

# COMMUNITY HEALTH NEEDS ASSESSMENT EXECUTIVE SUMMARY

## PROVIDENCE SEASIDE HOSPITAL (SEASIDE, OREGON)

### Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Seaside Hospital (PSH) to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

In the North Coast region, PSH partnered with Clatsop County Department of Public Health and Columbia Memorial Hospital to produce a comprehensive assessment of the communities' most pressing needs, share findings with the broader public and develop new relationships leading to a healthier community. The collaborative is dedicated to advancing health equity in the North Coast region, serving as a platform for collaboration around health improvement plans and activities that leverage collective resources to improve the health and well-being of local communities.

Based on geographic location relative to other hospitals in the area and patient demographics, Clatsop County is PSH's primary service area. The 25-bed critical access hospital provides an array of services including primary care and specialty care, general surgery, radiology, diagnostic imaging, pathology and 24/7 emergency care.

This is a "joint CHNA report," within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence including Providence Seaside Hospital. This report reflects the hospitals' collaborative efforts to identify the significant health-related needs in the community as well as the community strengths. The hospitals participating in this joint CHNA share a service area and community served. This CHNA engaged with and sought input from that community. The collaborative CHNA report is available in [Appendix 1](#).

The 2025 CHNA was approved by Providence's North Coast Service Area Advisory Council on December 10, 2025, and made publicly available on December 28, 2025.

## Who We Are

**Our Mission** As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

**Our Vision** Health for a Better World.

**Our Values** Compassion — Dignity — Justice — Excellence — Integrity

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

<https://www.providence.org/about/annual-report>.

## Gathering Community Health Data and Community Input

Through a mixed-methods approach and using quantitative and qualitative data, the CHNA team collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings & Roadmaps, ESRI Updated Demographics, Oregon Health Authority, Oregon Student Wellness Survey, and the U.S. Census (such as public health data regarding health behaviors, morbidity and mortality, and hospital-level data). We have developed a data hub that maps each CHNA indicator at the census tract level: [2025 NorthCoast CHNA Datahub](#) .

We conducted six listening sessions with individuals who are from diverse communities, have lower incomes, and/or are medically underserved. We conducted 11 stakeholder interviews with 12 representatives from organizations that serve these populations, specifically seeking to gain a deeper understanding of community strengths and opportunities. In addition, we conducted a community health survey in English and Spanish that engaged over 380 respondents. Below is a short list of highlights from our quantitative and qualitative data collection:

- Survey respondents ranked the top three things that could be improved in the community: more affordable places to live, more access to doctors and health care providers, and more access to mental health professionals
- The rate of homelessness is 22 per 1,000 residents
- 27% of survey respondents travel outside of their community to receive primary or specialty care

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur. Complete information related to the CHNA methods and processes can be found on page 22 of the CHNA report.

## Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all.



- While most indicators are relatively consistent from year to year, other indicators are changing quickly and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

## Identifying Collaborative Health Priorities

Our collaborative used a Health Equity Framework and a modified Mobilizing for Action through Planning and Partnerships (MAPP) model to create the CHNA. The modified MAPP model is a strategic planning process that relies on collaborative partnership and includes five assessment components to inform planning: (1) Population Health Status Assessment, (2) Community Engagement, (3) Internal Utilization Data, (4) Community Strengths and Assets, and (5) Prioritization Protocol. Through this collaborative model, the following significant health priority areas were agreed upon:

### **Social Drivers of Health**

- Housing and Workforce Sustainability
- Transportation Access and Mobility
- Economic Pressures
- Child Care Access

### **Mental Health & Behavioral Health Services**

- Youth Mental Health
- Spanish-Speaking Community
- Substance Use Support
- Community Mental Health

### **Health Care & Provider Access**

- Health Care Access and Service Delivery
- Sustaining the Healthcare Workforce
- Specialized Care Coordination

### **Health Care Needs for Spanish Speakers**

- Spanish Language Capacity Building
- Culturally Responsive Care

- Increasing Access to Services
- Health Impacts of Social Stress

For a complete description of significant health needs, see page 30. A list of potential resources to address these needs can be found starting on page 82.

## PSH 2025 Priority Needs

A wide spectrum of community needs were identified, some of which are most appropriately addressed by other community organizations. Providence’s Seaside Service Area Advisory Council reviewed and discussed the community needs and associated data. Considering PSH’s unique capabilities, community partnerships and potential areas of community impact, we are committed to addressing the following priorities as aligned with the full list of community needs identified:

**ACCESS TO CARE AND SERVICES:** Focus on primary care and preventative health, chronic health conditions, and oral health. This priority area refers to the lack of timely access to care and services due to physical, geographic, and systemic limitations, among others.

**ECONOMIC SECURITY:** Focus on affordable childcare, education, and workforce development. This priority area affects nearly every aspect of a person’s life and refers to the challenge of affordable basic living expenses and obtaining affordable education.

**HEALTH RELATED SOCIAL NEEDS:** Focus on housing stability, navigation of supportive services, food security, and transportation. This priority area refers to the unmet social needs that exacerbate poor health and quality of life outcomes.

**MENTAL HEALTH & SUBSTANCE USE DISORDER:** Focus on access, capacity, prevention, and treatment. This priority area refers to the growing challenges of accessing care due to workforce shortages, a lack of culturally responsive care, and affordability.

Three consistent cross-cutting themes surfaced during the assessment process and analysis, affecting all four priority areas:

- Culturally responsive care and services
- Racism, discrimination, and inclusion
- Trauma-informed care and services

PSH will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2026-2028 CHIP will be approved and made publicly available no later than May 15, 2026.

## Measuring Our Success: Results from the 2022 CHNA and 2023-2025 CHIP

PSH responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2022 CHNA and 2023-

2025 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the most recent CHNA and CHIP. The 2022 CHNA and 2023-2025 CHIP priorities were the following: mental health and substance use disorders, housing stability and houselessness, economic security, and access to health care and services.

Below is a summary of the outcomes for each priority:

**Table 1. Outcomes from 2023-2025 CHIP**


This table identifies key initiatives Providence supported to address the 2023-2025 CHIP priorities; however, it is not an exhaustive list. The results below reflect data over a three-year period from 2023 to 2025 unless otherwise noted.

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
<b>Community Mental Health and Well-Being</b>	Better Outcomes Through Bridges Emergency Department Outreach	Peer Support Specialists identify patients who frequently visit the emergency department, and connect them with resources to address unmet needs while providing trusted support and advocacy	162 patients supported in 2024
<b>Housing Stability and Houselessness</b>	Helping Hands Re-entry	Provided transitional housing to community members experiencing houselessness in Clatsop County	369 community members supported through a 2024 one-year grant
<b>Health Related Social Needs</b>	Community Resource Desk	Support individuals and families with unmet social needs connect to essential community resources	1,053 individuals were provided with 1,746 essential resources, reaching 2,760 people living in those households
<b>Economic Security</b>	Clatsop Community College Foundation	Provide scholarships to students interested in health care professions	Provided 33 students with scholarships through a one-year 2023 grant
<b>Access to Health Care and Services</b>	Medical Teams International Mobile Dental Clinics	Providing free emergency dental services to uninsured and underinsured community members	442 community members served
<b>Access to Care and Services</b>	Patient Support Program	Providing patients with resources necessary for a safe and secure discharge from the hospital	486 patients served and 700 resource vouchers provided


This is not an exhaustive list.

## 2025 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the North Coast Service Area Advisory Council on December 10, 2025. The final report was made widely available by December 28, 2025.

  
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Jason Plamondon  
Interim Chief Administrative Officer, Providence Seaside Hospital  
Providence  
Date 12/12/2025

  
\_\_\_\_\_  
Gregg Freedman  
Chair, North Coast Service Area Advisory Council  
Date 12/10/25

  
\_\_\_\_\_  
Jennifer Burrows  
Chief Executive, Oregon  
Providence  
Date 12/8/2025

**CHNA/CHIP Contact:**

Sonya Kauffman Smith  
Manager, Community Health – Oregon  
[Sonya.kauffmansmith@providence.org](mailto:Sonya.kauffmansmith@providence.org)

Contact [CHI@providence.org](mailto:CHI@providence.org) to provide feedback about this CHNA or to request a free printed copy.



# APPENDICES

## Appendix 1. Clatsop County Community Health Needs Assessment

Community Health Needs

# Assessment

2025



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# Letter to Clatsop County Residents

## **Dear Clatsop County Residents,**

Thank you for taking the time to review our most recent Community Health Needs Assessment (CHNA). Columbia Memorial Hospital (CMH), Providence Seaside Hospital (PSH), and the Clatsop County Public Health (CCPH) have a long and proud tradition of providing health services to the people living and working in Clatsop County. This year, our collaborative group once again came together to complete a CHNA for our county. We hope that the information contained in this assessment is valuable to you as a community member.

Community Health Needs Assessments (CHNAs) are used by hospitals, public health departments, and other social service agencies as a tool to identify key community health concerns. A CHNA is a systematic process that involves the community in identifying and analyzing community health needs and assets, prioritizing those needs, and implementing a plan to address significant unmet needs. The CHNA process and findings enable us to allocate our resources toward programs, services, policies, and strategic initiatives that have the greatest positive impact on our service area.

Each organization within our partnership is required to complete its own CHNA. Our organizations have developed strong ties over the last five years, resulting in improved community health partnerships. Another outcome was the desire to explore other opportunities for coordination, which led to the production of the last two CHNAs in tandem, continuing to advance population health through collaboration. By working together, we continue to enhance the quality of these assessments, and our health improvement plans, for the community we serve.



Community engagement is a central component of the CHNA. Our collaborative team conducted surveys, listening sessions, focus groups, in-person, and virtual interviews. We also shared data to establish an accurate picture of the need in our region. The most exciting part of this work was the development of implementation strategies to address the significant community health needs identified in the CHNA.

Our region has many strengths, and working together to meet big challenges is one of them. Several significant challenges have been identified in this assessment, and continued collaboration will enable us to address them effectively.

As we move into 2026 and beyond, we look forward to collaborating with our community partners to enhance the health of Clatsop County residents. Please feel free to contact us with any questions or if you are interested in partnering with us to improve the Public Health of Clatsop County. Thank you again for your participation in creating our newest CHNA.

**Sincerely,**

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The North Coast Service Area  
Collaborative Partners

# Acknowledgements

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We worked with a few partner organizations and a consulting group that specializes in community-based data collection for health assessments. Heidi Berthoud Consulting (HBC) conducted and analyzed all focus groups in English and Spanish and analyzed the community survey data. HBC also wrote and designed the final report in English and Spanish with the support of Community Language Cooperative for Spanish translation.

**The North Coast Service Area Collaborative Partners team, which includes Columbia Memorial Hospital, Clatsop County Public Health, and Providence Seaside Hospital,** designed and delivered the community survey, conducted and analyzed the community partner interviews, and compiled data for the quantitative data workbook with support from Heidi Berthoud Consulting.

## **Partner organizations that supported this report include:**

- [Astoria School District](#)
- [Astoria Senior Center](#)
- [Astoria/Warrenton Chamber of Commerce](#)
- [Clatsop Community College](#)
- [Clatsop Community Action \(CCA\)](#)
- [Clatsop County Community Health Advocacy and Resource Team \(CHART\)](#)
- [Clatsop Economic Development Resources \(CEDR\)](#)
- [CMH Hispanic Patient and Family Advisory Council \(PFAC Hispano\)](#)
- [CMH Patient and Family Advisory Council \(PFAC\)](#)
- [Consejo Hispano](#)
- [Seaside School District](#)
- [Warrenton School District](#)

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## Community Health Assessment conducted by Heidi Berthoud Consulting

Heidi Berthoud	MPH, Principal Consultant and Project Director
Janessa Graves	PhD, MPH, Quantitative Data Lead
Carmen Gonzalez	PhD, English & Spanish Qualitative Data Lead
Molly McKinney	RN, MPH, Qualitative & Quantitative Analyst
Kristina Spaid	Visual Designer
Angie Schirtzinger	Program Coordinator
Katie Howard	Editing/Proofreading



**Thank you**

to those who participated in interviews and listening sessions.  
Thank you for trusting us with your stories and experiences.



# Executive Summary

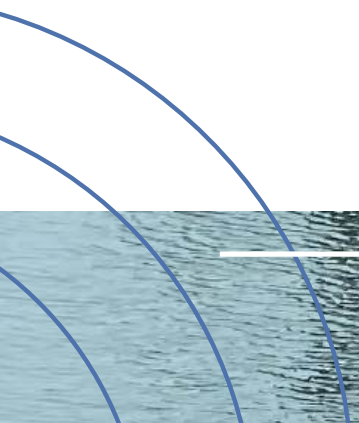
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This Community Health Needs Assessment (CHNA) identifies the most pressing health challenges facing Clatsop County residents and guides our collective response. Conducting a CHNA helps our hospitals, public health department, and community partners identify key community health concerns, understand barriers to health care, and identify community strengths. It's a way to listen to our community, identify gaps, and plan for better services and support to improve public health.

Between March and September 2025, we collected information in both English and Spanish through:

	<b>11 Interviews</b> with community leaders		<b>Data Workbook</b> indicators from local, state, and national sources
	<b>6 Focus Groups</b> (4 in English, 2 in Spanish)		<b>Community Survey</b> collecting 600 responses

We designed our process to identify the most important health needs in Clatsop County, determine which to prioritize, and understand what resources already exist to address them. Community voice was central to our decisions. We also considered which groups are most affected, the severity of each problem, and whether effective solutions exist.



To ensure accuracy, we looked for patterns across all of our information sources. We checked whether people in different focus groups raised similar concerns, compared what we heard with survey responses and health data, and reviewed past assessments to understand what has changed.

## Priority Health Needs

Based on what we heard and reviewed, the most pressing health needs in Clatsop County are:

- **Social Drivers of Health**
- **Health Care & Provider Access**
- **Mental Health & Behavioral Health Services**
- **Health Care Needs for Spanish Speakers**

We'll use this information to create a Community Health Improvement Plan (CHIP) in 2026 that addresses priority needs through coordinated action across organizations and community partners. This plan will help us set shared goals and work together to make Clatsop County a healthier place for everyone.

To follow our progress and learn more, visit [www.clatsophealth.org](http://www.clatsophealth.org).

# Who We Are

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We are two critical access hospitals and a county public health agency serving Clatsop County, Oregon, with a collaborative model of overlapping care. As part of the North Coast Service Area Collaborative Partners Network, which includes Clatsop County, we work together to support the health and well-being of our community. This group includes Columbia Memorial Hospital (CMH), Providence Seaside Hospital (PSH), and Clatsop County Public Health (CCPH).



Together, we offer a range of important community-focused programs and services, including direct health care, emergency care, chronic disease prevention, infectious disease detection and prevention, and transportation services. These services also provide physical and mental health care, dental services, and help connect people to community resources.

The following sections below share more information about each organization and the services they provide.



## Columbia Memorial Hospital



**Hospital Name and Location:** Columbia Memorial Hospital (CMH) is located in Astoria, Oregon, with satellite clinics in Warrenton and Seaside.



**Type of Hospital and Services:** CMH is a full-service, not-for-profit hospital that has been caring for people on the North Coast and Lower Columbia region since 1880. It is a Critical Access Hospital with a Level III Trauma Center and more than 900 caregivers. CMH is one of the fastest-growing rural hospitals in Oregon and one of only four independent hospitals in the state.

The hospital has private rooms and provides many types of care, including surgery, emergency care, intensive care, labor and delivery and has a full oncology program including medical and radiation oncology. CMH also has a full lab, advanced imaging including PET/CT, mental health services, and a wide range of specialty care through a partnership with Oregon Health & Science University (OHSU).



**Hospital Ownership:** CMH is a not-for-profit organization. This means any money earned goes back into improving services for the community.



### License and Tax-Exempt Status:

- Accredited by the Accreditation Commission for Health Care (ACHC)
- Planetree Gold Certified (re-certified in 2023), representing the highest level of achievement in person-centered care
- Level III Trauma Certification
- Commission on Cancer Certification
- Tax-exempt 501(c)(3) organization



## Providence Seaside Hospital



**Hospital Name and Location:** Providence Seaside Hospital (PSH) is located in Seaside, Oregon.



### Type of Hospital and Services:

PSH is part of the Providence Health System. It is a 25-bed critical access hospital that provides many services to the community. These include primary care, specialty care, general surgery, X-rays, lab work, and emergency care available 24/7.

Patients can also use Providence Express Care Virtual, which allows them to meet with doctors online. This helps people get specialty care that may not be available locally.

People living on the North Oregon Coast can get care at Providence clinics in Seaside, Warrenton, and Cannon Beach. There are also heart clinics in Astoria and Seaside, and services like physical therapy, rehabilitation, and home health care.



### License and Tax-Exempt Status:

- Fully accredited by the Joint Commission
- Tax-exempt 501(c)(3) organization
- Pathway, Practice Greenhouse
- OHA Antimicrobial Stewardship Gold Honor Roll
- Trauma IV

A photograph of the exterior of a brick building. A large, dark sign above the entrance reads "CLATSOP COUNTY PUBLIC SERVICES 820" in white, bold, sans-serif capital letters. The building has a mix of red brick and dark brown panels. To the right of the entrance, there is a curved brick wall and a metal railing overlooking a green bush. The entrance glass doors have several signs, including a wheelchair accessibility symbol and a "820" address sign.

# CLATSOP COUNTY PUBLIC SERVICES 820

## Clatsop County Public Health



**Organization Name and Location:** Clatsop County Public Health (CCPH) is the public health agency for Clatsop County.



**Type of Organization and Services:**

CCPH works to keep the community healthy and safe. The department helps protect people from illness, injury, and environmental risks. It also promotes healthy lifestyles, responds to emergencies, and supports recovery after disasters.

CCPH works to make sure health care is safe, high-quality, and available to everyone. It also partners with community members to improve local policies and systems, and regularly reviews how well health programs and services meet the needs of the public.

## Why We Do This Assessment

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The Community Health Needs Assessment (CHNA) is a necessary process that extends beyond merely fulfilling the requirements of the IRS. Although IRS compliance is essential for legal and financial reasons, conducting a comprehensive CHNA is crucial for understanding the specific health needs of the community. This understanding enables health care providers, policymakers, and community organizations to identify urgent health issues, allocate resources effectively, and develop targeted programs aimed at improving overall community health.

In addition, the CHNA fosters a collaborative partnership between our hospitals and local public health. Hospitals possess detailed clinical data and direct patient contact, while public health departments bring expertise in population health management, prevention, and community outreach. By working together, we can share information, coordinate efforts, and implement comprehensive initiatives that address both individual health care needs and broader social drivers of health. This collaboration results in a more effective response to community needs and contributes to building healthier, more resilient communities.

## Looking Back at Our Previous Assessment

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Our 2022 CHNA was conducted in collaboration with our neighboring county, Columbia County. Some of our current CHNA findings are similar to the 2022 health needs, with some notable exceptions.

