OREGON HEALTH AUTHORITY

Oregon Hospital Community Benefit Investments

Fiscal Year 2023

Office of Health Analytics

July 2025

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Executive Summary

This report is the second 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 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.

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, hospitals spend roughly 80% of all community benefit on unreimbursed care.

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 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.

Access to care was the most frequently identified priority.

Three-quarters of nonprofit hospitals (43 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

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

receiving care. For example, many hospitals provide free transportation for patients to get to their medical appointments.

Spotlight on an access to care investment:

> "Since 2017, the region's major health providers including Hillsboro Medical Center have collectively invested in Project Access NOW, a non-profit focused on improving community health and equity by providing access to care, services, and resources for the underserved and uninsured. To date, the regional health systems have invested more than $40 million to support health services for Project Access NOW's clients who are low-income, non-native English speaking, and identify as Black, Indigenous, or people of color. Project Access NOW has become a critical link for health access and education, particularly for underserved communities."
>
> *Adventist Health, Hillsboro Medical Center, Kaiser Permanente, Legacy Health, OHSU, Providence Health and Services*

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

Two-thirds of nonprofit hospitals (37 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- 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:

> "Salem Health invested $30,000 in the Keizer Coalition for Equality. Their Forming Strong Families, Formando Familias Fuertes offered a year-round project focused on mental and emotional health of family relationships. Included were parenting classes, family communication, family activities, monthly speakers, mentoring and peer support to build protective factors in families that contributes to the educational and life success of our children. 160 unduplicated families totaling 540 individuals participated."
>
> *Salem Health*

[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.

Thirty-eight percent of hospitals are investing in health equity.

Twenty-two out of 58 nonprofit hospitals identified health equity as a priority in their Narratives. The OHA and Oregon Health Policy Board (OHPB) definition of health equity states that "Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identifies, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices."[4] Hospital health equity programs include those that specifically aim to promote social justice and provide social and economic opportunities.

Spotlight on a health equity investment:

> "Legacy Health awarded The Contingent a three-year Community Health grant to support its Emerging Leaders Internship (ELI) program. The ELI Program connects students from racially and ethnically diverse and/or low-income populations with paid leadership-track internships in Oregon and SW Washington.
>
> Youth aged 18-24 years are matched to paid internships in over 200 employers. Some also participate in an additional formal internship program. Participants gain work experience, build a community of peers, and develop and apply new skills. In FY23, 163 interns took part in the program. "
>
> *Legacy Health*

Thirty-six percent of hospitals identified chronic conditions as a priority.

Twenty-one out of 58 nonprofit hospitals identified chronic conditions as a priority. Chronic conditions are lifelong health problem such as asthma, cancer, diabetes and heart disease that affect over half of Americans and are a main driver of health spending nationwide.

[4]Oregon Health Authority, Health Equity Committee. OHA and OHPB Health Equity Definition. Salem, OR: 2017.

Spotlight on a chronic conditions investment:

> "Charitable donation of $500,000 in support of a new warm water therapy pool at the North County Recreation District (NCRD). Preventing chronic disease and supporting community well-being continues to be among our highest priorities. Having indoor recreation facilities and resources is vital for our service area due to extended periods of inclement weather. The therapy pool will offer a much-needed resource for low-impact exercise and treatment. Our hospital was a significant supporter of the therapy pool added in central Tillamook County several years ago, and we are pleased to be a significant supporter of the therapy pool being added to serve community members in North Tillamook County."
>
> *Adventist Health Tillamook*

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 social determinants of health (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 Supporting health for All Through Reinvestment (SHARE) Initiative.[5] As of 2024, CCOs are also required to cover certain health-related social needs (HRSN) services for specific populations within the Oregon Health Plan.[6] These requirements naturally align with hospitals' obligations to provide community benefit. Thus, hospitals that partner with their local CCOs maximize investments and increase the impact on their communities beyond what each could accomplish alone.

Community investment spending has decreased.

Despite the new requirement to report community benefit investments on the Hospital Narratives Report, direct hospital community benefit spending decreased 9% from 2022 to 2023. Specific SDOH spending, reported as cash and in-kind investments and community building activities, decreased 20% from 2021 to 2022. While it increased 10% in 2023, it still has not returned to previous spending levels. Over the last several years, hospital community benefit spending has remained mostly flat despite federal and state regulations intended to increase it.[7] Fiscal year 2023 data does not include the implementation of the financial assistance prescreening requirements from House Bill 3320, which went into effect July 1, 2024.

[5] Oregon.gov [Internet]. SHARE Initiative. Salem (OR): Oregon Health Authority.
[6] Oregon.gov [Internet]. Medicaid Policy, Health-Related Social Needs. Oregon Health Authority.
[7] Oregon Health Authority Hospital Reporting Program (20205) Oregon Hospital Community Benefit Report FY2023. Portland, OR: Oregon Health Authority.

Investments in housing positively impact health outcomes.

Compared with other states, Oregon has one of the lowest levels of affordable housing inventories in the nation.[8] Housing is a significant contributor to overall health: healthy homes promote good physical and mental health; conditions in neighborhoods where homes are located can have powerful effects on health; and lack of affordable housing exacerbates socioeconomic disparities.[9] Several hospitals noted programs to provide rental assistance and support community organizations that address housing. However, there remains opportunity for hospitals to invest upstream in policies, programs and activities to increase the affordable housing supply.

