

HCMO-1: Notice of Material Change Transaction

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**HCMO Notice Question 6 - Exhibit 1:
Calculation for Net Cash Total Transfer to Foundation**

Calculation that Determines Funds Transfer to Legacy Health Foundation

The Legacy Health Foundation will receive, at closing, the positive difference between the then unrestricted cash and investments of all of the Legacy Health entities, less the sum of the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**HCMO Notice Question 6 - Exhibit 2:
Detail about the Reconfiguration of the Legacy Health Foundation**

Detail about the Reconfiguration of the Legacy Health Foundation

Currently, the Legacy Health Foundation (the “Foundation”) is an Oregon nonprofit corporation affiliated with Legacy Health with a mission to support the principles, mission, and vision of Legacy Health and promote the health and well-being of the community.

OHSU, Legacy Health and Legacy Health Foundation propose the following steps pertaining to the Foundation’s governance:

- (i) At or immediately prior to closing, convert the Foundation to an independent non-profit public benefit corporation that is not affiliated with the newly combined OHSU/Legacy system or any other hospital or health system;
- (ii) Prior to closing, reconfigure the Foundation board so that it is comprised of five current Legacy directors and four current Foundation trustees to ensure continuity of leadership, experience and expertise both for PacificSource and for the Foundation’s restricted funds; and
- (iii) At or immediately prior to closing, transfer Legacy’s net cash and member interest in PacificSource to the Foundation, as described in more detail below; and
- (iv) Post-closing, identify and recruit additional board members from the community who will collectively represent the communities the Foundation will serve.

Post-closing, the Foundation will go beyond supporting a single health system and will extend to championing and implementing strategies focused on social determinants of health with the (a) mission to promote health and health equity through purposeful and impactful investments, and (b) vision that every member of the community will achieve their highest possible quality of health. The foundation will be largely funded through Legacy Health’s “net cash at closing,” as described in more detail below. This funding of the Foundation is part of the consideration for OHSU acquiring Legacy Health, and the Foundation’s investment in health and health equity are essential outcomes of the transaction.

**HCMO Notice Question 6 - Exhibit 3:
Report about New Health Equity Foundation**

A Generational Opportunity to Advance Health Equity in Oregon and Southwest Washington



July 2024

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Executive Summary

The combination of Legacy Health and OHSU together with the funding of a new foundation provides a generational opportunity to advance health equity in Oregon and Southwest Washington. Following the system combination, the organization today known as Legacy Health Foundation will undergo a significant and exciting transformation. It will emerge with a new name, new governance structure, new board of directors, and a mandate that goes beyond supporting a health system but extends to championing and implementing strategies regionally focused on social determinants of health with an eye towards health equity and access.

As an independent and separate foundation, this “new” health foundation (the “foundation”) will make purposeful and impactful investments to address areas of concern in the region. Initial focus areas identified by the workgroup and to be informed further by community engagement include:

- Mental and behavioral health
- Substance use
- Workforce development
- Healthy youth and families

The foundation will pursue various strategies to realize its mandate to create pathways and remove barriers to health equity. Strategies include:

- Community engagement and empowerment
- Strategic and responsive grantmaking
- Convening interested and affected groups and creating taskforces
- Testing and disseminating promising approaches
- Educating and informing the public and policymakers
- Building capacity of community partners working to address health equity
- Leveraging dollars and expertise to bring additional public and private resources to the community

As an independent health-focused organization closely connected to and representative of the community, the foundation will be ideally positioned to address social determinants of health. The foundation will be a neutral and trusted voice in the space of health equity, a convener, a strategic and thoughtful grantmaker, a hub for resources and innovation working to align and amplify existing efforts to advance health equity, and more.

Opportunity

Legacy Health, Legacy Health Foundation, and Oregon Health & Science University (“OHSU”) believe that to meaningfully improve healthcare and health outcomes, investments must be made to address those social determinants of health or “upstream” factors which strongly affect individuals’ health and wellbeing, beginning with supporting an independent, separate foundation that will be focused on health equity in the Oregon and Southwest Washington region.

Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks. They also include access to health care.

– Oregon Health Authority[1]

Independent health-focused organizations that are neither affiliated with government or health systems, but instead are reflective of, focused on, and accountable to under-resourced communities, have proven to be powerful catalysts of change with respect to social determinants of health and health equity.[2]

The foundation will fill a critical role in the health ecosystem, as there currently is no other nonprofit organization of this size and nature that is focused solely on health equity in Oregon and Southwest Washington.

As articulated by Oregon Health Authority, 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.

The foundation can play a critical role in that work.

Through collaboration and investment in communities, informed both by other health foundations whose programs have reduced barriers to health throughout the country and by Oregonians who face those barriers most, the foundation presents a generational opportunity to meaningfully achieve greater health equity.

New Health Equity Foundation

Mission and Vision

Achieving health equity requires concerted focus, alignment, and persistent effort by communities, sectors and systems. This is the focus of the foundation, whose mission and vision shall be:

Mission

To create a legacy of generational health and wellbeing through purposeful and impactful investments.

Vision

For every member of our community to achieve their highest possible quality of health.

Purpose

As part of the OHSU-Legacy Health system combination, the existing Legacy Health Foundation will be reconfigured to be a separate and independent foundation. The foundation's purpose extends beyond supporting the combined OHSU-Legacy Health system to benefiting the greater Oregon and Southwest Washington community through investments in programs, projects, and initiatives that address social determinants of health.[3]

The foundation will select focus areas in which it can invest to create pathways and remove barriers to health equity and realize its vision "for every member of our community to achieve their highest possible quality of health." The foundation will pursue many strategies to realize its new mission and vision, including community engagement and empowerment; strategic and responsive grantmaking; convening and creating taskforces; testing and disseminating promising approaches; educating and informing the public and policymakers; building capacity of community partners working to address health equity; and leveraging dollars and expertise to bring additional public and private resources to the community. Initial focus areas and strategies are discussed in greater detail in the following sections, and are subject to community input and approval by the future board of the foundation.

Governance

Immediately following the OHSU-Legacy Health system combination, the board composition of the foundation will change. Initially, the foundation board will be comprised of a mix of board members currently on the Legacy Health and Legacy Health Foundation boards to ensure continuity, both for PacificSource[4] and for Legacy Health Foundation's restricted funds that will be administered by Legacy Health Foundation or transferred elsewhere.[5] Specific board members have not yet been selected, but the initial board after closing will be comprised of nine directors: five board members from Legacy Health and four from Legacy Health Foundation.

Following the system combination, the foundation board will begin to identify and recruit additional board members from the community. The board will seek new board members who will collectively represent the communities the foundation will serve. Specific factors to be taken into account when selecting new board members may include lived experience, professional expertise, community engagement, and a commitment to health equity.

Workgroup

To chart the future course of the foundation following the system combination, Legacy Health and Legacy Health Foundation formed a joint workgroup to begin that important work. The workgroup includes physicians, business leaders, and community volunteers from the Legacy Health and Legacy Health Foundation boards.

The focus of the workgroup was informed in large part by those issues affecting health equity, cost, quality, and access identified by the Oregon Health Authority and the community health needs assessments conducted by the Healthy Columbia Willamette Collaborative,[6] as well as case studies capturing what other health foundations across the country have done to create pathways and remove those barriers to health equity.

The workgroup identified several preliminary focus areas and strategies, and strongly committed to engaging the community for further direction. Community engagement will begin prior to the health system combination and funding of the foundation. A central focus of the foundation's first three years will be community participation to inform its strategic plan.

Focus Areas

The foundation will be uniquely situated to address upstream factors that affect health and health outcomes—for example, social and institutional inequities, physical environment and living conditions, and other factors that impact people well before they set foot in a hospital or clinic and yet have an outsized impact on mortality, disease, treatment, and other health outcomes.

In initial planning, the following preliminary focus areas were identified by the workgroup with the acknowledgment that the final determination of focus areas would be subject to community input and approval by the future board of the foundation: mental and behavioral health; substance use; workforce development; and healthy youth and families. The foundation will be well positioned to collaborate with other partners to address upstream factors and advocate for solutions in these focus areas.





Mental and Behavioral Health

The region has an immense need for more resources and coordination around mental and behavioral health. A recent report ranked Oregon 48th in the country for adults struggling with mental illness and access to care, and last for youth struggling with mental illness and access to care.[7] Making a positive impact in this area will require understanding and addressing the upstream factors that result in and exacerbate mental and behavioral health issues.



Substance Use

Closely intertwined with Oregon's mental and behavioral health crisis is the issue of substance use. Oregon is currently grappling with high rates of substance use and substance use disorders[8] and significant gaps in substance abuse treatment statewide, such as lack of beds and treatment programs.[9] Substance use and substance use disorders can be further exacerbated by upstream factors, such as a lack of affordable housing or economic opportunity.



Healthy Youth and Families

Achieving health equity means tailoring solutions specific to individuals' experiences along the continuum of life. Supporting healthy youth and families entails addressing upstream factors such as affordable housing, child and elder care, and educational opportunities.



Workforce Development

A strong diverse health care workforce is critical to delivering quality, cost-effective, and culturally competent care in the region. The most recent Oregon Health Care Workforce Needs Assessment underscored the need for workforce development in the state, finding that the pandemic exacerbated Oregon's shortage of many types of health care providers, and recommended investment in other factors that influence workforce recruitment and retention (such as housing cost and supply), supporting telehealth, and funding incentives to increase opportunities for training and education.[10]

Strategies

The foundation will pursue many strategies to realize its new mission and vision. The foundation will learn from and partner with community members to develop solutions centered on social determinants of health, then make investments in those solutions. Initial strategies of the foundation, which are described in greater detail below, include: community engagement; strategic and responsive grantmaking; convening communities and creating taskforces; testing and disseminating promising approaches; educating and informing the public and policymakers; building capacity of community partners working to address health equity; and leveraging dollars and expertise to bring additional public and private resources to the community.

Community Engagement

The foundation will be strongly committed to continuously engaging the community around its mission, vision, values, and work. As an independent foundation focused on addressing social determinants of health, the foundation will engage community to focus and guide its efforts.

The foundation will look to examples of how other foundations focused on health equity and racial justice have successfully engaged and empowered community. The community engagement efforts of Inatai Foundation (formerly Group Health Foundation) and Colorado Health Foundation are particularly instructive and successful examples that may provide a roadmap for the foundation to follow. Inatai Foundation and Colorado Health Foundation are both health conversion foundations—that is, “foundations created when nonprofit health care organizations convert to for-profit status, foundations created through the transfer of assets from a nonprofit organization to a for-profit company or another nonprofit organization, and foundations that receive additional assets from the sale or conversion of a nonprofit health care organization.”[11] While the foundation is not technically speaking a health conversion foundation, it shares some characteristics of a health conversion foundation—it is also the result of a major healthcare transaction and it will be tasked with deploying a significant number of dollars to advance health equity.

In its early days as a new independent foundation, Inatai Foundation deeply and authentically engaged with community across Washington state to ensure its mission, vision, and strategy were in alignment with community needs and values. Inatai Foundation traveled across the state, prioritizing meeting with “communities that have historically been overlooked by philanthropy.”[12] These community outreach efforts enabled Inatai Foundation to build a framework of principles and values informed and inspired by authentic community engagement.

The Colorado Health Foundation provides an example of continuous community engagement. In 2016, Colorado Health Foundation partnered with a research company to “conduct a survey to understand the perceptions of low-income Coloradans about the care that is available to them.” Survey results were used to inform “strategic investments and future activities,” and “build on strengths and support emerging solutions that can be successful models for improving the health of low-income Coloradans.”[13]

Extensive and continuous community engagement will be key to succeeding in moving the dial on social determinants of health. To accelerate the pursuit of health equity, this engagement will begin before the system combination and funding; and it will continue throughout the foundation’s lifespan. In initial planning, the following groups were identified as important to engage: culturally-specific advocacy networks, community-based organizations, school systems (preK-12 and higher education), faith-based organizations, coordinated care organizations, private sector, Native nations, government officials and entities, and more.

Strategic & Responsive Grantmaking

The foundation will make grants to support programs and projects carried out by other partners, such as nonprofit organizations, health systems, school districts, Native nations, or state and local government agencies. The foundation will award a mix of “strategic grants” and “responsive grants.”

Strategic grants are grants made to fulfill a strategic plan adopted by the foundation and updated periodically to identify the foundation’s focus areas and goals. The foundation will then invite organizations to apply for grants that fit within its stated focus areas and further its goals. The foundation may post an open call for applications and seek out organizations with aligned missions and work in which to invest. It is anticipated that the majority of grants made by the foundation will be strategic grants.

However, the foundation will also set aside funds annually to enable it to make responsive grants, which are designed to meet immediate and emerging needs in the community and that may fall outside its stated focus areas and goals. The need for responsive grants may arise due to policy changes (e.g., unexpected loss of funding for a critical community program due to budgetary cuts in congress) or unforeseen circumstances that necessitate a deviation from the foundation’s strategic plan (e.g., global pandemic).

Many grantmaking organizations award a mix of strategic grants and responsive grants, as strategic grants enable an organization to thoughtfully deploy grants in ways calculated to move the needle in focus areas in a measurable, goal-oriented manner, while responsive grants allow an organization to be nimble and change course when extenuating circumstances demand.

Convening & Creating Taskforces

Addressing upstream factors that affect health and health outcomes requires a collective effort. The foundation will be uniquely positioned to bring grantees, partners, and community members together to share information and ideas and find ways to collaborate. Convenings both ensure that the foundation is connected to community and aware of community needs, while providing opportunities for a diverse group of people and organizations to come together to tackle major problems that have a far-reaching effect and require a multi-faceted approach to solve.

Health foundations in other states have demonstrated the impact of convenings. For example, in 2017, several of California's leading health foundations, including The California Endowment, Blue Shield of California Foundation, California Health Care Foundation, the Gordon and Betty Moore Foundation, and The California Wellness Foundation, convened the California Future Health Workforce Commission with the purpose of "creat[ing] a comprehensive strategy to move California to build a workforce that can meet the demand for health over the next decade."^[14] Participants included the CEO of Dignity Health, a major health system, the president of the University of California system, and other key players across the state. The Commission issued its initial recommendations in 2019 and has since reported on progress on those recommendations. Successes of the Commission include paving the way for state funding to create the California Medicine Scholars Programs, which provides resources to prepare community college students for careers as primary care physicians in underserved communities; state funding for scholarship and student loan repayments for state mental health workforce programs; and passage of a bill that authorizes nurse practitioners to provide specified services without physician supervision if the nurse practitioners meet additional requirements.^[15]

As noted above, like California, Oregon, too, faces workforce development challenges of its own; workforce development is an example of an issue for which the foundation may determine it is appropriate to hold a convening or create a taskforce.

Testing & Disseminating Promising Approaches

Health foundations can play an important role in supporting and developing innovative models that are geared towards health equity, cost, quality, and access. For example, health foundations can provide funding and resources to test out a new model at a clinic; invest in a company designing innovative products; or facilitate research and analysis of a new model for further refinements and scalability.

Other health foundations have been successful at testing, then disseminating, promising approaches. One particularly salient example is the Meadowlark Initiative, a program funded through a partnership between the Montana Healthcare Foundation ("MHCF") and the Montana Department of Public Health and Human Services ("DPHHS").

Recognizing that newborns to women with substance use disorders were more likely to be taken from their family and placed in foster care, MHCF and DPHHS partnered to create a model that “integrates behavioral health into prenatal and postpartum care and coordinates patient care and community resources for patients and families.”[16] A 2022 evaluation of the Meadowlark Initiative, commissioned by MHCF, found that sites using the model reported more women receiving adequate prenatal care, fewer premature births, and fewer family separations.[17]

The foundation might look to successful, evidence-based models implemented elsewhere or collaborate with community partners to develop new models to address issues such as mental and behavioral health or youth health outcomes. The foundation’s support will likely consist of grant funding but may also take different forms—facilitating connections to and between experts, health systems, and other relevant parties; making a program-related investment; contracting with an outside group to carry out independent research and analysis of a model; partnering to develop a case for support to disseminate an evidence-based model, and more.

Educating & Informing the Public & Policymakers

As a trusted and disinterested voice in the space of health equity, the foundation will be able to effectively collect and share information with the public and policymakers and advocate for policies that advance health equity. Initial planning underscored the need for the foundation to be in tune with local issues and collect data with eye towards creating data-driven responses.

An example that underscores the power of educating and informing the public and policymakers comes from MetroWest Health Foundation (“MWHF”), a health foundation in Massachusetts. MWHF facilitates a biennial survey of the region’s middle and high school students that asks questions about substance use, mental health, nutrition, and other topics drawn from the Center for Disease Control and Prevention’s Youth Risk Behavior Surveillance System. MWHF publishes aggregate data which informs other organizations and can be used in policy advocacy. MWHF data revealed a significant drop in tobacco use in one community after it raised the minimum age for tobacco purchase to 21.[18] This data was influential in Tobacco 21, the national campaign to raise the minimum age for tobacco purchase to 21.[19]

The foundation may educate and inform in various different ways. For example, as the foundation engages the community, it may summarize and share its findings, particularly to the extent that they provide insight on community perceptions and experiences relating to health equity, cost, quality, and access, as these findings may also inform other organizations and policymakers. The foundation may also commission surveys or studies to collect information on areas that are not being adequately addressed or that are not well understood. Finally, the foundation may also use the data it collects to advocate for policies that advance health equity and provide sustainable sources of public funding for organizations providing essential services.

Building Capacity

The foundation can build capacity of community partners that provide services directly addressing social determinants of health, particularly in communities experiencing historical and contemporary inequities and injustices, by providing capacity-building grants, training, and technical assistance.

Several health foundations support leadership training programs or fellowships that bring together leaders from organizations working to improve community health and provide training on coaching and engaging staff, developing innovative approaches to addressing complex challenges, and other leadership skills. Recognizing that clinical leaders did not always have the managerial experience they needed to be effective in their roles, California Health Care Foundation designed a leadership program for clinically trained health care professionals. Since its inception, the program has trained over 600 clinicians.[20] Another powerful capacity building example comes from Impact Alamance's Grant Writers Assistance program, which provides nonprofit organizations in its region with grant writing assistance. Impact Alamance reports that its \$61,000 investment in grant writing yielded \$6.2 million in grants for nonprofit organizations working to improve access to quality care, education, and economic opportunity.[21]

Leveraging Dollars & Expertise to Bring Public & Private Resources to the Community

In carrying out the above strategies—whether through organizing a convening focused on a specific issue, providing seed funding for a promising new approach, sharing data and research with the legislature, or investing in organizational infrastructure for a community partner—the foundation will be effectively leveraging its own dollars and expertise to set the stage for more public and private dollars and resources to flow towards the organizations, communities and focus areas it champions.

By implementing the strategies described above and committing to a continuous cycle of research, evaluation, and learning, the foundation will advance health equity in Oregon and Southwest Washington.

Measuring Success

In 1–3 Years:

- Foundation has engaged the community for input to inform its strategic plan; a plan is in place to ensure continuous community engagement
- Foundation board is expanded; composition is both reflective of the community and contains people with the right experience and expertise to lead
- Foundation executive director is hired along with other key employees
- Strategic plan developed that identifies and elaborates on focus areas and strategies
- Impact investing framework developed
- Initial rounds of grants awarded and strategies implemented

In 5–10 Years:

- Continuous community engagement
- Launch of programs or models developed through foundation investments and engagement
- Research into successful model or program launched in order to determine why it was successful and how it can be improved or replicated elsewhere
- Data on impact is collected and analyzed
- Focus areas and strategies revisited and refined; focus areas may change depending on needs of the community and progress made

References

[1] Healthier Together: 2020–2024 State Health Improvement Plan, Oregon Health Authority 33 (2020), https://healthiertogetheroregon.org/wp-content/uploads/2020/08/Healthier-Together-Oregon_fullplan-1.pdf.

[2] See Paul Jellinek & Kate Treanor, *Making Their Mark: America’s Health Conversion Foundations* (2019).

[3] The groundwork for the foundation was laid in the Memorandum of Understanding, signed by Legacy Health and Legacy Health Foundation on May 30, 2024.

[4] Legacy Health’s 50 percent member interest in PacificSource will be transferred to Legacy Health Foundation.

[5] In contrast to Legacy Health Foundation, the foundation will not be a component part of Legacy Health but will be a separate and independent entity. While Legacy Health Foundation was primarily focused on fundraising for Legacy Health, the foundation will not solicit individuals, other foundations, or entities for donations. Funds currently held by Legacy Health Foundation and restricted for specific purposes may continue to be managed at the foundation, though it is likely that some of those funds will be transferred to other organizations more suited to manage and administer them following the combination (for example, some funds may be transferred to OHSU Foundation or Legacy Health). Legacy Health Foundation currently solicits donations both for the general purposes of Legacy Health and for specific departments, programs, activities, and initiatives. Legacy Health Foundation often receives donations from donors that are earmarked for particular purposes. Legacy Health Foundation is required by Oregon’s Uniform Prudent Management of Institutional Funds Act (“UPMIFA”), as codified in ORS 128.305–.336, to spend donor-restricted funds in accordance with those restrictions and to prudently manage and expend endowed funds. Any restricted funds—whether transferred or remaining at the new foundation—will continue to be managed and expended as required under UPMIFA.

[6] As a component part of Legacy Health, Legacy Health Foundation is informed by the community through the engagement efforts of Legacy. For example, Legacy Health is one of the 12 organizations that participates in the efforts of HCWC to conduct a community health needs assessment (CHNA) every three years. Legacy Health hospital facilities then identify health needs to address by working in partnership with community to create community health improvement plans (CHIPs).

[7] *Ranking the States 2023*, Mental Health America, <https://mhanational.org/issues/2023/ranking-states>.

[8] 2020-2025 Oregon Statewide Strategic Plan, Alcohol and Drug Policy Commission 11 (2020).

[9] Courtney Sherwood, *Study Outlines High Cost of Meeting Oregon’s Substance Abuse and Mental Health Treatment Needs*, OPB (Feb. 1, 2024), <https://www.opb.org/article/2024/02/01/behavioral-health-care-oregon-cost/>.

[10] Tao Li, Jeff Luck, Veronica Irvin, Collin Peterson, & Alexandra Kaiser, Oregon State University, *Oregon’s Health Care Workforce Needs Assessment 2023* (Feb. 2023), <https://health.oregonstate.edu/sites/health.oregonstate.edu/files/healthcareworkforce/pdf/health-care-workforce-needs-assessment-report-2023.pdf>.

[11] Jellinek & Treanor, *supra* note 2, at 5.

[12] A Year on the Road, Inatai Foundation, https://inatai.org/wp-content/uploads/2023/09/A-Year-on-the-Road_jan2023.pdf (last updated Jan. 7, 2020).

[13] Exploring the Health Care Perceptions of Low-income Coloradans, The Colorado Health Foundation (Jan. 18, 2018), <https://coloradohealth.org/articles/blog/exploring-health-care-perceptions-low-income-coloradans>.

[14] California Future Health Workforce Commission, Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission (2019), <https://futurehealthworkforce.org/wp-content/uploads/2019/03/MeetingDemandForHealthFinalReportCFHWC.pdf>.

[15] California Health Care Foundation, Progress Since the California Future Health Workforce Commission: State Policy and Budget Actions on Priority Recommendations (2022), <https://www.chcf.org/wp-content/uploads/2022/01/ProgressCAFutureHealthWorkforceCommStatePolicyBudgetActions.pdf>

[16] The Meadowlark Initiative, Montana Healthcare Foundation, <https://mthf.org/priority/the-meadowlark-initiative/>.

[17] Montana Healthcare Foundation, The Meadowlark Initiative Evaluation 2022 (2023), https://mthf.org/wp-content/uploads/Meadowlark-Evaluation_Jan-2023.pdf.

[18] Shari Kessel Schneider, Stephen L. Buka, Kim Dash, Jonathan P. Winickoff & Lydia O'Donnell, Community Reductions in Youth Smoking After Raising the Minimum Tobacco Sales Age to 21, 25 Tobacco Ctrl 355 (2016).

[19] Matthew J. Reynolds, Robert Crane, & Jonathan P. Winickoff, The Emergence of the Tobacco 21 Movement From Needham, Massachusetts, to Throughout the United States (2003–2019), 109 Am. J. Pub. Health 1540 (2019).

[20] CHCF Health Care Leadership Program, California Health Care Foundation, <https://www.chcf.org/program/chcf-health-care-leadership-program/>.

[21] Focus Areas, Impact Alamance, <https://impactalamance.org/focus-areas/>.

**HCMO Notice Question 7 - Exhibit 1:
Legacy Health Transaction Goals**

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**HCMO Notice Question 7 - Exhibit 2:
OHSU 2023 Fact Book**

OFFICE OF THE REGISTRAR

2023 FACT BOOK



Oregon Health & Science University

2023 FACT BOOK

March 2024

This publication was prepared by the OHSU Office of the Registrar using a variety of data sources maintained by other offices in the University. Cover photo by Jordan Sleeth in OHSU EdCOMM.

The purpose of this document is to provide data about academic programs, students, faculty and staff, and other basic information in a user-friendly format for the OHSU community and public.

Information requests should be directed to:

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Oregon Health & Science University

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INTRODUCTION

OHSU Organization

OHSU Mission

Oregon Health & Science University is the state's only comprehensive public academic health center. Its fundamental purpose is to improve the health and well-being of people in Oregon and beyond. A Board of Directors nominated by the Governor and confirmed by the Oregon Senate governs the University.

As part of its multifaceted mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow's health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.
- Deliver excellence in healthcare, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU's education, research and health care missions through community service, partnerships and outreach.

OHSU 2025

OHSU 2025, OHSU's strategic plan, is built around our vision:

OHSU will partner to be a leader in health and science innovation for the purpose of improving the health and well-being of people in Oregon and beyond.

OHSU 2025 provides a road map to help guide the University to where it wants to be in year 2025.

The plan aims to deliver breakthroughs for better health through its six goals:

1. Building a diverse, equitable environment where all can thrive and excel.
2. Being the destination for transformational learning.
3. Enhancing health and health care in every community.
4. Discovering and innovating to advance science and optimize health worldwide.
5. Partnering with communities for a better world.
6. Ensuring a sustainable foundational infrastructure.

These goals span OHSU's missions, supported by objectives that are focused on identifying new ways to understand disease, treat illness and train the next generation of scientists and health professionals. They begin with our commitment to listen to what communities — across Oregon

and around the world — need from OHSU, and end with our commitment to the people who will respond to those needs and make this work a reality.

OHSU 2025 reflects not only the breadth and complexity of the state's only academic health center but also the challenges in health and science that OHSU must address. OHSU's scale and scope, our profound connection to Oregonians and our decades of experience at the leading edge of innovation have already laid the foundation for this plan's success.

OHSU 2025 was developed from the ground up. More than 5,000 OHSU members contributed to the plan, providing input on OHSU's future picture, shaping the plan's goals and developing detail around its objectives and tactics.

The process that created the plan — and will carry through its implementation — speaks volumes about what makes it unique: It is a strategic plan that is not only for, but by, OHSU. It outlines the work to which OHSU is uniquely suited, designed by the people who make us unique. The OHSU community can follow the plan, changes, and updates at www.ohsu.edu/about/strategic-plan.

OHSU Board of Directors



Wayne Monfries, Chair
Senior Vice President, Global Tax at Visa

Wayne Monfries is Senior Vice President, Global Tax at Visa. Wayne joined Visa in April 2020. He previously was VP, Global Tax at TransUnion in Chicago, and prior to that served as VP & Chief Tax Officer for Nike in Portland, Oregon. A graduate of Georgetown University, he began his career in public accounting with PwC in Washington DC before moving on to work for food manufacturer, Mars, Incorporated in New Jersey and London, England, where he held various roles in tax and finance.



Ruth Beyer, Vice Chairwoman
Senior Vice President and General Counsel, Precision Castparts Corp.

Ruth A. Beyer, J.D. has been Senior Vice President and General Counsel of Precision Castparts Corp. since April 1, 2013. Prior to that, she was Principal in the Portland office at Stoel Rives LLP, and served as the Managing Partner from 1995 to 2005.

Beyer serves as chair of the Board of Regents of the OSU Honors College and is the co-founder of the OSU Women's Giving Circle. She has been a member of the Board of Directors of Morrison Center since 2006. Beyer is a recipient of the Award of Merit from the Multnomah Bar Association.



Mahtab Brar
M.D. Student

Mahtab Brar is currently a fourth-year medical student at OHSU. Prior to medical school, he attended Oregon State University where he studied biology and served on various committees, such as the Relay for Life Committee and Sport Club Committee. After graduation, he worked as a ReConnect Fellow in Southern Oregon and continues to advocate for rural healthcare with the Area Health Education Centers around Oregon during medical school.

He is involved on campus and in the community through running free health screenings around the state, managing the OHSU Asylum Clinic, and as a founding member of the Sikh Youth of Oregon. Mahtab has professional interests in the management of healthcare systems, global health, and immigrant health policy.



James A. Carlson
Senior Advisor

James Carlson, who served as CEO of OHCA since 1997, retired from this position at the end 2020. He continues to be engaged with OHCA as a strategic advisor. With over 30 years of experience in health policy and association management, Jim is widely recognized as one of the leading long-term care and health policy resources in Oregon.

For more than three decades, Jim has worked closely with local, state, and federal policymakers; advocates; businesses; and coalitions to enhance access to quality care and services in Oregon. Before first joining OHCA as director of government affairs in 1994, Jim served as associate director of government affairs for the Oregon Medical Association. He began his career as a legislative assistant for the U.S. House of Representatives.

He is a past member of the boards of directors of the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) and is a past-president of the American Society of Health Care Association Executives (ASHCAE).



Danny Jacobs, M.D., M.P.H., F.A.C.S.
President, OHSU
Ex Officio

Danny Jacobs, M.D., M.P.H., F.A.C.S., was named the fifth president of OHSU on May 8, 2018. He succeeded Joe Robertson, M.D., M.B.A., effective August 1, 2018.

Prior to joining OHSU, Jacobs was the executive vice president, provost and dean of the School of Medicine at the University of Texas Medical Branch. At UTMB, Jacobs was the chief academic officer, responsible for approximately 3,800 employees and trainees for its schools of Medicine, Nursing, Health Professions and Biomedical Sciences. A surgeon by training, Jacobs oversaw the institution's research programs, served as the head of the faculty group practice and was a principal partner in the UTMB health care system.

Jacobs grew up in rural Arkansas and is an avid cyclist who enjoys fly fishing and hiking. He is married to Nancy Jacobs, a nutritionist and Oregon State University graduate, with three grown children and three grandchildren.



Susan King, M.S., R.N., C.E.N., F.A.A.N.
Emergency Staff Nurse
Former Executive Director of the Oregon Nurses Association

Susan is life-long resident of Portland Oregon and has invested in both a professional nursing career as a clinician, administrator, lobbyist, health policy advisor and advocate as well as a community activist on civic issues such as housing, neighborhood preservation and development and election of leaders at the city, local, state and national level.

She is a graduate of the University of Oregon School of Nursing and holds a Masters degree in Nursing from OHSU. In 2011, she was inducted into the American Academy of Nursing for her work on authority for Nurse Practitioners.

Her career in nursing has included delivering care to patients and families and to help to shape health care delivery and policy at the state and national level. She has experience holding regulatory and policy positions within Oregon as well as nationally. From 1989 to 2017, she led the Oregon Nurses Association focused on the nursing workforce, promoting authority for Nurse Practitioners and Clinical Nurse Specialists, addressing standards for hospital staffing and improving access to care for all.

Susan currently practices as a staff RN in a large Portland area Emergency Department



Chad Paulson
General Counsel, Powin Energy

Chad Paulson is a graduate of the University of Oregon School of Law and holds an undergraduate degree from Oregon State University. He has over twenty years of legal experience, starting as a commercial litigation Associate at Miller Nash in 1998 and practicing in-house for PacifiCorp, a public utility and Blount International, Inc., a global manufacturing company. Chad is currently the General Counsel at Powin Energy. Chad has managed domestic and international mergers and acquisitions, acted as corporate secretary for a publicly traded company, actively engaged and advised regarding strategic planning, and has developed and implemented compliance and governance programs.



Sue Steward
Cow Creek Band of Umpqua Tribe of Indians Citizen and Tribal Board Member

Sue currently serves the 43 tribes of the North West as the Deputy Director at the Northwest Portland Area Indian Health Board (NPAIHB). She served NPAIHB from 2018 through 2020 as the CHAP Project Director. Previous to that, she served a small Alaska Tribal Health Organization as a federally certified, primary midlevel provider from 2000 to 2018, and as the Community Health Aide Program (CHAP) Director from 2008 to 2018.

Her education includes a B.S. in Health Administration and a graduate degree in Health Leadership. She served as the Alaska CHAP Directors Association Chair for four years and the Vice Chair for three years, and also served on the Alaska Area CHAP Certification Board for two years.

In 2005 she was a recipient of the IHS Director's Award for her contributions to the revised Alaska Community Health Aide Manual. She currently serves as the Cow Creek delegate to the Affiliated Tribes of Northwest Indians (ATNI) and to the National Congress of American Indians (NCAI).

She is grateful for the many experiences she has enjoyed in her professional career. Her husband of 40 years is her best friend and a great support. Their two sons have rich experience with the Navy, Air Force, and Alaska Militia and volunteer firemen. Their oldest now serves their tribe as the Cultural Coordinator and is completing his B.S. in Indigenous Studies. Their youngest son is an Alaska Air National Guard Staff Sergeant, 4N031/Aerospace Medical Technician and works in the local hospital as an ER Tech. He is currently completing his B.S. in Homeland Security/Emergency Management.



Steve Zika
CEO of Hampton Lumber

Steven Zika is the CEO of Hampton Lumber, a family-owned forest products business headquartered in Portland, Oregon, employing about 1,600 people primarily in Washington, Oregon, and British Columbia. Hampton owns approximately 118,000 acres of U.S. timberland, managed on a sustainable basis, certified through the Sustainable Forestry Initiative (SFI), and also manages 120,000 hectares of provincial timberland in British Columbia. The company owns nine sawmills in Oregon, Washington, and British Columbia with normal lumber production capacity in excess of 2 billion board feet. The company also has wholesale and distribution operations that deliver building products to customers all over the world, including its own lumber production and another 2 billion board feet of outside lumber and panels. Hampton's vision is to grow the company globally using safe and sustainable business practices to benefit its customers and communities. Hampton enthusiastically educates the public on the value of sustainable forestry.

ACCREDITATION

OHSU Accreditation

Institutional Accreditation

Oregon Health & Science University has received continuous institutional accreditation by the Northwest Commission on Colleges and Universities (NWCCU) since 1980. OHSU is authorized to offer associate, baccalaureate, masters, professional practice doctoral and research doctoral degrees, as well as graduate certificates. The last NWCCU accreditation visit occurred in October 2022. The next required accreditation action will be the submission of a Mid-Cycle Report that is due in the Fall of 2025.

Accreditation of an institution of higher education by NWCCU indicates that it meets or exceeds criteria for the assessment of institutional quality evaluated through a peer review process. An accredited university is one that has available the necessary resources to achieve its stated purposes through appropriate educational programs, is substantially doing so, and gives reasonable evidence that it will continue to do so in the foreseeable future. Institutional integrity is also addressed through accreditation.

NWCCU accreditation is not partial but applies to the institution as a whole. As such, it is not a guarantee of every course or program offered, or the competence of individual graduates. Rather, it provides reasonable assurance about the quality of opportunities available to students who attend OHSU.

Institutions accredited by NWCCU are required to examine their own missions, goals, operations, achievements, and effectiveness. Since the institution is reviewed by NWCCU on a regular, ongoing cycle, continued self-study, reflection, assessment and improvement is necessary for OHSU to ensure compliance with accreditation standards.

Specialized Accreditation

Specialized accreditation is a type of accreditation status that is designated for specialized academic programs within an institution of higher education that have already been awarded institutional accreditation. Specialized accreditation focuses on specific aspects of the program's academic field of study.

Currently, OHSU has 37 academic fields of study with specialized accreditation from 17 different specialized accrediting agencies. For a complete list of all of the accredited programs and their respective specialized accreditation agency, see the OHSU Inventory of Specialized Accreditation and Reporting Timeline Table on pages 2-3.

Inventory of Specialized Accreditation and Reporting Timeline

| Accredited Program | Specialized Accreditation Agency | Years in Cycle | Initial Accreditation | Previous Accreditation Action | Most Recent Accreditation Action | Next Review/ Action Date |
|---|---|----------------|-----------------------|-------------------------------|----------------------------------|---|
| Doctor of Dental Medicine (DMD) | <u>Commission on Dental Accreditation (CODA)</u> | 7 | 1945 | 2017 | 2019 | 2024 |
| Endodontics (MS, Graduate Certificate) | <u>Commission on Dental Accreditation (CODA)</u> | 7 | 1995 | 2016 | 2017 | 2024 |
| Orthodontics (MS, Graduate Certificate) | <u>Commission on Dental Accreditation (CODA)</u> | 7 | 1991 | 2016 | 2017 | 2024 |
| Periodontology (MS, Graduate Certificate) | <u>Commission on Dental Accreditation (CODA)</u> | 7 | 1995 | 2016 | 2017 | 2024 |
| Human Nutrition (MS) | <u>Accreditation Council for Education in Nutrition and Dietetics (ACEND)</u> | 10 | 2007 | 2010 | 2017 | 2024 |
| Dietetic Internship (Graduate Certificate) | <u>Accreditation Council for Education in Nutrition and Dietetics (ACEND)</u> | 10 | 2007 | 2010 | 2017 | 2024 |
| Radiation Therapy (BS) | <u>Joint Review Committee on Education in Radiologic Technology (JRCERT)</u> | 8 | 1993 | 2017 | 2021 | 2025 |
| Doctor of Medicine (MD) | <u>Liaison Commission on Medical Education (LCME)</u> | varies, 8 | Prior to 1942 | 2020 | 2022 | Full report 2027-28 Status report 2023 |
| Medical Physics (MS, PhD) | <u>Commission on Accreditation of Medical Physics Education Programs (CAMPEP)</u> | 5 | 2011 | 2015 | 2020 | 2025 |
| Health & Clinical Informatics (MS) | <u>Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)</u> | Ongoing | 2012 | 2017 | 2023 | 2030-2031 Progress report March 2024 |
| Physician Assistant Studies (MPAS) | <u>Accreditation Review Committee on Education for the Physician Assistant (ARC-PA)</u> | 7-10 | 1996 | 2008 | 2015 | 2025 |
| Clinical Psychology (PhD) | <u>American Psychological Association (APA)</u> | 3-10 | 2022 | - | 2023 | 2025 |
| Nursing (BS, PhD, DNP) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2013 | 2023 | 2033 |
| Adult Gerontology Acute Care Nurse Practitioner (DNP) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2018 | 2023 | 2033 |
| Pediatric Primary and Acute Care Nurse Practitioner (DNP) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2018 | 2023 | 2033 |
| Health Systems & Org. Leadership (MN) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2013 | 2023 | 2033 |
| Nursing Education (MN) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2013 | 2023 | 2033 |
| Psychiatric Mental Health Nurse Practitioner (DNP) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2013 | 2023 | 2033 |
| Family Nurse Practitioner (DNP) | <u>Commission on Collegiate Nursing Education (CCNE)</u> | 10 | 2003 | 2013 | 2023 | 2033 |

Inventory of Specialized Accreditation and Reporting Timeline

| Accredited Program | Specialized Accreditation Agency | Years in Cycle | Initial Accreditation | Previous Accreditation Action | Most Recent Accreditation Action | Next Review/ Action Date |
|--|--|---------------------------------|------------------------------|-------------------------------|----------------------------------|--------------------------------|
| Nurse Anesthesia (DNP) | <u>Council on Accreditation of Nurse Anesthesia Educational Programs (COA)</u> | 10 | 2005 | 2009 | 2018 | 2028 |
| Nurse Midwifery (DNP) | <u>Accreditation Commission for Midwifery Education (ACME)</u> | 10 | 1981 | 2020 | 2023 | 2033 |
| Healthcare Management (MBA)* | <u>Association to Advance Collegiate Schools of Business (AACSB)</u> | 5 | 2008 | 2015 | 2020 | 2025 |
| Pharmacy (PharmD)* | <u>Accreditation Council of Pharmacy Education (ACPE)</u> | 8 | 1952 | 2011 | 2020 | 2028 |
| Applied Health & Fitness (BA, BS)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Biostatistics (MPH, MS, Graduate Certificate)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Community Health (PhD)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Environmental Systems & Human Health (MPH)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Epidemiology (MPH, PhD)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Health Management & Policy (MPH)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Health Promotion (MPH)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Health Systems & Policy (PhD)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Public Health (Graduate Certificate)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Public Health Practice (MPH)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Public Health Studies (BA, BS)* | <u>Council on Education in Public Health (CEPH)</u> | 7 | 1996 | 2017 | 2022 | 2029 |
| Medical Laboratory Science (BS)* | <u>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</u> | 7 | 2002 | 2014 | 2021 | 2025 (5 yr interim) 2031 |
| Emergency Medical Technology-Paramedic (AAS)* | <u>Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoAEMSP)</u> | 10 | 1996 | 2018 | 2018 | 2024 |
| Doctor of Physical Therapy (DPT)* | <u>Commission on Accreditation in Physical Therapy Education (CAPTE)</u> | 10 5 years for a new program | 2023 Accreditation Candidacy | - | 2023 | 2026 |

*Indicates joint degree awarded by OHSU and partner institution. Joint Degree Program partners include: Oregon Institute of Technology (OIT), Oregon State University (OSU), and Portland State University (PSU).

STUDENTS

Headcount Enrollment by School and Level of Study Fall 2014 through Fall 2023

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Dentistry | | | | | | | | | | |
| DMD | 302 | 298 | 294 | 290 | 296 | 297 | 291 | 288 | 286 | 285 |
| Graduate | 27 | 27 | 27 | 27 | 27 | 26 | 27 | 28 | 28 | 27 |
| Dentistry Total | 329 | 325 | 321 | 317 | 323 | 323 | 318 | 316 | 314 | 312 |
| Medicine | | | | | | | | | | |
| Undergraduate | 17 | 15 | 13 | 14 | 18 | 17 | 17 | 18 | 18 | 19 |
| MD | 526 | 556 | 578 | 592 | 603 | 630 | 617 | 597 | 572 | 549 |
| Graduate | 814 | 786 | 793 | 739 | 778 | 759 | 736 | 685 | 644 | 653 |
| Non-Degree | 32 | 20 | 34 | 34 | 34 | 21 | 17 | 21 | 22 | 23 |
| Medicine Total | 1,389 | 1,377 | 1,418 | 1,379 | 1,433 | 1,427 | 1,387 | 1,321 | 1,256 | 1,244 |
| Nursing | | | | | | | | | | |
| Undergraduate | 830 | 812 | 764 | 762 | 764 | 759 | 792 | 765 | 734 | 769 |
| Graduate | 296 | 257 | 244 | 252 | 266 | 276 | 275 | 284 | 275 | 290 |
| Non-Degree | 17 | 7 | 14 | 2 | 0 | 1 | 1 | 2 | 0 | 1 |
| Nursing Total | 1,143 | 1,076 | 1,022 | 1,016 | 1,030 | 1,036 | 1,068 | 1,051 | 1,009 | 1,060 |
| Public Health | | | | | | | | | | |
| Graduate | N/A | 112 | 133 | 180 | 207 | 228 | 261 | 295 | 289 | 260 |
| Non-Degree | N/A | 5 | 5 | 3 | 6 | 3 | 1 | 1 | 2 | 1 |
| Public Health Total | N/A | 117 | 138 | 183 | 213 | 231 | 262 | 296 | 291 | 261 |
| Total by Level | | | | | | | | | | |
| Undergraduate | 847 | 827 | 777 | 776 | 782 | 776 | 809 | 783 | 752 | 788 |
| DMD | 302 | 298 | 294 | 290 | 296 | 297 | 291 | 288 | 286 | 285 |
| MD | 526 | 556 | 578 | 592 | 603 | 630 | 617 | 597 | 572 | 549 |
| Graduate | 1,137 | 1,182 | 1,197 | 1,198 | 1,278 | 1,289 | 1,299 | 1,292 | 1,236 | 1,230 |
| Non-Degree | 49 | 32 | 53 | 39 | 40 | 25 | 19 | 24 | 24 | 25 |
| Total | 2,861 | 2,895 | 2,899 | 2,895 | 2,999 | 3,017 | 3,035 | 2,984 | 2,870 | 2,877 |

Note: Excludes students enrolled in the joint degree programs with Oregon State University and Oregon Institute of Technology as well as the School of Public Health joint degree students registered by Portland State University. Public Health enrollment under the Schools of Medicine and Nursing were transferred to the School of Public Health.

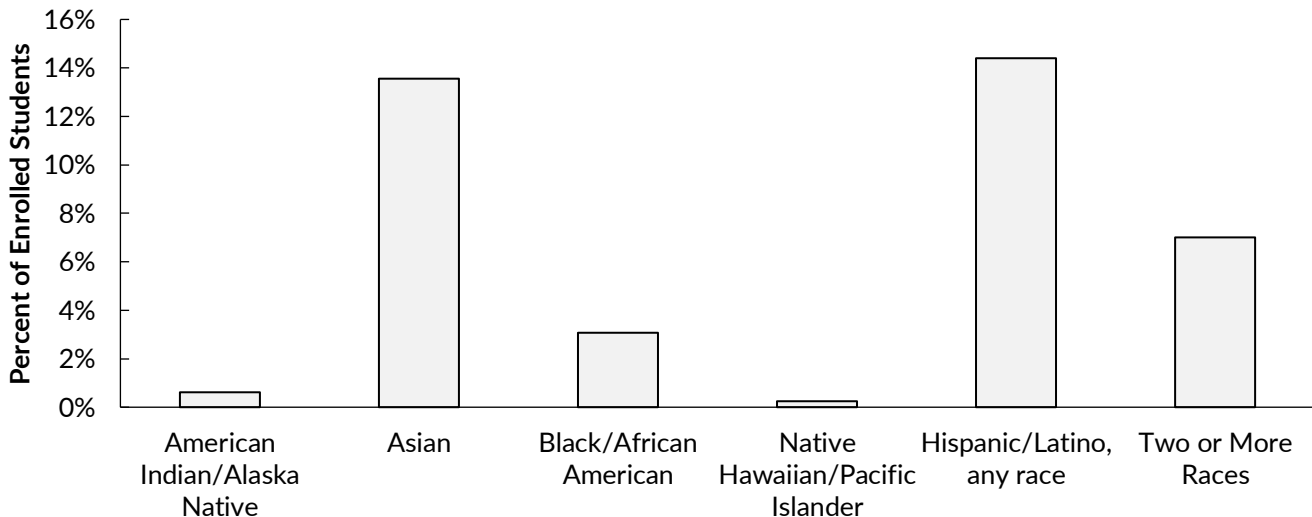
Source: OHSU Institutional Enrollment Reports, Fall 2014 through Fall 2023.

