Legacy Health

LEGACY SALMON CREEK HOSPITAL

DBA LEGACY SALMON CREEK MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2015

LEGACY
HEALTH

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I. INTRODUCTION

Legacy Salmon Creek Medical Center opened in 2005 in north Clark County within the unincorporated Salmon Creek area just north of Vancouver. The facility is located at the confluence of two major interstates—I-5 and I-205 and ushered in a new era for Legacy Health (becoming a five hospital system) in a new state, county and community. In the late 1990s, Legacy Health recognized that an ever-increasing number of Clark County and SW Washington residents were seeking medical care across the Columbia River in Portland, Oregon. The county's sole hospital was operating the busiest emergency room in either SW Washington or Oregon. The entire county had the lowest ratio of beds to population of any of the state's five largest counties. Legacy Salmon Creek Medical Center is a full-service community hospital.

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 Salmon Creek's total community benefit was $46.0 million including unreimbursed costs at $45.6 million.

II. BACKGROUND

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

Included within the Patient Protection and Affordable Care Act (ACA), 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 identified in the CHNA.

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.

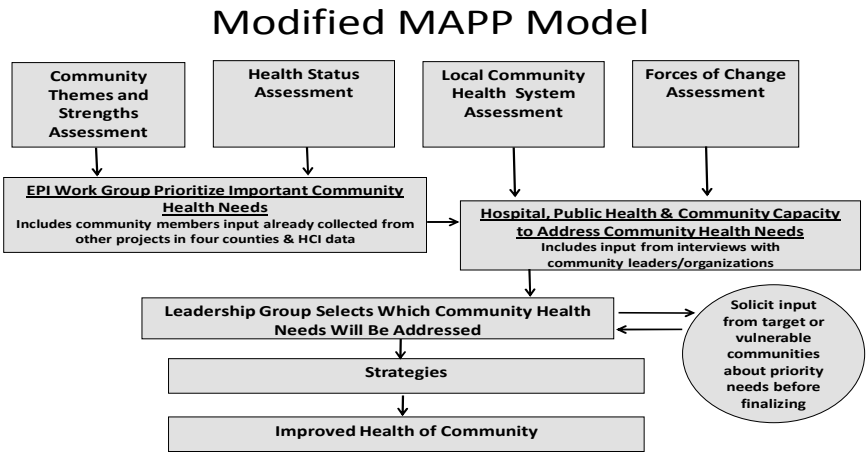
B. Healthy Columbia Willamette Collaborative Community Health Needs Assessment

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 significant majority of Legacy Salmon Creek'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 the document 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 Salmon Creek Medical Center lies in Clark County between the cities of Vancouver to the south and Battle Ground and Ridgefield to the north, in an unincorporated area known as Salmon Creek and Hazel Dell. The primary service area extends from the Columbia River on the south, to La Center in the north, Vancouver Lake in the west and Camas in the east. Primary service area incorporated cities include Vancouver, Battle Ground, Ridgefield and Camas. Vancouver and

Camas are primarily industrial, commercial and residential communities while Battle Ground and Ridgefield are primarily residential. Zip codes include: 98601, 98603, 98604, 98606-07, 98616, 98622, 98629, 98642, 98660-68, 98671, 98674-75, 98682-87. *(Intellimed)* This community health needs assessment uses Clark County and state data when primary service area zip code data is not available.

The farmland surrounding the hospital is rapidly urbanizing. Residential growth accounts for the majority of new development. The unincorporated areas and incorporated cities in north county are projecting significant commercial development as they are located along a prime transportation highway as well as close to river and air transportation.

B. Population

According to the Portland State University's Population Research Center and Washington State's Office of Financial Management, the growth in the metro area from 2011 to 2012 at .9 percent was twice that of 2010 to 2011, but slower than the 1.8 percent annual pre-recession average. *(Oregon Labor Market System)*

The Legacy Salmon Creek primary service area included an estimated 449,457 people in 2013 with an estimated five percent growth projected between 2013 and 2018. (*Intellimed*) Clark County represents 20.6 percent of the four-county population of 2.2 million residents.

