



# Adventist Health Portland 2020-2022 Community Health Implementation Strategy



## Executive Summary

### Introduction & Purpose

Adventist Health Portland is pleased to share its Community Health Implementation Strategy. This follows the development of its 2019 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements and approved by the Adventist Health Board of Directors on October 17, 2019.

After a thorough review of the health status in our community through the community health needs assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission of “Living God’s love by inspiring health, wholeness and hope.”

The results of the CHNA guided this creation of this document and aided us in how we could best provide for our community and the vulnerable among us. This Implementation Strategy summarizes the plans for Adventist Health Portland to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2019 CHNA. Adventist Health {Name} has adopted the following priority areas for our community health investments.

#### Prioritized Health Needs – Planning to Address

- [Health Priority #1: Chronic Disease](#)
- [Health Priority #2: Access To Care](#)
- [Health Priority #3: Behavioral Health](#)
- [Health Priority #4: Social Determinants: Food Access/Safety](#)

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities that define the well-being of people.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Adventist Health Portland service area and guide the hospital’s planning efforts to address those needs.

The significant health needs were identified through an analysis of secondary data and community input. These health needs were prioritized according to a set of criteria that included community needs, advisory committee recommendations, facility strengths/resources and potential partner opportunities. For further information about the process to identify and prioritize significant health needs, please refer to Adventist Health Portland CHNA report at the following link:

<https://www.adventisthealth.org/about-us/community-benefit/>

## Adventist Health Portland and Adventist Health

Adventist Health Portland is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. In addition, Adventist Health Portland is now also a part of the regional OHSU Health Network. As this relationship matures, we suspect that this document will continue to adjust as we work together to better respond to community needs in the greater Portland area.

### Vision

Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

### Mission Statement

Living God's love by inspiring health, wholeness and hope.

### Adventist Health facilities Include:

- 21 hospitals with more than 3,284 beds
- More than 273 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and volunteers.

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal

beliefs, is welcome in our facilities. We are also eager to partner with members of all faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates to 1866 when the first Seventh-day Adventist healthcare facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

## Summary of Implementation Strategies

### Implementation Strategy Design Process

Stakeholders from the 19 hospital facilities in the Adventist Health System were invited to participate in a Mission Integration Summit on September 26 and 27, 2019. During this two day-long event, participants were introduced to the 2019 Adventist Health Implementation Strategy Template. After the summit, each hospital was invited to participate in a series of technical assistance calls and consultation sessions with representatives from Adventist Health Community Integration and Conduent Health Communities Institute to further develop and refine their implementation strategy.

## Adventist Health Portland Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities by Adventist Health Portland to directly address the prioritized health needs. They include:

- **Health Need 1: Chronic Disease (Culturally sensitive Early Detection/Education/Mgmt via Lifestyle Medicine/**Plant-based Nutrition, Activity, Rest, etc.**)**
- Cancer
- Heart Disease/Hypertension
- **Health Need 2: Access To (Culturally Appropriate) Care**
- Free Health/Dental Clinics – IYHP, Compassion Connect, PACS
- Project Access Now
- Slavic Navigator project
- Training healthcare workers – NW H&N Conference, Student Health Care Leaders, etc.
- **Health Need 3: Behavioral Health (BH, isolation, trauma, resilience)**
- UNITY Program
- AH Social & Spiritual Support Programs – First Friday, Tobacco recovery, Grief, Spiritual Care Volunteers, etc.
- **Health Need 4: SDOH: Food Insecurity and Independence**
- Food Access – Main Street Community Garden, GROW Portland School Garden/Nutrition Project, First Friday Soup & Salad program

The Action Plan presented below outlines in detail the individual strategies and activities Adventist Health Portland will implement to address the health needs identified through the CHNA process. The following components are outlined in detail in the tables below: 1) actions the hospital intends to take to address the health needs identified in the CHNA, 2) the anticipated impact of these actions as reflected in the Process and Outcomes measures for each activity, 3) the resources the hospital plans to commit to each strategy, and 4) any planned collaboration to support the work outlined.

