



**Shriners Hospitals**  
for Children® — Portland

# 2019 Community Health Needs Assessment: Report & Action Plan

Shriners Hospitals for Children® — Portland

*Prepared by:*

The Shriners Hospitals for Children – Portland  
Community Benefits Council & OHSU Master of Science  
in Healthcare Management Capstone Team



***Our mission:***

Shriners Hospitals for Children — Portland has a mission to:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide the education of physicians and other healthcare professionals.
- Conduct research to discover knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

***Our vision:***

Become the best at transforming children's lives by providing exceptional healthcare through innovative research in a patient and family-centered environment.

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## Introduction

Since 1922, North America-based Shriners Hospitals for Children® has been helping children in need of pediatric orthopaedic, cleft lip & palate repair, and burn scar revision. The network of pediatric hospitals provides world-class, compassionate medical care regardless of the families' ability to pay. Care is provided to all children without regard to race, color, creed, sex or sect.

Shriners Hospitals for Children – Portland is part of this healthcare system. For over 95 years, the Portland Shriners Hospital has been providing pediatric orthopaedic care in the Pacific Northwest. In 1983, the hospital moved from its original location in Northeast Portland to its current location on Marquam Hill. Since the move, the hospital has experienced tremendous growth in all areas of patient care services.

Currently, the hospital is equipped to provide care for virtually all pediatric orthopaedic conditions from sports injuries to the more complex cases including scoliosis, clubfoot and other foot deformities, hand and hip deformities, and orthopaedic conditions related to cerebral palsy and spina bifida, among many other conditions. The hospital also offers services in the areas of burn scar reconstructive surgery and cleft lip and palate (CLP) repair and reconstruction.

The mission of the Portland Shriners Hospital is to provide the highest quality care to all children within a compassionate, family-centered and collaborative care environment. By consistently maintaining and investing in current programs, this hospital addresses, and will continue to support, the health needs of the local community.



**Dereesa Reid, MBA**  
Administrator

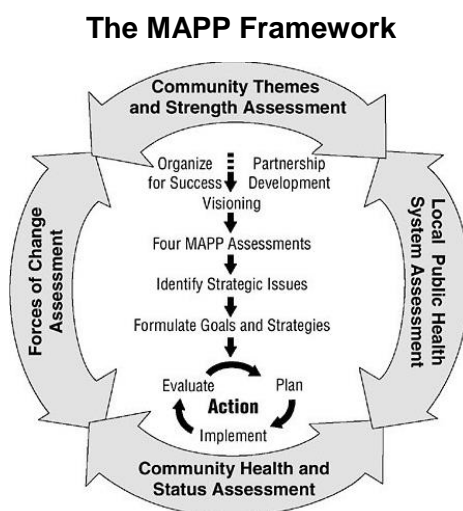


**Matt Bernstein, M.D.**  
Chief of Staff

## Background

### Methodology

Portland Shriners Hospital utilized the *Mobilizing for Action through Planning and Partnerships* (MAPP) model as a foundation to conduct this Community Health Needs Assessment. The MAPP model leverages health data along with community input to identify the most pressing community health issues.



*Developed by the National Association of County & City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC)*

<https://www.ncbi.nlm.nih.gov/books/NBK221247/>

Community input was obtained via a survey (see Exhibit 1), which was created and distributed both electronically and in paper form to a variety of local organizations including churches of various denominations, little leagues and youth sports associations, public schools and educational service districts, missions and family resource centers, county health departments, food banks, free and reduced healthcare clinics, and the Oregon Public Health Division. The survey asked respondents to indicate if they serve children who have unmet medical needs, and if so, to specify the services that are lacking.

A multitude of pre-existing resources provided additional health data utilized for this assessment. These resources are identified throughout the report and in the *Acknowledgements* section.

## Prioritization of Needs

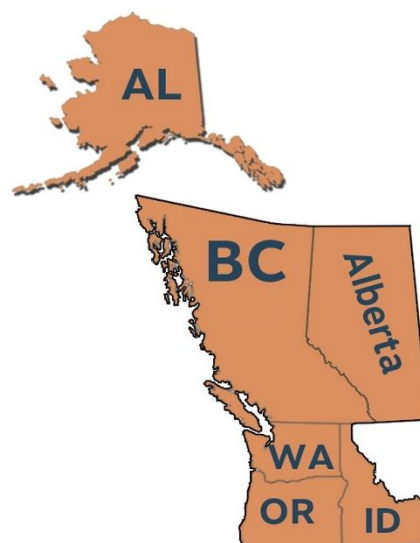
Once top medical need areas were identified through both the survey and secondary (pre-existing) research, the hospital's Community Benefits Council reviewed the need areas and identified where the hospital could have the greatest impact given organizational capacity and infrastructure. Current collaborations were also taken into consideration as they relate to the identified area of need. The council then outlined potential actions to address priority need areas, which are detailed under the *Priority Needs & Action Plan* section below.

## Community Profile

### Service Area

Care provided by the Portland Shriners Hospital spans across an extremely wide area (see map), including Oregon, Washington, Alaska, Idaho, Alberta and British Columbia, Canada. Given that the greatest share of patients are from Oregon and Washington (93.9% in 2018), this assessment focused on communities located in the immediate Portland-metropolitan area. This includes Multnomah, Washington, and Clackamas Counties in Oregon, as well as Clark County in the State of Washington.

Shriners Hospitals for Children –  
Portland Service Area



### Population

According to the United State Census Bureau, the population of the four county Portland-metropolitan area was an estimated 2,283,818 in 2017.<sup>1</sup> This estimation represented an average growth rate of 10.6% since the 2010 Census (see Core Service Area: County Demographics, pg. 8). Population growth is expected to remain strong in upcoming years. According to Population Estimates and Reports published by the Population Research Center at the College of Urban & Public Affairs of Portland State University, Clackamas, Multnomah, and Washington Counties are the three most populous counties in the local area, and they experienced the largest gains in population.<sup>2</sup> The report also indicates that

<sup>1</sup> United States Census Bureau. State & County QuickFacts. <https://www.census.gov/quickfacts>. Accessed April 3, 2019.

<sup>2</sup> Portland State University. Populations Estimates and Report. (2017) <https://www.pdx.edu/prc/population-reports-estimates>. Accessed April 3, 2019.

the two factors contributing to population growth of the Portland-metropolitan area include “natural increase (the number of births minus the number of deaths) and net migration (people moving in minus people moving out).”<sup>2</sup>

From 2016 to 2017, Multnomah and Washington Counties each added more than 12,000 residents, while Clackamas County added just over 8,000 new residents.<sup>2</sup> Between 2017 and 2018, population growth among Oregon’s three most populous counties decreased slightly: Multnomah and Washington Counties each gained more than 10,000 residents, while Clackamas County added just over 6,000.<sup>2</sup> According to U.S. Census Bureau data, Multnomah County had the largest population in 2017 (807,555), while Clark County in Washington State experienced the greatest growth rate (11.6%).<sup>1</sup> Additionally, 91.9% of residents have at least a high school diploma while 37.7% possess at least a four-year college degree.

Children and teens under the age of 18 comprise, on average, 22.1% of the local area population, indicating a strong need for medical services that cater to this age group. Furthermore, this demographic is expected to continue experiencing strong growth over the next several years, with children ages 0 – 17 making up an estimated 19.8% of the local area population by 2023 (Truven Health Analytics, Exhibits 2 – 5).

### **Race and Ethnicity**

While the race and ethnicity of all four counties in the Portland-metropolitan area is predominantly White (non-Hispanic/Latino), the demographics of the population continue to diversify. In 2017, the primary service area for the Portland Shriners Hospital was 74.1% White, 11.7% Hispanic/Latino, 7.1% Asian/Pacific Islander, 3.0% African American and 1.2% American Indian/Alaska Native.<sup>1</sup> The largest minority group, the Hispanic/Latino population, was represented most strongly in Washington County, where 16.8% of the population reported being of Hispanic/Latino descent. Washington County also reported the highest percentage of households with a primary language other than English (24.3%).<sup>1</sup>

**Core Service Area: County Demographics**

	<b>Clackamas County, OR</b>	<b>Multnomah County, OR</b>	<b>Washington County, OR</b>	<b>Clark County, WA</b>
<b>Total Population</b> <sup>1</sup>	412,672	807,555	588,957	474,634
Population Growth % Change (4/1/10 -7/1/17)	9.8%	9.8%	11.2%	11.6%
<b>Age</b> <sup>1</sup>				
Under 5 years	5.5%	5.6%	6.2%	6.2%
Under 18 years	21.7%	19.1%	23.3%	24.3%
<b>Race/Ethnicity</b> <sup>1</sup>				
White, non-Hispanic	82.0%	69.9%	65.9%	78.5%
African American	1.1%	6.0%	2.4%	2.3%
American Indian/Alaska Native	1.1%	1.4%	1.1%	1.1%
Asian/Pacific Islander	4.6%	7.9%	10.9%	4.8%
Hispanic/Latino	8.7%	11.6%	16.8%	9.7%
<b>Education</b> <sup>1</sup>				
High school graduate or higher	93.2%	91.0%	91.3%	92.0%
Bachelor's degree or higher	35.4%	43.8%	42.4%	29.0%
<b>Employment</b>				
Unemployment rate <sup>3</sup>	3.7%	3.6%	3.5%	5.1%
<b>Income</b>				
Median Household Income <sup>1</sup>	\$72,408	\$60,369	\$74,033	\$67,832
% of children in poverty <sup>3</sup>	10.0%	17.0%	9.0%	14.0%
% of children in single parent households <sup>3</sup>	23.0%	32.0%	23.0%	26.0%
<b>Other</b> <sup>1</sup>				
Language other than English spoken at home	12.1%	20.0%	24.3%	14.9%

**Economic Profile**

Unemployment has continued to decline in the years since the Portland Shriners Hospital's 2016 Community Health Needs Assessment. Data from the Robert Wood Johnson Foundation indicate that all four counties within the primary service area have seen a reduction in unemployment rates. Clark County still reports the highest unemployment rate (5.1%), followed by Clackamas County (3.7%), Multnomah County (3.6%), and Washington County (3.5%).<sup>3</sup> On average, the four counties have seen a 14% increase in median household income since the last assessment. Currently, Washington County reports the highest median income (\$74,033),

<sup>3</sup> Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. [www.countyhealthrankings.org](http://www.countyhealthrankings.org). Accessed April 3, 2019.



followed by Clackamas County (\$72,408), Clark County (\$67,832) and Multnomah County (\$60,369).<sup>3</sup>

Also encouraging, the percentage of children living in poverty dropped across the Portland-metropolitan area over the past three years. In Multnomah County, this indicator decreased from 23.0% to 17.0%.<sup>3</sup> Across the other three counties, percentages decreased anywhere from 1 – 5%.<sup>3</sup> These results were reinforced in the Annie E. Casey Foundation’s 2018 *Kids Count Profile*, which found that the number of Oregon children living in poverty dropped from 22% in 2010 to 17% in 2016.<sup>4</sup>

Despite unemployment rates reaching all-time lows within the state, Oregon does continue to struggle on this indicator, due in part to rising housing costs. The median home price in Portland is more than twice the national average, while the average rent for a two-bedroom apartment has increased to approximately \$2,500 a month.<sup>5 6</sup>

As shown through numerous research studies, socioeconomic characteristics, such as those listed above, have a strong association with individual health outcomes including infant mortality, birth-weight, mental health, and cardiovascular status. The importance of parental resources and behavior in children’s health is also evident in the large socioeconomic differences that exist in children’s health outcomes. Children in the United States fare less well across a broad range of health outcomes if their parents are poor, less educated, or in poor health themselves.<sup>7</sup> Finally, children in lower-income families are more likely to develop a

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<sup>4</sup> Annie E. Casey Foundation. 2018 *Kids Count Profile: Oregon*.

[https://www.aecf.org/m/databook/2018KC\\_profiles\\_OR.pdf](https://www.aecf.org/m/databook/2018KC_profiles_OR.pdf). Accessed April 30, 2019.

<sup>5</sup> Perry, Douglas. *The Oregonian*. Portland Neighborhoods Increasingly Out of Reach for Renters, ‘Housing Instability’ Grows. Published February 2018.

[https://www.oregonlive.com/trending/2018/02/portland\\_neighborhoods\\_increas.html](https://www.oregonlive.com/trending/2018/02/portland_neighborhoods_increas.html). Accessed April 30, 2019.

<sup>6</sup> *Portland Housing Bureau*. State of Housing in Portland 2018. <https://www.portlandoregon.gov/phb/article/707182>. Accessed April 30, 2019.

<sup>7</sup> Case, Anne & Paxson, Christina (2002). Parental Behavior and Child Health. *Health Affairs, Volume 21(2)*, 164 – 178. Accessed April 3, 2019.

variety of serious chronic health problems and, for those children with a given chronic condition, poor children on average have worse health outcomes.<sup>8</sup>

### County Health Rankings

Developed via collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the *County Health Rankings & Roadmaps* program is designed to provide an annual look at vital health factors across the nation on a county-by-county basis. The “overall health” assessment measures a variety of factors including health behaviors, access to clinical care, socioeconomic variables, and the physical environment.

