

TUALITY HEALTHCARE PROJECT

2016 Community Health Needs Assessment

Washington County, Oregon



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**TUALITY
HEALTHCARE**
An OHSU Partner

Tuality Healthcare, now an OHSU Partner

In February of 2016, Tuality Healthcare and OHSU embarked on a renewed commitment to provide the best health care available for the citizens of Washington County. Over time, this affiliation with Oregon's leading medical center will provide better access to health care as well as improved access to some of the top specialists in America. As our home base of Washington County continues to lead the Portland metro area in population growth, Tuality Healthcare along with OHSU is poised to continue to provide great health care and a positive patient experience as hospitals across the country face the challenge of transforming the delivery of health care.

This Community Health Needs Assessment was conducted as a rigorous process with other health care organizations in the four-county Portland metropolitan area as part of the Healthy Columbia Willamette Collaborative. Members include 14 hospitals, four county health departments and two Coordinated Care Organizations.

About Tuality Healthcare

Tuality is a not-for-profit, community based health care organization based in Washington County. We continue as an independent organization under the affiliation agreement with OHSU, governed by community members that aim to provide localized care determined by local community members. Our organization provided over \$34 million in Fiscal Year 2016 to benefit our patients through community education and investment in community health and community partners.

Thank you to the community

This Community Health Needs Assessment would not have been possible without the assistance from many of our community citizens through focus group participation, stakeholder interviews and advice from content experts. We are grateful for their help. We strive to provide our community with the best health care possible. We hope to address many of the health care needs and strategies in the years ahead as we continue to provide great health care to the citizens of Washington County.

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Chief Clinical Integration Officer
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Executive summary

Tuality Healthcare is a founding member of the Healthy Columbia Willamette Collaborative (HCWC), a unique public-private partnership that includes 15 hospitals, four health departments, and two coordinated care organizations (managed Medicaid organizations) in Clackamas, Multnomah, and Washington counties of Oregon, and in Clark County, Washington.

This report documents the community health needs of Washington County, Tuality Healthcare's primary marketing area. The community health needs were identified through a comprehensive study of population, hospital, Medicaid, and community data specific to Washington County, Oregon. The full four-county Community Health Needs Assessment report is available on the Tuality Healthcare website at the following link: www.tuality.org/tuality/index.php/about/community_needs_assessment

2016 Community Health Needs Assessment data sources

HEALTH STATUS ASSESSMENT
Population data about health-related behaviors, morbidity, and mortality.
Medicaid data from local Coordinated Care Organizations (CCOs) about the most frequent conditions for which individuals on Medicaid sought care in the tri-county region in Oregon (Clark County Medicaid data were not available for this report).
Hospital data for uninsured individuals who were seen in the emergency department with a condition that could have been managed in primary or ambulatory care.
COMMUNITY THEMES AND STRENGTHS
Online survey about quality of life, issues affecting community health, and risky health behaviors.
Listening sessions with diverse communities in the four-county region to identify community members' vision for a healthy community, needs in the community, and existing strengths.
An inventory of recent community engagement projects in the four-county region that assess communities' health needs.

Demographics

Approximately 563,000 people lived in Washington County in 2014, having increased 18.9% from 2000 to 2010. Although the racial and ethnic population is predominantly white, non-Hispanic/Latino, the demographics of the county continue to diversify. The foreign-born population in Washington County increased 11% from 2005-2014, while the Hispanic/Latino population increased 67.4% from 2000 to 2010.

Social determinants of health and equity

Factors such as income, housing, and education impact communities' health in Washington County. Approximately 13% of individuals were living in poverty in Washington County in 2014, including 17.5% of children (18 years or younger). Over 13% of households received SNAP (food assistance) benefits in the past 12 months. Washington County residents have been affected by increased housing costs, although rates of homelessness are lower than other counties in the region. Ninety percent of adult residents have at least a high school diploma and nearly 40% have at least a four year college degree.

Through listening sessions, an online survey, and an inventory of recent community engagement projects, HCWC identified upstream factors, such as access to food, health care, transportation, and safe, affordable housing, as important needs in Washington County and the region. Community members specified culturally and linguistically appropriate services, and support for people with behavioral health challenges, as needed improvements to health care and public health systems. Communities also advocated for policies, systems, and environments that support healthy behaviors and identified racism, discrimination, and stigma as problems that contribute to poor health in the region.

Diagnosed health conditions for low-income residents

An analysis of Medicaid claims data from local CCOs in Oregon showed that for youth, asthma, attention deficit disorder, and post-traumatic stress disorder were the most commonly diagnosed chronic conditions. For adults on Medicaid in

Key Findings for Washington County, Oregon

HEALTH BEHAVIORS

Population health data from state surveys show that risky health behaviors, such as binge drinking, lack of exercise among teens, and not eating enough healthy foods, are prevalent in Washington County. For teenagers, the assessment identified alcohol, marijuana, and vaping/e-cigarette use as common behaviors. Access to health care and preventive services were identified as priority health issues for Washington County, including lack of health insurance for adults, lack of dental visits among teens, and lack of early prenatal care.

MORBIDITY (DISEASE)*

- Asthma
- Cancer, 8 types
(see population data section of full report for specific types)
- Chlamydia
- Depression
- Obesity/overweight

MORTALITY (DEATH)*

- Alcohol-induced
- Breast cancer
- Chronic lower respiratory disease
- Diabetes
- Drug-induced
- Heart disease
- Leukemia and lymphoma
- Ovarian cancer
- Prostate cancer
- Suicide

Oregon, depression, diabetes, and hypertension were the most common diagnoses. People with Medicaid, whose incomes are below 139% of the Federal Poverty Level, represent 17.9% of the population in Washington County.

Emergency department admissions for uninsured residents

Utilization data from local hospitals were analyzed for Washington County residents who were uninsured or self-pay and were admitted to the Emergency Department for a condition that could have been treated in primary care. The most common conditions for adults were diabetes, hypertension, kidney/urinary infections, and severe ear, nose, and throat infections. For youth within this population, the top diagnosed conditions were asthma, severe ear, nose, and throat infections, and dehydration.

Morbidity and mortality

Epidemiologists from the four county health departments prioritized 104 health indicators using the following criteria: disparity by race/ethnicity or sex, comparison with the state, trend over time, severity, and magnitude. Data came from a variety of sources, including vital statistics, disease and injury morbidity data, cancer registries, and adult and student surveys. In addition to the health behaviors described above, the morbidity and mortality indicators, left, rose to the top as priority health issues in Washington County.

*Issues are listed in alphabetical order.

Tuality Healthcare strategies

Tuality Healthcare in collaboration with our affiliate, OHSU, has identified three areas of emphasis regarding community health needs in Washington County that fit well with our Strategic Business Plan.

- 1. Opioid use.** The state of Oregon continues to show a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. To reverse this trend, which many consider a prescription opioid overdose epidemic, prescribing practices that lead to misuse, overdose and death need to be addressed.
- 2. Pre-natal care.** Data from this Community Health Needs Assessment Report shows that early pre-natal care is lacking in Washington County. Through our affiliation with OHSU and our collaborative work with family practice providers at the Virginia Garcia Memorial Health Center, Tuality plans to improve access to early pre-natal care.
- 3. Mental Health.** Tuality Healthcare, Washington County and the Oregon Health Authority continue to struggle to provide appropriate mental health care. Several projects are in the works to address this problem which will only get worse as Baby Boomers age and dementia becomes more prevalent.

Washington County demographics

Table K-1, below, summarizes the population demographics for Washington County.

Table K-1. Population demographics for Washington County

DEMOGRAPHIC INDICATOR	WASHINGTON COUNTY ESTIMATE	OREGON ESTIMATE
Total Population (number of people)	562,998	3,970,239
GENDER		
Female (%)	50.8	50.5
Male (%)	49.2	49.5
AGE		
Median (years)	36.3	39.3
Under 5 years (%)	6.6	5.7
5 to 19 years (%)	19.9	18.4
20 to 44 years (%)	36.3	33.5
45 to 64 years (%)	25.2	26.4
65 years and older (%)	11.9	16.0
RACE/ETHNICITY (%)		
White, non-Hispanic/Latino	67.7	76.9
Black or African American, non-Hispanic/Latino	1.8	1.7
Native American/ Alaska Native, non-Hispanic/Latino	0.4	0.9
Asian, non-Hispanic/Latino	9.4	4.0
Native Hawaiian and other Pacific Islander, non-Hispanic/Latino	0.3	0.3
Hispanic/Latino, any race	16.3	12.5

Table K-1 (continued)

DEMOGRAPHIC INDICATOR	WASHINGTON COUNTY ESTIMATE	OREGON ESTIMATE
TOP 5 LANGUAGES SPOKEN AT HOME (%)^A		
English only	76.6	84.5
Spanish or Spanish Creole	12.5	9.3
Chinese	1.3	0.7
Vietnamese	1.2	0.7
Korean	1.0	0.3
Foreign-born population (%) ^B	16.5	9.9
With any disability (%) ^C	10.3	15.2
No health insurance (%) ^D	10.0	9.7
Unemployment (%) ^E	4.6	4.8
INCOME		
Median household income (USD)	66,136	51,075
Individuals living in poverty (%) ^F	12.8	16.6
Children under 18 years living in poverty (%) ^F	17.5	21.6
EDUCATION (%)^G		
High school graduate or higher	90.2	89.7
Bachelor's degree or higher	39.7	30.8
Total homeless individuals (number of people) ^H	591	n/a
Under 18 years of age	132	n/a
Ages 65 or older	n/a	n/a
Chronically homeless ^I	120	n/a
Veterans	77	n/a

Table K-1 (continued)

DEMOGRAPHIC INDICATOR	WASHINGTON COUNTY ESTIMATE	OREGON ESTIMATE
CHANGE IN POPULATION (% INCREASE)		
Total population (from 2000-2010)	18.9	12.0
Hispanic/Latino origin, any race (from 2000-2010)	67.4	63.5
Non-Hispanic/Latino origin (from 2000-2010)	12.9	7.5
Foreign-born (from 2005-2014) ^b	11.0	14.2

n/a: data not available; USD: U.S. dollars

Data sources: total population, gender, race/ethnicity, language spoken at home, foreign-born, disability, health insurance, unemployment, income, education, poverty (American Community Survey, 2014 one-year estimates); homeless (Point-in-Time Homeless Count 2015); population change (Hispanic/Latino and non-Hispanic/Latino origin: Community Commons using US Census data from 2000 and 2010; Foreign-born: American Community Survey estimates from 2005 and 2014).

