COMMUNITY BENEFIT UPDATE

M A R C H  2 0 1 9
Every day, Oregon’s community hospitals voluntarily provide programs and services for the communities they serve that go beyond caring for the sick and injured. Their mission goes further than providing high-quality health care – and extends beyond the hospital walls. They make available free and discounted care, community health services, health education, wellness programs, and more, with the goal of improving lives and the health of their communities.

In 2017, Oregon’s community hospitals provided $2.32 billion in community benefit activities, as reported to the Oregon Health Authority. In the same year, hospitals experienced 347,000 inpatient stays, 1.4 million emergency room visits, 11.8 million outpatient visits, and welcomed more than 42,000 new babies into the world.

Hospitals Exceed Pledge to Maintain Community Benefit Spending

In early 2015, Oregon hospitals announced a new community benefit policy knowing that the health care model was rapidly shifting with the expansion of Medicaid in Oregon. With the policy, hospitals pledged to maintain or increase the amount they spend on community benefit, despite a drop in charity care as a result of the Affordable Care Act.

Data from the Oregon Health Authority shows that Oregon hospitals not only achieved their 2015 pledge to maintain their overall community benefit levels, but they exceeded it in the years since. Hospitals increased services in community benefit categories other than charity care by $300 million in 2017, as compared with average levels over the previous three years.
What Counts as Community Benefit?

Community benefit refers to health care-related services that Oregon’s hospitals provide—-with little or no compensation—to address critical health needs in the community. In 2007, the Oregon Legislature created the categories for community benefit, which is defined as health care-related services that hospitals provide without the expectation of compensation. In 2016, hospitals reported community benefit in the following categories:
$196 million
in Charity Care
Free or discounted health services provided to people who cannot afford to pay and who meet the eligibility criteria of the hospital’s financial assistance policy.

$1.6 billion
in Underpayment
The shortfall created when a hospital receives payments that are less than the cost of caring for patients on Medicaid, Medicare, State Children’s Health Insurance Programs (SCHIP), and other public programs.

$43 Million
in Community Health Improvement Services
Activities that improve community health based on an identified community need. They include support groups, self-help programs, health screenings, and health fairs.

$63 Million
in Research
Clinical and community health research, as well as studies on health care delivery, that are shared outside the hospital.

$216 Million
in Health Professions Education
Educational programs that are available to physicians, medical students, interns, residents, nurses and nursing students, and other health professionals that are not available exclusively to the hospital’s employees.

$74 Million
in Subsidized Health Services
Clinical service lines that would not be available in the community if the hospital stopped providing them. This includes things like air ambulance, neonatal intensive care, burn units, mobile units, and hospice and palliative care.

$30 Million
in Cash and In-Kind Contributions
Funds and services donated to the community, including contributions to nonprofit community organizations, grants, and meeting room space for nonprofit organizations.

$11 Million
in Community Building Activities
Programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental problems.

$6 Million
in Community Benefit Operations
This includes the costs associated with staffing and coordinating the hospital’s community benefit activities.
Community benefit is more than charity care

Community benefit encompasses a wide range of services that respond to specific, identified health needs.
WHAT COUNTS AND WHAT DOESN’T?  + COUNTS  – DOESN’T COUNT

Charity Care
+ Free and partially discounted care (discounted from the actual cost, not the charge)
+ Unpaid co-pays for Medicaid and low-income patients
– Bad debt
– Discounts provided to self-pay patients who do not qualify for financial assistance

Community Health Improvement Services
+ Health fairs (not for marketing purposes)
+ Smoking cessation programs
+ Transportation for patients & families to access care
+ Assistance to enroll in public programs
+ Community-based spiritual care and support groups
– Patient education that is part of comprehensive patient care (e.g., diabetes education only provided to patients)
– Employee wellness and health promotion
– Screenings when the primary purpose is to generate referrals to the health care organization

Research
+ Evaluation of innovative treatments or delivery models
+ Research papers by staff for professional journals and presentations
+ Studies on health issues for vulnerable people
– Research where findings are only used internally
– Market research
– Research that yields proprietary knowledge

Unfunded Portion of Government Programs
+ Underpayment from Medicaid
+ Underpayment from Medicare
+ Other government programs: SCHIP, indigent care
– Government programs that are not means-tested, such as VA and Indian Health Service

Subsidized Health Services
+ Clinical programs or service lines that the organization subsidizes (e.g., palliative care programs, behavioral health services, mobile units, women’s & children’s services)
– Financial assistance
– Bad debt
– Ancillary services like lab or radiology