According to the most recent ranking which evaluated 35 counties in Oregon, Washington County ranked number 1 for overall health, followed by Clackamas County (#4) and Multnomah County (#6).<sup>3</sup> As observed in the 2016 assessment, Clark County in Washington State came in slightly lower for overall health factors, ranking #11 out of 39 total counties in the state.<sup>3</sup>

Of note since the last needs assessment, there has been a significant drop in uninsured individuals. Whereas all four counties reported double-digit uninsured numbers in 2016 (Clackamas: 14%, Multnomah: 17%, Washington: 15%, Clark: 16%); those figures dropped to the single digits in this most recent assessment (Clackamas: 6%, Multnomah: 7%, Washington: 6%, Clark: 7%).<sup>3</sup>

Also worth noting, since 2016 there has been a substantial decrease in the number of mental health providers in the Portland-metropolitan area. On average across the four counties, there are 130 fewer mental health providers per capita than reported three years ago. The difference was particularly stark across Clackamas, Washington, and Clark counties, which showed decreases of 157, 168 and 149 providers per capita, respectively.<sup>3</sup>

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<sup>8</sup> Khullar, Dhruv & Chokshi, Dave A). *Health Affairs*. Health, Income, & Poverty: Where We Are & What Could Help. Published October 4, 2018. <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/full/>. Accessed April 30, 2019.

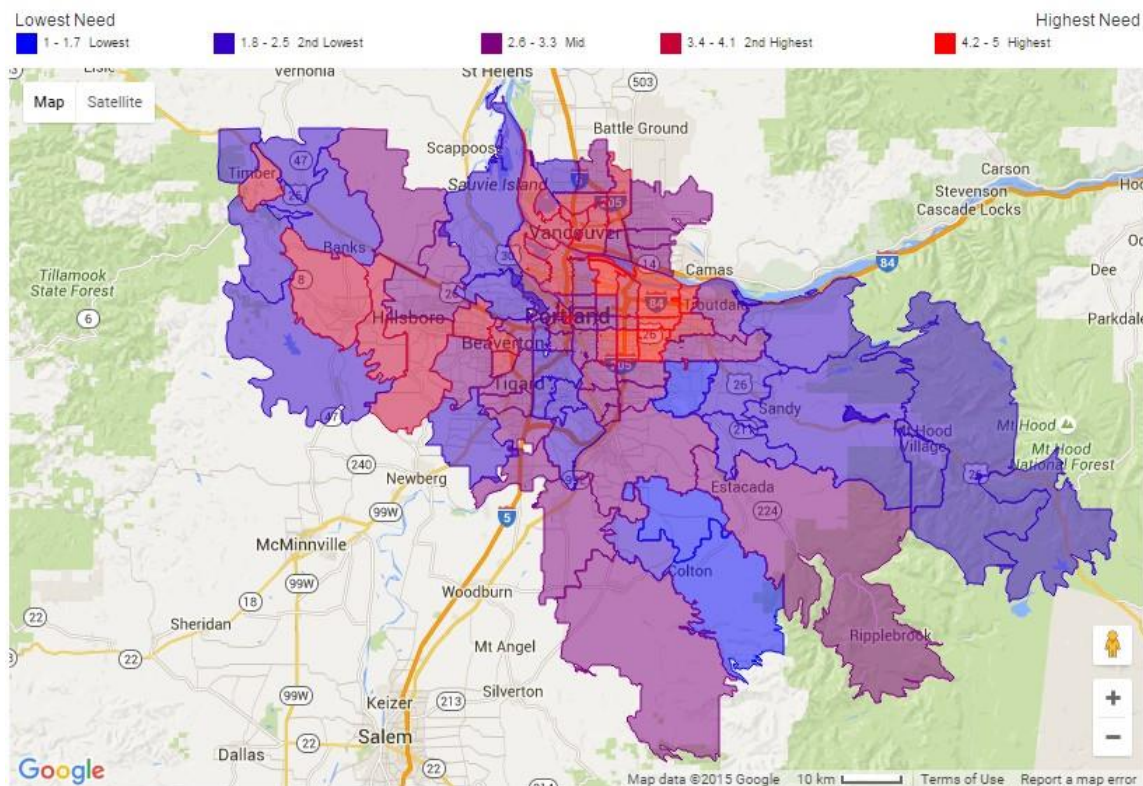
**Core Service Area: County Health Rankings**

	Clackamas County, OR	Multnomah County, OR	Washington County, OR	Clark County, WA
<b>Health Factors Overall Rank<sup>3</sup></b>	4	6	1	11
Uninsured	6%	7%	6%	7%
Primary Care Physicians	1,140:1	700:1	1,130:1	1,510:1
Dentists	1,270:1	1,040:1	1,090:1	1,470:1
Mental Health Providers	360:1	130:1	290:1	330:1

**Community Need Index**

The Dignity Health and Truven Health Interactive Community Need Index (CNI) maps community health need by zip code based on a variety of socioeconomic indicators. The areas measured include income, culture, education, insurance and housing, with combined scores ranging from 1 (low need) to 5 (high need).

Across the four counties evaluated for this assessment, the highest need areas (4.2 – 5.0) were all in Multnomah County. The second highest need area (3.4 – 4.1) included additional communities in Multnomah County, along with areas of Clark and Washington Counties.



*Dignity Health and Truven Health Interactive Community Need Index for the Portland Shriners Hospital service area (<http://cni.chw-interactive.org/>)*

## Hospital Data

A review of 2018 admissions data for the Portland Shriners Hospital revealed demographic data that was fairly consistent with the population of the four county service area, although the hospital continues to serve a higher percentage of Hispanic/Latino patients. While Hispanics/Latinos comprise, on average, 11.7% of the population within the primary service area, 19.2% of patients served by the Portland Shriners Hospital in 2018 identified as Hispanic/Latino.

Analysis of 2018 data reveals that 43.7% of patients served by the Portland Shriners Hospital were from the four county primary service area, with remaining patients coming from other counties throughout Oregon and Washington, as well as other states and Canadian Provinces. When looking specifically at the four county local area, the greatest share of patients were from Washington County (30.9%), followed by Multnomah County (29.4%), Clark County (21.4%) and Clackamas County (18.3%). This represented a slight shift from the 2016 assessment, when more patients were from Multnomah County than Washington County.

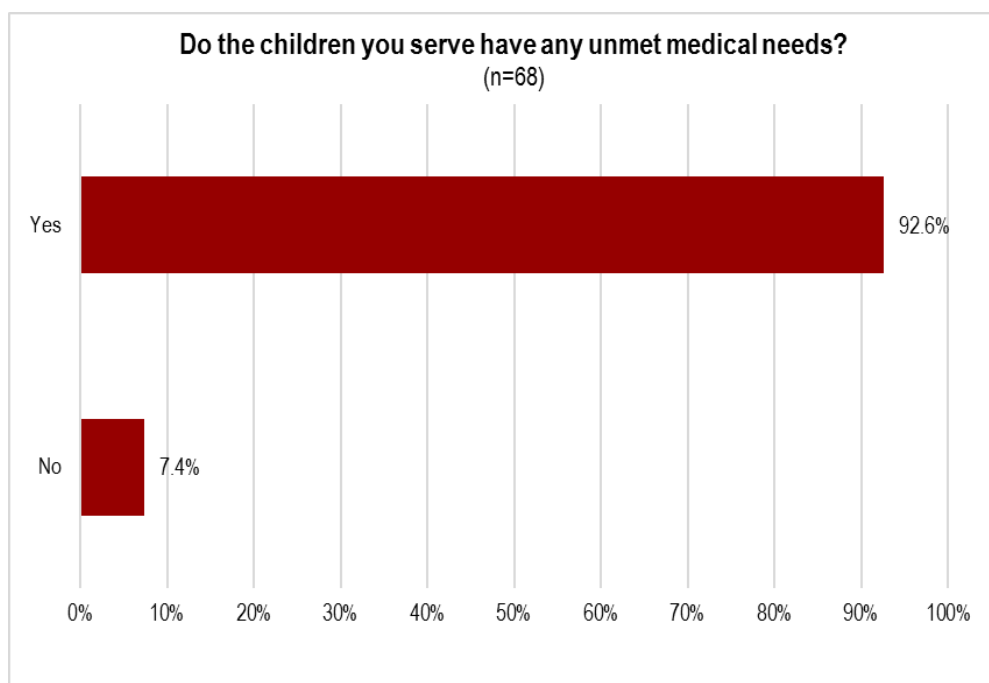


**A Portland Shriners Hospital patient pictured with Shriners at a summer fundraising event.**

## Community Survey

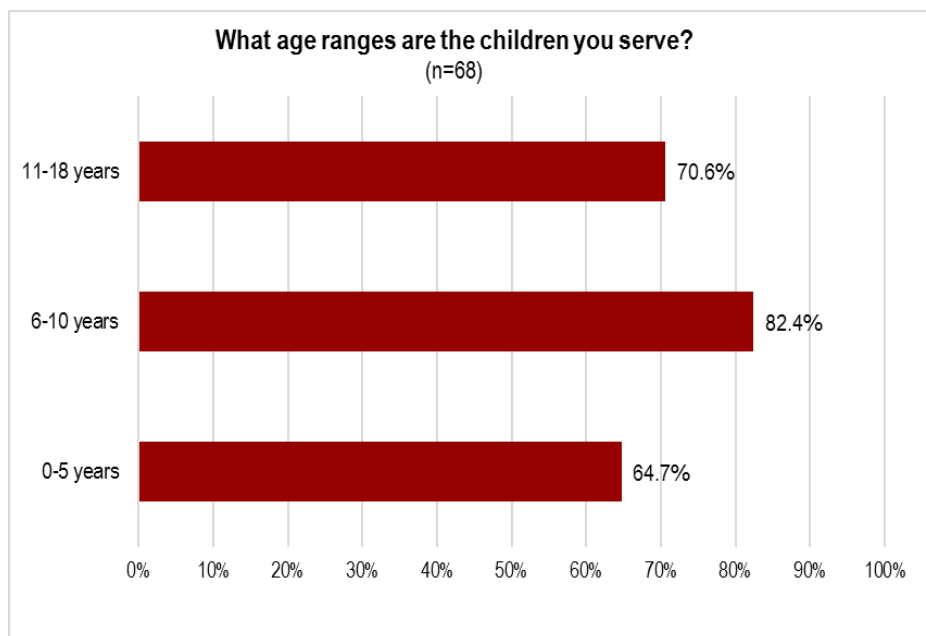
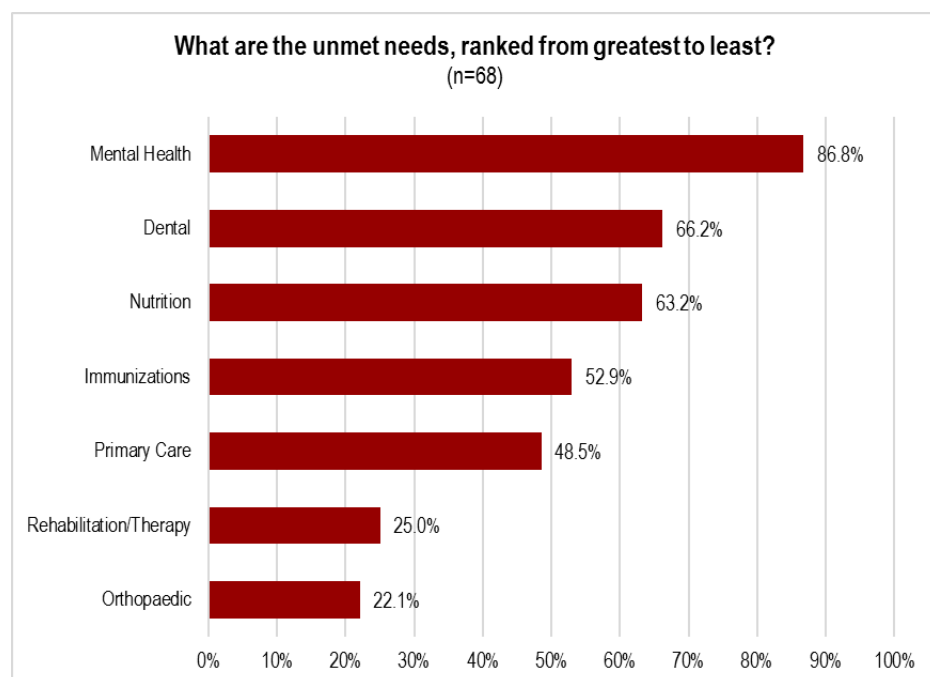
Below is a distribution and analysis of data points obtained through the 2019 community survey. As mentioned previously, the survey was distributed both online and in paper form to a variety of organizations including schools, religious-based programs, sports and athletic groups, medical offices/clinics, local shelters and public health agencies throughout the Portland and surrounding metropolitan area. A total of 68 survey responses were received.

Of the 68 responses, 92.6% indicated that the children whom they serve have unmet medical needs (Figure 1). This was an increase over the 85.7% reported during the 2016 assessment.



