

Adventist Health Portland 2020-2022 Community Health Plan



The following report reflects the 2021 results for
Adventist Health Portland's Implementation Strategy
May 27th, 2022

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 Includes:

- 23 hospitals with more than 3,600 beds
- 290 clinics (hospital-based, rural health and physician clinics)
- 15 home care agencies and eight hospice agencies
- Three retirement centers & one continuing care retirement community
- A workforce of 37,000 including associated, 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 (Early Detection/Education/Mgmt incl. Lifestyle Medicine/Plant-based Nutrition, Activity, Rest, etc.)**
 - Cancer
 - Heart Disease/Hypertension
 - Lifestyle Medicine Training
- **Health Need 2: Access To (Culturally Appropriate) Care**
 - Free Medical/Dental/Vision Clinics
 - Project Access Now
 - Slavic Navigator project
 - Training future healthcare workers
- **Health Need 3: Behavioral Health & Wellbeing**

- UNITY Program & other Treatment Options
- AH Social & Spiritual Support Programs
- **Health Need 4: SDOH: Food Insecurity and Independence/Safety**
 - Community Gardens & Food Access

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 somewhat through our clinics and there are other community organizations taking the lead on this health priority. One is Fora Health who is moving in next door to us. We are looking at partnership possibilities for the future.
- 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 – Beyond a limited program for some patients, addressing this need more effectively will require more financial resources than we can commit at this time.

COVID 19 Considerations

The COVID-19 global pandemic has caused extraordinary challenges for Adventist Health hospitals and health care systems across the world including keeping front line workers safe, shortages of protective equipment, limited ICU bed space and developing testing protocols. They have also focused on helping patients and families deal with the isolation needed to stop the spread of the virus, and more recently vaccine roll out efforts.

Adventist Health, like other health care systems, had to pivot its focus to meet the most urgent healthcare needs of its community during the pandemic, as well as reassess the ability to continue with some community health strategies due public health guidelines for social distancing. Adjustments have been made to continue community health improvement efforts as possible, while ensuring the health and safety of those participating. The Strategy Action Plan Grids on the following pages reflect updated activities for each strategy.

In FY21, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

- Began offering more virtual health care visits to keep community members safe and healthy
- Developed an online symptom tracker to help community members determine if they may have COVID-19 or some other flu type illness and what steps to take
- Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus

Locally, Adventist Health Portland took the following steps in 2021:

- Provided health translators to those who spoke a language other than English.
- Provided financial assistance to community members that (Sam to think)
 - Pay off Medical Bills
- Supported the local Compassion Clinic to ensure health activities continued. Services offered throughout the pop-up clinics included but are not limited to: health and well-being checks, dental services, mental health therapy services and provided free meals to those in needs.

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 TREATMENT, INCLUDING THE USE OF LIFESTYLE MEDICINE APPROACHES.						
Mission Alignment: (Well-being of People, Equity)						
Community Health Screenings and interactive 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).						
Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<i>Targetted screening & learning activities/events</i>	# people reached - screenings, educational interactions # activities, events, screenings	See narrative below	# disease detected early stage, # teeth pulled/fillings, cleanings, & # glasses provided; # referrals; % satisfaction; # materials in more than English only; % participant knowledge level	See Narrative Below	% change in knowledge level	
<i>Professional Lifestyle Medicine Education</i>	# attendees, # mix of professionals	See narrative below	% satisfaction rates	See Narrative Below	Increase # AHP staff attendance & involvement w/ACLM	
Source of Data: <ul style="list-style-type: none"> Self reports, quizzes, attendance records, charts, etc. 						
Target Population(s): <ul style="list-style-type: none"> General Community, Slavic, BIPOC, Healthcare Professionals (Conference, CME, MD rotations, etc) 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> Staff time, honorariums for speakers, printing, marketing, volunteers, facility, in-kind for Conference CME work, etc. 						

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

- NWVeg*, Faith Communities, Impact Your Health Portland*, Compassion Connect*, Hillsboro Medical Center Mammography Van, American Heart Association, American Cancer Society, Neighborhood associations, Goodskin Dermatology, etc.