Community Building Activities
+ Neighborhood improvement and revitalization projects
+ Child care for people with a qualified need
+ Waste reduction activities
+ Collaborative partnerships with community groups to improve economic stability
– Health facility construction & improvements such as a meditation garden or parking lot
– Housing costs for employees
– Expenditures to comply with environmental laws

Health Professions Education
+ Unpaid costs of:
  ◦ Internships, residencies and fellowships
  ◦ Training health professionals in special settings, such as occupational health
  ◦ Staff tuition that is provided as an employee benefit
  ◦ On-the-job training
  ◦ Training for non-health related professions
WHY ARE HOSPITALS TAX EXEMPT?

Tax exemptions are valuable to hospitals and to the communities they serve. Exemptions allow hospitals:

- To receive philanthropic donations that are deductible by donors
- To borrow funds at reduced interest rates
- To devote resources to community benefit that otherwise would be paid in taxes at federal, state, and local levels

Unlike for-profit hospitals, tax-exempt hospitals also retain any earnings as community assets, rather than having these resources paid out as returns on investment.

Tax-exempt hospitals invest these resources in fulfilling their missions and in honoring the reasons why they were established in the first place. Virtually all tax-exempt hospitals were started by people who worked hard to assure their communities had access to care. Still others were started by universities who wanted places where doctors and other health professionals have opportunities to train.

Governments have granted exemptions recognizing the value of what not-for-profit hospitals provide and that without these community benefits, government expenditures would increase. In fulfilling their missions, tax-exempt hospitals:

- Absorb financial losses when taking care of low-income people (through charity care and Medicaid services),
- Provide programs and grants focused on community health improvement,
- Offer specific clinical programs at a financial loss (e.g., substance abuse, mental health, and trauma programs) because communities need them, and
- Devote resources to health professions education and research.

Hospitals’ renewed focus on assessing and addressing community health needs will enhance public health for years to come. Tax-exemptions thus enable hospitals to fulfill their missions and provide relief of government burden to improve health.
GIVING BACK
HIGHLIGHTS OF OREGON HOSPITAL’S COMMUNITY BENEFIT PROGRAMS AND THEIR IMPACTS.

MID-COLUMBIA MEDICAL CENTER OFFERS SERVING OREGON AND ITS MIGRANTS BY OFFERING SOLUTIONS (SOMOS) PROGRAM

For many, summer in The Dalles, Oregon means one thing—cherry harvest. The majority of Oregon’s cherry crop can be found on rolling hills in the Columbia River Gorge, tucked in the shadow of Mt. Hood.

Cherry harvest in the Northwest lasts from early June through the end of August, and with it brings thousands of seasonal migrant workers who pick, process and pack the valuable crop. The large influx of this traditionally underserved population means more vulnerable families with critical healthcare needs.

“Here at MCMC, our mission is to lead and act as a catalyst in promoting health and wellness for all people,” said Stephanie Bowen, MCMC Community Outreach Coordinator. “Providing healthcare to migrant farm workers not only meets a critical need but acknowledges the valuable contribution these families make to the local economy.”

Numerous obstacles can prevent migrant and seasonal workers from accessing healthcare. Because these families are continuously on the move following the fruit, many do not know what services are available in the community. Long hours in the orchard and transportation issues can also make it difficult for them to arrange medical appointments.

Although healthcare facilities like MCMC offer Spanish language providers and interpreters, language barriers, low literacy levels and poor cell phone service in work areas make communication difficult.

To better meet the needs of this vulnerable population, in 2016 Mid-Columbia Medical Center started a new program, Serving Oregon and its Migrants by Offering Solutions (SOMOS). SOMOS events provide onsite healthcare to families living in area migrant camps, removing barriers to care.

2018 marked the third year of this program, which has been a resounding success. Last year, MCMC brought Spanish language providers and interpreters to each of the four onsite visits.

Farmworkers and their families had access to primary care, physical therapy, preventative care education, glucose testing, blood pressure testing, preventative care education, food assistance and information about other community resources.

“I think it’s critical for us to give back to this community by improving their health because they are a cornerstone of the industry,” said Jon Soffer, a nurse practitioner with Mid-Columbia Medical Center. “This is an opportunity to show that we appreciate the work they are doing.”

