Community Health Needs Assessment Report

Shriners Hospitals for Children® — Portland
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Mission and Vision

Mission:
The mission of Shriners Hospitals for Children is to:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, or the ability of a patient or family to pay.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Our Commitment to the Community

Providing Care Worldwide

Since 1922, Shriners Hospitals for Children® located across North America, Mexico, and Canada has been helping children in need. The network of 22 pediatric hospitals provides world-class, compassionate medical care without financial obligation to patients or their families. Care is provided to all children without regard to race, color, creed, sex, or sect.

Shriners Hospitals for Children — Portland is part of this system. For over 90 years, Shriners Hospitals for Children — Portland has been providing pediatric orthopaedic care in the Pacific Northwest; helping well over 45,000 children since opening its doors in 1924. In 1983 the hospital moved from its original location in Northeast Portland to its current location on Marquam Hill, adjacent to Oregon Health & Science University (OHSU). Since the move, the hospital has experienced tremendous growth in all areas of patient care activities. In May 2010, an expansion project was completed, which included an additional 66,000 square feet of new space to care for children.

Patient Care Focus

Shriners Hospitals for Children — Portland is a 29 bed, Joint Commission accredited medical facility, which provides a full spectrum of pediatric orthopaedic and plastic surgery care to patients from birth through 18 years of age. The hospital provides the full spectrum of pediatric orthopaedic care, using the latest and best therapeutic modalities and state-of-the-art equipment. To ensure comprehensive treatment for each patient, an interdisciplinary approach is used. The medical model used is designed to ensure patients receive consistent care from the same physicians, nurses, and therapists during each visit. The hospital is equipped and staffed to provide care for virtually all pediatric orthopaedic problems including:

- Scoliosis
- Cerebral Palsy
- Spina Bifida
- Clubfoot and other foot deformities
- Skeletal growth abnormalities
Neuromuscular diseases such as Muscular Dystrophy
Metabolic Bone Disease such as Rickets and Osteogenesis Imperfecta (brittle bone disease)
Hand and Hip disorders
Limb deficiencies, congenital and acquired
Subacute trauma, post-trauma deformities
Leg length discrepancies
Musculoskeletal Tumors
Burn reconstructive surgery
Cleft Lip and Palate - early repair and late reconstruction

Teaching Affiliation
Shriners Hospitals for Children — Portland is proud of its role in medical education. By maintaining relationships with more than 60 medical teaching facilities, SHC — Portland fosters an academic environment committed to providing high-quality education for its medical staff and expert care to all patients. In the last 20 years, more than 8,000 physicians have received residency education or postgraduate fellowship training in the orthopaedic and burn hospitals. The Portland Hospital is equally committed to creating an academic environment and providing high quality orthopaedic care to all patients, by maintaining a strong link with major teaching facilities. They currently have teaching affiliations with the following:

- Oregon Health & Science University School of Medicine
- Clinical fellowship programs with:
  - Australia Orthopaedic Association
  - New Zealand Orthopaedic Association
- Accreditation Council for Graduate Medical Education (ACGME) approved Pediatric Orthopaedic Fellowship Program

Family-Centered Care
Family-centered care speaks to a set of values in health care that involves respecting families, listening to what they have to say, and including them in making informed decisions about the course of treatment for their loved one. However, not all families in Oregon are engaged in this manner by medical professionals. According to the 2009/10 National Survey of Children with Special Health Care Needs survey (NS-CSHCN), 31.4% of Oregon families with children ages 0 – 17 reported that they did not receive family-centered care during the past 12 months. Of these families 37% had children with
special health care needs. The NS-CSHCN also reported that 36.6% of Oregon families were not able to easily access the services they needed for their child. Family support provided by the Portland Hospital addresses the continued need for accessible services throughout the state and beyond.

Recognizing that the family plays a vital role in a child's ability to overcome an illness or injury, the Portland Hospital helps families provide the support their child needs by involving them in all aspects of their child's care and recovery. The Hospital provides comprehensive physical and psychosocial services to patients and their families. In addition, the hospital provides room-in accommodations for one parent. One of the missions of Shriners Hospitals for Children is to provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries, and other special health care needs within a compassionate, family-centered and collaborative care environment. By promoting the importance of the family and helping it become a stronger support system for the child, the Portland Hospital can accomplish its mission more effectively. The Portland Hospital provides room-in options for one parent/guardian or a relative over the age of 18 years, who may spend the night (room-in) with the patient. A fold out bed and showers are provided. Shared hospital guest rooms are also available if an additional parent/guardian needs to spend the night. This option is reserved for those coming from more than 50 miles away.

