day Adventist
Jehovah's Witness	Quaker	Native American Traditional, African Traditional Religion
Zion Lutheran		

Question 17. During the last two weeks, how often have you felt the following?

	Not at all	Several days	Over half the days	Nearly every day
Little interest or pleasure in doing things	56.2%	28.3%	9.3%	6.3%
Feeling down, depressed, or hopeless	55.5%	28.5%	10.8%	5.3%
Feeling nervous, anxious, or on edge	44.0%	37.8%	9.7%	8.4%
Not being able to stop worrying	51.8%	28.1%	11.2%	8.9%

Question 18. Are there children in your household under the age of 18?

Response	#	%
No	794	63.5%
Yes	456	36.5%
Total responses	1250	100.0%

Question 19. In the last year, did the child(ren) in your household get all the medical care they needed?

Row Labels	#	%
They did not need medical care	14	3.1%
Yes, my child(ren) got all the medical care they needed	376	84.5%
No, my child(ren) did not receive the medical care they needed	55	12.4%
Total responses	445	100%

Question 19a. If no, which types of medical care did your child(ren) go without? Check all that apply.

Row Labels	
Checkup or physical exam	46.8%
Visits for an illness or injury	31.9%
Visits about a chronic health condition like asthma	27.7%
Other kinds of care	38.3%
Total responses	47

Question 20. In the last year, did the child(ren) in your household get all the dental care they needed?

Response	#	%
My child(ren) did not need dental care	35	8%
No, my child(ren) did not receive the dental care they needed	85	19%
Yes, my child(ren) got all the dental care they needed	325	73%
Total responses	445	100%

Question 20a. If no, which types of dental care did your child(ren) have to go without?

Response	%
Dental check up or teeth cleaning	75.6%
Tooth ache or mouth pain	34.6%
Other kinds of care	17.9%
Total Responses	78

Question 21. In the last year, did the child(ren) in your household get all the counseling or mental health services they needed?

Row Labels	#	%
My child(ren) did not need counseling or mental health services	207	46.5%
No, my child(ren) did not get all the counseling or mental health services they needed	68	15.3%
Yes, my child(ren) got all the counseling or mental health services they needed	170	38.2%
Total Responses	445	100%

Question 21a. If no, which types of counseling or mental health care did they go without? Check all that apply.

Row Labels	
Support for a personal problem	47.0%
Treatment for a mental health condition or behavioral problem	41.0%
Counseling to quit tobacco, alcohol, or drug use	15.1%
Other kinds of care	26.5%
Total Responses	166

Question 22. In the last year, did the child(ren) in your household get all the developmental care, like speech therapy, or help with a learning disability, they needed?

Row Labels	#	%
My child(ren) did not need developmental care	219	50%
No, my child(ren) did not get all the developmental care they needed	48	11%
Yes, my child(ren) got all the developmental care they needed	170	39%
Grand Total	437	100%

Question 22a. If no, Which types of developmental care did they have to go without?

Response	
Treatment for a learning disability	30.5%
Speech language therapy	31.2%
Occupational therapy	33.3%
Other kinds of care	36.9%
Total Responses	141

Question 23. If any of your children went without any needed medical, dental, counseling, or mental health care in the last year, what were the main reasons why? Check all that apply.

Reasons for not getting care	Medical	Dental	Counseling/ Mental Health
They did not go without care.	171	155	140
Other	32	29	45
Getting to the clinic was too hard	41	65	20
It cost too much	22	44	23
I did not know where to take them	17	14	23
They were afraid	16	12	11
There was no local doctor that accepted my insurance	15	20	22
The doctor did not understand my culture, lifestyle, identity, or my language	17	16	16

Question 24. What is the most important factor when looking for childcare or preschool for your child(ren)?

Row Labels	#	%
Quality of care	130	35.7%
Cost	72	19.8%
Open spots/availability for my	46	12.6%
Other	34	9.3%
Works with my schedule	33	9.1%
Distance from my home	23	6.3%
Provider respects my family's culture	10	2.7%
Provider/teacher to student ratio	10	2.7%
Centers that accommodate my child(ren)'s disabilities	6	1.6%
Grand Total	364	100%

Question 25. The following are questions about where you live. Please choose the number that best represents your opinion of each statement.

