LEGACY HEALTH

Legacy Emanuel
Hospital and Health Center

DBA

Legacy Emanuel Medical Center

Community Health Improvement Plan

2021–2023

Mission

Our legacy is good health for our people, our patients, our communities, our world

Vision

To be essential to the health of the region

Values

Respect • Service • Quality • Excellence
Responsibility • Innovation • Leadership

LEGACY
HEALTH

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Executive summary

The 2021 Legacy Emanuel Medical Center (Legacy Emanuel) Community Health Improvement Plan (CHIP) is the strategic implementation plan for Legacy Emanuel's 2021 Community Health Needs Assessment (CHNA).

The 2021 CHNA aligns to the 2019 Healthy Columbia Willamette Collaborative Community Health Needs Assessment for the quad county region: Clark County, Washington, and Clackamas, Multnomah and Washington counties in Oregon. Legacy Emanuel participates on the Healthy Columbia Willamette Collaborative (HCWC) to conduct the regional health needs assessment.

Tied to our mission of improving the health of the community, this 2021 CHIP is intended to guide Legacy Emanuel's community focused work, including investments and community health efforts based on prioritized health needs identified in the CHNA. This plan is focused on the Multnomah County area, the primary service area for Legacy Emanuel. Each prioritized need is aligned with focus areas, strategies, objectives, and expected outcomes.

We monitor the health of our communities and track the impact of our community benefit activities and investments to improve the effectiveness of our work and show our impact. Legacy Emanuel will monitor and evaluate the CHIP strategies for the purpose of tracking implementation and documenting their impact in addressing prioritized CHNA health needs. Tracking metrics for each prioritized health need may include the number of grants made, the number of dollars spent, the number of people reached or served, collaborations and partnerships, and metrics specific to Legacy Health programs and services.

Legacy Emanuel believes that multi-year sustainable partnerships with the community have strong potential to impact long-term health status. The Legacy Emanuel CHIP includes both continued effective strategies and new strategies. This plan is not intended to be an exhaustive listing of all our efforts to address community needs, but an overview of priority areas and strategies tied to objectives and expected outcomes.

Responding to COVID-19

The COVID-19 pandemic has presented many challenges within our communities. The health and economic impacts of this crisis continue to evolve. The economic implications of COVID-19 have limited the availability of resources and require that we direct funding and develop new strategies in response to emerging community needs. As we manage through difficult times, we will continue to leverage community collaborations to maximize resources and identify new ways to engage the community. While the environment is dynamic, Legacy Health remains committed to our most vulnerable and underserved communities.

We will continue to assess the needs of our communities from the impacts of COVID-19, by supporting resiliency and recovery as we move forward together.

Introduction

Our vision at Legacy Health is to be essential to the health of the region. Legacy Health remains committed to our mission and fulfills its commitment to the community through its partnerships and community investments. Legacy participates in the development of a regional CHNA lead by the Healthy Columbia Willamette Collaborative, and develops a hospital-specific CHNA and CHIP.

The Legacy Emanuel CHNA and CHIP are conducted in accordance with the Patient Protection and Affordable Care Act (ACA), IRS Section 501(r)(3), which requires tax-exempt hospitals like ours to conduct a CHNA, and corresponding CHIP, once every three years. The CHNA and CHIP are approved by the Legacy Health Board of Directors and made available to the public in compliance with IRS requirements.

About Legacy Health

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.

Legacy Health 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 providers
- Almost 14,000 employees
- Lab, research and hospice
- Partnership with PacificSource Health Plan.

Legacy Emanuel 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.

Included within Legacy Emanuel is Randall Children's Hospital — one of two children's hospitals serving pediatric patients in Oregon and Southwest Washington state. In addition, Legacy Health is part of a collaborative providing psychiatric emergency services — Unity Center for Behavioral Health. Unity Center is a joint effort of Adventist, Kaiser Permanente, Oregon Health & Science University and Legacy Health. The Unity Center for Behavioral Health is licensed under the Legacy Emanuel Medical Center license.

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 is Multnomah County, which 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.

