Healthy Columbia Willamette
Assessing Community Needs, Improving Health

Local Community Health System and Forces of Change Assessment: Stakeholders' Priority Health Issues and Capacity to Address Them

July 2013

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Photo: Melanie Payne

ACKNOWLEDGEMENTS

The Healthy Columbia Willamette Collaborative gratefully acknowledges the organizations that participated in interviews and responded to an online survey for this assessment.

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I. INTRODUCTION

Origination of Collaborative

In 2010, local health care and public health leaders in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington began to discuss the need for several community health assessments and health improvement plans within the region in response to the Affordable Care Act and Public Health Accreditation[1]. They recognized these requirements as an opportunity to align the efforts of hospitals, public health and the residents of the communities they serve in an effort to develop an accessible, real-time assessment of community health across the four-county region. By working together, they would eliminate duplication, facilitate the prioritization of community health needs, enable joint efforts for implementing and tracking improvement activities, and improve the health of the community.
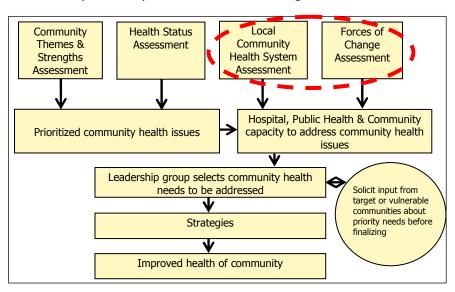
Members

With start-up assistance from the Oregon Association of Hospitals and Health Systems, the Healthy Columbia Willamette Collaborative (Collaborative) was developed. It is a large public-private collaborative comprised of 14 hospitals and four local public health departments in the four-county region. Members include: Adventist Medical Center, Clackamas County Health Department, Clark County Health Department, Kaiser Permanente, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek, Multnomah County Health Department, Oregon Health & Science University, PeaceHealth Southwest Medical Center, Providence Milwaukie, Providence Portland, Providence St. Vincent, Providence Willamette Falls, Tuality Healthcare and Washington County Health Department.

Healthy Columbia Willamette Collaborative Assessment Model

The Collaborative used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model[2]. See Figure 1. The MAPP model uses health data and community input to identify the most important community health issues. This assessment will be an ongoing, real-time assessment with formal community-wide findings every three years. Community input on strategies and evaluation throughout the three-year cycle will be crucial to the effort's effectiveness. This report describes the third and fourth assessment components: The Local Community Health System and Forces of Change Assessment.

**Figure 1.
Schematic of the Modified
MAPP Model**

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[1] The federal Affordable Care Act, Section 501(r)(3) requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at minimum once every three years, effective for tax years beginning after March 2012. Through the Public Health Accreditation Board, public health departments now have the opportunity to achieve accreditation by meeting a set of standards. As part of the standards, they must complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP).

[2] MAPP is a model developed by the National Association of County and City Health Officials (NACCHO)

Community Engagement Process

As part of the modified MAPP model adopted by the Collaborative, community input was collected during three distinct phases between August 2012 and April 2013.

The Community Themes and Strengths Assessment

The first phase of community engagement involved reviewing 62 community engagement projects that had been conducted in the four-county region since 2009. Findings from the 62 projects were analyzed for themes about how community members described the most important health issues affecting themselves, their families, and the community. (For more information, see *Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members.* July 2013.)

The Local Community Health System & Forces of Change Assessment

This second phase of community engagement involved 126 stakeholders participating in interviews or responding to surveys. This assessment (as detailed in this report) was designed to solicit stakeholder feedback on the health issues resulting from the previous assessment work and epidemiological data. Stakeholders were asked to add and prioritize health issues they thought should be on the list, as well as describe their organizations' capacity to address these health issues.

Community Listening Sessions

The third phase of community engagement was completed in May 2013. Fourteen community listening sessions were held with uninsured and/or low-income community members living in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington State. In all, 202 individuals participated. During these meetings, community members were asked whether they agreed with the health issues that were identified through the previously conducted community engagement/assessment work, epidemiological data, and the stakeholder interviews and surveys. Participants were also asked to convey any other health issues that they thought were missing. Next, participants voted for what they perceived were the most important issues from the expanded list. (For more information, see *Community Listening Sessions: Important Health Issues and Ideas for Solutions.* July 2013.)

Because members of the Collaborative understand the importance of working with the community, in years two and three of the project there will be more opportunities to engage multiple constituents in the process. At the time of this writing, these opportunities have yet to be developed; this process will start during the summer of 2013.

II. LOCAL COMMUNITY HEALTH SYSTEM AND FORCES OF CHANGE ASSESSMENT

Purpose

The purpose of the Local Community Health System and Forces of Change Assessment was to learn the most important health issues facing the clients of stakeholder organizations across Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington, as well as the organizations' capacity to address those needs. The assessment was designed to also collect input about the current opportunities and threats to the "local community health system" (LCHS).

The LCHS is the network of organizations that contributes to the health of a community. LCHS stakeholders include public health authorities, community based organizations, hospitals, health care providers, and advocacy groups. A LCHS can also include stakeholders working to address social determinants of health—housing, education, employment, and other factors—and could expand to include less obvious contributors to the community's health. Examples include media companies that can participate in health promotion efforts and grocery stores that influence what types of food are available.

Findings from the Local Community Health System and Forces of Change Assessment were used in conjunction with the results from the Community Themes & Strengths Assessment, Health Status Assessment, and

Community Listening Sessions to guide the Healthy Columbia Willamette Collaborative's selection process of community health issues it will work to address.

Methodology

Between January and March 2013, 126 stakeholder organizations were interviewed (n=69) and surveyed (n=57). The stakeholders play primary roles of the LCHS in Clackamas, Multnomah, and Washington Counties in Oregon and Clark County, Washington.