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

- A, F

Strategy Results 2021:

- Due to COVID-19 and staff shortages our community programs were placed on hold and not active during 2021. We continued to collaborate with internal & external community based organizations to offer limited services where needed. As we continue to work through the pandemic and look into the future, our hope is to get programs up and running by mid-2022.

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

Strategy 2: Provide educational opportunities to improve access to health professionals in the future.

Programs/Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<i>Impact Your Health/Compassion Connect clinic events</i>	# Clinics, # Attendees, # services delivered, # volunteers	See narrative below	(See previous section re: screening) # referrals, % Satisfaction % Diversity mix	On Hold Due to COVID-19		
<i>Project Access Now</i>	# individuals & households served	See narrative below	# newly enrolled; # moved to regular insurance, \$ value of services provided	See Narrative Below	# able to come off PANOW assistance due to self support	
<i>Connect Oregon - UniteUs</i>	Staff input on planning/integration w/EPIC (2022?) Piloting prn	(New for 2021-22)	Piloting new components as possible, patient and staff feedback.	See Narrative Below	Successful implementation of system w/ improved referral, tracking & patient care.	
<i>Slavic Navigator outreach program</i>	# pt. touches # referrals # presentations # media posts # provider visits	See narrative below	% increase in vaccine rates and cancer screenings.	See Narrative Below	% decrease in conditions due to interventions	

<i>Student Healthcare Leaders Program</i>	# students, # schools represented, % diversity mix	See narrative below	Satisfaction rates, Program graduation rates, % with career plans towards healthcare	See Narrative Below	% of Students who actually pursue healthcare careers	
Source of Data:						
<ul style="list-style-type: none"> Event records, PANOW reports to partners, Navigator records, driver records, timecards, supply orders 						
Target Population(s):						
<ul style="list-style-type: none"> Un-insured, underinsured, gap groups, communities of color/immigrants, transportation challenged 						
Adventist Health Resources: (financial, staff, supplies, in-kind etc.)						
<ul style="list-style-type: none"> Financial support, staff (paid & volunteer), in-kind, marketing/promotion of services 						
Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)						
<ul style="list-style-type: none"> Impact Your Health Portland group*, Compassion Connect*, Project Access Now*, Portland Adventist Community Services*. Area high schools, local/out-of-state universities & colleges (OHSU, WWU, etc) 						
CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)						
<ul style="list-style-type: none"> A, F 						

Strategy Results 2021:

- Compassion Connect:** Due to COVID-19 this collaboration was placed on hold. We hope to build and continue partnerships by mid-2022.
- Project Access Now** program support continued in 2021. Our funding support provided direct patient care for an estimated 1,855 individuals and additional assistance with enrolling in health plans.
- Slavic Navigator Outreach** program was active during 2021. Much of their work was directed towards COVID prevention education and answering community questions. Included media articles/posts, radio interviews and phone-based work with patients, providers, civic leaders, etc. Other planned community events were cancelled due to COVID-19. A total of 11,966 lived were touched in 2021.
- Patient Transport** – For a while, patient services were significantly reduced due to COVID-19, but we did provide transportation services for patients who had no other

practical way to receive care. Many of these patients had multiple treatment sessions. A total of 9,300 miles of roundtrip transportation services were provided.

- **Student Healthcare Leaders:** This program was reactivated in Fall of 2021. There were two sessions in 2021: Summer & Fall. Number of graduating students in the summer included 20 students served. Number of graduating students in the fall included 25 students served.
- **Student Externships & Internships:** Opportunities within our hospital increased. A total of 139 students were able to complete their academic requirements and provide much needed support within departments across our hospital & community.

PRIORITY HEALTH NEED: BEHAVIORAL HEALTH & WELL-BEING

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

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

Strategy 1: Improve access to stable emergency and other more formal behavioral health/addiction recovery services through direct services and funded partnerships