## Our Previous CHNA

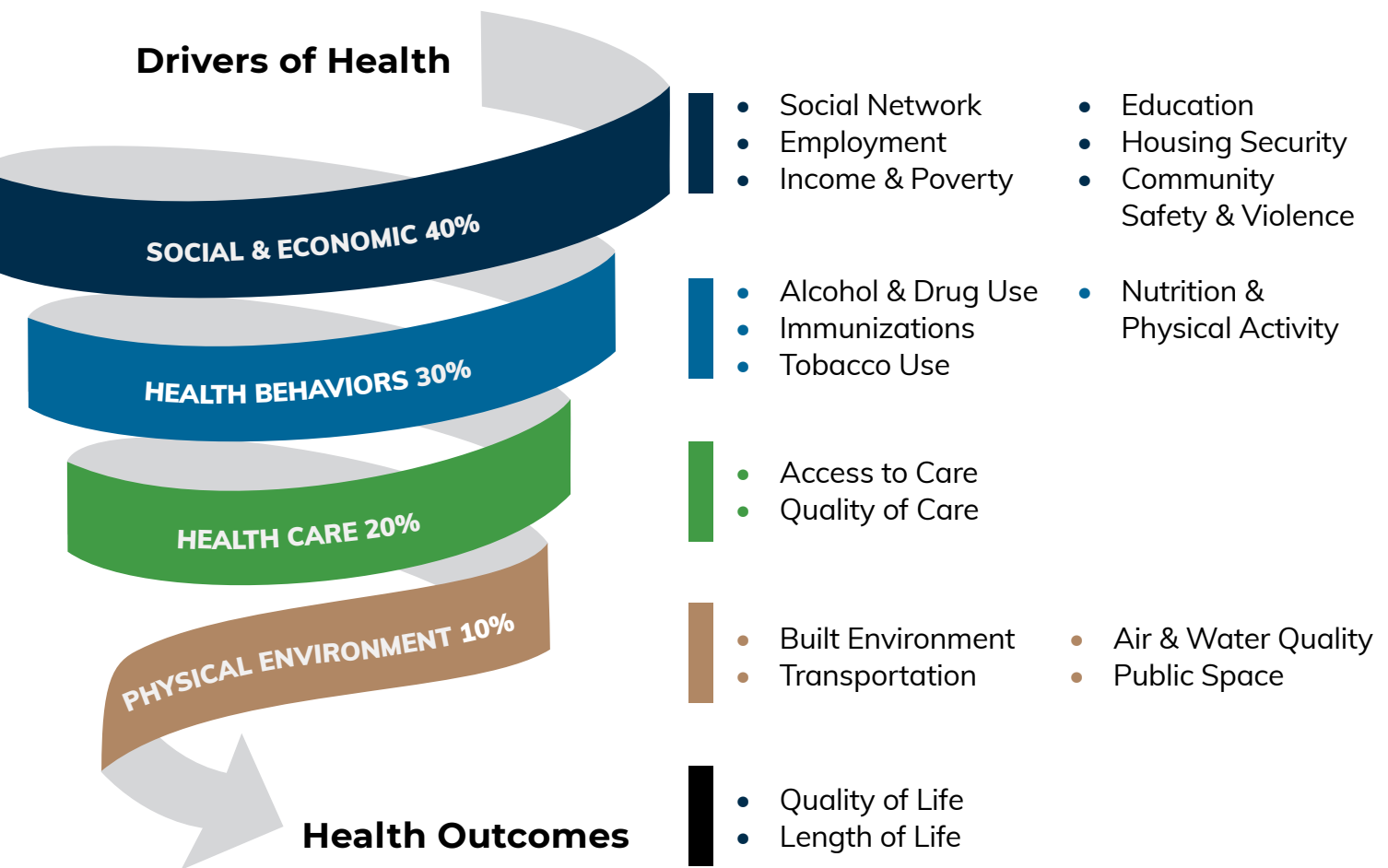
2022 Priority	Our Response
<p><b>Access to Health Care Services</b></p> <p>Long wait times, provider shortages, inadequate services for uninsured, Latino/a/x, and LGBTQ2SIA+ populations</p>	<p>Over the last three years, Columbia Memorial Hospital (CMH) and Providence Seaside Hospital (PSH) have continued to expand the number of health care services available to Clatsop County residents. This includes the addition of ENT specialists, additional endocrinologists, mental health providers, primary care providers, orthopedic surgeons, and general surgeons. Additionally, there has been significant growth in specialized services such as pulmonology, rehabilitation, and pharmacy, further strengthening our ability to meet the diverse health care needs of the community.</p> <p>Columbia Memorial Hospital (CMH) has developed a PFAC Hispano (Patient and Family Advisory Council for the Hispanic community) and has worked diligently to improve the experience for Limited English Proficiency (LEP) patients at our facilities. Through this initiative, CMH has focused on addressing cultural and language barriers to ensure that all patients receive high-quality care in a comfortable and supportive environment. This ongoing effort is part of our commitment to inclusivity and enhancing patient care for diverse populations within Clatsop County.</p>
<p><b>Behavioral Health Challenges and Access to Care</b></p> <p>Limited mental health providers, support for substance use issues, co-occurring disorders.</p>	<p>Over the past five years, CMH’s Behavioral Health and Care Management Department has grown more than three times its original size. The Behavioral Health Department now has more than 15 social workers providing care to inpatients and outpatients across the organization. CMH also employs a psychiatric mental health nurse practitioner, who serves in the Astoria and Seaside Primary Care Clinics.</p>

2022 Priority	Our Response
<p><b>Houselessness and Housing Instability</b></p> <p>Clatsop County had the highest rate in Oregon (23 per 1,000 people)</p>	<p>The Clatsop County Housing Task Force is a collaborative group dedicated to addressing the growing need for affordable and accessible housing in the region. Comprised of local government officials, nonprofit organizations, developers, and community stakeholders, the Task Force works to identify housing gaps, create strategies for new housing development, and advocate for policies that promote sustainable growth. Providence Seaside Hospital (PSH) and Columbia Memorial Health (CMH) are both represented on the task force. The Task Force is focused on increasing the availability of affordable housing options for low- and moderate-income families, seniors, and individuals experiencing homelessness. Through data-driven analysis, innovative solutions, and community engagement, the group is committed to ensuring that Clatsop County residents have access to safe, affordable homes.</p>
<p><b>Affordable Child Care and Preschools</b></p> <p>Both counties were designated as “child care deserts”</p>	<p>Clatsop County is no longer considered a child care desert for preschool-age children, with the percentage of children aged 3 to 5 in licensed care increasing from 28% since the last CHNA. The county, along with seven others, moved out of child care desert status for preschoolers, though it remains a child care desert for infants and toddlers. Local efforts, led by CMH, PSH, and the County, including grants through the Clatsop Child Care Retention and Expansion Program, have played a key role in this improvement, supported by state funding from programs like Preschool Promise. Both hospitals continue to focus on supporting local child care providers and expanding access to infant care.</p>
<p><b>Economic Insecurity</b></p> <p>Tourism/hospitality jobs don’t pay living wages</p>	<p>Our organizations are deeply committed to creating stable, well-paying jobs that strengthen both our health care system and the economic stability of Clatsop County.</p> <p>Together, we’ve invested in “grow our own” workforce programs like the Medical Assistant Internship Program and the Pharmacy Technician Training Program, which provide local residents with education, hands-on training, and clear pathways to long-term health care careers.</p>

2022 Priority	Our Response
<p><b>Economic Insecurity (cont'd)</b></p> <p>Tourism/hospitality jobs don't pay living wages</p>	<p>Both hospitals also partner closely with the Clatsop Community College Nursing Program; CMH sponsors a nursing instructor, PSH supports the program through grant funding, and nursing students gain critical experience through clinical rotations at both hospitals. By expanding local training opportunities and building a pipeline of skilled professionals, we're helping community members secure rewarding jobs while ensuring our region has the caregivers it needs for the future.</p>
<p><b>Access to Dental Care</b></p> <p>Limited number of providers accepting Oregon Health Plan</p>	<p>Based on the last CHNA, Columbia Memorial Hospital (CMH) and Providence Seaside Hospital (PSH) expanded our partnership with Medical Teams International (MTI) to provide essential dental care to Clatsop County residents. Over the last three years, this collaboration has hosted 72 dental clinics, helping hundreds of local residents gain access to much-needed dental services. Local volunteer dentists dedicate their time twice a month, offering free dental care to underserved individuals. The Health Department and Clatsop Community Action have also been integrated into these clinics, providing additional health and social services to patients. Through this initiative, both hospitals play a crucial role in improving access to care, particularly for those facing financial or logistical barriers, and contribute to the overall health and well-being of the community.</p>
<p><b>Chronic Health Conditions</b></p> <p>Including obesity, diabetes, asthma, cancer, and heart disease</p>	<p>Clatsop County ranks near the bottom of the state for cancer screening. Our mortality from cancer is higher than national and state averages. Improving screening rates has been shown to reduce cancer mortality risk. CMH/PSH and the County would like to improve screening.</p> <p>Colon/Breast/Lung/Prostate/Cervix are the areas where screening is currently available in the county, but we lag in screening rates and mortality.</p>

# What are the Social Drivers of Health

Social drivers of health—the conditions where people live, work, learn, and play—account for up to 80% of what determines how healthy we are. This means that while medical care is important, the neighborhoods we live in, the jobs we can get, and the resources available to our families have an even bigger impact on our health and lifespan.



For Clatsop County and similar rural coastal communities, addressing the social drivers of health requires understanding the unique challenges of geographic isolation, economic transitions, climate change impacts, and resource limitations. It also means building on community strengths, including local knowledge, strong interpersonal connections, and a shared commitment to community well-being.

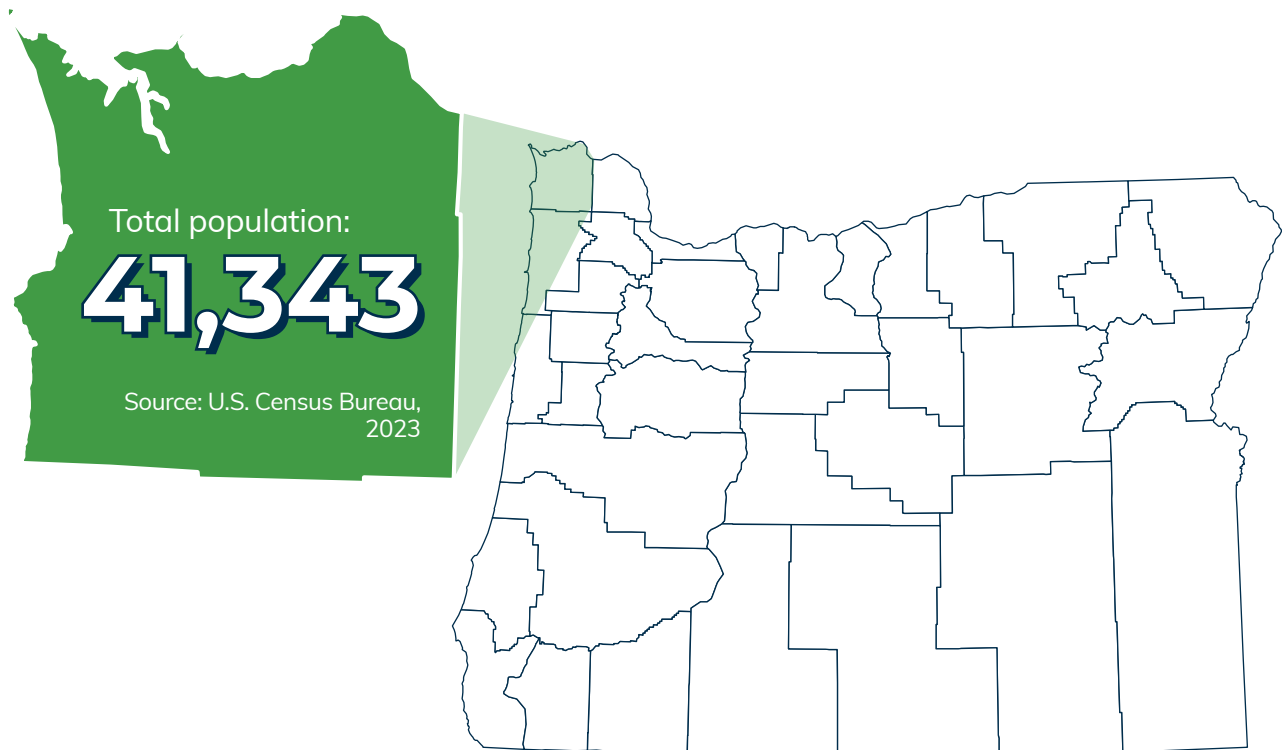
# The Community We Serve

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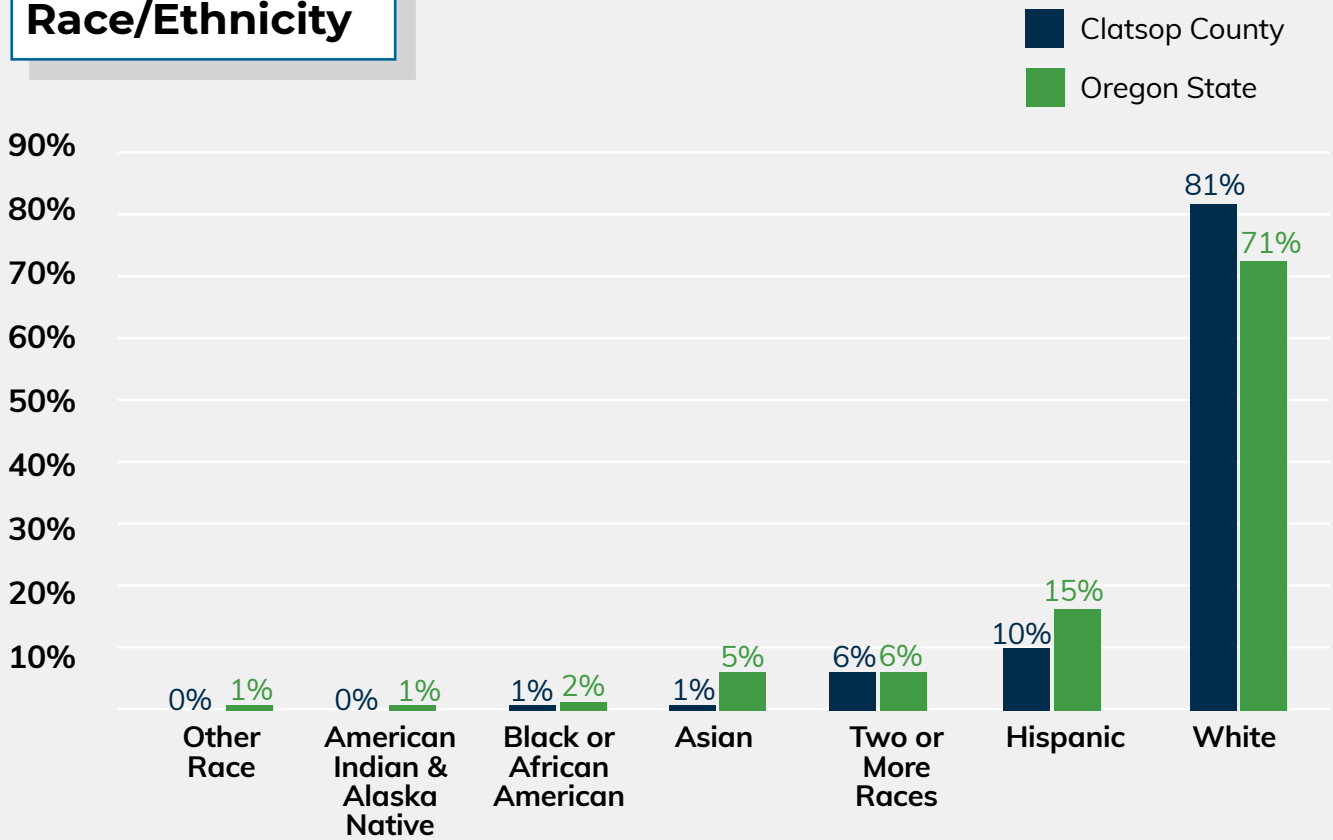
Clatsop County is one of the few rural areas in Oregon that has seen its population grow in recent years. A big reason for this growth is that many older adults are moving to the county because they like the coast, small-town character, and good quality of life.

**People Over 65:**  
**33%** Clatsop County  
Source: Claritas 2024

This older population is expected to grow by about 15% over the next five years. Because of this, the need for health care services, especially for seniors, is also expected to increase faster than the national growth rate.

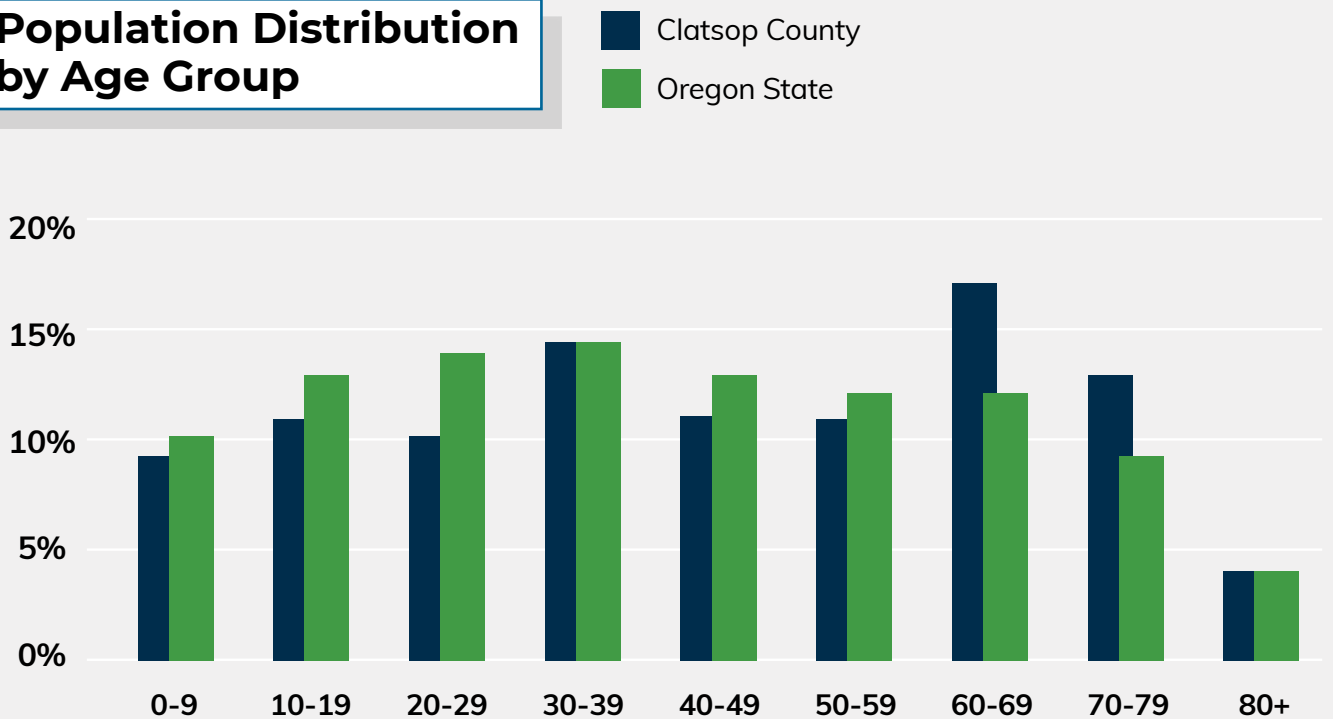


## Race/Ethnicity



Source: ACS 2023 5-year Population Tables, Clatsop County

## Population Distribution by Age Group



Source: ACS 2023 5-year Population Tables, Clatsop County

**Key Insight:**

Clatsop County has a notably older population, Clatsop County’s median age is

**4.5** years higher

than the state average (45.2 vs 40.7 years)

Source: ACS 2023 5-year Population Tables, Clatsop County

**Current (2023) vs Projected (2029) Population**

City	Zip Code	Population 2023	Proj. Population 2029	Change
Arch Cape	97102	360	376	<b>+16</b>
Astoria	97103	18,282	18,785	<b>+503</b>
Cannon Beach	97110	1,226	1,254	<b>+28</b>
Hammond	97121	1,599	1,652	<b>+53</b>
Seaside	97138	12,082	12,628	<b>+546</b>
Tolovana Park	97145	61	64	<b>+3</b>
Warrenton	97146	7,483	8,012	<b>+529</b>

Source: Claritas 2024



**Communities Across the County are Projected to Grow**

# How We Did This Assessment

## Our Process

We worked on this health assessment from March through September 2025. CMH partnered with CPH and PSH to understand what our community needs to be healthier.