For the scope of this first cycle of the Healthy Columbia Willamette community needs assessment, the list of stakeholders engaged was driven by the Community Health Needs Assessment (CHNA) requirements for non-profit hospitals and Coordinated Care Organizations set forth by the Internal Revenue Service and the Oregon Health Authority respectively.

The Internal Revenue Service and the Oregon Health Authority identify the following stakeholder groups that should be engaged during the CHNA process: 1) people with special knowledge of, or expertise in public health; 2) federal, tribal, regional, state, local, or other departments/agencies; and 3) community members and/or agencies that represent or serve medically underserved/underinsured/uninsured populations, low income populations, communities of color, populations with chronic disease issues, aging populations, the disability community, the LGBTQI[3] community, and populations with mental health and/or substance abuse issues. A complete list of interviewed and surveyed stakeholder organizations is in Appendix I.

Interview questions were informed by Healthy Columbia Willamette members' experiences—hospitals conducting CHNAs and local health departments completing community health assessments. Members also reviewed resources available from the National Association of County and City Health Officials (NACCHO) MAPP Clearinghouse. The interview tool is in Appendix II.

Stakeholders were asked about:

- The health of the populations they serve;
- The list of important health issues identified through the Community Themes and Strengths and Health Status Assessments (i.e., access to health care, sexual health, mental health & substance abuse, injury, cancer, and chronic disease);
- Health issues that should be added to the list;
- Their opinions on the three most important health issues;
- Their current work to address important health issues;
- The work they would like to be doing in the future to address important health issues;
- Opportunities and threats to their current capacity to do this work; and
- Resources that would help their organization continue or expand their capacity.

Information learned from the interviews was used to develop an online survey, and in turn, information learned from the survey informed a second analysis of interview notes to find themes that may not have been recognized the first time. This iterative process was used to ensure that the ideas generated by participants were not overlooked due to a methodological process. See Appendix III for the online survey tool.

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[3] Lesbian, Gay, Bisexual, Transgender, Questioning or Queer, and Intersex

Findings

Stakeholder organizations that participated in interviews and surveys described the important health issues facing community members and what is currently being done to improve the health of the community. Stakeholders participating in interviews and surveys indicated that they served primarily:

- Medically underserved, uninsured, and underinsured populations;
- Communities of color;
- Children and youth;
- The disability community; and/or
- Populations with mental health and/or substance abuse issues.

Of those organizations reporting that they work with communities of color, American Indians/Alaska Natives and Hispanics/Latinos were the most common populations they mentioned. Of those who work with populations that speak limited English, Spanish and Russian were the most commonly spoken languages. See Appendix IV for more information on the populations served by the participating stakeholder organizations.

The Community's Health

During the interviews participants were asked, "How healthy is the population/community you serve compared to the larger population?" More than half of the interviewees did not think the community they served was as healthy as the larger population.

> There are still too many health disparities, not enough breastfeeding, too many people who are overweight, too many people who smoke, and not enough focus on prevention.

> It's clear that our population of folks is struggling much more than the general population. They have a higher level of health challenges that come with poverty, struggling with basic health care. Often homeless populations are in those situations because they have health issues. It creates a vicious cycle that spirals downwards.

> There are a lot of barriers to good health because of a lack of cultural competency in provider settings. Many [people] experience discrimination and consequently put off care, making them less healthy in the long run.

> There is an "immigrant paradox" where new immigrants are healthier and the longer they are in the US, the less healthy they become.

> [It] depends. Children? Yes. Adults? No—[due to] lack of specialists, lack of mental health care, lack of programs to educate about wellness, and often adults have chronic conditions.

> We know that Native American, African American, Latino, Asian Pacific Islander, and low-income communities fare worse than Non-Hispanic Whites with chronic conditions and have increased illnesses across the board. We've spent time enumerating the health inequities; a lot of it is understood.

An Iterative Process to Identify Health Issues

During interviews, stakeholders were asked to review the list of health issues that were identified through the first two assessments of the Healthy Columbia Willamette Collaborative's CHNA. The first assessment, The Community Strengths and Themes Assessment, looked at recently conducted local community engagement projects; the second assessment, The Health Status Assessment looked at the epidemiological data to describe the current health status of the community. (*Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members.* July 2013 and *Health Status Assessment: Quantitative Data Analysis Methods and Findings.* July 2013)

These two assessments had complementary findings with both the qualitative data and the quantitative data describing similar health issues in the community. The only community health issue that was not identified during both assessments was "injury." Injury was identified through the Health Status Assessment and included deaths due to falls and accidental poisoning deaths—including drug overdoses. The list of health issues discussed during the stakeholder interviews (in alphabetical order) included:

- Access to health care
- Cancer
- Chronic disease

- Injury
- Mental health & substance abuse
- Sexual health

Stakeholders were asked, "*After looking over this list, is there any health issue, specifically a health outcome or behavior-- that you are surprised to not see? If so, what is it and why do you think it's important?*"

As a result, the most common health issues stakeholders added to the list included domestic violence and oral health. Although not mentioned as frequently as domestic violence or oral health, the need to develop culturally competent services and collect culturally competent data was discussed by several stakeholders. These issues were added to the survey for two reasons: 1) addressing racial/ethnic health disparities is a top priority for all Healthy Columbia Willamette Collaborative members, and 2) the lack of data available for the Health Status Assessment made it challenging to assess indicators stratified by race/ethnicity.

During the interviews, mental health and substance abuse were grouped together as one health issue. Many stakeholders suggested that mental health and substance abuse be separated into two issues for the "voting" process because both are important problems that are distinct from one another and have unique interventions. Consequently, these two issues were separated on the survey and in the findings presented in Table 1. Because "mental health & substance abuse" was one issue during the interviews, it was not possible to determine, in all cases, whether there was more importance placed on mental health or substance abuse. For the analysis, if an interviewee selected "mental health & substance abuse" as one of their top three health issues, their response was separated into two votes; one each for mental health and substance abuse. Their other four votes were kept resulting in their having four votes in total.

