



COMMUNITY BENEFIT UPDATE

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A COMMITMENT TO COMMUNITY

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.

Hospitals are dedicated to strengthening the health of their communities by helping the Oregonians who need it most. Oregonians around the state are served every year through hospital-funded community benefit programs that improve the overall health of people in our state. These programs are designed to serve the unique health needs of each community.

In 2016, Oregon's community hospitals provided \$2.19 billion in community benefit activities, as reported to the Oregon Health Authority. In the same year, hospitals experienced 346,000 inpatient stays, 1.4 million emergency room visits, and 11.3 million outpatient visits, and welcomed more than 43,000 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.

At the same time, they announced a voluntary expansion of their policy for free care, which allows people and families

who earn up to 200 percent of the federal poverty level to receive free care.

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 \$400 million in 2016, 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:



\$150 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.

\$34 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.

\$60 Million in Research

Clinical and community health research, as well as studies on health care delivery, that are shared outside the hospital.

\$217 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.

\$48 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.

\$31 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.

\$14 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.

\$7.8 Million in Community Benefit Operations

This includes the costs associated with staffing and coordinating the hospital's community benefit activities.



GIVING BACK

HIGHLIGHTS OF OREGON HOSPITAL'S COMMUNITY BENEFIT PROGRAMS AND THEIR IMPACTS.

PROVIDENCE HEALTH & SERVICES - OREGON

Upstream in the lives of vulnerable populations - Addressing social determinants of health

Providence Health & Services is committed to easing the way for its patients and community members. This commitment manifests itself in a number of ways – through partnerships to increase food security, access to affordable housing and oral health services – but they are also looking internally and identifying the most meaningful ways to connect the people we serve with community services.

The Community Resource Desk is a program designed to provide an added service within clinics and hospitals. The desks are connecting patients that initially come to our hospitals and clinics for health care to relevant and appropriate resources available in the community – so they may have their basic needs fulfilled.

Often times the doctor or nurse refers the patient, and sometimes the patients seek out support when they see the desk.

Providence opened its fifth resource desk in Seaside in 2017, following the success of similar models throughout the Portland-metro area. Last year it served 2,536 households - 306 repeatedly – which means 5,943 adults and children are now better able to address their unmet social needs. Some of the top needs are housing, utility costs, dental care, and food security.

Here is just one example:

A woman stopped by the community resource desk in Seaside, asking for help to find somewhere to live. She cares for her granddaughter, and they were living in

a hotel because they did not have enough money saved up to be able to move.

After listening to her needs, the resource team connected with a community resource partner in Astoria and found out they qualified for one-time rental assistance. The grandmother was so appreciative, thanking Providence for helping her get assistance to move out of the hotel and into a place of their own.

This model is making a measurable difference. Providence is growing and exploring opportunities to expand this program across Oregon, in addition to integrating the screening process into the electronic health record in 2018.



**\$2.27 MILLION
IN GRANTS**



FROM KAISER PERMANENTE WILL HELP PEOPLE WITH MENTAL ILLNESS FIND AND SUSTAIN HOUSING

Fifteen community health workers will offer a helping hand to reduce homelessness

Kaiser Permanente Northwest awarded grants to seven nonprofit agencies across the region, from Cowlitz to Lane counties, to support unique programs that engage community health workers and peer counselors in helping people with mental illness and addiction disorders find and sustain housing.

The \$2.27 million in grants follows a \$4 million contribution announced in September in support of the “Housing Is Health” initiative that will build 380 units of housing in Portland with Central City Concern, including 175 units of medically supported housing. Kaiser Permanente has also partnered with several other local health care providers to create the new Unity Center for Behavioral Health.

“As we looked at the challenges facing people with mental illness in our community, we heard repeatedly that lack of stable housing is the most

critical need,” said Andrew McCulloch, president, Northwest, Kaiser Foundation Health Plan and Hospitals. “But not only do they need housing, they need help getting into and maintaining housing in the first place. Without both types of support, it is virtually impossible for people with mental health and addiction issues to attain successful treatment.”

Seven nonprofit agencies will receive \$325,000 over three years to deploy strategies with a personal touch. Each agency has also been asked to identify policy and advocacy efforts for changes that will help bring an end to homelessness for people with mental illness and addiction disorders.

