Oregon Hospital Community Benefit Investments

Fiscal Year 2022

Office of Health Analytics

July 2024

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Accessibility statement

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Executive Summary

This report is a first-of-its-kind look at 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 community benefit spending floors,
- Adding Social Determinants of Health to the definition of community benefit, and
- Requiring hospitals to submit Hospital Community Benefit Narratives describing their community benefit investments.

These newly required 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 any total amounts spent for specific categories. Rather, it is intended to complement the statewide community benefit spending annual fiscal report and dashboard, which present how much money hospitals spend on community benefit each year. This report looks to provide the more specific details about the needs the hospitals identified in their communities and the programs they invested in to address those needs. Together, these three products provide a more comprehensive picture of overall community benefit activities in Oregon.

This report categorizes community benefit activities by four key priorities as identified in hospital community health needs assessments and improvement plans: access to care, behavioral health, child and school health, and social determinants of health. These categories were carefully chosen based on the frequency of hospital community benefit activities and their relevance to other key state guidance documents such as the State Health Improvement Plan and the Governor's Budget.

What is community benefit?

Community Benefit is "a program or activity that provides treatment or promotes health and healing, addresses health disparities or addresses the social determinants of health in response to an identified community need." (Oregon Revised Statute 442.601).

Community benefit is comprised of unreimbursed care, such as charity care and Medicaid losses; and proactive, direct spending on services, such as supporting community health improvement projects or donating money or equipment to community groups.

Annually, roughly 80% of all community benefit spending is on unreimbursed care.

[1] Oregon Health Authority, Hospital Reporting Program [Internet]. Community Benefit Reporting.
[2] House Bill 3076. 80th Oregon Legislative Assembly – 2019 Regular Session.

Access to care was the most frequently addressed priority.

Almost all nonprofit hospitals (52 out of 58) have access to care programs. 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:

Mid-Columbia Medical Center (now Adventist Health Columbia Gorge)

Mid-Columbia coordinated a program called SOMOS: Serving Oregon and its Migrants by Offering Solutions.
This program was designed to assist migrant workers in their community by providing free health screenings and referrals. SOMOS serves migrant farmworkers and their families during peak seasons, going out to large farms and orchards where the workers are present. In addition to health care and screenings, SOMOS also seeks to provide food and other essentials to these families to improve their SDOH.

Almost 75 percent of hospitals are investing in Social Determinants of Health.

Seventy-two percent (42 out of 58) of nonprofit hospitals addressed a Social Determinant of Health (SDOH) need in their community benefit activities. Community benefit-specific state law describes 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. These upstream factors significantly impact health. SDOH investments varied widely across programming, but hospital activities commonly addressed food, housing and economic security.

Spotlight on a SDOH investment:

Kaiser Westside

Kaiser Westside granted Tribal Technology Training (T3) almost $25,000 to increase capacity for their Native Financial Empowerment Training program to address the legacy of intergenerational trauma and poverty. T3 embeds culture in training and provides a safe place for participants to share and build financial confidence to leverage capital investments to buy a house, car, or other consumer goods.

Two-thirds of hospitals are focusing on behavioral health programs as Oregon's behavioral health needs continue to grow.

Two-thirds of nonprofit hospitals (39 out of 58) have grants and programs to support the behavioral health needs in their communities. Programs commonly focus on financially supporting providers, recruiting new specialists, and running hospital-based 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 investment:

Providence Medford

Providence Medford provided $100,000 to the Oasis Center of the Rogue Valley to support a program for families with lower incomes that delivers therapeutic childcare and child and adult mental health care at a primary care clinic. The Oasis care model combines social and medical services to support the complex needs of children, pregnant people and adults with substance use disorders. These families face significant challenges, including housing instability, poverty, food insecurity, transportation barriers, inter-generational trauma and mental health issues. This program is provided at no cost to families.

There is opportunity for hospitals to invest more in housing.

Compared to other states, Oregon has one of the lowest levels of affordable housing inventory in the nation.[4] Several hospitals noted programs related to providing rental assistance and supporting community organizations that address housing. However, there remains opportunity for hospitals to invest upstream in policy, programs and activities that increase the affordable housing supply.

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

Coordinated Care Organizations (CCOs) have requirements related to health-related social needs and SDOH. 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 SHARE Initiative.[5] As of 2024, CCOs are also required to cover certain health-related social needs services for specific populations within the Oregon Health Plan.[6] These requirements naturally align with hospitals' obligation to provide community benefit. Thus, there is potential for hospitals to partner with their local CCOs to maximize investments and increase the impact on their communities beyond what each could accomplish alone.

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[3] Oregon Health & Science University, Center for Health Systems Effectiveness. Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature, Final Report. Portland, OR: February 1, 2022. P. 14.
[4] National Low Income Housing Coalition. The Gap: Shortage of Affordable Rental Homes. Washington DC; 2023. P. 32
[5] Oregon.gov [Internet]. SHARE Initiative. Salem (OR): Oregon Health Authority.
[6] Oregon.gov [Internet]. Medicaid Policy, Health-Related Social Needs. Oregon Health Authority.

About this report

This report is a first-of-its-kind presentation of 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 are the Hospital Community Benefit Narratives provided by hospitals, so the report is limited in scope to the information hospitals provided to OHA.

This report uses the State Health Improvement Plan (SHIP) and the governor's budget priorities as references in analyzing and categorizing hospitals' activities. Read more in the Methodology Section.

Purpose

OHA is publishing this report for several reasons:

- To answer the question, "How are nonprofit hospitals fulfilling their charitable obligations through proactive community benefit?"
- To compare community benefit programs with identified statewide needs.
- 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 our communities both for the direct services they provide and the charitable programs they bring to the community. This report provides transparency and recognition of the community benefit that Oregon's nonprofit hospitals provide.

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.[7]

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[8] 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.[9] In 2019, the Oregon legislature passed House Bill (HB) 3076[10] which made sweeping changes to hospital community benefit in Oregon. These changes include:

- Establishing community benefit spending floors,
- Adding Social Determinants of Health to the definition of community benefit, and
- Requiring hospitals to submit Hospital Community Benefit Narratives describing their community benefit investments.

