Legacy Health

LEGACY MOUNT HOOD MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2015

LEGACY
HEALTH

Contents

I. INTRODUCTION

Legacy Mount Hood Medical Center is a member of Legacy Health, a five hospital system established in 1989 by the merger of two nonprofit systems in the four county metropolitan Portland, Oregon area (herein called metro area). Legacy's mission is "…good health for our people, our patients, our communities, our world." Consistent with this mission, in FY 14 Legacy Health's community benefit totaled $288.3 million and unreimbursed costs were $266.6 million. Of this, Legacy Mount Hood total community benefit was $16.1 million including unreimbursed costs at $15.4 million.

II. BACKGROUND

A. Patient Protection and Affordable Care Act: Community Health Needs Assessments and Community Health Improvement Plans

The Patient Protection and Affordable Care Act (ACA) through IRS Section 501(r)(3) now requires tax exempt hospital facilities to conduct a Community Health Needs Assessment (CHNA) at least once every three years. Specific requirements specify the CHNA process, development of priorities and report approval and publication. Hospitals are also mandated to develop a separate implementation strategies plan, i.e., Community Health Improvement Plan (CHIP), addressing prioritized issues.

The purpose of the community health needs assessment and aligned community health improvement plan is to determine the priority factors influencing the health of the community, to identify the needs and gaps impacting the health status of cohort populations within the broader community and to identify how the organization's resources and expertise can be matched with external resources to optimally address those issues. The community is defined as the primary service area.

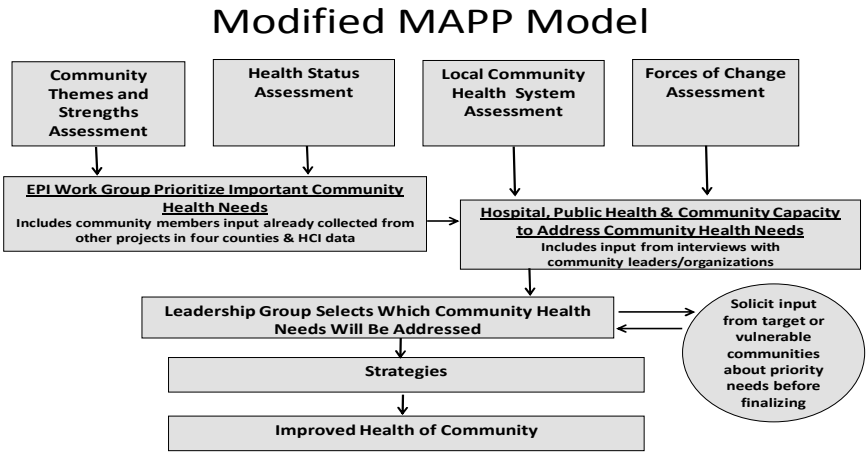
Each Legacy hospital last conducted a community health needs assessment in FY 12. Community health needs assessments and community health improvement plans are approved by the Legacy Health Board of Directors and made available to the public in compliance with IRS requirements.

B. Healthy Columbia Willamette Collaborative Community Health Needs Assessment

With a goal of improved efficiency and effectiveness and in preparation to meet the community health needs assessment requirements of the ACA and Public Health Accreditation, in 2010 the metro area hospitals and public health departments (Clackamas, Multnomah, Washington counties in Oregon and Clark County in Washington) convened to develop a regional CHNA. Prior to this, each of the hospitals/health systems and health departments had conducted community health needs assessments independently and experienced duplication of efforts and resources.

The organization was named Healthy Columbia Willamette Collaborative (HCWC). It is comprised of all fifteen hospitals, the four local public health departments and the two coordinated care organizations in the four-county region. Members include: Adventist Medical Center, Clackamas County Health Division, Clark County Public Health Department, FamilyCare, Health Share of Oregon, Kaiser Permanente Sunnyside Medical Center, Kaiser Permanente Westside Medical Center, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Multnomah County Health Department, Oregon Health & Science University, Peace Health Southwest Medical Center, Providence Milwaukie Medical Center, Providence Portland Medical Center, Providence St. Vincent Medical Center, Providence Willamette Falls Medical Center, Tuality Health Care/Tuality Community Hospital and Washington County Public Health Division. In 2012, the Multnomah County Health Department contracted to be the legal entity and neutral convener.