The majority of stakeholders participating in interviews said that the two health issues, "injury" and "sexual health" were not clear. They suggested that these categories needed to be described better by listing the data or indicators that were included.   In response to this feedback, both health issues were described. "Injury" was separated into two categories: falls and poisoning/overdose. "Sexual health" was further clarified to include HIV, Syphilis, and Chlamydia, stemming from the epidemiological data. This feedback from the interviews was used to compile the answer choices on the survey:

- Access to Health care
- Cancer
- Chronic Disease
- Culturally Competent Services/Data
- Domestic Violence
- Falls

- Mental Health
- Oral Health
- Poisoning/Overdose
- Sexual Health (HIV, Syphilis, Chlamydia)
- Substance Abuse
- Other_____

An additional health issue, "perinatal health," emerged from the following write-in survey responses: "women's health," "family health," "reproductive health," "prenatal health," "maternal health," "maternal and child health," "pre-conception health," "healthy pregnancy," "birth outcomes," and "Fetal Alcohol Spectrum Disorders."
After a second study of interview notes, answers that corresponded to this "perinatal health" category were classified and were taken into consideration when identifying health issues prioritized by the interview and survey participants.

Prioritized Health Issues

Issues that were selected by at least 30% of survey and/or interview responses combined were regarded as prioritized health issues. In the four-county region, these were (in alphabetical order):

- Access to health care
- Chronic disease
- Culturally competent services/data
- Mental health
- Substance abuse

These five health issues were the priorities all four counties. Stakeholders working in Clark County, Washington also prioritized cancer and oral health.

Stakeholders were asked to identify age groups that were at high risk for each of their top health issues. However, stakeholders only differentiated high risk populations among persons aged 45-64 years and 65+ years for chronic disease and cancer. This finding is consistent with national trends as the Centers for Disease Control and Prevention cites that "about 80% of older adults have one chronic condition, and 50% have at least two."

Table 1. Top Prioritized Health Issues from Stakeholder Organizations by Region and County

Region	Clackamas (OR)	Clark (WA)	Multnomah (OR)	Washington (OR)
Access to Health care • 72% of interviews • 67% of surveys	**Access to Health care** • 69% of interviews • 80% of surveys	**Access to Health care** • 79% of interviews • 59% of surveys	**Access to Health care** • 73% of interviews • 74% of surveys	**Access to Health care** • 73% of interviews • 78% of surveys
Mental Health • 64% of interviews • 67% of surveys	**Mental Health** • 53% of interviews • 73% of surveys	**Mental Health** • 65% of interviews • 59% of surveys	**Mental Health** • 57% of interviews • 55% of surveys	**Mental Health** • 56% of interviews • 67% of surveys
Chronic Disease • 65% of interviews • 35% of surveys	**Chronic Disease** • 67% of interviews • 37% of surveys	**Chronic Disease** • 71% of interviews • 41%of surveys	**Chronic Disease** • 69% of interviews • 37% of surveys	**Chronic Disease** • 69% of interviews • 29% of surveys
Substance Abuse • 64% of interviews • 26% of surveys	**Substance Abuse** • 53% of interviews • 17% of surveys	**Substance Abuse** • 65% of interviews • 34% of surveys	**Substance Abuse** • 57% of interviews • 19% of surveys	**Substance Abuse** • 56% of interviews • 19% of surveys
Culturally Competent Services/Data • 6% of interviews • 33% of surveys	**Culturally Competent Services/Data** • 7% of interviews • 40% of surveys	**Cancer** • 32% of interviews • 3% of surveys	**Culturally Competent Services/Data** • 8% of interviews • 39% of surveys	**Culturally Competent Services/Data** • 7% of interviews • 41% of surveys
Oral Health • 10% of interviews • 12% of surveys	**Cancer** • 22% of interviews • 3% of surveys	**Oral Health** • 15% of interviews • 17% of surveys	**Perinatal Health** • 20% of interviews • 3% of survey	**Cancer** • 22% of interviews • 4% of surveys
Domestic Violence • 4% of interviews • 17% of surveys	**Oral Health** • 11% of interviews • 10% of surveys	**Culturally Competent Services/Data** • 0 interviews • 31% of surveys	**Cancer** • 18% of interviews • 3% of surveys	**Domestic Violence** • 2% of interviews • 19% of surveys
Cancer • 17% of interviews • 2% of surveys	**Domestic Violence** • 2% of interviews • 17% of surveys	**Domestic Violence** • 9% of interviews • 9% of surveys	**Oral Health** • 10% of interviews • 8% of surveys	**Perinatal Health** • 18% of interviews • 0 surveys
Perinatal Health • 14% of interviews • 4% of surveys	**Perinatal Health** • 18% of interviews • 0 surveys	**Sexual Health** • 12% of interviews • 3% of surveys	**Domestic Violence** • 2% of interviews • 13% of surveys	**Oral Health** • 11% of interviews • 7% of surveys
Sexual Health • 12% of interviews • 2% of surveys	**Sexual Health** • 9% of interviews • 3% of surveys	**Perinatal Health** • 9% of interviews • 3% of surveys	**Sexual Health** • 12% of interviews • 3% of surveys	**Sexual Health** • 9% of interviews • 4% of survey

Opportunities to Address Prioritized Health Issues

Stakeholders were also asked about their current work on the health issues they prioritized. The most frequently described types of work being done to address the prioritized health issues[4] include:

- Collaborate with others to identify strategies to address health issues.
- Help clients navigate the health care/social service system.
- Work to coordinate care.
- Provide services to individuals.
- Advocate for policy change within the community.

Stakeholders described the type of work they would like be doing to address the prioritized health issues. The work described fell into four categories: 1) programs and operations, 2) topic-specific advocacy groups and policies, 3) partnerships to promote health and address disparities, and 4) advocacy for funding-system change.