These newly required Hospital Community Benefit Narratives form the basis of this report.

Fiscal year 2022 is 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

What is community benefit?

Community Benefit is a "program or activity that provides treatment or promotes health and healing, addresses health disparities or addresses the social determinants of health in response to an identified community need." (Oregon Revised Statute 442.601).

Community benefit is comprised of unreimbursed care, such as charity care and Medicaid losses; and proactive, direct spending on services, such as supporting community health improvement projects or donating money or equipment to community groups.

Annually, roughly 80% of all community benefit spending is on unreimbursed care.

[7] Internal Revenue Service [Internet]. Charitable Hospitals – General Requirements for Tax-Exemption Under Section 501©3.
[8] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).

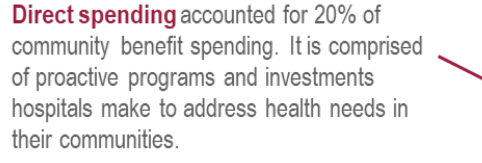
[9] Oregon Health Authority, Hospital Reporting Program [Internet]. Community Benefit Reporting.
[10] House Bill 3076. 80th Oregon Legislative Assembly – 2019 Regular Session.

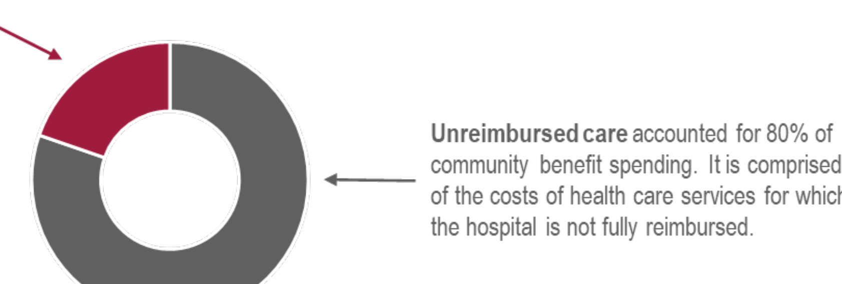
floors by investing in any combination of unreimbursed care and/or proactive direct spending. This report does not cover hospital performance against the spending floor but detailed information about Oregon's minimum spending floor and individual hospital performance can be found in the Community Benefit Dashboard,

Direct spending: proactive community benefit

In 2022, Oregon hospitals spent $439.8 million on direct community benefit or 'direct spending,' which makes up about 20 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 direct spending investments that are made to align to hospitals' identified priorities.** For more information on direct spending, see the Methodology section.

The remaining roughly 80 percent of community benefit is unreimbursed care, in which the hospital provides services that cost more money than the hospital receives in reimbursement. In fiscal year 2022, hospitals reported $1.74 billion of their community benefit as unreimbursed care, primarily from unreimbursed Medicaid services and charity care.





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

Hospitals generally decide which activities to invest in, but there are some actions related to direct spending that are required by federal law.[11] 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 the 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

[11] Internal Revenue Service. Community health needs assessments. 26 CFR § 1.501(r)-3.

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, 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.

Community benefit direct spending activities

For this report, Hospital Community Benefit Narratives were reviewed, then reported activities were grouped into common themes informed by:

- The 2023-2025 Governor's State Budget, State of Oregon[12]
- "Healthier Together Oregon" 2020-2024 State Health Improvement Plan,[13] and
- Frequently mentioned areas of need within Hospital Community Benefit Narratives.

For more information, see the Methodology section.

This section reviews notable hospital community investments across the four priorities reported most often in Hospital Community Benefit Narratives and in alignment with identified statewide needs:

Access to care

Investments to support individuals gaining access to necessary health services.

Behavioral health

Investments to promote access and improve the behavioral health infrastructure.

Social Determinants of Health (SDOH)

Investments made to improve the conditions where people live and work.

Child and school health

Investments to support child health and support school-based clinics.

Hospital investment priorities are informed by their community health needs assessments and community health improvement plans.

These categories represent activities reported this year but do not include all activities hospitals reported. The Hospital Community Benefit Narrative instructions prompt hospitals to report their most important community benefit activities, not to provide an exhaustive list of every single contribution. 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 four categories nor are they expected to in the future.

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[12] State of Oregon. 2023-2025 Governor's Budget. Salem (OR): Oregon Department of Administrative Services; 2023.
[13] Oregon Health Authority. Healthier Together Oregon 2020-2024 State Health Improvement Plan, September 2020. Salem (OR): Oregon Health Authority; 2020.

Hospitals are encouraged to work with their own communities to identify and address needs and are not limited to these four categories.

Examples are presented as they appear in the Hospital Community Benefit Narratives. Only investments described in the Hospital Community Benefit Narratives are included, and not all examples are cited. The Hospital Community Benefit 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 Narrative, 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.[14]

Access to care investments

90% of hospitals (52 out of 58) **reported** programs or investments related to improving access to care.

Ninety percent of hospitals (52 out of 58) reported programs or investments related to improving access to care. The most common types of programs related to improving access to care are those that:

- Training new providers,
- Support specialty providers in underserved areas,
- Provide health education to the public,
- Provide or support transportation services, or
- Support or connect patients to community health services outside the hospital.

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.[15] Some of the biggest needs for Oregonians in 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 and fully supported workforce.[16]

[14] Oregon Health Authority Hospital Reporting Program. (2023). Hospital Financial and Utilization Dashboard. Interactive display. Portland, OR: Oregon Health Authority.
[15] Oregon Health and Science University, Office of Rural Health. (August 2021). Oregon Areas of Unmet Health Care Need Report. Salem (OR): Oregon Office of Rural Health; 2021. P.16.
[16] Li T, Luck J, Irvin V, Peterson C, Kaiser A. Oregon's Health Care Workforce Needs Assessment 2023. Corvallis (OR): Oregon State University College of Public Health and Human Sciences; February 2023.

The Medicaid population is an important focus of many community benefit efforts for access to care. A recent report from the OHA Ombuds Program[17] describes specific areas of need the Medicaid members have voiced:

- Access to punctual, reliable transportation to hospital appointments,
- 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.