Community served

Age, gender and ethnicity demographics

In Table 1 *(see page 7)*, basic demographic characteristics of the population are outlined: number of people in Multnomah County, age, racial/ethnic identify, disability, immigration status, language and sex. Multnomah County total population = 778,193

TABLE 1 Age, gender and ethnicity demographics	
Demographic characteristic	**Percentage of population**
Gender	
Male	49.5%
Female	50.5%
Age	
Median age (years)	36.7
Under 5 years	5.9%
5 to 19 years	15.9%
20 to 44 years	41.1%
45 to 64 years	25.2%
65 years and older	11.9%
Race/ethnicity	
American Indian and Alaska Native	.8%
Asian	6.9%
Black or African American	5.4%
Native Hawaiian and other Pacific Islander	.6%
Hispanic or Latino (of any race)	11.1%
Two or more races	5.2%
White	78.2%
With a disability	13.3%
Foreign-born	13.9%
Language other than English spoken at home	19.7%

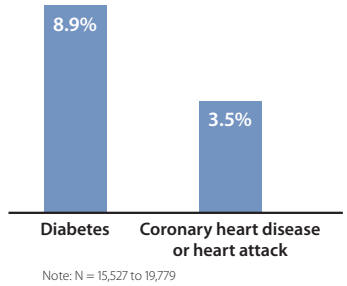
Source: American Community Survey five-year estimates 2012–16

Health and wellbeing

Chronic conditions

One measure of the prevalence of chronic disease is the Behavioral Risk Factor Surveillance System (BRFSS) that collects data from U.S. residents on their chronic health conditions through phone surveys *(see Figure 1)*.

FIGURE 1 Self-reported prevalence of two chronic diseases in quad-county area 2012–15



Source: Behavioral Risk Factor Surveillance System (2012–15)

Insurance coverage

Percentage of population with health insurance	
Clark County, Washington	90.7%
Clackamas County, Oregon	91.9%
Multnomah County, Oregon	89.6 %
Washington County, Oregon	90.5%
Region	90.5%

Source: American Community Survey five-year estimate 2012–16

Provider access

Percentage of population unable to see a health care provider in the last year due to cost	
Clark County, Washington	11.1%
Clackamas County, Oregon	13.2%
Multnomah County, Oregon	14.3%
Washington County, Oregon	12.4%
Region	12.8%

Source: BRFSS, 2012-2015

Economic stability

Economic stability is an essential factor in 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 people living in the region." (HCWC CHNA 2019)

Median per capita income by race and county					
	Clark	Clackamas	Multnomah	Washington	Region
African American/Black	$24,584	$27,741	$17,805	$26,730	$24,282
Asian	$32,306	$34,355	$27,896	$37,972	$33,382
Hispanic/Latino	$15,171	$20,162	$17,335	$15,255	$16,981
Native American/ Alaska Native	$24,928	$20,676	$16,534	$24,245	$21,596
Native Hawaiian/ Pacific Islander	$21,686	$24,676	$15,905	$21,765	$21,008
Two or more races	$15,935	$20,720	$17,335	$17,030	$17,755
White	$31,704	$36,674	$36,751	$35,540	$35,167

Source: American Community Survey five-year estimates 2012–16. Regional percentages by unweighted averages.

Percentages of individuals below the poverty line by racial/ethnic group							
County	African American/ Black	Asian	Hispanic/ Latino	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Two or more races	White
Clark	20.0%	8.0%	18.0%	18.0%	22%	15%	9.0 %
Clackamas	14.0%	8.0%	16.0%	22.0%	16%	12.0%	8.0%
Multnomah	38.0%	17.0%	32.0%	38.0%	32.0%	21.0%	15.0%
Washington	18.0%	9.0%	24.0%	18.0%	16.0%	14.0%	10.0%
Region*	22.5%	10.5%	22.5%	24.0%	21.5%	15.5%	14.0%

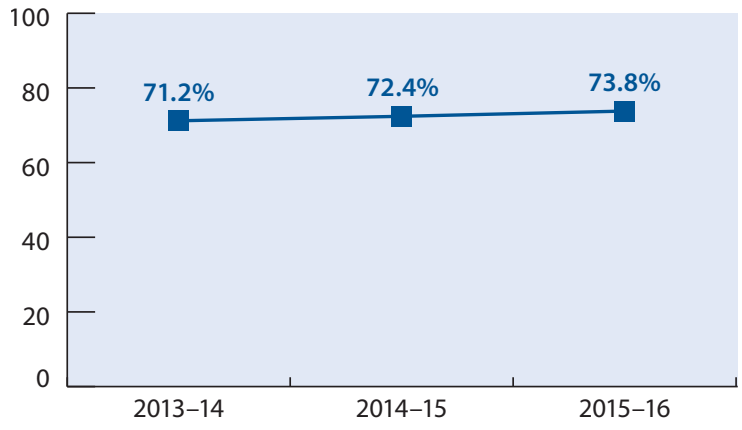
Source: American Community Survey five-year estimates 2012–16. Regional percentages by unweighted averages.

