



Columbia Gorge Health Equity Plan

Disclaimer: Community teams own all aspects of Community-Driven Health Equity Action Plans. While this plan was created using the National Academy of Medicine (NAM) model for developing Community-Driven Health Equity Action Plans in collaboration with the NAM Culture of Health Program, it is solely a product of the Gorge Health Equity Collaborative.

VISION AND GOALS

The idea for the Gorge Health Equity Collaborative (GHEC) originated with three community leaders, Alicia Ramirez (The Next Door, Inc.), Suzanne Cross (Columbia Gorge Health Council/CCO) and Shellie Campbell (North Central Public Health District) as they were participating in a year-long program sponsored by the Oregon Health Authority called Developing Equity Leadership Training & Advocacy.

In early 2018, these three community leaders each identified the need for a common understanding of health equity amongst service providers in the Gorge, independent of each other. When they began discussing the idea, they included Paul Lindberg, Collective Impact Health Specialist in the planning, and thus, the Gorge Health Equity Collaborative was born.

This planning group was well aware of some long-time efforts to address equity in the Gorge and wanted to intentionally build on those efforts. They also recognized that those efforts were almost exclusively focused on the individual level. The group identified a gap: agencies and service providers needed support to better address equity issues.

In response, the planning group identified three broad goals:








- 1) Help agencies in the Gorge develop a better understanding and working knowledge of equity;
- 2) Support agencies in assessing and understanding where each is on its journey toward equity; and,
- 3) Identify supports and resources to help these agencies adopt equitable policies and practices.

We envision a community where organizations have clear diversity, equity and inclusion policies and put them into practice. To achieve this vision the GHEC has convened community partners to develop a Gorge Health Equity Plan (GHEP) that includes shared definitions, resources, training opportunities, and tools that will inform and educate for change. Our region places strong value on cross-sector collaboration, which is a vital component of our vision.

Gorge Health Equity Collaborative Mission Statement:

The mission of the GHEC is to convene partners, develop and share resources, and lead organizations towards equity.

Gorge Health Equity Collaborative Vision Statement:

-  Healthy communities that support everyone
-  Health for all through equity
-  Focused skill, energy and human capital for equity
-  All organizations have capacity for equity change
-  Communities where health is no longer determined by zip code
-  Communities engaged in change for equity
-  A community where, in addition to zip code, cultural background, racial identity, sexual orientation, gender, or any other factor no longer define your access to the resources needed for a healthy, happy and productive life.





“You don’t get to hear my accent and how hard it is for me to say what I am saying right now if I am not here.”

- Alicia Ramirez, The Next Door, Inc. & NAM Enhanced Incubation Core Team Member

Goals

The GHEC focuses its energies and resources on building equity at the organizational level to support community providers across sectors in developing stronger diversity, equity and inclusion policies and practices. While the focus of our work will be at the organizational leadership level, the group leading and doing the work will be representative of diverse agency partners and community members.

Many community partners are beginning to address health equity in their organizations. We have identified the need to coordinate our efforts, use shared language, and provide support to each other to avoid duplicating services. We have learned that we are better when we work together by:

-  Sharing targeted assessments, goals, objectives and activities detailing each organization's investments and contributions that lead to a regional broad-based health equity plan for organizational and systemic change.
-  Building diverse partnerships amongst organizations across the Gorge region (ensuring inclusion of Latinx and Native American serving organizations).
-  Creating guidance to advance health equity such as establishing shared definitions for key terms used to describe the work; identifying and developing resources, tools, trainings and services for partners.
-  Gaining buy-in from community members by developing a marketing and communication strategy to explain the work of the collaborative and the roll out of the plan.

COMMUNITY CONTEXT AND OPPORTUNITIES

Background

Over the past six years, the Columbia Gorge community has taken several key steps toward building a healthy community. First, we have conducted three collaborative (35+ partners) Community Health Assessments/Community Health Improvement Plans (CHA/CHIP) that are rooted in individual community member surveys and widely accepted by providers as *the* health priorities for the community.







Second, we have developed a Collective Impact model that includes a 'community grant writer' (Collective Impact Health Specialist) who is paid by Providence Hospital to develop cross-sector collaborations that address CHIP topics and pursue and secure funding for those collaborations. By designing community-identified solutions to address community-identified needs, the Collective Impact Health Specialist model has developed 40+ new initiatives while securing \$10.4 million in grants to support those initiatives. This collaborative work was specifically recognized by the Robert Wood Johnson Foundation when they awarded the Columbia Gorge its Culture of Health Prize in 2016.

The Gorge's unique model focuses on building trust, relationships, and a common understanding of our community's needs. One of the needs we have collectively recognized is a lack of diversity, inclusion, and equity at the organizational level, which translates to inequities for individuals served by those agencies. Unfortunately, too few community providers and community agencies actively view their work through an equity lens. At the same time, however, the vast majority of these providers and agencies understand the importance of equity and are interested in becoming more diverse, inclusive, and equitable; they simply may not know what equity means in the context of their work and the community. The GHEC intentionally works to build on this need and collective desire to support these providers and agencies.

One significant challenge we face is navigating the gap between some community partners such as The Next Door, Inc. who have been working to improve equity for decades and other organizations that are new to this specific work. Our challenge is to enhance the work through alignment and coordination to avoid overlapping or duplicating existing and long-standing efforts. The GHEC leaders and partners are intentionally working to ensure that the final plan will 'meet each organization where they are' on the equity journey to ensure that the overall work is meaningful and impactful.

Community Disparities

The last two iterations of the CHA/CHIP identified system disparities experienced by vulnerable populations across sectors in the community. These disparities include the following:

-  *Basic Needs:* 4 in 10 Latino/Hispanic/Other low-income, uninsured, and Medicaid populations went without a basic need and healthcare need (vs. 1 in 4 of general population);
-  *Income Security:* More than 50% of Latino/Hispanic/Other low-income, uninsured, and Medicaid populations had trouble paying for basic needs (vs. 1 in 3 of general population);
-  *Food Security:* 50% of Medicaid populations worry about running out of food (vs. 27% of general population), and 21% went without food (vs. 10% of general population);
-  *Housing Security:* 40% of Latino/Hispanic/Other low-income, uninsured, and Medicaid Populations worry about housing (vs. 25% of the general population);
-  *Transportation Access:* 1 in 4 Latino/Hispanic/Other low-income, uninsured, and Medicaid Populations went without transportation (vs. 13% of the general population);
-  *Health Insurance:* Latino/Hispanic/Other low-income, uninsured, and Medicaid Populations are twice as likely to be uninsured (as the general population).

(for more details on disparities, see Attachment A- Gorge Regional Community Health Assessment Summary)

The GHEC expects that improving understanding and practices in diversity, equity and inclusion will help minimize these and other disparities.



GHEC partners creating mission, vision, and value statements




Opportunities

Our community has developed a strong culture of collaboration that cuts across sectors, issues, and geographies. Because we live in a rural region with limited resources, we have learned that we are better when we work together. We also have highly experienced partners in the region that have worked on health equity efforts for years. In developing the GHEC, we are maximizing and leveraging resources and building on these strengths and experiences to further this health equity plan.







In fact, the GHEC team has capitalized on different funding opportunities including securing \$20,000 from PacificSource Community Solutions to support both the collaborative work and the needs of individual partners moving forward.

Specific examples of existing collaborations include:





State Initiatives

-  Initiatives in which Health Equity is a key component: Oregon State Office of Equity and Inclusion and local experience with its training program, and Developing Equity Leadership Training Advocacy (DELTA)
-  Oregon Public Health Modernization Plan initiative to ensure public health is well prepared and able to focus on new health challenges
-  Coordinated Care Organizations (CCO) 2.0 (Oregon's Medicaid Managed Care Program)

Local/ Regional Partnerships

-  Columbia Gorge PacificSource CCO will be developing a Health Equity Plan
-  North Central Public Health District leads the Modernization Plan for Eastern Oregon
-  Mid-Columbia Health Equity Advocates (state funded Regional Health Equity Coalition) has been working on health equity with specific populations for 10 years
-  Gorge Food Coalition focuses on equity in all its work
-  The Next Door Inc., regional health equity experts, are using its 40 years of working and educating in the equity sphere to support health equity trainings locally and state wide
-  At least one local School District has hired a Family Partnership and Equity Director

Sustainability

-  Collective Impact Health Specialist - a community grant writer that will help secure funding to support the work of the collaborative
-  Learning Specialist - a community-based role who will work with GHEC partners to identify what data is collected, how it is collected, and how it is used, with a goal of identifying common data collection practices
-  PacificSource Community Solutions (manages the Regional Medicaid) is committed to supporting the GHEC and its partners in pursuing health equity work
-  North Central Public Health District has committed funding through the modernization of public health to support the regional work

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING AND MEDICINE (NASEM) REPORT FOCUS AREAS

This plan is guided by two primary recommendations from the *Communities in Action: Pathways to Health Equity* report, released by the National Academies of Science, Engineering, and Medicine in January of 2017. The team has also developed a plain language adaptation of the selected recommendations to align with the work of the GHEC.

[Recommendation 4-1](#): A public-private consortium should create a publicly available repository of evidence to inform and guide efforts to promote health equity at the community level. The consortium should also offer support to communities, including technical assistance.

Plain Language Adaptation of Recommendation 4-1: A community partnership will create a plan for promoting health equity at the community level.

[Recommendation 7-3](#): Anchor institutions (such as universities, hospitals, and businesses) should make expanding opportunities in their community a strategic priority. This should be done by:

- Deploying specific strategies to address the multiple determinants of health on which anchors can have a direct impact or through multi-sector collaboration; and
- Assessing the negative and positive impacts of anchor institutions in their communities and how negative impacts may be mitigated.

Plain Language Adaption of Recommendation 7-3: Organizations in the community should prioritize work to improve their community. This should be done by:

- Finding and creating strategies to address the social determinants of health through multi-sector collaboration;
- Identifying and working through the positive and negative impacts organizations might have in their community and work to address the negative impacts; and
- Having a plan to have the necessary resources for the above.