Headcount Enrollment by Race/Ethnicity and Level of Study Fall 2023

| | | BS | Master's | DMD | MD | DNP | PhD | MPAS | Other | Total |
|---|---|-------|----------|-------|-------|-------|-------|-------|-------|-------|
| American Indian/ Alaska Native | # | 1 | 7 | 0 | 9 | 0 | 0 | 0 | 0 | 17 |
| | % | 0.1% | 1.7% | 0.0% | 1.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.6% |
| Asian | # | 50 | 65 | 79 | 92 | 24 | 25 | 10 | 30 | 375 |
| | % | 6.4% | 15.6% | 28.5% | 16.8% | 11.0% | 7.5% | 13.2% | 24.6% | 13.6% |
| Black/ African American | # | 20 | 12 | 2 | 20 | 10 | 14 | 3 | 4 | 85 |
| | % | 2.6% | 2.9% | 0.7% | 3.7% | 4.6% | 4.2% | 3.9% | 3.3% | 3.1% |
| Native Hawaiian/ Pacific Islander | # | 4 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 7 |
| | % | 0.5% | 0.2% | 0.0% | 0.2% | 0.0% | 0.3% | 0.0% | 0.0% | 0.3% |
| Hispanic/Latino, any race | # | 168 | 54 | 24 | 55 | 24 | 46 | 19 | 8 | 398 |
| | % | 21.6% | 13.0% | 8.7% | 10.1% | 11.0% | 13.9% | 25.0% | 6.6% | 14.4% |
| Two or More Races | # | 44 | 23 | 22 | 58 | 8 | 27 | 7 | 5 | 194 |
| | % | 5.7% | 5.5% | 7.9% | 10.6% | 3.7% | 8.1% | 9.2% | 4.1% | 7.0% |
| Total Minority | # | 287 | 162 | 127 | 235 | 66 | 113 | 39 | 47 | 1,076 |
| | % | 36.9% | 38.9% | 45.8% | 43.0% | 30.3% | 34.0% | 51.3% | 38.5% | 38.9% |
| White | # | 491 | 254 | 150 | 312 | 152 | 219 | 37 | 75 | 1,690 |
| | % | 63.1% | 61.1% | 54.2% | 57.0% | 69.7% | 66.0% | 48.7% | 61.5% | 61.1% |
| U.S. Non-resident (International Student) | # | 5 | 4 | 8 | 0 | 0 | 64 | 2 | 5 | 88 |
| | % | 0.6% | 0.9% | 2.8% | 0.0% | 0.0% | 16.0% | 2.6% | 3.8% | 3.1% |
| Unknown | # | 5 | 4 | 0 | 2 | 3 | 3 | 0 | 6 | 23 |
| | % | 0.6% | 0.9% | 0.0% | 0.4% | 1.4% | 0.8% | 0.0% | 4.5% | 0.8% |
| Total | # | 788 | 424 | 285 | 549 | 221 | 399 | 78 | 133 | 2,877 |
| | % | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Note: Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. U.S. Non-resident (International Student) includes U.S. Non-resident (International Student) students holding a U.S. visa. Unknown includes students who do not indicate race or ethnicity. Minority and White percentages exclude U.S. Non-resident (International Student) and Unknown students. Source: OHSU Institutional Enrollment Reports, Fall 2023.

Minority Enrollment by Race/Ethnicity Fall 2023



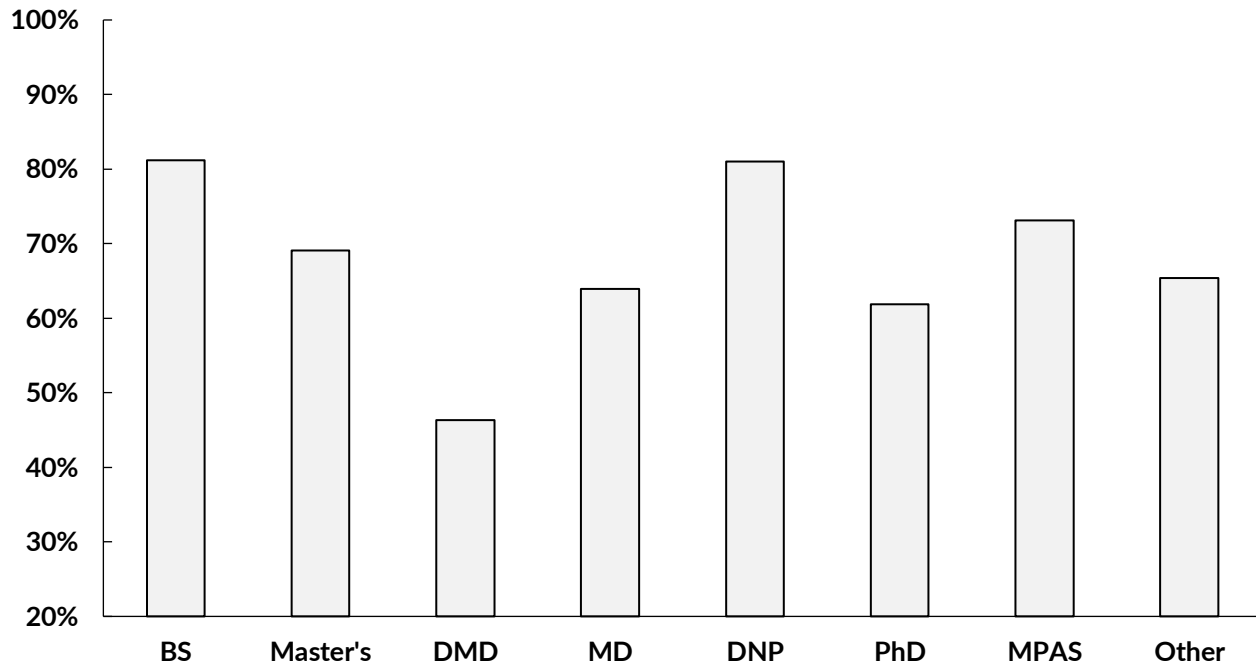
Headcount Enrollment by Gender and Level of Study Fall 2023

| | Total | Men | | Women | | Undeclared | |
|--------------|--------------|------------|--------------|--------------|--------------|------------|-------------|
| | # | # | % | # | % | # | % |
| BS | 788 | 142 | 18.0% | 640 | 81.2% | 6 | 0.8% |
| Master's | 424 | 129 | 30.4% | 293 | 69.1% | 2 | 0.5% |
| DMD | 285 | 153 | 53.7% | 132 | 46.3% | 0 | 0.0% |
| MD | 549 | 195 | 35.5% | 351 | 63.9% | 3 | 0.5% |
| DNP | 221 | 42 | 19.0% | 179 | 81.0% | 0 | 0.0% |
| PhD | 399 | 151 | 37.8% | 247 | 61.9% | 1 | 0.3% |
| MPAS | 78 | 21 | 26.9% | 57 | 73.1% | 0 | 0.0% |
| Other | 133 | 46 | 34.6% | 87 | 65.4% | 0 | 0.0% |
| Total | 2,877 | 879 | 30.6% | 1,986 | 69.0% | 12 | 0.4% |

Note: "Other" includes students enrolled in graduate certificate or non-degree programs. Excludes students enrolled in the joint degree programs with Oregon Institute of Technology and Oregon State University as well as the School of Public Health joint degree students registered by Portland State University.

Source: OHSU Institutional Enrollment Report, Fall 2023.

Distribution of Women Enrollment by Level of Study Fall 2023

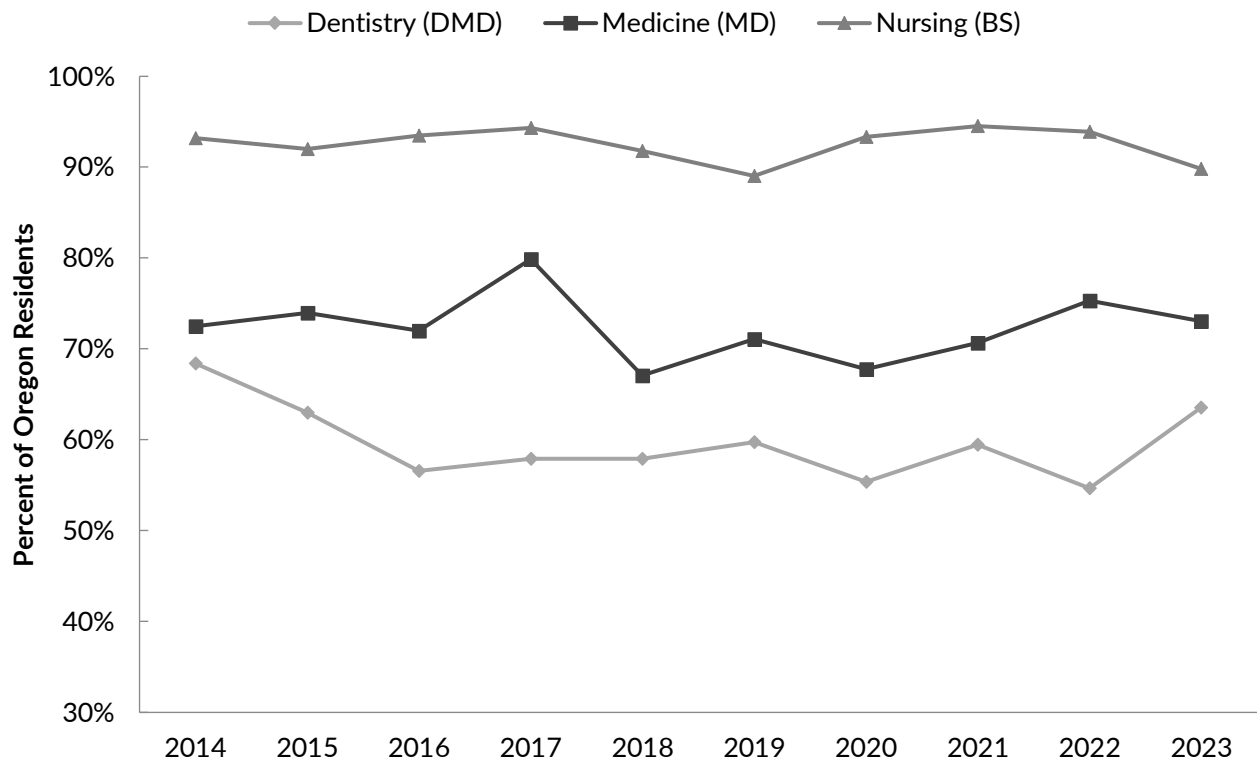


First-Year Students by Oregon Residency Status Fall 2014 through Fall 2023

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|------------------------|------|------|------|------|------|------|------|------|------|------|
| Dentistry (DMD) | | | | | | | | | | |
| Total | 76 | 75 | 76 | 76 | 76 | 77 | 74 | 74 | 75 | 74 |
| Residents | 52 | 47 | 43 | 44 | 44 | 46 | 41 | 44 | 41 | 47 |
| Cohort (%) | 68% | 63% | 57% | 58% | 58% | 60% | 55% | 59% | 55% | 64% |
| Medicine (MD) | | | | | | | | | | |
| Total | 142 | 146 | 157 | 164 | 164 | 166 | 152 | 143 | 150 | 152 |
| Residents | 103 | 108 | 113 | 131 | 110 | 118 | 103 | 101 | 113 | 111 |
| Cohort (%) | 73% | 74% | 72% | 80% | 67% | 71% | 68% | 71% | 75% | 73% |
| Nursing (BS) | | | | | | | | | | |
| Total | 161 | 155 | 153 | 158 | 158 | 155 | 150 | 146 | 148 | 147 |
| Residents | 150 | 143 | 143 | 149 | 145 | 138 | 140 | 138 | 139 | 132 |
| Cohort (%) | 93% | 92% | 93% | 94% | 92% | 89% | 93% | 95% | 94% | 90% |

Note: Nursing (BS) includes 3-year OCNE students only.
Source: OHSU Institutional Enrollment Report, Fall 2014 through Fall 2023.

First-Year Students by Oregon Residency Status Fall 2014 through Fall 2023



Applications, Admissions & Enrollment of First-Time Students by Program 2023-24

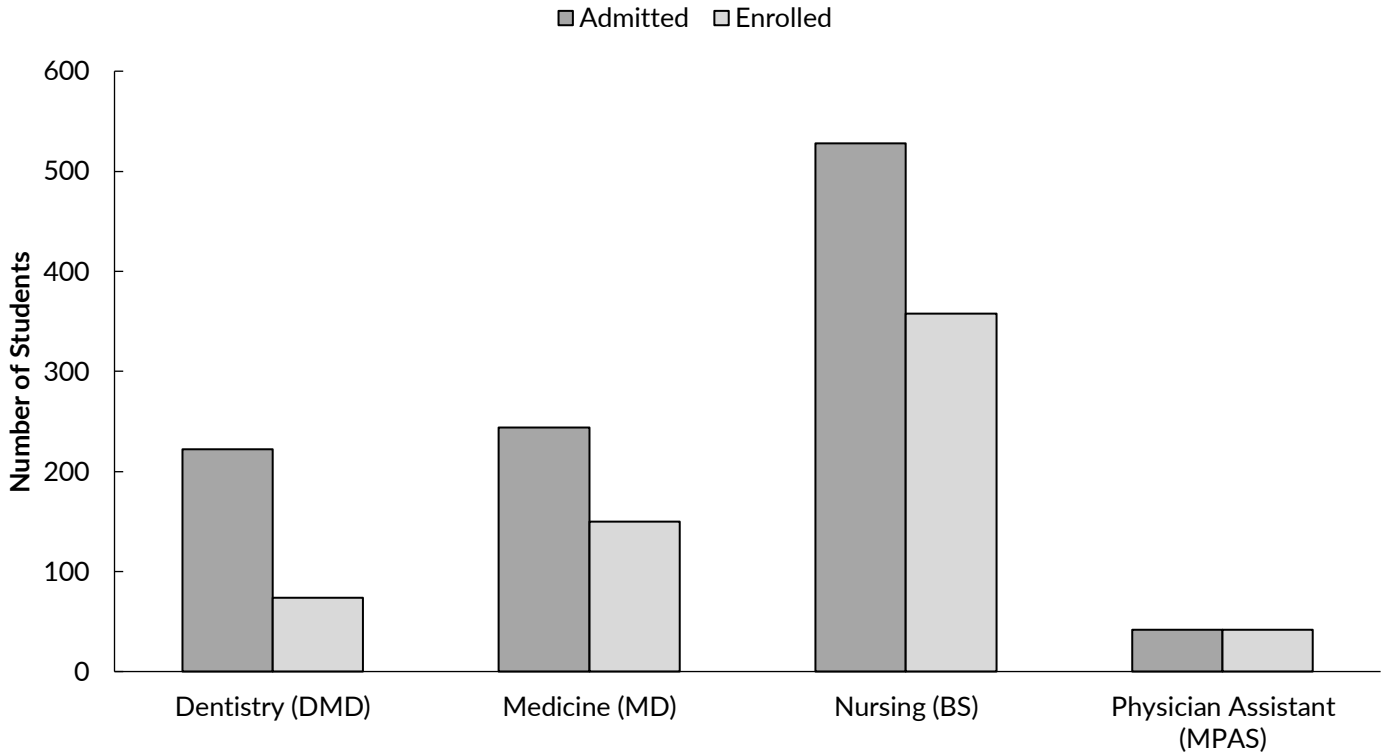
| | Dentistry (DMD) | Medicine (MD) | Nursing (BS) ¹ | Physician Assistant (MPAS) |
|---------------------|-----------------|---------------|---------------------------|----------------------------|
| Applied | | | | |
| # | 731 | 6291 | 1137 | 1322 |
| Admitted | | | | |
| # | 222 | 244 | 528 | 42 |
| % admitted/applied | 30% | 4% | 46% | 3% |
| Enrolled | | | | |
| # | 74 | 150 | 358 | 42 |
| % enrolled/admitted | 33% | 61% | 68% | 100% |

¹The School of Nursing accepts applications and admits students throughout the academic year. 2023-24 data represents applications, admitted and enrolled students as of 10/19/2023.

Note: Data represents unduplicated counts of applications received.

Source: OHSU Office of the Registrar and school detail reports.

First Time Students Admitted and Enrolled 2023-24



Applicant Pool Detail for DMD, MD, and PharmD Programs 2023-24

| | DMD | MD | PharmD |
|--|-----|-------|--------|
| American Indian/ Alaska Native | | | |
| Applied | 2 | 20 | 1 |
| Admitted | 1 | 6 | 0 |
| Enrolled | 0 | 1 | 0 |
| Asian | | | |
| Applied | 200 | 1,613 | 85 |
| Admitted | 58 | 40 | 42 |
| Enrolled | 21 | 29 | 19 |
| Black/ African American | | | |
| Applied | 24 | 259 | 14 |
| Admitted | 6 | 18 | 0 |
| Enrolled | 2 | 8 | 0 |
| Native Hawaiian/ Pacific Islander | | | |
| Applied | 1 | 16 | 1 |
| Admitted | 0 | 1 | 1 |
| Enrolled | 0 | 0 | 1 |
| Hispanic/ Latino, any race | | | |
| Applied | 77 | 753 | 8 |
| Admitted | 24 | 28 | 7 |
| Enrolled | 10 | 12 | 3 |
| Two or More Races | | | |
| Applied | 35 | 410 | 51 |
| Admitted | 11 | 32 | 32 |
| Enrolled | 4 | 18 | 10 |
| Total Minority | | | |
| Applied | 339 | 3,071 | 160 |
| Admitted | 100 | 125 | 82 |
| Enrolled | 37 | 68 | 33 |
| White | | | |
| Applied | 351 | 2,964 | 96 |
| Admitted | 115 | 118 | 45 |
| Enrolled | 33 | 82 | 23 |
| U.S. Non-resident (International Student) | | | |
| Applied | 23 | 38 | 38 |
| Admitted | 7 | 0 | 17 |
| Enrolled | 4 | 0 | 3 |
| Unknown | | | |
| Applied | 18 | 218 | 8 |
| Admitted | 0 | 1 | 1 |
| Enrolled | 0 | 0 | 0 |
| Total | | | |
| Applied | 731 | 6,291 | 302 |
| Admitted | 222 | 244 | 145 |
| Enrolled | 74 | 150 | 59 |

Source: Annual school-level reports.

Underrepresented Minorities Among All Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|--|--------------|--------------|--------------|--------------|--------------|
| American Indian/Alaska Native | 10 | 19 | 20 | 23 | 17 |
| Asian (not underrepresented) | 223 | 236 | 246 | 239 | 226 |
| Asian (underrepresented) | 124 | 119 | 132 | 128 | 149 |
| Black/ African American | 56 | 63 | 77 | 80 | 85 |
| Native Hawaiian/ Pacific Islander | 11 | 11 | 9 | 12 | 7 |
| Hispanic/Latino, any race | 283 | 315 | 338 | 379 | 398 |
| White | 1,999 | 1,960 | 1,853 | 1,704 | 1,690 |
| Two or More Races (not underrepresented) | 73 | 75 | 80 | 87 | 79 |
| Two or More Races (underrepresented) | 101 | 115 | 111 | 114 | 115 |
| U.S. Non-resident (International Student)/Unknown | 137 | 122 | 118 | 104 | 111 |
| Total | 3,017 | 3,035 | 2,984 | 2,870 | 2,877 |
| Total Minority | 881 | 953 | 1013 | 1062 | 1076 |
| Total Underrepresented Minority | 585 | 642 | 687 | 736 | 771 |
| Percentage Distribution | % | % | % | % | % |
| Minority* | 31% | 33% | 35% | 38% | 39% |
| URM* | 20% | 22% | 24% | 27% | 28% |
| White* | 69% | 67% | 65% | 62% | 61% |
| U.S. Non-resident (International Student)/Unknown* | 5% | 4% | 4% | 4% | 4% |

Excludes students enrolled in the joint degree programs with Oregon State University and Oregon Institute of Technology as well as the School of Public Health joint degree students registered with Portland State University. Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races.

Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

**Average Entrance Exam Scores of Matriculates
Fall 2019 through Fall 2023**

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|-----------------------|------|------|------|------|------|
| Medical - MCAT | | | | | |
| OHSU | 512 | 510 | 510 | 511 | 509 |
| National Average | 512 | 512 | 512 | 512 | 512 |
| % Difference | 0 | -2 | -2 | -1 | -3 |
| Dental - DAT | | | | | |
| OHSU | 20.4 | 20.8 | 20.4 | 21.0 | 21.0 |
| National Average | 19.3 | 19.4 | 19.2 | 19.0 | 20.8 |
| % Difference | +1.1 | +1.4 | +1.2 | +2.0 | +0.2 |

Source: Annual school reports, based on entering cohorts.

**New Student Qualifications
2019-20 through 2023-24
Average Undergraduate GPA of Students Enrolling for the First Time**

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------------------------|------|------|------|------|------|
| Dental | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 |
| Medical | 3.7 | 3.7 | 3.7 | 3.7 | 3.7 |
| Nursing | | | | | |
| Baccalaureate | 3.7 | 3.7 | 3.7 | 3.6 | 3.7 |
| RN/BS | 3.5 | 3.5 | 3.4 | 3.5 | 3.5 |
| Acc. Baccalaureate | 3.6 | 3.6 | 3.6 | 3.5 | 3.6 |
| Adult Gero Acute Care | 3.5 | 3.4 | 3.7 | 3.4 | 3.6 |
| Family Nurse Practitioner | 3.8 | 3.7 | 3.6 | 3.6 | 3.6 |
| Psych. Mental Health Pract. | 3.7 | 3.5 | 3.6 | 3.6 | 3.5 |
| Nurse Midwifery | 3.7 | 3.7 | 3.5 | 3.6 | 3.4 |
| Nursing Education | 3.5 | 3.6 | 3.4 | 3.3 | 3.5 |
| Health Sys. & Org. Leadership | 3.5 | -- | 3.5 | -- | -- |
| Nurse Anesthesia | 3.6 | 3.7 | 3.7 | 3.5 | 3.4 |
| Pediatric Nurse Practitioner | 3.5 | 3.5 | 3.4 | 3.5 | 3.7 |
| Nursing - DNP | 3.6 | 3.4 | 3.2 | 3.4 | 3.5 |
| Nursing - PhD | 3.5 | 3.7 | 3.3 | 3.4 | 3.7 |
| Pharmacy | 3.5 | 3.5 | 3.3 | 3.3 | 3.3 |
| Basic Sciences | | | | | |
| Master's | 3.5 | 3.5 | 3.4 | 3.5 | 3.5 |
| PhD | 3.5 | 3.5 | 3.6 | 3.5 | 3.5 |
| Radiation Therapy | 3.4 | 3.4 | 3.6 | 3.6 | 3.5 |
| Human Nutrition | | | | | |
| Dietetic Internship (DI) | 3.5 | 3.5 | 3.5 | 3.3 | 3.9 |
| Combined DI/MS in Nutrition | 3.7 | 3.7 | 3.6 | 3.5 | 3.6 |
| Physician Assistant | 3.4 | 3.5 | 3.5 | 3.5 | 3.5 |
| Public Health | | | | | |
| Graduate Certificate | 3.1 | 3.4 | 3.2 | 3.4 | 3.1 |
| Master's | 3.5 | 3.4 | 3.4 | 3.4 | 3.5 |
| PhD | 3.3 | 3.8 | 3.5 | 3.3 | 3.4 |

Note: The Health Systems & Organizational Leadership program was paused in Fall 2020 and did not admit any new students in Fall 2022 or Fall 2023.

Source: Annual school reports, based on entering cohorts.

International Student Headcount Enrollment by Country or Place of Citizenship Fall 2013 through Fall 2022

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|-------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Argentina | 3 | 2 | 2 | - | 1 | - | - | - | - | - |
| Australia | - | - | - | - | - | - | - | - | - | 1 |
| Austria | - | - | - | - | - | - | - | 1 | 1 | - |
| Bahrain | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Bangladesh | - | - | - | - | - | - | - | 1 | - | - |
| Brazil | - | - | 1 | - | 1 | 1 | - | - | - | - |
| Cambodia | - | - | - | - | - | - | - | - | 1 | 1 |
| Canada | 6 | 6 | 7 | 6 | 5 | 4 | 6 | 9 | 8 | 6 |
| Chile | 1 | - | - | - | - | - | - | - | - | - |
| China (PRC) | 8 | 12 | 10 | 9 | 7 | 5 | 12 | 11 | 14 | 20 |
| Columbia | - | - | - | - | - | - | - | 1 | 1 | 2 |
| Egypt | - | - | - | - | - | - | - | 1 | 1 | 1 |
| France | - | - | - | - | - | - | - | 2 | 4 | 4 |
| Germany | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 3 | 2 | 2 |
| Hong Kong | - | - | - | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| Honduras | - | - | - | - | - | - | - | - | - | 1 |
| Hungary | - | - | - | - | - | - | - | 2 | 1 | - |
| India | 8 | 10 | 11 | 11 | 12 | 13 | 15 | 15 | 17 | 12 |
| Iran | 9 | 6 | 6 | 5 | 6 | 5 | 2 | 2 | 1 | 3 |
| Israel | 3 | 3 | 1 | 1 | 1 | 2 | 2 | 1 | - | - |
| Italy | 2 | 3 | 2 | - | - | - | - | - | - | - |
| Japan | 6 | 4 | 4 | 2 | - | 1 | 1 | 1 | - | - |
| Jordan | 2 | - | - | - | - | - | - | - | - | - |
| Korea, South | 3 | 5 | 3 | 3 | 2 | 3 | 2 | 1 | 1 | 2 |
| Libya | - | - | - | - | - | - | - | - | - | 1 |
| Malaysia | - | - | - | 1 | 1 | 1 | - | 1 | 1 | 1 |
| Marshall Islands | - | - | - | - | - | - | - | - | 1 | - |
| Mexico | - | - | 6 | 2 | 3 | 2 | 2 | - | 1 | 1 |
| Netherlands | - | - | - | - | 1 | 1 | 1 | 1 | 1 | - |
| Nigeria | - | - | - | - | - | - | - | 1 | - | - |
| Palestinian Territories | - | - | - | - | - | - | - | - | 1 | 1 |
| Philippines | - | - | - | - | - | - | - | 1 | 1 | - |
| Russia | 1 | - | - | - | - | - | - | - | - | 1 |
| Saint Lucia | - | - | - | - | - | - | - | - | 1 | 1 |
| Saudi Arabia | 1 | 1 | 3 | 2 | 3 | 4 | 4 | 4 | 4 | 4 |
| Serbia | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Spain | 2 | 1 | 1 | - | - | 1 | 1 | 1 | 1 | 1 |
| Sweden | 2 | 1 | 1 | - | - | - | - | - | - | - |
| Switzerland | - | - | - | - | - | - | - | 1 | 1 | 1 |
| Taiwan | 3 | 2 | 1 | 3 | 4 | 4 | 4 | 4 | 1 | - |
| Thailand | 3 | 2 | 1 | 1 | - | 2 | 3 | 2 | 2 | 3 |
| Turkey | - | - | 1 | 3 | 4 | 4 | 2 | 2 | 2 | - |
| Ukraine | - | - | - | - | - | 1 | - | - | - | - |
| United Kingdom | - | 1 | - | - | - | 1 | 1 | 1 | 1 | 2 |
| Vietnam | - | - | - | - | - | - | - | 3 | - | - |
| Other Countries | 8 | 8 | 9 | 13 | 12 | 12 | 17 | - | - | - |
| Total | 72 | 68 | 71 | 65 | 65 | 69 | 78 | 76 | 74 | 75 |

Note: Excludes joint degree program students registered by Portland State University, Oregon State University, and the Oregon Institute of Technology. Beginning with 2020, all countries are listed individually; none are grouped under the "Other Countries" designation. Source: OHSU Office of the Registrar, Institute of International Education's Open Doors Survey.

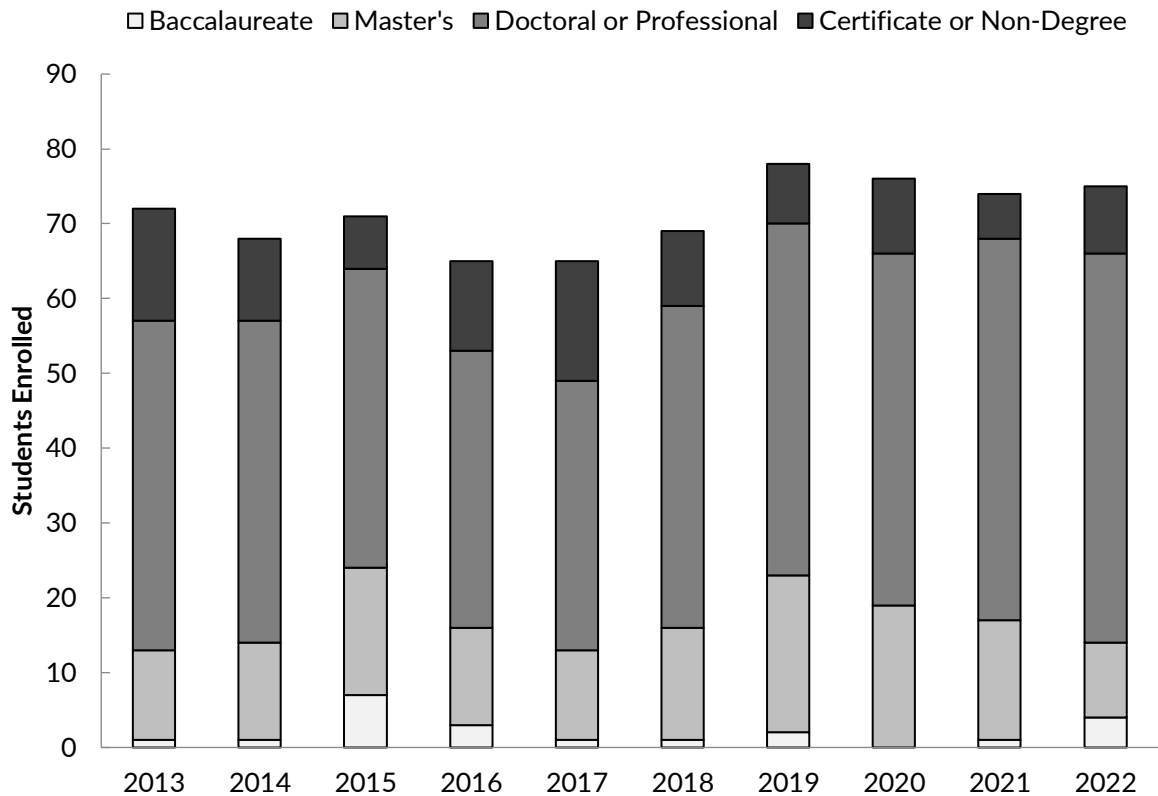
Headcount Enrollment of International Students by Level of Study Fall 2013 through Fall 2022

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Baccalaureate | 1 | 1 | 7 | 3 | 1 | 1 | 2 | 0 | 1 | 4 |
| Master's | 12 | 13 | 17 | 13 | 12 | 15 | 21 | 19 | 16 | 10 |
| Doctoral or Professional | 44 | 43 | 40 | 37 | 36 | 43 | 47 | 47 | 51 | 52 |
| Certificate or Non-Degree | 15 | 11 | 7 | 12 | 16 | 10 | 8 | 10 | 6 | 9 |
| Total | 72 | 68 | 71 | 65 | 65 | 69 | 78 | 76 | 74 | 75 |

Note: Excludes joint degree program students registered by Portland State University, Oregon State University, and the Oregon Institute of Technology.

Source: OHSU Office of the Registrar; Institute of International Education's Open Doors Survey.

Enrollment of International Students by Level of Study Fall 2013 through Fall 2022



GRADUATE MEDICAL EDUCATION

FTE Interns and Residents in Postgraduate Medical Training by Department 2014-15 through 2023-24

| | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Anesthesiology | 49.3 | 46.0 | 49.0 | 50.0 | 48.0 | 50.0 | 53.6 | 53.8 | 52.0 | 57.0 |
| Child Neurology | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 3.0 | 3.0 | 2.0 | 3.0 | 3.0 |
| Dermatology | 13.0 | 13.0 | 13.0 | 15.0 | 14.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 |
| Diagnostic Radiology | 25.0 | 25.0 | 27.0 | 27.0 | 26.0 | 25.0 | 24.8 | 26.0 | 25.0 | 26.0 |
| Emergency Medicine | 33.0 | 32.0 | 33.0 | 33.0 | 33.0 | 32.6 | 34.0 | 32.8 | 33.0 | 34.0 |
| Family Medicine | 30.1 | 34.0 | 46.0 | 48.0 | 50.0 | 47.5 | 48.3 | 48.2 | 49.0 | 48.0 |
| Family Med. - Hillsboro | - | - | - | - | - | - | - | 8.0 | 16.0 | 23.0 |
| Family Med. - Klamath Falls | 24.0 | 25.0 | 24.0 | 24.0 | 24.0 | 24.3 | 24.8 | 24.0 | 24.0 | 25.0 |
| Internal Medicine | 104.0 | 105.0 | 104.0 | 104.0 | 104.0 | 103.9 | 106.8 | 111.3 | 106.0 | 106.0 |
| Internal Medicine - Hillsboro | - | - | - | - | - | - | - | 8.0 | 16.0 | 24.0 |
| Intervent. Rad. - Integrated | - | - | - | - | 2.0 | 3.0 | 5.0 | 7.0 | 8.0 | 7.0 |
| Medical Genetics and Genomics | 1.0 | 1.0 | 1.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 0.0 | 0.0 |
| Neurological Surgery | 16.0 | 16.0 | 17.0 | 17.0 | 18.0 | 18.0 | 21.0 | 21.0 | 22.0 | 21.0 |
| Neurology | 17.0 | 18.0 | 18.0 | 18.0 | 18.0 | 18.8 | 19.5 | 19.0 | 21.0 | 20.0 |
| Nuclear Medicine | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 1.0 | 1.0 |
| Obstetrics and Gynecology | 28.0 | 28.0 | 28.0 | 28.0 | 28.0 | 28.7 | 29.0 | 29.0 | 28.0 | 32.0 |
| Ophthalmology | 14.0 | 15.0 | 14.0 | 14.0 | 15.0 | 15.0 | 15.0 | 20.0 | 20.0 | 20.0 |
| Orthopedic Surgery | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 | 25.0 |
| Otolaryngology - Head & Neck Surgery | 15.0 | 15.0 | 15.0 | 16.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 |
| Pathology | 12.0 | 12.0 | 12.0 | 12.0 | 11.0 | 12.0 | 12.0 | 12.0 | 13.0 | 13.0 |
| Pediatrics | 50.0 | 52.0 | 50.0 | 51.0 | 54.0 | 54.0 | 56.0 | 55.0 | 58.0 | 56.0 |
| Plastic Surgery | 12.0 | 12.0 | 13.0 | 14.0 | 15.0 | 15.0 | 15.0 | 17.0 | 16.0 | 17.0 |
| Psychiatry | 30.5 | 34.0 | 30.0 | 32.0 | 34.0 | 34.0 | 30.8 | 31.2 | 30.0 | 31.0 |
| Radiation Oncology | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 7.0 | 7.0 | 6.0 |
| Surgery | 80.0 | 82.0 | 78.0 | 78.0 | 78.0 | 80.8 | 82.3 | 82.8 | 83.0 | 88.0 |
| Transitional Year | - | - | - | - | - | - | - | 0.0 | 4.0 | 6.0 |
| Vascular Surg. – Integrated* | - | - | - | - | - | - | - | - | - | 2.0 |
| Urology | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 16.0 |
| Total | 603.0 | 614.0 | 622.0 | 630.0 | 637.0 | 643.6 | 658.6 | 688.1 | 707.0 | 737.0 |

Figures represent only ACGME-accredited residency and fellowship programs in the School of Medicine, as of 11/26/2023.

*Beginning in 2023-24, Vascular Surgery is represented by either Vascular Surgery Independent or Vascular Surgery Integrated.

Source: OHSU Graduate Medical Education

FTE Fellows in Postgraduate Medical Training by Department 2014-15 through 2023-24

| | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Addiction Medicine | - | - | - | - | 4.0 | 4.0 | 4.0 | 3.2 | 4.0 | 4.0 |
| Addiction Psych (established in 2022-23) | - | - | - | - | - | - | - | - | 2.0 | 1.0 |
| Adult Cardiothoracic Anesthesiology | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Adult Congenital Heart Disease | - | - | - | - | 1.0 | 1.0 | 0.0 | 1.0 | 1.0 | 1.0 |
| Advanced Heart Failure & Transplant Cardiology | 0.0 | 1.0 | 1.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Anesthesia Critical Care Medicine | 1.0 | 2.0 | 1.0 | 2.0 | 3.0 | 2.0 | 2.2 | 2.1 | 1.0 | 2.0 |
| Cardiology | 17.0 | 15.0 | 14.0 | 15.0 | 14.0 | 15.0 | 15.0 | 15.0 | 15.0 | 16.0 |
| Cardiothoracic Surgery | 2.0 | 3.0 | 3.0 | 2.3 | 3.0 | 3.0 | 3.0 | 2.9 | 3.0 | 3.0 |
| Child and Adolescent Psychiatry | 7.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 4.0 | 4.0 | 7.0 | 7.0 |
| Clinical Cardiac Electrophysiology | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 2.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| Clinical Informatics | 0.0 | 2.0 | 5.0 | 7.0 | 6.0 | 6.0 | 5.0 | 7.0 | 7.0 | 6.0 |
| Colon and Rectal Surgery | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 |
| Complex Family Planning | - | - | - | - | - | - | - | 2.0 | 2.0 | 2.0 |
| Consultation-Liaison Psychiatry | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| Critical Care Medicine | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 8.0 | 9.0 | 9.0 | 8.0 | 8.0 |
| Cytopathology | 1.0 | 1.0 | 1.0 | 2.0 | 1.0 | 1.0 | 0.8 | 1.3 | 1.0 | 0.0 |
| Dermatopathology | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | - | 1.0 | 0.0 |
| Developmental - Behavioral Pediatrics | - | 1.0 | 2.0 | 2.0 | 1.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Endocrinology, Diabetes, & Metabolism | 5.3 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 3.0 | 4.0 | 4.0 | 4.0 |
| Epilepsy | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.0 |
| Female Pelvic Medicine & Reconstructive Surgery | 2.8 | 3.0 | 4.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 |
| Forensic Psychiatry | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 2.0 | 2.0 | 2.0 |
| Gastroenterology | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 8.0 | 9.0 | 9.0 | 9.0 |
| Geriatric Medicine | 4.0 | 3.0 | 3.5 | 4.6 | 4.0 | 2.3 | 3.2 | 4.2 | 1.0 | 3.0 |
| Geriatric Psychiatry | 2.0 | 1.0 | 2.0 | 1.0 | 1.0 | 1.6 | 0.0 | 1.0 | 0.0 | 0.0 |
| Hand Surgery | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Hematology & Medical Oncology | 8.0 | 6.0 | 9.0 | 11.0 | 11.0 | 13.0 | 11.0 | 11.0 | 12.0 | 12.0 |
| Hematopathology | 3.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 2.0 | 3.0 | 2.0 |
| Hospice & Palliative Medicine | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 3.2 | 2.5 | 3.0 | 3.0 |

Table continued on next page.

FTE Fellows in Postgraduate Medical Training by Department 2014-15 through 2023-24

| | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Infectious Diseases | 6.0 | 5.0 | 6.0 | 6.0 | 6.0 | 5.0 | 5.0 | 6.0 | 6.0 | 6.0 |
| Interventional Cardiology | 1.0 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Interventional Radiology - Independent | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 5.0 | 4.0 | 4.0 | 5.0 | 4.0 |
| Laboratory Genetics & Genomics | - | - | - | - | - | - | 1.0 | 1.0 | 0.0 | 1.0 |
| Maternal Fetal Medicine | 3.0 | 3.0 | 3.0 | 4.0 | 3.0 | 2.0 | 4.0 | 4.0 | 4.0 | 4.0 |
| Medical Toxicology | 3.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 |
| Micrographic Surg. & Dermatologic Oncol. | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Molecular Genetic Pathology | 1.0 | 2.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.0 | 2.0 |
| Neonatal-Perinatal Medicine | 5.0 | 6.0 | 6.0 | 5.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 |
| Nephrology | 8.0 | 7.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 |
| Neurocritical Care | - | - | - | - | - | - | - | - | - | 3.0 |
| Neurodevelopmental Disabilities | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.0 | 2.0 | 1.0 | 2.0 |
| Neuromuscular Medicine | - | - | - | 1.0 | 2.0 | 0.0 | 2.0 | 1.0 | 1.0 | 2.0 |
| Neuropathology | 1.0 | 1.0 | 1.0 | 1.0 | 0.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Neuroradiology | 3.0 | 1.0 | 3.0 | 4.0 | 3.0 | 3.0 | 3.9 | 2.8 | 3.0 | 2.0 |
| Pain Medicine | 3.0 | 3.0 | 3.0 | 3.0 | 4.0 | 4.3 | 4.0 | 3.8 | 5.0 | 4.0 |
| Ped. Anesthesiology | 3.0 | 3.0 | 3.0 | 2.3 | 3.0 | 3.5 | 3.3 | 2.0 | 2.0 | 3.0 |
| Ped. Cardiology | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 |
| Pediatric Critical Care Medicine | 3.0 | 3.0 | 2.0 | 3.0 | 3.0 | 3.0 | 3.3 | 3.0 | 4.0 | 4.0 |
| Pediatric Dermatology | - | - | - | - | - | - | - | - | 1.0 | 1.0 |
| Pediatric Emergency Medicine | 3.0 | 3.0 | 3.0 | 2.0 | 3.0 | 3.0 | 3.0 | 2.0 | 3.0 | 3.0 |
| Pediatric Endocrinology | 3.0 | 4.0 | 3.0 | 4.0 | 3.0 | 2.0 | 1.0 | 1.0 | 2.0 | 3.0 |
| Pediatric Hematology/Oncology | 8.0 | 7.0 | 7.0 | 5.0 | 6.0 | 7.0 | 5.0 | 5.0 | 5.0 | 6.0 |
| Pediatric Radiology | 1.0 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 1.0 | 1.0 | 1.0 |
| Pediatric Surgery | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| Pulmonary Disease & Critical Care Medicine | 10.0 | 12.0 | 12.0 | 10.0 | 10.0 | 11.0 | 12.0 | 12.0 | 12.0 | 12.0 |

Table continued on next page.

FTE Fellows in Postgraduate Medical Training by Department 2014-15 through 2023-24

| | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Regional Anesthesiology | - | - | - | - | - | 2.0 | 2.0 | 2.3 | 2.0 | 2.0 |
| Reproductive Endocrinology & Infertility | - | - | - | - | - | 1.0 | 2.0 | 3.0 | 3.0 | 3.0 |
| Rheumatology | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.3 | 4.0 | 4.0 |
| Sleep Medicine | 2.0 | 1.0 | 2.0 | 2.0 | 1.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| Sports Medicine | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.2 | 2.1 | 2.0 | 2.0 |
| Surgical Critical Care | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.3 | 4.3 | 4.0 | 4.0 |
| Transplant Hepatology | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | |
| Vascular Neurology | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 2.0 | 1.0 |
| Vascular Surgery* | 3.0 | 3.0 | 3.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | - |
| Vascular Surgery – Independent* | - | - | - | - | - | - | - | - | - | 4.0 |
| Total | 172.1 | 170.0 | 176.5 | 181.2 | 184.0 | 187.7 | 185.4 | 194.8 | 203.0 | 210.0 |

Figures represent only ACGME-accredited residency and fellowship programs in the School of Medicine, as of 11/26/2023.

*Beginning in 2023-24, Vascular Surgery is represented by either Vascular Surgery Independent or Vascular Surgery Integrated.

Source: OHSU Graduate Medical Education.

Total House Officers by Gender 2014-15 through 2023-24

| | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 |
|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Men | 393 | 383 | 416 | 443 | 422 | 422 | 429 | 435 | 427 | 423 |
| Women | 419 | 426 | 421 | 399 | 427 | 434 | 436 | 458 | 492 | 524 |
| Total | 812 | 809 | 837 | 842 | 849 | 856 | 865 | 893 | 919 | 947 |
| Men | 48.4% | 47.3% | 49.7% | 52.6% | 49.7% | 49.3% | 49.6% | 48.7% | 46.5% | 44.7% |
| Women | 51.6% | 52.7% | 50.3% | 47.4% | 50.3% | 50.7% | 50.4% | 51.3% | 53.5% | 55.3% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Note: House officers include interns, residents and fellows. Figures represent only ACGME-accredited residency and fellowship programs in the School of Medicine, as of 11/26/2023. Source: OHSU Graduate Medical Education.

Distribution of House Officers by Race/Ethnicity 2014-15 through 2023-24

| | 14-15 | 15-16 | 16-17 | 17-18 | 18-19 | 19-20 | 20-21 | 21-22 | 22-23 | 23-24 |
|--------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| American Indian/Alaska Native | | | | | | | | | | |
| # | 4 | 3 | 3 | 1 | 3 | 4 | 5 | 4 | 4 | 5 |
| % | 0.5% | 0.4% | 0.4% | 0.1% | 0.4% | 0.5% | 0.6% | 0.5% | 0.5% | 0.7% |
| Asian/Pacific Islander | | | | | | | | | | |
| # | 132 | 143 | 143 | 140 | 139 | 149 | 176 | 199 | 205 | 212 |
| % | 17.8% | 20.2% | 18.9% | 18.2% | 18.0% | 18.9% | 21.9% | 25.0% | 27.2% | 28.2% |
| Black/African American | | | | | | | | | | |
| # | 15 | 17 | 21 | 25 | 30 | 37 | 34 | 31 | 37 | 40 |
| % | 2.0% | 2.4% | 2.8% | 3.3% | 3.9% | 4.7% | 4.2% | 3.9% | 4.9% | 5.3% |
| Hispanic/Latino, any race | | | | | | | | | | |
| # | 30 | 29 | 37 | 41 | 39 | 51 | 49 | 67 | 63 | 70 |
| % | 4.0% | 4.1% | 4.9% | 5.3% | 5.0% | 6.5% | 6.1% | 8.4% | 8.3% | 9.3% |
| Total Minority | | | | | | | | | | |
| # | 195 | 192 | 204 | 207 | 211 | 241 | 264 | 301 | 309 | 327 |
| % | 26.3% | 27.2% | 27.0% | 26.9% | 27.3% | 30.5% | 32.8% | 37.8% | 40.9% | 43.5% |
| White | | | | | | | | | | |
| # | 561 | 515 | 551 | 562 | 562 | 548 | 541 | 496 | 446 | 424 |
| % | 75.6% | 72.8% | 73.0% | 73.1% | 72.7% | 69.5% | 67.2% | 62.2% | 59.1% | 56.5% |
| Unknown | | | | | | | | | | |
| # | 70 | 102 | 82 | 73 | 76 | 67 | 60 | 96 | 164 | 196 |
| % | 8.6% | 12.6% | 9.8% | 8.7% | 9.0% | 7.8% | 6.9% | 10.8% | 17.8% | 20.7% |
| Total | 812 | 809 | 837 | 842 | 849 | 856 | 865 | 893 | 919 | 947 |

Note: House Officers include interns, residents and fellows. Minority percentages calculated excluding unknown and declined-to-respond personnel. Figures represent only ACGME-accredited residency and fellowship programs in the School of Medicine, as of 11/26/2023.