Percent of households paying 35% or more of their household income on rent by county and region	
Clark	39.0%
Clackamas	39.8%
Multnomah	45.3%
Washington	39.6%
Region*	40.9%

Source: American Community Survey five-year estimate 2012–16. Regional percentages by unweighted averages.

Four-year graduation rate in Clackamas, Multnomah, and Washington counties

73.8% of students who were eligible to graduate within four years, successfully graduated



Source: Oregon Department of Education

Purpose of this Plan

Legacy Emanuel completed a Community Health Needs Assessment (CHNA) in 2021. This Emanuel Community Health Improvement Plan (CHIP) responds to the priorities established in Legacy Emanuel's 2021 CHNA.

The 2021 CHNA report was developed to align with the 2019 Healthy Columbia Willamette Collaborative Community Health Needs Assessment for the quad county region: Clark County, Washington, and Clackamas, Multnomah and Washington counties in Oregon. Legacy Health participates on the Healthy Columbia Willamette Collaborative (HCWC) to conduct the regional health needs assessment. The HCWC comprises seven hospitals systems, four county health departments and one coordinated care organization.

Guided by Legacy Health's mission of improving the health of the community, the 2021 Legacy Emanuel CHIP will guide Legacy Health's community health efforts and investments based on the prioritized needs identified in the assessment.

A comprehensive approach was used to develop the Legacy Emanuel 2021 CHIP that included adapting the framework of 2018 Legacy Emanuel CHIP, a review of best and promising community health practices, and community and expert feedback. The following resources and factors were used to develop and prioritize the health improvement strategies:

- Healthy Columbia Willamette Collaborative 2019 CHNA
- Legacy Emanuel 2021 CHNA
- Continuity with Legacy Health's 2018 CHNA and CHIP
- Legacy Health resources and expertise
- Legacy Health's ability to impact change

Summary of CHIP planning process

Legacy Health Community Benefit engaged hospital leaders, subject matter experts and community partners to provide input in the CHIP process. The COVID-19 pandemic presented unusual circumstances during the CHIP formation period including physical distancing requirements and pandemic response-related time commitments.

The CHIP planning and development process included:

- Legacy Health Community Benefit planning team drafted the 2021 Legacy Emanuel CHIP according to priorities from the 2021 Legacy Emanuel CHNA.

- Legacy Health Community Benefit sought input from Legacy Health clinical and operations leaders and community partners with subject-matter expertise in the prioritized health needs.
- Legacy Health Community Benefit gathered and incorporated subject matter experts' input into the CHIP.
- The Legacy Health Community Benefit Advisory Committee provided expert guidance and recommendations in the development of CHIP goals and strategies, and perspective on community health needs for vulnerable and BIPOC populations.
- Legacy Health Board of Directors reviewed and approved the Legacy Emanuel CHIP.
- In this rapidly changing time, Legacy Health Community Benefit anticipates strategies and indicators may change and will make necessary updates to this published document on an ongoing basis.

Summary of priority needs and focus areas

The 2021 Legacy Emanuel CHNA identified health-related needs across the quad county region. Legacy Emanuel grouped the health needs identified in the 2019 Healthy Columbia Willamette Collaborative Community Health Assessment into two broad categories of need:

- Access to Health Care
- Chronic Conditions

In addition to identified health-related needs across the quad county region, we heard through community members that discrimination, racism and trauma impact the health and well-being of communities and should be addressed as part of all programming and projects (HCWC CHNA 2019). Our Community Health Improvement Plan highlights our health equity strategies for this improvement plan cycle.

Priority focus areas

In the course of our work, we determined that emphasis on these priority focus areas would provide Legacy Health with the best opportunities to impact the community's health.

Access to Health Care

- Access to health services
- Access to community resources
- Access to financial support programs

Chronic Conditions

- Chronic disease education
- Chronic disease coalitions and partnerships

Health Equity

- Culturally competent health services
- Workforce readiness
- Economic security

The priority areas identified in this implementation plan will be addressed through health service delivery, health education and outreach, community partnerships, community investments, and funding for evidence-based health programs and services.

