



PORTLAND
Public Schools

Ida B. Wells High School School-Based Health Center: Medical Provider Recruitment Portfolio

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I. Executive Summary

Portland Public Schools (PPS) seeks to partner with qualified medical organizations interested in serving as the medical sponsor for a new School-Based Health Center (SBHC) at Ida B. Wells High School. This new center will be a cornerstone of PPS's commitment to equity, student well-being, and academic success, bringing comprehensive, youth-centered healthcare directly to students where they learn.

About the Opportunity

PPS invites qualified medical providers able to deliver a full spectrum of services, including primary care, behavioral and mental health support, preventive care, and health education within a school-based setting. The selected sponsor will collaborate with the district, school staff, and community partners to design and operate a clinic that removes barriers to care, such as transportation, cost, and missed class time.

The new SBHC will be located in the modernized Ida B. Wells High School, currently under development as part of PPS's ongoing facility improvement plan. This state-of-the-art campus will include a dedicated space for the health center, ensuring seamless integration into the school community.

What is a School-Based Health Center?

School-Based Health Centers are healthcare clinics located on school grounds that provide accessible, confidential, and culturally responsive services to students. They support early intervention, chronic condition management, wellness promotion, and health education, helping students stay healthy, engaged, and ready to learn. SBHCs often serve students who are uninsured or underinsured and work closely with community partners for referrals and specialized care.

Why This Matters

More than one-third of PPS students qualify for free meals, highlighting the economic and healthcare barriers many families face. Establishing a school-based health center on Portland's west side is a critical step toward advancing health equity and ensuring all students, regardless of background, have the support they need to thrive.

The absence of a school-based health center on the west side of Portland presents a clear and correctable equity issue. Establishing such a center is not just about healthcare access; it is an investment in our students' academic success, emotional well-being, athletic achievement, and long-term community resilience. By addressing this gap, Portland can ensure that no matter where a student lives, or whether they

step into a classroom, onto the field, or into a new country as a refugee, they have the support they need to thrive.

II. Needs Statement

A. Equity and Access Disparity

The establishment of a school-based health center (SBHC) on the west side of Portland is an urgent and necessary step toward addressing critical equity gaps in our city's healthcare access for students and families. Currently, there are six SBHCs located exclusively on the east side of Portland, leaving a significant portion of our student population on the west side underserved and without comparable access to essential health services.

Portland's commitment to equity demands that all students, regardless of geographic location, have fair and reasonable access to healthcare resources. The current distribution of SBHCs creates an imbalance:

- Families on the west side face transportation barriers and longer travel times to access services that east side students can reach more easily.
- This disparity disproportionately affects students from low-income households, students of color, immigrant families, and those experiencing housing instability — all of whom are already at greater risk of health disparities and educational interruptions due to unmet health needs.
- Importantly, the west side community includes a large Muslim and Somali refugee population living at Stephens Creek Crossing, near Ida B. Wells High School. These families often face compounded barriers to healthcare, including language access, cultural considerations, transportation challenges, and financial hardship.
- Equity is not just about service availability; it is about ensuring that location, language, income, or immigration status do not limit a child's right to health and well-being.

B. Health Outcomes and Educational Success

[Research](#) consistently shows that school-based health centers improve both health and educational outcomes:

- SBHCs provide preventive care, mental health services, chronic disease management, and health education directly on-site, reducing absenteeism.
- By providing accessible services, students are less likely to miss school due to health issues and more likely to engage fully in learning.
- Mental health support, in particular, is critical as youth anxiety, depression, and stress have been rising, especially in the wake of the COVID-19 pandemic and ongoing social pressures.

C. Supporting Our Student-Athletes

A west side SBHC will play a crucial role in supporting the health and performance of our student-athletes:

- Student-athletes require timely access to sports physicals, injury assessment, and rehabilitation guidance to safely participate in athletic programs.
- Having an SBHC nearby will reduce delays in medical clearance and treatment, helping students return to play safely and promptly after injuries.
- Access to health education, including concussion protocols, nutrition counseling, and injury prevention strategies, empowers athletes to care for their bodies and maintain peak performance.
- Many families struggle with the costs and logistics of securing sports physicals and follow-up care; a school-based option ensures equitable access, regardless of a family's financial circumstances.
- Athletic participation is strongly tied to academic engagement, and supporting athletes' health directly contributes to overall student success and community pride.

D. Demographics, Population Growth, & Community Need

In the 2025-26 school year, Ida B. Wells High School served 1,669 students. These students come from diverse racial and ethnic backgrounds: Latino (9%), Black/African American (5%), Asian/Asian American (3%), white (71%), multiracial (11%), and Pacific

Islander (1%). Students speak many languages at home, including English, Spanish, Somali, Vietnamese, and Chinese. Nearly one-fifth of students at the school qualify for free or reduced lunch.

While much of the southwest areas of Portland are described as affluent, current data reveals a shifting landscape in Southwest Portland, where rapid residential growth is creating a more racially and economically diverse population with evolving needs:

- The [Southwest Corridor Inclusive Communities Project](#) reports that the corridor is expected to grow substantially over the next 25 years, with the [WPTC Health Equity Assessment](#) predicting an additional 3,000 households in the next 10 years alone.
- The [Demographic Assessment](#) highlights that the West Portland Park area is becoming significantly more diverse, with a much higher Black population (many of whom are recent immigrants) compared to city averages. This study also found that 91% of Black residents in this area are renters, a group disproportionately affected by rising healthcare and housing costs.
- The Stephens Creek Crossing community highlights this growth, housing many Somali refugee families and a large Muslim population who would benefit from culturally competent, accessible care.
- Increasing numbers of families with school-aged children live in neighborhoods on the west side, and many schools report higher needs for both physical and mental health support services.
- Community feedback indicates strong interest in local, school-based services to reduce reliance on overburdened community clinics or emergency rooms.

E. Preventive and Responsive Care

SBHCs provide culturally competent, youth-friendly services that are critical for early intervention:

- Services such as immunizations, reproductive health, mental health counseling, and substance use prevention directly address some of the most pressing health concerns in our youth population.

- School-based services reduce stigma and lower barriers to accessing care, fostering healthier school climates and building trust within the community.
- For communities like Stephens Creek Crossing, proximity to care that understands cultural sensitivities, language needs, and family dynamics is not just helpful, it is essential.

F. Aligning with Portland's Vision of Health Equity

Establishing an SBHC on the west side aligns with the City of Portland's and Multnomah County's broader goals of health equity and justice:

- It demonstrates a tangible commitment to correcting service imbalances.
- It ensures that West Side students and families, including immigrant and refugee communities, receive equitable investment in their health and future.

III. Student and Community Engagement

Portland Public Schools (PPS) partnered with After Bruce (AB) to evaluate the feasibility of establishing a School-Based Health Center (SBHC) at Ida B. Wells (IBW) High School in Southwest Portland. The research, conducted between August and December 2025, aimed to identify community needs, service gaps, and potential barriers to care.

This engagement effort successfully collected 343 survey responses, alongside four drop-in sessions and seven insight interviews with parents, school nurses, and community-based organization leaders.

A. Community Support and Interest

The research revealed strong community support, with 63% of total survey participants expressing interest in using an SBHC. Even among families who might not personally utilize the clinic due to existing private providers, there was a broad consensus that the center represents a vital community resource for those who need it most. Registered school nurses and community leaders overwhelmingly advocated for the center to address significant service gaps in Southwest Portland.

1. Key Findings

Community engagement initiatives have consistently highlighted a significant disparity in access to healthcare services within Southwest Portland, effectively characterizing the region as a "school-based health center (SBHC) desert." This designation underscores the critical need for localized services, as the closest established SBHC facility currently resides a considerable distance away on the east side of the city, specifically at Cleveland High School. The geographical separation creates substantial practical and logistical impediments for students and families residing in the target area.

In-depth discussions and surveys with community stakeholders, including parents, students, educators, and local health providers, identified several key barriers that contribute to the underutilization of existing distant resources and complicate the pursuit of local health equity. These identified barriers include:

- **Transportation and Travel Time:** Many families reported travel times of 20+ minutes to access primary care, exacerbated by Southwest Portland's challenging terrain and limited public transit options.

- **Systemic Barriers:** Families face significant challenges finding local providers who accept the Oregon Health Plan (OHP), leading to a reliance on overburdened community clinics or emergency rooms for non-emergency needs.
- **Logistical Challenges:** The need to take time off work for distant appointments and long wait times was cited as a primary obstacle to consistent care.

2. Identified Health Needs

Conversations with parents and school nurses also highlighted several pressing medical and mental health priorities for the IBW cluster:

- **Mental Health Crisis:** Approximately 50% of current health room visits are related to mental health concerns such as anxiety, stress, and depression.
- **Chronic Condition Management:** There is an urgent need for on-site management of conditions like asthma, Type 1 diabetes, and severe allergies, which require more frequent intervention than the current school nurse system can provide.
- **Immunization Clinics:** Following the discontinuation of mobile clinics, there is a high demand for accessible immunization services to ensure student health and enrollment compliance.

The findings from our engagement with After Bruce underscore a community that is not only supportive but in urgent need of localized care. With 63% of families already expressing interest in utilizing these services, the foundation for a high-volume, high-impact clinic is already in place. The following section details the operational framework designed to transform this community vision into a functional medical home at Ida B. Wells High School.

For a full breakdown of the survey data and insight interviews, please see Appendix B: IBW Health Center Research and Community Engagement Report.

IV. Operations and Management Plans

A. Project Planning & Governance

The development of the Ida B. Wells Student-Based Health Center (SBHC) is guided by a dedicated Planning Committee comprised of stakeholders from Portland Public Schools (PPS), school administration, and community health experts.

Committee Objectives:

- Strategic Oversight: Ensuring the SBHC aligns with the 2029 IBW Modernization timeline and PPS health equity goals.
- Partnership Coordination: Serving as the primary liaison between the school district and the medical sponsor.
- Community Alignment: Integrating student and family feedback from the initial [IBW Health Center Research](#) into the final operational model.

Represented Groups:

- IBW High School Administration
- PPS Student Success & Health Department, Office of Student Support Services
- PPS Real Estate, Infrastructure and School Enhancement (RISE)
- PPS Purchasing & Contracts
- Community Engagement Consultants (After- Bruce, Oregon School-Based Health Alliance)
- School and Community Members

B. School Modernization Project Funding and Timeline

The modernization of Ida B. Wells High School is funded through the \$1.83 billion bond approved by voters in May 2025. This bond allows the district to continue its long-term plan to modernize every school, addressing critical health, safety, and infrastructure needs.

