OREGON HEALTH AUTHORITY
Health Policy and Analytics Division
Hospital Reporting Program

Fiscal year 2024

Oregon Hospital Community Benefit Investments Report

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Executive summary

This report is the third annual review of how hospitals invested in direct, proactive community benefit activities in Oregon.

Nonprofit hospitals are required to provide charitable services to their communities as a condition of their tax-exempt status. The activities through which hospitals provide these charitable services are known as community benefit. In Oregon, hospitals are required to report their community benefit spending and other related information to the Oregon Health Authority (OHA).

OHA has collected data and reported on community benefit spending since 2009.[1] In 2019, the Oregon legislature passed House Bill (HB) 3076[2] which made sweeping changes to hospital community benefit in Oregon. These changes include:

- Establishing minimum financial assistance tiers,
- Establishing community benefit spending floors,
- Adding Social Determinants of Health (SDOH) to the definition of community benefit, and
- Requiring hospitals to submit Hospital Community Benefit Narratives describing their community benefit investments.

The Hospital Community Benefit Narratives form the basis of this report.

This report presents detailed descriptions of community benefit activities from hospitals and health systems across Oregon. This is not a quantitative report about community benefit dollars spent. While the report may mention the dollar amounts that went towards a program if the hospital provided that information, this report does not calculate total amounts spent for specific categories. Rather, it is intended to complement the statewide community benefit spending annual data brief and dashboard, which present how much money hospitals spend on community benefit each year. **Together, the annual data brief, the dashboard and this report provide a more comprehensive picture of overall community benefit activities in Oregon.**

This report categorizes community benefit activities by the priorities identified in hospital community health needs assessments, improvement plans and Narratives.

Most identified hospital priorities	Percent of hospitals with these priorities
Access to care and transportation	86 percent
Behavioral health and substance use	74 percent
Housing	57 percent
Food security	53 percent

Access to care and transportation was the most frequently identified priority.

Most nonprofit hospitals (50 out of 58) identified access to care as a priority. Access to care programs make it easier for patients to get care, afford care, or get connected with resources after receiving care. For example, many hospitals provide free transportation for patients to get to their medical appointments.

Spotlight on an access to care investment:

Good Shepherd Health Care System

Good Shepherd ran ConneXions services, a team of community health workers who provide services and resources to patients in-house, in the community, and in patients' homes. ConneXions services include education and safety on a variety of topics as well as assisting patients with access to health care issues: transportation, SDOH, language barriers, finding a provider, food and nutrition procurement/cooking classes/recipes and more. Additionally, they provided CareVan Medical Transportation, free transportation for any patient utilizing a Good Shepherd service.

Three-quarters of hospitals are focusing on behavioral health and substance use programs as Oregon's behavioral health needs continue to grow.

Three quarters of nonprofit hospitals (43 out of 58) have grants and programs to support the behavioral health and substance use needs in their communities. Programs commonly focus on financially supporting providers, recruiting new specialists, and running hospital- and community-based behavioral health services. These investments are particularly important given the short supply of behavioral health providers to address the increasing need for care.[3]

Spotlight on a behavioral health or substance use investment:

Samaritan Lebanon Community Hospital

Samaritan Lebanon provided $5,000 in funding to Faith, Hope, and Charity. The funding provided support to youth exiting the juvenile justice system experiencing substance use challenges. These youth received access to community organizations and public education resources, life and employment skill-building, recreation, art, fitness, civic engagement, and self-advocacy opportunities. Thirty-six youths participated in workshops, group sessions and individual mentoring.

Over half of hospitals are investing in housing.

Thirty-three out of 58 nonprofit hospitals identified housing as a priority in their Narratives. Oregon ranks second lowest in affordable housing inventory[4] and houselessness is a major issue in the state.[5] Housing is a SDOH that impacts people's health and wellbeing. Hospitals invested in temporary and permanent housing solutions and in organizations that help people maintain stable housing through financial and behavioral health supports.

Spotlight on a housing investment:

Providence Medford Medical Center

Providence provided a $75,000 grant to help restore Latinx and indigenous neighborhoods that were destroyed by wildfires and to create pathways to home ownership in the form of resident-owned communities. In partnership with CASA of Oregon, Coalición Fortaleza will restore the Talent Mobile Estates (TME) mobile home park and turn it into the first resident-owned communities in southern Oregon. Eighty percent of previous TME households engaged in community development with 140 individuals ultimately being served.

Client Success Story: One success story from the TME community is of R. and his family. R. is indigenous from Mexico and his family lived at TME before the fire and they are currently living in an RV. He has been very involved in community engagements and is an IDA Program saver. His wife gave birth during the fires, and the Coalición has been able to see his daughter grow and grow every year. In July 2023, R. was selected to receive one of the first two units (made of mass timber) and he accepted! The Coalición are so excited that he and his family will transition to permanent housing this year.

Fifty-three percent of hospitals identified food security as a priority.

Thirty-one out of 58 nonprofit hospitals identified food security as a priority. Hunger in Oregon is at record levels[6] and hospitals are in a unique position to identify and alleviate some of that hunger in their communities. Hospitals assessed the need, referred people to resources, and invested in community gardens and food banks.

Spotlight on a food security investment:

Legacy Silverton Medical Center

Legacy Health primary care clinics screen patients during clinic visits for food insecurity and other social needs and provide shelf-stable food bags to those patients who need them. Among patients who visited a Legacy Medical Group (LMG) clinic in the quad county region during Fiscal Year 2024, 85,486 (67% of total patients) were screened and, of those, 6% were identified as food insecure. Among 14,564 LMG patients who were Oregon Health Plan/Medicaid members in this region, 64.8% of the 9,438 patients were screened and 25% identified as food insecure. Approximately 250 food bags were distributed to these food insecure patients.

Three takeaways from this year's reported information:

1. Year three reporting shows hospitals are dedicated to the health of their communities beyond providing health services.

In the third iteration of this report, hospitals continue to make meaningful investments to support the health and social needs of the communities they serve. While overall spending grew only modestly, several individual hospitals significantly increased their contributions. These programs and investments remain essential to delivering vital health and social services.

2. There is opportunity for hospitals to collaborate more with Coordinated Care Organizations.

Coordinated Care Organizations (CCOs) have requirements related to making investments in health-related social needs and SDOH similar to hospital community benefit. For example, CCOs are required to invest a portion of their net profits or financial reserves back into community SDOH and health equity initiatives through the Supporting Health for All Through Reinvestment (SHARE) Initiative.[7] Thus, hospitals that partner with their local CCOs maximize investments and increase the impact on their communities beyond what each could accomplish alone.

3. There is opportunity for hospitals to invest, and invest more, in housing.

Given the extensive need for affordable housing[8], hospitals have the opportunity to increase investments and collaborate with other organizations to make affordable housing more accessible.

About this report

This report presents proactive community benefit investments in Oregon, highlighting the ways hospitals are investing in their communities to address priority health needs. The primary data for this report is the Hospital Community Benefit Narratives provided by hospitals, so the report is limited in scope to the information hospitals provide to OHA.

Purpose

OHA publishes this report for the following reasons:

- To answer the question, "How are nonprofit hospitals fulfilling their charitable obligations through proactive community benefit?"
- To highlight innovative work that nonprofit hospitals and health systems are doing across the state to:
    - Raise awareness for patients and community members about what programs and services are available in their communities.
    - Provide opportunities for hospitals, CCOs, and local organizations to learn from each other's work.
    - Showcase work that hospitals do above and beyond patient care.

Why is it important to understand hospital community investments?

Hospitals play a vital role in Oregon communities both for the direct services they offer and the charitable programs they bring to the community. This report provides transparency and recognition of nonprofit hospitals' community benefit activities.

The qualitative approach to understanding hospital community investments is important to data equity. Prior to 2022, hospitals reported community investments solely through quantitative reporting: how much money hospitals invested in programs and services for their community. However, that does not show the full picture. Qualitative data helps us understand the deeper context about how hospitals are investing, who they serve, and what impacts they make to improve health in their communities beyond a monetary investment.[9] Qualitative data provides more direct, contextual information about the sources and reasons for inequities and how we might advance health equity for all.[10]

This year's report

This year's report categorizes community benefit activities based on the priorities that hospitals most reported in their Hospital Community Benefit Narratives. Hospitals identify their investment priorities by first assessing the need in their community health needs assessments (CHNAs), then determine which needs they will address in their

community health improvement plans (CHIPs) and finally report their major programs in their Hospital Community Benefit Narratives. Therefore, hospital priorities are based on community need but also where hospitals choose to direct their time and money. This report is not an exhaustive list of community benefit programs as not all hospital investments are listed in the Narratives.