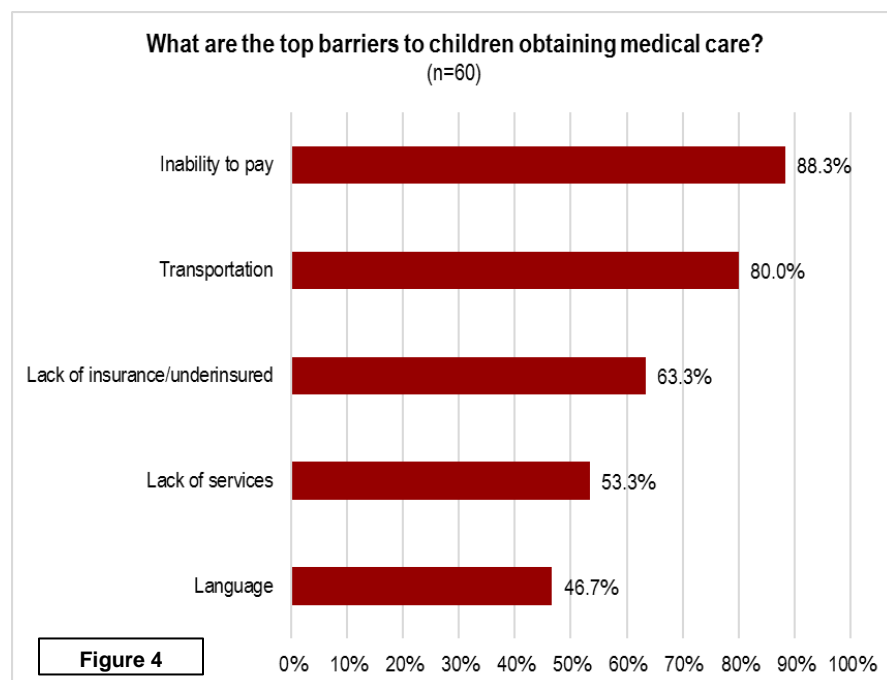
**Figure 1**

When evaluating these children in need by age (Figure 2), respondents noted that the majority of children are 6 – 10 years old (82.4%), followed by 11 – 18 years (70.6%), and 0 – 5 years (64.7%). Note that the survey allowed the selection of multiple age ranges. This stratification was not conducted during the 2016 needs assessment.

**Figure 2****Figure 3**

Following a similar pattern from the 2016 survey, responses indicate that mental health (86.8%), dental (66.2%), and nutrition (63.2%) are again the top unmet health concerns for children in the Portland-metropolitan area. Other areas of unmet need are shown in Figure 3.

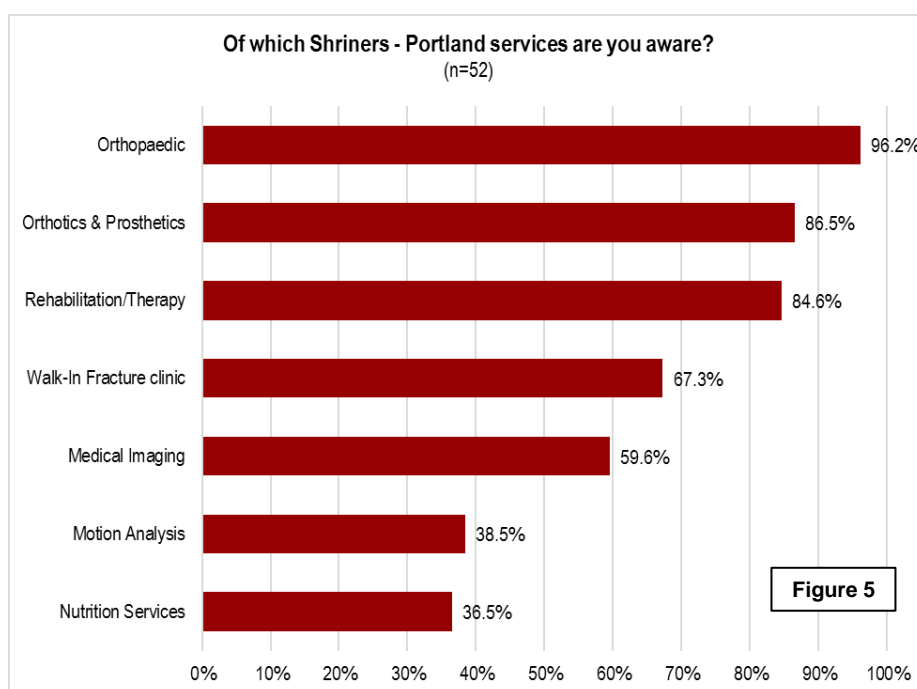




From 2019 collected data, participants noted the greatest barriers to obtaining medical care were inability to pay (88.3%), followed by transportation issues (80.0%). Specifically, a few participants responded that there are limited transportation options both to and from surrounding communities to the

Portland-metropolitan area. Lack of insurance/underinsured, lack of services, and language access rounded out the barriers to children obtaining medical care, at 63.3%, 53.3%, and 46.7%, respectively (Figure 4).

With respect to services offered at the Portland Shriners Hospital, there is strong awareness of the hospital's orthopaedic (96.2%), orthotics & prosthetics (86.5%), and rehabilitation/therapy services (84.6%). Awareness for Portland Shriners Hospital's walk-in fracture and sports injury clinic



notably improved from 36.4% in 2016 to 67.3% in 2019. That being said, awareness for motion analysis (38.5%) and nutrition services (36.5%) remains low.

## A Look Back: Revisiting the 2016 Action Plan

In the 2016 CHNA, the Portland Shriners Hospital identified mental health/counseling, dental care, and nutrition as top need areas in the local community. Since that report, the Portland Shriners Hospital has invested both time and resources in programs and services designed to have an impact on these identified priorities. While the latest assessment (2019) indicates many of the same need areas still exist, the hospital did successfully deliver on a number of action plans outlined in the previous assessment.

### ***Overarching Accomplishments***

First, recognizing the Portland Shriners Hospital's ongoing commitment to community benefit work, the CHNA Steering Committee was formalized into the hospital-wide Community Benefits Council (CBC) in the summer of 2016. The council established a mission and key functions, along with expectations for membership and terms of commitment (see Exhibit 8). Since its introduction in 2016, the CBC has provided periodic updates to staff, leadership, and the Board of Governors regarding the Portland Shriners Hospital's community benefit efforts. Perhaps most significantly, the CBC has ensured progress on the previous CHNA action plan, and will continue this important work based on the 2019 assessment and identified areas of need.

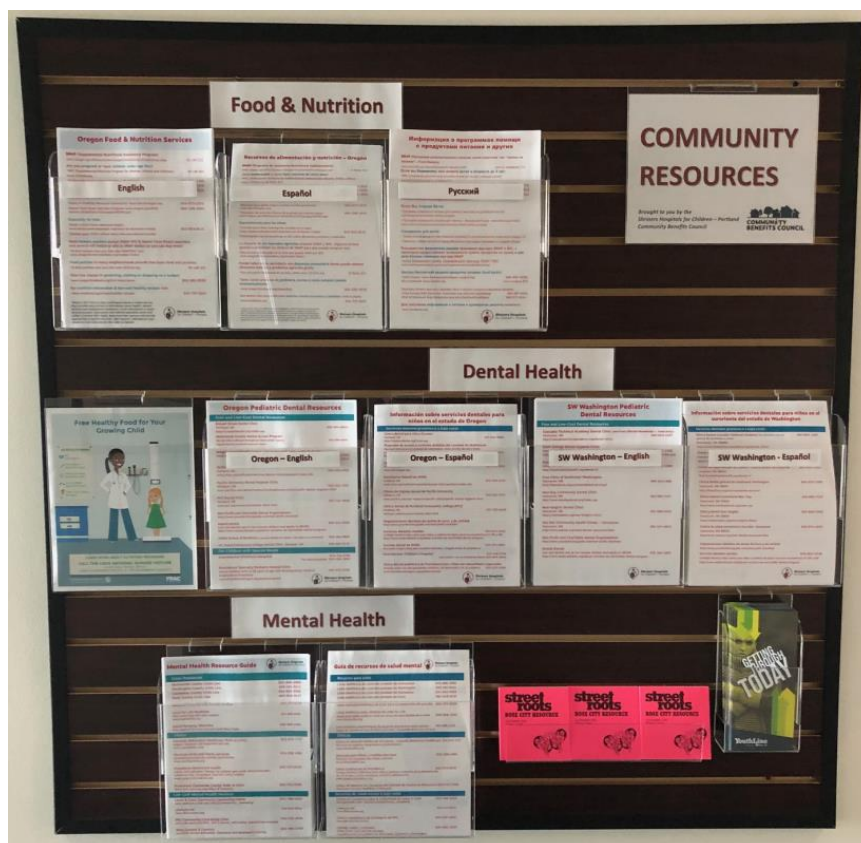


A key action plan identified in 2016 was the aggregation and consolidation of local area resources specific to the top three identified need areas of mental health/counseling, dental care, and nutrition. The CBC researched and identified available resources, consolidating them into handouts (see Exhibits 9 – 12) available in English, Spanish, and Russian. The resource sheets are reviewed and updated annually to ensure accuracy of information. These resource sheets were originally made available to patients and families who visit the hospital, but recognizing the potential value of these resources to members of the public, resource listings were added to the Portland Shriners Hospital public website at [www.shrinershospitalsforchildren.org/portland/community-resources](http://www.shrinershospitalsforchildren.org/portland/community-resources).

In addition to the resource sheets, the CBC created three Community Resource Boards in patient and family-frequented areas throughout the hospital. The above resource sheets were added to these boards, along with existing resources available to families in the Portland-



metropolitan area (e.g. Street Roots resource guides, YouthLine brochures, etc.). Since their implementation in the fall of 2017, the boards have proven a popular resource for patients and families, and are regularly re-stocked by Portland Shriners Hospital staff and volunteers.



The Community Resources Board on the 7<sup>th</sup> floor of the Portland Shriners Hospital.

### ***Mental Health/Counseling Accomplishments***

In addition to the mental health resource sheets which consolidate crisis resources, clinics, low cost mental health services and various support groups, the Portland Shriners Hospital continued to support the annual Unity Day in October, along with the Shriners Hospitals for Children corporate “Cut the Bull” campaign (until its discontinuation in 2018). Hospital staff, along with patients and families, were encouraged to participate in related events by wearing orange clothing and/or orange ribbons in support of the anti-bullying message. Anti-bullying posters were hung throughout the building and educational handouts were provided to patients and families. Anti-bullying awareness messages and tips were also shared via the hospital’s various social media channels.

To further expand on partnerships with local schools, the Portland Shriners Hospital's social work and child life teams conducted a number of visits to local classrooms to discuss embracing differences and to promote anti-bullying themes. These periodic visits, available by request and per team availability, focused on fostering an accepting classroom culture with the ultimate goal of supporting Portland Shriners Hospital patients as they transition out of the hospital and back into a more mainstream environment.

Additional mental health accomplishments since 2016 include:

- A Grand Rounds presentation kick-off and hospital-wide training program focused on trauma-informed nursing care. The goal of this effort, targeted toward children who have undergone acute, complex, or chronic emotional trauma, is to avoid further trauma while children are under our hospital's care.
- Placement of YouthLine posters throughout the building in public restrooms and family lounges. The posters provide text and phone options for youth struggling with mental health issues and concerns.

### ***Dental Accomplishments***

The creation of the pediatric dental resource sheets discussed above was a key accomplishment specific to this need area identified in 2016. In addition, the CBC established a relationship with *Colgate's Bright Smiles, Bright Futures®* program. Through this collaboration, a donation of 288 toothbrushes, tubes of toothpaste, and dental floss were secured. These donations, along with child-friendly brochures focused on dental health (in both English and Spanish), were provided to visiting patients and their siblings on two separate occasions in 2018 and 2019. As *Colgate's Bright Smiles, Bright Futures®* program has undergone revision, the CBC does not anticipate this will be a recurring donation. With that said, the hospital is incredibly grateful for Colgate's generosity in helping address this significant unmet need in our local community.



Two happy recipients of new toothbrushes thanks to the Portland Shriners Hospital's collaboration with Colgate's Bright Smiles, Bright Futures® program.

***Nutrition Accomplishments***

Specific to the need area of nutrition, again the CBC developed and began providing resource sheets listing local food pantries, public assistance programs, and other nutrition-focused services. In addition, the hospital hosted an outside speaker for a Grand Rounds presentation in late 2016. Lynn Knox, Health Care Partnerships Developer at the Oregon Food Bank, presented to staff to raise awareness of the important topic of food insecurity in our community and to introduce two validated questions to screen patients for food insecurity.

Following the Grand Rounds presentation, to gain a better understanding of this issue within Portland Shriners Hospital's patient population, a food insecurity screening was conducted in the Outpatient Clinic for one year (April 2017 – April 2018). During that time, over 6,200 screenings were given to Portland Shriners Hospital patients and families, achieving a response rate of 76.1%. Of the patients completing the screening, 11.9% self-reported as food insecure and were provided with the previously developed nutrition resource sheet. Our social work department provided additional intervention as needed in more extreme cases of food insecurity.

***Rehabilitation/Therapy & Orthopaedic Accomplishments***

Since the 2016 assessment, the Portland Shriners Hospital has continued to raise awareness of services offered through outreach to physician offices, community health centers, school-based health centers and local marketing. A second physician referral liaison began in early 2017 to call on local and regional physician offices and school-based health clinics to promote awareness of services provided by the Portland Shriners Hospital. Total referrals continue to significantly increase year over year.

