OHSUHealth
Hillsboro Medical Center

2019 Community Health Needs Assessment (CHNA)
2019-2021 Community Health Improvement Plan (CHIP)
Implementation Strategy

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Executive Summary

OHSU Health Hillsboro Medical Center (formerly Tuality Heatlhcare)

Reflective of our mission and values statements, as part of the OHSU Health system, Hillsboro Medical Center is committed to provide the best health care available for the citizens of Washington County. Since 2016, the affiliation with Oregon's leading health system has resulted in improved access for the community, bringing more providers and services to the community and thereby improving access to both primary care and specialty care.

As our service area in Washington County continues to lead the Portland metro area in population growth, Hillsboro Medical Center is prepared to continue to provide excellent health care and a positive patient experience as all hospitals are challenged to transform the delivery of health care.

Who We Are

Hillsboro Medical Center is committed to our community. It's a part of how we care for each other, and part of what makes this place different. As an OHSU Health Partner, you get access to more specialists and advanced medical care close to home.

Our Mission

Using skill and compassion, we are building a healthier community by bringing quality clinical care and unparalleled service to our region, in partnership with our patients, physicians and health care professionals.

Our Vision

To be the health system of choice for our region, our patients, our providers, and our employees, by delivering the highest quality care at an exceptional level of service.

Hillsboro campus

- Hillsboro Medical Center: 167 beds with state-of-the-art acute care and level 2 NICU
- Health Education Center
- Tuality 7th Avenue Medical Plaza
- Tuality 8th Avenue Medical Plaza

Service area

Western Washington County, from Aloha and Beaverton west to the Coast Range, including Hillsboro and Forest Grove; roughly 250,000 people and growing.

Medical staff

Over 400 doctors and health care professionals.

Workforce

One of the region's largest employers, with over 1,100 employees.

Community Health Needs Assessment Process

This Community Health Needs Assessment (CHNA) 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 (HCWC). HCWC is responsible for facilitating the alignment of efforts of health systems, public health, Coordinated Care Organizations (CCOs), and the residents of the communities they serve in order to develop a shared community health needs assessment across the four-county region of Clackamas, Multnomah, and Washington Counties in Oregon and Clark County in Washington. This unified and comprehensive approach assesses the overall health needs of the larger community, with a heightened focus on the social determinants of health as they impact marginalized and underserved communities. The CHNA informs the health improvement plans and community investments of the participating organizations. It aims to prioritize needs, eliminate duplicate efforts, leverage resources, and enable collaborative efforts in implementing and tracking improvement activities. This collaborative approach enables the creation of an effective, sustainable process with stronger relationships between communities, CCOs, health systems and public health. It incorporates meaningful community health needs assessments and helps to advance health equity within our region and to improve the overall health and wellbeing of our communities.

Hillsboro Medical Center is a founding member of the Healthy Columbia Willamette Collaborative (HCWC), a unique public-private partnership that includes 14 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 identified community health needs of Washington County, Hillsboro Medical Center's primary service 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 Hillsboro Medical Center website at the following link: www.tuality.org/tuality/index.php/about/community_ needs assessment. Community members may request a copy of the report at no cost.

About Hillsboro Medical Center

Hillsboro Medical Center is a not-for-profit, community-based health care organization based in Washington County, Oregon. We continue as an independent organization under the clinical affiliation agreement with OHSU, governed by community board members aimed at providing for the health care needs of local community members. The organization provides significant funding to benefit our patients through community education and investment in community health and our community partners.

Annual Community Benefit Provided by OHSU Health Hillsboro Medical Center:

Hillsboro Medical Center makes significant contributions to the community each year. Community Benefit includes the cost of free care to low-income community members, cost of free community-sponsored programs, and unpaid cost of government-insured community members.

Total community benefit spending by Hillsboro Medical Center in fiscal year 2018 was $14,152,943, representative of the investment we make on behalf of our patients.

