2017

Columbia Gorge Regional Community Health Improvement Plan

COLLABORATING FOR OPTIMUM HEALTH AND OPTIMIZED HEALTHCARE

Contents

About the Region

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

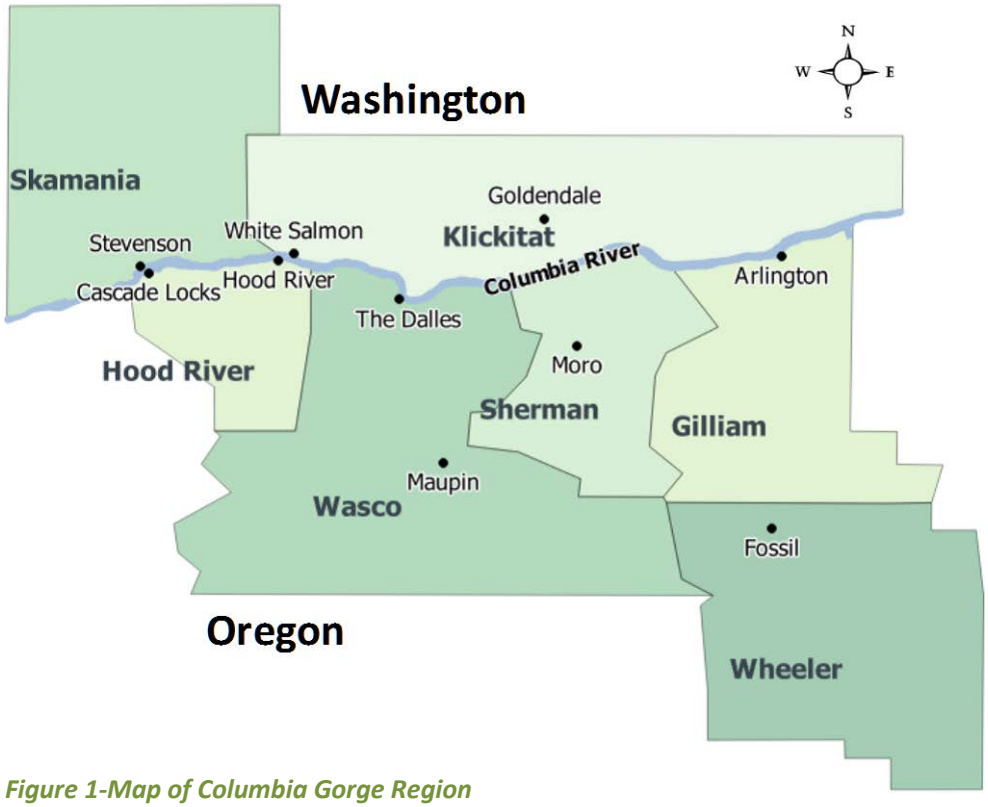


Figure 1-Map of Columbia Gorge Region

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

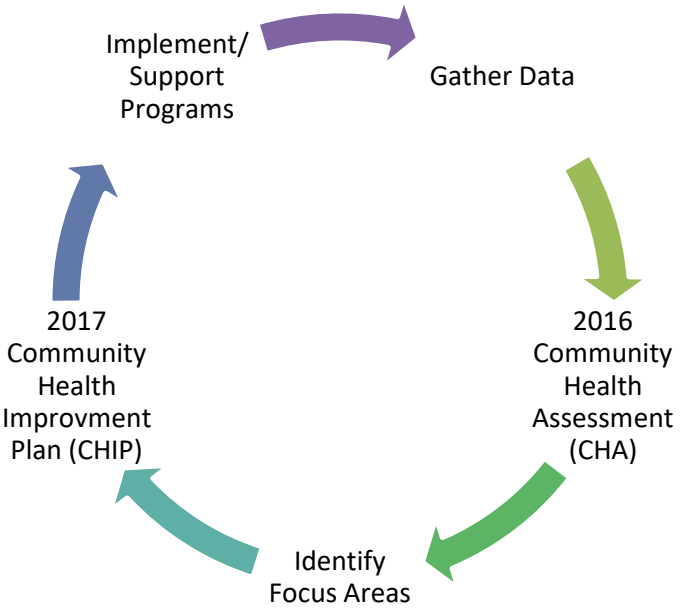
Columbia Gorge Community Advisory Council

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

The CAC oversees the development of the regional Community Health Assessment – an effort that happens every three years. The CAC played an integral role in reviewing, refining and crafting questions for the community survey as part of the 2016 Community Health Assessment. The full description for the 2016 Community Health Assessment can be found at: http://cghealthcouncil.org/documents/