Programs and Operations:
- Utilize networks of clinics to provide comprehensive referrals, treatment, and services (specific to behavioral health).
- Integrate oral health services into community health clinics.
- Support patient navigators for vulnerable patients with, or at risk for, cancer.
- Train health care providers to work with vulnerable patients with, or at risk for, cancer.
- Develop health education activities for culturally specific and vulnerable populations to increase cancer awareness, prevention, and treatment (e.g., tribes, disability community, communities of color, etc.).
- Develop health education activities to increase awareness on how oral health is related to other health outcomes.

Support topic-specific advocacy groups and policies:
- Support community efforts to promote the use of fluoridation treatment in the public water system.
- Develop coalitions focused on chronic disease awareness, prevention, and policy interventions (like a soda tax).
- Support policies that address the social determinants of health.
- Focus on prevention, early intervention, increased screenings for young populations, and school-based interventions.
- Support policy and practice for standardized collection of race, ethnicity, language, and disability data; and require culturally-competent, continuing education for health researchers.

Partnerships to promote health and address disparities:
- Support coalitions comprised of culturally specific organizations.
- Promote understanding and acceptance of marginalized communities.
- Fund organizations that do culturally specific work.
- Develop partnerships between culturally specific organizations and health care providers to find concrete ways to serve low income populations and communities of color.

Advocacy for funding-system change:
- Increased availability of services through changing the funding/reimbursement streams, and by providing services related to social determinants of health (job training, housing, etc).
- Learn from the CCO model to inform the transformation of the mental health system.

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[4] Access to health care, mental health, chronic disease, substance abuse, culturally competent services/data, oral health (Clark County), and Cancer (Clark County)

Limitations

An iterative approach was used to identify important health issues from which stakeholders were asked to prioritize (see page 5). As a result, those stakeholders participating in interviews did not have the opportunity to "vote for" or select health issues that were not on the original list or that they did not think of themselves. The stakeholders taking the survey benefited from the thinking of those interviewed because the additional health issues identified during the interviews were included on the list from which they were asked to select their top three most important. It is unknown how or if interviewees would have "voted" for different health issues if they were provided with the expanded list from the survey.

The issues from both the interviews and surveys results were included on the list of health issues from with community listening sessions participants "voted." (*Community Listening Sessions: Important Health Issues and Ideas for Solutions.* July 2013)

Resources

The following resources are referenced above and may be useful for background information:

- New Requirements for Charitable 501(c) (3) Hospitals under the Affordable Care. Internal Revenue Service. Available from: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act
- IRS Form 990, Schedule H, Part V. Available from: http://www.irs.gov/pub/irs-pdf/f990sh.pdf
- Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals. Available from: http://www.irs.gov/pub/irs-drop/n-11-52.pdf
- Oregon Administrative Rule 410-141-3145, Community Health Assessment and Community Health Improvement Plans. Available from: http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_141_3000-3430.html
- Community Health Assessments and Community Health Improvement Plans, Guidance for Coordinated Care Organizations. Available from: https://cco.health.oregon.gov/Documents/resources/CHA-guidance.pdf
- Public Health Accreditation. Public Health Accreditation Board. Available from: http://www.phaboard.org/
- Mobilizing for Action through Planning and Partnerships (MAPP). National Association of County and City Health Officials. Available from: http://www.naccho.org/topics/infrastructure/mapp/
- CDC Chronic Disease Prevention and Health Promotion, Healthy Aging. Available from: http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm
- Healthy Columbia Willamette regional website. Healthy Columbia Willamette Collaborative. Available from: http://www.healthycolumbiawillamette.org

APPENDIX I: Stakeholder Organizations that Participated in the Local Community Health System & Forces of Change Assessment

Organization Name	County(s)	Participation Format
Adelante Mujeres	Washington (OR)	Interview
Adventist Medical Center	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Survey
Affordable Community Environments	Clark (WA)	Survey
African American Health Coalition	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
African Partnership for Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Albertina Kerr Centers	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
American Cancer Society, Cancer Action Network, Oregon State	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Cancer Society, Cancer Action Network, Washington State	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Diabetes Association of Oregon & SW Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Lung Association of the Mountain Pacific	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
American Medical Response	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Survey
Area Agency on Aging and Disabilities of Southwest Washington	Clark (WA)	Interview
Asian Health and Service Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Asian Pacific American Network of Oregon	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Basic Rights Oregon	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
CareOregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Cascade AIDS Project	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Catholic Charities of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Catholic Charities of Oregon, El Programa Hispano	Clackamas (OR), Multnomah (OR)	Survey
Catholic Community Services of Southwest Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Causa	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Centro Cultural	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Children's Home Society of Washington	Clark (WA)	Interview
Children's Center	Clark (WA)	Survey
Children's Community Clinic	Multnomah (OR)	Survey
Children's Health Alliance	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
City of Portland Office of Equity & Human Rights, New Portlander Programs	Multnomah (OR)	Interview
City of Portland, Office of Neighborhood Involvement, Community and Neighborhood Involvement Center	Multnomah (OR)	Interview
City of Portland, Office of Neighborhood Involvement, Diversity and Civic Leadership Program	Multnomah (OR)	Interview