Financial Assistance/Planning for the Uninsured and Underinsured

Hillsboro Medical Center provides care for all patients, regardless of ability to pay. As such, a financial assistance policy is in place to provide free or discounted services based on financial eligibility.

Financial Assistance Levels:

- 100% financial assistance usually will be provided for households with gross family income at or below 300% of the Federal Poverty Level (FPL).
- 65% financial assistance usually will be provided for households with gross family income between 300% and 400% of the Federal Poverty Level (FPL). The 65% discount is applied to charges less our 35% self-pay discount.
- *Uninsured Patients* – for emergency and medically necessary care,
    - 100% financial assistance if gross family income is at or below 300% of the Federal Poverty Level (FPL)
    - 65% financial discount less the 35% self-pay discount
- *Commercially insured patients* – for emergency and medically necessary care,
    - 100% financial assistance if gross family income is at or below 300% of the Federal Poverty Level (FPL)
    - 65% financial assistance if gross family income is between 300% and 400% of the Federal Poverty Level (FPL)

Applying for Financial Assistance:

- Information about the financial assistance program is posted in the lobby areas of the hospital and in the 7th Avenue Medical Plaza. Financial Assistance information is also found on-line and on billing statements.
- Requests for financial assistance may be made verbally or in writing at any point before, during or after the provision of care.
- Information about the financial assistance policy may be obtained free of charge by phone, in person, or in writing.
- Financial assistance requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups, social services or hospital personnel. Staff will reach out to the patient/responsible person in order to complete a screening.
- Anyone requesting financial assistance will be screened for eligible medical programs prior to being given a Financial Assistance Application, which includes instructions on how to apply.
- Consideration for financial assistance will occur once the applicant has completed Financial Assistance Screening and/or supplies a completed Financial Assistance Application with supporting documents, including verification of income.
- Dedicated staff screen all patients for financial ability to pay and assist them with insurance applications and preparing financial assistance documents.

Community Health Needs Assessment data sources

Summary - Equity and Community Voice

This report presents results of the third community health needs assessment (CHNA) conducted by the Healthy Columbia Willamette Collaborative (HCWC). Consisting of seven hospitals systems, four county health departments and one coordinated care organization, the HCWC region covers Clark County, Washington, and Clackamas, Multnomah, and Washington counties in Oregon. This unique public/private partnership serves as a platform for collaboration around health needs assessments. It allows for a more comprehensive view of community needs, informs priorities for HCWC member organization improvement plans and supports a shared understanding for HCWC stakeholders and partners who collaborate on how to best meet community health needs.

This group focuses on broad issues impacting the health of the region, including chronic conditions, language barriers, economic instability, isolation, and others. HCWC identified discrimination, racism, and trauma as the overarching issues that shape the lives and health of community members. HCWC is committed to centering community voice and health equity in its work and as integral to its vision. HCWC prioritized equity throughout the data collection, analysis, and reporting process for this CHNA..

HCWC prioritized community input and lived experiences of priority populations and leaders from community-based organizations across the region. Volunteer participants shared their insights on the vision, strengths, challenges, and needs of their communities in town halls and listening sessions. Eighteen community listening sessions and four town halls were conducted with more than 200 participants.

The listening sessions and town halls were guided by these questions:

- How can you tell if your community is healthy?
- What gets in the way of your community being healthy?
- What's currently working?
- What are the resources that currently help your community to be healthy?
- What is needed?
- What more could be done to help your community be healthy?
- What are the major issues impacting the health – and access to health care – of
- residents in the quad-county area?
- What has shaped their experiences with the health care systems and how has this
- impacted their current health and well-being.

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 four-county region.

Hospital data for uninsured individuals who were seen in emergency departments with a condition that could have been managed in primary or ambulatory care.