> "Despite an increasing number of people with health insurance, many are challenged to get to a health care provider or see a dentist due to provider shortages, transportation barriers, health care costs, or because they don't feel comfortable with their provider due to language or other cultural difference."
>
> - Healthier Together Oregon 2020-2024 State Health Improvement Plan p.17

This section includes examples of access to care-focused activities that hospitals described in their Hospital Community Benefit Narratives. However, when few details were provided, and categorization was not possible, certain examples were left out. Thus, this should not be considered an exhaustive list of activities reported by hospitals. For more information about the Hospital Community Benefit Narratives and where to find them for each hospital, see the Methodology section. Notable examples of access to care activities include:

Good Samaritan Regional Medical Center

Good Samaritan Regional Medical Center provided $5,000 to Oregon Cascades West Council of Governments Senior Corps Poverty Prevention Project. Their grant helps seniors with lower incomes in Benton County remain in their homes and provides transportation to:

- Appointments,
- Counseling,
- Support services,
- Volunteer training and
- Mileage reimbursement to community volunteers.

Providence Health and Services

Providence Health and Services provided $996,000 to the Patient Support Program (PSP) in Oregon, run by Project Access NOW. The PSP serves patients with lower income in all eight Providence Oregon hospitals through community partnership to address patients' barriers to receiving care and help patients safely transition home or participate in treatment without worrying about basic needs.

Providence's 2022 investment allowed Project Access NOW to expand the program to include pregnant people, patients with heart conditions, and seniors. In 2022, the top need was transportation followed by food costs and medication.

[17] https://www.oregon.gov/oha/ERD/OmbudsProgram/Findings-Recommendations.pdf.

Mid-Columbia Medical Center (now Adventist Health Columbia Gorge)

Mid-Columbia coordinated a program called SOMOS: Serving Oregon and its Migrants by Offering Solutions.

This program was designed to assist migrant workers in their community by providing free health screenings and referrals. SOMOS serves migrant farmworkers and their families during peak seasons, going out to large farms and orchards where the workers are present. In addition to health care and screenings, SOMOS also seeks to provide food and other essentials to these families to improve their SDOH.

Other hospital access to care investments

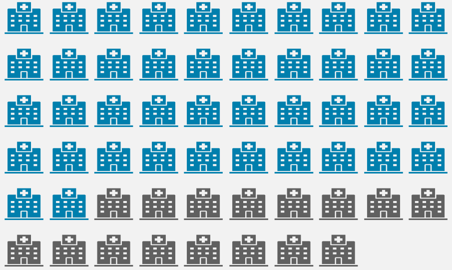
Below are hospitals that noted that they made investments in other areas of access to care. Some hospitals provided further information while others did not expand upon their reported investments. Consequently, this is not an exhaustive list of all investments made. To learn more about a specific hospital, see the Hospital Profile Pages.

Transportation	Provider Funding Support	Care Coordination
Grande Ronde Hospital	Blue Mountain Hospital	Adventist Health Tillamook
Mid-Columbia Medical Center (now Adventist Health Columbia Gorge)	Columbia Memorial Hospital	Asante Ashland Community Hospital
Hillsboro Medical Center	Coquille Valley Hospital	Asante Rogue Regional Medical Center
Samaritan Albany Medical Center	Curry General Hospital	Asante Three Rivers Regional Medical Center
Samarian Lebanon Medical Center	Grande Ronde Hospital	Grande Ronde Hospital
Shriners Children's Portland	Hillsboro Medical Center Lower Umpqua	Hillsboro Medical Center
Saint Alphonsus Medical Center – Ontario Hospital	Mid-Columbia Medical Center (now Adventist Health Columbia Gorge)	Kaiser Permanente
CHI St. Anthony Hospital	Santiam Memorial Hospital	Legacy Health
	Southern Coos Hospital and Health Center	Providence Health and Services
		Lower Umpqua Hospital
		Salem Health
		Saint Alphonsus Medical Center - Baker City and Ontario

Social Determinants of Health investments

Seventy-two percent of hospitals (42 out of 58) reported an investment in SDOH. Hospitals are in a unique position to financially support organizations that address SDOH.

72% of hospitals (42 out of 58) **reported** investments towards SDOH in Oregon.



Programs focus on areas ranging from food insecurity to economic security to improving the built environment by building parks or nature trails.

HB 3076 (2019) added SDOH to the state definition of community benefit (ORS 442.612(10)), changing SDOH from an implicit to explicit focus of community benefit spending. For community benefit, SDOH are defined 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.”[18] In community benefit, the goal is for hospitals to report on SDOH investments, but hospitals may report both SDOH and health related social needs (HRSN) within what community benefit refers to as SDOH.

SDOH programming requires significant investment over long periods of time to affect change while HRSN programming targets more immediate needs. Both are valid and important community benefit investments that impact the health of Oregonians. Investments in SDOH are those that address inequities in our lives, such as:

- improving neighborhoods so residents can safely walk and be outside,
- addressing food deserts and access to high quality food, and
- addressing large-scale systemic issues such as economic inequities and lack of affordable housing

The SHIP also identifies SDOH as a priority focus area and specifically prioritizes economic drivers of health, which include “housing, living wage, food security and transportation.”[19]

This section includes selected examples of SDOH-focused activities that hospitals described in their Hospital Community Benefit Narratives. However, when few details were provided, and categorization was not possible, certain examples were left out. Thus, this should not be considered an exhaustive list of activities reported by the hospitals. For more information about the Hospital Community Benefit Narratives and where to find them for each hospital, see the Methodology section. Notable examples of SDOH programs include:

[18] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[19] Oregon Health Authority. Healthier Together Oregon 2020-2024 State Health Improvement Plan, September 2020. Salem (OR): Oregon Health Authority; 2020. P.16.

St. Charles Medical Center – Madras

St. Charles Madras provided $7,500 to organizations addressing housing for people experiencing houselessness, including funding for the Winter Shelter which completed its fifth year of operation on March 15, 2023. A grantee described the shelter program: “there was a 23% increase year-over-year of the number of individuals served with overnight accommodation and/or meals (123 this shelter season compared to 100 during 2021-2022). As has been typical, the Winter Shelter received widespread support from a variety of individual, business, and church donors, with significant support from state Out of the Cold (OOTC) funding administered through Neighbor Impact, as well as the continuing generosity of the St. Charles Health System. This resulted in a funding surplus to be taken forward to the 2023-2024 season, when the operation transitioned from solely winter shelter to year-round operations providing additional services will require increased funding.”