C. Race, ethnicity and disparities

By ethnicity and race, in 2013 the Legacy Salmon Creek primary service area was 80.5 percent non-Hispanic white, 8.5 percent Hispanic, 1.9 percent African American, 4.8 percent Asian and Pacific Islander, 3.5 percent bi-racial, .1 percent other race and .7 percent Native American. *(Intellimed)*

The Clark County population is growing in diversity, although continuing to be nine percent less diverse than the state (non-Hispanic whites in Clark County in 2010 stood at 81.8 percent as compared to 72.5 percent in Washington). Hispanics constitute the second-largest population by race/ethnicity. (Note: Hispanic and other diverse populations are acknowledged to be undercounted in the census, so the numbers are likely higher.) The Hispanic population in Clark County nearly doubled between 2000 and 2010 to reach 7.6 percent. Hispanics are moving into the area at a higher rate than any other group--of the county's additional residents under 18 since 2000, 51 percent were Hispanic. Additionally, the higher birth rate is having an impact--Hispanics account for about one-fifth of the births in Washington while just 11 percent of the population.

Asians follow Hispanics as the second largest community of color at 4.1 percent in Clark County--three percent lower than the state. Bi-racial persons follow at 4.0 percent and then African Americans at 2.0 percent and Native Americans at .9 percent.

While still a small population relative to the entire metro area, specific geographic areas are experiencing significant growth in the Slavic population. This is the case in Clark County. Slavs are counted in the non-Hispanic white population, but they have a distinct cultural identity and their socioeconomic status is generally lower than other non-Hispanic white populations. It is clear that overall the composition of the population is changing dramatically. The county is experiencing significant increases in demographics with lower income levels, less education, lower health status and lower health literacy.

These changes have major implications for organizations such as Legacy Salmon Creek that want to improve the overall health status of their communities. Efforts directed at the diverse communities will likely make the largest difference.

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

Clark County's median household income (mhi) average 2008-2012 was $58,764 and 12.0 percent below poverty. This compared to Oregon's Washington County's mhi average at $64,375 with 10.9 percent below poverty, Clackamas County at $63,951 with 9.7 percent below poverty and Multnomah at $51,582 with 17.1 percent below poverty. Disparities exist disaggregating by race and ethnicity, i.e., Clark County Asian mhi was $66,181, non-Hispanic white $60, 261, two or more races $51,563, Hispanic or Latino $41,815, American Indian or Alaska Native $41,477, and Black or African American $35,395.

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 percent.

The overall high school graduation rate was 79.8 percent in Clark County (2012-13). County-level race and ethnicity data is not available, but a sampling of school districts within service areas is shown and reveals distinct differences. (*Greater Portland Pulse)* Legacy Salmon Creek's service area's two main school districts show the non-Hispanic white cohort to have a graduation rate higher than African Americans, Hispanics, Asian Pacific Islanders and Native Americans.

District	All	Non-Hispanic White	African American Black	Hispanic	Asian Pacific Islander	Native American
Vancouver	73.1%	76.4%	68.9%	60.5%	82.4%	46.2%
Evergreen	80.3%	81.2%	79.2%	70.6%	88.5%	57.6%

Clark County college completion rate 25 years and older was 26.0 percent in Clark County. Again, disparities are evident; non-Hispanic white graduation rates are 10-plus percentage points higher than that of Native American, Latino and Pacific Islander.

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, insured population rates are continually evolving from prior published rates. It is critical to realize that coverage does not equate to access, i.e., newly enrolled Medicaid patients may 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 Washington 2008-2010 average the rates were:

non-Hispanic whites at 4.7 per 1000 live births relative to Native Americans at 9.9, Blacks at 7.0, Hispanics as 5.4 and Asians at 3.6. *(March of Dimes)*

A community's health morbidity statistics commonly include those diseases most related to high mortality (heart, cancer and low birth weight), chronic conditions such as cardiovascular disease, diabetes and asthma and self-reported health and mental health status (the latter have been statistically validated as predictors of community health status).