Construction on the new Ida B. Wells campus is estimated to begin in December 2026, with the new building scheduled to open for students in the Fall of 2029. Students will

remain on-site in the existing building during construction to minimize educational disruption.

C. Location and Facilities

The new Ida B. Wells High School, scheduled to open in August 2029, is a state-of-the-art, 295,000-square-foot campus designed with a human-centered approach inspired by the legacy of its namesake. This LEED-certified four-story facility will house modern academic spaces, specialized CTE labs, and a dedicated school-based health center.

To support our medical partner, Portland Public Schools provides the clinical space as in-kind support, significantly reducing the provider's operational overhead. This permanent, turnkey suite includes a professional waiting and reception area, exam rooms equipped with clinical sinks, private therapy spaces, and a designated laboratory.

D. Service Areas

Based on the [PPS District Map 2024-25](#), a new school-based health center on the west side has the potential to serve two large regional areas:

1. The Southwest IBW Cluster

This area serves a sprawling collection of neighborhoods where the elementary school is often the only civic "hub." A health center at IBW creates a centralized medical home for families who are currently fragmented across the Southwest hills.

- The "Southwest Corridor" Schools: Includes Markham, Capitol Hill, Stephenson, and Jackson MS. These schools sit near the I-5 and Barbur Blvd corridors, serving a diverse student body that includes many families who may face transportation barriers to OHSU or Randall Children's Hospital.
- The "Village" Schools: Includes Rieke, Hayhurst, Maplewood, and Gray middle schools. These schools are the heart of the Southwest "hills" topography. Placing the SBHC at IBW provides a high-density "one-stop" location for these families who otherwise navigate narrow, winding roads to find pediatric care.

2. The West Hills & Urban Northwest Lincoln Cluster

The Lincoln cluster elementary schools represent a unique mix of high-altitude residential areas and dense urban environments.

- The "Heights" Schools: Includes Ainsworth, Bridlemile, and Skyline K-8. The West Hills geographically isolates these schools. For a parent at Skyline, a trip to a downtown clinic can be a 40-minute ordeal; the new IBW facility offers a more accessible "West Side" alternative.
- The "Urban Core" Schools: Includes Chapman and the Metropolitan Learning Center (MLC). These schools serve the high-density NW 23rd and Pearl District areas.

E. Required Services

The selected Medical Sponsor shall operate and manage the on-site SBHC at Ida B. Wells High School and provide all personnel, medical services, equipment, supplies, and administrative functions necessary to ensure high-quality, continuous health care.

The SBHC shall provide, at a minimum, the following clinical and health services:

- Primary Care: Well-child exams, sick visits for acute illnesses (flu, bronchitis), minor injury treatment, immunizations, and reproductive health services (STI testing, contraception counseling).
- Behavioral and Mental Health: Behavioral health appointments, mental health counseling/therapy, substance use screening, and coordination with school-based intervention teams.
- Preferred Services: Mention the district's preference for on-site psychiatric services (at least eight hours per month) and a 24-hour health information hotline staffed by registered nurses.

F. Operational & Administrative Responsibilities

This section already outlines key compliance and administrative expectations, such as:

- Compliance: The requirement for contractors to assume full responsibility for all required licensure, insurance, and adherence to public health regulations.
- Clinic Hours: Maintain operating hours of at least 8:00 a.m. to 5:00 p.m. during the school year, with possible summer hours coordinated with PPS.

- Staffing: Ensure all personnel are appropriately credentialed and available for the full scope of operations.
- Technology: Use a secure Electronic Health Records (EHR) system that complies with HIPAA and FERPA standards and is interoperable with local health systems.

G. Communication and Reporting

The Contractor shall implement a robust communication and evaluation process to ensure transparency, service quality, and continuous improvement. This process and the content will be coordinated fully with District staff. This includes:

- Community Outreach: Maintain a visible on-campus presence, manage a clinic website or social media, and distribute materials through school channels.
- Data Reporting: Collect and report data on total visits, unique patients, and demographic data through quarterly and annual reports.
- Quality Improvement: Implement an annual user satisfaction survey and collaborate regularly with PPS leadership to improve responsiveness.

H. State Certification and Funding Opportunities

To ensure the long-term financial and clinical sustainability of the Ida B. Wells SBHC, Portland Public Schools strongly encourages the selected medical sponsor to pursue formal certification through the Oregon School-Based Health Center (SBHC) State Program Office (SPO). This certification is not merely a regulatory milestone; it is a strategic partnership that aligns the clinic with [Oregon Administrative Rules \(333-028-0200\)](#) and unlocks a robust support network.

By meeting the [SBHC Standards for Certification \(v5\)](#), the provider can offset the operational costs outlined in the previous sections through several dedicated funding streams:

- Core Operational Support: Certified sites qualify for non-competitive state General Funds, currently \$60,000 to \$66,000 annually, to bridge the gap between insurance billing and operating costs.
- Behavioral Health Subsidies: To meet the high demand for mental health care identified in our community research, sponsors can apply for the Mental Health

Expansion Grant (MHEG). This \$12 million statewide fund helps subsidize the salaries of LCSWs or LPCs, ensuring integrated care is viable from Day 1.

- Outreach & Engagement Capital: Sponsors can access up to \$90,000 in Youth-Led Innovation Grants. This allows the provider to fund student-led health initiatives and community outreach without impacting the primary clinical budget.

State certification integrates the provider into a statewide network of SBHCs, offering specialized technical assistance and enhanced data-sharing resources. This elevated status strengthens the provider's profile when applying for federal HRSA grants and ensures the IBW clinic remains at the forefront of school-based medicine in Oregon.

Funding Disclaimer: All referenced state and grant funding programs are subject to annual legislative appropriation, eligibility criteria, and potential changes in Oregon Health Authority (OHA) program rules or funding levels. Inclusion in this RFI does not guarantee funding availability or award amounts. Final funding determinations are made by the relevant state and/or federal administering agencies.

For a detailed timeline of the certification process and specific sponsor deliverables, please refer to Appendix A.

Appendix A: Request For Information (RFI)

About the Request for Information (RFI)

PPS invites medical providers able to deliver a full spectrum of services including primary care, behavioral and mental health support, preventive care, and health education, within a school-based setting to submit information about their organization through PPS's Request For Information (RFI) solicitation. The selected sponsor will collaborate with the district, school staff, and community partners to design and operate a clinic that removes barriers to care such as transportation, cost, and missed class time.

The Request For Information (RFI) solicitation documents may be obtained the PPS Student Success & Health Department, Health Services website here:
<https://www.pps.net/departments/student-success-and-health/school-health-services>

Appendix B: IBW Health Center Research and Community Engagement

PDF: [IBW Health Center Research and Community Engagement](#)



Ida B. Wells High School Modernization School-based Health Center Engagement - Final report March 2026

Overview

Portland Public Schools (PPS) has engaged After Bruce (AB) to assess the feasibility of establishing a school-based health center at Ida B. Wells (IBW) High School in Southwest Portland by conducting community engagement-based research to gather community input, identify community needs, and barriers. Secondary research — review of existing data, landscape scan, desktop research — was completed to inform engagement modalities and approaches, which include surveys, insight interviews, and listening sessions. PPS will utilize the findings from these efforts to explore potential partnerships with healthcare providers.

Summary of Efforts

Over the course of Fall 2025, Portland Public Schools and After Bruce (community engagement partner) conducted a comprehensive community-centered research effort to assess local Southwest Portland community needs and interest in a school-based health center at Ida B. Wells High School. The approach centered on direct engagement with families, students, school nurses, and community organizations connected to Ida B. Wells High School who regularly navigate Southwest Portland's healthcare system. After Bruce distributed surveys, collecting 343 responses, conducted four drop-in engagement sessions and seven insight interviews with school nurses and community-based organization leaders.

The research took place during a challenging period marked by federal policy changes, global conflicts affecting local immigrant communities, and heightened concerns about immigration

enforcement. These circumstances meant that many families and organizations were addressing urgent needs, which affected engagement capacity while simultaneously highlighting the importance of the research.

Despite these challenges, community members participated through multiple channels. The findings throughout this report provide evidence about healthcare access barriers, service gaps, and community perspectives on establishing a school-based health center at Ida B. Wells High School in Southwest Portland.

Guiding Questions

The following set of guiding questions has informed the development of approaches, prompts, and questions used for interviews, surveys, and conversations across all engagement modalities. The questions were formulated with feedback from PPS, and were aimed at driving engagement activities toward the outcome and learning goals of this scope.

- Is there clear community interest and support for a school-based health center?
- What healthcare services currently exist near IBW, and how accessible are they for families from feeder schools?
- What are the pressing medical, mental, and behavioral health needs of students ages 0-18 in this region?
- What barriers – such as insurance coverage or Medicaid eligibility – prevent families from accessing care?
- Are there medical conditions for which local families currently lack access to care? What are some chronic or persistent medical conditions that are common amongst the potential clinic users in the area served by the clinic?
- How can this initiative better collaborate with community-based organizations (CBOs) and medical providers to align goals and leverage existing resources?

Secondary Research

Secondary research consists of collecting, reviewing, and synthesizing already existing studies, research, or data from sources shared by PPS team members to support After Bruce's understanding of issues or trends impacting southwest Portland and the Ida B. Wells Cluster. This also supports the identification of information or knowledge gaps, which can inform engagement questions. For example, if qualitative studies indicate a high proportion of diasporic immigrant and refugee communities but available data does not disaggregate demographics in ways that reflect qualitative data, then After Bruce may seek additional insights from leaders and organizers within those communities. Secondary research included:

- Reviewing existing data from PPS and community partners

- o Oregon Health Authority, Oregon School-Based Health Centers program Reports and Publications
 - o Social Vulnerability Index Interactive Map
 - o Our Children, Oregon Publications ([link](#)) Interactive Dashboard
 - o Child Well-being Dashboard
- Speaking with organizations who use similar data to inform their work
- Assessing gaps in mental and behavioral health services
- Identifying healthcare “provider deserts” around IBW and Lincoln High School
- Reviewing case studies and research from local government entities
 - o Southwest Equity Coalition strategy, assessments, studies, and plan
 - o Southwest Corridor Plan: Equitable Development Strategy (community-led report; Metro)
 - o SW Corridor Equitable Housing Strategy (City of Portland and City of Tigard)
 - o Appendix 1 : SW Corridor Equity and Housing Needs Assessment (City of Portland and City of Tigard)
 - o Existing Conditions Analysis: Health Equity Assessment (City of Portland Bureau of Planning and Sustainability)
 - o Community Health Needs Assessment 2025 (Healthy Columbia Willamette Collaborative)
 - o Note: the data included in the reviewed studies did not provide details about migration status or country of origin, nor does it disaggregate subgroups and family size, potentially obscuring critical information about additional factors, such as English proficiency, insurance status, or accessibility.