Implemented in April 2015, the walk-in fracture and sports injury clinic expanded its hours of operation. Originally open from 7:30 am – 9:00 am Monday – Friday (except holidays), the clinic was expanded to 7:30 am – 10:30 am weekdays (except holidays) to meet community need. In 2018, the clinic saw a year over year 67% increase in patient volume. Staffed by experienced pediatric orthopaedic surgeons, the clinic takes advantage of the Portland Shriners Hospital's day surgery and inpatient post-surgical care unit. The clinic provides total fracture and sports injury care, which may include reduction/re-alignment, surgery, casting, post fracture follow-up, and rehabilitation services.

Lastly, and again in response to a previously identified community need, the Portland Shriners Hospital introduced a pediatric hand and upper extremity program in 2016. Krister Freese, M.D., a specialist in pediatric hand and upper extremities, now provides treatment for conditions ranging from traumatic injuries to congenital differences.

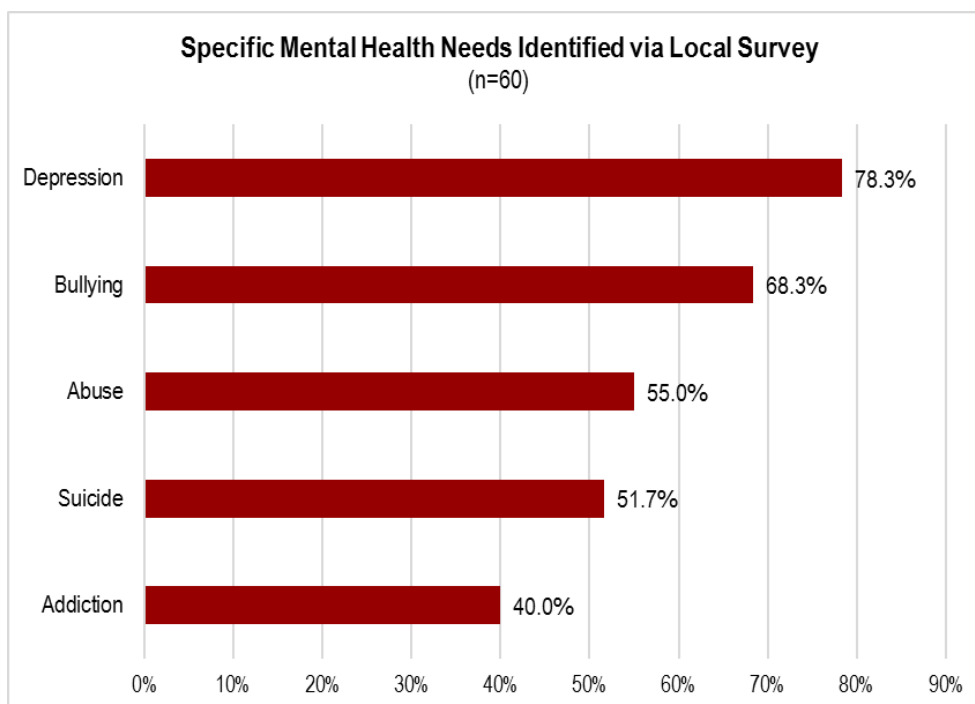
## Priority Needs & Action Plan

Consistent with findings during the 2016 assessment, the most recent local survey revealed the top unmet medical needs of children in the Portland-metropolitan area to be mental health, dental, and nutrition. While all of these areas fall outside the hospital's expertise of orthopaedics, leadership has identified a few key opportunities where the Portland Shriners Hospital may make a positive impact for both patients and the community more broadly.

In order to make the most of our efforts, and given its ongoing prevalence as a serious population health issue among children and teens both locally and nationally, the Portland Shriners Hospital will focus primarily on *mental health*. As the next highest-ranking community need, a secondary focus over the next three years will be *dental care*. Finally, given the Portland Shriners Hospital's long-standing expertise in *orthopaedics*, raising awareness of related services offered at the facility will represent an additional focus area for the next three years.

### Priority Need: Mental Health

According to local survey results, mental health was the top identified medical need for children, with 86.8% of respondents reporting that the children they serve have unmet needs in this area. Among the top reported mental health concerns were depression (78.3%), bullying (68.3%), abuse (55.0%) and suicide (51.7%). Addiction followed at 40.0%.



The local survey results were corroborated by secondary research on the topic. According to a 2017 study by Mental Health America, Oregon ranked 49<sup>th</sup> out of all U.S. states on youth mental health – indicating a higher prevalence of mental illness and lower rates of access to care. The ranking evaluated seven measures including youth with at least one major depressive episode within the past year, youth with a major depressive episode who did not receive mental health services, and youth with dependence or abuse of illicit drugs and/or alcohol.<sup>9</sup>

Additionally, children in Oregon are more likely than the national average (27.2% compared to 22.6%) to have experienced at least two adverse events – including abuse, neglect and exposure to violence – during childhood.<sup>10</sup> The consequences are severe, with suicide ranking as the third leading cause of death for 5 – 14 year olds in the United States.<sup>11</sup> Suicide has

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<sup>9</sup> Mental Health America. *2017 State of Mental Health in America – Ranking the States*.

<http://www.mentalhealthamerica.net/issues/2017-state-mental-health-america-ranking-states>. Accessed May 17, 2019.

<sup>10</sup> Data Resource Center for Child & Adolescent Health. *2011/2012 National Survey of Children's Health*.

<https://childhealthdata.org/browse/snapshots/nsch-profiles?rpt=16&geo=39>. Accessed May 14, 2019.

<sup>11</sup> MedlinePlus. *Death among children and adolescents*. <https://medlineplus.gov/ency/article/001915.htm>. Accessed May 17, 2019.

become such a public health issue that identifying patients at risk for suicide has been added to *The Joint Commission's National Patient Safety Goals* for accredited hospitals.<sup>12</sup>

### **Action Plan: Mental Health**

While mental health services are not offered by the Portland Shriners Hospital, support is provided to connect patients and families with community services, including those focused on mental health. In order to address the social and emotional concerns of special needs children, the Child Life program offers preparation before and support during and after stressful events via coping techniques, socialization opportunities with peers, music and pet therapy. When requested by family or teachers, the program also offers assistance with school re-entry, including classmate education.

In cooperation with a number of community partners, Recreation Therapy is also offered by the Portland Shriners Hospital, promoting participation in leisure activities for both physical and emotional well-being. Patients and their families are encouraged to participate in these programs whenever possible.

Given the substantial community need around mental health, the Portland Shriners Hospital has identified several additional opportunities to be pursued over the next three years. These include:

- Implementation of a suicide screening, assessment, and intervention program for patients. The program will include applicable staff training along with parental education and resources to identify at-risk youth.
- Inviting a mental-health focused speaker to a future Grand Rounds to educate staff on mental health awareness and related issues among the pediatric population.
- Continuing efforts in support of anti-bullying and inclusivity initiatives:
  - Promotion of the annual Unity Day (October) both internally and externally via the hospital's social media channels.
  - Exploration of opportunities to provide anti-bullying and inclusivity education to local schools.
  - Production of related tabling collateral to be available at local events.

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<sup>12</sup> The Joint Commission. *National Patient Safety Goals Hospital Accreditation Program*.

[https://www.jointcommission.org/assets/1/6/NPSG\\_Chapter\\_HAP\\_Jan2019.pdf](https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2019.pdf). Accessed May 17, 2019

**Secondary Need: Dental**

The second greatest unmet medical need as identified via the local survey was dental, with 66.2% of respondents indicating that this is a need among the children they serve. Again, research on the topic confirmed the scope and prevalence of this issue. According to the CDC, tooth decay is one of the most common chronic medical conditions during childhood in the United States.<sup>13</sup> The Dental Foundation of Oregon estimates that “on any given day, over 5,000 children [in the state] are suffering from dental pain or infection,” among the highest in the nation.<sup>14</sup> And according to the Oregon Oral Health Coalition, 52% of children ages 6 – 9 years old have already experienced some form of tooth decay.<sup>15</sup>

Lack of adequate dental care has far-reaching effects. In addition to being a significant chronic childhood health condition, dental decay and associated pain can lead to growth and development challenges, speech problems, poor self-esteem and a host of other long-term issues.<sup>16</sup>

**Action Plan: Dental**

While dental services are not offered by the Portland Shriners Hospital, the Portland Shriners Hospital is committed to exploring collaboration opportunities with local pediatric dental offices, the Oregon Academy of Pediatric Dentists, and/or Medical Teams International to reach local children through mobile dental vans.

**Secondary Need: Orthopaedic Care**

While not one of the top need areas identified through the local survey, the Portland Shriners Hospital is in a unique position to address the pediatric orthopaedic needs that do exist within the local community. The Portland Shriners Hospital provides a full spectrum of pediatric orthopaedic, cleft lip and palate repair, and burn scar revision to patients from birth to 18 years

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<sup>13</sup> Centers for Disease Control and Prevention. *Children's Oral Health*.

[http://www.cdc.gov/oralhealth/children\\_adults/child.htm](http://www.cdc.gov/oralhealth/children_adults/child.htm). Accessed May 19, 2019.

<sup>14</sup> The Dental Foundation of Oregon. <http://smileonoregon.org/>. Accessed May 17, 2019.

<sup>15</sup> Oregon Oral Health Coalition. *Keeping Kids Cavity Free*. <https://www.orohe.org/oralhealthk12>. Accessed May 17, 2019.

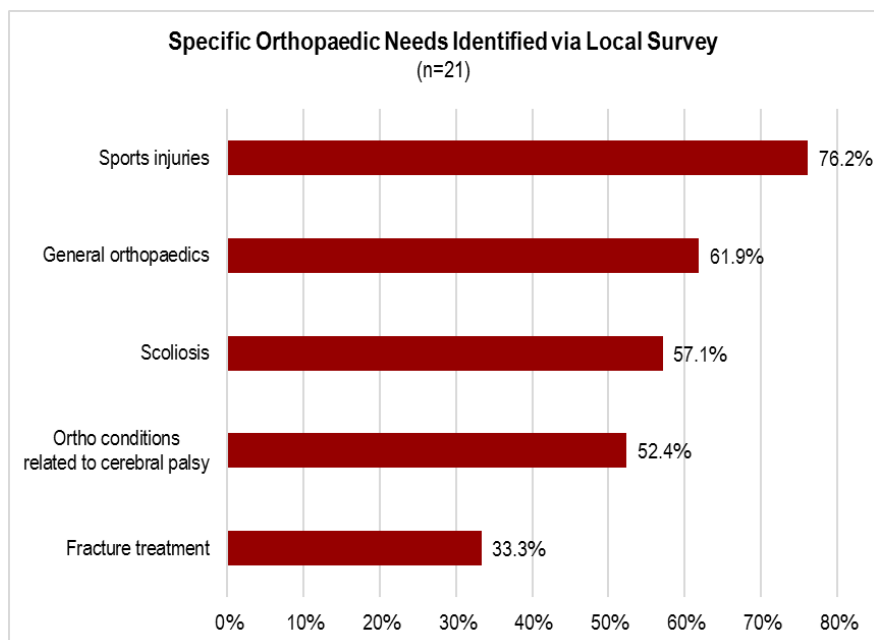
<sup>16</sup> National Maternal and Child Oral Health Resource Center. *Oral Health and Learning: When Children's Health Suffers, So Does Their Ability to Learn*. <http://mchoralhealth.org/PDFs/learningfactsheet.pdf>. Accessed May 19, 2019.



of age. The Portland Shriners Hospital is also equipped and staffed to provide care for virtually all related problems including but not limited to:

- General orthopaedics
- Sports injuries/fractures
- Hand & upper extremity care
- Scoliosis, kyphosis, spinal deformity
- Clubfoot and other foot deformities
- Gait abnormalities
- Skeletal growth abnormalities
- Neuromuscular disorders such as muscular dystrophy
- Metabolic bone disease such as rickets and osteogenesis imperfecta (brittle bone disease)
- Hip disorders – congenital and developmental
- Limb deficiencies, congenital and acquired
- Leg length discrepancies
- Orthopaedic conditions secondarily related to:
  - Cerebral palsy
  - Spina bifida
- Musculoskeletal tumors
- Burn reconstructive surgery
- Cleft lift and palate repair

When looking specifically at local area orthopaedic needs, survey respondents indicated the greatest need for sports injury treatment (76.2%), followed by general orthopaedic services (hip, knee, etc.) at 61.9%. Scoliosis (57.1%), orthopaedic conditions related to cerebral palsy (52.4%), and fracture treatment (33.3%) followed.





**Action Plan: Orthopaedic Care**

Again, orthopaedics is already a primary focus for the Portland Shriners Hospital, and leadership regularly evaluates unmet needs among the pediatric population in our catchment area. For example, the walk-in fracture clinic was already being evaluated as a potential new service line when data from the 2013 Community Health Needs Assessment provided additional validation to move forward. After hearing from community physicians and families that there was a need for pediatric sports injury care, the fracture clinic was expanded in January of 2018 to include walk-in sports injuries. Soon after, and with patient demand higher than expected, the Portland Shriners Hospital expanded the hours of the walk-in fracture and sports injury clinic.

In addition to continuing to raise awareness of the Portland Shriners Hospital's services that benefit all local children, including the expanded walk-in fracture and sports injury clinic, the Portland Shriners Hospital is committed to providing orthopaedic services to more children in more places throughout the community via services such as Telehealth.