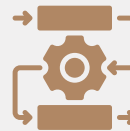
We designed our process to identify the most important health needs in Clatsop County, figure out which ones to focus on first, and learn what resources we already have to help address these needs. We used a framework called MAPP 2.0 to guide our work. This approach helped us bring together many different sources of information to get a complete picture of community health.



**Plan the Assessment**



**Gather Information**



**Analyze Information**



**Write the Report**



**Share with the Community**



## How We Gathered Information

We talked to people and looked at data in several ways:

**Focus Groups:** We held six group discussions—four in English and two in Spanish. Each group had 6-10 people and lasted about 60-90 minutes. We talked about what makes our community healthy, what health problems people face, how easy it is to get healthcare, what else affects people’s health, and ideas for making things better.

**Surveys:** We asked people throughout the county to fill out surveys about their health needs and challenges getting care.

**Interviews:** We talked one-on-one with community leaders and health experts who know about local health needs.

**Existing Information:** We looked at data we already had, like population numbers, health statistics, housing and transportation information, and hospital records.

	<b>11</b> Interviews		<b>Data Workbook</b>
	<b>4</b> English Focus Groups		<b>Community Survey</b>
	<b>2</b> Spanish Focus Groups		

## How We Made Sense of What We Learned

We carefully reviewed everything people told us. We typed up all the focus group discussions and translated the Spanish sessions into English. Then we looked for patterns—what problems came up again and again? Where did people agree or disagree?

We also looked at the numbers from surveys to see what different groups told us.

To make sure we got it right, we:

- Checked if people in different focus groups said similar things
- Compared what we heard in discussions with survey answers and health data
- Looked at Oregon and national health information to see how we compare
- Reviewed past health assessments to see what has changed

This careful approach helped us be confident that we truly understand the biggest health issues facing our community.

## How We Decided What's Most Important

We looked at several things to figure out which health needs matter most:

- What we learned from our last assessment and what our organizations are trying to do
- **What community members told us was most important**—this was a key factor in our decisions
- Whether some groups of people are affected more than others based on income, race, or where they live
- How serious each problem is and how many people it affects
- Whether we have resources to help and if there are good ways to solve the problem



# Community Survey Results










**600**

Total Respondents

The Clatsop County CHNA survey collected comprehensive data from 600 community members, in English and Spanish, across multiple health and social determinant categories. The survey was conducted using both electronic and paper methods. The electronic version was publicized through social media, newsletters, and a QR code provided to county stakeholders. Paper surveys were fielded by key community-based organizations.

## Data Categories We Assessed

Category	Focus Area	Key Metrics
 <b>Demographics</b>	Age, housing, employment, income, education	Population characteristics and social determinants
 <b>Health Care Access</b>	Insurance coverage, barriers to care, service utilization	Health care system navigation and accessibility
 <b>Mental Health</b>	Service experiences, treatment access, unmet needs	Behavioral health service gaps and quality
 <b>Substance Use</b>	Treatment availability, barriers, recovery support	Substance use disorder service landscape
 <b>Maternal Health</b>	Pregnancy services, prenatal care, delivery options	Women's health and reproductive services
 <b>Child Care &amp; Preschool</b>	Child care availability, preschool access, affordability	Family support and early childhood development
 <b>Community Quality</b>	Satisfaction ratings, strengths, improvement priorities	Overall community well-being and livability

Source: CHNA Community Survey 2025



### Survey Respondents Demonstrating High Needs

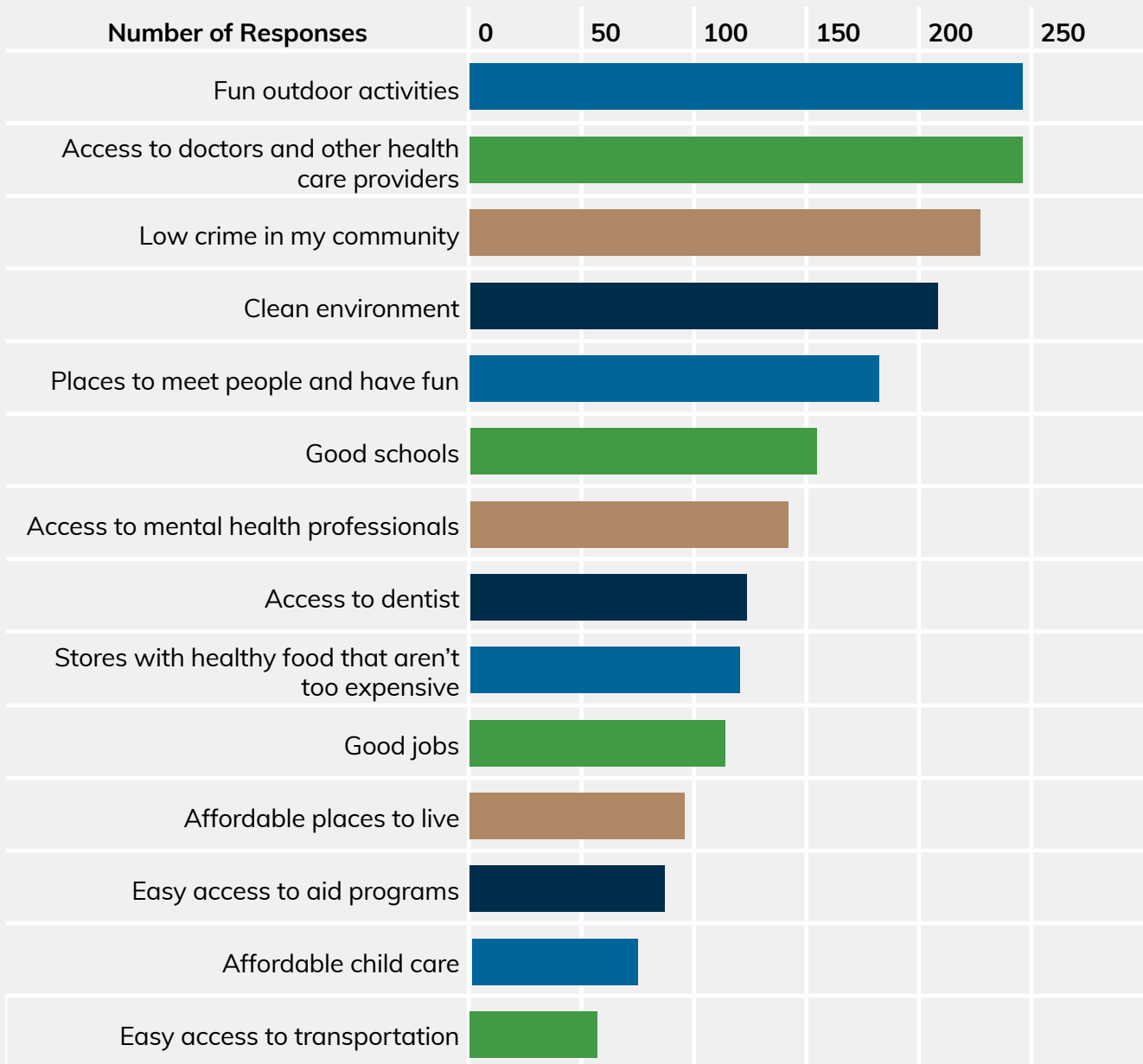
Population Group	Percentage
Low - income (<30%)	21%
Experiencing homelessness	4%
Housing assistance	7%
Unemployed/ Unable to work	7%

Source: CHNA Community Survey 2025

# What We Heard From the Community

## What helps you live a healthy life in Clatsop County?

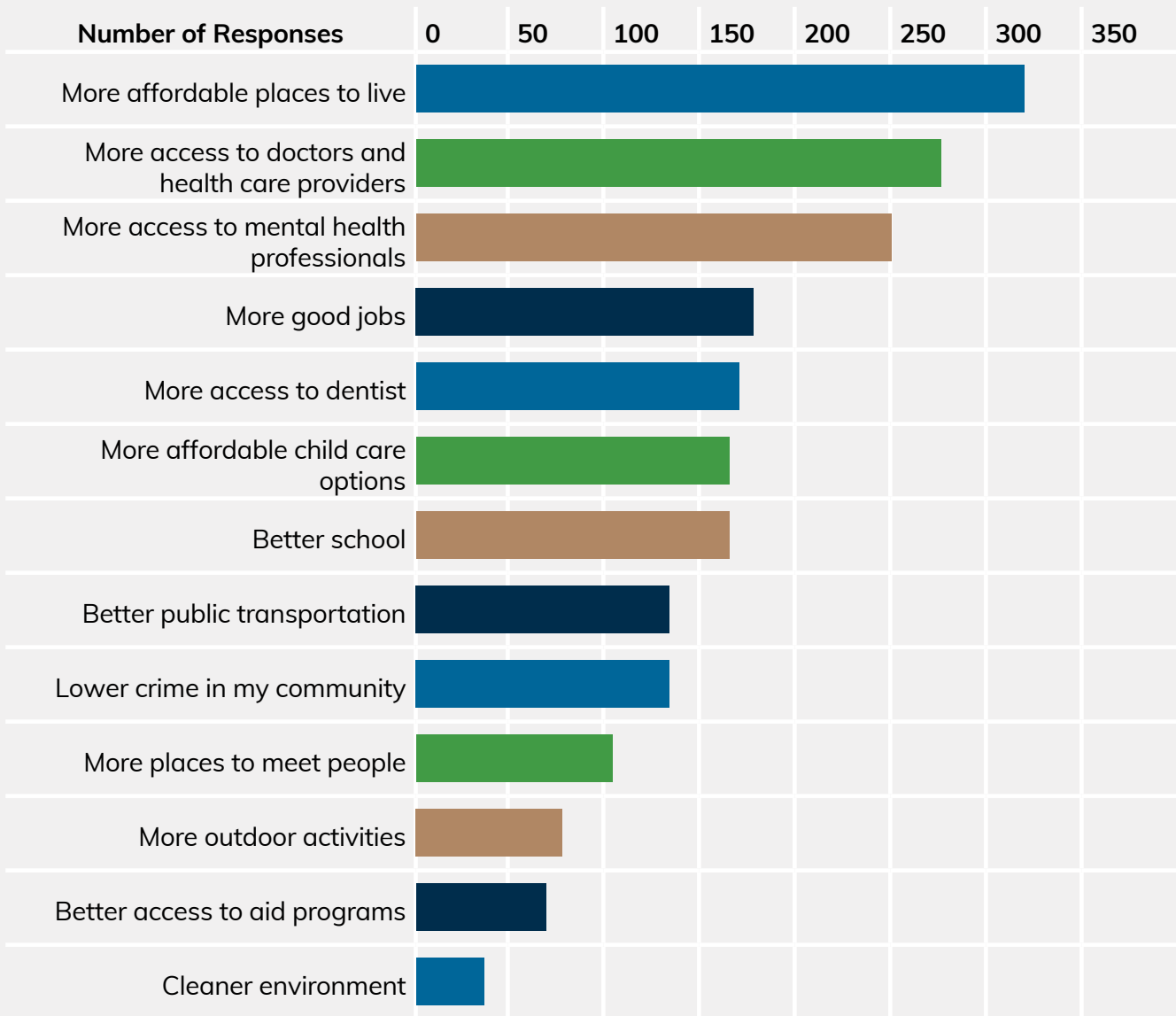
People taking the survey could choose more than one answer



Source: CHNA Community Survey 2025

## What could be improved in the community?

People taking the survey could choose more than one answer



Source: CHNA Community Survey 2025

# Our Priority Health Needs

In conversations with community leaders and community members, in both English and Spanish, we learned a lot about the health needs in Clatsop County. We also looked at our responses to the community survey. The needs below are the most frequently mentioned and discussed topics, in order of need.

- **Social Drivers of Health**
- **Mental Health & Behavioral Health Services**
- **Health Care & Provider Access**
- **Health Care Needs for Spanish Speakers**

# Social Drivers of Health

The most frequently mentioned theme raised by the community connects to the social and infrastructure elements that directly influence community and individual health. Systems and practices that make it hard for everyone to access care, regardless of ability to pay, language spoken, or gender, create unequal health outcomes in a community.

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## Housing and Workforce Sustainability

Housing costs impact the ability of health care providers to establish roots in the community, which affects continuity of care for residents. This particularly influences recruitment and retention of bilingual providers and those with deep cultural connections to the Spanish-speaking community.

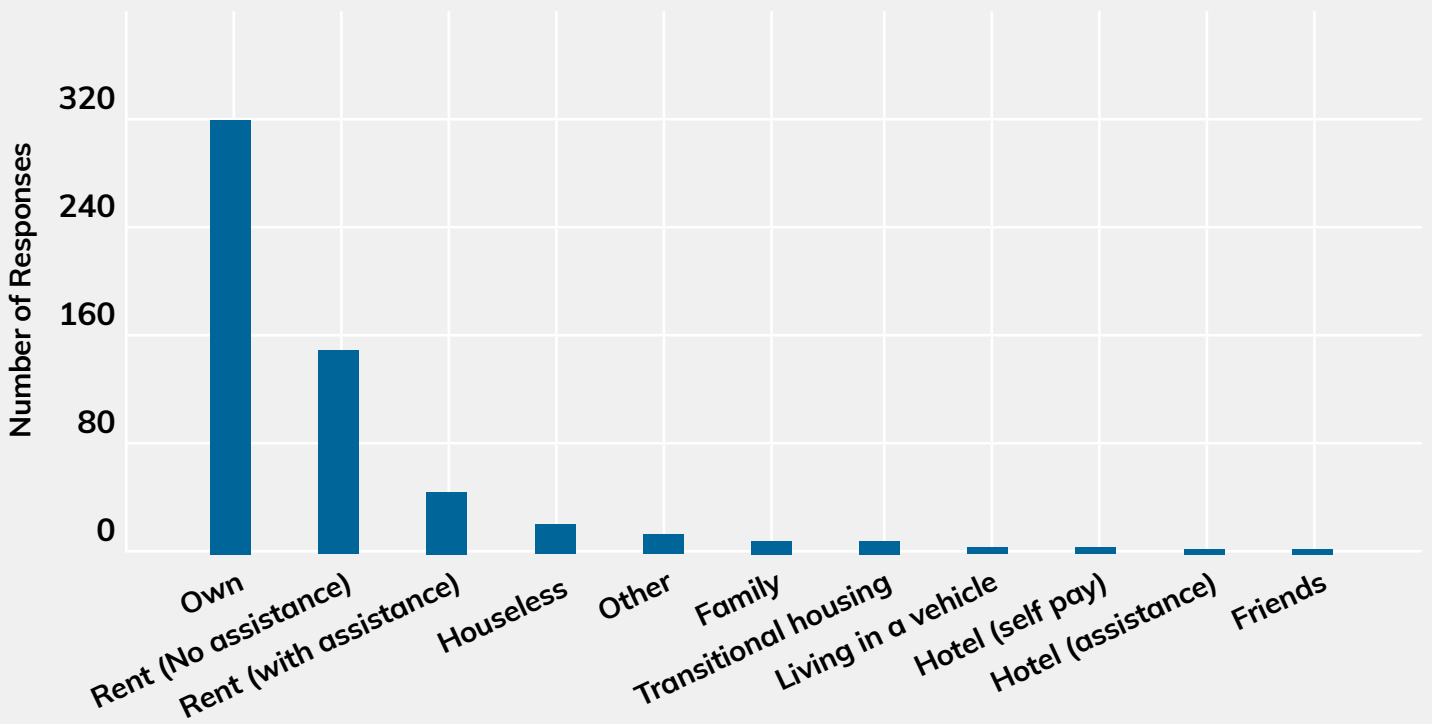


*I just moved here. It took me two months to find a place. We lose a lot of qualified people who want to come and work in the community, not just in the hospital, who can't find housing. I just think in general, there's just not a lot of housing, even unaffordable on the market."*

*-Focus Group Participant*

## Housing Stability

Survey Question: What is your current housing situation?  
(594 responses)



Source: CHNA Community Survey 2025



*“Cada vez que vas a una cita es otro doctor y entonces no hay confianza, cómo voy a tener que explicar todo de nuevo cada vez?”*



*“Every time you go to an appointment it’s a different doctor and so there’s no trust, how am I going to have to explain everything all over again each time?”*



*“We have positions and openings posted for all of these medical jobs, but nobody takes them because of housing. We always contract out with traveling occupational therapists, nurses, etc., and even they have a hard time finding somewhere to stay.” — Focus Group Participant*

Community members also talked about additional costs related to finding housing and noted that many residential properties remain unoccupied as non-resident-owned investment properties, which limits housing availability for working families.

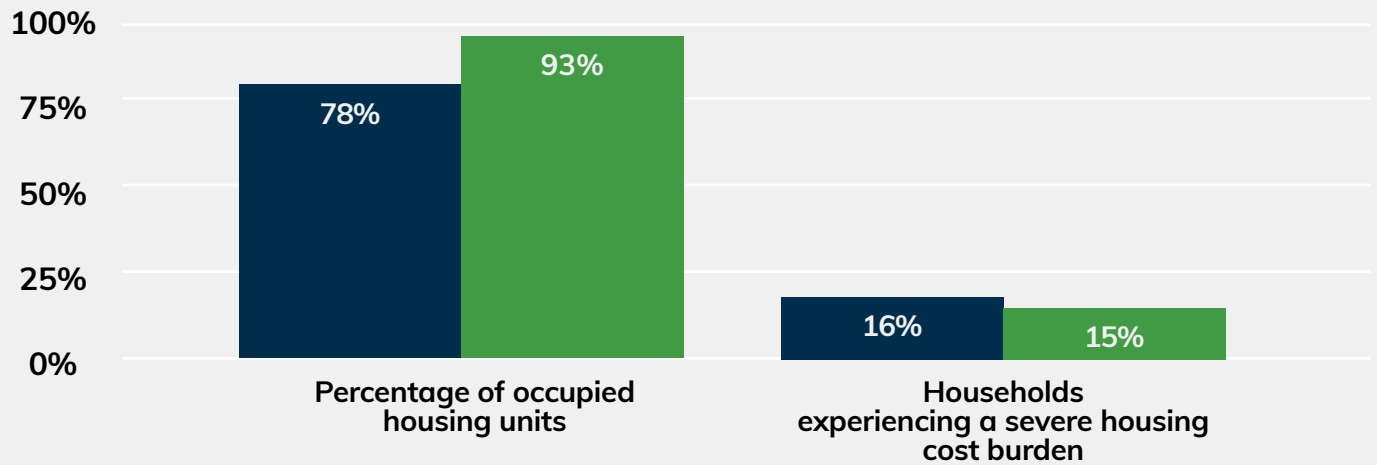


*I mean, just to even apply to some of these apartments or homes, it's like \$50 per adult that's applying. That's to be considered and you might not even get the place. But I still have to cough up \$50 for an application for me?" — Focus Group Participant*

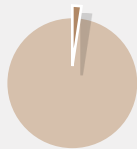


### Housing Access

■ Clatsop County  
■ Oregon State



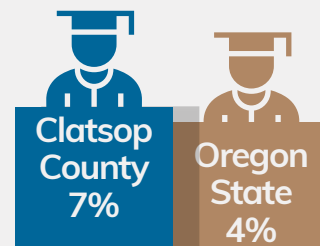
Sources: U.S. Census Bureau. (2023). American Community Survey 5-year estimates: Social and Economic. Oregon Housing and Community Services. (2023). Oregon statewide homelessness report 2023: Point in time count. State of Oregon.



