

MID-COLUMBIA MEDICAL CENTER

2022 Community Health Needs Assessment Executive

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- A collaboration between C3NA and C316 will maximize collective resources available for improving health in the region
- The rest of this document illustrates our collaborative effort and our shared recognition of the greatest needs in the Columbia) or ' e Re' ion#

The 2000 C3NA was approved by the) or ' e C3NA Collaborative on November 22, 2000 and made public available by December 2000#

COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Using quantitative and qualitative data through a mixed-methods approach we 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, and the Roadmap to End the COVID-19 Vaccine Tragedy and the U.S. Census. These sources provided insight into public health data regarding behavioral risk factors, morbidity, and mortality rates of vaccination, illness, and death, and hospital-level data. To better understand the unique experiences and knowledge of community members, we conducted focus group sessions with African American community members who are from diverse communities, and/or are low-income, and/or are medically underserved. All community input was collected between April and June of 2020. We also conducted a stakeholder interviews with a representative from our organization that serve these populations, specifically see, in the main deeper understanding of community strengths and opportunities. In addition, the Oregon CNA Collaborative conducted an online and paper community health survey in English and Spanish that reached 1027 residents. Some findings include the following:

The primary strength identified by stakeholders was the collaboration and relationships between local organizations. Examples of this include the Bridges

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MEASURED) OUR SUCCESS: RESULTS FROM
THE 2010/2011 AND 2011/2012

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