[8] National Low Income Housing Coalition. The Gap: Shortage of Affordable Rental Homes. Washington DC; 2023. P. 32.
[9] Braverman P, Dekker M, Egerter S, Sadegh-Nobari T, Pollack C. Where we live is at the very core of our daily lives. Housing and Health Brief. Robert Wood Johnson Foundation. 1 May 2011.

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 are the Hospital Community Benefit Narratives provided by hospitals, so the report is limited in scope to the information hospitals provided 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.[10] Qualitative data provides more direct, contextual information about the sources and reasons for inequities and how we might advance health equity for all.[11]

This year's report

This year's report categorizes community benefit activities based on the priorities that hospitals reported in their Hospital Community Benefit Narratives. It does not compare these priorities to other initiatives such as the governor's budget or the state health improvement plan, as it did last year. Rather, the report focuses on the priorities that are most relevant to hospitals and their communities.

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[10] Ford N and Goger A. The value of qualitative data for advancing equity in policy. Brookings. October 2021.
[11] Felner JK, Henderson V. Practical strategies for health equity researchers to enhance analytics rigor and generate meaningful insights from qualitative data. Prev Chronic Dis 2022;19:220134..

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. To learn more about an individual hospital's programs and investments, please 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.[12]

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[13] 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.[14] In 2019, the Oregon legislature passed House Bill (HB) 3076[15] 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 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.

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.

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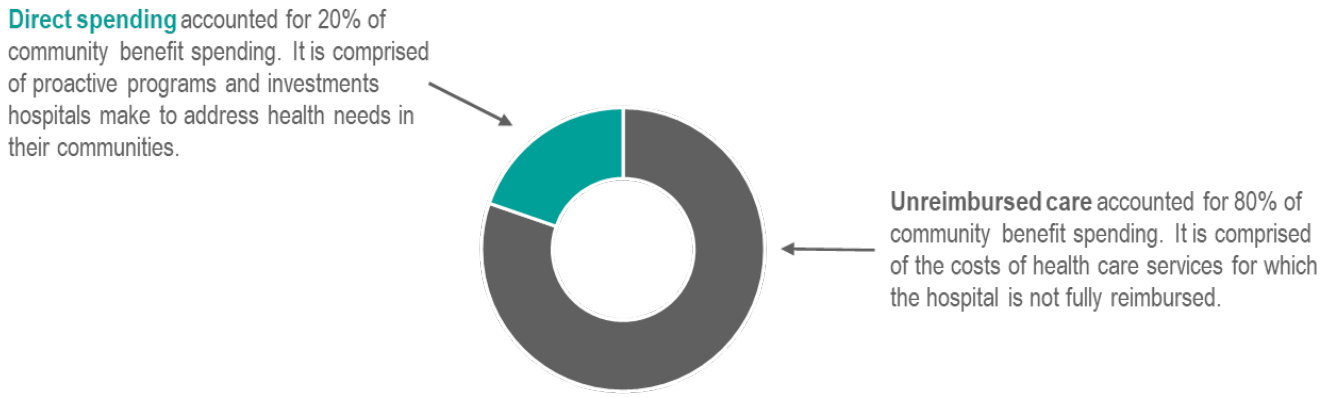
[12] Internal Revenue Service [Internet]. Charitable Hospitals – General Requirements for Tax-Exemption Under Section 501©3.
[13] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[14] Oregon Health Authority, Hospital Reporting Program [Internet]. Community Benefit Reporting.
[15] House Bill 3076. 80th Oregon Legislative Assembly – 2019 Regular Session.

Direct spending: proactive community benefit

In 2023, Oregon hospitals spent $400 million on direct community benefit or 'direct spending,' which makes up 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 the $131 million of that direct spending on direct community investments.** Hospitals, especially OHSU, directed the other $269 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 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 2023, hospitals reported $1.6 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 on 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 25 to 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.[16] First, hospitals must create a 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 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, 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

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

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 Health Needs Assessments and Community Health Improvement Plans guide hospitals in making decisions on how direct spending will address priority health needs in their communities.

Community Health Needs Assessment (CHNA)

- Based on data collected in partnership with local organizations to evaluate communities' priority needs
- Published and updated every three years

Community Health Improvement Plan (CHIP)

- Based on findings from CHNAs
- Implementation strategies to address priority needs
- No standard criteria for how a CHNA informs a CHIP
- Published and updated every three years

Hospital Community Benefit Narratives

- Hospitals invest in and run programs to improve the health of their communities
- Activities are directed by the needs identified in their CHNA and their CHIP implementation strategies
- Reported annually

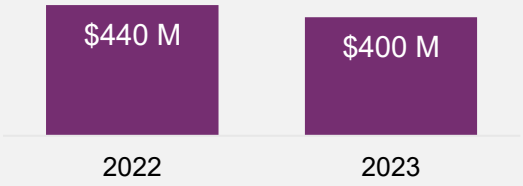
Community benefit direct spending activities

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.

Despite the state's focus on health equity and hospitals' unique opportunity to improve the health of all Oregonians through community investments, direct spending has decreased. In 2023, hospitals spent nine percent less on community benefit investments, from around $440 million in 2022 to $400 million.

For more information, see the Additional Information section.

In 2023, **hospitals spent 9% less** on community benefit investments.