Implementation strategies

Access to Health Care

Goal

Community members have access to health care services and resources to improve their health status

Objectives

- More people experience access to quality, culturally appropriate medical care, and health coverage
- More communities benefit from integrated care that meets their social, non-medical needs as a result of increased coordination between community clinics, social service organizations and health care systems

Expected outcomes

- Improved health outcomes
- More community members are screened for their health-related social needs
- More Legacy patients receive preventive services

Priority areas

- Access to health services
- Access to community resources
- Access to financial support programs

PRIORITY **Access to health services**	
Strategies	
Medicaid	Provide access to quality medical care to Medicaid participants.
Charitable health coverage	Provide comprehensive medical care to low-income and uninsured patients.
Community access programs	Partner with Project Access Now to increase access to services, health coverage and continuity of care.
Community-supported clinics	Support community-based health clinics and FQHCs to increase access to services, health coverage and continuity of care.
Health Systems Access to Care Fund	Partner with local health systems to provide funding and technical assistance to assist community supported clinics in providing access to care for individuals and families and building sustainable organizational infrastructures through the Health Systems Access to Care Fund at the Oregon Community Foundation.
Community behavioral health services	Support community-based organizations providing access to behavioral health services and treatment.
Unity Center for Behavioral Health	Support behavioral health hospital in Portland, designed to provide more options in the region for people experiencing a psychiatric emergency.
Medical education	Provide health professionals with continuing medical education and programs.
Health professions training	Provide health professional programming (through internships, externships, and residency) to students and physicians participating in health-related academic or technical training programs.

PRIORITY **Access to community resources**	
Strategies	
Health care support services	Medication Assistance Program and Care Support Resources Programs. These programs get patients access to discounted medications and behavior modification support for chronic disease management.
Unite Us Connect Oregon	Expand utilization of Unite Us Connect Oregon at Legacy Medical Group clinics in Oregon to connect low-income individuals and families to community and government resources and social services, confirm that their needs have been addressed, and incorporate that information into ongoing care plans.
Community immunization program	Partner with community benefit organizations, community health clinics, and Immunize Oregon to provide technical support, funding, and vaccinations to address health disparities.
Food access programs	Expand food security screenings at Legacy Medical Group primary care clinics, provide healthy food support, and invest in community food access programs and services.

PRIORITY **Financial support programs**	
Strategies	
Health coverage programs	Provide financial counseling to assist low-income patients with enrollment in Medicaid and other programs and gain access health coverage.
Medical financial assistance	Provide financial assistance to low-income individuals who receive services at Legacy Health and can't afford the full cost of their care.

Chronic Conditions

Goal

Promote prevention and management of chronic conditions to improve health status

Objectives

- Improve education and awareness of chronic disease prevention and management
- Reduce the impact of chronic disease through collaboration between health systems, social service organizations, and public health agencies

Expected outcomes

- Increased participation in chronic disease education
- Increase community engagement in chronic disease programs
- Increase engagement in chronic disease prevention partnerships

Priority areas

- Chronic disease education
- Chronic disease coalitions and partnerships

PRIORITY **Chronic disease education**	
Strategies	
Diabetes prevention programs	Provide Diabetes Prevention Program using National Diabetes Prevention Program (National DPP) model to prevent or delay type 2 diabetes. Provide support to community-based organizations to increase awareness of pre-diabetes and build capacity to deliver diabetes prevention programs.
Diabetes education programs	Provide support to community-based organizations to deliver diabetes self-management education programs and increase diabetes awareness and enrollment.
Care support resources program	Provide health support resources and behavior modification education to Medicaid patients with impactable chronic diseases.

PRIORITY **Chronic disease coalitions and partnerships**	
Strategies	
Chronic disease initiative for health equity	Explore a collaborative health equity initiative to address chronic disease for communities of color in Multnomah County.
Chronic disease policy, systems and environmental change strategies	Participate in policy, systems and environmental (PSE) strategies addressing chronic disease.
Diabetes prevention coalitions	Participate in Comagine diabetes prevention collaborative, Healthy Living Collaborative, Oregon Wellness Network, and a collaborative for diabetes prevention with OHSU, Providence, and Intermountain Healthcare.
African American Health Initiative partnership	Partnership with African American Health Initiative to provide community health education on hypertension and heart failure to African Americans in Multnomah County.
Community access programs	Partner with Project Access Now to increase access to services, health coverage and continuity of care.

