

## Adventist Health Portland 2020-2022 Community Health Plan



The following report reflects the 2020 results for  
Adventist Health Portland's Implementation Strategy

May 28, 2021

## 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 FY20, Adventist Health as a system took the following actions in response to the needs created or exacerbated by COVID-19:

- Adventist Health as a system directed “Community Strength Fund grants” to each hospital to support community partners’ immediate response to COVID-19\*\*
- Adventist Health as a system directed “Community Integration Catalyst” funds to each hospital to support internal new or expanded community wellbeing programming and innovation as an immediate response to 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
- Partnered with MaskUp, a collaboration of 100 leading health systems representing thousands of hospitals across the U.S. joining to create messages for the betterment of the communities they serve
- Was part of a communitywide effort by the local health system to vaccinate eligible community members to help stop the spread of the virus

*\*\*Local Strengths grants from Adventist Health Portland were provided to Portland Rescue Mission, Portland Adventist Community Services, Fort Kennedy and Meals on Wheels People. Details on their grant-supported work are included in the accompanying report.*

## 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 &amp; 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		% change in knowledge level	
<i>Professional Lifestyle Medicine Education</i>	# attendees, # mix of professionals	See narrative below	% satisfaction rates		Increase # AHP staff attendance & involvement w/ACLM	
<b>Source of Data:</b> <ul style="list-style-type: none"> <li>Self reports, quizzes, attendance records, charts, etc.</li> </ul>						
<b>Target Population(s):</b> <ul style="list-style-type: none"> <li>General Community, Slavic, BIPOC, Healthcare Professionals (Conference, CME, MD rotations, etc)</li> </ul>						
<b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.) <ul style="list-style-type: none"> <li>Staff time, honorariums for speakers, printing, marketing, volunteers, facility, in-kind for Conference CME work, etc.</li> </ul>						

**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 2020:

- COVID-19 dramatically impacted our planned efforts in this area. Fortunately, we were able to complete a number of key **community educational sessions** before COVID-19 more fully shut us down. Areas included cardiovascular disease, breastfeeding childbirth, pre-diabetes, cancer, hormonal disorders, weight management and cooking/nutrition (see some more detail below).
- Before COVID really hit, we held three full community sessions that were among the largest of their kind that we have ever hosted. A session with Dr. Michael Greger on Evidence-based Weight Management even had to be relocated because we had more than double the interest (600+) than we could host on Campus. We also captured the presentation and posted it on YouTube. As of 3/17/21 we have had over 47,000 views for that one session alone!

We also hosted our largest plant-powered cooking school in recent history, and another full house, turn-people-away session with Dr. Neal Barnard on Hormones and Nutrition. With these sessions we tried using a feedback and learning "focus" survey that was unique to each session. Of 62 feedback sheets returned of the approx. 300 attendees with Dr. Barnard, 100% scored session 8 or higher; 94% scored it 10 out of 10. With the three "Focus" learning questions – there were only 2 respondents who had only one incorrect answer. Respondents seemed to pay attention!

In Mid-March we were able to hold a 3 session series on longevity, blood pressure and lifestyle-related issues, but it had to be streamed. As of mid-April 2020, 2,124 viewed at least one of the sessions. *(Some Community education sessions are returning in 2021, but will be reduced, and mostly virtual. Impact may be harder to measure).*

- Community Health Education on various wellness topics was provided through three editions of our **LivingWell magazine** mailed out to approximately 60,000 area homes.
- **Interactive learning activities** connected to other events were cancelled in 2020 due to event cancellations. *(Plans continuing for 2021 events where possible).*
- On October 17, 2020, we hosted our annual **Northwest Health & Nutrition Conference**, co-sponsored with NWVeg. The purpose is to advance lifestyle approaches to address root causes of chronic disease and self-management vs. heavy reliance on medications



and surgery. Due to COVID-19, we had to re-orient the Conference to be a totally virtual one. (Normally it is held at the Oregon Convention Center). Attendance was reduced significantly (104 vs. 241 in 2019), but the speakers were excellent and the event went smoothly. Attendees reported an overall experience and educational value rating of 4.74 out of 5. Monetary value was 4.76 out of 5.