Investment categories

This report uses the following investment 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	Behavioral health	Health equity	Chronic conditions
Investments to support individuals gaining access to necessary health services.	Investments to promote access and improve the behavioral health infrastructure.	Investments to help Oregonians reach their full health potential.	Investments to support people with long-term health conditions.

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 of all contributions. 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" for brevity. 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 investments

74 percent of hospitals (43 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:

74% of hospitals (43 out of 58) reported programs or investments related to improving access to care.

- Improve access to culturally responsive, quality, affordable and appropriate care
- Train 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 – over 800,000 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,

[17] Oregon Health Authority Hospital Reporting Program. (2023). Hospital Financial and Utilization Dashboard. Interactive display. Portland, OR: Oregon Health Authority.
[18] Oregon Health and Science University, Office of Rural Health. (September 2024). Oregon Areas of Unmet Health Care Need Report. Salem (OR): Oregon Office of Rural Health; 2024. P.5.
[19] 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 December 31, 2024. Washington (DC): U.S. Departments of Health and Human Services; 2025.

expanding the use of community-based health care providers and improving the delivery of culturally and linguistically responsive care by a diverse workforce.[20]

> St. Anthony Hospital provides flu shots free to the public each fall and as needed. This service helps prevent possible flu epidemics, which could lead to compromised health problems and or death.
>
> *CHI St. Anthony Hospital*

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 the 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 examples of access to care-focused activities that hospitals described in their Narratives. This should not be considered an exhaustive list of activities reported by hospitals. For more information about the Narratives and where to find them for each hospital, see the Methodology section. Notable examples of access to care activities include:

Legacy Silverton

Community Benefit Health grant funding was used to employ several community health workers who served more than 800 low-income and Latino families in Marion County by connecting them to emergency food and financial resources and helping them access and navigate the healthcare and health insurance systems.

Grande Ronde Hospital

Grande Ronde facilitated an agreement with Northeast Oregon Network for them to hire a certified Marshallese Community Health Worker/Language Interpreter to assist the underserved Marshallese population in Union County. Grande Ronde measures outcomes by the number of certified Marshallese Community Health Workers divided by the Language Interpreter hours spent serving the Marshallese population in Union County. Their total for fiscal year 2023 was 53.75 hours, with a target of 2080 hours by April 30, 2025.

[20] Li T, Irvin V, Luck J, Bahl A. Oregon's Health Care Workforce Needs Assessment 2025. Corvallis (OR): Oregon State University College of Public Health and Human Sciences; January 2025.
[21] Oregon Health Authority. Ombuds Program 2024 – 6 Month Report. Salem, OR. 2024.

Coquille Valley Hospital District

Coquille Valley Hospital has partnered with a local community expert Pharmacist who will be assisting the hospital in opening a retail pharmacy within Coquille in FY24. Many of the operational and strategic designs were developed throughout FY23 with the goal of opening in the Spring of 2024.

CHI St. Anthony Hospital

St. Anthony provides flu shots free to the public each fall and as needed. This service helps prevent possible flu epidemics, which could lead to compromised health problems and or death.

Hillsboro Medical Center

Since 2017, the region's major health providers including Hillsboro Medical Center have collectively invested in Project Access NOW, a non-profit focused on improving community health and equity by providing access to care, services, and resources for the underserved and uninsured. To date, the regional health systems have invested more than $40 million to support health services for Project Access NOW's clients who are low-income, non-native English speaking, and identify as Black, Indigenous, or people of color. Project Access NOW has become a critical link for health access and education, particularly for underserved communities.

Adventist Health Columbia Gorge

Adventist Health Columbia Gorge has Case Managers and Community Health Workers (CHWs) to provide coordination and navigation of community resources to patients and community members who are most vulnerable. According to the 2022 CHNA, the Columbia Gorge has a shortage of bilingual and bicultural providers that can serve the Spanish-speaking community. With the goal of meeting this need, there are four bilingual and bicultural Community Health Workers that help our community navigate the complexity of the healthcare and social systems by serving as liaisons between organizations and individuals seeking services. Additionally, the CHW team helps people apply for Medicaid or navigate their health insurance options such as the Marketplace.

Santiam Hospital

Santiam coordinated and hosted three Seasons for Safety events in 2023, targeted youth and families. These events brought together community partners to address a variety of resources and social needs to include health insurance access, state services, and CBO that address mental health, student health, housing, teen supports and substance use, and family services.

	# of events	Target population	Est # served	Est $ benefit/	Est time volunteer hours
Seasons for Safety	3	Youth and family	450-600	Incoming Grant: $29,177.79 Hospital: $3,161.09	32
Car set checks	3+	Youth and family	55	$2,750	30
Sports Physicals	3	Youth and family	350	$7,000	184
Partner events	25	Youth and family	3500	$27,500	1116
Partner events	25	CBO	300	$10,600	208
Partner events	2	Cultural	380	$200	36
School donations	10	Youth and family	--	$28,600	--