Insight Interviews

Interviews were conducted one-on-one or in small groups to glean more specific and nuanced insights into the day-to-day experience of key communities, gather critical feedback or anecdotes, help identify current barriers and motivations, inform other engagement strategies, refine questions asked, and evaluate outreach lists and essential contacts.

- African Family Holistic Health Organization (AFFHO)
 - o Additional community-led Interviews with community members (6)
- Health Share of Oregon
- Ida B. Wells High School and feeder school sites school nurses - three (3) Interviews
- Oregon Health Authority

Surveys

Short in-person and online questionnaires offered in multiple relevant languages (Spanish, Somali, Farsi, Russian, Mandarin) were distributed to collect broader data from the community. After Bruce used a multi-pronged approach to recruitment that includes partnerships with

CBOs and nonprofits, direct outreach through After Bruce networks, PPS community events at Ida. B Wells High School (open house, modernization meetings), and organic distribution methods like flyer-ing. Public and private events, including pop-up sessions, helped engage often hard-to-reach groups. Together, a survey was created to explore key perspectives on:

- Awareness of and interest in school-based health centers
- Specific health needs (medical, mental, dental, vision)
- Insurance coverage and barriers to access
- Service gaps affecting historically underserved populations

Listening Sessions

Listening Sessions are intimate, thoughtfully cultivated spaces meant to provide a safe, inclusive, and intentional environment for participants to share their truths. If/when the research requires additional follow-up or elaboration on perspectives within the wider community, one-on-one or small group listening sessions organized by topic/theme, or by demographic/affinity group are conducted. Conversations include but were not limited to:

- Discussing demand and awareness for a school-based health center and any systemic or sociocultural barriers to use
- Identifying logistical or transportation challenges in accessing care
- Understanding the relationship children and their families have with health care, including identifying and addressing needs

Drop-ins

Junket-style drop-ins where engagement teams are stationary in a single room so that students and staff can drop-in. Specific activities usually have designated sign-up slots, while other times could be open for walk-ins. This allows for more people from engagement audiences to participate and give input at their convenience, without needing to coordinate schedules with others.

It is important to note that recent local and global events — including but not limited to the war in Palestine, ICE raids, and disruption of SNAP benefits — may be contributing to increased trauma, stress, marginalization, fear, and distrust for students whose friends and families are impacted. Even if not directly impacting an individual, these news cycles and events can retraumatize and trigger PTSD for those who individually or whose families have experienced conflict or displacement. Engaging these communities at times like this required additional care, support, and resources, especially when discussing lived experience related to health needs and inequality.

Current Landscape of Ida B. Wells High School Cluster

The Ida B. Wells High School cluster serves a diverse student population across Southwest Portland, spanning a wide range of socioeconomic backgrounds. While much of this area is relatively affluent, mostly white, educated, and home-owning, multiple studies, data sets, and assessments — including from Southwest Corridor Equity Coalition, Metro, City of Portland, and Healthy Columbia Willamette Collaborative — reveal significant socioeconomic disparity in the Hillsdale-Multnomah-Barbur Corridor area that constitutes the Ida B. Wells High School cluster.

According to Southwest Corridor Equity Coalition, "the Corridor is home to 10% of the Metro Area population, and it represents some of the most integrated neighborhoods in the Region including East African, Arab Muslims, White, and LatinX immigrant and refugee communities." A significant and growing population of immigrants, including Muslim, African, Latiné*, and an existing and well established East African community is concentrated in specific neighborhoods within the Corridor, particularly in West Portland Park (Census Tract 64.03; located at the intersection of Capitol Highway, Barbur Blvd, south of I-5). This neighborhood is unique in that it is more racially and ethnically diverse than the rest of the Southwest and Portland as a whole. According to the 2020 Census, demographics have largely remained the same from the previous 2010 Census, with 28% of residents in the West Portland Park neighborhood identifying as non-White, compared to around 20% across all of Southwest Portland.

Black, African American, Hispanic, Latiné, and Native American communities who are concentrated in the West Portland Park neighborhood face some of the highest barriers to accessing health care. These disparities have been persistent, showing little change or improvement over the last decade. Studies show Black and Latiné households in the area spend a significantly higher proportion of their income in housing and face higher uninsured rates. According to Metro and the Southwest Equity Coalition, the SW Corridor is expected to experience some of the highest growth in the region over the next 20 years. Growth in the area will inevitably have a disproportionate impact on families already challenged with cost-burdened housing. Studies consistently show that lack of adequate access to affordable healthcare not only impacts health outcomes but also presents significant financial burdens on families already facing compounding inequity.

A 2020 study conducted by UniteOregon, HAKI, and Community Alliance of Tenants and published by the City of Portland reported that residents of West Portland Park face multiple, and compounding negative impacts to health outcomes, including: lack of bike, pedestrian,

and equitable transportation infrastructure, higher risk of exposure to pollutants, cost burdened or insecure housing, and higher uninsured rates.

Additionally, there are seven times as many places to access unhealthy foods as healthy foods in SW Portland, giving it the worst retail food environment index (RFEI) out of all of Portland's quadrants. The Retail Food Environment Index (RFEI) shows the balance between healthy food stores (like grocery stores) and unhealthy food stores (like fast food restaurants) in a specific area, such as a neighborhood. Transportation is a significant challenge in SW Portland due to terrain, while car access is limited in multi-generational, low-income households. There is a limited availability of public transportation options and sidewalks, making it difficult to find alternatives to personal car travel. The responses in After Bruce's distributed survey regarding longer travel times to see a doctor reflects this reality.

According to the Health Equity Assessment conducted by the City of Portland and its partners, "residents in West Portland Park, the neighborhood south of Barbur Blvd and Interstate 5, have notably lower socioeconomic and health outcomes than neighborhoods north of Interstate 5. Life expectancy is five years less than other parts of the town center. This social divide appears to be growing." According to the same assessment, it also is home to more low income residents, more renters, more individuals without a high school or college education; who face higher potential cancer risk due to air pollutants. All these factors impact health outcomes, as evidenced by a lower life expectancy of 81 years in West Portland Park vs 83 for West Portland Town Center as a whole.

According to the West Portland Town Center Health Equity Assessment:

- *Compared to similar areas north of I-5, West Portland Park is experiencing declining trends in income, education rates and health outcomes as well as increasing poverty rates. And this divide appears to be growing.*
- *West Portland Park has a higher percentage of residents without a high school or college education compared to those living in the greater Southwest Corridor.*
- *West Portland Park renters are likely to spend more than 50% of their household income on housing costs, leaving less money for essential food and healthcare needs.*
- *On- and off-ramps to I-5 create peak-hour auto congestion, concentrate pollution, and force pedestrians to cross wide intersections full of cars that are backed up.*

There is a significant and vibrant Muslim community residing in the Southwest corridor neighborhoods, many of whom are African immigrants or refugees and live in multigenerational households, that are served by IBW High School and feeder schools. Portland's largest Mosque, Masjid As-Saber, is located near this area, as well as religious and service-based organizations serving the Muslim community. Census data and other data sources that rely on similar data gathering standards do not provide disaggregated data about the Muslim

community which can have origins in North Africa, the Middle East, and parts of Asia. Further, Middle East and North Africa are not census race and ethnicity categories despite decades of lobbying from the communities themselves. This obfuscation of demographic data about these communities can make it difficult to identify language or resource needs, religious accommodations, or cultural considerations, exacerbating inequities and health outcomes.

In general across Multnomah County, according to the 2025 Community Health Needs Assessment (CHNA), 14% of survey respondents from Multnomah County reported transportation as an obstacle to accessing health care services, the second highest of five counties besides Clackamas. This is likely concentrated in areas with less service density (available health options) and fewer transportation options (terrain, cars per household, public options) such as the SW corridor. The following findings from the CHNA are consistent with After Bruce's engagement findings: West Portland Town Center Health Equity Assessment:

- "Access to culturally specific and healthy foods was a growing concern, particularly for young adults, immigrants, refugees, and people with disabilities, exacerbated by high costs and transportation challenges."
- "Reliable and affordable transportation was essential for many focus group participants, especially those with disabilities, young adults, and residents of Multnomah. Transportation challenges (such as unreliable, infrequent, unsafe, or inaccessible public transport) limit access to health care, food banks, and employment opportunities."
- "58% cited appointment availability and timing as a major barrier in accessing healthcare. This is further worsened by lack of transportation or long commutes, lack of nearby culturally responsive care or language support."

**Our practice is always to defer to how community members prefer to describe themselves, which in the case of Hispanic, Latino, and Chicano communities, can range greatly. Here, we are primarily discussing people whose heritage or background is from Latin America. For the purposes of being gender-neutral and inclusive, we're using the neologism Latiné.*

Current Student Health Conditions in the IBW Cluster

Records from Ida B. Wells High School and its feeder elementary schools (Ainsworth, Bridlemile, Capitol Hill, Chapman, and Hayhurst) show that many students have health conditions that need care at school. The most common health problems that students deal with include asthma and breathing issues, ADD/ADHD, serious allergies that can cause life-threatening reactions, seizures, and Type 1 diabetes.

Asthma and other breathing problems are the most common health conditions recorded at these schools. Students with these conditions often need to take medicine during the school day and have emergency plans in case they have trouble breathing. Mental health issues and conditions like ADD/ADHD, anxiety, and depression are the second most common category. This aligns with what school nurses report: about half of all visits to the health room are for mental health reasons. Severe allergies that require emergency medicine like epinephrine auto-injectors were reported at all grade levels, suggesting a need for schools to have an adequate number of trained staff who can respond quickly in emergencies.

At the high school level, IBW students have these same conditions plus others like stomach and digestive disorders, heart conditions, eating disorders, and vision problems. Managing these health issues means students need to work with doctors outside of school, take medications regularly, and sometimes need special arrangements just to stay in class all day. The fact that so many students have conditions that need both emergency help and daily management shows there's a real need for a health center right at school.

Students who have more than one health condition face extra challenges trying to stay healthy and keep up with schoolwork. This is especially hard when they have to leave school and travel to doctor appointments, which means missing class time. A school-based health center at IBW could provide preventive care (like checkups and vaccines), help students manage their medications, and catch health problems early - all things that the current school nurse system can only do in a limited way.