## **Other Ways the Portland Shriners Hospital Is Helping**

**Financial and Local Transportation Assistance for Patients & Families in Need**

Two of the top barriers to medical care identified via the local survey were inability to pay (cited by 88.3% of respondents) and transportation issues (80.0% of respondents). The Portland Shriners Hospital seeks to address both of these issues via several efforts.

First, the patient access department provides financial counseling services to assist eligible families with Medicaid applications. Patients are first evaluated through the Healthcare Entitlement Assistance & Recovery Track (HEART). Through partnership with NFV Healthcare Group, a revenue cycle management service, the application process is followed to confirmed enrollment. For under or uninsured patients, the Portland Shriners Hospital offers programs called Charity Care & Shrine-Assist.

Second, for Portland Shriners Hospital inpatients who travel more than 50 miles from their home to the hospital and who meet financial criteria (via a means test), room-in accommodations for one parent/guardian or relative over the age of 18 years are provided. The parent may spend the night (room-in) with the patient, with a fold out bed and showers provided. Family hospital guest rooms are also available if an additional parent/guardian wishes to spend the night while their child is staying in the inpatient unit.



**A patient enjoys complimentary local transportation to the hospital.**

Lastly, for families coming from outside the Portland metropolitan area, the Portland Shriners Hospital offers complimentary transportation to and from the Portland airport, Union Station and local hotels, when available.

### **Language Assistance for Non-English Speaking Patients & Families**

While not ranked as a top barrier to children obtaining medical care, language was noted as a challenge by 46.7% of respondents. The Portland Shriners Hospital seeks to address language assistance needs via our Medical Interpretation and Translation Department (MITD), which supports access for all languages via our own in-house healthcare interpreters and independent contractors.

The past three years, the hospital has hosted meetings for the Oregon Health Care Interpreters Association, which reaches all healthcare interpreters in Oregon. OHCIA is dedicated to maintaining, advancing, and promoting high standards of professional practice, ethics and competence of healthcare interpreters by supporting educational efforts and advocacy.



**Portland Shriners Hospital Spanish interpreter team.**

For the growing Hispanic population, outreach services are extended to many community organizations. Organizations who benefit from these services include Virginia Garcia Memorial Health Center, whose mission is to provide high quality, comprehensive, and culturally

appropriate primary healthcare with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare.

### **Community Outreach, Education & Collaboration**

The Portland Shriners Hospital develops and produces health education materials with an orthopaedic focus, which are distributed to physicians and other medical providers. The hospital also provides a variety of patient education pamphlets on topics such as Vitamin D deficiency, the proper use of backpacks and lawnmower safety (see Exhibits 6 & 7). The quarterly *Leaders in CARE* publication, while produced by the Shriners Hospitals for Children home office, incorporates several pages of content written by the Portland Shriners Hospital and targeted to local-area audiences (the publication was tentatively placed on hold in late 2018, but will re-launch with a new vendor in late 2019).

Portland Shriners Hospital also maintains partnerships with a variety of community organizations, raising awareness of services offered via participation in a number of local health fairs and events including the Annual Junior Rose Festival Parade in Portland. As part of this commitment, the hospital has offered free or reduced cost facility use for several professional organizations in the past, including the Oregon Health Care Interpreters Association, the Oregon Biomedical Association, the Oregon Association of Peri-Operative RNs, and the Oregon Association of Surgical Technologists.



Portland Shriners Hospital collaborated with the Portland Children's Museum to sponsor their Access Play program in 2018 & 2019. Portland Shriners Hospital had a booth at six of their events to meet with families and increase awareness of hospital services. Pictured here is a staff member who made finger casts for kids to take home as a souvenir.

### **Family Support Resources**

Recognizing that family plays a vital role in a child's ability to overcome an illness or injury, the Portland Shriners Hospital helps families provide the support their child needs by involving them



**A patient takes part in the Portland Shriners Hospital Assistive and Augmentative Communication summer camp in 2018.**

in all aspects of their child's care and recovery. The hospital provides comprehensive physical and psychosocial services to patients and their families, including hosting a variety of support groups. Among the groups hosted are those focused on limb differences, muscular dystrophy and an assistive technology user group designed to train patients and their families on how to effectively use technology.

A core challenge for children with special healthcare needs is transitioning to adulthood. According to the 2009/2010 National Survey of Children with Special Health Care Needs, 64.4% of Oregon youth between ages 12 – 17 did not receive services necessary to make appropriate transitions to adult healthcare, work, and independence.<sup>17</sup> As survival rates are increasing, more than just physical needs should be considered as indicators of quality of life beyond care given at the medical facility. At the Portland Shriners Hospital, a Transitions Program was developed to meet these needs by teaching patients and their families how to access the care and services they need. Key aspects of the program include:

- The Patient and Family Resource Library: Offers a centralized “resource room” which includes books, journals and audio-visual, and Internet transition resources. Topics include careers, diagnosis, independent living, recreation, sexuality/relationships, support and transition issues.
- Specialized “Transition Tools”: These screening tools need to be thorough enough to quickly identify transition needs, yet concise enough to allow professional staff to efficiently meet those needs or effectively find additional resources. Transition Timelines are guidelines for transition issues at key “touch points” per the [Adolescent Health Transition Project](#).
- FreeMind-Transition Resources: A computer-based mind map designed to organize and display current transition resources for quick access. FreeMind provides the flexibility to build resources most needed by the program. The Internet link is easy to use and helps to keep information comprehensive and up-to-date. This program can display resources

<sup>17</sup> National Survey of Children with Special Health Needs. *MCHB Core Outcomes and Key Indicators, Oregon*. <http://www.childhealthdata.org/browse/survey/results?q=1616&r=39>. Accessed April 30, 2019.



by county or state, and expand to show categories of information in the detail needed to help provide individualized care based on need.

- Transitions Boot Camp: A hospital-based transitions camp that addresses issues faced by maturing adolescents. Community experts in areas of independent living, such as careers, college, coping, recreation and transportation are invited to speak to participants. Outings with adult volunteers, to urban and recreation areas are included. The camp focus varies according to diagnosis and/or resources.
- Movin' On Transitions Group: A monthly transitions group for 16-21 year olds meeting the 2<sup>nd</sup> Wednesday each month between 5:30-7:00 p.m. The group gathers to socialize and discuss current topics of interest to teens and young adults. Speakers include appropriate Portland Shriners Hospital staff and community leaders.



Portland Shriners Hospital patient participating in the Transitions Boot Camp during the high-ropes portion of the program.

The Portland Shriners Hospital also promotes the [NFL Play 60 All-Ability Guide](#), which includes adaptive activities and tips so children with mobility challenges have the opportunity to participate and pursue a healthy lifestyle. Launched in late 2015, the goal of the program is to encourage children of all abilities to get 60 minutes of physical activity per day.

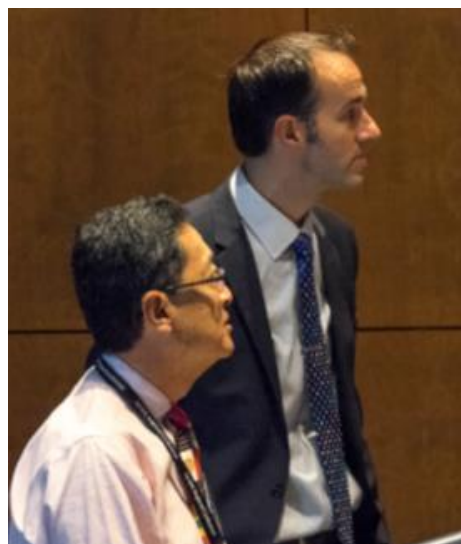
### **Continuing Medical Education for Healthcare Professionals**

Annually, the Portland Shriners Hospital offers three continuing medical education conferences to providers in the Pacific Northwest. The goal of these events is to provide professional education on current pediatric orthopaedic practices to medical physicians, osteopathic physicians, naturopathic physicians, nurse practitioners, physician assistants, nurses, medical assistants, physical therapists, occupational therapists, prosthetists and orthotists, residents and fellows in training, and medical students.

- The Dillehunt Memorial Lecture is funded by the Jack Sails Higgins Memorial Educational Trust. Now in its 57<sup>th</sup> year, the Lecture honors the contributions of Dr. Richard Dillehunt, a great surgeon and teacher who inspired many orthopaedists. The

2019 Dillehunt Memorial Lecture will focus on topics including master techniques in femoral intramedullary nail (FIN) use, bone lengthening, perioperative irradiation of patients and surgeons, and deformities of the anterior thorax.

- The Beattie Lectureship is an annual conference that honors Mr. Byron J. Beattie, who became acquainted with Dr. Eldon Chuinard while he was Chief of Staff at the Portland Shriners Hospital. Mr. Beattie was so impressed with the organization's educational mission that he created an endowment fund to support this annual lecture with the goal of educating local orthopaedic providers. Topics covered in recent conferences include management of unstable slipped capital femoral epiphysiodesis (SCFE), growth factors in scoliosis, management of severe spinal deformity, hip preservation surgery in adolescents/young adults, as well as case presentations by current residents and fellows.
- The Annual Primary Care Providers Conference is dedicated to providing local and national primary care providers with a better understanding of current pediatric orthopaedic practices. Presentations at previous conferences have covered topics such as musculoskeletal infections, back pain, ankle injuries, bowing-knock knees, developmental dysplasia of the hip (DDH) and SCFE, osteogenesis imperfecta, anesthesia in children, fracture management, and overuse injuries.



**Michael Aiona, M.D. and Jeremy Bauer, M.D. attended a recent medical education conference held at the Portland Shriners Hospital.**

In addition to the above, the Portland Shriners Hospital has a monthly resident/fellow joint lecture with neighboring Oregon Health & Science University's Orthopedic Residency Program. Recent topics covered at these lectures include clubfeet, syndromes of orthopedic importance, onset scoliosis, orthopedic management of skeletal dysplasia and pediatric ankle fractures.

Finally, the Portland Shriners Hospital's orthopaedic surgeons regularly visit community hospitals and professional groups, providing specialized education on conditions treated and services provided.

## Teaching Affiliations and Youth Education

The Portland Shriners Hospital is proud to maintain teaching affiliations with a number of academic programs including:

- Oregon Health & Science University School of Medicine
  - Orthopedic Residency Program
  - School of Medicine (MD Program)
  - Physician Assistant Program
- Pediatric Orthopaedic Society of North America (POSNA)
  - Fellowship Program-Accredited through POSNA
- Australian Orthopaedic Association
  - Fellowship Program
- Medical School Affiliations:
  - A.T. Still University of Osteopathic Medicine (DO Program)
  - Western University of Health Sciences (DO Program)

In addition to medical students, Portland Shriners Hospital provides educational and mentoring opportunities to other healthcare professionals in programs including radiology, rehabilitation, nursing, nutrition services, pharmacy, and orthotics & prosthetics.

Beyond supporting current medical practitioners, the Portland Shriners Hospital recognizes the importance of nurturing the next generation of medical leaders. Educational presentations are conducted throughout the year for various local-area high schools, universities, and community groups. In addition, the hospital regularly hosts summer “Saturday Academy” events for elementary, junior high and high school students interested in pursuing a career in healthcare.



Saturday Academy participants learn about the Motion Analysis Center in a hands-on environment.

## **Research to Advance and Improve Treatment Options for Children with Orthopaedic and Musculoskeletal Conditions**

The Shriners Hospitals for Children healthcare system is committed to conducting high quality, innovative research in the areas of burn, orthopaedic/musculoskeletal and neurological injury and disease, in order to improve the care and quality of life of children with these conditions. The Portland Shriners Hospital is home to one of eight Shriners Hospitals for Children research centers and is affiliated academically with Oregon Health & Science University. Research conducted at this center focuses on musculoskeletal development and addresses the root causes of relevant birth defects and developmental disorders affecting children receiving care. Identifying the underlying biological disturbances in these conditions will lead to new, more effective and less invasive therapies in the future, as well as better ways to monitor disease progression and response to therapies.

The research center's scientific approach is multidisciplinary in nature, bringing a combination of biochemistry, genetics, cell and developmental biology, and electron microscopy to bear on disturbances of bone, cartilage, and tendon development. Conditions currently under investigation at the Portland Shriners Hospital research center includes:

- Birth defect syndromes involving limb anomalies such as connective tissue and hand-foot-urinary syndromes
- Disorders of reduced, abnormal, or excessive bone growth including achondroplasia, multiple epiphyseal dysplasia and marfan syndrome
- Disorders in which skeletal regeneration is disturbed, for example osteogenesis imperfecta
- Malformations resulting from defective tendon formation, such as arthrogryposis

In addition to fundamental research, the Portland Shriners Hospital conducts clinical research. The focus of this work is to determine treatment outcomes and the natural history of various conditions, including those with gait disturbances, muscle weakness, and spinal curvatures.

Finally, research conducted at the Portland Shriners Hospital is shared broadly via articles published in scientific and medical journals, as well as presentations at various conferences geared to medical, orthotics and prosthetics, and rehabilitation professionals.