The Patient Access department provides financial counseling services to assist eligible families with Medicaid applications. Patients are first evaluated through the Healthcare Entitlement Assistance & Recovery Track (HEART). Through partnership with NFV Healthcare Group, a revenue cycle management service, the application process is followed to confirmed enrollment. For under or uninsured patients, Shriners Hospitals for Children offers programs called Charity Care & Shrine-Assist.

Research
Shriners Hospitals for Children is committed to conducting high quality, innovative research in the areas of burn, orthopaedic/musculoskeletal and neurological injury and disease, in order to improve the care and quality of life of children with these conditions and challenges. The Shriners Hospitals for Children — Portland is home to one of seven Research Centers and is closely affiliated academically with Oregon Health & Science University. Research conducted at this center is focused on skeletal development, and addresses the root causes of skeleton birth defects and developmental disorders affecting children receiving care. Identifying the underlying biological disturbances in these conditions will lead to new, more effective and less invasive therapies in the future. The Research Center's
scientific approach is multidisciplinary in nature, bringing a combination of biochemistry, genetics, cell and developmental biology, and electron microscopy to bear on disturbances of bone, cartilage, and tendon development. Conditions currently under investigation at the Portland Research Center include:

- Birth defect syndromes involving limb anomalies such as tissue and hand-foot-urinary syndromes
- Disorders of reduced, abnormal, or excessive bone growth including achondroplasia, multiple epiphyseal dysplasia, osteogenesis imperfecta, and Marfan syndrome
- Malformations resulting from defective tendon formation, such as arthrogryposis

In addition to fundamental research, the Portland Hospital conducts clinical research. The focus is on determining treatment outcomes and the natural history of various conditions, including those with gait disturbances, muscle weakness, and spinal curvatures.

**Community Support**

Because of its mission to serve children with special needs, The Portland Hospital has always been proactive in providing community services, outreach, and education. For many years, outreach clinics have been held in Medford & LaGrande, OR, Bellingham, WA and Anchorage, AK assisting patients who are unable to, or cannot afford to travel to Portland. During outreach clinic visits physicians and staff from the Portland Hospital evaluate new patients and conduct follow-up appointments. Screening clinics have also been held off-site to reach patients unable to travel to Portland. Shriners International Shrine Clubs within the region served, initiate and coordinate these events. Clinics are voluntarily staffed by a local physician and, when feasible, a staff person from the Portland Hospital who is knowledgeable about the hospital’s service lines. The health review performed during the screening clinic determines if the patient’s condition fits within the scope of care.

**Transitions Program**

One of the Maternal and Child Health Bureau (MCHB) Core Outcomes for Children with Special Health Care Needs (CSHCN), states that “CSHCN youth receive services needed for transition to adulthood.” At the time of the 2009/10 NS-CSHCN, 64.4% of Oregon youth between ages 12 – 17 did not receive services necessary to make appropriate transitions to adult health care, work, and independence.

At Shriners Hospitals for Children — Portland, a Transitions Program was developed to meet these needs by teaching patients and their families how to access the care and services they need. As survival rates are increasing, more than physical needs have to be considered for quality of life beyond care given at the Portland Hospital. Programs include:
• **The Patient and Family Resource Library**: Offers a centralized “resource room” which includes books, journals and audio-visual, and Internet transition resources. Topics include careers; diagnosis; independent living; recreation; sexuality/relationships; support and transition issues.

• **Specialized “Transition Tools”**: Screening tools are utilized to quickly identify transition needs, and allows professional staff to efficiently meet those needs or effectively find additional resources. Transition time lines are guidelines for transition issues at key “touch points” per the Adolescent Health Transition Project: [http://depts.washington.edu/healthtr/](http://depts.washington.edu/healthtr/)

• **FreeMind-Transition Resources**: A computer-based mind map designed to organize and display current transition resources for quick access. FreeMind provides the flexibility to build resources most needed by the program. The Internet link is easy to use and helps to keep information comprehensive and up to date. This program can display resources by counties or states and expand to show categories of information in the detail needed to help provide individualized care based on need.