	Strongly agree/agree		Strongly disagree/disagree	
	#	%	#	%
Health care options available	749	60%	232	19%
Good place for raising children	796	63%	142	11%
Good place for growing old	738	59%	198	16%
Community feels safe	821	66%	173	14%
Prepared for an emergency	791	64%	175	14%
Fair treatment for all	504	40%	362	29%
Mental health and substance use treatment is accessible	509	41%	346	28%
Food access	784	63%	234	19%
Physical activity opportunities	970	78%	104	8%

Question 26. What zip code do you live in?

Row Labels	#	%
Hood River County	216	17%
Klickitat	407	32%
Sherman	28	2%
Skamania	167	13%
Wasco	302	24%
#N/A	159	12%
Grand Total	1279	100%

Question 27. Do you live within city limits?

Row Labels	#	%
No	439	35%
Yes	807	65%
Grand Total	1246	100%

Question 28. What is your age?

Age Category	#	%
< 18	5	0.4%
18-24	53	4.4%
25-34	242	20.3%
35-44	196	16.4%
45-54	197	16.5%
55-64	215	18.0%
65+	286	24.0%

Question 29. Are you Hispanic or Latino or Latina?

Row Labels	#	%
No	950	77.7%
Yes	272	22.3%
Grand Total	1222	100%

Question 30. What is your race? Check all that apply.

Row Labels	#	%
White	1063	87.4%
Black or African American	36	3.0%
Asian	17	1.4%
Native Hawaiian or other Pacific Islander	10	0.8%
American Indian or Alaska Native	46	3.8%
Middle Eastern/North African	9	0.7%
Do not know/not sure	13	1.1%
Prefer not to answer	72	5.9%

Question 31. What is your gender?

Response	#	%
Female	874	70.2%
Male	316	25.4%
Choose not to answer	37	3.0%
Non-binary	14	1.1%
other	4	0.3%
Grand Total	1245	100%

Question 32. Are you transgender, or is your gender different from what first appeared on your birth certificate?

Row Labels	#	%
Choose not to answer	46	3.7%
No	1144	92.6%
Yes	45	3.6%
Grand Total	1235	100%

Question 33. What is your sexual orientation?

Row Labels	#	%
Heterosexual or straight	929	76.3%
Choose not to answer	115	9.4%
Asexual	63	5.2%
Bisexual	53	4.4%
Gay	18	1.5%
Lesbian	12	1.0%
Pansexual	11	0.9%
Queer	8	0.7%
other	8	0.7%
Total Responses	1217	100%

Question 34. How many people currently live in your household?

Number in household	Adults (age 16-65)	Children (birth to 18)	Seniors (over age 65)
0	71	515	505
1	223	180	237
2	568	171	200
3	155	53	11
4	81	21	3
5	39	6	0
6	8	2	0
7	2	1	0
9	1	1	0
10+	1	1	5
Total Responses	1149	951	961

Question 35. What was your gross household income (the amount before taxes and deductions are taken out) for last year (2021)? Your best guess is fine.

Row Labels	#	%
$0	30	2.5%
$1 to $10,000	93	7.7%
$10,001 to $20,000	104	8.7%
$20,001 to $30,000	135	11.2%
$30,001 to $40,000	117	9.7%
$40,001 to $50,000	98	8.2%
$50,001 to $60,000	90	7.5%
$60,001 to $70,000	82	6.8%
$70,001 to $80,000	91	7.6%
$80,001 to $90,000	74	6.2%
$90,001 to $100,000	87	7.2%
$100,001 or more	200	16.7%
Total Responses	1201	100%

Question 36. What is your current employment status? Check all that apply.

Response	#	%
Supplement food or household income by trading or bartering	5	0.4%
Farmworker	44	3.6%
Seasonal, service industry, gig economy	28	2.3%
Student	22	1.8%
Homemaker or stay at home parent	37	3.0%
Unemployed	57	4.6%
Self-employed	72	5.8%
Unable to work due to illness	90	7.3%
Employed part time	182	14.7%
Retired	284	22.9%
Employed full time	537	43.3%
Total Responses	1239	100%

Question 37. Do you work more than one job?