> “Poverty is a strong predictor of poor health. Many people who have a job are struggling to get out of poverty due to the high cost of living and raising a family. People living in poverty experience higher rates or premature death, houselessness, mental distress and food insecurity.”
>
> - Healthier Together Oregon 2020-2024 State Health Improvement Plan p. 16

Adventist Health Portland

Adventist Portland runs the Market Street Garden, which provided 27 refugee families with 42,000 square feet of growing space. Gardeners emphasized producing hard to find, culturally specific produce from around the world. They hosted a Free Celebration of Thanksgiving event where they collected 850 pounds of food for Portland Adventist Community Services. Other community garden partnerships are in the works for 2023.

Sky Lakes Medical Center

Sky Lakes Medical Center developed hiking trails, a protected bike lane from the city center to a municipal park, and a family-friendly play area at a neighborhood park. Additionally, they collaborated with the Sky Lakes Wellness Center to create a new downtown park in response to Blue Zone Project's guidance. The health system also contributed financial and human resources to help create greenspaces in Klamath Falls. Sky Lakes also participated in creating the Klamath Works agency where staff help clients learn how to apply for and retain jobs.

Kaiser Permanente

Kaiser granted Tribal Technology Training (T3) almost $25,000 to increase capacity for their Native Financial Empowerment Training program to address the legacy of intergenerational trauma and poverty. T3 embeds culture in training and provides a safe place for participants to share and build financial confidence to leverage capital investments to buy a house, car, or other consumer goods.

Legacy Health

Legacy Health provided grants to support Outside In. Outside In’s target population is transitional aged youth (ages 18 to 25) in the Portland metro area who are attempting to move out of poverty and

homelessness. These students reflect Oregon's diversity and overcome multiple barriers as they work to further their education and secure sustaining employment.

Their three-year Community Health grant supports services that enable youth to:

- obtain their GED®,
- develop skills necessary for employment and academic success, and
- identify and pursue a sustaining career.

Grant funding was used to retain educators and coaches who work directly with youth, and provide student support (books, transportation, internships, stipends, etc.) to young adults utilizing Employment and Education Resource Center services.

Oregon Health & Science University

OHSU launched the Housing Benefit Program in 2022 to help eligible Medicaid enrollees access transitional housing. OHSU partnered with Health Share of Oregon, a CCO in the Portland area, to enroll 300 people into the program and place 120 individuals into transitional housing at the time of their reporting.

Other hospital SDOH investments

Below are hospitals that noted that they made investments in other SDOH areas. Some hospitals provided further information while others did not expand upon their reported investments. Consequently, this is not an exhaustive list of all investments made. To learn more about a specific hospital, see the Hospital Profile Pages.

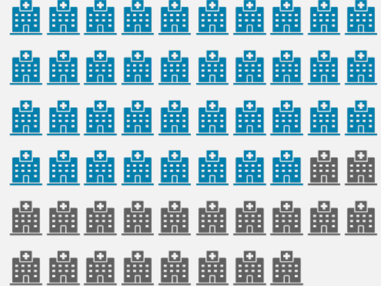
Food Insecurity	Scholarships for Students
Blue Mountain Hospital	Kaiser Permanente
Grande Ronde Hospital	Legacy Health
Lower Umpqua Hospital	Southern Coos Hospital and Health Center
Mercy Memorial Hospital	
Mid-Columbia Medical Center (now Adventist Health Columbia Gorge)	
Samaritan Health System	
Shriners Children's Portland	
Saint Alphonsus Medical Center – Ontario	
CHI St. Anthony Hospital	

Behavioral health investments

Two-thirds of hospitals—or 38 out of 58—made investments in behavioral health. Hospitals made key investments in behavior health, for example:

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

66% of hospitals (38 out of 58) **reported** investments towards behavioral health in Oregon.



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. Supporting behavioral health improvement is a key priority for the SHIP and the Governor's budget.

Data indicate that behavioral health is an area of urgent need for hospitals for address. According to the 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: only 26.4 percent of Oregonians reported their mental health needs were met in 2021.[20] 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.[21-22] More than half of Oregon children who need mental health care experienced difficulties obtaining that care in 2021, one of the highest rates in the nation.[23] Oregonians have difficulties finding available providers, and experience extended wait times and inconsistencies with transitions in care.[24]

This section includes selected examples of behavioral health-focused activities that hospitals described in their Hospital Community Benefit Narratives. However, when few details were provided, and categorization was not possible, certain examples were left out. Thus, this should not be considered an

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[20] U.S. Department of Health and Human Services. Bureau of Health Workforce, Health Resources and Services Administration (HRSA). Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of November 1, 2023. Washington (DC): U.S. Departments of Health and Human Services; 2023.
[21] Farley Health Policy Center. An Analysis of Oregon's Behavioral Health Workforce: Assessing the Capacity of Licensed and Unlicensed Providers to Meet Population Needs. Salem (OR): Oregon Health Authority; March 2019.
[22] Oregon Health & Science University, Center for Health Systems Effectiveness. Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature, Final Report. Portland, OR: February 1, 2022. P. 14.
[23] U.S. Department of Health and Human Services. Bureau of Health Workforce, Health Resources and Services Administration (HRSA). Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of November 1, 2023. Washington (DC): U.S. Departments of Health and Human Services; 2023.
[24] Oregon Health & Science University, Center for Health Systems Effectiveness. Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature, Final Report. Portland, OR: February 1, 2022. P. 14.

exhaustive list of activities reported by the hospitals. For more information about the Hospital Community Benefit Narratives and where to find them for each hospital, see the Methodology section. Notable examples of behavioral health programs include:

Providence Medford

Providence Medford provided $100,000 to the Oasis Center of the Rogue Valley to support a program for families with lower incomes that delivers therapeutic childcare and child and adult mental health care at a primary care clinic. The Oasis care model combines social and medical services to support the complex needs of children, pregnant people and adults with substance use disorders. These families face significant challenges, including:

- housing instability,
- poverty,
- food insecurity,
- transportation barriers,
- inter-generational trauma and
- mental health issues.