City of Wilsonville, Community Center	Clackamas (OR)	Survey
Clackamas County Area Agency on Aging	Clackamas (OR)	Interview
Clackamas County Department of Health, Housing and Human Services	Clackamas (OR)	Interview
Clackamas County Department of Health, Housing and Human Services, Public Health Division	Clackamas (OR)	Interview
Clackamas County Health Centers	Clackamas (OR)	Survey
Clackamas Service Center	Clackamas (OR), Multnomah (OR)	Survey
Clark College, Corporate and Continuing Education	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
Clark County Community Services	Clark (WA)	Interview
Clark County Public Health	Clark (WA)	Survey
Coalition of Community Health Clinics	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Columbia River Mental Health Services	Clark (WA)	Interview
Community Action	Washington (OR)	Survey
Confederated Tribes of Siletz Indians, Portland Office	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Council for the Homeless	Clark (WA)	Survey
Cowlitz Family Health Center	Clark (WA)	Interview
Cowlitz Indian Tribe	Clark (WA)	Survey
Disability Rights Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Educational Service District 112	Clark (WA)	Survey
Emmanuel Community Services	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Familias En Acción	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
FamilyCare Health Plans	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Filipino-American Association of Clark County and Vicinity	Clark (WA)	Interview
Free Clinic of Southwest Washington	Clark (WA)	Survey
Future Generations Collaborative	Multnomah (OR)	Survey
Health Share of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Health Share of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Healthy Oregon Partnership for Equity Coalition	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Human Solutions, Inc.	Multnomah (OR)	Survey
Immigrant and Refugee Community Organization, Asian Family Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Immigrant and Refugee Community Organization, Healthy Kids Program	Clackamas (OR), Multnomah (OR)	Survey
Impact NW	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Inclusion, Inc.	Clackamas (OR), Multnomah (OR)	Survey
Independence Northwest	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey

Independent Living Resources	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Iraqi Society of Oregon	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Janus Youth Programs	Multnomah (OR), Washington (OR)	Survey
Kaiser Permanente	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Latino Learning Community	Multnomah (OR)	Interview
Latino Network	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
League of United Latin American Citizens, Southwest Washington Council #47013	Clark (WA)	Interview
Legacy Health	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Legacy Weight and Diabetes Institute	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Los Niňos Cuentan	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Luke-Dorf, Inc.	Clackamas (OR), Washington (OR)	Survey
Mentor Oregon Brokerage, Metro	Clackamas (OR), Multnomah (OR), Washington (OR)	Survey
Metropolitan Family Service	Clackamas (OR), Clark (WA), Multnomah (OR)	Survey
Multnomah County Aging and Disability Services	Multnomah (OR)	Interview
Multnomah County Health Department	Multnomah (OR)	Interview
Multnomah County Health Department, Health Equity Initiative	Multnomah (OR)	Interview
Multnomah County Mental Health and Addiction Services	Multnomah (OR)	Survey
Multnomah County Mental Health and Addiction Services	Multnomah (OR)	Interview
National Alliance on Mental Illness-Clackamas County	Clackamas (OR)	Survey
National Alliance on Mental Illness-Clark County	Clark (WA)	Survey
National College of Natural Medicine, Community Clinics	Multnomah (OR), Washington (OR)	Survey
National Indian Child Welfare Association	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Native American Youth and Family Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
New Heights Physical Therapy Plus	Clark (WA), Multnomah (OR)	Survey
North by Northeast Community Health Center	Multnomah (OR)	Survey
NorthWest Tribal Epidemiology Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
NW Health Foundation	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
NW Indian Veterans Association, Portland and Vancouver Chapter	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Oregon College of Oriental Medicine	Multnomah (OR)	Survey
Oregon Department of Human Services	Clackamas (OR)	Survey
Oregon Health and Science University, Oregon Office on Disability and Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Health and Sciences University	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Oregon Health Authority, Office of Equity and Inclusion	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview

Oregon Health Authority, Public Health Division	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Health Equity Alliance	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Latino Agenda for Action	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Oregon Public Health Institute	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Organizing People, Activating Leaders	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
PeaceHealth Southwest Medical Center	Clark (WA)	Interview
Project Access NOW	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Providence Health & Services	Clackamas (OR), Clark (WA), Multnomah (OR) Washington (OR)	Interview
Q Center	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Survey
Regional Health Alliance	Clark (WA)	Focus Group
Sea Mar Community Health Centers	Clark (WA), Multnomah (OR)	Interview
Second Step Housing	Clark (WA)	Survey
Self Enhancement, Inc.	Multnomah (OR)	Survey
Sí Se Puede Oregon	Washington (OR)	Survey
Southwest Washington Behavioral Health, Regional Support Network	Clark (WA)	Survey
Susan G. Komen for the Cure, Oregon and Southwest Washington	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Tuality Healthcare	Washington (OR)	Interview
Tuality Healthcare, ¡Salud! Services	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
United Way of the Colombia-Willamette	Clackamas (OR), Clark (WA), Multnomah (OR), Washington (OR)	Interview
Upstream Public Health	Clackamas (OR), Multnomah (OR), Washington (OR)	Interview
Urban League of Portland	Multnomah (OR)	Interview
Vietnamese Community of Clark County	Clark (WA)	Interview
Virginia Garcia Memorial Health Center	Washington (OR)	Interview
Washington County Health & Human Services	Washington (OR)	Interview
Washington County Health and Human Services, Healthy Start of Washington County	Washington (OR)	Survey
Washington State Department of Health	Clark (WA)	Survey
YMCA of Columbia-Willamette, Clark County Family YMCA	Clark (WA)	Survey

APPENDIX II: Interview Tool

The purpose of this interview is to ask about your opinions on important health issues in our community and about the capacity to address them. This information will be used by hospitals and health departments during the Healthy Columbia Willamette process (formally called Four County Community Health Needs Assessment), along with data and additional community feedback to identify which health issues to address.

Your responses along with feedback from 100+ organizations will help us find themes of what stakeholders have said about the local community health system's capacity to address important health issues.

1. What geographic area and population does your organization serve? (Select all that apply.)

- Clackamas county
- Clark county
- Multnomah county
- Washington county
- Medically underserved, uninsured, underinsured populations
- Low income populations
- Tribal populations
- Communities of color
- Populations with a chronic disease (e.g. heart disease, diabetes, cancer)
- Populations with mental health and/or substance abuse needs
- Aging population
- Disability community
- LGBTQI populations
- Children/youth
- General population
- Other

2. How healthy is the population/community you serve compared to the larger population?

The next few questions are about identifying the most important health issues in the community. I am going to share with you a list of six health issues that were identified in earlier steps of this project and ask you to respond to them. These issues were identified by analyzing quantitative data and considering racial/ ethnic/ gender disparities, magnitude of the population affected, severity, 5-10 year trend and comparison to state-level data. The issues identified are:

- **Access to health care**
- **Sexual health**
- **Mental health & substance abuse**
- **Injury**
- **Cancer**
- **Chronic disease**

3. After looking over this list, is there any health issue, specifically a health outcome or behavior--that you are surprised to not see? If so, what is it and why do you think it's important? Note: issues such as housing, education, economy, built environment (social determinants of health) will be incorporated into the stage when strategies are being developed. We are looking for health outcomes and behavior at this time.