Community health workers and peer support/wellness specialists are able to build meaningful relationships to help people reach their recovery and health goals. Through coaching, mentoring,

teaching, listening and caring, they can be role models who encourage self-esteem and self-confidence while sharing specific knowledge and promoting skills.

The grants were announced at a press conference held at the Transition Projects Clark Center during a Martin Luther King, Jr. Day service project by Kaiser Permanente volunteers. The Clark Center provides shelter and housing short-term housing and support services to homeless men.

“On this day of service, it is an honor to connect people who have a passion for helping our community’s most vulnerable members with the resources, training and strategies they need to be effective,” said McCulloch.

Each of the grant recipients has developed its own unique way of deploying community health workers and advocating for people with mental illness and addiction.



ST. ALPHONSUS TRAINERS HELP STUDENT ATHLETES

Allyson Lee Barton, the sports medicine coordinator/athletic trainer for Saint Alphonsus Medical Center-Ontario, always has wanted to improve the health of community members. And as she has launched her new nutrition presentations for student athletes at area schools, that goal has become a reality.

The idea for the nutritional advice presentations were hatched when Saint Alphonsus President Ken Hart linked Barton with local dietitian Deborah Hampton. The two collaborated on a presentation that Barton began giving at local schools.

Barton believes most athletic trainers have a grounding in nutrition science as it relates to athletes, but not usually as detailed as a dietitian might. Therefore Barton and Hampton's collaboration went further than Barton might have been

able to get on her own. The presentations they created use their knowledge as well as information from both the National Athletic Trainers Association and the Oregon School Activities Association.

"We can always use extra help when it comes to the nutrition of our athletes," Barton told the local newspaper. "The more we're all saying the same language for these athletes, the more it'll sink in."

The presentation was given to student-athletes at Ontario, Payette, Vale, Nyssa,

and Treasure Valley Community College.

Barton is one of a four-person team at Saint Alphonsus which works with local schools, going to all home events and attending practices when they can.

Barton has become part of the community at the schools. And many of the student athletes have come to rely on her.

"I treat them like they're my own kids," Barton told the newspaper. "And it's an honor that the Nyssa kids, and some Ontario kids, call me Mom."

ST. CHARLES OFFERS SUICIDE PREVENTION TRAININGS THROUGHOUT THE TRI COUNTY AREA

Last year, St. Charles adopted suicide prevention as a community priority for a three-year period. This includes the funding of question, persuade and refer (QPR) trainings in both English and Spanish for groups ranging from St. Charles caregivers and volunteers to educators to members of the LGBTQ community.

To date, St. Charles facilitators have held 22 sessions and trained 434 individuals in Deschutes, Crook and Jefferson counties.

The training covers the three simple steps anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

“From the comments section of the surveys given at the end of each training, people really seem to be getting a lot out of it,” said Carlos Salcedo, community partnerships manager at St. Charles. “They felt better and more prepared to deal with someone who might be thinking about hurting themselves.”



The Women Council of Realtors training was held at the Boys and Girls Club of Bend. The training was done by Phu Nguyen and Devan Larsen from Boys and Girls Club of Bend.



SCHS caregiver training. The training was done by Phu Nguyen and Leanna Leyes, both SCHS employees.

HEALTHY KIDS OUTREACH PROGRAM

The **Mercy Medical Center and the Mercy Foundation's** Healthy Kids Outreach Program (HKOP) celebrates 10 years!

Healthy Kids Outreach Program, HKOP, helps Douglas County kids be at their very best; happy, healthy and productive citizens of the future. The health attitudes and behaviors of kids have already improved in the four short years HKOP has been in our schools.

The Healthy Kids Outreach Program helps improve the basic health of children in Douglas County in three ways:

DENTAL SCREENINGS AND TREATMENTS

With generous grants from the Oregon Community Foundation, Ford Family Foundation, Ronald McDonald Charities, the Walmart Foundation, and Advantage Dental, Healthy Kids staff started rolling out the addition of onsite dental clinics in 2011. Students receive a dental screening, sealants, and fluoride

varnishes to protect them from getting cavities and they go home with a report card and dental kits that include a toothbrush, toothpaste, and floss.

