

Adventist Health Portland 2020-2022 Community Health Plan



The following Implementation Strategy serves as the 2020 – 2022 Community Health Plan for Adventist Health Portland and is respectfully submitted to the Office of Statewide Health Planning and Development on May 19th, 2023 reporting on 2022 results.

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 Portland 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-inspired, 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 3,393 beds
- 370 clinics (hospital-based, rural health and physician clinics)
- 14 home care agencies and eight hospice agencies
- 3 retirement centers & 1 continuing care retirement community
- A workforce of 37,000 including medical staff physicians, allied health professionals and support services

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 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 FY22, 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 community wide efforts 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 2022:

- Provided health translators to those who spoke a language other than English.
- Provided financial assistance to community members that needed help with 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.
- Gave away free COVID test kits at community events

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	Previous report available upon request	# disease detected early stage, # teeth pulled/fillings, cleanings, & # glasses provided; # referrals; % satisfaction; # materials in more than English only; % participant knowledge level	Previous report available upon request	% change in knowledge level	Partnered with the OHSU Vaccine Equity committee on vaccinations; produced health topic videos for website/social media and did health and safety stations at our community events
<i>Professional Lifestyle Medicine Education</i>	# attendees, # mix of professionals	Previous report available upon request	% satisfaction rates	Previous report available upon request	Increase # AHP staff attendance & involvement w/ACLM	See Narrative Below
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 – Community Health Improvement, F – Community Building

Strategy Results 2022:

In 2022 we were still coming out of the COVID-19 pandemic and managing staff shortages and event policy restrictions. We did begin to make some small headway with our community partners in 2022. That included having several staff as participants in the OHSU vaccine equity committee, vaccination events, creating more health information print materials and videos for the general population and having a health and safety station theme at the limited events (Sunday Parks, Montvilla Fair, Portland Pickles games etc.) with COVID tests, sunscreen, heart health resources, and more.

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	Previous report available upon request	(See previous section re: screening) % Satisfaction % Diversity mix	On Hold Due to COVID-19	# referrals	350 people received dental, visions and health screenings
<i>Project Access Now</i>	# individuals & households served	Previous report available upon request	# newly enrolled; # moved to regular insurance, \$ value of services provided	Previous report available upon request	# able to come off PANOW assistance due to self support	1,701 people were assisted.
<i>Slavic Navigator outreach program</i>	# pt. touches # referrals # presentations # media posts # provider visits	Previous report available upon request	% increase in vaccine rates and cancer screenings.	Previous report available upon request	% decrease in conditions due to interventions	11,556 people reached
<i>Student Healthcare Leaders Program</i>	# students, # schools represented, % diversity mix	Previous report available upon request	Satisfaction rates, Program graduation rates, % with career plans towards healthcare	Previous report available upon request	% of Students who actually pursue healthcare careers	48 students; Spring and Fall sessions of 24 high school students each

Source of Data:

- Event records, PANOW reports to partners, Navigator records, driver records, timecards, supply orders

Target Population(s):

- Un-insured, underinsured, gap groups, communities of color/immigrants, transportation challenged

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

- Financial support, staff (paid & volunteer), in-kind, marketing/promotion of services

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

- 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)

- A – Community Health Improvement, F – Community Building

Strategy Results 2022:

- **Compassion Connect and Impact Your Health:** After two years of reductions due to the pandemic we were able to begin some community events again and touch 350 people at several events. Providing health, dental and vision screening and referrals for speciality care if needed.
- **Project Access Now** program support continued in 2022. Our funding support provided direct patient care for an estimated 1,701 individuals and additional assistance with enrolling in health plans.
- **Slavic Navigator Outreach:** The program was active during 2022. Much of their work was directed towards heart health and COVID prevention education and answering community questions. Included media articles/posts, radio interviews and phone-based work with patients, providers, civic leaders, etc. A total of 11,556 lives 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. Over 5,000 miles of roundtrip transportation services were provided.
- **Student Healthcare Leaders:** There were two sessions in 2022: Summer & Fall. Number of graduating high school students in the summer included 24 students served. Number of graduating high school students in the fall included 24 students served for a total of 48 students.
- **Student Externships & Internships:** Opportunities within our hospital increased. A total of 160 RN students and 39 externships 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	Previous report available upon request	# ED holds due to lack of space	On Hold Due to COVID-19	Reduction in % of ED holds due to lack of space	60 transfers to Unity
<i>Enhancing SUD Care via FORA Health partnership</i>	Planning meetings, # joint activities in 2021	Previous report available upon request	Opening in 2021, joint event held in 2021. # clients served in new facility	On Hold Due to COVID-19	Still TBD	Fora health opened on campus; board seat and patient transfers
<i>Support Groups (smoking, Grief, Cancer), and virtual BH Classes</i>	# classes # attendance	Previous report available upon request	# class completions; # satisfaction levels, # self referrals	Previous report available upon request	self reported impact	Grief, resiliency and cancer support groups/classes provided.

Source of Data:

- Facility/Program reports. Attendance records, invoices, website query, etc.

Target Population(s):

- General population, housing challenged, mentally ill, General community, church/unchurched, smokers, those who are grieving

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

- Financial (UNITY is intensive support, speaker fees), planning, staff, supplies, meals, facilities, marketing

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

- UNITY Center* (A partnership between AH, OHSU, Kaiser and Legacy), St Vincent DePaul (FORA Health)*, Partner churches, volunteers, specialty speakers.

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

- A – Community Health Improvement, E – Cash and In-Kind, F – Community Building

Strategy Results 2022:

- **Portland Rescue Mission:** A total of 500 pairs of socks were collected for donations to the Portland Resuce Mission.
- **Support Groups:** A total of 40 people were served through the Cancer Support Group Series. Additionally, the "Grieving through the Holidays" session was attended by over 40 people.
- **New Online programs** in Grief and Resilency were provided in 2022 and offered to our community. Several dozen people attended each. We also created support videos for the website and distribution to the community.

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	Previous report available upon request	# families served, # returnees	Previous report available upon request	Savings to family; access to fresh and nutritious food	27 families used garden

PACS # Families served, % occupancy. Diversity levels

Narrative below

families served

returnees

See narrative

Source of Data:

Outgrowing Hunger Garden enrollment data

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 – Community Health Improvement, E – Cash and In-Kind, F – Community Building

Strategy Results 2022:

- Market Street Garden continued in 2022. The Garden provided 27 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.
- Through our free Celebration of Thanksgiving event we collected 850 pounds of food for Portland Adventist Community Services (PACS).
- Other community garden collaborations are in the works and are expected to deploy in 2023.

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.