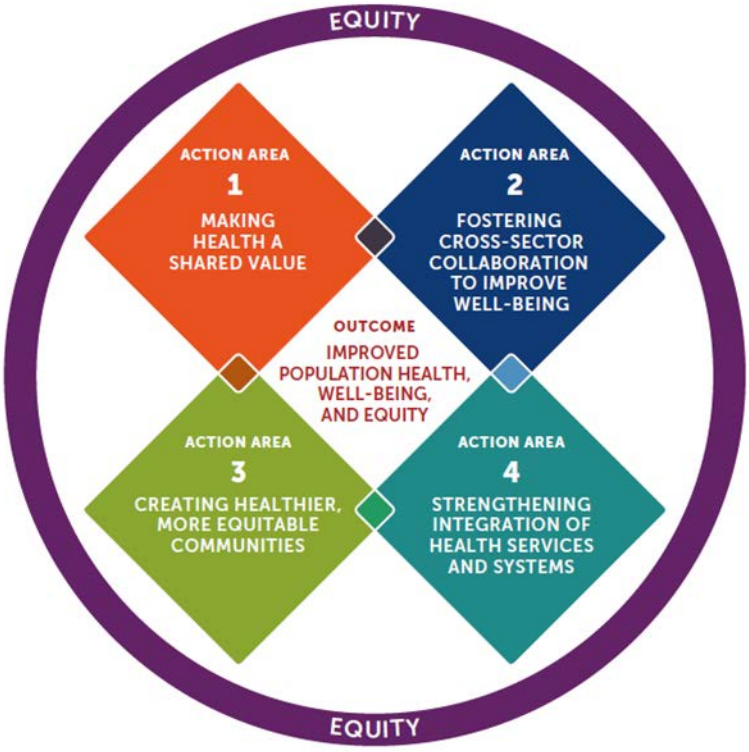
The Community Health Assessment process was recognized in 2016 when the Columbia Gorge Region was awarded the Robert Wood Johnson Foundation (RWJF) Culture of Health

Prize. This prestigious recognition further engaged the community in a conversation on what defines health and measurements for monitoring progress towards health.



Using the 2016 Community Health Assessment, the CAC identified focus areas that represent the highest need areas from the CAC point of view. This document represents the second iteration of the Community Health Improvement Plan (CHIP). With a community-endorsed CHIP, the CAC supports proposals and programs from local organizations to address areas highlighted in the CHIP. The cycle shown at the right is repeated every three years.

During the development of the 2017 Community Health Improvement Plan (CHIP), the Gorge region was introduced to the RWJF Culture of Health Action Framework.



The Culture of Health Action Framework provides a shared language and a shared measurement system - both of which are cornerstones of the Collective Impact work to create a healthy community.

For the 2017 CHIP, the Community Advisory Council adopted the Action Framework. Using the framework, the CAC selected three focus areas – known as ***Drivers*** in the Culture of Health Action Framework. The CAC will focus its efforts and resources on these Drivers identified later in this document. The CAC believes that all of the drivers in the framework are important and encourgaes other sectors in the community (business, education, governmental, non-profits, etc.) to identify their own focus areas using the same framework. The overall goal is to create a healthy community through our collective efforts across all sectors.

Robert Wood Johnson Foundation Culture of Health Action Framework

Our health is greatly influenced by complex factors such where we live, and the strength of our families and communities. The Robert Wood Johnson Foundation proposed a vision for a national Culture of Health where everyone has the opportunity to live a healthier life.

Developed in collaboration with the RAND Corporation, the Culture of Health Action Framework sets an agenda to improve health, well-being, and equity. It contains three core elements:

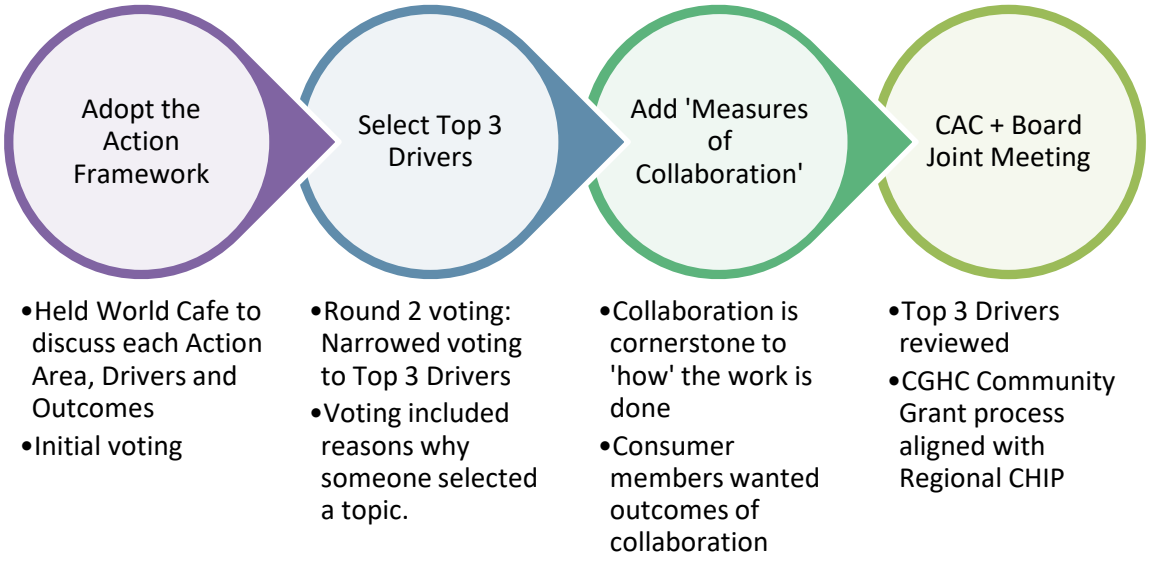
- *Action Areas*: high-level objectives which can improve population health, well-being and equity;
- *Drivers*: activities or systemic factors that are critical to achieving better health; and,
- *Measures*: specific social, economic and policy data points that can help track progress over time.

The Action Framework is informed by rigorous research on the multiple factors which affect health. It recognizes there are many ways to build a Culture of Health, and provides numerous entry points for all types of organizations and communities to get involved.

For more information about the RWJF Action Framework visit this link:
http://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html

2017 Community Health Improvement Plan Process Overview

Over a 5-month process in 2017, the CAC adopted and adapted the RWJF Action Framework to meet the local needs. The result was a selection of three Drivers across the framework with local additions for measures reflecting outcomes of effective collaboration.



Using the Culture of Health Framework, the 2017 Community Health Improvement Plan includes 3 Drivers:

- Sense of Community
- Built Environment/Physical Conditions
- Access

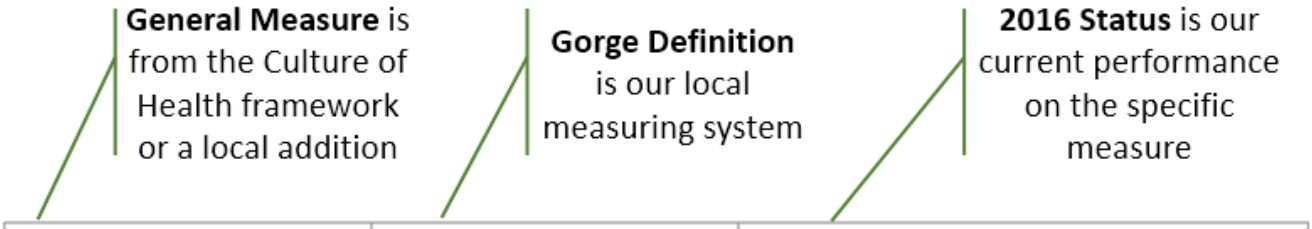
The remaining pages of this document delve into each of the three Drivers, the local Gorge definition, the measures being used to monitor progress and summary notes from the community listening sessions.

How to read the details in each section

The measures for each Driver

Each Driver in the Culture of Health Framework has a set of measures used to track progress towards improving health. The collaborative process used by the Community Advisory Council included reviewing the Culture of Health Framework standard measures and adapting those definitions to the local community. As noted earlier, collaboration is a fundamental ingredient in how the work is conducted in the Gorge region. Therefore, a 'measure of collaboration' was added to each Driver.

Every three years, the Columbia Gorge Region conducts a regional Community Health Assessment – also called the CHA. The Community Health Assessment is a robust analysis of health in the region and the information in the CHA is used to help define the measuring system and current performance.



General Measure	Gorge Definition	2016 Status
Sense of Community - Aggregate score on two subscales of the Sense of Community Index: emotional connection to community and sense of belonging to community	2016 CHA: Percentage of population that feel people in their community are willing to help, can be trusted, and that feel safe in their community	2016 CHA Data: Neighborhood cohesion is about the place where people live. • People in my community are willing to help – 87% • People in my community can be trusted- 77% • I feel safe in my community- 89%

Community Listening Sessions

Ten community listening sessions were conducted in Hood River, Wasco, and Klickitat counties during the months of August and September 2017. These sessions were designed to solicit consumer input related to the 2017 Community Health Improvement Plan (CHIP) for the Columbia Gorge region.