Additionally, hospitals do not always report investments tied to which priority they meet. Many investments are intersectional, meaning they could meet many different priorities. For example, when a hospital invests in a program that provides health care for people with low incomes that are experiencing or at risk of houselessness, this investment addresses two priorities: access to care and housing. Thus, when investments fit within multiple priorities, some discretion may be used to categorize investments. To learn more about an individual hospital's programs and investments, contact the hospital directly.

Background

Most hospitals in Oregon are nonprofit organizations. In general, a nonprofit organization exists to provide public benefit or fulfill a charitable mission. Such organizations are granted exemptions from paying income and property taxes, and are expected, in turn, to provide a charitable benefit back to the community.[11]

Nonprofit hospitals must provide programs and services for their communities above and beyond the medical services for which they charge patients. These activities are collectively called **community benefit**.

There are many ways hospitals can provide community benefit. Hospital community benefit is broadly defined in Oregon Revised Statute 442.601[12] and described in more detail in the OHA community benefit reporting instruction manual. Some examples include:

- Providing free or discounted health care to people with lower incomes or people without health insurance
- Training doctors, nurses, and other healthcare professionals, and
- Investing in programs that address community health needs.

OHA has collected data and reported on community benefit spending since 2009.[13] In 2019, the Oregon legislature passed House Bill (HB) 3076[14] which made sweeping changes to hospital community benefit in Oregon. These changes include:

- Establishing minimum financial assistance tiers
- Establishing community benefit spending floors and
- Adding Social Determinants of Health (SDOH) to the definition of community benefit.
- Requiring hospitals to submit Hospital Community Benefit Narratives describing their community benefit investments.

The Hospital Community Benefit Narratives form the basis of this report.

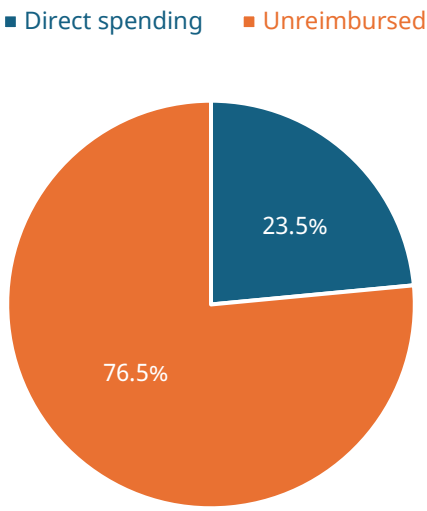
Fiscal year 2022 was the first year that hospitals submitted Hospital Community Benefit Narratives, as well as the first year that OHA set hospital community benefit minimum spending floors. The community benefit spending floor is the minimum amount of money that a hospital or health system is expected to spend on community benefit within a fiscal year. Hospitals can meet their community benefit spending floors by investing in any combination of unreimbursed care and/or proactive direct spending. This report does not cover hospital performance against the spending floor. Detailed information about Oregon's minimum spending floor and individual hospital performance can be found in the Community Benefit Dashboard.

Direct spending: proactive community benefit

In 2024, Oregon hospitals spent $525.9 million on direct community benefit or 'direct spending,' which makes up 23.5 percent of total hospital community benefit spending. Direct spending represents the proactive activities hospitals engage in to improve the health of their communities. **This report focuses on the $212.2 million of the $525.9 million in direct spending that was direct community investments.** Hospitals, especially OHSU, directed the other $313.7 million of their direct spending on educating future doctors, nurses and other health professionals, which this report does not focus on. For more information on direct spending, see the Additional Information section.

The remaining 76.5 percent of community benefit is unreimbursed care, in which the hospital provides services that cost more than the hospital receives in reimbursement. In fiscal year 2024, hospitals reported $1.7 billion of their community benefit as unreimbursed care, primarily from unreimbursed Medicaid services and charity care.

Figure 1. Community benefit spending breakdown



There is no prescribed amount of money hospitals must spend on unreimbursed care or direct spending, so percentages in each category change over time. Since 2019, direct spending has fluctuated as a proportion of community benefit from a high of 25 percent to a low of 20 percent of overall community benefit spending.

Hospitals generally decide which activities to invest in, but some actions related to direct spending are required by federal law.[15] First, hospitals must create a Community Health Needs Assessment (CHNA). Hospitals work with local organizations and other partners to collect data and evaluate their communities' priority needs. Hospitals publish their findings in a CHNA and are required to update it every three years.

Second, hospitals must use findings of the CHNA to develop a plan with implementation strategies to address their priorities. This document is called a

Community Health Improvement Plan (CHIP) or sometimes a community health improvement strategy.

Together, these documents guide hospitals in making decisions on how to address priority health needs in their communities through direct spending. There are no standard criteria for how hospitals are expected to use the information in their CHNAs to inform their CHIPs or their community benefit investments. As of 2020, CCOs must collaborate with hospitals on their CHIP[16], but the requirement does not exist for hospitals to do the same. Some hospitals collaborate with CCOs, local government and nonprofits to publish a CHNA and CHIP, yet this collaborative work does not necessarily direct hospital community benefit spending. Thus, hospitals address their identified community health needs in a variety of ways. The Hospital Community Benefit Narratives prompt hospitals to explain how their investments meet the needs described in their CHNAs and connect their implementation strategies with programs and outcomes.

CHNAs and CHIPs guide hospitals in making decisions on how direct spending will address priority health needs in their communities.

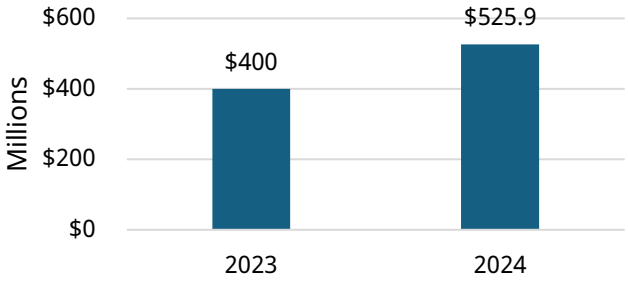
Community benefit direct spending activities

For this report, Hospital Community Benefit Narratives were reviewed, then reported activities were grouped into common themes informed by chosen priority areas of need within Hospital Community Benefit Narratives.

With the state's focus on health equity and hospitals' unique opportunity to improve the health of all Oregonians through community investments, direct spending has increased. Hospitals spent 31.5 percent more on community benefit investments in 2024, increasing from $400 to almost $526 million.

For more information, see the Additional Information section.

Figure 2. Direct spending increased 31.5% in 2024



Investment categories

This report uses the following categories to present hospital community benefit investments. These categories are based on the priorities reported most often in Hospital Community Benefit Narratives.

Access to care and transportation

Investments to support individuals gaining access to necessary health services.

Behavioral health and substance use

Investments to promote access to and improve infrastructure for behavioral health and substance use.

Housing

Investments to help Oregonians obtain an affordable, safe and secure place to live.

Food security

Investments to support healthy, available and affordable foods for all.

Hospital investment priorities are informed by their CHNAs, CHIPs, and internal hospital decision-making.

These investment categories broadly represent the activities that hospitals reported this year but do not include all reported activities. The Hospital Community Benefit Narrative instructions prompt hospitals to report their most important community benefit activities, not to provide an exhaustive list. The Hospital Community Benefit Narrative format allows hospitals to describe the health needs they focused on and the activities they undertook to address those needs. Thus, the activities that hospitals reported do not always fall neatly within these categories nor are they expected to in the future. Hospitals are encouraged to work with their own communities to identify and address needs and are not limited to these categories.

Examples are presented as they appear in the Hospital Community Benefit Narratives, hereafter referred to as 'Narratives.' Only investments described in the Narratives are included, and not all examples are cited. The Narratives ranged in the level of detail provided. In some cases, hospitals provided detailed program descriptions that this report quotes directly, and in other cases, where program specifics are not reported in the Narratives, the general activity is simply listed.

This report does not aim to compare hospitals with one another, since hospitals vary in size, resources, location, and patient population. For instance, some health systems in Oregon are multi-billion-dollar organizations with multiple hospitals, while others are small, single hospitals that discharge fewer than a thousand patients per year. Hospital size and location influence the resources available to address community needs. Hospital context also informs which community needs are most important for the hospital to address, based on whether the hospital is in a rural or urban area.[17]

Access to care and transportation investments

Most identified hospital priorities	Percent of hospitals with these priorities
Access to care and transportation	**86 percent**
Behavioral health and substance use	74 percent
Housing	57 percent
Food security	53 percent

86 percent of hospitals (50 out of 58) reported programs or investments related to improving access to care, including transportation investments. The most common types of programs related to improving access to care are those that:

- Hire and train new providers
- Support specialty providers in underserved areas
- Improve access to culturally and linguistically responsive, quality, affordable and appropriate care
- Provide health education and screenings to the public
- Care for and connect patients to community health services outside the hospital, and
- Provide or support transportation services.