Columbia Gorge Enhanced Incubation Workplan

Gorge Health Equity Collaborative Mission Statement: Our mission is to convene partners, develop and share resources, and lead organizations towards equity.

Focus area: Develop a regional health equity plan that includes tools, resources, training & other services to ensure that diversity, equity, and inclusion are incorporated by all partner organizations. GHEC will be the vehicle to develop the GHEP. Through consensus the GHEC will decide on and develop the key components of the GHEP.

Focus Area	Goals	Objectives	Outcomes	Activities	Timeline	Implementation Partners
Develop a regional health equity plan that includes tools, resources, training & other services to ensure that diversity, equity, and inclusion are incorporated by all partner organizations.	Share targeted assessments, goals, objectives and activities detailing each organizations' investments and contributions	Learn where each organization sits on a common health equity spectrum	Obtain a shared understanding of equity and where individual organizations are on that spectrum	<ul style="list-style-type: none"> Learn from partners experiences in advancing health equity practices within their organizations Utilize the Meyer Memorial Trust (MMT) Diversity Equity and Inclusion (DEI) Spectrum Tool. It helps organizations identify where they are on their DEI journey and identify potential areas of future work (https://mmt.org/applicant-resources/diversity). See also Attachment B- Meyer Memorial Trust Diversity, Equity and Inclusion Spectrum Tool <p>Deliverables:</p> <ol style="list-style-type: none"> Upon start and again at 12 months, measure and document where organizations are on the MMT DEI Spectrum Tool Utilize above document to prioritize level of focus for the work of the collaborative 	August 2018 - April 2020	All GHEC partners
	Build diverse partnerships amongst organizations across the Gorge region (ensure inclusion of Latinx and Native American serving organizations)	Form and support an ongoing Gorge Health Equity Collaborative (GHEC)	Build relationships and strengthen existing partnerships between organizations that work in the health equity space across the Gorge to ensure that efforts are complimentary and not duplicative	<ul style="list-style-type: none"> Identify all organizations in the region that work in the health equity space Convene organizations to commit to participating in the collaborative* Assess individual and collective strengths and needs of community partners, through facilitated, ongoing meetings Secure funding to support planning of the GHEC, with staffing as a priority <p>Deliverables:</p> <ol style="list-style-type: none"> Secure signed letters of commitment from GHEC partners to participate in the collaborative and provide input to the regional health equity plan Track the number of health equity related interactions between GHEC participants and other organizations 	August 2018 - April 2020	CGHC, NCPHD, The Next Door, Collective Impact Health Specialist
		Develop shared vision and goals for the Gorge Health Equity Collaborative	All participating organizations will have clear guidance on the objectives of the GHEC	<ul style="list-style-type: none"> Engage in conversations about health equity* Discuss what collective work around health equity should look like Work with a facilitator to create draft vision and goals Gather input from community partners around collective vision and goals 	February 2019 - August 2019	CGHC, NCPHD, The Next Door, Collective Impact Health Specialist

				<ul style="list-style-type: none"> Share current organizational efforts to address equity across partners <p>Deliverables:</p> <ol style="list-style-type: none"> Create mission, vision and goals and revisit annually 		
	Create guidance to advance health equity	Establish shared definitions for key terms used to describe the work of the GHEC and to be incorporated in to the GHEP	All organizations provide input and come to agreement on the shared definitions that will be used	<ul style="list-style-type: none"> The GHEC partners to have conversations around health equity language* Expand conversations around health equity language to other organizations and community members through listening sessions, outreach to organized groups, and individual conversations * Assess the existence of health equity language and practice Identify common shared language that reflects equity for the Gorge Continuously employ MMT Health Equity Assessment Tool for organizational assessments* <p>Deliverables:</p> <ol style="list-style-type: none"> GHEC will create a toolkit that will include multiple definitions of health equity language as identified by the GHEC partners 	February 2019 - June 2020	CGHC, NCPHD, The Next Door, Collective Impact Health Specialist
		Identify and develop resources, tools, trainings, and services for the GHEP	Community partners will have clear guidance on what and how to improve their diversity, equity, and inclusion practices within their organizations	<ul style="list-style-type: none"> Explore and assess which resources are currently available to partner organizations <ul style="list-style-type: none"> Research and identify alternative or improved resources Explore and assess which training opportunities are currently available and utilized by partner organizations <ul style="list-style-type: none"> Research and identify alternative or improved training opportunities, including focus on data collection and analysis through an equity lens Explore and assess which tools for policymaking and contracting are available and used by partner organizations <ul style="list-style-type: none"> Research and identify alternative or improved tools for policymaking and contracting Provide data and models that work to facilitate equity-based goal setting conversations Identify health equity trainings for boards, governments, and multi-sector organizations Expand leadership positions for people who identify as belonging to groups that traditionally experience inequities* Create toolkits that include guidance (via templates) on health equity terminology and best practices for developing policies aligned to the Culturally and Linguistically Appropriate Services Standards. These Standards intend to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations Secure sustained funding for continued GHEC work, training and resources* 	August 2019 - August 2020	CGHC, NCPHD, The Next Door, Collective Impact Health Specialist

				Deliverables: <ol style="list-style-type: none"> 1. Based on the MMT DEI assessment results, the above are identified and put together as part of the GHEC toolkit for partners to implement 2. Training needs and resources identified and implemented as funds allow 		
	Gain buy-in from community members	Develop a marketing and communications strategy for the region to explain the work of the GHEC and roll-out the GHEP	Community members will understand what the GHEP will accomplish, and they will adopt shared definitions	<ul style="list-style-type: none"> • Host community listen and learn sessions to present the GHEP and receive necessary input for action items • Create a collaborative understanding of the GHEP and engage community members in activities identified in the plan Deliverables: <ol style="list-style-type: none"> 1. GHEC Communication Plan will be completed and implemented 		CGHC, NCPHD, The Next Door, Collective Impact Health Specialist

*Denotes activities that have already begun and will continue beyond April 2020

STAKEHOLDERS

Over the past several years, the Columbia Gorge community has developed a culture of collaboration that intentionally engages partners across sectors, issues, and communities. Collaboration was one of the components highlighted by the Robert Wood Johnson Foundation when they awarded the community the Culture of Health Prize in 2016. The development and implementation of the GHEC is rooted in this culture of collaboration. The list below represents the individuals and organizations who are engaged in this work... so far.

Stakeholder	Entity	Level of Engagement
Alicia Ramirez	The Next Door, Inc	Core
Shellie Campbell	North Central Public Health District (NCPHD)	Core
Suzanne Cross	Columbia Gorge Health Council (CGHC)	Core
Paul Lindberg	Collective Impact Health Specialist	Core
Nora Zimmerman	NCPHD, Eastern Oregon Modernization Collaborative (EOMC)	Implementation, Informed, Supportive
Todd Dierker, Eli Bello, Mayra Rosales	The Next Door, Inc.	Implementation, Informed, Supportive
Miguel Herrada Rodriguez, Trudy Townsend	PacificSource Coordinated Care Organization (CCO)	Implementation, Informed, Supportive
Jordan Bryant	Gorge Food Security Coalition	Informed, Supportive
Mark Thomas, Gladys Rivera	Providence Medical Center	Informed, Supportive
Jonathan Fost	Columbia Gorge Education Service District	Informed, Supportive
Sandy Galvez	Oregon Community Development Corporation	Informed, Supportive
Amanda Ramey	Mid-Columbia Community Action Council	Informed, Supportive
TBD	Mid-Columbia Medical Center	
Paul Blackburn	Mayor of City of Hood River (HR)	Informed, Supportive
Trish Elliott	Hood River Public Health Department (HRPHD)	Informed, Supportive
Patricia Cooper	Hood River County School District (HRCSD)	Informed, Supportive
Stacey Ayers	Dept. of Health and Human Services	Informed, Supportive
TBD	Law Enforcement	
TBD	One Community Health	
TBD	Community Members	
TBD	Other Government Officials	
TBD	Business Community	
TBD	Other Community Partners as identified, especially Latinx and Native American serving orgs	

SUSTAINABILITY

Communications Plan

The Enhanced Incubation core team will develop a communications plan based on the [Spitfire Smart Chart](#).

Resources to sustain plan

North Central Public Health District has provided short term funding through the Public Health Modernization grant and we expect additional funding in 2020 from this grant. We have also received funding through the Columbia Gorge PacificSource Coordinated Care Organization for the initial planning stage.

We will work with our Collective Impact Health Specialist to identify potential grants from the Coordinated Care Organization or other major stakeholders and foundations to secure long term support.

Evaluation plan

We will measure our progress against our planned activities and timeline as outlined. Specific deliverables from the GHEC Workplan will be used to measure our progress toward our goals.

ATTACHMENTS:

Attachment A: 2019 Gorge Regional Community Health Assessment Summary in English & Spanish

Attachment B: Meyer Memorial Trust Diversity, Equity and Inclusion Spectrum Tool

Attachment A:

Columbia Gorge Regional Community Health Assessment 2019



About the Region and the Community Health Assessment

The Columbia Gorge Region includes seven counties along the Columbia River. The region includes Hood River, Wasco, Sherman, Gilliam, and Wheeler counties in Oregon plus Skamania and Klickitat counties in Washington. Combined, these counties cover 10,284 square miles and are home to a population of approximately 84,000.

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

When gathering information for this Regional Community Health Assessment, we did best efforts to include similar information for all seven counties. Sometimes, information is only available for a subset of the population or we intentionally looked at a subset of the population. Whenever information is about a subset of the community, we clarified what portion of the population is included. Otherwise, the information is inclusive of all seven counties.

Because many of our local organizations are required to conduct a community health assessment, we chose to do this work collaboratively. The seventeen organizations highlighted on the cover page are part of the 2019 Regional Community Health Assessment cohort. More details about the cohort, the demographics and the organization of the content can be found starting on page 15.



FIGURE 1-MAP OF COLUMBIA GORGE REGION

Executive Summary

The Columbia Gorge Health Council and its partners are pleased to present the third collaborative regional Community Health Assessment (CHA) for the Columbia Gorge region. In the Columbia Gorge, we have taken the CCO model, infused in it our own local ideas and experiences, and created something unique that is both responsive to, and useful for, our community.