Source: OHSU Graduate Medical Education

DEGREES AWARDED

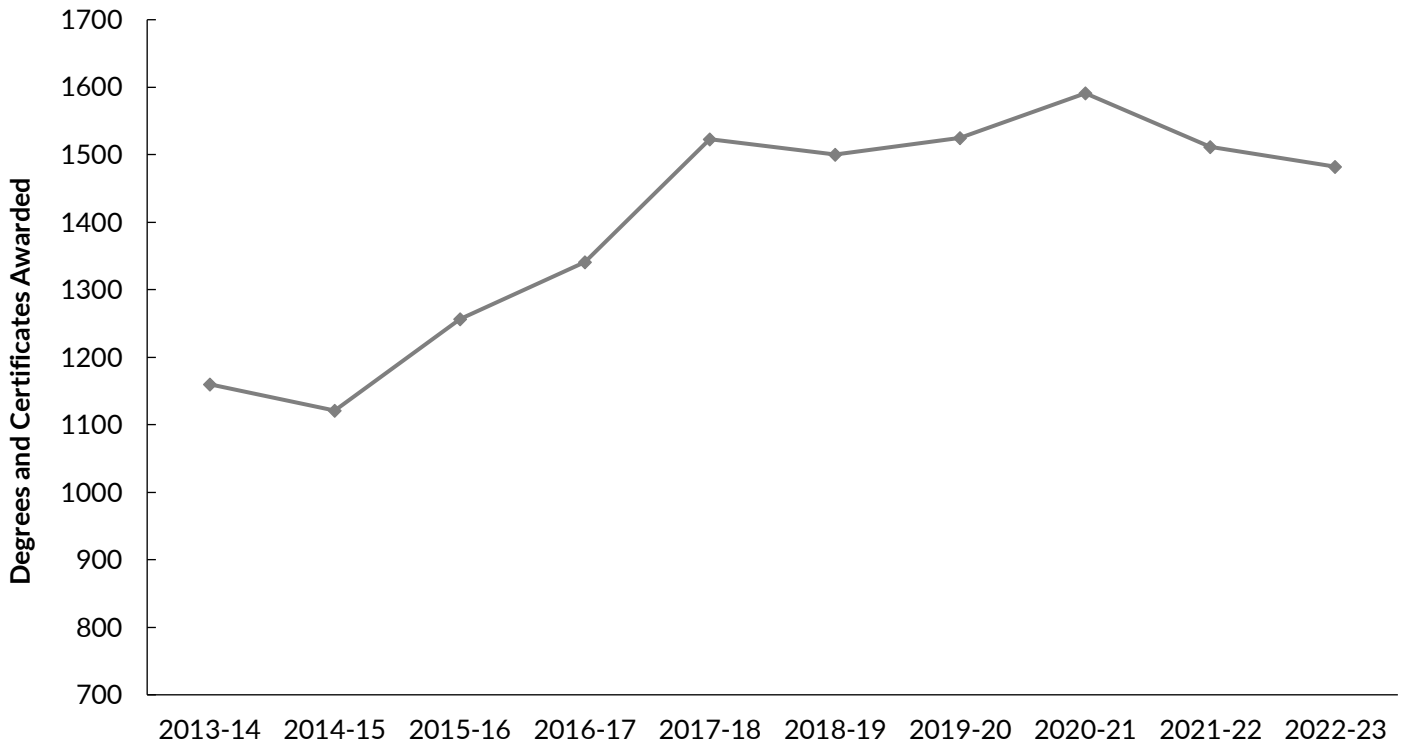
Degrees and Certificates Awarded by School 2013-14 through 2022-23

| | Dentistry | Medicine | Nursing | Pharmacy | Public Health | Total |
|---------|-----------|----------|---------|----------|---------------|-------|
| 2013-14 | 88 | 490 | 489 | 93 | - | 1160 |
| 2014-15 | 94 | 477 | 467 | 83 | - | 1121 |
| 2015-16 | 93 | 478 | 545 | 92 | 49 | 1257 |
| 2016-17 | 87 | 500 | 486 | 76 | 192 | 1341 |
| 2017-18 | 87 | 515 | 456 | 81 | 384 | 1523 |
| 2018-19 | 91 | 465 | 494 | 95 | 355 | 1500 |
| 2019-20 | 87 | 480 | 515 | 83 | 360 | 1525 |
| 2020-21 | 85 | 516 | 466 | 82 | 442 | 1591 |
| 2021-22 | 84 | 464 | 460 | 95 | 409 | 1512 |
| 2022-23 | 89 | 455 | 463 | 73 | 402 | 1482 |

Note: Data represent degrees and certificates awarded in Summer through Spring of each academic year. These totals may differ from data included in IPEDS reporting, as IPEDS requires reporting based on specific dates (July 1 through June 30) which do not correspond to the academic year. Programs were moved into the School of Public Health in 2015-16.

Source: OHSU Office of the Registrar.

Total Degrees and Certificates Awarded 2013-14 through 2022-23



Degrees and Certificates Awarded by Race/Ethnicity and Gender 2022-23

| | | BS | | Master's | | DMD | | MD | | DNP | | PhD | | Certificate | | Total | |
|---|--------------|------------|---------------|------------|---------------|-----------|---------------|------------|---------------|-----------|---------------|-----------|---------------|-------------|---------------|-------------|---------------|
| | | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Amer. Indian/ Alaska Native | Men | 1 | 0.3% | 2 | 0.7% | 0 | 0.0% | 1 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 4 | 0.4% |
| | Women | 3 | 0.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% | 4 | 0.4% |
| | Total | 4 | 1.1% | 2 | 0.7% | 0 | 0.0% | 1 | 0.6% | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% | 8 | 0.8% |
| Asian | Men | 2 | 0.6% | 14 | 5.1% | 9 | 12.5% | 7 | 4.3% | 0 | 0.0% | 3 | 12.0% | 6 | 12.8% | 41 | 4.0% |
| | Women | 29 | 8.0% | 26 | 9.5% | 11 | 15.3% | 18 | 11.0% | 4 | 5.4% | 1 | 4.0% | 11 | 23.4% | 100 | 9.8% |
| | Total | 31 | 8.5% | 40 | 14.6% | 20 | 27.8% | 25 | 15.3% | 4 | 5.4% | 4 | 16.0% | 17 | 36.2% | 141 | 13.9% |
| Black/ African American | Men | 3 | 0.8% | 3 | 1.1% | 0 | 0.0% | 2 | 1.2% | 1 | 1.4% | 0 | 0.0% | 0 | 0.0% | 9 | 0.9% |
| | Women | 7 | 1.9% | 3 | 1.1% | 0 | 0.0% | 1 | 0.6% | 1 | 1.4% | 1 | 4.0% | 1 | 2.1% | 14 | 1.4% |
| | Total | 10 | 2.8% | 6 | 2.2% | 0 | 0.0% | 3 | 1.8% | 2 | 2.7% | 1 | 4.0% | 1 | 2.1% | 23 | 2.3% |
| Native Hawaiian/ Pacific Islander | Men | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.1% |
| | Women | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.1% |
| | Total | 2 | 0.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 2 | 0.2% |
| Hispanic/ Latino, any race | Men | 13 | 3.6% | 7 | 2.6% | 0 | 0.0% | 6 | 3.7% | 2 | 2.7% | 0 | 0.0% | 0 | 0.0% | 28 | 2.8% |
| | Women | 56 | 15.4% | 16 | 5.8% | 0 | 0.0% | 4 | 2.5% | 10 | 13.5% | 1 | 4.0% | 6 | 12.8% | 93 | 9.1% |
| | Total | 69 | 19.0% | 23 | 8.4% | 0 | 0.0% | 10 | 6.1% | 12 | 16.2% | 1 | 4.0% | 6 | 12.8% | 121 | 11.9% |
| Two or More Races | Men | 4 | 1.1% | 3 | 1.1% | 2 | 2.8% | 7 | 4.3% | 2 | 2.7% | 1 | 4.0% | 1 | 2.1% | 20 | 2.0% |
| | Women | 17 | 4.7% | 11 | 4.0% | 1 | 1.4% | 10 | 6.1% | 3 | 4.1% | 0 | 0.0% | 1 | 2.1% | 43 | 4.2% |
| | Total | 21 | 5.8% | 14 | 5.1% | 3 | 4.2% | 17 | 10.4% | 5 | 6.8% | 1 | 4.0% | 2 | 4.3% | 63 | 6.2% |
| Total Minority | Men | 24 | 6.6% | 29 | 10.6% | 11 | 15.3% | 23 | 14.1% | 5 | 6.8% | 4 | 16.0% | 7 | 14.9% | 103 | 10.1% |
| | Women | 113 | 31.1% | 56 | 20.4% | 12 | 16.7% | 33 | 20.2% | 19 | 25.7% | 3 | 12.0% | 19 | 40.4% | 255 | 25.0% |
| | Total | 137 | 37.7% | 85 | 31.0% | 23 | 31.9% | 56 | 34.4% | 24 | 32.4% | 7 | 28.0% | 26 | 55.3% | 358 | 35.2% |
| White | Men | 43 | 11.8% | 50 | 18.2% | 29 | 40.3% | 40 | 24.5% | 8 | 10.8% | 8 | 32.0% | 8 | 17.0% | 186 | 18.3% |
| | Women | 180 | 49.6% | 139 | 50.7% | 20 | 27.8% | 67 | 41.1% | 42 | 56.8% | 9 | 36.0% | 13 | 27.7% | 470 | 46.2% |
| | Unknown | 3 | 0.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 4.0% | 0 | 0.0% | 4 | 0.4% |
| | Total | 226 | 62.3% | 189 | 69.0% | 49 | 68.1% | 107 | 65.6% | 50 | 67.6% | 18 | 72.0% | 21 | 44.7% | 660 | 64.8% |
| U.S. Non- resident (Internation- al Student) | Men | 1 | 0.3% | 4 | 1.5% | 0 | 0.0% | 1 | 0.6% | 0 | 0.0% | 4 | 16.0% | 2 | 4.3% | 12 | 1.2% |
| | Women | 6 | 1.7% | 3 | 1.1% | 2 | 2.8% | 0 | 0.0% | 0 | 0.0% | 4 | 16.0% | 1 | 2.1% | 16 | 1.6% |
| | Total | 7 | 1.9% | 7 | 2.6% | 2 | 2.8% | 1 | 0.6% | 0 | 0.0% | 8 | 32.0% | 3 | 6.4% | 28 | 2.8% |
| Race/ Ethnicity Unknown | Men | 2 | 0.6% | 1 | 0.4% | 0 | 0.0% | 1 | 0.6% | 0 | 0.0% | 1 | 4.0% | 0 | 0.0% | 5 | 0.5% |
| | Women | 1 | 0.3% | 0 | 0.0% | 0 | 0.0% | 1 | 0.6% | 2 | 2.7% | 0 | 0.0% | 0 | 0.0% | 4 | 0.4% |
| | Total | 3 | 0.8% | 1 | 0.4% | 0 | 0.0% | 2 | 1.2% | 2 | 2.7% | 1 | 4.0% | 0 | 0.0% | 9 | 0.9% |
| Total | Men | 70 | 18.8% | 84 | 29.8% | 40 | 54.1% | 65 | 39.2% | 13 | 17.1% | 17 | 50.0% | 17 | 34.0% | 306 | 29.0% |
| | Women | 300 | 80.4% | 198 | 70.2% | 34 | 45.9% | 101 | 60.8% | 63 | 82.9% | 16 | 47.1% | 33 | 66.0% | 745 | 70.6% |
| | Unknown | 3 | 0.8% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 2.9% | 0 | 0.0% | 4 | 0.4% |
| | Total | 373 | 100.0% | 282 | 100.0% | 74 | 100.0% | 166 | 100.0% | 76 | 100.0% | 34 | 100.0% | 50 | 100.0% | 1055 | 100.0% |

Notes: Excludes joint degrees awarded with Oregon Institute of Technology and Oregon State University as well as the School of Public Health joint degree students registered by Portland State University.

Source: OHSU Office of the Registrar.

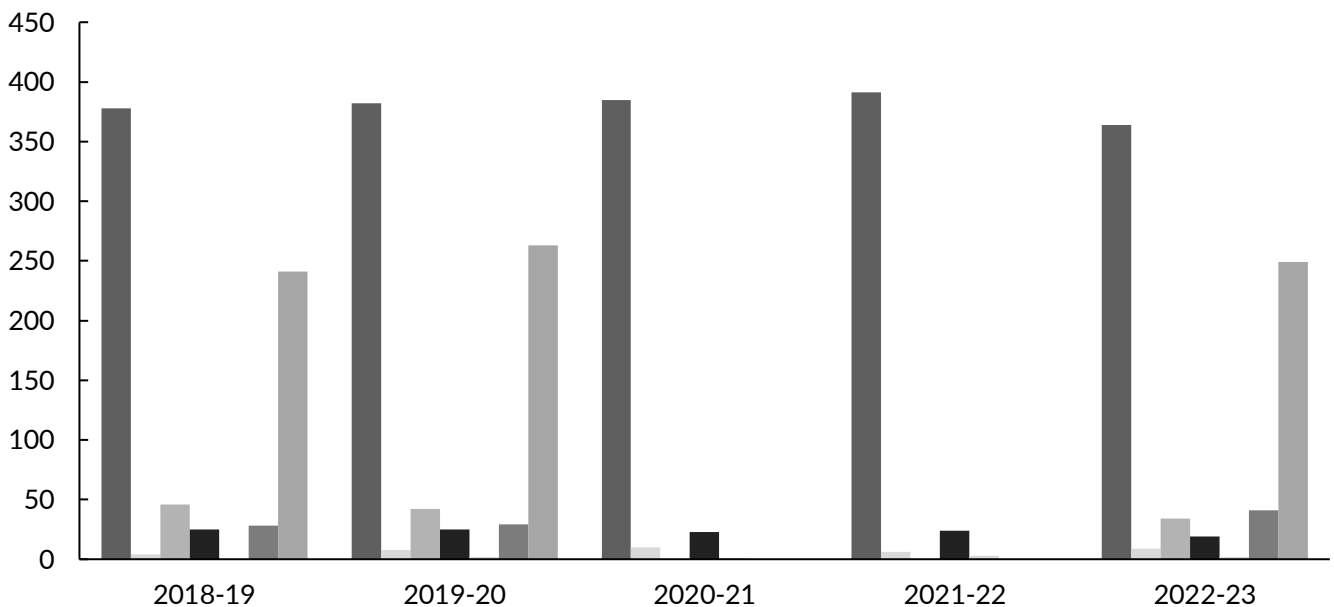
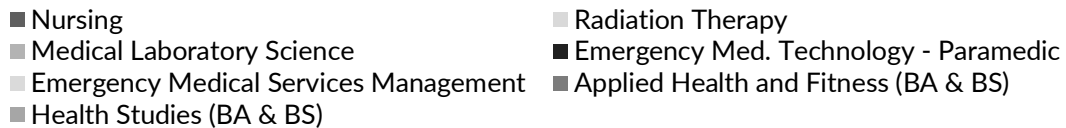
Undergraduate Degrees Awarded by Discipline 2018-19 through 2022-23

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|------------|------------|------------|------------|------------|
| Nursing (BS) | 378 | 382 | 385 | 391 | 364 |
| Radiation Therapy (BS) | 4 | 8 | 10 | 6 | 9 |
| Emergency Med. Technology - Paramedic (AAS) | 25 | 25 | 23 | 24 | 19 |
| Emergency Medical Services Management (BS) | 0 | 2 | 1 | 3 | 2 |
| Medical Laboratory Science (BS) | 46 | 42 | 38 | 35 | 34 |
| Applied Health and Fitness (BA) | 2 | 2 | 0 | 3 | 2 |
| Applied Health and Fitness (BS) | 26 | 27 | 39 | 38 | 39 |
| Public Health Studies (BA) | 13 | 19 | 16 | 11 | 14 |
| Public Health Studies (BS) | 228 | 244 | 296 | 271 | 235 |
| Total | 722 | 751 | 808 | 782 | 718 |

Note: Medical Laboratory Science, Emergency Medical Technology - Paramedic, and Emergency Medical Services Management are jointly awarded with Oregon Institute of Technology. Applied Health and Fitness and Public Health Studies are jointly awarded with Portland State University.

Source: OHSU Office of the Registrar

Undergraduate Degrees Awarded by Discipline 2018-19 through 2022-23



Master's Degrees Awarded by Discipline 2018-19 through 2022-23

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|--|------------|------------|------------|------------|------------|
| School of Dentistry | | | | | |
| Master of Science (MS) - All Specialties | 9 | 7 | 5 | 7 | 5 |
| School of Medicine | | | | | |
| Healthcare Management (MBA) | 37 | 45 | 33 | 31 | 49 |
| Biomedical Informatics (MBI) | 14 | 6 | 4 | 0 | 0 |
| Clinical Research (MCR) | 19 | 24 | 22 | 12 | 20 |
| Physician Assistant (MPAS) | 41 | 40 | 44 | 41 | 40 |
| Master of Science (MS) | 76 | 66 | 80 | 69 | 47 |
| School of Nursing | | | | | |
| Master of Nursing (MN) | | | | | |
| Adult Gerontology Acute Care | 12 | 9 | 0 | 0 | 0 |
| Family Nurse Practitioner | 19 | 24 | 5 | 0 | 0 |
| Health Systems and Org. Leadership | 7 | 3 | 13 | 0 | 5 |
| Nurse Anesthesia | 10 | 9 | 10 | 0 | 0 |
| Nurse Midwifery | 11 | 11 | 6 | 0 | 0 |
| Nursing Education | 8 | 7 | 8 | 8 | 16 |
| Pediatric Nurse Practitioner | 6 | 12 | 2 | 0 | 0 |
| Psychiatric Mental Health Nurse Pract. | 10 | 12 | 1 | 0 | 0 |
| School of Public Health | | | | | |
| Master of Public Health (MPH) | | | | | |
| Biostatistics | 3 | 1 | 2 | 3 | 3 |
| Epidemiology | 23 | 13 | 27 | 20 | 35 |
| Environmental Systems & Human Health | 5 | 9 | 4 | 4 | 11 |
| Health Management & Policy | 19 | 9 | 22 | 13 | 21 |
| Health Promotion | 16 | 15 | 11 | 20 | 21 |
| Primary Health Care & Health Disparities | 7 | 4 | 1 | 0 | 1 |
| Public Health Practice | 0 | 2 | 9 | 11 | 15 |
| Master of Science (MS) | | | | | |
| Biostatistics | 5 | 8 | 9 | 8 | 2 |
| Health Studies | 1 | 0 | 0 | 0 | 0 |
| Total | 358 | 336 | 318 | 247 | 291 |

Source: OHSU Office of the Registrar.

Graduate Certificates Awarded by Discipline 2018-19 through 2022-23

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|--|-----------|-----------|-----------|-----------|-----------|
| School of Dentistry | | | | | |
| All Specialties | 10 | 10 | 5 | 10 | 10 |
| School of Medicine | | | | | |
| Dietetic Internship | 15 | 14 | 18 | 11 | 15 |
| Heath & Clinical Informatics | 0 | 5 | 9 | 11 | 12 |
| Human Investigations | 12 | 11 | 30 | 16 | 12 |
| Biomedical Informatics | 12 | 7 | 0 | 0 | 0 |
| Health Care Management | 5 | 5 | 3 | 0 | 0 |
| School of Nursing¹ | | | | | |
| Adult Gerontology Acute Care | 0 | 1 | 0 | 0 | 0 |
| Health Systems and Org. Leadership | 0 | 0 | 0 | 0 | 0 |
| Nursing Midwifery | 0 | 1 | 0 | 0 | 0 |
| Pediatric Nurse Practitioner | 1 | 0 | 0 | 0 | 0 |
| Psychiatric Mental Health Nurse Pract. | 0 | 3 | 0 | 0 | 0 |
| School of Public Health | | | | | |
| Biostatistics | 1 | 2 | 2 | 0 | 1 |
| Public Health | 4 | 3 | 2 | 2 | 0 |
| Total | 60 | 62 | 69 | 50 | 50 |

¹The School of Nursing stopped offering certificates in Fall 2021.
Source: OHSU Office of the Registrar.

Research Doctoral Degrees Awarded by Discipline 2018-19 through 2022-23

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|
| School of Medicine | | | | | |
| Behavioral Neuroscience | 5 | 4 | 4 | 7 | 1 |
| Biochemistry & Molecular Biology | 1 | 1 | 3 | 1 | 0 |
| Biomedical Engineering | 7 | 5 | 6 | 14 | 8 |
| Biomedical Informatics | 1 | 3 | 3 | 1 | 3 |
| Cancer Biology | 0 | 3 | 2 | 3 | 3 |
| Cell & Developmental Biology | 1 | 2 | 0 | 2 | 2 |
| Computer Science and Engineering | 2 | 2 | 2 | 2 | 1 |
| Electrical Engineering | - | - | 1 | 1 | 0 |
| Environmental Science & Engineering | 0 | 1 | 1 | 0 | 0 |
| Health & Clinical Informatics | - | - | - | - | 1 |
| Medical Physics | 0 | 2 | - | 0 | 0 |
| Molecular & Medical Genetics | 2 | 0 | 5 | 2 | 1 |
| Molecular Microbiology & Immunology | 1 | 2 | 5 | 4 | 1 |
| Neuroscience | 9 | 3 | 5 | 14 | 8 |
| Physiology & Pharmacology | 4 | 1 | 6 | 5 | 1 |
| School of Nursing | | | | | |
| Nursing | 3 | 6 | 1 | 1 | 2 |
| School of Public Health | | | | | |
| Community Health | - | - | - | - | 1 |
| Epidemiology | 2 | 2 | 2 | 2 | 1 |
| Health Systems & Policy | - | - | - | 3 | 0 |
| Total | 38 | 37 | 46 | 62 | 32 |

Source: OHSU Office of the Registrar.

Professional Practice Doctorate Degrees Awarded by Discipline 2018-19 through 2022-23

| | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|------------------------|------------|------------|------------|------------|------------|
| Dentistry (DMD) | 72 | 70 | 75 | 67 | 74 |
| Medicine (MD) | 126 | 151 | 158 | 149 | 166 |
| Nursing Practice (DNP) | 29 | 35 | 35 | 60 | 76 |
| Pharmacy (PharmD) | 95 | 83 | 82 | 95 | 73 |
| Total | 322 | 339 | 350 | 371 | 389 |

Note: PharmD is jointly awarded with Oregon State University.

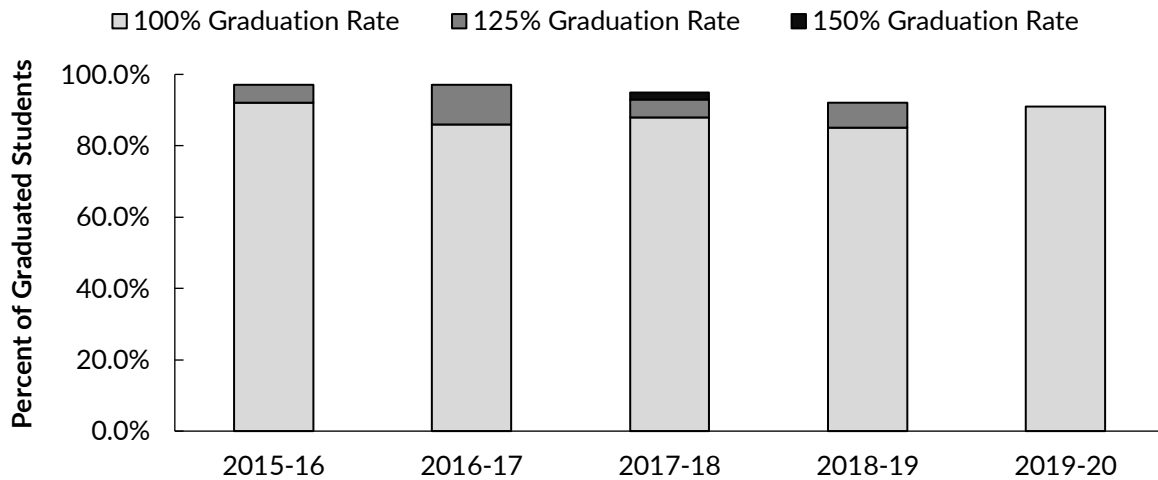
Source: OHSU Office of the Registrar.

Graduation Rates of DMD Students 2015-16 through 2019-20 Entering Cohorts

| Entering Cohort | | 100% Graduation Rate (4 Years) | | | 125% Graduation Rate (5 Years) | | | 150% Graduation Rate (6 Years) | | |
|-----------------|----|-----------------------------------|----|-----|-----------------------------------|---|-----|-----------------------------------|---|-----|
| Admit Year | # | Graduated By | # | % | Graduated By | # | % | Graduated By | # | % |
| 2015-16 | 76 | 2018-19 | 70 | 92% | 2019-20 | 4 | 97% | 2020-21 | 0 | 97% |
| 2016-17 | 77 | 2019-20 | 66 | 86% | 2020-21 | 9 | 97% | 2021-22 | 0 | 97% |
| 2017-18 | 74 | 2020-21 | 65 | 88% | 2021-22 | 4 | 93% | 2022-23 | 1 | 95% |
| 2018-19 | 73 | 2021-22 | 62 | 85% | 2022-23 | 5 | 92% | | | |
| 2019-20 | 75 | 2022-23 | 68 | 91% | | | | | | |

Note: DMD program length is four years.
Source: OHSU Office of the Registrar.

Graduation Rates of DMD Students 2015-16 through 2019-20 Entering Cohorts



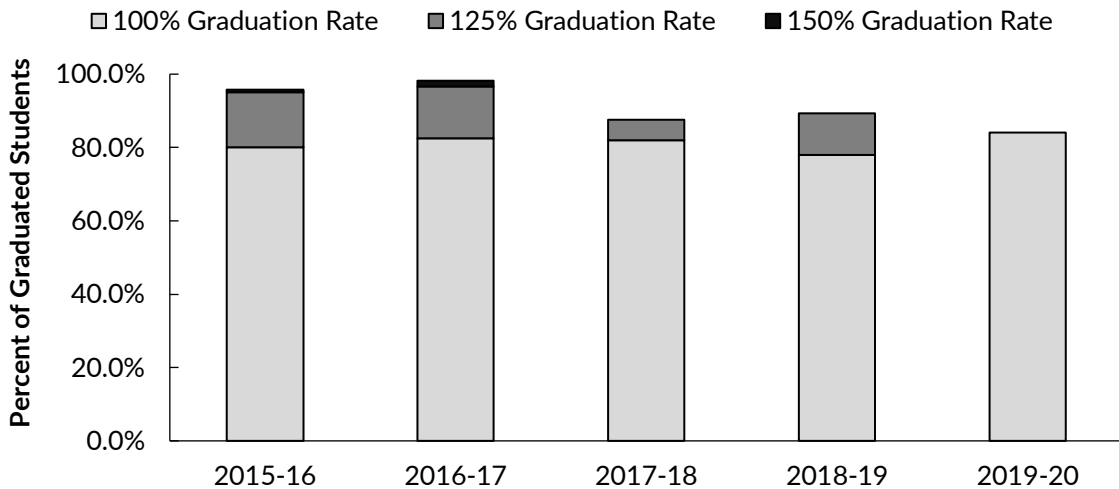
Graduation Rates of MD Students 2015-16 through 2019-20 Entering Cohorts

| Entering Cohort | | 100% Graduation Rate (4 Years) | | | 125% Graduation Rate (5 Years) | | | 150% Graduation Rate (6 Years) | | |
|-----------------|-----|-----------------------------------|-----|-----|-----------------------------------|----|-----|-----------------------------------|---|-----|
| Admit Year | # | Graduated By | # | % | Graduated By | # | % | Graduated By | # | % |
| 2015-16 | 137 | 2018-19 | 109 | 80% | 2019-20 | 22 | 96% | 2020-21 | 1 | 96% |
| 2016-17 | 143 | 2019-20 | 118 | 83% | 2020-21 | 20 | 97% | 2021-22 | 2 | 98% |
| 2017-18 | 150 | 2020-21 | 123 | 82% | 2021-22 | 22 | 97% | 2022-23 | 2 | 98% |
| 2018-19 | 151 | 2021-22 | 118 | 78% | 2022-23 | 22 | 93% | | | |
| 2019-20 | 149 | 2022-23 | 125 | 84% | | | | | | |

Note: MD program length is four years. Excludes students in joint degree programs (MD/PhD and MD/MPH). Formula error in prior year Fact Books; data corrected in 2022 Fact Book.

Source: OHSU Office of the Registrar.

Graduation Rates of MD Students 2015-16 through 2019-20 Entering Cohorts



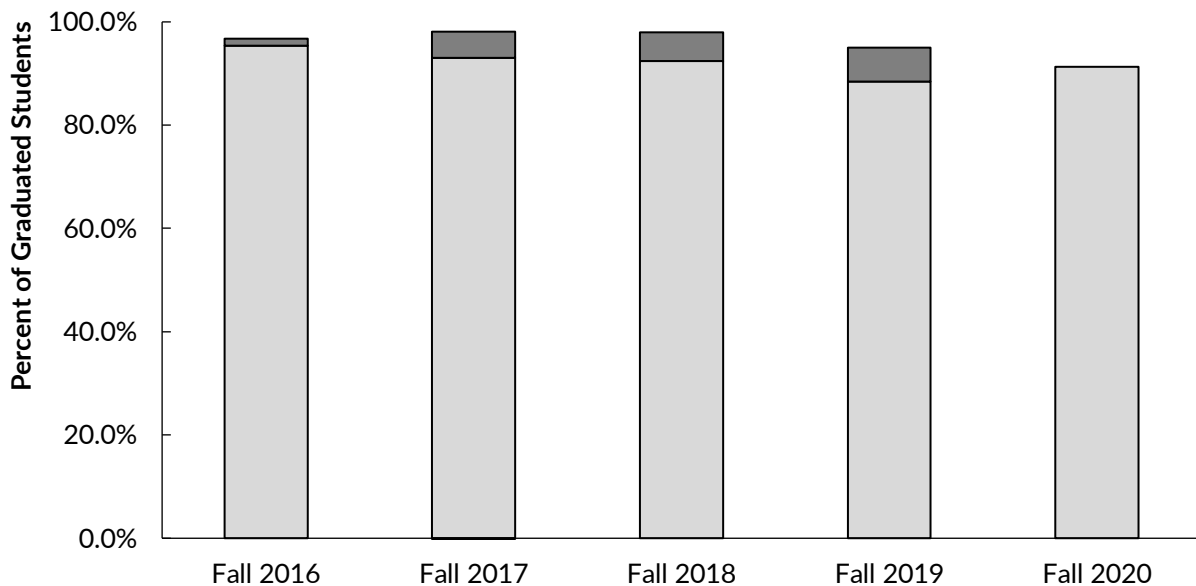
Graduation Rates of 3-Year OCNE Nursing Students Fall 2016 through Fall 2020 Entering Cohorts

| Entering Cohort | | 100% Graduation Rate (3 Years) | | | 125% Graduation Rate (4 Years) | | | 150% Graduation Rate (5 Years) | | |
|---------------------|-----|-----------------------------------|-----|-----|-----------------------------------|----|-----|-----------------------------------|---|-----|
| Admit Year | # | Graduated By | # | % | Graduated By | # | % | Graduated By | # | % |
| 2016-17 (Fall 2016) | 153 | 2018-19 | 146 | 95% | 2019-20 | 2 | 97% | 2020-21 | 0 | 97% |
| 2017-18 (Fall 2017) | 157 | 2019-20 | 146 | 93% | 2020-21 | 8 | 98% | 2021-22 | 0 | 98% |
| 2018-19 (Fall 2018) | 158 | 2020-21 | 146 | 92% | 2021-22 | 9 | 98% | 2022-23 | 0 | 98% |
| 2019-20 (Fall 2019) | 155 | 2021-22 | 137 | 88% | 2022-23 | 10 | 95% | | | |
| 2020-21 (Fall 2020) | 150 | 2022-23 | 137 | 91% | | | | | | |

Note: Excludes RN/BS, Accelerated Baccalaureate and post-AAS students.
Source: OHSU Office of the Registrar.

Graduation Rates of 3-Year OCNE Nursing Students Fall 2016 through Fall 2020 Entering Cohorts

100% Graduation Rate
 125% Graduation Rate
 150% Graduation Rate

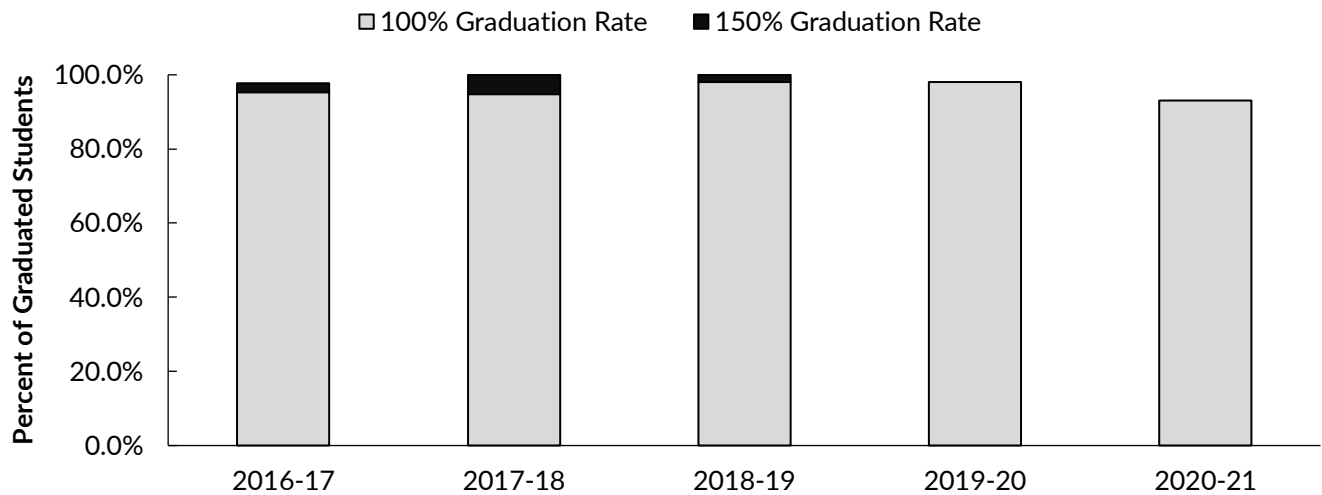


Graduation Rates of Physician Assistant Students 2016-17 through 2020-21 Entering Cohorts

| Entering Cohort Admit Year | # | 100% Graduation Rate (9 Terms) | | | 150% Graduation Rate (14 Terms) | | |
|-------------------------------|----|--------------------------------|----|-----|---------------------------------|---|------|
| | | Graduated By | # | % | Graduated By | # | % |
| 2016-17 | 42 | Summer 2018 | 40 | 95% | Fall 2019 | 1 | 98% |
| 2017-18 | 42 | Summer 2019 | 39 | 93% | Fall 2020 | 2 | 98% |
| 2018-19 | 42 | Summer 2020 | 41 | 98% | Fall 2021 | 1 | 100% |
| 2019-20 | 42 | Summer 2021 | 41 | 98% | Fall 2022 | 0 | 98% |
| 2020-21 | 41 | Summer 2022 | 38 | 93% | | | |

Note: Physician Assistant program length is nine terms.
Source: OHSU Office of the Registrar.

Graduation Rates of Physician Assistant Students 2016-17 through 2020-21 Entering Cohorts



Students Passing Senior-Level Credentialing Examinations on the First Attempt 2013 through 2022

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|--|------|------|------|------|------|------|------|------|------|------|
| Dentistry - DMD Students - National Board Dental Part II Exam | | | | | | | | | | |
| OHSU | 93% | 86% | 92% | 93% | 93% | 99% | 93% | 98% | 93% | 96% |
| National Average | 86% | 94% | 92% | 90% | 92% | 91% | 90% | 92% | 89% | 86% |
| % Pt Difference | 7% | -8% | 0% | 3% | 1% | 8% | 3% | 6% | 4% | 10% |
| Medicine - MD Students - USMLE Step II Clinical Knowledge Exam | | | | | | | | | | |
| OHSU | 99% | 97% | 95% | 98% | 98% | 97% | 100% | 99% | 98% | 99% |
| National Average | 98% | 97% | 95% | 96% | 96% | 97% | 98% | 98% | 99% | 99% |
| % Pt Difference | 1% | 0% | 0% | 2% | 2% | 0% | 2% | 1% | 0% | 0% |
| Nursing - BS Nursing Students - National Council Licensure Exam (NCLEX) | | | | | | | | | | |
| OHSU | 91% | 96% | 96% | 92% | 94% | 93% | 95% | 92% | 88% | 87% |
| National Average | 83% | 82% | 85% | 85% | 87% | 88% | 87% | 87% | 83% | 80% |
| % Pt Difference | 8% | 14% | 11% | 7% | 7% | 5% | 8% | 5% | 5% | 7% |
| Pharmacy - PharmD Students - North American Pharmacist Licensure Examination (NAPLEX) | | | | | | | | | | |
| OHSU | 98% | 94% | 98% | 88% | 96% | 91% | 79% | 96% | 86% | 88% |
| National Average | 96% | 95% | 93% | 86% | 88% | 89% | 88% | 95% | 81% | 80% |
| % Pt Difference | 2% | -1% | 5% | 2% | 8% | 2% | -9% | 1% | 5% | 9% |
| Physician Assistant - MPAS Students - Physician Assistant National Certifying Examination (PANCE) | | | | | | | | | | |
| OHSU | 100% | 100% | 100% | 95% | 98% | 98% | 98% | 93% | 93% | 85% |
| National Average | 94% | 95% | 96% | 96% | 97% | 98% | 93% | 95% | 93% | 92% |
| % Pt Difference | 6% | 5% | 4% | -1% | 1% | 0% | 5% | -2% | 0% | -7% |
| Human Nutrition - Dietetic Internship (DI) Graduates - Registration Examination for Dietitians | | | | | | | | | | |
| OHSU | 94% | 100% | 100% | 93% | 83% | 85% | 80% | 79% | 68% | 80% |
| National Average | 85% | 86% | 85% | 87% | 73% | 73% | 70% | 67% | 62% | 67% |
| % Pt Difference | 9% | 14% | 15% | 6% | 10% | 12% | 10% | 33% | 6% | 13% |
| Human Nutrition - Combined Dietetic Intern/MS Graduates - Registration Examination for Dietitians | | | | | | | | | | |
| OHSU | 100% | 100% | 100% | 100% | 86% | 100% | 89% | 82% | 88% | 100% |
| National Average | 85% | 86% | 85% | 87% | 73% | 73% | 70% | 67% | 62% | 67% |
| % Pt Difference | 15% | 14% | 15% | 13% | 12% | 28% | 19% | 15% | 26% | 33% |
| Radiation Therapy - American Registry of Radiologic Technologists (AART) Exam | | | | | | | | | | |
| OHSU | 100% | 100% | 100% | 75% | 100% | 100% | 100% | 100% | 100% | 100% |
| National Average | 90% | 91% | 87% | 88% | 88% | 87% | 87% | 84% | 80% | 80% |
| % Pt Difference | 10% | 9% | 13% | 13% | 13% | 14% | 13% | 16% | 20% | 20% |
| OHSU-PSU MPH - Certified in Public Health (CPH) Exam | | | | | | | | | | |
| OHSU | - | - | 86% | 97% | 90% | 97% | 96% | 91% | 90% | 97% |
| National Average | - | - | 76% | 73% | 83% | 73% | 71% | 73% | 85% | 84% |
| % Pt Difference | - | - | 10% | 24% | 7% | 24% | 25% | 18% | 5% | 13% |

Exams are reported by calendar year for DMD and BS Nursing students and by academic year for MD, PharmD, and Radiation Therapy students. Human Nutrition exams reflect the percentage who took the exam in that year; not necessarily the cohort who graduated that year (i.e. 2012 total number includes 2012 graduates, but may also include graduates from previous year(s) who deferred taking the exam). Source: Annual school-level reports.

TUITION AND FINANCIAL AID

Resident and Non-Resident First-Year Tuition 2023-2024

| School | Program | # Terms | Resident Tuition | Non-Resident Tuition | |
|----------------------|--|------------|---------------------|-------------------------|--|
| Dentistry | DMD | 4 | \$48,944 | \$78,996 | |
| | Postdoctoral Specialty Programs (MS, Certificate) | 4 | \$48,036 | \$57,216 | |
| Medicine | Human Nutrition (MS, Dietetic Internship) | 3 | \$21,870 | \$21,870 | |
| | Food Systems & Society (MS) | 3 | \$19,683 | \$19,683 | |
| | Physician Assistant (MPAS) | 4 | \$43,272 | \$43,272 | |
| | Radiation Therapy (BS) | 4 | \$24,288 | \$29,232 | |
| | MD | 4 | \$47,072 | \$72,356 | |
| | PhD | 3 | \$21,375 | \$21,375 | |
| | Medical Physics | 3 | \$17,496 | \$27,918 | |
| | Biomedical Informatics, Bioinformatics & Computational Biomedicine, Health & Clinical Informatics (PhD, MS, Certificate) | | | | |
| | On-Campus | 3 | \$20,052 | \$23,967 | |
| | Online | 3 | \$22,236 | \$26,229 | |
| | Clinical Research (MCR, Certificate) | 3 | \$15,327 | \$15,327 | |
| | Health Care Management, Healthcare Administration (MS, MBA) | 3 | \$17,469 | \$17,469 | |
| Nursing | Undergraduate Nursing (OCNE) | 3 | \$15,336 | \$28,116 | |
| | Undergraduate Nursing (Accelerated) | 4 | \$28,224 | \$37,680 | |
| | Undergraduate Nursing (RN to BS) | 3 | \$11,124 | \$11,124 | |
| | Graduate Programs (PhD, Post-Master's DNP, MN - Health Systems Organizational Leadership, MN - Nursing Ed) | 3 | \$18,198 | \$23,598 | |
| | Graduate Programs (MN or DNP in an Advance Practice Specialty) | 3 | \$18,522 | \$24,057 | |
| | Nurse Anesthesia (DNP) | 4 | \$30,780 | \$32,076 | |
| Public Health | MPH | | | | |
| | On Campus | 3 | \$12,886 | \$19,501 | |
| | Online | 3 | \$16,936 | \$21,823 | |
| | MS, Certificate | | | | |
| | On Campus | 3 | \$12,636 | \$19,251 | |
| | Online | 3 | \$16,686 | \$21,573 | |
| PhD | 3 | \$16,335 | \$19,062 | | |

Note: Tuition is based on 9 credit hours per term for Graduate and 12 credit hours per term for Undergraduate. Actual enrollment varies.
Source: OHSU Office of the Registrar.

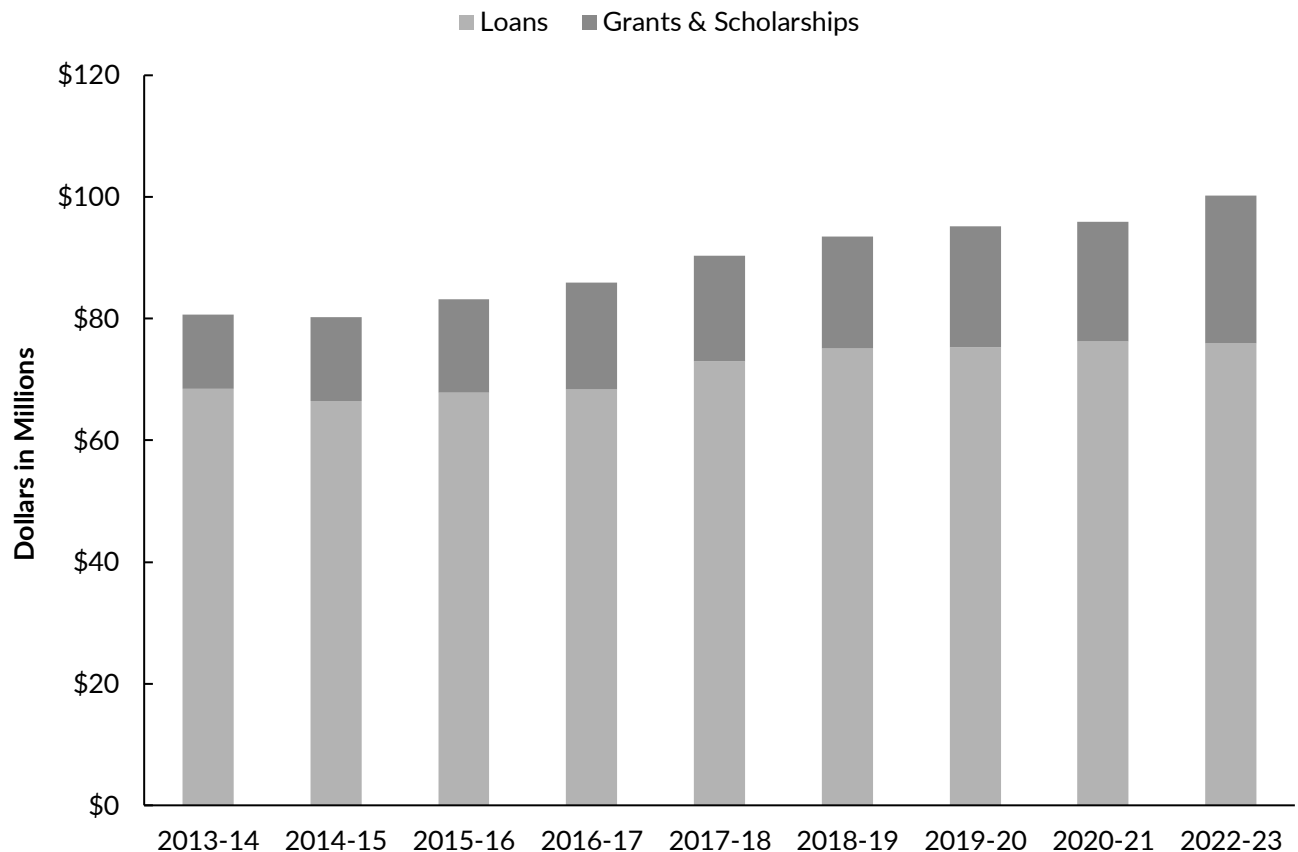
Total Grants, Scholarships and Loans Awarded 2013-14 through 2022-23

| | Grants & Scholarships | Loans | Total |
|---------|-----------------------|--------------|---------------|
| 2013-14 | \$12,178,883 | \$68,479,319 | \$80,658,202 |
| 2014-15 | \$13,791,632 | \$66,469,057 | \$80,260,689 |
| 2015-16 | \$15,342,120 | \$67,860,812 | \$83,202,932 |
| 2016-17 | \$17,473,954 | \$68,397,009 | \$85,870,963 |
| 2017-18 | \$17,400,298 | \$72,958,790 | \$90,359,088 |
| 2018-19 | \$18,364,183 | \$75,100,110 | \$93,464,293 |
| 2019-20 | \$19,840,180 | \$75,310,571 | \$95,150,751 |
| 2020-21 | \$19,693,066 | \$76,253,000 | \$95,946,066 |
| 2021-22 | \$21,514,203 | \$73,791,098 | \$95,305,301 |
| 2022-23 | \$24,380,510 | \$75,881,618 | \$100,262,128 |

Note: 2022-23 data is draft as of October 09, 2023. Data excludes graduate assistantships for School of Medicine graduate students who did not receive other financial aid funds.

Source: OHSU Student Financial Aid Office.

Total Grants, Scholarships and Loans Awarded 2013-14 through 2022-23

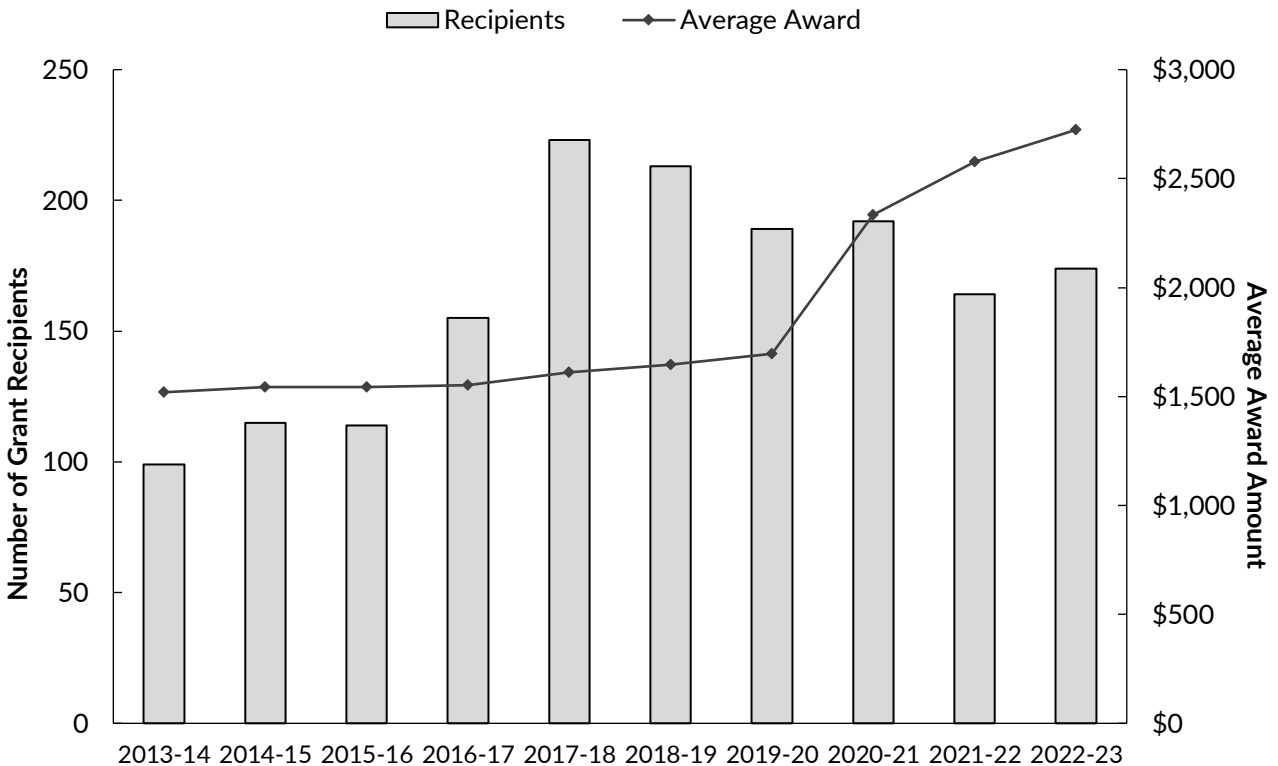


Oregon Opportunity Grant: Annual Student Awards 2013-14 through 2022-23

| | Grant Recipients | Average Opportunity Grant | Total OOG Dollars Awarded |
|---------|------------------|---------------------------|---------------------------|
| 2013-14 | 114 | \$1,544 | \$176,002 |
| 2014-15 | 155 | \$1,551 | \$240,341 |
| 2015-16 | 223 | \$1,610 | \$359,100 |
| 2016-17 | 213 | \$1,646 | \$350,625 |
| 2017-18 | 189 | \$1,696 | \$320,625 |
| 2018-19 | 192 | \$2,333 | \$447,977 |
| 2019-20 | 164 | \$2,576 | \$422,400 |
| 2020-21 | 174 | \$2,724 | \$474,000 |
| 2021-22 | 226 | \$2,578 | \$582,736 |
| 2022-23 | 205 | \$3,046 | \$624,420 |

Note: The Oregon Opportunity Grant is a state-funded, need-based grant available to undergraduates that attend an eligible Oregon postsecondary institution and meet the income eligibility requirements. OHSU's undergraduate Nursing and Radiation Therapy programs are eligible programs. Average Opportunity Grant data represents the average awarded amount, not actual dollar disbursements.
Source: OHSU Student Financial Aid Office.