**Participant mix – Day of Conference:** MD/DO/ND/DC = 26; RN/NP = 28; RD/RDN = 32; Miscellaneous health = 13; Not listed = 38. *(Due to remaining COVID-19 uncertainties and a desire to have a live, in-person conference, the next NH&N Conference is currently being planned for March, 2022).*

- While CME programs were also reduced due to COVID-19, our AH Rehab Services hosted another of their annual **pain management symposia** for the rehabilitation community in January 2020. 96 professionals participated and gave the program high marks.
- **2020 Impact Your Health Clinics** were cancelled in March, 2020 due to COVID-19 and were unable to successfully reschedule in 2020. So were **Compassion Connect Clinics**.
- 2021 - New Mobile Mammo screening for rural community scheduled for July, 2021. IYHP Dental, Vision, BP, Skin Cancer screenings are being planned as well as interactive educational components for August 6 & 8, 2021).
- **LivingWell QR Fitness Trail** – Outdoor fitness trail around the hospital for community and staff using QR code stations. Average monthly page views: 33.3; Average monthly unique visits: 14.5; Average monthly first time visits: 10.1. Not actively promoted in 2020.

**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			
<i>Project Access Now</i>	# individuals & households served	See narrative below	# newly enrolled; # moved to regular insurance, \$ value of services provided		# 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.		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.		% 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		% of Students who actually pursue healthcare careers	
<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><b>Un-insured, underinsured, gap groups, communities of color/immigrants, transportation challenged</b></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, marketing/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*. 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> </ul>						

**Strategy Results 2020:**

- We had a large, area-wide, 2-day **Community Medical, Dental and Vision Clinic** scheduled for late March in partnership with area churches and other groups. It had to be cancelled due to COVID-19. It was rescheduled for July, 2020, but had to be cancelled again. Clinics currently scheduled for August 6-8, 2021. **Compassion Connect** Clinics were also put on hold during 2020.
- Project Access Now** program support continued in 2020. 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 2020. 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. 11,966 touches were reported specific to Slavic community.

- **Patient Transport** – For a while, patient services were significantly reduced due to COVID-19, but we did provide transportation services for 22 patients who had no other practical way to receive care. Many of these had multiple treatment sessions.
- **Student Healthcare Leaders** program was cancelled in 2020 due to school changes, and restricted access to hospital. Was not able to realistically reorient to a virtual format. The current plan is to restart in Fall, 2021.

**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**

<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>
<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		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		Still TBD	
<i>First Friday</i>	# sessions # attendance	See narrative below	Satisfaction levels, stories		% returns stories	
<i>Support Groups (smoking, Grief, Cancer), and virtual BH Classes</i>	# classes # attendance	See narrative below	# class completions; # satisfaction levels, # self referrals		self reported impact	

<p><b>Source of Data:</b></p> <ul style="list-style-type: none"> <li>Facility/Program reports. Attendance records, invoices, website query, etc.</li> </ul>
<p><b>Target Population(s):</b></p> <ul style="list-style-type: none"> <li><b>General population, housing challenged, mentally ill</b>, General community, church/unchurched, smokers, those who are grieving,</li> </ul>
<p><b>Adventist Health Resources:</b> (financial, staff, supplies, in-kind etc.)</p> <ul style="list-style-type: none"> <li>Financial (UNITY is intensive support, speaker fees), planning, staff, supplies, meals, facilities, marketing</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>UNITY Center* (A partnership between AH, OHSU, Kaiser and Legacy), St Vincent DePaul (FORA Health)*, Partner churches, volunteers, specialty speakers.</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>