Note: *The health information in this report only includes conditions that families have officially shared with the school. The real number of students with health needs is probably higher because: some families don't report conditions that don't need daily medicine at school, some students have health problems that haven't been diagnosed because they can't easily get to a doctor, and some families are worried about sharing private health information or fear how it might affect their immigration status.*

Engagement findings

The section documents the findings of the community engagement process conducted from August through December 2025. It draws from two community surveys, insight interviews with parents and school health professionals, and conversations with community-based organization partners across the IBW cluster. Together, these engagement activities surface a consistent picture – significant unmet healthcare needs in Southwest Portland and strong community support for establishing a school-based health center at Ida B. Wells High School.

Surveys

Two surveys were distributed from August 2025 through mid-December 2025 as part of this engagement effort – collecting 343 responses (216 for Survey One, 127 for Survey Two).

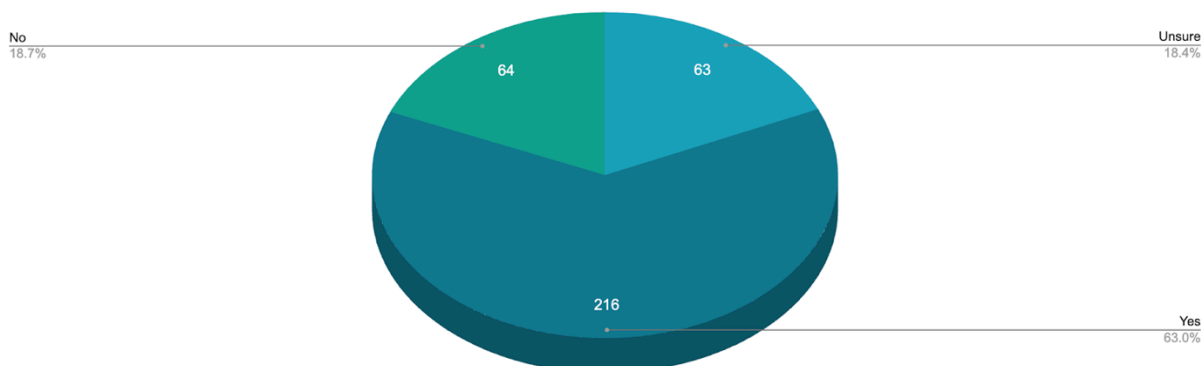
Survey One was conducted primarily in-person at IBW community events, targeting parents, students, and staff within the IBW cluster. Responses were concentrated in SW Portland's core zip codes (97219, 97239, and 97221) which together accounted for approximately 95% of all responses across both surveys, confirming strong location/geographic alignment with the IBW cluster community. The audiences included parents navigating multiple socioeconomic and healthcare-related barriers, students sharing about their own healthcare struggles, and community organization partners whose work bears witness to and seeks to address those gaps firsthand.

Survey Two was distributed more broadly through community-based organizations, online channels, and in-person outreach, and included expanded demographic questions. Of the 127 Survey Two respondents who provided race and ethnicity information, 74% identified as White, while 23% identified as BIPOC or multiracial – including Black or African American (11%), Hispanic or Latinx (7%), Asian or Asian American (4%), and Middle Eastern or North African (2%). Approximately 9% of respondents identified as more than one race. It is worth noting that Survey One did not collect race or ethnicity data, so this breakdown reflects Survey Two participants only. While the survey skewed White relative to the broader IBW cluster neighborhood, the findings reflect meaningful participation from the diverse communities the proposed health center would serve.

Parents on OHP described traveling 20+ minutes to access primary care, only to face long wait times, difficulty finding providers who accept OHP, and the challenge of getting time off work for appointments. The need crosses insurance lines, meaning families with private insurance described frustrations around limited mental health care availability, difficulty scheduling after hours (meaning post-work hours) appointments, and the logistics of pulling teenagers out of school during the day.

Out of 343 total responses, approximately 63% of participants expressed interest in using an SBHC, while 18.4% were unsure, and 18.7% said they would not use it for various reasons. In both survey responses and during in-person engagement, while some families indicated they wouldn't personally use the clinic due to having access to established providers, many of these same respondents stated, "this would be a great service to our community" and urged the project to go forward for the families who need it most.

Are you interested in having a school-based health center at IBWHS?



Note: Survey 1 asked “If a health clinic was available at Ida B. Wells High School, could you foresee using it for your child?” with response options as “Yes, No, Unsure.” Survey 2 asked “How interested are you in having a school-based health center at Ida B. Wells High School?” with response options as “Very interested, Somewhat interested, Not sure, Not very interested, and Not at all interested.”

This chart combines the responses from Survey 1 and Survey 2. Survey 2’s answers were reformulated to work with Survey 1’s answers. “Very interested” and “Somewhat interested” were relabeled as “Yes,” “Not sure” was relabeled as “Unsure,” and “Not very interested” and “Not at all interested” were relabeled as “No.”

Insight Interviews: Parents in the community

In collaboration with African Family Holistic Health Organization (AFHHO), insight interviews were conducted with six parents from the IBW cluster community, with five residing in the 97219 zip code and one in 97225. The interviewees represent families with varying healthcare needs, including two children managing chronic diseases and one child with asthma. Parents reported that their children’s primary care physicians are located between 2-5 miles away, representing 15-20 minute travel times that create logistical challenges. Common barriers to accessing care included:

- The need to take time off work for appointments
- Transportation difficulties for specialist visits (particularly when school schedules conflict with appointment availability)
- Limited resources to purchase necessary supplies such as cleaning products for children with chronic conditions or asthma.

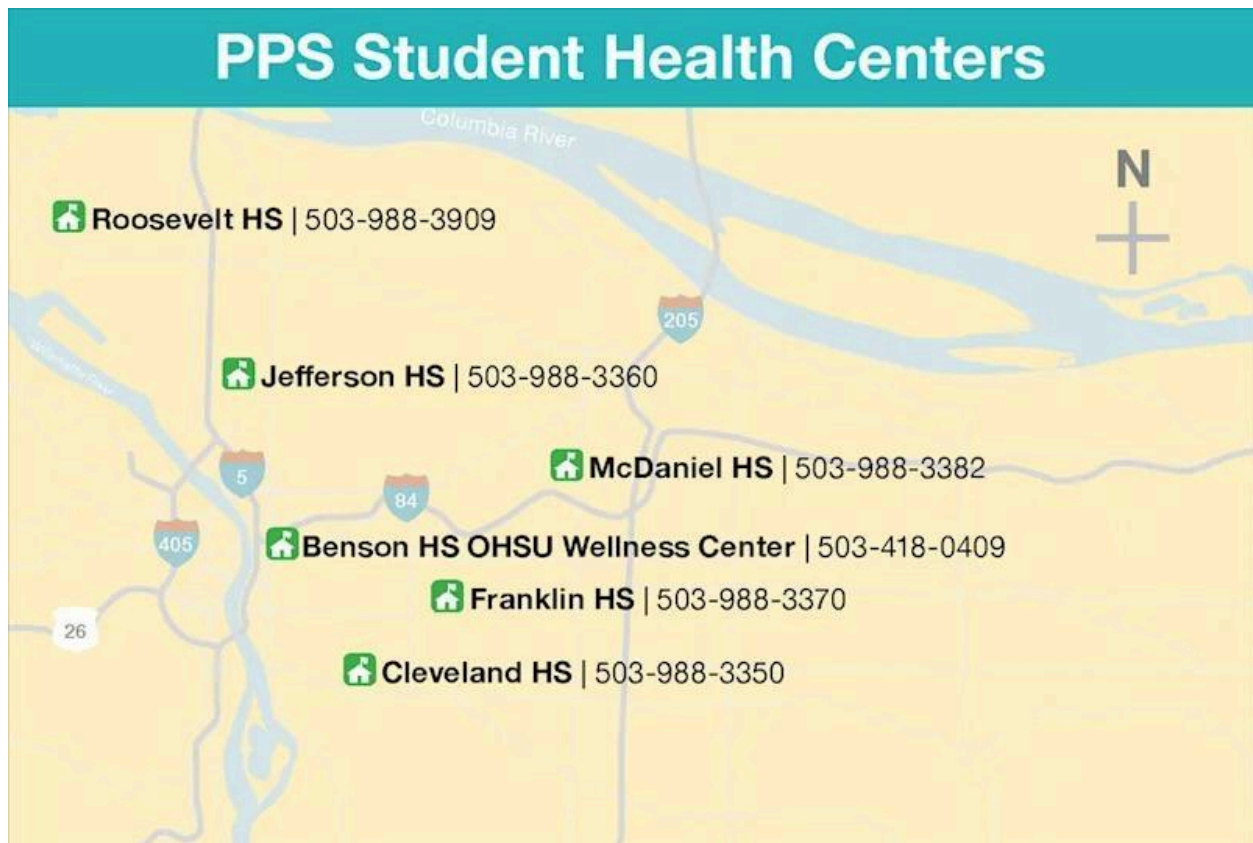
Despite their different circumstances, all six parents expressed strong support for establishing a school-based health center at IBW. Parents with children facing chronic conditions emphasized the value of immediate crisis response capabilities, particularly for asthma emergencies and other acute episodes, while parents whose children are currently healthy highlighted the convenience of on-site care for addressing minor health issues without disrupting work schedules or requiring transportation arrangements. The consistent support across all respondents, regardless of their children's current health status, underscores the community's recognition that accessible, school-based healthcare represents a valuable resource for all families in the IBW cluster.

Insight Interviews: IBW and feeder school nurses

Insight interviews were conducted with three registered school nurses from Multnomah Education Service District (MESD) serving the Ida B. Wells High School cluster, including a full-time nurse at IBW High School and two registered nurses serving multiple PPS feeder schools in the IBW cluster. We also conducted insight interviews with two community-based organization leaders, a well connected PTA parent from a feeder school, and community-facing staff member of a nonprofit organization focused on connecting Oregon Health Plan members with care. These interviews revealed overwhelming support for incorporating a health center into the new building design, driven by opportunities to address healthcare access needs that affect students and families throughout Southwest Portland. Insight interviews have also functioned to connect After Bruce to community members, inform how approaches survey distribution, point to relevant studies and assessments, and in one case, offered solutions for reaching communities currently hesitant to leave their homes due to the current sociopolitical climate. After Bruce had reached out to a list of over two dozen organizations, but did not receive responses from all. It's important to note that in recent months, many community-serving organizations, leaders, and groups have expressed low capacity as they are focused on responding to urgent and timely needs due to developments at the federal level.