While every CCO is required to conduct its own CHA, the Gorge has put its own spin on the process. In our case, this CHA is built on collaboration. Led by the Columbia Gorge Health Council, the tri-annual CHA process starts with the 'Cohort' the 17 community partners who contributed funds and who have agreed to adopt the CHA as their organization's CHA. In addition, numerous community organizations listed on page 12 agreed to disseminate, administer and collect surveys from individual community members. These consumer surveys provide the backbone of data for the CHA.

Challenges

Health equity – or the lack thereof – is an issue that is difficult to identify through individual data points. We recognize that equity is a collection of conditions that cannot be 'solved' by a single action. It takes multiple, cross-sector, ongoing efforts to create true health equity. To this end, we, as a community, strive to include and elevate those voices of those who are impacted most by inequities and who historically have been most excluded from decision-making.

In the Gorge, we believe that each person is an expert in their own lived experience. We elevate and honor their voices by asking, listening and responding to those voices. In practice, this includes the Community Advisory Council (CAC) reviewing the survey questions, converting the surveys into plain language in addition to Spanish, and hand-fielding surveys to ensure responses from those people most affected by health inequities.

The 2019 CHA process has not been without challenges. Because this is our third CHA process, we have been able to identify issues that fall between the data. For example, we understand that the Federal Poverty Level (FPL) does not reflect true challenges and struggles for households in the Columbia Gorge due to the cost of housing (officially a designated housing burdened community). Thus, 2019 CHA uses 200% of the FPL to identify 'low-income', which we recognize is still inadequate to fully define income inequality.

In another example, while we received more survey responses from American Indian or Alaska Native community members as compared to 2016, the numbers are still small and make it difficult to assess the inequities faced by this segment of our community. This is a challenge the CHA Cohort and agency partners will address in the upcoming Community Health Improvement Plan (CHIP) process and in future versions of the CHA itself.

Moving Forward

Despite these challenges, the CHA/CHIP has become the foundation we use to build a healthier community. 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. The next step in our

process is to hand this CHA over to our Community Advisory Council to create our third Community Health Improvement Plan (CHIP).

Using previous versions of the CHA/CHIP, community partners have created countless programs that address our broad health needs, and which have brought in more than \$12 million in outside funding. The CHA and these collaborations were a significant reason the Columbia Gorge was awarded the Robert Wood Johnson Foundation Culture of Health Prize in 2016.

It is our sincerest hope and belief that the 2019 CHA will continue to propel our community forward. We are confident that community providers of all types – healthcare, human service, social service, public health, prevention and promotion – will use this data to design and implement more new, innovative ideas to improve health and overall wellness in the Gorge. It is also our sincere hope that this CHA and the soon-to-come CHIP will spur more participation from individual community members, and more agency collaborations especially with education, business, and elected officials.

To those of you who already use this CHA we thank you. To those of you who don't yet use this CHA, please join us as we work to improve the health of both individuals and the entire community that is the Columbia Gorge.

The next eight pages highlights the key information from the detailed document.

A few notations for the Executive Summary information that follows.

- Most data are rounded to the nearest percent for presentation purposes in the Executive Summary. Details can be found in the body of the document.
- Unless otherwise stated, data is either 2018 or 2019 information.
- When we use Oregon or Washington, we mean the 7 counties in our region. Oregon includes Gilliam, Hood River, Sherman, Wasco, and Wheeler counties. Washington includes Klickitat and Skamania counties.
- Five different surveys are referenced in this document. From the Consumer Health Survey, we use the following notations:
 - Adults are all responses from the Consumer Health Survey.
 - Parents are adults with one or more child ages 0-17 in the household.
 - Parents of children ages 0-5 have infants or toddlers in the household.
 - Caregivers are adults who are performing caregiving services for another adult.
 - Diverse Communities are Adults who self-reported their race or ethnicity as any combination of Latino or Hispanic, American Indian or Alaska Native, Asian or Asian American, Black or African American and Other.
 - Low Income households are defined as <200% Federal Poverty Level (FPL) or \$24,120 per year for single adults and \$49,200 per year for a family of 4.
 - Medicaid means the Adult completing the survey has Medicaid as their health insurance including those who have both Medicaid and Medicare.
- Students means responses from the Student Wellness Survey or Healthy Teen Survey.

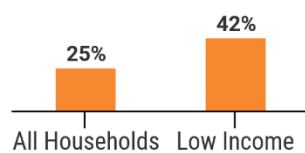


Sense of Community

People with **social** and **family supports**, a sense of **security** and **belonging** have better physical and mental health and are more likely to thrive.

Social Supports means - people feel loved, wanted and have someone to help in times of need.

% of Adults who did not have enough social supports:

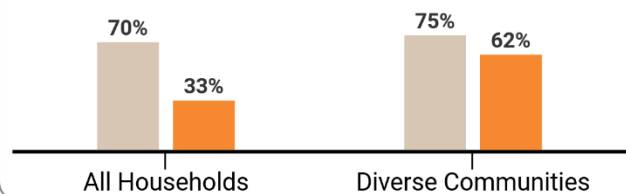


22% of Adults said



Belonging means - all people are treated fairly. This includes all races, ethnicities, genders, and sexual orientations.

● I have witnessed unfair treatment
● I have experienced unfair treatment



Family Supports means - people can meet the needs of their family from young children to aging parents.

34% of Parents said

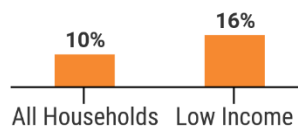


50% of Caregivers said



Security means - people feel safe in their neighborhoods and trust their neighbors.

% of Adults who do not feel safe:

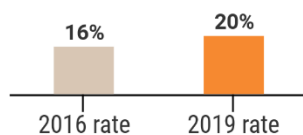


82% of Adults said

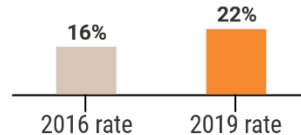


Traumatic events cause physical, emotional, spiritual or psychological harm. People with trauma can feel threatened, anxious or frightened and can have long term chronic health conditions.

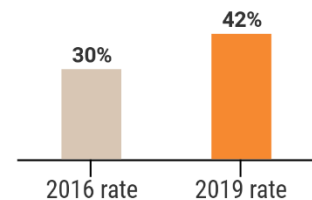
% of Adults who said I was made to do something sexual that I did not want to do:



% of Adults who said I was physically hurt or threatened by an intimate partner:



% of Adults who said I witnessed or experienced violence:



Find details starting at Sense of Community on page 19 and Early Education on page 32 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R2, R3.

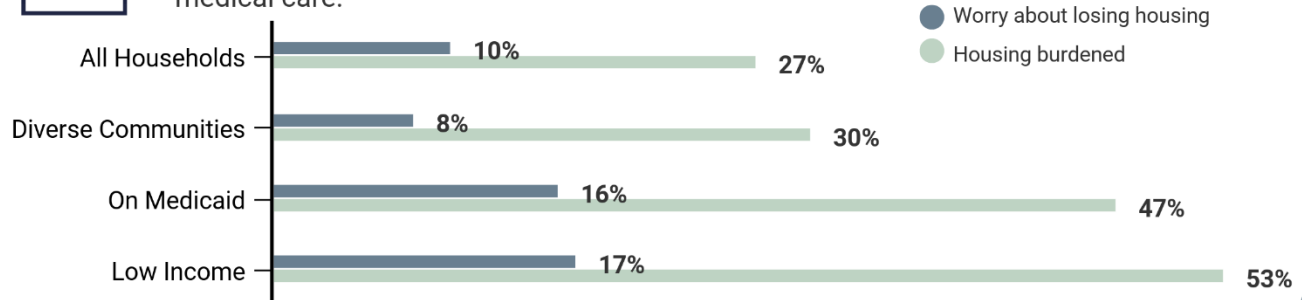


Built Environment, Part 1

This means the places where we live, learn, work, and play. It includes **basic needs** like **housing** that is affordable and appropriate, **healthy foods** and mobility and **transportation**.



Housing burden means people are spending 50% or more of their income on housing. So, they may struggle paying for other basic needs like food, clothing, transportation, and medical care.



The Dalles High School cafeteria has **seating** for **10% of the students**.



55% of Households said they had 2 or more servings of fruit per day.

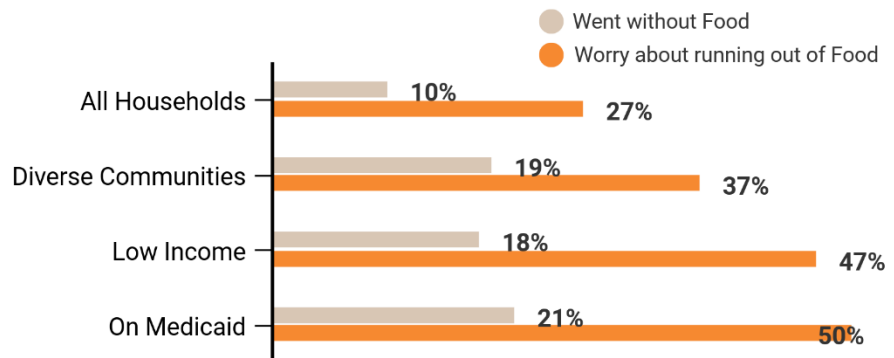


64% of Households said they had 2 or more servings of veggies per day.



Food insecurity means people worry about running out of food or they went without food.

% of Households with Food Insecurity



Transportation barriers means people go without transportation when they really need it or go without basic needs like healthcare and food due to transportation or distance. Transportation is the highest unmet need.

% of Households going without Transportation



Find details starting at Built Environment on page 24 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R3, R5, R15, R24



Built Environment, Part 2

This also includes all people having the chance to be **physically active** and **youth being safe**. To make the best of our built environment, we all need to **feel safe** in our neighborhoods, parks, and schools.