• **Camp Spirit**: A hospital-based transitions camp which addresses issues faced by maturing adolescents. Community experts in areas of independent living, such as careers; college; coping; recreation; and transportation are invited to speak to participants. Outings with adult volunteers (or supervised peer volunteers from a local high school) to urban and recreation areas are included. The camp focus varies according to diagnosis and/or resources.

**Continuing Medical Education**

Shriners Hospitals for Children — Portland provides continuing medical education to providers of orthopaedic care, including medical doctors, osteopathic doctors, naturopathic doctors, nurse practitioners, physician assistants, nurses, physical therapists, and occupational therapists.

Some programs are through joint sponsorship of Oregon Health & Science University School of Medicine and Shriners Hospitals for Children® - Portland.

• **Dillehunt Memorial Lecture**

  This annual educational meeting, funded by the Shriners Hospital Education Trust Fund, is a memorial to Richard Dillehunt, one of the early leaders in the history of Oregon medical education. He was instrumental in the development of Oregon Health & Science University and appointed the Dean of the School of Medicine starting in 1920. He was the first Chief Surgeon of Shriners Hospital for Crippled Children in Portland.
• **Beattie Lectureship**
  An annual conference to educate local providers on topics such as: Normal and abnormal growth of musculoskeletal system; Long-term follow-up of open hip reductions; Recognizing and following spinal deformities; Treatment of hip subluxation in cerebral palsy; Chest wall deformities; and Achondroplasia.

• **Annual Primary Care Providers Conference**
  An educational conference to providing primary providers with a better understanding of:
  
  o The basic knowledge of common pediatric orthopedic conditions including: bone health, childhood obesity, Duchenne Muscular Dystrophy, and motor delay.
  o How to identify and timely refer unique pediatric orthopedic conditions to specialists.
  o Evaluating and managing patients with gait disturbances, knee pain, ACL tears, and back pain.

• **Primary Providers Office**
  In addition to national and international presentations, our seven (7) orthopaedic surgeons visit primary providers’ offices and community hospitals for specialized education on conditions treated and services provided. Recent presentations included:
  
  o Michael D. Aiona, M.D. presented:
    - The Broadway Clinic Pediatrics, Portland, OR:
      - “Gaiting and the Motion Analysis Lab”
    - Childhood Health Associates (Pediatrics) in Salem, OR
  
  o Ellen M. Raney, M.D., FAAP
    - Pediatric Grand Rounds at Peace Health hospital in Longview, WA.:
      - “Bone Health & Vitamin D”
  
  o Jeremy P. Bauer, M.D.
    - Oregon Pediatrics in Clackamas, OR:
    - Multnomah County School-Based Health Centers Nurse Practitioner Education meeting in Gresham, OR.
      - “Knee and Lower Extremity Sports Injuries”
Process and Methods

Primary Community Defined
Care provided by Shriners Hospitals for Children — Portland spans an extremely wide area (see map) including Oregon, Washington, Alaska, Idaho, Montana, Wyoming, and three provinces in Canada. When possible this assessment focuses on the Portland, OR metropolitan area, which includes communities in Multnomah, Washington, and Clackamas counties, and Clark county WA. This is where the highest percentage of patients seen in 2012 (91.7%) resided at the time of care. However, the majority of data resources currently available, and referenced in preparation for this report, provide statewide data for OR and WA. Therefore, data presented in this assessment report refer to the state as a whole unless otherwise specified.

Data Collection Methods
A multitude of pre-existing data resources were accessed in preparation for this community health needs assessment report. Use of these public resources led to a streamlined process for understanding the needs of the community, eliminating the need to repeat extensive data collection and analysis efforts previously performed by neighboring entities.

National and statewide data on key health indicator outcomes were provided by the Data Resource Center for Child and Adolescent Health. Created to assist states in performing community health needs assessments and develop systems of care, the Data Resource Center (DRC) is a service provided by the Child and Adolescent Health Measurement Initiative and is supported by multiple departments at the federal level: The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), and the Maternal and Child Health Bureau (MCHB). Data provided by the DRC are collected using the National Survey of Children’s Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Limitations on data provided by the DRC...
pertain to geographic scope. At this time county specific data are not provided by the DRC so information on health indicator outcomes provided in this report relate to all of OR and WA.