# 22 per 1,000 residents

Rate of homelessness point in time count

Sources: U.S. Census Bureau. (2023). American Community Survey 5-year estimates: Social and Economic. Oregon Housing and Community Services. (2023). Oregon statewide homelessness report 2023: Point in time count. State of Oregon.



### Students lacking stable housing (2019-2020)

Source: Our Children Oregon. (2020). Oregon kids count.

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## Transportation Access and Mobility

Many community members discussed transportation needs and the current availability of options across different areas of the county. Others, particularly older adults we spoke with, were familiar with existing transportation services but noted that these often have specific eligibility requirements or scheduled availability windows.



*“We don’t have ride share or Uber or anything like that here.”*  
-Focus Group Participant



*“Para mi hijo anduvimos buscando aquí un doctor para lo de los lentes y no encontramos, fuimos hasta Tillamook y tenemos que seguir viajando hasta allá.”*



*“For my son we were looking here for a doctor for glasses [optometrist] and didn’t find one, so we went all the way to Tillamook and have to keep traveling there.”*



**27%**

of survey respondents travel outside of their community to receive primary or specialty care

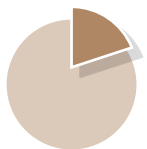
Source: CHNA Community Survey 2025



*“The helicopter cannot take you [to Portland]. So instead, you may have to wait a couple of hours to get there by ambulance, and that delays care.” — Interview Participant*



*There is the rideshare through Sunset Empire Transportation. Paratransit will pick you up at your house, take you shopping, and to the doctor’s office. It is affordable. There will be some upcoming micro transit options...” — Focus Group Participant*



**10%**

of survey respondents said they did not receive health care due to transportation issues

Source: CHNA Community Survey 2025



*“I think the hardest thing here is that we have one way in and one way out on Highway 30. So we’re kind of rural. So when you really need something, it can be difficult sometimes.” — Focus Group Participant*

## Economic Pressures

Community members described how tight household budgets require families to make difficult decisions about essential needs. Some participants shared how young people in the community feel motivated to contribute to family income and may prioritize entering the workforce.



*“There are people that run out of money that are living on Social Security and SNAP and by the end of the month they have nothing.”*

*— Focus Group Participant*



*“Si no calificas para ayuda de comida, si no calificas para apoyo con la renta... un individuo no puede vivir con \$1,500 al mes sin acceso a ninguna ayuda del gobierno.”*



*“If you don’t qualify for food assistance, if you don’t qualify for rent support... an individual can’t live on \$1,500 a month without access to any government help.”*



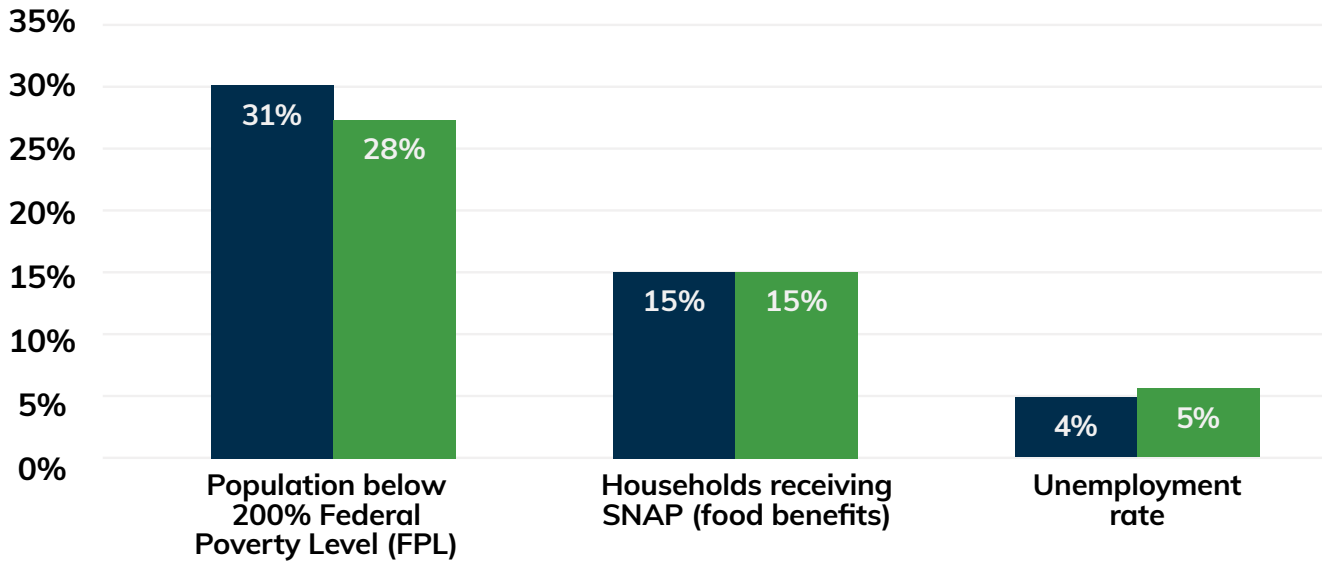
*“When [young people] graduate [from high school], they just want to make money right away... it is very hard for me to try to convince them to stay in school, or that it doesn’t have to be college. Trying to keep them out of the canneries is our bigger struggle. Not that the canneries don’t need them or it’s not a good job, but it’s a hard job for your body.”*

*— Focus Group Participant*

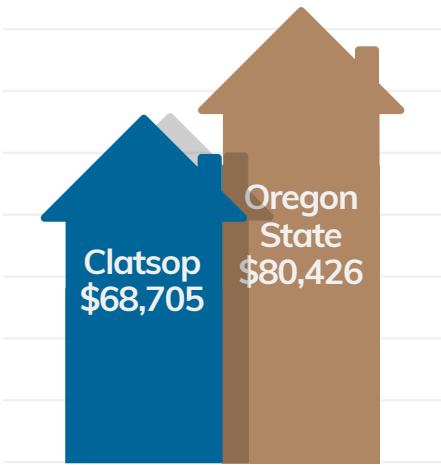


## Income and Economic Factors

Clatsop County  
Oregon State



Source: U.S. Census Bureau. (2023). American Community Survey 5-year estimates: Social & Economic.

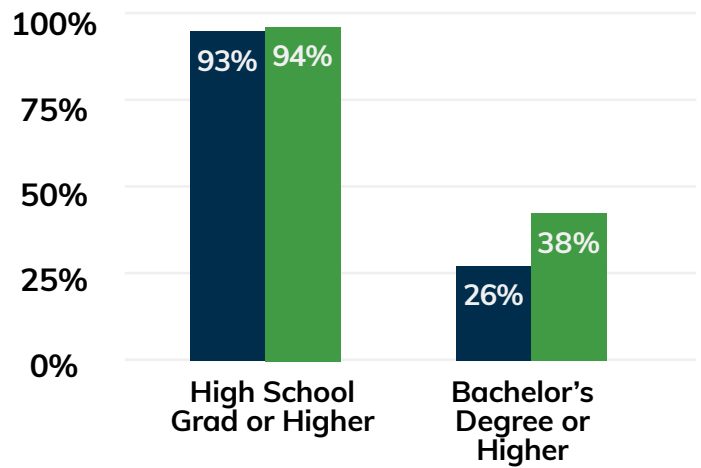


### Median household income

Source: U.S. Census Bureau. (2023). American Community Survey 5-year estimates: Social & Economic.



## Education Levels



Source: U.S. Census Bureau. (2023). American Community Survey 5-year estimates.



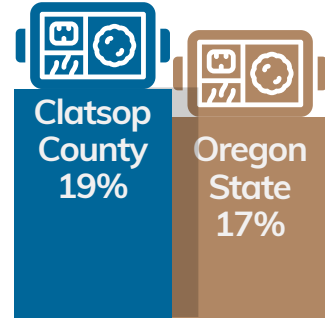
## Food Security



# 36%

of all Clatsop County pregnant women are served by WIC (2024).

Source: Oregon Health Authority, Public Health Division, 2024



### Children experiencing food insecurity

Source: Our Children Oregon. (2020). Oregon kids count.

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## Child Care Access

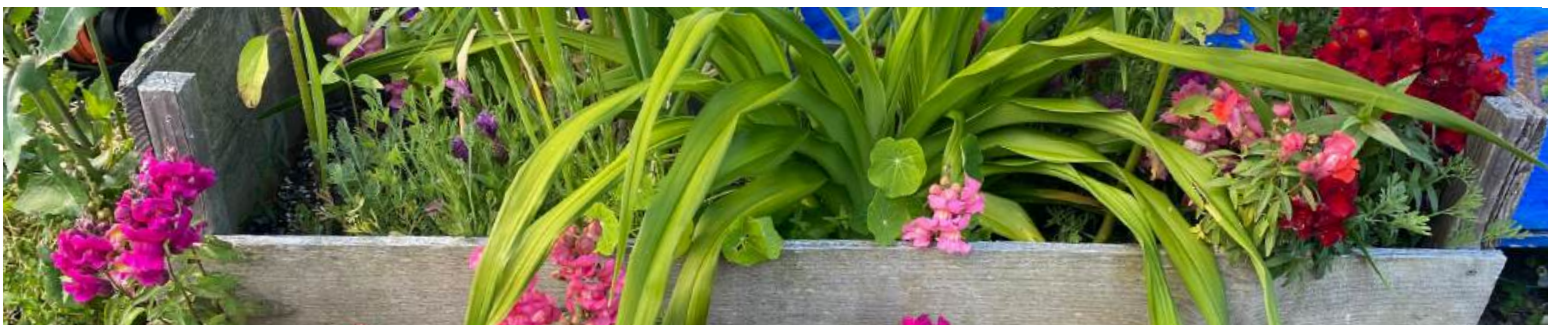
Community members identified a need for expanded child care services, including flexible drop-in care options. This particularly affects Latino agricultural and service workers, who may need to reschedule medical appointments when child care is unavailable.



*“There’s constant articles in the newspaper about some daycare closing. And all of those people are out [of luck] with no child care. I think it’s a critical issue.” — Focus Group Participant*



*The [day care] hours are for like Monday through Friday, [people who work] 8am -5pm. They’re not for people that work shift work or on the weekends.” — Focus Group Participant*





**Clatsop County was removed from the Oregon child care desert list for 3- to 5-year-olds in 2023.**

**The county remains a child care desert for infant care.**



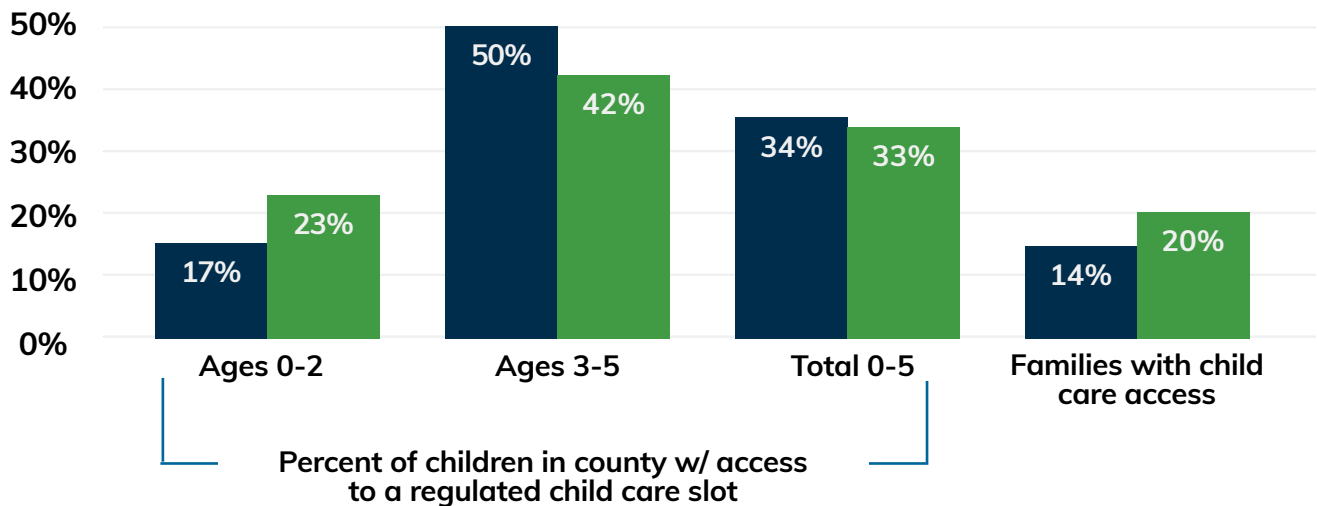
**Clatsop County  
\$1,589 per month**

**Average cost in Clatsop County for infant care in 2024**

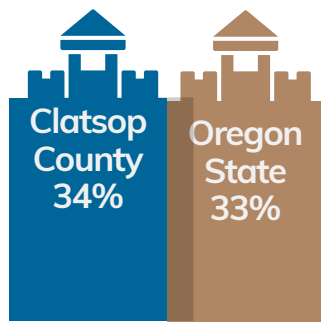


### Child Care Access

■ Clatsop County  
■ Oregon State



Source: Our Children Oregon. (2022). Oregon kids count.



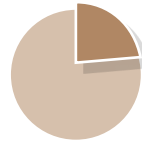
**Child Care Cost Burden**

Source: University of Wisconsin Population Health Institute. (2024). County health rankings & roadmaps: Clatsop County, Oregon. County Health Rankings & Roadmaps.

# Mental Health & Behavioral Health Services



**35%**  
of survey respondents  
said they received all of  
the care they needed



**24%**  
needed additional  
support and didn't  
receive it

Source: CHNA Community Survey 2025

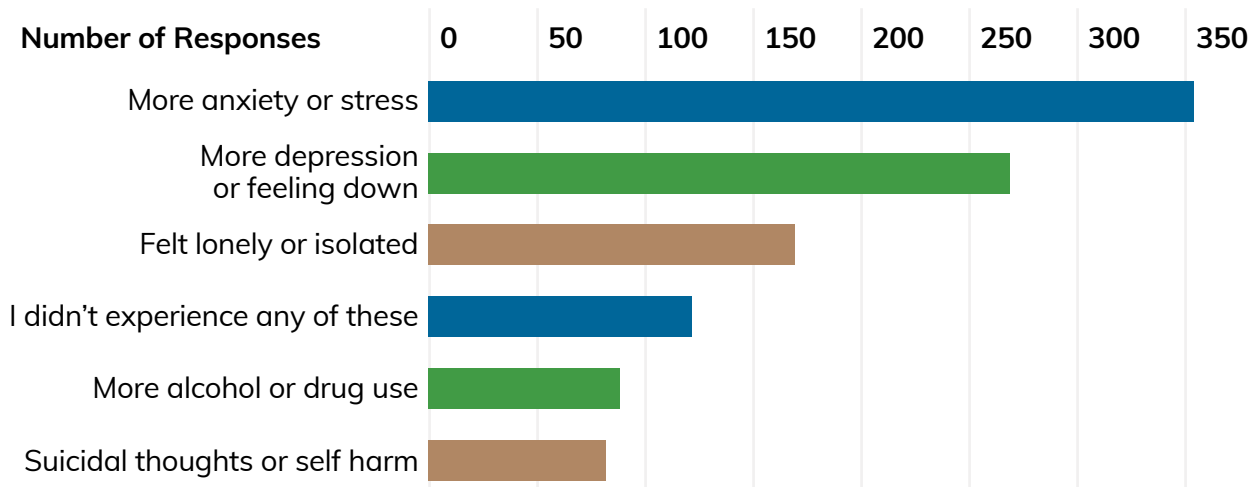


*"I had to use online therapy due to not having access to someone in person" — Survey Respondent*



*"Got all the counseling I needed but had to travel outside Clatsop County" — Survey Respondent*

## What mental health experiences have you had in the past year?



Source: CHNA Community Survey 2025

## Youth Mental Health

Community awareness of youth mental health needs continues to grow, with ongoing opportunities to expand resources and support systems. Participants emphasized the value of approaches that respond to diverse community members, including LGBTQIA + and Latino/a/x youth, and multiple service delivery options, including in-person care alongside telehealth services.

## Spanish-Speaking Community

Spanish-speaking community members face additional mental health stressors related to the current political environment and immigration policy, highlighting the need for trauma-informed and culturally grounded mental health support.



*“Ahorita con lo que está pasando con inmigración, muchas personas no quieren ir al hospital por miedo al gobierno. Se ve en las noticias que están agarrando gente, y dicen ‘mejor no salgan, quédense en sus casas.’”*



*“Right now with what’s happening with immigration, many people don’t want to go to the hospital because of fear of the government. You see on the news that they’re grabbing people, and they say, ‘better don’t go out, stay in your houses.’”*



*“Aquí no hay ayuda para la salud mental, ni para niños ni para adultos, simplemente no hay. Y mucho menos con un proveedor que hable español.”*



*“Here there’s no help for mental health, not for children or for adults, there simply isn’t any. And much less with a provider who speaks Spanish.”*

## Substance Use Support

Community members identified opportunities to expand accessible substance use treatment and recovery services to better meet local needs.



**From 2020 to 2024, the number of fatal unintentional overdoses has more than doubled**

Source: Oregon Injury Data, 2025

## Community Mental Health

There are significant opportunities to strengthen mental health and behavioral health services to ensure all community members can access appropriate care and support.



*“[Behavioral health services] can be very expensive, not just financially but psychologically and socially for families.” — Interview Participant*



*“We don’t have a psychiatric doctor in this county, and we don’t have enough providers. And all the providers that we have, they have a closed wait list or this wait list of over a year. So if you miss your appointment with your doctor, you’ll end up in the ER or urgent care.” — Focus Group Participant*



# Health Care & Provider Access

## Health Care Access and Service Delivery

There are opportunities to offer more appointment times and build specialist capacity, including extending hours for diagnostic services and specialized care options. Strengthening pediatric and neonatal care services would support family unity and ensure young children receive the care they need.



