



## Episode #4: Conversation with Jordan Espinoza

Host: Nubar Akhparyan

Guest: Jordan Espinoza

### **Nubar Akhparyan:**

Hello, and welcome to the next episode of Engaging Our People - A Legacy Health podcast where we highlight some of our amazing peers and the work that they do here at Legacy. I'm Nubar Akhparyan, Digital Marketing Specialist for Legacy's marketing and communications division, and I will be your host for today's episode. When we first started this podcast, we really wanted to focus on your stories; you, the listener on your way to work, you, the person who's tuning in after a shift to unwind. We want to know what makes you, you and how you became a part of the Legacy Health workforce. You might never get to work with the people you hear on this podcast. You might never interact with myself as we go about our separate work, but the stories that we share of ourselves have the power to connect us all together. That being said, we have a very special guest this episode to share his story and his experiences. Please join me in welcoming Jordan Espinoza. Jordan, how are you doing today?

### **Jordan Espinoza:**

Hey, I'm doing great. Glad to be here. Yeah, it's a beautiful fall day in Portland, so I can't complain.

### **Nubar Akhparyan:**

I know. As soon as we got here, I was like, "Wow, the cloud's clear. The sun came out. What a beautiful time to sit inside for about a half-hour and just chat." But it's always the best weather that gives us the best results, I feel like-

### **Jordan Espinoza:**

Exactly.

### **Nubar Akhparyan:**

... so this is going to be pretty good. Well, Jordan, let's start off, can you start by telling us what your position is here at Legacy and a little bit about yourself?

### **Jordan Espinoza:**

Yeah. I work as a data analyst in the Population Health Division. I've been on this team for a year as of very recently. Before that, I worked in the business intelligence and data services division over in the system office. I've worked at Legacy for I think about almost 10 years now.

**Nubar Akhparyan:**

Wow.

**Jordan Espinoza:**

Yeah.

**Nubar Akhparyan:**

That's awesome. So just a little bit about myself. my daily work tends to focus on the website itself, right?

**Jordan Espinoza:**

Sure.

**Nubar Akhparyan:**

So edits to the website if you ever need anything, usually, it falls through my camp or some of my peers camps. But I, unfortunately, don't know much about Legacy's Pop. Health team and what Population Health really is.

**Jordan Espinoza:**

Sure.

**Nubar Akhparyan:**

If you can, can you explain to myself and others that are listening in that might not know what exactly is Population Health?

**Jordan Espinoza:**

Yep. I'll say what my team specifically focus on and the work that we support is the Legacy Health Partners, which is a clinically-integrated network of providers that surrounds value-based care contracts with payers. To take a step back, so Population Health is, it's a field that emerged out of the care transformation movement within healthcare, which was the transition from fee-for-service care. So we bill X, Y, and Z, and we write for all those things, and you pay for those things regardless of the health outcomes. If it worked, if didn't work, it didn't really matter, that's just what we did.

Value-based care is a new paradigm within healthcare where we actually are reimbursed based on the outcomes, your health outcomes from any interventions or things that we might do. That's really what started it. So how that turns into something is that we enter into ... there are special payer products, think about your insurance plan. There are some like Medicare Advantage, anything that deals with CMS, those are going to be value-based care plans because CMS really understands that this is something that is really going to change the tide on the rising cost of healthcare, where we want to say, if you're putting money into something, you would expect to get something back, and that's really where that's going.

**Nubar Akhparyan:**

On top of that, so now that we know a little bit about what Population Health is and the value that it's bringing, what gets you up every day? What's the thing that drives you in your career, in your daily life, either working within this position or working within Legacy Health as a whole?

**Jordan Espinoza:**

Yeah. It may sound a little bit cheesy to say it, but the work that I do does drive me because I'm in a very fortunate position where not only am I at what I consider to be the forefront of this field, which is this is the direction that healthcare needs to be moving in, and it's the direction that it is moving in. It has the ... well, it does and has the potential to really impact people's lives for the better.

**Nubar Akhparyan:**

Taking a step back now looking at it through Population Health, so-

**Jordan Espinoza:**

Sure.

**Nubar Akhparyan:**

... within your position now and just what you see, what are some of the biggest challenges that you either see or face through that Population Health lens?

**Jordan Espinoza:**

Yeah. I would say, I guess going back to, these are trends that you can read about, but Population Health it's looking at ... so social determinants of health, things like food insecurity, housing insecurity, risk of violence, things like that, that we realize how much those things tie into a population's risk for chronic disease. So it's like, "Okay, now that we have that data, what do we do about it? How do you have interventions like that? How do you intervene to do those things? Could we track it?" Yeah, you bet. We absolutely would have the data and infrastructure to support it, but traditionally, these aren't necessarily things that healthcare has really been associated with. But I'll give you a really good example of that.