Access to care is closely tied to hospitals' daily work and a domain in which hospitals have strong connections and programs. It is an important area of work that aligns with statewide need. Health care needs vary greatly across Oregon, with more unmet need in parts of rural Oregon where care is harder to access – over 1.6 million Oregonians live in primary care health professional shortage areas.[18,19] Some of the biggest needs for people living in Oregon related to accessing care include the integration of physical, behavioral and oral health care delivery, expanding the use of community-based health care providers and improving the delivery of culturally and linguistically responsive care by a diverse workforce.[20]

The Medicaid population is an important focus of many community benefit efforts for access to care. A recent report from the OHA Ombuds Program[21] describes specific areas of need Medicaid members have voiced:

- Eligibility issues for accessing care
- Culturally competent care and translation services for members with limited English proficiency, and

- Care coordination.

Some hospitals are investing in these areas of need, but there remains opportunity for more support.

This section includes selected examples of access to care-focused activities that hospitals described. This should not be considered an exhaustive list of activities reported. Some hospitals provided more detailed information while others did not expand upon their reported investments. For more information about the Narratives and how to find them for each hospital, see the Methodology section.

Notable examples of access to care activities include:

Lower Umpqua Hospital

Lower Umpqua prioritized recruiting and retaining medical staff to meet the community's needs. In 2023-24, an additional primary care provider was added. This addition allowed for expansion of same day clinic hours. Patients, established and non-established, can be seen on short notice.

Grande Ronde Hospital

Grande Ronde worked to recruit additional primary care providers in family practice and internal medicine, OB/GYN and pediatrics. Four primary care providers were recruited during the fiscal year ending on 4/30/2024.

Wallowa Memorial Hospital

Wallowa has taken proactive steps to reduce the outmigration of care by expanding its services. A podiatrist has been hired to provide local podiatry services at the hospital's clinics, supporting the community's needs.

Adventist Health Columbia Gorge

Adventist Health Columbia Gorge primary and secondary service areas are considered Health Professional Shortage Areas, which is a designation given by the Health Resources and Services Admiration (HRSA) to identify geographic areas, populations or facilities that lack sufficient health care professionals to meet the health needs of the community. Within the area, there are 54,945 people living in a Health Professional Shortage Area, which represents 84% of the population. Adventist Health Columbia Gorge worked tirelessly to address access to care through the recruitment of physicians in 2024. The organization was able to recruit eight permanent providers and credential 16 locums and four courtesy providers. Furthermore, an increase in visit volumes was demonstrated in ten clinics including Family Medicine, Ear Nose and Throat, Surgical

Clinic, Hood River Cardiology, The Dalles Cardiology, Pediatrics, Behavioral Health Pediatrics, Internal Medicine, Behavioral Health Internal Medicine and Immediate Care. In 2024, there were a total of 67, 970 visits compared to 59,136 visits in 2023 and 55,571 visits in 2022. From 2022 to 2023, Adventist saw a 6.4% increase in visits. From 2023 to 2024, there was almost a 15% increase in visits.

Hillsboro Medical Center

Hillsboro expanded translation services by adding Epic interpretation services at virtual visits. In addition, their graduate medical education residency program graduated its first class with one-third of graduates continuing to provide primary care services locally.

Lake Health District Hospital

Lake District participated in community conversations and efforts to improve cultural competence and acceptance, particularly toward groups that have been socially and economically disadvantaged.

Southern Coos Hospital and Health Center

Southern Coos dedicated $121,718 to programs such as mammography and prostate cancer screenings, the School Nurse Program, Women's Health Day, and a Drive-through Vaccine Clinic to enhance community health literacy and preventive care.

Sky Lakes Medical Center

Sky Lakes demonstrates a strong commitment to community health education and outreach. With over $498,131 allocated to these efforts, Sky Lakes works to educate the public on vital health issues, promote wellness, and prevent disease. Sky Lakes does this through a community health fair, Wellness Center program, and the Healthy Klamath Network. These educational initiatives are essential in empowering individuals to make informed decisions about their health, ultimately leading to a healthier community.

Salem Health West Valley Hospital

West Valley Hospital provided funding and partnership to Salem Free Clinics to expand health screenings and health care for people in Polk County, which has a significant provider shortage. The Oregon provider to population ratio is 1:358. In Polk County, the ratio is one provider for every 2,245 people. The free clinics with access to medical, dental and mental health care are extremely important for this community.

Kaiser Permanente Northwest, Legacy Health, PeaceHealth and Providence Health and Services

In the fall of 2018, Legacy Health, Providence Health and Services, PeaceHealth and Kaiser Permanente Northwest partnered to establish the Health Systems Access to Care Fund (HSACF) through the Oregon Community Foundation. The monies donated by these health systems are awarded to community supported health clinics in Oregon and SW Washington to strengthen their infrastructure and capacity to respond to changing patient needs resulting from Medicaid transformation, ongoing healthcare reform and insufficient access to health services. In 2023, the ten community health clinics supported by the HSACF served 9,076 unique patients, an increase of 12.8% from 2022. This equated to 26,094 patient visits for people who are medically underserved in Oregon and Southwest Washington.

Legacy Emanuel Medical Center

Legacy Health collaborates with other health delivery systems and community-based organizations to improve the health of the community. One example of a collaboration addressing access to affordable health care is Project Access NOW (PANOW). PANOW provides innovative, integrated support for patients and healthcare providers across the Portland tri-county region. Through shared investments, the monthly cost of premiums and out-of-pocket expenses are covered for patients who cannot afford to make those payments on their own. Additionally, PANOW connects uninsured and individuals with lower incomes to donated primary and specialty care. During fiscal year 2024, PANOW served 18,572 clients in its community assistance program: 1,647 received donated care, 590 obtained support to pay for insurance premiums, and 4,932 clients received assistance with insurance enrollment applications.

PeaceHealth Cottage Grove Community Medical Center

PeaceHealth Cottage Grove partnered to fund and launch the South Lane Community Health Center, a federally qualified health center dedicated to increased access to healthcare for all South Lane community members and center for career technical education in healthcare vocations for South Lane youth.

Mercy Medical Center

Mercy utilized Rural Teams to share information about available resources with residents living in isolated communities to improve their understanding of current services. Additionally, they forged a multi-partner collaboration to implement the Douglas County Network of Care Platform. This digital resource functions as a living

repository for health services information, an active Health Information Exchange (HIE) and an epidemiologic tool.

Kaiser Permanente Northwest

The Care & Connect program is a partnership between Kaiser Permanente of the Northwest, Medical Teams International, and 11 community-based organizations. The program brings mobile medical and dental services to underserved populations, in partnership with local community-based organizations that provide trusted spaces and staff to ensure people receive the care they need. The program aims to support integrated mobile dental and medical services throughout the Pacific Northwest in locations with limited accessibility in order to connect patients to a care home that can best meet their long-term dental and health care needs. Through this partnership, Medical Teams International provides urgent and restorative dental services, screenings for diabetes and hypertension and referral resources for approximately 680 clients from populations that are lower-income, uninsured and underinsured.

Adventist Health Columbia Gorge

In 2024, Adventist Health Columbia Gorge had its seventh year of leading Serving Oregon and Its Migrants by Offering Solutions (SOMOS) which are a series of health fairs hosted at cherry orchards to provide free health screenings to migrant and seasonal farm workers. The health screenings provided include height & weight, blood pressure, and blood glucose checks. Multiple community partners attend the SOMOS events to offer services and resources. Community partners that have participated include Advantage Dental, One Community Health, North Central Public Health District and the Migrant Education Program. The goal of SOMOS is to provide accessible and culturally specific care. In 2024, there were three events held where 166 individuals received free health screenings. SOMOS produced a video about their work.

Hillsboro Medical Center

Hillsboro provided expanded migrant/vineyard worker screenings through Salud Mobile Clinic. They also funded a new mobile clinic van to expand opportunities for outreach.

PeaceHealth Peace Harbor Medical Center

PeaceHealth Peace Harbor continued partnering with Western Lane Mobile Integrated Health.

Legacy Good Samaritan Medical Center

Promotores de Salud (Community Health Workers (P/CHWs)) are a critical component of addressing disparities in Latinx communities as they increase access to care, help with communicating patient's needs, and provide invaluable resources to address SDOH. Legacy supports Familias en Acción, an organization that conducts Oregon Health Authority-approved 90-hour CHW training and certification to Latinx P/CHWs to build a workforce of health responders that can offer culturally responsive health services and support to children and families in the Portland tri-county area. In the first 6-months of work, Familias en Acción hosted two cohorts in Portland and Hillsboro, with 28 participants graduating from their CHW training program.