The current school healthcare landscape

Southwest Portland represents what one nurse describes as a "school-based health center desert," presenting an opportunity to establish a vital community resource where none currently exists. The nearest SBHC is located at Cleveland High School on the east side, and the distance presents obstacles for many families juggling work schedules, children, and limited public transit options. The geography of SW Portland where the IBW cluster is located creates challenges for students and families, especially those with limited economic resources. Transportation emerged across all engagement modalities as the most significant factor affecting healthcare access. All three nurses noted that even short trips to clinics can become difficult when families lack reliable cars or flexibility to leave work during clinic hours.



Recent changes in service availability have also reshaped the healthcare landscape. Multnomah County transitioned away from its mobile immunization clinic model, which previously served schools throughout the region, and the downtown free clinic has closed, creating new demand for accessible immunization services. The interviews identified immunizations as a critical priority for any future health center, noting that hundreds of shots are needed annually to maintain student health and compliance with enrollment requirements. This service gap particularly affects the diverse refugee and immigrant populations within the IBW cluster, including families speaking Dari, Ukrainian, Chuukese, and Marshallese, who already navigate language barriers in understanding and accessing available healthcare resources. The recently discontinued telehealth pilot program with Cleveland Student Health Center also provided valuable remote consultation services to students at IBW through iPads, allowing students with transportation barriers or insurance complications to receive care.

Current student health needs and capacity challenges

Mental health needs represent a substantial and growing portion of student health visits across all school levels. One of the nurses reported that approximately 50% of nurse visits involve mental health concerns including anxiety, stress, eating disorders, and depression, reflecting broader patterns affecting student populations. Both the IBW school nurse and the feeder cluster nurse confirmed that students frequently seek the health room as a safe space for

emotional support and mental health breaks. Health rooms often serve as alternative spaces for students experiencing behavioral or emotional issues when counselors or designated quiet rooms are unavailable. This function serves as a "pressure valve that alleviates burden on classroom teachers" and allows them to maintain focus while students receive appropriate support.

*"There's a youth mental health crisis and suicide epidemic.
School-based health centers save lives. "*

Health room/school nurse room demand regularly exceeds current capacity and creates situations where students wait outside for care and miss instructional time. On busy days, health staff report seeing anywhere from 15 to 40 or more students, with peak periods occurring during recess, lunch, and throughout flu season. For example: at one school, four students with diabetes share access to a single health assistant; when multiple students experience low blood sugar simultaneously (a scenario that has happens), the whole support system becomes stretched, especially when injuries happen at the same time with routine medication administration and students requiring 15-minute blood sugar monitoring or 30-minute head injury observation protocols. Anecdotally (from the nurse perspective), these patterns revealed that middle schools experience higher health room utilization than elementary schools, with an increase when fifth graders transition to sixth grade, while high schools tend to stabilize as students develop routines and greater health independence.

More support is needed within the current system

School nurses and school-based health centers are distinct but complementary resources. To understand why an SBHC is needed at IBW, it helps to first understand what a school nurse can and cannot do. School nurses provide triage, first aid, medication oversight, case management, and critical emotional support. Their role is reactive and immediate responding to student needs while operating under medication and treatment protocols that constrain their ability to address certain student health needs. Current guidelines prohibit nurses from providing over-the-counter medications like Tylenol without explicit parent authorization and completed paperwork, applying ointment to burns, or offering Vaseline without permission. These parameters highlight the value of having nurse practitioners on-site who can conduct examinations, provide diagnoses, and prescribe medications within an expanded scope of practice.

In contrast, a school-based health center operates as a primary care provider. For students in the IBW cluster managing chronic conditions like Type 1 diabetes and asthma, a school nurse can monitor and respond to acute episodes, but cannot adjust insulin protocols, prescribe medication, or provide the routine checkups needed for preventive care. An SBHC can fill that

gap by offering consistent, accessible primary care on-site, reducing the burden of unnecessary ER visits and unmanaged conditions that undermine student learning.

One of the MESD nurses provided context about the current healthcare staffing model across PPS schools, explaining how registered nurses (RNs) provide case management and supervision across multiple buildings. Health assistants are trained under Oregon's unique training model that allows healthcare professionals to train people under their supervision and provide full-time on-site support. They noted that Oregon is the only state utilizing this particular training approach and observed that only 65% of Oregon schools have a full-time nurse in the building, with most schools having approximately 50% coverage. This system depends entirely on health assistants; without them, the rotation schedules covering four buildings (for example: Monday through Thursday at each school in their cluster with Friday as a flex day) would be impossible to do. This staffing model is optimized for coverage and crisis response, not primary care which is where an SBHC becomes essential.

Beyond staffing limitations, students and families encounter complex situations when navigating health insurance enrollment and healthcare systems. One of the interviewees characterized the Oregon Health Plan (OHP) enrollment process as a "giant mess of a Byzantine process," and while another mentioned families having to call 211 to understand healthcare rules and determine where they can access services. Some students lack an established healthcare provider entirely, leaving families without a medical home or consistent source of care. This gap can lead some families to utilize emergency rooms for non-emergency needs, creating financial burdens particularly for uninsured or underinsured households. One of the nurses painted a picture of some of these challenges through an example of an Afghan refugee family making multiple trips to the McDaniel SBHC due to a miscommunication and language barriers.

Healthcare access also can affect student academic success in ways that extend beyond immediate health issues and concerns. For example, students needing corrective eyewear may not receive glasses, directly affecting their ability to see classroom materials and participate fully in instruction. One of the nurses emphasized that school nurses and school-based health centers are uniquely positioned to "keep students at school rather than sending them home", with on-site providers able to prescribe medications and return students to class quickly while catching health issues early before they escalate into more serious conditions requiring extended absences. Without an accessible SBHC, families must coordinate multiple off-campus appointments, often during work hours, leading to both missed instruction and gaps in treatment.

What a health center can be

All three healthcare professionals expressed strong, overwhelming support for incorporating a SBHC at Ida B. Wells. They emphasized that such a center would serve not only IBW students

but the entire cluster community, providing free care without insurance requirements and addressing the service opportunity throughout Southwest Portland. One of the nurses made an argument for including a dedicated health center space in the new building design immediately, even before securing a provider partnership, noting that the physical space demonstrates the commitment to it and attracts future partnerships while allowing flexibility as the healthcare landscape grows. They all advocated strongly for ensuring a nurse is present in the building at all times and envisioned expanding services to include preventative health education and literacy programming that could build long-term health awareness supporting academic success. Many CBO leaders have noted the opportunity for the SBHC to offer culturally specific care that can build trust with and increase use by local community members.

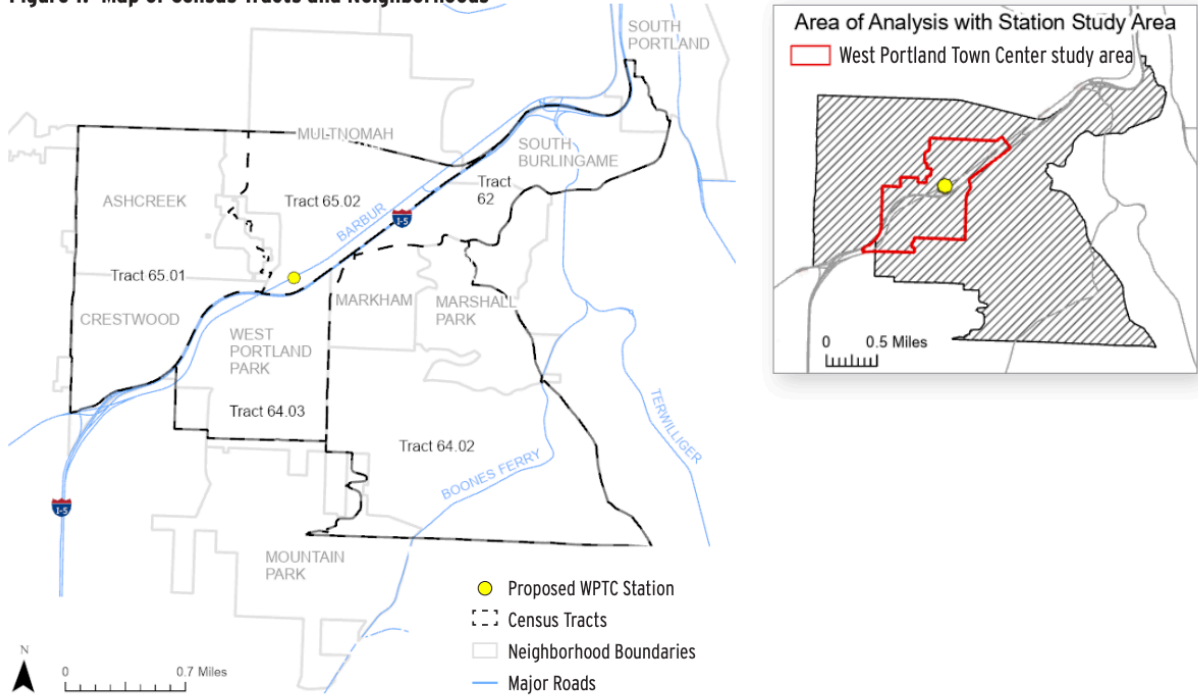
Design and accessibility priorities

The following are priorities that were identified by engagement participants:

- Having an exterior entrance allowing community access without requiring families to navigate the main school building, reducing barriers for families seeking services.
- Dual entrances (one exterior and one interior) to increase privacy and reduce stigma, particularly for students seeking reproductive health services.
- Position the SBHC on bus lines with clear, visible multilingual signage, an exterior entrance with quick access from parking areas, and responsive entry systems including buzzers that are reliably answered. Note: Existing health centers where entry processes were unclear or staff did not respond to door access requests, creating barriers that discourage community
- Include on-site laboratory capabilities for point-of-care testing including blood work and urine samples, capacity to provide orthopedic supports like splints for injuries, and dedicated offices for behavioral health therapists who can provide consistent mental health support.
- Have reproductive health services that would help young students manage health needs without missing school, and she discussed strategies for reducing stigma through visible presence, word-of-mouth peer support, and helping newcomer students feel comfortable visiting with a friend.
- Hold immunization clinics in the space where additional staff provide surge capacity rather than attempting to serve high volumes through ongoing daily appointments offering "one or two shots a day".