Percentages might not total 100% because of rounding. Percentages for race/ethnicity might not total 100% because data are not shown for some categories, such as two or more races or “other” race.

^a Language spoken at home is among the population ages 5 years and older.

^b Foreign-born population includes anyone who was not a US citizen or a US national at birth.

^c Disability includes hearing, cognitive, vision, ambulatory, independent living, and self-care disabilities.

^d No health insurance includes people reporting no health coverage or those whose only health coverage was Indian Health Service out of the total civilian noninstitutionalized population.

^e Unemployment is out of the population 16 years of age and older.

^f Poverty is measured as persons living in households with income below 100% Federal Poverty Level. Poverty in children is out of the total population of children under 18 years of age.

^g Educational attainment is among the population 25 years of age and older.

^h Homeless counts include persons within emergency shelter, transitional shelter, safe haven, unstable or doubled-up housing, and unsheltered.

ⁱ Chronic homelessness is defined as: “Individuals or families who have been homeless for one year or longer or have had four episodes of homelessness within the last three years and the individual or one family member has a disabling condition.” (U.S. Department of Housing and Urban Development, Defining Chronic Homelessness. 2007; National Alliance to End Homelessness, 2015)

Population data (health behaviors, morbidity, mortality)

The tables on the following pages present the findings from the Health Status Assessment – Population Data section. Refer to this section of the report for a description of methodology, regional findings, and limitations.

Tables K-2, K-3, and K-4 summarize the top ranked health behaviors, morbidity, and mortality resulting from a systematic analysis and prioritization of available indicators. The top indicators in these three tables reflect the following: a disparity by race/ethnicity, a 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 a severe health consequence. Indicators are listed in alphabetical order in each table. Unless otherwise specified, the indicators include data for the entire population.

Table K-5 summarizes all health behaviors, morbidity, and mortality indicators that were included in the analysis and prioritization described in the methodology section.

Table K-2. Top health behaviors in Washington County

WASHINGTON COUNTY HEALTH BEHAVIORS
Alcohol use in teens ^a
Binge drinking in teens ^b and adults
Dental visit in teens ^a
Early prenatal care among mothers delivering a live birth
E-cigarettes/vaping products use in teens ^b
Fruit/vegetable consumption in teens ^a and adults
Marijuana use in teens ^b
Physical activity in teens ^{a,b}
Received flu shot in adults
Usual source of health care and health insurance in adults

^a 8th graders

^b 11th graders

Table K-3. Top health conditions (morbidity) in Washington County

WASHINGTON COUNTY MORBIDITY
Asthma in teens ^a and adults
Bladder cancer incidence
Breast cancer incidence among all females
Chlamydia incidence
Depression in adults
Kidney/renal pelvis cancer incidence
Leukemia cancer incidence
Non-Hodgkin lymphoma cancer incidence
Obesity/overweight in teens ^b and adults
Prostate cancer incidence among all males
Thyroid cancer incidence
Uterine cancer incidence among all females

^a 8th graders

^b 11th graders

Table K-4. Top health outcomes (mortality) in Washington County

WASHINGTON COUNTY MORTALITY
Alcohol-induced
Breast cancer among all females
Chronic lower respiratory disease
Diabetes
Drug-induced
Heart disease
Lymphoid, hematopoietic, related tissue cancer
Ovarian cancer among all females
Prostate cancer among all males
Suicide

Deaths are categorized according to the underlying (or primary) cause-of-death on the death certificate.

In addition to the underlying cause, death certificates list up to twenty contributing causes of death. Drug-induced and alcohol-induced death estimates include underlying and contributing causes of death, independent of intent (natural, homicide, suicide, accidental, or undetermined).

Non-transport accident mortality major category includes deaths due to falls and unintentional poisoning.

Table K-5. Population estimates for all health behavior, morbidity, and mortality indicators for Washington County and Oregon

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
ASTHMA					
Current asthma (%) ★	10.0	2010-2013	11.2	2013	adults
Ever been diagnosed with asthma (%)	22.8	2013, 2015	21.9	2015	8th graders
Ever been diagnosed with asthma (%)	24.0	2013, 2015	24.4	2015	11th graders
CANCER & CANCER SCREENING					
All cancer mortality (per 100,000)	144.5	2013	163.3	2013	total
All cancer incidence (per 100,000)	429.2	2008-2012	447.6	2008-2012	total
Bladder cancer incidence (per 100,000) ★	19.9	2008-2012	21.9	2008-2012	total
Breast cancer mortality (per 100,000) ★	20.1	2013	19.9	2013	all females
Breast cancer incidence (per 100,000) ★	134.0	2008-2012	128.4	2008-2012	all females
Colorectal cancer mortality (per 100,000)	11.3	2013	14.4	2013	total
Colorectal cancer incidence (per 100,000) ★	35.2	2008-2012	38.3	2008-2012	total
Received colorectal cancer screening (%)	67.6	2010-2012	63.2	2012	adults 50 years or older
Kidney/renal pelvis cancer incidence (per 100,000) ★	14.9	2008-2012	14.8	2008-2012	total
Leukemia cancer incidence (per 100,000)	11.5	2008-2012	11.7	2008-2012	total
Lung, trachea, bronchus cancer mortality (per 100,000)	34.1	2013	42.0	2013	total
Lung, trachea, bronchus cancer incidence (per 100,000) ★	49.7	2008-2012	61.0	2008-2012	total
Lymphoid, hematopoietic, related tissue cancer mortality (per 100,000) ★	18.0	2013	17.5	2013	total
Non-Hodgkin lymphoma cancer incidence (per 100,000)	19.2	2008-2012	18.7	2008-2012	total
Melanoma (skin) cancer incidence (per 100,000)	27.7	2008-2012	26.6	2008-2012	total
Ovarian cancer mortality (per 100,000)	9.2	2013	8.4	2013	all females
Ovarian cancer incidence (per 100,000)	12.5	2008-2012	12.6	2008-2012	all females

Table K-5 (continued)

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
Pancreatic cancer mortality (per 100,000)	7.5	2013	9.6	2013	total
Pancreatic cancer incidence (per 100,000)	11.0	2008-2012	11.8	2008-2012	total
Prostate cancer mortality (per 100,000)	16.7	2013	19.4	2013	all males
Prostate cancer incidence (per 100,000)	114.4	2008-2012	122.8	2008-2012	all males
Thyroid cancer incidence (per 100,000) ★	13.6	2008-2012	12.4	2008-2012	total
Uterine cancer incidence (per 100,000) ★	28.8	2008-2012	26.7	2008-2012	all females
DIABETES					
Diabetes mortality (per 100,000) ★	20.0	2013	23.5	2013	total
Diabetes (%)	8.5	2010-2013	8.7	2013	adults
EXERCISE, NUTRITION, & WEIGHT					
Fruit/vegetable consumption: 5 or more times/day (%) ★	22.7	2010, 2011, 2013	22.1	2013	adults
Fruit/vegetable consumption: 5 or more times/day (%) ★	22.4	2013, 2015	23.4	2015	8th graders
Fruit/vegetable consumption: 5 or more times/day (%)	20.1	2013, 2015	19.5	2015	11th graders
Obesity (BMI ≥ 30) (%)	22.9	2010-2013	25.9	2013	adults
Obesity (BMI ≥ 30) (%)	9.2	2013, 2015	11.4	2015	8th graders
Obesity (BMI ≥ 30) (%) ★	10.8	2013, 2015	13.2	2015	11th graders
Overweight (BMI 25.0 - 29.9) (%) ★	34.7	2010-2013	32.6	2013	adults
Overweight (BMI 25.0 - 29.9) (%)	13.5	2013, 2015	15.4	2015	8th graders
Overweight (BMI 25.0 - 29.9) (%)	14.3	2013, 2015	15.4	2015	11th graders
Overweight or obese (BMI ≥ 25.0) (%)	57.6	2010-2013	58.6	2013	adults
No physical activity outside of work within past month (%)	17.0	2010-2013	17.5	2013	adults
Participated in 150 minutes or more of aerobic physical activity per week (%)	62.5	2010-2013	65.0	2013	adults

Table K-5 (continued)

