NARRATIVE
State of Oregon

Legacy Emanuel Medical Center
Fiscal Year 2023 (FY23)
April 1, 2022-March 31, 2023

BACKGROUND

Legacy Health is a nonprofit health system driven by our mission to improve the health of those around us. We offer a unique blend of health services across the Portland/Vancouver metro area and mid-Willamette Valley — from wellness and urgent care to dedicated children's services and advanced medical centers — we care for patients of all ages when and where they need us. With an eye toward a healthier community, our partnerships tackle vital issues such as housing and mental health.

Legacy strives to help everyone live healthier and better lives, with the vision of being essential to the health of the region. The Legacy Health system currently includes:

- Six hospitals; dedicated children's care at Randall Children's Hospital at Legacy Emanuel
- More than 70 primary, specialty and urgent care clinics
- Nearly 3,000 doctors and other advanced providers
- Almost 14,000 employees
- Laboratory, research and hospice services
- Partnership with PacificSource health plan.[1]

Legacy Emanuel Medical Center

Legacy Emanuel Medical Center in North Portland plays a vital role as a local and regional leader in serious clinical illness or injury. With around-the-clock expertise for critical health issues, including experts in trauma, heart care, burns, significant wounds, stroke, brain surgery and more, Legacy Emanuel is central to the health of our community and critical to the care of the Northwest.[1]

Randall Children's Hospital at Legacy Emanuel — is one of two children's hospitals serving pediatric patients in Oregon and Southwest Washington state. Legacy Health is part of a collaborative providing psychiatric emergency services — Unity Center for Behavioral Health. Unity is a joint effort of Adventist, Kaiser Permanente, Oregon Health & Science University and Legacy Health.[2] Unity Center for Behavioral Health is licensed under the Legacy Emanuel Medical Center license. In addition, Legacy Health is among four collaborating health systems to support CARES NW (Child Abuse Response and Evaluation Services) in which Legacy Emanuel Medical Center serves as the employer and donates the infrastructure.[3]

Service Area

Legacy Emanuel is located in one of the oldest neighborhoods in Portland — inner North Portland, located across the Willamette River and slightly north of downtown. The primary service area extends from the Columbia River in the north to south of Highway 99E and from Walker Road and St. Helens in the west to N.E./S.E. 161st in the east. The inner primary service area includes the close-in Portland neighborhoods of Boise, Eliot, Kenton, Piedmont, St. Johns, Irvington, Alameda, Lloyd District/Sullivan's Gulch, Rose City and Laurelhurst.

Assessing the Needs and Assets of the Communities We Serve: A Collaborative Approach

Legacy Health participates in the Healthy Columbia Willamette Collaborative (HCWC), a public-private partnership of 15 hospitals, four health departments, and one Coordinated Care Organization (CCO) in Clackamas, Multnomah, and Washington counties in Oregon and Clark County in Washington. HCWC was founded in 2010 with the intention of building stronger relationships between communities, CCOs, hospitals, and public health departments. Comagine Health (formerly HealthInsight) was the contracted convener for the collaborative, responsible for data collection, analysis, and reporting.

HCWC prioritized community input and lived experiences of priority populations and leaders from community-based organizations across the region. Volunteer participants shared their insights on the vision, strengths, challenges, and needs of their communities in town halls and listening sessions. Four town halls were conducted—one in each county—and community-based organizations hosted 18 community listening sessions across the quad-county region, with more than 200 participants. In the 2019 CHNA, HCWC also reviewed population data (health-related behaviors, morbidity, mortality); medical data from local Coordinated Care Organizations (CCO) (most frequent conditions Medicaid-covered individuals sought care for); and hospital data (uninsured patients seen in the emergency department for conditions that could have been managed in primary or ambulatory care settings).

SUPPLEMENTAL NARRATIVE QUESTIONS

1. The year of publication for the current community health needs assessment.

The FY2021 Community Health Needs Assessment (CHNA) for Legacy Emanuel Medical Center (LEMC) was adopted by the Legacy Health Board of Directors in March 2021.

2. The top health needs identified in the hospital's most recent community health needs assessment. Include information on geographies, populations or demographic groups affected.