Good Shepherd Health Care System

Good Shepherd ran ConneXions services, a team of CHWs who provide services and resources to patients in-house, in the community, and in patients' homes. ConneXions services include education and safety on a variety of topics as well as assisting patients with access to health care issues: transportation, SDOH, language barriers, finding a provider, food and nutrition procurement/cooking classes/recipes and more. Additionally, they provided CareVan Medical Transportation, free transportation for any patient utilizing a Good Shepherd service.

Saint Alphonsus Baker City and Ontario Medical Centers

In fiscal year 2021, Saint Alphonsus launched the CHW Hub. The CHW Hub addresses individual health-related social needs. Saint Alphonsus developed a hub using CHWs to help ensure that the people they serve, and community members have access to food, housing and healthcare through both Trinity Health and community-based organizations. CHWs supported their CHW hotline where patients and community members would call to receive help connecting patients and community members to needed services in the community. In fiscal year 2024, Saint Alphonsus leveraged partnerships to provide resources for the CHW Hub and connect patients and community members to needed services in the community through 1,857 encounters. In fiscal year 2025 (July to December 2024), there were 589 program episodes for Oregon CHWs with 300 patient encounters made by Baker City CHWs. There were a total of 4,574 encounters made between CHWs and patients across the Saint Alphonsus Idaho and Oregon service area, 1,127 referrals made to our CHW program in Idaho and Oregon, and 194 calls made to the Oregon CHW Hotline.

Grande Ronde Hospital

Grande Ronde partnered with local resources to provide transportation to health care appointments for individuals lacking access to reliable and safe transportation. During

fiscal year 2024, Grande Ronde provided 13 rides for patients through Community Connection of Northeast Oregon (Northeast Oregon Public Transit) at a cost of $3,492 and provided 120 rides for patients through a voucher system with Blue Mountain Taxi and Alpha Taxi at a cost of $1,076. In addition, Grande Ronde CHWs worked with community members to complete 21 social service transportation assistance pathways through a collaboration with Northeast Oregon Network.

St. Anthony Hospital

The hospital increases access to health care through providing on-site health care services in the Pendleton School District. St. Anthony Hospital provides the salary for a full-time nurse practitioner who provides support at the local middle and high school.

Samaritan Albany General Hospital and Samaritan Lebanon Community Hospital

Volunteer Caregivers at the hospitals offered transportation to medical, social and community appointments for seniors. Over 300 seniors were served.

Sky Lakes Medical Center

Sky Lakes covered $101,006 in transportation costs for over 4,000 individuals, enhancing access to health services and food resources.

Providence Seaside Hospital

Providence awarded Sunset Empire Transportation District a $50,000 grant to implement a pilot program that will build out a micro transit service in Clatsop County. A micro transit service enables passengers to request trips with minimal advance notice, allowing the community to receive a much better service than traditional fixed route service. The pickup locations are conveniently located within the block of the passenger's address, and the drop-off locations can be either the operating fixed route service for destinations outside the micro transit’s service area or directly to the desired destination within the service area.

Behavioral health and substance use investments

Most identified hospital priorities	Percent of hospitals with these priorities
Access to care and transportation	86 percent
Behavioral health and substance use	**74 percent**
Housing	57 percent
Food security	53 percent

Three-quarters of hospitals—43 out of 58—made behavioral health, including substance use, investments. Behavioral health is an umbrella term that refers to mental health, suicidal thoughts and substance use or substance use disorders.[22] This report highlights behavioral health *and* substance use due to hospitals choosing to identify them as separate but related priorities. Key investments in behavioral health and substance use include:

- Hiring and training more behavioral health providers,
- Expanding behavioral telehealth and community resource networks, and
- Funding community-based organizations to provide counseling and support to specific populations such as people transitioning out of houselessness, people experiencing substance use and co-occurring crises, and families and children with lower incomes.

Hospitals made investments in recruiting more behavioral health providers and supporting programs for patients in crisis, particularly for patients with lower incomes and who are underserved by current health care services.

Data indicates that behavioral health is an urgent need for hospitals to address. According to the OHSU Center for Health Systems Effectiveness' 2022 Behavioral Health Workforce Report, Oregon has the fourth highest rate of unmet need for mental health treatment in the country.[23] Only 25.4 percent of Oregonians currently report their mental health needs were met.[24] People of color in Oregon especially struggle to find culturally specific care from providers who reflect their specific cultural backgrounds, and these struggles were exacerbated by the COVID-19 pandemic.[25] The 2023 Oregon Ombuds Report found fewer investments and significant gaps in children's mental health care compared with adult mental health care.[26] In general, Oregonians have difficulties finding available providers, and experience extended wait times and inconsistencies with transitions in care.[27]

This section includes selected examples of access to care-focused activities that hospitals described. This should not be considered an exhaustive list of activities reported. Some hospitals provided more detailed information while others did not expand upon their reported investments. For more information about the Narratives and how to find them for each hospital, see the Methodology section.

Notable examples of behavioral health programs include:

Santiam Hospital

Santiam is currently at about 50% of their staffing goals to staff six rural health clinics and the emergency department with behavioral health clinicians and CHWs. Recruitment and retention challenges remain a barrier to full coverage in all six clinics.

Asante Ashland Community Hospital

At Asante Ashland, a study shifted from research phase to integration phase: the hospital was able to integrate hospital-based opioid treatment with their standard care and provide that treatment to 12 community members.

Lower Umpqua Hospital District

Lower Umpqua expanded mental health service access with the hiring of a social worker. Additionally, their Rural Health Clinic adopted a more holistic approach. Primary care Providers also increased the mental health assessments on a larger number of visits.

Providence St. Vincent Medical Center

Every year over 30,000 Oregonians enter an emergency department in behavioral health crisis. Providence Intake, Assessment and Referral (Prov AIR) was implemented in 2017 to make acute inpatient psychiatric care more accessible and equitable for patients throughout Oregon. Since the program's advent, this 24-hour team of master's level clinicians have worked around the clock to process an average of 600+ referrals a month for patients in need of acute, subacute, and residential levels of care. Through these efforts, the team coordinated 300+ admissions a month for high-risk Oregonians in need of acute psychiatric care at one of Providences four inpatient units. Prov AIR served over 13,000 patients in 2024, with $1.6 million in Oregon regional services provided.

Shriners Children's Portland

Shriners provided suicide screening for all patients age 10 years and up using the validated Ask Suicide-Screening Questions (ASQ) tool developed by the National Institute of Mental Health (NIMH).

Adventist Health Portland

Adventist Portland continued to work with Fora Health, a substance use disorder/mental health treatment partner for low barrier access to treatment for patients discharged from the emergency department. The hospital gave $7,500 to Fora for trauma-informed treatment of substance use disorder and co-occurring mental health disorders.

Salem Health West Valley Hospital

Salem Health's Trauma Prevention team conducted classes and presentations around substance abuse prevention, including smoking, vaping, marijuana and methamphetamine use.

Hillsboro Medical Center

In fiscal year 2024, Hillsboro Medical Center participated in a county-wide effort to make naloxone widely available to prevent opioid overdoses. In the pilot program, naloxone, wound care kits and syringes were distributed to the community. During the pilot program, Hillsboro Medical Center distributed 288 naloxone kits, 30 wound care kits and 200 syringes. Following the pilot program, the pharmacy, primary care clinics and emergency department established a relationship with Project Red to provide free naloxone kits to all patients receiving opioid prescriptions, amounting to approximately 60 kits per month.

PeaceHealth Sacred Heart Medical Center at RiverBend

PeaceHealth Sacred Heart donated space for the Columbia Care Guest House residential Crisis Treatment Center.

Columbia Memorial Hospital and Providence Seaside Hospital

In 2024, Columbia Memorial partnered with Providence Seaside Hospital, the Clatsop County Health Department, Clatsop Community Action, Clatsop Behavioral Health, and Yakima Valley Farm Workers Clinic to formally charter the Clatsop County Rural Health Coalition. The coalition was developed in alignment with the Community Health

Improvement Plan (CHIP) and is designed to improve communication, coordination and resource sharing among local organizations. In 2024, the Coalition focused on increasing access to Medication Assisted Treatment (MAT) for individuals with substance use disorders, addressing a critical gap in local behavioral health services.

Providence Hood River Memorial Hospital

Providence awarded the Columbia Gorge Health Council a grant for $100,000 to support the first year of a pilot project to develop a Behavioral Health Consortium. This Consortium was aimed at increasing and sustaining a lasting behavioral health workforce, a resource that is in dire need in this region as well as throughout the state. The Consortium sought to create a local workforce pipeline for behavioral health professionals. The pipeline will begin by recruiting high school graduates into the traditional health worker (THW) profession and provide those THWs on the job certification and training. From there, the Consortium offered scholarships and support to THWs looking to advance their career in the behavioral health field through formal education. Additionally, the Consortium project coordinator built relationships with graduate social work and counseling programs both in nearby regions and programs offered online. In the first quarter of this ongoing project, three individuals were identified for internships and scholarships.