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
Met guidelines for aerobic and muscle strengthening exercises (%) ^a	26.1	2011, 2013	26.5	2013	adults
Participated in muscle strengthening exercises more than twice per week (%)	35.0	2011, 2013	33.8	2013	adults
Physically active for total of 60+ minutes in past 7 days on all 7 days (%)	29.9	2013, 2015	30.7	2015	8th graders
Physically active for total of 60+ minutes in past 7 days on all 7 days (%)	21.6	2013, 2015	23.7	2015	11th graders
Muscle strengthening/toning exercises in past 7 days for minimum of 3 days (%)	63.8	2013, 2015	61.8	2015	8th graders
Muscle strengthening/toning exercises in past 7 days for minimum of 3 days (%) ★	53.4	2013, 2015	51.6	2015	11th graders
FAMILY PLANNING					
Teen pregnancy rate (per 1,000)	10.4	2013	14.0	2013	females ages 15-17
HEALTHCARE ACCESS & COVERAGE					
Usual source of health care or one or more personal doctors (%) ★	78.1	2010-2013	74.4	2013	adults
With health insurance (%)	83.7	2010-2012	80.3	2013	adults
Could not afford to see doctor at any time in past year because of cost (%)	14.6	2010-2013	18.1	2013	adults
HEART DISEASE & STROKE					
Heart disease mortality (per 100,000) ★	115.1	2013	134.5	2013	total
Cerebrovascular diseases mortality (per 100,000)	33.7	2013	37.2	2013	total
High blood pressure (%) ★	27.5	2010, 2011, 2013	28.7	2013	adults
High cholesterol (%) ★	30.9	2010, 2011, 2013	30.6	2013	adults
Essential hypertension and hypertensive renal disease mortality (per 100,000)	7.9	2013	10.7	2013	total
Major cardiovascular diseases mortality (per 100,000)	162.3	2013	189.7	2013	total
IMMUNIZATIONS & INFECTIOUS DISEASES					
Influenza/pneumonia mortality (per 100,000)	9.5	2013	10.5	2013	total
Pneumonia mortality (per 100,000)	8.5	2013	9.0	2013	total

Table K-5 (continued)

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
Received flu shot in past year (%)	60.5	2010-2013	55.5	2013	adults 65 years or older
Received flu shot in past year (%) ★	34.9	2010-2013	33.8	2013	adults
Ever received pneumonia vaccination (%)	81.5	2010-2013	75.5	2013	adults 65 years or older
Chronic Hepatitis C incidence (per 100,000)	90.5	2014	126.4	2014	total
Chlamydia incidence (per 100,000) ★	364.9	2014	410.4	2014	total
Gonorrhea incidence (per 100,000)	34.7	2014	60.9	2014	total
Early syphilis incidence (per 100,000)	9.6	2014	11.1	2014	total
HIV/AIDS, HIV and AIDS incident cases (per 100,000)	5.4	2014	6.2	2014	total
INJURY					
Accidents (unintentional injuries) mortality (per 100,000)	28.2	2013	39.6	2013	total
Non-transport accidents mortality (per 100,000) ^b ★	23.5	2013	29.8	2013	total
MATERNAL, FETAL & INFANT HEALTH					
Low birth weight, <2500 grams or 5.5 pounds (%)	5.8	2013	6.3	2013	all live births
Early prenatal care, Kotelchuck index of adequate prenatal care (%)	66.0	2013	72.2	2013	all live births
Mothers smoking during pregnancy (%)	4.3	2013	10.2	2013	all live births
Preterm births, < 36 weeks (%)	7.0	2013	7.6	2013	all live births
MENTAL & EMOTIONAL HEALTH					
Suicide mortality (per 100,000) ★	12.5	2013	16.8	2013	total
Any suicide attempt in past 12 months (%)	7.2	2013, 2015	8.2	2015	8th graders
Any suicide attempt in past 12 months (%)	5.9	2013, 2015	6.2	2015	11th graders
Depression (%)	22.2	2011-2013	25.9	2013	adults
Poor emotional/mental health for 14 or more days in a month (%)	9.9	2010-2013	13.0	2013	adults

Table K-5 (continued)

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
Poor emotional/mental health (%)	4.6	2013, 2015	5.8	2015	8th graders
Poor emotional/mental health (%)	5.3	2013, 2015	6.5	2015	11th graders
MISCELLANEOUS					
Nephritis, nephrotic syndrome, and nephrosis mortality (per 100,000)	4.8	2013	6.8	2013	total
Chronic liver disease and cirrhosis mortality (per 100,000)	8.4	2013	11.7	2013	total
OLDER ADULTS & AGING					
Alzheimer's disease mortality (per 100,000)	27.7	2013	27.2	2013	total
ORAL HEALTH					
Had dental visit in past year (%)	71.4	2010, 2012, 2013	67.8	2013	adults
Had any permanent teeth missing due to decay/gum disease (%)	33.6	2010, 2012, 2013	37.9	2013	Adults
Had last visit to dentist within past 12 months (%)	85.8	2013, 2015	82.2	2015	8th graders
Had last visit to dentist within past 12 months (%)	82.6	2013, 2015	79.9	2015	11th graders
RESPIRATORY DISEASES					
Chronic lower respiratory disease mortality (per 100,000)	24.6	2013	42.9	2013	total
SUBSTANCE ABUSE					
Drug-induced mortality (per 100,000) ★	9.5	2013	13.0	2013	total
Alcohol-induced mortality (per 100,000) ★	9.2	2013	15.4	2013	total
Binge drinking (%) ^c ★	14.9	2010-2013	18.2	2013	adults
Heavy drinking (%) ^d	7.3	2010-2013	8.7	2013	adults
Any alcohol use(%) ^e ★	10.5	2013, 2015	11.9	2015	8th graders
Any alcohol use (%) ^e	27.5	2013, 2015	29.1	2015	11th graders
Any binge drinking (%) ^c	3.9	2013, 2015	5.3	2015	8th graders

Table K-5 (continued)

HEALTH INDICATOR	WASHINGTON COUNTY ESTIMATE	COUNTY DATA YEAR(S)	OREGON ESTIMATE	OREGON DATA YEAR(S)	POPULATION
Any binge drinking (%) ^c ★	14.2	2013, 2015	16.5	2015	11th graders
Current cigarette smoker (%) ★	13.9	2010-2013	16.9	2013	adults
Current cigarette smoker (%)	2.9	2013, 2015	3.9	2015	8th graders
Current cigarette smoker (%)	7.1	2013, 2015	8.3	2015	11th graders
Any use of marijuana in past month (%)	6.7	2013, 2015	8.8	2015	8th graders
Any use of marijuana in past month (%) ★	18.1	2013, 2015	19.1	2015	11th graders
Any use of e-cigarettes/vaping products in past month (%) ^f	4.9	2013, 2015	9.3	2015	8th graders
Any use of e-cigarettes/vaping products in past month (%) ^f ★	10.4	2013, 2015	17.1	2015	11th graders
Any prescription drug abuse in past 30 days (%)	3.1	2013, 2015	4.1	2015	8th graders
Any prescription drug abuse in past 30 days (%)	6.3	2013, 2015	6.5	2015	11th graders

★ Indicates top ranking regional indicator (note that multiple physical activity and obese/overweight indicators are presented as one indicator in the top ranking regional tables).

All data are age-adjusted to the 2000 US standard population. Death rates and cancer incidence rates are per 100,000; other incidence rates are per 100,000 of the population at risk. Adult and teen health behavior data are a percent of the population at risk. Teen health behavior data are a percent of student enrollment per grade.

BMI: body mass index

^a Guidelines for aerobic and muscle strengthening exercise: at least 150 minutes of moderate intensity (or 75 minutes of vigorous-intensity) aerobic physical activity per week and moderate or high intensity muscle strengthening activity 2 or more days per week.

^b Non-transport accident mortality major category includes deaths due to falls and unintentional poisoning.

^c Binge drinking for adults: 4 or more drinks on one occasion (females) or 5 or more drinks on one occasion (males). Binge drinking for teens: 5 or more drinks of alcohol in a row during past 30 days.

^d Heavy drinking for adults: 1 or more drinks per day (females) or 2 or more drinks per day (males).

^e Alcohol use in teens: at least one drink of alcohol during past 30 days.

^f E-cigarettes/vaping products include electronic nicotine delivery product, such as an e-cigarette, e-cigar, or e-hookah.

Table K-6 summarizes the leading cancer incidence in Washington County. Note that this incidence data was used in the analysis and prioritization of the morbidity indicators in the tables previous.

Table K-6. Leading cancer incidence in Washington County

TYPE OF CANCER	WASHINGTON COUNTY INCIDENCE RATE
All cancer sites	429.2
Breast (female)	134.0
Prostate (male)	114.4
Lung & bronchus	49.7
Colon & rectum	35.2
Uterus (female)	28.8
Melanoma of the skin	27.7
Bladder	19.9
Non-Hodgkin lymphoma	19.2
Kidney & renal pelvis	14.9
Thyroid	13.6

Source: National Cancer Institute (NCI) State Cancer Profiles, 2008-2012.

All rates are per 100,000 population and are age-adjusted to the 2000 US standard population.

Table K-7. Leading causes of death in Washington County

WASHINGTON COUNTY TOP LEADING CAUSES OF DEATH, 2013	MORTALITY RATE
Major cardiovascular diseases	162.34
Diseases of the heart	115.13
Cerebrovascular disease	33.71
Malignant neoplasm	144.50
Malignant neoplasms of trachea, bronchus and lung	34.07
Malignant neoplasm of breast in females	20.10
Malignant neoplasms of lymphoid, hematopoietic and related tissue	18.00
Malignant neoplasm of the prostate in males	16.65
Malignant neoplasms of colon, rectum and anus	11.27
Malignant neoplasm of ovary in females	9.19
Accidents (unintentional injury)	28.16
Non-transport accidents ^a	23.49
Alzheimer's disease	27.67
Chronic lower respiratory diseases	24.59
Diabetes mellitus	20.04
Suicide	12.45
Influenza and pneumonia	9.49
Pneumonia	8.55
Drug-induced ^b	9.49
Alcohol-induced ^b	9.20

Table K-7 summarizes the mortality rates for the leading types of cancer in Washington County. Note that this mortality data was used in the analysis and prioritization of the mortality indicators in the tables previous.