This program is provided at no cost to families.

Salem Health West Valley

Salem Health West Valley provided a grant to local law enforcement to carry Narcan, an over-the-counter opioid overdose treatment, in their vehicles. This activity targets opioid addiction, overdoses, hospitalizations and deaths, all of which are increasing rapidly in the Salem area and nationwide.

Wallowa Memorial Hospital

Wallowa Memorial Hospital partnered with the Wallowa Valley Center for Wellness to bring the Zero Suicide Community Program to Wallowa County. In addition, they established a new Depression and Anxiety Recovery Class which launched at the end of 2022.

Other hospital behavioral health investments

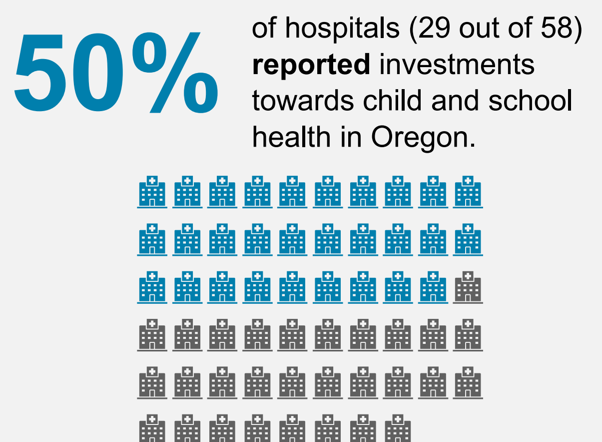
Below are hospitals that noted that they made investments in other areas of behavioral health. Some hospitals provided further information, while others did not expand upon their reported investments. Consequently, this is not an exhaustive list of all investments made. To learn more about a specific hospital, see the Hospital Profile Pages.

Education	Community Based Funding	Provider Support
Shriners Children's Children Wallowa Memorial Hospital Blue Mountain Hospital	Good Samaritan Regional Medical Center St. Charles Health System	Columbia Memorial Hospital Grande Ronde Hospital Santiam Hospital Pioneer Memorial Hospital Shiners Children's Portland

Child and school health investments

Half of hospitals, 29 out of 58, reported programs and investments that addressed children's and school health. This encompasses a wide range of issues such as education, childcare, child abuse, physical activity and more.

Access to affordable childcare is a priority issue in Oregon. According to analysis by Oregon State University, 35 of Oregon's 36 counties are "childcare deserts" meaning there are more than three children for every available regulated childcare spot.[25] Affordable childcare is also an important SDOH factor. The affordability and availability of childcare impacts Oregon families by limiting job, education, and housing opportunities. [26] In fact, more than 40 percent of parents with young children reported to the Portland State University's Early Childhood Program survey that they or their partner quit, did not take, or altered their job due to difficulty finding childcare in 2022. Parents of color report higher rates of job impacts, more reliance of friends and family members for care, and higher rates of their children being asked to leave childcare when compared with white parents.[27]



[25] Oregon State University, College of Public Health and Human Sciences. Oregon's Child Care Deserts 2022: Mapping supply by age group and percentage of publicly funded slots. Corvallis (OR): Oregon State University; 2023 p 7

[26] King MC, Dodson L. Oregon's Unmet Child Care Needs, It's Time to Invest: Our Future Depends on It. Portland (OR): Family Forward Oregon; 2019.

[27] Pears, K.C., Bruce, J., and Scheidt, D. Oregon Preschool Development Grant Birth to Age 5 Strengths and Needs Assessment: 2022 Statewide Household Survey Results. Report submitted to the Oregon Early Learning Division and Early Learning Council, May 2023

Children's health is an important area of work for Oregon's hospitals and childhood obesity remains an ongoing concern in Oregon and across the nation. In Oregon, prevalence of obesity in young children enrolled in the Special Supplemental Nutrition Program Women, Infants, and Children was 14.7 percent, slightly higher than the national average of 14.1 percent.[28] This is reflective of the need for access to health foods, nutrition education and opportunities for children to participate in sports or other physical activities. Physical activity, a key indicator of childhood health, remains low in Oregon. Only 21 percent of children aged 6 to 17 were reported as being physically active for the Centers for Disease Control and Prevention (CDC) recommended 60 minutes per day.[29]

A safe and supportive home is also a key indicator of health and wellbeing. In 2021, Oregon Child Protective Services reported 7,352 assessments of verified child abuse involving 10,766 victims. Of those victims, 41.5 percent were five years old and younger.[30] Hospitals provide ongoing support to programs and community organizations that support victims of child abuse through medical care, counselling, and housing.

"Childcare is too expensive and nearly impossible to find for families across Oregon…Children have the right to an education that will set them up for a lifetime of opportunity. Culturally responsive and engaging enrichment activities will help Oregon's children, families, and communities thrive."

- Mission Focused, Top Priorities in the 2023-2025 Governor's Budget p. 6

This section includes the vast majority of child and school health-focused activities that hospitals described in their Hospital Community Benefit Narratives. However, when few details were provided, and categorization was not possible, certain examples were left out. Thus, this should not be considered an exhaustive list of activities reported by the hospitals. For more information about the Hospital Community Benefit Narratives and where to find them for each hospital, see the Methodology section. Notable examples of children's and school health programs are below.

Saint Alphonsus Medical Center – Baker City

Saint Alphonsus Medical Center in Baker City supported early childhood education through funding and community health worker support of the Baker Early Learning Center (BELC), a YMCA-led early childhood education center for infants, toddlers and school age children.

Mercy Medical Center

Mercy ran the Medicaid-funded Healthy Kids Outreach Program and Type 1 Diabetes Program for Kids. Healthy Kids provides school-based preventive dental clinics to 10,000 youth, dental health and nutrition education.