Row Labels	#	%
No	1008	81.6%
Yes	227	18.4%
Total Responses	1235	100%

Question 38. Do you have to work more than one job to afford your living expenses?

Row Labels	#	%
No	62	28.2%
Yes	158	71.8%
Total Responses	220	100%

Question 39. Have you or someone in your household lost a job or hours due to COVID-19?

Row Labels	#	%
No	876	70.8%
Yes	361	29.2%
Total Responses	1237	100%

Question 40. Which of the following describes your living situation today?

Row Labels	#	%
I have housing and I am not worried about losing it	856	68.6%
I have housing, but I am worried about losing it	230	18.4%
I do not have housing; staying with friends or family	94	7.5%
I am staying in a shelter	24	1.9%
I am staying in my car, camping in a tent, or on the street	23	1.8%
Other	21	1.7%
Total Responses	1248	100%

Question 40a. If Other, please explain. Open field question. Representative responses below.

Adult children with us -- unable to find affordable housing.	Have to move in 40 days, landlord children are coming home from college.	My family is in a hotel
We are living in a 1 bedroom apratment, I share custody of 4 kids and 1 toddler lives with us, I also care for my dad who has memory issues. We have been trying to find bigger place but just can't afford it.	My family lives with family to be able to afford bills, food, etc.	My husband and I rent and either the empty houses in The Gorge (second and third homes in many cases) stand empty, most are not for rent or aren't affordable even for us.
I have housing and I am worried about the huge influx of our of state buyers making homes unaffordable for the community. Wages are not keeping pace with housing costs.		

Question 41. In the last year, have you or anyone in your household had to go without or worried about anything from this list because you couldn't afford it or access it?

	Went without	Worried about	Did not go without	Does not apply to me
Dental care	183	171	584	273
Medical care	118	209	636	251
Transportation	85	208	669	254
Food	85	206	668	256
Medicine	96	188	661	268
Utilities	83	198	684	254
Housing	74	176	694	273
Personal hygiene items	93	146	714	265
Clothing	97	115	732	269
Childcare	49	139	332	668

Appendix 4: Additional Data

Table 3.1: All Cause Mortality Rate, 2018 - 2020

Geography	Crude Death Rate per 100,000 Population		
	2018	**2019**	**2020**
Oregon State	862.7	882.8	942.5
Gilliam	1261.4	703.2	804.0
Hood River	762.5	730.1	737.1
Sherman	953.41	1185.1	1171.2
Wasco	1235.3	1145.5	1256.7
Wheeler	1724.1	973.6	1321.3
Geography	**Age-Adjusted Rate per 100,000 Population**		
Washington State	664.5	661.4	697.5
Klickitat	587.7	536.3	516.4
Skamania	511.0	678.2	517.1

SOURCE: Oregon Health Authority, Center for Health Statistics, Oregon Death Data, 2020, Oregon Public Health Assessment Tool (OPHAT)

SOURCE: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 2020, Community Health Assessment Tool (CHAT), December 2021

Table 3.2: Designated Geographic HPSA Areas

	Designated Geographic HPSA Areas		
Counties	**Primary Care**	**Dental Health**	**Mental Health**
Gilliam	✔	X	✔
Hood River	X	X	X
Sherman	✔	X	X
Wasco	X	X	X
Wheeler	✔	X	✔

Klickitat	X	X	✔
Skamania	✔	✔	✔

Table 3.3: Designated Population HPSA Areas

	Designated Population HPSA Areas		
Counties	**Primary Care**	**Dental Health**	**Mental Health**
Gilliam	X	Low Income	X
Hood River	Low Income Migrant Seasonal Worker	Migrant Seasonal Worker	Low Income
Sherman	X	Low Income	Low Income
Wasco	Low Income Migrant Seasonal Worker	Low Income	Low Income
Wheeler	X	X	X
Klickitat	Low Income Homeless Migrant Farmworker	Low Income Homeless Migrant Farmworker	X
Skamania	X	X	X