Soffer helped establish SOMOS based on a program model from his days as a student at Emory University in Atlanta, Ga. Each year the event continues to grow, both in the amount of people served and the organizations who collaborate to provide resources, making this a community effort. One Community Health, WorkSource Oregon, The Next Door, Wells Fargo Bank, and Haven from Domestic Abuse all assisted with last year’s events.
RURAL RESPIRATORY CARE

With a gleam in their eyes, spring in their step and a dream of improving the lives of those suffering from Chronic Obstructive Pulmonary Disease (COPD) Good Shepherd Home Medical Equipment respiratory therapists saw the need for developing the Rural Respiratory Program.

According to the Centers for Disease Control and Prevention (CDC), chronic lower respiratory diseases are the fourth leading cause of death in America – that’s true in Oregon as well, including Umatilla and Morrow Counties.

“It’s a horrible way to die,” exclaimed Home respiratory therapist, Sarah Campbell, who shared that she has held the hands of many affected with this condition as they have taken their last breath. “I knew there was something more we could do about it in the outpatient setting. After attending a conference back east it kindled a fire within me to take what I had learned and apply it to our community. After discussing it with my manager we decided the benefits this program would provide for our community were well worth the investment. That’s when the Rural Respiratory Program was born,” continued Campbell.

Individuals suffering from COPD often have recurring hospital stays – termed in the industry as hospital readmissions, something the Center for Medicare & Medicaid Services (CMS) penalizes hospitals for. Many of these readmissions are preventable with the right education and follow up. That is where the Rural Respiratory Program steps in.

So how exactly does this program work? According to home respiratory therapist, Michael Erickson, the program is designed to work closely with an individual’s Primary Care Provider (PCP). “A lot of our time is spent with our physician community. We are a resource for physicians and are essentially their eyes and ears in the patients home. Building these relationships with PCP’s has been crucial to not only the success of the program but ultimately the success of their patients. We make the house calls that they are unable to do. We go into patients homes, assess their situations, provide education, help them understand how to properly use their home medical equipment and follow up with them on a regular interval depending on what stage of the program they are in, stage one, two, or three.”

According to Campbell, once they receive a referral from a PCP they are fully engaged in helping their patients achieve the outcome they desire. “Our assessments are extensive, we spend a lot of time with our patients on that initial visit. We conduct a full history and physical and educate-educate-educate. Education is really important to help our patients understand where their condition is at, how to make it better or how to sustain the level where they are at to not get worse. We look at their lifestyle and provide counsel on lifestyle, exercise, and nutrition – sometimes there are multiple factors that we notice in the home that may be deteriorating a patients health. We want to make sure they understand how to make it better.”

“We work hard to build a trusting relationship. This allows us to see if there are any social determinants of health that can be addressed by colleagues in other areas,” assured Campbell, “And so far it has been working”.

Working closely with other services within Good Shepherd Health Care System they have begun to build a healthcare ecosystem focusing on many of the components of Population Health – better health outcomes for patients, enhancing the patient experience, lowering health care costs, and improving the clinician experience. Just what does that mean? It means that through working with other departments such as Education, Community Health Workers, Community Paramedic, Diabetes Education, Cardiopulmonary Rehab, Home Health, Hospice, and Personal Home Care – they are able to successfully collaborate to improve the healthcare experience and health outcomes of everyone from the underserved in the community to the sickest patients.

This collaboration was no accident, “Our services have been aligned for quite some time,” stated Campbell, who continued, “But we are recognizing that through a coordinated effort it will ultimately help us reduce the overutilization of healthcare services – especially the Emergency Room and prevent hospital readmissions.”

According to Campbell and Erickson, they have also been working closely with CHI St. Anthony in Pendleton, Morrow County Health District, Columbia River Health, Mirasol, and other organizations to provide this service for their patients – truly making this service available throughout Umatilla and Morrow Counties. Another benefit to the Rural Respiratory Program is that it is available for all ages and available to anyone with a chronic respiratory condition.

So how does one go about becoming a patient of the program? “Well, it’s not as difficult as you might think. The preferred method is always for us to get a referral from a patients physician,” shared Campbell, who continued, “But we are willing to work with anyone that is in need and help them get a referral when needed.”

When asked how much this service would cost a patient Campbell and Erickson shared that the service is actually available for free.
Kaiser Permanente Northwest recently awarded more than $1 million in grants to seven local organizations to help stem the tide of chronic absenteeism in Washington and Oregon schools that has made them among the states with the highest absenteeism rates in the nation.