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[28] Centers for Disease Control and Prevention Prevalence of Obesity Among Children Aged 2 to 4 Years Enrolled in WIC, by US State or Territory, 2010-2020. Atlanta (GA): Centers for Disease Control and Prevention; 2022.
[29] U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). America's Health Rankings Analysis National Survey of Children's Health. United Health Foundation [Internet] accessed 2024.
[30] Oregon Department of Human Services, Office of Reporting, Research, Analytics, and Implementation. 2021 Child Welfare Data Book. Salem (OR): Oregon Department of Human Services; 2022. P.1.

Kaiser Permanente

Kaiser supported the Thriving Schools Integrated Assessment (TSIA): a partnership with the Alliance for a Healthier Generation that provided schools districts in Beaverton, Hillsboro, Portland, and Salem-Keizer $250,000 to:

1. Complete a comprehensive assessment to identify strengths and opportunities to support student and staff mental health and well-being, and
2. Implement community building activities, trauma-informed trainings, open discussions on environmental stressors, social emotional learning programming, and mental health support services.

Funding is expected to reach 48,000 people in four school districts.

Samaritan Lebanon Community Hospital

Samaritan Lebanon provided $17,750 to programs that directly address child abuse and neglect: ABC House, Court Appointed Special Advocates of Linn County, Family Tree Relief Nursery, and Sweet Home Pregnancy Center. Their funding went to services including:

- medical exams,
- forensic exams,
- counseling,
- therapeutic classroom activities,
- parenting education,
- training for volunteers, and
- referral services.

Nearly 400 children received services during 2022.

Asante Rogue Regional Medical Center

Asante Rogue provided $50,000 for school-based health care at La Clinica in Medford. La Clinica's school-based health centers provide comprehensive, quality health care that is convenient for students and affordable for parents. They bring the doctor's office into the school so students can be seen by a medical provider right when they need care and without missing school. Youth at participating schools are eligible for services regardless of income and insurance coverage and are seen on a drop-in, as-needed basis or by appointment[31].

Other hospital child and school health investments

Below are hospitals that noted that they made investments in other areas of access to care. Some hospitals provided further information while others did not expand upon their reported investments. This is not an exhaustive list of all investments made. To learn more about a specific hospital, see the Hospital Profile Pages.

[31] La Clinica [Internet]. School-based health centers.

Sports and Movement-Centered Programs	Addressed Child Abuse
Grande Ronde Hospital Mid-Columbia Medical Center (now Adventist Health Columbia Gorge) Shriners Children's Portland CHI St. Anthony Hospital St. Charles Health System Sky Lakes Medical Center	Samaritan Health System Hillsboro Medical Center Sky Lakes Medical Center

Notable hospital collaboration activities

A major theme across reported community benefit activities is collaboration – hospitals working with other hospitals, governments, CCOs, and nonprofits in their area to deliver programming. Hospital community benefit programs and CCOs often share populations and priority needs, as do hospitals and their local community-based organizations. With pooled time, skills and resources, the scope and impact of community benefit can increase.

Though there are some notable examples of hospitals working with CCOs, other hospitals and local organizations, there is opportunity for additional collaboration towards shared goals.

CCO partnerships

Oregon Health & Science University

OHSU launched the Housing Benefit Program in 2022 to help eligible Medicaid enrollees access transitional housing. OHSU partnered with Health Share of Oregon, a CCO in the Portland area, to enroll 300 people into the program and place 120 individuals into transitional housing at the time of their reporting.

Providence Seaside Hospital

Providence Seaside gave $119,000 to Healthy Smiles, a school-based program that provides oral health education, promotion, participation in a sealant program, and oral health navigation to children. The goal is to expand oral health services. Children are connected to follow-up oral health care when indicated through screenings. Healthy Smiles is a collaboration and partnership between:

- Providence Seaside Hospital
- all Clatsop and Columbia County School Districts,
- Columbia Pacific CCO,

- OHA and
- Arrow DCO.

Per CCO guidelines, all schools in this geographic area are eligible for this program due to a high percentage of students who qualify for free and reduced lunch.

Other partnerships

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

In the fall of 2018, Legacy, Kaiser Permanente NW, PeaceHealth and Providence Health & Services came together to create the "Health Systems Access to Care Fund" through the Oregon Community Foundation. The goal of this fund is to strengthen the capacity and infrastructure for community clinics that are expanding and/or adapting their current models to respond to the changing needs of patient populations due to ongoing healthcare reform, Medicaid transformation, and the increasing pressure on the safety net for access to care. Community clinics were awarded multiyear grants up to $50,000. In 2022, eleven clinics continued existing work focused on four main areas which included assuring easy access to care, improving quality care, strengthening leadership and improving data collection. Grantee clinics estimated that in the first six months of 2022, 25% of their patients had Medicaid coverage and 9% were eligible but had no coverage.

Adventist Health, Hillsboro Medical Center, Kaiser Permanente, Legacy Health, Providence Health and Services

Five Portland metro area health systems collaborate with other health delivery systems and community-based organizations to improve the health of the community through collaboration with Project Access NOW (PANOW). PANOW provides innovative, integrated support for patients and healthcare providers across the 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 low-income individuals with donated primary and specialty care. In fiscal year 2022, PANOW served more than 3,396 clients through outreach and enrollment services. More than 750 clients received assistance with health insurance premiums and out-of-pocket expenses.

Columbia Memorial Hospital

Columbia Memorial Hospital developed the Clatsop County Rural Health Coalition from their work together during COVID-19 to continue to collaborate on shared priorities to improve community health. The hospital expects to hold joint mobile health and dental care clinics in the coming fiscal year.

Providence Hood River

Providence invested $152,500 in a Community Health Grant in Hood River. Providence funded the United Way for the placement of an experienced grant writer under a collective impact model. The model builds on, works with, and coordinates assets already available in the community and it is rooted in three primary tasks:

1. Identify community needs,
2. Convene partners to design programs to address those needs, and
3. Secure funding to support those programs.

This resource does not sit within the hospital. Instead, a host location within the community has been selected. Over the past seven years, the model has helped design, fund, and launch over 65 new collaborative programs featuring 85 local partners and 45 funding partners. As a result, $18.5 million in new funding was brought to the Columbia Gorge region.