County level data were provided by the U.S. Census Bureau, and Community Commons; an online service that uses layers of interactive maps for highlighting specific information on communities nationwide. Through use of these resources, insight was gained on factors impacting certain counties in OR and WA, such as population, poverty, and diversity.

The Multnomah County Community Health Needs Assessment and the State Health Profile report developed by the Oregon Public Health Division were also heavily referenced while preparing this report. As was the Reports on America document released in July 2011 by the Population Reference Bureau (PRB). Information gleaned from these sources speaks to demographics and socioeconomic status, along with disparities in health care access such as race and ethnicity, food insecurity, and health care coverage.

Additionally, a survey was created and distributed to community organizations, such as schools and religious based programs. The survey asked respondents to indicate if they serve children who have unmet medical needs, and if so, to specify the kinds of services that are needed. A 37% response rate was provided out of 200 requests sent.
Key Findings

Community Assessment

According to the Portland Business Journal, “Portland is among the fastest-growing cities” of the 366 metro areas analyzed. In 2010, the U.S. Census Bureau estimated the population for Portland’s metro area to be close to 2.2 million – a 15.5 % increase since 2000. Between 2010 and 2012, population grew by 2.9%. Future growth is not anticipated to slow down any time soon; projections for the Portland metro area list an estimated population of 3.2 million by year 2035.

Pediatrics:
In 2012, 24.3% of the nation’s population was under the age of 18; approximately 1 in 4 Americans as reported by the U.S. Department of Justice. While the number of Americans in this age range (74.2 million) is considered to be at “an all-time high” according to a report released by The Population Reference Bureau, the overall percentage has decreased over the last several years. Projections predict growth in the coming decades however, and the U.S. Census Bureau expects the population of persons under age 18 to increase 5% between 2015 and 2025.

In Oregon, 22.3% of the state’s population was under the age of 18 as reported by the U.S. Census Bureau in 2011. Out of the 20 and younger population, 27% lived in the Portland metro area spanning several counties. In recent years the population of school aged children (5 – 17) decreased statewide due to economic struggles. This number is projected to stay at a lower than average growth rate according to a state Economic Forecast report produced in May 2013 by Oregon’s Department of Administrative Services (DAS). The population of children younger than 5 has also gone down but is expected to increase after 2013. Despite this decline the need for public services for children under age 18 is expected to grow as unemployment rates remain high, and families continue to struggle throughout the state.

In the state of Washington the population grew by 11% between 2000 and 2010 and is expected to grow another 9.3% by year 2020. Clark Co., the WA county most often served by the Portland Hospital, experienced a 7% population growth between 2005 and 2010 and it is predicted that they also will grow
11% by year 2020. Currently, children under age 18 represent 26% of Clark Co. compared to 23.2% statewide.

**Ethnic Diversity:**

Ethnically diverse populations are also expanding, throughout the nation and in the Portland metro area. Nationally the Hispanic population grew 16.3% between 2000 and 2010, and is projected to grow from 53.3 million in 2012 to 128.8 million in 2060. As the number of white non-Hispanic children under age 18 decreased over the last decade, the number of minority children increased by 22%. The Population Reference Bureau (PRB) reports that “Hispanic children accounted for most of the minority child population growth, increasing 39% from 12.3 million in 2000 to 17.1 million in 2010” and predicts that “by 2025, racial-ethnic minorities will account for 53% of the young population under age 18, and 60% by year 2045.” This means, according to the U.S. Census, that by 2060 approximately one in three U.S. residents will be Hispanic, and 38% of this population will be under the age of 18.

The Hispanic population represents the largest ethnic minority in Oregon; 12% statewide, and 9.4% in the city of Portland. Of the state’s Hispanic population, 19.4% are under the age of 18, and 13.6% of this age group are considered children with special health care needs. In Clark county WA, 7.8% are Hispanic, compared to 11.6% of the entire state. This population is expected to grow throughout OR and WA at comparable rates predicted for the nation. Patients served at the Portland Hospital reflect the region’s growth in diverse people groups. The percentage of Hispanic patients seen here continues to increase; in 2010, 15.8% of patients seen were Hispanic and in 2012 it was 16.2%.