To elevate the voices of vulnerable populations in the community, targeted recruitment and outreach specifically engaged the following populations: Youth, Medicaid recipients, mental health service recipients, seniors, and members of Latino, Tribal, and LGBTQ+ communities.

In addition, two Spanish-language listening sessions were held, one in Hood River and one in The Dalles.

Seventy (70) individuals representing vulnerable or underserved populations participated in ninety-minute listening sessions, providing feedback and sharing their experiences across the three focus areas in the CHIP: Sense of Community, Built Environment and Access. Listening session questions asked about individuals' ability to access health care; their experience with provider coordination and communication; their perception of community safety; the existence of social support networks; their ability to secure safe housing and obtain healthy food; and their feelings about infrastructure and transportation in their communities.

The table below summarizes the populations represented in each of the counties.

Population Focus	Hood River County	Wasco County	Klickitat County
Youth		X	
Medicaid Recipients	X		X
Seniors	X		X
Mental Health Impacted		X	
Latino	X	X	
Tribal Members	X		
LGBTQ+			X

For each Driver, the themes and supporting quotes are included.

One-page Overview of the three selected Drivers and Measures

Action Area 1: MAKING HEALTH A SHARED VALUE	
1.1 MINDSET AND EXPECTATIONS	
★ 1.2 SENSE OF COMMUNITY Page 8	***Sense of community*** - Percentage of population that feel people in their community are willing to help, can be trusted, and that feel safe in their community ***Social support*** – 1) Percentage of people that think they have someone available to: love them and make them feel wanted, give good advice about a crisis, confide in or talk to about problems, and help if they were confined to a bed. 2) The percentage of caregivers who feel they have adequate support. ***Effective referrals*** - Percentage of cross-organization referrals based on service type and frequency of closed-loop referrals.
1.3 CIVIC ENGAGEMENT	
Action Area 2: FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	
2.1 NUMBER AND QUALITY OF PARTNERSHIPS	
2.2 INVESTMENT IN CROSS-SECTOR COLLABORATION	
2.3 POLICIES THAT SUPPORT COLLABORATION	
Action Area 3: CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	
★ 3.1 BUILT ENVIRONMENT/ PHYSICAL CONDITIONS Page 10	***Housing affordability*** – 1) Percentage of families that are housing burdened or paying more than 50% of their income on housing. 2)Percentage of households feeling at risk of losing housing. ***Access to healthy foods*** – 1) Percentage of population that had to go without food. 2)Percentage of population having 2 or more servings of fruits or vegetables per day ***Youth safety*** – 1) Percentage of people feeling that Adults watch out for children. 2) Percentage of students not attending school because they do not feel safe. 3) Percentage of teens report being bullied ***Equity in physical activity opportunities*** - Obesity rates across elementary schools ***Mobility and transportation*** – 1) Percentage having transportation as a barrier 2) Percentage going without healthcare due to transportation
3.2 SOCIAL AND ECONOMIC ENVIRONMENT	
3.3 POLICY AND GOVERNANCE	
Action Area 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	
★ 4.1 ACCESS Page 14	***Access to comprehensive primary care*** - Percentage of the overall population that state they had a primary care visit and got all the services they needed. ***Access to stable health insurance*** - Percentage of population with stable health insurance for 12 months ***Access to mental health services*** - Percentage of population who needed mental health services and got all the care the needed. ***Routine dental care*** - Percentage of the overall population that state they had a dental care visit and got all the services they needed. ***Collaboration on information sharing*** – 1) Rate of care coordination for shared patients 2) Rate of repeated assessments due to lack of information sharing
4.2 CONSUMER EXPERIENCE & QUALITY	
4.3 BALANCE AND INTEGRATION	

Driver 1.2 Sense of Community – part of MAKING HEALTH A SHARED VALUE

Research suggests that individuals who live in socially connected communities—with a sense of security, belonging, and trust—have better psychological, physical, and behavioral health, and are more likely to thrive. If people do not see their health as interdependent with others in their community, they are less inclined to engage in health-promoting behaviors or work together for positive health change.

To assess sense of community in the Columbia Gorge we must look at several measures. These measures include how emotionally connected people feel and how strong their sense of belonging to their community is. It also includes how much social support people have in their lives. Finally, collaboration with healthcare providers and social services is an important measure in ensuring a stronger sense of community.