HEALTHY EDUCATION

The Healthy Kids Outreach Program provides comprehensive health education at area schools, teaching kids how to stay healthy and make healthy choices. Educating kids on the fundamentals of personal and dental hygiene, communicable disease prevention, nutrition, exercise and heart health, and character development ensure a healthier community long into the future.

CONNECTION TO CARE

The Healthy Kids Outreach Program provides connection to appropriate community health care resources for children and families right at

school, removing barriers that many of our families face.

About half of Douglas County children and families live at or below 200% of the Federal Poverty Guideline, and about half of our kids do not have health insurance. Many of our families face transportation and financial barriers that HKOP helps overcome in our rural school communities.

The Healthy Kids Outreach Program helps Douglas County kids be at their very best; happy, healthy and productive citizens of the future.

Mercy is looking forward to the next ten years of serving local students and also seeing the fruits of our investment: An equal playing field for all kids where the focus is on the health of the kids and making sure every Kid Counts.





Stephanie Freeman, RN, helps train SWOCC nursing student Skyler Walton at Bay Area Hospital.

LAYING THE GROUNDWORK

A New Place to Train Future Nurses — Bay Area Hospital

“There is a nursing shortage and not just in our area”, says Susan Walker, RN, Director of Nursing and Allied Health at Southwestern Oregon Community College (SWOCC). “All across the country, nurses are in demand, and the problem is expected to get worse before it gets better.”

That is a sobering assessment for anyone in the health care industry, and it is one reason why Bay Area Hospital and SWOCC recently announced that they were teaming up to help get a new Health & Science Technology Building constructed at the college. In April 2016, with a long tradition of financially supporting the SWOCC nursing program, Bay Area Hospital did not hesitate to pledge \$1 million toward the \$16 million project. Community medical providers also stepped in to pledge the same amount to help fund this essential addition.

Walker says that a new building is absolutely vital to the college’s nursing program. By extension, that means it is vital to the future of Bay Area Hospital.

More than half the nurses employed at the hospital graduated from SWOCC, and data show that within the next five years dozens more will enter retirement age. The hospital will be looking to the college for more nurses to fill the void, and, Walker says, everyone will want those nurses to be well trained.

“We have a very outdated building,” she says. “There is no potential for growth at all. It’s a 1970s lab, and we have been trying to upgrade and add computers, but we just don’t have the room to do it; we don’t have the room to store equipment.”

“So, to train the students with all the latest technology and all the changes in our healthcare system, we need to upgrade, and I don’t see us doing that without a new building. The nursing students have to have hands-on learning and be able to use all the equipment. We certainly want them trained on the equipment before they need to use it on a patient.”

And this is not just a community college project, or a college and hospital

project. Walker believes that it should be viewed as a project to benefit the entire community for years to come, by virtue of its helping supply a well-trained health care workforce. The majority of students who start at Oregon’s community colleges stay in or return to their communities after completing professional training and degrees. SWOCC offers young people from western Douglas, Coos, and Curry counties an affordable launch into professional careers.

Ground breaking is expected in June 2018.

The new building will house collaborative health and science labs, classrooms outfitted with state-of-the-art technology, and new lecture halls for campus and community use within 47,000 square feet of space.

“We all need health care at some point in time,” says Walker, “and I think we would like to get high-quality care. The community is going to receive high-quality care if it has nurses with good, up-to-date, training.”



YOUTH LEARN HEALTHY HABITS THROUGH COMMUNITY GARDEN AT SAMARITAN HEALTH SERVICES

For the elementary and middle schoolers in the Healthy Youth Program at Seashore Family Literacy Center in Waldport, fresh produce and nutritious cooking are quickly becoming a part of their everyday healthy habits.

The 10-week program, which receives grant funding from Samaritan North Lincoln Hospital and Samaritan Pacific Communities Hospital, gives kids a positive place to spend time during the summer where they learn to plant and care for their own food in Seashore's 17,000-square-foot JOY Garden. From harvesting produce in the garden to learning about nutrition and cooking skills, the program takes a

well-rounded approach to helping kids learn about living a healthy lifestyle.