The LEMC FY2021 CHNA[6] is based on the findings of the HCWC 2019 CHNA.[5] For the LEMC CHNA, Legacy Health selected three of the HCWC priority areas for action for its FY2021 CHIP:

- Access to Health Care
- Chronic Conditions
- Health Equity

The status of these issues within the LEMC service area are based on data provided in the 2019 HCWC CHNA.[5]

Access to Health Care

Access to health care is fundamental to the improved health and well-being of the region and accessing health care services continues to be a challenge for many communities. In the tri-county region (Clackamas, Multnomah and Washington counties) roughly 9.4% of the population is uninsured and 13.2% of the population reported not being able to access health care services due to cost.

Engagement efforts in the community called attention to the need for improved navigation within the health care system, language assistance, providers that are culturally diverse, transportation to/from health care services and financial aid for medical and medication costs. Geographic and physical isolation were identified as additional factors that decrease the ability to access services. The use of traditional health workers, such as community health workers and peer navigators, was frequently mentioned as a

way to help people navigate the health care system and manage chronic conditions. Community members also called for additional low-cost health care clinics, preventative care and health screenings, as well as affordable government insurance options.

Chronic Conditions

Chronic conditions account for two-thirds of emergency medical conditions and continue to disproportionately impact communities of color. The most prevalent chronic conditions in the region include diabetes, heart disease, hypertension and liver disease. The prevalence and mortality rates of these conditions was greatest amongst the following Medicaid populations:

Diabetes Prevalence:
Asian (12%), African American/Black (9-10%)
Diabetes Mortality Rate:
African American/Black (60.9 deaths/100,000 population)
Native American/Alaska Native (48.9 deaths/100,000 population)

Heart Disease Prevalence:
African American/Black (3%), Pacific Islander (2%), White (2%)
Heart Disease Mortality Rate:
Pacific Islander (212 deaths/100,000 population)
Native American/Alaska Native (167.6 deaths/100,000 population)

Hypertension Prevalence:
Asian (17-18%), African American/Black (17%), White (13-14%),
Hypertension Mortality Rate:
African American/Black (24.8 deaths/100,000 population)
Pacific Islander (30.3 deaths/100,000 population)

Liver Disease Prevalence:
Native American/Alaska Native (2%), Asian (2%), African American/Black (2%), White (2-3%)
Liver Disease Mortality Rate:
Native American/Alaska Native (29.4 deaths/100,000 population)
Pacific Islander (17.6 deaths/100,000 population)

Town hall sessions highlighted the need for comprehensive, accessible health care and other resources to prevent and treat these and other chronic conditions within the community.

Health Equity

Economic stability is a crucial part of community health and well-being. Socioeconomic status, job stability, access to financial assistance programs, affordable housing and access to education and job training are all factors that determine economic opportunity and stability for community members.

People who live below the Federal poverty line are more likely to suffer from chronic diseases and mental health concerns. In the quad-county region, most communities of color are less economically secure than white communities. Residents who identified as African American (22.5%), Native Hawaiian/Pacific Islander (21.5%), Native American/Alaska Native (24.5%) and Hispanic/Latino (22.5%) were more likely than their white (14.5%) or Asian (10.5%) counterparts to live below the Federal poverty line. Among households in the region, 41% paid 35% or more of their monthly income on rent.

During listening sessions, participants described obstacles to economic stability that included housing security, the financial burden of medical care, mental health concerns, socioeconomic status, trauma and

discrimination and representation. Many individuals face the difficult decision to choose between paying for food, rent, utilities or medical care.

3. The significant community benefit activities the hospital engaged in that addressed the health needs identified above.

In FY23 Legacy Health contributed system-wide over $689M in community benefit across all reportable categories, including financial assistance. Of the $689 total community benefit, $913K was allocated through strategic investments and grant making to community-based organizations to address access to health care, chronic conditions, and health equity.

Access to Health Care

Access to health care is a challenge for those without insurance and for those with Medicaid, Medicare, and commercial insurance. Cost, location, and availability of services are key factors influencing access.

Select Examples of Access to Health Care-Related Activities:

Legacy Emanuel collaborates with other health delivery systems and community-based organizations to improve the health of the community. One example of a collaboration addressing Access to Care, is Project Access NOW (PANOW). PANOW provides innovative, integrated support for patients and healthcare providers across the tri-county region. Through shared investments, the monthly cost of premiums and out-of-pocket expenses are covered for patients who cannot afford to make those payments on their own. Additionally, PANOW connects uninsured and low-income individuals with donated primary and specialty care. During FY23, PANOW served 5,984 clients: 2,725 received donated care, 551 obtained support to pay for insurance premiums, and 2,708 clients received assistance with insurance enrollment.