There is a research associate, Dr. Megan Kahn, and she is great. Just so smart, so thoughtful. She has been working with a group to address the food insecurity question. I'm not sure exactly the details if it's a pilot thing, but it is something that's rolling out. But okay, let's say that someone comes in and you ask them a questionnaire. "Do you feel that you have access to food? Not a lot. Do you eat every day?" Whatever it is the questions are. But essentially, if the answers to those questions are, "No, not really," there's this program set up where they will hook you up with shelf stable food.

**Nubar Akhparyan:**

Oh, that's awesome.

**Jordan Espinoza:**

Right? It sounds so simple, "I don't have it. Well, here it is." It's thinking about the finances of healthcare in a different way where in one, you think, "Oh, that's an expenditure, we're just spending money." But it's the long game where if you realize, "Okay, if we spend \$5,000 on this now, at what portion of that

population's health outcomes increase?" Then that population as we follow them through their claims and whatnot, so what portion of them don't go to the ED because their condition didn't worsen?

Or what portion of them don't go to the hospital for a long hospital stay and have to be there beyond their time? Those things are what's expensive. So instead of saying, "How much are we spending on this thing?" It's really, "How much are we saving both ourselves and these patients, both in quality of life and their overall expenditure?" Depending on their plan, if they have to pay out-of-pocket, that can be a crippling expense. So I just love the idea of it, so I'm going to ask her more about it so I can learn, because she just told me about it the other day. It's just like, that's a perfect example.

**Nubar Akhparyan:**

I think that defines value-based care so perfectly, and I love the way that you phrased that where it's, you're not looking at the sunk costs now. You're not looking at the \$5,000 now. Its, "Yes, we spend \$5,000 now, but how many more lives can we better, and how many more lives can we save five, 10, 15 years down the road because we offered this?" That's so fascinating.

**Jordan Espinoza:**

Yeah. It's an investment.

**Nubar Akhparyan:**

Yeah. It is an investment.

**Jordan Espinoza:**

Yeah. It follows the mission, the health of our community, you know what I mean, because not everybody's problems are ones that maybe a traditional clinical setting is uniquely equipped to do. Some of those things are just sort outside of a scope, but I agree. So I do like that. I like the idea of investing in the community. In a lot of ways, it allows you to reach parts of the population that aren't quote, unquote, "in the healthcare system." As you become more engaged with it, as you get older, depending on your other chronic conditions that you have your you're born with, you're engaged in that. There's a big lived experience difference between somebody who's young, "I don't really have a reason to go," and between people who have to go or really should go and getting people to care about their health. It bridges that gap and it makes it feel more inclusive, so I like that.

**Nubar Akhparyan:**

That's amazing. Thank you so much for sharing that.

**Jordan Espinoza:**

Yeah.

**Nubar Akhparyan:**

We're going to pivot a little bit, Jordan-

**Jordan Espinoza:**

Sure.

**Nubar Akhparyan:**

... because I know in our initial conversations when you and I were talking about the podcast and what we wanted to discuss and showcase, I found out a very, very interesting and great fact about you. What I found out was that you're actually involved with one of our employee resource groups. So for those who don't know, can you let us know more about this ERG in specific?

**Jordan Espinoza:**

Yeah. ERGs at Legacy, so they're employee resource groups. It's tied to the DEI division, diversity, equity, and inclusion. There are ERGs for mine, specifically, so the Native American Alaska Native ERG. There's an ERG for Pride, the Hispanic ERG, the BERG, the Black and African American ERG. So there's a handful of them across different demographics. So ours specifically is a community of people with Native or Indigenous heritage that get together and are able to, as a community, talk about things that affect them, talk about ideas that they have.

It feels good to have a voice collectively. It's also an opportunity for people of very different backgrounds to get to know each other because the Native and Indigenous populations, there's a big difference between the urban Natives and the actual tribal Natives, people who actually belong to local tribes here, or even tribes in a different state where urban, I learned that Portland has one of the highest percentage of urban Natives. So people with a Native or Indigenous background that just live in the city, not on the res. I had no idea, and yet, a little bit makes sense. One, my family is here, because I was born in Portland. I was actually born at Emmanuel Hospital.

**Nubar Akhparyan:**

Oh, really?

**Jordan Espinoza:**

Yeah.

**Nubar Akhparyan:**

It comes full circle.

**Jordan Espinoza:**

Yeah. Yeah. It's funny that way. But yeah, there's actually, there's a large group here. Being an urban Native where my, ... so my father's Apache, but they never had any ties to that tribe when he was born, but actually both my grandparents actually spoke Spanish as their first language.