Physical Activity

79% of the community



13% of Households said



10% of Households said

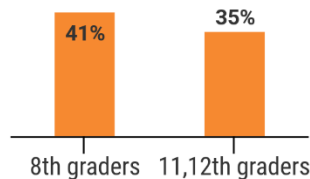


Youth Safety

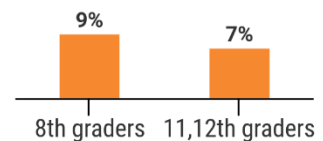
82% of Adults said other adults watched out for children and kept them safe.



% of Students who said they were bullied going to or at school:



% of Students who said they missed school due to feeling unsafe:

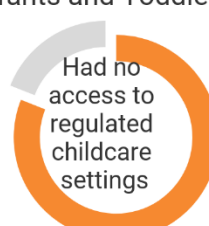


Basic Needs

25% of Households said



81% of 0 to 24 month Infants and Toddlers



6% of Households said



Inequity:

- 25% of all Households went without 1 or more basic needs like housing, food, transportation or childcare.
- Low Income Households and Caregivers go without more basic needs.

37% of Low Income Households said



31% of Caregivers said



Find details starting at Built Environment on page 24 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R3, R5, R14, R17, R32

Youth Health

Healthy children lead to healthy adults and a healthy community. Health in the early years can impact quality of life for years to come.

Physical, mental and oral health of youth:

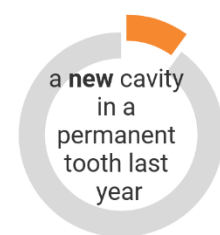
83% of Oregon Teens said we had



72% of Oregon Teens said we had



10% of 8 to 9 year olds had



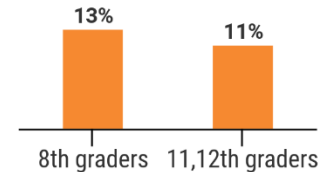
38% of 11th and 12th graders had



5% of Parents said a healthcare provider told them



% of Students who reported they have attempted suicide:



% of 11th and 12th graders reporting they had used these in the last 30 days:



68% of Adults said "I know of at least one local resource where I could refer someone who is at risk for suicide."

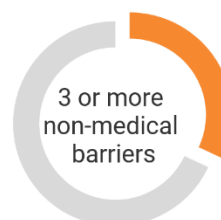
Inequity:

- Youth on Medicaid have higher rates of chronic health conditions and non-medical barriers like poverty or foster care.
- Most youth have no access to fluoridated water.

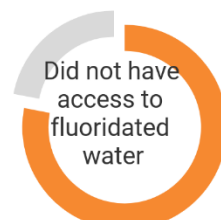
24% of Youth on Medicaid had



32% of Youth on Medicaid had



78% of all Youth



Find details starting at Measuring Results of Healthcare on page 37 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R1, R3, R4, R6, R7, R10, R14, R17, R19

Youth Healthcare Access

This means all children got the healthcare services they needed and they received preventive services like vaccines.

2-year olds: 72% in Oregon and **39% in Washington** had their needed vaccines.



Oregon



Washington

13 to 17 year olds: 51% in Oregon and **17% in Washington** had their needed vaccines.



Oregon



Washington

Parents were asked if their child or children got all the healthcare they needed.

5% of Parents said my child did not get needed



Medical Care

6% of Parents said my child did not get needed



Dental Care

16% of Parents said my child did not get needed



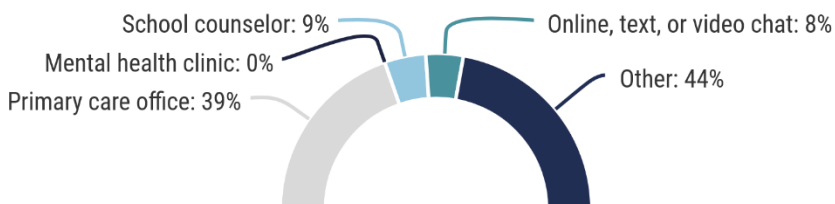
Developmental Care like Speech Therapy

25% of Parents said my child did not get needed



Counseling or Mental Health Care

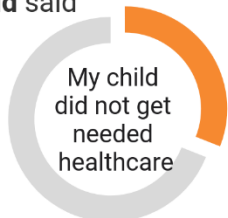
Where Parents reported their child got mental health services:



Inequity:

- Young children went without needed healthcare.
- School-based services were not available to all teens.

31% of Parents with children 0 to 5 years old said



My child did not get needed healthcare

66% of High School Students did not have access to a school-based health center.

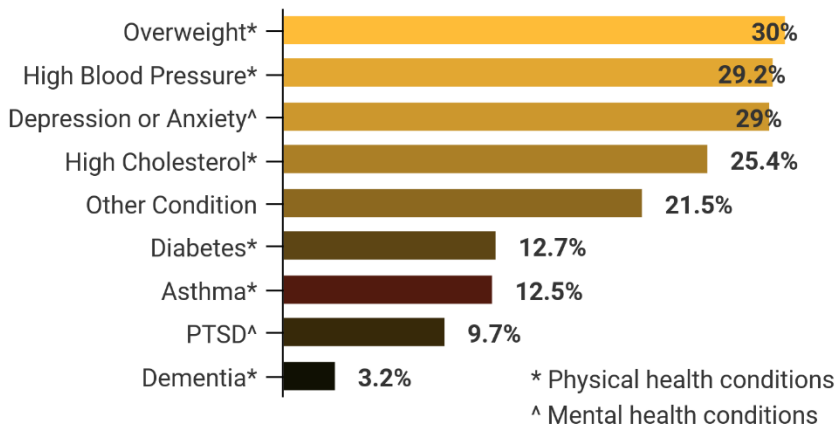


Find details starting at Youth Healthcare Access on page 34 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R1, R3, R4, R10, R17, R20

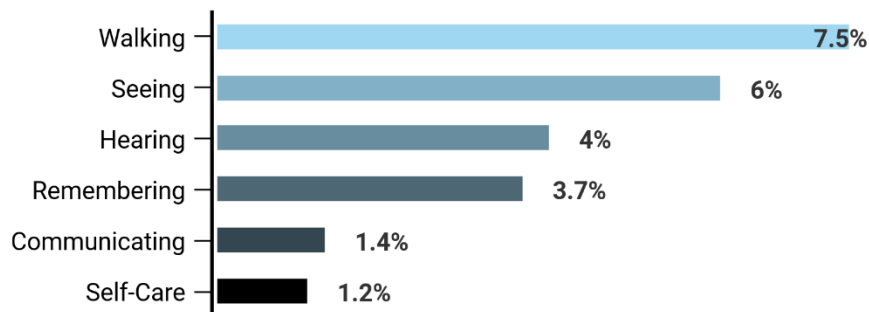
Adult Health

Health affects how well adults can learn and earn income. People with chronic conditions or other illnesses that are managed can thrive and be healthy.

Adults said the most common health conditions they had are:



% of Adults reporting A LOT of difficulty with these:



84% of Adults said



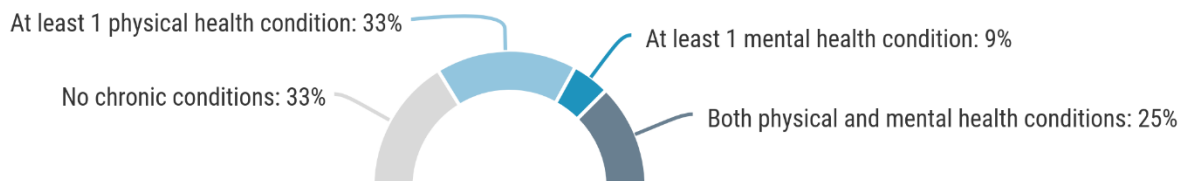
13% of Adults said



56% of Adult tobacco users said



% of Adults reporting some type of a chronic condition:



Find details starting at Adult Health on page 37 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R3

Adult Healthcare Access

This means adults got the healthcare services they needed. The health of adults also has a direct impact on the health of their children and the children they care for.

Flu shots for Adults: 29% in Oregon and 15% in Washington had flu shots in 2018.



Oregon



Washington

% of Adults with medical insurance:



Adults were asked if they got all the healthcare they needed.

9% of Adults said we did not get needed



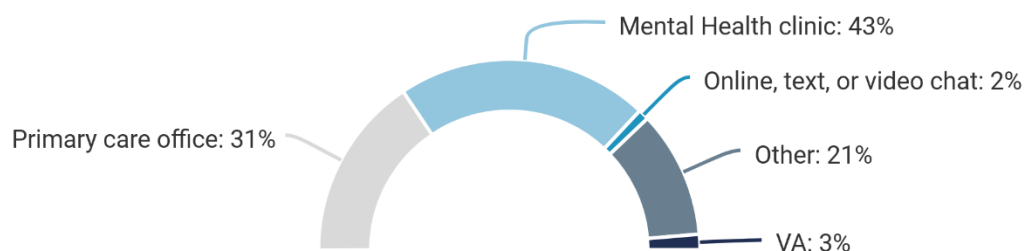
30% of Adults said we did not get needed



24% of Adults said we did not get needed



Where Adults got Mental Health Services:



Inequity:

- Parents of young children went without insurance at higher rates.
- Without insurance, adults were not getting the care they need.
- Transportation was a barrier too.

16% of Parents of children 0 to 5 said



47% of Adults without Health Insurance said



8% of Households



Find details starting at Adult Healthcare Access on page 34 of the **Columbia Gorge Regional Community Health Assessment 2019** at cghealthcouncil.org. Data sources: R3, R5

Acknowledgments

Completing a regional community health assessment is a community effort and is dependent on the support of many people and organizations. The Community Advisory Council, or CAC, oversees all stages of the Community Health Assessment and is the final decision-maker for the Community Health Assessment. The CAC forum includes many CAC agencies who helped with survey distribution and general data collection.