Medical Interpretation and Translation Department (MITD) supports language access for all languages and provides educational outreach to the community by attending community health fairs. The hospital hosts the meetings for the Oregon Health Care Interpreters Association which reaches all healthcare translators in Oregon. The Association is dedicated to maintain, advance and promote high standards of professional practice, ethics and competence of heath care interpreters by supporting educational efforts.

For the growing Hispanic population, outreach services are extended to many community organizations such as:

- Virginia Garcia Memorial Health Center whose mission is to provide high-quality, comprehensive, and culturally appropriate primary health care with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare.
• Binational Health Week organized by the Consulate of Mexico in Portland and dedicated to improve the health of undeserved Latino communities.

• Western Farm Workers Association is an association of farm workers and other low-paid workers and their family members to provide emergency food, clothing, preventive medical care, job referral, and more to those in need.

• Office of Equity and Inclusion of the Oregon Health Authority serves as a leader and catalyst in helping to promote equitable health and human services for communities of color, Indian tribal governments, and other multicultural groups.

Health
There is growing demand spanning all ethnicities for pediatric health care services in Oregon and Washington. Over a four year period between 2007 and 2011, the overall health status for Oregon’s children (0 – 18) decreased from 86.6% down to 83.3%, and in Washington it went from 85.8% to 84.4%. Results from the National Survey of Children with Special Health Care Needs (NS-CSHCN) show that the population of children with special health care needs (CSHCN) throughout OR rose from 13.2% in 2001 to 13.7% in 2011. There was a sharper increase in the state of WA; 13.7% in 2001 – 15% in 2009-2010. The percent of CSHCN whose health conditions consistently and often greatly affect their daily activities has also continued to rise, from 23.2% in 2001 to 27.1% in 2009-2010. Currently, children with disabilities represent 5.5% of all school-aged children in the Portland metro area.

Economics:
Oregon has faced financial hardship in recent years due to the economic downturn. The latest reports indicate improvements, but progress is slow and Oregonians are still struggling in many areas. According to the State Health Profile report, the number of Oregonians living in poverty is counted as an “important demographic trend relevant to Oregon’s overall population health status”. Approximately 15% of Oregonians live below the poverty level - 16.5% live in Multnomah Co. In Clark Co. WA, 11.7% of the population lives below the poverty level. As reported by The Oregonian, in January of 2012, 22% of Oregonians accessed assistance provided by the state-federal Supplemental Nutrition Assistance Program (SNAP). This was a 5.9% increase from the previous year. Social service officials referenced in the 2012 article stated that the number of families relying on SNAP was higher than it had ever been before, and was expected to continue growing. One year later The Oregonian report shows a steady increase; approximately 1 in 5 Oregonians use SNAP.
Health care costs and coverage are also a concern for Oregon residents, in particular those with limited finances. State legislators have worked to address issues of health care coverage for children in Oregon, resulting in legislative changes. In 2011, the state passed new health insurance exchange legislation as well as protected funding for school-based health centers. In 2009, the state passed free health coverage for an additional 80,000 children in Oregon who are under 200% of the Federal Poverty Level (FPL) and low-cost coverage for children up to 300% FPL. Additionally they expanded funding to school-based health centers. In 2007 they brought school-based health centers to six new counties, and reduced administrative barriers that allow more children to get and keep health insurance.

Data from the Data Resource Center for Child & Adolescent Health indicate that the number of children in Oregon living without any form of insurance coverage has decreased since 2007, perhaps in correlation to these legislative changes in recent years. Clark Co. in Washington State has also seen a slight decrease in the number of uninsured children, going from 7.2% in 2008 to 6.5% in 2010. These are encouraging trends. However, lack of adequate, consistent, and long-term coverage continues to be a concern for Oregon families, as do additional out of pocket expenses for specialized care. At the time of the 2011/12 National Survey of Children’s Health (NSCH), 11.3% of Oregon’s children were not consistently insured, and had periods of no coverage during the year prior to being surveyed. For families with children who were covered, 25.3% reported that the current health care coverage was not adequately meeting their child’s needs. When coverage was unavailable or inadequate, 12.2% of families reported that they had difficulty or were unable to pay their child’s medical bills.