"Living a healthy lifestyle should be our most important task in life," said Senitila McKinley, founder and director of Seashore Family Literacy. "It is our responsibility to show that to our children. The whole process is healthy not only for the children, but for the adults and families as well."

The program also features Fresh Fridays, where the kids prepare and cook produce from the garden to share with the community for tasting and purchase. Fresh Fridays are a great way for local families to get access to nutritious lunches and local produce who might otherwise not have had access to it, and for the students to share what they have been learning in the program.

TUALITY HEALTHCARE'S LOCAL HIGH SCHOOL ATHLETIC TRAINER PROGRAM GOING STRONG

For over two decades, Tuality Healthcare has partnered with local school districts to donate over 550 hours per year of athletic training coverage to the four Hillsboro high schools and Forest Grove High School.

In addition to enhanced coach training and Oregon Schools Activities Association (OSAA) safety protocols, student athletes benefit from having a professional Athletic Trainer on site to provide pre-game preparations, injury evaluations and diagnosis, head trauma assessments, physical therapy, and rehabilitation.

Each high school is provided with a Tuality Athletic Trainer who works most afternoons during practice and during game times. Although the Athletic Trainers cannot be at every game or practice, they are available for follow up injury assessments and physical therapy to help athletes return to play.

"I have been in the profession for over 15 years and I honestly wouldn't want to be doing anything else. Working as an Athletic Trainer at Forest Grove High School is incredibly rewarding," said Erin Russell, ATC-R. "There is nothing more satisfying and exciting than when I see one of my athletes finally play in a game after having been injured. I had an athlete who sustained a very serious concussion and went through months of physical and speech therapy. It's hard to describe how happy all of us were to have him back the following year, able to play again."

Tuality's athletic training program has been invaluable to the local schools, which previously relied on the coaching staff to evaluate injuries.

"Without that coverage, athletes would not have immediate access to a professional health care provider," Russell said.

Having a professional Athletic Trainer on-site is a much more effective means



A Tuality Trainer checks a local student-athlete.

of providing care, and allows any potential head traumas, a recent hot topic in sports-related injuries due to the recent research on their long-term effects, to be diagnosed and triaged properly.

"As Athletic Trainers, we evaluate

injuries and determine whether we need to refer to a doctor, the Emergency Room, or are able to take care of it in the training room. This saves parents and the school district money by avoiding unnecessary medical costs."

COMMUNITY COLLABORATION AT ITS BEST

Grande Ronde Hospital and partners connect the community with needed services

Grande Ronde Hospital's (GRH) mental health objective for the 2017 fiscal year was twofold: To improve the availability and ease of obtaining mental health services and to build community

partnerships that allow them to work together more effectively to improve the status of mental health in its county.

To that end, GRH supported the 2016 Annual Drug Free Run hosted by

the Union County Safe Communities Coalition (UCSCC). The event drew 75 participants and raised more than \$9,000 that was leveraged into multiple community partner efforts.

Helping Our Youth

Working with the UCSCC, the Union County Community Access for Recourse Effectiveness (CARE) program, La Grande Parks and Recreation, and Veteran's Memorial Pool, proceeds from the Drug Free Run supported Spring Break Camp—a healthy, positive activity for 19 at-risk students. An additional 75 youth were treated to a free swim day during spring break.

Run proceeds also allowed staff from Head Start, the local office of the Oregon Department of Human Services, and others to attend training on Adverse Childhood Experiences (ACES), a program specifically developed to help build resiliency in children. Staff from the Grande Ronde Recovery program were also able to attend a "Train the Trainer" session on the newest curriculum and best practices around marijuana use and abuse.

Continuing GRH's commitment to promote a drug-free lifestyle, GRH increased a commitment it has had for many years with the La Grande Middle School (LGMS) Drug-Free Youth program to underwrite drug-screening costs. In Fiscal Year 2017, GRH explored an expanded partnership with the La Grande Rotary Club. It increased annual support for this important program, setting aside additional monies for drug screenings to reach more Union County students at schools with a interest in developing their own Drug-Free Youth program.



Local children at the 2016 Annual Fun Run.