Kaiser Permanente of the Northwest

Kaiser prioritized investment in their Mental Health Workforce Accelerator program. Mental health services are a critical need across all Kaiser Permanente regions, yet there are widespread workforce shortages among mental health professionals. While the number of mental health providers to serve the population in the Northwest region is twice as high as the national average, mental health is a moderate need. The goal of the Mental Health Workforce Accelerator is to increase the number of licensed mental health professionals in Oregon and Southwest Washington. Specifically, the program focuses on supporting pre- and post-master's degree candidates in pursuing licensure, thereby improving both mental health care capacity and the ability to serve populations with mental health needs.

Asante Three Rivers Medical Center

Grants Pass Sobering Center received a $12,400 contribution designated to support the health and safety of community members engaged with their program.

Samaritan Lebanon Community Hospital

Samaritan Lebanon provided $5,000 in funding to Faith, Hope, and Charity. The funding provided support to youth exiting the juvenile justice system experiencing substance

use challenges. These youth received access to community organizations and public education resources, life and employment skill-building, recreation, art, fitness, civic engagement, and self-advocacy opportunities. Thirty-six youths participated in workshops, group sessions and individual mentoring.

Mercy Medical Center

The hospital leadership collaborated with the Blue Zones Tobacco Sector Committee and Roseburg Downtown Association to create smoke-free and butt-free areas in the downtown shopping district and worked with the City of Roseburg to adopt smoke free family events in the downtown area.

Providence Medford Medical Center

Providence supported Maslow Project with a $40,000 grant to provide intensive case management for youth and adolescent clients. Using a self-sufficiency tool to assess individual progress, the key domains of case management focusing on social-emotional well-being, physical health, mental health, and other social supports. Qualified Mental Health Associates (QMHAs) assist clients in reaching goals identified on their mental health treatment plan, and when necessary, provide a warm handoff to more enhanced treatment services. As a result of this funding, 290 high school aged youth received ongoing case management support from QMHAs and 70% increased their self-sufficiency scores.

Providence Portland Medical Center

Providence awarded Kinship House a $100,000 grant to provide specialized outpatient mental health therapy, psychiatry, and systems advocacy to children and families experiencing foster care in the Portland Metro Area, regardless of their insurance coverage, ability to pay and length of services necessary. One additional goal is that funds supported the Community Training Program, which provides culturally responsive and trauma-informed education to foster, adoptive and biological parents, school providers, department of health and services caseworkers and community partners. During the grant period, 515 individuals were served, 82% of clients improved or maintained progress toward their mental health goals, and 94% maintained placements in safe, stable homes.

Client feedback: “Other parents just don’t understand what we are going through. It can be very, very isolating. It’s really nice to have a place that I can speak freely about how hard being an adoptive parent is without the fear of being judged or having my kid looked down on.” – adoptive parent.

Providence Seaside Hospital

Providence awarded Clatsop Behavioral Health a $75,000 grant to develop a street medicine program with the goal of delivering high quality medical and behavioral health care to houseless communities. Once per week, a registered nurse and physician visit different camps around the county to do just that. Early in the program, this street-based care decreased emergency room visits for three individuals by providing wound care and treatment that prevented sepsis and hospitalization.

Client Success Story: Client J.O., after a long period of life-threatening symptoms and extreme distrust while living in an encampment, finally allowed the Street Medicine nurse and doctor to transport him to the hospital emergency room. His blood sugar was nearly 1400. They stabilized him and diagnosed him with diabetic complications. The Street Medicine team got him into the Esperanza House for a 28-day stay in which they found him a primary care provider. (The doctor managed his care until that primary care provider was found as it's a long wait in the Seaside area). The doctor prescribed an insulin regimen, and the nurse provided education and training for the patient to test his blood sugar and administer insulin safely. The patient now has a primary care provider who is managing his diabetes effectively and has applied for a unit at a permanent housing project. His diabetes is controlled, he is housed safely and has a good relationship with the doctor and nurse. The team are thrilled at his progress, and the agency and community have rallied to support his journey. It is all a direct result of this program.

Salem Hospital

Salem Hospital partnered with Family Building Blocks, a certified relief nursery providing intensive specialized prevention services to keep children safe and families together in Marion and Polk counties. Salem Health provided funding to expand clinical service availability by supporting an additional mental health clinician and transportation to ensure families have access to get to their mental health therapy appointments.

St. Charles Health System

St. Charles partnered with a local organization, Happy Brain Science, to create a presentation/training that talks about the importance of feeling like you belong, creating space where individuals feel like they belong, connecting with others and reducing social isolation and feelings of loneliness. Three hundred and sixty-four individuals attended the presentation in the Tri-County Bend area and an additional 220 individuals attended the training that were held outside of the Tri-County Bend area.

Housing investments

Most identified hospital priorities	Percent of hospitals with these priorities
Access to care and transportation	86 percent
Behavioral health and substance use	74 percent
Housing	**57 percent**
Food security	53 percent

Over half of Oregon hospitals, 33 out of 58 or 57 percent, reported investments in housing.

Oregon is experiencing an unprecedented housing crisis. In 2018, about half of Oregon renter households paid at least one-third of their income on rent, and one in four renter households paid half their income on rent.[28,29] According to the National Low Income Housing Coalition (NLIHC), Oregon has the second lowest inventory of affordable housing in the nation, with just 24 available units for every 100 people in need of housing.[30] The Portland metropolitan area has only 19 affordable and available rental homes per 100-renter households.[31] The recent point in time survey estimates 12,526 individuals are unsheltered in Multnomah County alone, the amount almost doubling between 2023 and 2024.[32]

Given the extensive need, hospitals can increase investments and collaborate with other organizations to make affordable housing more accessible. Stable and affordable housing is a top social need and a key SDOH investment.

Investments in housing look like:

- Donating to shelters
- Funding for community organizations focusing on housing, rehoming and rental assistance
- Support for housing stability by addressing behavioral health concerns for people who are houseless.

This section includes selected examples of access to care-focused activities that hospitals described. This should not be considered an exhaustive list of activities reported. Some hospitals provided more detailed information while others did not expand upon their reported investments. For more information about the Narratives and how to find them for each hospital, see the Methodology section.

Notable examples of housing programs include:

Providence Medford Medical Center

Providence provided a $75,000 grant to help restore Latinx and indigenous neighborhoods that were destroyed by wildfires and to create pathways to home ownership in the form of resident-owned communities. In partnership with CASA of Oregon, Coalición Fortaleza will restore the Talent Mobile Estates (TME) mobile home park and turn it into the first resident-owned communities in southern Oregon. Eighty percent of previous TME households engaged in community development with 140 individuals ultimately being served.

Client Success Story: One success story from the TME community is of R. and his family. R. is indigenous from Mexico and his family lived at TME before the fire and they are currently living in an RV. He has been very involved in community engagements and is an IDA Program saver. His wife gave birth during the fires, and the Coalición has been able to see his daughter grow and grow every year. In July 2023, R. was selected to receive one of the first two units (made of mass timber) and he accepted! The Coalición are so excited that he and his family will transition to permanent housing this year.

Adventist Health Tillamook

Adventist Health Tillamook has a county-government appointment to serve on the Tillamook County Housing Commission. The Housing Commission has created a Housing Solutions Incentive fund, through which $400,000 in grant funds were awarded for six projects with 87 new housing units. The hospital's Well-Being Director serves on the Outreach Committee which generates social media, press releases and other communications to educate stakeholders and community members of progress toward increasing affordable and workforce housing in Tillamook County. This includes approximately 8-10 hours per month of community benefit staff time.

Hillsboro Medical Center

Hillsboro supported the development of affordable housing, particularly at Block 67 in the Health and Education District and in the Forest Grove and Cornelius communities.

Lake District Hospital

Lake District invested in veterans housing initiatives that are affordable and transitional housing projects specifically for veterans.

Adventist Health Portland

Adventist Health contributed $5,000 to Blanchet House, a non-profit organization offering food, clothing and life-saving shelter and residential programs to community members in need. The hospital contributed another $5,000 to Transition Projects, a non-profit organization that assists people from homelessness into housing.