“Chronic absence is an important public health issue in our community,” said Ruth Williams-Brinkley, president of Kaiser Foundation Health Plan and Hospitals of the Northwest. “Children who are chronically absent are more likely to drop out of school, and we know that the number of years a person attends school is a leading predictor of long-term health. For children in our community, long-term health is the foundation for a happy and healthy life.”

A report released in September 2017 by Johns Hopkins University and Attendance Works, using data from the U.S. Department of Education, shows that Washington and Oregon have some of the highest chronic absence rates in the country. Chronic absence is generally defined as missing 10 percent of the school year. In Oregon, 21 percent of schools have extreme levels (meaning 30 percent or more of their students are chronically absent), compared with the national average of 8 percent. In Washington, 28 percent have extreme levels.

According to Attendance Works, children living in poverty are two and three times more likely to be chronically absent, and students from communities of color and students with disabilities are disproportionately affected.

“Chronic absenteeism isn’t about ‘skipping school’ or the occasional sick day,” said Colt Gill, deputy superintendent of public instruction for the state of Oregon. “There are many root causes, like physical and behavioral health issues, institutional inequities and housing and food insecurity. This initiative helps move the dialogue from counting days kids are absent, to understanding why and devising equitable solutions to help.”

Five nonprofits and two school service districts in Oregon and Washington will work toward identifying solutions for the growing problem.
At Bay Area Hospital, expectant parents are offered tours of the Family Birth Center and classes to help prepare them for their newest family member. Mothers are given personalized assistance, from making a birth plan to establishing breastfeeding in the delivery room. Babies are guaranteed a safe sleeping space, by being gifted a baby box upon discharge. And parents are given peace of mind knowing they’re still supported even after they leave the hospital. These are all free services provided by the MOMS Program.

Established in 1994, the MOMS Program sought to educate mothers about the signs of preterm labor and as a result lower incidents of preterm births. The program was a success, and since then the MOMS Program has grown and adapted to meet a plethora of maternal service needs.

“It’s very individualized,” says Michael Morgan, RN, “Establishing what their needs are, what their knowledge base is and filling in all of those gaps.”

A major component of the MOMS Program is the home visit offered to every new mother and baby.

“The MOMS program is very important,” says local pediatrician Jenni DeLeon, MD. “I feel like it’s a shining star on our hospital, because those first days after going home are crucial to the baby’s and mother’s well-being.”

With the parents’ consent, a specially trained nurse visits to weigh the newborn, check for jaundice, connect the family with available resources, and answer any questions the parents might have. Hannah Kahler utilized the MOMS Program in August when she welcomed her first baby, Henry. Kahler says the home visit was a confidence builder for her and her husband.

“I feel like some people might hear ‘home visit’ and think it will be invasive, that was not the case at all,” Kahler says. “It was actually great to have someone come, reassure us that our baby was doing well, and provide us with encouragement in our first days of parenthood.”

After the visit, the nurses continue to check up on the new mothers via telephone until their services are no longer needed. Although participation in the MOMS program is entirely voluntary, up to 92 percent of mothers utilize these services prior to delivery at Bay Area Hospital, and roughly 98 percent participate in the program upon their baby’s birth. These numbers recently attracted the attention of the Ford Family Foundation who is currently paying for a research group to study the program. While similar programs exist at other hospitals, the MOMS Program is unique in the variety of services provided and its inclusivity.

“Most programs in most states are directed at one small piece of the pie,” Morgan explains. “Generally, there’s some socioeconomic connection. Through the MOMS program it’s universal in that every mom that delivers with us has every resource offered to her.”

The study is aimed at identifying the tangible impact of the program. Similar studies in the past have shown that home visiting nursing programs can lower medical care costs, prevent child abuse, and maintain lactation.

“So the hope is that they find some incredible benefits,” Morgan says. “We also think that it may be likely that other hospitals down the road will want to duplicate our program and this study will help them do that.”
For five years, Medford-area residents and families have been able to better access health care and other services through a program in which OHSU students work with underrepresented communities. Recently, OHSU officials and their local partners celebrated the fifth anniversary of the OHSU Interprofessional Care Access Network, also known as I-CAN, in West Medford. The I-CAN program seeks to help Oregonians overcome health challenges that are exacerbated by low income, homelessness, cultural misunderstandings and other hurdles.