Data source: National Center for Health Statistics (NCHS) 113 Leading Cause of Death list from the Oregon

Public Health Assessment Tool (OPHAT).

All rates are per 100,000 population and are age-adjusted to the 2000 US Standard Population.

Malignant neoplasm: a new abnormal growth of tissue, also referred to as a tumor or cancer.

^aNon-transport accident mortality major category includes deaths due to falls and unintentional poisoning.

^bThe drug- and alcohol-induced death categories are included within the other NCHS 113 Leading Cause of Death categories and, therefore, are not mutually exclusive categories.

Hospital
(emergency department)
data

The tables on these pages present the findings from the Health Status Assessment – Hospital Data section. Refer to this section of the report for a description of methodology, regional findings, and limitations.

Table K-8. List of diagnoses and age-adjusted percentages for uninsured and self-pay admissions to hospital emergency departments in Washington County (adults only)

WASHINGTON COUNTY: ADULTS	
AMBULATORY CARE SENSITIVE CONDITIONS (ACSC) AND SELECT MENTAL ILLNESS DIAGNOSES	AGE-ADJUSTED %
Hypertension	16.2%
Diabetes “c”	10.4%
Kidney/urinary infections	7.2%
Severe ear, nose, and throat infections	5.3%

Only diagnoses greater than 5% are shown.

Table K-9. List of diagnoses and age-adjusted percentages for uninsured and self-pay admissions to hospital emergency departments in Washington County (youth only)

WASHINGTON COUNTY: YOUTH	
AMBULATORY CARE SENSITIVE CONDITIONS (ACSC) AND SELECT MENTAL ILLNESS DIAGNOSES	AGE-ADJUSTED %
Severe ear, nose, and throat infections	38.3%
Asthma	14.6%
Dehydration - volume depletion	5.7%

Only diagnoses greater than 5% are shown.

Online survey data

The tables in this section present the findings from the Community Themes and Strengths Assessment – Online Survey section. Refer to this section of the report for a description of methodology, regional findings, and limitations.

A total of 595 surveys were submitted that reported a zip code within or overlapping Washington County borders. These 595 surveys represented 20.4% of all surveys from the four-county region. In comparison, Washington County makes up 25.8% of the four-county population.

The demographics of Washington County survey respondents are presented in the table below, which compares them to the respective demographics of the Washington County population (when available). Percentages were calculated using the number of surveys that reported a meaningful answer to the respective question as the total or denominator; this number is presented as “n” for each demographic indicator. Surveys that did not include an answer to the respective question were omitted from the total count.

Table K-10. Demographics of survey respondents from Washington County

DEMOGRAPHIC INDICATOR	POPULATION OF SURVEY RESPONDENTS WHO LIVE IN WASHINGTON COUNTY (N=595)	WASHINGTON COUNTY POPULATION
AGE	N = 579	
Under 18	2.1%	24.4%
19-25	9.8%	8.3%
26-39	31.1%	23.0%
40-54	28.7%	20.8%
55-64	18.1%	11.8%
65-79	10.0%	8.9%
80 and older	0.2%	3.1%
GENDER	N = 562	
Female	74.4%	50.8%
Male	25.4%	49.2%
Other than male or female alone	0.2%	N/A
SEXUAL ORIENTATION	N = 533	
Sexual Minority	10.1%	N/A
Heterosexual	89.9%	N/A
HISPANIC ETHNICITY	N = 548	
Hispanic	17.9%	16.3%
Non-Hispanic	82.1%	83.7%
RACE	N = 493	
African American/Black	1.0%	2.2%
African	0.2%	2.2%
Arab American/Middle Eastern	0.2%	N/A

Table K-10 (continued)

DEMOGRAPHIC INDICATOR	POPULATION OF SURVEY RESPONDENTS WHO LIVE IN WASHINGTON COUNTY (N=595)	WASHINGTON COUNTY POPULATION
Asian American/Asian	4.3%	9.9%
European American/White/Caucasian	83.8%	82.2%
Native American/American Indian/Alaska Native	1.8%	1.1%
Native Hawaiian or Pacific Islander	N/A	0.5%
Multiracial	6.5%	4.0%
Other	2.2%	N/A
LOCATION OF CHILDHOOD N=570		
Inside U.S.	88.8%	N/A
Outside U.S.	11.2%	N/A
LANGUAGE N=577		
English	87.9%	84.5%
Spanish or Spanish/English	9.9%	9.3%
Other than Spanish or English	2.3%	6.2%
VETERAN STATUS N=577		
Veteran	6.2%	7.8%
Not a veteran	93.8%	92.2%
DISABILITY STATUS N=571		
Has a disability	9.1%	10.3%
Does not have disability	90.9%	89.7%
EDUCATION LEVEL N=501		
Less than high school	3.0%	9.7%

Table K-10 (continued)

DEMOGRAPHIC INDICATOR	POPULATION OF SURVEY RESPONDENTS WHO LIVE IN WASHINGTON COUNTY (N=595)	WASHINGTON COUNTY POPULATION
High school/GED	13.0%	19.8%
Bachelors degree or higher	81.4%	39.7%
FEDERAL POVERTY LEVEL N=486		
200% or below	22.4	28.7%
Above 200%	77.6	71.3%
TYPE OF HEALTH INSURANCE N=562		
Uninsured	5.7%	10%
Medicaid	10.9%	16.8%
Medicare	8.5%	12.9%
Medicaid/Medicare	0.2%	N/A
Indian Health Services	0.4%	N/A
VA	1.2%	1.9%
Other public	0.7%	N/A
Private insurance	72.4%	71.0%

Survey question 1: Quality of life (vision)

The first question on the survey asked about respondents’ vision of a healthy community. The question read,

“In the following list, what do you think are the five most important characteristics of a ‘Healthy Community’? (Those factors that most improve the quality of life in a community”). There were 21 characteristics from which to choose. The table below presents the response options ordered by the frequency at which they were selected. Because the question asked respondents to select five characteristics, the five most frequently selected responses are bold. Frequencies were calculated using the total number of selections as the denominator (presented as “n” in the frequency column).

Table K-11. Survey question 1 results for Washington County respondents

RANK BASED ON FREQUENCY	RESPONSE OPTIONS	FREQUENCY (PROPORTION OF TOTAL RESPONSES) N = 2,924
1	Safe, affordable housing	10.6%
2	Access to physical, mental, and/or oral health care	9.6%
3	Access to healthy, affordable food	9.3%
4	Good schools	8.5%
5	Low crime/safe neighborhoods	8.5%
6	Good jobs to reach a healthy economy	7.5%
7	Clean environment	6.8%
8	Healthy behaviors and lifestyles	5.0%
9	Parks and recreation	5.0%
10	Supportive and happy family life	4.0%
11	Safe, nearby transportation	3.9%
12	Welcoming of diverse communities/ people	3.7%
13	Good place to raise children	3.3%
14	Participating and giving back to the community	2.5%

Table K-11 (continued)

RANK BASED ON FREQUENCY	RESPONSE OPTIONS	FREQUENCY (PROPORTION OF TOTAL RESPONSES) N = 2,924
15	Religious or spiritual values	2.3%
16	Good daycare and preschools	2.1%
17	Good job training opportunities	1.8%
18	Low level of child abuse	1.8%
19	Arts and cultural events	1.5%
20	Low deaths and disease rates	1.4%
21	Physical accommodations for people with disabilities	1.1%

The five responses most frequently selected by Washington County respondents were 1) Safe, affordable housing; 2) Access to physical, mental, and/or oral health care; 3) Access to healthy, affordable food; 4) Good schools; and 5) Low crime/safe neighborhoods. These were the same top five selections, in the same order, for total regional respondents.

Survey question 2: Issues affecting community health (needs)

The second question on the survey asked respondents about the biggest health needs in their community. The question read, “In the following list, what do you think are the five most important ‘issues’ that need to be addressed to make your community healthy? (Those topics that have the greatest impact on overall community health).” The table below presents the response options ordered by the frequency at which they were selected. Again, because the question asked respondents to select five topics, the five most frequently selected responses are bold. Frequencies were calculated using the total number of selections as the denominator (presented as “n” in the frequency column).

Table K-12. Survey question 2 results for Washington County respondent

RANK BASED ON FREQUENCY	RESPONSE OPTIONS	FREQUENCY (PROPORTION OF TOTAL RESPONSES) N=2753 SELECTIONS
1	Homeless/lack of safe, affordable housing	12.1%
2	Unemployment/lack of living wage jobs	9.9%
3	Mental health challenges (e.g. depression, lack of purpose or hope, anxiety, bi-polar, PTSD, eating disorders)	9.4%
4	Hunger/lack of healthy, affordable food	8.7%
5	Lack access to physical, mental, and/or oral health care	6.6%
6	Being overweight/obesity	5.6%
7	Poor schools	5.3%
8	Racism/discrimination	5.0%
9	Domestic violence, child abuse/neglect	4.8%
10	Unsafe streets (limited crosswalks, bike lanes, lighting, etc.)	4.4%
11	Gang activity/violence	4.1%
12	Lack of needed job skills or training	3.1%
13	Lack of community involvement	3.1%

Table K-12 (continued)

RANK BASED ON FREQUENCY	RESPONSE OPTIONS	FREQUENCY (PROPORTION OF TOTAL RESPONSES) N=2753 SELECTIONS
14	Dirty environment	2.9%
15	Lack access to safe, nearby transportation	2.4%
16	Bullying/verbal abuse	2.1%
17	Lack of good daycare and preschools	1.9%
18	Disabilities (physical, mental) and limited mobility	1.6%
19	Lack of safe and accessible parks/recreation	1.5%
20	Firearm-related injuries	1.5%
21	Aging problems (e.g. memory loss, hearing/vision loss)	1.3%
22	Few arts and cultural events	1.1%
23	Lack of physical accommodations for people with disabilities	0.8%
24	Asthma/respiratory/lung disease	0.4%
25	HIV/AIDS	0.4%

As Table K-12 shows, the five most frequently selected community needs were 1) Homelessness/lack of safe, affordable housing; 2) Unemployment/lack of living wage jobs; 3) Mental health challenges (e.g. depression, lack of purpose or hope, anxiety, bi-polar, PTSD, eating disorders); 4) Hunger/lack of healthy, affordable food; and 5) Lack access to physical, mental, and/or oral health care. These were the same five most frequently selected community needs, and in the same order, as those of total four-county respondents.