Discussion

In its first year of publication, this report on hospital community investments illustrates the wide-ranging ways that hospitals are giving back to their communities. Hospitals are addressing **access to care** through programs that help seniors with transportation, offer safe transitions home for patients after discharge, provide free health screenings to migrant workers and more. **SDOH** investments ranged from supporting access to transitional housing, developing hiking trails and protected bike lanes, running a culturally specific community garden and supporting a financial empowerment training program for Native Americans. Notable **behavioral health** investments include delivering therapeutic childcare at a primary care clinic, providing life-saving medications that can reverse an overdose from opioids to local law enforcement, and partnering to deliver depression and anxiety classes in the community. **Children's and school health** programming provided physical and oral health programs in schools as well as behavioral health assessments, and funding for programs that address child abuse. **Partnerships** help Medicaid enrollees access transitional housing, provide oral health and diabetes programs for kids, coordinate care and resource delivery between hospitals, and provide care for people with lower incomes.

There are also opportunities for hospitals to continue to grow their investments and provide additional information for future reports. Oregon communities continue to have urgent health needs that hospitals are well positioned to address. Below are opportunities for future development.

Opportunity to invest more in affordable housing.

Oregon is experiencing an unprecedented housing crisis. As of 2019, about 50 percent of Oregonians pay at least one-third of their income on rent, and 30 percent of all Oregonians pay over half their income on rent.[32] Lack of housing or adequate shelter is a particular problem in Oregon's urban areas. According to the National Low Income Housing Coalition (NLIHC), Oregon has the third lowest inventory of affordable housing in the nation, with just 23 available units for every 100 people in need of housing.[33] The recent survey estimates 6,297 individuals[34] are unsheltered in Multnomah County alone.

> "The housing crisis is one of the largest emergencies we have ever faced in Oregon…we know the root cause of homelessness is the housing affordability crisis. We must build more housing to meet the needs of Oregonians."
>
> -Mission Focused, Top Priorities in the 2023-2025 Governor's Budget p. 5-6

Given the extensive need, hospitals have the opportunity to 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. Likewise, housing is a priority for both the SHIP and the Governor's budget. The 2023-2025 Governor's budget reflects this need, stating "the housing crisis is one of the largest emergencies we have ever faced in Oregon and the human suffering it causes to

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[32] Oregon Health Authority, Public Health Division [Internet]. Social Determinants of Health: Rent burden 2018 from the American Community Survey, 2021. Salem (OR): Oregon Health Authority; 2021.
[33] National Low Income Housing Coalition. The Gap: Shortage of Affordable Rental Homes. Washington DC; 2023. P. 32
[34] Multnomah County [Internet]. News release: Chronic homelessness number falls across tri-county region in 2023 point in time count. Portland (OR): Multnomah County; 10 May 2023.

individuals, families and communities is unacceptable…we know that the root cause of homelessness is the housing affordability crisis. We must build more housing to meet the needs of all Oregonians”.[35]

Several hospitals noted investments related to housing, primarily contributing to shelters or community organizations focusing on housing, or by providing rental assistance. Hospitals also reported supporting programs that build job skills or address behavioral health concerns for people who are houseless.

While providing assistance with individual housing needs is important, hospitals have the opportunity to expand efforts upstream and address systemic, root causes of the lack of affordable housing in Oregon. Hospitals have an opportunity to collaborate with CCOs, as discussed in the next section. Such efforts might include policy advocacy and support of projects that add new affordable housing units or provide for longer term stable housing solutions.

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.[36] 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 2022, 15 out of 16 CCOs met the excess profit requirement and submitted SHARE spending plans for approximately $26 million in total spending, a five-fold increase from 2021.[37] About half (33 out of 68) of SHARE’s community partners plan to use the funding to support projects focused on Oregon’s statewide priority of housing, followed by supporting organizational capacity building, physical infrastructure improvement, and behavioral health.[38]

These findings highlight the opportunity to collaborate and share investments to improve the delivery of services and programs to Oregonians.

Opportunity to report on impact and outcomes.

There are several ways that hospitals could report more effectively on their community benefit spending to offer a more comprehensive view of their efforts Many hospitals did not fill out the Narrative

[35] State of Oregon. 2023-2025 Governor’s Budget. Salem (OR): Oregon Department of Administrative Services; 2023. P.5.
[36] Oregon.gov [Internet]. SHARE Initiative. Salem (OR): Oregon Health Authority.
[37] Oregon Rural Practice-Based Research Network. Supporting health for All Through Reinvestment (SHARE) 2022 spending plan summary. Salem (OR): Oregon Health Authority; October 2023. P.3.
[38] Oregon Rural Practice-Based Research Network. Supporting health for All Through Reinvestment (SHARE) 2022 spending plan summary. Salem (OR): Oregon Health Authority; October 2023. P.13.

comprehensively, thus OHA did not have sufficient details to include in this report in terms of dollar amounts, size of population served, or impact of investments. Most Hospital Community Benefit Narratives could be improved by answering the Narrative prompts to provide a dollar amount with investments, an estimation of the number of individuals served, and a measure of how their programs affected the health status of the community. Hospitals may also consider adopting the practice of monitoring the trends in their community needs across several cycles of CHNAs to assess the extent to which their interventions are positively impacting their communities.

Additionally, reporting the number of people served and amount of money spent on a program are important foundational components of reporting.[39] CCOs' annual reporting of their HRS spending by discrete category offers a helpful example.[40]

The Hospital Community Benefit Narratives and this report provide an opportunity for hospitals to:

- Show the good work they do,
- Tell their stories, and
- Have their communities recognize and partake in their efforts.

Future reports can more effectively tell this story if hospitals include additional details about how their programs have impacted the health and wellbeing of their communities.

[39] Centers for Disease Control and Prevention [Internet]. Program Evaluation Tip Sheet: Reach and Impact. Atlanta (GA): Centers for Disease Control and Prevention; August 2011.

[40] Oregon Health Authority. Health-Related Services Summary 2022 CCO Health-Related Services Spending December 2023. Salem (OR): Oregon Health Authority; 2023.