In the fall of 2018, Legacy Health partnered with Providence Health & Services, PeaceHealth and Kaiser Permanente NW to establish the “Health Systems Access to Care Fund” through the Oregon Community Foundation. The monies donated by these health systems are awarded to community supported health clinics in Oregon and SW Washington to strengthen their infrastructure and capacity to respond to changing patient needs resulting from Medicaid transformation, ongoing healthcare reform and insufficient access to health services. From 2018-2023, the Fund distributed $2,673,00 to 11 organizations to enhance access to care for some of the most marginalized people in the Portland metropolitan area and in Marion County.

In FY23, Legacy donated in-kind lab tests worth over $37K in non-labor costs to safety net clinics in our service areas including Sickle Cell Anemia Foundation, Clackamas Volunteers in Medicine, Battleground Healthcare Clinic, and Borland Free Clinic. Legacy also donated meeting space to local nonprofit partners such as Portland Street Medicine, Oregon Lions Foundation, Oregon Lutheran Synod and provided space for the Albina Cooperative Garden. Legacy provides numerous health screenings, support groups, information, and referral services. Legacy’s warehouse is available to nonprofit organizations to receive surplus equipment and furniture.

Chronic Conditions

In 2019, the HCWC CHNA[5] and FY21-FY23 LEMC CHNA[6] identified chronic conditions as one of its core issues. In response, Legacy Health has engaged in several activities within our patient populations and our local communities that focus on improving awareness of chronic disease prevention and management and increasing participation in chronic disease education.

Select Examples of Activities Related to Chronic Conditions:

MIKE Program

Legacy Health awarded the MIKE program a three-year Community Health grant. The MIKE program provides health education and health-professions mentorship to students in communities vulnerable to health disparities (MIKE Program). Legacy Health awarded a three-year grant to support the delivery of health education around chronic conditions and associated risk factors; the provision of meaningful relationships and social connections for youth with "near-age" mentors; and the introduction to a variety of healthcare career opportunities, while working to diversify the healthcare workforce.

During FY23 the MIKE program served more than 200 people (students and mentors) in the Portland Metro and Sweet Home areas.

Diabetes Prevention Program (DPP)

Legacy Health partners with the National Diabetes Prevention Program[8] to provide evidence-based lifestyle change programs to reduce the risk of type 2 diabetes among those community members who qualify for the program and have insurance coverage (not just Legacy patients). Legacy Health has a 0.2FTE program/data manager and six trained coaches for its Diabetes Prevention Program (DPP).

During FY23, Legacy conducted six DPP sessions, with approximately 60 participants.
The 75-minute sessions were conducted once per week for the first 8 weeks, then every other week until the last three sessions, which are once every three weeks: a total of 26 sessions over the course of 12 months for each group.

Health Equity

Health Equity means everyone has a fair and just opportunity to be as healthy as possible. The HCWC, using an adapted definition from the World Health Organization, defines health equity as when all people can reach their full potential and are not disadvantaged by social or economic class, race, ethnicity, religion, age, disability, gender identity, sexual orientation or socially determined circumstance.[5] Optimal health depends on mitigating or eliminating avoidable inequities in the access to and utilization of resources and opportunities. Health equity demands intentionally and systematically addressing poor health outcomes by purposefully engaging the root and intersectional causes of adverse health status such as racism, structural disadvantaged, and differential privilege.[5]

Focusing on addressing the underlying social inequities in opportunities and resources needed to be healthy, Legacy Health invested in programs addressing culturally competent health services, workforce readiness programs and economic security.

Select Examples of Equity-Related Activities:

Emerging Leaders Internship Program

Legacy Health awarded The Contingent a three-year Community Health grant to support its Emerging Leaders Internship (ELI) program. The ELI Program connects students from racially and ethnically diverse and/or low-income populations with paid leadership-track internships in Oregon and SW Washington.

Youth aged 18-24 years are matched to paid internships in over 200 employers. Some also participate in an additional formal internship program. Participants gain work experience, build a community of peers, and develop and apply new skills. In FY23, 163 interns took part in the program.

Outside In

Legacy Health awarded Outside In a three-year Community Health grant to support its Employment & Education Resource Center. Outside In's target population is transitional youth (ages 18 to 25) in the Portland metro area who are attempting to move out of poverty and homelessness. These students represent intersecting diversities and overcome multiple barriers as they work to further their education and secure sustaining employment.