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

Programs/ Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<i>BH/SUD IP/Emergent care via UNITY Center</i>	# AHP BH ED patients #/% transfers out % transfer to UNITY	See narrative below	# ED holds due to lack of space	On Hold Due to COVID-19	Reduction in % of ED holds due to lack of space	
<i>Enhancing SUD Care via FORA Health partnership</i>	Planning meetings, # joint activities in 2021	See narrative below	Opening in 2021, joint event held in 2021. # clients served in new facility	On Hold Due to COVID-19	Still TBD	
<i>First Friday</i>	# sessions # attendance	See narrative below	Satisfaction levels, stories	3 sessions Approx. 375 people served.	% returns stories	
<i>Support Groups (smoking, Grief, Cancer), and virtual BH Classes</i>	# classes # attendance	See narrative below	# class completions; # satisfaction levels, # self referrals	See Narrative Below	self reported impact	

<p>Source of Data:</p> <ul style="list-style-type: none"> Facility/Program reports. Attendance records, invoices, website query, etc.
<p>Target Population(s):</p> <ul style="list-style-type: none"> General population, housing challenged, mentally ill, General community, church/unchurched, smokers, those who are grieving,
<p>Adventist Health Resources: (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> Financial (UNITY is intensive support, speaker fees), planning, staff, supplies, meals, facilities, marketing
<p>Collaboration Partners: (place a "*" by the lead organization if other than Adventist Health)</p> <ul style="list-style-type: none"> UNITY Center* (A partnership between AH, OHSU, Kaiser and Legacy), St Vincent DePaul (FORA Health)*, Partner churches, volunteers, specialty speakers.
<p>CBISA Category: (A - Community Health Improvement; E - Cash and In-Kind; F - Community Building; G - Community Benefit Operations)</p> <ul style="list-style-type: none"> A, E, F

Strategy Results 2021:

- Portland Rescue Mission- A total of 3100 pairs of socks were collected for donations to the Portland Resuce Mission.
- Support Groups:** A total of 20 people were served through the Grief Support Group Series. Additionally, the Grieving through the Holidays session was placed on hold.
- New Online programs** in Grief, Burnout, Divorce Recovery, and Suicide sessions were provided in 2021 and offered to our community. Within our Grief group, a total of 41 people joined the 8-week session. A total of 39 people joined the Burnout 8-week session.

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 especially for BIPOC/Refugee community.

Programs/ Activities	Process Measures	Results: Year 1	Short Term Measures	Results: Year 2	Medium Term Measures	Results: Year 3
<i>Community Garden, etc.</i>	# Families served, % occupancy, diversity levels	See narrative below	# families served, # returnees	See Narrative Below		

Source of Data:

- Outgrowing Hunger Garden enrollment data; invoices for soup & salad (First Friday)

Target Population(s):

- Immigrant & low-income families, “House bound” seniors

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

- Staff, in-kind, funding, promotion for events, etc
- Food for FF meals
- Food donation coordination from classes & events

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

- Outgrowing Hunger*, PACS. Oregon Food Bank. Other side projects: Meals on Wheels – Cherry Blossom Center

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

- A, E, F

Strategy Results 2021:

- **Market Street Garden** continued in 2021. The Garden provided 54 refugee families with a total of 42,000 sf of growing space. Hailing from Bhutan, Nepal, Burma, Congo, Burundi, Rwanda, Mexico, and Russia, gardeners emphasized the production of hard-to-find, culturally specific produce items such as mustard greens, black nightshade, African eggplant, amaranth greens, and unique herbs from around the world.
- **Other** community garden collaborations are in the works and are expected to deploy in mid-2022.

The Adventist Health + Blue Zones Solution

Our desire to improve community well-being grew out of not only our mission at Adventist Health -to live God's love by inspiring health, wholeness and hope – but also by the sheer need as seen across our system of 23 hospitals. Overwhelmingly, we see issues related to health risk behaviors, mental health and chronic illnesses throughout the communities we serve. That is why we have focused our work around addressing behavior and the systems preventing our communities from achieving optimal health.

In an effort to meet these needs, our solution is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

In 2020, Adventist Health acquired Blue Zones as the first step toward reaching our solution. By partnering with Blue Zones, we will be able to gain ground in shifting the balance from healthcare – treating people once they are ill – to transformative well-being – changing the way communities live, work and play. In 2021, Adventist Health committed to launching six Blue Zone Projects within our community footprint, and as we enter 2022 these projects are active. Blue Zone Projects are bringing together local stakeholders and international well-being experts to introduce evidence-based programs and changes to environment, policy and social networks. Together, they measurably improve well-being in the communities we serve.