4. From all of the issues I shared with you, and the issue(s) you brought up, what are the top three most important issues to your organization and the community it serves? You do not need to rank them, just select the three top ones.

Now I am going to ask you a series of questions for each of the three health issues you have said are the most important.

5. For Issue 1: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may <u>help</u> your organization address this issue?
   e. In the next two to three years, what are some things that may <u>hinder</u> your organization's ability address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      • currently don't have capacity
      • capacity will be eliminated
      • capacity will be reduced
      • capacity will be about the same
      • capacity will be increased
      • I don't know/not applicable

6. For Issue 2: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may <u>help</u> your organization address this issue?
   e. In the next two to three years, what are some things that may <u>hinder</u> your organization's ability to address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      • currently don't have capacity
      • capacity will be eliminated
      • capacity will be reduced
      • capacity will be about the same
      • capacity will be increased
      • I don't know/not applicable

7. For Issue 3: _____

   a. Is your organization currently working on this issue? If so, what type of work are you doing? If not, why?
   b. Would your organization like to work on this issue in the future? If so, what type of work would you like to be doing?
   c. Is there a particular age group you see affected by this issue?
   d. In the next few years, what are some things that may <u>help</u> your organization to address this issue?
   e. In the next two to three years, what are some things that may <u>hinder</u> your organization's ability to address this issue?
   f. How would you rate your organization's capacity to address this issue in the next two to three years? Why is this? (Select only one.)
      • currently don't have capacity
      • capacity will be eliminated
      • capacity will be reduced
      • capacity will be about the same
      • capacity will be increased
      • I don't know/not applicable

8. Could you suggest other organizations/groups in our community who would be important to interview/survey?

9. Do you have any questions or something to add that can help make this project a success?

Thank you for your time today and for sharing your thoughts and feedback.

APPENDIX III: Online Survey Tool

PURPOSE OF SURVEY
To learn about the community health issues that stakeholders think are the most important and ideas on how to address them. This is part of the project's second phase of community engagement. Responses from this survey will be analyzed along with 100+ other interviews/surveys to help find themes of what stakeholders have said about the local community health system's capacity to address important health issues. Your name and findings from this survey will be reported in aggregate. Survey findings will not be presented in any way that would connect the information to individual people or organizations.

BACKGROUND
Healthy Columbia Willamette is a collaborative project among 14 local hospitals and four health departments to assess community health across Clackamas, Multnomah and Washington Counties in Oregon and Clark County in Washington. Under the requirements from the Patients Rights and Affordable Care Act, Oregon and Washington State laws and public health accreditation prerequisites, hospitals, coordinated care organizations and local health departments are required to conduct Community Health Needs Assessments every three to five years. In an effort to develop the most meaningful community health needs assessments and plans to improve community health, avoid duplication, and leverage resources, these partners within the four counties have come together to develop a comprehensive assessment for the region.

COMMUNITY ENGAGEMENT PROCESS
The Healthy Columbia Willamette Leadership Group is soliciting input from communities across the four counties in three distinct phases:

1) Sixty two, recently conducted projects during which community members gave input about health issues in the four-county region were studied. Findings from these projects were compiled to understand what community members think are the most important community health issues. (August 2012 and January 2013.)

2) Representatives of organizations in the local community health system (public health experts, government/tribal agencies, community based organizations that work with low income populations, communities of color, veterans, populations with chronic disease needs and medically underserved, LGBTQI, aging, disability communities) are being interviewed/surveyed to understand health issues of the populations they serve and their ideas around the community health system's capacity to address the issues (between now-end of January 2013). This survey is part of this step.

3) After completing the first two phases, the Leadership Group will use the community input to select a smaller list of proposed health issues that reflects both community input and data. Then community members across the four counties will be asked whether they "got it right." Specifically, community members participating in these community listening sessions will be asked which of the health issues on the list are the most important, which issues should be on the list but are not, and what types of things can be done to address these important health issues.

The next section asks you to share information about your organization, your role and your contact information.

1. What is your organization's name?
2. What is your name?
3. What is your job title or role?
4. What is your phone number?
5. What is your email?

The next few questions ask about your organization's geographic scope, population(s) served, and the general health status of the community.

6. Which of the following counties do you operate in? Check all that apply.
     Clackamas County, Oregon
     Clark County, Washington
     Multnomah County, Oregon
     Washington County, Oregon
     Other: _____

7. In general, how would you rate people's health and quality of life in the counties you work in? Select one of the responses below.

> Very healthy
> Somewhat healthy
> Somewhat unhealthy
> Very unhealthy

The next set of questions asks about the population(s) your organization serves.

8. Does your organization target programs, services, or interventions specifically for communities of color? Note: you will be able to answer this question for multiple populations.

> Yes
> No

If you answered 'Yes' to Question #8, Proceed to Questions 8a-e. If you answered 'No', Skip to Question #9.

8a. Does your organization target programs, services, or interventions specifically for the African American community? Select one answer below.

> Yes
> No

8b. Does your organization target programs, services, or interventions specifically for the American Indian/Alaska Native community? Select one answer below.

> Yes
> No

8c. Does your organization target programs, services, or interventions specifically for Asian and Pacific Islander communities? Select one answer below.

> Yes
> No

8d. Does your organization target programs, services, or interventions specifically for the Hispanic/Latino community? Select one answer below.