*“Se tardan seis meses en poder conseguir una cita con un doctor primario.”*



*“It takes six months to be able to get an appointment with a primary care doctor.”*



### Government Provided Health Care in Clatsop County:

4%

Veteran Affairs



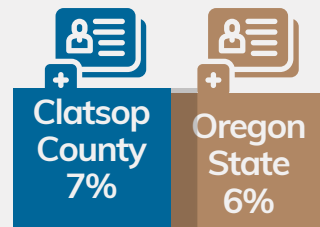
28%

Medicare

35%

Medicaid

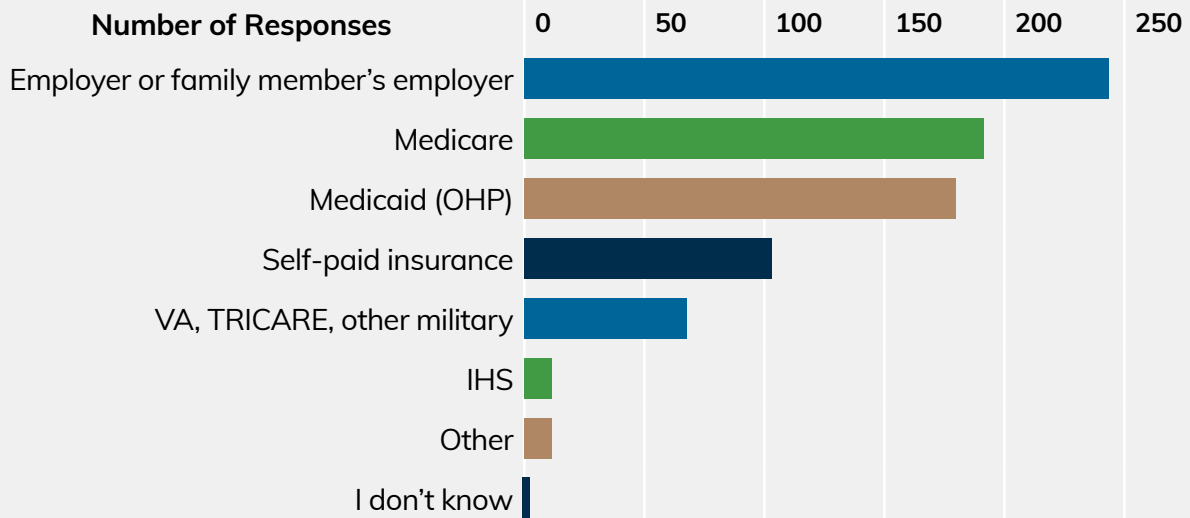
Source: Oregon office of Rural Health 2025



### Population without health insurance (2023)

Source: U.S. Census Bureau. (2023). American Community Survey 5-year estimates, Social & Economic

## Health Insurance Our Survey Respondents Use



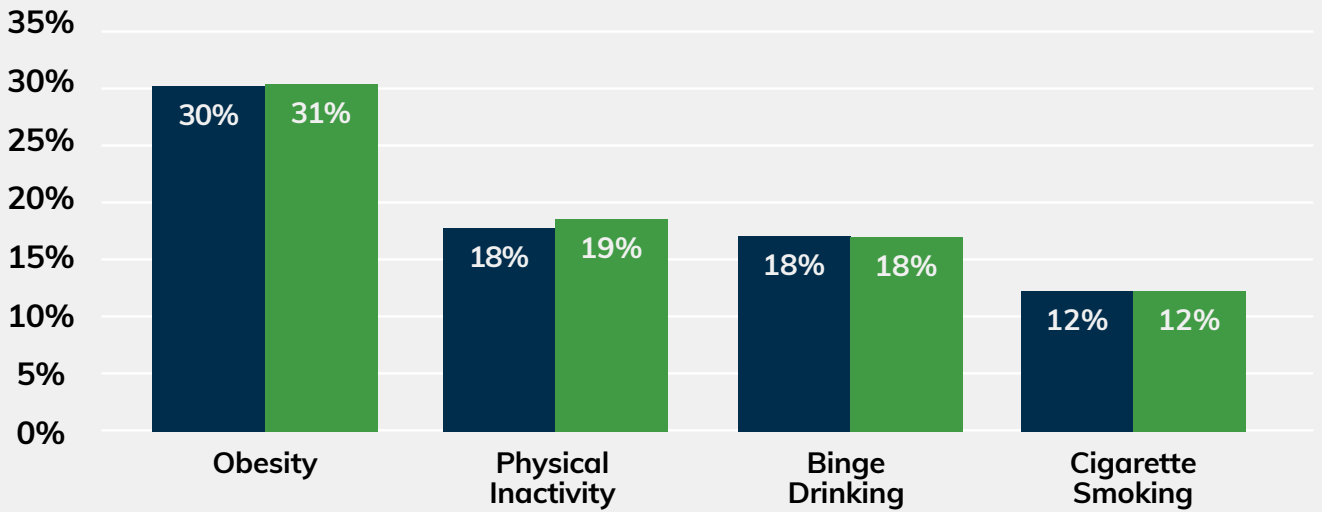
Source: CHNA Community Survey 2025





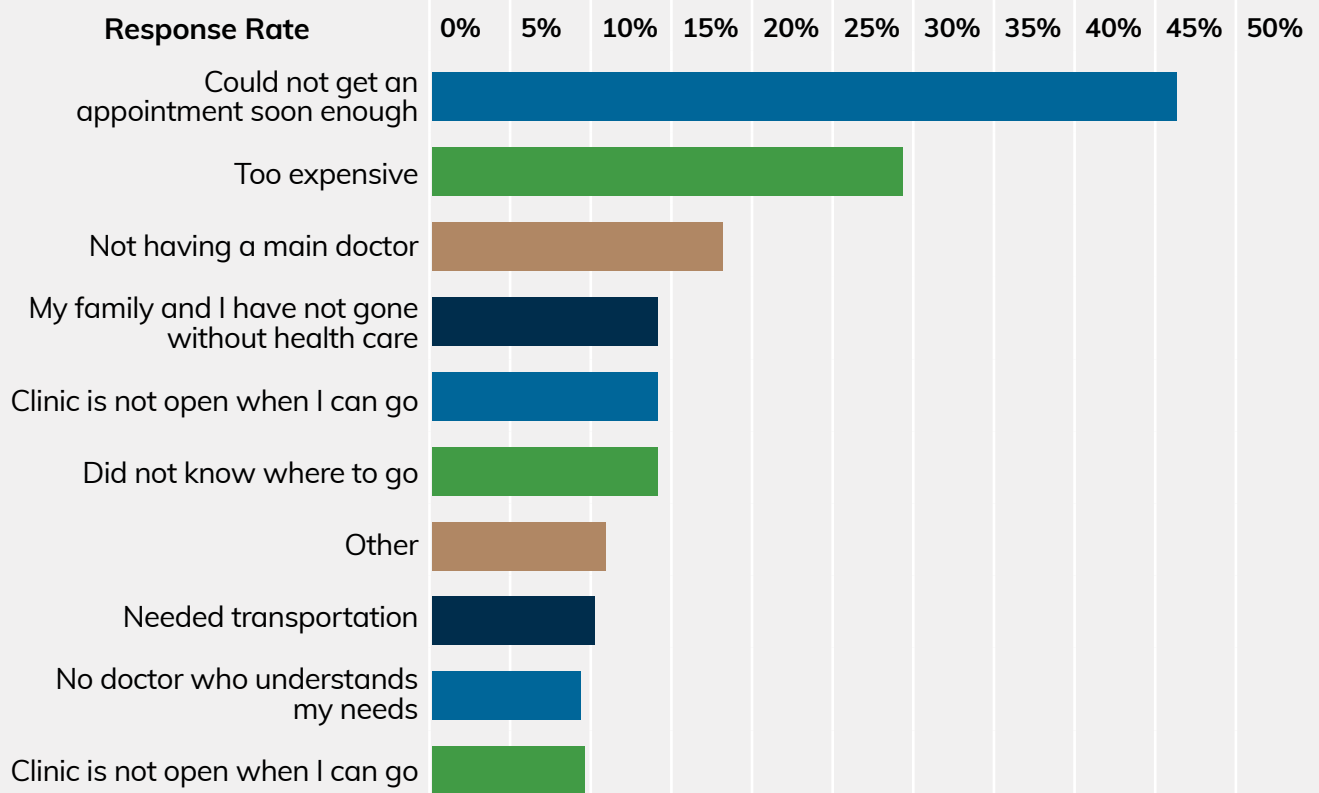
## Risk Factors

■ Clatsop County  
■ Oregon State



Sources: Centers for Disease Control and Prevention. (2022). PLACES: Local data for better health [Health Outcomes]. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. (2022). PLACES: Local data for better health [Behaviors & Prevention]. U.S. Department of Health and Human Services.

## Reasons for Not Receiving Care



Source: CHNA Community Survey 2025

## Sustaining the Healthcare Workforce

We need to focus on keeping our current doctors and nurses and finding new health care providers. This helps ensure patients can build lasting relationships with their health care team.



*[Regarding] the provider shortage, I don't think we talk about this enough and maybe because there's a stigma behind it, but there's a lot of provider burnout going on throughout the country and it affects us locally." — Focus Group Participant*



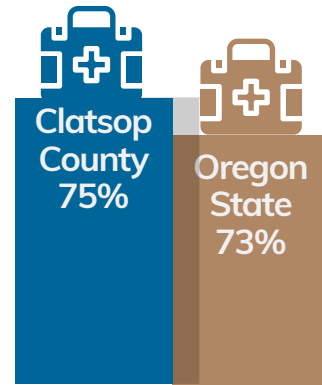
**Health Care System**



**We have fewer providers per person than the state average.**

Indicator	Clatsop County	Oregon State
Primary Care Physician (2021)	1610:1	1060:1
Mental Health Provider (2024)	240:1	140:1
Dentists (2022)	1390:1	1180:1

Source: University of Wisconsin Population Health Institute. (2025). County health rankings & roadmaps: Clatsop County, Oregon. County Health Rankings & Roadmaps.



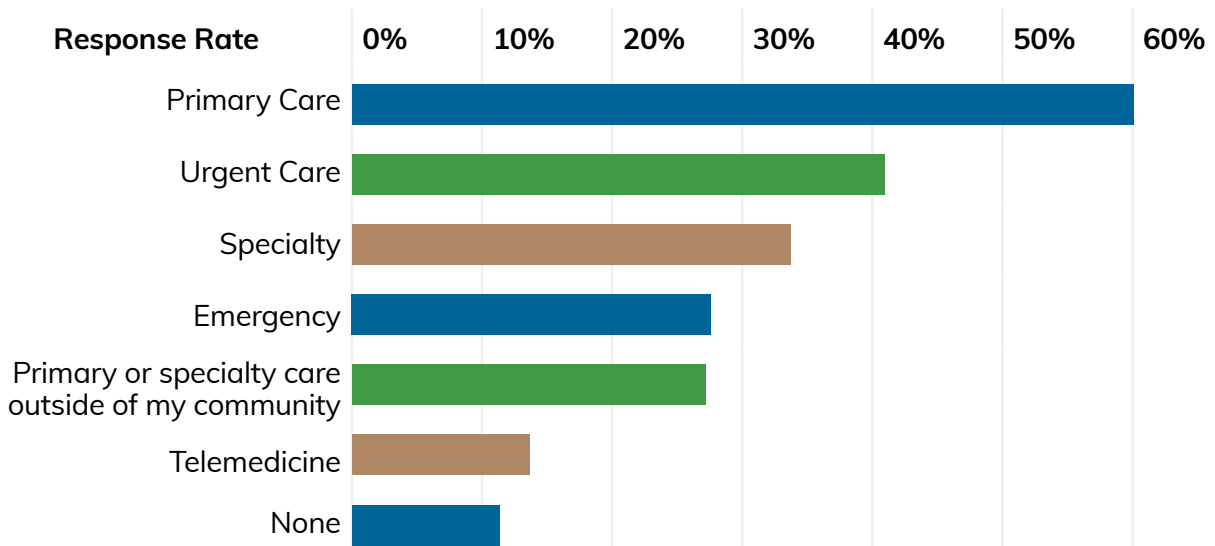
Adult population who received an annual checkup (2022)

Source: Centers for Disease Control and Prevention. (2022). PLACES: Local data for better health, Behaviors & Prevention. U.S. Department of Health and Human Services.

## Specialized Care Coordination

Community members talked about the need for expanding capacity for specialty care including pediatric care, and physical, speech, and occupational therapy, to meet community demand.

### Types of Health Care Received in the Past Year



Source: CHNA Community Survey 2025



*“You know, but in the meantime I have medications that are expiring that I can’t refill. So I’m going to have to go to urgent care or figure out somebody who can tell me that I can keep taking my blood pressure medication that I can’t just quit taking because I can’t get anything [for four months].” — Focus Group Participant*

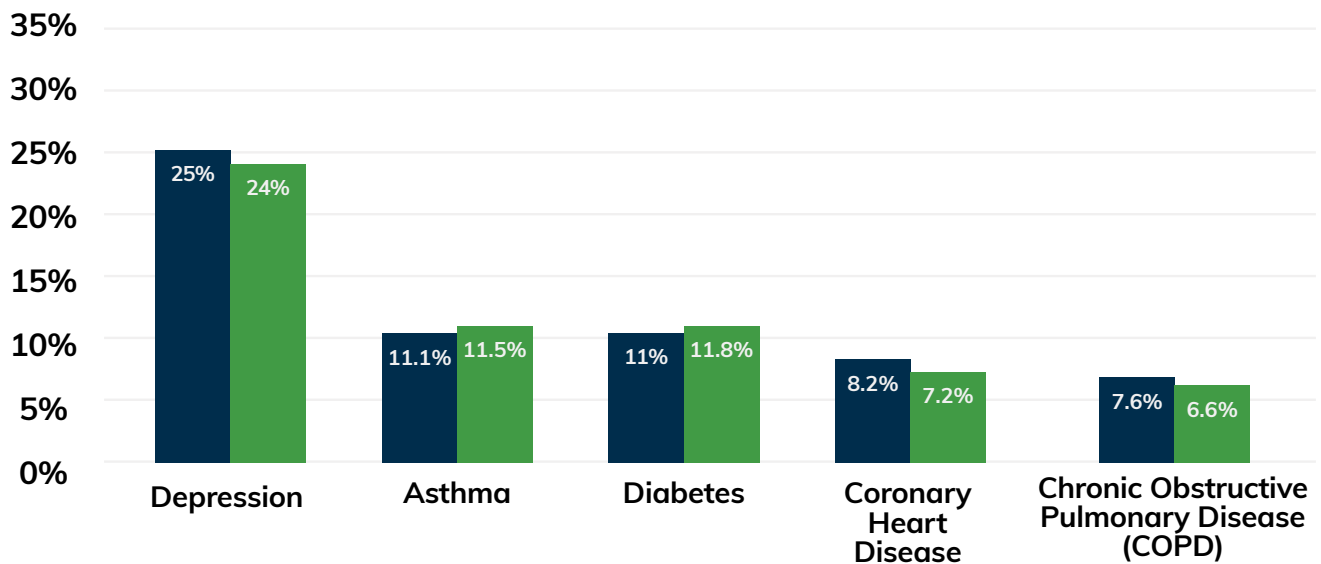


*“My daughter is on a 10-person wait list right now. She needs occupational therapy. There are 10 kids ahead of her, and right now we only have one pediatric occupational therapist.” — Focus Group Participant*



### Disease Rates

■ Clatsop County  
■ Oregon State



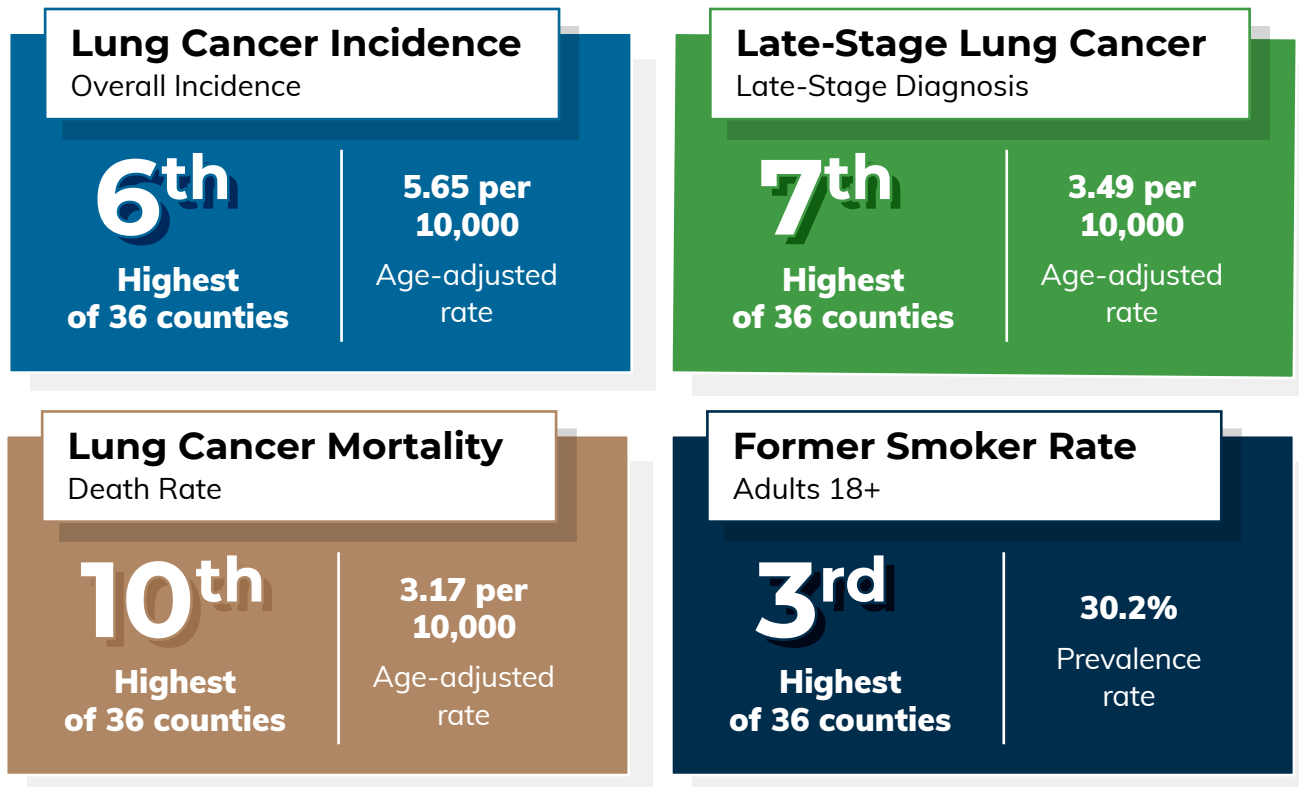
Source: Centers for Disease Control and Prevention. (2022). PLACES: Local data for better health [Health Outcomes]. U.S. Department of Health and Human Services.



## Cancer Rates and Screening

### Lung Cancer

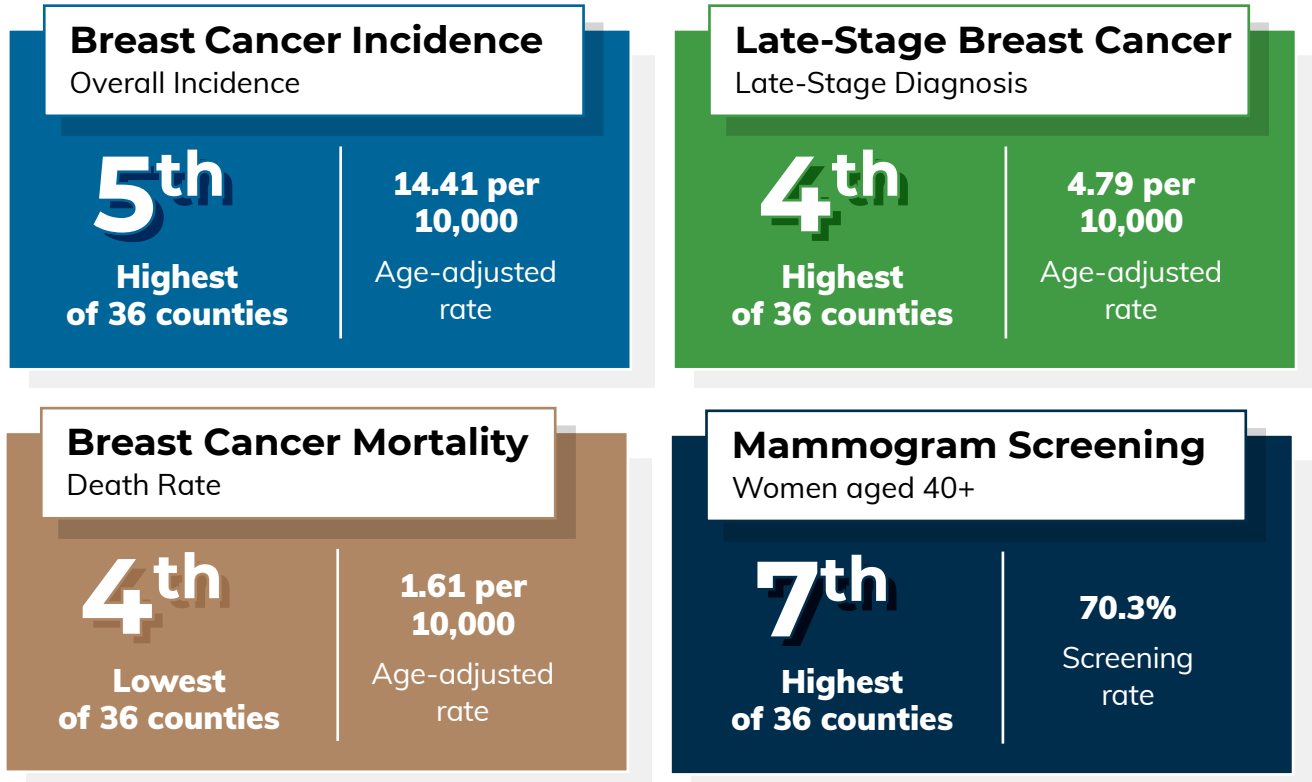
Clatsop County ranks high for lung cancer, with the 6th highest overall and 7th highest for late-stage diagnoses in Oregon. It also has the 3rd highest rate of former smokers, which is linked to higher lung cancer cases. Many diagnoses are late, showing a need for better early detection. Catching lung cancer early is key to effective treatment, so improving screening is important to save lives.