HCWC utilized a modified version of the nationally accepted *Mobilizing for Action through Planning and Partnerships* (MAPP) to conduct the regional community health needs assessment. Consistent with IRS requirements, MAPP incorporates health data and community input to identify the most important community health issues. Community input on strategies is obtained and evaluation is performed throughout the three-year cycle with formal findings every three years.



In compliance with the IRS, the regional HCWC CHNA satisfies a majority of Legacy Mount Hood Medical Center's CHNA requirements. Data shown in this report is derived from the HCWC regional community health needs assessment when available. Sources are not cited directly in this report when the information provided is from the HCWC CHNA, HCWC website and Legacy Finance, e.g., hospital specific data. All sources are listed in Appendix B. Summaries of the HCWC CHNA process are found in Section IV and the full process and priority issues reports in Appendix C.

HCWC used Healthy Communities Institute (HCI), state, county and local data. Quantitative secondary data at the primary service area level is used when available, followed by the hospital's county and state in order of preference and availability. Race and ethnicity data is most commonly available only at the county and/or state level. County and state data are included in the HCWC HCI data platform while primary service area data is from other cited sources.

III. COMMUNITY PROFILE

A. Service area

Legacy Mount Hood is located in Gresham, a suburban area about 25 miles east of downtown Portland. The total service area extends from the Columbia River in the north to Estacada in the south and from 122nd Avenue in the west to Mt. Hood in the east. The primary service area includes the cities/towns of Gresham, Troutdale, Fairview, Corbett and Wood Village. Zip codes include: 97009, 97019, 97024, 97030, 97055. 97060, 97080, 97230, 97233 and 97236. This community health needs assessment uses Multnomah County and state data when primary service area zip code is not available.

While Gresham is the fourth largest city in Oregon, the other communities are much smaller in population. The communities are contiguous to each other. People living in this area perceive themselves as distinct from Portland , although the majority work there. The towns have strong local governments and identities.

The primary service area is situated in the eastern third of the same county as the larger urban Portland core (referred to as East Multnomah County). This presents challenges as the urban center/county seat consumes the majority of dollars and services. East Multnomah County often feels forgotten. The situation is especially pressing as demographics are shifting such that East Multnomah County requires additional services and dollars, but struggles to be heard relative to Portland. The area is working diligently to have a stronger employment base—critical for schools, public sector services and autonomy within the county.

B. Population

The Legacy Mount Hood primary service area included 115,365 people in 2013 estimated with 5.85 percent growth projected between 2013 and 2018. (*Intellimed*) The majority lives in Multnomah County which showed a 2013 estimated population of 766,135. Multnomah County contains 35.5 percent of the four county population and 19.5 percent of the Oregon 2013 3,930,065 residents.

C. Race, ethnicity and disparities

By ethnicity and race, in 2013 the Mount Hood primary service area was 73.6 percent non-Hispanic white, 15.7 percent Hispanic, 2.1 percent African American, 4.4 percent Asian and Pacific Islander, 3.6 percent bi-racial, .1 percent other race and .7 percent Native American. *(Intellimed)*

As home and rental costs in the City of Portland have increased significantly in the past decade, communities of color have sought housing in the surrounding communities. A number of the elementary schools in East County are 50 percent Hispanic. The African American/Black population continues to be most concentrated in the historical neighborhoods of North/Northeast Portland, but increased housing prices have resulted in the community moving increasingly to East Multnomah County.

The immigrant and refugee population is increasing significantly. Recent immigrants and refugees are more likely to be culturally and linguistically isolated. Speaking a language other than English at home has increased significantly, particularly in East County and specific neighborhoods such as Rockwood—located on the edge of west Gresham. Spanish is the most common language spoken with Slavic languages following.

While still a small population relative to the entire metro area, specific geographic areas are experiencing significant growth in the Slavic population, particularly in the southern East Multnomah County. Slavs are counted in the non-Hispanic white population, but they have distinct cultural identity. Their socioeconomic indicators are generally lower than the other non-Hispanic white population.