> Yes
> No

8e. If your organization specifically targets programs, services, or interventions for another community of color, please list your answer below.

9. Does your organization target programs, services, or interventions specifically for immigrants and refugees? Select one answer below.

> Yes
> No

10. Does your organization target programs, services, or interventions specifically for populations that speak limited English? Select one answer below.

> Yes
> No

If you answered 'Yes' to Question #10, Proceed to Question 10a. If you answered 'No', Skip to Question #11.

10a. Please identify the languages that your organization specifically targets programs, services, or interventions. Check all that apply or add other language(s).

> Arabic
> Chinese/Cantonese
> Somali
> Spanish
> Russian
> Vietnamese
> Other: _____

11. Does your organization target programs, services, or interventions specifically for children and/or youth? Select one answer below.

        Yes
        No

If you answered 'Yes' to Question #11, Proceed to Question 11a. If you answered 'No', Skip to Question #12.

11a. Among which of the following age groups does your organization specifically target children/youth related programs, services, or interventions? Check all that apply.

        0-4
        5-9
        10-14
        15-18
        19-24
        Other: _____

12. Does your organization target programs, services, or interventions specifically for aging populations? Select one answer below.

        Yes
        No

13. Does your organization target programs, services, or interventions specifically for communities that rely on public transportation? Select one answer below.

        Yes
        No

14. Does your organization target programs, services, or interventions specifically for populations with chronic disease needs (e.g. heart disease, diabetes, cancer)? Select one answer below.

        Yes
        No

15. Does your organization target programs, services, or interventions specifically for the disability community? Select one answer below.

        Yes
        No

16. Does your organization target programs, services, or interventions specifically for the LGBTQI community? Select one answer below.

        Yes
        No

17. Does your organization target programs, services, or interventions specifically for medically underserved, uninsured, under-insured and/or Medicaid populations? Select one answer below.

        Yes
        No

18. Does your organization target programs, services, or interventions specifically for populations with mental health and/or substance abuse needs? Select one answer below.

        Yes
        No

19. Does your organization target programs, services, or interventions specifically for veterans? Select one answer below.

        Yes
        No

20. If your organization targets programs, services, or interventions for other specific population(s), write your response below.

The next question is about identifying the most important health issues in the community.

Below is a preliminary list of health issues that were identified earlier in this process by analyzing quantitative data and collecting community input. The issues identified are:
- Access to Health care
- Cancer
- Chronic Disease
- Culturally Competent Services/Data
- Domestic Violence
- Falls
- Mental Health
- Oral Health
- Poisoning/Overdose
- Sexual Health (HIV, Syphilis, Chlamydia)
- Substance Abuse

21. Is there any important health issue—specifically a health outcome or behavior—that is missing from this list? Note: issues such as housing, economy, built environment (social determinants of health) will be incorporated into the state when strategies are being developed. We are looking for health outcomes and behaviors at this time.

The next questions are about prioritizing three health issues, starting with your first selection.

22. Of the above issues and any that you previously identified, what is your first top health issue? Choose one option below. Note: you will be able to select two other issues later in the survey. The issues do not need to be ranked in order of priority.

Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

23. How is your organization currently working on this issue? Choose up to three options below.

Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

24. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.

Yes

No

If you answered 'Yes' to Question #24, Proceed to Questions 24a-f. If you answered 'No', Skip to Question #25.

24a. How would your organization like to be working on this issue in the future? Choose up to three options below.

Collaborate with others to identify strategies to address health issues

Manage contracts with other organizations to provide services

Work to increase workforce capacity to provide culturally-appropriate services

Convene conferences/trainings

Policy advocacy for the community

Provide financial support to community partners

Implement the Affordable Care Act

Redesign service delivery to build capacity

Work to coordinate care

Research/data collection

Provide health education to populations

Provide education to medical providers

Provide health education to individuals

Help clients navigate the health care/social service system

Provide health care services to individuals

Provide in-home services to individuals

Provide advocacy or legal assistance to individuals

Other: _____

24b. Is there a particular age group you see affected by this issue? Check all that apply.

0-4

5-9

10-14

15-18

19-24

Other: _____

24c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.

Leadership in our organization

Leadership in the community

Funding

Expanded access to Medicaid and other health insurance

Increased public awareness and interest in the issue

Advocacy, new legislation, and political support

Partnerships with other organizations

Health care reform

Increased availability of services

The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)

Community organizing /engagement

Focus on prevention

Other: _____

24d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.

Lack of leadership in our organization

Lack of leadership in our community

Lack of funding

Developing new services based on funding sources rather than need

CCOs could cause a reduction in funding for community organizations

The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

Healthy Columbia Willamette Collaborative

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

24e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

24f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

25. Of the above issues and any that you previously identified, what is your second top health issue? Choose one option below. Note: you will be able to select one other issue later in the survey. The issues do not need to be ranked in order of priority.
Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

26. How is your organization currently working on this issue? Choose up to three options below.
Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

27. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.
>Yes
>No

If you answered 'Yes' to Question #27, Proceed to Questions 27a-f. If you answered 'No', Skip to Question #28.