Salem Hospital

Salem Hospital provided funding to St. Joseph Shelter, located in rural Marion County, which provides transitional living for families in crisis. Households who qualify for transitional living services are eligible by meeting the following criteria: struggling with poverty, addiction, joblessness or legal issues, who want to have their children returned to their care. Programing at St. Joseph includes addiction counseling, financial counseling, job assistance, mental health supports, as well as housing for the whole family and additional needs such as food and clothing. They have demonstrated success in helping families move into healthy and stable living, keeping families together, and preventing children from entering into the foster care system.

Providence Willamette Falls Medical Center

Providence awarded a $75,000 grant to DevNW to support the Youth Housing Initiative that pairs youth and young adults who are at risk of or currently experiencing homelessness with intensive case management. The goals of this comprehensive program are to help youth establish the foundational tools of a stable adulthood, knowing that these are the core SDOH: safe and affordable housing, employment/income stability, financial literacy skills, and connection to social/community services. During the grant period, 54 clients were served and seven participants enrolled in Individual Development Accounts (IDAs) designed to help save money using a matching funds contribution benefit. For example, one client saved $1,000 to help with housing expenses that was then matched with $1,000 from the grant.

Client Success Story: Arriving in the United States as a young child, the participant faced homelessness and pregnancy at 18. After securing stable housing, they began gathering the necessary documentation to enroll in community college and obtain birth certificates for their children. Their case manager assisted them in identifying ADHD, securing a diagnosis and medication, which greatly clarified past challenges with focusing in school. Previously attributing falling behind to a lack of intelligence, they are now taking 11 credits at community college while raising two children. Overcoming obstacles such as lengthy waits and calls for documentation, and navigating financial systems for Oregon Promise, they have achieved stability and are committed to maintaining a safe environment for their family.

Good Samaritan Regional Medical Center

Good Samaritan provided over $400,000 to local organizations to provide temporary housing services to unhoused populations, and to address food insecurity and poverty for vulnerable populations and persons in Benton County and surrounding communities. Support went to organizations including Community Outreach Inc., Casa Latinos Unidos, the Corvallis Daytime Drop-In Center, Northwest Coastal Housing, Stone Soup Corvallis, the Unity Shelter, We Care, Philomath Youth Activities Club, Corvallis Environmental Center, the Boys and Girls Club of Corvallis and Vina Moses. Over 8,000 people received housing vouchers, rental assistance and support services to address these needs during 2024.

PeaceHealth Cottage Grove Community Medical Center

PeaceHealth funded partnerships with Cottage Grove's Shelter Spot and South Lane Cares for temporary and emergency shelters.

Kaiser Permanente Northwest

Oregon residents face higher than average housing costs and rents, and persistent housing scarcity makes it especially challenging for low-income individuals to secure stable housing. Kaiser Permanente Sunnyside and Westside partnered with Legal Aid Services of Oregon to support safety net medical clinics across the region to expand access to civil legal services and promote housing stability and overall well-being. Through outreach, education, advocacy, brief services and full legal representation in fair housing and other civil matters, the project aims to support Oregon's most vulnerable populations while fostering lasting community relationships through collaboration with medical staff and service providers.

OHSU Hospital

The OHSU C-Train program provides transitional care for patients as they move from one health care setting to another. Nurses and clinical social workers meet patients while they are at OHSU and assess their needs. Then C-Train provides 30 to 90 days of transitional care. The program's goal is to support underserved patients by bridging gaps in post-hospital care. OHSU spent $1.2 million on C-Train.

Food security investments

Most identified hospital priorities	Percent of hospitals with these priorities
Access to care and transportation	86 percent
Behavioral health and substance use	74 percent
Housing	57 percent
Food security	**53 percent**

Fifty-three percent of hospitals, 31 out of 58, reported programs and investments that addressed food security. Hunger in Oregon is at record levels: one in seven people, and one in six kids in Oregon and Southwest Washington face food insecurity.[33] Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food, which causes hunger, an individual-level physiological condition.[34] Food insecurity may be long or temporary.[35,36,37] It is influenced by several factors such as income[38], employment, disability[39,40], neighborhood conditions[41] and access to transportation.[42] A lack of food security can lead to negative health outcomes and health disparities.[43] Common investments in food security include:

- Garden programs
- Nutrition education
- Donating food and meals
- Referrals to food programs

This section includes selected examples of access to care-focused activities that hospitals described. This should not be considered an exhaustive list of activities reported. Some hospitals provided more detailed information while others did not expand upon their reported investments. For more information about the Narratives and how to find them for each hospital, see the Methodology section.

Notable examples of food security programs are below.

Adventist Health Portland

Adventist Health Portland continued to improve access to nutritious foods for those in its community. The hospital continued to facilitate the onsite community garden program which provides space for approximately 57 immigrant families to grow their own produce.

Harney District Hospital

Harney Family Care Clinic hired a Quality Coordinator who has been instrumental in referring patients to the Frontier Veggie RX program, which provides fresh produce as well as nutritional and educational resources to support healthy lifestyle changes for Eastern Oregon Coordinated Care Organization (EOCCO) patients experiencing food insecurity and diet-related diseases.

Legacy Meridian Park Medical Center

Legacy Health funding supports Feed em' Freedom Foundation (FFF)'s WINGI Free Food Market, serving over 1,000 families in Multnomah County annually through pop-up markets at Black and person of color events and celebrations with efforts focused on combating community's high rates of food insecurity and strengthen economic stability for small Black-owned and Black and person of color farms. FFF provides nutritionally dense culturally appropriate items such as vegetables, fruits, culinary herbs and mushrooms while sourcing from local Black and person of color farmers. A Black-led small farm incubator, FFF supports emerging Black farmers to grow and celebrate culturally specific ancestral foods.

Mercy Medical Center

Through a partnership with Oregon State University Extension Services, youth in twelve schools gained access to nutrition and activity education, were offered cooking classes through Kids in the Kitchen, participated in food waste studies and learned how to increase physical activity by using the BEPA toolkit, a school-based physical activity program aligned to health and physical education standards for grades K-5.

Morrow County Health District/Pioneer Memorial Hospital

Pioneer made donations to community food banks to address unmet needs in Heppner, Irrigon, and Boardman.

Samaritan Albany General Hospital

Samaritan provided $15,700 to the Sweet Home and Lebanon Downtown Farmer's Market, and the Oregon Cascades West Council of Government Meals on Wheels program to address food insecurity in Linn County. Over 1,200 children and adults received food boxes, hot meals, fresh fruits and nutrition education through these programs.

Samaritan North Lincoln Hospital

Samaritan provided $10,875 to Food Share of Lincoln County to provide cooking classes, food market tours and to distribute food to Mam and Spanish families and individuals. Samaritan provided an additional $10,000 to Oregon Cascades West Council of Government Meals on Wheels program to provide funding for the purchase of meals for seniors and people with disabilities in Lincoln County. Over 8,000 people benefited from these programs.

Sky Lakes Medical Center

The Nutrition Oregon Campaign led by Sky Lakes' Healthy Klamath Department, in partnership with OHSU, aims to expand nutrition education for young women and new mothers, ensuring healthy starts for their babies.

St. Anthony Hospital

St. Anthony provides weekly meals for shelter guests at the local Salvation Army.

Legacy Silverton Medical Center

Legacy Health primary care clinics screen patients during clinic visits for food insecurity and other social needs and provide shelf-stable food bags to those patients who need them. Among patients who visited a Legacy Medical Group (LMG) clinic in the quad county region during FY24, 85,486 (67% of total patients) were screened and, of those, 6% were identified as food insecure. Among 14,564 LMG patients who were Oregon Health Plan/Medicaid members in this region, 64.8% (or 9,438 patients) were screened and 25% identified as food insecure. Approximately 250 food bags were distributed to these food insecure patients.

Discussion

In its third year of publication, this report on hospital community benefit investments illustrates the wide-ranging ways that hospitals are giving back to their communities. Hospitals are addressing **access to care** through programs that increase community health workers and language interpreters in their communities, deliver mobile health care to people in need, assist with transportation, provide vaccinations and health screenings, fund community health services, community resource navigation, community health events, and more. **Behavioral health and substance use** investments include expanding the behavioral health workforce pipeline, suicide prevention and screenings, education and prevention work around tobacco and drug use, intensive case management, outpatient mental health programs, grant funding for family mental and emotional health, new program collaboration around patients experiencing substance use disorder, grant funding for youth behavioral health support and mobile crisis intervention services. **Housing** investments ranged from restoring home ownership for people affected by wildfires, building new affordable housing units, supporting temporary shelters, funding housing initiatives for houseless youth, expanding legal aid to promote housing stability and providing transitional care for discharged hospital patients. **Food security** programming provided community garden access, referrals to food programs, nutrition education and food and meals through community-based organizations.