Health status is affected by many different factors—social and economic, health behaviors, clinical care and physical environment. In addition to health behaviors and clinical care, Legacy Health has placed emphasis on the social and economic determinants of education, health literacy, income and housing. Disparities exist across the myriad of indicators.

Social and economic factors

Multnomah County's median household income (mhi) average 2008-2012 was $51,582 with 17.1 percent of the population living below poverty. Disparities exist disaggregating by race and ethnicity. In Multnomah County, non-Hispanic white median household income at $55,346 compared to Asian at $54,561, Hispanic/Latino at $36,572, American Indian/Alaska Native at $29,695 and Black/African American at $27,347. Families living below poverty level show non-Hispanic white at 7.9 percent relative to Asian at 12.6 percent, two or more races at 19.6 percent, Black/African

American at 32.6 percent, Hispanic/Latino at 30.7 percent and American Indian/Alaska Native at 35.5 percent.

Education is often cited as the key to upward social and economic mobility for individuals and in turn, a community's health status. The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%.

The 2011 overall high school graduation rate in Multnomah County was 67.2 percent. County-level race and ethnicity data is not available, but a sampling of school districts within the service area is shown and reveals distinct differences. Legacy Mount Hood's service area's two of three school districts show the non-Hispanic white cohort to have a graduation rate significantly higher than Hispanic and African American/Black. (*Greater Portland Pulse)*

District	All	Non-Hispanic White	African American Black	Hispanic	Asian Pacific Islander	Native American
Gresham Barlow	72.0%	74.5%	50.0%	60.3%	80.8%	90.9%
Centennial	65.4%	71.5%	50.0%	48.1%	72.9%	25.0%
Reynolds	54.8%	57.6%	54.2%	42.9%	78.0%	75.0%

Multnomah County college completion rate 25 years and older was 39.2 percent as compared to 31.8 percent in Clackamas County, 39.5 percent in Washington County and 26.0 percent in Clark County (2008-2012). Again, disparities are evident; Multnomah County showed a 43.3 percent graduation rate for non-Hispanic whites, 36.7 percent Asians, 19.8 percent for African Americans/Blacks, 16.6 percent for Hispanics and 16.1 percent for Native Americans. Non-Hispanic whites are more likely to have a bachelor's degree as Native Americans and Hispanics.

Health behaviors and clinical care

Health behaviors and outcomes by county and Oregon and Washington states are detailed in the regional CHNA. With the advent of the Affordable Care Act, it is critical to realize that coverage does not equate to access, i.e., newly enrolled Medicaid patients have difficulty accessing a provider. Additionally, new enrollees face challenges learning to navigate a complex health care delivery system.

Communities of color often experience increased mortality as compared to non-Hispanic whites due to accessing care at later and higher acuity stages. The Urban Institute reports the estimated national cost of racial and ethnic disparities for African Americans and Hispanics relative to non-Hispanic whites in 2009 was $23.9 billion calculated based on change in expenditure if the cohort's age specific prevalence rates were the same as non-Hispanic whites. (*Waidmann*) Increasing both access and coverage to health care for communities of color is essential to increasing equity.

Infant mortality is an accepted indicator of a community's health status. The Healthy People 2020 target is a maximum of 6 per 1000 live births. In 2009, at 4.7 per 1000 Multnomah County was slightly lower than the state rate at 4.8, but higher than Clackamas County at 4.2 and Washington County at 4.1. *(OHA Oregon Health Division Center for Health Statistics)* In Oregon 2008-2010 average, the non-Hispanic white rate was 4.8/1000 relative to Blacks at 9.5, Native Americans at 8.5, Asians at 5.5 and Hispanics at 4.6. In Multnomah County 2008-2010 average, Blacks were the highest at 12.6/1000 compared to Asians at 4.6, non-Hispanic whites at 5.1 and Hispanics at 3.6 (Native American data not available). *(March of Dimes).*

Low birth weight is correlated to adult morbidity, specifically hypertension, diabetes and heart disease. The Healthy People 2020 target is 7.8 percent maximum. In 2012 Multnomah County's low birth weight was 6.3 percent. *(Greater Portland Pulse)* Disaggregation by race and ethnicity shows a different picture. In Multnomah County 2008-2010, African American women showed a low birth weight rate at 9.0 percent, Asian/Pacific Islander 6.8 percent, American Indian 5.8 percent, Hispanic 5.7 percent and non-Hispanic white 5.2 percent.