Other hospital access to care investments

Below are hospitals that noted that they made investments in 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
Asante Rogue Regional Medical Center	Adventist Health Columbia Gorge	Adventist Health Columbia Gorge
Asante Three Rivers Medical Center	Adventist Medical Center Portland	Adventist Health Tillamook
Grande Ronde Hospital	Blue Mountain Hospital	Asante Ashland Community Hospital
Good Shepherd Medical Center	Columbia Memorial Hospital	Asante Rogue Regional Medical Center
Hillsboro Medical Center	Coquille Valley Hospital	Asante Three Rivers Regional Medical Center
OHSU Hospital	Curry General Hospital	Columbia Memorial Hospital
Samaritan Health Services	Grande Ronde Hospital	Coquille Valley Hospital
Shriners Children's Portland	Lower Umpqua Hospital	Good Shepherd Medical Center
Saint Alphonsus Medical Center	Southern Coos Hospital and Health Center	Grande Ronde Hospital
CHI St. Anthony Hospital		Hillsboro Medical Center
		Kaiser Permanente
		Legacy Health
		Mercy Medical Center OHSU Hospital

Transportation	Provider Funding Support	Care Coordination
		PeaceHealth Providence Health and Services Lower Umpqua Hospital Salem Health Saint Alphonsus Medical Center Santiam Memorial Hospital CHI St. Anthony Hospital

Behavioral health investments

Two-thirds of hospitals—37 out of 58—made mental health or behavioral health investments. 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.

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 indicate that behavioral health is an 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.[22] Only 30.58 percent of Oregonians reported their mental health needs were met in 2024.[23] 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

64% of hospitals (37 out of 58) reported investments towards behavioral health in Oregon.

[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. 5.
[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 December 31, 2024. Washington (DC): U.S. Departments of Health and Human Services; 2025.

by the COVID-19 pandemic.[24] The 2023 Oregon Ombuds Report found fewer investments and significant gaps in children's mental health care compared with adult mental health care.[25] In general, Oregonians have difficulties finding available providers, and experience extended wait times and inconsistencies with transitions in care.[26]

This section includes selected examples of behavioral health-focused activities that hospitals described in their Narratives. This should not be considered an exhaustive list of activities reported by the hospitals. For more information about the Narratives and where to find them for each hospital, see the Methodology section. Notable examples of behavioral health programs include:

Grande Ronde Hospital

At Grande Ronde Hospital Women's and Children's Clinic, all pregnant women are screened at their first obstetrician appointment using a behavioral health questionnaire for CHARM that identifies drug use, depression, anxiety and safety. CHARM, Children and Recovering Mothers program, is a confidential, affordable and non-punitive health care program for pregnant women struggling with alcohol or drug addiction, developed to help women deliver health babies. If the patient meets criteria for CHARM, the obstetricians interview the patient exploring the option of CHARM support. This screening also serves as a reference for behavioral health and safety referrals. Since the inception of the CHARM program in July 2017, CHARM has served a total 91 pregnant women with diverse needs. Woman of all socioeconomic status have participated in CHARM. Of these 91 women, 63 successfully completed CHARM, a 60% success rate. During FY23, CHARM assisted 12 women, two of whom did not complete the program.

Mercy Medical Center

Mercy Medical Center completed construction of a 12-bed inpatient behavioral health unit to service vulnerable populations suffering from psychiatric illness.

Salem Health

Salem Health invested $30,000 in the Keizer Coalition for Equality. Their Forming Strong Families, Formando Familias Fuertes offered a year-round project focused on mental and emotional health of family relationships. Included were parenting classes, family communication, family activities, monthly speakers, mentoring and peer support to build protective factors in families that contributes to the educational and life success of our children. 160 unduplicated families totaling 540 individuals participated.

Sky Lakes Hospital

Sky Lakes Medical Center works in close coordination with Klamath Basin Behavioral Health (KBBH) and supports that organization's role in the community. Additionally, a new strategic priority for Sky Lakes is to form a mental health strategic plan to create a vision for the future of mental health in our

[24] 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.
[25] Oregon Health Authority. Ombuds Program 2023 Year-End Report. Salem, OR. June 2024. P. 16.
[26] 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.

community. We hosted the first strategic planning session in May of 2023 and completed a mental health strategic plan for Sky Lakes and community partners in October of 2023. The mental health network continues to meet quarterly to drive progress and improvements to improve mental health in Klamath County.

Adventist Health Portland

Adventist Health Portland identified a new program opportunity called IMPACT (Improving Addiction Care Team) with Care Oregon and OHSU Health. They launched the program, which included three providers, a case worker and a substance abuse peer recovery advisor who work collaboratively with patients experiencing SUD.

Adventist Portland met with a new partner, the Oregon Change Clinic, to learn about their mission and how we can support them in their efforts to provide substance use disorder treatment alongside mental health support to their clients. Adventist Portland identified ongoing ways we can support them through drives and kits for new residents.

Samaritan Albany General Hospital

Samaritan Albany provided $7,500 to Jackson Street Youth Services to offer behavioral and mental health support among other services. 39 youth received case management, shelter care, and education support.

Providence Medford

Providence provided a $200,000 grant to United Way of Jackson County for the Mobile Crisis Intervention Service (MCIS) Pilot. The purpose is to bring a team of mental health and emergency medical providers to community members experiencing a behavioral health crisis, meeting individuals where they are when they need assistance. MCIS responses will be available to any community member in behavioral health crisis regardless of health plan, ability to pay, or demographics with the intent to divert individuals in crisis from arrest or hospitalization. Over 200 people were served in 2023.