Parents of children with special health care needs (CSHCN) are burdened with additional costs for specialized care. For families with CSHCN who had insurance at the time of the survey (2009/10), 38.7% reported that the coverage was not adequate enough to cover medical costs. This number has increased from 33.8% in 2001. Additional costs for care not covered by insurance exceeded $1000 for 24.7% of Oregon families as reported in the 2009/10 survey, and 25% of parents reported that they had to cut back and/or stop working as a result of their child’s health needs. Overall, 22.7% of Oregon families with CSHCN report experiencing financial problems as a result of their child’s child condition.
Results from the NS-CSHCN related to health care costs were substantiated by responses provided through the community survey. Data collected indicate that the family’s ability to pay remains as one of the top (91.4%) reasons for why families do not obtain the care their child needs. See chart.

**Community Unmet Needs**

As reported with the recent community survey, three services were identified as lacking; Counseling, Rehabilitation & Nutrition Services.

**Counseling:**

Community survey results indicate that many patients seen are from low-income families, with multiple, complex needs related to poverty & delayed or rationed medical care/prevention. Families of patients often display dysfunction related to chronic psychosocial situations. Results from the 2009/10 NS-CSHCN indicate that 11.1% of CSHCN between ages 2 – 17 in Oregon are reported to have behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder. In addition, 60.9% of CSHCN (18 months – 17 years) in Oregon were reported to have a little or a lot of difficulty with one or more emotional or behavioral factors, such as feeling anxious or depressed, acting-out, fighting, bullying or arguing, and making and keeping friends. Mental health services are needed to address these issues, but are not always available as survey results suggest; 34.2% of families reported that their child needed but did not receive mental health services. For children who did not receive needed mental health services, 33.5% had special health care needs.

Mental health counseling is not offered by the Portland Hospital, however support to patients and their families is provided, helping them connect with services available within their community. In order to address social & emotional needs of special needs children, the Child Life program offers preparation before, and support during and after stressful events with coping techniques, socialization opportunities.
with peers, music and pet therapy. They will provide assistance, such as education for classmates, with school re-entry as requested by the family or teachers. This program continues as a strong advocate for family-centered care. Recently, these services presented an educational session for staff entitled “Psychological/Social Issues of Children and Families while Hospitalized”.

Recreation therapy, which can help movement as well as behavioral factors, is also available for our patients. In cooperation with community partners, Owl Be Better with Music, Club Sport, Oregon Disability Sports, Adventures Without Limits, Camp Angelos, Above Coping and Portland Nursery, programs are provided to patients regardless of the families’ ability to pay. Families are always welcome to observe programs and, whenever possible, family participation is encouraged.

Rehabilitation:

In the 2009/10 NS-CSHCN, it was reported that in Oregon, 29.8% of children with special health care needs required rehabilitation services, such as physical, occupational, or speech therapy. However, as the community survey results suggest, these services are becoming more difficult to cover with Oregon Health Plan (OHP). Some patients cannot obtain pediatric physical therapy, speech therapy, or occupational therapy within 30 miles of their home.

The Portland Hospital provides care including physical, occupational, and speech therapies for all patients regardless of their ability to pay. There does appear to be a knowledge gap in the community regarding the referral process to these services as demonstrated by the survey.

Again, community partners collaborate with the hospital to support this type of care. For instance, ABATE annually raises funds for our patient’s equipment needs; equipment that would not be possible for the family to supply. Our Rehabilitation Department supports special needs patients to participate in the Junior Rose Parade; an annual event in Portland, OR.

Nutrition

“Oregon has one of the highest levels of food insecurity in the United States: In 2010, 17.5% of Oregonians overall and 29% of households with children were food insecure. This compared to 14.5%
in the U.S. overall and 20.2% for households with children.” (State Health Profile September 2012 – Oregon Public Health Division). Quality of health is impacted by one’s level of food security. Lack of access to adequate and nutritious food is related to obesity, hypertension, high cholesterol and diabetes among others. Food security has also been shown to impact child development and readiness to learn.