Oregon Opportunity Grant: Annual Student Awards 2013-14 through 2022-23



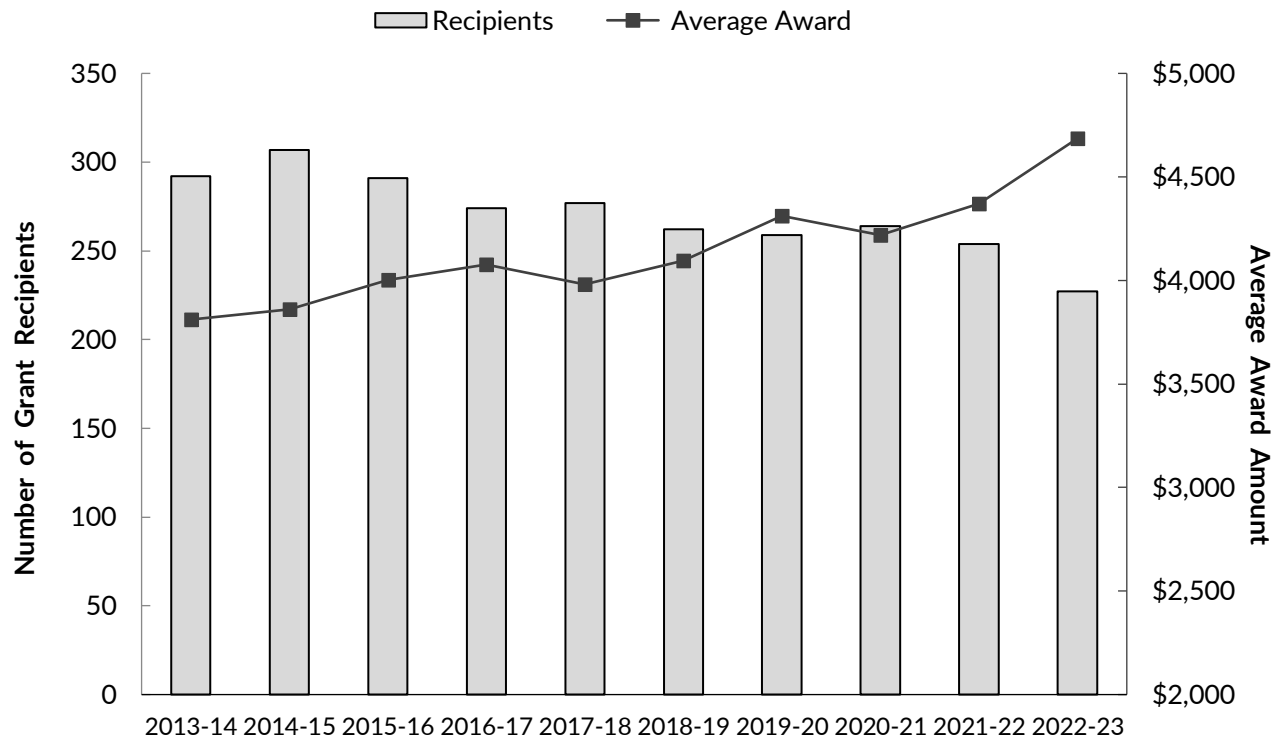
Federal Pell Grant: Annual Student Awards 2013-14 through 2022-23

| | Recipients | Average Pell Award | Total Pell Dollars Awarded |
|---------|------------|--------------------|----------------------------|
| 2013-14 | 292 | \$3,811 | \$1,112,723 |
| 2014-15 | 307 | \$3,861 | \$1,185,351 |
| 2015-16 | 291 | \$4,004 | \$1,165,126 |
| 2016-17 | 274 | \$4,076 | \$1,116,913 |
| 2017-18 | 277 | \$3,981 | \$1,102,601 |
| 2018-19 | 262 | \$4,096 | \$1,073,066 |
| 2019-20 | 259 | \$4,311 | \$1,116,599 |
| 2020-21 | 264 | \$4,220 | \$1,114,025 |
| 2021-22 | 254 | \$4,372 | \$1,110,431 |
| 2022-23 | 227 | \$4,686 | \$1,063,775 |

Note: The Pell Grant is a federal, need-based grant available to undergraduates that attend a postsecondary institution and meet the income eligibility requirements. OHSU's undergraduate Nursing and Radiation Therapy programs are eligible programs. Average Pell award data represents the average awarded amount, not actual dollar disbursements.

Source: OHSU Student Financial Aid Office.

Federal Pell Grant: Annual Student Awards 2013-14 through 2022-23

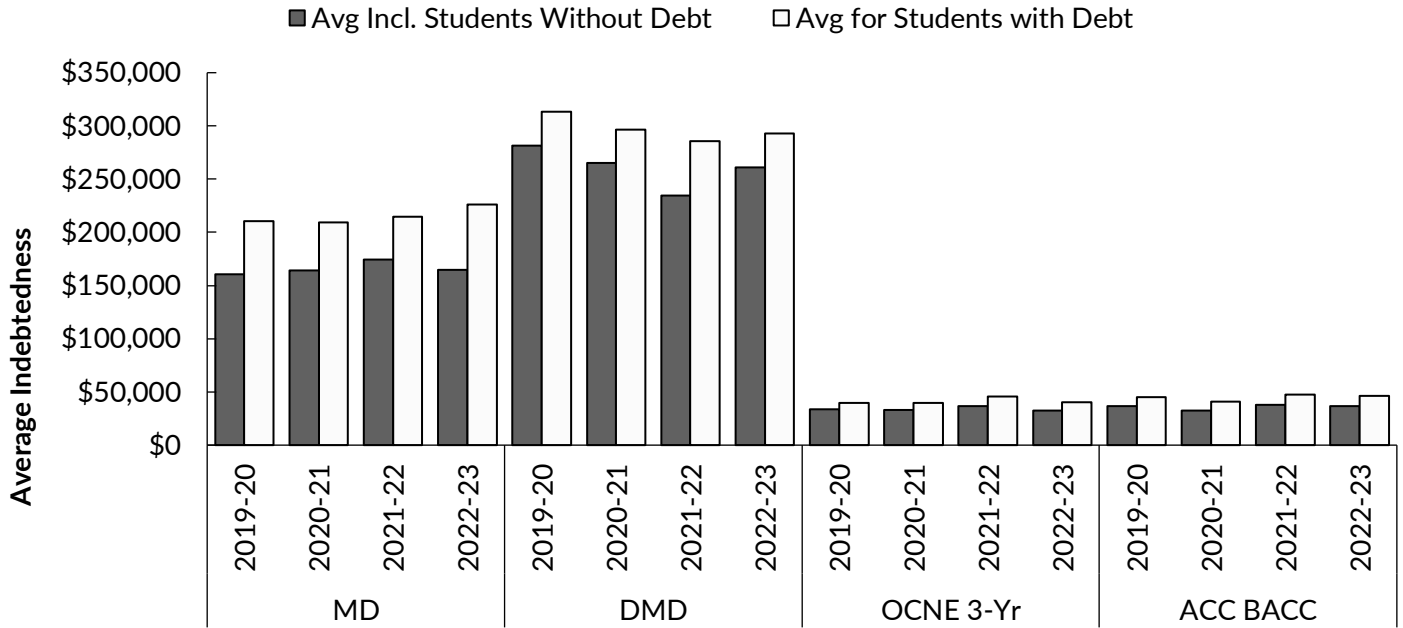


Average Student Indebtedness at Graduation by Program 2019-20 through 2022-23 Graduates

| | MD | | DMD | | 3-Year OCNE BS | | Accelerated OCNE BS | |
|---------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------|--------------------------------|
| | Avg. for Students with Debt | Avg. Incl. Students w/out Debt | Avg. for Students with Debt | Avg. Incl. Students w/out Debt | Avg. for Students with Debt | Avg. Incl. Students w/out Debt | Avg. for Students with Debt | Avg. Incl. Students w/out Debt |
| 2019-20 | \$210,728 | \$160,488 | \$313,066 | \$281,732 | \$39,486 | \$33,695 | \$44,888 | \$36,658 |
| 2020-21 | \$209,358 | \$164,306 | \$296,775 | \$265,119 | \$39,806 | \$33,086 | \$40,906 | \$32,539 |
| 2021-22 | \$214,702 | \$174,355 | \$285,599 | \$234,447 | \$45,658 | \$36,901 | \$47,250 | \$37,800 |
| 2022-23 | \$226,048 | \$164,770 | \$292,630 | \$260,994 | \$40,497 | \$32,562 | \$46,300 | \$36,533 |

Note: Combination of both resident and non-resident average indebtedness.
Source: OHSU Student Financial Aid Office.

Average Student Indebtedness at Graduation by Program 2019-20 through 2022-23 Graduates



FACULTY AND STAFF

Workforce by Representation Group, Race/Ethnicity and Gender 2023

| | | AFSCME | Faculty | Fellow | House Officer | ONA | OHSUPA | Research | Unclassified Admin | Total |
|--------------------------------------|--------------|--------------|--------------|------------|---------------|--------------|-----------|--------------|--------------------|---------------|
| American Indian/ Alaska Native | Men | 24 | 2 | 0 | 0 | 2 | 0 | 2 | 4 | 34 |
| | Women | 46 | 8 | 0 | 1 | 9 | 0 | 8 | 16 | 88 |
| | Total | 70 | 10 | 0 | 1 | 11 | 0 | 10 | 20 | 122 |
| Asian | Men | 282 | 213 | 10 | 57 | 52 | 1 | 86 | 63 | 764 |
| | Women | 619 | 232 | 8 | 79 | 212 | 0 | 183 | 148 | 1,481 |
| | Total | 901 | 445 | 18 | 136 | 264 | 1 | 269 | 211 | 2,245 |
| Black/African American | Men | 162 | 27 | 1 | 19 | 15 | 0 | 10 | 29 | 263 |
| | Women | 296 | 36 | 3 | 10 | 34 | 0 | 26 | 41 | 446 |
| | Total | 458 | 63 | 4 | 29 | 49 | 0 | 36 | 70 | 709 |
| Native Hawaiian/ Pacific Islander | Men | 26 | 3 | 1 | 3 | 1 | 0 | 5 | 5 | 44 |
| | Women | 54 | 3 | 0 | 0 | 22 | 0 | 5 | 8 | 92 |
| | Total | 80 | 6 | 1 | 3 | 23 | 0 | 10 | 13 | 136 |
| Hispanic/Latino, any race | Men | 286 | 57 | 2 | 37 | 35 | 0 | 60 | 40 | 517 |
| | Women | 678 | 80 | 4 | 23 | 163 | 0 | 100 | 78 | 1,126 |
| | Total | 964 | 137 | 6 | 60 | 198 | 0 | 160 | 118 | 1,643 |
| Two or More Races | Men | 64 | 15 | 0 | 12 | 11 | 0 | 20 | 18 | 140 |
| | Women | 142 | 37 | 3 | 13 | 39 | 0 | 47 | 35 | 316 |
| | Total | 206 | 52 | 3 | 25 | 50 | 0 | 67 | 53 | 456 |
| Total Minority | Men | 844 | 317 | 14 | 128 | 116 | 1 | 183 | 159 | 1,762 |
| | Women | 1,835 | 396 | 18 | 126 | 479 | 0 | 369 | 326 | 3,549 |
| | Total | 2,679 | 713 | 32 | 254 | 595 | 1 | 552 | 485 | 5,311 |
| White | Men | 1,503 | 941 | 25 | 162 | 365 | 15 | 390 | 457 | 3,858 |
| | Women | 3,427 | 1,438 | 32 | 255 | 2,068 | 0 | 830 | 1,117 | 9,167 |
| | Total | 4,930 | 2,379 | 57 | 417 | 2,433 | 15 | 1,220 | 1,574 | 13,025 |
| U.S. Non-resident | Men | 30 | 32 | 62 | 30 | 2 | 0 | 43 | 8 | 207 |
| | Women | 46 | 21 | 47 | 30 | 9 | 0 | 44 | 4 | 201 |
| | Total | 76 | 53 | 109 | 60 | 11 | 0 | 87 | 12 | 408 |
| Unknown | Men | 187 | 146 | 7 | 107 | 24 | 5 | 52 | 37 | 565 |
| | Women | 280 | 152 | 2 | 133 | 132 | 0 | 77 | 70 | 846 |
| | Total | 467 | 298 | 9 | 240 | 156 | 5 | 129 | 107 | 1,411 |
| Total | Men | 2,564 | 1,436 | 108 | 427 | 507 | 21 | 668 | 661 | 6,392 |
| | Women | 5,588 | 2,007 | 99 | 544 | 2,688 | 0 | 1,320 | 1,517 | 13,763 |
| | Total | 8,152 | 3,443 | 207 | 971 | 3,195 | 21 | 1,988 | 2,178 | 20,155 |

Notes: Effective 11/01/2023. Based on primary assignments. Includes all active, regular employees only. Faculty represents all employees with a Faculty rank. Excludes students, GRU, unpaid fellows, and employees on Leave of Absence without pay or Extended Medical Leave.

Source: OHSU Human Resources.

Faculty by Unit, Race/Ethnicity and Gender 2023

| | | School of Dentistry | School of Medicine | School of Nursing | School of Public Health | Research | IDD | Academic Affairs | Healthcare | Other | Total |
|--|--------------|---------------------|--------------------|-------------------|-------------------------|------------|-----------|------------------|------------|-----------|--------------|
| American Indian/ Alaska Native | Men | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | Women | 0 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| | Total | 0 | 8 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| Asian | Men | 15 | 183 | 3 | 1 | 9 | 0 | 1 | 1 | 0 | 213 |
| | Women | 9 | 202 | 6 | 3 | 3 | 6 | 0 | 1 | 2 | 232 |
| | Total | 24 | 385 | 9 | 4 | 12 | 6 | 1 | 2 | 2 | 445 |
| Black/ African American | Men | 0 | 22 | 2 | 0 | 1 | 0 | 0 | 1 | 1 | 27 |
| | Women | 3 | 17 | 4 | 1 | 3 | 0 | 1 | 1 | 6 | 36 |
| | Total | 3 | 39 | 6 | 1 | 4 | 0 | 1 | 2 | 7 | 63 |
| Native Hawaiian/ Pacific Islander | Men | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | Women | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | Total | 1 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Hispanic/ Latino, any race | Men | 4 | 42 | 3 | 0 | 4 | 1 | 0 | 1 | 2 | 57 |
| | Women | 5 | 53 | 9 | 0 | 2 | 3 | 1 | 3 | 4 | 80 |
| | Total | 9 | 95 | 12 | 0 | 6 | 4 | 1 | 4 | 6 | 137 |
| Two or More Races | Men | 0 | 11 | 2 | 0 | 0 | 1 | 0 | 1 | 0 | 15 |
| | Women | 0 | 29 | 4 | 1 | 0 | 1 | 0 | 1 | 1 | 37 |
| | Total | 0 | 40 | 6 | 1 | 0 | 2 | 0 | 2 | 1 | 52 |
| Total Minority | Men | 20 | 261 | 11 | 1 | 14 | 2 | 1 | 4 | 3 | 317 |
| | Women | 17 | 310 | 25 | 5 | 8 | 10 | 2 | 6 | 13 | 396 |
| | Total | 37 | 571 | 36 | 6 | 22 | 12 | 3 | 10 | 16 | 713 |
| White | Men | 63 | 747 | 18 | 7 | 57 | 19 | 5 | 14 | 11 | 941 |
| | Women | 29 | 1,028 | 179 | 14 | 47 | 63 | 5 | 36 | 37 | 1,438 |
| | Total | 92 | 1,775 | 197 | 21 | 104 | 82 | 10 | 50 | 48 | 2,379 |
| U.S. Non-resident | Men | 2 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32 |
| | Women | 4 | 16 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 21 |
| | Total | 6 | 46 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 53 |
| Unknown | Men | 15 | 113 | 4 | 0 | 8 | 3 | 0 | 1 | 2 | 146 |
| | Women | 6 | 112 | 26 | 1 | 3 | 2 | 0 | 1 | 1 | 152 |
| | Total | 21 | 225 | 30 | 1 | 11 | 5 | 0 | 2 | 3 | 298 |
| Total | Men | 100 | 1,151 | 33 | 8 | 79 | 24 | 6 | 19 | 16 | 1,436 |
| | Women | 56 | 1,466 | 230 | 20 | 59 | 75 | 7 | 43 | 51 | 2,007 |
| | Total | 156 | 2,617 | 263 | 28 | 138 | 99 | 13 | 62 | 67 | 3,443 |

Notes: Effective 11/01/2023. Based on primary assignments. Includes active, regular employees only. Faculty represents all employees with a Faculty rank. IDD stands for Institute on Development and Disability.

Source: OHSU Human Resources

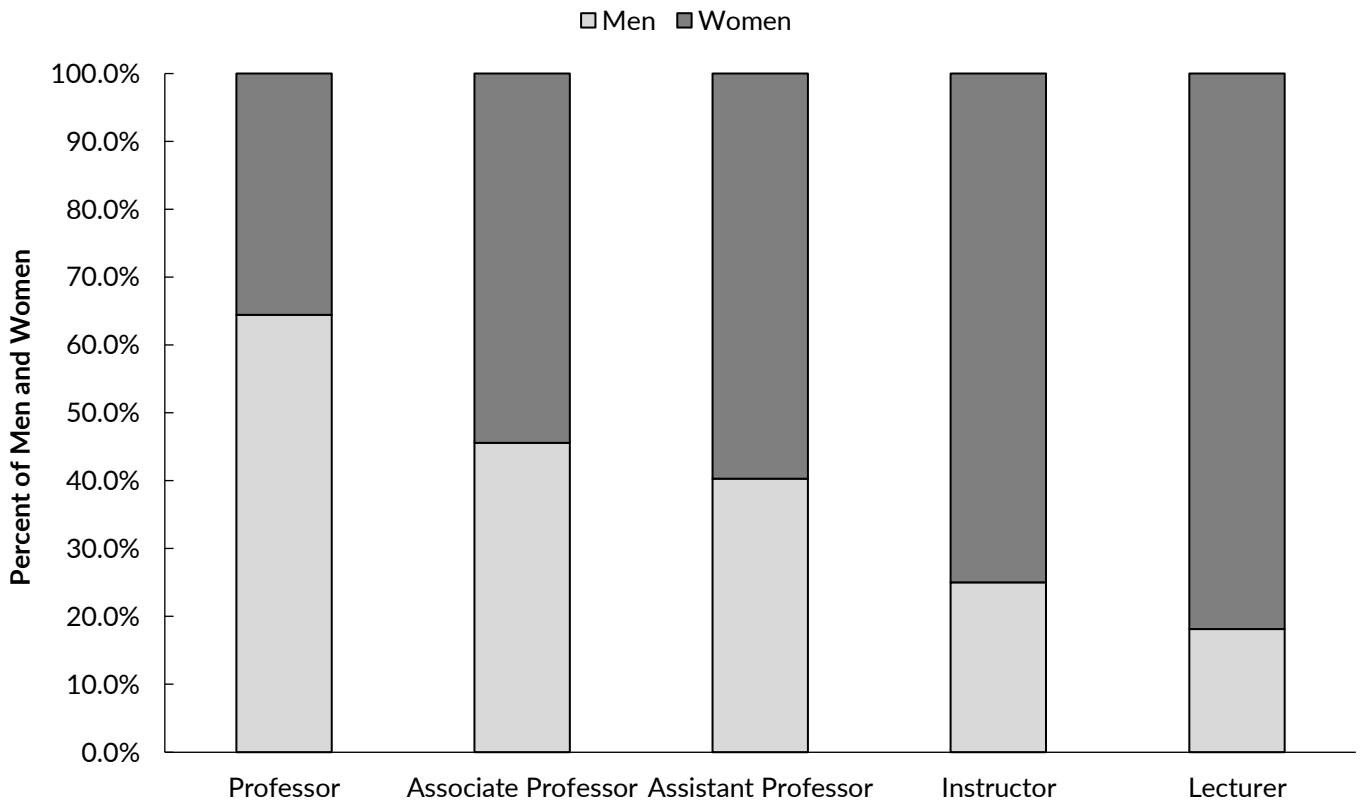
Faculty by Rank and Gender 2023

| | Men | | Women | | Total | |
|---------------------|--------------|--------------|--------------|--------------|--------------|---------------|
| | # | % | # | % | # | % |
| Professor | 363 | 64.5% | 200 | 35.5% | 563 | 16.4% |
| Associate Professor | 310 | 45.6% | 370 | 54.4% | 680 | 19.8% |
| Assistant Professor | 564 | 40.3% | 835 | 59.7% | 1399 | 40.6% |
| Instructor | 195 | 25.0% | 584 | 75.0% | 779 | 22.6% |
| Lecturer | 4 | 18.2% | 18 | 81.8% | 22 | 0.6% |
| Total | 1,436 | 41.7% | 2,007 | 58.3% | 3,443 | 100.0% |

Note: Effective 11/01/2023. Based on primary assignments. Includes active, regular employees only. Faculty represents all employees with a Faculty rank.

Source: OHSU Human Resources.

Ranked Faculty by Gender 2023



Faculty by Rank and Race/Ethnicity 2023

| | | Professor | Associate Professor | Assistant Professor | Instructor | Lecturer | Total |
|--|---|---------------|---------------------|---------------------|---------------|---------------|---------------|
| American Indian/ Alaska Native | # | 1 | 3 | 4 | 2 | 0 | 10 |
| | % | 0.2% | 0.5% | 0.3% | 0.3% | 0.0% | 0.3% |
| Asian | # | 68 | 115 | 194 | 68 | 0 | 445 |
| | % | 12.8% | 18.7% | 16.1% | 9.4% | 0.0% | 14.4% |
| Black/ African American | # | 5 | 10 | 23 | 24 | 1 | 63 |
| | % | 0.9% | 1.6% | 1.9% | 3.3% | 5.3% | 2.0% |
| Native Hawaiian/ Pacific Islander | # | | | 2 | 4 | 0 | 6 |
| | % | 0.0% | 0.0% | 0.2% | 0.6% | 0.0% | 0.2% |
| Hispanic/ Latino, any race | # | 18 | 29 | 53 | 36 | 1 | 137 |
| | % | 3.4% | 4.7% | 4.4% | 5.0% | 5.3% | 4.4% |
| Two or More Races | # | 3 | 9 | 24 | 15 | 1 | 52 |
| | % | 0.6% | 1.5% | 2.0% | 2.1% | 5.3% | 1.7% |
| Total Minority | # | 95 | 166 | 300 | 149 | 3 | 713 |
| | % | 17.8% | 27.0% | 25.0% | 20.6% | 15.8% | 23% |
| White | # | 438 | 448 | 902 | 575 | 16 | 2,379 |
| | % | 82.2% | 73.0% | 75.0% | 79.4% | 84.2% | 76.9% |
| U.S. Non-resident | # | 1 | 6 | 41 | 5 | 0 | 53 |
| | % | 0.2% | 0.9% | 2.9% | 0.6% | 0.0% | 1.5% |
| Unknown | # | 29 | 60 | 156 | 50 | 3 | 298 |
| | % | 5.2% | 8.8% | 11.2% | 6.4% | 13.6% | 8.7% |
| Total | # | 563 | 680 | 1,399 | 779 | 22 | 3,443 |
| | % | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Note: Effective 11/01/2023. Based on primary assignments. Includes active, regular employees only. Minority percentages calculated excluding U.S. Non-resident and unknown faculty. Faculty represents all employees with a Faculty rank. Source: OHSU Human Resources

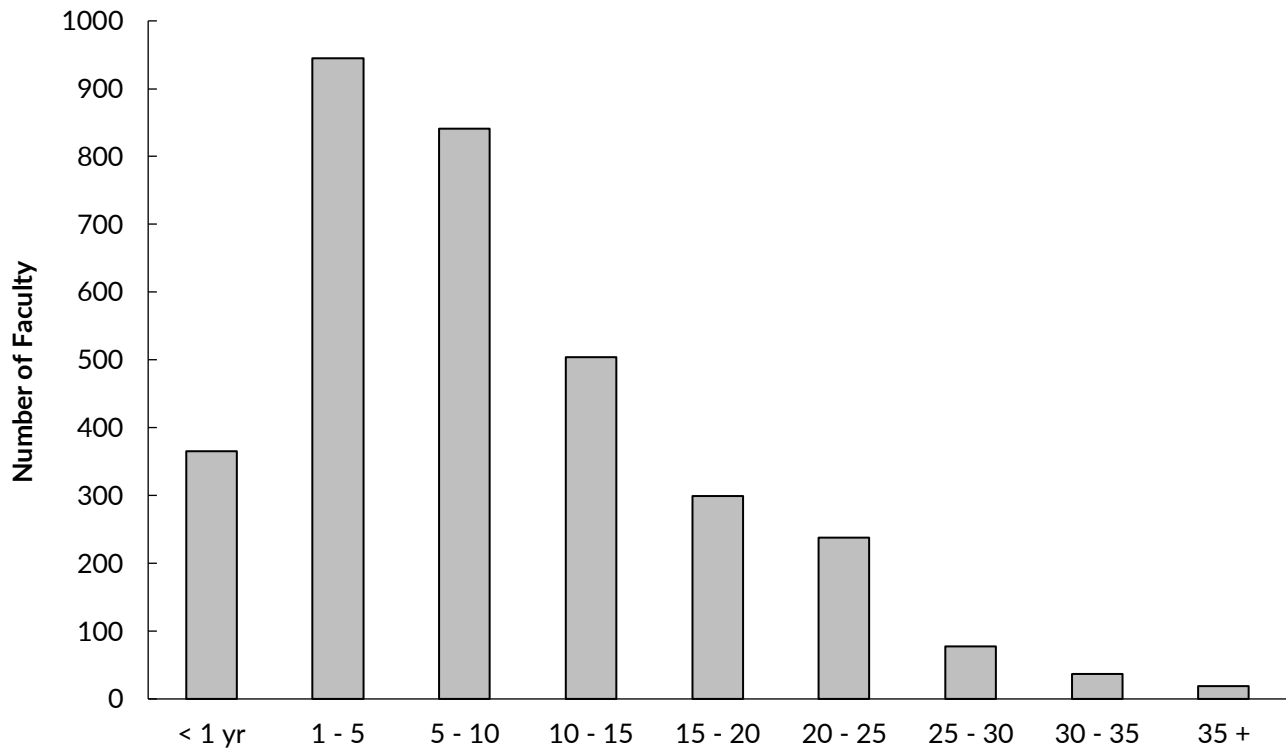
Faculty by Years of Service 2023

| | # Faculty | % Faculty |
|--------------|--------------|---------------|
| < 1 yr | 325 | 9.4% |
| 1 - 5 | 998 | 29.0% |
| 5 - 10 | 882 | 25.6% |
| 10 - 15 | 526 | 15.3% |
| 15 - 20 | 311 | 9.0% |
| 20 - 25 | 230 | 6.7% |
| 25 - 30 | 109 | 3.2% |
| 30 - 35 | 38 | 1.1% |
| 35 + | 24 | 0.7% |
| Total | 3,443 | 100.0% |

Notes: Effective 11/01/2023. Based on primary assignments. Includes all active, regular employees only. Faculty represents all employees with a Faculty rank.

Source: OHSU Human Resources.

Faculty by Years of Service 2023



FINANCE

Consolidated Income Statement
FY 2022 compared to FY 2023
(Dollars in Thousands)

| | 2022 | 2023 | Change (\$) | Change (%) |
|---|--------------------|--------------------|------------------|---------------|
| Revenues | | | | |
| Patient Service Revenue, net | \$2,849,927 | \$3,342,188 | \$492,261 | 17.3% |
| Gifts, Grants and Contracts | \$770,440 | \$811,074 | \$40,634 | 5.3% |
| Student Tuition and Fees, net | \$80,886 | \$81,617 | \$731 | 0.9% |
| State Appropriations | \$41,240 | \$62,690 | \$21,450 | 52.0% |
| Other Revenue | \$244,233 | \$275,334 | \$31,101 | 12.7% |
| Total Revenues | \$3,986,725 | \$4,572,903 | \$586,178 | 14.7% |
| Expenditures | | | | |
| Salaries and Wages | \$2,494,426 | \$2,738,646 | \$244,220 | 9.8% |
| Services and Supplies | \$1,360,154 | \$1,559,990 | \$199,836 | 14.7% |
| Depreciation | \$178,682 | \$181,963 | \$3,281 | 1.8% |
| Interest Expense | \$43,185 | \$39,350 | -\$3,835 | -8.9% |
| Total Expenditures | \$4,076,447 | \$4,519,949 | \$443,502 | 10.9% |
| Net Operating Income¹ | -\$89,721 | \$52,955 | \$142,676 | 159.0% |

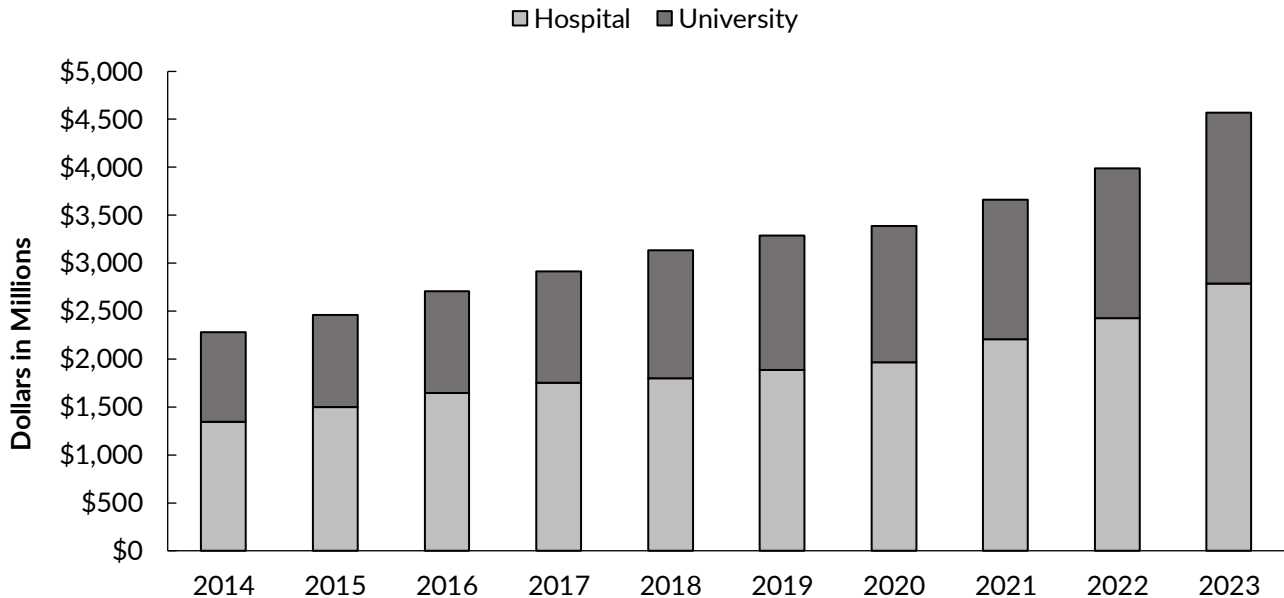
¹Excludes Foundation consolidation and the impact of pension accounting.
Source: OHSU Central Financial Services.

Total Revenue by Hospital and University
FY 2014 through FY 2023
(Dollars in Millions)

| | Hospital | University | Total |
|------|----------|------------|---------|
| 2014 | \$1,343 | \$934 | \$2,277 |
| 2015 | \$1,501 | \$962 | \$2,463 |
| 2016 | \$1,648 | \$1,061 | \$2,709 |
| 2017 | \$1,750 | \$1,163 | \$2,913 |
| 2018 | \$1,796 | \$1,340 | \$3,136 |
| 2019 | \$1,886 | \$1,399 | \$3,285 |
| 2020 | \$1,967 | \$1,424 | \$3,391 |
| 2021 | \$2,206 | \$1,458 | \$3,664 |
| 2022 | \$2,427 | \$1,560 | \$3,987 |
| 2023 | \$2,789 | \$1,783 | \$4,573 |

Note: Excluded from "Total Revenue" are gain/loss of sale of assets and Foundation consolidation.
Source: OHSU Central Financial Services.

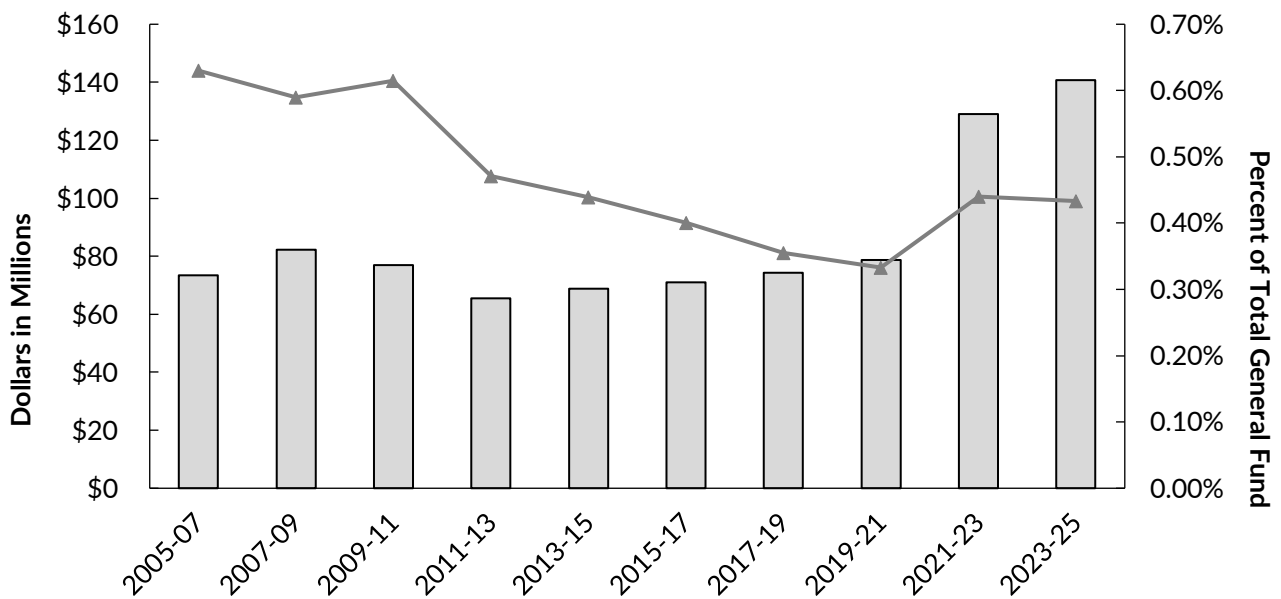
Total Revenue by Hospital and University
FY 2014 through FY 2023



**Share of State General Fund Appropriations
FY 2005-07 through FY 2023-25
(Dollars in Millions)**

| | State of Oregon Total General Fund | OHSU Operations | OHSU % |
|---------|---|------------------------|---------------|
| 2005-07 | \$11,641 | \$73.3 | 0.63% |
| 2007-09 | \$13,947 | \$82.2 | 0.59% |
| 2009-11 | \$12,521 | \$77.0 | 0.62% |
| 2011-13 | \$14,155 | \$65.5 | 0.47% |
| 2013-15 | \$15,695 | \$68.9 | 0.44% |
| 2015-17 | \$18,969 | \$71.1 | 0.40% |
| 2017-19 | \$20,929 | \$74.3 | 0.36% |
| 2019-21 | \$23,669 | \$78.8 | 0.33% |
| 2021-23 | \$29,308 | \$129.0 | 0.44% |
| 2023-25 | \$32,530 | \$140.8 | 0.43% |

**Share of State General Fund Appropriations
FY 2005-07 through FY 2023-25
(Dollars in Millions)**



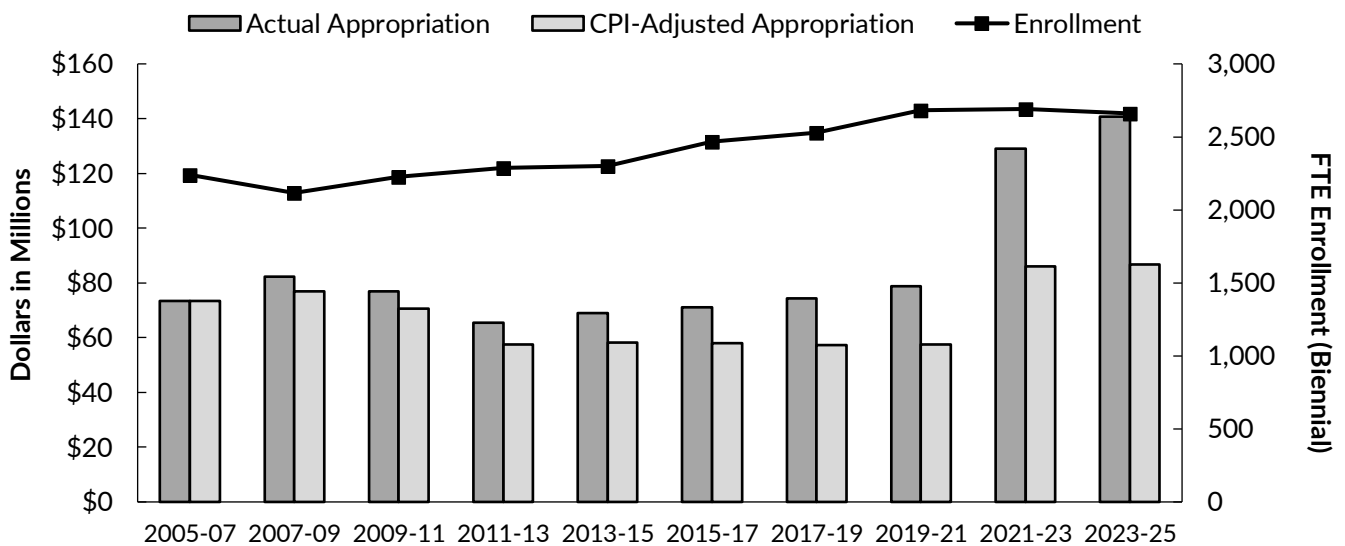
State General Fund Appropriation 2005-07 through 2023-25 (Dollars in Millions)

| | Actual Appropriation | Biennial CPI | CPI-Adj. Appropriation | CPI-Adj. Change from 2005-07 | Biennial FTE Enrollment |
|---------|-------------------------|--------------|---------------------------|------------------------------------|----------------------------|
| 2005-07 | \$73.3 | 205.3 | \$73.3 | 0.0% | 2,242 |
| 2007-09 | \$82.2 | 219.5 | \$76.9 | 4.9% | 2,116 |
| 2009-11 | \$77.0 | 224.0 | \$70.6 | -3.8% | 2,227 |
| 2011-13 | \$65.5 | 234.1 | \$57.4 | -21.7% | 2,289 |
| 2013-15 | \$68.9 | 242.9 | \$58.2 | -20.6% | 2,300 |
| 2015-17 | \$71.1 | 251.5 | \$58.0 | -20.9% | 2,470 |
| 2017-19 | \$74.3 | 266.7 | \$57.2 | -22.0% | 2,531 |
| 2019-21 | \$78.8 | 281.7 | \$57.4 | -21.7% | 2,682 |
| 2021-23 | \$129.0 | 307.5 | \$86.1 | 17.4% | 2,691 |
| 2023-25 | \$140.8 | 333.1 | \$86.8 | 18.3% | 2,659 |

Note: All figures represent two calendar years except Biennial FTE Enrollment, which represents Fall term FTE during the first academic year of the biennial period, excluding joint degree program students registered by Portland State University, Oregon State University, and Oregon Institute of Technology. The CPI is calculated as a two-year average. Prior publications of this table used the CPI for Portland - Salem region, which was discontinued by BLS in 2017.

Source: OHSU Central Financial Services. Inflation data from US Department of Labor - Bureau of Labor Statistics, Consumer Price Index (CPI) - All Urban Consumers, West Class A. Index base period: 1982-84 = 100. Biennial FTE Enrollment reported from OHSU Office of the Registrar.

State General Fund Appropriation 2005-07 through 2023-25

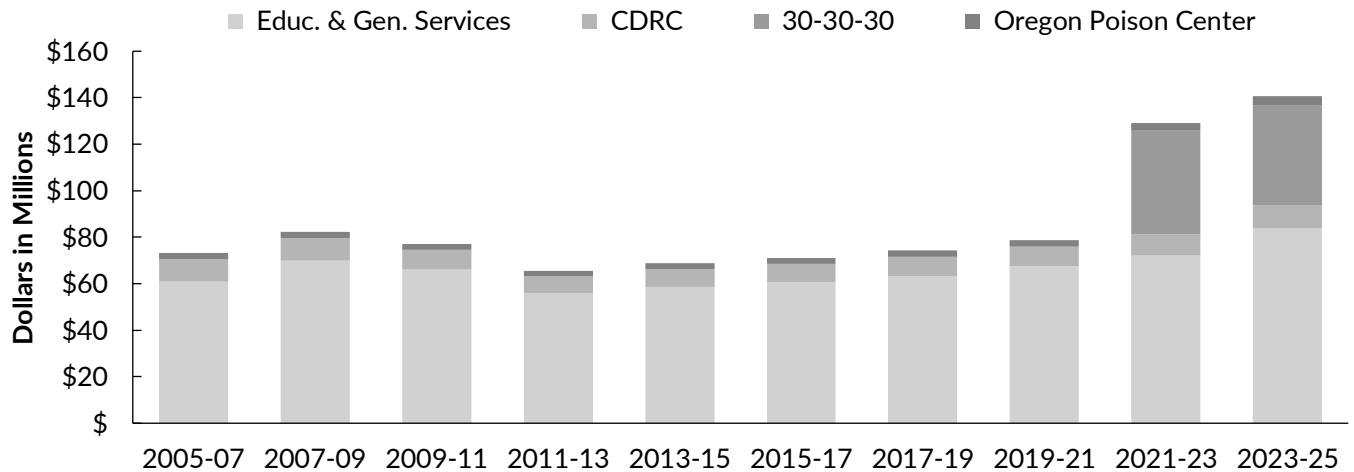


**State General Fund Appropriation for OHSU Operations
2005-07 through 2023-25
(Dollars in Millions)**

| | Educ. & Gen. Services | CDRC | 30-30-30 | Oregon Poison Center | Total |
|---------|--------------------------|-------------|--------------|----------------------------|---------------|
| 2005-07 | \$60,807,161 | \$9,788,279 | | \$2,741,720 | \$73,337,160 |
| 2007-09 | \$70,029,661 | \$9,518,500 | | \$2,685,374 | \$82,233,535 |
| 2009-11 | \$65,974,046 | \$8,622,991 | | \$2,415,320 | \$77,012,357 |
| 2011-13 | \$55,978,561 | \$7,239,450 | | \$2,316,625 | \$65,534,636 |
| 2013-15 | \$58,685,186 | \$7,710,000 | | \$2,467,201 | \$68,862,387 |
| 2015-17 | \$60,615,174 | \$7,964,352 | | \$2,548,619 | \$71,128,145 |
| 2017-19 | \$63,357,296 | \$8,290,976 | | \$2,653,112 | \$74,301,384 |
| 2019-21 | \$67,419,758 | \$8,639,192 | | \$2,764,543 | \$78,823,493 |
| 2021-23 | \$72,085,381 | \$9,010,678 | \$45,000,000 | \$2,883,418 | \$128,979,477 |
| 2023-25 | \$83,903,628 | \$9,722,521 | \$43,155,019 | \$4,011,209 | \$140,792,377 |

Note: Education and General Service programs include School of Medicine, Physician Assistant, Allied Health, School of Dentistry, School of Nursing, AHEC, and Office of Rural Health. Hospital includes charity care and Oregon Poison Control Center.
Source: OHSU Central Financial Services.

**State General Fund Appropriation for OHSU Operations
2005-07 through 2023-25
(Dollars in Millions)**



HOSPITALS AND CLINICS

Hospitals and Clinics Workload Trend Statistics FY 2014 through FY 2023

| | Census Days | Adjusted Census Days | Total Hospital Patients | Total Surgical Cases | Births | Ambulatory Visits | Emergency Dept Visits | Hospital Beds |
|------|-------------|-------------------------|-------------------------------|----------------------------|--------|----------------------|--------------------------|------------------|
| 2014 | 161,455 | 294,430 | 62,631 | 30,414 | 2,517 | 776,918 | 45,611 | 528 |
| 2015 | 165,745 | 313,253 | 65,042 | 31,580 | 2,457 | 811,510 | 47,995 | 564 |
| 2016 | 171,810 | 327,987 | 67,542 | 33,137 | 2,471 | 856,291 | 49,180 | 573 |
| 2017 | 171,554 | 339,858 | 67,299 | 33,892 | 2,391 | 893,999 | 47,193 | 556 |
| 2018 | 169,169 | 348,999 | 69,591 | 35,560 | 2,264 | 955,857 | 48,461 | 556 |
| 2019 | 173,653 | 363,769 | 71,494 | 37,080 | 2,245 | 987,024 | 47,856 | 562 |
| 2020 | 165,671 | 356,909 | 65,698 | 32,672 | 2,227 | 978,492 | 44,965 | 562 |
| 2021 | 163,455 | 366,373 | 66,939 | 33,124 | 2,255 | 1,103,642 | 41,997 | 562 |
| 2022 | 169,188 | 395,582 | 67,922 | 32,273 | 2,488 | 1,102,857 | 50,268 | 562 |
| 2023 | 177,824 | 405,847 | 73,400 | 35,257 | 2,182 | 1,139,073 | 54,748 | 562 |

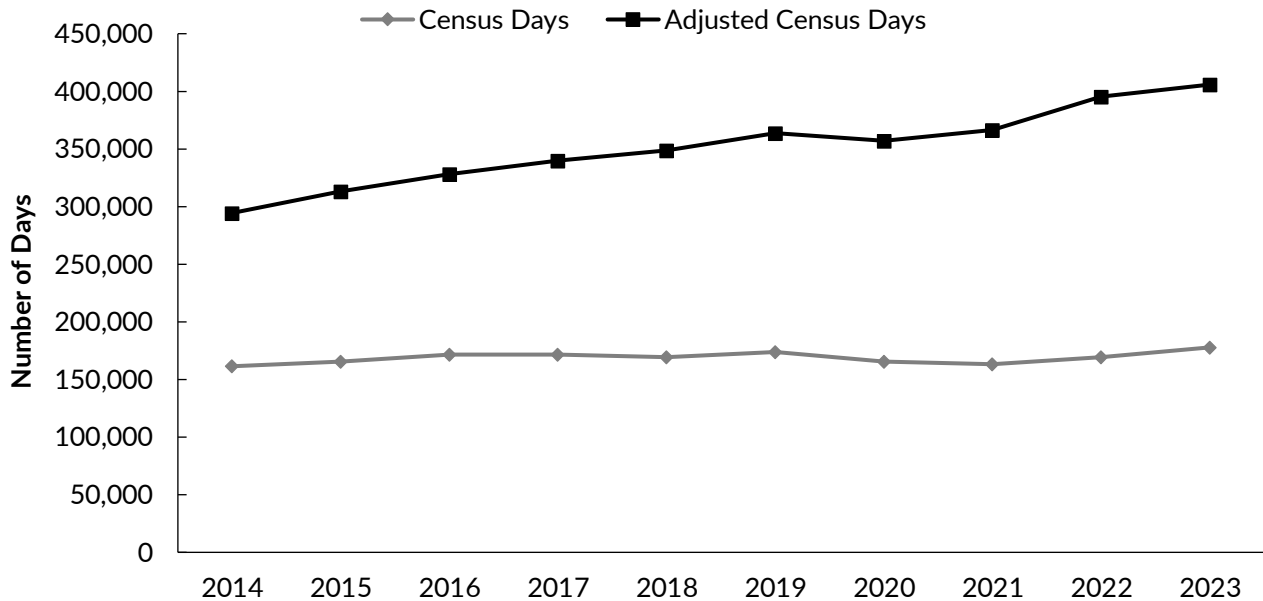
Note: Total Hospital Patients includes observation patient count, day patients, and admits. Total Surgical Cases includes inpatient and outpatient surgeries. Births includes normal newborns and neonatology births. Ambulatory Visits counts include all visits that result in a charge; when visits and procedures happen on the same day, only one visit is counted. The Emergency Dept Visits number reflects the number of people who come to the Emergency Department and register (ED outpatient, ED admitted to inpatient and ED observation). Source: OHSU Hospital Financial Services.

