

2024 Adventist Health Portland CBR-1 Supplemental Narrative

1. Adventist Health Portland made widely available to the public their Community Health Needs Assessment on 12/31/22.
2. The community outreach efforts as represented on the 2024 CBR-1 for Adventist Health Portland were largely based on our 2023-2025 CHNA which was published on December 31, 2022. Secondary data identified in the CHNA supports the top identified health needs. Specifically, 10.5% of the population are living at or below the poverty level and 4.9% are living in deep poverty whose income is less than half of the federal poverty level. 26.4% of children are living in poverty and 13.1% of people born outside the US are living at or below poverty level. In 2019, nearly 25% of adults (18 years or older) reported being diagnosed with depression. This is higher than the United States at 19%. Among all households in the region, the severe housing cost burden decreased two percentage points, from 16.5% in 2015 to 14.6% in 2019, respectively, while dropping one percentage point among renting households, from 24.4% to 23.4%, respectively. While the median household income increased 16.1% between 2015 and 2019, respectively, the change in average rent rose 18.9% over the same period (from \$1,114 in 2015 to \$1,360 in 2019).

Top health needs identified:

- Access to care
- Food security
- Health risk behaviors
- Housing

ACCESS TO CARE:

Target population(s): General community, Slavic, BIPOC, homeless.

Goal: Adventist Health Portland will increase access to care by identifying barriers that prevent patients from accessing the health and human support services they need and collaborating with community-based organizations to meet needs and break down barriers.

Strategy: Facilitate development of a process that more smoothly integrates hospital intake and discharge workflows with patient information about their health needs and barriers and connects them with needed community-based organization resources.

Facilitate availability of linguistic and culturally sensitive communications material to help connect patients with needed health and human support services.

Identify and build active partnerships with community-based organizations providing health and human support services.

Actions to address systemic issues or root causes of health and health equity AND addressing individual health related needs:

- Adventist Health Portland was proud to partner with Project Access Now to work together to provide equitable access to improve our community's health and well-being. In 2024, we provided payment of \$110,362.45 to Project Access Now for donated care, insurance support, community health and community assistance programs.
- Adventist Health Portland provided over \$10,000 in funding for community organizations, community building and improved community services.
- As part of a Knight Cancer Institute grant, 132 residents in Multnomah and Clackamas counties from nine former Soviet countries were surveyed to identify attitudes toward cancer screenings and treatments among the Slavic immigrant community of Portland to remove barriers to care for this group.
- Collected over 500 lbs. of clothing during a month-long clothing drive for patients who do not have clothing at discharge. Donated the surplus to Portland Adventist Community Services.
- Translated over 20 non-required patient facing fact sheets and forms in Spanish, Russian, Chinese, and Vietnamese to increase health literacy for community members.

Collaboration partners: North by Northeast Community Health Center, Project Access Now, Asian Health and Service Center, Battleground Health Center, Cascade Aids Project.

FOOD SECURITY:

Target population(s): The community defined as our service area, immigrant and low-income families and "housebound seniors".

Goal: Increase access to nutritious foods by collaborating with community-based organizations to increase awareness and linkage with nutritious food resources, land to grow personal crops and culturally sensitive food.

Strategy: Be a resource that links people with nutritious food outlets, provides free access to whole foods and promotes culturally sensitive foods.

Actions addressing individual health related needs AND systemic issues or root causes of health and health equity:

- Adventist Health Portland continued to improve access to nutritious foods for those in its community. We continued to facilitate the onsite community garden program which provides space for approximately 57 immigrant families to grow their own produce.
- Sponsored by a grant from Trillium Community Health Plan, Adventist Health Portland partnered with Meals on Wheels in all four quarters of 2024 to serve 116 patients and 75 family members with 21,703 tailored meals to patients whom self-reported food insecurity for up to 120 days post discharge. This service provided nutrition security to support their health, reduce stress around food access, and manage chronic illness symptoms following a hospital stay.
- Held a weekly produce stand on campus for 12 weeks (about 3 months) featuring immigrant farmers from Mexico and Africa. Provided affordable culturally sensitive and healthy fresh produce to the community and employees in an area considered a food desert. Printed incentive wellness bucks for employees and community members.
- Continued to host First Friday community events which provided a healthy dinner for nearly 900 people throughout the year.
- Contributed \$6,000 to Portland Adventist Community Services, a faith-based organization that works with community partners and volunteers to provide food to community members with food insecurity.
- Donated 748 pounds of food to PACS from our food donations from the Thanksgiving Celebration.

Collaboration partners: Outgrowing hunger, PACS, Meals on Wheels.

HEALTH RISK BEHAVIORS:

Target population(s): The community defined as our service area.

Goal: Provide low barrier access to treatment referrals and wrap-around support for patients with substance use disorders (SUD) via collaboration with community-based organization (CBO) partners.

Strategy: Develop a mental health and SUD treatment framework that supports Emergency Department staff with best care practices for patients with substance use disorders or substance-induced medical emergencies and that facilitates low barrier referrals to engaged CBO partners.

Actions addressing individual health related needs:

- We continued to work with FORA Health, our SUD/mental health treatment partner, to support priority, low barrier access to treatment for discharged ED patients. Additionally, we contributed \$7,500 to Fora Health, a non-profit treatment center offering trauma-informed and evidence-based approach to the treatment of SUD and co-occurring mental health disorders.
- Held multiple Lunch and Learn education presentations:
 - Tanya Patterson, MD on management of agitated or violent patients in the hospital and how to treat them.
 - Anne Duncan, Manager of the Oregon Poison Center discussing emerging trends such as Fentanyl.
 - Eli Lundgren, RN and Kathleen Young from IMPACT to discuss recognizing addiction/SUD as a treatable disease and how to treat patients.
- SUD Fora peer is stationed in our ED Monday through Friday supported by a MHAO grant to assist with patients seeking resources and providing emotional support.
- Nurses, physicians, and social workers participated in observation shifts at Fora Health to learn more about SUD patients, their limitations, and struggles.
- Bought supplies to create 50 hygiene welcome kits for CBO partner Oregon Change Clinic for new residents who come in from the streets with nothing but the clothes they are wearing. The Oregon Change Clinic provides housing and substance use and mental health counseling for its residents.

Collaboration partners: Care Oregon, OHSU Health, Oregon Change Clinic, Fora Health.

HOUSING ACCESS:

Target population(s): The community defined as our service area.

Goal: Increase access to safe and affordable housing/housing support services for un-housed Adventist Health patients and community members with significant housing cost burden.

Strategy: Leverage patient care intake and discharge contact points to increase awareness of and access to safe and affordable housing/housing support services provided by community-based organizations (CBO).

Actions to address systemic issues or root causes of health and health equity:

- Contributed \$5,000 to Blanchet House, a non-profit organization offering food, clothing and life-saving shelter and residential programs to community members in need.
- Contributed \$5,000 to Transition Project, a non-profit organization that assists people from homelessness into housing.
- Contributed \$1,500 sponsorship funding to Our Just Future, a non-profit organization that works with community members impacted by poverty to achieve long-term housing and economic security.
- Held a book, puzzle and game drive and collected over 1,000 items to benefit the Oregon Change Clinic and Blanchet House residents.
- Collected over 3,000 pairs of socks at our Celebration of Thanksgiving event to donate to the Portland Rescue Mission.
- Provided \$510 for hotel and transportation for houseless discharged patients.
- Over 800 pounds of clothing/shoes were donated, sorted, professionally cleaned, and stored in our community closet which goes to clothe discharged patients in need.

Collaboration partners: Portland Rescue Mission, Transitions Project, and Blanchet House, Our Just Future, Oregon Change Clinic.