Mobile Crisis Intervention Service (MCIS) was called by Medford Police Department (MPD) stating they were contacted by staff at a local independent living program. There was a client who was agitated, threatening and crying. MPD requested mobile team assistance. The MCIS team had just completed another call and were nearby the location. They responded and arrived on scene prior to law enforcement. The team helped the client de-escalate and process recent losses. The MCIS Team coordinated with client's treatment providers and established a plan for the client to be taken to the hospital for medical clearance in order to be admitted to the Beckett Center for respite support. The MCIS team transported the client to the hospital where they met with the client's treatment providers who stayed with the client through emergency department screening. The MCIS team coordinated with Beckett Center and hospital to facilitate admission to Beckett Center.

Client Success Story

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.

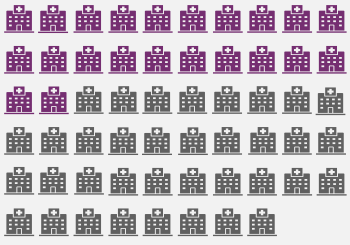
Substance Use Disorder Prevention and Treatment	Community Based Funding	Provider Support
Asante Ashland Community Hospital	Adventist Medical Center Portland	Adventist Medical Center Portland
Asante Rogue Regional Medical Center	Asante Rogue Regional Medical Center	Columbia Memorial Hospital
Asante Three Rivers Medical Center	Good Samaritan Regional Medical Center	Grande Ronde Hospital
Grande Ronde Hospital	Kaiser Permanente	Hillsboro Medical Center Santiam Hospital
Harney District Hospital	PeaceHealth	PeaceHealth
Hillsboro Medical Center	Providence Health and Services	Pioneer Memorial Hospital
Lake District Hospital	Salem Health	Shiners Children's Portland
Samaritan Health Services	Samaritan Health Services	
Shriners Children's Children	Sky Lakes Medical Center	
Blue Mountain Hospital	St. Charles Health System	
	Wallowa Memorial Hospital	

Health equity investments

Thirty-eight percent of hospitals (22 out of 58) reported an investment in health equity. Hospitals are in the unique position to be able to financially support organizations that address health equity.

The OHA and Oregon Health Policy Board (OHPB) definition of health equity states that "Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identifies, or other socially determined

38% of hospitals (22 out of 58) reported investments towards health equity in Oregon.



circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: the equitable distribution or redistribution of resources and power; and recognizing, reconciling and rectifying historical and contemporary injustices."[27] Hospital health equity programs include those that specifically aim to promote social justice and provide social and economic opportunities.

This report focuses on two health equity-related concepts: Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN). SDOH are population-level factors while HSRN are addressed at the individual level. At both the population and individual levels, work to improve health and health equity will require cross-sector collaborations, enabling policies, regulations and community interventions.[28]

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."[29] These upstream factors significantly impact health and health equity.

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.[30] In community benefit, hospitals may report both SDOH and HRSN within what community benefit refers to as SDOH. Hospitals fund HRSN initiatives such as buying air conditioning units, providing food vouchers and connecting patients with community support services. While hospitals have the opportunity to impact health equity in many ways, they have the most leverage in HRSN.

While HRSN programming targets more immediate needs, SDOH programming requires significant investments over long periods of time to affect change. Investments in SDOH are those that address structural inequities, 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

Hospital health equity programs focus on areas ranging from food insecurity to workforce development to housing and houseless services investments. Many health equity programs incorporate multiple priorities, such as access to care, housing and behavioral health. Hospitals reported that these programs also impacted health equity.

This section includes selected examples of activities that hospitals described as health equity focused in their Hospital Community Benefit Narratives. This should not be considered an exhaustive list of

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[27] Oregon Health Authority, Health Equity Committee. OHA and OHPB Health Equity Definition. Salem, OR: 2017.
[28] National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine, Committee on the Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington (DC): National Academies Press (US); 2021 May 11. 2, Social Determinants of Health and Health Equity. https://www.ncbi.nlm.nih.gov/books/NBK573923/
[29] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[30] Oregon Health Authority. Health-Related Social Needs vs The Social Determinants of Health. Salem, OR. P.1-2.

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

Adventist Health Tillamook

Adventist Health Tillamook invested $100,121 in Coalition Building, providing the collective impact infrastructure for Tillamook County Wellness, which includes more than 40 organizations and 90 individuals. This includes community benefit staff hours spent serving on the Tillamook County Housing Commission.

Asante Rogue Regional Medical Center

Asante Rogue employs an array of professionals whose primary focus is the support of vulnerable community members. Community resource coordinators work with patients referred by Asante's clinicians to address SDOH and barriers to care. Employees in these roles work to address individual needs around SDOH on a case-by-case basis for our most vulnerable community members. Community resource coordinators serving Medford and the surrounding area assisted 1,426 individuals with community referrals addressing access to housing, food, caregiving support, care navigation, financial insecurities, insurance navigation, missed appointments and access to needed durable medical equipment. Hospital-employed social workers addressed similar concerns with close to 1,000 individuals, absorbing the costs for transportation, temporary or transitional shelter, adult foster care, caregiving, home monitoring and the purchase of medical equipment to support community members' health care goals upon discharge.

Grande Ronde

Grande Ronde provided a community donation/grant of $17,500 to the Northeast Oregon Housing Authority for creation of a Community Garden at their Timber Ridge, low-income multigenerational housing project.

Legacy Health

Legacy Health awarded The Contingent a three-year Community Health grant to support its Emerging Leaders Internship (ELI) program. The ELI Program connects students from racially and ethnically diverse and/or low-income populations with paid leadership-track internships in Oregon and SW Washington.