Source: State Cancer Profiles. 2017-2021

### Breast Cancer

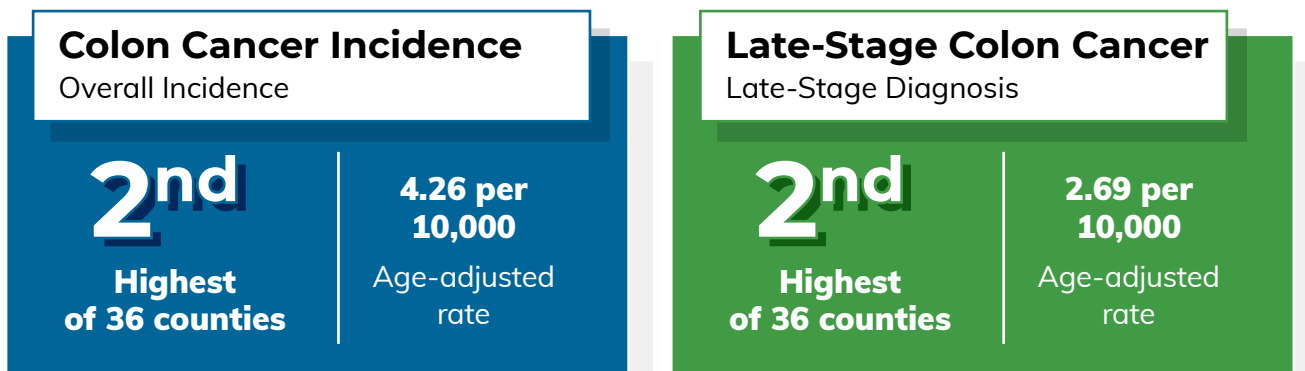
Clatsop County has a high rate of breast cancer cases and late detections. It ranks 5th in overall cases and 4th in late-stage diagnoses in Oregon. However, it has a low breast cancer death rate, showing good treatment. About 70% of women aged 40+ get mammograms, but nearly 30% do not, and some cancers are still found late, indicating possible gaps in reaching all women.



Source: State Cancer Profiles. 2017-2021

### Colon Cancer

Colorectal cancer represents the most critical cancer challenge for Clatsop County. With the highest mortality rate, 2nd highest incidence, and mid-range screening participation, immediate action is needed to reduce the burden of this highly preventable and treatable cancer when caught early.



Source: State Cancer Profiles. 2017-2021

### Colon Cancer Mortality

Death Rate

**1<sup>st</sup>**

**Highest  
of 36 counties**

**2.03 per  
10,000**

Age-adjusted  
rate

### Colonoscopy Screening

Adults aged 50-75

**17<sup>th</sup>**

**Highest  
of 36 counties**

**60.8%**

Screening  
rate

Source: State Cancer Profiles. 2017-2021

### Prostate Cancer

Prostate cancer represents a success story for Clatsop County’s healthcare system. With one of the highest screening rates in Oregon, lower-than-average occurrences and fewer deaths compared to other counties, the county has established an effective model for prostate cancer prevention, detection, and treatment that could potentially be replicated for other cancer types.

### Prostate Cancer Incidence

Overall Incidence

**23<sup>rd</sup>**

**Lowest  
of 36 counties**

**9.53 per  
10,000**

Age-adjusted  
rate

### Late-Stage Prostate Cancer

Late-Stage Diagnosis

**17<sup>th</sup>**

**Lowest  
of 36 counties**

**2.36 per  
10,000**

Age-adjusted  
rate

### Prostate Cancer Mortality

Death Rate

**6<sup>th</sup>**

**Lowest  
of 36 counties**

**1.87 per  
10,000**

Age-adjusted  
rate

### PSA Screening

Men aged 50-75

**4<sup>th</sup>**

**Highest  
of 36 counties**

**16.8%**

Screening  
rate

Source: State Cancer Profiles. 2017-2021

## Overall Rates of Cancer

Although there has been some promising progress, Clatsop County continues to face a significant cancer burden. When considering all types of cancer together, it ranks third among Oregon's 36 counties for the highest incidence rate. This high ranking is driven by elevated rates in specific cancers such as lung cancer (6th highest), breast cancer (5th highest), and others, as well as risk factors like the county's third-highest rate of former smokers.

**3<sup>rd</sup>**  
**Highest**  
**of 36 Oregon counties**

**46.98 per**  
**10,000**  
Age-adjusted  
incidence rate

Source: State Cancer Profiles. 2017-2021



# Health Care Needs for Spanish Speakers

## Spanish Language Capacity Building

Community members emphasized the need for more access to high-quality, certified interpreters and bilingual staff, including health care providers who can communicate directly with Spanish-speaking community members.



**10%**

Survey respondents speak mostly Spanish at home



**6%**

Survey respondents prefer to receive important health information in Spanish

Source: CHNA Community Survey 2025



*“La calidad de interpretación está muy mala. A mí una vez me pasó que el intérprete estaba diciendo otras cosas que no tenían nada que ver, entonces tuve que intervenir y decir ‘oiga no, lo que yo siento es esto.’”*



*“The quality of interpretation is very poor. Once it happened to me that the interpreter was saying other things that had nothing to do with it, so I had to intervene and say ‘excuse me no, what I’m feeling is this.’”*



*“A veces la conexión de internet aquí es muy mala, casi no funciona. Entonces si la conexión está muy mala, nos ponen a hablar con alguien por teléfono en lugar de video.”*



*“Sometimes the internet connection here is very bad, it almost doesn't work. So if the connection is very bad, they have us talk to someone by phone instead of video.”*



*“Antes yo podía interpretar para mi esposa cuando íbamos al doctor, y ahora sí puedo entrar con ella pero ya no me dejan traducir. Entonces yo veo que le están diciendo algo incorrecto, no es lo que realmente está pasando. Y no puedo hacer nada.”*



*“Before I could interpret for my wife when we went to the doctor, and now I can go in with her but they don't let me translate anymore. So I see that they're telling her something incorrect, it's not what's really happening. And I can't do anything about it.”*



*“ No busco ayuda para salud mental en centros de salud convencionales porque no son culturalmente específicos “*



*“I don't seek mental health support at conventional health centers because they are not culturally specific.”*

## Culturally Responsive Care

Community members emphasized the need for health care services that respect and incorporate their Spanish-speaking preferences, community values, and traditions.



**56%** of survey respondents who prefer to receive health care information in Spanish use **Medicaid/Oregon Health Plan** as their primary insurance.

**2%**  
are Uninsured

Source: CHNA Community Survey 2025



*“Queremos que nos traten como algo más que una cajita que pueden marcar. Necesitamos proveedores que sean más holísticos, que trabajen con hierbas y medicina tradicional. Yo no voy a ir con alguien que me haga acupuntura si habla solo inglés y no se ve como yo.”*



*“We want them to treat us as more than just a little box they can check off. We need providers who are more holistic, who work with herbs and traditional medicine. I’m not going to go to someone who does acupuncture if they only speak English and doesn’t look like me.”*



*“No todos en nuestra comunidad sabemos leer y escribir. A veces dan las formas en español, pero el lenguaje es muy técnico y las personas no saben qué poner ahí.”*



*“Not everyone in our community knows how to read and write. Sometimes they give the forms in Spanish, but the language is very technical and people don’t know what to put there.”*



*“Debido al bajo límite de ingresos que toman en cuenta, mucha gente de nuestra comunidad que no tiene documentos todavía se quedó fuera. No puedes vivir si no calificas para ayuda de comida, si no calificas para apoyo con la renta.”*



*“Due to the low income limit they take into account, many people from our community who don't have documents were still left out. You can't live if you don't qualify for food assistance, if you don't qualify for rent support.”*



*“Cuando tengo seguro privado del trabajo me atienden bien, me hacen todo tipo de estudios, me revisan completamente. Pero cuando no tienes seguro, nada más te toman la presión y te dicen ‘a lo mejor es esto’ y te mandan para afuera rápido.”*



*“When I have private insurance through work they treat me well, they do all kinds of tests, they examine me completely. But when you don't have insurance, they just take your blood pressure and tell you ‘maybe it's this’ and send you out quickly.”*

## Increasing Access to Services

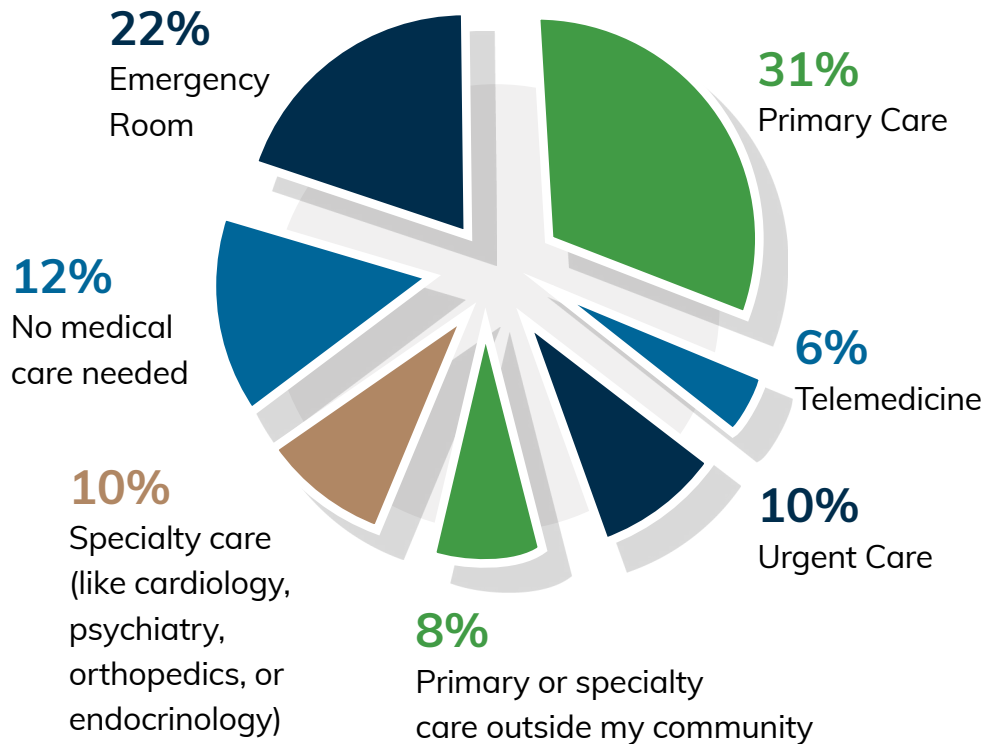
Expand in-person and culturally responsive interpretation services to ensure all Spanish-speaking community members receive the care they need.



# 22%

Survey respondents who prefer to receive health care information in Spanish received health care services via the Emergency Room in the last year.

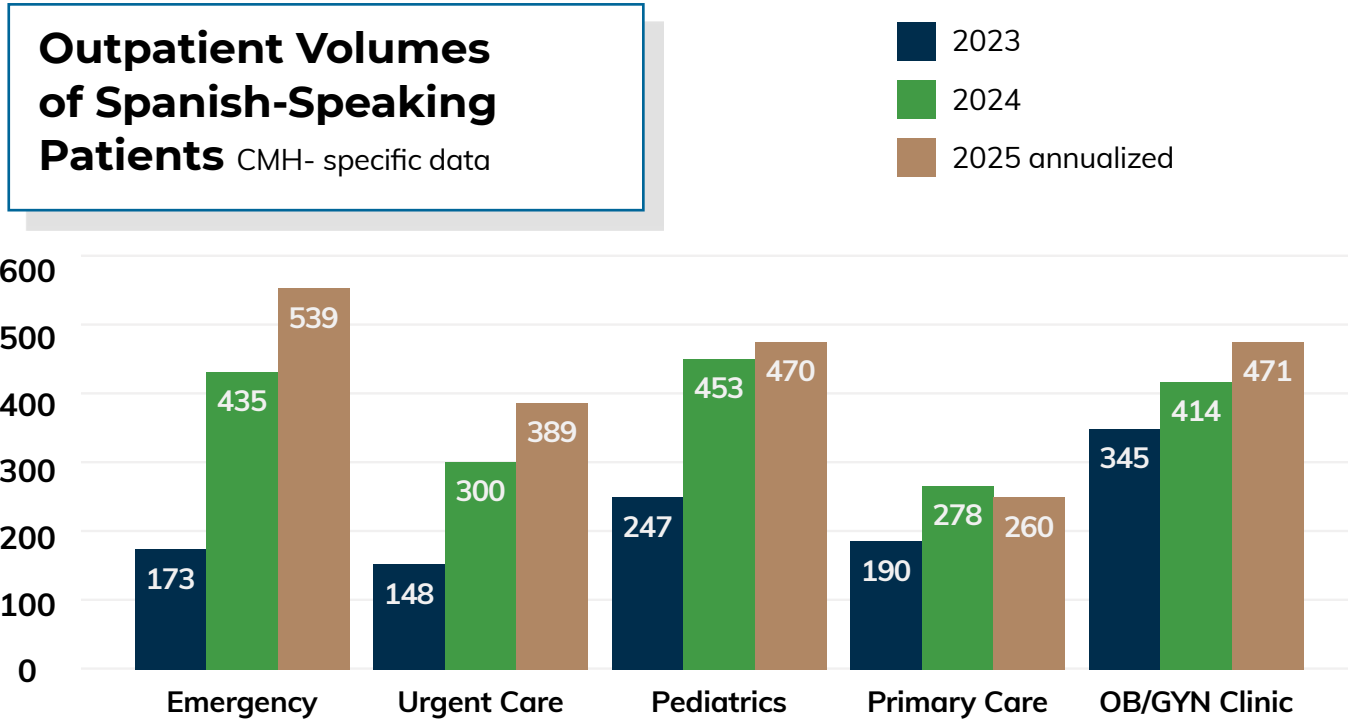
### Percent of health care visit types for those who preferred to received medical information in Spanish



Source: CHNA Community Survey 2025

## Health Impacts of Social Stress

Members of the Spanish-speaking community shared that they feel a lot of stress and anxiety due to the increased immigration enforcement around the country, and this impacts their health and limits their access to services.

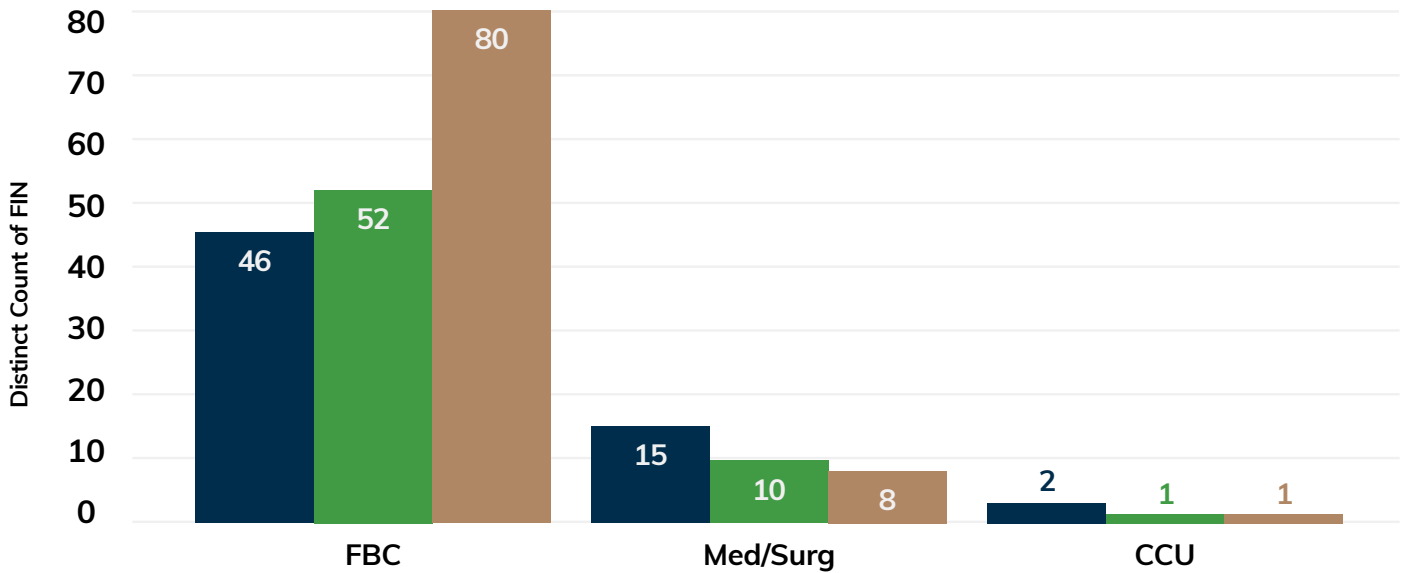
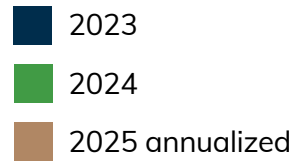


Source: Columbia Memorial Hospital, 2025

*Uno ahorita está como ratón escondiéndose, con miedo sobre la cabeza, y eso produce estrés, ¿verdad? Viendo la televisión ves todas las noticias de otros estados. Tal vez aquí estamos todavía un poco más tranquilos, pero en lugares donde hay redadas grandes...”*

*“Right now one is like a mouse hiding, with fear hanging over their head, and that causes stress, right? Watching TV you see all the news from other states. Maybe here we’re still a little calmer, but in places where there are big raids...”*