Advantage Dental Services, LLC
Aging in the Gorge Alliance
Aging and People with Disabilities (APD)
Area Agency on Aging (AAA)
Blue Zones Project
Bridges to Health
Columbia Gorge Family Medicine
Columbia Gorge Food Bank
Columbia Gorge Health Council
Department of Human Services – Self
Sufficiency
Deschutes Rim Health Clinic
Down Manor
Eastern Oregon CCO
FISH Food Bank
Four Rivers Early Learning Hub
GOBHI
Gorge Grown
HAVEN From Domestic & Sexual Violence
Helping Hands Against Violence Inc.
Hood River County Health Department
Hood River County Prevention
Hood River School District
Hood River Shelter Services
Klickitat County Health Department
Klickitat Valley Health
Lindsay Miller Consulting
Mid-Columbia Economic Development District
(MCEDD)

Mid-Columbia Housing Authority
MCMC Hospital
MCMC Internal Medicine
MCMC Visiting Nurses/Transition Team
Meals on Wheels, HRV Adult Center
Meals on Wheels, Wasco County
Mid-Columbia Center for Living
Mid-Columbia Senior Center, The Dalles
Next Door, Inc
North Central Public Health District
OHSU
One Community Health
OSU Extension
Pacific Source Community Solutions
Providence CORE
Providence Hood River Family Medicine
Providence Hood River Internal Medicine
Providence Hood River Memorial Hospital
Reliance eHealth Collaborative
Skamania County Health Department
Skyline Hospital
Southwest Accountable Communities of Health
Strong Women
The Next Door
Mid-Columbia Health Equity Advocates
(MCHEA)
United Way of the Columbia Gorge
Youth Empowerment Shelter
YOUTHTHINK

Evaluación Regional de Salud Comunitaria de Columbia Gorge 2019



Acerca de la región y la evaluación de salud comunitaria

La región de Columbia Gorge abarca siete condados a lo largo del Río Columbia. Son cinco condados en el estado de Oregon: Hood River, Wasco, Sherman, Gilliam y Wheeler, y dos condados en el estado de Washington: Skamania y Klickitat. Estos condados juntos abarcan un área de 10,284 millas cuadradas (26,635 kilómetros cuadrados) en los que habita una población de alrededor de 84,000 personas.

La región de Columbia Gorge es, sobre todo, un área rural con apenas unos cuantos pueblos de más de 1,000 habitantes. En la mayoría de estos condados, la agricultura es una de las industrias principales. El turismo, la atención médica, la industria forestal y las crecientes compañías de tecnología también fomentan la economía. Muchas de nuestras industrias dependen del empleo por temporada. Por eso tenemos una gran afluencia de trabajadores, especialmente trabajadores agrícolas migrantes de temporada.

Al recopilar información para la Evaluación Regional de Salud Comunitaria, hicimos todo lo posible por incluir información similar para los siete condados. Algunas veces, la información solo está disponible para un subconjunto de la población. Otras veces observamos con intención un subconjunto de la población. Cuando la información es solo sobre un subconjunto de la comunidad, aclaramos a qué parte de la población nos referimos. Cuando no es así, la información que ofrecemos abarca todos los condados de Columbia Gorge.

Ya que a muchas de nuestras organizaciones locales se les obliga a hacer una evaluación de salud comunitaria, decidimos colaborar todas en este trabajo. Las diecisiete organizaciones a las que hacemos referencia están en la primera hoja de esta evaluación. Son parte del consorcio para la Evaluación Regional de Salud Comunitaria 2019. Se pueden encontrar más detalles sobre el consorcio, los perfiles demográficos y la organización del contenido en inglés a partir de la página 15.

Resumen ejecutivo anotado

El Consejo de Salud de Columbia Gorge y sus socios tenemos el honor de presentar la tercera Evaluación Regional Conjunta de Salud Comunitaria para el área de Columbia Gorge. En Columbia Gorge, hemos seguido el modelo de organizaciones de atención coordinada (CCO, por sus siglas en inglés) y lo hemos impregnado con nuestras propias ideas y experiencias locales. Así que hemos creado algo único que es, a la vez, receptivo y útil a nuestra comunidad.

Se requiere que cada CCO lleve a cabo su propia evaluación de salud comunitaria (CHA, por sus siglas en inglés). Columbia Gorge le ha dado un nuevo giro al proceso. En nuestro caso, la CHA se basa en la



FIGURA 1: MAPA DE LA REGIÓN DE COLUMBIA GORGE

colaboración. El Consejo de Salud de Columbia Gorge lleva a cabo el proceso de evaluación de salud comunitaria cada tres años. Empieza con el ‘Consortio’ de los 17 socios comunitarios que contribuyeron al financiamiento y aceptaron adoptar la CHA como la CHA de su organización. Además, muchas organizaciones comunitarias, enumeradas en la página 12, aceptaron difundir, administrar y recopilar encuestas a miembros individuales de la comunidad. Estas encuestas al consumidor aseguran la información de datos en la que se apoya la CHA.

Retos

La equidad en la salud – o la falta de ella – es un problema difícil de identificar a través de los puntos de datos individuales de información. Sabemos que la equidad es una recopilación de condiciones que no pueden ‘resolverse’ con una sola acción. Se requieren múltiples y continuos esfuerzos entre los sectores para ofrecer salud realmente equitativa. Con este fin, nosotros, en tanto que somos una comunidad, procuramos incluir y dar fuerza a las voces de aquellos a quienes más afecta la falta de equidad y que históricamente han estado más excluidos en la toma de decisiones.

En Columbia Gorge, creemos que cada persona es experta en su propia experiencia vivida. Alzamos y honramos sus voces al preguntar, escuchar y responder a esas voces. En la práctica, esto incluye que el Consejo Asesor Comunitario (CAC, por sus siglas en inglés):

- Revise las preguntas de las encuestas.
- Cambie la lengua de las encuestas a una lengua comprensible a los encuestados, tanto en inglés como en español.
- Haga un estudio de campo para distribuir cara a cara las encuestas y así asegurarse de recopilar las respuestas de aquellas personas más afectadas por la falta de equidad en la salud.

Al proceso de CHA 2019 no le han faltado dificultades. Ya que este es nuestro tercer proceso de CHA, hemos podido identificar problemas en la información que habían quedado rezagados. Por ejemplo, entendemos que el Nivel Federal de Pobreza (FPL, por sus siglas en inglés) no muestra los verdaderos problemas y dificultades de los hogares en Columbia Gorge. Esto es debido al costo de la vivienda (oficialmente designada como una comunidad con graves problemas de vivienda). Por lo tanto, CHA 2019 aplica un 200% al Nivel Federal de Pobreza para identificar lo que son ‘bajos ingresos’. Sin embargo, creemos que sigue siendo poco adecuado para definir por completo la desigualdad de ingresos.

Otro ejemplo es que recibimos más respuestas a las encuestas de miembros de la comunidad de Indios de Estados Unidos y de Nativos de Alaska en comparación con 2016. Pero los números todavía no son suficientes y dificultan evaluar la falta de equidad con la que se enfrenta este segmento de nuestra comunidad. Es uno de los problemas que abordarán el Consortio de CHA y las organizaciones asociadas en el próximo proceso del Plan de Mejoras a la Salud Comunitaria (CHIP, por sus siglas en inglés) y en las versiones futuras de la propia CHA.

Avances

A pesar de estos retos, CHA/CHIP se ha convertido en la base sobre la que creamos una comunidad más sana. CHA ha ayudado a esta comunidad a desarrollar un entendimiento común de sus necesidades de salud. A la vez ha adoptado una amplia definición de salud que incluye alimento, vivienda, transporte, un sentido comunitario y acceso tanto a atención médica, como a atención de salud física, mental y dental. El siguiente paso en nuestro proceso es entregar esta CHA a nuestro Consejo Asesor Comunitario con el fin de crear nuestro tercer Plan de Mejoras a la Salud Comunitaria (CHIP).

Al usar versiones previas de CHA/CHIP, las organizaciones comunitarias han creado numerosos programas para resolver múltiples necesidades médicas. Además han colaborado con más de 12 millones de dólares de financiamiento externo. CHA y estas colaboraciones fueron una razón esencial para que Columbia Gorge fuera premiado en 2016 con el Premio de Cultura de Salud de la Fundación Robert Wood Johnson.

Nuestro más sincero deseo y esperanza es que CHA 2019 siga impulsando nuestra comunidad. Estamos seguros de que los proveedores comunitarios de todo tipo usarán esta información para diseñar e implementar nuevas ideas innovadoras a fin de mejorar la salud y el bienestar general en Columbia Gorge. Los proveedores comunitarios incluyen a los de atención médica, servicios humanos, servicios sociales, salud pública, prevención y promoción. Nuestro más sincero deseo es también que esta CHA y este próximo CHIP fomenten una mayor participación de miembros individuales de la comunidad. Además esperamos que fomenten una mayor colaboración de las organizaciones, especialmente con respecto a educación, negocios y a los funcionarios a quienes se elige.

Agradecemos a todos aquellos que ya usan esta evaluación de salud comunitaria (CHA). A quienes todavía no la usan, les pedimos que se unan a nosotros en el trabajo de mejorar la salud, tanto de individuos como de la comunidad entera de Columbia Gorge.

Las siguientes ocho páginas resaltan la información clave del documento detallado.

Unas cuantas anotaciones para la información del Resumen Ejecutivo a continuación:

- La mayor parte de los datos en el Resumen Ejecutivo se redondearon al porcentaje más cercano por razones de presentación. Los detalles pueden encontrarse en el contenido del documento en inglés.
- A menos que se indique lo contrario, los datos provienen de información, ya sea de 2018 o 2019.
- Cuando mencionamos Oregon o Washington, nos referimos a los 7 condados en nuestra región. Oregon abarca los condados de Gilliam, Hood River, Sherman, Wasco y Wheeler. Washington abarca los condados de Klickitat y Skamania.
- Se mencionan cinco encuestas diferentes en este documento. De la Encuesta de Salud al Consumidor, usamos las siguientes anotaciones:
 - Adultos se refiere a todas las respuestas a la Encuesta de Salud al Consumidor.
 - Padres de familia se refiere a adultos con uno o más hijos en casa de edades 0 a 17.
 - Padres de niños de edades 0 a 5 son aquellos que tienen bebés o niños pequeños en casa.
 - Cuidadores se refiere a adultos que ofrecen servicios para cuidar a otro adulto.
 - Comunidades Diversas se refiere a adultos que dieron ellos mismos información sobre su raza o grupo étnico, y pertenecen a cualquier combinación latina o hispana; india de Estados Unidos o nativa de Alaska; asiática o asiática-americana; negra o afroamericana; u otras combinaciones.
- Los hogares de bajos ingresos se consideran aquellos por debajo del 200% del Nivel Federal de Pobreza (FPL) o de \$24,120 dólares anuales para adultos solteros y \$49,200 dólares anuales para una familia de 4 personas.
- El Plan de Salud de Oregon o Washington se refiere al adulto que ha respondido la encuesta, cuyo seguro médico es Medicaid, e incluye a aquellos que tienen tanto el Plan de Salud de Oregon o Washington como Medicare.
- Alumnos se refiere a las respuestas a la Encuesta de Bienestar Estudiantil o a la Encuesta de Adolescente Sano.