Youth aged 18-24 years are matched to paid internships in over 200 employers. Some also participate in an additional formal internship program. Participants gain work experience, build a community of peers, and develop and apply new skills. In FY23, 163 interns took part in the program.

OHSU

OHSU health profession students organize an annual free health screening event, the Health Care Equity Fair, to improve health care access to Portland-area residents who are experiencing homelessness or have no or not enough health insurance. Held annually in downtown Portland, the fair offers free screenings and service related to eye health, wound care, blood pressure and diabetes management for hundreds of people. Student organizers invite community organizations to have booths at the fair and help connect participants with additional services related to housing, substance use disorder, reproductive health and more.

Sky Lakes Medical Center

Sky Lakes Medical Center dedicates substantial efforts to tackling systemic issues and the root causes of health and health equity. One major initiative in this realm is the commitment to ending generational poverty through improved health career pipelines. By forming partnerships with the County School District, Sky Lakes provides educational and career opportunities in healthcare. This initiative addresses the root cause of economic instability by equipping young students with the skills needed for stable, well-paying careers in healthcare, promoting health equity by empowering the next generation with economic mobility.

Other hospital health equity 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.

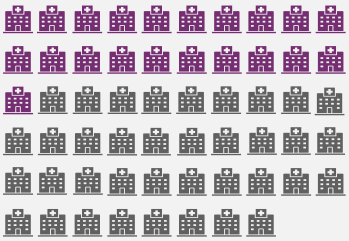
Food Insecurity	Workforce Development	Housing Access and Houseless Services
Adventist Health Tillamook	Adventist Health Columbia Gorge	Adventist Health Tillamook
Adventist Medical Center Portland	Adventist Health Tillamook	Adventist Medical Center Portland
Asante Rogue Regional Medical Center	Curry General Hospital	Asante Rogue Regional Medical Center
Asante Three Rivers Medical Center	Kaiser Permanente	Blue Mountain Hospital
Blue Mountain Hospital	Legacy Health	Columbia Memorial Hospital
Grande Ronde Hospital	PeaceHealth	Hillsboro Medical Center
Kaiser Permanente	Santiam Memorial Hospital	Kaiser Permanente
Lake District Hospital	Sky Lakes Medical Center	PeaceHealth
Lower Umpqua Hospital	CHI St. Anthony Hospital	Providence Health and Services
Mercy Medical Center		Saint Alphonsus Medical Center
Samaritan Health Services		Salem Health
Shriners Children's Portland		Samaritan Health Services
Saint Alphonsus Medical Center		St. Charles Health System
Sky Lakes Medical Center		
CHI St. Anthony Hospital		
St. Charles Health System		

Chronic conditions investments

One-third of hospitals, 21 out of 58, reported programs and investments that addressed chronic conditions. This encompasses a wide range of conditions such asthma, cancer, diabetes, heart disease and more.

Chronic diseases are defined broadly by the CDC as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.[31] Heart disease, cancer and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation's $4.5 trillion in annual health care costs.[32,33,34] Six in 10 Americans have at least one chronic disease, and four in 10 have two or more chronic diseases.[35] Certain behaviors increase the risk of chronic diseases, such as smoking, poor nutrition, physical inactivity and excessive alcohol use. Hospitals have programs that promote nutrition, physical activity and decreased alcohol use, among others, to prevent chronic disease.

36% of hospitals (21 out of 58) reported investments towards chronic conditions in Oregon.



While hospitals provide regular care related to chronic conditions, activities considered community benefit are those that go beyond direct patient care.

This section includes the majority of chronic conditions investments that hospitals described in their Narratives. This should not be considered an exhaustive list of activities reported by the hospitals. For more information about the Narratives and where to find them for each hospital, see the Hospital Narratives section. Notable examples of chronic conditions programs are below.

Adventist Health Tillamook

Adventist Tillamook made a charitable donation of $500,000 in support of a new warm water therapy pool at the North County Recreation District (NCRD). Preventing chronic disease and supporting community well-being continues to be among our highest priorities. Having indoor recreation facilities and resources is vital for our service area due to extended periods of inclement weather. The therapy pool will offer a much-needed resource for low-impact exercise and treatment. Our hospital was a significant supporter of the therapy pool added in central Tillamook County several years ago, and we are pleased to be a significant supporter of the therapy pool being added to serve community members in North Tillamook County.

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[31] Chronic disease definition: US Department of Health and Human Services. Multiple Chronic Conditions: A Strategic Framework; 2010. https://www.cdc.gov/chronic-disease/about/index.html

[32] National health expenditure data: historical. Center for Medicare & Medicaid Services. Updated December 13, 2023. Accessed February 6, 2024. https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical

[33] Buttorff C, Ruder T, Bauman M. *Multiple Chronic Conditions in the United States*. Rand Corp.; 2017.

[34] Leading causes of death. Centers for Disease Control and Prevention. Updated January 23, 2023. Accessed November 7, 2023. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

[35] Buttorff C, Ruder T, Bauman M. *Multiple Chronic Conditions in the United States*. Rand Corp.; 2017.