Table 3.4: Designated HPSA Facilities

	Designated HPSA Facilities		
Counties	**Primary Care**	**Dental Health**	**Mental Health**
Gilliam	South Gilliam Health Center	South Gilliam Health Center	South Gilliam Health Center
Hood River	One Community Health	One Community Health	One Community Health
Sherman	Sherman County Medical Clinic	Sherman County Medical Clinic	Sherman County Medical Clinic
Wasco	Columbia Crest Medical Clinic Columbia River Women’s Center	Columbia Crest Medical Clinic Columbia River Women’s Center	Columbia Crest Medical Clinic Columbia River Women’s Center

	MCMC Family Medicine Water's Edge Medical Clinic	MCMC Family Medicine Water's Edge Medical Clinic	MCMC Family Medicine Water's Edge Medical Clinic
Wheeler	Asher CHC	Asher CHC	Asher CHC
Klickitat	Family Practice Clinic Northshore Medical Group Skyline Medical Clinic	Family Practice Clinic Northshore Medical Group Skyline Medical Clinic	Family Practice Clinic Northshore Medical Group Skyline Medical Clinic
Skamania	Northshore Medical Group	Northshore Medical Group	Northshore Medical Group

Figure 3.1 Percent 6th Grade Oregon Students Reported 30-Day Substance Use, by State and County, 2020

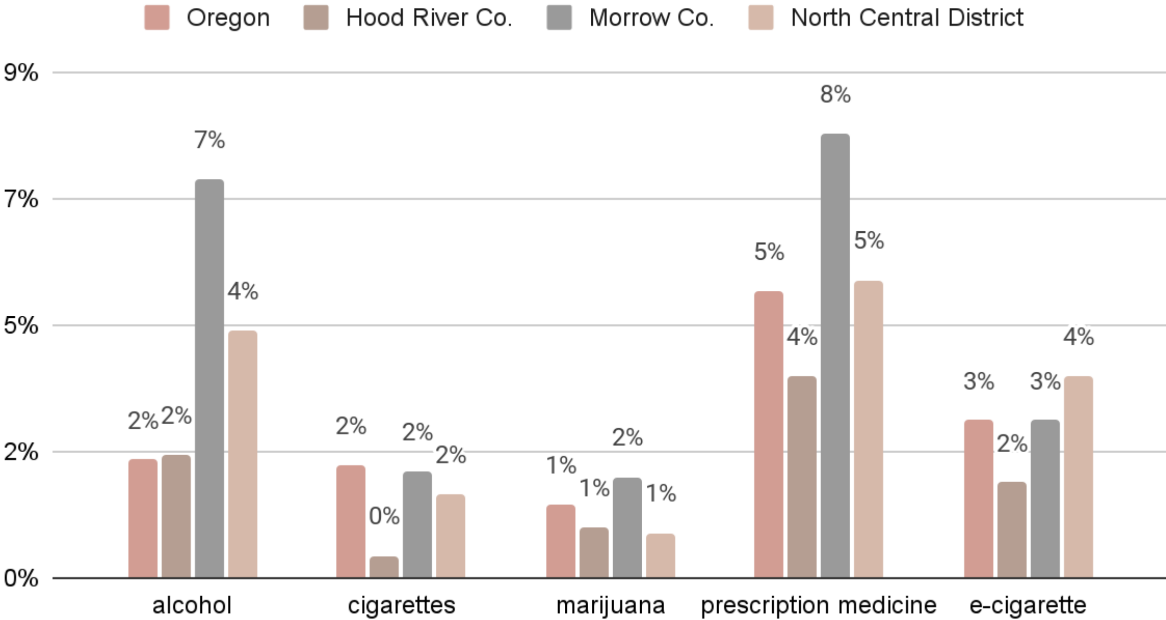


Figure 3.2 Percent 8th Grade Oregon Students Reported 30-Day Substance Use, by State and County, 2020