Hospitals and Clinics Census Days and Adjusted Census Days FY 2014 through FY 2023

| | Census Days | Δ since 2014 | Adj. Census Days | Δ since 2014 |
|------|-------------|--------------|------------------|--------------|
| 2014 | 161,455 | 0.0% | 294,430 | 0.0% |
| 2015 | 165,745 | 2.7% | 313,253 | 6.4% |
| 2016 | 171,810 | 6.4% | 327,987 | 11.4% |
| 2017 | 171,554 | 6.3% | 339,858 | 15.4% |
| 2018 | 169,169 | 4.8% | 348,999 | 18.5% |
| 2019 | 173,653 | 7.6% | 363,769 | 23.6% |
| 2020 | 165,671 | 2.6% | 356,909 | 21.2% |
| 2021 | 163,455 | 1.2% | 366,373 | 24.4% |
| 2022 | 169,188 | 4.8% | 395,582 | 34.4% |
| 2023 | 177,824 | 10.1% | 405,847 | 37.8% |

Source: OHSU Hospital Financial Services.

Census Days and Adjusted Census Days FY 2014 through FY 2023

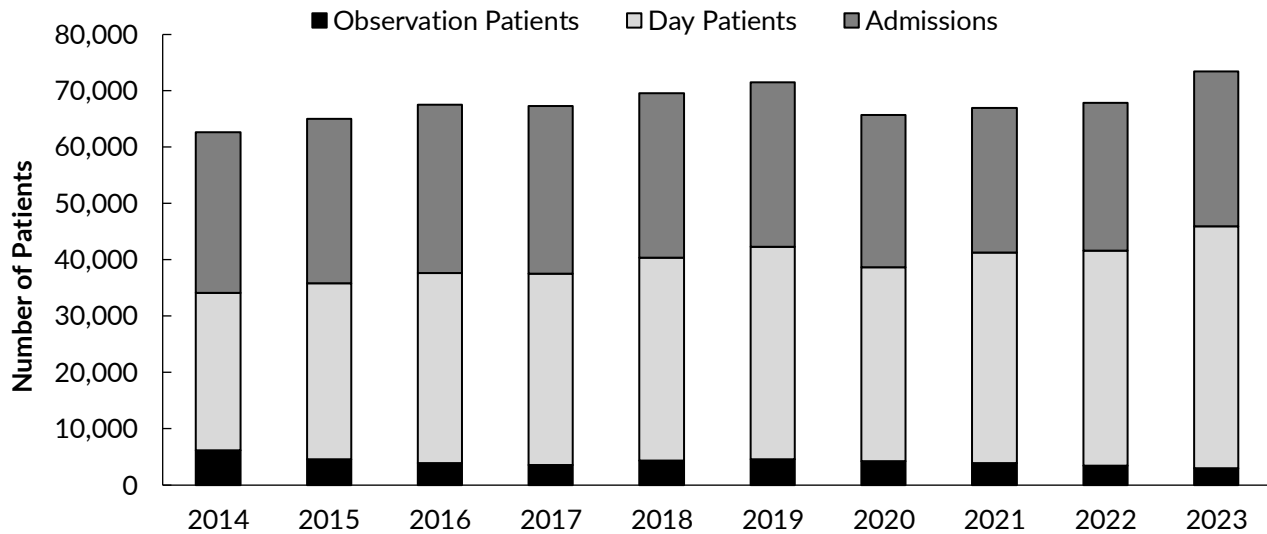


Hospital Patient Volume Count Detail FY 2014 through FY 2023

| | Observation Patients | Day Patients | Admissions | Total Hospital Patients |
|------|----------------------|--------------|------------|-------------------------|
| 2014 | 6,194 | 27,902 | 28,535 | 62,631 |
| 2015 | 4,622 | 31,176 | 29,244 | 65,042 |
| 2016 | 3,857 | 33,851 | 29,834 | 67,542 |
| 2017 | 3,566 | 33,986 | 29,747 | 67,299 |
| 2018 | 4,332 | 36,046 | 29,213 | 69,591 |
| 2019 | 4,574 | 37,746 | 29,174 | 71,494 |
| 2020 | 4,286 | 34,357 | 27,055 | 65,698 |
| 2021 | 3,889 | 37,438 | 25,612 | 66,939 |
| 2022 | 3,402 | 38,193 | 26,327 | 67,922 |
| 2023 | 2,971 | 42,983 | 27,446 | 73,400 |

Note: Admissions includes neonatology births.
Source: OHSU Hospital Financial Services.

Hospital Patients by Type FY 2014 through FY 2023

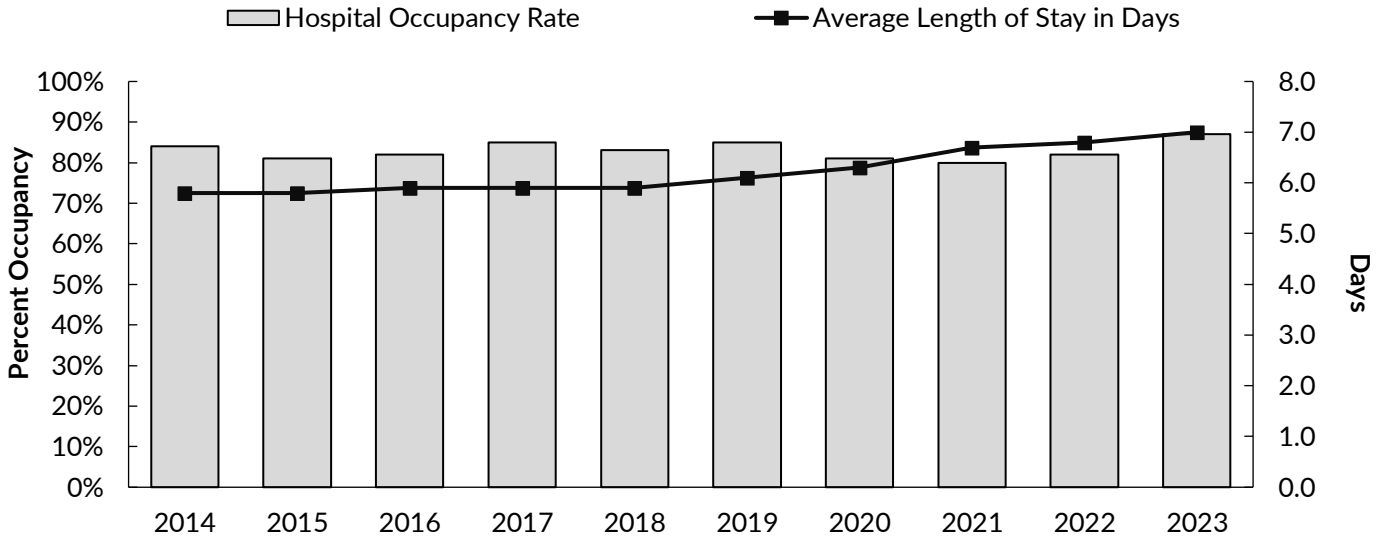


Hospital Average Length of Stay and Occupancy Rate FY 2014 through FY 2023

| | Average Length of Stay in Days | Hospital Occupancy Rate |
|------|--------------------------------|-------------------------|
| 2014 | 5.8 | 84% |
| 2015 | 5.8 | 81% |
| 2016 | 5.9 | 82% |
| 2017 | 5.9 | 85% |
| 2018 | 5.9 | 83% |
| 2019 | 6.1 | 85% |
| 2020 | 6.3 | 81% |
| 2021 | 6.7 | 80% |
| 2022 | 6.8 | 82% |
| 2023 | 7.0 | 87% |

Source: OHSU Hospital Financial Services.

Hospital Average Length of Stay and Occupancy Rate FY 2014 through FY 2023

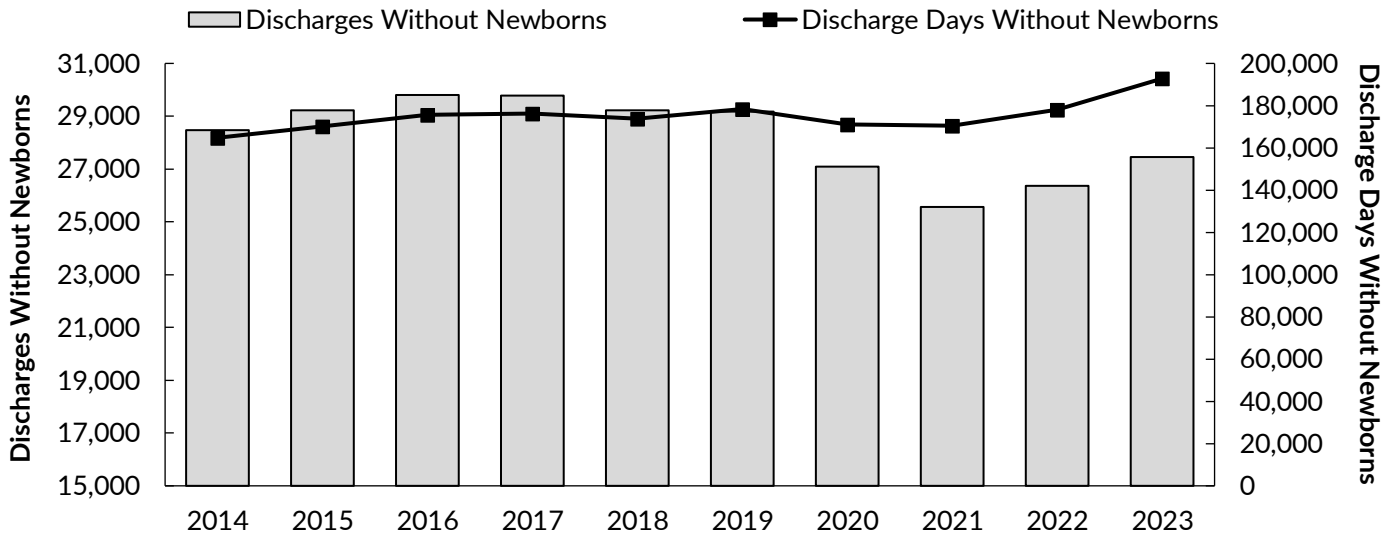


Discharges and Discharge Days Without Newborns FY 2014 through FY 2023

| | Discharges Without Newborns | Discharge Days Without Newborns |
|------|-----------------------------|---------------------------------|
| 2014 | 28,477 | 164,770 |
| 2015 | 29,224 | 170,057 |
| 2016 | 29,800 | 175,649 |
| 2017 | 29,777 | 176,371 |
| 2018 | 29,230 | 173,689 |
| 2019 | 29,175 | 178,427 |
| 2020 | 27,079 | 171,132 |
| 2021 | 25,563 | 170,343 |
| 2022 | 26,357 | 178,189 |
| 2023 | 27,459 | 192,792 |

Source: OHSU Hospital Financial Services.

Discharges and Discharge Days Without Newborns FY 2014 through FY 2023

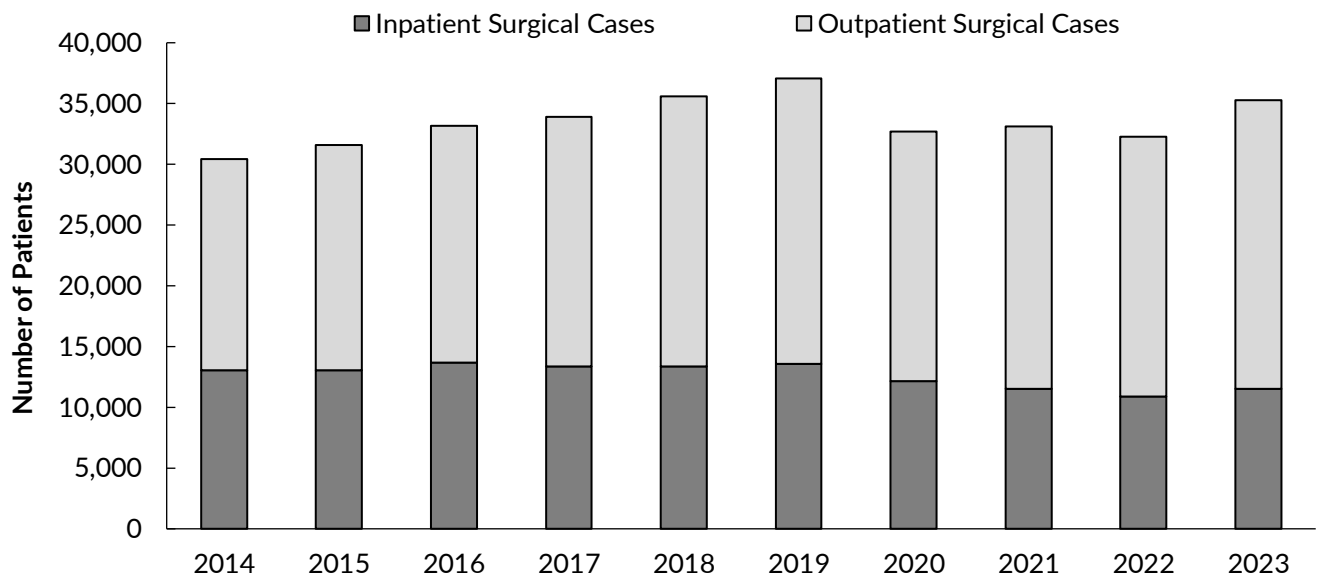


Hospitals and Clinics Surgical Cases FY 2014 through FY 2023

| | Inpatient Surgical Cases | Outpatient Surgical Cases | Total Surgical Cases |
|------|-----------------------------|------------------------------|----------------------|
| 2014 | 13,030 | 17,384 | 30,414 |
| 2015 | 13,022 | 18,558 | 31,580 |
| 2016 | 13,670 | 19,467 | 33,137 |
| 2017 | 13,336 | 20,556 | 33,892 |
| 2018 | 13,373 | 22,187 | 35,560 |
| 2019 | 13,553 | 23,527 | 37,080 |
| 2020 | 12,133 | 20,539 | 32,672 |
| 2021 | 11,502 | 21,622 | 33,124 |
| 2022 | 10,889 | 21,384 | 32,273 |
| 2023 | 11,514 | 23,743 | 35,257 |

Source: OHSU Hospital Financial Services.

Hospital Patients by Type FY 2014 through FY 2023



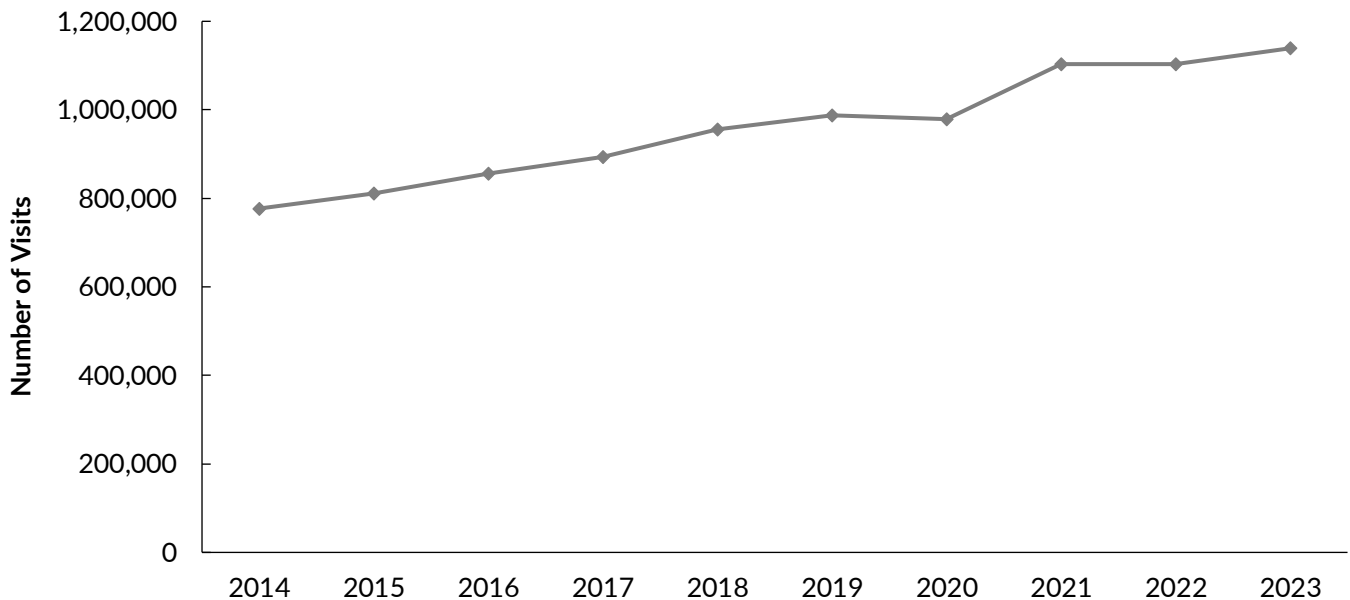
Ambulatory Clinics Patient Visits FY 2014 through FY 2023

| | Ambulatory Visits | Year-on-Year Change |
|------|-------------------|---------------------|
| 2014 | 776,918 | 5.7% |
| 2015 | 811,510 | 4.5% |
| 2016 | 856,291 | 5.5% |
| 2017 | 893,999 | 4.4% |
| 2018 | 955,857 | 6.9% |
| 2019 | 987,024 | 3.3% |
| 2020 | 978,492 | -0.9% |
| 2021 | 1,103,642 | 12.8% |
| 2022 | 1,102,857 | -0.1% |
| 2023 | 1,139,073 | 3.3% |

Note: Ambulatory Visits counts include all visits that result in a charge; when visits and procedures happen on the same day, only one visit is counted.

Source: OHSU Hospital Financial Services.

Ambulatory Clinics Patient Visits FY 2014 through FY 2023



Hospitals and Clinics Patient Visits by Oregon County FY 2023

| County | County | Clinics | CDRC | Day Patient | Emergency | Inpatient | Observation | Total |
|---------------|--------------|------------------|---------------|---------------|---------------|---------------|--------------|------------------|
| MULTNOMAH OR | Multnomah | 404,650 | 3,074 | 11,628 | 25,759 | 7,886 | 1,240 | 454,237 |
| WASHINGTON OR | Washington | 202,459 | 2,581 | 6,847 | 9,204 | 4,235 | 448 | 225,774 |
| CLACKAMAS OR | Clackamas | 124,460 | 1,343 | 4,406 | 6,606 | 2,958 | 340 | 140,113 |
| COLUMBIA OR | Columbia | 53,479 | 278 | 1,085 | 1,508 | 677 | 75 | 57,102 |
| MARION OR | Marion | 42,337 | 1,567 | 2,343 | 1,809 | 1,676 | 112 | 49,844 |
| LANE OR | Lane | 23,009 | 4,235 | 1,517 | 398 | 764 | 29 | 29,952 |
| YAMHILL OR | Yamhill | 16,267 | 425 | 898 | 829 | 762 | 71 | 19,252 |
| CLATSOP OR | Clatsop | 15,559 | 177 | 726 | 287 | 403 | 29 | 17,181 |
| LINN OR | Linn | 12,641 | 778 | 828 | 317 | 608 | 35 | 15,207 |
| POLK OR | Polk | 9,882 | 418 | 631 | 288 | 363 | 22 | 11,604 |
| JACKSON OR | Jackson | 10,636 | 933 | 651 | 194 | 556 | 17 | 12,987 |
| DESCHUTES OR | Deschutes | 11,800 | 271 | 956 | 160 | 421 | 18 | 13,626 |
| DOUGLAS OR | Douglas | 7,650 | 784 | 602 | 182 | 413 | 16 | 9,647 |
| WASCO OR | Wasco | 8,401 | 185 | 435 | 195 | 382 | 15 | 9,613 |
| TILLAMOOK OR | Tillamook | 7,073 | 153 | 373 | 241 | 261 | 20 | 8,121 |
| BENTON OR | Benton | 7,749 | 346 | 505 | 134 | 160 | 11 | 8,905 |
| LINCOLN OR | Lincoln | 6,851 | 192 | 460 | 160 | 314 | 14 | 7,991 |
| HOOD RIVER OR | Hood River | 6,474 | 116 | 217 | 94 | 121 | 14 | 7,036 |
| UMATILLA OR | Umatilla | 5,836 | 242 | 394 | 165 | 261 | 11 | 6,909 |
| COOS OR | Coos | 5,003 | 324 | 350 | 148 | 350 | 11 | 6,186 |
| JOSEPHINE OR | Josephine | 4,739 | 387 | 308 | 80 | 268 | 7 | 5,789 |
| KLAMATH OR | Klamath | 3,436 | 308 | 248 | 58 | 225 | 7 | 4,282 |
| JEFFERSON OR | Jefferson | 1,738 | 64 | 161 | 57 | 97 | 7 | 2,124 |
| UNION OR | Union | 1,525 | 35 | 126 | 38 | 101 | 4 | 1,829 |
| CURRY OR | Curry | 1,378 | 62 | 92 | 69 | 110 | 9 | 1,720 |
| CROOK OR | Crook | 1,203 | 26 | 115 | 34 | 51 | 4 | 1,433 |
| MORROW OR | Morrow | 1,149 | 36 | 85 | 26 | 46 | 2 | 1,344 |
| GILLIAM OR | Gilliam | 499 | 2 | 32 | 3 | 10 | - | 546 |
| SHERMAN OR | Sherman | 453 | 27 | 18 | 17 | 16 | 3 | 534 |
| WALLOWA OR | Wallowa | 582 | 6 | 37 | 11 | 18 | 1 | 655 |
| LAKE OR | Lake | 386 | 23 | 32 | 10 | 24 | - | 475 |
| BAKER OR | Baker | 425 | 6 | 36 | 10 | 22 | 2 | 501 |
| MALHEUR OR | Malheur | 258 | 4 | 14 | 12 | 19 | - | 307 |
| GRANT OR | Grant | 257 | 5 | 22 | 9 | 17 | 4 | 314 |
| HARNEY OR | Harney | 251 | 31 | 21 | 11 | 21 | - | 335 |
| WHEELER OR | Wheeler | 162 | 2 | 13 | 7 | 15 | 1 | 200 |
| UNKNOWN | Unknown | 170 | 4 | 1 | 209 | 20 | 10 | 414 |
| Total | Total | 1,000,827 | 19,450 | 37,213 | 49,339 | 24,651 | 2,609 | 1,134,089 |

Source: OHSU Hospital Financial Services.

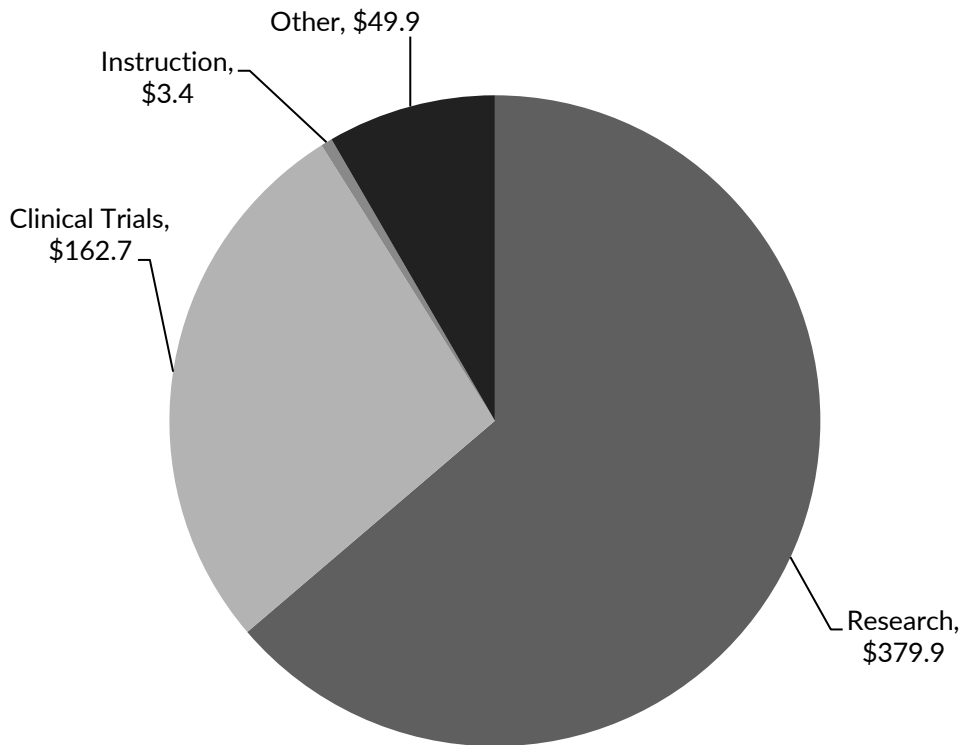
RESEARCH AND INNOVATION

Sponsored Projects and Awards by Activity
FY 2023
(Dollars in Millions)

| Activity Type | Awards Received |
|-----------------|-----------------|
| Research | \$379.9 |
| Clinical Trials | \$162.7 |
| Instruction | \$3.4 |
| Other | \$49.9 |
| Total | \$595.9 |

Note: All figures rounded to the nearest hundred thousand dollars.
Source: OHSU Research Development & Administration, Office of Proposal & Award Management.

Sponsored Projects and Awards by Activity
FY 2023
(Dollars in Millions)

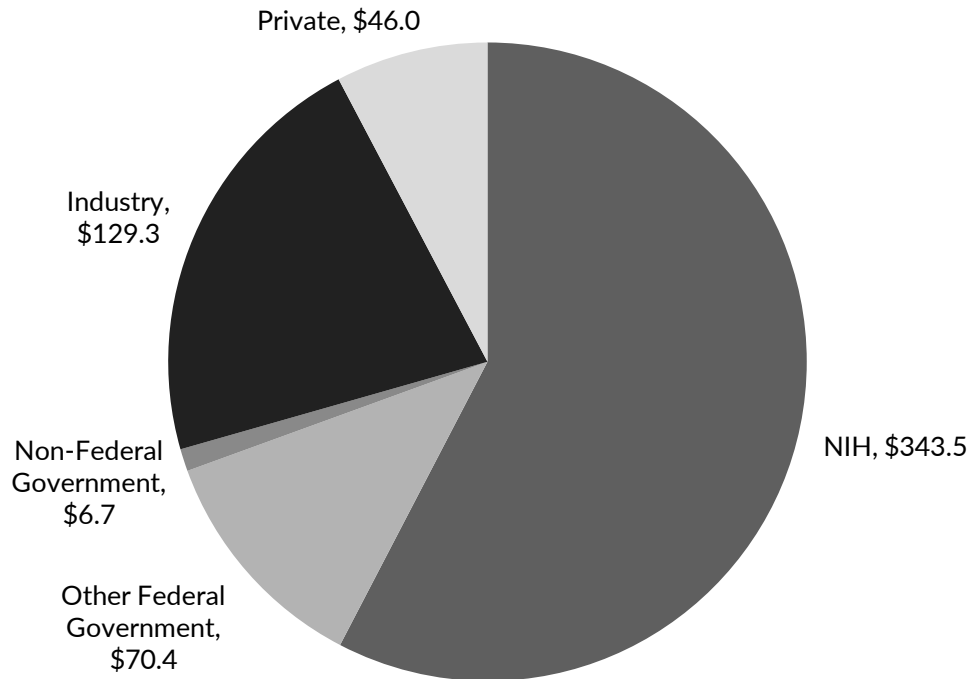


Sponsored Projects and Awards by Sponsor
FY 2023
(Dollars in Millions)

| Sponsor | Awards Received |
|--------------------------|-----------------|
| NIH | \$343.5 |
| Other Federal Government | \$70.4 |
| Non-Federal Government | \$6.7 |
| Industry | \$129.3 |
| Private | \$46.0 |
| Total | \$595.9 |

Note: All figures rounded to the nearest hundred thousand dollars.
Source: OHSU Research Development & Administration, Office of Proposal & Award Management.

Sponsored Projects and Awards by Sponsor
FY 2023
(Dollars in Millions)

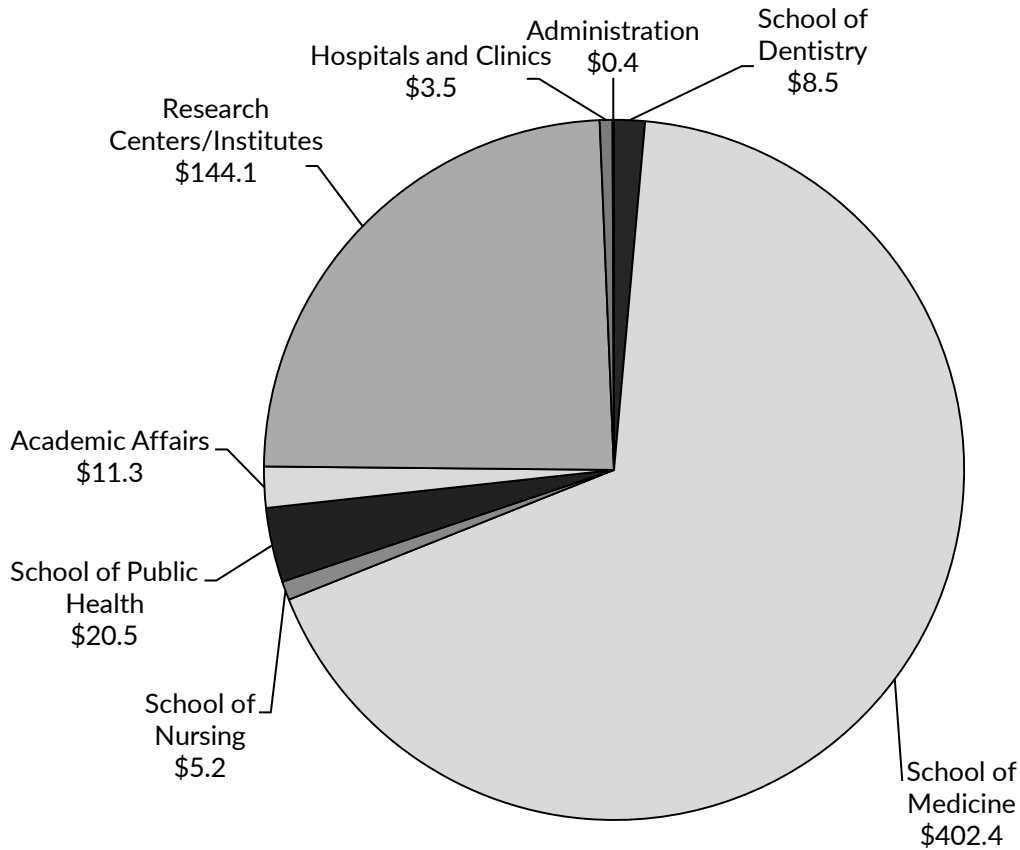


**Sponsored Projects and Awards by Unit
FY 2023
(Dollars in Millions)**

| Unit | Awards Received |
|-----------------------------|-----------------|
| School of Dentistry | \$8.5 |
| School of Medicine | \$402.4 |
| School of Nursing | \$5.2 |
| School of Public Health | \$20.5 |
| Academic Affairs | \$11.3 |
| Research Centers/Institutes | \$144.1 |
| Hospitals and Clinics | \$3.5 |
| Administration | \$0.4 |
| Total | \$595.9 |

Note: All figures rounded to the nearest hundred thousand dollars.
Source: OHSU Research Development & Administration, Office of Proposals & Award Management.

**Sponsored Projects and Awards by Unit
FY 2023**



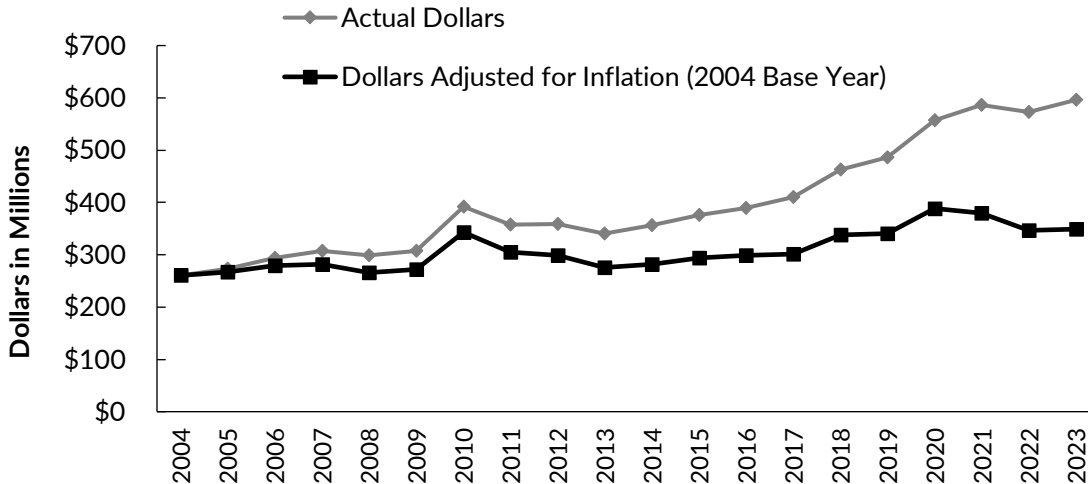
Sponsored Projects and Awards FY 2004 through FY 2023 (Dollars in Millions)

| | Actual Dollars | Annual Portland CPI | Constant 2003 Dollars | Percentage Change from 2004 |
|------|----------------|---------------------|-----------------------|-----------------------------|
| 2004 | \$260.3 | 191.1 | \$260.3 | 0.0% |
| 2005 | \$273.5 | 196.0 | \$266.7 | 2.4% |
| 2006 | \$294.1 | 201.1 | \$279.5 | 7.4% |
| 2007 | \$306.9 | 208.6 | \$281.2 | 8.0% |
| 2008 | \$299.4 | 215.4 | \$265.6 | 2.0% |
| 2009 | \$307.1 | 215.6 | \$272.1 | 4.5% |
| 2010 | \$391.7 | 218.3 | \$342.8 | 31.7% |
| 2011 | \$358.1 | 224.6 | \$304.7 | 17.0% |
| 2012 | \$359.0 | 229.8 | \$298.6 | 14.7% |
| 2013 | \$340.3 | 235.5 | \$276.1 | 6.0% |
| 2014 | \$355.9 | 241.2 | \$282.0 | 8.3% |
| 2015 | \$375.9 | 244.2 | \$294.2 | 13.0% |
| 2016 | \$389.6 | 249.4 | \$298.5 | 14.7% |
| 2017 | \$410.2 | 259.8 | \$301.7 | 15.9% |
| 2018 | \$462.2 | 261.4 | \$337.8 | 29.8% |
| 2019 | \$486.3 | 273.1 | \$340.3 | 30.7% |
| 2020 | \$557.5 | 274.2 | \$388.5 | 49.2% |
| 2021 | \$586.7 | 295.0 | \$380.1 | 46.0% |
| 2022 | \$573.3 | 315.9 | \$346.8 | 33.2% |
| 2023 | \$595.9 | 326.3 | \$348.9 | 34.0% |

Note: All figures rounded to the nearest hundred thousand dollars.

Source: OHSU Research Development & Administration, Office of Proposal & Award Management. Inflation data from U.S. Department of Labor - Bureau of Labor Statistics, Consumer Price Index (CPI) - All Urban Consumers, Portland-Salem, Index base period: 1982-1984 = 100. Note that 2018 CPI is West Region 1st Half Average. 2019 CPI is West Region Nov-19. 2020 CPI is Jun-20. 2021 CPI is Nov-21. 2022 CPI is Nov-22. Nov-23 West Region grew by 3.3%

Sponsored Projects and Awards FY 2004 through FY 2023

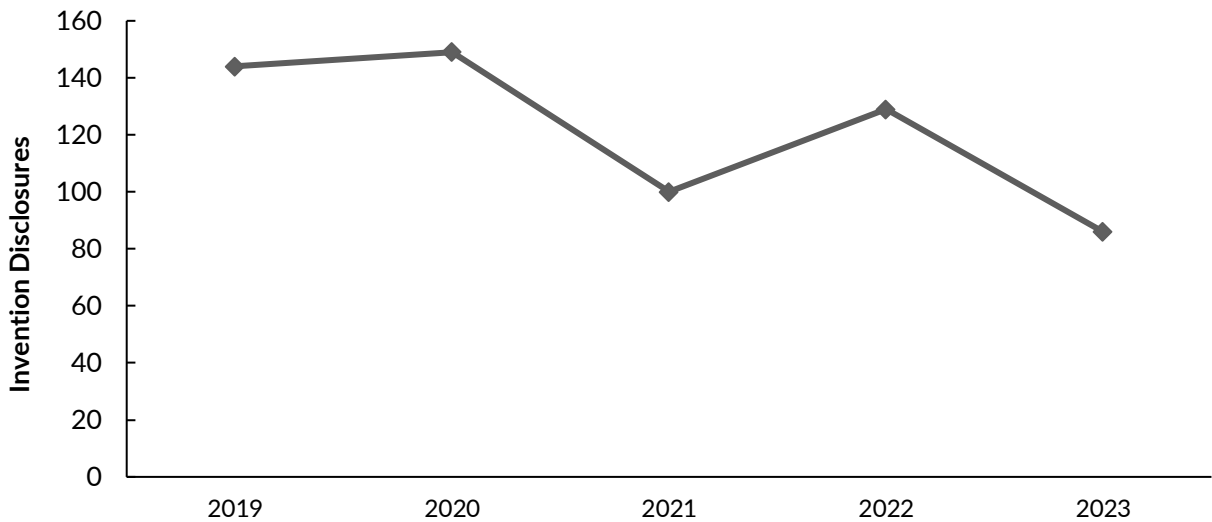


Innovation and Commercialization Productivity FY 2019 through FY 2023

| | Invention Disclosures | U.S. Patents Filed | U.S. Patents Issued | License and Option Agreements | Industry Sponsored Research Agreements | Faculty Research Projects Awarded | New Companies Based on OHSU Technologies |
|------|-----------------------|--------------------|---------------------|-------------------------------|--|-----------------------------------|--|
| 2019 | 144 | 83 | 24 | 118 | 79 | 8 | 4 |
| 2020 | 149 | 89 | 30 | 129 | 78 | 14 | 7 |
| 2021 | 100 | 96 | 28 | 120 | 108 | 14 | 6 |
| 2022 | 129 | 93 | 20 | 111 | 78 | 14 | 1 |
| 2023 | 86 | 83 | 31 | 91 | 64 | 8 | 5 |

Source: OHSU Office of Technology Transfer.

Invention Disclosures FY 2019 through FY 2023



PHILANTHROPY

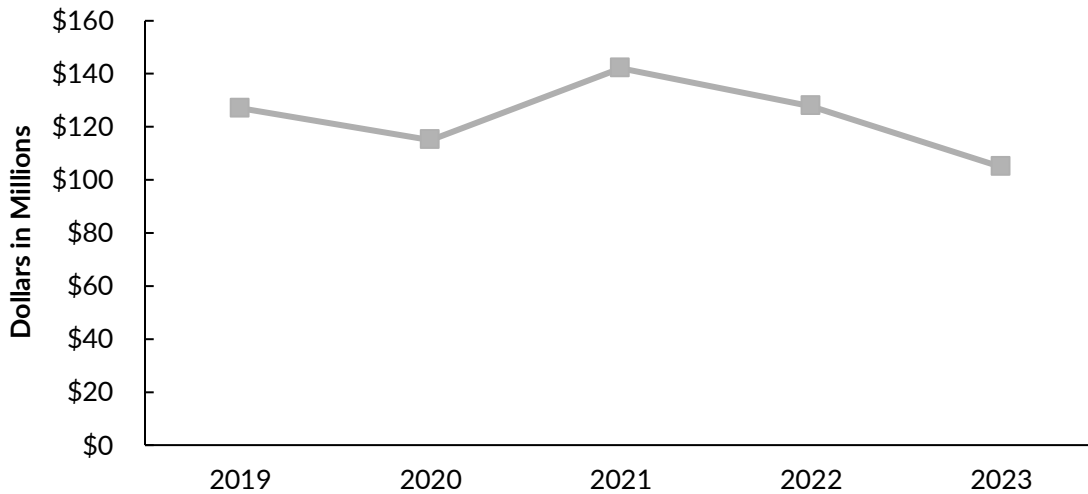
Philanthropy by Source FY 2019 through FY 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|----------|----------|-----------|-----------|----------|
| OHSU Foundation | | | | | |
| Total private OHSU Foundation support | \$76.9 M | \$73.7 M | \$94.9 M | \$112.6 M | \$86M |
| Total gifts (#) | 12,039 | 12,573 | 18,152 | 22,222 | 21,523 |
| Total donors (#) | 6,797 | 7,248 | 9,363 | 10,879 | 10,488 |
| Doernbecher Foundation | | | | | |
| Total private Doernbecher Fdn support | \$16.1 M | \$15.7 M | \$11.1 M | - | - |
| Total gifts (#) | 9,332 | 9,293 | 4,658 | - | - |
| Total donors (#) | 4,650 | 4,466 | 2,440 | - | - |
| OHSU | | | | | |
| Total private OHSU support | \$34 M | \$25.7 M | \$36 M | \$15.1 M | \$18.9M |
| Total gifts (#) | 191 | 199 | 196 | 139 | 354 |
| Total donors (#) | 109 | 124 | 125 | 81 | 164 |
| Total Private Support From All Sources | | | | | |
| Total private support | \$127.6M | \$115 M | \$142.1 M | \$127.8 M | \$104.9M |
| Total gifts (#) | 21,668 | 22,065 | 23,006 | 22,361 | 21,877 |
| Total donors (#) | 11,217 | 11,361 | 11,088 | 10,953 | 10,652 |
| Oregon donors (%) | 71% | 74% | 73% | 72% | 71% |

Note: Doernbecher Foundation merged with the OHSU Foundation on 01/01/2021. The merger occurred in the middle of the fiscal year. The totals in the Doernbecher Foundation column for 2021 only include gifts received between 07/01/2020 and 12/31/2020. Gifts received after the merge (01/01/2021 - 06/30/2021) are in the OHSU Foundation column.

Source: OHSU Foundation.

Total Private Support to OHSU FY 2019 through FY 2023



Total Private Support FY 2023

By Purpose

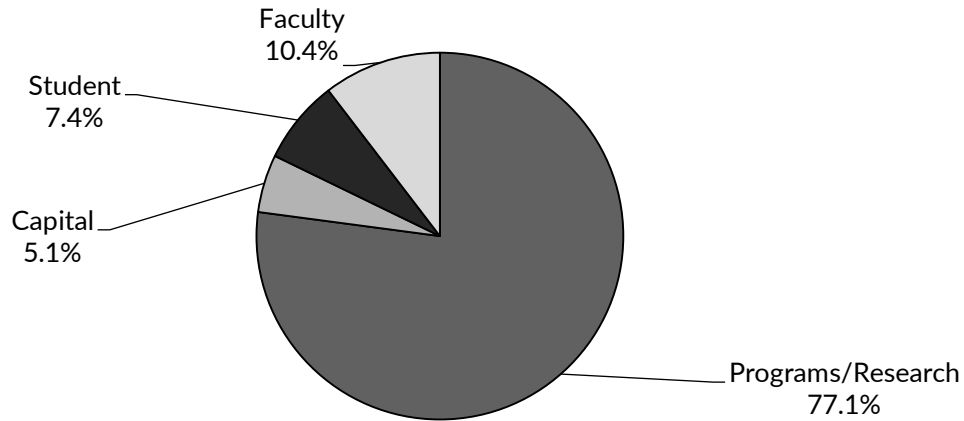
| | |
|-------------------|---------------|
| Programs/Research | 77.1% |
| Capital | 5.1% |
| Student | 7.4% |
| Faculty | 10.4% |
| Total | 100.0% |

By Gift Source

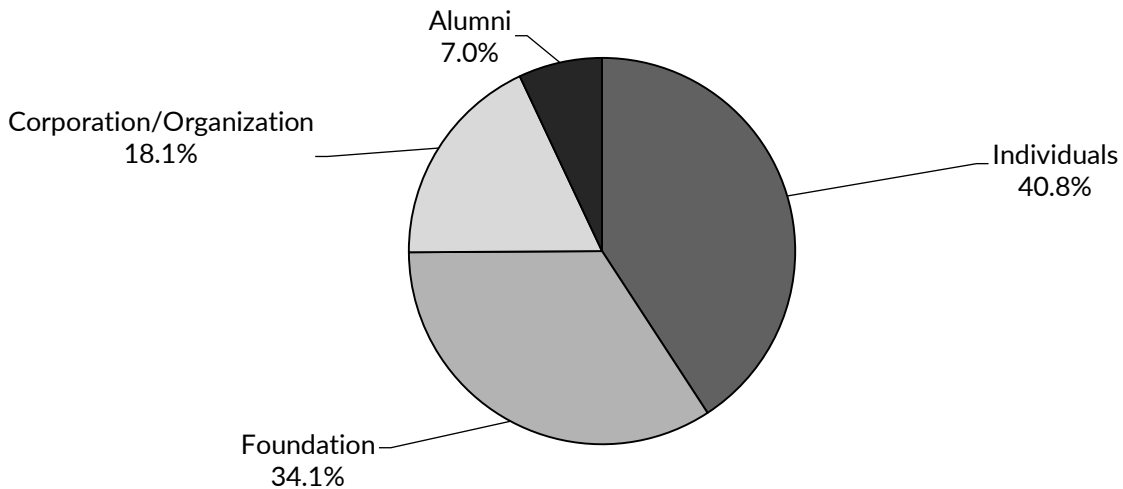
| | |
|--------------------------|---------------|
| Individuals | 40.8% |
| Foundation | 34.1% |
| Corporation/Organization | 18.1% |
| Alumni | 7.0% |
| Total | 100.0% |

Source: OHSU Foundation.