Harney District Hospital

Harney ran a Know Your Numbers campaign to help the public take control of their health by providing important baseline measurements – including total cholesterol, blood pressure, blood sugar, body mass index, and more. They also held annual health fairs and ran the Frontier veggie RX program a healthy eating initiative that supports patients and their families by providing prescriptions to buy healthy fruits and vegetables.

OHSU Hillsboro

OHSU Hillsboro invested in multiple programs around chronic conditions, including:

- During Breast Cancer Awareness Month, provided community education about the importance of finding breast cancer early, as well as:
- Created and promoted mammography video during Breast Cancer Awareness Month,
- Participated in annual Hillsboro July 4th Parade, promoting mammography services
- Distributed colorectal screening pamphlets to community providers, highlighting the importance of endoscopy (English and Spanish), and
- Provided community education and screenings (cancer screenings, BE FAST/RAPIDO stroke awareness, hypertension screening, etc.) at Hillsboro Hops Sponsorship Nights, Latino Fest, Hillsboro Tuesday Night Market, Hidden Creek Wellness Center, Qorvo Industries, M & M Market, The Springs Assisted Living, etc.

Providence Willamette

Providence Medical Group (PMG) was awarded a Providence System Health Equity grant to address disparities in Diabetes and Hypertension control between Black/AA patients and their white counterparts at seven eastside clinics. North by Northeast Community Health Center (NxNE), a community-based organization in NE Portland devoted to Black/AA health and outcomes, received $125,000 to advise on current/future state of patient care and outreach for Black/AA patients. PMG modified Gateway Community Health Center's Advancing Diabetes Self-Management Program to be culturally responsive for the identified population with the aim of 1) eliminating hypertension and diabetes control performance disparities between Black and white patients, and 2) meeting or exceeding established PMG hypertension and diabetes control performance metrics for A1c control (<8.0%) and blood pressure control (<140/90 mm Hg). This project is ongoing with 2,531 individuals served to date.

Sky Lakes Hospital

The Sky Lakes Wellness Center offers programs in nutrition, exercise, and stress and lifestyle change management. In 2023, the Wellness Center contributed $500,000 in community benefits to support diabetes prevention and lifestyle change programs, serving 1,466 people. It also covered $94,662 in transportation costs for over 4,000 individuals, enhancing access to health services and food resources.

Other hospital chronic conditions investments

Below are hospitals that noted that they made investments in chronic conditions. 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.

Sports and Movement-Centered Programs	Free Community Education about Chronic Conditions
Adventist Health Tillamook	Adventist Health Tillamook
Grande Ronde Hospital	Asante Ashland Community Hospital
Adventist Health Columbia Gorge	Asante Rogue Regional Medical Center
Columbia Memorial Hospital	Asante Three Rivers Medical Center
Grande Ronde	Columbia Memorial Hospital
Shriners Children's Portland	Coquille Valley Hospital
CHI St. Anthony Hospital	Good Shepherd Medical Center
Saint Alphonsus Medical Center	Legacy Health
St. Charles Health System	Mercy Medical Center
Sky Lakes Medical Center	Pioneer Memorial Hospital
	Saint Alphonsus Medical Center
	Salem Health
	Samaritan Health System
	Santiam Memorial Hospital
	Hillsboro Medical Center
	Providence Health and Services
	Sky Lakes Medical Center
	CHI St. Anthony Hospital

Discussion

In its second 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 increase community health workers and language interpreters in their communities, open a retail pharmacy, provide flu shots, joint funding for community health services, community resource navigation, community health events and more. **Behavioral health** investments include behavioral health screening for pregnant women, construction of a new inpatient behavioral health unit, grant funding for family mental and emotional health, formation of a regional mental health strategic plan, new program collaboration around patients experiencing substance use disorder, and grant funding for youth behavioral and mental health support and mobile crisis intervention services. **Health equity** investments ranged from coalition building for collective impact infrastructure, coordination of community resources for patients with SDOH needs, grant funding for workforce development with racially and ethnically diverse and/or students with lower incomes, free health screening events, and partnerships to end generational poverty through improved health career pipelines. **Chronic conditions** programming provided health fairs; personal health awareness campaigns; shared videos, pamphlets, webinars and television segments on health education; and grant funding to address disparities in diabetes and hypertension control.

Hospital Community Benefit Narrative investment reporting improved in its second year: some hospitals offered a fuller picture of their investments and programs. However, there are 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 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 2023, all 16 CCOs met the excess profit requirement and submitted SHARE spending plans for approximately $31 million in total spending, up

[36] Oregon.gov [Internet]. SHARE Initiative. Salem (OR): Oregon Health Authority.

$4.5 million from 2022.[37] Nine CCOs contributed more money to SHARE than required, and CCOs spent $2,74 per member month on SHARE, an increase from $1.21 per member month in 2022. Over half of the 118 SHARE projects used the funding to support Oregon's statewide priority of housing, followed by food access, community well-being and family education and supports.[38]

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

Opportunity to increase community investments.

Despite the new requirement to report community benefit investments on the Hospital Narrative Reports, hospital community benefit specifically in direct spending categories decreased 9.0% from 2022 to 2023. Within direct spending, SDOH spending, reported as cash and in-kind investments and community building activities, decreased 20% from 2021 to 2022. While it increased 10% in 2023, it still has not returned to previous spending levels. **Overall, hospitals' community benefit spending has remained mostly flat despite federal and state regulations intended to increase it.**[39] According to one researcher, the Internal Revenue Service, which oversees the community benefit program, has not revoked a hospital's tax exempt status for providing insufficient community benefits in the past ten years even though there is clear evidence that many hospitals have flouted their responsibility.[40] The Lown Institute found that 37% of private nonprofit hospitals in Oregon received more in tax benefits than they spent on meaningful community investments from 2022-2022, a deficit of $80 million each year that could be put back into the community.[41] Oregon's nonprofit hospitals have the opportunity to reverse their community benefit spending trends to further health equity.