Survey question 3: Risky behaviors

The third question the survey asked was about behaviors that can endanger health. The question read, “In the following list, what do you think are the three most important ‘risky behaviors’ in your community? (Those behaviors that have the greatest impact on overall community health).” The table below presents the response options ordered by the frequency at which they were selected. Because the question asked respondents to select three behaviors, the three most frequently selected responses are bold. Frequencies were calculated using the total number of selections as the denominator (presented as “n” in the frequency column).

Table K-13: Survey question 3 results for Washington County respondents

RANK BASED ON FREQUENCY	RESPONSE OPTIONS	FREQUENCY (PROPORTION OF TOTAL RESPONSES) N = 1,741
1	Drug use/abuse	17.0%
2	Alcohol abuse/addiction	14.3%
3	Poor eating habits	10.9%
4	Lack of exercise	10.5%
5	Dropping out of school	10.4%
6	Unsafe driving (e.g. not using seat belts/ child safety seats, distracted driving)	8.4%
7	Social isolation/loneliness	7.8%
8	Tobacco use	6.1%
9	Not getting “shots” to prevent disease (immunizations)	5.3%
10	Risky sexual behavior/unsafe sex	4.8%
11	Not using birth control	3.0%
12	Self-harm (e.g. cutting, suicide attempts)	1.6%

The three most frequently selected responses were 1) Drug use/abuse; 2) Alcohol abuse/addiction; and 3) Poor eating habits. These were the same most frequently selected responses as for total regional respondents.

Survey question 4

The fourth survey question asked respondents to rate the health of their community. The question read, “How healthy would you rate your community as a whole?” Table K-14 presents the distribution of responses. Unlike the previous three questions, respondents were directed to only give one response to this question. Therefore, the proportion of responses per rating was calculated using the number of people indicating that response as the denominator, displayed as “n” in the table.

Table K-14: Survey question 4 results for Washington County respondents

RATING	PROPORTION OF RESPONSES FROM WASHINGTON COUNTY RESPONDENTS N = 594	PROPORTION OF RESPONSES FROM ENTIRE SURVEY POPULATION N = 3,075
Very healthy	3.7%	3.0%
Healthy	38.6%	30.9%
Somewhat unhealthy	50.2%	53.2%
Unhealthy	6.4%	10.3%
Very unhealthy	1.2%	2.6%

This distribution of community health ratings has a higher percentage of “Healthy” ratings and a lower percentage of “Unhealthy” and “Very unhealthy” ratings compared to that of total regional responses.

Washington County priority health issues model

Figure K-1 illustrates the priority health issues in Washington County, as identified in the 2016 CHNA. The data sources include:

- Population data on health behaviors, morbidity, and mortality
- Medicaid claims data provided by local CCOs
- Hospital admissions data for people who were uninsured or self-pay and were diagnosed with select conditions
- Community data from an online survey, listening sessions in all four counties, and a qualitative meta-analysis of community engagement projects from the last 3 years

Each data set has its own specific limitations, which can be found in the **Health Status Assessment** and **Community Themes and Strengths Assessment** sections of this report.

This model describes how the drivers of health influence health conditions and outcomes. The yellow boxes across the top represent different pathways for intervention, while the grey arrows show the dynamic relationships between health behaviors, social determinants of health (such as food or housing), and health problems. The blue boxes describe the types of data and their sources. The boxes flow from left to right to demonstrate how we can leverage community strengths to achieve our vision of a healthy community.

The data in this model come from different sources with different methods, research questions, and prioritization processes. The second page discusses specific sources and limitations. For more information on methodology, sources, and limitations, see the **Health Status** and **Community Themes and Strengths** assessments.

Figure K-1: Priority Health Issues Model for Washington County



DRIVERS OF HEALTH

Things we can influence

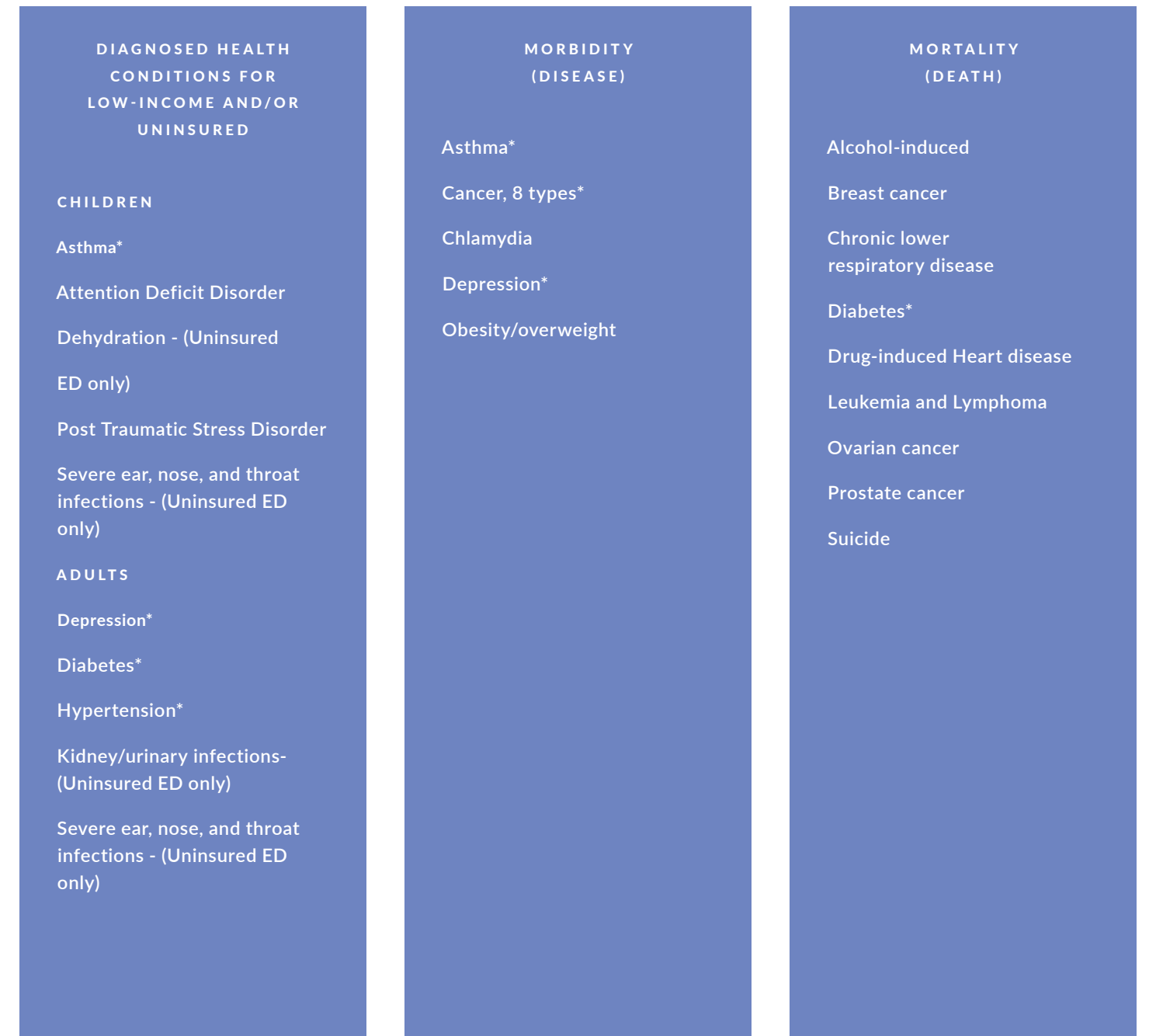


Community Engagement Data

Population Data

HEALTH CONDITIONS/OUTCOMES

Things we can prevent and/or treat



Emergency Department (ED) and Medicaid Data

Population Data

Population Data

*Indicator identified in more than one of the assessment components (e.g. population, community engagement, emergency department, or Medicaid data)

•Refer to section III for specific types of cancer

All indicators are in alphabetical order. For full methodology, sources, and limitations, see individual sections of CHNA report.