Results from the community survey corroborate statewide data; nutritional education and needs are not being met. The Portland Hospital seeks to address these needs by having Clinical Nutrition Dieticians offer Feeding Clinics for patients to insure proper nutritional support for their conditions. To obtain appropriate services for patients, the hospital’s dieticians collaborate with community organizations, such as home infusion companies for tube feedings, WIC, primary care physicians, and local hospitals.
Action Plan

For 90 years, through the generosity of Shriners International, Shriners Hospitals for Children® have assisted special needs children to reach their full potential. The Portland Hospital strives to meet or exceed its stated mission by providing the highest quality care to these children within a compassionate, family-centered and collaborative care environment. Due to the recent economic downturn, additional revenue sources were identified to continue providing this vital care and support without regard to the ability of a patient or family to pay.

The Portland Hospital is successfully meeting a sizable portion of the community healthcare needs within our specialized pediatric orthopaedic focus. As described, support and education is provided to patients and family with the many available programs. Guest rooms are provided as is assistance in the transition of young children to the classroom and teenagers to adulthood. Rehabilitation, recreational, child life & nutritional services are also available. Outreach to diverse community groups also contains an important education segment to these groups and their clients about conditions, risk factors, and care available.

It's imperative that primary care physicians have the information to refer patients for the correct care. To improve referrals, a process for new patients has been streamlined and includes timely communications between surgeon and primary care physicians. Community based organization have also requested education so they will feel more confident with appropriate referrals. Physicians and staff from Shriners Hospitals for Children — Portland are out in the community providing this education. The Physician Liaison coordinates “Lunch & Learns” as educational sessions.

Current and Future plans

The community survey & data analysis demonstrates a concerning lack of services in this community. As a pediatric orthopedic specialty, many programs are available to assist those in need within the community. However, we have found that many primary care physicians, community based organizations and families are not aware that the hospital is even located in Portland. Therefore, the community did not realize the multitude of services we can provide nor did they understand the referral process.
Education continues to be vital in the ability to provide these services and must be the ongoing primary action; one that has already started as described above. The educational programs shared with the community are comprehensive and will continue to be evaluated for expansion. Additional new services have been requested from the Portland Hospital. A sports medicine program has been implemented. Cleft lip and palate with orthodontia program as a center of excellence and cosmetic procedures not covered by insurance but that improve quality of life are being researched.

Physicians and multi-disciplinary staff continue to collaborate with patients locally and through outreach programs in Medford, OR and Anchorage, AK. A shared Spina Bifida Clinic will be established in conjunction with Oregon Health & Science University (OHSU).

By consistently maintaining and investing in education programs and continuing collaboration with local healthcare organizations, the Portland Hospital meets, and will continue to support, community health needs of its patients. As we move towards the future, Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.
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External Organizations

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References


**Exhibits**

**Community Health Needs Survey**

**Shriners Hospitals for Children-Portland** is identifying the medical needs of the local community. We would like to hear firsthand from community based organizations and providers in this area. All answers will be kept confidential. Responses should be based on your knowledge as you may or may not have children. These responses can relate to the children in your school, on your block, or friends/family. Our goal is to identify how we can better serve the community. Thank you for your help!

1. Do the children you serve have any unmet medical needs?  
   - [ ] YES  
   - [ ] NO

2. Please choose the appropriate unmet needs from the list below:
   - [ ] Orthopaedic
   - [ ] Physical Therapy (PT, OT, ST)
   - [ ] Nutrition
   - [ ] General Medicine
   - [ ] Counseling
   - [ ] Other (please specify)

3. If orthopaedic, please select the appropriate conditions from the list below:
   - [ ] Scoliosis (includes diagnosis and treatment)
   - [ ] Fracture treatment
   - [ ] Spinal Cord Injury
   - [ ] Cerebral Palsy
   - [ ] General Orthopaedics
   - [ ] Other (please specify)

4. Please choose any appropriate barriers to the children obtaining medical care:
   - [ ] Ability to pay
   - [ ] Transportation
   - [ ] Language
   - [ ] Available Services
   - [ ] Other (please specify)
5. Are you familiar with Shriners Hospitals for Children and the services it provides?
   ☐ Very familiar  ☐ Somewhat familiar  ☐ Not familiar

6. Are there any other ways Shriners Hospitals for Children could provide help to the children in Portland metropolitan area?

7. I would like to learn more. Please contact me at:

You may also take this survey on Survey Monkey at: https://www.surveymonkey.com/s/PN93RJ2