Major risk factors for heart disease are smoking, lack of physical exercise, hypertension and overweight/obesity. Communities of color experience the greatest morbidity rates. In 2010-11, according to the Oregon Behavioral Risk Factor Surveillance System Race Oversight Sample, cohorts reported having heart disease and having had a heart attack: non-Hispanic whites 3.6 percent, African Americans 5.7 percent, American Indians 4.1 percent, Asian/Pacific Islanders 4.9 percent. Thus, African Americans reported a heart disease diagnosis at a 58 percent higher rate than non-Hispanic whites*. (OHA Public Health Division)*

People with diabetes are more likely to also have heart disease and self-report their general health as fair or poor as compared to good or excellent. 2008-2011 diabetes age adjusted prevalence was 6.6 percent in Multnomah County. Diabetes is more prevalent in communities of color. Percentages in Oregon in 2010-11 were: African Americans 22.5 percent, Native Americans 13.5 percent, Hispanics 15.2 percent, and Asian/Pacific Islanders 7.0 percent and non-Hispanic whites 7.4 percent. These are consistent with national data. *(OHA Oregon Public Health Division)* According to studies, communities of color are also more likely to have diabetes-related complications than non-Hispanic whites due to poorer control of the disease and co-morbidities, i.e., high blood pressure and cholesterol, as well as poorer access to care.

The National Patient Safety Foundation has said that no other single factor has as great an influence on health status as health literacy. Nearly half of the US adult population has low health literacy--a quality and cost issue for patients and society. Higher illness rates mean lower productivity at work and poor parental health often results in low student school attendance – with a direct correlation to lower educational achievement. Nationally research has shown that specific populations are particularly at risk:

- Hispanic, African American, and Native American populations
- Recent immigrants
- Low income
- People age 65 years and older.

The growth of communities of color in the area will present significant challenges to health care providers by increasing the prevalence of low health literacy. The majority of the newly insured under the ACA are from those populations most at risk for low health literacy: communities of color and the low income. Unlike many modifiable health behaviors, the onus for dealing with health literacy falls primarily on health care providers. Since 2010, Legacy Health's system-wide initiative has aimed to improve health literacy communication with patients as well as partner with community based organizations through both grant funding and collaborative strategies to improve health literacy within the broader community.

D. Community Needs Index

The Dignity Health and Truven Health Community Needs Index (CNI) is accepted as the national standard in identifying communities with health disparities and comparing relative need. It provides a composite picture of needs using a variety of demographic and socioeconomic indicators. The CNI outlines health disparity severity in all zip codes in the US. The five areas measured are income, culture/language, education, insurance and housing. *(Dignity Health)*

Community Needs Indexing for the four county area shows the nine highest needs index zip codes (scale of 1 low need to 5 high need) are all in Legacy hospital primary service areas, with the four highest in close proximity to Legacy Emanuel or Mount Hood. Top nine CNI in the metro area: 4.6: 97203-St. Johns, 97227-Boise Eliot, 97218-Cully, 97233-Rockwood; 4.4: 98660-West Vancouver; 4.2: 97266-Lents, 97205-Downtown Portland, 97209-Old Town, 97005-Beaverton.

Legacy Mount Hood's focus is the highest Community Needs Index zip codes in its area which include: 97233-Rockwood, 97024-Fairview, 97030-Central Gresham, 97236-Powell Butte.

E. County Health Rankings

The Robert Wood Johnson and University of Wisconsin Population Health Institute annually publish County Health Rankings for all counties in the United States. The rankings provide a comprehensive overview of Health Factors and Health Outcomes, comparable across counties within states. They are a commonly accepted national standard of ranking. Health factors are categorized by four broader measurements—health behaviors, clinical care, social and economic factors and physical environment further stratified into 25 indicators. Health outcomes stratify two measurements--mortality and morbidity--by five indicators.