# Exhibits

## Exhibit 1: Local Survey



**Shriners Hospitals**  
for Children®—Portland

**Shriners Hospitals for Children — Portland** is conducting a survey to identify unmet medical needs of the local community. We would like to hear firsthand from community-based organizations and providers that serve children and their families what you consider to be the greatest needs in the Portland/Vancouver Metro area. Responses should be based on your knowledge of working with children, as you may or may not have children of your own. *Please note that all answers will remain confidential.* The aggregate data will be used to help us meet our goal of better serving the community. Thank you for your help!

*If preferred, this survey may be taken online at <https://www.surveymonkey.com/r/K76JJWZ>*

1. Do the children you serve have any unmet medical needs? If yes, please select the age ranges for the children you serve (select all that apply).

☐ Yes                      ☐ No  
☐ 0 – 5 years      ☐ 6 – 10 years      ☐ 11 – 18 years

2. Please choose the appropriate unmet needs from the list below (select all that apply):

☐ Dental  
☐ Immunizations  
☐ Mental Health/Counseling  
☐ Nutrition  
☐ Orthopaedic  
☐ Primary Care  
☐ Rehabilitation/Therapy  
☐ Other medical need (please specify): \_\_\_\_\_

3. If Mental Health/Counseling was selected, please specify (select all that apply):

☐ Abuse  
☐ Addiction  
☐ Bullying  
☐ Depression  
☐ Suicide  
☐ Other mental health (please specify): \_\_\_\_\_

4. If Nutrition was selected, please specify (select all that apply):

☐ Food insecurity  
☐ Obesity  
☐ Other nutrition (please specify): \_\_\_\_\_

5. If Orthopaedic was selected, please specify (select all that apply):

☐ Cerebral Palsy  
☐ Fracture treatment  
☐ General orthopaedics (i.e. hip, knee, etc.)

- ☐ Scoliosis (including diagnosis and treatment)
- ☐ Sports injuries
- ☐ Other orthopaedic (please specify): \_\_\_\_\_

6. If Rehabilitation/Therapy was selected, please specify (select all that apply):

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Other rehab/therapy (please specify): \_\_\_\_\_

7. Please describe any other unmet medical needs for children in the Portland area:

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8. Of the unmet needs identified above, please list the top three (where 1 = greatest need):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

9. Please choose any barriers to children obtaining medical care (select all that apply):

- ☐ Inability to pay
- ☐ Lack of insurance/under insured
- ☐ Lack of services
- ☐ Language
- ☐ Transportation issues (please specify): \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_

10. Of the below services offered by Shriners Hospitals for Children — Portland, which are you aware? (select all that apply):

- ☐ Medical Imaging
- ☐ Motion Analysis
- ☐ Nutrition Services
- ☐ Orthopaedic (Cerebral Palsy, clubfoot, limb deficiencies, spine & back, etc.)
- ☐ Orthotics & Prosthetics
- ☐ Outreach Clinics
- ☐ Rehabilitation/Therapy (physical, occupational, speech)
- ☐ Walk-In Fracture & Sports Injury Clinic
- ☐ Other (please specify): \_\_\_\_\_

11. Are there any other ways Shriners Hospitals for Children could provide help to children?

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***Thank you for your participation!***

## Exhibit 2: Truven Health Analytics 2018 Demographic Snapshot for Clackamas County, Oregon

Demographics Expert 2.7										
2018 Demographic Snapshot										
Area: Clackamas, OR										
Level of Geography: ZIP Code										
DEMOGRAPHIC CHARACTERISTICS										
			Selected Area	USA				2018	2023	% Change
2010 Total Population			369,497	308,745,538		Total Male Population		201,067	214,299	6.6%
2018 Total Population			409,823	326,533,070		Total Female Population		208,756	222,370	6.5%
2023 Total Population			436,669	337,947,861		Females, Child Bearing Age (15-44)		74,909	78,696	5.1%
% Change 2018 - 2023			6.6%	3.5%						
Average Household Income			\$104,786	\$86,278						
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION				
Age Distribution						Income Distribution				
Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total	2018 Household Income	HH Count	% of Total	USA % of Total	
0-14	69,749	17.0%	69,455	15.9%	18.7%	<\$15K	10,631	6.6%	10.9%	
15-17	16,438	4.0%	16,974	3.9%	3.9%	\$15-25K	10,568	6.6%	9.5%	
18-24	34,861	8.5%	38,322	8.8%	9.7%	\$25-50K	30,119	18.7%	22.1%	
25-34	48,188	11.8%	51,369	11.8%	13.4%	\$50-75K	27,363	17.0%	17.1%	
35-54	106,655	26.0%	107,552	24.6%	25.5%	\$75-100K	22,778	14.1%	12.3%	
55-64	60,143	14.7%	63,257	14.5%	12.9%	Over \$100K	59,792	37.1%	28.2%	
65+	73,789	18.0%	89,740	20.6%	15.9%					
Total	409,823	100.0%	436,669	100.0%	100.0%	Total	161,251	100.0%	100.0%	
EDUCATION LEVEL						RACE/ETHNICITY				
Education Level Distribution						Race/Ethnicity Distribution				
2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2018 Pop	% of Total	USA % of Total	
Less than High School	7,825	2.7%	5.6%			White Non-Hispanic	333,842	81.5%	60.4%	
Some High School	13,284	4.6%	7.4%			Black Non-Hispanic	4,036	1.0%	12.4%	
High School Degree	64,780	22.4%	27.6%			Hispanic	36,683	9.0%	18.2%	
Some College/Assoc. Degree	101,639	35.2%	29.1%			Asian & Pacific Is. Non-Hispanic	19,759	4.8%	5.8%	
Bachelor's Degree or Greater	101,247	35.1%	30.3%			All Others	15,503	3.8%	3.2%	
Total	288,775	100.0%	100.0%			Total	409,823	100.0%	100.0%	
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### Exhibit 3: Truven Health Analytics 2018 Demographic Snapshot for Multnomah County, Oregon

Demographics Expert 2.7											
2018 Demographic Snapshot											
Area: Multnomah, OR											
Level of Geography: ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
			Selected Area	USA				2018	2023	% Change	
2010 Total Population			727,363	308,745,538		Total Male Population			398,360	423,990	6.4%
2018 Total Population			804,796	326,533,070		Total Female Population			406,436	432,864	6.5%
2023 Total Population			856,854	337,947,861		Females, Child Bearing Age (15-44)			178,791	177,907	-0.5%
% Change 2018 - 2023			6.5%	3.5%							
Average Household Income			\$90,841	\$86,278							
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution						Income Distribution					
Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total	2018 Household Income	HH Count	% of Total	USA % of Total		
0-14	134,377	16.7%	141,595	16.5%	18.7%	<\$15K	37,110	11.1%	10.9%		
15-17	24,431	3.0%	28,407	3.3%	3.9%	\$15-25K	27,624	8.2%	9.5%		
18-24	62,468	7.8%	64,118	7.5%	9.7%	\$25-50K	68,829	20.5%	22.1%		
25-34	141,943	17.6%	127,451	14.9%	13.4%	\$50-75K	55,892	16.7%	17.1%		
35-54	237,729	29.5%	258,591	30.2%	25.5%	\$75-100K	43,448	13.0%	12.3%		
55-64	95,231	11.8%	100,760	11.8%	12.9%	Over \$100K	102,433	30.5%	28.2%		
65+	108,617	13.5%	135,932	15.9%	15.9%						
Total	804,796	100.0%	856,854	100.0%	100.0%	Total	335,336	100.0%	100.0%		
EDUCATION LEVEL						RACE/ETHNICITY					
Education Level Distribution						Race/Ethnicity Distribution					
2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2018 Pop	% of Total	USA % of Total		
Less than High School	24,243	4.2%	5.6%			White Non-Hispanic	561,764	69.8%	60.4%		
Some High School	32,721	5.6%	7.4%			Black Non-Hispanic	42,597	5.3%	12.4%		
High School Degree	102,439	17.6%	27.6%			Hispanic	94,074	11.7%	18.2%		
Some College/Assoc. Degree	175,062	30.0%	29.1%			Asian & Pacific Is. Non-Hispanic	66,333	8.2%	5.8%		
Bachelor's Degree or Greater	249,055	42.7%	30.3%			All Others	40,028	5.0%	3.2%		
Total	583,520	100.0%	100.0%			Total	804,796	100.0%	100.0%		
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## Exhibit 4: Truven Health Analytics 2018 Demographic Snapshot for Washington County, Oregon

Demographics Expert 2.7										
2018 Demographic Snapshot										
Area: Washington, OR										
Level of Geography: ZIP Code										
DEMOGRAPHIC CHARACTERISTICS										
			Selected Area	USA				2018	2023	% Change
2010 Total Population			542,339	308,745,538		Total Male Population		301,925	323,471	7.1%
2018 Total Population			612,449	326,533,070		Total Female Population		310,524	332,692	7.1%
2023 Total Population			656,163	337,947,861		Females, Child Bearing Age (15-44)		125,526	129,283	3.0%
% Change 2018 - 2023			7.1%	3.5%						
Average Household Income			\$104,762	\$86,278						
POPULATION DISTRIBUTION			HOUSEHOLD INCOME DISTRIBUTION							
Age Distribution						Income Distribution				
Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total	2018 Household Income	HH Count	% of Total	USA % of Total	
0-14	119,320	19.5%	121,761	18.6%	18.7%	<\$15K	14,617	6.3%	10.9%	
15-17	24,460	4.0%	26,945	4.1%	3.9%	\$15-25K	15,196	6.5%	9.5%	
18-24	52,202	8.5%	58,347	8.9%	9.7%	\$25-50K	43,777	18.8%	22.1%	
25-34	85,946	14.0%	80,336	12.2%	13.4%	\$50-75K	38,381	16.5%	17.1%	
35-54	174,671	28.5%	185,764	28.3%	25.5%	\$75-100K	32,726	14.1%	12.3%	
55-64	74,240	12.1%	81,352	12.4%	12.9%	Over \$100K	88,034	37.8%	28.2%	
65+	81,610	13.3%	101,658	15.5%	15.9%					
Total	612,449	100.0%	656,163	100.0%	100.0%	Total	232,731	100.0%	100.0%	
EDUCATION LEVEL			RACE/ETHNICITY							
Education Level Distribution						Race/Ethnicity Distribution				
2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2018 Pop	% of Total	USA % of Total	
Less than High School	17,607	4.2%	5.6%			White Non-Hispanic	404,925	66.1%	60.4%	
Some High School	20,676	5.0%	7.4%			Black Non-Hispanic	12,094	2.0%	12.4%	
High School Degree	73,763	17.7%	27.6%			Hispanic	101,545	16.6%	18.2%	
Some College/Assoc. Degree	129,774	31.2%	29.1%			Asian & Pacific Is. Non-Hispanic	66,388	10.8%	5.8%	
Bachelor's Degree or Greater	174,647	41.9%	30.3%			All Others	27,497	4.5%	3.2%	
Total	416,467	100.0%	100.0%			Total	612,449	100.0%	100.0%	
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## Exhibit 5: Truven Health Analytics 2018 Demographic Snapshot for Clark County, Washington

Demographics Expert 2.7											
2018 Demographic Snapshot											
Area: Clark, WA											
Level of Geography: ZIP Code											
DEMOGRAPHIC CHARACTERISTICS											
			Selected Area	USA				2018	2023	% Change	
2010 Total Population			425,492	308,745,538		Total Male Population			237,177	252,654	6.5%
2018 Total Population			478,960	326,533,070		Total Female Population			241,783	258,125	6.8%
2023 Total Population			510,779	337,947,861		Females, Child Bearing Age (15-44)			92,137	96,874	5.1%
% Change 2018 - 2023			6.6%	3.5%							
Average Household Income			\$92,115	\$86,278							
POPULATION DISTRIBUTION						HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution						Income Distribution					
Age Group	2018	% of Total	2023	% of Total	USA 2018 % of Total	2018 Household Income	HH Count	% of Total	USA % of Total		
0-14	94,564	19.7%	94,714	18.5%	18.7%	<\$15K	11,220	6.3%	10.9%		
15-17	20,724	4.3%	22,082	4.3%	3.9%	\$15-25K	12,933	7.2%	9.5%		
18-24	42,793	8.9%	48,192	9.4%	9.7%	\$25-50K	37,412	20.9%	22.1%		
25-34	59,813	12.5%	62,151	12.2%	13.4%	\$50-75K	33,450	18.7%	17.1%		
35-54	125,990	26.3%	128,911	25.2%	25.5%	\$75-100K	25,479	14.2%	12.3%		
55-64	61,336	12.8%	64,238	12.6%	12.9%	Over \$100K	58,318	32.6%	28.2%		
65+	73,740	15.4%	90,491	17.7%	15.9%						
Total	478,960	100.0%	510,779	100.0%	100.0%	Total	178,812	100.0%	100.0%		
EDUCATION LEVEL						RACE/ETHNICITY					
Education Level Distribution						Race/Ethnicity Distribution					
2018 Adult Education Level	Pop Age 25+	% of Total	USA % of Total			Race/Ethnicity	2018 Pop	% of Total	USA % of Total		
Less than High School	9,066	2.8%	5.6%			White Non-Hispanic	373,080	77.9%	60.4%		
Some High School	19,608	6.1%	7.4%			Black Non-Hispanic	9,576	2.0%	12.4%		
High School Degree	80,315	25.0%	27.6%			Hispanic	47,073	9.8%	18.2%		
Some College/Assoc. Degree	124,131	38.7%	29.1%			Asian & Pacific Is. Non-Hispanic	27,105	5.7%	5.8%		
Bachelor's Degree or Greater	87,759	27.3%	30.3%			All Others	22,126	4.6%	3.2%		
Total	320,879	100.0%	100.0%			Total	478,960	100.0%	100.0%		
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**Exhibit 6: Educational Brochure on Vitamin D Deficiency**



**Shriners Hospitals  
for Children®**  
[www.shrinershospitalforchildren.org](http://www.shrinershospitalforchildren.org)  
Clinical Nutrition Department  
503.241.5090 ext. 4419

### Feed Your Bones

Vitamin D deficiency or nutritional rickets can stunt growth or cause a child's arms and legs to have growth problems. These growth problems can even cause bones to be weak and easily broken. Vitamin D deficiency is commonly seen in northern parts of the U.S., and is beginning to become common even in sunnier areas. "Vitamin D is essential to our body's ability to absorb calcium from our diet to build and maintain healthy bones," says Dr. Ellen Raney, orthopaedic surgeon of Shriners Hospitals for Children® in Portland. "Food can contribute significant amounts of Vitamin D if chosen carefully," says hospital clinical dietitian Sharon Brown, RD, LD.