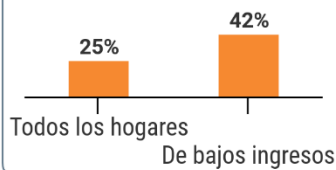


Sentido de comunidad

Las personas con **apoyo social y familiar**, y una sensación de **seguridad y pertenencia** tienen mejor salud física y mental, y mayor probabilidad de prosperar.

Apoyo social significa que las personas se sienten amadas, queridas y tienen a alguien que les ayuda cuando lo necesitan.

% de Adultos que no tuvieron suficiente apoyo social



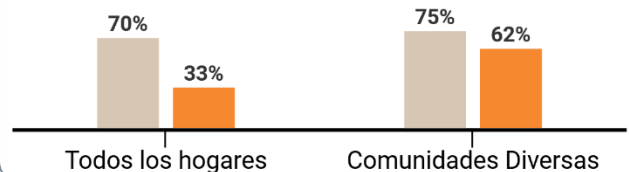
22% de los Adultos dijeron

En mi hogar no tuvimos dinero para actividades sociales



Pertenencia significa que a todas las personas se les trata justamente. Eso abarca todas las razas, grupos étnicos, géneros y orientaciones sexuales.

● He sido testigo de trato injusto
● He vivido trato injusto



Apoyo familiar significa que las personas pueden satisfacer las necesidades de su familia, desde el cuidado de niños pequeños hasta el de padres que envejecen.

34% de los Padres dijeron

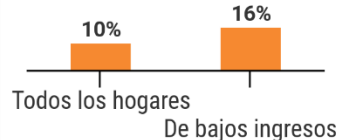


50% de los Cuidadores dijeron



Seguridad significa que las personas se sienten seguras en sus barrios y confían en sus vecinos.

% de Adultos que no se sienten seguros:

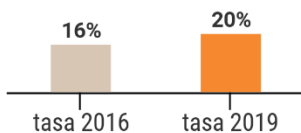


82% de los Adultos dijeron

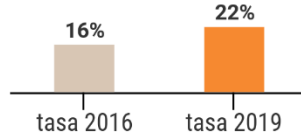


Los sucesos traumáticos causan daño físico, emocional, espiritual o psicológico. Las personas con trauma pueden sentirse amenazadas, ansiosas o asustadas. También pueden tener padecimientos médicos crónicos a largo plazo.

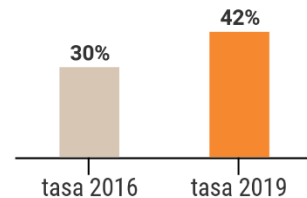
% de Adultos que dijeron que fueron obligados a hacer algo sexual que no querían hacer:



% de Adultos que dijeron que fueron lastimados o amenazados físicamente por una pareja íntima:



% de Adultos que dijeron que fueron testigos o víctimas de violencia:



Los detalles en inglés que empiezan con *Sense of Community* están en la página 19, y los de *Early Education* en la página 32 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R2, R3.

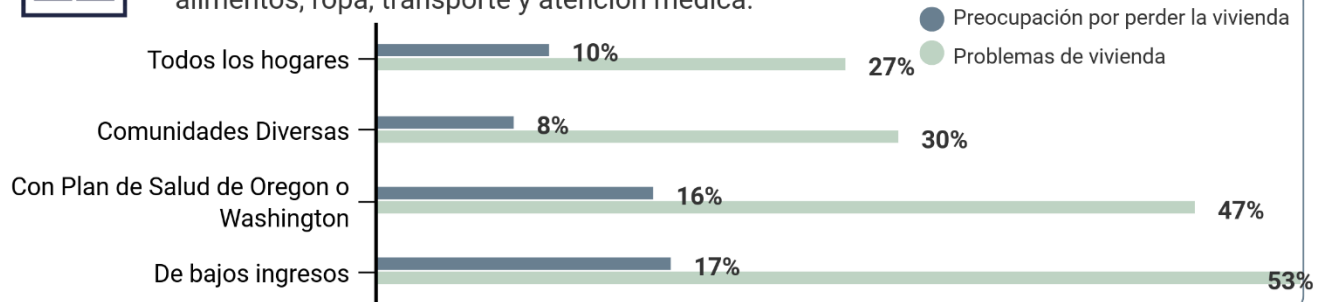


Entorno construido, Parte 1

Se refiere a los lugares donde vivimos, aprendemos, trabajamos y jugamos. Incluye las **necesidades básicas**, como **vivienda**, que sea asequible y apropiada; **alimentos saludables**, y movilidad y **transporte**.



Los problemas de vivienda se refieren a que la gente se gasta 50% o más de sus ingresos en vivienda. Así que puede tener problemas para pagar otras necesidades básicas como alimentos, ropa, transporte y atención médica.



La **cafetería** de Dalles High School tiene **asientos** para el **10% de los alumnos**.



55% de los hogares dijeron que comían 2 o más porciones de fruta al día.

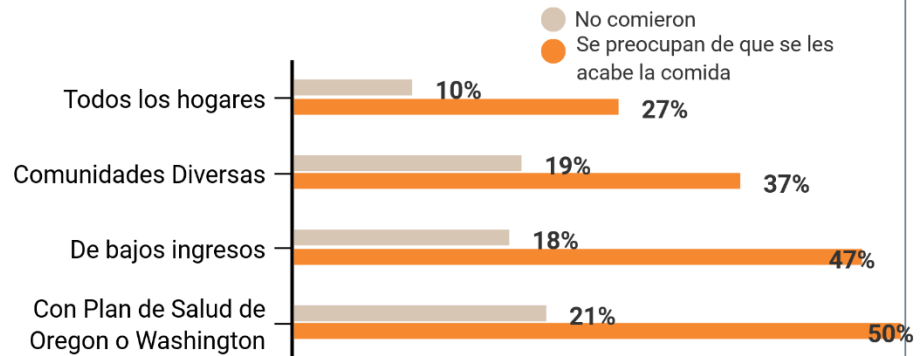


64% de los hogares dijeron que comían 2 o más porciones de verduras al día.



La inseguridad de alimentos se refiere a que las personas se preocupan porque se les acaben los alimentos o porque no comieron.

% de hogares con inseguridad de alimentos



Los obstáculos de transporte se refieren a que las personas no tienen transporte cuando realmente lo necesitan, o dejan de cubrir sus necesidades básicas, como atención médica o alimentos, debido a la falta de transporte o a la distancia. El transporte es la necesidad más grande que no está siendo satisfecha.

% de hogares sin transporte



Los detalles en inglés que empiezan con *Built Environment* están en la página 24 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R3, R5, R15, R24.



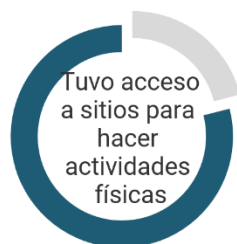
Entorno construido, Parte 2

También incluye a todas las personas que tienen la oportunidad de estar **físicamente activas** y a que los **jóvenes estén seguros**. Para aprovechar al máximo nuestro entorno construido, todos necesitamos **sentirnos seguros** en nuestros barrios, parques y escuelas.



Actividad física

79% de la comunidad



13% de los hogares dijeron



10% de los hogares dijeron

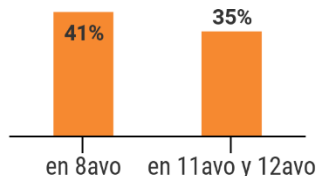


Seguridad de los jóvenes

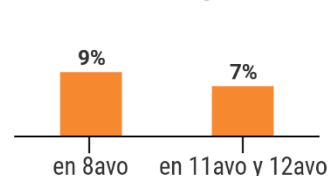
82% de los Adultos dijeron que otros adultos cuidaban que los niños estuvieran seguros.



% de Alumnos que dijeron que eran víctimas de *bullying* o acoso en camino a la escuela o en la escuela:

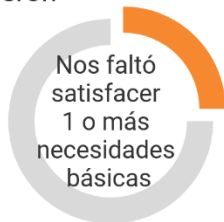


% de Alumnos que dijeron que faltaban a la escuela porque no se sentían seguros:



Necesidades básicas

25% de los hogares dijeron



81% de los Bebés y Niños pequeños de 0 a 24 meses



6% de los hogares dijeron



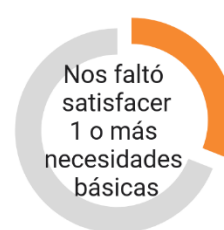
Falta de equidad:

- 25% de todos los hogares no satisfizo 1 o más necesidades básicas, como vivienda, alimentos, transporte o guardería infantil.
- Los hogares de bajos ingresos y los Cuidadores tuvieron aún más carencias.

37% de los hogares de bajos ingresos dijeron:



31% de los Cuidadores dijeron:



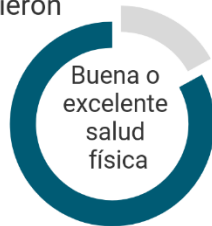
Los detalles en inglés que empiezan con *Built Environment* están en la página 24 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R3, R5, R14, R17, R32

Salud de los jóvenes

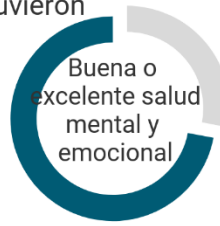
Los niños sanos se convierten en adultos sanos y conducen a una comunidad sana. La salud en los primeros años de vida puede afectar la calidad de vida por muchos años.