Total Private Support by Purpose FY 2023



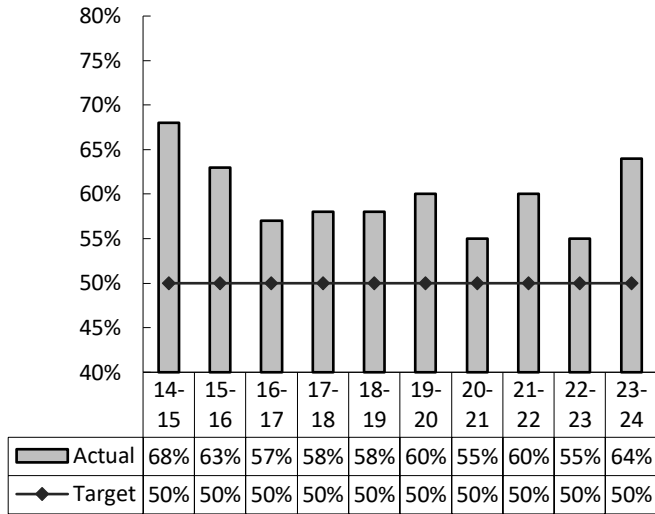
Total Private Support by Gift Source FY 2023



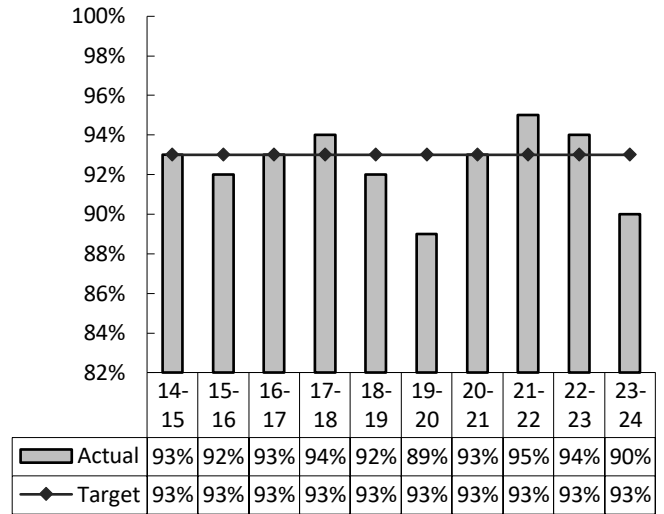
KEY PERFORMANCE MEASURES

Key Performance Measures for Oregon Legislature

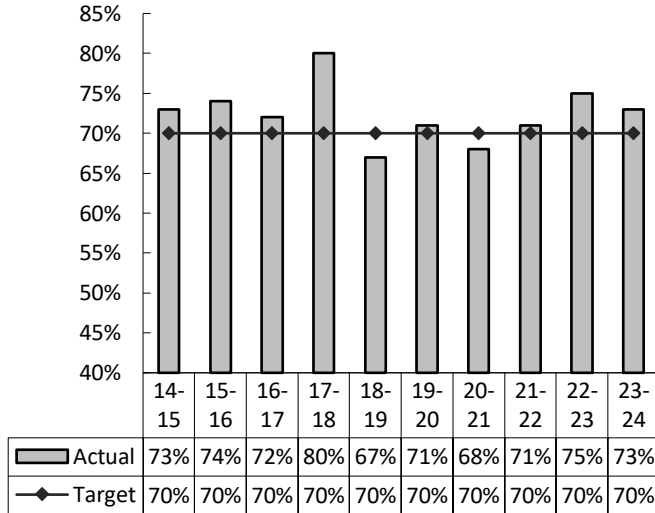
1) **DMD Access:** Percent of entering cohort who are in-state DMD students



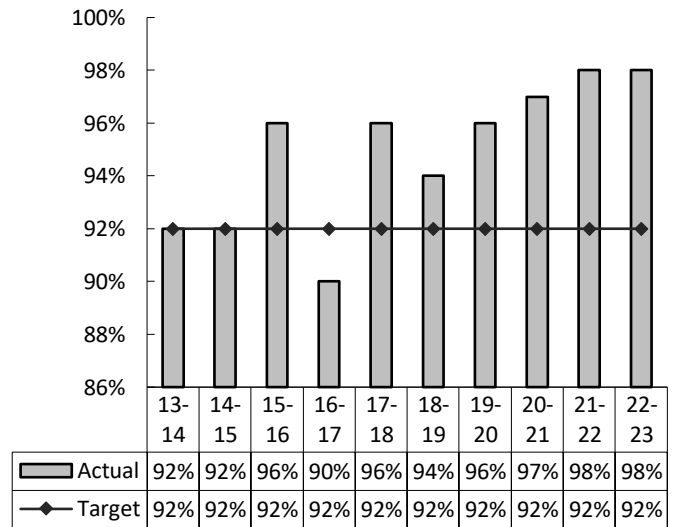
3) **Nursing Access:** Percent of entering cohort who are in-state nursing students



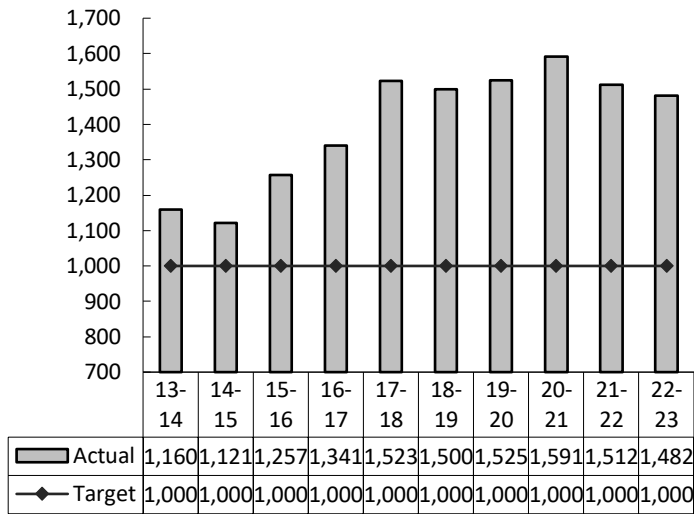
2) **MD Access:** Percent of entering cohort who are in-state MD students



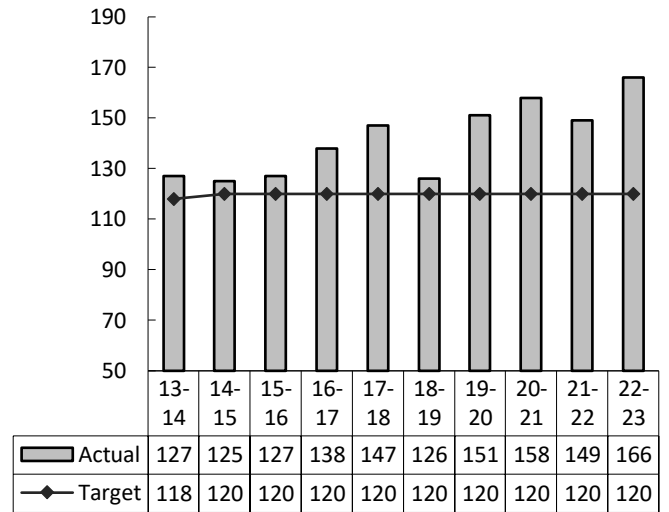
4) **Nursing Completion:** Percent of nursing student cohorts completing bachelor's degrees within 150% of normal completion time



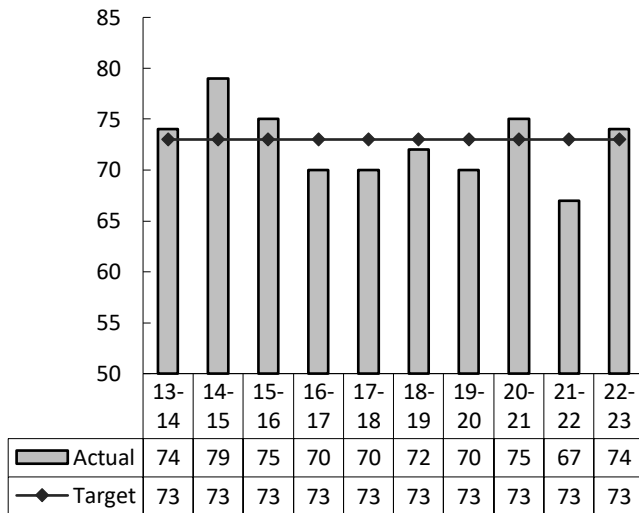
5) Degrees: Total number of degrees and certificates awarded



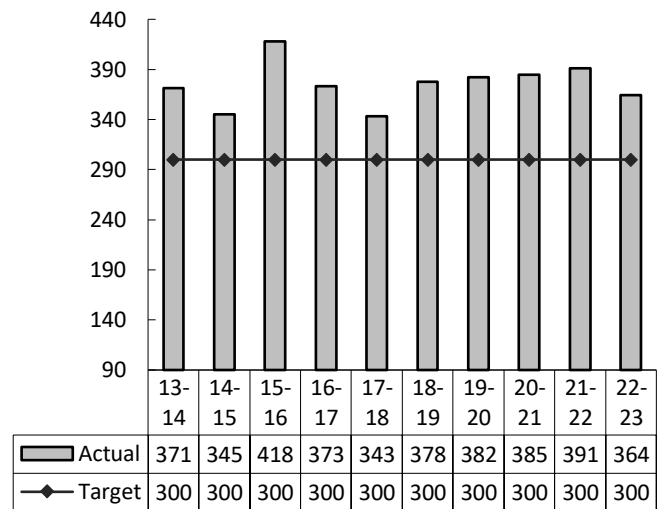
7) Physician Workforce: Total number of MD degrees awarded



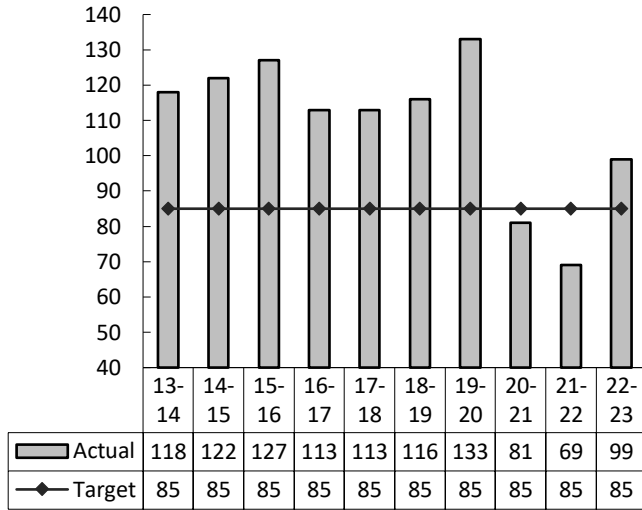
6) Dental Workforce: Total number of DMD degrees awarded



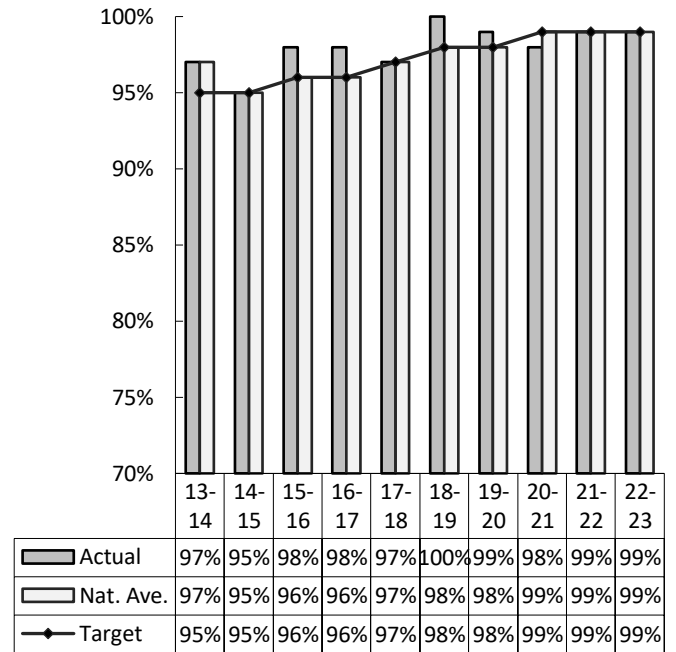
8) Nursing Workforce: Total bachelor's degrees awarded in nursing



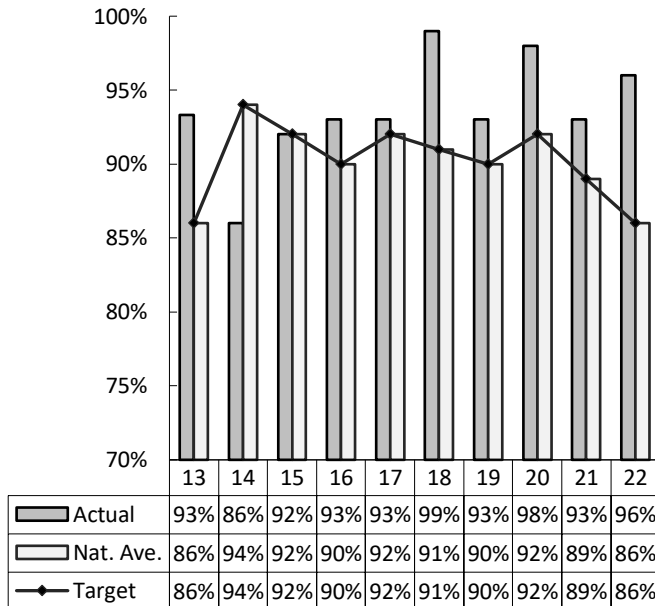
9) Nursing Faculty: Total graduate degrees and certificates awarded in nursing



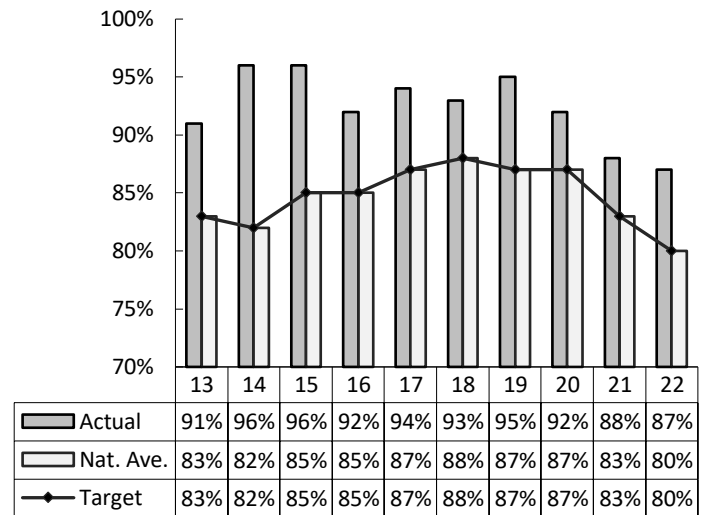
11) Professional Competence: Percent of MD students passing senior-level credentialing exams on first attempt



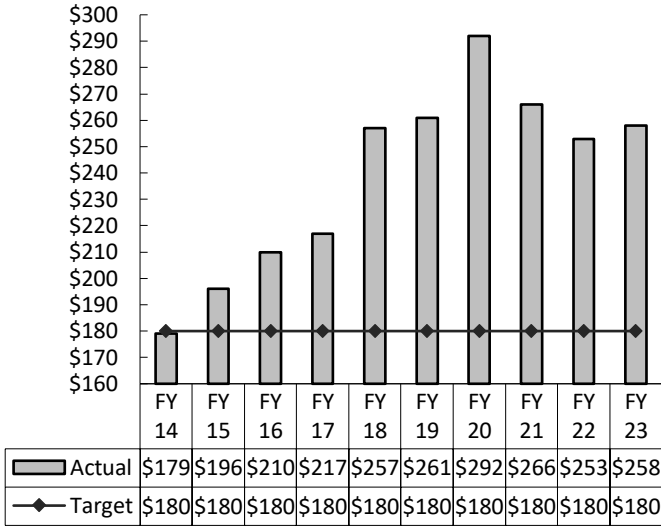
10) Professional Competence: Percent of DMD students passing senior-level credentialing exams on first attempt



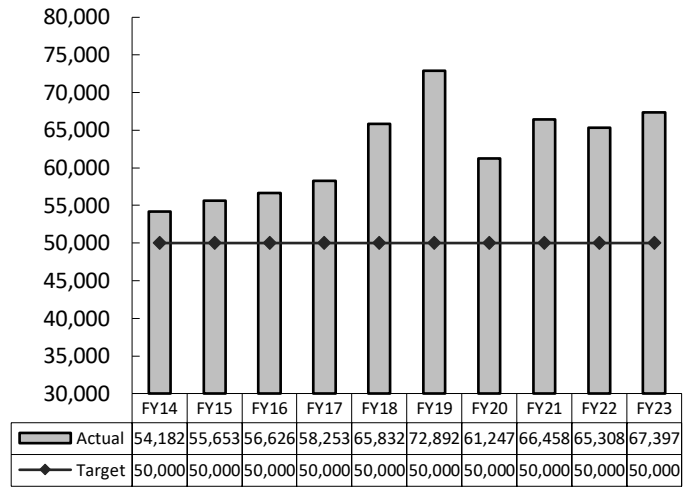
12) Professional Competence: Percent of bachelor's level nursing students passing senior-level credentialing exams on first attempt



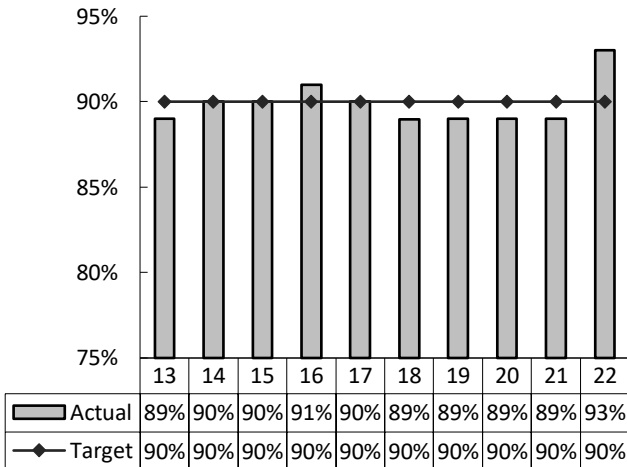
13) Research Productivity: Research dollars per faculty (in thousands)



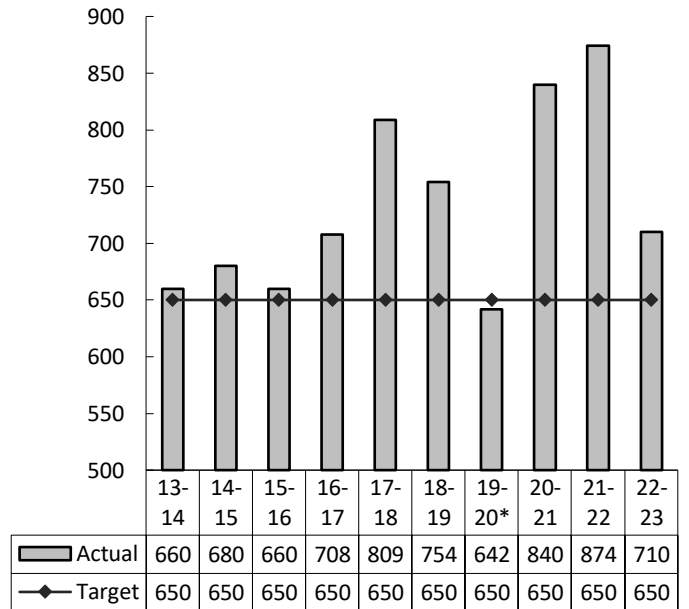
15) CDRC Services: Total clinical, surgical and/or diagnostic services provided to patients



14) Oregon Poison Center: Percent of poisoning or toxic exposure cases managed at home

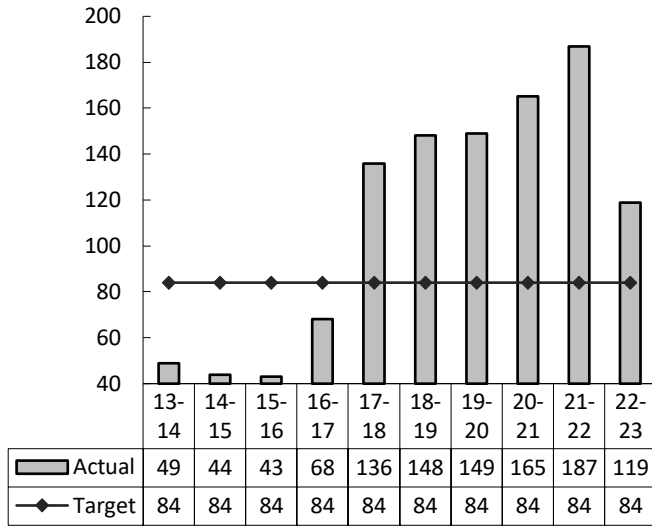


16) MD Clinical Rotations: Total number of medical student weeks served in rural communities

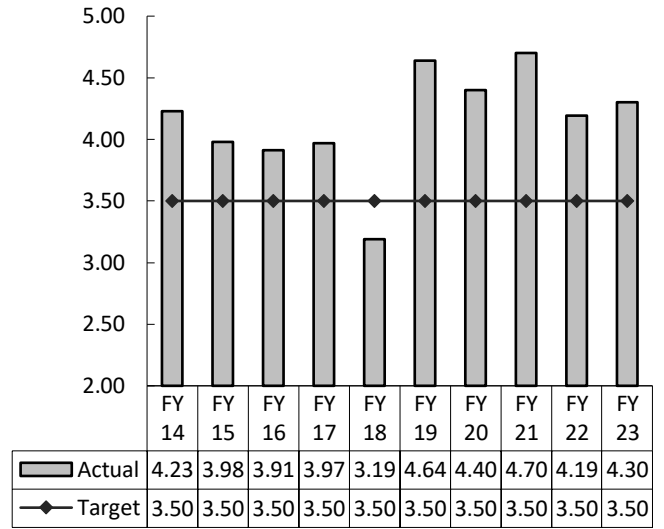


*Number is down because of spring term 2020 clerkship cancellation.

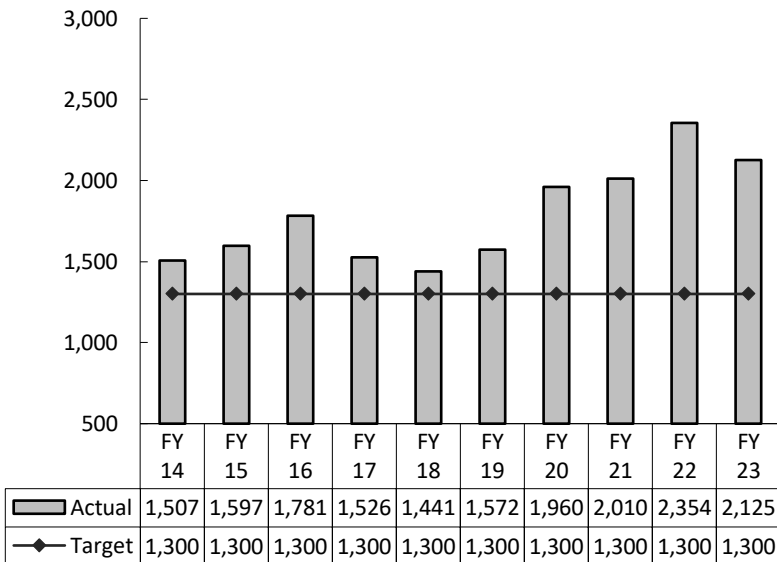
17) Rural Preceptors: Total number of physicians supervising medical students in rural communities



19) Rural Health: Federal funds generated per state dollar invested in the Office of Rural Health



18) Rural Pipeline: Total number of rural K-12 students enrolled in science and healthcare education pipeline programs



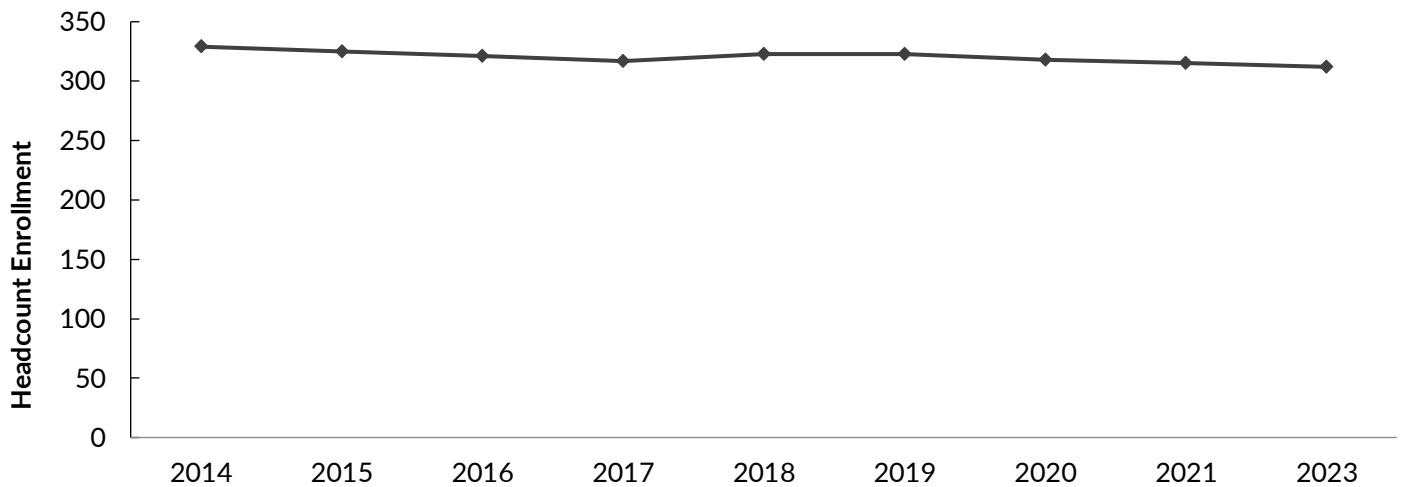
SCHOOL DETAIL PAGES

School of Dentistry Headcount Enrollment by Level of Study Fall 2014 through Fall 2023

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Dentistry (DMD) | | | | | | | | | | |
| First Year | 76 | 75 | 76 | 76 | 76 | 77 | 74 | 74 | 75 | 74 |
| Second Year | 75 | 74 | 75 | 72 | 72 | 75 | 74 | 69 | 72 | 70 |
| Third Year | 74 | 74 | 70 | 73 | 74 | 70 | 73 | 73 | 69 | 72 |
| Fourth Year | 77 | 75 | 73 | 69 | 74 | 75 | 70 | 72 | 70 | 69 |
| Total | 302 | 298 | 294 | 290 | 296 | 297 | 291 | 288 | 286 | 285 |
| Dental Graduate | | | | | | | | | | |
| Master's | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| Certificate and Non-Degree | 15 | 15 | 15 | 15 | 15 | 14 | 15 | 16 | 16 | 15 |
| Total | 27 | 27 | 27 | 27 | 27 | 26 | 27 | 28 | 28 | 27 |
| Total | 329 | 325 | 321 | 317 | 323 | 323 | 318 | 316 | 314 | 312 |

Source: OHSU Institutional Enrollment Reports.

School of Dentistry Ten-Year Enrollment Trend Fall 2014 through Fall 2023



Underrepresented Minorities Among All DMD Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 1 | 1 | 0 | 0 | 0 |
| Asian (not underrepresented) | 39 | 41 | 41 | 42 | 33 |
| Asian (underrepresented) | 37 | 35 | 37 | 38 | 46 |
| Black/ African American | 3 | 0 | 1 | 1 | 2 |
| Native Hawaiian/ Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| Hispanic/ Latino, any race | 12 | 12 | 14 | 17 | 24 |
| White | 181 | 178 | 172 | 163 | 150 |
| Two or More Races (not underrepresented) | 8 | 8 | 8 | 9 | 10 |
| Two or More Races (underrepresented) | 11 | 12 | 11 | 13 | 12 |
| U.S. Non-resident (International Student)/Unknown | 5 | 4 | 4 | 3 | 8 |
| Total | 297 | 291 | 288 | 286 | 285 |
| Total Minority | 111 | 109 | 112 | 120 | 127 |
| Total Underrepresented Minority | 64 | 60 | 63 | 69 | 84 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 38% | 38% | 39% | 42% | 46% |
| URM | 22% | 21% | 22% | 24% | 30% |
| White | 62% | 62% | 61% | 58% | 54% |
| U.S. Non-resident (International Student)/Unknown | 2% | 1% | 1% | 1% | 3% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

Underrepresented Minorities Among All Dental Graduate Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|-----------|-----------|-----------|-----------|-----------|
| American Indian/ Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian (not underrepresented) | 7 | 10 | 10 | 9 | 7 |
| Asian (underrepresented) | 3 | 1 | 3 | 2 | 4 |
| Black/ African American | 1 | 2 | 1 | 1 | 0 |
| Native Hawaiian/ Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| Hispanic/ Latino, any race | 2 | 2 | 1 | 0 | 0 |
| White | 13 | 12 | 10 | 12 | 12 |
| Two or More Races (not underrepresented) | 0 | 0 | 0 | 1 | 1 |
| Two or More Races (underrepresented) | 0 | 0 | 1 | 1 | 2 |
| U.S. Non-resident (International Student)/Unknown | 0 | 0 | 2 | 2 | 1 |
| Total | 26 | 27 | 28 | 28 | 27 |
| Total Minority | 13 | 15 | 16 | 14 | 14 |
| Total Underrepresented Minority | 6 | 5 | 6 | 4 | 6 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 50% | 56% | 62% | 54% | 54% |
| URM | 23% | 19% | 23% | 15% | 23% |
| White | 50% | 44% | 38% | 46% | 46% |
| U.S. Non-resident (International Student)/Unknown | 0% | 0% | 7% | 7% | 4% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

**School of Dentistry Women Students and Percent of Total Enrollment
Fall 2014 through Fall 2023**

| | | DMD | Master's | Certificate and Non- Degree | Total |
|------|------------|------------|-----------------|--|--------------|
| 2014 | # | 117 | 7 | 7 | 131 |
| | % of total | 38.7% | 58.3% | 46.7% | 39.8% |
| 2015 | # | 115 | 7 | 5 | 127 |
| | % of total | 38.6% | 58.3% | 33.3% | 39.1% |
| 2016 | # | 121 | 8 | 7 | 136 |
| | % of total | 41.2% | 66.7% | 46.7% | 42.5% |
| 2017 | # | 122 | 8 | 7 | 137 |
| | % of total | 42.1% | 66.7% | 46.7% | 43.2% |
| 2018 | # | 134 | 8 | 6 | 148 |
| | % of total | 45.3% | 66.7% | 40.0% | 45.8% |
| 2019 | # | 140 | 7 | 5 | 152 |
| | % of total | 47.1% | 58.3% | 35.7% | 47.1% |
| 2020 | # | 138 | 7 | 5 | 150 |
| | % of total | 47.4% | 58.3% | 33.3% | 47.2% |
| 2021 | # | 137 | 6 | 6 | 149 |
| | % of total | 47.6% | 50.0% | 37.5% | 47.2% |
| 2022 | # | 136 | 6 | 7 | 149 |
| | % of total | 47.6% | 50.0% | 43.8% | 47.5% |
| 2023 | # | 132 | 6 | 6 | 144 |
| | % of total | 46.3% | 50.0% | 40.0% | 46.2% |

Source: OHSU Institutional Enrollment Reports

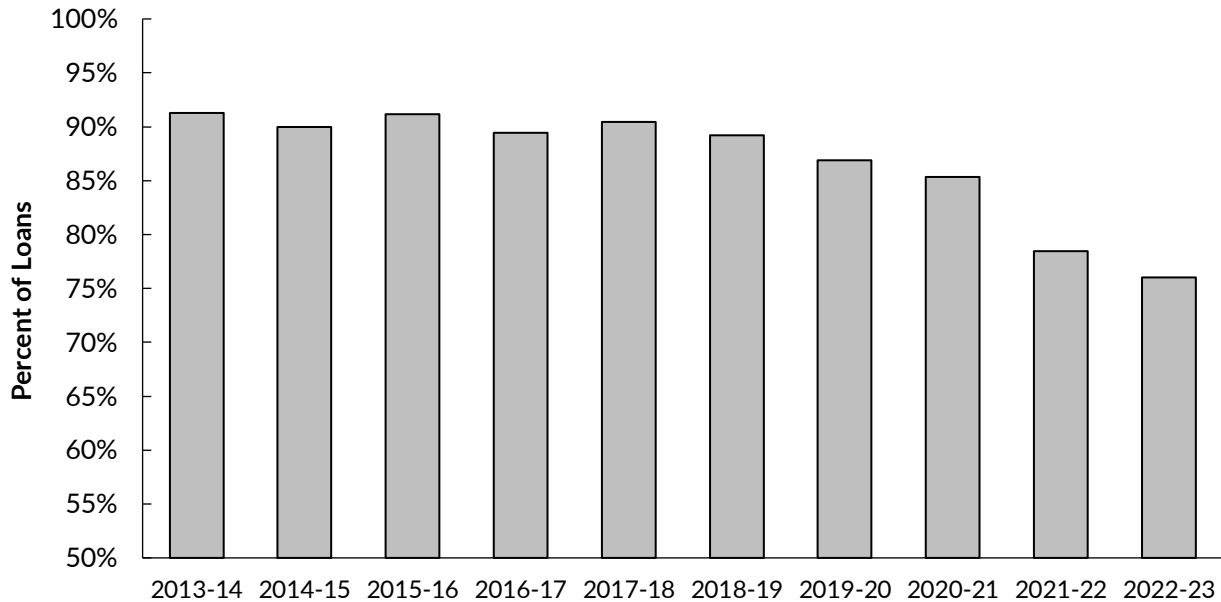
Total Grants, Scholarships and Loans to DMD Students 2013-14 through 2022-23

| | Grants & Scholarships | Loans | Total |
|---------|-----------------------|--------------|--------------|
| 2013-14 | \$1,860,995 | \$19,546,632 | \$21,407,627 |
| 2014-15 | \$1,984,724 | \$17,852,385 | \$19,837,109 |
| 2015-16 | \$1,736,102 | \$17,882,768 | \$19,618,870 |
| 2016-17 | \$2,204,882 | \$18,623,885 | \$20,828,767 |
| 2017-18 | \$2,008,466 | \$19,003,190 | \$21,011,656 |
| 2018-19 | \$2,363,985 | \$19,531,038 | \$21,895,023 |
| 2019-20 | \$2,902,438 | \$19,243,749 | \$22,146,187 |
| 2020-21 | \$3,139,522 | \$18,265,599 | \$21,405,121 |
| 2021-22 | \$4,843,940 | \$17,658,160 | \$22,502,100 |
| 2022-23 | \$5,618,627 | \$17,803,034 | \$23,421,661 |

Note: 2022-23 data is draft as of October 09, 2023.

Source: OHSU Student Financial Aid Office.

Loans as Percent of Total Financial Aid to DMD Students 2013-14 through 2022-23



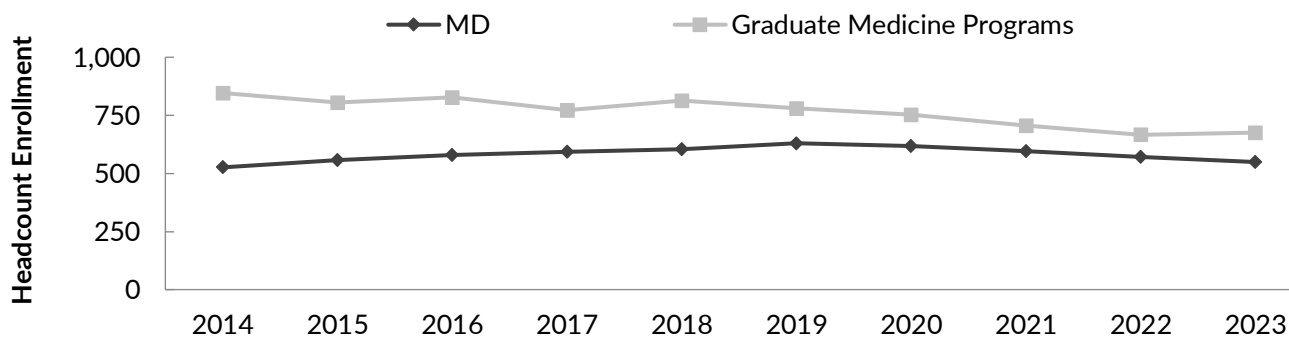
School of Medicine Headcount Enrollment by Level of Study Fall 2014 through Fall 2023

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Medicine (MD) | | | | | | | | | | |
| First Year | 142 | 146 | 157 | 164 | 164 | 166 | 152 | 143 | 150 | 152 |
| Second Year | 139 | 139 | 139 | 155 | 161 | 156 | 166 | 149 | 142 | 155 |
| Third Year | 123 | 145 | 140 | 127 | 154 | 159 | 145 | 168 | 135 | 135 |
| Fourth Year | 122 | 126 | 142 | 146 | 124 | 149 | 154 | 137 | 145 | 107 |
| Total | 526 | 556 | 578 | 592 | 603 | 630 | 617 | 597 | 572 | 549 |
| Radiation Therapy | | | | | | | | | | |
| Junior | 8 | 7 | 6 | 9 | 10 | 7 | 10 | 9 | 9 | 10 |
| Senior | 9 | 8 | 7 | 4 | 8 | 10 | 7 | 9 | 9 | 9 |
| Non-Degree | - | - | - | 1 | - | 0 | 0 | 0 | 0 | 0 |
| Total | 17 | 15 | 13 | 14 | 18 | 17 | 17 | 18 | 18 | 19 |
| Physician Assistant | | | | | | | | | | |
| Master's - MPAS | 83 | 87 | 84 | 82 | 85 | 88 | 84 | 70 | 64 | 78 |
| Total | 83 | 87 | 84 | 82 | 85 | 88 | 84 | 70 | 64 | 78 |
| Graduate Studies | | | | | | | | | | |
| Master's | 299 | 244 | 267 | 261 | 274 | 259 | 232 | 187 | 90 | 31 |
| PhD | 237 | 229 | 230 | 227 | 250 | 268 | 276 | 285 | 286 | 333 |
| Certificate | 108 | 135 | 121 | 103 | 86 | 75 | 81 | 57 | 34 | 13 |
| Non-Degree | 29 | 16 | 30 | 30 | 31 | 18 | 15 | 19 | 13 | 8 |
| Total | 673 | 624 | 648 | 621 | 641 | 620 | 604 | 548 | 423 | 385 |
| Online | | | | | | | | | | |
| Master's | 38 | 36 | 31 | 26 | 50 | 46 | 41 | 57 | 110 | 123 |
| Certificate | 49 | 55 | 60 | 40 | 33 | 23 | 22 | 29 | 60 | 75 |
| Non-Degree | 3 | 4 | 4 | 4 | 3 | 3 | 2 | 2 | 9 | 15 |
| Total | 90 | 95 | 95 | 70 | 86 | 72 | 65 | 88 | 179 | 213 |
| Total | 1,389 | 1,377 | 1,418 | 1,379 | 1,433 | 1,427 | 1,387 | 1,321 | 1,256 | 1,244 |

Excludes students enrolled in the joint degree programs with Oregon Institute of Technology.

Source: OHSU Institutional Enrollment Reports

School of Medicine Ten-Year Enrollment Trend Fall 2014 through Fall 2023



Underrepresented Minorities Among All MD Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 3 | 7 | 9 | 10 | 9 |
| Asian (not underrepresented) | 61 | 61 | 59 | 59 | 63 |
| Asian (underrepresented) | 36 | 37 | 36 | 29 | 29 |
| Black/ African American | 9 | 10 | 13 | 16 | 20 |
| Native Hawaiian/ Pacific Islander | 1 | 0 | 0 | 1 | 1 |
| Hispanic/ Latino, any race | 39 | 50 | 57 | 49 | 55 |
| White | 433 | 402 | 369 | 342 | 312 |
| Two or More Races (not underrepresented) | 23 | 26 | 24 | 30 | 23 |
| Two or More Races (underrepresented) | 19 | 18 | 24 | 31 | 35 |
| U.S. Non-resident (International Student)/Unknown | 6 | 6 | 6 | 5 | 2 |
| Total | 630 | 617 | 597 | 572 | 549 |
| Total Minority | 191 | 209 | 222 | 225 | 235 |
| Total Underrepresented Minority | 107 | 122 | 139 | 136 | 149 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 31% | 34% | 38% | 40% | 43% |
| URM | 17% | 20% | 24% | 24% | 27% |
| White | 69% | 66% | 62% | 60% | 57% |
| U.S. Non-resident (International Student)/Unknown | 1% | 1% | 1% | 1% | 0% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

**Underrepresented Minorities Among All Master and Certificate
Students in the School of Medicine
Fall 2019 through Fall 2023**

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 2 | 2 | 1 | 4 | 4 |
| Asian (not underrepresented) | 47 | 49 | 54 | 48 | 32 |
| Asian (underrepresented) | 9 | 8 | 14 | 15 | 14 |
| Black/ African American | 6 | 7 | 11 | 11 | 9 |
| Native Hawaiian/ Pacific Islander | 1 | 1 | 0 | 0 | 0 |
| Hispanic/ Latino, any race | 24 | 24 | 17 | 25 | 15 |
| White | 261 | 232 | 192 | 163 | 139 |
| Two or More Races (not underrepresented) | 3 | 5 | 5 | 5 | 8 |
| Two or More Races (underrepresented) | 13 | 14 | 9 | 7 | 7 |
| U.S. Non-resident (International Student)/Unknown | 37 | 34 | 27 | 16 | 14 |
| Total | 403 | 376 | 330 | 294 | 242 |
| Total Minority | 105 | 110 | 111 | 115 | 89 |
| Total Underrepresented Minority | 55 | 56 | 52 | 62 | 49 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 29% | 32% | 37% | 41% | 39% |
| URM | 15% | 16% | 17% | 22% | 21% |
| White | 71% | 68% | 63% | 59% | 61% |
| U.S. Non-resident (International Student)/Unknown | 9% | 9% | 8% | 5% | 6% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

**Underrepresented Minorities Among All PhD Research
Students in the School of Medicine
Fall 2019 through Fall 2023**

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian (not underrepresented) | 15 | 16 | 14 | 10 | 11 |
| Asian (underrepresented) | 8 | 7 | 9 | 9 | 10 |
| Black/ African American | 4 | 4 | 7 | 10 | 12 |
| Native Hawaiian/ Pacific Islander | 0 | 1 | 1 | 1 | 1 |
| Hispanic/ Latino, any race | 22 | 24 | 29 | 33 | 40 |
| White | 162 | 163 | 163 | 158 | 178 |
| Two or More Races (not underrepresented) | 8 | 9 | 10 | 13 | 15 |
| Two or More Races (underrepresented) | 3 | 4 | 6 | 6 | 8 |
| U.S. Non-resident (International Student)/Unknown | 46 | 48 | 46 | 46 | 58 |
| Total | 268 | 276 | 285 | 286 | 333 |
| Total Minority | 60 | 65 | 76 | 82 | 97 |
| Total Underrepresented Minority | 37 | 40 | 52 | 59 | 71 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 27% | 29% | 32% | 34% | 35% |
| URM | 17% | 18% | 22% | 25% | 26% |
| White | 73% | 71% | 68% | 66% | 65% |
| U.S. Non-resident (International Student)/Unknown | 17% | 17% | 16% | 16% | 17% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

Underrepresented Minorities Among All Physician Assistant Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|-----------|-----------|-----------|-----------|-----------|
| American Indian/ Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian (not underrepresented) | 5 | 7 | 5 | 2 | 7 |
| Asian (underrepresented) | 4 | 2 | 4 | 5 | 3 |
| Black/ African American | 4 | 4 | 4 | 5 | 3 |
| Native Hawaiian/ Pacific Islander | 1 | 1 | 0 | 0 | 0 |
| Hispanic/ Latino, any race | 9 | 11 | 11 | 13 | 19 |
| White | 56 | 52 | 36 | 31 | 37 |
| Two or More Races (not underrepresented) | 1 | 1 | 3 | 2 | 2 |
| Two or More Races (underrepresented) | 5 | 6 | 7 | 5 | 5 |
| U.S. Non-resident (International Student)/Unknown | 0 | 0 | 0 | 1 | 2 |
| Total | 85 | 84 | 70 | 63 | 78 |
| Total Minority | 29 | 32 | 34 | 32 | 39 |
| Total Underrepresented Minority | 23 | 24 | 26 | 28 | 30 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 34% | 38% | 49% | 51% | 51% |
| URM | 27% | 29% | 37% | 44% | 39% |
| White | 66% | 62% | 51% | 49% | 49% |
| U.S. Non-resident (International Student)/Unknown | 3% | 0% | 0% | 0% | 0% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

Underrepresented Minorities Among All Undergraduate Radiation Therapy Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|-----------|-----------|-----------|-----------|-----------|
| American Indian/ Alaska Native | 0 | 0 | 0 | 0 | 0 |
| Asian (not underrepresented) | 0 | 2 | 1 | 1 | 3 |
| Asian (underrepresented) | 1 | 3 | 3 | 2 | 1 |
| Black/ African American | 0 | 1 | 1 | 1 | 2 |
| Native Hawaiian/ Pacific Islander | 0 | 0 | 0 | 0 | 0 |
| Hispanic/ Latino, any race | 2 | 0 | 2 | 2 | 2 |
| White | 10 | 8 | 9 | 10 | 10 |
| Two or More Races (not underrepresented) | 3 | 1 | 0 | 0 | 0 |
| Two or More Races (underrepresented) | 1 | 2 | 2 | 2 | 1 |
| U.S. Non-resident (International Student)/Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 17 | 17 | 18 | 18 | 19 |
| Total Minority | 7 | 9 | 9 | 8 | 9 |
| Total Underrepresented Minority | 4 | 6 | 8 | 7 | 6 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 41% | 53% | 50% | 44% | 47% |
| URM | 24% | 35% | 44% | 39% | 32% |
| White | 59% | 47% | 50% | 56% | 53% |
| U.S. Non-resident (International Student)/Unknown | 0% | 0% | 0% | 0% | 0% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

School of Medicine Women Students and Percent of Total Enrollment Fall 2014 through Fall 2023

| | | Radiation Therapy | Physician Assistant | Other Master's | MD | PhD | Certificate | Non- Degree | Total |
|------|------------|----------------------|------------------------|-------------------|-------|-------|-------------|----------------|-------|
| 2014 | # | 10 | 58 | 204 | 256 | 136 | 95 | 14 | 773 |
| | % of total | 58.8% | 69.9% | 60.5% | 48.7% | 57.4% | 60.5% | 43.8% | 55.7% |
| 2015 | # | 12 | 59 | 155 | 282 | 127 | 106 | 10 | 751 |
| | % of total | 80.0% | 67.8% | 55.4% | 50.7% | 55.5% | 55.8% | 50.0% | 54.5% |
| 2016 | # | 10 | 59 | 153 | 300 | 124 | 112 | 13 | 771 |
| | % of total | 76.9% | 70.2% | 51.3% | 51.9% | 53.9% | 61.9% | 38.2% | 54.4% |
| 2017 | # | 11 | 56 | 148 | 323 | 116 | 90 | 16 | 760 |
| | % of total | 78.6% | 68.3% | 51.6% | 54.6% | 51.1% | 62.9% | 47.1% | 55.1% |
| 2018 | # | 16 | 61 | 177 | 341 | 123 | 67 | 15 | 800 |
| | % of total | 88.9% | 71.8% | 54.6% | 56.6% | 49.2% | 56.3% | 44.1% | 55.8% |
| 2019 | # | 15 | 64 | 174 | 365 | 138 | 54 | 15 | 825 |
| | % of total | 88.2% | 72.7% | 57.0% | 57.9% | 51.5% | 55.1% | 71.4% | 57.8% |
| 2020 | # | 13 | 59 | 162 | 365 | 146 | 64 | 11 | 820 |
| | % of total | 76.5% | 70.2% | 59.3% | 59.2% | 52.9% | 62.1% | 64.7% | 59.1% |
| 2021 | # | 13 | 45 | 147 | 362 | 157 | 54 | 15 | 793 |
| | % of total | 72.2% | 64.3% | 60.2% | 60.6% | 55.1% | 62.8% | 71.4% | 60.0% |
| 2022 | # | 15 | 40 | 112 | 369 | 167 | 58 | 15 | 776 |
| | % of total | 83.3% | 62.5% | 56.0% | 64.5% | 58.4% | 61.7% | 68.2% | 61.8% |
| 2023 | # | 14 | 57 | 93 | 351 | 198 | 59 | 17 | 789 |
| | % of total | 73.7% | 73.1% | 60.4% | 63.9% | 59.5% | 67.0% | 73.9% | 59.7% |

Source: OHSU Institutional Enrollment Reports.

