



Looking Ahead

Looking Ahead

For the past three years, HCWC has partnered with people and organizations in the community and evaluated data to learn about the health and lived experiences of the quad-county region. This closing section contains the key takeaways from this work.

Community Strengths

Listening session and town hall participants described their communities as resilient, connected, and community-oriented. Participants described a wealth of resources that, if provided, can help people thrive.

Town hall and listening session participants mentioned the following as community assets:

- Organizations providing resources for the houseless and housing insecure
- Resources for low-income families
- Organizations providing supplementary food
- Community organizations, such as those providing professional development training, culturally specific resources, job postings, and community programs
- Community health workers' engagement in their communities
- Multicultural centers
- Safe spaces at schools
- LGBTQ+ organizations
- Culturally-specific programs
- Fundraising to help keep their communities clean and safe

Resources such as **food banks, emergency shelters, low-cost clinics, and services** that help to pay utility bills are necessary and beneficial, but there is a need for more continuity in these services so community members can understand how to access these resources effectively. Community members described needing consistency in these support services rather than having them only on an emergency/episodic basis.

Transportation was another strength and need identified through town halls and listening sessions. Those who live closer to central public transportation noted it was a great strength, while those outside of Portland metro area—especially those in rural areas—emphasized lack of transportation options as an area for improvement.

Calls to Action

HCWC identified nine core issues needing attention in the quad-county region, with discrimination, racism, and trauma as the overarching issues that must be considered when addressing the other core issues.

Discrimination and Racism

Discrimination and racism adversely affect all areas of people's lives and health, and the health of their communities.

Communities that are not white and not of the dominant culture have faced extensive discrimination and racism at every level, historically and today, in both overt and implicit ways, from education to employment and income levels to housing security and health.

Communities of color have higher rates of chronic diseases and poorer health outcomes compared with other groups. Experiences of racism and collective historical trauma in institutional settings, including health care, have created a culture of distrust. Misunderstandings and poor communication contribute to a lack of trust in institutions that are supposed to address and support their needs.

Lack of Safety

Communities of color, immigrants and refugees, and LGBTQ+ participants described fears and experiences of discrimination and racial profiling by the police, which leads them to feel unwelcome in certain areas, including their own neighborhoods. There is also fear of deportation by the Immigration and Customs Enforcement agency.

Additionally, participants discussed an inability to exercise outdoors or let their kids play in the park, not only because of fear of deportation or racial profiling, but due to factors such as large amounts of trash in their neighborhoods, vandalism, and presence of drug use in their community.

Gentrification

Gentrification significantly impacts communities and displaces community members. Many who originally occupied neighborhoods have been pushed out of their historic communities. This disrupts communities, businesses, relationships, and other sources of support as people are forced to the margins of an area—or out of their communities altogether. This displacement is one of many significant community stressors. (See Housing below, under Access to Resources.)

Lack of Representation

People want to see more of themselves and their communities reflected in the institutions that are supposed to be there to serve them, including local government, health care providers, and community organizations.

Lack of Representation and Accurate Data

Fears of surveillance and a lack of transparency in data hinder equitable data collection for immigrant communities, refugee communities, and communities of color.

Communities of color, the LGBTQ+ community, immigrants and refugees, and women and children all experience morbidities (rates of diseases), mortalities (deaths), and stressors that influence social determinants of health.

Due to small population sizes, and mistrust of data collection processes, these communities are often misrepresented, inaccurately accounted for, or completely absent in quantitative data.

- Better tracking for outcomes in communities of color is needed, as well as focus on qualitative data collection methods and community narratives (for example, listening to community members describe their experiences).

Challenges for Immigrants and Refugees

Participants in the listening sessions for immigrants and refugees described experiencing financial challenges due to discrimination and cultural misunderstandings, such as absence of credit history to assist in financial endeavors. Although many came to the United States with transferrable job skills and education from their home countries, their credentials were not transferrable. This hurdle often required finances to fund additional education or a switch in careers.

Trauma

Toxic stress and trauma affect every aspect of a person's health and well-being. These issues often begin in childhood and frequently continue through to adulthood, affecting the health and well-being of many in the region.

Generational trauma and toxic stress are often not well understood in dominant culture communities and can be dismissed or ignored. In fact, generational trauma can often cause actual genetic changes for those who experience it, leading to higher risk of chronic health conditions, housing insecurity, mental health issues, and substance use disorders. It is important to note that childhood experiences of trauma, discrimination, racism, and biases produce a cycle of difficult circumstances—financial, social, and psychological—that is difficult to break.

More awareness and understanding of how trauma impacts people's lives is needed in all areas of health care, as well as in the larger community narrative and understanding.

Areas for improvement:

- Trauma-informed policies, health care, and resources can serve as protective factors to counteract the impact of toxic stress and trauma on health.
- Support for policies and programs that provide “wraparound” services (holistic, family-driven) to families and other impacted populations.