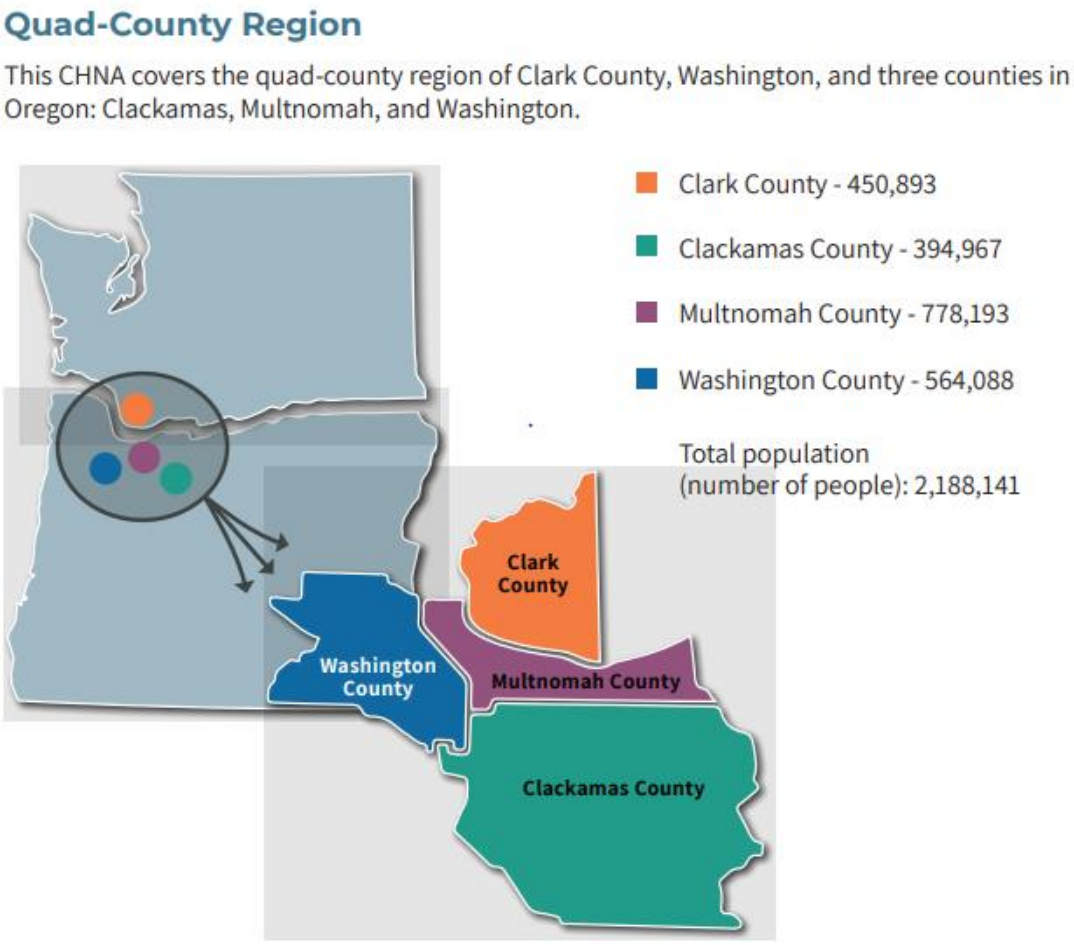
COMMUNITY THEMES AND STRENGTHS

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.

Key Findings for Washington County, Oregon



Health 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.

Social determinants of health and health 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 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.

Washington County demographics

Table 1. Selected Demographic Characteristics of the Region.

	Clark	Clackamas	Multnomah	Washington	Region
	450,893	394,967	778,193	564,088	2,188,141
Gender					
Male	49.4%	49.2%	49.5%	49.3%	49.4%
Female	50.6%	50.8%	50.5%	50.7%	50.6%
With a disability	12.6%	11.9%	13.3%	10.2%	12.0%
Foreign born	10.4%	8.0%	13.9%	17.0%	12.9%
Language other than English spoken at home	15.0%	12.1%	19.7%	24.1%	17.4%

Source: American Community Survey 5-year estimates 2012–2016.

Table 2. Quad-County Region: Ages.