Three main takeaways from this year's report:

1. Year three reporting shows dedication to improving community health outside of hospital services

Narrative reporting began in fiscal year 2022. In this third year of reporting, Narrative quality has improved: many hospitals listed more programs and investments and provided better explanations. Some hospitals, especially small hospitals with limited staff, continued to have limited reporting. However, individual hospitals increased their direct spending the most, 48.5 percent from 2023 to 2024, compared with larger health systems that increased their direct spending by just 3.1 percent on average in the same period. It continues to be the case that not all hospital programs and investments are reported in the Narrative and thus cannot be highlighted here.

Three years' worth of investment reporting highlights that hospitals are dedicated to improving the lives of their communities beyond just providing care. Hospitals run their own programs and fund community-based organizations, often with long-term support. Their investments to expand and improve access to care, behavioral health care, and other needs like housing and food security deeply impact the communities they serve: community benefit direct spending increased $125.9 million in fiscal year 2024. Without these community benefit investments, people in Oregon would go without vital resources. However, Oregon communities continue to have urgent health

needs that hospitals are well positioned to address. Below are opportunities for future development.

2. Opportunity to collaborate more with Coordinated Care Organizations

While most hospitals report supporting community organizations to address priority health needs, only a few hospitals noted direct collaboration with Coordinated Care Organizations (CCOs), which coordinate services for Oregon's Medicaid members. CCOs and hospitals have similar obligations to address the priority health needs of their communities. For CCOs, this is known as Supporting Health for All through Reinvestment, the SHARE Initiative, which requires CCOs to invest some of their profits back into their communities. After meeting minimum financial standards, CCOs must spend a portion of their net income or reserves on services to address health inequities and SDOH.[44] SHARE spending must align with community priorities, include a role for the CCO community advisory council (CAC), be administered through partnerships with community organizations or agencies, and fit within OHA's pre-defined spending domains – economic stability, neighborhood and built environment, education, and social and community health. Thus, the SHARE requirement for CCOs is similar to the community benefit requirement for hospitals.

CCOs have been making strides in SHARE spending. In 2024, all 16 CCOs met the excess profit requirement and submitted SHARE spending plans for $23.8 million in total spending.[45] Six CCOs contributed more money to SHARE than required. Forty percent, 62 of the 156 SHARE projects, addressed the statewide priority of housing, a $13 million investment. After housing, SHARE projects most commonly addressed food, community well-being, and child and family supports.[46]

Both hospitals and CCOs prioritize housing and food investments for Oregonians. These findings highlight the opportunity to collaborate with investments in shared priorities to improve the health of Oregonians.

3. Opportunity to continue to invest, and invest more, in affordable housing

Oregon is experiencing an unprecedented housing crisis. In the first half of 2025, housing needs were the most reported benefit type requested by Oregon Health Plan (Oregon's Medicaid Program) members.[47] Lack of affordable rental units, increasing cost of rent and an expanding houseless population are major factors in Oregon's housing market. [48,49,50, 51]

Given the extensive need, hospitals can increase investments and collaborate with other organizations to make affordable housing more accessible. Stable and affordable housing is a top health equity need and a key investment for both hospitals and CCOs.

Several hospitals noted investments related to housing, primarily contributing to shelters or community organizations focusing on housing and housing stability.

While providing assistance for individual housing needs is important, hospitals can expand efforts upstream and address systemic root causes of the lack of affordable housing in Oregon. A few hospitals reported investing in affordable housing units. Those are examples of long-term investments in housing that can positively change the health of their communities. As Oregon Housing and Community Services describes it, "building affordable rental housing isn't just about buildings—it's about giving people a safe, stable, and dignified place to live. Because, in the end, everyone benefits when all people can reach their full potential."[52] Hospitals have an opportunity to collaborate with CCOs to maximize these investments. Such efforts might include policy advocacy and support of projects that add new affordable housing units or provide longer-term stable housing solutions.

Methodology

This report reviews community benefit investments based on the Hospital Community Benefit Narratives submitted by individual hospitals and health systems. Through this review process, commonly identified priorities emerged, which were highlighted in this report. Then each narrative was carefully reviewed for scope and impact using a rubric. Finally, select examples of hospital investments from each of the most prioritized needs were included in the report to illustrate the scope of hospital community benefit investments in Oregon. The following sections explain each of these steps in more detail.

Hospital Community Benefit Narratives

Hospitals are required to submit Hospital Community Benefit Narratives at the same time they submit other community benefit reporting information (the CBR-1 form, CHNA and CHIP), 240 days following the end of each fiscal year. Below are the instructions hospitals receive. Within the Hospital Community Benefit Narratives, hospitals are prompted to report on their major investments towards their prioritized needs, not to provide an exhaustive list of community benefit spending. OHA reviewed the submitted Hospital Community Benefit Narratives to develop this report. To read a hospital's narrative, contact that hospital directly or contact the OHA Hospital Reporting Program.

Instructions for the Hospital Community Benefit Narratives:

"In addition to completing the CBR-1 form, hospitals shall prepare a narrative describing their community benefit program. Hospitals must include the following:

- The year of publication for the current community health needs assessment.
- The top health needs identified in the hospital's most recent community health needs assessment. Include information on geographies, populations or demographic groups affected.
- The significant community benefit activities the hospital engaged in that addressed the health needs identified above.
- Identify any community benefit activity that addresses the SDOH. Separate activities into those that:
    - Address individual health-related social needs.
    - Address systemic issues or root causes of health and health equity.

Narratives will be publicly available and used to provide context to the community benefit activities quantified on the Form CBR-1. Hospitals should take care to provide an accurate and comprehensive account of their community benefit program for the given fiscal year.

The narrative should focus on activities occurring within the fiscal year of the CBR-1 report; however, it is allowable to describe ongoing programs and activities from past years, and programs that will extend into the future."

Rubric

The rubric below was used to analyze the individual Hospital Community Benefit Narratives and to aid in discerning which programs to include in the report. All hospital narrative investments were reviewed and assessed against the criteria below. Investments need not meet all criteria, though strong investments meet multiple criteria.

The rubric is based on community benefit reporting requirements to spotlight strong investments. It was updated in its third iteration to reflect this year's investment priorities, as seen in the first bullet under impact.

Scope	Impact
• Does the activity target specific, underserved populations? • Does the activity specify the number of people served? • Does the activity have a meaningful impact on the community? • Does the activity have an explicit connection to the hospital's CHNA/CHIP?	• Does the activity target access to care, behavioral health, housing or food security? • Does the activity target a social need or SDOH? • Is the activity a new program or long-standing program created in response to a community need? • Is the activity developed and/or implemented in collaboration with another entity?

Matrix

To review the Hospital Community Benefit Narratives, a matrix was created to analyze hospital investments in their priorities. The matrix includes all nonprofit Oregon hospitals and health systems by row, and the health needs the hospitals most commonly identified as priorities listed by column. Hospitals that reported a health need as one of their identified priorities received a check mark in the corresponding cell.

Sometimes hospitals use different words when identifying similar priorities, such as access to care, access to healthcare services, access to providers and access to culturally and linguistically responsive healthcare. These priorities that share a similar focus were condensed into one encompassing category, e.g. access to care.

Many investments are intersectional, meaning they could meet many different priorities. For example, when a hospital invests in a program that provides health care for people with low incomes that are experiencing or at risk of houselessness, this investment addresses multiple priorities: access to care and housing. It is community benefit practice to count investments only once. Thus, when investments fit within multiple priorities, some discretion may be used to categorize investments under a single priority, but that does not take away from the real investments hospitals are making in both those areas. Just because a hospital does not have a check in a certain box does not mean they did not invest in that priority area, rather that they did not identify it and report it as one of their main priorities.

Similarly, many hospital community benefit programs and investments address SDOH and health equity. While their programs and investments inherently address these topics, they may not choose to identify SDOH and health equity as one of their priority areas, because improving SDOH and health equity are the underlying goal.

To learn more about an individual hospital's programs and investments, please contact the hospital directly.

Not all investments are listed in the matrix, just the four most identified hospital priority health needs are shown. Hospitals identified and invested in numerous other areas, including but not limited to economic stability; poverty; chronic diseases like cancer, respiratory disease, heart disease, stroke, obesity and diabetes; care for and protection of youth; health disparities, health inequity, SDOH and social justice; oral health; education; a neighborhood for all; infant health and family planning; injury and violence prevention; physical activity and weight; social connection and isolation; old age; potentially disabling conditions; community organization capacity; health related workforce; caregiver supports; chronic pain; and wellness and prevention services.