The Legacy three-year Community Health grant supported Outside In's Employment & Education Resource Center which provided services that enabled youth to obtain their GED®, develop skills necessary for employment and academic success, and identify and pursue a sustaining career. Grant funding also was used to retain educators and coaches who worked directly with youth, and to provide job readiness training and resources (books, transportation, internships, stipends, etc.) to young adults who used ERC services. During FY23, the Employment & Education Resource Center served more than 100 youth.

4. Identify any community benefit activity that addresses the social determinants of health. Separate activities into those that:

a. Address individual health-related social needs
b. Address systemic issues or root causes of health and health equity

Legacy Health Community Benefit creates a legacy of better health through the development and support of programs and services that address the social needs of our patients and the systemic factors that impact the health and health equity of our service communities.

Select Examples of Activities that Address Health-Related Social Needs:

The state of Oregon defines social determinants of health as "…the social, economic and environmental conditions in which people are born, grow, work, live and age, shaped by the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors [2019 c.497 §1]."[9] These factors affect the development and persistence of a wide range of health, functioning, and quality-of-life outcomes and risks.[10]

The Joint Commission has charged health care systems to assess the impact of certain social needs, such as food, housing, and transportation, on health outcomes observed within their patient populations.[11]

In response, Legacy Health continues to increase the number of primary care patients who are screened for food insecurity. During FY23 (April 1, 2022, through March 31, 2023), 18 Legacy Medical Group (LMG) clinics in the tri-county region were screening their patient populations for food insecurity, up from zero clinics in FY21. Of patients who visited a LMG clinic during this period, 65,444 patients (59% of total) were screened and 6% of those had identified as food insecure. Among LMG patients who were Oregon Health Plan (OHP) or other Medicaid members (n=6,607), 38% were screened and 25% had been identified as food insecure. Over 1,300 food bags were distributed to food insecure patients.

Select Examples of Activities that Address Systemic Issues or Root Causes of Health and Health Equity:

Occupational success, and one of its predecessors, workplace readiness, are key determinants of health and health equity. Steady employment can provide access to income and health insurance coverage. Conversely, intermittent occupation or employment in a hazardous industry can have deleterious health effects.

Legacy Health Community Benefit has supported several efforts to prepare the future workforce for success within the health care field. Some examples of these efforts are described below:

HOPE Program

Recognizing that health professions are lacking in diversity, Legacy established the Health Occupation Profession and Education program (HOPE, formerly Youth Employment in Summer). Each year between 5-15 students of ethnically diverse communities have access to paid summer employment in departments where they work with health professionals. Students are paid between $15-18 per hour and may work up to 400 hours over the summer. HOPE students also receive college scholarships between $3,000 and $10,000 annually. Students remain in the program if they remain in school and pursue health careers. Some students remain in the program as long as seven years and graduate with a range of degrees from imaging technician to Bachelor of Science in nursing to medical doctor. Most students are the first in their family to go to college.

Portland Workforce Alliance

Legacy Health awarded the Portland Workforce Alliance a three-year Community Health grant. The primary objective of the Portland Workforce Alliance (PWA) Pathways to Health Careers Project is to increase the college-and-career readiness of students from underrepresented communities that are interested in pursuing health careers but may not have the support, knowledge or networks to help them develop that interest into a career.

The project provides career-learning experiences and a Nursing Mentor Program.
During FY23, 28 high school students completed the Nursing Mentor Program and 246 students took part in a variety of career-related activities, such as career coaching, mock interviews and career exploration.

In addition to supporting workforce readiness programs, Legacy Health Community Benefit invested further upstream by awarding five community-based organizations multi-year grants to address K-12 educational attainment. During this report period those organizations were:

- College Possible, supported early college planning and prep to increase high school graduation in underserved schools.
- Girls, Inc. PNW, supported two Girls Groups in elementary and middle school and Eureka! a STEM-based approach to engaging and empowering 8^{th}-12^{th} grade youth.
- Hacienda Community Development Corporation's Expresiones program supported after-school and summer education and enrichment programming.
- Latino Network supports school-based services during the academic year for Latino students.
- Self Enhancement Inc. supported culturally responsive after school summer program for underserved middle and high school students.

The Community Benefit department contracted a team from EcoNW to assess the feasibility of partnering with community-based organizations, other health systems and public agencies to create a Community Health Index that would combine data on community-level factors known or suspected to influence health outcomes into a single metric. This value can provide public and private organizations with an objective assessment of community health-related conditions, helping them tailor operations, investments and interventions to meet identified community needs and address observed health and social inequities.

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