Within the state of Oregon, Washington County ranked third in overall health outcomes, followed by Clackamas at fifth place and Multnomah in 12th place. Relative to health factors, Washington placed second, Clackamas fourth and Multnomah 8th.

F. Health care services for the low income and uninsured

The Legacy Mount Hood primary service area is the sole hospital in the primary service area. Three other health systems—Providence Health and Services, Kaiser Permanente and Adventist Medical Center--have a strong clinic presence.

The Affordable Care Act is significantly increasing the insured rate in Oregon. With a June 2013 Oregon uninsured rate of 14 percent, by June 2014 the rate had decreased to 5.1 percent—a 63 percent decrease (from 550,000 to 202,000 people). Most of the newly enrolled are now in the Oregon Health Plan which increased 360,000 people--59 percent. *(OHSU and OHA)*

With the increase in diversity and decreasing family incomes in the area, safety net services have expanded and emerged. Multnomah County Health Department operates FQHCs in inner Gresham and Rockwood, a neighborhood on the western edge of Gresham (the site of one of the highest Community Needs Index scores in the entire metro area). The Wallace Medical Concern, formerly a volunteer staff safety net clinic, obtained FQHC status and is now housed in Rockwood. A physician staffed safety net clinic is also in Gresham.

One-fourth of the census tracts in Rockwood have "Medically Underserved Population" designation with an uninsured population of 30%. Legacy Medical Group Clinic Sandy—13 miles from the hospital--is a designated Rural Health Center.

A local nonprofit, Project Access NOW, links uninsured low income individuals to providers and health system services providing services at no charge. All of the health systems in the metro area are very involved with this program and Legacy Health, in addition to providing clinical services, provides and cash donation and office space to the administrative offices of Project Access NOW in-kind.

Legacy Mount Hood's charity care policy includes patients with incomes up to 400 percent of the Federal Poverty Level. In FY 14, Legacy Mount Hood provided $7.4 million in charity care and $15.4 million in total unpaid costs of care for those in need. According to Oregon Health Authority's

community benefit reporting, in 2012 Legacy Mount Hood provided the largest charity care percent of net patient revenue (9.5 percent). With the advent of the Affordable Care Act, a significant number of people under 139% of the FPL now have Medicaid coverage. This will reduce the self-pay/charity care costs to hospitals; at the same time it is expected to increase the unreimbursed costs of Medicaid. Total unreimbursed costs are projected to decrease in the future, but the amount is unknown at this time.

G. Hospital data: discharges and zip codes

The Community Needs Index tool has been validated by comparing it with hospital admission rates. Admission rates for high need communities as measured by the CNI are more than 60% greater than communities with the lowest indices. *(Dignity)*

Comparison of Legacy top cost zip codes shows consistency with CNI mapping. Ten zip codes totaled $58.7 million and accounted for 37.7% of Legacy emergency department self-pay and Medicaid dollars in FY 13. The top ten are, in order of percent of Legacy emergency department total Medicaid and self-pay dollars ranked 1-10:

Rank	Hospital Primary Service Area	Zip Code	Community	% of Total Dollars	CNI
1	Mount Hood	97030	Central Gresham	6.4%	3.8
2	Mount Hood	97233	Rockwood	4.9%	4.6
3	Emanuel	97203	St. Johns	4.3%	4.6
4	Good Samaritan	97209	Old Town	3.5%	4.2
5	Mount Hood	97080	South Gresham	3.3%	2.6
6	Emanuel	97230	Parkrose	3.2%	3.8
7	Emanuel	97217	Kenton	3.1%	4.6
8	Salmon Creek	98661	Vancouver	3.1%	4.0
9	Emanuel	97211	Concordia	3.0%	4.0
10	Salmon Creek	98665	Hazel Dell	2.9%	3.6
			subtotal	37.7% $58,726,941	
	Total self-pay and Medicaid emergency dept. dollars			$155,805,569	

The top two in dollars are located in the Mount Hood service area—Central Gresham and Rockwood. This type of mapping allows for highly selective targeting of initiatives to areas where they are needed most.