Measures for Sense of Community

General Measure	Gorge Definition	2016 Status
 **Sense of Community -** Aggregate score on two subscales of the Sense of Community Index: emotional connection to community and sense of belonging to community	2016 CHA: Percentage of population that feel people in their community are willing to help, can be trusted, and that feel safe in their community	2016 CHA Data: Neighborhood cohesion is about the place where people live. • People in my community are willing to help – 87% • People in my community can be trusted- 77% • I feel safe in my community- 89%
 **Social Support -** Percentage of people noting they have adequate social support from partner, family, and friends	2016 CHA: Percentage of people that think they have someone available to: love them and make them feel wanted, give good advice about a crisis, confide in or talk to about problems, and help if they were confined to a bed. The percentage of caregivers who feel they have adequate support.	2016 CHA Data: Social support reflects how often individuals have someone to be available for life circumstances. The percentages are for replies of Most or All the Time. • Love you and make you feel wanted- 79% • Give good advice about a crisis- 78% • Confide in or talk to about problems- 74% • Get together with for relaxation – 71% • Help if you were confined to a bed- 71% 20% of the population is in some form of a Caregiver role. Of that group, 40% indicate they have adequate support.

General Measure	Gorge Definition	2016 Status
Effective referrals - Clients indicate organizations have knowledge of community resources and able to refer appropriately (local addition)	2016 CHA: Percentage of cross-organization referrals based on service type and frequency of closed-loop referrals.	2016 CHA: Organizations indicated that they refer to the following organizations Regularly, Often or Sometimes and closed-loop communication is Excellent, Good or Satisfactory Service Type — Refer Rate — Closed-Loop • Primary Care — 82% — 51% • Dental Care — 68% — 29% • Mental Health — 83% — 43% • Public Health — 72% — 60% • Food — 76% — 37% • Transportation — 84% — 37% • Housing — 74% — 36% • Other — 76% — 52%

Community Listening Sessions – Local voices about Sense of Community and the barriers they face

White-presenting community members generally feel secure in our communities, as well as members of the LGBTQ+ community, who shared that they feel safe and welcome in towns across the region:

> "I feel very safe in The Dalles. I've never felt discriminated against, and I'm married to another woman. We've never been hollered at or felt people saying things behind our back or anything. I've never felt unsafe from being with my wife, so that's really nice about this community." – *LGBTQ+ community member*

Many people of color, however, express increased feelings of hostility and a lack of social cohesion and safety. More social supports are needed for the most vulnerable residents of the Gorge to feel accepted and supported by the community:

> "There have been incidents recently that have made me feel less safe in general. I was really intimidated by seeing the outburst of confederate flags - things like this have been flying, even in our parades. That's made me feel uncomfortable, and maybe not so safe." - *Gorge resident*

> "Things were said to my 10-year old son at the bus like, 'You are Mexican! Leave! What are you doing here?'"- *Latino resident*

Language differences and a lack of transportation are perceived as barriers to building socially connected communities:

> “The majority of new people who arrive here don’t have support. When I was 4-months pregnant [and new to the area], I didn’t know anything.” - *Latina mother*

> “A lot of teens who live out in Odell and Parkdale, they can access free transportation if they have OHP but you have to book way in advance and still sometimes it doesn't show up. I think that's pretty

isolating for [youth] out there not to have transportation into Hood River proper." - *Youth Support Worker*

Many people expressed benefiting from good collaboration between providers.

When it happens, patients take notice and express gratitude for effective collaboration between members of their health care team:

> *"I had an experience where my mental health therapist called my psychiatrist and described what [they] had observed before my appointment, which turned out to be really helpful." - Privately insured mental health patient*

Others shared frustration with a system that seems disjointed and uncoordinated.

Many participants shared of a time when providers were not perceived to be coordinated or 'on the same page' about their health care:

> *"Most of the time, my providers are on the same page, however, I use both Western medicine and non-traditional medicine, and getting those folks communicating is a huge challenge. It takes a lot of effort." - Senior resident*

> *"My son takes medicine for bipolar. There's good communication between the med doctor and his regular doctor, but not always between the therapist and the doctors." - OHP client*

Additional resources are needed to support coordinated patient care.

Some participants would like to see additional supports with 'mapping a patient path' or navigating tough situations, particularly when they receive conflicting recommendations from providers.

> *"I've seen there be significant difficulties with the different disciplines communicating together or not...There is no one who is actually the gatekeeper. Everyone does their piece here and there but no one holds it all together." - Senior resident*

Driver 3.1 Built Environment/Physical Conditions – part of CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

The built environment—or the physical space in which we live, learn, work, and play—is key to a community's well-being. For example, sidewalks in good condition and active transport routes, such as bicycle lanes, are features of the physical environment that may provide greater access to exercise and healthy food options. However, to take advantage of these opportunities, it's essential that we feel safe in our neighborhoods, parks, and schools.