Salud física, mental y dental de los jóvenes

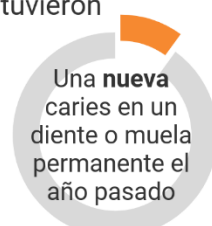
83% de los Adolescentes en Oregon dijeron que tuvieron



72% de los Adolescentes en Oregon dijeron que tuvieron



10% de los Niños de 8 a 9 años de edad tuvieron



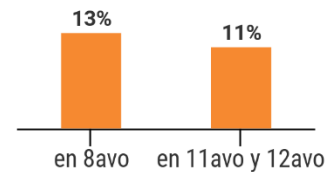
38% de los Alumnos 11avo y 12avo tuvieron



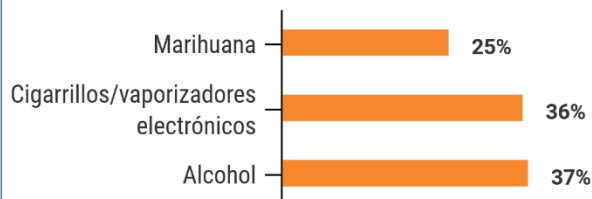
5% de los Padres dijeron que un proveedor de atención médica les dijo que



% de Alumnos que dijeron que habían intentado suicidarse:



% de Alumnos de 11avo y 12avo que dijeron que en los últimos 30 días habían usado:



68% de los Adultos dijeron "Conozco por lo menos un recurso local a donde puedo remitir a alguien que esté en riesgo de suicidarse".

Falta de equidad:

- Los jóvenes con **Medicaid** (el Plan de Salud de Washington o Oregon) tienen una tasa mayor de padecimientos médicos crónicos y obstáculos no médicos, como pobreza o atención en casas de acogida.
- La mayoría de los jóvenes no tienen acceso a agua potable con flúor.

24% de los Jóvenes con Medicaid tuvieron



32% de los Jóvenes con Medicaid tuvieron



78% de todos los Jóvenes



Los detalles en inglés que empiezan con *Measuring Results of Healthcare* están en la página 37 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R1, R3, R4, R6, R7, R10, R14, R17, R19.

Acceso de los jóvenes a atención médica

Se refiere a que todos los niños recibieron los servicios de atención médica que necesitaban y recibieron servicios preventivos, como vacunas.

Niños de 2 años de edad que recibieron las vacunas que necesitaban:
72% en Oregon y 39% en Washington.



Oregon



Washington

Jóvenes de 13 a 17 años que recibieron las vacunas que necesitaban:
51% en Oregon y 17% en Washington.



Oregon



Washington

Se preguntó a los Padres de familia si su hijo o hijos recibieron toda la atención médica que necesitaban.

5% de los Padres dijeron que su **hijo** no recibió lo que necesitaba de



6% de los Padres dijeron que su **hijo** no recibió lo que necesitaba de



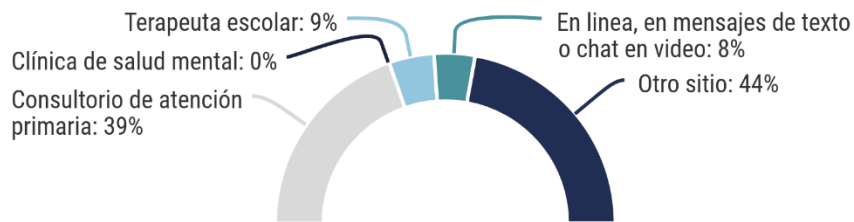
16% de los Padres dijeron que su **hijo** no recibió lo que necesitaba de



25% de los Padres dijeron que su hijo no recibió lo que necesitaba de



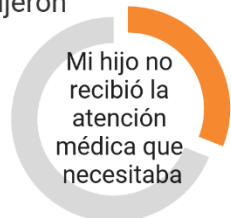
Los Padres informaron que su hijo recibió servicios de salud mental a través de



Falta de equidad:

- Los niños pequeños no recibieron la atención médica que necesitaban.
- Los servicios con base en la escuela no estuvieron disponibles para todos los jóvenes.

31% de los Padres con niños de 0 a 5 años dijeron



66% de los Alumnos de high school no tuvieron acceso a un centro de atención médica en la escuela.

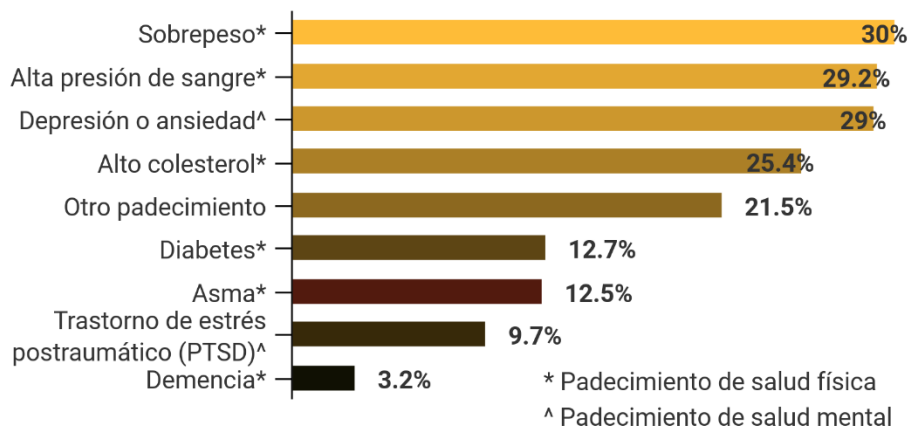


Los detalles en inglés que empiezan con *Youth Healthcare Access* están en la página 34 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R1, R3, R4, R10, R17, R20.

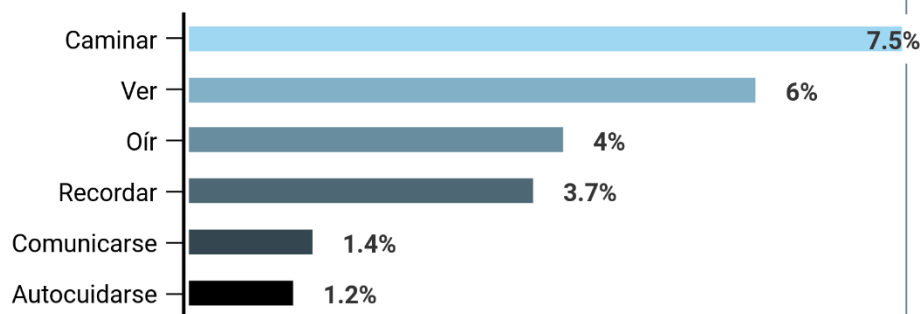
Salud de los adultos

La salud afecta la manera en la que los adultos pueden aprender y ganar un ingreso. Las personas con padecimientos crónicos y otras enfermedades que se pueden controlar llegan a prosperar y a estar sanas.

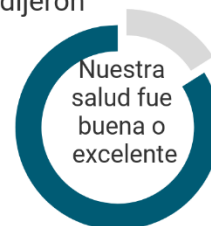
Los Adultos dijeron que los padecimientos médicos más comunes que tenían eran:



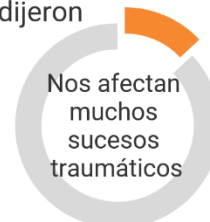
% de Adultos que dijeron tener **MUCHA DIFICULTAD** con:



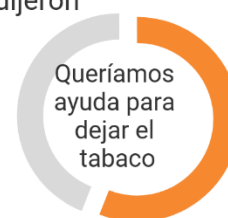
84% de los Adultos dijeron



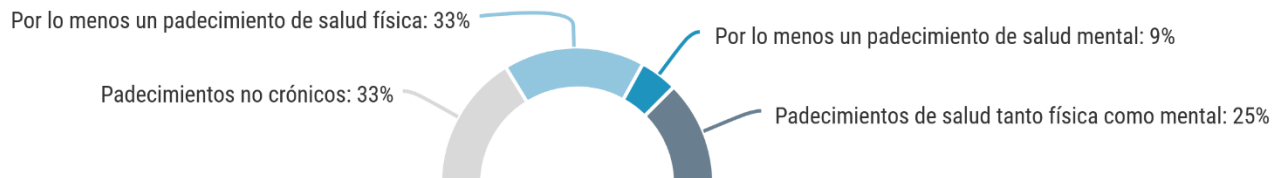
13% de los Adultos dijeron



56% de los Adultos que usan tabaco dijeron



% de Adultos que mencionaron tener algún tipo de padecimiento crónico:

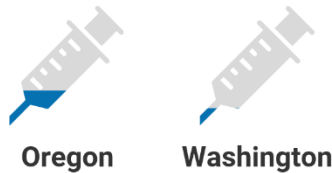


Los detalles en inglés que empiezan con *Adult Health* están en la página 37 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R3.

Acceso de los adultos a atención médica

Se refiere a que los adultos recibieron los servicios de atención de atención médica que necesitaban. La salud de los adultos tiene también un efecto directo en la salud de sus hijos y de los niños a los que cuidan.

Vacunas contra la influenza para Adultos: 29% en Oregon y 15% en Washington recibieron vacunas contra la influenza en 2018.



% de Adultos con seguro médico:



Se preguntó a los Adultos si recibieron toda la atención médica que necesitaban.