The Agency for Healthcare Research and Quality's (AHRQ) nationally accepted measure of ambulatory sensitive conditions (ASC) is an indicator of access to appropriate primary health care, i.e., conditions where access to appropriate ambulatory care prevents or reduces admission to the hospital. *(AHRQ)* A review of FY 14 Legacy Mount Hood emergency department Medicaid/self pay primary diagnosis shows that 24.0 percent of all Medicaid/self pay visits were ASC. The top five diagnoses were: severe ear, nose and throat infections; cellulitis; dental conditions; kidney/urinary infection and asthma.

IV. Healthy Columbia Willamette Collaborative Community Health Needs Assessment

A. Process

The entire CHNA process, findings and priority focuses are detailed in reports in Appendix C. Following is a summary of each phase in the CHNA's identification of needs followed by prioritizing needs.

1. Community Themes and Strengths Assessment: Important Health Issues Identified by Community Members

Sixty-two community engagement/needs assessment projects conducted between 2009 and 2012 by a spectrum of organizations were evaluated to develop an overview and cross-comparison of past community engagement projects, description of participants and findings. This served as history and base to the next phases.

2. Health Status Assessment: Quantitative Data Analysis Methods and Findings

HCWC public health department epidemiologists conducted a systematic analysis of quantitative population health-related behavior and outcome data to identify important health issues affecting each of the four counties as well as the region. More than 120 indicators (mortality, morbidity and health behaviors) were examined. The analysis used the following criteria for community health needs prioritization: disparity by race/ethnicity, disparity by gender, a worsening trend, a worse rate at the county level compared to the state, a high proportion of the population affected and severity of the health impact. The HCWC focused on health behaviors and health outcomes as community health needs.

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

Stakeholder feedback was obtained on the health issues derived from the previous assessment work and epidemiological data. Stakeholders were asked to add and prioritize health issues they thought should be on the list, as well as describe their organization's capacity to address these health issues. Input was obtained from public health, tribal, regional, state or local health or other departments as well as medically underserved, low income and minority populations and those with chronic disease needs. A complete list of organizations is included in the report.

4. Community Listening Sessions: Important Health Issues and Ideas for Solutions

Fourteen community listening sessions were held with uninsured and/or low-income community members living in Clackamas, Clark, Multnomah and Washington counties. Targeted attendees were from diverse culturally-identified and geographic communities. In all, 202 individuals participated. Community members were asked whether they agreed with the issues that were identified through the four assessments, to add to the list the health issues that they thought were missing and to prioritize the most important issues from the expanded list.

B. Priority Issues

Using the information from the four phases, nine health needs/issues were designated initially as most important (in alphabetical order):

- Access to affordable health care
- Cancer
- Chronic disease (related to physical activity and healthy eating)
- Culturally-competent services and data collection
- Injury (falls and accidental poisoning/overdose)
- Mental health
- Oral health
- Sexual health (Chlamydia)
- Substance abuse

HCWC used the following criteria to further prioritize health issues:

- Identified by at least two of the three community engagement activities
- Identified as a health issue (with indicators) through the Health Status Assessment or as an issue for which data are not currently available
- Identified as one of the top five most expensive in the metropolitan statistical areas in the western U.S. or as an issue for which health care expenditure data are not currently available
- Has been shown to improve as a result of at least one type of intervention (evidence-based practices).

HCWC committed to addressing health disparities and working with communities who are experiencing them. All phases of the community health needs assessment specifically looked for health indicators with race/ethnicity and/or gender health disparities. The following four issues were designated as final priorities based on the criteria (in alphabetical order):

- Access to affordable health care
- Chronic disease
- Mental health
- Substance abuse

V. CONCLUSION: LEGACY MOUNT HOOD MEDICAL CENTER'S FOCUS ISSUES

Using the HCWC regional community needs assessment priorities and incorporating Legacy Mount Hood's commitments to health literacy, education influencing health and upward mobility and equity to reduce disparities, Legacy Mount Hood Medical Center will focus on the following issues with a lens addressing racial and ethnic equity.

- Access to health care
- Chronic disease
- Mental health
- Substance use disorder (formerly called Substance abuse)
- Health literacy
- Education and youth

Legacy Mount Hood Medical Center's Community Health Improvement Plan (CHIP) meeting IRS implementation strategies requirements addressing these issues is provided in a separate document following the CHNA.