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, Clark County's low birth weight was 5.8 percent compared to Multnomah County at 6.3 percent, Clackamas County at 5.4 percent, and Washington County at 6.2 percent. *(Greater Portland Pulse)* In Clark County 2007-2011, African American women showed a low birth weight percentage at 8.3 percent, Asian/Pacific Islander at 7.4 percent, American Indian/Alaskan Native at 5.3 percent and non-Hispanic white at 5.1 percent. *(Greater Portland Pulse)*

Diabetes is more prevalent in communities of color. 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 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-Goosehollow, 97209-Old Town, 97005-Beaverton.

Legacy Salmon Creek's community health focus is the highest Community Needs Index zip codes in its service area which include: 98660-West Vancouver, 98661-Downtown Vancouver, 98663-Rosemere East Vancouver and 98665-Hazel Dell.

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 Washington, Clark County ranked tenth in health outcomes and 15th in health factors. 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 Salmon Creek primary service area includes one other hospital--Peace Health SW Washington Medical Center. Kaiser Permanente has multiple clinics in the county and contracts with Peace Health as well as Legacy Salmon Creek for services.

The Affordable Care Act is beginning to have an effect increasing the insured rate in Washington. Uninsured rates were 14.5 percent across the state and 14.7 percent in Clark County in 2012. While uninsured rates are not yet published for 2014, Medicaid enrollment is showing a 37 percent increase in the state. The increase in Medicaid enrollees is offset by a decrease in the uninsured. It is projected that the uninsured rate in Washington will be six percent by 2016.

The service area includes a Medically Underserved Areas (MUA) in central Vancouver. There is one non-public sector Sea Mar Community Health Center Federally Qualified Health Center (FQHC) and one long-standing volunteer-based safety net Free Clinic in Vancouver. The Clark County Health Department does not operate primary care services directly. (*See Appendix A for a list of safety net clinics in the four county area.)*

A local program, Project Access Clark County, 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.

The poor and those of diverse race and ethnicity have a disproportionate negative impact from lack of access to care. The Robert Wood Johnson Foundation reports that low-income people on average receive worse care across 12 of 17 quality measures, including access to care, cancer screening and preventive health services.

Legacy Salmon Creek's charity care policy includes patients with incomes up to 400 percent of the Federal Poverty Level (FPL). 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. Legacy Salmon Creek provided $8.5 in charity care and total unreimbursed costs of care in $45.6 million in FY 14.

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 highest 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	Downtown 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	

Two of the top ten ZIP codes are in the area near Legacy Salmon Creek. They score at 4.0 and 3.6—considered in the high CNI range. This type of mapping allows for highly selective targeting of initiatives to areas where they are needed most.

Looking solely at Legacy Salmon Creek's Medicaid and self-pay emergency department visits in FY 13, the top ten zip codes accounted for 71.4%% of the $40.4 million charges. Three of the ten zip codes scored in the highest CNI ranges—98661 Downtown Vancouver at 4.0, 98665 Hazel Dell and 98663 Vancouver each at 3.6.

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 Salmon Creek emergency department Medicaid/self pay primary diagnosis shows that 20.7 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. HCWC Regional 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 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 SALMON CREEK MEDICAL CENTER'S FOCUS ISSUES

Using the HCWC regional community needs assessment priorities and incorporating Legacy Salmon Creek's commitment to health literacy, education influencing health and upward mobility and equity to reduce disparities, Legacy Salmon Creek 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 Salmon Medical Center's Community Health Improvement Plan (CHIP) meeting the IRS requirements for implementation strategies 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 Cty
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, Meridian Park	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	SW Community Health Center Hillsboro	Community	Hillsboro
Meridian Park	Rolling Hills Borland Free Clinic	Community	Tualatin
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
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

Appendix B
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Appendix C
HCWC Community Needs Assessment Reports

Appendix C Healthy Columbia Willamette Collaborative Community Needs Assessment Reports can be found following in a separate pdf document.