“OHSU faculty and students have been proud to help bridge many health care gaps in West Medford for the past five years, and we look forward to continuing to do so for many years to come,” said Peggy Wros, Ph.D., R.N., a professor in the OHSU School of Nursing and the statewide I-CAN director. “In collaboration with our valuable community partners, we address barriers to health and health care while adding value to existing resources and services.” Wros joined local OHSU I-CAN nursing faculty and their I-CAN partners – Southern Oregon Head Start, The Family Nurturing Center, All-Care Health CCO and La Clinica – in re-signing their partnership agreement at the event to signify their ongoing commitment to improving health and wellness for Medford-area families.

Whenever a partner organization encounters a client whose needs can’t easily be met by existing agencies, they have an option to refer the case to I-CAN. Such clients may struggle to manage multiple chronic medical conditions and are further tested by social circumstances such as poverty or language barriers. They often are frequent visitors at local emergency rooms.

OHSU nursing, pharmacy, dentistry, dietetics and other students work with Heather Voss, Ph.D., R.N., an assistant professor at the OHSU School of Nursing’s Ashland campus who is also the I-CAN West Medford faculty-in-residence, to schedule a home visit with referred clients. Students and faculty work with clients on their health care-related goals and then facilitate the steps needed to achieve those goals.

One of the more than 100 Medford-area residents who have benefited from the I-CAN program is Jimmie Kelley. He was referred to I-CAN after his health declined following a series of heart attacks. Since spring of 2018, OHSU nursing students have visited Kelley weekly to help him learn to eat healthy, overcome anxiety, control his diabetes and lose weight.

“Without them, I think I probably would have been on my death bed,” Kelley said. “I am so blessed to have them in my life and help me control my health.”

I-CAN was established in 2013 with the help of a grant from the federal Health Services and Resources Administration. It serves six communities in urban, rural and frontier corners of Oregon: Rockwood, Old Town Portland, Southeast Portland, Monmouth, West Medford and Klamath Falls.

More than 260 clients and nearly 1,100 students have participated in the program statewide. It simultaneously meets the needs of clients who can easily slip between the cracks and teaches students how social circumstances such as poverty can affect health.

**West Medford I-CAN:**
- 17: Percent of clients who had 10 or more prescriptions
- 20: Percent of clients with two or more family members with a chronic illness
- 104: Number of clients referred
- 143: Number of student participants

**Statewide I-CAN Outcomes:**
- 51 percent of clients increased their medication literacy
- 45 percent of clients improved their ability to manage pain
- 50 percent of clients increased their ability to manage chronic disease
- 38 percent of clients increased their access to food
- 35 percent of clients improved their housing status
- 30 percent of clients improved their mobility

*OHSU Program that Helps Marginalized Communities Celebrates Fifth Anniversary in West Medford*
Thousands of people, from college students to senior citizens, are getting outside, hopping on the fun, blue bikes and moving — improving their personal health, as well as the health of their community and the environment.

“Eagerly embraced by this community, the bike program has exceeded expectations from the very start,” said Lindsey Hayward, general manager for PeaceHealth Rides. In just six months since its April 19th launch, PeaceHealth Rides has signed on 10,807 new members. Those riders have taken 127,147 bike trips, totaling 147,005 miles—a distance equal to circling the Earth 5.9 times.

Those riders have collectively burned 5.9 million calories and prevented 129,532 pounds of carbon from entering the air by choosing to travel by bike, instead of in a fuel-burning vehicle.

“PeaceHealth Rides is so amazing in so many ways,” said Susan Blane, PeaceHealth Oregon director of community health. “Riders are getting a great cardiovascular workout, reducing stress, building muscle, and improving balance and coordination. They’re accomplishing that at the same time they’re getting from place to place and reducing traffic congestion and carbon emissions.”

The PeaceHealth-sponsored bike share program was borne out of collaboration between the city of Eugene, University of Oregon and Social Bicycles by JUMP Bikes. Over the months, PeaceHealth Rides has expanded and strengthened local partnerships by exhibiting at community events, organizing a transportation alternative for large events, such as UO football games and the Lane County Fair, and offering guided rides to local sights and businesses.

For a modest charge of $1 to ride for 15 minutes or $15 a month to ride up to 60 minutes a day, riders pick up and drop off bicycles for one-way trips around town. The bikes are parked at 35 stations clustered in the downtown Eugene core, the UO campus area and the Whiteaker neighborhood—a popular food and entertainment district. There’s also a standalone station at PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield, for use by PeaceHealth patients, visitors and staff.

In an effort to make the bikes accessible to everyone over 18, PeaceHealth Rides has established discount fare plans for students at the UO, Northwest Christian University and Lane Community College. A reduced fare option of $20 a year is available for Oregon Trail Card recipients and clients of not-for-profit organizations that partner with PeaceHealth Rides. View peacehealthrides.org for more information.