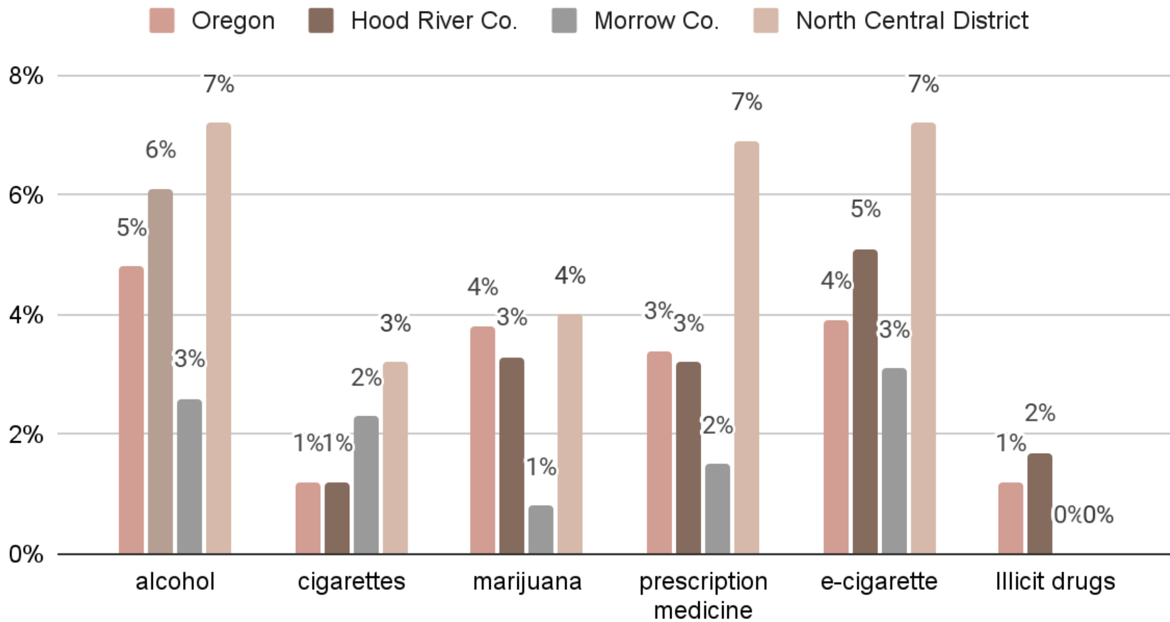


Figure 3.3. Percent 8th Grade Washington Students Reported 30-Day Substance Use, by State and County, 2021