Health Outcomes

Behavioral Health

Participants often mentioned the lack of mental health providers who look like them or identified with their identities and experiences (see Discrimination and Racism and Culturally Responsive Care). This disconnect between the providers' and participants' experiences made accessing mental health care challenging.

Areas for improvement:

- Ensuring access to mental health services and resources for residents who may not have health insurance
- Greater access to mental health resources, such as more providers, school-based interventions, and family-focused programs
- Greater emphasis on preventive care and screening for mental health conditions
- Addressing stigmas associated with mental health treatment
- Culturally and linguistically competent mental health services (see more areas for improvement under below)

Chronic Conditions

Chronic disease accounts for two-thirds of emergency medical conditions and roughly 80% of all health care costs.

Participants frequently mentioned how comprehensive, accessible health care and access to peer navigators and **community health workers** (see below) could help reduce chronic conditions in the region.

Areas for improvement:

- Access to comprehensive health care
- More peer navigators and community health workers
- More preventive resources and education to improve chronic condition self-management
- Multi-generational lifestyle change programs

Sexually Transmitted Infections

Rates of two STIs, chlamydia and gonorrhea, have increased in the quad-county region.

Areas for improvement:

- More comprehensive sex education and access to sexual health resources (mentioned by youth during listening sessions)
- Of note, this issue was addressed more directly by youth and hardly mentioned in adult listening sessions. There may be opportunity here to raise awareness and/or address a barrier/embarrassment factor that prevents it from being overtly introduced in a group session (where that was not the main topic).

Social Factors

Access: Health Care, Transportation and Resources

Access to Health Care

Even though most of the quad-county region has health insurance coverage, community members face challenges related to coverage and cost. Over 10% of the population in every county reported not being able to access health care services due to cost.

Areas for improvement:

- Access to comprehensive, holistic, and integrated health care
- Access to alternative therapies such as acupuncture, massage therapy, counseling services, naturopathy, and chiropractic services
- More peer navigators and community health workers
- Improving health literacy: poor general literacy often means poor health literacy, which puts people at risk for mismanaging medications and misunderstanding treatment protocols

Access to Transportation

For many residents without a vehicle, public transportation in the Portland metro area helped to connect them to resources, community spaces, grocery stores, and medical care, and helped to get them to work. However, for those living outside a transportation hub, the lack of public transportation reduced their access to medical services, healthy food, and quality housing, among other things important to healthy living.

Areas for improvement:

- Multiple services in one location (e.g., health care and complementary support services)
- More public transportation options (see Isolation below for more)

Access to Resources

Areas for improvement related to community resources, funding:

- More and consistent/reliable funding for community-based organizations
- More collaborative resource hubs
- Increased awareness of available community resources (both for community members and between community service provider organizations)
- Assistance navigating various, often disconnected, resources—more **peer navigators and community health workers**

Areas for improvement related to housing:

- Increased emergency, temporary, and transitional shelter or alternative housing
- Financial counseling
- Addressing underlying issues that have contributed to a person's unstable housing situation, including
 - Economic instability
 - Discrimination and racism
 - Past trauma
 - Mental health issues
 - Other health conditions

Areas for improvement related to economic stability:

- Access to financial counseling and job assistance
- No-cost, school-based interventions and family-focused community center programs to provide access to resources to help community members establish and achieve economic stability
- Investment in community-centered small businesses, particularly family-oriented and culturally specific businesses, which will encourage economic growth and financial security for all community members.

Areas for improvement for children and families:

- Safe outdoor recreation spaces
- Resources to help engage children in conversations about substance abuse, mental health, school safety, and bullying

Areas for improvement for immigrants and refugees:

- Addressing long-term needs, not just the immediate needs of immigrants and refugees

Areas for improvement for "transitional age" youth:

- More services for transitional age youth
- Daytime programs for youth who are housing insecure

Community Representation

Areas for improvement:

- Institutional solutions and shared power in decision making (their voices being heard, having input on policy, etc.)
- Greater cultural awareness in health care and more culturally specific providers (see below)
- More spaces supporting intersectional communities and community gathering places near their homes

Culturally Responsive Care

Areas for improvement:

There is a need for more **bilingual and bicultural providers** and **community health workers** to facilitate, advocate for and empower communities.

Other ways for care to become more culturally responsive include:

- More culturally relevant, long-term services that focus on comprehensive, community-oriented programs emphasizing holistic health and preventive health care services
- Access to emergency services in languages other than English
- Culturally and linguistically competent mental health services
- Accurate translations of informational materials in non-English languages
- Certified training programs for Arabic-speaking community health workers
- Multi-generational and culturally specific resources to help parents succeed

Isolation

Physical and cultural isolation was identified throughout the region as a core issue, with rural community members noting the difficulty in accessing services in their communities and having to travel long distances for services.

Geographic isolation

For those living in rural communities, as well as those who may live in urban areas but face limitations in accessing services.

Areas for improvement:

- More mobile medical units
- Options of virtual appointments
- More medical outreach (for example, to those experiencing houselessness)

Social isolation

Areas for improvement:

- More social outreach
- Shared community spaces and resources