“PeaceHealth Rides has brought a new vitality to town, affirming Eugene’s reputation as a biking hotspot and as a community that cares about its quality of life,” Blane said.
In recent years, Oregon has been shaken by youth taking their own lives.

In 2017, 49 youth in Oregon died by suicide and seven of them were in Marion and Polk counties. As a nation, the suicide rate jumped 30 percent from 2000 to 2016 and tripled for girls aged 10 to 14. Suicide is now the second leading cause of death for all Americans aged 10 to 24. Over the past 10 years, suicide rates in Oregon have been higher than U.S. rates, and rates of youth suicide have been rising since 2011.

Locally, surveys show that 20 percent of Marion and Polk County 11th graders have considered suicide sometime in the last year and nine percent in Marion County have attempted suicide, while 8 percent in Polk County have. Those numbers are no better for younger adolescents, with 16 percent of Marion County eighth graders considering suicide and 10.5 percent attempting suicide. In Polk County, 12.5 percent of eighth graders considered suicide and 7.5 percent attempted suicide.

There is no absolute consensus on what is causing these frightening increases, but there is agreement that something needs to be done to address the problem. Salem Health Hospitals & Clinics identified this as a long term organizational strategy that encompasses investment in partnerships with many local organizations — some already doing the work and others just becoming involved.

The scope of the first year of this initiative, fiscal year 2019, has been dedicated to gathering information and strengthening community partnerships to understand this major issue for the community. Salem Health has been studying currently available resources, learning where gaps still exist and building capacity to help Marion and Polk counties reduce the stigma and get people talking.

Through dedicating resources to this important issue this year, Salem Health has:

• Sponsored initiatives during Suicide Prevention Month
  • Out of Darkness Community Walk for to bring people together to reduce stigma and support those that have been touched by suicide
• Salem Police Department suicide awareness vehicle wrap
• Built a partnership with Salem-Keizer Public Schools to hold listening sessions at each high school feeder area and alternative high school between October and June. Ten additional community partners are present to share information, answer questions and provide support.
• Started an initiative to double the number of individuals trained in “Question, Persuade, Refer” — an evidence-based suicide risk assessment that can be used to save the life of a person in crisis.
• Agreed to assist Mid-Valley Suicide Prevention Coalition in revamping its website and consolidating all suicide prevention, intervention and postvention resources — including all QPR trainings held in Marion and Polk counties.

SALEM HEALTH INVESTING IN SUICIDE AWARENESS AND PREVENTION

In recent years, Oregon has been shaken by youth taking their own lives.
GRACE CENTER PROVIDES SERVICES FOR SENIORS WITH SUPPORT FROM SAMARITAN HEALTH SERVICES

On any given day at the Grace Center for Adult Day Services in Corvallis, there are a wide range of activities happening — chair tai chi in the gym, haircuts in the salon and special presentations from organizations such as the Chintimini Wildlife Refuge.

These diverse and engaging activities are all designed to support a dynamic day service for seniors and individuals living with disabilities.

Grant funding from Good Samaritan Regional Medical Center helps support the Grace Center’s financial assistance program, which allows more individuals to join the program who may not otherwise be able to afford it. The Grace Center offers a positive place for participants to spend time that provides cognitive stimulation, socialization and physical activity. It also provides much needed respite care when family caregivers need a break.

“Many of our participants benefit from the financial assistance program,” said Director of Community Relations Tera Stegner. “The financial support from community partners like Samaritan Health Services truly helps us serve a need in the community and support our mission.”

SAMARITAN HEALTH SERVICES SUPPORTS AT-RISK CHILDREN IN LINCOLN COUNTY

Playing with toys, enjoying art projects, reading stories with their parents – these activities might appear to be just fun activities for children, but in reality, these are some of the biggest learning opportunities for young kids.

This philosophy that encourages positive parent-child interactions and learning through playtime, literacy, arts and music is the backbone of Lincoln County School District’s Learning is Fun Together (LIFT) Program.

LIFT is a kindergarten readiness class offered in Waldport, Newport, Lincoln City and Yachats that serves homeless and at-risk children ages 3 to 5 and their families. Supported in part by grants from Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital, the program provides a variety of play-based learning activities that help children reach their potential and prepare for school.