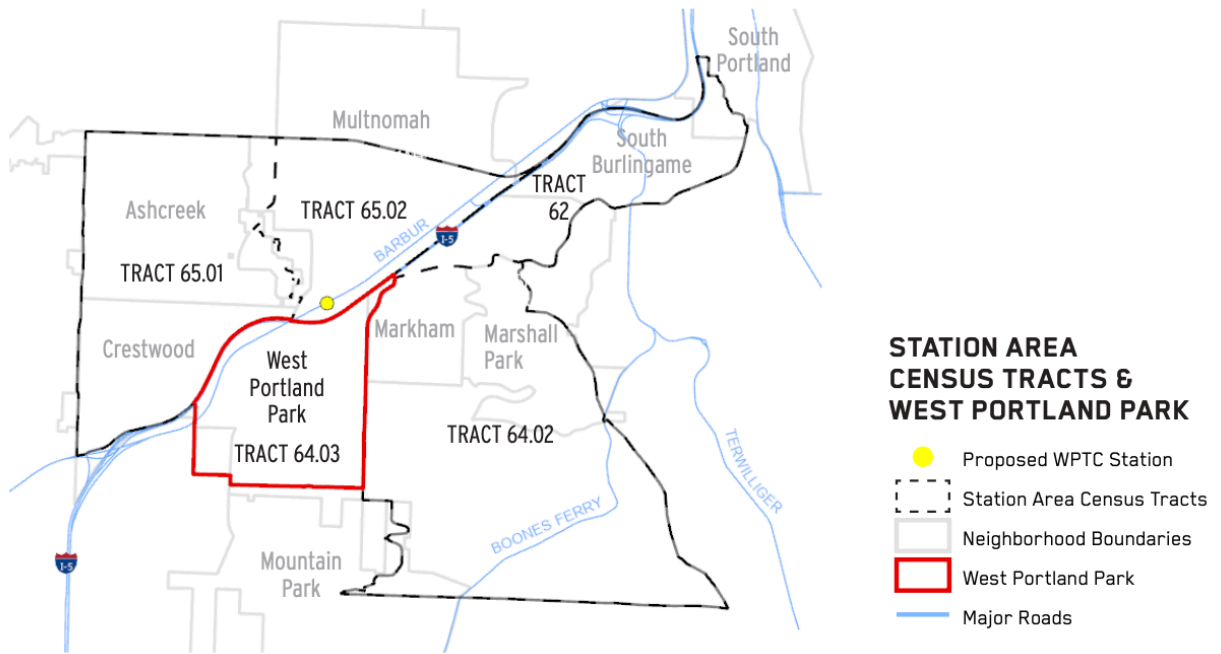
Appendix

Figure 1. Map of Census Tracts and Neighborhoods



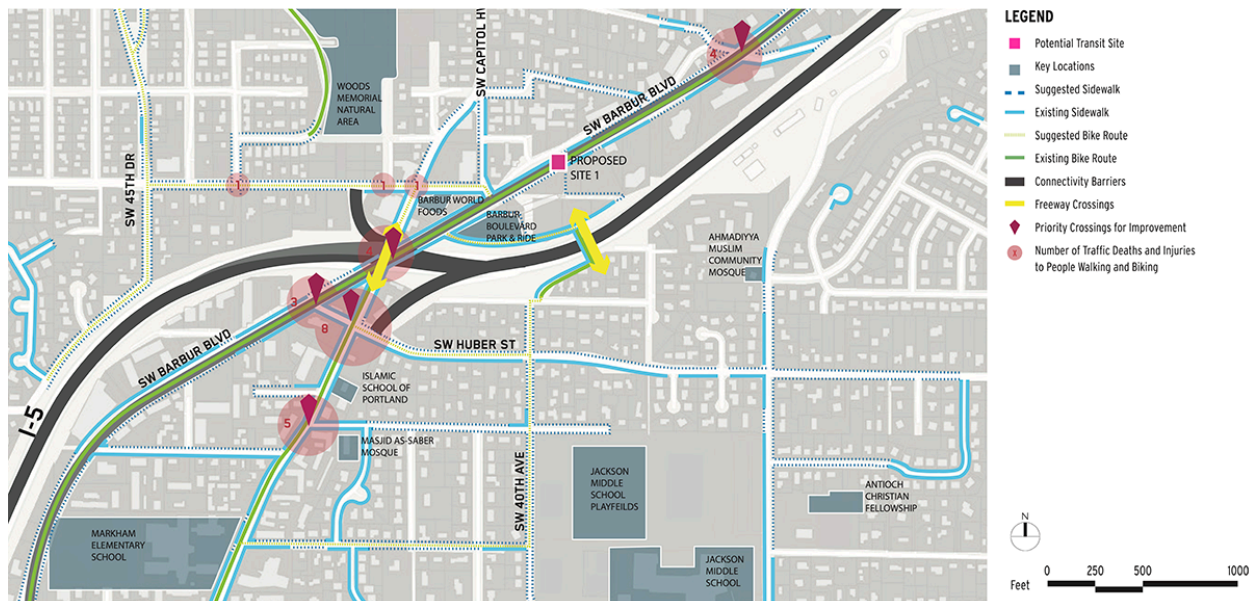
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Source: Figures from West Portland Town Center Existing Conditions Analysis: Health Equity Assessment detailing the West Portland Town Center study area drawn by City of Portland staff and a community advisory group.



The West Portland Park area specifically corresponds to Census Tract 64.03.

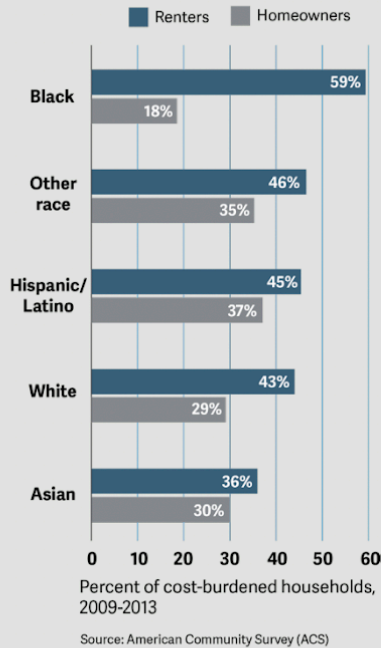
Source: West Portland Town Center Existing Conditions Analysis: Health Equity Assessment



Southwest Corridor: housing and growth snapshot

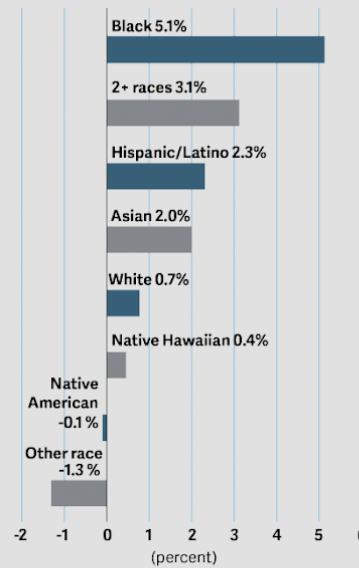
SW Corridor cost-burdened households by race and ethnicity

Households spending more than 30 percent of income on housing, 5-year ACS estimate, 2011-2015

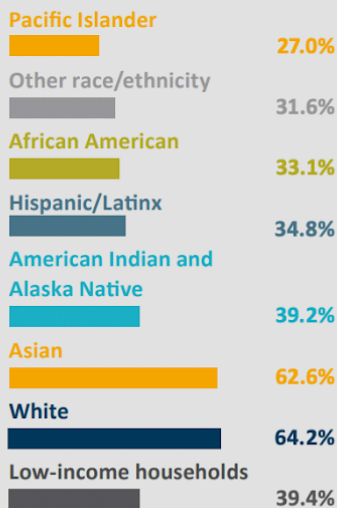


SW Corridor population growth and diversity

2000, 2011-15 population growth by race/ethnicity



Homeownership rates in the greater Portland region



The cycle of inequity

Homeownership is cited as a key tool in both personal and family wealth development and community stabilization.

Not only do people of color face issues of inequity in access to education and pay, the legacy of systemic racism is reflected in current homeownership rates, which differ greatly by race.

As housing costs increase, families who own homes benefit from increased home value, while people who rent are forced to move farther from job centers and the community resources they rely on, increasing their daily travel cost and time.

Source: Metro, Southwest Corridor Plan, Equitable Development Strategy

Survey Distribution List

Africa House
African Community Development Center
African family Holistic Health Organization
African Youth and Community Organization
AfroVillage PDX
APANO Communities United Fund
Asian Health and Service Center
Black Educational Achievement Movement
Boost Oregon
Boys & Girls Clubs of Portland Metropolitan Area
Bridge-Pamaja
Camp Fire Columbia
Cascade AIDS Project
Center for African Immigrants & Refugees Organization (CAIRO)
Center for Intercultural Organizing
Chinese Friendship Association of Portland
Coalition of Communities of Color
Community Violence Prevention Alliance
Douglas Latinas International
Ecumenical Ministries of Oregon
Family and Community Together
Filipino Bayanihan Center
Full Gospel Pentecostal Church
Ikoi No Kai
Imagine Black Futures
Korean Society of Oregon
Latino Network
Lines for Life
Marshallese Women's Education and Health Network
Northwest Family Services
OPAL
Oregon Chinese Coalition
Oregon Community Health Workers Association
Oregon Latino Health Coalition
Oregon School-Based Health Alliance
Outside In
Portland Black Community Development Consortium Incorporated
Portland Refugee Support Group
Pride Northwest

Somali American Council of Oregon
Southwest Somali Community
The Blueprint Foundation
The Immigrant And Refugee Community Organization
The UPRISE Collective
The Urban League Of Portland, Inc.
United Way of the Columbia-Willamette
Utopia PDX (United Territories of Pacific Islanders Alliance Portland)
Neighborhood House
Community Partners for Affordable Housing
Nonprofit Association of Oregon
Reach CDC
South Waterfront Community Relations
Health Share of Oregon
Youth Villages
A Hope for Autism
Portland Rose Festival
Greater Portland Bible Church
St Barnabas Episcopal Church
St. Nicholas Orthodox Church
St. Clare Church
Ahmadiyya Muslim Community
Masjed As-Saber / Islamic Center of Portland
Muslim Education Trust
Portland Balaji Temple
Portland Buddhist Priory
Henjyoji Shingon Buddhist Temple
St. Elizabeth of Hungary Catholic Church

Survey Questions

Survey 1:

Please pick the option(s) that best describes you: [multiple choice, select one]

- Parent / Guardian / Primary Caregiver
- Student
- Other
- If other, please specify. (optional)

What is your zip code? [short answer]

What is your current health insurance status? Please indicate:

- Private or employer provided
- Oregon Health Plan
- Uninsured
- Other
- If other, please specify. (optional)

How far do you travel to access your child's primary doctor?

