Community Health Assessment- A Regional Approach

In the Columbia Gorge region, Klickitat Valley Health (KVH) is a proud member of the Columbia Gorge Health Council's Community Advisory Committee (CAC), a public-private partnership that brings together four hospitals, seven counties, four public health agencies, two community clinics, and several social service agencies. This group oversees the development of the regional Community Health Assessment (CHA) – a collaborative effort that happens every three years. The CHA process was recognized in 2016 when the Columbia Gorge was awarded the Robert Wood Johnson Foundation Culture of Health Prize. The full, seven-county assessment was completed in December 2019. The CHA has helped this community develop a common understanding of its health needs while adopting a broad definition of health that includes food, housing, transportation, sense of community, and access, along with traditional physical, mental and dental health.

2020 Community Health Improvement Plan Process Overview

For the 2020 Community Health Improvement Plan (CHIP) process, the CAC began with group discussions, reviewing the 2019 CHA data and discussing the relevance of the priorities from the previous CHIP completed in 2017. Input from the larger community was achieved through the 17 cohort representatives from the region as well as participation from the Columbia Gorge Health Council's community advisory committee. As part of this collaboration, public health data was compiled from various entities including the U.S. Census, Oregon and Washington Healthy Teens Survey, Oregon Health Authority Public Health Division Immunization Program data, and the Robert Wood Johnson Foundation County Health Rankings & Roadmaps program, among others.

Simultaneously, a community health survey was distributed to 2,500 area residents in the spring of 2019, using an address-based random sampling of residents. We received 373 responses with an additional 448 hand-fielded surveys from a variety of community events with the intent of reaching specific populations at higher risk of healthcare disparities.

The cohort follows the Robert Wood Johnson Foundation (RWJF) Vision to Action framework. This framework reflects an equitable interdependence on social, economic, physical and spiritual factors that all create a healthy society.

In partnership with CAC leadership, consultants collected input from community groups about the 2019 Community Health Assessment data. The CAC prioritized hearing from populations of individuals representing a diverse group of people and a diverse geographic area with a priority towards typically marginalized groups. The consultants attended already existing gatherings and gained input on health improvement priorities. In some

cases, some of the groups listed had already prioritized their needs, in which case, those priorities were incorporated into the larger list and specifics were recorded.

Prioritized Needs

Needs were identified through the community health assessment and the cumulative health
data gathered. Needs that worsened over time—or were poorer than the state and/or national average—were prioritized along with needs that disproportionately affected vulnerable populations.

Through conversations about what matters to people, the CAC identified seven priority areas for a regional, Gorge-wide Community Health Improvement Plan. The identified top focus areas throughout the seven-county region are:

- Housing
- Transportation and mobility
- Children & youth safety
- Food
- Equitable health care services
- Equitable physical activity
- Social connection & communication

The full CHIP is attached.

COMMUNITY HEALTH IMPROVEMENT PLAN

While all of the priorities in the regional CHIP are important, KVH must address the needs specific to our community. KVH has selected the following three priorities for the 2020-2022 period in respect to the 2019 Community Needs Assessment findings.

Priority 1: Access to Equitable Health Care Services

Focus on providing access to primary care, specialty care and dental care. Provide timely access to care to patients, both in person and through telehealth.

Priority 2: Mental health and substance use disorders

Focus on prevention, access to outpatient treatment, and integrated whole person care.

Priority 3: Social Determinants of Health

Address barriers to care resulting from poverty and inequity, including transportation, affordable housing and food insecurity and support coordination of these types of services.

This implementation plan is reliant on the health needs identified in the community health assessment. These strategies are subject to change in response to shifts in community health needs.