In addition to helping children learn and prepare for kindergarten, the program also serves as reliable, high-quality childcare. For many parents, this can remove a significant barrier in being able to find and keep steady employment.
SKY LAKES MEDICAL CENTER INVESTMENTS IN PARKS BENEFITS COMMUNITY

Green spaces promote increased physical activity. “Physical inactivity increases the relative risk of coronary artery disease by 45%, stroke by 60%, hypertension by 30%, and osteoporosis by 59%. Moreover, physical inactivity is cited as an actual cause of chronic disease by the U.S. Centers of Disease Control.”  

(Booth FW, Lees SJ)

Paul Stewart, president and CEO of Sky Lakes Medical Center in Klamath Falls, is a long-time champion of prevention in health care and has ample evidence supporting his advocacy.

“Physical activity and exercise has been associated as primary prevention with as many as 35 chronic conditions,” he said. “Sky Lakes leadership believes physical inactivity is an underappreciated cause of most chronic diseases, and we back up that belief with investments in the community.”

Providing opportunities for people to be more physically active will help them be healthier and will help revitalize the community, he said. “When we invest in parks, with their inviting green space and opportunities for exercise and relaxation, we leverage many positive things for the community.”

“It sends the very clear message that we value the benefits those things bring naturally.”

A new play area at Kit Carson Park, in a neighborhood along a main entrance to the city, was funded by Sky Lakes as a gift to the community. The park’s new play equipment and landscaping pay homage to the natural resources in the area and invite active participation.

“What was once a decaying eyesore can now be viewed being used on a daily basis by children and families, playing outside and moving naturally,” Stewart said.

The medical center did not stop with only one park. Sky Lakes also purchased and razed two dilapidated buildings in downtown Klamath Falls and worked with the city administration to create Klamath Commons. The one square-block park will be ready for use later this year.

The park includes an assortment of fixtures to encourage outdoor recreation as well as a natural amphitheater and a “toddler’s creek” water feature, and is another example of how Sky Lakes encourages people to move more naturally. The two parks represent an investment of $1.2 million in the community.

Sky Lakes Medical Center has also funded two three-year programs to teach all third-graders in Klamath County how to swim. Sky Lakes coordinated the grant to the local municipal pool with other community partners.

“Projects like these tell the world that we are willing to invest in the things that are important to our community and its future,” says Sky Lakes Board Chairman John Bell.

Sky Lakes also provided financial assistance and project management to help create the Geo Trail hiking paths on the hillside east of the medical center and Oregon Tech campuses, and provided funding to support development of the Spence Mountain Trail west of Klamath Falls to further encourage more physical activity.

The projects support the region’s pursuit of a “culture of health.” Sky Lakes plays a leadership role in the community collaboration and continues to provide substantial funding for paid staff to coordinate volunteer activities.
ST. CHARLES INVESTS UP TO $480K IN COMMUNITY BENEFIT DOLLARS IN VIM OVER NEXT TWO YEARS

St. Charles Health System is partnering with Volunteers in Medicine Clinic of the Cascades (VIM) to match up to $480,000 dollars in funds the clinic raises over the next two years, nearly doubling the health system’s overall community benefit investment.

VIM, which started in 1999 as a one-room clinic housed at Deschutes County Health Services, moved into its current location on the St. Charles Bend campus in 2004. The clinic leases its property from the health system for $1 a year. VIM uses the collaborative power of hundreds of in-clinic volunteers and local health care partners to provide uninsured adults with necessary medical care. All patients are over 19 years of age, from low-income working families and are not eligible for Affordable Care Act (ACA) programs. The majority have more than one chronic condition.

Through our network of providers, we are able to leverage every $1 raised into $6.73 in medical services and community benefits for the uninsured.

Over the past four years, VIM has experienced an increase in requests for medical services and medications, but its funding has not kept pace with the demand, Mastrangelo said.

“To stabilize our funding base so that we can meet our patient’s needs, we are seeking support from Central Oregon’s health care community to match St. Charles’ generous investment,” she said. “Any donation from a licensed health care individual, provider or group practice, medical foundation or organization will help us meet our goal.”

St. Charles has committed to matching VIM funds dollar for dollar up to $240,000 a year, for two years, which is a conservative estimate of how much money St. Charles saves as a result of the services provided by the clinic.

“What makes VIM special is its value proposition,” said Dr. Jeff Absalon, St. Charles’ chief physician executive. “It convenes a pro bono network of specialists to coordinate case management, which helps ensure patients receive the right care at the right time.

If VIM were to go away, the result would be more costly and fragmented care.”