### Strategy Results 2020:

- Our ongoing partner support of the **UNITY Center for Behavioral Health** helped enable their professional staff to provide care for an estimated 10,000 adult and adolescent visits. This included emergency, inpatient and outpatient care services helping provide more tailored care than is often available in a typical emergency room. Our funding helps cover uncompensated care expenses. We had a total of 1,524 BH patients seen in our ED, of those 23.95% were transferred out to one of three local facilities for more acute care. UNITY received the highest percentage of those referrals.
- St. Vincent De Paul** partnership and the new facility development adjacent to Adventist Health Campus continued in 2020. Building completion and opening is anticipated for October, 2021. The new facility will help inaugurate their new name, ForA Health. Conversations around collaborative community programs and ways to track and eventually improve BH/SUD outcomes are ongoing, but still to be fully defined.
- The small **Portland Rescue Mission** Strengths Grant helped provide meals for 150 individuals for one week and nursing care for 50 individuals in recovery.
- Another small Strengths Grant supported **Fort Kennedy** and their work to provide food, clothing, and other social support services for local veterans dealing with COVID-19 related challenges.
- Our **First Friday** programming was cut short after a couple of months due to the COVID-19 pandemic. We were able to host three social, emotional, and spiritual inspiration sessions serving approximately 450 individuals before having to halt the series. Currently working on plans for restarting virtually in June, 2021, but without the soup & salad dimension.
- The Nicotine recovery, and some of the Cancer and grief **support groups**, along with the Annual Thanksgiving Concert and accompanying food/sock collection program were cancelled early on due to COVID-19. There were approximately 85 touches with the Smoke Free group (smaller group continued to meet at off site locations – Approx 108 interactions), 20 participants in the

Grief support group/classes, and 9 participated in the few Cancer support group sessions that were held in 2020. Many of these are still on hold due to restricted community access. (Hopefully opening up in last half of 2021).

- There was a virtual **Grieving through the Holidays** session held in December. 258 views on YouTube and Facebook. (2021 planning on another session).
- We did a separate **Socks from the Heart** campaign in Nov/Dec for Portland Rescue Mission. We collected and they distributed just under 1,300 pairs of socks to the homeless and needy in our area. (We hope to repeat some form of similar outreach in Fall 2021)
- **New Online programs** in Grief, Burnout, Divorce recovery, and Suicide have either happened, or are in the works for 2021. Outcomes & Data collection for each will vary per program.

**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
Community Garden, etc.	# Families served, % occupancy, diversity levels	See narrative below	# families served, # returnees			

**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 2020:**

- **Market Street Garden** continued in 2020 in spite of the pandemic. The Garden provided 51 refugee families and 4 American 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. Due to limited access to the hospital campus, our Outgrowing Hunger partner made arrangements to bring in a porta-potty. 2021 season enrollment is underway.

- Partnership with **Oregon Food Bank** led to a pair of East African/Swahili-speaking refugee food pickup events being held on the AH Portland Campus. 180 families were served through these two events. Due to COVID-related fears, many of the food boxes were personally delivered to families through a team of wonderful volunteers.
- The \$10,000 **Portland Adventist Community Services** Strengths Grant allowed them to expand food pick-up and delivery services to more families and to new areas. Approximately 6,000 persons served. A variety of high demand personal care items like toilet paper and related products were also distributed early on in the pandemic
- A **Meals On Wheels People** Strengths Grant helped them provide an additional 676 meals for those impacted by COVID pandemic. Our involvement with actual meal distribution was halted in 2020, as the pandemic forced major changes in their food distribution approach.
- **First Friday** soup & salad meal & social support program was put on hold in April due to COVID-19. Early sessions provided around 225 meals. The team is revisiting how and when to re-start the sessions, but general hospital access remains limited due to COVID.
- Because of COVID-19 our initial plans for working with **GROW Portland** project on expanding to new schools was postponed. The possibility for school year 2021-2022 remains on the table, but decision is still pending, therefore it is not included in 2021 plan.

## 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 diseases of despair including suicide, substance abuse, mental health and chronic illnesses plaguing the communities in which we have a significant presence in. That is why we have focused our work around addressing behavior and the systems keeping the most vulnerable people in cycles of poverty and high utilization.

In an effort to heal these communities, we have strategically invested in our communities by partnering with national leaders in community well-being. We believe the power of community transformation lies in the hands of the community. Our solution for transformation is to create a sustainable model of well-being that measurably impacts the well-being of people, well-being of places and equity.

2020 saw the acquisition of Blue Zones by Adventist Health as the first step toward reaching that goal. By partnering with Blue Zones, we are 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. Blue Zones widens our impact from only reaching our hospitals’ communities in four states to a global mission practice.