Health Equity

Goal

Achieve health equity and mitigate unintended health system trauma and institutional bias by creating and investing in systems, policies and organizations that will advance trauma-informed care, strengthen our health system's capacity to identify and address structural racism.

Objectives

- Provide culturally and linguistically responsive, trauma-informed, multi-tiered health services and supports to all children and families
- Enhance data collection processes to identify and address health disparities
- Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services
- Invest in workforce development and higher education opportunities for priority populations

Expected outcomes

- More young people from diverse and low-income backgrounds complete post-secondary education or training and attain employment
- Increase number of individuals served by supportive housing

Priority areas

- Culturally competent health services
- Workforce readiness
- Economic security

PRIORITY **Culturally competent health services**	
Strategies	
Workforce diversity	Support diversification in Legacy Health system employment hiring practices to ensure our workforce represents the growing diversity of the communities we serve.
Health equity education and training	Support health education and workforce training for an inclusive work environment to provide culturally and linguistically responsive health care services.
Anti-racist policy	Develop and implement policies to be an anti-racist health management organization.
Traditional health workers	Support community-based and Legacy Health initiatives to improve workforce utilization of traditional health workers.

PRIORITY **Workforce readiness programs**	
Strategy	
Workforce readiness programs	Support and invest in community-based workforce readiness and training programs serving marginalized groups and communities of color.
HOPE Scholars	Provide scholarships and internships to diverse and marginalized high school graduates to pursue post-secondary degrees in health care to create a more diverse workforce and increase economic mobility.
Workforce policy, systems and environmental change	Participate in state and regional workforce boards to develop policy, systems, and environmental change (PSE) strategies that increase access to workforce readiness programs for marginalized populations.
PRIORITY **Economic security**	
Strategies	
Regional Supportive Housing Impact Fund (RSHIF)	Engage in cross-sector partnerships to make strategic financial investments in initiatives that provide housing support services that leverage other supportive housing investments in the community with a focus on addressing racial disparities.
Food security policy, systems and environmental change strategies	Participate in policy, systems and environmental (PSE) strategies addressing food security. Lead a social determinants of health and equity workgroup addressing food security and other priority issues for Legacy as identified in the Accountable Health Communities study.
Housing support services	Invest in community-based organizations providing housing support services to vulnerable populations.

Community resources in the quad-county region

Organization
Adelante Mujeres
Adventist Health
Albertina Kerr
Basic Rights OR
Bradley Angle
Cascadia Behavioral Health
Central City Concern
Coalition of Communities of Color
College Possible
Columbia River Mental Health Foundation
Community Action Organization of Washington County
Council for the Homeless
Daybreak Youth Services
Donate Life NW
Free Clinic of SW Washington
Girls Inc
Hacienda Community Development Corporation
Honoring Choices Pacific NW
Human Solutions
Greater Than
Immigrant and Refugee Community Organization
Juvenile Diabetes Research Foundation
KairosPDX
Kaiser Permanente
Latino Network
Lifeworks NW
Lift Urban Portland
MIKE Program
Morrison Children and Family Services
NAMI Oregon
Native American Youth and Family Center
Nonprofit Network of SW Washington
North by Northeast Community Health Center
Oregon Community Health Workers Association
Oregon Community Warehouse
Oregon Food Bank

list continues

Organization
Oregon Health & Science University
Oregon Latino Health Coalition
Outside In
Parkinson's Resources of Oregon
Partners in Diversity
Playworks PNW
Portland Opportunities Industrialization Center
Portland Workforce Alliance
Project Access Clark County
Project Access NOW
Ronald McDonald House Charities of Oregon and SW Washington
Self Enhancement, Inc
Share, Inc
The Contingent
The Wallace Medical Concern
Transition Projects
Trillium Family Services
Urban League of Portland
Virginia Garcia Memorial Foundation

Community needs identified but not addressed

No singular hospital facility can address all the issues present in our community. Through our partnerships in the Quad County, we are confident these needs are being addressed by other community organizations. At Legacy Emanuel Medical Center, our top priority has been — and continues to be — a focus on the issues which have the greatest impact on the health of our community and where we can affect the most change. We are doing all that we can to address these issues.

For questions or more information

If you have questions or wish to obtain a copy of this improvement plan, please email us at CommunityBenefit@LHS.org.

References

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Oregon Workforce and Talent Development Board — https://www.oregon.gov/workforceboard/Pages/index.aspx

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