To assess the build environment/physical conditions in the Columbia Gorge we must look at several measures. These measures include housing affordability and ease of access to healthy food. It also includes how safe youth feel in the community. Finally, collaboration with healthcare providers and social services is an important measure in creating a better built environment.

Measures for Built Environment/Physical Conditions

General Measure	Gorge Definition	2016 Status
 **Housing Affordability** - Percentage of families spending 50 percent or more of monthly income on housing costs for either rent or mortgage.	2016 CHA: Percentage of families that are housing burdened or paying more than 50% of their income on housing. Percentage of households feeling at risk of losing housing.	2016 CHA Data: Approximately 28% of region pays more than 30% and is on the edge or is paying more than 50% of income on housing. 10% went without Housing 22.6% are worried about losing their housing or have no stable housing.
 **Access to Healthy Foods** - Percentage of the population with limited access to healthy foods	2016 CHA: Percentage of population that had to go without food Percentage of population having 2 or more servings of fruits or vegetables per day	2016 CHA Data: 12.2% of the population went without food. 51% have 2 or more servings of fruit 64% have 2 or more servings of vegetables
 **Youth Safety** - Percentage of middle and high school students who reported feeling safe in their communities and schools	2016 CHA: Percentage of people feeling that Adults watch out for children; Percentage of students not attending school because they do not feel safe; percentage of teens report being bullied	2016 CHA Data: Neighborhood cohesion is about the place where people live. • You can count on adults in this community to watch out that children are safe and don't get in trouble – 80% Teens not attending school because they feel unsafe - 6.4% Teens report being bullied - 27.3%

General Measure	Gorge Definition	2016 Status
Equity in Physical Activity Opportunities – All neighborhoods have spaces for physical activity (local addition)	Using elementary schools as the definition of a neighborhood, obesity rates across elementary schools	Unknown for the region at this time
Mobility and Transportation - percentage who have safe access to sidewalks, bike lanes, bus or transportation (local addition)	2016 CHA: Percentage having transportation as a barrier; Percentage going without healthcare due to transportation	2016 CHA Data: 12% of the population indicate that they go without Transportation when really needed due to financial hardship Transportation was the barrier for 6-8% of the population who did not get all the care they needed.

Community Listening Sessions – Local voices about Built Environment/Physical Conditions and the barriers they face

The high cost of housing and lack of available housing are having a destabilizing effect on both individuals and families, draining financial and personal resources, and impacting health and wellness.

> "We tried to buy a home a few years ago, but it was almost impossible to find a home that would house 5 people that we could afford. The housing [in Hood River] is astronomically high, even in the affordable housing developments that they were building." – *Gorge resident*
>
> "I make decent money, and it just pays the rent. People I know who have two kids and a spouse and they're trying to pay a mortgage on $14-$16/hour, they end up working 60, 70, 80 hours per week just to put food on the table, and that's just not healthy." – *Gorge resident*
>
> "Affordable housing is probably the biggest single issue for seniors and support staff for seniors. Seniors require services (caregivers, yard keepers, etc.) and those folks who are making $10-$12/hour cannot buy houses that cost $250,000. They cannot pay $800-$900/month in rent. It's a huge problem." - *Senior resident*

The regional affordable housing crisis is causing an economic divide, with the affluent populating urban hubs, and the working class and poor being pushed to the outskirts, adversely impacting community cohesion.

> "There aren't many middle-class kids at our high school because they can't afford living in town, so they go somewhere else. [It's] been disruptive to the financial diversity in our high school and it just creates barriers between social classes. It creates a lot of hate in our school." - *High school student*
>
> "We've moved twice in the last two years. Renting in the Gorge is super expensive, so it's difficult to find a place within our budget. Next time we might not be able to stay in the Gorge. That's why we live in Underwood. We've been moving farther and farther away from Hood River." - *High school student*

Lack of access to safe and permanent housing, among other basic services, at Native American in-lieu sites was identified as a major barrier to overall health for tribal members residing along the Columbia River.

"People sleep in tents, wherever. Not everyone can afford a truck to sleep. If you are rich, you might have a trailer." – *Warm Springs Reservation member*

"It's hard down here to try to eat healthy. Sometimes we eat. Sometimes we don't. If you don't have a wife, and many of us don't. I eat, what's that stuff? Bologna. Sometimes we share, fried chicken. We eat some salmon. Don't have housing to cook. It's hard to do it." - *Yakama tribal member*

Healthy foods, specifically fresh fruits and vegetables, need to be made more accessible to consumers through financial supports and community design that encourages rather than discourages healthful eating choices.