**Nubar Akhparyan:**

Oh, interesting.

**Jordan Espinoza:**

They never taught their children it though, because they didn't want them to have an accent and they wanted them to have better opportunities in life. They thought that if you just spoke English, then people would accept you, but they're from Southern Colorado; Southern Colorado, Northern New Mexico. We're Apache Jicarilla, I believe. It's from the Sangre de Cristo Mountain range area that spans those two states, but no real attachment to the tribe at all. I don't have close connections with my family members from Colorado or Utah, so I'm disconnected.

For me, the heritage I have is been living and growing up with my father's family who, they're a very funny bunch. I never really noticed maybe necessarily the differences or anything about the experience I was having was uniquely Native until I started reading more books. I started reading books about Sherman Alexie and reading about these environments or these families or these gatherings and just thinking, "Oh my gosh, that's exactly my family." Everything's a joke. You joke about everything, even if it seems tragic, it's just like everything's funny and everything's like that and just how people get along and do things. It's like, "Huh." Yeah, I guess that's an experience that I had. It's different.

**Nubar Akhparyan:**

That's awesome. Yeah. When we first started having the conversations, it was so great to hear that this is a, it is a community. Right?

**Jordan Espinoza:**

Yeah.

**Nubar Akhparyan:**

The ERG is a community in and of itself, and hearing the way that you spoke about it, I'm Armenian American, I guess you would say. Both of my parents are Armenian. I speak Armenian, but I was born in America. I remember growing up and having these different communities around, because Portland doesn't have the biggest diaspora of Armenians, but I grew up in Los Angeles where there is a little Armenia, which is what it's called. It's a seven-block district.

**Jordan Espinoza:**

Interesting. Interesting.

**Nubar Akhparyan:**

We found those communities in Portland as well, and I know how that feels in terms of that connectivity where you don't necessarily come from the same walks of life. You might not come from the same tribe, but you have this community of people that you could identify with and share stories and hear their stories. Seeing that come to fruition in this ERG group within Legacy was really just awesome for me to hear and see that other people are experiencing that as well, so that was great. Let me ask, so what initially drove you to join this ERG? What's your current position in this ERG and how did you come across it? I know a little bit about it, but-

**Jordan Espinoza:**

Yeah. Yeah. No, so I currently, I am the sole chair of the ERG. When I first joined, actually, it wasn't my intention to necessarily be in this position. I have been trying to find connection, right? Yeah. It was just, I guess in some of my formative years, in my 20s, I guess I've been looking more inward and recognizing the side of myself and my father and just really wanting to reconnect with my heritage. Even that both my father and my mother and my Scottish roots on the other side, but really just trying to reconnect with that. So just asking those questions just like "Where do I start? Where am I accepted? Where can I walk, where can I go?" I will say that Tae-Sun Kim, our new chief diversity officer, really has been doing just a great job, just spearheading things, just identifying things, pulling it all together, coordinating it. Simone Carter, who is the new DEI program director, forgive me Simone if that's not quite right, but they're just doing such a good job. Even though I feel a little bit like I'm treading water, I feel very supported.

Plus, you have the Hispanic ERG, all the Latino group. You have the Pride, you have Mel Rivera and the BERG in general, just seeing them and how they're doing things in the community, just being able to go to the chairs meeting and hear what they're doing has been a good way to be like, "Okay, okay. I can try to follow that lead and do that." But it's been good to be a part of this thing too, because we've also been getting people reaching out, clinical groups saying, "Hey, we have grant money. We would love to reach out to that community," or, "Hey, do you have any connections? We would like to do things." So it's been really interesting, but it also has been difficult because my experience, one is urban. I can't speak for, and I don't have that lived experience as somebody who's lived on a reservation. Who has connections to tribes, who goes regularly powwows, that's not an experience I have. I'm also biracial and that's its own special experience. That's something I'd really like to do is I would love to get a co-chair that can bring a different experience that I don't have to talk about those things, so little things I'm working on.

**Nubar Akhparyan:**

Sure.

**Jordan Espinoza:**

But people are like, "Yeah, it's a lot of work."

**Nubar Akhparyan:**

It does sound like a lot of work, but just hearing the way that you speak about it is just, it's so fascinating to me, and it makes you feel good hearing about it, because it's an extra-

**Jordan Espinoza:**

Glad to hear that.

**Nubar Akhparyan:**

It's an extra community that feels like it's being heard and seeing it grow a little bit, like you said, maybe right now it's not too much engagement, but there's a plan set in motion. Following that trajectory is just really exciting for somebody that's just now hearing about it. I hope that transcends to our listeners. That's the whole point of the podcast, but that's wonderful. Let me ask you, so you touched upon some of the challenges with that role, but now being the sole chair, I guess, what are some areas of opportunity or challenges that you're seeing now spearheading this ERG?