Washington County 2016

COMMUNITY STRENGTHS

Things we can support

STRENGTHS

- Culturally specific, community-based services
- Feeling connected to a community
- Government supported public assistance and social services
- Healthy behaviors
- Low/no cost programs and services that make health care accessible
- Opportunities to be involved in the community
- Pathways to living wage jobs
- Resilience

Community Engagement Data

VISION OF A HEALTHY COMMUNITY

Things we can build

VISION

For all people:

- Affordable, high-quality, culturally responsive health care
- Basic needs are met, including food, housing, and transportation
- Environments and opportunities that support and encourage community involvement and connection
- Equitable and inclusive society, free from racism, discrimination, and stigma
- Good schools and equitable access to high quality education
- Living wage jobs and pathways to employment
- Policies, systems, and environments that support good health and high quality of life
- Safe, accessible, and affordable housing
- Safe and accessible neighborhoods free of crime

Community Engagement Data

DATA SOURCES AND LIMITATIONS

SOCIAL DETERMINANTS OF HEALTH AND EQUITY, COMMUNITY STRENGTHS, AND VISION

Data sources:

- 29 listening sessions with 364 community members across the four county region
- Online survey (paper version optional) with 3,167 responses
- Meta-analysis of 55 community engagement projects conducted in the four county region between 2012-2015

Limitations:

The data from the survey and listening sessions were collected through small convenience samples. HCWC aimed to engage communities across the four county region and prioritize low-income and communities of color. However, the people that participated in the survey and listening sessions do not represent the full range of diverse experiences in the region.

Community Engagement Data

DATA SOURCES AND LIMITATIONS

HOSPITAL DATA

Data sources:

- 26 Ambulatory Care and Sensitive Condition (ACSC) codes
- 4 Severe and Persistent Mental Illness (SPMI) codes
- 15 hospitals in the HCWC region

Limitations:

The data represent a narrow subset of the regional population (4.4%). Out of over 13,000 ICD-9 diagnosis codes, data analysts considered 26 ACSC codes, defined by the Agency for Healthcare Quality and Research, and 4 SPMI codes that aligned with the Medicaid data. In addition, the data only included people who were "self-pay" and who visited the emergency department. This means that the priority health indicators from the hospital data should be viewed as a very small subset, and not generalizable to other populations.

Emergency Department (ED) Data

DATA SOURCES AND LIMITATIONS

MEDICAID DATA

Data sources:

- 2 Coordinated Care Organizations (CCOs) in the Oregon tri-county region
- Health Share of Oregon claims
- FamilyCare claims

Limitations:

The indicators considered are a subset of diagnoses. Data analysts identified three chronic conditions diagnosed separately among adults and children as the priority health issues. Medicaid data for Clark County were not accessible for this CHNA. The regional Priority Health Issues Model includes Medicaid data for the tri-county Oregon region only. The Clark County-specific model does not include any Medicaid data.

Medicaid Data

DATA SOURCES AND LIMITATIONS

HEALTH BEHAVIORS, MORBIDITY, AND MORTALITY

Data sources:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Healthy Teen Survey
- National Cancer Institute (NCI)
- Washington Healthy Youth Survey
- Vital statistics

Limitations:

HCWC epidemiologists, with input from content experts, developed a list of standard indicators to consider for prioritization. There are many issues that we do not have adequate data for and could not prioritize. For example, the NCI has data on a wide variety of cancers, while the data on oral health are more limited. Similarly, we were able to examine mortality data for heart disease, but not morbidity.

Data from population health surveys rely on self report and are subject to recall and other biases.

Population Data

Washington County 2016

For full methodology, sources, and limitations, see individual sections (Health Status Assessment, Community Themes and Strengths).

Tuality Healthcare and the other members of the Healthy Columbia Willamette Collaborative are committed to addressing disparities for all health areas, and even though the focus area of “culturally-competent services and data collection” did not meet their selection criteria, it was agreed that for each of the selected areas there will be specific strategies directed toward culturally competent services and data collection.

Social Determinants of Health and Equity

FOCUS AREA	GOAL	FOCUS POPULATION
Access to food	<ul style="list-style-type: none"> Lower diabetes and diabetes mortality rate Increase percent of population consuming fruits/vegetables at least five times a day. Lower community BMI rate Help educate the community on healthy eating. Reduce the need for food related health care. 	<ul style="list-style-type: none"> Low income and uninsured Elderly Latino and other minority populations; migrant/seasonal farm workers Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Access to transportation	<ul style="list-style-type: none"> Eliminate lack of transportation as a reason for foregoing health care. Increase survey responses regarding transportation in next CHNA. 	<ul style="list-style-type: none"> Elderly Low-income and uninsured Latino and other minority populations Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Connected Communities	<ul style="list-style-type: none"> Increase health of Washington County communities. Support Washington County Health Department, other non-profit health care entities. Show significant improvement in Washington County health metrics. 	<ul style="list-style-type: none"> Primary market area is priority. Secondary market is second-tier priority. Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Culturally and linguistically appropriate healthcare	<ul style="list-style-type: none"> Improve access to health care for Hispanic, other minority populations Increase Hispanic and other minority use of Tuality/OHSU for health care 	<ul style="list-style-type: none"> Hispanic and other minorities. Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008

Social Determinants of Health and Equity (continued)

FOCUS AREA	GOAL	FOCUS POPULATION
Pathways to living wage jobs	<ul style="list-style-type: none"> Improve access to health care Lower unemployment rate in Washington County. Increase number of living wage jobs 	<ul style="list-style-type: none"> Primary and secondary market areas. Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Policies, systems and environments that support healthy behaviors	<ul style="list-style-type: none"> Improve health of Washington County residents Make an impact on community health metrics 	<ul style="list-style-type: none"> All citizens of Washington County
Racism, discrimination and stigma	<ul style="list-style-type: none"> Eliminate racism, discrimination and stigma at Tuality Healthcare Establish baseline data via Employee Survey on employee views on racism, discrimination and stigma 	<ul style="list-style-type: none"> All Washington County citizens and Tuality employees
Safe, accessible and affordable housing	<ul style="list-style-type: none"> Increase amount of affordable housing available in Washington County Reduce homeless rate in Washington County 	<ul style="list-style-type: none"> Primary and secondary market areas. Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Support for people with behavioral health challenges	<ul style="list-style-type: none"> Make mental health care more accessible Lower mental health metrics in health care data 	<ul style="list-style-type: none"> Primary and secondary market areas. Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008

Focus Area #1: Access to food

- Promote more access to food as an avenue to improve health and reduce health care costs.
- Align Washington County agrarian community with the need for access to healthier food.
- Educate the public on benefits of healthier eating.

Strategies

1. Continue sponsorship of Hillsboro Tuesday Night Marketplace farmer's market to expose more Washington County residents to healthy food and eating.
2. Continue sponsorship of Forest Grove Farmer's Market in conjunction with non-profit social services agency Adelante Mujeres. This market accepts WIC, SNAP and FDNP.
3. Continue sponsorship of farmer's market every Thursday during the summer on Tuality Healthcare's main campus in Hillsboro.
4. Continue sponsorship of Hillsboro Chamber of Commerce Farm Fresh Dinner event which promotes farm to table approach to food.
5. Examine sponsorship opportunities with Hillsboro Farmer's Market, which hosts a market on Saturday's adjacent to Tuality Healthcare's Orenco Station primary care clinic.
6. Continue healthy cooking classes by Tuality Healthcare's Community Education department.
7. Explore aligning healthy cooking classes with community partners Virginia Garcia Memorial Health Center and City of Hillsboro Senior Center. Both have teaching kitchens for healthy eating and cooking instructions.

Focus Area #2: Access to health care

- Make culturally appropriate health care available to more Washington County citizens.

Strategies

1. Continue to expand membership in Tuality Health Alliance, which manages Oregon Health Plan patients in Washington County.
2. Work with Health Share of Oregon on expanding Coordinated Care Organization membership in Washington County.
3. Work with OHSU on incorporating more OHSU patients into Tuality Health Alliance.
4. Continue support of other Washington County non-profits – Virginia Garcia Memorial Health Center, Southwest Community Health Center – to provide safety-net clinic care for residents.
5. Work with OHSU on increasing the number of primary care/family care providers in Washington County.

Focus Area #3: Access to Transportation

- Improve access to health care

Strategies

1. Market/expand Tuality Local Coach Service to more providers, care facilities and other clinics.
2. Work with Community Action, TriMet and other community partners to provide low-cost bus/MAX passes.
3. Encourage more bicycle usage among employees/community members, including use of bike facility in Intermodal Transit Facility.

Focus Area #4: Connected Communities

- Continue to build on connectivity among Washington County government, health care providers and other non-profits.

Strategies

1. Continue participation in four-county Healthy Columbia Willamette Collaborative
2. Continue sponsorship and participation in Greater Hillsboro Chamber of Commerce, Forest Grove-Cornelius Chamber of Commerce and North Pains Chamber of Commerce.
3. Continue participation in Hillsboro Health & Education District with partners Pacific University, Portland Community College, City of Hillsboro, Virginia Garcia Memorial Health Center and Washington County.

Focus Area #5: Culturally and linguistically appropriate healthcare

- Make Tuality/OHSU the first choice for health care among minority populations.

Strategies

1. Continue to monitor, expand Spanish content on Tuality website, the only hospital website in the Portland metro area with dedicated Spanish content.
2. Continue to support Tuality Culture and Diversity Community and help align with OHSU culture and diversity initiatives.
3. Refine interpreter services in Tuality Community Hospital and off-site clinics.
4. Make bi-lingual employees a hiring priority.
5. Make inroads with Hispanic community by offering free health screenings, appropriate information at Hispanic events in Washington County.

Focus Area #6: Pathways to living wage jobs

- Increase number of Washington County residents with health insurance.

Strategies

1. Support Washington County, cities of Hillsboro, Forest Grove, Cornelius and North Plains initiatives to recruit new businesses which pay living wages.
2. Support State of Oregon Employment Department in connecting interested workers with living wage jobs.
3. Conduct a salary survey to ensure Tuality Healthcare employees are being paid a living wage.

Focus Area #7: Policies, systems and environments that support healthy behaviors

- Align Tuality Healthcare with affiliate OHSU, government and other non-profit partners on promoting healthy behaviors.