NEW PILOT PROGRAM TAPS PARAMEDIC FOR HOME VISITS

PeaceHealth Peace Harbor Medical Center and Western Lane Ambulance District have partnered to pilot a new program aimed at preventing hospital readmissions by enhancing in-home care.

Launched earlier this year, the Mobile Integrated Healthcare program provides non-emergency EMS visits to patients in their homes following hospitalization or an Emergency Department visit. A 9-1-1 call to EMS frequently results in transport to an emergency room, even when the patient may not require that complex and costly a level of care—and if EMS does not transport the patient, they are not reimbursed for the expense of ambulance activation.

The new collaboration dedicates an ambulance unit and a trained paramedic to provide immediate, non-emergency follow-up home visit for patients identified as having high potential for calling emergency services. Working with Peace Harbor community health worker Heather Hammond, paramedic Chris Martin meets daily with discharge planners and makes every effort to visit the patients while they are still in the hospital to explain how he

can help with their post-discharge care.

In addition to providing follow-up evaluations, Chris also serves as a connection with other health and social services, making sure patients understand how to access food and transportation resources and other community services.

In rural areas like western Lane County, community paramedics can help fill gaps in local health care delivery related to primary care provider shortages and long travel times to the nearest hospital or clinic. An experienced program manager, Martin is gathering metrics to measure the success of each of the pilot program's four goals:

- Reducing hospital readmission rates
- Reducing ED visits
- Reducing non-transports (when an ambulance is dispatched but the patient is not brought to the hospital)

- Reducing the percentage of patients seen at Peace Harbor for discharge follow-up

The program hit the ground running in its first week, when Martin provided immediate post-discharge visits and triage to 12 patients who had been referred to Home Health Care.

Kathy Murphy, RN, CHPN, manager of Home Care Services, is pleased that the program will help her staff identify patients who would benefit from home care sooner than might otherwise occur.

Matt House, EMS operations chief for Western Lane Ambulance, said the program is already proving beneficial to the community. "The Mobile Integrated Healthcare position was designed to bridge gaps in healthcare needs for the community," he said. "To have such a positive outcome, before the program technically even started speaks volumes for potential future success stories."



LEGACY HEALTH: YOUTH EMPLOYMENT IN SUMMER (YES) PROGRAM

For the past 18 years, Legacy's YES Program has removed the barriers for ethnic minorities students pursuing careers in health care.

Recognizing education and health care professional workforce disparities among ethnic minorities in the communities Legacy serves, the Legacy Community Health Fund established the Youth Employment in Summers (YES) Program. Since 1999, the program has provided employment and college scholarships for graduating high school students pursuing post-secondary education program in health care.

The YES Program meets two key needs in the community: increasing the number of ethnically diverse students entering health careers; and benefiting the health care profession by a more culturally diverse workforce that reflects the communities that Legacy Health serves.

Students in the program are assigned a mentor and work alongside health care professionals in positions that require post-secondary degrees or training. The program introduces the students to health careers in both

clinical and non-clinical areas.

YES offers opportunities for paid summer employment and college financial assistance. Partnering with local youth organizations and high schools, students are identified based on need, aptitude, initiative, and a desire to succeed in a health care environment. Students who perform well during the summer employment and maintain their educational requirements during the school year are eligible to return to the program the following summer.

Students are often the first in their families to go to college and earn a college degree.

Legacy hospitals have a long history of commitment and involvement with both high schools and clinical professional schools in its service areas. The YES Program expands Legacy's commitment to educational partnerships and the communities it serves by developing positive workplace

learning opportunities between employees and students considering entering the health care profession.

One former YES Student, who is currently a first year resident in medical school said:

"Because of the YES program, I was able to fund my education at Portland State University. With the scholarship and paid summer internship, I was able to support myself during school and this led me to being able to have a fulfilling undergraduate education. The YES program was a crucial stepping stone to many other experiences I pursued during college."

"It was through the YES program that I first dived in the field of medicine, and this experience contributed to my ability to pursue a college education in which I could grow and connect, and chase after opportunities to continue my professional development. The YES program helped me believe in my future in medicine."