9% de los Adultos dijeron que no recibieron lo que necesitaban de



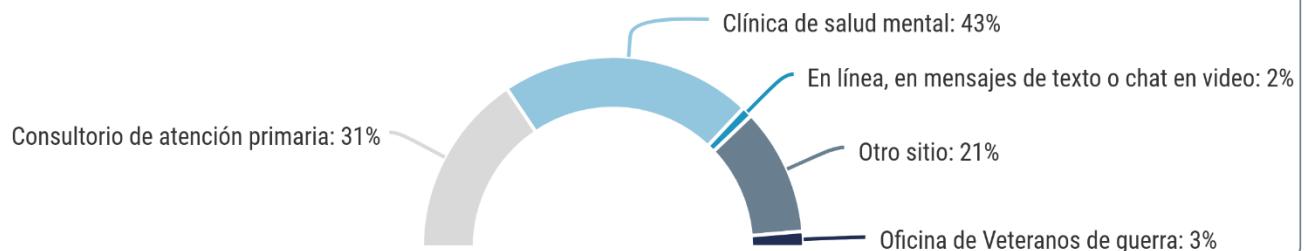
30% de los Adultos dijeron que no recibieron lo que necesitaban de



24% de los Adultos dijeron que no recibieron lo que necesitaban de



Los servicios de salud mental que recibieron los Adultos fueron a través de:



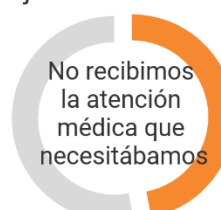
Falta de equidad:

- Los Padres de niños pequeños tuvieron una mayor tasa de no tener seguro médico.
- Sin seguro, los Adultos no recibieron la atención que necesitaban.
- La falta de transporte también fue un obstáculo.

16% de los Padres con niños de 0 a 5 años dijeron



47% de los Adultos sin seguro médico dijeron



8% de los hogares

No recibieron la atención médica que necesitaban debido a la falta de transporte o a la distancia

Los detalles en inglés que empiezan con *Adult Healthcare Access* están en la página 34 de la **Columbia Gorge Regional Community Health Assessment 2019** en: cghealthcouncil.org. Fuentes de información: R3, R5.

Agradecimientos

Finalizar una evaluación regional de salud comunitaria es un esfuerzo de la comunidad y depende del apoyo de muchas personas y organizaciones. El Consejo Asesor Comunitario (CAC, por sus siglas en inglés) supervisa todas las etapas de la Evaluación de Salud Comunitaria y es quien, en última instancia, toma las decisiones para la Evaluación de Salud Comunitaria. El foro del CAC incluye a muchos organismos del CAC que ayudaron con la distribución de las encuestas y con recopilación general de información.

Advantage Dental Services, LLC
Aging in the Gorge Alliance
Aging and People with Disabilities (APD)
Area Agency on Aging (AAA)
Blue Zones Project
Bridges to Health
Columbia Gorge Family Medicine
Columbia Gorge Food Bank
Columbia Gorge Health Council
Department of Human Services – Self
Sufficiency
Deschutes Rim Health Clinic
Down Manor
Eastern Oregon CCO
FISH Food Bank
Four Rivers Early Learning Hub
GOBHI
Gorge Grown
HAVEN From Domestic & Sexual Violence
Helping Hands Against Violence Inc.
Hood River County Health Department
Hood River County Prevention
Hood River School District
Hood River Shelter Services
Klickitat County Health Department
Klickitat Valley Health
Lindsay Miller Consulting
Mid-Columbia Economic Development District
(MCEDD)

Mid-Columbia Housing Authority
MCMC Hospital
MCMC Internal Medicine
MCMC Visiting Nurses/Transition Team
Meals on Wheels, HRV Adult Center
Meals on Wheels, Wasco County
Mid-Columbia Center for Living
Mid-Columbia Senior Center, The Dalles
Next Door, Inc
North Central Public Health District
OHSU
One Community Health
OSU Extension
Pacific Source Community Solutions
Providence CORE
Providence Hood River Family Medicine
Providence Hood River Internal Medicine
Providence Hood River Memorial Hospital
Reliance eHealth Collaborative
Skamania County Health Department
Skyline Hospital
Southwest Accountable Communities of Health
Strong Women
The Next Door
Mid-Columbia Health Equity Advocates
(MCHEA)
United Way of the Columbia Gorge
Youth Empowerment Shelter
YOUTHTHINK

Attachment B:

Diversity, Equity and Inclusion Spectrum Tool



The Diversity, Equity and Inclusion (DEI) Spectrum Tool helps assess where an organization is on its DEI journey and to identify potential areas for future work.







The tool describes organizational components at different points along the DEI continuum for twelve different dimensions of DEI work:





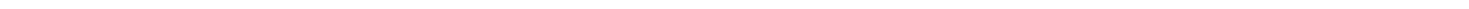
DEI Vision	Policies	Diversity	Decisions
Commitment	Infrastructure	Data	Accountability
Leadership	Training	Community	Inclusion

DEI is a complex process, and every organization's DEI journey is unique.

The scale focuses on five points along the DEI continuum – "Not Yet Started," "Ready to Start," "Launched," "Well on the Way," and "Exemplary/Leading" – but few organizations' DEI experiences will fit neatly into these stages.

The descriptions of organizational characteristics at each point in the process are intended to serve as guideposts rather than fixed stages. Users are encouraged to place a dot on the arrow underneath each DEI dimension to indicate where the organization is on the continuum in relation to the guideposts.

DEI Component	Not Yet Started	Ready to Start	Launched	Well on the Way	Exemplary/Leading
DEI Vision	Does not see DEI as relevant to its work	Recognizes the importance of DEI to its work and is contemplating its next steps	Recognizes the importance of DEI to its work and is in the process of developing a shared DEI vision	Has developed a shared DEI vision and is working to align the organization's programs and operations with this vision	Has integrated DEI in organizational mission and vision statements which are actively being used to guide the organization's programs and operations
					
Commitment	Does not have an interest in advancing its DEI work	Is interested in advancing its DEI work and is considering how to do so	Is interested in advancing its DEI work and has put some strategies or actions in motion	Is actively engaged in advancing its DEI work	A commitment to DEI is fully institutionalized throughout the organization both internally and externally
					
Leadership	Members of management, staff or board have not taken leadership on DEI issues	A few members of management, staff or board are leading the DEI discussion	A DEI point person or team is leading the organization's DEI work	All levels of management, staff and board are taking leadership on DEI issues	Organization is a DEI leader and is helping to build the field and best practices; leadership demonstrates accountability to clients, constituents, stakeholders
					
Policies	Does not have any DEI-related organizational policies (beyond non-discrimination policies)	Does not have, but is interested in developing, DEI-related organizational policies (beyond non-discrimination policies)	May have some DEI-related language in some of its organizational policies	Has DEI policies and/or an organizational DEI plan but may be unclear about how to operationalize it	Has DEI policies and an organizational DEI plan with clear goals, strategies and indicators of progress
					
Infrastructure	Has not had internal discussions about the organization's DEI work	Has had some internal DEI discussions, but doesn't have an infrastructure to guide the organization's DEI work	Individuals or small groups are guiding internal DEI discussions but aren't integrated into the organization as a whole	Has internal committees, affinity groups or other formal structures focused on integrating DEI issues into the organization's work	Work on DEI issues is integrated into every aspect of organizational culture and infrastructure
					
Training	Has not done any training related to DEI	Is contemplating doing organizational DEI training; individual staff may have done some initial training	Some staff or board have participated in DEI-related training	All management, staff and board are involved in DEI training and capacity building	Fosters ongoing DEI training, growth and leadership among management, staff and board in line with an equity plan/strategy; staff are held accountable to DEI-related practices
					

Diversity	Doesn't see diversification of board and staff as a priority; may be paralyzed by the perceived challenges or view it as unattainable	Has had initial discussions about and values the idea of diversifying its board and staff	Beginning attempts to diversify its board and/or staff but may not know how to do it effectively or have strategies and systems in place; may not result in growing diversity	Actively works to increase diversity of board and staff, resulting in growing diversity; has begun to identify and institute retention strategies for diverse staff	Has policies and strategies for strengthening and maintaining organizational diversity; staff and board represent the diversity of the community it serves; effective retention strategies are implemented
					
Data	Does not collect demographic data in its programmatic or operational work	Does not collect demographic data in its programmatic or operational work, but views this as a future goal	Collects some demographic data in its programmatic or operational work, but not in a systematic or comprehensive way	Collects and disaggregates comprehensive demographic data in its programmatic and operational work but may not know what to do with the information	Routinely collects, disaggregates and analyzes demographic data for all programmatic and operational work; uses the information in planning and decision-making
					
Community	Doesn't express interest in building stronger partnerships with communities facing disparities; may see it as unrealistic or unimportant to the organization's mission	Values the idea of building partnerships with communities facing disparities, but may not know how or have relationships to draw upon	Is beginning to build partnerships with communities facing disparities but has not yet established accountability to and meaningful partnerships with these communities and may approach it in a tokenistic way	Actively works to build partnerships and trust with communities facing disparities; working to understand how to provide value and support to these communities	Has strong, mutually beneficial, accountable and equitable partnerships with diverse organizations and leaders from communities facing disparities
					
Decisions	DEI considerations do not factor into decision-making	Interested in factoring DEI considerations into decision-making, but may view it as an option or an add-on to core decision-making considerations	Decisions are occasionally influenced by DEI considerations in an ad hoc way	Decisions regarding organizational policies, practices and resource allocation are informed by DEI considerations	Decisions regarding organizational policies, practices and resource allocation are systematically guided by DEI considerations
					
Accountability	DEI-related metrics are not included in evaluations of staff or programs or in organizational accountability mechanisms	May recognize the value of including DEI-related metrics in evaluations of staff or programs or in organizational accountability mechanisms, but has not made any plans to do so	Is preparing to include or is currently including DEI-related metrics in a few aspects of the organization, such as staff and/or board representation or evaluations of specific projects	Some of the organization's standard evaluation and accountability mechanisms include DEI-related metrics	All evaluation and accountability mechanisms for the organization, its projects, programs, management, staff and board include specific DEI-related metrics
					

Inclusion	No explicit effort is made to create an inclusive atmosphere for staff and board members from communities facing disparities	Values the idea of being an inclusive organization but tries to achieve this by encouraging staff and board members from communities facing disparities to participate in the dominant culture	There is an appreciation of the voice and perspective of staff and board members from communities facing disparities, particularly in relation to the organization's DEI work, but they are still expected to conform to the dominant culture	The voice of staff and board members from communities facing disparities is valued and is integrated into aspects of the organization; the organization is in transition from a dominant culture to an inclusive/ multicultural culture	All staff and board feel valued and all aspects of the organization reflect the voice, contributions and interests of a multicultural constituency; the organization has transitioned to an inclusive/multicultural culture and has created systems, policies and practices to maintain this culture
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