"The cost of the healthy foods such as fruit and veggies is much higher cost and not as affordable. Junk food is easy to get." - *Latino resident*

"They had a Veggie Rx prescription that was available, but it's not available any more. I received two [vouchers] and I was told the program was closed. It was really helpful. It would be good to go to the Farmer's Market."
- *Low income resident*

"I'd like to garden but I'm not allowed to at my housing development... You can't grow food in the front areas, except flowers. Your life isn't your own life. I know people who try to sneak tomatoes into pots, but If you have two violations, you are out." – *Senior resident*

"You don't have a grocery store in Bingen. A lot of people will go and buy their stuff at the gas station because there is [no bus] that comes regularly." – *Low income resident*

Gorge communities lack bike lanes, sidewalks and cross walks, impeding people from safely navigating their neighborhoods and accessing services. It is also dissuading residents from using forms of transportation that support physical health, like walking or biking. This limitation in the built environment disproportionately and adversely impacts children, families, the elderly, and the disabled.

"I really wish we had [a bike lane] going to the high school, from like Rosauers area, because there's a lot of dangerous corners. I would bike to school if I could - if I didn't fear for my safety." - *High school student*

"Access on and off our sidewalks are nonexistent, so I have to ride my wheelchair down the middle of the street. I'm grateful to the police that they don't arrest me for that." - *Disabled resident*

"[My community] has one street that has sidewalks, and it's the main road. My kids walk to the park and they have zero sidewalks to walk on to get there. And we have no bike lanes." – *Gorge resident*

There is a strong need for a comprehensive bus system, with fixed daily routes, to enable people of all ages, physical abilities and income levels connection to medical services, employment and community resources.

"I think transportation sucks. I take the CAT bus all the time and you have to call 24 hours in advance. Sometimes they can't give you a ride. They are like, 'Sorry, we are full.' [Sometimes] they'll be an hour late. They need a regular bus that goes up and down, from one side of town to the other." - *Gorge resident*

"If you don't have a car in this community, you're kind of screwed. I know a lot of people who are affected by this. They can't get to work some days because their car broke down, and they don't want to hitchhike, so they miss a day of work." - *Gorge resident*

Driver 4.1 Access – part of STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

Several factors influence access to health services, including the expansion of health insurance coverage. But access must be more than having insurance. It must include being able to get comprehensive, continuous health services when needed and having the opportunity and tools to make healthier choices.

To assess Access to health services in the Columbia Gorge we must look at several measures. These measures include the percent of people using primary care, mental health, and dental services. It also includes the percent of the population with stable health insurance. Finally, collaboration with healthcare providers and social services is an important measure in ensuring good access to services.

Measures for Access

General Measure	Gorge Definition	2016 Status
 **Access to Comprehensive Primary Care –** Percentage of population (regardless of insurance) who utilize a comprehensive patient-centered primary care home health system.	2016 CHA: Percentage of the overall population that state they had a primary care visit and got all the services they needed.	2016 CHA Data: 58% of the entire population reported receiving Primary Care and receiving all care they needed. Nearly 1 in 4 of Adults and Teens did not utilize Primary Care at all. Of those utilizing primary care, one in five did not get all the care they believe they needed.
 **Routine Dental Care -** Percentage of people who report a dental visit in the calendar year	2016 CHA: Percentage of the overall population that state they had a dental care visit and got all the services they needed.	2016 CHA Data: 39% of the entire population reported receiving Dental Care and received all the care they needed. Nearly 1 in 3 of the entire population indicate that they did not need any Dental Care. Of those utilizing dental care, 30% did not get all the care they believe they needed.
 **Access to Mental Health Services -** Percentage of people who report having mental health or substance abuse problems, and who received treatment	2016 CHA: Percentage of population who needed mental health services and got all the care the needed. Note: This is different than Primary Care and Dental Care	2016 CHA Data: Overall, 20% of the population stated that they needed Mental Health Services yet 35% indicate that they have a mental condition of some sort. Primary Care is the most frequent place services are accessed followed by County Mental Health Clinic. While 8.5% of the total population did not get the services they needed, it means of those who needed services 42% did not get the services they needed.