HAPPY TRAILS... HEALTHY THERAPY

Nature can be a powerful source of healing for the mind, body, and spirit. Chad Thorson and Zach Goodwiler — both physical therapists with **Asante Three Rivers Medical Center** in Grants Pass — believe this so strongly that they devote many of their off hours to the Southern Oregon Trail Alliance, (SOTA) an organization they founded in 2017 with fellow outdoorsman, Eric Ball.

“We have treated many different people with a wide variety of ailments and injuries,” said Thorson. “These people have been from all walks of life. One common thread we’ve seen first-hand is the healing powers - both mental and physical - of exercise, specifically in the natural environment.”

On most outings, SOTA volunteers clear downed trees, build the occasional footbridge and maintain trails. Now, one of the alliance’s greatest accomplishments is building a healthier and happier community through Moai - Community Trail Hikes (pronounced mow-eye).

The Moai hikes were inspired by the

Blue Zones Project-Grants Pass and are a partnership with SOTA, Blue Zones, Asante Rehabilitation Services and Asante Foundation. “By encouraging people to move naturally, we’re helping them have a sense of purpose, reduce their stress and become part of a team of positive, healthy people,” Goodwiler added.

Exercise and a sense of community are key components of the Blue Zones Project-Grants Pass, which aims to build healthier communities through lifestyle and connections with others. “A more active outdoor lifestyle has the potential to greatly improve health outcomes in ways that aren’t possible

in a clinic setting,” Thorson added.

Besides the known physical benefits of hiking, the alliance hopes to recruit a botanist and hydrologist to inform hikers about the beautiful flora and fauna along the trails to address the mental benefits of hiking.

Goodwiler said SOTA volunteers are also hoping to make trail improvements for accessibility. “Currently there are very few options for people in wheelchairs, children, and the geriatric population in regard to going out on the trails. We want all people to enjoy the trails like we do.”

Asante is a primary sponsor of the Blue Zones Project in Grants Pass.



Back at SOTA Camp at Taylor Creek after a day hiking and working on trails.



FOOD FARMACY STRIVES TO HELP PATIENTS STAY HEALTHY

Salem Health is using an innovative strategy to lend extra help to patients who frequently return to the hospital.

The organization launched the Food Farmacy program at Salem Hospital in June 2017. It provides a three-day supply of nutritious food to interested patients — and household members — when they leave the hospital.

Nationwide, at least one-third of patients arrive at hospitals malnourished — and those who leave the hospital in a compromised state often return within 30 days.

Salem Health leaders were concerned about patients who may have minimal support at home from family and friends — and minimal support for their daily needs, including food. Typical items sent home with patients from Food Farmacy include tuna, rice, peanut butter, bread, tortillas, rice, and nutrition supplements.

“We hope that we’re changing their lives so that they are not readmitted,” said Lee

A., a Salem Health volunteer. “The cost for us to send food home with them is so minimal compared to a hospital stay.”

Healthy Inspiration

Food Farmacy is modeled after successful programs in two U.S. and two European hospitals. Locally, it has served more than 600 patients and their families — and delivered an estimated 5,400 meals so far.

“The response has been absolutely marvelous,” Lee said. “We get thanked so much for bringing the food to them. They all want a hug or shake your hand.”

A grant from the Salem Health Foundation helped kick off the program. The food is purchased from Salem Health Food and Nutrition Services, Marion-Polk Food Share and Walmart.

The food is stored in a special room at Salem Hospital, which

includes shelving for canned and prepackaged foods, plus a refrigerator and freezer for perishable items.

Total Team Effort

The Food Farmacy program’s successful start is thanks to work done by a wide variety of contributors:

- Nurses identify patients at nutritional risk upon admission to the hospital.
- Registered dietitians then screen patients for food insecurity and develop a nutrition care plan.
- Lastly, hospital volunteers meet with the patients at time of discharge and help select foods to take home.

“I am really proud to be a part of this program and to me it has really helped our community,” Lee said. “That’s what Salem Health is about — community.”



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

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 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

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

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

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

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?

Community health needs assessments are required of tax-exempt hospitals as a result of the Patient Protection and 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.



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.

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.

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





Visit us online at OAHS.org

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