No hospital can address all the health needs identified in its community. Adventist Health Portland is committed to serving the community by adhering to its mission, and using its skills,

expertise and resources to provide a range of community benefit programs. This Implementation Strategy does not include specific plan to address the following significant health needs identified in the 2019 CHNA.

#### Significant Health Needs – NOT Planning to Address in Significant Ways

- Housing – We have made significant investments in this area in the past, and will continue to support smaller projects/facilities as possible. Limited current resources for large projects.
- Alcohol & Drug Misuse – This is addressed through our clinics and there are other community organizations taking the lead on this health priority.
- Liver Disease and Sexually Transmitted Diseases – There are others working in this area and resources are limited in this area outside of our primary care work, and support of community clinics.
- Transportation – Addressing this need will require dedicated effort from many other community organizations and Adventist Health does not have the resources to commit at this time.
- Safety – Some limited programs are being implemented but addressing this need will require dedicated effort from many other community organizations and Adventist Health does not have the resources to commit at this time.

## Adventist Health Portland Implementation Strategy Action Plan

**PRIORITY HEALTH NEED: CHRONIC DISEASE**

**GOAL STATEMENT: ADVENTIST HEALTH WILL WORK COLLABORATIVELY TO REDUCE THE INCIDENCE AND IMPACT OF CHRONIC DISEASES LIKE HEART DISEASE, CANCER, AND DIABETES THROUGH CULTURALLY SENSITIVE SCREENINGS, EDUCATION, AND THE USE OF LIFESTYLE/NUTRITION APPROACHES.**

*Mission Alignment: (Well-being of People, Equity)*

*Strategy 1A: Culturally sensitive Community Health Education activities around certain health conditions (CVD, CA, Covid-19, Diabetes, Obesity) with attention to the benefits/"How to" of moving towards a more whole food, plant-based diet, and other healthy lifestyle practices (e.g. sleep, exercise, stress management).*

<b>Programs/Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Measures</b>	<b>Results: Year 2</b>	<b>Medium Term Measures</b>	<b>Results: Year 3</b>
Activity 1.A.1 <i>Major Speakers, cooking schools &amp; other classes</i>	# sessions, # attendance, # Ethnicity mix?		Increase participant knowledge based on surveys		Increase in healthy food choices through self-assessment	
Activity 1.A.2 <i>Mini-learning /screening activities, media</i>	# people reached, # screenings – BP, SkinCA, Lung, Breast, etc. # media posts		Increased screenings and participant knowledge, increase diversity mix over time, referrals.		Improve % early stage CA detections, and HBP.	
Activity 1.A.3 <i>Professional Education, eg. Northwest H&amp;N Conference, internal CME</i>	# attendees, # mix of professionals		Participant satisfaction rates		Increase in attendance rates by 5%	

**Source of Data:**

- Self reports, quizzes, attendance records

<p><b>Target Population(s):</b></p> <ul style="list-style-type: none"> <li>• <b>General Community, Slavic, African-American, Healthcare Professionals</b> (Conference, CME, MD rotations, etc)</li> </ul>
<p><b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> <li>• Staff time, honorariums for speakers, printing, marketing, volunteers, facility, in-kind for Conference CME work, supervision of medical students, etc.</li> </ul>
<p><b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> <li>• NWVeg*, Faith Communities (Slavic/Afro/American), Workplaces, PCRM, NutritionFacts.org, American Heart Association, American Cancer Society, Neighborhood associations, Goodskin Dermatology, Hands of Favor, possibly Advent Health (CREATION Life on BP), Universities (rotations), etc.</li> </ul>
<p><b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> <li>• <b>A, F</b></li> </ul>

**PRIORITY HEALTH NEED: ACCESS TO CARE**

**GOAL STATEMENT: TO WORK WITH OTHERS TO IMPROVE THE ACCESS TO QUALITY, CULTURALLY APPROPRIATE HEALTHCARE SERVICES IN OUR SERVICE AREA, AND TO WORK PROACTIVELY TO INCREASE THE NUMBERS OF THOSE ENTERING HEALTH CARE CAREERS.**