- 5-10 minutes (approximately 1-4 miles; nearby vicinity)
- 11-20 minutes (approximately 5-9 miles; downtown Portland or inner SE)
- 20+ minutes (10+ miles; Tigard, Beaverton or N/NE Portland)
- Other
- If other, please specify. (optional)

If a health clinic was available at Ida B. Wells High School, could you foresee using it for your child?

- Yes
- No
- Unsure

What challenges do you face in accessing healthcare? [multiple choice]

- Transportation/distance to clinic
- Long wait times for appointments
- Cost of care or lack of insurance
- Difficulty getting time off work/school
- Limited appointment availability (after hours or weekends)
- Language or cultural barriers
- Difficulty finding providers who accept Oregon Health Plan (OHP)
- Difficulty finding providers who accept private insurance
- Limited availability of mental health care
- Childcare needs when going to appointments
- Other
- If other, please specify.

Is there anything else you'd like us to know? [paragraph]

Survey 2:

Please pick the option(s) that best describes you: [multiple choice, select one]

- Parent / Guardian / Primary Caregiver
- Student
- Other
- If other, please specify. (optional)

What is your zip code? [short answer]

What is your race or ethnicity? (You may choose one or more responses.)

- Hispanic or Latino/Latina/Latinx
- Black or African American
- American Indian, Native American, or Alaska Native
- Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Another race or ethnicity (please specify): _____

What schools do your children attend?

- Elementary
- Middle
- High
- Alternative
- Other

What is your current health insurance status? Please indicate: [multiple choice, select one]

- Private or employer provided
- Oregon Health Plan
- Uninsured
- Other
- If other, please specify. (optional)

What health issues/concerns have you (if you're a student) or your child (if you are a parent) experienced in the past year? (You may choose one or more responses.)

- Alcohol or drug abuse
- Chronic conditions (like asthma or diabetes)
- Respiratory illnesses (COVID-19, Flu, RSV)
- Dating/relationship problems/abuse (emotional or physical)
- Dental problems (like toothaches)
- Disordered eating (like not eating enough, overeating, etc.)
- Lack of sleep (feeling tired all the time)
- Physical Injury (like a broken leg, concussion, etc.)
- Mental health (like feeling sad, stressed, thinking about hurting themselves, etc.)
- Reproductive health (like pregnancy prevention, sexually transmitted infections, menstrual health, etc.)
- Smoking (cigarettes), vaping (nicotine), or Juuling
- Violence/bullying

- Vision problems (like not seeing well)
- My child has not had any health issues in the past year
- Other (please specify):

How far do you travel to access your child's primary doctor? [multiple choice, select one]

- 5-10 minutes (approximately 1-4 miles; nearby vicinity)
- 11-20 minutes (approximately 5-9 miles; downtown Portland or inner SE)
- 20+ minutes (10+ miles; Tigard, Beaverton or N/NE Portland)
- Other
- If other, please specify. (optional)

If a health clinic was available at Ida B. Wells High School, would it reduce barriers to health care access for you or your student? [multiple choice, select one]

- Yes
- No
- Unsure

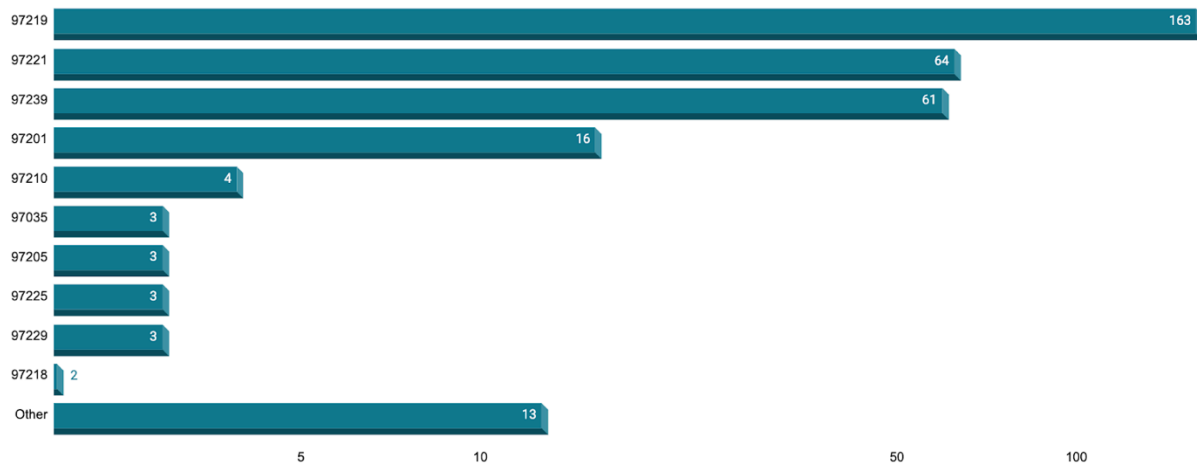
What challenges do you face in accessing healthcare? [multiple choice]

- Transportation/distance to clinic
- Long wait times for appointments
- Cost of care or lack of insurance
- Difficulty getting time off work/school
- Limited appointment availability (after hours or weekends)
- Language or cultural barriers
- Difficulty finding providers who accept Oregon Health Plan (OHP)
- Difficulty finding providers who accept private insurance
- Limited availability of mental health care
- Childcare needs when going to appointments
- Other
- If other, please specify.

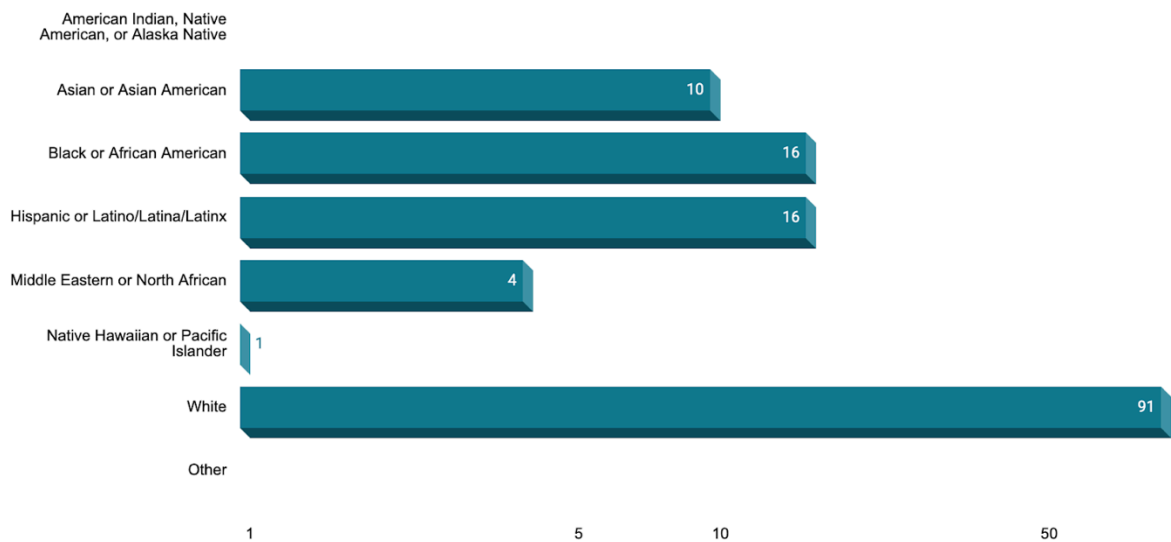
Is there anything else you'd like us to know? [paragraph]

Survey Results (Charts)

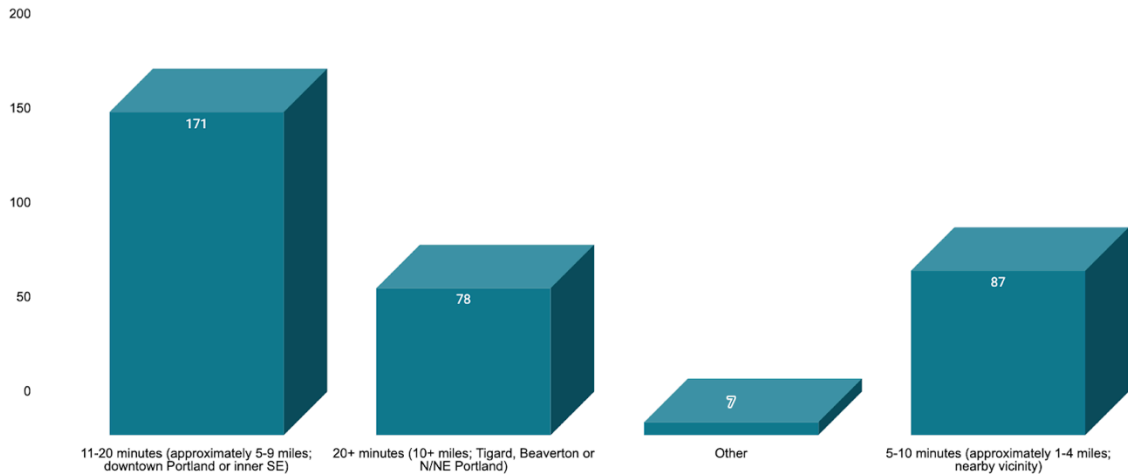
Participant Zip Codes



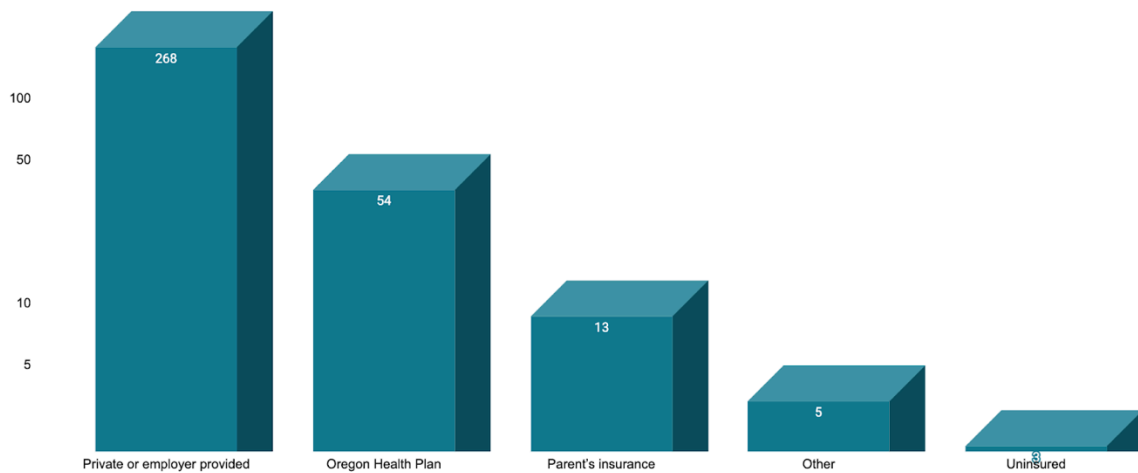
What is your race or ethnicity?