Starting the VIM clinic was one of Sister Catherine Hellman’s final projects after serving as St. Charles’ chief executive officer for 20 years and president emeritus for 10 additional years. The health system’s support of the clinic honors Hellman’s contributions and a century of providing care to the community.

“This year we’re celebrating our 100-year anniversary and our legacy of ‘Care for all,’” said Jennifer Welander, St. Charles’ chief financial officer. “St. Charles is proud to invest its community benefit dollars in an organization that provides health care to underserved members of our community, which philosophically aligns with our mission as an organization.”
WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

Community health needs assessments are required of tax-exempt hospitals as a result of the Affordable Care Act. These assessments provide hospitals the information they need to provide impactful community benefits which address the needs of their communities. They ensure that hospital community benefit programs align with other community health improvement programs. By statute, the assessments must incorporate input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.”

Community health needs assessments use such principles as:

• Collaborations that support shared ownership of all phases of community health improvement
• Proactive, broad and diverse community engagement to improve results
• A definition of community that allows for population-wide interventions and measurable results, and includes a targeted focus to address disparities
• Maximum transparency to improve community engagement and accountability
• Use of evidence-based interventions and encouragement of innovative health improvement practices
• Evaluation to inform a continuous improvement process
• Use of the highest-quality data pooled from, and shared among, diverse public and private sources
WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN?

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health problems based on the results of a community health needs assessment. A plan is typically updated every three to five years.

This plan is used by community partners, including hospitals, to set priorities, and coordinate and target resources. A community health improvement plan defines the vision for the health of the community through a collaborative process and addresses strengths, weaknesses, challenges and opportunities that exist in the community to improve the health of that community.
ABOUT OAHHS

Founded in 1934, the Oregon Association of Hospitals and Health Systems (OAHHS) is a statewide, nonprofit trade association that works closely with local and national government leaders, business and citizen coalitions, and other professional health care organizations to enhance and promote community health and to continue improving Oregon’s innovative health care community.

While the association’s primary focus is state and federal government relations and advocacy efforts on behalf of our members, OAHHS also is the state’s premier data-collection source on hospital and health system economics and an information resource on matters such as HIPAA, hospital quality and transparency, workforce development, education programs, and other member services. OAHHS is uniquely positioned to help Oregon hospitals speak with one voice on national and state-focused health care priorities such as patient safety and performance reporting. We work diligently with Oregon’s Congressional Delegation, the American Hospital Association, and other state health care associations and councils to influence health care decisions at the local and national level.
OREGON ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS   |   COMMUNITY BENEFIT UPDATE

COMMUNITIES WE SERVE
Oregon has 59 community hospitals and three specialty hospitals located in 36 counties. They represent a mix of general (also called “acute care”), as well as pediatric, long-term care, and behavioral health services. More than half of Oregon’s hospitals are in rural areas. Not only are Oregon’s community hospitals a source of healing for the sick, but they are also a significant source of family wage jobs, which help power the Oregon economy. In 2014 (the most recent data available), hospitals had 10.6 million outpatient visits, 1.34 million emergency room visits, delivered 44,254 babies, employed almost 60,000 people, and provided nearly one-quarter of the funds needed for the state’s Medicaid program.

CONTRIBUTIONS TO OREGON’S ECONOMY
Oregon community hospitals both directly provided and helped support over 117,000 jobs to Oregon communities in 2015—or 1 in 20 jobs, according to the most recent data available in a new study conducted by ECONorthwest.
- Over 62,000 Oregonians are directly employed by Oregon’s community hospitals and over 55,000 jobs are associated with hospitals.
- Hospital-related jobs account for 4.9 percent of the state’s total employment
- Oregon hospitals directly accounted for $9.6 billion in economic output in Oregon in 2015.
- Hospitals directly generated approximately $258 million in tax and fee revenue for state and local jurisdictions in 2015. State and local governments collected another $295 million in taxes from businesses that supply goods and services to hospitals.

OAHHS MISSION
OAHHS provides leadership in health policy, advocacy, and comprehensive member services that strengthen the quality, viability, and capacity of Oregon hospitals to best serve our communities.

PATIENT CARE
- About 346,000 patients received inpatient care at acute care hospitals in 2016
- More than 11.3 million patients received outpatient care in 2016
- There were more than 1.4 million visits to hospital emergency departments
- The top five reasons for hospital stays were:
  - Births
  - Knee joint replacements
  - Bloodstream infections
  - Mental health issues
  - Digestive disorders