**Mission Alignment: (Well-being of People; Equity)**

**Strategy 1: Provide greater access to culturally responsive medical/dental services for low-income, underserved and immigrant individuals and families through direct services and selected partnerships**

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 1.1 <i>Impact Your Health/Compassion Connect events</i>	# Attendance, # services delivered # volunteers		# referrals, Increase people served, increase number of partner faith groups.		10% increase in partner faith group participation Decrease in	
Activity 1.2 <i>Project Access Now</i>	# individuals and households served		# renewals, value of services provided, # helped to get on insurance, etc.		# able to come off PANOW assistance due to self support	
Activity 1.3 <i>Navigator program – (ED Slavic)</i>	# participants specific to Slavic community served in ED		Increase # of community contacts, and presentations		Decrease in non urgent care ED visits	
Activity 1.4 <i>Patient Transport Service</i>	# rides provided, # service areas		Expand services to additional medical specialties		Decrease in missed MD appointments	

<b>Source of Data:</b> <ul style="list-style-type: none"> <li>Event records, PANOW reports to partners, Navigator records, driver records, timecards, supply orders</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>Un-insured, underinsured, gap groups, communities of color/immigrants, transportation challenged</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Financial support, staff (paid &amp; volunteer), in-kind, promotion of services</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>Impact Your Health Portland group*, Compassion Connect*, Project Access Now*, Portland Adventist Community Services*.</li> </ul>						
<b>Strategy 2: Provide educational opportunities to improve access to health professionals in the future.</b>						
Programs/ Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 2.1 <i>Student Healthcare Leaders</i>	# students, # schools represented, diversity mix		Satisfaction rates, Program graduation rates, Career plans towards healthcare		% of Students who actually pursue healthcare careers	
Activity 2.2 <i>Spiritual Care Volunteers</i>	# members # completing quarterly CE sessions		# new members # hours worked		Decrease in turnover rates	
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>Individual Program stats</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>High school students, medical residents/interns, nursing students, retired individuals, etc.</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Financial support, staff (paid &amp; volunteer), supplies, pursuing financial support</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health) <ul style="list-style-type: none"> <li>Area high schools, local/out-of-state universities &amp; colleges (OHSU, WWU, etc)</li> </ul>						
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations) <ul style="list-style-type: none"> <li>A, F</li> <li></li> </ul>						

## Adventist Health Portland Implementation Strategy Action Plan

<b>PRIORITY HEALTH NEED: BEHAVIORAL HEALTH &amp; WELLBEING</b>						
<b>GOAL STATEMENT: TO SUPPORT THE DEVELOPMENT OF A ROBUST AND SUSTAINABLE BEHAVIORAL HEALTH CARE SYSTEM FOR THE GREATER PORTLAND AREA, AND CREATE SOCIAL SUPPORT RESOURCES THAT NURTURE OVERALL WELLBEING – ESPECIALLY FOR THOSE GOING THROUGH TOUGH TIMES</b>						
<b>Mission Alignment: (Well-being of People; Equity)</b>						
<b>Strategy 1: Improve access to stable emergency and other more formal behavioral health services through direct services and funded partnerships</b>						
<b>Programs/ Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Measures</b>	<b>Results: Year 2</b>	<b>Medium Term Measures</b>	<b>Results: Year 3</b>
Activity 1.1 <i>UNITY Center</i>	# Patients served Program funding		# mental health referrals, occupancy levels, divert levels, AHP ED hold trends		Improvements in AHP ED 5150 holds	
Activity 1.2 <i>St. Vincent DP Center project</i>	Site development, and planning for 2022 opening		Begin building process		Opening as scheduled 2022	
<b>Source of Data:</b>						
<ul style="list-style-type: none"> <li>• Facility/Program reports</li> </ul>						
<b>Target Population(s):</b>						
<ul style="list-style-type: none"> <li>• General population, housing challenged, mentally ill</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> <li>• Financial (UNITY), planning.</li> </ul>						
<b>Collaboration Partners:</b> (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> <li>• UNITY Center* (A partnership between AH, OHSU, Kaiser and Legacy), St Vincent DePaul organization*</li> </ul>						
<b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
<ul style="list-style-type: none"> <li>• A, E</li> </ul>						