Strategies

1. Continue to support Hillsboro Health & Education District with partners Pacific University, Virginia Garcia Memorial Health Center and Portland Community College.
2. Maintain membership and continue to support Westside Economic Alliance.
3. Continue to support other significant Washington County nonprofits – Community Action, Project Access Now, Centro Cultural, Adelante Mujeres

Focus Area #8: Racism, Discrimination and Stigma

- Work with Culture and Inclusion Committee on providing culturally appropriate treatment of Tuality employees and patients.

Strategies:

1. Post non-discrimination statements with appropriate translation in all Tuality Healthcare facilities.
2. Provide culture training to all Tuality employees.

Focus Area #9: Safe, accessible and affordable housing

- Reduce the homeless population in Washington County

Strategies

1. Encourage Washington County and city of Hillsboro to require a significant percentage of new housing be affordable.
2. Request that affordable housing be a part of the redevelopment of the Hank’s Thriftway property adjacent to the Tuality Healthcare campus.
3. Continue to support Westside Habitat for Humanity in building and rehabilitating affordable housing.

Focus Area #10: Support people with behavioral health challenges

- Increase access to mental health care for citizens of Washington County.
- Reduce Emergency Department and Urgent Care visits by successfully triaging patients to more appropriate care.

Strategies

1. Support Washington County’s new Mental Health Urgent Care Center
2. Continue to develop mental health treatment capacity at Tuality’s patient centered primary care medical home clinics.
3. Explore participation in Unity Center for Behavioral Health

Health Behaviors

FOCUS AREA	GOAL	FOCUS POPULATION
Alcohol consumption by teens	• Reduce alcohol consumption by teens	• Teens of all income levels • Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Binge drinking	• Reduce episodes of binge drinking	• All ages in Washington County • Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Lack of dental visits among teens	• Improve access to dental care among teens	• Teens of all ages • Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Lack of adults who have received a flu shot	• Increase flu shot vaccination rate among adults	• Adults • Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Lack of early prenatal care	• Improve access to early prenatal care	• Low-income and uninsured • Latino and other minority populations • Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008

Health Behaviors (continued)

FOCUS AREA	GOAL	FOCUS POPULATION
Lack of fruit and vegetable consumptions	<ul style="list-style-type: none"> Improve access to healthy foods 	<ul style="list-style-type: none"> Low-income and uninsured Latino and other minority populations Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Lack of health insurance among adults	<ul style="list-style-type: none"> Increase access to health care 	<ul style="list-style-type: none"> Low-income and uninsured Latino and other minority populations Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Lack of physical activity among teens	<ul style="list-style-type: none"> Increase physical activity among teens 	<ul style="list-style-type: none"> All teens Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Marijuana use among teens	<ul style="list-style-type: none"> Discourage marijuana use among teens 	<ul style="list-style-type: none"> All teens Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
No usual source of health care among adults	<ul style="list-style-type: none"> Increase access to health care 	<ul style="list-style-type: none"> Low-income and uninsured Latino and other minority populations Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Vaping and e-cigarette use among teens	<ul style="list-style-type: none"> Discourage vaping and e-cigarette use among teens 	<ul style="list-style-type: none"> Teens of all ages Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008

Focus Area #1: Alcohol consumption by teens

- Lower alcohol consumption in teen population.

Strategies

- Support Washington County school districts in providing teen alcohol education.
- Support Washington County law enforcement in enforcing underage drinking laws.
- Provide teen counseling through primary care medical homes or Tuality Health Alliance.
- Support Gov. Brown’s proposal to increase tax on alcohol.

Focus Area #2: Binge drinking

- Lower binge drinking in Washington County

Strategies

- Support Washington County contracted alcohol dependency programs.
- Work with Washington County law enforcement on delivering patients with alcohol issues to a contracted detox center.

Focus Area #3: Lack of dental visits among teens

- Make dental care more readily available to teens.

Strategies

- Refer teens in need of dental care to one of the Virginia Garcia’s community and high school- based dental clinics.
- Work with OHSU School of Dentistry and dental clinics on access to dental care.

Focus Area #4: Lack of adults who have received a flu shot

- Make flu shots more readily available to adults.

Strategies

- Market availability of flu shots covered by health insurance at several Tuality Healthcare locations – main hospital, Tuality Forest Grove Hospital, Tuality Urgent Care.
- Make sure case managers are requiring all inpatients receive a flu shot.
- Continue to support Tuality’s Salud Services in providing flu shots to Willamette Valley vineyard workers.

Focus Area #5: Lack of early prenatal care

- Increase availability of early prenatal care in Washington County.

Strategies

1. Work with Tuality Obstetrics & Gynecology on improving access to early prenatal care
2. Work with Virginia Garcia Obstetrics Clinic on improving access to early prenatal care
3. Work with safety net clinics like Project Access Now and Southwest Community Health Clinic on improving access to early prenatal care.
4. Work with Tuality/OSHU westside primary care providers at Orenco Station, Knight Cancer Institute and Scappoose primary care on improving access to early prenatal care.

Focus Area #6: Lack of fruit and vegetable consumption

- Increase availability of fruits and vegetables

Strategies

1. Market availability of fresh fruits and vegetables at the farmer's markets which Tuality supports – Hillsboro, Forest Grove and North Plains
2. Make sure farmer's markets take WIC, SNAP and FDNP
3. Work with Tuality Dietary Department on classes that promote consumption of fresh fruits and vegetables.
4. Work with Tuality Human Resources Wellness Coordinator on promoting fresh fruit and vegetable consumption among Tuality's 1,200 employees
5. Continue featuring local fruits and vegetables for sale one day a week in the Tuality Café.
6. Make fruit and vegetable consumption an important component of Tuality's Wellness Program, which was named one of the best wellness programs in Oregon by the Portland Business Journal.

Focus Area #7: Lack of health insurance among adults

- Increase members in Oregon Health Plan

Strategies

1. Work with Tuality Health Alliance staff on expanding THA membership.
2. Work with OHSU on expanding access to the Oregon Health Plan
3. Make referrals for undocumented workers to safety net clinics like Virginia Garcia, Salud Services and Southwest Community Health Clinic

Focus Area #8: Lack of physical activity among teens

- Increase number of teens who take part in physical activity daily

Strategies

1. Work with Tuality Health Alliance case manager on stressing the need and benefits of daily exercise.
2. Work with staff at Tuality medical home primary clinics on increasing physical activity among teen patients.
3. Continue to support summer fitness program conducted by Tuality Rehabilitation Services.

Focus Area #9: Marijuana use among teens

- Make community aware of dangers of marijuana use among teens.

Strategies

1. Support Hillsboro, Forest Grove and other school districts on lowering marijuana use among teens.
2. Develop a presentation on teen marijuana with Community Education for presentation at community events.

Focus Area #10: No usual source of health care among adults

- Increase access to health care among adults

Strategies

1. Expand access to the Oregon Health Plan via work with Tuality Health Alliance and OHSU.
2. Support safety-net clinics like Virginia Garcia, Southwest Community Health Clinic and Salud Services.
3. Work with OHSU to increase number of primary care providers in Washington County

Focus Area #11: Vaping and e-cigarettes use among teens

- Lower tobacco/e-cigarette usage teens

Strategies

1. Support Gov. Brown's plan to substantially increase tobacco tax
2. Support law enforcement in enforcing tobacco smoking age laws
3. Work with Community Education tobacco cessation instructor on crafting a class that addresses teen tobacco/vaping use

Morbidity

FOCUS AREA	GOAL	FOCUS POPULATION
Asthma	<ul style="list-style-type: none"> Reduce Washington County asthma rate by 1 percent in next CNHA data set 	<ul style="list-style-type: none"> Children and teens Women All zip codes
Cancer, 8 types	<ul style="list-style-type: none"> Lower Washington County cancer rate 	<ul style="list-style-type: none"> All ages Both sexes All zip codes
Chlamydia	<ul style="list-style-type: none"> Reduce incidence of this treatable Sexually Transmitted Disease among teens and young women 	<ul style="list-style-type: none"> Teens Young women All zip codes
Depression	<ul style="list-style-type: none"> Work with government, community partners to reduce depression as a health care issue 	<ul style="list-style-type: none"> Teens Seniors All zip codes
Obesity/Overweight	<ul style="list-style-type: none"> Lower obesity rate in Washington County 	<ul style="list-style-type: none"> All ages Both sexes All zip codes

Focus Area No. 1: Asthma

- Reduce the incidence of asthma as the top morbidity among Washington County citizens

Strategies

1. Make Tuality and community primary care and family practice providers aware of asthma as the No. 1 cause of morbidity in Washington County
2. Work with Tuality Pulmonology Clinic in identifying and treating more Washington County residents who have asthma.

Focus Area No. 2: Cancer, 8 types

- Reduce the incidence of all types of cancer in Washington County

Strategies

1. Support the Tuality Healthcare Foundation in its fundraising efforts to expand the Tuality/OHSU Cancer Center.
2. Support the Knight Cancer Institute on its pathway to end cancer.

Focus Area No. 3: Chlamydia

- Reduce the incidence of chlamydia in Washington County.

Strategies

1. Work with Tuality, OHSU and community providers on making chlamydia treatment/vaccinations a priority for children, teens and young women.

Focus Area No. 4: Depression

- Reduce Washington County depression rate among adults

1. Work with Tuality, OHSU and community providers on treating depression.
2. Work with Tuality Health Alliance and primary care medical homes on improving treatment of depression

Focus Area No. 5: Obesity/Overweight

- Reduce Body Mass Index among Washington County residents

Strategies

1. Work with Tuality Community Education Department on continuing to offer and promote Health Eating classes.
2. Work with Tuality Health Alliance case managers on providing healthy eating counseling for Oregon Health Plan members.