Opportunity to invest more in affordable housing.

Oregon is experiencing an unprecedented housing crisis. In 2018, about 50 percent of Oregon renter households pay at least one-third of their income on rent.[42] 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 seventh lowest inventory of affordable housing in the nation, with just 26 available units for every 100 people in need of housing.[43] The recent point in time survey estimates 6,297 individuals[44] are unsheltered in Multnomah County alone.

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[37] Oregon Rural Practice-Based Research Network. Supporting health for All Through Reinvestment (SHARE) 2023 spending plan summary. Salem (OR): Oregon Health Authority; May 2024. P.3.
[38] Oregon Rural Practice-Based Research Network. Supporting health for All Through Reinvestment (SHARE) 2023 spending plan summary. Salem (OR): Oregon Health Authority; May 2024. P.4.
[39] Santos, T, Lindrooth RC, Lee, D S-Y, Owsley K, Young GJ. Oregon Community Benefit Reform Influenced Not-For-Profit Hospitals' Charity Care and Medical Debt Write-Off. Health Affairs, Vol 33, No 2: Health Policy Road Map for a New US Administration. Feb 2025.
[40] Tatiane Santos. Nonprofit hospitals are sitting on $14 billion. Let's spend it on public health. Harvard Public Health. 2 May 2023.
[41] Lown Institute. Making the hospital tax exemption work for Oregon. An analysis of nonprofit hospital tax exemptions and community investments. April 2025. P.2.
[42] 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.
[43] National Low Income Housing Coalition. The Gap: Shortage of Affordable Rental Homes. Washington DC; 2024. P. 32
[44] 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.

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 health equity need and a key SDOH investment.

> Oregon has the seventh lowest inventory of affordable housing in the nation, with just 26 available units for every 100 people in need of housing.
>
> *National Low Income Housing Coalition*

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 to maximize investments. 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 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 comprehensively, so 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.[45] CCOs' annual reporting of their HRS spending by discrete category offers a helpful example.[46]

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.

[45] Centers for Disease Control and Prevention [Internet]. Program Evaluation Tip Sheet: Reach and Impact. Atlanta (GA): Centers for Disease Control and Prevention; August 2011.
[46] 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. Through this review process, top 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 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). 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. 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.

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. It was updated in its second iteration to reflect this year's investment priorities, as seen in the first bullet under impact. In the second year that hospitals submitted Hospital Community Benefit Narratives, the rubric was 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.

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, health equity or chronic conditions? ▪ 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 most commonly invested in listed by column. Hospitals that reported programs or investments in each priority area received a check mark in the corresponding cell. Not all investments are listed in the matrix: priorities that were addressed by less than 10% of hospitals were excluded.

Oregon nonprofit hospital name	Hospital type	Access to health care	MH and BH supports*	Health equity	Chronic conditions*	Housing	Workforce development*	Substance use	Care coordination	Child/youth health	Food insecurity/nutrition	SDOH (general)
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 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	✓	✓								✓	
Adventist Health Columbia Gorge	B	✓			✓	✓						
Hillsboro Medical Center	DRG	✓	✓	✓	✓			✓				
OHSU	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	✓	✓	✓			✓		✓			✓

Oregon nonprofit hospital name	Hospital type	Access to health care	MH and BH supports*	Health equity	Chronic conditions*	Housing	Workforce development*	Substance use	Care coordination	Child/youth health	Food insecurity/nutrition	SDOH (general)
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	43	37	22	21	18	17	16	14	13	11	7
	out of	58	58	58	58	58	58	58	58	58	58	58
	%	74 %	64 %	38 %	36 %	31 %	29 %	28 %	24 %	22 %	19 %	12 %

*MH and BH supports = Mental health and behavioral health supports

Chronic conditions = Chronic conditions including cancer, heart disease, diabetes and more

Workforce development = Workforce development/economic opportunity

Limitations

This report includes 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 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.[47] These categories closely mirror what hospitals must report to the IRS on Schedule H of the 990 forms.[48] 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.

[47] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[48] 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 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 the majority of their community benefit direct spending in Health Professionals Education. In 2023, $269 million (67.3 percent) of the total of $400 million in statewide direct spending went to educating future doctors, nurses and other health professionals. Of that $269 million, Oregon Health & Science University's contributions accounted for $181.7 million (67.5 percent). The remaining $131 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[49] 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.[50] Addressing SDOH is important for improving health and reducing longstanding disparities in health and health care.[51] 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.[52]

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

[49] Oregon Revised Statute, Chapter 442, Community Health Planning. Oregon Revised Statute 442.601 (2023 Edition).
[50] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved March 11, 2025, from https://odphp.health.gov/healthypeope/objectives-and-data/social-determinants-health.
[51] Artiga S, Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. KFF; 10 May 2018.
[52] Oregon Health Authority. Health-Related Social Needs vs The Social Determinants of Health. Salem, OR. P.1-2.

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.