General Measure	Gorge Definition	2016 Status
Access to Stable Health Insurance - Percentage of population, with stable health insurance, or no change in the source of health insurance	2016 CHA: Percentage of population with stable health insurance for 12 months	2016 CHA Data: Just over 82% of the population had insurance for 12 months. Of the population eligible for both Medicare and Medicaid, only 25% indicated that they had both. Approximately 8.5% remain uninsured.
Collaboration on Information Sharing - the number of times people unnecessarily repeat their information across organizations	2016 CHA: Rate of care coordination for shared patients; Rate of repeated assessments due to lack of information sharing	2016 CHA Data: For shared Patients, care coordination happens Always or Often about 1/3 of the time. When sending referrals, organizations have to Repeat Assessments Always or Often about 15% of the time because information is not shared. Care Coord / Repeat Assess • Primary Care 47% / 18% • Dental Care 20% / 7% • Mental Health 35% / 22% • Public Health 36% / 16% • Food 35% / 8% • Transportation 40% / 11% • Housing 27% / 8% • Other 36% / 19%

Community Listening Sessions – Local voices about Access and the barriers they face

For many Gorge residents, the shortage of local care providers—both primary providers and specialists—results in long waits, a lack of choice, and travel to larger urban centers.

> "There is too long of a wait for appointments, and maybe it is because they have a lot of patients." - *Latino resident*
>
> "Mostly, specialized services are not available in [my community]. I have to go to Hood River or Vancouver or Portland to see specialized doctors." - *Senior resident*
>
> "I don't feel like I'm getting the health care that I need. Often I don't seek health care because I anticipate problems. I think it's just a rural thing. I have to go into The Dalles to [get care]." - *Senior resident*

The lack of coverage for "specialty" services, which are fundamental to holistic health and wellness, such as vision exams and physical therapy, creates an obstacle to overall health.

> "[OHP] is willing to pay for the pain medicine, but they wouldn't cover physical therapy." - *Low income individual with acute back pain*

"I have Medicare, through disability. While I'm grateful for it, the three major areas that impact health—vision, hearing, dental—there's nothing. It becomes about quality of life, and trying to thrive." – *Senior resident*

"Hearing aids - a lot of people just can't afford hearing aids. The Lions Club was offering a program that allowed people to get hearing aids and a test for $75, but I don't know what happened to that." – *Social service worker for seniors*

A lack of dental providers and dental coverage, especially for Medicare recipients, results in piecemeal care and poor prevention.

"If people have a healthy mouth, that also leads to a healthier body. Medicare does not cover any sort of dental work. If it would cover at least two cleanings and checkups a year, many seniors would take advantage of it." – *Senior resident*

"I'm on WA State Medical and there's only one place I know of in Hood River that accepts [my insurance]." - *Low income resident*

"Medicaid does not cover dental at all...and what little of dental care that's available is on a piecemeal service out of Hood River. Crowns - you can't get them done at all." – *Low income resident*

Barriers to mental health mirror the obstacles Gorge residents face with physical and dental health. Many in the Gorge struggle to find enough providers to meet the demand, and to find specialists qualified to meet the full range of needs for mental health services, including crisis supports.

"The mental health counselor [at the Health Center] is so booked that she had to turn people away. The counselor said, 'You might be able to drop in sometime.'" - *High school student*

"There isn't really a [mental health provider] in the Gorge that specializes in providing support for the kind of help that I need." - *Transgender youth*

Mental health services [are inaccessible] for anyone who is living in assisted living or a nursing home and can't go out - that's a problem because for anyone enrolled in Medicaid, [the providers] don't come to the facilities." - *Caregiver*

"It's very difficult finding external help when we're in crisis mode. I've called Center for Living, and they're like "Oh, well just call 9-1-1' and then I never get a call back." - *Low-income mother of a child with mental health needs*

Language and cultural barriers make it more difficult for some community members to access care.

"We do not seek help because we do not speak English." - *Latino resident, about medical care*

"I was visiting with my daughter and the doctors took me out, then, asked different questions. [It did not feel culturally appropriate.] I was feeling like they wanted to leave me out." - *Latina mother*

"I was seeing a mental health provider to get support related to being the parent of a transgender child, and this provider told me that my child was 'just acting out.' This has stuck with me to this day." - *Parent of LGBTQ youth*

Some people reported experiencing judgment or bias in their interactions with healthcare providers.

> "When I called the office to get a prescription refilled, I was automatically 'drug seeking' instead of managing my health care." - *OHP client with mental health needs*

> "I went in knowing that I had strep throat, and through a basic questionnaire my sexuality came out and [this provider] immediately said it was chlamydia...She kept going the whole STD route as soon as she knew I was a gay male...I felt very let down in that experience." - *LGBTQ resident*

Next Steps

The Columbia Gorge Health Council and Community Advisory Council intend to use this Community Health Improvement Plan to guide project investments and to monitor progress to the measures over time. In some situations, new methods for gathering existing measurements (e.g. childhood obesity rates by elementary school districts) will need to be created.

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