Mortality

FOCUS AREA	GOAL	FOCUS POPULATION
Alcohol induced	<ul style="list-style-type: none"> Reduce alcohol related deaths in Washington County 	<ul style="list-style-type: none"> Adults Unemployed and low income All zip codes
Breast Cancer	<ul style="list-style-type: none"> Reduce breast cancer incidence among females in Washington County 	<ul style="list-style-type: none"> All females All zip codes
Chronic lower respiratory disease	<ul style="list-style-type: none"> Manage patients with chronic lower respiratory disease in Washington County 	<ul style="list-style-type: none"> Adults Unemployed and low income All zip codes
Diabetes	<ul style="list-style-type: none"> Lower diabetes mortality rate in Washington County 	<ul style="list-style-type: none"> Unemployed and low income Minorities All zip codes
Drug-induced	<ul style="list-style-type: none"> Reduce drug induced mortality rate in Washington County 	<ul style="list-style-type: none"> Low-income and uninsured Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Heart disease	<ul style="list-style-type: none"> Lower heart disease mortality rate in Washington County 	<ul style="list-style-type: none"> Men Low-income and uninsured Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Leukemia & Lymphoma	<ul style="list-style-type: none"> Reduce leukemia and lymphoma cancer mortality rate in Washington County 	<ul style="list-style-type: none"> Ages 50 and higher Targeted zip codes: 97124, 97123, 97113, 97116, 97005, 97006, 97008
Ovarian cancer		<ul style="list-style-type: none"> All females

Mortality (continued)

FOCUS AREA	GOAL	FOCUS POPULATION
Prostate cancer		<ul style="list-style-type: none"> All males African-American men Men who have a relative diagnosed with prostate cancer
Suicide	<ul style="list-style-type: none"> Reduce suicide rate among men 	<ul style="list-style-type: none"> Low-income and uninsured Males Males 85 and over

Focus Area No. 1: Alcohol-induced

- Reduce alcohol related deaths in Washington County

Strategies

- Align Tuality Healthcare with Washington County approved alcohol treatment programs

Focus Area No. 2: Breast cancer

- Reduce breast cancer related deaths in Washington County

Strategies

- Continue community outreach via Tuality Mobile Mammography van
- Work with Tuality Healthcare Foundation and OHSU on purchasing a new mobile van
- Continue to support American Cancer Society guidelines on mammograms by age - 40 to 44 should have the choice to start annual breast cancer screening with mammograms, women age 45 to 54 should get mammograms every year.
- Continue to host “Wear Pink” Night at Hillsboro Hops baseball game to promote breast cancer screening and raise money for Tuality Healthcare Foundation Cancer Fund.

Focus Area No. 4: Diabetes

- Reduce diabetes mortality rate in Washington County

Strategies

1. Work with Tuality Community Education Department on continuing series of diabetes education classes.
2. Work with Tuality Employee Diabetes Educators on educating employees and the public on how to deal with diabetes.

Focus Area No. 5: Drug induced

- Lower drug induced deaths in Washington County

Strategies

1. Work with Washington County health department approved outpatient treatment programs
2. Support and promote state of Oregon safe opioid prescribing guidelines
3. Support primary care referrals to Tuality Healthcare's two pain management providers.

Focus Area No. 6: Heart disease

- Reduce heart disease as a cause of death in Washington County

Strategies

1. Continue to support and promote Community Education quit smoking classes.
2. Continue to support and promote Community Education health eating and obesity avoidance classes

Focus Area No. 7: Leukemia & Lymphoma

- Reduce blood cancer rate in Washington County

Strategies

1. Support Tuality Healthcare's plan to unite oncology providers, infusion services and cancer treatment in an expanded Tuality/OHSU Cancer Center

Focus Area No. 8: Ovarian cancer

- Reduce ovarian cancer mortality rate in Washington County

Strategies

1. Make staff at Tuality Obstetrics & Gynecology aware that Ovarian cancer has a very high mortality rate in Washington County
2. Make other community obstetrics and gynecology providers aware that ovarian cancer has a very high mortality rate in Washington County.

Focus Area No. 8: Prostate cancer

- Lower prostate cancer deaths in Washington County

Strategies

1. Continue to support American Cancer Society guidelines on prostate screening – regular screenings for men age 50 and over, regular screening for men age 40 and over who have a relative who had prostate cancer at an early age.
2. Continue to support Tuality/OHSU Cancer Center prostate cancer screening event.
3. Continue to hold “Wear Blue” Night at Hillsboro Hops baseball game to promote prostate cancer screening and raise money for Tuality Healthcare Foundation Cancer Fund.

Conclusions

Tuality Healthcare and the Healthy Columbia Willamette Collaborative showed significant improvement in two areas we collectively targeted during the initial three-year Community Health Needs Assessment period.

Opioid prescribing: The group was a key player on the Oregon Opioid Prescribing Guidelines Task Force that was charged with developing statewide guidelines for providers and health care organizations. The task force adopted the Centers for Disease Control “CDC Guidelines for Prescribing Opioids for Chronic Pain.” The guidelines will lay the ground work for attacking the opioid epidemic in the years ahead. Tuality Healthcare’s employed physicians and physicians contracted through Tuality Health Alliance have also adopted the prescribing guidelines.

Breast feeding to 6 months: The collaborative stressed that breast feeding to 6 months is an achievable goal that will show health care benefits many years down the road. The Breastfeeding Report Card for 2016 published by the CDC shows much progress has been made, especially in Oregon. The state is one of the few in the country to achieve both Healthy People 2020 data measures. Oregon met the HP2020 goal for initiating breastfeeding rate of 81.9 percent. The state also met the more important HP2020 goal of breast feeding to 6 months at a rate of 60.6 percent.

Tuality Healthcare’s Executive Leadership Team, in conjunction with business strategists at affiliate OHSU, has chosen three areas of health care to target for improvement in the next couple of years – opioid prescribing, pre-natal care and mental illness. Here is a look at strategies Tuality is considering to address these health care issues:

Opioid prescribing: Adoption of the prescribing guidelines for opioids for chronic pain is a first step. Much work remains. According to the Oregon Health Authority, 1 in 4 Oregonians received a prescription for opioid medications, and more drug poisoning deaths in Oregon involve prescription opioids than any other type of drug, including methamphetamines, heroin, cocaine and alcohol. Here are strategies under consideration by Tuality Healthcare:

- a) Take advantage of the state’s Prescription Drug Monitoring Program which tracks statewide prescription data for all controlled substances dispensed to Oregon residents.
- b) Educate all Tuality Healthcare Emergency Department staff on the use of effective opioid antidote drugs. Also, ensure that Metro West Ambulance and other ambulance companies are prepared for the use of naloxone.
- c) Take advantage of the skills of Tuality Healthcare’s two pain management psychiatrists, Dr. Adam Soll and Dr. Daniel Albrecht.
- d) Work with Washington County health department approved outpatient treatment programs.
- e) Work with Tuality Clinical and Community Education departments on tailoring educational materials that address opioid use and it’s relation to mental health.

Pre-natal care: Community Health Needs Assessment data shows that the lack of early pre-natal care is an ongoing problem in Washington County. This Health Behaviors issue isn’t easily addressed by one healthcare systems or agency. Collaboration between health care systems, county health departments and other agencies and non-profits will work best in making early pre-natal care available to more Washington County residents. Here are strategies under consideration by Tuality Healthcare:

- a) Work with Tuality Obstetrics & Gynecology Clinic on improving access to early prenatal care
- b) Work with Virginia Garcia Obstetrics Clinic on improving access to early prenatal care
- c) Work with safety net clinics like Project Access Now and Southwest Community Health Clinic on improving access to early prenatal care.
- d) Work with Tuality/OSHU westside primary care providers at Orenco Station, Knight Cancer Institute and Scappoose primary care on improving access to early prenatal care.
- e) Make Washington County women aware of Oregon Mothers Care program, a service of the Oregon Health Authority. The program provides pre-natal needs assessment appointments at no charge.
- f) Ensure that work in improving pre-natal care reflects the demographics of Washington County.

g) Continue pursuit of Baby Friendly Hospital designation, which will help in focusing attention on early pre-natal care. Also, publicize the fact Tuality Healthcare has dedicated on-site breast feeding rooms at our hospitals in Hillsboro and Forest Grove.

Mental Illness: Mental Health continues to be a major health issue in Washington County, the Portland Metro area and the state of Oregon. It is another health issue where collaboration among health care providers, county health departments and other agencies and non-profits will be the best course for success. Here are strategies that Tuality Healthcare is considering:

- a) Continue to develop mental health treatment capacity at Tuality's patient centered primary care medical home clinics.
- b) Continue discussions between the Hillsboro Health & Education District partners (Tuality, Virginia Garcia, Pacific University, city of Hillsboro, Washington County) and the Veterans Administration about locating a mental health clinic in Hillsboro. Washington County has the highest number of veterans of any county in Oregon.
- c) Support Washington County's new Mental Health Urgent Care Center.
- d) Explore participation in Unity Center for Behavioral Health, the new mental health center in Portland founded by OHSU, Providence and other health care providers.
- e) Make primary care providers in the community aware of the Pacific University Psychology & Comprehensive Health Clinic located in the Hillsboro Health & Education District.
- f) Explore expanding mental health capabilities at Tuality Healthcare, including use of telehealth and telepsychiatry services.
- g) Make area primary care providers and other referring providers of the programs available at the Tuality Center for Geriatric Psychiatry, one of the leading facilities of its kind in the Northwest.



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