Appendix A
Safety Net Clinics

Service Area	Clinic	Type	Community
Emanuel	Children's Community Clinic	Community	Portland
Emanuel	Mercy and Wisdom Healing Center	Community	Portland
Emanuel	North by Northeast Community Health Center	Community	Portland
Emanuel	OHSU Family Medicine at Richmond	FQHC	Portland
Emanuel	Rosewood Family Health Center	FQHC	Portland
Emanuel Good Samaritan	Central City Concern	FQHC	Portland
Emanuel Good Samaritan	Native American Rehabilitation Association	FQHC	Portland
Emanuel Good Samaritan	Outside In	FQHC	Portland
Emanuel Good Samaritan Mount Hood	The Wallace Medical Concern	FQHC	Portland Gresham
Emanuel Good Samaritan Mount Hood	Multnomah County Health Department	FQHC	Multnomah County
Emanuel Mount Hood	Adventist Community Health Services	Community	Portland
Good Samaritan	West Burnside Chiropractic Clinic	Community	Portland
Good Samaritan	National College of Natural Medicine	Community	Portland
Good Samaritan	Southwest Community Health Center	Community	Portland
Good Samaritan	Neighborhood Health Center	FQHC	Aloha
Good Samaritan	OHSU Family Medicine at Scappoose	Rural	Scappoose
Good Samaritan	Legacy Medical Group St. Helens	Rural	St. Helens
Meridian Park	Clackamas County Health Services	FQHC	Clackamas Cty
Meridian Park	Clackamas Founders in Medicine Clinic	Community	Oregon City
Meridian Park	Rolling Hills Borland Free Clinic	Community	Tualatin
Meridian Park	SW Community Health Center Hillsboro	Community	Hillsboro
Meridian Park	Woodburn Family Medicine	Rural	Woodburn
Meridian Park	Woodburn Internal Medicine	Rural	Woodburn
Mount Hood	Good News Community Health Center	Community	Gresham
Mount Hood	Legacy Medical Group Sandy	Rural	Sandy

Service Area	Clinic	Type	Community
Salmon Creek	Battle Ground Health Care	Community	Battle Ground
Salmon Creek	Free Clinic of SW Washington	Community	Vancouver
Salmon Creek	New Heights Clinic	Community	Vancouver
Salmon Creek	Sea Mar Community Health Center	FQHC	Vancouver
	School Based Health Centers	**Medical Sponsor**	
Emanuel	David Douglas High School	Multnomah County FQHC	Portland
Emanuel	Cesar Chavez K-8	Multnomah County FQHC	Portland
Emanuel	Cleveland High School	Multnomah County FQHC	Portland
Emanuel	Franklin High School	Multnomah County FQHC	Portland
Emanuel	George Middle School	Multnomah County FQHC	Portland
Emanuel	Grant High School	Multnomah County FQHC	Portland
Emanuel	Harrison Park Middle School	Multnomah County FQHC	Portland
Emanuel	Jefferson High School	Multnomah County FQHC	Portland
Emanuel	Lane Middle School	Multnomah County FQHC	Portland
Emanuel	Madison High School	Multnomah County FQHC	Portland
Emanuel	Parkrose High School	Multnomah County FQHC	Portland
Emanuel	Roosevelt High School	Multnomah County FQHC	Portland
Good Samaritan	Merlo Station High School	OHSU	Beaverton
Meridian Park	Canby High School	Clackamas County FQHC	Canby
Meridian Park	Milwaukie High School	Outside In FQHC	Milwaukie
Meridian Park	Oregon City High School	Clackamas County FQHC	Oregon City
Meridian Park	Tigard High School	Virginia Garcia Memorial Health Center FQHC	Tigard
Meridian Park	Tualatin High School (soon to open)	Virginia Garcia Memorial Health Center FQHC	Tualatin
Mount Hood	Estacada High School Wade Creek Clinic	Legacy Mount Hood Medical Center	Estacada
Mount Hood	Sandy High School	Clackamas County FQHC	Sandy

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Appendix C
HCWC Community Health Needs Assessment Reports

Appendix C HCWC Community Health Needs Assessment Reports can be found following in a separate pdf document.