#### Lifestyle Factors Contributing to Vitamin D Deficiency:

- Decreased outdoor activities
- Constant use of sunscreen while outside
- Limited availability of Vitamin D rich foods
- Decreased milk intake due to increased intake of sugar-sweetened beverages
- Obesity

Our bodies can make Vitamin D in our skin when it is exposed to sunlight.

Vitamin D is essential for adequate calcium absorption.

**Minimum daily recommended dose: 400-600 IU**

### Recommendations to Improve Vitamin D Health

**Soak up the sun!** In sunny weather, your body can make Vitamin D in just a few minutes (10-15) of midday sun exposure without sun screen.

#### What foods\* contain Vitamin D?

- Fortified milk (cow, soy, almond, coconut)
- Fortified orange juice
- Fortified cereal
- Fortified yogurt
- Mushrooms
- Fatty Fish (Tuna, Sockeye Salmon, Mackerel)

\*check Nutrition Facts Panel for specifics on Vitamin D content

#### How much Vitamin D does my child need?

- The American Academy of Pediatrics recommends a daily intake of 400 IU per day for children under the age of 1 year.
- The Institute of Medicine recommends that children and adolescents should have a daily intake of at least 600 IU per day.
- Consult with your RD to help determine how much daily Vitamin D your child is getting, as well as determine if and what additional supplement he/she might need.
- Avoid taking several multivitamins to get more Vitamin D as they may contain too many other vitamins that can be harmful.

#### What supplements should I give my child?

Vitamin D supplements are readily available in child-friendly forms (chewable or liquid drops). Get advice from your dietitian on supplement options.

[www.shrinershospitalforchildren.org](http://www.shrinershospitalforchildren.org)

### Getting enough Vitamin D is easy!

#### Try this sample menu:

2 cups fortified milk  
(16 oz total) 200IU  
(includes soy, rice,  
almond, coconut)

8 oz fortified orange  
juice 100 IU

1 cup TOTAL Raisin  
Bran Cereal 104 IU

2 oz Tuna Fish 160 IU

6 oz Dannon® Fit &  
Light Yogurt 80 IU

**Total Vit. D = 644 IU**

Representatives from the Academy of Nutrition and Dietetics and Shriners Hospitals for Children® participated in the development of this information.

Shriners Hospitals for Children – Portland®  
3101 SW Sam Jackson  
Park Rd.  
Portland, OR 97239

**Exhibit 7: Educational Brochure on Backpack Use**

## **Facts About Backpacks**

Used correctly, backpacks can be a good way to carry all the books, supplies and personal items needed for a typical school day. Backpacks are designed to distribute the weight of the load among some of the body's strongest muscles. However, backpacks that are too heavy or carried incorrectly can injure muscles or joints and contribute to back pain and other problems.



### **The Proper Backpack is:**

- No wider than the user's chest
- Worn no higher than the base of the neck
- Worn no lower than 2 to 4 inches below the waist
- Supported by a waist or a chest strap
- Made of lightweight material



### **A Good Backpack has:**

- A padded back
- Several compartments
- Side compression straps
- A waist or chest strap
- Reflectors
- Two wide, padded shoulder straps



## **How to Use a Backpack**

### **To Wear it**

- Facing the backpack, bend your knees, hold the backpack with both hands, and straighten your knees to lift it to waist height.
- Apply one shoulder strap at a time.
- Be sure to always use both shoulder straps.
- Snugly adjust it between your neck and the curve of your lower back using the shoulder straps (the closer the backpack is to your body, the less strain it will cause).

### **To Load it**

- Keep it light – pack only what is needed for the day.
- Place the heaviest objects so they will be closest to your back.
- Use compartments to distribute the weight and keep things from sliding.
- Hand-carry heavy books to avoid excessive weight in the backpack.
- Clean it out daily.

### **Backpack Weight**

If a backpack forces the wearer to lean forward, it's overloaded and some items should be removed. Carrying an overloaded backpack can cause discomfort and, over time, lead to back injuries and other problems.

If the backpack weighs more than 15 percent of the carrier's weight, it's too heavy. To determine the proper maximum weight for a backpack, multiply the user's body weight by 0.15. If a heavier load is unavoidable, consider using a backpack with wheels.

Carrying too much weight or wearing a backpack the wrong way can lead to:

- Muscle fatigue
- Poor posture
- Painful shoulders
- Back and neck pain
- Injuries from tripping and falling



**Exhibit 8: Shriners Hospitals for Children – Portland Community Benefit Council (CBC) Charter****Shriners Hospitals for Children – Portland  
Community Benefits Council (CBC) Charter**

**Mission:** Create awareness and a culture of support for community health needs and benefits at Shriners Hospitals for Children – Portland

**Key Functions:**

- Lead all planning and execution related to the triennial Community Health Needs Assessment (CHNA) and annual community benefits reporting
- Develop clear and actionable goals based on CHNA key findings, and ensure measurable progress on goals is made and documented
- Establish and maintain a defined process for tracking and reporting on community benefits provided by Shriners Hospitals for Children – Portland
- Support existing community benefit programs at the hospital while also exploring and identifying new benefit opportunities
- Actively promote community benefit awareness activities within the hospital
- Integrate community benefit concepts within the hospital's strategic plan and ensure board-level awareness of related efforts
- Pursue and formalize an internship program with a local university, targeted to public health students

**Required Departments:**

- Business Development
- Patient Care
- Performance Improvement/Quality Management
- Public Relations
- Social Work and/or Child Life

**Additional Membership:**

- Other departments as identified by key needs in the most recent CHNA (e.g. nutrition, rehab/therapy, etc.)
  - *Recommend that these members serve a term of three years to coincide with CHNA development cycles*

**Exhibit 9: Mental Health Resource Sheet (English Language)**

<div> <b>Mental Health Resource Guide</b>  <b>Shriners Hospitals for Children®—Portland</b> </div>	
Crisis Resources	
Multnomah County Crisis Line	503-988-4888
Washington County Crisis Line	503-291-9111
Clackamas County Crisis Line	503-655-8585
Clark County Crisis Line	800-626-8137
National Lines for Life Suicide Hotline	800-273-8255
Lines for Life Youthline Teen crisis help with peer support <a href="http://www.linesforlife.org">www.linesforlife.org</a>	877-968-8491
David Romprey Warmline Peer support for crisis and non-crisis 9am-11pm	800-698-2392
Clinics	
Cascadia Behavioral Healthcare Walk-In Clinic Urgent, inpatient and outpatient services <a href="http://www.cascadiabhc.org">www.cascadiabhc.org</a>	503-674-7777
Morrison Child and Family Services Counseling services for children and families <a href="http://www.morrisonkids.org">www.morrisonkids.org</a>	503-258-4381
Providence Behavioral Health Family and Individual Therapy for children and youth, Eating disorders, Substance Use, Outpatient, and 24/7 Crisis Support <a href="http://www.oregon.providence.org">www.oregon.providence.org</a>	503-574-9235
Riverstone Clackamas County Walk-In Clinic Short term services regardless of insurance	503-742-5335
Low Cost Mental Health Services	
Lewis & Clack Community Counseling Center <a href="http://www.graduate.lclark.edu/clinics/coummunity_counseling">www.graduate.lclark.edu/clinics/coummunity_counseling</a>	503-768-6320
LifeWorks NW <a href="http://www.lifeworksnw.org">www.lifeworksnw.org</a>	503-645-9010
PSU Community Counseling Clinic <a href="http://www.pdx.edu/coun/clinic">www.pdx.edu/coun/clinic</a> \$15 a session, with further reduced fees available	503-725-4620
Wise Counsel & Comfort Locations across Multnomah, Clackamas and Washington Counties	503-482-2203

Grief Support	
Adventist Medical Center Bereavement Support Group	503-251-6192 Ext. 5670
The Dougy Center Grief Support Programs for kids, teens, adults, and siblings. Resources, tips, podcasts and where to find groups in and out of Oregon <a href="http://www.dougy.org">www.dougy.org</a>	503-775-5683
Support Groups through the Portland Shriners Hospital	
Limb Difference Support Group	971-544-3304
Neuromuscular Support Group For youth and families who have a neuromuscular diagnosis	503-944-1165
Transitions Group For youth who are transitioning to adulthood, support for driving, job searches, college & more!	503-241-5090
Other Support	
Adaptive Sports Northwest Wheelchair basketball, swimming, track and field, power soccer and more <a href="mailto:eve@adaptivesportsnw.org">eve@adaptivesportsnw.org</a>	503-241-0850
Doernbecher Pediatric Pain Management Clinic	503-418-5188
Recreation Therapy & Movement Arts Offered through Shriner's Hospital with adaptive services for: dance, art, horseback riding, Swimming, kayaking/rafting, gymnastics, fishing, and skiing/snowboarding. Activity list changes occasionally so call or email for more details! <a href="mailto:clscott@shrinenet.org">clscott@shrinenet.org</a>	971-544-3304
Oregon Family to Family Health Information Center Peer and family support for families with a child or youth with chronic health conditions or Developmental delays or disabilities. <a href="http://www.oregonfamilytofamily.org">www.oregonfamilytofamily.org</a>	855-323-6744 Spanish: 503-931-8930
Contact your local Parks and Rec for their Adaptive and Inclusive Recreation	
Additional Tips!	
<ul style="list-style-type: none"> <li>• Contact your local County Behavioral Health Center</li> <li>• Talk to your Primary Care Provider for a referral</li> <li>• Contact 211 to request local resources by phone (dial 211), text (text your zip code to 8989211), free app (211Info app) or email (<a href="mailto:help@211Info.org">help@211Info.org</a>)</li> <li>• Contact your Insurance company (Information typically located on the back of your Insurance card) to find providers in your network</li> </ul>	

**Exhibit 10: Food & Nutrition Services Resource Sheet (English Language)**

## Oregon Food & Nutrition Services

### **SNAP (Supplemental Nutritional Assistance Program)**

[www.oregon.gov/dhs/assistance/pages/foodstamps/foodstamps.aspx](http://www.oregon.gov/dhs/assistance/pages/foodstamps/foodstamps.aspx)

Or call 211

### **Are you pregnant or have children under age five?**

•WIC (Supplemental Nutrition Program for Women, Infants and Children):

Or call 211

[www.211info.org](http://www.211info.org)

•Multnomah County: <https://multco.us/health/wic>

503-988-3503

•Clackamas County: [www.clackamas.us/publichealth/wic.html](http://www.clackamas.us/publichealth/wic.html)

503-655-8476

•Washington County: [www.co.washington.or.us/HHS/WIC/index.cfm](http://www.co.washington.or.us/HHS/WIC/index.cfm)

503-846-3555

### **Are you a senior 60+?**

•Aging & Disability Resource Connection: [www.adrcoforegon.org](http://www.adrcoforegon.org)

855-673-2372

•Senior Farm Direct Nutrition Program: [www.oregon.gov/DHS/seniors-disabilities/SUA/pages/SFDNP.aspx](http://www.oregon.gov/DHS/seniors-disabilities/SUA/pages/SFDNP.aspx)

866-299-3562

### **Especially for kids:**

•Meals 4 Kids (home delivered meals):

[www.mealsonwheelspeople.org/what-we-do/meals-4-kids/](http://www.mealsonwheelspeople.org/what-we-do/meals-4-kids/)

503-953-8115

•Contact your child's school about free and reduced lunches

**Most farmers markets accept SNAP, WIC & Senior Farm Direct vouchers, and several will match or add to SNAP dollars so you can buy more!**

•To find markets near you that take SNAP/WIC visit:

[www.oregonfarmersmarkets.org/market-finder/](http://www.oregonfarmersmarkets.org/market-finder/)

**Food pantries in many neighborhoods provide free basic food and produce.**

•To find pantries near you visit [www.211info.org](http://www.211info.org)

Or call 211

**Take free classes in gardening, cooking or shopping on a budget:**

•[www.oregonfoodbank.org/find-help/classes](http://www.oregonfoodbank.org/find-help/classes)

503-282-0555

**For nutrition information & low-cost healthy recipes visit:**

•[www.foodhero.org/recipes/healthy-recipes](http://www.foodhero.org/recipes/healthy-recipes)