	Clark	Clackamas	Multnomah	Washington	Region
Age					
Median age (years)	37.8	41.4	36.7	36.2	38.0
Under 5 years	6.4%	5.5%	5.9%	6.6%	6.1%
5 to 19 years	21.1%	19.1%	15.9%	19.9%	18.6%
20 to 44 years	32.2%	30.3%	41.1%	36.4%	36.1%
45 to 64 years	26.6%	29.0%	25.2%	25.2%	26.2%
65 years and older	13.7%	16.1%	11.9%	11.8%	13.0%

Source: American Community Survey 5-year estimates 2012–2016.

Table 3. Quad-County Region: Race and Ethnicity.

	Clark	Clackamas	Multnomah	Washington	Region
Race/ethnicity					
American Indian and Alaska Native	0.6%	0.7%	0.8%	0.6%	0.7%
Asian	4.3%	4.1%	6.9%	9.5%	6.5%
Black or African American	1.9%	0.9%	5.4%	1.8%	3.0%
Hispanic or Latino (of any race)	8.7%	8.2%	11.1%	16.2%	11.4%
Native Hawaiian and Other Pacific Islander	0.8%	0.3%	0.6%	0.4%	0.5%
Two or more races	4.6%	3.4%	5.2%	4.9%	4.7%
White	84.6%	89.0%	78.2%	77.6%	81.3%

Source: American Community Survey 5-year estimates 2012–2016.

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.

At Tuality Healthcare/Hillsboro Medical Center, improving the health of our community is a fundamental role of our organization. Doing so includes the programs we build, the investments we make, and the strategies we implement. Knowing where to focus our resources begins with the Community Health Needs Assessment (CHNA). Our organization partners with other organizations in the Portland-metropolitan area, comprising the Healthy Columbia Willamette Collaborative (HCWC). HCWC is committed to advancing equity in our communities, identifying priorities for our community health improvement plan (CHIP), and identifying activities that leverage collective resources to improve the health and well-being of our communities.

At the conclusion of the most recent needs assessment in 2019, priority needs were identified for Washington County. During the 2019-2021 timeframe, Hillsboro Medical Center adopted this CHNA as the basis for creating a CHIP and prioritized four categories in which to identify collaborative interventions. Hillsboro Medical Center worked collaboratively with the Washington County Health Department and dozens of other local organizations to create the current implementation plan which guides the improvement efforts.

Overall, HCWC identified discrimination, racism and trauma as the overarching issues that shape the lives and health of community members. The impact of these factors is considered within each strategy. Core issues were broken down into categories as follows:

Social Factors:
- *Access to: Health Care, Transportation and Resources*
- *Community Representation*
- *Culturally Responsive Care*
- *Isolation*

Health Outcomes:
- *Behavioral Health*
- *Chronic Conditions*
- *Sexually Transmitted Infections*

Given the restraints of time, money, expertise, and other hospital priorities, Hillsboro Medical Center categorized interventions into four priority strategies during the 2019-2021 time period, including a fifth category to address the social determinants of health. No hospital can address all the issues present in the community single-handedly. Through our partnerships, though, we are confident the needs are being addressed by other community organizations. As an example. we will not be addressing community representation, isolation, or sexually transmitted illnesses as these are more aligned with or partnering community-based organizations.

Hillsboro Medical Center prioritizes our top areas of focus according to where we can affect the most significant change. During this time period, our focus areas are as follows:

Focus Areas:

1. Access to Care
2. Culturally and Linguistically Appropriate Care
3. Behavioral Health
4. Chronic Conditions
5. Social Determinants of Health and Well-being

Planned implementation strategies to impact the core issues are summarized on the following pages.