Table 1. Hospital Priorities Matrix

Oregon nonprofit hospital name	Hospital type	Health priorities, as identified by the hospital			
		Access to care	Behavioral health and substance use	Housing	Food security/ nutrition
Adventist Health Columbia Gorge	B	✓	✓	✓	✓
Adventist Health Portland	DRG	✓	✓	✓	✓
Adventist Health Tillamook	A	✓		✓	
Asante Ashland Community Hospital	B	✓	✓		
Asante Rogue Regional Medical Center	DRG	✓	✓		
Asante Three Rivers Medical Center	DRG	✓	✓		
Bay Area Hospital	DRG	✓	✓		
Blue Mountain Hospital	A	✓	✓		
Columbia Memorial Hospital	B				
Coquille Valley Hospital	B	✓	✓	✓	
Curry General Hospital	A	✓	✓	✓	

Oregon nonprofit hospital name	Hospital type	Health priorities, as identified by the hospital			
		Access to care	Behavioral health and substance use	Housing	Food security/ nutrition
Good Samaritan Regional Medical Center	DRG	✓		✓	✓
Samaritan Albany General Hospital	DRG	✓	✓	✓	✓
Samaritan Lebanon Community Hospital	B	✓	✓	✓	✓
Samaritan North Lincoln Hospital	B	✓			✓
Samaritan Pacific Communities Hospital	B	✓			✓
Good Shepherd Medical Center	A	✓	✓		✓
Grande Ronde Hospital	A		✓		
Harney District Hospital	A		✓		
Kaiser Sunnyside Medical Center	DRG	✓	✓	✓	
Kaiser Westside Medical Center	DRG	✓	✓	✓	
Lake District Hospital	A	✓	✓	✓	
Legacy Emanuel Medical Center	DRG	✓			✓
Legacy Good Samaritan Medical Center	DRG	✓			✓
Legacy Meridian Park Medical Center	DRG	✓			✓
Legacy Mt. Hood Medical Center	DRG	✓			✓
Legacy Silverton Medical Center	B	✓	✓		✓
Lower Umpqua Hospital	B	✓	✓		
Mercy Medical Center	DRG	✓	✓		✓
Hillsboro Medical Center	DRG	✓	✓		
OHSU Hospital	DRG	✓		✓	✓
PeaceHealth Cottage Grove Community Hospital	B	✓	✓	✓	
PeaceHealth Peace Harbor Hospital	B	✓	✓	✓	✓
PeaceHealth Sacred Heart-Riverbend	DRG	✓	✓	✓	
Pioneer Memorial Hospital-Heppner dba Morrow County Health District	A		✓	✓	✓
Providence Hood River Memorial Hospital	B	✓	✓	✓	✓
Providence Medford Medical Center	DRG	✓	✓	✓	✓
Providence Milwaukie Hospital	DRG	✓	✓	✓	✓
Providence Newberg Medical Center	B	✓	✓	✓	✓
Providence Portland Medical Center	DRG	✓	✓	✓	✓
Providence Seaside Hospital	B	✓	✓	✓	✓
Providence St. Vincent Medical Center	DRG	✓	✓	✓	✓
Providence Willamette Falls Medical Center	DRG	✓	✓	✓	✓
Salem Health West Valley Community Hospital	B		✓	✓	
Salem Hospital	DRG		✓	✓	
Santiam Memorial Hospital	B	✓	✓	✓	
Shriners Hospitals for Children - Portland	DRG		✓		✓
Sky Lakes Medical Center	DRG	✓	✓		✓
Southern Coos Hospital and Health Center	B	✓			
Saint Alphonsus Medical Center-Baker City	A	✓		✓	

Oregon nonprofit hospital name	Hospital type	Health priorities, as identified by the hospital			
		Access to care	Behavioral health and substance use	Housing	Food security/ nutrition
Saint Alphonsus Medical Center-Ontario	A	✓		✓	
St. Anthony Hospital	A	✓	✓		
St. Charles Medical Center-Bend	DRG	✓	✓	✓	✓
St. Charles Medical Center-Madras	B	✓	✓	✓	✓
St. Charles Medical Center-Prineville	B	✓	✓	✓	✓
St. Charles Medical Center-Redmond	B	✓	✓	✓	✓
Wallowa Memorial Hospital	A	✓			
	Total	50	43	33	31
	Out of	58	58	58	58
	%	86%	74%	57%	53%

Limitations

This report has several limitations. The data in this report was pulled directly from the required Community Benefit Narrative form completed by each hospital. The form includes four specific questions but allows flexibility in the way the hospital answers the questions. Thus, hospitals answered with varying levels of detail and specificity. In developing this report, OHA staff used discretion to categorize investments into the identified priority health needs. Not all community benefit activities were expected to fit neatly into one or more of these categories; some needs fit into multiple categories. Thus, checkmarks were placed in the boxes for priorities that hospitals listed. However, there is some subjectivity to how a priority might be categorized. Likewise, only the top four most identified health needs are discussed in this report but hospitals invested in myriad other priorities that fit the health needs of their communities.

This report does not include information on outcomes or effectiveness of interventions and cannot be used to rank or compare the relative quality of a hospital's community benefit program. Costs and expenditures are cited when the hospital provided that information, but this report does not represent a formal accounting of a hospital's community benefit expenditures.

Narrative reporting varies by hospital and is still emerging as a tool in community benefit reporting. There is no gold standard for evaluation of this qualitative reporting, which makes standardization difficult. OHA will continue to hone the review process in future reports.

Additional Information

Types of direct spending

In Oregon, hospitals can report direct spending in one of six categories as defined by Oregon Revised Statute 442.601.[53] These categories closely mirror what hospitals must report to the IRS on Schedule H of the 990 forms.[54] These categories are separate from and for different purposes than the categories of priority health needs used in the body of this report.

Reportable categories of community benefit direct spending

1. **Community health improvement services**

Activities that provide free health services or promote health to the community at large, which do not require referral or admission to the hospital.

Examples: Free health screenings, vaccinations, flu shots.

2. **Community-building activities**

Activities that help address SDOH by improving the economic, social and environmental conditions in which patients are born, grow, live and age.

Examples: Neighborhood or built environment improvements like improved sidewalks, walk/bike paths.

3. **Health professions education**

Investments made to educate health care professionals to meet the basic qualifications to work in the field at any location.

Examples: Nurse continuing education, medical assistant training, technician internships.

4. **Research**

Investments made to produce generalizable, published research that advances health care.

Examples: Salaries and other expenses related to conducting publicly accessible research above funding received.

5. **Cash and in-kind contributions**

The direct support of other community groups by providing money, equipment or staffing.

Examples: Grants to community-based organizations to support priority health needs in the community, donated medical equipment.

6. **Community benefit operations**

Administrative expenses of the hospital's community benefit programs.
Examples: Expenses related to running the hospital community benefit program and creating and publishing the CHNA and CHIP.

These categories define types of activities a hospital may invest in to address health needs and describe how the investment is reported to OHA, but don't identify the priority health need the investment addresses. For example, if a hospital identifies access to care needs in their community, the hospital could choose to make a cash contribution to a community organization that provides free transportation to patients. Such an investment would be categorized and reported as a cash and in-kind contribution to address their identified need for access to care.

Overall, hospitals invest most of their community benefit direct spending in Health Professionals Education. In 2024, $313.7 million (59.7 percent) of the total of $525.9 million in statewide direct spending went to educating future doctors, nurses and other health professionals. Of that $313.7 million, Oregon Health & Science University's contributions accounted for $213.2 million (70 percent). The remaining $100.5 million in direct spending was committed towards a variety of other community investments.

What are Health-Related Social Needs (HRSN) and SDOH, and why are they important?

Oregon statute 442.612[55] defines SDOH as the social, economic and environmental conditions in which people are born, grow, work, live and age, shaped by the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors. Examples of SDOH include economic security, education access and quality, health care access and quality, neighborhood and built environment and social and community context.[56] Addressing SDOH is important for improving health and reducing longstanding disparities in health and health care.[57] In community benefit, hospitals report both HRSN and SDOH under the goal of working towards more SDOH investments.

Health-Related Social Needs (HRSN) are the social and economic needs that an individual experiences that affect their ability to maintain their health and well-being. HRSN include housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.[58]

While related, and often considered together, SDOH and HRSN are different. SDOH refers to root causes that affect entire communities or populations (e.g., availability of affordable housing) while HRSN are the need of a person that is often a result of an SDOH factor. Both are valuable and necessary community benefits. Often, it is easier for programs to address an HSRN than it is to address a SDOH. For example, helping a patient get access to a food pantry is more achievable for most hospitals than eliminating food insecurity at its source by improving affordability of healthy foods or working towards building new stores in areas that lack full-service grocery services.

While helping a patient get access to a food pantry may address a patient's immediate needs, it is unlikely to address the root cause of the need and thus the overall need is likely to persist.

Meaningful SDOH investments are challenging. However, they are also necessary for advancing health equity. Through SDOH-focused direct spending, hospitals have an opportunity to promote health at a systemic, population level in their communities.

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