541-737-1017

*\*What is 211? 211 is a free multilingual phone or online service that provides easy access to information about health, human services and employment assistance. Local information is updated continuously. Information and referral specialists work with callers to assess their needs, determine their options and provide appropriate programs/services, offer support, intervene in crisis situations and advocate for the caller as needed.*



**Shriners Hospitals  
for Children® — Portland**

## SW Washington Food & Nutrition Services

### SNAP (Supplemental Nutritional Assistance Program)

[www.benefits.gov/benefits/benefit-details/1364](http://www.benefits.gov/benefits/benefit-details/1364)

Or call 211

### Are you pregnant or have children under age five?

•WIC (Supplemental Nutrition Program for Women, Infants and Children):

Or call 211

[www.211info.org](http://www.211info.org)

•Clark County: [www.seamar.org/services-clark.html](http://www.seamar.org/services-clark.html)

360-397-2000

•Cowlitz County: <http://cowlitzfamilyhealth.org/other-services>

360-225-3953

•Skamania County: [www.skamaniacounty.org](http://www.skamaniacounty.org)

509-427-3850

[/community-health/homepage/public-health/wic/](http://community-health/homepage/public-health/wic/)

### Are you a senior 60+?

•Senior Nutrition Program: [www.dshs.wa.gov/altsa/home-and-community-services/senior-nutrition-program](http://www.dshs.wa.gov/altsa/home-and-community-services/senior-nutrition-program)

•Senior Farmers Market Nutrition Program: [www.dshs.wa.gov/altsa/home-and-community-services/senior-farmers-market-nutrition-program](http://www.dshs.wa.gov/altsa/home-and-community-services/senior-farmers-market-nutrition-program)

### Especially for kids:

•Summer meals for kids: <https://resources.parenthelp123.org/services/summer-meals>

•Contact your child's school about free and reduced lunches

Or call 211

Most farmers markets accept SNAP, & WIC vouchers, and several will match or add to SNAP dollars so you can buy more!

•To find markets near you that take SNAP/WIC visit:

[www.wafarmersmarkets.com/washingtonfarmersmarketdirectory/](http://www.wafarmersmarkets.com/washingtonfarmersmarketdirectory/)

Food pantries in many neighborhoods provide free basic food and produce.

•Clark County: [www.clarkcountyfoodbank.org/gethelp/](http://www.clarkcountyfoodbank.org/gethelp/)

360-693-0939

All other counties: [www.211info.org](http://www.211info.org)

Or call 211

Take free classes in gardening so you can grow a portion of your own food!

•Clark County WSU Extension: [extension.wsu.edu/clark/](http://extension.wsu.edu/clark/)

564-397-5733

•Cowlitz County WSU Extension: [extension.wsu.edu/cowlitz/nrhort/](http://extension.wsu.edu/cowlitz/nrhort/)

360-577-3014

•Skamania County WSU Extension: [extension.wsu.edu/skamania/agriculture/](http://extension.wsu.edu/skamania/agriculture/)

509-427-3930


For nutrition information & low-cost healthy recipes visit:

•[www.foodhero.org/recipes/healthy-recipes](http://www.foodhero.org/recipes/healthy-recipes)



**Shriners Hospitals**  
for Children® — Portland

**Exhibit 11: Pediatric Dental Resource Sheet – Oregon (English Language)**

<b>Oregon Pediatric Dental Resources</b>	
<b>Free and Low-Cost Dental Resources</b>	
<b>Russell Street Dental Clinic</b> Portland, OR <a href="http://crestondental.org/index.asp">http://crestondental.org/index.asp</a>	503-494-6822
<b>Multnomah County Dental Access Program</b> Six (6) clinics offered throughout Multnomah County <a href="https://multco.us/health/dental-clinics">https://multco.us/health/dental-clinics</a>	503-988-6942
<b>Neighborhood Health Center- Also accept OHP, treats medically fragile</b> <a href="http://www.nhcoregon.org">www.nhcoregon.org</a> Hillsboro: 503-848-5861 Oregon City: 503-941-3064 Milwaukie: 503-850-4479 Canby: 503-416-4547	
<b>OHSU Pediatric Dentistry</b> Portland, OR <a href="http://www.ohsu.edu/xd/health/services/dental-clinics/pediatric/index.cfm">www.ohsu.edu/xd/health/services/dental-clinics/pediatric/index.cfm</a>	503-418-4333
<b>Pacific University Dental Hygiene Clinic</b> Hillsboro, OR <a href="http://www.pacificu.edu/about/community/healthcare-clinics/pacific-dental-hygiene-clinic">www.pacificu.edu/about/community/healthcare-clinics/pacific-dental-hygiene-clinic</a>	503-352-7373
<b>PCC Dental Clinic</b> Portland, OR <a href="http://www.pcc.edu/resources/dental-clinic.html">www.pcc.edu/resources/dental-clinic.html</a>	971-722-4909
<b>Non-Profit and Charitable Dental Organizations</b> <a href="http://www.yourdentistryguide.com/non-profit-charities/">http://www.yourdentistryguide.com/non-profit-charities/</a>	
<b>Mobile Dental</b> Low cost dental care to low income children and adults in OR/WA <a href="http://www.medicalteams.org/about-us/what-we-do/mobile-dental-program">http://www.medicalteams.org/about-us/what-we-do/mobile-dental-program</a>	503-624-1026
<b>OHSU School of Dentistry-Low cost options for dental, oral surgery &amp; orthodontia</b>	503-494-8867
<b>Mt. Hood Community College Dental Clinic, Gresham, OR</b>	503-491-7176
<b>For Children with Special Needs</b>	
<b>Doernbecher Children's Hospital</b>	503-418-5799 For interpretation: 503-494-2800
<b>Providence Specialty Pediatric Dental Clinic</b> Serves children birth to 18 years of age with developmental, medical & behavioral disabilities <a href="http://www.ProvidenceOregon.org/pediatricdental">www.ProvidenceOregon.org/pediatricdental</a>	503-215-1056
 <b>Shriners Hospitals for Children®—Portland</b>	



## For Children with Special Needs

### Smiles Change Lives

Braces and orthodontia-low cost for low income youth 7-21 years old 1-888-900-3554  
<https://www.smileschangelives.org/for-kids-and-parents/>

### Children's Program

Program provides immediate dental treatment for uninsured children 5-18 years old.  
 Program will provide \$500 of basic dental services at no charge.  
 The referral form can be found at: 503-265-5627 or  
[www.odscompanies.com/pdfs/child\\_prog\\_refer.pdf](http://www.odscompanies.com/pdfs/child_prog_refer.pdf) 888-393-2772

### NW Grotto Association

Dental care for children with special needs under 18 years old.  
<http://www.hfgrotto.org/>

### Donated Dental OR

Dental and Orthodontia care (no-cost if meet criteria),  
 but need a referral from a physician. 503-594-0837 or  
<https://dentallifeline.org/oregon/> 888-393-2772

### The Kids Dentist

Newburg, OR 503-538-4289

## Dental offices accepting Medicaid and OHP

### Portland Children's Dentistry – Downtown Portland

This office treats medically fragile patients 503-477-7130  
<http://www.portlandchildrensdentistry.com/>

### Nelson Pediatric Dentistry and Orthodontics – Beaverton, OR

This office treats medically fragile patients 503-719-7518  
<http://portlandpedoortho.com/>

## Dental offices accepting only Capital and ODS

### Tigard Family Dental – Tigard, OR (Capital & ODS)

<https://www.tigardfamilydental.com/> 971-762-1268

### Pediatric Dental Group – Downtown Portland (Capital & ODS)

This office treats medically fragile patients 503-292-9274  
<http://oregonpediatricdental.com/>



**Exhibit 12: Pediatric Dental Resource Sheet – SW Washington (English Language)**

## **SW Washington Pediatric Dental Resources**

### **Free and Low-Cost Dental Resources**

**Cascadia Technical Academy Dental Clinic (services offered November – June only)**  
Vancouver, WA 360-604-1057  
<http://cascadiatechnicalacademy.org/dental-clinic/>

**Clark College Dental Hygiene Clinic**  
Vancouver, WA 360-992-2158  
<http://www.clark.edu/academics/programs/health-care-and-biosciences/dental/clinic/index.php>

**Cowlitz Family Health Center – Longview Dental Clinic**  
Longview, WA 360-414-1300  
<http://cowlitzfamilyhealth.org/dental-2/>

**Free Clinic of Southwest Washington**  
Vancouver, WA 360-313-1390  
<http://freeclinics.org/services/dental-services/>

**New Day Community Dental Clinic**  
Vancouver, WA 360-892-7107  
<http://www.newdaydental.org/index.asp>

**New Heights Dental Clinic**  
Vancouver, WA 360-694-0355  
<https://newheights.org/new-heights-clinic/>

**Sea Mar Community Health Center – Vancouver**  
Vancouver, WA 360-574-4074  
<http://www.seamar.org/clark-dental-vancouver.html>

**Non-Profit and Charitable Dental Organizations**  
<http://www.yourdentistryguide.com/non-profit-charities/>

**Mobile Dental**  
Low cost dental care to low income children and adults in OR/WA 425-284-1950  
<http://www.medicalteams.org/about-us/what-we-do/mobile-dental-program>



**Shriners Hospitals  
for Children® – Portland**

## For Children with Special Needs

### Doernbecher Children's Hospital

<http://www.ohsu.edu/xd/health/services/doernbecher/programs-services/dental-orthodontic.cfm>

503-418-5799  
For interpretation:  
503-494-2800

### Providence Specialty Pediatric Dental Clinic

Serves children birth to 18 years of age with developmental, medical & behavioral disabilities  
[www.ProvidenceOregon.org/pediatricdental](http://www.ProvidenceOregon.org/pediatricdental)

503-215-1056

### Smiles Change Lives

Braces and orthodontia-low cost for low income youth 7-21 years old  
<https://www.smileschangelives.org/for-kids-and-parents/>

1-888-900-3554

### Children's Program

Program provides immediate dental treatment for uninsured children 5-18 years old.

Program will provide \$500 of basic dental services at no charge.

The referral form can be found at:

[www.odscompanies.com/pdfs/child\\_prog\\_refer.pdf](http://www.odscompanies.com/pdfs/child_prog_refer.pdf)

503-265-5627 or  
888-393-2772

### NW Grotto Association

Dental care for children with special needs under 18 years old.

<http://www.hfgrotto.org/>



**Shriners Hospitals**  
for Children\*— Portland

## Acknowledgements

### *Shriners Hospitals for Children – Portland Community Benefits Council:*

Bri Hostetler, PI Specialist

Carly Woodmark, Clinical Quality Outcomes Coordinator

Davene Dietzler, Director of Business Development

Erin Gerber, Social Worker

Hanna Stonelake, Social Worker

Jacque De Vore, Clinical Dietitian

Lynda Luce, Donor Development Assistant

Maria Susana Molano, Interpreter

Michelle Foss, Physical Therapist

Sandi Saylor, Director of Performance Improvement

Susan Gallegos, Child Life Therapist

### *Oregon Health & Science University MS in Healthcare Management Capstone Team:*

Brendan Tait

Duc Phan

Nicole Kroon

### *Other Acknowledgements:*

Amber Hieb, Director of Research

Colleen Rogers, PR/Marketing Specialist

Dereesa Reid, Hospital Administrator

Dr. Matt Bernstein, Chief of Staff

Lisa To, Medical Staff Executive Assistant

Maggie Morrow, Care Coordinator

Margaret Gamon, Medical Staff Executive Assistant

Maureen Stewart, Data Analyst, Information Services

Sherry Timms, Clinical Analyst

Susan Labhard, Transitions Nurse

Whitney Krebs, PR/Marketing Specialist

External Resources

Annie E. Casey Foundation ([www.aecf.org](http://www.aecf.org))

Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

Community Benefit Connect ([www.communitybenefitconnect.org](http://www.communitybenefitconnect.org))

Community Commons ([www.communitycommons.org/chna](http://www.communitycommons.org/chna))

Data Resource Center for Child & Adolescent Health ([www.childhealthdata.org](http://www.childhealthdata.org))

Dignity Health and Truven Health Interactive Community Need Index (<http://cni.chw-interactive.org/>)

Multnomah County Health Department ([www.multco.us/health](http://www.multco.us/health))

National Association of County & City Health Officials ([www.naccho.org](http://www.naccho.org))

National Association of State Mental Health Program Directors Council ([www.nasmhpd.org](http://www.nasmhpd.org))

National Institute for Children's Health Quality ([www.nichq.org/](http://www.nichq.org/))

National Maternal and Child Oral Health Resource Center ([www.mchoralhealth.org](http://www.mchoralhealth.org))

Oregon Health Authority ([www.oregon.gov/oha](http://www.oregon.gov/oha))

Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org))

Truven Health Analytics ([www.truvenhealth.com](http://www.truvenhealth.com))

U.S. Department of Agriculture, Economic Research Service ([www.ers.usda.gov](http://www.ers.usda.gov))

U.S. Department of Health and Human Services ([www.hhs.gov](http://www.hhs.gov))

United States Census Bureau ([www.census.gov](http://www.census.gov))

Washington State Department of Health ([www.doh.wa.gov](http://www.doh.wa.gov))