How far do you travel to access yours or your student's primary doctor?

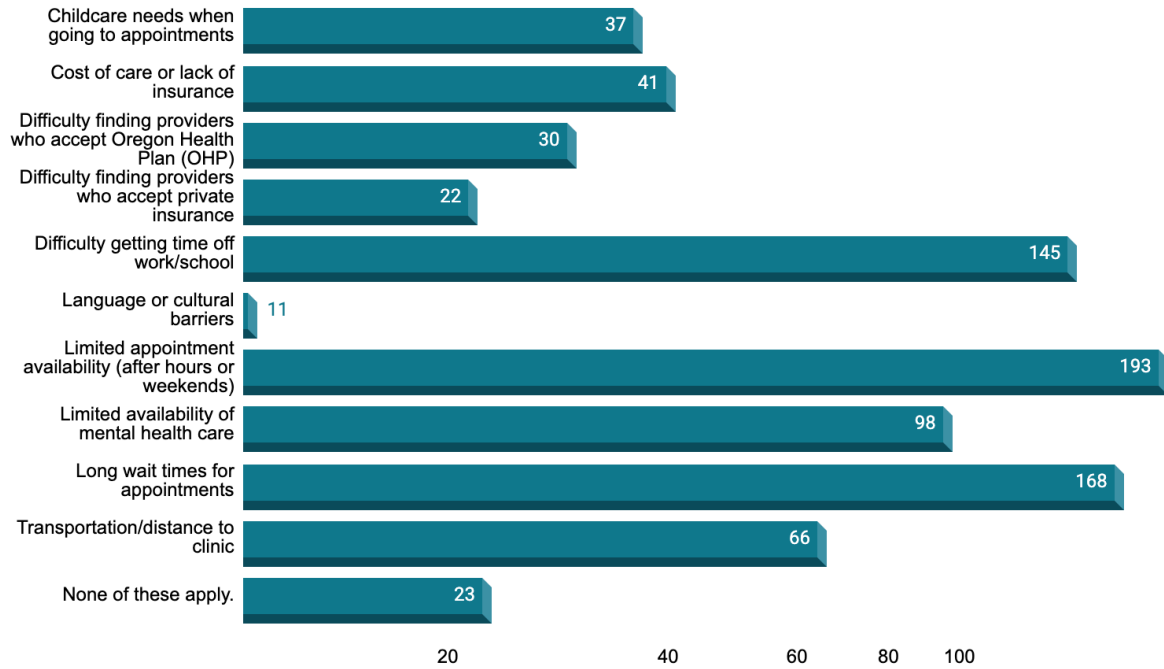


What is your current health insurance status?

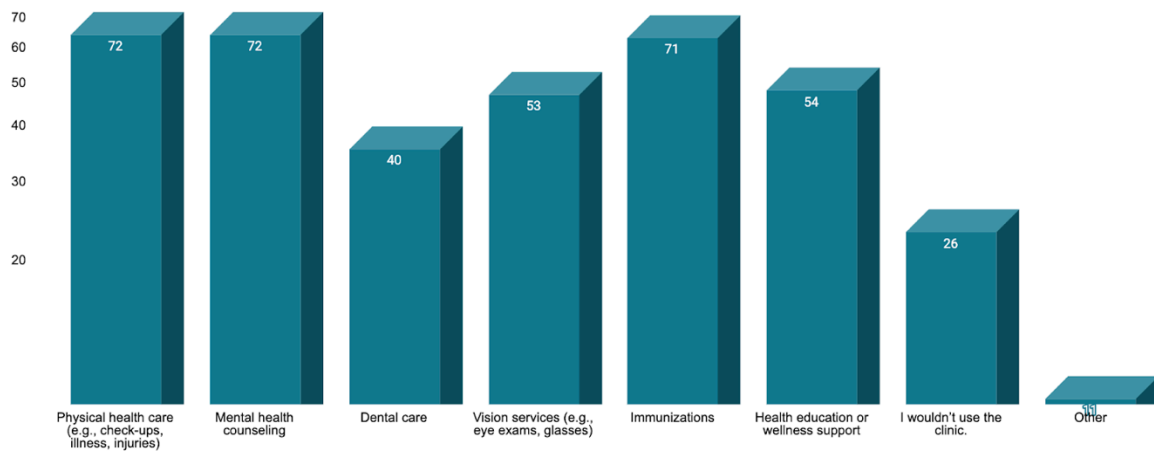


Note: Survey 1 asked “What is your current health insurance status?” with responses such as “Private or employer provided, Oregon Health Plan, Uninsured, Other;” respondents were only allowed to select only one. Survey 2 asked “What is your current health insurance status?” with responses such as “Private or employer provided, Oregon Health Plan, Parent’s insurance, Uninsured, Other;” respondents were allowed to select multiple responses. To combine the data into this chart, OHP was selected if multiple options were chosen.

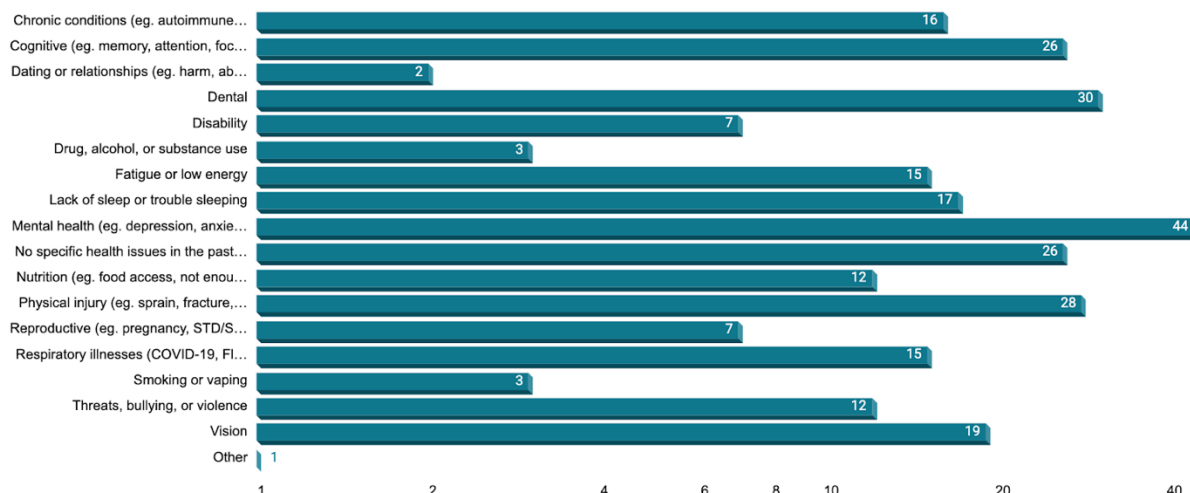
What challenges do you face in accessing healthcare?



If a school-based health center were available at Ida B. Wells High School, which types of services would you or your family consider using?



What health concerns or challenges have you or your student(s) experienced in the past year?



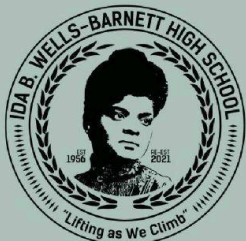
Insight Interview Questions

The insight interview questions included in this appendix were developed with school nurses and other community-based leaders in mind and were each approached with a tailored set of questions relevant to their role. These questions are intended as a guide, not a script. In practice, interviews are conversational by nature, and questions were adapted, reordered, or expanded based on the direction of each discussion. Interviews with CBO representatives in particular varied from the questions listed, as those conversations were shaped by each organization's specific focus area, the populations they serve, and the issues most pressing to them at the time of the interview.

- What is your background and role?
- What are common reasons why they might come to see you? (Why might a student go to the nurse?)
 - Do students go to you with needs that are outside of what you can provide? If so, what are those things? Where do you direct them or where can students access those resources?
- How often are people going to the school nurse?
 - Are there times throughout the year when there may be more students?
- What is the current capacity of the nurse's office and does it meet the demand?
 - What happens if there are more students waiting for the nurse than capacity can handle?
- From your perspective, are there students who need health services but do not come to the nurse's office? If so, why do you think that is?
 - What factors or reasons might prevent students from seeking help?

- o What kinds of stigmas or privacy concerns have you heard?
- What are your thoughts on having a school-based health center as part of the new IBW design?
 - o Who do you think would benefit?
 - o What have you heard from students or families that might inform the interest in including a health center in the new design?
- What challenges might students face in accessing school nurse services?
 - o Are there particular groups of students who have a harder time accessing your services?
- In some of the data we reviewed, referrals to other community health-based resources happen throughout the year. What does the referral process look like?
- From your perspective, what is the clearest indicator that there's a need for a health center at IBW?

Appendix C: IBW Modernization Images (2025-26)



Leadership Team

Principal
Ayesha Coning

Vice Principals
Scott Burns
Yoshio Dresher
Sara Gandralla

Ida B. Wells-Barnett High School

1151 SW Vermont St • Portland, OR 97219

CEEB code: 380937

2025-26 SCHOOL PROFILE

SCHOOL AND COMMUNITY

Ida B. Wells-Barnett is a comprehensive public high school with a proud tradition of excellence. Our course offerings allow students to pursue a rigorous course of study, encouraging intellectual growth and engaging students to develop skills in the areas they are passionate about. Inspired by the legacy of our namesake, Ida B. Wells, we are dedicated to fostering an inclusive and equitable environment, where every student—regardless of race, gender, or home language—feels empowered and supported to thrive.

2025-26 STUDENT BODY

- Total Enrollment: 1669
 - Class of 2026: 352
 - Class of 2027: 397
 - Class of 2028: 422
 - Class of 2029: 406
- American Indian/Alaska Native <1%, Asian 3%, Black/African American 4.6%, Hispanic/Latino 9.7%, Multiracial 10.7%, Native Hawaiian/Pacific Islander <1%, White 71.5%, Emerging Multi-Language Learner: 1.9%, Special Education Students: 11.8%



VIEW OF AFTER HOURS GYM & THEATER ENTRANCE



THEATER





AUXILIARY GYM



BUILDING RENDERING - VIEW FROM NORTHWEST



VIEW FROM PEDESTRIAN PATH LOOKING SOUTH