## Inpatient Volumes of Spanish-Speaking Patients



Source: Columbia Memorial Hospital, 2025



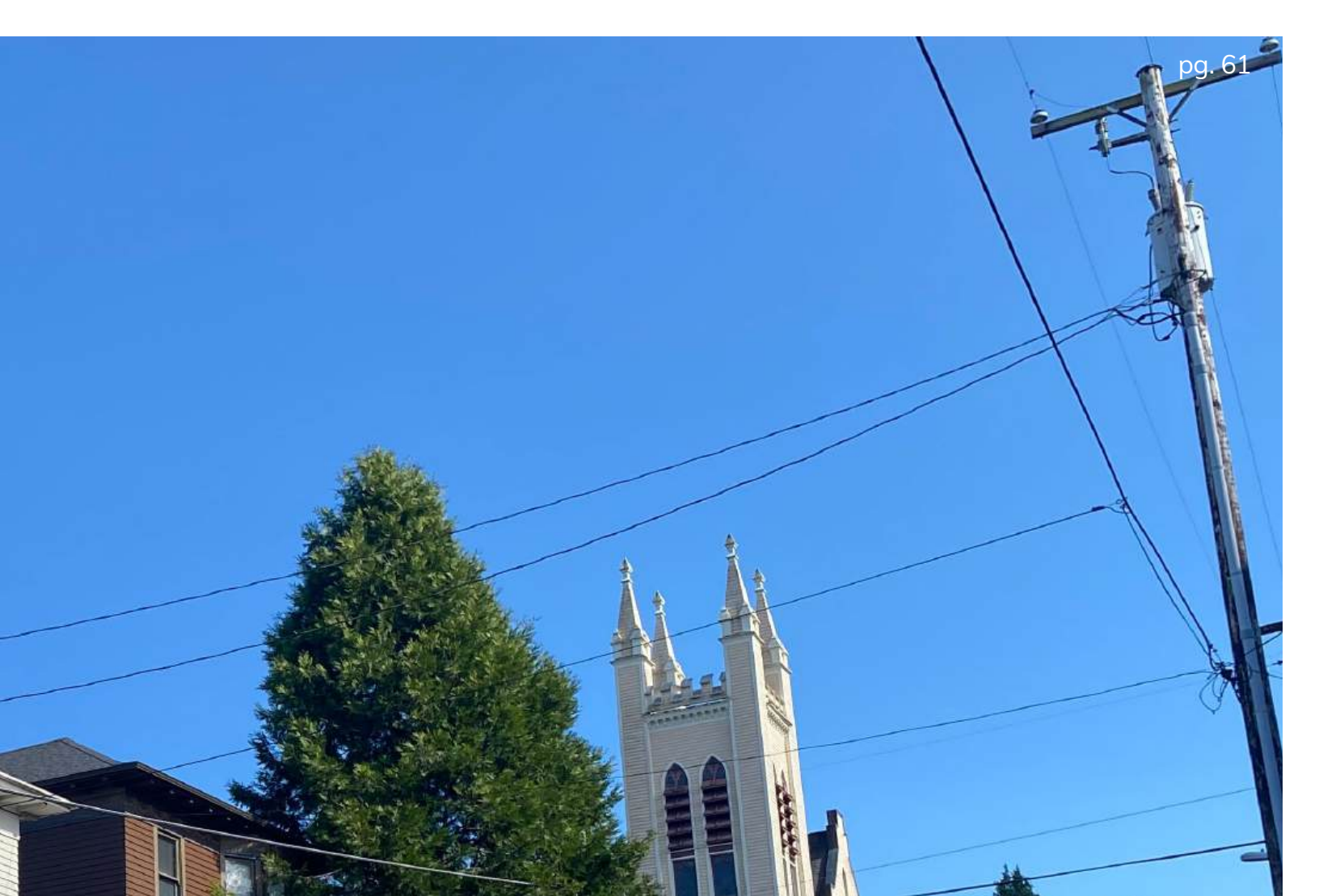
*“Y luego está también lo de la migración, ya ves cómo está ahorita. Ves que meten muchos rumores—algunos serán ciertos, otros no—que dicen que están agarrando gente, que no salgan, que mejor se queden en sus casas.”*



*“And then there’s also that thing about immigration, you see how it is right now. You see they spread a lot of rumors—some may be true, others not—saying they’re picking people up, don’t go out, better stay home.”*

# Looking Ahead





Thank you for taking the time to read this assessment. Our hope is that it serves as a road-map, not just for the Clatsop County Rural Health Coalition and our member organizations, but also for anyone in the community who shares our commitment to building a healthier Clatsop County.

As we close out the 2025 assessment, we're ready to take the next big step, developing a Community Health Improvement Plan that will help us align our efforts and set clear, shared goals to address the needs we have identified. We'll be using our website ([www.clatsophealth.org](http://www.clatsophealth.org)) to share updates, celebrate progress, and keep the community informed as we move forward, together, toward a healthier future for everyone.

If you have questions or comments about any information in this report, please feel free to submit them to:

Columbia Memorial: [cmhcommunity@columbiamemorial.org](mailto:cmhcommunity@columbiamemorial.org)

Providence: [communitybenefit@providence.org](mailto:communitybenefit@providence.org)

# Appendix

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## Methodology

### Stakeholder Interviews and Community Listening Sessions

Providence conducted stakeholder interviews with a diverse group of community leaders. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. We conducted 11 stakeholder interviews including 12 participants, people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

We conducted stakeholder interviews between May and June 2025. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically disadvantaged, or otherwise marginalized or vulnerable. We aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

### Community Health Survey

The community health survey was open from April 15th to June 30th, distributed in both paper and electronic formats, and available in English and Spanish. The survey captured key information on health and lifestyle factors, community needs, and barriers to accessing health and social services in Clatsop County. A total of 600 surveys were collected.

The survey was conducted electively, in purposeful partnership with community-based partner organizations. While efforts were made to engage the diverse populations of our primary service area, survey results are not representative of demographics in the general population.

## **Focus Groups**

Focus groups were conducted across Clatsop County by the consulting team and took place at key community meeting locations like the Senior Center and local organizations like Clatsop Community Action. The focus groups centered on the topics listed in the report. Focus group attendees were recruited and invited to take part. Each attendee was offered a gift card for participating. Attendees were selected based on either their lived experience or their professional experience related to the focus group topic area. Focus group attendance numbers ranged from 4 to 12 attendees. Focus groups were recorded, but participants did not name themselves on the recording when they spoke, and no participants were named for the final report. Recordings and raw data were not shared with the hospitals or public health department.

## **Indicators**

Hospital, public health, and community indicators were obtained from national, state, regional, and local data sources, including the American Community Survey and Oregon Health Authority. Some indicators may be measured differently across the data sources, time intervals, or geographies, in which cases data were collected from all possible sources to allow for comparison across similar indicators and interpretation of the results in the context of the CHNA. The nature of each indicator (e.g., percentage, rate per 1000) was specifically noted; in cases when estimates were too small to report as percentages, indicators were reported as counts.

## **How We Analyzed What People Told Us**

We used two computer tools to help us understand what community members shared in focus groups and interviews:

- CoLoop - An AI-powered qualitative analysis platform that uses multiple advanced language models to help us spot common themes and create initial summaries of what we heard
- Claude - An AI assistant made by Anthropic that helped us visualize our findings and ensure we used plain language

## **Making Sure We Got It Right**

We didn't just rely on what the computer tools told us. Every summary and finding was carefully checked by actual people on our team - specifically, people who were there when community members shared their experiences. At least one team member who participated in collecting the information reviewed everything to make sure it accurately reflected what people actually said.

This careful checking process ensured that we didn't lose the authentic voices and experiences of community members when using technology to help analyze their input.

# Data Tables

## Avoidable ED Visit (Columbia Memorial 2024)

An avoidable Emergency Department (ED) visit refers to a visit to the emergency room that could have been prevented or managed in a less urgent setting, such as a primary care provider’s office, urgent care center, or through preventive care. These visits typically involve non-emergency conditions that do not require the specialized services of an emergency department.

Top 20 Diagnosis Groups for AED Visits	Avoidable Visits	% of Total Avoidable Visits
Columbia Memorial Hospital - 2024	916	-
Urinary Tract Infection	252	27.5%
Acute Upper Respiratory Infection	175	19.1%
Acute Pharyngitis	93	10.2%
Otitis Media, Right Ear	45	4.9%
Otitis Media, Left Ear	43	4.7%
Conjunctivitis	36	3.9%
Dorsalgia	33	3.6%
Encounter for Issue of Repeat Prescription	27	2.9%
Muscle Spasm of Back	26	2.8%
Acute Cystitis Without Hematuria	24	2.6%










Source: Columbia Memorial Hospital. (2024). Avoidable ED visit [Unpublished raw data].

## Mortality

Clatsop County has one of the two highest death rates from colon cancer in Oregon, yet residents get screened for it less than almost anywhere else in the state. Screening rates for breast, colon, lung, and cervical cancers are all below the national average.

CMH and PSH are working to increase cancer screening rates through different programs. But getting more people to participate remains difficult. Success will require ongoing community involvement, better education about cancer screening, and making these services easier to access. Working together with local organizations and community leaders will be crucial to reducing cancer deaths in the area.

### Clatsop County Leading Causes of Death

Cause of Death	Comparison Between the county and the state	Clatsop County (Crude Rate)	Oregon (Crude Rate)
Cancers		257	197
Heart Diseases		218	178
Accidents (unintentional injuries)		82	66
Brain and Circulatory System Diseases		82	66
Chronic Lung Diseases		51	47
Diabetes (type 1 and 2)		39	32
Chronic Liver Diseases		25	19
COVID-19		24	30
Intentional self-harm (suicide)		20	20

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Note: this table presents crude rates, which measure disease frequency by dividing total cases by the population size. These rates don't adjust for demographic factors like age, sex, or race that influence disease risk.

While crude rates provide a straightforward overview, they can be misleading when comparing populations with different characteristics. A retirement community will naturally show higher crude death rates than a college town due to age differences, not necessarily worse health conditions.



# Survey

## 2025 Community Health Needs Assessment (CHNA) Survey

(Online only) Haga clic en el enlace de arriba para español.

Clatsop County Public Health, Columbia Memorial Hospital, and Providence Health & Services would like to hear from you.

Please fill out this survey to let us know what is most important to you and your family. Your responses will also help us understand how we can support the community we serve.

Please answer each question as best you can and feel free to skip questions you do not want to answer. Your answers will be kept private. We are not asking for your name or any identifiable information. The survey will take approximately 20 minutes to complete.

Thank you.

### Quality of Life

Question	Response				
1. How would you rate your quality of life in Clatsop County?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
2. Pick three things that help you live healthy in Clatsop County.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Low crime in my community</li> <li><input type="checkbox"/> Good schools</li> <li><input type="checkbox"/> Access to mental health professionals</li> <li><input type="checkbox"/> Access to doctors and other health care providers</li> <li><input type="checkbox"/> Access to dentists</li> <li><input type="checkbox"/> Places to meet people and have fun</li> <li><input type="checkbox"/> Affordable places to live</li> <li><input type="checkbox"/> Affordable child care</li> <li><input type="checkbox"/> Good Jobs</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Stores with healthy food that aren't too expensive</li> <li><input type="checkbox"/> Fund outdoor activities (like parks, trails, beaches)</li> <li><input type="checkbox"/> Easy access to transportation</li> <li><input type="checkbox"/> Easy access to aid programs such as food pantries or social service programs</li> <li><input type="checkbox"/> Clean environment</li> </ul>		

## Quality of Life cont'd

Question	Response	
<p>3. Pick three things that need to be better in Clatsop County.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lower crime in my community</li> <li><input type="checkbox"/> More access to mental health professionals</li> <li><input type="checkbox"/> More access to doctors and health care providers</li> <li><input type="checkbox"/> More access to dentists</li> <li><input type="checkbox"/> More places to meet people</li> <li><input type="checkbox"/> More affordable places to live</li> <li><input type="checkbox"/> More affordable child care options</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Better schools</li> <li><input type="checkbox"/> More good jobs</li> <li><input type="checkbox"/> More outdoor activities (like parks, trails, beaches)</li> <li><input type="checkbox"/> Better public transportation</li> <li><input type="checkbox"/> Better access to aid programs such as food pantries or social service programs</li> <li><input type="checkbox"/> Cleaner environment</li> </ul>

## Health Care Access

Question	Response	
<p>4. Do you have health insurance?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No (If no, skip to question 6)</li> </ul>
<p>5. What kind of health insurance do you have? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medicaid (Oregon Health Plan (OHP))</li> <li><input type="checkbox"/> Medicare</li> <li><input type="checkbox"/> VA, TRICARE or other military health care coverage</li> <li><input type="checkbox"/> Indian Health Service (IHS)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Insurance from an employer or family member's employer</li> <li><input type="checkbox"/> Insurance that I pay for myself</li> <li><input type="checkbox"/> I do not have any health insurance now</li> <li><input type="checkbox"/> I do not know</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>6. If you do not have health insurance, why not? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> It's too expensive</li> <li><input type="checkbox"/> I do not think I need insurance</li> <li><input type="checkbox"/> I am waiting to get insurance through a job</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signing up for insurance is too confusing</li> <li><input type="checkbox"/> I have not had time to sign up for insurance</li> <li><input type="checkbox"/> Other _____</li> </ul>

Question	Response	
<p>7. How was your health care access over the last year?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We did not need health care</li> <li><input type="checkbox"/> We got all the health care we needed</li> <li><input type="checkbox"/> We got some but not all the health care we needed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> We had to delay getting the health care we needed</li> <li><input type="checkbox"/> We got no health care at all</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>8. A primary health care provider is the person you see if you need a health check-up, want advice about a health problem, or get sick or hurt. Do you have a primary care provider?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> </ul>
<p>9. Why didn't you or your family get health care when you needed it? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Too expensive</li> <li><input type="checkbox"/> Not having a main doctor</li> <li><input type="checkbox"/> Did not know where to go</li> <li><input type="checkbox"/> Could not get an appointment soon enough</li> <li><input type="checkbox"/> Clinic is not open when I can go</li> <li><input type="checkbox"/> Needed child care</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Needed transportation</li> <li><input type="checkbox"/> No doctor who speaks my language</li> <li><input type="checkbox"/> No doctor who understands my needs</li> <li><input type="checkbox"/> My family and I have not gone without health care</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>10. Can you communicate with your health care provider in the way you prefer?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If no, explain _____</li> </ul>
<p>11. Are you a caregiver for an adult or person with a disability?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<p>If yes, do you have the resources to care for them?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>

## Physical, Mental, Oral Health

Question	Response	
<p>12. Has a health care professional told you that you have any of these? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I have not been diagnosed with any health condition</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Diabetes or high blood sugar</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Heart disease</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> High blood pressure</li> <li><input type="checkbox"/> High cholesterol</li> <li><input type="checkbox"/> Post-traumatic stress disorder (PTSD)</li> <li><input type="checkbox"/> Substance use disorder</li> <li><input type="checkbox"/> Other ongoing health condition _____</li> </ul>
<p>13. In the last year, did you get care in any of these ways? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No medical care received</li> <li><input type="checkbox"/> Urgent care</li> <li><input type="checkbox"/> Emergency room</li> <li><input type="checkbox"/> Primary care</li> <li><input type="checkbox"/> Telemedicine (video visit)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Specialty care (like cardiology, psychiatry, orthopedics, or endocrinology)</li> <li><input type="checkbox"/> Primary or specialty care outside of my community</li> </ul>
<p>14. How would you rate your health in these areas?</p>		
Physical health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
Mental Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
Dental Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	
<p>15. Has a health care professional said any of your children have these? Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I do not have children</li> <li><input type="checkbox"/> My children have no health condition diagnosed</li> <li><input type="checkbox"/> Asthma</li> <li><input type="checkbox"/> Behavioral or mental health diagnosis (such as depression, anxiety, or ADHD)</li> <li><input type="checkbox"/> Diabetes or high blood sugar</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Developmental delay or a learning disability (such as autism or dyslexia)</li> <li><input type="checkbox"/> Post-traumatic stress disorder (PTSD)</li> <li><input type="checkbox"/> Other ongoing health condition: _____</li> </ul>

Question		Response
16. If you have been pregnant, did any of these apply? Skip if you've never been pregnant.		
I had enough support during my pregnancy		<input type="checkbox"/> Yes <input type="checkbox"/> No
My health provider talked about mental health and substance use		<input type="checkbox"/> Yes <input type="checkbox"/> No
I experienced post-partum depression, either diagnosed or undiagnosed		<input type="checkbox"/> Yes <input type="checkbox"/> No
I was provided information on home visiting programs		<input type="checkbox"/> Yes <input type="checkbox"/> No
I was provided information on birthing support options		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you had any of these mental health experiences in the past year? Check all that apply.	<input type="checkbox"/> More anxiety or stress <input type="checkbox"/> More depression or feeling down <input type="checkbox"/> Suicidal thoughts or self-harm	<input type="checkbox"/> More alcohol or drug use <input type="checkbox"/> Felt lonely or isolated <input type="checkbox"/> I didn't experience any of these experiences.
18. How was your experience with counseling or mental health treatment last year?	<input type="checkbox"/> I didn't need counseling or mental health treatment <input type="checkbox"/> I got all the care I needed <input type="checkbox"/> I needed support for a personal problem but didn't receive it	<input type="checkbox"/> I needed treatment for a mental health condition but didn't receive it <input type="checkbox"/> Other _____
19. Were you or others in your household get the care you needed for alcohol, tobacco or substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> If no, why were you unable to the care you needed? _____

## End of Life

Question	Response	
20. Have you completed or thought about completing these forms? Check all that apply.	<input type="checkbox"/> Advanced Directive <input type="checkbox"/> Power of Attorney for Health Care	<input type="checkbox"/> Physicians Orders for Life Sustaining Treatment (POLST) <input type="checkbox"/> Five Wishes <input type="checkbox"/> A Living Trust or Will
21. It is important to talk about end of life wishes with someone close to you or a health care provider.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

## Your Community

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
<b>Statement: My community has health care options available.</b> Think about the cost and quality of care, distance you need to travel, and availability of appointments.					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<b>My community is a good place to raise children.</b> Think about the quality and safety of school and child care, after-school programs, and places to play in your neighborhood.					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<b>My community is a good place to grow old.</b> Think about senior housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for seniors.					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<b>I feel safe in my home.</b> Think about everything that makes you feel safe, such as neighbors, presence of law enforcement, etc., and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc.					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
<p><b>My community feels safe.</b> Think about how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>My family and I are prepared for emergencies (earthquakes, weather, and other natural disasters).</b> Think about everything that makes you feel prepared, such as toolkits, smoke alarms, fire extinguishers, etc.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>People of all races, ethnicities, backgrounds, and beliefs in my community are treated fairly.</b> Think about discrimination and programs that work to increase diversity.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>People in my community can access mental health services and substance use disorder treatment.</b> Think about counseling services, support groups, and substance use disorder counseling and treatment centers.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>Healthy food is available in my community.</b> Think about restaurants, grocery stores, supermarkets, corner stores, and farmers' markets that sell fresh fruits, vegetables, lean meats and other healthy options.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>The restaurants and food carts in my community are clean and overall seem safe to eat at.</b> Think about food preparation, staff hygiene, and cleanliness of dining and service areas.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>There are places to be physically active near my home.</b> Think about parks, trails, places to walk and playgrounds.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
<p><b>I have enough financial resources to meet my basic needs.</b> Think about income for purchasing food, clothing, housing, and utilities.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK
<p><b>My community has clean air, clean water, and is free of pollution.</b> Think about wildfire smoke, drinkable water, and proper waste removal and sanitation.</p>					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> DK

## Health Related Social Needs

Question	Response
<p>23. What is the most important when picking child care or preschool for your child(ren)?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Open spots/availability for my child</li> <li><input type="checkbox"/> Cost</li> <li><input type="checkbox"/> Distance from my home</li> <li><input type="checkbox"/> Works with my schedule</li> <li><input type="checkbox"/> Quality of care</li> <li><input type="checkbox"/> Teacher to student ratio</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Respects my family's culture</li> <li><input type="checkbox"/> Centers that accommodate my child(ren)'s needs/disabilities</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p>24. In the last year, have you or anyone in your household had to go without anything from this list because you couldn't afford it?</p>	
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Utilities (water, electricity, heat)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Clothing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Personal hygiene items (soap, shampoo, toilet paper, feminine products, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable

Question	Response		
Stable housing or shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Medical care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Child care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
Dental care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