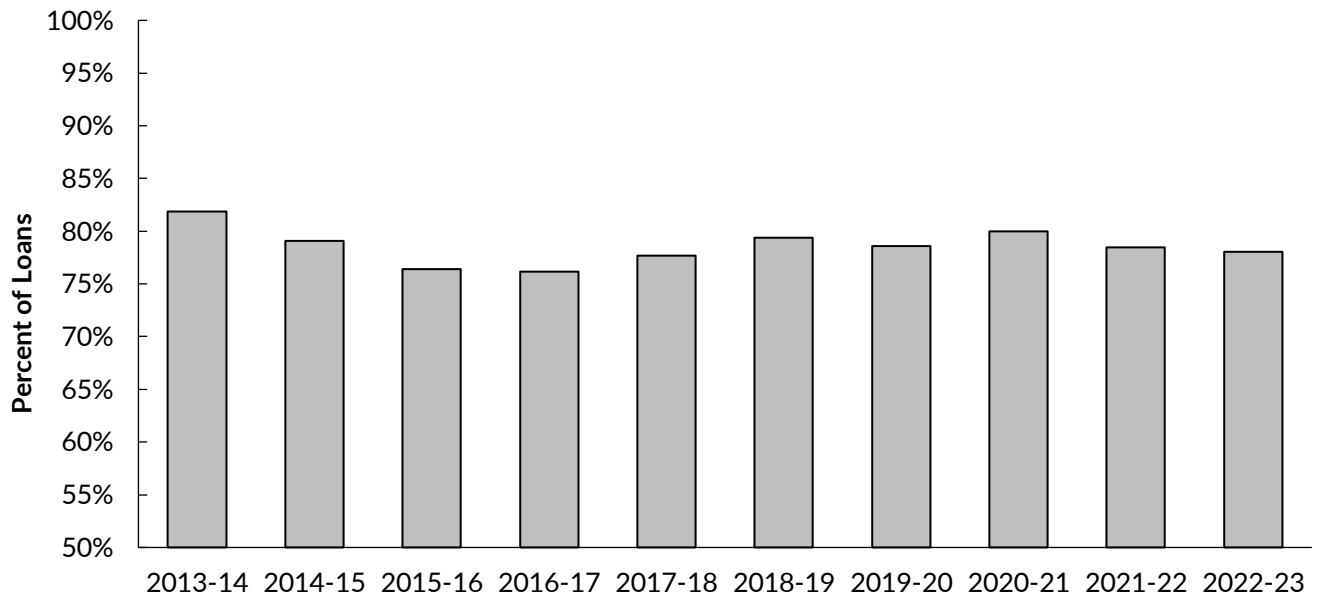
Total Grants, Scholarships and Loans to MD Students 2013-14 through 2022-23

| | Grants & Scholarships | Loans | Total |
|---------|-----------------------|--------------|--------------|
| 2013-14 | \$5,206,483 | \$23,485,622 | \$28,692,105 |
| 2014-15 | \$5,964,178 | \$22,531,288 | \$28,495,466 |
| 2015-16 | \$7,167,612 | \$23,218,504 | \$30,386,116 |
| 2016-17 | \$7,525,223 | \$24,071,525 | \$31,596,748 |
| 2017-18 | \$7,379,571 | \$25,653,580 | \$33,033,151 |
| 2018-19 | \$6,848,874 | \$26,346,316 | \$33,195,190 |
| 2019-20 | \$7,133,426 | \$26,216,716 | \$33,350,142 |
| 2020-21 | \$6,823,862 | \$27,279,324 | \$34,103,186 |
| 2021-22 | \$7,315,751 | \$26,638,840 | \$33,954,591 |
| 2022-23 | \$7,717,565 | \$27,458,443 | \$35,176,008 |

Note: 2022-23 data is draft as of October 09, 2023. Data excludes graduate assistantships for School of Medicine graduate students who did not receive other financial aid funds.

Source: OHSU Student Financial Aid Office.

Loans as Percent of Total Financial Aid to MD Students 2013-14 through 2022-23



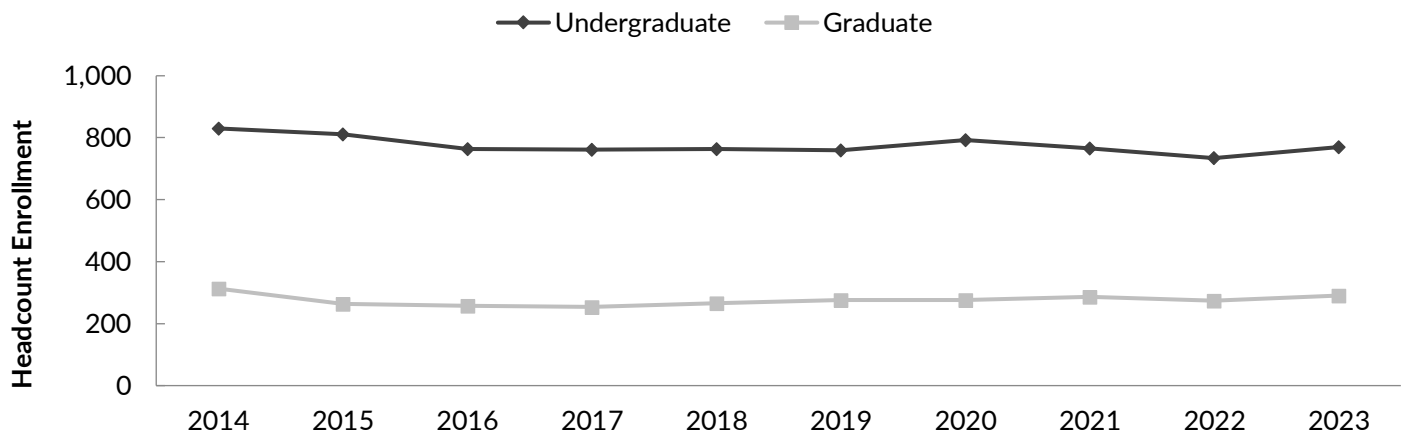
School of Nursing Headcount Enrollment by Level of Study Fall 2014 through Fall 2023

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Undergraduate | | | | | | | | | | |
| Sophomore | 161 | 155 | 153 | 158 | 158 | 155 | 150 | 146 | 148 | 147 |
| Junior | 156 | 149 | 150 | 149 | 155 | 153 | 149 | 144 | 142 | 146 |
| Senior | 151 | 183 | 175 | 163 | 172 | 163 | 160 | 150 | 146 | 143 |
| RN/BS | 224 | 190 | 143 | 140 | 127 | 138 | 184 | 159 | 135 | 148 |
| Accelerated Baccalaureate | 138 | 135 | 143 | 152 | 152 | 150 | 149 | 166 | 163 | 185 |
| Undergraduate Total | 830 | 812 | 764 | 762 | 764 | 759 | 792 | 765 | 734 | 769 |
| Graduate | | | | | | | | | | |
| MS/MN | 218 | 190 | 176 | 187 | 201 | 151 | 66 | 36 | 31 | 49 |
| Post-Master's | 5 | 0 | 2 | 3 | 5 | 5 | 0 | 0 | 0 | 0 |
| DNP | 32 | 36 | 41 | 40 | 44 | 100 | 189 | 227 | 224 | 221 |
| PhD | 27 | 31 | 25 | 22 | 16 | 20 | 20 | 21 | 20 | 20 |
| Other PhD Out-of-State | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cert. in Public Health Online | 13 | - | - | - | - | - | - | - | - | - |
| Non-Degree | 17 | 7 | 14 | 2 | 0 | 1 | 1 | 2 | 0 | 1 |
| Graduate Total | 313 | 264 | 258 | 254 | 266 | 277 | 276 | 286 | 275 | 291 |
| Total | 1,143 | 1,076 | 1,022 | 1,016 | 1,030 | 1,036 | 1,068 | 1,051 | 1,009 | 1,060 |

Note: MPH is included in Masters MS/MN from 2012-2014. In 2015, all MPH degrees moved to the School of Public Health.

Source: OHSU Institutional Enrollment Reports.

School of Nursing Ten-Year Enrollment Trend Fall 2014 through Fall 2023

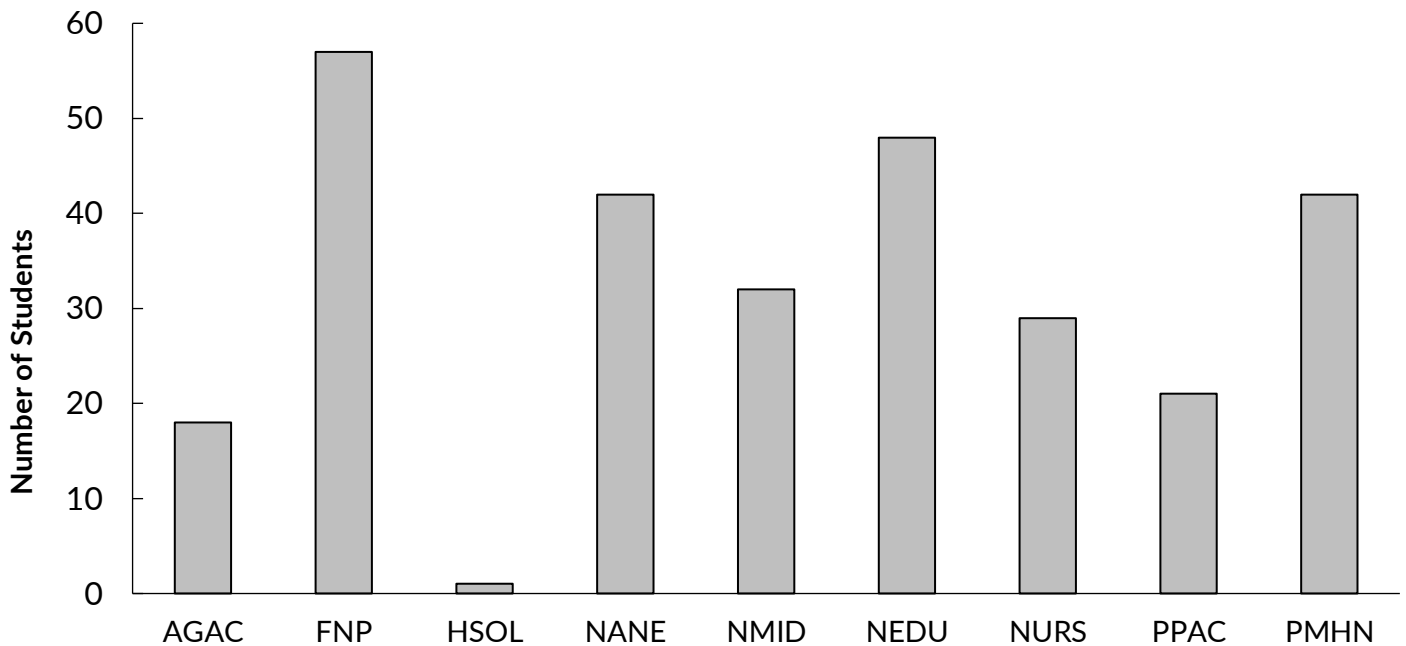


School of Nursing Graduate-Level Enrollment by Major Fall 2023

| | PhD | DNP | MN | Total |
|--|----------|-----------|----------|------------|
| Adult Gerontology Acute Care (AGAC) | 0 | 18 | 0 | 18 |
| Family Nurse Practitioner (FNP) | 0 | 57 | 0 | 57 |
| Health Systems & Organizational Leadership (HSOL) | 0 | 0 | 1 | 1 |
| Nurse-Anesthesia (NANE) | 0 | 42 | 0 | 42 |
| Nurse-Midwifery (NMID) | 0 | 32 | 0 | 32 |
| Nursing Education (NEDU) | 0 | 0 | 48 | 48 |
| Nursing (NURS) | 20 | 9 | 0 | 29 |
| Pediatric Primary & Acute Care Nurse Practitioner (PPAC) | 0 | 0 | 0 | 21 |
| Psychiatric Mental Health (PMHN) | 0 | 21 | 0 | 42 |
| Total | 0 | 42 | 0 | 290 |

Source: OHSU Office of the Registrar.

School of Nursing Graduate-Level Enrollment by Major Fall 2023



Underrepresented Minorities Among All Undergraduate Nursing Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 2 | 6 | 6 | 5 | 1 |
| Asian (not underrepresented) | 19 | 23 | 31 | 28 | 26 |
| Asian (underrepresented) | 10 | 16 | 15 | 17 | 20 |
| Black/ African American | 16 | 19 | 24 | 18 | 18 |
| Native Hawaiian/ Pacific Islander | 6 | 7 | 7 | 8 | 4 |
| Hispanic/ Latino, any race | 127 | 141 | 146 | 172 | 166 |
| White | 518 | 516 | 474 | 431 | 481 |
| Two or More Races (not underrepresented) | 16 | 15 | 15 | 9 | 10 |
| Two or More Races (underrepresented) | 26 | 38 | 33 | 36 | 33 |
| U.S. Non-resident (International Student)/Unknown | 19 | 11 | 14 | 10 | 10 |
| Total | 759 | 792 | 765 | 734 | 769 |
| Total Minority | 222 | 265 | 277 | 293 | 278 |
| Total Underrepresented Minority | 187 | 227 | 231 | 256 | 242 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 30% | 34% | 37% | 40% | 37% |
| URM | 25% | 29% | 31% | 35% | 32% |
| White | 70% | 66% | 63% | 60% | 63% |
| U.S. Non-resident (International Student)/Unknown | 3% | 1% | 2% | 1% | 1% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

Underrepresented Minorities Among All Graduate Nursing Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 1 | 2 | 2 | 1 | 1 |
| Asian (not underrepresented) | 13 | 16 | 13 | 13 | 16 |
| Asian (underrepresented) | 4 | 1 | 5 | 5 | 12 |
| Black/ African American | 5 | 6 | 4 | 8 | 10 |
| Native Hawaiian/ Pacific Islander | 1 | 1 | 0 | 1 | 0 |
| Hispanic/ Latino, any race | 24 | 28 | 28 | 28 | 33 |
| White | 202 | 198 | 209 | 193 | 203 |
| Two or More Races (not underrepresented) | 3 | 5 | 7 | 9 | 7 |
| Two or More Races (underrepresented) | 11 | 10 | 9 | 6 | 3 |
| U.S. Non-resident (International Student)/Unknown | 13 | 9 | 9 | 11 | 6 |
| Total | 277 | 276 | 286 | 275 | 291 |
| Total Minority | 62 | 69 | 68 | 71 | 82 |
| Total Underrepresented Minority | 46 | 48 | 48 | 49 | 59 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 23% | 26% | 25% | 27% | 29% |
| URM | 17% | 18% | 17% | 19% | 21% |
| White | 77% | 74% | 75% | 73% | 71% |
| U.S. Non-resident (International Student)/Unknown | 5% | 3% | 3% | 4% | 2% |

Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races. Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

Source: OHSU Office of the Registrar.

Clinical Placements by Unique Site and State for Nursing Students 2020-21 through 2022-23

| | Oregon | | | Idaho | | | Washington | | | California/Other | | |
|-----------------------------------|------------|------------|------------|----------|----------|----------|------------|-----------|-----------|------------------|----------|----------|
| | 2020-21 | 2021-22 | 2022-23 | 2020-21 | 2021-22 | 2022-23 | 2020-21 | 2021-22 | 2022-23 | 2020-21 | 2021-22 | 2022-23 |
| Portland Undergraduate | 30 | 34 | 31 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| Portland Graduate APN | 101 | 133 | 196 | 1 | 1 | 1 | 5 | 8 | 7 | 1 | 1 | 7 |
| Registered Nurse to Baccalaureate | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ashland Undergraduate | 20 | 31 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| La Grande Undergraduate | 32 | 32 | 44 | 5 | 5 | 5 | 2 | 2 | 2 | 0 | 0 | 0 |
| Klamath Falls Undergraduate | 16 | 16 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Monmouth Undergraduate | 17 | 17 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 226 | 263 | 371 | 6 | 6 | 6 | 8 | 11 | 10 | 1 | 1 | 7 |

Note: Figures represent actual number of sites visited, not number of students.

Source: School of Nursing Dean's Office.

**School of Nursing Women Students and Percent of Total Enrollment
Fall 2014 through Fall 2023**

| | | BS | MS/MN | DNP | PhD | Post- Master Cert. | Post- Bacc Cert. | Non- Degree | Total |
|------|------------|-----------|--------------|------------|------------|-----------------------------------|---------------------------------|------------------------|--------------|
| 2014 | # | 700 | 179 | 27 | 23 | 4 | 12 | 12 | 957 |
| | % of total | 84.3% | 82.1% | 84.4% | 82.1% | 80.0% | 92.3% | 70.6% | 83.7% |
| 2015 | # | 687 | 152 | 29 | 25 | 0 | - | 5 | 898 |
| | % of total | 84.6% | 80.0% | 80.6% | 80.6% | 0.0% | - | 71.4% | 83.5% |
| 2016 | # | 643 | 152 | 32 | 21 | 2 | - | 12 | 862 |
| | % of total | 84.2% | 86.4% | 78.0% | 84.0% | 100.0% | - | 85.7% | 84.3% |
| 2017 | # | 631 | 163 | 32 | 19 | 3 | - | 2 | 850 |
| | % of total | 82.8% | 87.2% | 80.0% | 86.4% | 100.0% | - | 100.0% | 83.7% |
| 2018 | # | 633 | 164 | 43 | 16 | 4 | - | - | 860 |
| | % of total | 82.9% | 81.6% | 97.7% | 100.0% | 80.0% | - | - | 83.5% |
| 2019 | # | 615 | 119 | 86 | 17 | 5 | - | 1 | 843 |
| | % of total | 81.0% | 78.8% | 86.0% | 85.0% | 100.0% | - | 100.0% | 81.4% |
| 2020 | # | 637 | 54 | 154 | 16 | - | - | 1 | 862 |
| | % of total | 80.4% | 81.8% | 81.5% | 80.0% | - | - | 100.0% | 80.7% |
| 2021 | # | 622 | 34 | 190 | 16 | - | - | 2 | 864 |
| | % of total | 81.3% | 94.4% | 83.7% | 76.2% | - | - | 100.0% | 82.2% |
| 2022 | # | 603 | 29 | 184 | 14 | - | - | 0 | 830 |
| | % of total | 82.2% | 93.5% | 82.1% | 70.0% | - | - | - | 82.3% |
| 2023 | # | 626 | 46 | 179 | 14 | - | - | 1 | 866 |
| | % of total | 81.4% | 93.9% | 81.0% | 70.0% | - | - | 100.0% | 81.7% |

Source: OHSU Institutional Enrollment Reports.

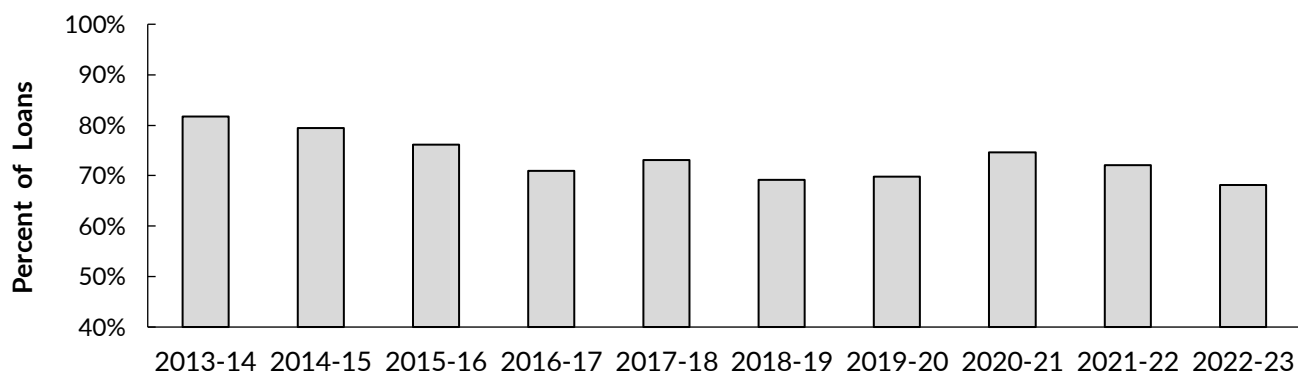
Total Grants, Scholarships and Loans to Undergraduate Nursing Students 2013-14 through 2022-23

| | Nursing BS | | | Nursing RN/BS | | |
|---------|-----------------------|--------------|--------------|-----------------------|-------------|-------------|
| | Grants & Scholarships | Loans | Total | Grants & Scholarships | Loans | Total |
| 2013-14 | \$2,297,736 | \$10,226,230 | \$12,523,966 | \$513,774 | \$1,399,297 | \$1,913,071 |
| 2014-15 | \$2,590,924 | \$10,035,865 | \$12,626,789 | \$498,699 | \$1,320,411 | \$1,819,110 |
| 2015-16 | \$2,968,379 | \$9,499,217 | \$12,467,596 | \$546,491 | \$1,037,939 | \$1,584,430 |
| 2016-17 | \$3,693,394 | \$9,014,536 | \$12,707,930 | \$578,247 | \$716,805 | \$1,295,052 |
| 2017-18 | \$3,716,678 | \$10,096,099 | \$13,812,777 | \$644,184 | \$1,026,518 | \$1,670,702 |
| 2018-19 | \$4,366,598 | \$9,763,627 | \$14,130,225 | \$782,983 | \$619,022 | \$1,402,005 |
| 2019-20 | \$4,258,070 | \$9,866,559 | \$14,124,629 | \$566,857 | \$572,976 | \$1,139,833 |
| 2020-21 | \$3,523,607 | \$10,350,181 | \$13,873,788 | \$872,992 | \$797,281 | \$1,670,273 |
| 2021-22 | \$3,836,835 | \$9,921,864 | \$13,758,699 | \$558,396 | \$596,027 | \$1,154,423 |
| 2022-23 | \$4,947,998 | \$10,586,797 | \$15,534,795 | \$645,397 | \$378,908 | \$1,024,305 |

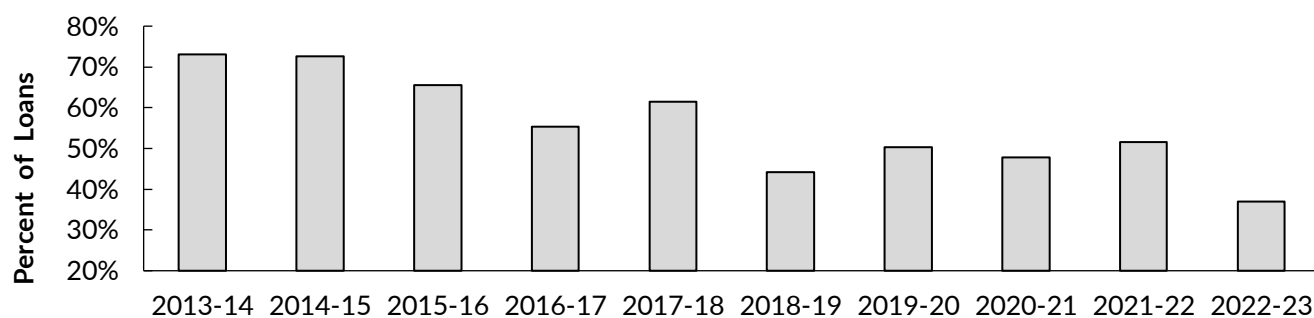
Note: 2022-23 data is draft as of October 09, 2023.

Source: OHSU Student Financial Aid Office.

Loans as Percent of Total Financial Aid to Nursing BS Students 2013-14 through 2022-23



Loans as Percent of Total Financial Aid to Nursing RN/BS Students 2013-14 through 2022-23



School of Public Health Headcount Enrollment by Level of Study Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------------------|------------|------------|------------|------------|------------|
| Graduate Studies | | | | | |
| PhD | 31 | 37 | 44 | 40 | 46 |
| Master's | 166 | 180 | 201 | 198 | 163 |
| Certificate | 4 | 6 | 5 | 3 | 3 |
| Non-Degree | 3 | 1 | 1 | 2 | 1 |
| Total | 204 | 224 | 251 | 243 | 213 |
| Online | | | | | |
| Master's | 24 | 32 | 41 | 45 | 46 |
| Certificate | 3 | 6 | 4 | 3 | 2 |
| Non-Degree | 0 | 0 | 0 | 0 | 0 |
| Total | 27 | 38 | 45 | 48 | 48 |
| Total | 231 | 262 | 296 | 291 | 261 |

Note: Excludes joint degree students registered by Portland State University.

Source: OHSU Institutional Enrollment Reports.

School of Public Health Women Students and Percent of Total Enrollment Fall 2019 through Fall 2023

| | | PhD | Master's | Certificate | Non-Degree | Total |
|------|------------|-------|----------|-------------|------------|-------|
| 2019 | # | 25 | 158 | 6 | 3 | 192 |
| | % of total | 80.6% | 91.3% | 85.7% | 100.0% | 89.7% |
| 2020 | # | 30 | 165 | 9 | 1 | 205 |
| | % of total | 81.1% | 77.8% | 75.0% | 100.0% | 78.2% |
| 2021 | # | 36 | 193 | 8 | 1 | 238 |
| | % of total | 81.8% | 79.8% | 88.9% | 100.0% | 80.4% |
| 2022 | # | 31 | 187 | 4 | 2 | 224 |
| | % of total | 77.5% | 77.0% | 66.7% | 100.0% | 77.0% |
| 2023 | # | 35 | 148 | 3 | 1 | 187 |
| | % of total | 76.1% | 70.8% | 60.0% | 100.0% | 71.6% |

Note: Excludes joint degree students registered by Portland State University.

Source: OHSU Institutional Enrollment Reports.

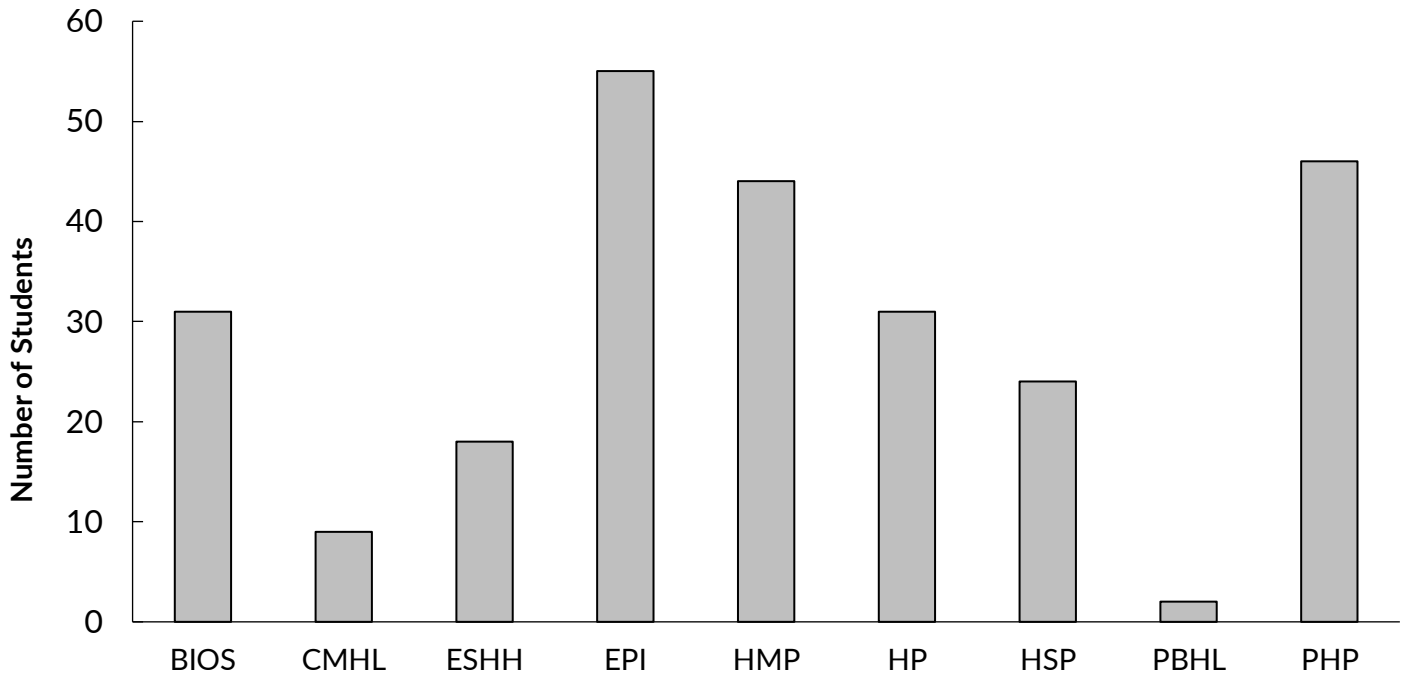
School of Public Health Enrollment by Major Fall 2023

| | PhD | Master's | Certificate | Total |
|---|-----------|------------|-------------|------------|
| Biostatistics (BIOS) | 0 | 28 | 3 | 31 |
| Community Health (CMHL) | 9 | 0 | 0 | 9 |
| Environmental Systems & Human Health (ESHH) | 0 | 18 | 0 | 18 |
| Epidemiology (EPI) | 13 | 42 | 0 | 55 |
| Health Management & Policy (HMP) | 0 | 44 | 0 | 44 |
| Health Promotions (HP) | 0 | 31 | 0 | 31 |
| Health Systems & Policy (HSP) | 24 | 0 | 0 | 24 |
| Public Health (PBHL) | 0 | 0 | 2 | 2 |
| Public Health Practice (PHP) | 0 | 46 | 0 | 46 |
| Total | 46 | 209 | 5 | 260 |

Note: Excludes non-degree seeking students and joint degree students registered by Portland State University.

Source: OHSU Office of the Registrar.

School of Public Health Enrollment by Major Fall 2023



Underrepresented Minorities Among All School of Public Health Students Fall 2019 through Fall 2023

| | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|------------|------------|------------|------------|------------|
| American Indian/ Alaska Native | 1 | 1 | 2 | 3 | 2 |
| Asian (not underrepresented) | 14 | 10 | 15 | 22 | 24 |
| Asian (underrepresented) | 12 | 8 | 4 | 6 | 8 |
| Black/ African American | 6 | 10 | 9 | 8 | 6 |
| Native Hawaiian/ Pacific Islander | 1 | 0 | 1 | 1 | 1 |
| Hispanic/ Latino, any race | 20 | 22 | 28 | 37 | 43 |
| White | 153 | 188 | 212 | 191 | 156 |
| Two or More Races (not underrepresented) | 7 | 6 | 8 | 9 | 3 |
| Two or More Races (underrepresented) | 11 | 11 | 9 | 6 | 9 |
| U.S. Non-resident (International Student)/Unknown | 6 | 6 | 8 | 8 | 9 |
| Total | 231 | 262 | 296 | 291 | 261 |
| Total Minority | 72 | 68 | 76 | 92 | 96 |
| Total Underrepresented Minority | 51 | 52 | 53 | 61 | 69 |
| Percentage Distribution | % | % | % | % | % |
| Minority | 32% | 27% | 26% | 32% | 38% |
| URM | 23% | 20% | 18% | 22% | 27% |
| White | 68% | 73% | 74% | 67% | 62% |
| U.S. Non-resident (International Student)/Unknown | 3% | 2% | 3% | 3% | 3% |

Excludes students registered by Portland State University. Minority includes: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races.

Underrepresented minorities (URM) include: American Indian/Alaska Native; some Asian groups (Korean and Vietnamese); Black/African American; Native Hawaiian/Pacific Islander; Hispanic/Latino, any race; and Two or More Races, with at least one race classified as URM. U.S. Non-resident (International Student)/Unknown includes U.S. Non-residents (International Students) holding a U.S. visa and students who do not indicate race or ethnicity. Minority, URM, and White percentages calculated excluding U.S. Non-resident (International Student)/Unknown students.

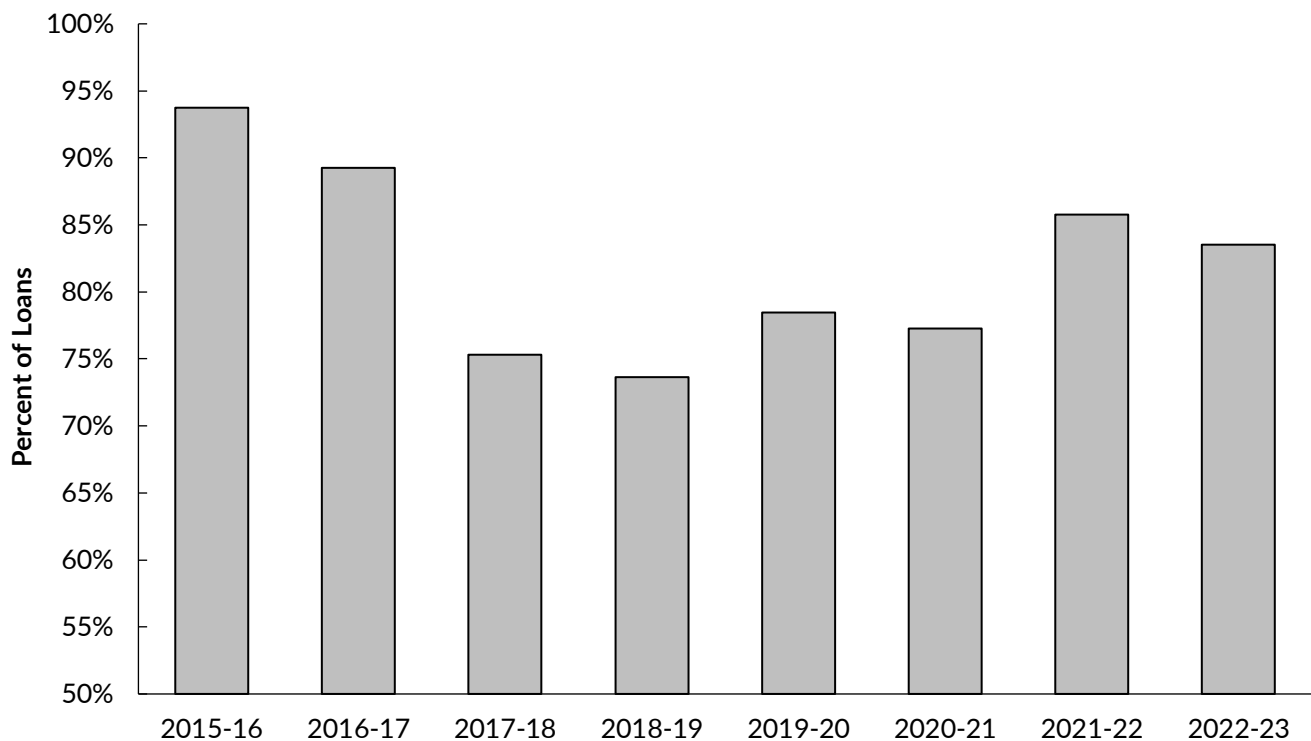
Source: OHSU Office of the Registrar.

Total Grants, Scholarships and Loans to School of Public Health Students 2015-16 through 2022-23

| | Grants & Scholarships | Loans | Total |
|---------|-----------------------|-------------|-------------|
| 2015-16 | \$99,653 | \$1,488,326 | \$1,587,979 |
| 2016-17 | \$189,478 | \$1,572,408 | \$1,761,886 |
| 2017-18 | \$697,404 | \$2,126,433 | \$2,823,837 |
| 2018-19 | \$920,278 | \$2,571,726 | \$3,492,004 |
| 2019-20 | \$865,116 | \$3,153,909 | \$4,019,025 |
| 2020-21 | \$1,036,457 | \$3,520,445 | \$4,556,902 |
| 2021-22 | \$620,160 | \$3,737,074 | \$4,357,234 |
| 2022-23 | \$840,641 | \$4,255,632 | \$5,096,273 |

Note: 2022-23 is draft data as of October 09, 2023. Excludes joint degree students registered by Portland State University.
Source: OHSU Student Financial Aid Office.

Loans as Percent of Total Financial Aid to School of Public Health Students 2015-16 through 2022-23



PharmD Degrees Awarded Jointly by OSU and OHSU by Race/Ethnicity and Gender 2018-19 through 2022-23

| | | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | | 2022-23 | |
|--|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|---------------|
| | | # | % | # | % | # | % | # | % | # | % |
| American Indian/Alaska Native | Men | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Women | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.1% | 1 | 1.4% |
| | Total | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.1% | 1 | 1.4% |
| Asian | Men | 13 | 14.1% | 14 | 17.1% | 12 | 15.2% | 14 | 15.6% | 8 | 11.1% |
| | Women | 16 | 17.4% | 16 | 19.5% | 23 | 29.1% | 25 | 27.8% | 18 | 25.0% |
| | Total | 29 | 31.5% | 30 | 36.6% | 35 | 44.3% | 39 | 43.3% | 26 | 36.1% |
| Black/African American | Men | 0 | 0.0% | 2 | 2.4% | 0 | 0.0% | 0 | 0.0% | 1 | 1.4% |
| | Women | 1 | 1.1% | 0 | 0.0% | 1 | 1.3% | 0 | 0.0% | 0 | 0.0% |
| | Total | 1 | 1.1% | 2 | 2.4% | 1 | 1.3% | 0 | 0.0% | 1 | 1.4% |
| Native Hawaiian/Pacific Islander | Men | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Women | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Total | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hispanic/Latino, any race | Men | 3 | 3.3% | 2 | 2.4% | 3 | 3.8% | 2 | 2.2% | 1 | 1.4% |
| | Women | 5 | 5.4% | 5 | 6.1% | 3 | 3.8% | 4 | 4.4% | 1 | 1.4% |
| | Total | 8 | 8.7% | 7 | 8.5% | 6 | 7.6% | 6 | 6.7% | 2 | 2.8% |
| Two or More Races | Men | 2 | 2.2% | 3 | 3.7% | 1 | 1.3% | 4 | 4.4% | 4 | 5.6% |
| | Women | 1 | 1.1% | 2 | 2.4% | 2 | 2.5% | 1 | 1.1% | 4 | 5.6% |
| | Total | 3 | 3.3% | 5 | 6.1% | 3 | 3.8% | 5 | 5.6% | 8 | 11.1% |
| Total Minority | Men | 18 | 19.6% | 21 | 25.6% | 16 | 20.3% | 20 | 22.2% | 15 | 20.8% |
| | Women | 23 | 25.0% | 23 | 28.0% | 29 | 36.7% | 31 | 34.4% | 24 | 33.3% |
| | Total | 41 | 44.6% | 44 | 53.7% | 45 | 57.0% | 51 | 56.7% | 39 | 54.2% |
| White | Men | 27 | 29.3% | 16 | 19.5% | 8 | 10.1% | 17 | 18.9% | 12 | 16.7% |
| | Women | 24 | 26.1% | 22 | 26.8% | 26 | 32.9% | 22 | 24.4% | 22 | 30.6% |
| | Total | 51 | 55.4% | 38 | 46.3% | 34 | 43.0% | 39 | 43.3% | 34 | 47.2% |
| U.S. Non-resident (International Student) | Men | 1 | 1.1% | 1 | 1.2% | 0 | 0.0% | 1 | 1.1% | 0 | 0.0% |
| | Women | 2 | 2.1% | 0 | 0.0% | 1 | 1.2% | 2 | 2.1% | 1 | 1.4% |
| | Total | 3 | 3.2% | 1 | 1.2% | 1 | 1.2% | 3 | 3.2% | 1 | 1.4% |
| Unknown | Men | 0 | 0.0% | 0 | 0.0% | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% |
| | Women | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 1 | 1.1% | 0 | 0.0% |
| | Total | 0 | 0.0% | 0 | 0.0% | 2 | 2.4% | 1 | 1.1% | 0 | 0.0% |
| Total | Men | 46 | 48.4% | 38 | 45.8% | 25 | 30.5% | 38 | 40.4% | 46 | 63.0% |
| | Women | 49 | 51.6% | 45 | 54.2% | 56 | 68.3% | 56 | 59.6% | 27 | 37.0% |
| | Total | 95 | 100% | 83 | 100% | 82 | 100% | 95 | 100% | 73 | 100.0% |

Note: In 2021-22, one student's gender was unknown.
Source: Oregon State University, College of Pharmacy.

Third-Year Pharmacy Enrollment by Race/Ethnicity and Gender Fall 2019 through Fall 2023

| | | 2019 | | 2020 | | 2021 | | 2022 | | 2023 | |
|--|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|
| | | # | % | # | % | # | % | # | % | # | % |
| American Indian/ Alaska Native | Men | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Women | 0 | 0.0% | 1 | 1.1% | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% |
| | Total | 0 | 0.0% | 1 | 1.1% | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% |
| Asian | Men | 12 | 14.8% | 15 | 16.1% | 12 | 14.3% | 8 | 12.7% | 8 | 13.3% |
| | Women | 23 | 28.4% | 25 | 26.9% | 22 | 26.2% | 15 | 23.8% | 11 | 18.3% |
| | Total | 35 | 43.2% | 40 | 43.0% | 34 | 40.5% | 23 | 36.5% | 19 | 31.7% |
| Black/ African American | Men | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Women | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% | 2 | 3.2% | 2 | 3.3% |
| | Total | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% | 2 | 3.2% | 2 | 3.3% |
| Native Hawaiian/ Pacific Islander | Men | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Women | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| | Total | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Hispanic/ Latino, any race | Men | 2 | 2.5% | 4 | 4.3% | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% |
| | Women | 4 | 4.9% | 3 | 3.2% | 1 | 1.2% | 4 | 6.3% | 1 | 1.7% |
| | Total | 6 | 7.4% | 7 | 7.5% | 2 | 2.4% | 4 | 6.3% | 1 | 1.7% |
| Two or More Races | Men | 1 | 1.2% | 5 | 5.4% | 7 | 8.3% | 0 | 0.0% | 2 | 3.3% |
| | Women | 2 | 2.5% | 1 | 1.1% | 4 | 4.8% | 2 | 3.2% | 5 | 8.3% |
| | Total | 3 | 3.7% | 6 | 6.5% | 11 | 13.1% | 2 | 3.2% | 7 | 11.7% |
| Total Minority | Men | 15 | 18.5% | 24 | 25.8% | 20 | 23.8% | 8 | 12.7% | 10 | 16.7% |
| | Women | 30 | 37.0% | 30 | 32.3% | 28 | 33.3% | 23 | 36.5% | 19 | 31.7% |
| | Total | 45 | 55.6% | 54 | 58.1% | 48 | 57.1% | 31 | 49.2% | 29 | 48.3% |
| White | Men | 9 | 11.1% | 16 | 17.2% | 15 | 17.9% | 13 | 20.6% | 11 | 18.3% |
| | Women | 27 | 33.3% | 23 | 24.7% | 21 | 25.0% | 19 | 30.2% | 20 | 33.3% |
| | Total | 36 | 44.4% | 39 | 41.9% | 36 | 42.9% | 32 | 50.8% | 31 | 51.7% |
| U.S. Non-resident (International Student)/Unknown | Men | 1 | 1.2% | 0 | 0.0% | 0 | 0.0% | 3 | 4.5% | 3 | 4.6% |
| | Women | 1 | 1.2% | 1 | 1.1% | 2 | 2.3% | 0 | 0.0% | 2 | 3.1% |
| | Total | 2 | 2.4% | 1 | 1.1% | 2 | 2.3% | 3 | 4.5% | 5 | 7.7% |
| Total | Men | 25 | 30.1% | 40 | 42.6% | 35 | 40.7% | 24 | 36.4% | 24 | 36.9% |
| | Women | 58 | 69.9% | 54 | 57.4% | 51 | 59.3% | 42 | 63.6% | 41 | 63.1% |
| | Total | 83 | 100% | 94 | 100% | 86 | 100% | 66 | 100% | 65 | 100% |

Source: Oregon State University, College of Pharmacy

LIBRARY

Library Collections 2018 through 2022

| | Print Books* | Electronic Books and Videos** | Electronic and Print Serials*** | Total |
|------|--------------|-------------------------------|---------------------------------|---------|
| 2018 | 85,716 | 205,087 | 31,886 | 322,689 |
| 2019 | 86,126 | 227,785 | 32,162 | 346,073 |
| 2020 | 86,130 | 338,817 | 49,955 | 474,902 |
| 2021 | 84,342 | 354,098 | 53,565 | 492,005 |
| 2022 | 84,539 | 436,623 | 55,665 | 576,827 |

*2020 data reflects removal of lost/missing items identified during inventory. 2021 data reflects removal of 2,000+ print books from the Primate Center collection. **In 2020 added ~70,000 videos.

*** Starting with 2020, includes journals and other serial publications in the OHSU Library catalog.

Source: OHSU Library.

Electronic Resource Use 2018 through 2022

| | Database Searches* | Electronic Books and Videos | Electronic Articles | Total |
|------|--------------------|-----------------------------|---------------------|-----------|
| 2018 | 2,392,387 | 717,345 | 2,006,759 | 5,116,491 |
| 2019 | 2,681,417 | 774,924 | 1,909,654 | 5,365,995 |
| 2020 | 2,240,590 | 652,691 | 1,746,907 | 4,640,188 |
| 2021 | 2,472,657 | 326,678* | 1,835,729 | 4,635,064 |
| 2022 | 2,532,262 | 353,044 | 1,994,307 | 4,879,613 |

Note: *This number went down because we are now able to include only full text views, whereas previous counts also included abstract views.

Resource Sharing among OHSU and Other Organizations 2019 through 2023

| | Electronic Items from Other Organizations | Physical Items Borrowed from Other Libraries | Total Items from Other Organizations | Electronic Items Provided to Others | Physical Items Loaned through Other Libraries | Total Items Provided to Others |
|-------|---|--|--------------------------------------|-------------------------------------|---|--------------------------------|
| 2019 | 5,665 | 1,126 | 6,791 | 6,894 | 1,407 | 8,301 |
| 2020 | 5,351 | 938 | 6,289 | 12,759 | 570 | 13,329 |
| 2021 | 5,654 | 1,365 | 7,019 | 8,107 | 766 | 8,873 |
| 2022* | 4,008 | 2,154 | 6,162 | 6,106 | 2,466 | 8,572 |
| 2023 | 4,403 | 994 | 5,397 | 6,930 | 971 | 7,901 |

Note: In 2020, we supplied many more electronic items to other libraries impacted by interlibrary loan limitations due to the pandemic. *The physical borrowing and loaned numbers were overreported in 2022 due to a system change.

Source: OHSU Library.

Oregon Health Professionals Registered* with OHSU Library 2019 through 2023

| | Physicians | Other Professionals | Total |
|------|------------|---------------------|-------|
| 2019 | 1,667 | 3,271 | 4,938 |
| 2020 | 1,699 | 3,309 | 5,008 |
| 2021 | 1,735 | 3,361 | 5,096 |
| 2022 | 1,766 | 3,320 | 5,086 |
| 2023 | 1,871 | 3,489 | 5,360 |

Note: Through a program partially funded by the Oregon Medical Board, the OHSU Library provides knowledge resources to all Oregon licensed health professionals who register to use the Library.

*All practitioners who have registered, regardless of current account status.

Source: OHSU Library.

Oregon Health Professionals Online Use of Resources 2019 through 2023

| | Articles Delivered to Physicians | Online Content Use by Physicians | Online Content Use by Other Professionals |
|------|-------------------------------------|-------------------------------------|---|
| 2019 | 1,588 | * | * |
| 2020 | 1,633 | 17,506 | 37,805 |
| 2021 | 1,745 | 7,891 | 11,175 |
| 2022 | 2,051 | 5,475 | 13,167 |
| 2023 | 2,475 | 8,280 | 16,465 |

Note: Through a program funded by the Oregon Medical Board, the OHSU Library provides article delivery to physicians via Reprints Desk and off-campus access to select online books for Oregon licensed health professionals who register. *Full year data not collected in 2019 due to a technical issue.