## Adventist Health Portland Implementation Strategy Action Plan

**Strategy 2: Provide a variety of Addiction, Grief, Social and Spiritual Support Services**

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
Activity 2.1 <i>First Friday</i>	# attendance, # meals served		# repeat attendance		Increase in attendance by 10%	
Activity 2.2 <i>Support Groups</i> <i>(smoking, Grief), Grief Classes</i>	# attendance, Satisfaction rates		Improvement in wellbeing, return participation in Support Groups		# maintaining tobacco-free status	
Activity 2.3 <i>Events &amp; Campaigns - Inspiration Concerts, Holiday Grief, etc</i>	# Attendance # Donations (lbs. of food, number of socks)		# People served from food and clothing donations, # loved ones honored		Increase in attendance by 10%	

**Source of Data:**

- Attendance records, meal invoices, website query, PACS, Union Gospel Mission, etc.

**Target Population(s):**

- General community, churched/unchurched, smokers, those who are grieving,

**Adventist Health Resources:** (financial, staff, supplies, in-kind etc.)

- Staff, supplies, meals, facilities, marketing

**Collaboration Partners:** (place a "\*" by the lead organization if other than Adventist Health)

- Partner churches, KPDQ,

**CBISA Category:** (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)

- A, F

**PRIORITY HEALTH NEED: FOOD INSECURITY/ACCESS**

**GOAL STATEMENT: TO IMPROVE ACCESS TO QUALITY NUTRITION FOR FOOD INSECURE GROUPS AND BUILD CAPACITY FOR GREATER COMMUNITY NUTRITION SELF SUPPORT.**

**Mission Alignment: (Well-being of People; Well-being of Places, Equity)**

**Strategy 1: Support Community and School Gardens for low cost fresh produce, outdoor exercise, community-building, and increased self sufficiency. Training for young people in gardening, nutrition, cooking and ecological issues.**

<b>Programs/ Activities</b>	<b>Process Measures</b>	<b>Results: Year 1</b>	<b>Short Term Measures</b>	<b>Results: Year 2</b>	<b>Medium Term Measures</b>	<b>Results: Year 3</b>
Activity 1.1 <i>Market St. Community Garden &amp; Home Gardens</i>	# Families served, % occupancy, diversity, # classes, satisfaction		# returnees, Survey of # home gardens started?		Increase in fresh vegetable consumption levels	
Activity 1.2 <i>GROW PDX school project</i>	# Students served # partner schools		Student satisfaction rates, improved skills and comfort with gardening & trying new foods. Improved practical science skills, etc.		Levels of fruit and vegetable consumption increased	
Activity 1.3 <i>FF Soup &amp; Salad project</i>	# meals served # satisfaction #Recipe/education handouts		# trying soup recipes at home. Nutrition learning. Improved social connections		Nutritional status improvement.	

**Source of Data:**

- Outgrowing Hunger enrollment data
- GROW Portland school data
- First Friday – Soup & Salad data from Nutritional Services

<p><b>Target Population(s):</b></p> <ul style="list-style-type: none"> <li>Immigrant &amp; low-income families, Students in “high need” schools, “House bound” seniors</li> </ul>
<p><b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> <li>Staff, in-kind, funding, promotion for events, etc</li> <li>Food for FF meals</li> <li>Food donation coordination from classes &amp; events</li> </ul>
<p><b>Collaboration Partners:</b> (place a “*” by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> <li>Outgrowing Hunger*, GROW Portland*, PACS Other side projects: Meals on Wheels – Cherry Blossom Center</li> </ul>
<p><b>CBISA Category:</b> (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> <li>A, E, F</li> </ul>

Community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Community well-being is not just the overall health of a population but also includes the distribution of health equity. Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes

Improving community health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the care continuum

Adventist Health is on a bold journey to establish sustainable significance with a vibrant mission of living God's love by inspiring health, wholeness and hope. We will advocate for and lead change in healthcare and social policy to benefit the under privileged and the disenfranchised in the diverse communities to which we have been called.

Together we will create lasting impact in people's whole lives and affect profound improvement in the well-being of the entire community.