## Demographics

Question	Response	
25. What is your zip code?	<input type="checkbox"/> _____	
26. To which age group do you belong?	<input type="checkbox"/> 18-29 years <input type="checkbox"/> 30-39 years <input type="checkbox"/> 40-49 years	<input type="checkbox"/> 50-65 years <input type="checkbox"/> 66-75 years <input type="checkbox"/> 76-85+ years
27. What is your current housing situation?	<input type="checkbox"/> Own my home <input type="checkbox"/> Rent (no subsidy/ assistance) <input type="checkbox"/> Rent (with subsidy/ assistance) <input type="checkbox"/> Unhoused/homeless <input type="checkbox"/> Unhoused (living in a vehicle) <input type="checkbox"/> Hotel/motel (paid by self) <input type="checkbox"/> Hotel/motel (emergency shelter voucher)	<input type="checkbox"/> Hotel/motel (with assistance) <input type="checkbox"/> Post-fire transitional housing (camp trailer, hotel, other) <input type="checkbox"/> Short-term shelter/ transitional housing <input type="checkbox"/> Staying/living with family members <input type="checkbox"/> Staying/living with friends <input type="checkbox"/> Other _____

Question	Response	
28. What is your job status?	<ul style="list-style-type: none"> <li><input type="checkbox"/> Employed full time plus (more than 40 hours per week at one or multiple jobs)</li> <li><input type="checkbox"/> Employed full time (40 hours per week)</li> <li><input type="checkbox"/> Employed part time</li> <li><input type="checkbox"/> Seasonal, service industry, gig economy</li> <li><input type="checkbox"/> Self-employed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Retired</li> <li><input type="checkbox"/> Unable to work due to illness, injury, or disability</li> <li><input type="checkbox"/> Stay-at-home parent</li> <li><input type="checkbox"/> Unpaid caregiver/ caretaker</li> <li><input type="checkbox"/> Student</li> <li><input type="checkbox"/> Unemployed</li> </ul>
29. What was your household incomes last year before taxes? Count all sources of household income. Your best guess is fine.	<ul style="list-style-type: none"> <li><input type="checkbox"/> \$0</li> <li><input type="checkbox"/> \$1 to \$10,000</li> <li><input type="checkbox"/> \$10,001 to \$20,000</li> <li><input type="checkbox"/> \$20,001 to \$30,000</li> <li><input type="checkbox"/> \$30,001 to \$40,000</li> <li><input type="checkbox"/> \$40,001 to \$50,000</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> \$50,001 to \$60,000</li> <li><input type="checkbox"/> \$60,001 to \$70,000</li> <li><input type="checkbox"/> \$70,001 to \$80,000</li> <li><input type="checkbox"/> \$80,001 to \$90,000</li> <li><input type="checkbox"/> \$90,001 to \$100,000</li> <li><input type="checkbox"/> \$100,001 or more</li> </ul>
30. What is your educational level?	<ul style="list-style-type: none"> <li><input type="checkbox"/> Less than high school</li> <li><input type="checkbox"/> High school diploma/GED</li> <li><input type="checkbox"/> Trade school/ apprenticeship/other certificate</li> <li><input type="checkbox"/> Some college/university education (no degree)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Vocational or associate degree</li> <li><input type="checkbox"/> College/university bachelor's degree</li> <li><input type="checkbox"/> College/university post-graduate degree / certification</li> </ul>
31. This section will help us find health and service differences among people with and without functional difficulties.		
Are you deaf or do you have serious difficulty hearing?	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>

Question		Response
Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Do you have difficulty dressing or bathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Do you have serious difficulty learning how to do things most people your age can learn?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer

Question	Response	
Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Do you have someone to help you with daily tasks of living if you were to become suddenly ill, injured or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer

Question	Response
32. What language do you speak mostly at home? Skip to question 32 if you indicate English only.	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____
33. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____
34. What language would you prefer to use to read important written information such as medical, legal, or health information?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____

Question	Response				
<p>35. What is your gender identity?</p> <p>Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Woman</li> <li><input type="checkbox"/> Man</li> <li><input type="checkbox"/> Agender</li> <li><input type="checkbox"/> Cisgender</li> <li><input type="checkbox"/> Gender Queer</li> <li><input type="checkbox"/> Non-binary</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Transgender</li> <li><input type="checkbox"/> Two-spirit</li> <li><input type="checkbox"/> Prefer not to answer</li> <li><input type="checkbox"/> Prefer to self-describe</li> </ul> <hr/>			
<p>36. What is your sexual orientation?</p> <p>Check all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Aromantic or asexual</li> <li><input type="checkbox"/> Bisexual</li> <li><input type="checkbox"/> Gay</li> <li><input type="checkbox"/> Heterosexual or straight</li> <li><input type="checkbox"/> Lesbian</li> <li><input type="checkbox"/> Pansexual</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Queer</li> <li><input type="checkbox"/> Questioning</li> <li><input type="checkbox"/> Prefer not to answer</li> <li><input type="checkbox"/> Prefer to self-describe</li> </ul> <hr/>			
<p>37. What is your race? Check all that apply.</p>					
<p>Black and African American</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African American</li> <li><input type="checkbox"/> Afro-Caribbean</li> <li><input type="checkbox"/> Ethiopian</li> <li><input type="checkbox"/> Somali</li> <li><input type="checkbox"/> Other African (Black)</li> <li><input type="checkbox"/> Other Black</li> </ul>	<p>American Indian and Alaska Native</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alaska Native</li> <li><input type="checkbox"/> American Indian/Native American</li> <li><input type="checkbox"/> Canadian Inuit, Metis or First Nation</li> <li><input type="checkbox"/> Indigenous Mexican, Central American or South American</li> </ul>	<p>Native Hawaiian and Pacific Islander</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chamoru (Chamorro)</li> <li><input type="checkbox"/> Communities of the Micronesia Region</li> <li><input type="checkbox"/> Marshallese</li> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Samoan</li> <li><input type="checkbox"/> Other Pacific Islander</li> </ul>			
<p>Hispanic and Latino/a/x</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Central American</li> <li><input type="checkbox"/> Mexican</li> <li><input type="checkbox"/> South American</li> </ul> <p>Other Hispanic or Latino/a/x</p>	<p>White</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eastern European</li> <li><input type="checkbox"/> Slavic</li> <li><input type="checkbox"/> Western European</li> <li><input type="checkbox"/> Other White</li> </ul>	<p>Other</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>			
<p>Asian</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Communities of Myanmar</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Filipino/a</li> <li><input type="checkbox"/> Hmong</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> South Asian</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian</li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Communities of Myanmar</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Filipino/a</li> <li><input type="checkbox"/> Hmong</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> South Asian</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Communities of Myanmar</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Filipino/a</li> <li><input type="checkbox"/> Hmong</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> South Asian</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian</li> </ul>			

Question	Response	
<p>38. If you checked more than one race above, is there one you think of as your primary racial or ethnic identity?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No. I identify as Biracial or Multiracial.</li> <li><input type="checkbox"/> No. I do not have just one primary racial or ethnic identity.</li> <li><input type="checkbox"/> Not applicable. I only checked one category above.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Don't know</li> <li><input type="checkbox"/> Prefer not to answer</li> <li><input type="checkbox"/> Yes. Please identify</li> </ul> <hr style="width: 20%; margin-left: 0;"/>

## End of survey (Electronic)

On the thank you screen...

If you would like to make a public comment about the current Community Health Assessments and Community Health Improvement Plans, please click these links:

Columbia Memorial Hospital: [Community Health Needs Assessment | Columbia Memorial Hospital](#)

Providence: [Community Benefit Annual Report: CHNA and CHIP | Providence](#)

**Thank you for completing the 2025 Community Health Needs Assessment (CHNA) survey.**

# Community Resources Available

The health care system is actively responding to the critical needs raised by the community through the expansion of services and collaboration with community partnerships. The following are examples of specific resources and programs, organized by theme, that are working to address needs.

The community identified these resources through interviews and focus groups, and this is not an exhaustive list of programs in Clatsop County.

## Community Engagement and Support

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**Community Partnerships:** CMH is collaborating with organizations to support Hispanic/Latino patients with financial assistance and care coordination.

**Workforce Development:** Supporting local health care education through community college partnerships.

**Volunteer Programs:** Offering volunteer opportunities and conducting community health assessments.

## Health Care Access and Availability

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**Multiple Health Care Facilities:** Hospitals and medical clinics have expanded, improving local access to health care and reducing the need for residents to travel to larger cities for basic medical care. This includes the in-process expansion of Columbia Memorial Hospital in Astoria. Over the past five years, CMH's Behavioral Health and Care Management Department has grown more than three times its original size. The department now has more than 15 social workers providing care to inpatients and outpatients across the organization. CMH also employs a psychiatric mental health nurse practitioner, who serves in the Astoria and Seaside Primary Care Clinics.

**Emergency Capabilities:** In 2025, CMH's

emergency room was certified as a Level 3 trauma center, enabling more emergency patients to receive advanced care locally rather than requiring immediate transfer.

**Rural Hospital Advantages:** Rural hospital status provides some additional funding and facilitates partnerships with larger hospitals, improving access to specialized care.

## Expanding the Health Care Provider Network

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**Yakima Valley Farm Workers Clinic:** Offers bilingual staff and expanded pharmacy and mental health services, specifically designed to support Latino patients with culturally competent care.

**In-Home Health Care:** Comprehensive in-home visit services are available for qualifying individuals who complete assessments, providing crucial support for families and individuals needing care in their homes.

**Telehealth Integration:** Mental health telehealth services are available, expanding access to behavioral health support beyond geographic constraints.

Columbia Memorial Hospital (CMH) has established a robust telemedicine connection with Oregon Health & Science University (OHSU), enabling real-time consultations with specialists in various fields. This includes Tele-Stroke, Tele-NICU, and Tele-ICU services, which enhance CMH's ability to provide specialized care to patients in need.

Through these connections, CMH providers can seamlessly collaborate with OHSU experts, improving patient outcomes and ensuring that residents of Clatsop County have access to critical, high-level care in our community.

## Provider Recruitment and Retention Efforts

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**Temporary Housing Support:** CMH provides temporary housing for health care providers, addressing the critical housing shortage that affects provider retention.

**Bilingual Provider Recruitment:** Active efforts to recruit bilingual and Latino health care providers, though progress is hindered by housing affordability and salary competitiveness.

**Interpretation Services:** CMH covers costs for professional interpreters and employs bilingual staff who actively advocate for Hispanic and Latino patients.

## Community-Based Organizations

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**Clatsop Community Action (CCA):** Provides extensive support services, including bill payment assistance, appointment scheduling, advocacy, transportation coordination, and housing programs with up to one year of rent coverage for eligible individuals facing domestic abuse or chronic homelessness.

**Latino-Serving Organizations:** Consejo

Hispano and El Centro Northwest offer specialized support services tailored to the Latino community's cultural and linguistic needs.

**Broad CBO Network:** Multiple community-based organizations (CBO) provide diverse support services addressing various community needs from basic assistance to specialized programs.

## Strategic Partnerships and Coalitions

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**CHART Coalition:** Local partnership that pools resources and coordinates efforts to address community needs systematically, demonstrating effective collaborative governance.

**Multi-Sector Collaboration:** Strong working relationships among hospitals, health departments, schools, and community-based organizations are particularly effective during emergencies like the COVID-19 response.

**Health Care Education Partnerships:** Hospital collaboration with community colleges for workforce development, creating pathways for local health care career development.

## Emergency Response and Community Resilience

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**Volunteer Emergency Services:** Volunteer-driven emergency services and community

initiatives play significant roles in meeting immediate community needs.

**Crisis Response Capacity:** Proven ability to mobilize collaborative resources during emergencies, as demonstrated during pandemic response.

## Comprehensive Food Assistance Network

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**Multiple Food Pantries:** Network includes general food pantries and specialized services such as college student food pantries, addressing diverse population needs.

**Mobile Food Services:** CCA operates mobile produce pantries that bring fresh food directly to underserved areas, improving geographic access to nutritious options.

**Food Distribution Events:** Regular community action-organized food distribution events create predictable access points for food assistance.

## Institutional Food Support

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**School-Based Programs:** School districts operate summer feeding programs with strategically located pickup spots, ensuring children maintain access to nutritious meals during school breaks.

**Vulnerable Population Support:** Meals on Wheels program delivers food to individuals unable to access pantries or stores, specifically supporting homebound and mobility-limited residents.

## Market-Based Food Access

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**SNAP Integration:** Local co-ops and farmers' markets accept SNAP cards, significantly increasing access to healthy, fresh food for low-income residents.

**Local Food Systems:** North Coast Food Web and local farms provide Community Supported Agriculture (CSA) programs and fresh produce options, connecting residents with local food sources.

**Economic Food Access:** Integration of public benefits with local food systems creates sustainable access to nutritious food options.

## Comprehensive Financial Assistance

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**Multiple Support Programs:** Cash assistance, food stamps, and flexible programs like Open Door provide both financial and practical support, including transportation and access to health care professionals.

**Utility and Housing Support:** Social workers assist with utility bills, rent payments, and transportation for medical travel, including out-of-county specialist appointments.

**Self-Sufficiency Programs:** Job skills training, resume assistance, and life skills classes help individuals develop long-term economic stability and transition off assistance programs.

## Specialized Population Support

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**Senior Services:** Senior centers serve as key community hubs offering information, activities, social connections, and comprehensive support services for older adults.

**Veteran Support:** Well-supported veteran services with dedicated resources and strong community backing.

**Youth and Family Services:** Early intervention services provide physical, speech, and occupational therapy for children, complemented by community baby showers and perinatal health initiatives. LGBTQIA+ youth have a drop-in community center and local community events.

## Housing and Shelter Resources

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**Affordable Housing Initiatives:** New county-endorsed programs specifically aimed at increasing housing availability and affordability for residents.

**Expanded Shelter Capacity:** Shelters, including Lifeboat, Helping Hands, Seaside shelters, and The Harbor, have increased capacity to accommodate people experiencing homelessness.

**Specialized Housing Programs:** CCA housing programs offer extended support, including up to one year of rent coverage for specific vulnerable populations.

## Medical Transportation Services

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**CCA Transportation Coordination:** Arranges transportation for medical appointments, including out-of-county surgeries, with support from Medicaid and similar programs.

**Social Service Transportation:** Open Door and social workers provide transportation support for essential activities like retrieving belongings and attending appointments.

**Health Care Access Integration:** Transportation services specifically designed to connect residents with health care, recognizing transportation as a critical health access barrier.

## Bilingual Staffing

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**Multi-Agency Bilingual Support:** Bilingual staff present in WIC, health departments, Yakima Valley Farm Workers Clinic, and hospital settings, improving communication and service delivery quality.

**Patient Advocacy:** Bilingual health care providers who actively advocate for Hispanic and Latino patients, ensuring cultural needs are addressed in care delivery.

## Interpretation Services

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**Free Professional Services:** Interpreter and translation services are provided at no charge in health care and community organizations, with active education about

legal rights to these services.

**Multiple Delivery Methods:** Video and phone interpretation are available when in-person interpreters are unavailable, though effectiveness varies by situation and individual preferences.

## Community-Based Mental Health

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**Clatsop Behavioral Health Care (CBH):** Established behavioral health services with community organization partnerships offering mental health support.

**Alternative Justice Programs:** Diversion and deflection programs provide treatment-focused alternatives to criminal charges for substance use and mental health issues, emphasizing rehabilitation over punishment.

**Telehealth Mental Health:** Remote mental health support options expanding access beyond geographic limitations.

## Information Sharing and Resource Navigation

### Community Information Systems

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**Resource Documentation:** Distribution of resource booklets, informational materials, and comprehensive guides (such as the 'white book') to inform residents about available programs and services.

**Targeted Outreach:** Educational events by community organizations specifically designed to increase resource awareness, particularly for Limited English Proficiency (LEP) patients and marginalized groups.

**Volunteer Programs:** Hospital and community volunteer opportunities that create additional community engagement and support networks.

## Recreation and Community Wellness

### Outdoor Spaces

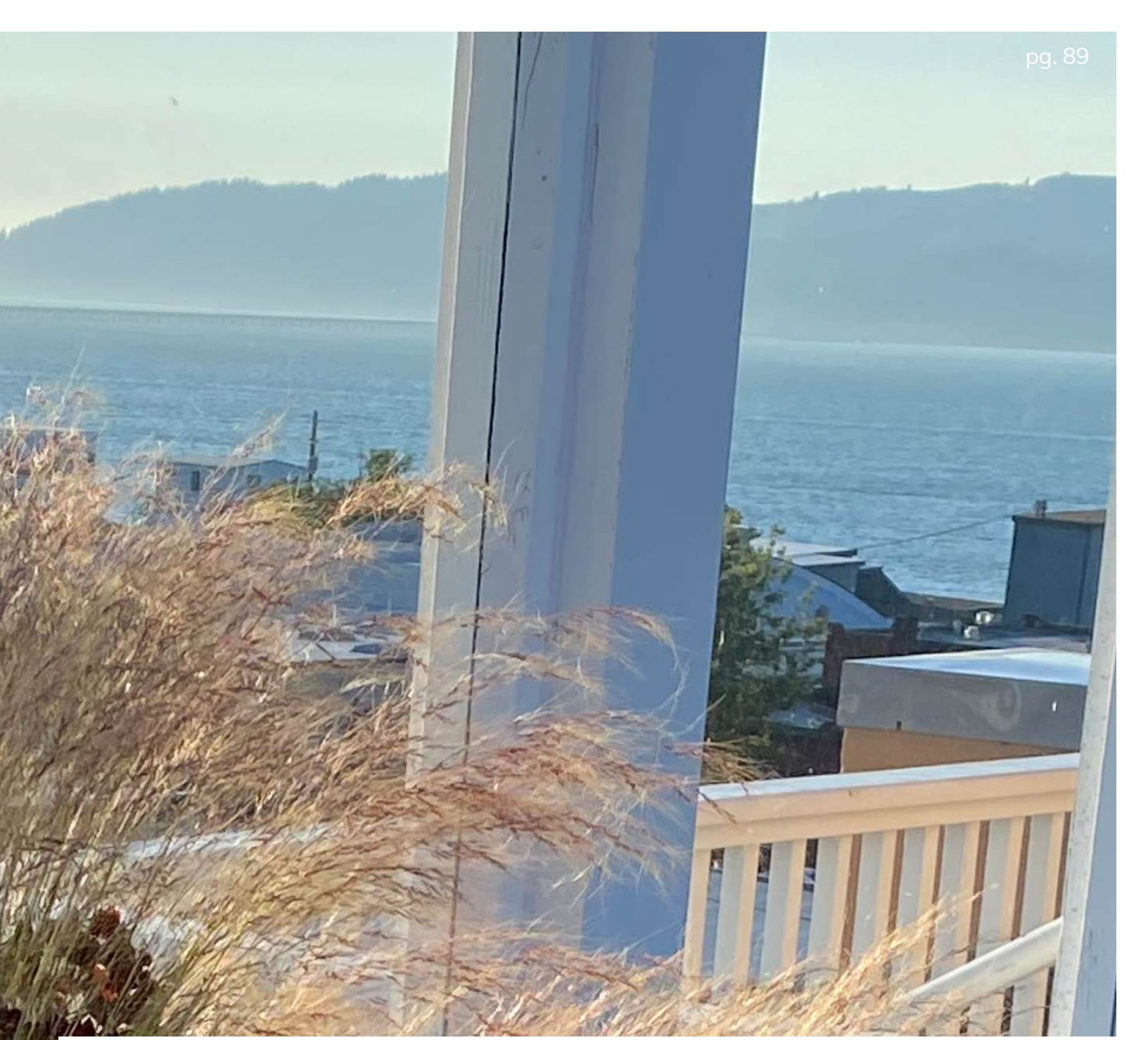
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**Green Space Network:** Numerous parks, river walks, and green spaces that support physical activity, mental health, and overall community wellbeing.

**Recreational Infrastructure:** Existing recreational facilities that contribute to community health, with recognized potential for expansion.

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# Thank You

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**We appreciate you taking the time to read about our community's health.**