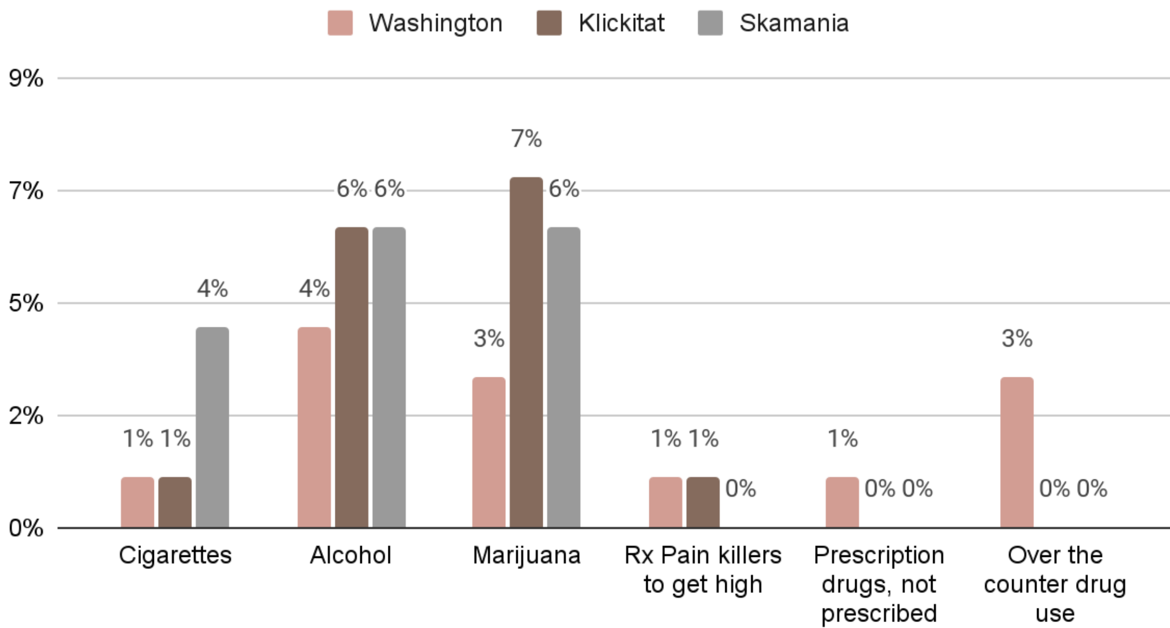
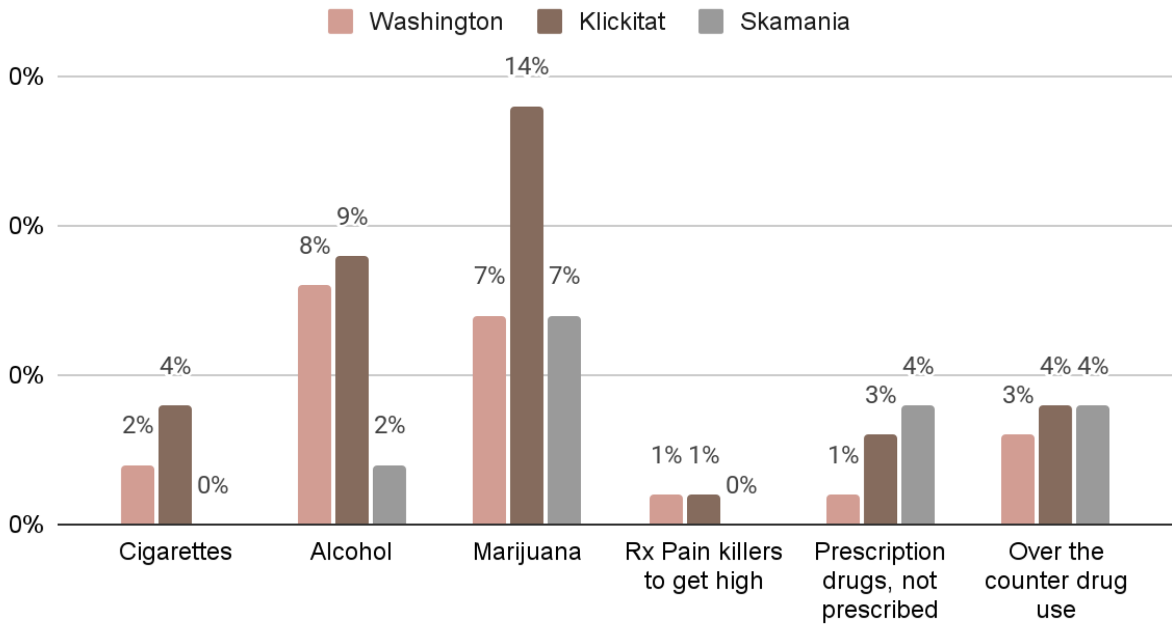


Figure 3.4. Percent 10th Grade Washington Students Reported 30-Day Substance Use, by State and County, 2021


Washington
Klickitat
Skamania
0%
0%
0%
0%
14%
9%
8%
7%
7%
4%
2%
2%
0%
1% 1%
0%
4%
3%
1%
4% 4%
3%
Cigarettes
Alcohol
Marijuana
Rx Pain killers to get high
Prescription drugs, not prescribed
Over the counter drug use

Appendix 5: Photos of Gorge Collaborative Members Signing Memorandum of Understanding

Appendix 6: Letter of Agreement, Gorge Collaborative

Letter of Agreement

Purpose

This Letter of Agreement (LOA) describes shared commitments, project timing, roles, and responsibilities between Providence Hood River Memorial Hospital, Mid-Columbia Medical Center, Skyline Health, Klickitat Valley Health, One Community Health, and Mid-Columbia Community Action Council (Partners) in Hood River, Klickitat, and Wasco Counties, to develop a collaborative Community Health Needs Assessment (CHNA) due October 31, 2022. The signatories of this agreement are purposefully collaborating to satisfy regulatory requirements and are making meaningful commitments to the CHNA process.