Methodology

This report reviews community benefit investments based on the Hospital Community Benefit Narratives submitted by individual hospitals and health systems. OHA first reviewed the Oregon State Health Improvement Plan (SHIP) and the Oregon Governor's Budget to help identify statewide areas of need. Through this review process, four priorities emerged as categories for this report: Access to Care, Behavioral Health, Social Determinants of Health, and Children and School Health. Then each narrative was carefully reviewed for scope and impact using a rubric and categorized into one of these four areas of need. Finally, select examples of hospital investments from each category were included in the report to provide a comprehensive picture 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 (CBR-1 form), 240 days following the end of each fiscal year (below are the instructions hospitals receive). The Narratives ask hospitals to report on their major investments towards their prioritized needs, not to provide an exhaustive list of community benefit spending. The OHA Hospital Reporting Program posts all documents on the Hospital Profiles Index. OHA thoroughly reviewed all submitted Hospital Community Benefit Narratives to develop this report.

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:

1. The year of publication for the current community health needs assessment.
2. The top health needs identified in the hospital's most recent community health needs assessment. Include information on geographies, populations or demographic groups affected.
3. The significant community benefit activities the hospital engaged in that addressed the health needs identified above.
4. Identify any community benefit activity that addresses the social determinants of health. Separate activities into those that:
    a. Address individual health-related social needs.
    b. 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 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.

Framework of Priority Health Needs

This report utilized the priorities outlined in the following documents to develop a framework of Priorities. This framework guided the categorization of community benefit programming from the Hospital Community Benefit Narratives submitted by individual hospitals or health systems.

1. The 2023-2025 Governor's State Budget, State of Oregon[41]
2. "Healthier Together Oregon" 2020 – 2024 State Health Improvement Plan[42] (SHIP)

Review of these documents identified four priority health needs in Oregon: Access to Care, Behavioral Health, Social Determinants of Health, and Children and School Health.

Framework of Priority Health Needs

	Access to care	Behavioral health	Social Determinants of Health	Child and school health
Governor's State Budget Priorities		✓	✓	✓
SHIP	✓	✓	✓	

OHA then reviewed the hospitals' top health needs based on the response to questions two and three on the submitted Hospital Community Benefit Narratives. These narrative responses were grouped into common themes, including those that aligned to the identified statewide priority health needs.

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 below criteria. 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. As this was the first year that hospitals submitted Hospital Community Benefit Narratives, the rubric was developed and used loosely in decision-making to mark a baseline for reporting. In future years, as hospitals become more familiar with the process of reporting their community benefit programming, the Hospital Community Benefit Narratives will likely provide more comprehensive information and align more closely with some of these rubric components.

[41] State of Oregon. 2023-2025 Governor's Budget. Salem (OR): Oregon Department of Administrative Services; 2023.
[42] Oregon Health Authority. Healthier Together Oregon 2020-2024 State Health Improvement Plan, September 2020. Salem (OR): Oregon Health Authority; 2020.

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/CHP?	▪ Does the activity target access to care, behavioral health, SDOH or children's and school health? ▪ Does the activity target a social need or SDOH? ▪ Is the activity a new 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 priority health needs listed by column. Hospitals that have programs or investments in each priority area received a check mark in the corresponding cell.

				Social Determinants of Health			
Oregon Nonprofit Hospital Name	**Hospital Type**	**Access to care**	**Behavioral health**	**Housing**	**Food insecurity**	**Other SDOH**	**Children's & school health**
Adventist Health Tillamook	A	✓	✓	✓			✓
Adventist Health Portland	DRG	✓	✓				✓
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	✓					
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	DRG	✓	✓	✓		✓	✓
Kaiser Westside Medical Center	DRG	✓	✓	✓		✓	✓
Lake District Hospital	A						
Legacy Emanual 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	✓	✓		✓		✓
Mid-Columbia Medical Center/Adventist Health Columbia Gorge	B	✓			✓		✓
Hillsboro Medical Center (Tuality - OHSU)	DRG	✓	✓				
OHSU Hospital	DRG	✓	✓	✓			✓
PeaceHealth Cottage Grove Community Hospital	B	✓		✓			
PeaceHealth Peace Harbor Hospital	B	✓					✓
PeaceHealth Sacred Heart-Riverbend	DRG	✓	✓	✓	✓		
PeaceHealth Sacred Heart-University District	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	✓					✓
Saint Alphonsus Medical Center-Ontario	A	✓		✓	✓		✓
St. Anthony Hospital CHI	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	**52**	**39**	**27**	**23**	**18**	**29**

Limitations

This report includes several limitations. The data in this report was pulled directly from the required Hospital 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 community benefits into the four identified priority health needs. Not all community benefit activities were expected to fit neatly into one or more of these categories.

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 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.[43] These categories closely mirror what hospitals must report to the IRS on Schedule H of the 990 forms.[44] 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

Community Health Improvement Services	Community-building Activities	Health Professions Education
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.	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.	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.
Research	**Cash and In-Kind Contribution**	**Community Benefit Operations**
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.	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.	Administrative expenses of the hospital's community benefit programs. Examples: Expenses related to running the hospital community benefit program, and with creating and publishing the CHNA and CHIP.

[43] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[44] Department of the Treasury, Internal Revenue Service. 2023 Instructions for Schedule H (Form 990). Washington DC: Internal Revenue Service; 2023.

These categories define types of activities a hospital may invest in to address health needs. These categories 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 the majority of their community benefit direct spending in Health Professionals Education. In 2022, $292 million (66 percent) of the total of almost $440 million in statewide direct spending went to educating future doctors, nurses and other health professionals. Of that $292 million, Oregon Health & Science University's contributions accounted for $210 million (72 percent). The remaining $148 million in direct spending was committed towards a variety of other community investments.

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

Oregon statute 442.612[45] 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. As shown in the graphic, examples of SDOH include economic security, education access and quality, health care access and quality, neighborhood and built environment and social and community context.[46] Addressing SDOH is important for improving health and reducing longstanding disparities in health and health care.[47] 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. HSRN include housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.[48]

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

[45] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).

[47] Artiga S, Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF; 10 May 2018.
[48] Oregon Health Authority. Health-Related Social Needs vs The Social Determinants of Health. Salem, OR. P.1-2.

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.