27a. How would your organization like to be working on this issue in the future? Choose up to three options below.
>Collaborate with others to identify strategies to address health issues
>Manage contracts with other organizations to provide services
>Work to increase workforce capacity to provide culturally-appropriate services
>Convene conferences/trainings
>Policy advocacy for the community
>Provide financial support to community partners
>Implement the Affordable Care Act
>Redesign service delivery to build capacity
>Work to coordinate care
>Research/data collection
>Provide health education to populations
>Provide education to medical providers
>Provide health education to individuals
>Help clients navigate the health care/social service system
>Provide health care services to individuals
>Provide in-home services to individuals
>Provide advocacy or legal assistance to individuals
>Other: _____

27b. Is there a particular age group you see affected by this issue? Check all that apply.
>0-4
>5-9
>10-14
>15-18
>19-24
>Other: _____

27c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.
>Leadership in our organization
>Leadership in the community
>Funding
>Expanded access to Medicaid and other health insurance
>Increased public awareness and interest in the issue
>Advocacy, new legislation, and political support
>Partnerships with other organizations
>Health care reform
>Increased availability of services
>The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)
>Community organizing /engagement
>Focus on prevention
>Other: _____

27d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.
>Lack of leadership in our organization
>Lack of leadership in our community
>Lack of funding
>Developing new services based on funding sources rather than need
>CCOs could cause a reduction in funding for community organizations
>The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

27e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

27f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

28. Of the above issues and any that you previously identified, what is your third top health issue? Choose one option below.
Access to Health care
Cancer
Chronic Disease
Culturally Competent Services/Data
Domestic Violence
Falls
Mental Health
Oral Health
Poisoning/Overdose
Sexual Health (HIV, Syphilis, Chlamydia)
Substance Abuse
Other: _____

29. How is your organization currently working on this issue? Choose up to three options below.
Not currently working on this issue
Collaborate with others to identify strategies to address health issues
Manage contracts with other organizations to provide services
Work to increase workforce capacity to provide culturally-appropriate services
Convene conferences/trainings
Policy advocacy for the community
Provide financial support to community partners
Implement the Affordable Care Act
Redesign service delivery to build capacity
Work to coordinate care
Research/data collection
Provide health education to populations
Provide education to medical providers
Provide health education to individuals
Help clients navigate the health care/social service system
Provide health care services to individuals
Provide in-home services to individuals
Provide advocacy or legal assistance to individuals
Other: _____

30. Do you see a role for your organization to be addressing this issue in the future? Choose one option below.

Yes

No

If you answered 'Yes' to Question #23, Proceed to Questions 30a-f. If you answered 'No', Skip to the end of the survey.

30a. How would your organization like to be working on this issue in the future? Choose up to three options below.

Collaborate with others to identify strategies to address health issues

Manage contracts with other organizations to provide services

Work to increase workforce capacity to provide culturally-appropriate services

Convene conferences/trainings

Policy advocacy for the community

Provide financial support to community partners

Implement the Affordable Care Act

Redesign service delivery to build capacity

Work to coordinate care

Research/data collection

Provide health education to populations

Provide education to medical providers

Provide health education to individuals

Help clients navigate the health care/social service system

Provide health care services to individuals

Provide in-home services to individuals

Provide advocacy or legal assistance to individuals

Other: _____

30b. Is there a particular age group you see affected by this issue? Check all that apply.

0-4

5-9

10-14

15-18

19-24

Other: _____

30c. In the next two to three years, what are some things that may help your organization address this issue? Choose up to three options below.

Leadership in our organization

Leadership in the community

Funding

Expanded access to Medicaid and other health insurance

Increased public awareness and interest in the issue

Advocacy, new legislation, and political support

Partnerships with other organizations

Health care reform

Increased availability of services

The public's understanding/acceptance of groups, who have been marginalized, (e.g., transgendered people, disability community, communities of color, homeless people)

Community organizing /engagement

Focus on prevention

Other: _____

30d. In the next two to three years, what are some things that may hinder your organization's ability to address this issue? Choose up to three options below.

Lack of leadership in our organization

Lack of leadership in our community

Lack of funding

Developing new services based on funding sources rather than need

CCOs could cause a reduction in funding for community organizations

The public's understanding/acceptance of marginalized groups (e.g., transgendered people, disability community, communities of color, homeless, mentally ill, substance abusers)

Healthy Columbia Willamette Collaborative

The public's lack of interest about this health issue
The public's lack of knowledge of this health issue
Affordability of services
Lack of services for this health issue
Competition between organizations
Lack of trust between organizations
Stigma associated with this health issue
Racism
Stigma/Attitudes about the LGBTI community
Other: _____

30e. Does your organization intend to work on this issue over the next few years? Select one answer below.
Yes, but we have very limited capacity to do so
Yes, but we have only moderate capacity to do so
Yes, and we have sufficient capacity to do so
No, but we would if we could get resources to do it
No
I don't know at this time

30f. Would your organization be willing to collaborate with others to address this issue? Select one answer below.
Yes
Maybe
No
I don't know at this time

Thank you for your time today and for sharing your thoughts and feedback.

APPENDIX IV: Populations Served by Stakeholder Organizations

Population	Percentage of Participating Stakeholder Serving Population
Aging community	• 33% of surveys • 46% of interviews
Children/youth	• 70% of surveys • 43% of interviews
Populations with a chronic disease need	• 47% of surveys • 42% of interviews
Communities of color (all)	• 42% of surveys • 74% of interviews
Communities of color: African Americans	18% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: American Indians/Alaska Natives	12% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: Asian and Pacific Islanders	9% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
Communities of color: Hispanics/Latinos	32% of surveys completed by stakeholders that target programs, services, or interventions specifically for communities of color. Interview asked about "communities of color," not specific communities.
People who are dependent on public transportation	• 53% of surveys • 1% of interviews
Disability community	• 47% of surveys • 43% of interviews
Immigrants and/or refugees	• 19% of surveys • 14% of interviews
LGBTQI community	• 18% of surveys • 35% of interviews
Low income populations	• 7% of surveys • 61% of interviews
Medically underserved, uninsured, underinsured populations	• 72% of surveys • 56% of interviews
Populations with mental health and/or substance abuse needs	• 59% of surveys • 45% of interviews
Populations that speak Limited English	• 32% of surveys • 3% of interviews
Populations that speak Arabic	6% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Chinese/Cantonese	28% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Russian	39% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Somali	22% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Spanish	89% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Vietnamese	22% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Populations that speak Other Languages	11% of surveys completed by stakeholders targeting programs, services, or interventions specifically for populations that speak limited English
Veterans	• 15% of surveys • 1% of interviews

N=126 (69 interviews, 57 surveys)