Focus Area #1: Access to Care

Objective: Improve access to primary care, with special emphasis on those covered by the Oregon Health Plan (Medicaid)

Intervention/Action:

1. Add OHSU providers at the following clinics:
   - Hillsboro Internal Medicine Clinic
   - Primary Care Forest Grove
   - Primary Care South Hillsboro
   - OHSU Women's Clinic (OB/GYN) – addition of nurse midwives
2. Implement Graduate Medical Education (residency) program in Hillsboro to increase the supply of family medicine and internal medicine providers
3. Implement NICU and pediatric inpatient services at Hillsboro Medical Center to support patients within their home community
4. Expand new mother and new baby services to all patients: "Help Me Grow," Birth to 3, Cocoon, etc.
5. Evaluate expanded hours and Immediate Care walk-in services within the primary care clinics
6. Implement the Epic electronic health record to facilitate patient communication with providers throughout the Portland area
7. Expand telemedicine/virtual visits to facilitate patient access to primary care and specialty care providers and to reduce time until appointment
8. Implement Patient and Family Advisory Council to seek feedback and to guide efforts to improve patient/family experience, provide input on new services, etc.
9. Expand preventive services to detect disease
10. Make flu and COVID vaccinations readily available to patients
11. Expand mobile mammography services into additional rural communities
12. Expand migrant/vineyard worker screenings through the Salud! Mobile Clinic
13. Expand membership in Tuality Health Alliance/OHSU Integrated Delivery System which manages care for Oregon Health Plan members in Washington County.
14. Facilitate enrollment of patients needing insurance coverage or financial assistance
15. Implement Centralized Ambulatory Registration and Scheduling (CARS) to reduce appointment timeframe.
16. Implement automated appointment reminders and text confirmations via Epic and Odeza
17. Support Virginia Garcia Clinics and Project Access Now to provide safety-net services for uncovered patients and undocumented immigrants.

Focus Area #2: Culturally and Linguistically Appropriate Care

Objective: In our diverse community, patients must feel welcome, comfortable, and safe as they access services which are culturally and linguistically appropriate.

Intervention/Action:

1. Expand access to translation IPADs that can be used 24/7 for patient translation needs in 240 languages; monitor utilization of translation services to verify adequate usage
2. Continue Diversity, Equity, and Inclusion Committee; align HMC committee efforts with OHSU diversity and inclusion efforts
3. Continue to expand the amount of website content and patient printed materials available in Spanish
4. Make bilingual Spanish preferred/required on relevant job descriptions
5. Provide ongoing cultural awareness training to employees
6. Provide gender-neutral restrooms for staff and public

Focus Area #3: Behavioral Health

Objective: Expand the availability and coordination of behavioral health services

Intervention/Action:

1. Continue providing depression, abuse, and suicide screening in the emergency department, inpatient services, and outpatient clinics
2. Work with OHSU clinics and community providers on the treatment of depression
3. Work with OHSU IDS and medical homes to improve the treatment of depression
4. Implement Behavioral Health Consultants in primary care clinics to assist with mental health concerns and navigation within the health system and community
5. Collaborate with community partners to expand behavioral health access for patients
    a. Refer patients as needed to Hawthorn Walk-in Center (outpatient crisis intervention/urgent care)
    b. Refer patients as needed to Unity Center (ED and inpatient) and Cedar Hills Hospital
    c. Refer patients as needed to Rainier Springs (mental health and addiction treatment)
6. Complete construction of Geriatric Psychiatry unit at OHSU Health – Hillsboro Medical Center (21 beds)
7. Implement outpatient psychiatry services at the Hillsboro campus
8. Improve access to outpatient mental health and crisis intervention services
9. Implement IMPACT at HMC (Improving Addiction Care Team)
10. Improve process of referring mental health needs to community partners including Pacific University College of Psychology
11. Support Washington County Mental Health Resource Team (social worker assigned to work with police/sheriff)

Focus Area #4: Chronic Conditions

Objective: Expand community health and wellness outreach through community education programs and through the support of clinic-based care coordinators

Intervention/Action:

Diabetes

1. Provide community education classes on diabetes management
2. Provide outpatient diabetes consultations in the HMC Endocrine Clinic
3. Provide monthly email newsletters to support community members during