**Jordan Espinoza:**

I always have a hesitation, a caution about what spaces can I enter? I feel like that probably is very common among people who are themselves biracial, who may not look Native or may not have that, but they have heritage and it's like they're not quite sure. But just to say that we have the exact opposite of a one-drop policy. If you have that heritage and you feel a connection, you are welcome in this place. I really want to say that, but if you're just trying to find it right, there is a place for you because my goal is I'm trying to reconnect with something that I've never had, not even necessarily something I've lost, but something I've never had. But I really want to find that community and interact and engage with it and almost, just start something new.

I think that we also have a unique opportunity to interact with and facilitate a lot of coordination between Native healthcare organizations around the area; just to be invited to those spaces, start those

conversations, hear what's going on with them, just talk and it's a perfect group. We're a healthcare organization, they're a healthcare organization. We have a lot of resources and experience, and those places are traditionally underfunded. They don't have a lot of resources. They're just running on fumes. Everybody has connections to different tribes, different places who are trying to do something, so it gives us a unique opportunity in that space as well.

**Nubar Akhparyan:**

That's great. Yeah. I think it just all ties back into what you initially said with just wanting to build that community for people that may or may not have that around them and a different aspect. I think it's so interesting that you mentioned people that are biracial that may not feel like they fall into a certain group or not because they're not 100% into this one group or another.

**Jordan Espinoza:**

Right.

**Nubar Akhparyan:**

Speaking personally, I felt that way. Like I mentioned, both my parents are Armenian, I identify as Armenian. I feel that way sometimes when I look at people, look at family members from Armenia because they speak better Armenian than me, I feel a little out of place. Am I really a part of this group? Yes, I am biologically, I'm sure, ancestrally. But do I personally feel that way?

**Jordan Espinoza:**

Right.

**Nubar Akhparyan:**

I think it's growing up and then having those outreach and different communities that we were a part of where we just got to meet up with other people that were Armenian that lived in the area and not necessarily from Armenia, but had different experiences. It bridges that gap and it allows you to feel that connectivity that you may or may not have been feeling, so I think that's great. Just hearing the way that you're speaking about this and wanting to showcase this community and engagement is wonderful. Thank you so much for sharing that, Jordan. I really appreciate that. As we get down to the end of the episode, is there anything else that you'd like to share to the people listening about the Population Health team, the work that you're doing, or within your own ERG? Then I'll also add another one. How can people reach out to you or ERG if they want to join and be a part of this group?

**Jordan Espinoza:**

As far as the work I do to know about it, well, I hope at some point that you've come across it. Population Health also is adjacent to it and covers our Legacy Medical Group, our internal clinics. Just the only thing to say about that is just I feel very fortunate to work under such great leadership and just with such good people who want to do the right thing. That feels good. My own team is just, it's a special thing because I told them I don't have a tribe, but this feels very familial to me. Even though we come from different backgrounds, this really is such a good group of just so talented people.

So all I want to say to them is just, I really appreciate the work that we do and the opportunity to work towards these things in a good place with people with a good heart, so shout out to them. For the ERG, you can access us through the intranet. You can just look up the NA ERG, just type Native American type



ERG. You should find a link. If you look me up in Outlook or Teams, you can just ping me in Teams, look me up in that. You can email me directly, but there's a Native American ERG chairs email, and that'll go straight to me. there's a couple ways to reach out, and I usually try to get back to you pretty quick.

**Nubar Akhparyan:**

Yeah.

**Jordan Espinoza:**

Yeah. Anybody, If you have that heritage that you belong to a tribe, you just happen to live in the city, your parents or your parents' parents came from there, everybody is welcome, so we'd love to hear from you.

**Nubar Akhparyan:**

That's awesome. Thank you so much, Jordan. I really appreciate your time and your consideration and just being game to be on the podcast. I know it's new, right?

**Jordan Espinoza:**

Yeah.

**Nubar Akhparyan:**

So you're a trend setter here in this way. But from our conversation and everything that we've chatted about prior to this recording, I think Population Health team and your ERG is in great hands, and it's just-

**Jordan Espinoza:**

Thank you.

**Nubar Akhparyan:**

It's so great to be ... just being able to hear all the work that's being done that I may not necessarily know about. I hope that this also reaches our listeners and they feel that pride for other people's work, so I really appreciate you. I really appreciate your time, but that's our episode. Thank you all so much for listening into Engaging Our People. Jordan, again, I'm very glad we could talk and share your story to the rest of our peers across Legacy.

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