Background

In 2019, a collaborative CHNA was conducted and facilitated by the Columbia Gorge Health Council (CGHC) for a seven-county region. The CHNA was conducted across various populations and geographies and included stakeholders from hospitals, federally qualified health centers, behavioral health, public health, community-based organizations, and coordinated care organizations. Participants contributed health data, staff time, finances, and coordinated various activities to complete the CHNA on time and in scope. For the 2022 cycle, CGHC will not be facilitating a collaborative approach due to capacity limitations. Additionally, Coordinated Care Organizations, and local public health departments will not be participating in the 2022 collaborative CHNA due to nonoverlapping assessment cycles.

Principles of Collaboration

The collaborative CHNA Partners have endorsed the following design purposes and principles:

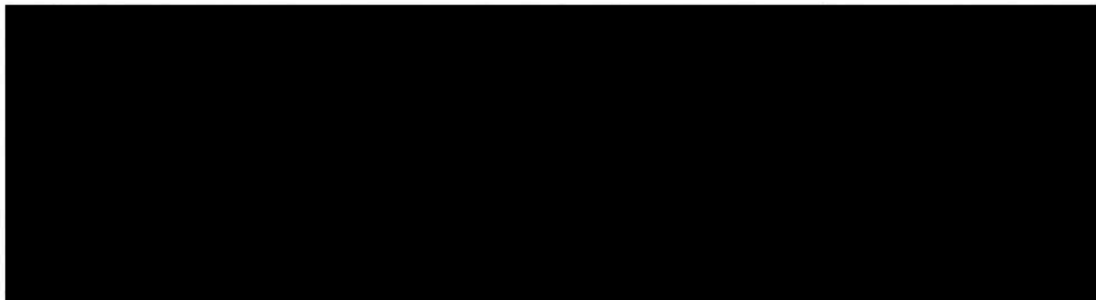
- Producing accurate and actionable products, as Partners agree on the needs within our region and communities and as we align our abilities to address those needs together.
- Avoid community partner burn out with respect to qualitative data collection through a coordinated approach to listening sessions and key stakeholder interviews.
- Maximize collective resources available for improving health in the region.
- The collaborative approach requires commitments of cash or in-kind resources from all Partners, using it to satisfy a regulatory requirement.

Shared Understandings

- The agreement's term begins February 1, 2022, and continues through December 31, 2022, or when all Partner's finalize and approve the 2022 Community Health Needs Assessment, whichever comes first.
- Partners will determine a collaborative approach in forming any necessary groups to serve in an advisory function and to guide the process.
- Partners agree to contribute funding and/or in-kind resources to develop this collaborative process and realize the CHNA, according to the schedule below.
- Partners agree to reimburse Providence Health & Services, according to the table below, for expenses incurred as part of the contract with Collaborate Consulting and for expenses incurred from administering incentives for listening sessions and the community health survey. The Partners' cash contributions will not exceed the cash contributions listed in the table below.
- Partners agree to share, both publicly and with each other, data and data sources including population demographics and health data; agency, service, provider, and community sessions; focus groups; community forums; interviews; consumer surveys; and any facility-specific utilization data specific to the development of the collaborative CHNA document, in the most consistent format possible.
- While efforts will be made to accommodate as many needs as possible, each of the Partners is ultimately responsible for amending the collaborative CHNA to satisfy internal accountabilities and specific requirements of any regulatory bodies to whom they are accountable.

Financial Commitments

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



Statement of Intent

The intent of the signatories representing the Partners above is to collaboratively share with the community at large the combined results of the 2022 CHNA.

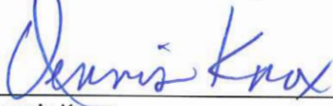
Project Partners

Date: 3/14/22

Leslie Hiebert
Chief Executive Officer
Klickitat Valley Health

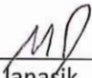
Date: 3/14/22

Kenny LaPoint
Executive Director
Mid-Columbia Community Action Council



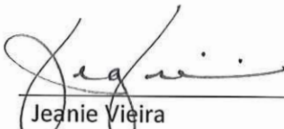
Date: 3/16/22

Dennis Knox
President and Chief Executive Officer
Mid-Columbia Medical Center



Max Janasik
Chief Executive Officer
One Community Health

Date 3/14/22



Date: 3/15/2022

Jeanie Vieira
Chief Executive Officer
Providence Hood River Memorial Hospital

Date: 3/11/22

Robert Kimmes
Chief Executive Officer
Skyline Health