Hypertension/cardiology

1. Provide community education classes on managing heart disease and blood pressure
2. Provide access to cardiac screening services
3. Lease/employ OHSU cardiologists to staff a cardiology clinic in Hillsboro; provide a permanent location for an OHSU cardiology clinic on the Hillsboro campus
4. Provide low-cost community training programs for adult and pediatric CPR/AED/First Aid in English and Spanish
5. Achieve Primary Stroke Center Advanced Certification

Bariatrics

1. Provide community education "campaign" on nutrition, healthy eating, etc. (Vision 2035)
2. Provide integrated bariatric program including counseling and surgical options
3. Invest in adaptive/bariatric equipment to facilitate care of bariatric patients
4. Complete Bariatrics certification

Prenatal/Parenting

1. Provide *Healthy Beginnings* outreach and information to OB/GYN and family practice clinics to improve access to early prenatal care
2. Provide prenatal/parenting classes in English and Spanish; offer virtual options as requested

3. Increase awareness of the Doernbecher NICU/Pediatric Unit at HMC
4. Increase awareness of the OHSU providers (physicians and midwives) in the OB/GYN Clinic
5. Increase awareness of the Braner Family Safety Resource Center at HMC including car seat safety, infant safety, gun and medication locking cabinets, etc.

Focus Area #5: Social Determinants of Health and Well-being

Objective: Work with community partners to improve the social determinants of health with a focus on acknowledging and preventing discrimination, racism, and trauma.

Intervention/Action:

1. Provide vouchers for patients needing transportation, including taxi cabs, MAX/Tri-Met, etc.; implement "Ride to Care" free transportation services for HealthShare patients
2. Provide case management referrals to local agencies which can support patient social needs or concerns, e.g. Community Action, Washington County, etc.
3. Provide training for staff and providers in trauma-informed care and adverse childhood experiences (ACES) *November 2019 training completed; no-cost training available to staff through Care Partners upon request.*
4. Provide sponsorships to local community-based agencies which support health improvement within the community.
5. Provide COVID-19 relief fund for HMC employees and their families impacted by the pandemic.
6. Provide outreach for employee families during the holidays
    a. Thanksgiving baskets
    b. Christmas gift cards/food baskets
    c. Employee donation of turkey/ham gift certificates to Centro Cultural for distribution to families in need
    d. Food/Hygiene Pantry
7. Provide warm winter clothing for homeless individuals (Open Door) and school-aged children (Lincoln Street Elementary)
8. Provide Christmas gifts for Home Health patients experiencing financial hardship and isolation
9. Provide hygiene/toiletry items for refugees/migrant workers
10. Support development of affordable housing, particularly at Block 67 in the Health and Education District
11. Support installation of internet access for low-income and rural residents through the City of Hillsboro's HiLight internet network, thereby making virtual medical appointments and education more readily available to the entire population
12. Support HMC GME/Residency program with diverse outreach opportunities

Conclusions and Next Steps

Hillsboro Medical Center and the Healthy Columbia Willamette Collaborative showed significant improvement in the following areas since the previous Community Health Needs Assessment period. Other implemented strategies can be found in the CHNA document.

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 laid the groundwork for attacking the opioid epidemic in the years ahead. Hillsboro Medical Center'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.

The Executive Leadership Team of Hillsboro Medical Center looks forward to reporting similar results at the end of the 2019 CHNA process.

Note: The 2019-2021 Community Health Improvement Plan was based on the 2019 CHNA, developed prior to any awareness of the COVID-19 pandemic. The CHIP process was significantly disrupted by the pandemic, limiting outreach opportunities, classes, and community gatherings. During this time, Hillsboro Medical Center has had to re-focus time, energy, and manpower on crisis management, providing supplies, education, testing and vaccination to members of the community and expanding hospital capacity during a time of staff shortages to care for an increasing volume of patients. The pandemic clearly re-prioritized the health improvement priorities of our community during this time period.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or improvement plans, please visit the About Us section on our website at https://tuality.org/about/community_benefit_report/