Sources: Reprints Desk. OHSU Library.

Historical Collections & Archives Access and Scope 2019 through 2023

| | Public events and exhibits held | Research and collection inquiries | Collection description views | Archival collections Total holdings (linear feet) | Growth from previous year |
|------|---------------------------------------|---|------------------------------------|--|------------------------------------|
| 2019 | 12 | 195 | 11,500 | 2,288 | 0.9% |
| 2020 | 6* | 163* | 12,366* | 2,320 | 1.4% |
| 2021 | 7 | 159 | 11,370 | 2,378 | 2.4% |
| 2022 | 5 | 178 | 5,440** | 2,418 | 1.7% |
| 2023 | 8 | 78 | 4,996 | 2,427 | 0.37% |

Note: Historical Collections & Archives is the home of OHSU's rare books, archives, manuscripts, and artifacts. Visit our website to explore our collections, and to view our public programming, including virtual events and exhibits. <https://www.ohsu.edu/historical-collections-archives>

*Data for 2020 was underreported in the 2020 OHSU Fact Book; these numbers are correct.

**Starting in 2022, how collection views are counted changed, resulting in a lower number.

Source: OHSU Historical Collections & Archives; OHSU Library.

GLOSSARY

Glossary

A

Academic Health Center

Provides the classification of OHSU as an accredited, degree-granting institution of higher education that educates a wide variety of health care professionals, offers comprehensive basic and advanced patient care, and conducts a broad spectrum of biomedical and health services research. AHCs must include: an allopathic or osteopathic school of medicine; at least one other health professions school or program (such as allied health, dentistry, graduate studies, nursing, pharmacy, public health, and veterinary medicine); and, one or more owned or affiliated teaching hospitals, health systems or other organized health care services.

Academic Year

The year beginning with summer term and ending with spring term. For example, academic year 2020-21 begins with summer term 2020 and ends with spring term 2021.

Adjusted Census Day

Adjusted census day = (gross patient revenue / inpatient revenue) * census day. See Census Day.

Admitted Student

Student who has been offered admission into an OHSU academic degree or certificate program.

AFSCME

OHSU employees represented by Local 328 of the American Federation of State, County and Municipal Employees (AFSCME). AFSCME-represented positions range from pharmacists, certified nursing assistants to business data analysts, laboratory animal technicians and administrative assistants.

Applied Student

Student who has submitted an application for admission into an OHSU academic degree or certificate program.

Ambulatory Visits

Medical care including diagnosis, observation, treatment and rehabilitation that is provided on an outpatient basis including virtual and telephone visits. Ambulatory care is given to persons who are able to ambulate or walk about. A well-baby visit is considered ambulatory care even though the baby may not yet be walking.

C

Census Day

The number of days that inpatients (excluding newborns in the nursery) are hospitalized. Census days are based on a snapshot of inpatients in bed at midnight in nursing units defined as census units.

Certificate

An academic award, distinct from a degree, certifying the satisfactory completion of an academic instructional program or course of study. OHSU awards graduate certificates and post-doctoral certificates.

Consumer Price Index (CPI)

The Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. The CPI and its components may be used to adjust other economic series for price changes and to translate these series into inflation-free dollars.

D

Daypatient

Patients undergoing an ambulatory surgery or procedure who are expected to be discharged with fewer than two midnights of hospital care (e.g. same day discharge or routine overnight recovery).

Dental Admission Test (DAT) Score

Average score of admitted students in a given year on the admission test for dental school, the Dental Admission Test administered by the American Dental Association (ADA).

Degree

An academic title conferred by a university to a student who has successfully completed a specified instructional program of study. OHSU awards associate degrees, bachelor degrees, master's degrees and doctoral degrees.

Discharge

A person who was formally admitted to the hospital for inpatient care in accordance with a physician's order, with the expectation of remaining overnight or longer, and who is discharged under one of the following circumstances: (1) is formally discharged from care of the hospital and leaves the hospital; or (2) has died.

Discharge Days

The total number of days between the inpatient admission and discharge dates for each patient (length of stay). The day of admission but not the day of discharge is counted as a discharge day (except for admission and discharge on the same day, which is counted as one discharge day).

E**Education and General Funds**

The portion of the OHSU budget that is devoted to instructional and support services for students and faculty, including managerial and administrative functions needed to provide the services.

Ethnic or Racial CategoriesStudents

Ethnic or racial categories are self-identification items in which students choose the categories with which they most closely identify. The ethnic or racial group categories reported for OHSU students are defined by the United States Census Bureau and the Federal Office of Management and Budget (OMB). Those racial categories reported for students are listed on the federal IPEDS reports (effective Fall 2009) as: American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian or Other Pacific Islander; Two or more races; and White (including people of European and Middle Eastern origins). In addition, student ethnicity is categorized as either Hispanic/Latino or Not Hispanic/Latino. Students who decline to respond are listed in the "unknown" category. These ethnic and racial categories do not include foreign students.

Employees

The ethnic or racial group categories reported for OHSU employees are defined by the United States Department of Education, Census Bureau and the Federal Office of Management and Budget (OMB): The Equal Employment Opportunity Commission of the US Department of Labor (EEO) requires employers to report various information about their employees, in particular, their racial/ethnic categories to prevent discrimination based on race/ethnicity. The racial categories include: American Indian/Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; Two or more; and White. The ethnic categories are Hispanic/Latino or Not Hispanic/Latino. These racial and ethnic categories are self-identification data items in which employees choose the categories with which they most closely identify. These categories include employees who are not citizens of the United States, but have permanent residency status or a temporary work permit or visa.

Enrollment

OHSU, like all other higher education institutions, uses several different definitions in counting enrollment. The various definitions serve different purposes: budget preparation, workload evaluation, federal reporting, single-point snapshots, and description of OHSU's provision of educational services.

Student Headcount Enrollment

Headcount enrollment represents the number of individual students enrolled in credit courses, regardless of course load. Historical enrollment has generally been expressed in terms of fall headcount. National comparisons of enrollment are most often made on the basis of fall headcount.

F

Faculty

At OHSU, the Faculty comprise three series: OHSU faculty series and ranks are designed to promote consistency of policy and practice for faculty appointments in the schools, other academic units, and free-standing research centers and institutes.

1) Professorial Series:

Assistant Professor
Associate Professor
Professor

2) Instructional Series:

Lecturer
Instructor

3) Research Series:

Research Assistant Professor
Research Associate Professor
Research Professor

Faculty Rank Modifiers:

- A. Adjunct: A prefix to academic rank for qualified individuals who may be employed by OHSU to teach part-time or intermittently, but have professions or employment elsewhere.
- B. Provisional: A suffix to faculty rank of Associate Professor or Professor to denote a faculty appointment pending action by the appropriate promotion and tenure committee.
- C. Visiting: A prefix to faculty rank for individuals who are temporarily appointed to the faculty or who are on leave from another university or college.
- D. Emeritus: An honorary title for a retired faculty member recognizing distinguished past service to OHSU.

Faculty in the Clinical Series teach OHSU students/trainees in community settings on a voluntary basis. These faculty are called Clinical Series for Community-based Faculty.

Clinical Instructor
Clinical Assistant Professor
Clinical Associate Professor
Clinical Professor

Fellow (Graduate Medical Education)

An individual who has graduated medical school, completed a core residency and is pursuing further sub-specialty training.

G

Grade Point Average (GPA)

Average grade based on a pre-defined scale (for example 0 to 4 points, where A=4, B=3, C=2, D=1, F=0). The undergraduate GPA is one factor used in student application and admissions processes.

Graduation Rate

Reflects the percentage of an entering cohort of students who complete a degree within a specified length of time. The common national practice used for baccalaureate completion is to report the percentage of the entering students who complete a bachelor's degree within 150% of the published time.

Graduate Record Examination (GRE)

The Graduate Record Examinations (GRE) is a standardized test that is an admissions requirement for most graduate schools in the United States. It is created and administered by Educational Testing Service.

H

Hospital Occupancy Rate

The number of inpatient hospital beds occupied in census units divided by the number of available census beds. It serves as a measure of health facility inpatient use.

House Officer (Graduate Medical Education)

Term used to describe all postgraduate trainees (individuals who have graduated medical school). The term includes interns, residents and fellows.

I

Industry Sponsored Research Agreements

An Industry-Sponsored Research Agreement (SRA) is a contract through which an industry partner funds an OHSU-initiated project. SRAs cover projects funded by industry and must be consistent with and support the academic, research and/or healthcare mission of OHSU. SRAs typically govern the scope of work, budget, payment obligations and timing, options to license any intellectual property arising from completion of the research, publication of results, and other important items to complete a research project.

Inpatient

A patient who is admitted to a hospital as an inpatient for treatment that typically requires an overnight stay. This includes inpatient hospice stays.

Intern (Graduate Medical Education)

An individual who has graduated medical school and is in their first year of a postgraduate training program.

Invention Disclosures

Official disclosure forms received by OHSU's Office of Technology Transfer describing potential new intellectual property and/or inventions.

IPEDS

Integrated Postsecondary Education Data System, part of a series of reports collected annually by the National Center for Educational Statistics (NCES).

L

Length of Stay (LOS)

The total number of days between the inpatient admission and discharge dates for each inpatient.

License/Option Agreements

A LICENSE AGREEMENT formalizes the transfer of intellectual property between two parties, where the owner of the intellectual property (licensor) permits the other party (licensee) to share the rights to use the intellectual property. An OPTION AGREEMENT grants the potential licensee a time period during which it may evaluate the intellectual property and negotiate the terms of a LICENSE AGREEMENT. An OPTION AGREEMENT is not constituted by an Option clause in a research agreement that grants rights to future inventions, until an actual invention has occurred that is subject to that Option.

M

Medical College Admission Test (MCAT)

The Medical College Admission Test (MCAT) is required of all applicants to US Medical Schools, administered by the American Association of Medical Colleges.

N

Newborn

An infant, born alive in the hospital.

Non-resident

The fee status category of students who are assessed nonresident tuition.

O**Observation**

Patients entering the hospital through the Emergency Department or as a direct admission or transfer, typically for “rule out” diagnoses or symptom management. Observation is not for overnight recovery following an ambulatory surgery or procedure.

Office Visit

A visit that includes an Evaluation and Management service that is typically charged for. Examples include office visits, consultations, and post-op appointments.

ONA

OHSU members of the Association of University Registered Nurses (AURN) of the Oregon Nurses Association (ONA). Registered nurses providing patient care in the hospital and clinic settings of OHSU are ONA-represented.

Oregon Opportunity Grant

The Oregon Opportunity Grant is a state-funded, need-based grant available to undergraduates that attend an eligible Oregon postsecondary institution and meet the income eligibility requirements. OHSU’s undergraduate Nursing and Radiation Therapy programs are eligible programs.

Outpatient

A patient who is admitted to a hospital or clinic for treatment that does not require an overnight stay.

Outpatient Visits

Includes emergency room visits, outpatient clinic visits, referred ancillary service visits, home health care contacts, and day care days, where the outpatient is treated and released the same day. Also included are outpatient ambulatory surgery visits, renal dialysis visits, observation care visits, psychiatric visits, chemical dependency visits, hospice outpatient visits, and adult day health care visits, and virtual or telephone visits.

P**Pell Grant**

The Pell Grant is a federal, need-based grant available to undergraduates that attend a postsecondary institution and meet the income eligibility requirements. OHSU’s undergraduate Nursing and Radiation Therapy programs are eligible programs.

R**Resident**

The fee status category of students who are assessed resident tuition.

Resident (Graduate Medical Education)

An individual who has graduated medical school and is in a postgraduate residency training program.

S**Sponsored Research Dollars**

This includes externally sponsored research activity funded by Federal and non-Federal government agencies, private and non-profit organizations. This also includes research training activities geared toward training individuals in research techniques.

T**Tuition**

The mandatory charge for instruction assessed to students for enrolling in an OHSU academic course.

U

Underrepresented Minority (URM)

Any ethnic or racial minority group whose representation is disproportionately less in a given context relative to their numbers in the general population constitutes an underrepresented minority.

For students, OHSU defines underrepresented minorities based on minorities underrepresented in medicine, dentistry and nursing professions. The following students are considered an underrepresented minority when self-identifying race or ethnicity as follows:

American Indian or Alaska Native

Underrepresented Asian (Korean, Vietnamese)

Black or African American

Native Hawaiian or Other Pacific Islander

Two or more races (with at least one race classified as URM)

Hispanic or Latino Ethnicity

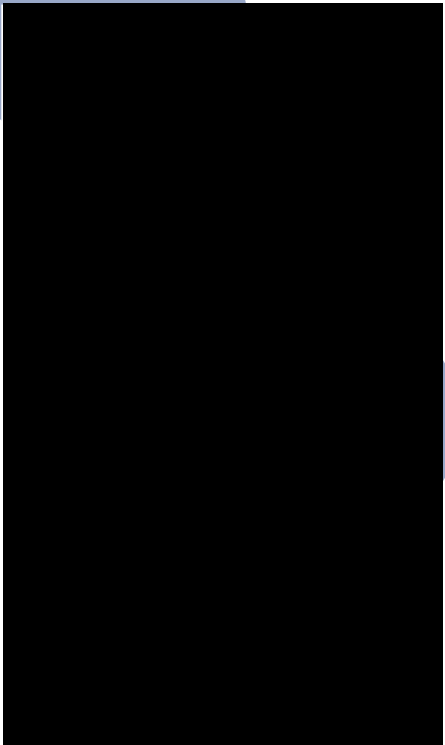
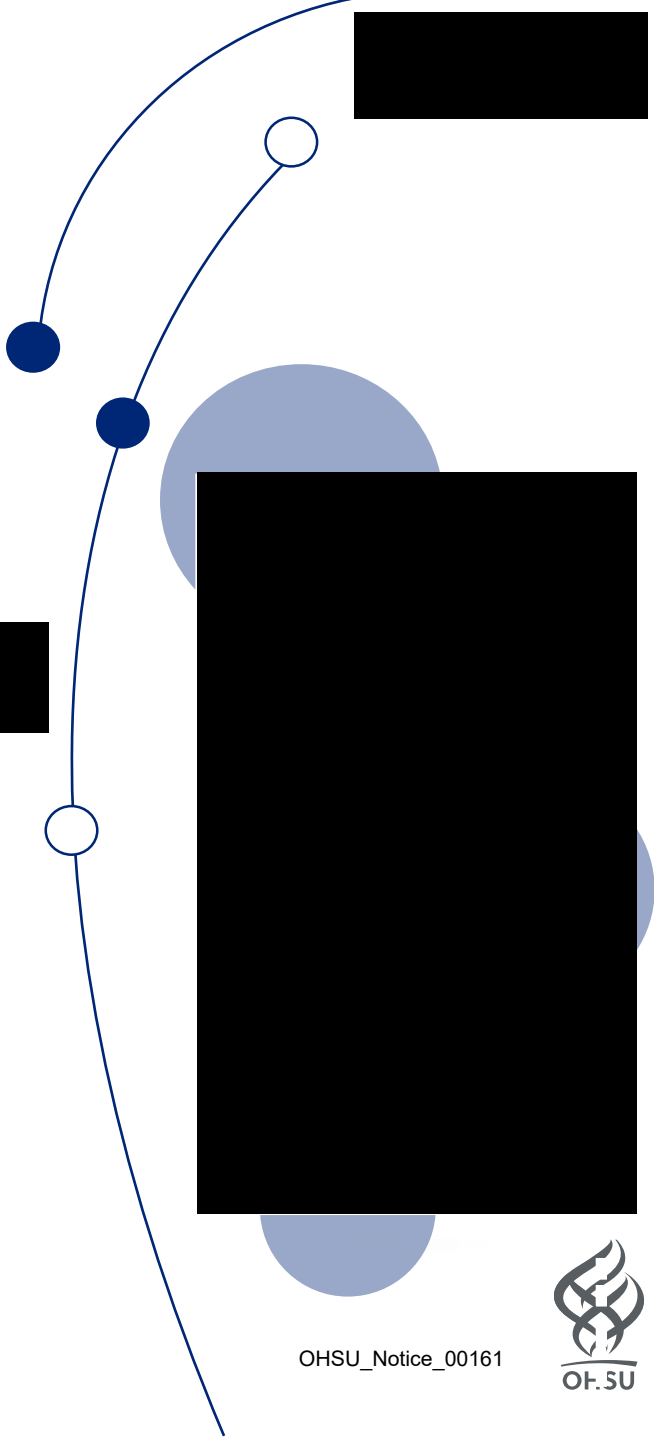
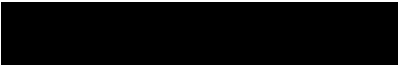
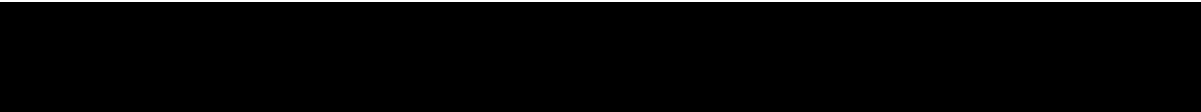
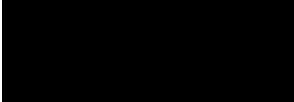
U.S. Non-resident (International Student)

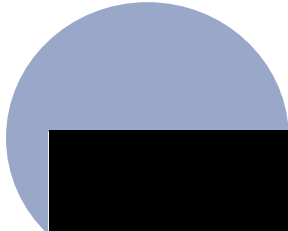
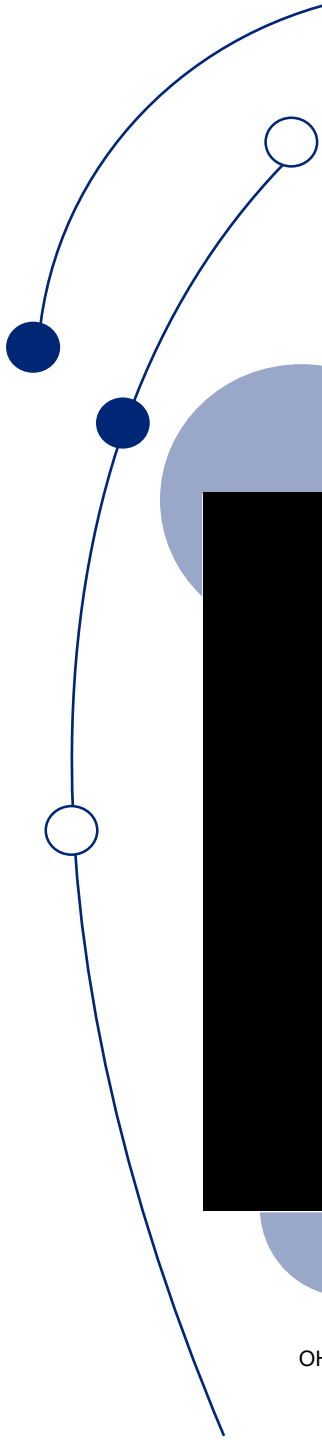
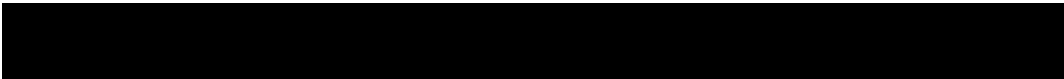
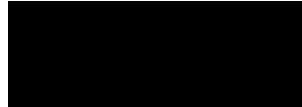
A student who is neither a U.S. citizen nor a resident alien (i.e., permanent resident) and holds a student visa.

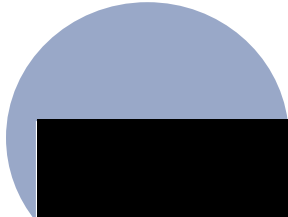
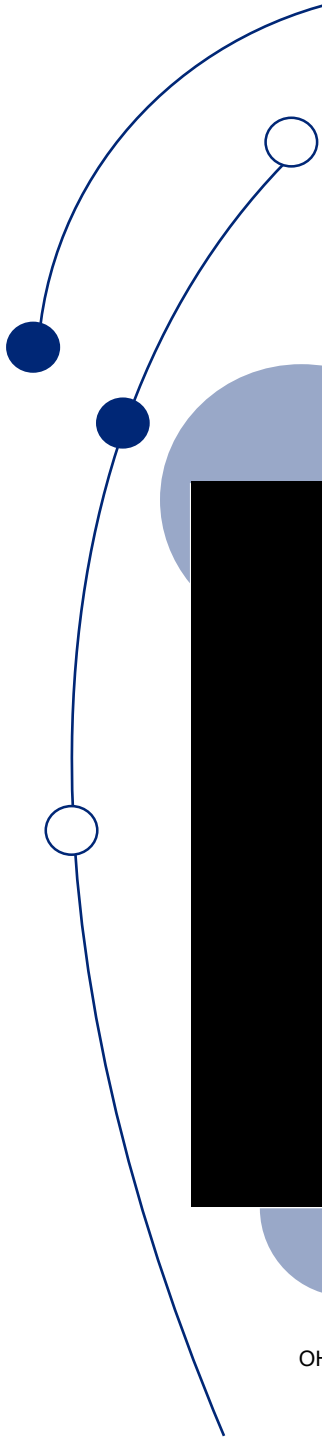
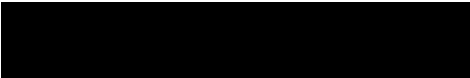
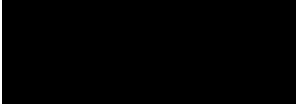


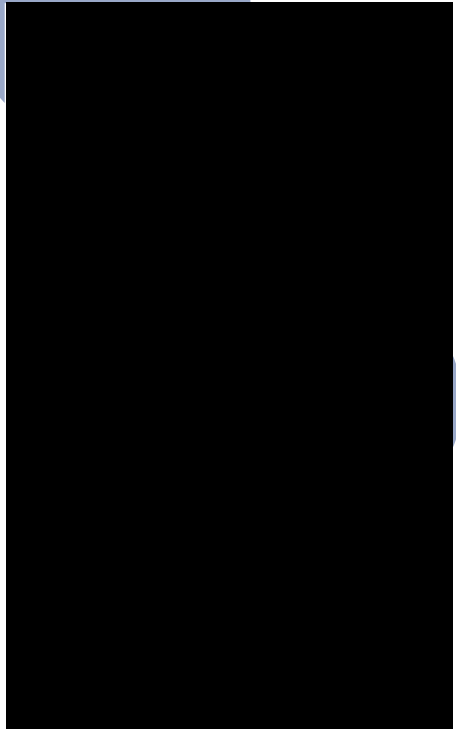
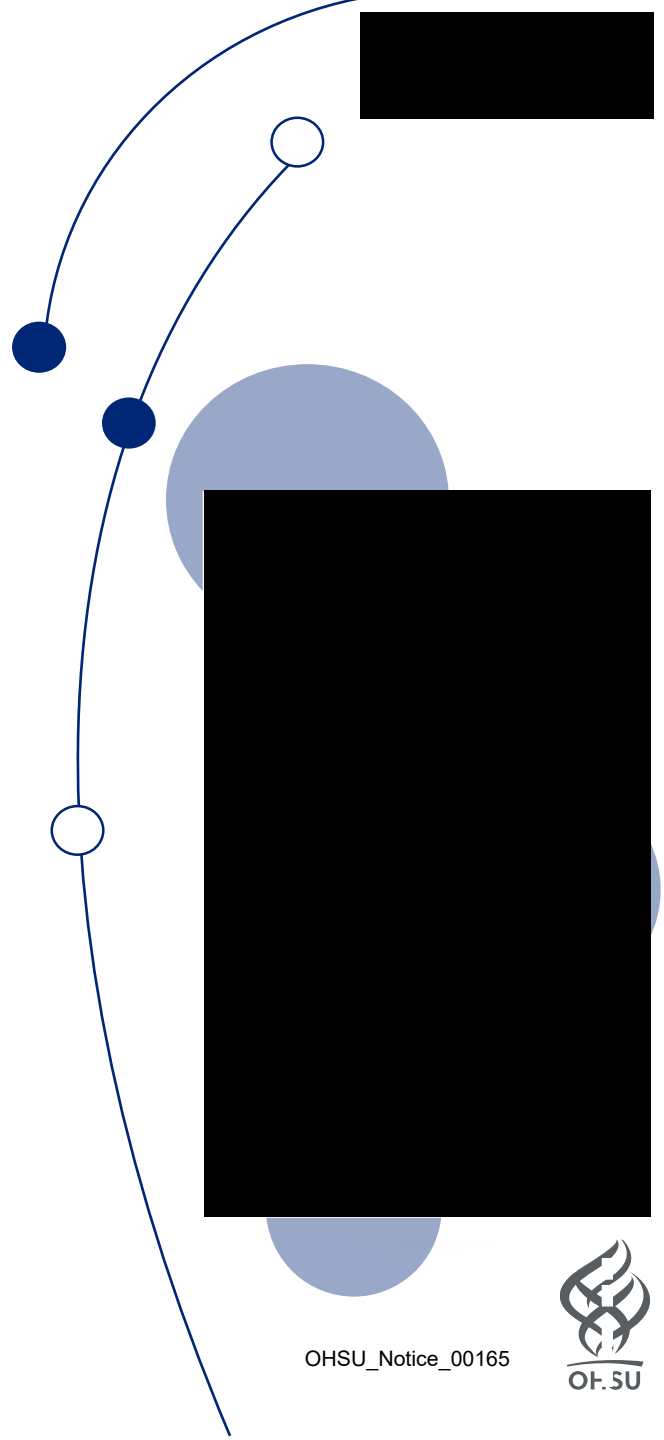
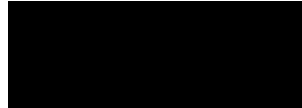
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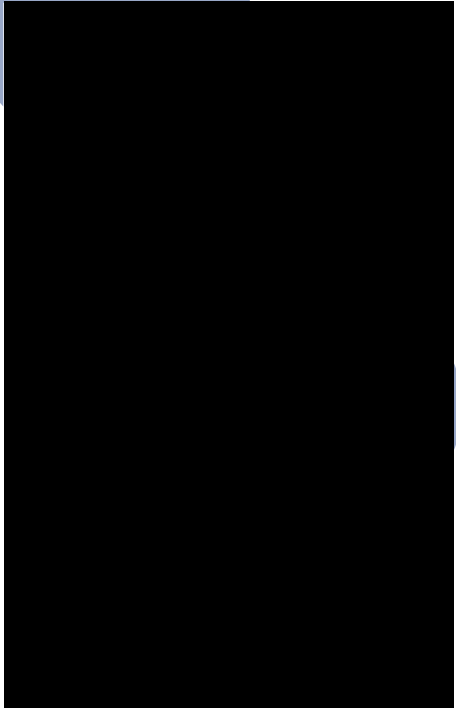
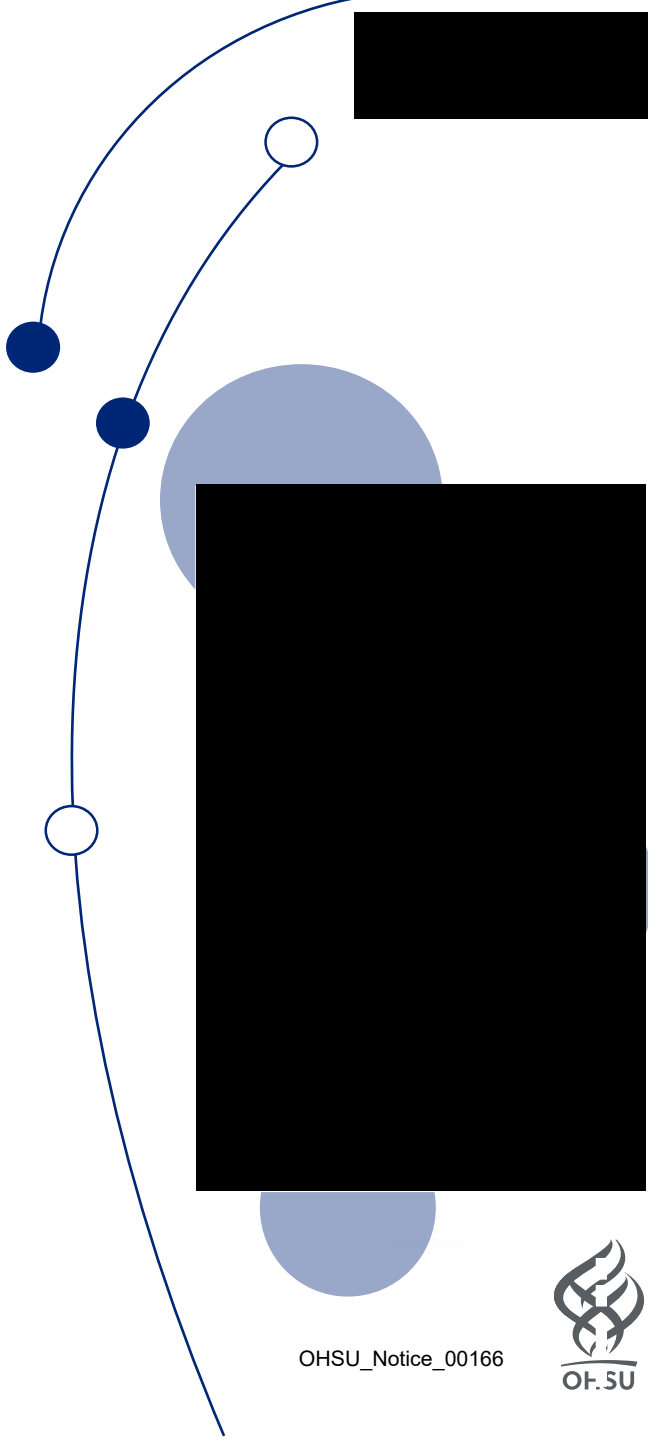
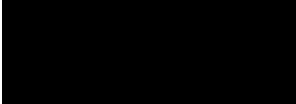
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OHSU & Legacy Health Pitch Deck**

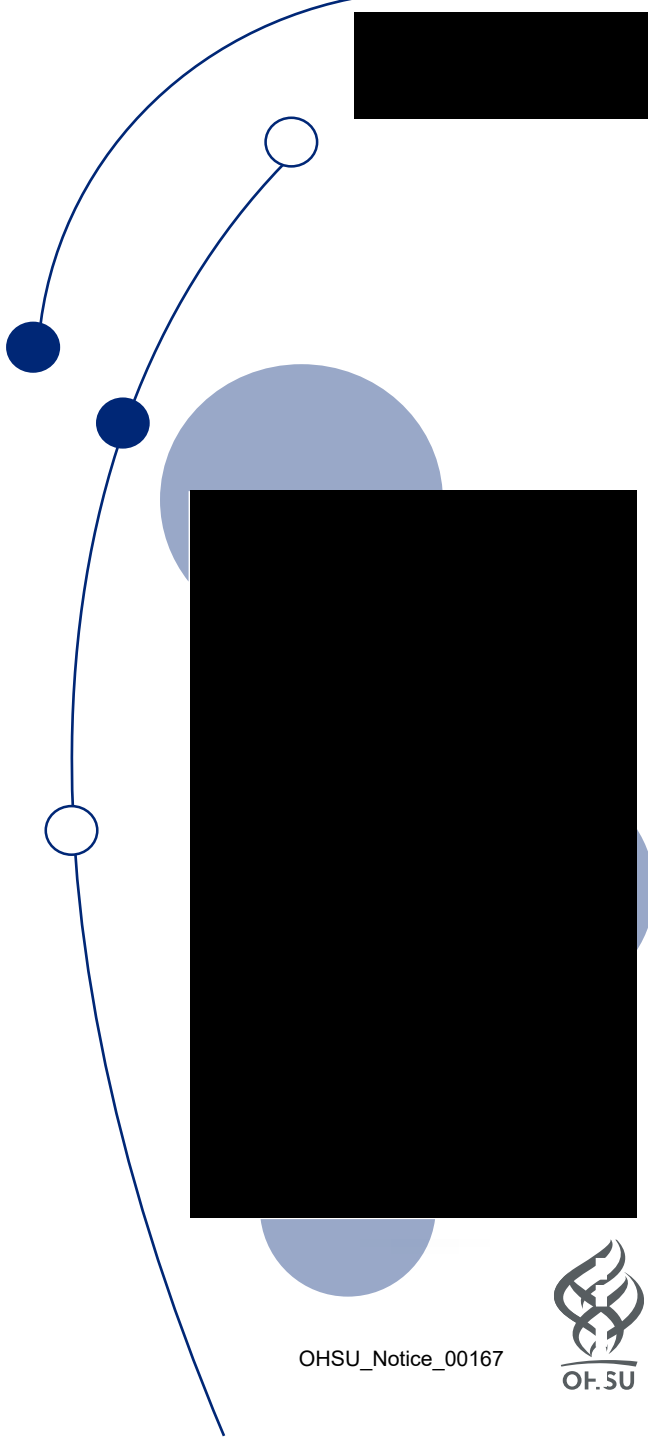
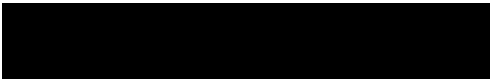
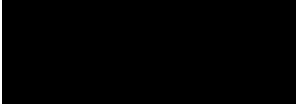


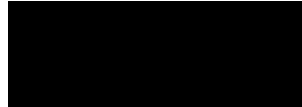












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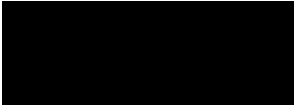
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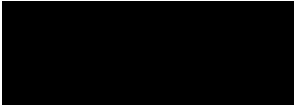
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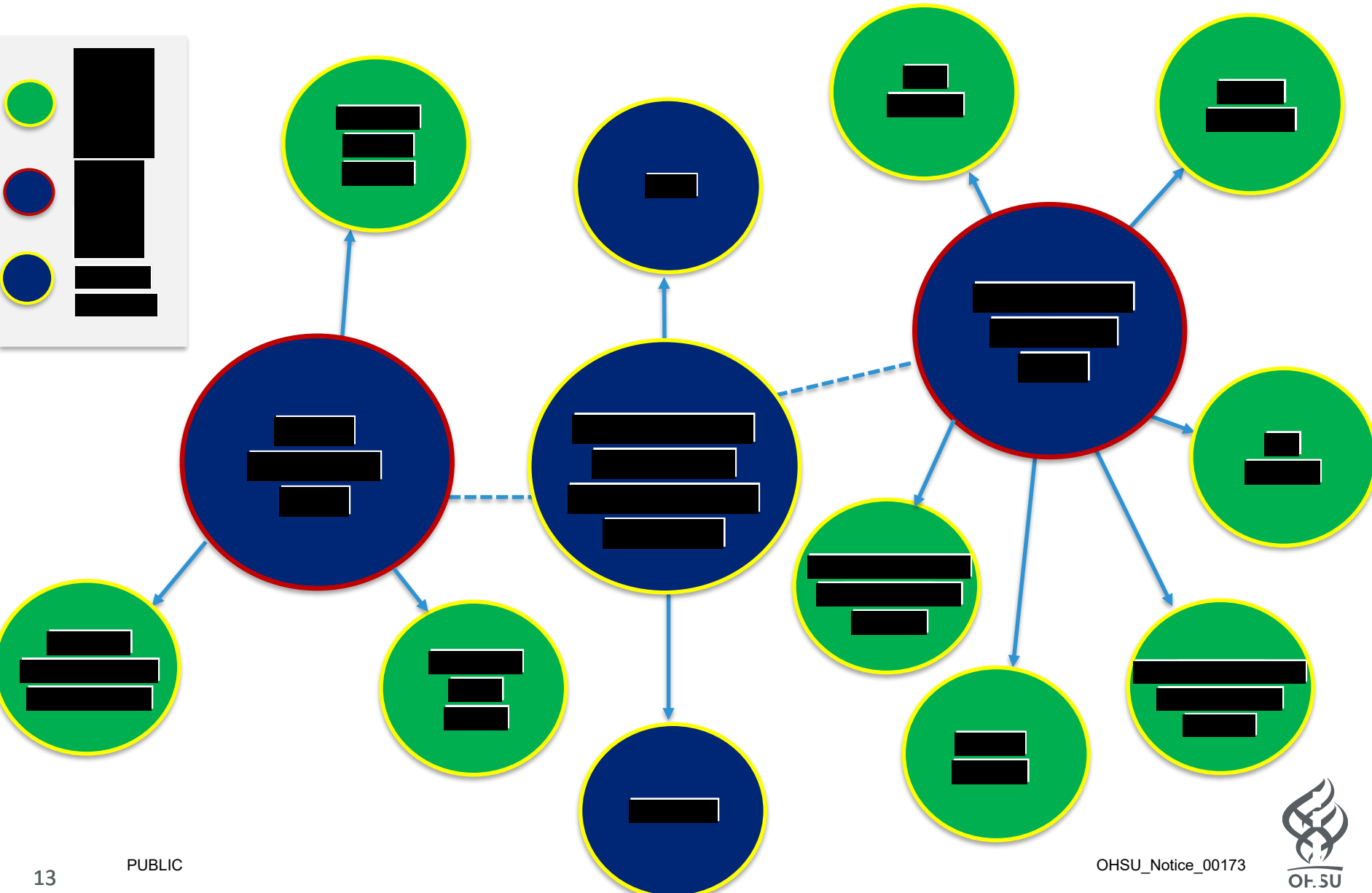
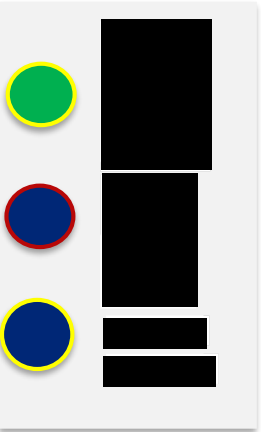
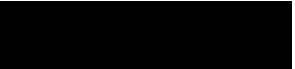
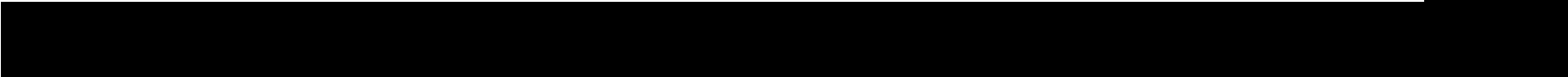
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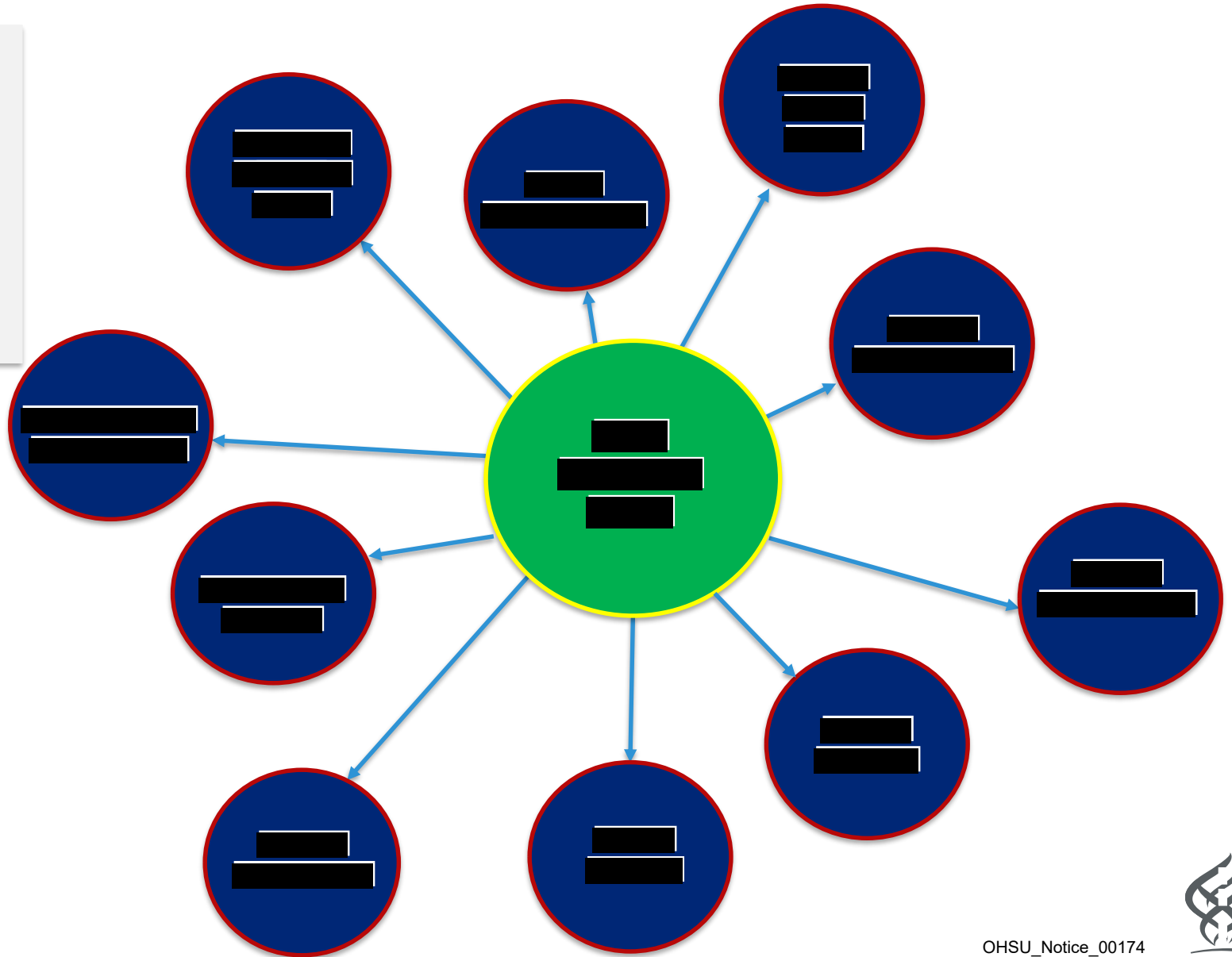
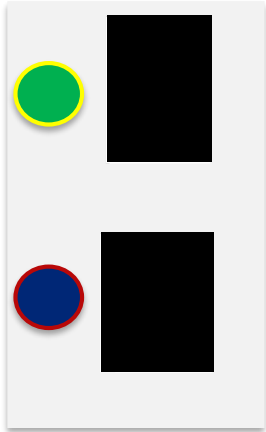
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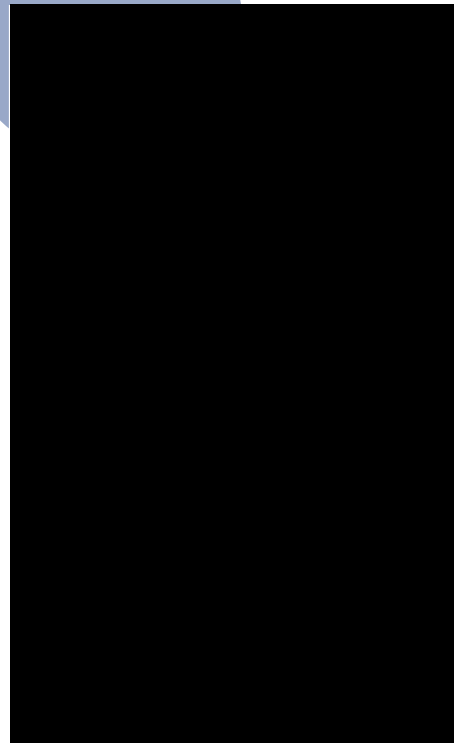
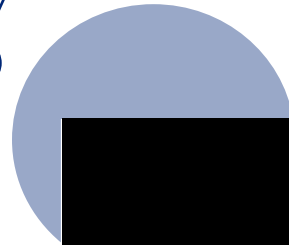
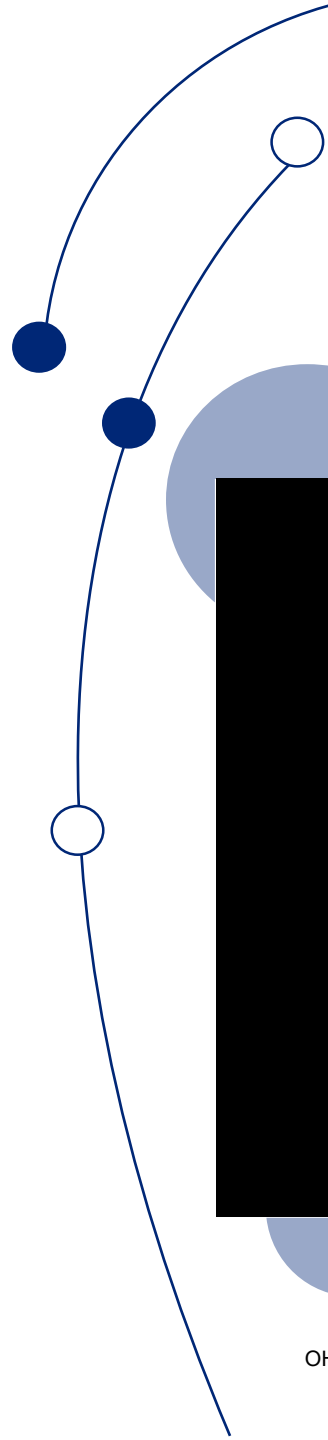
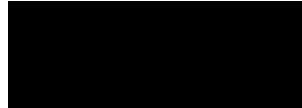
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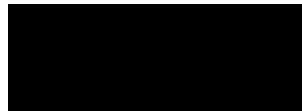
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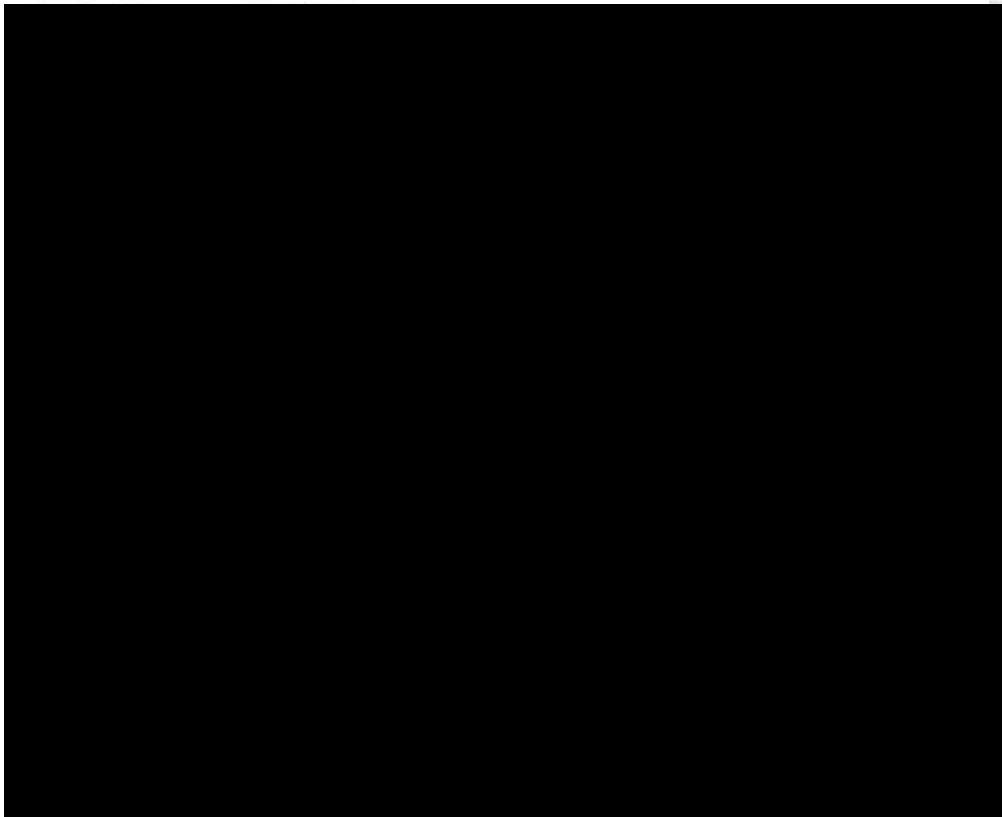
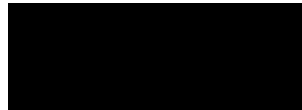


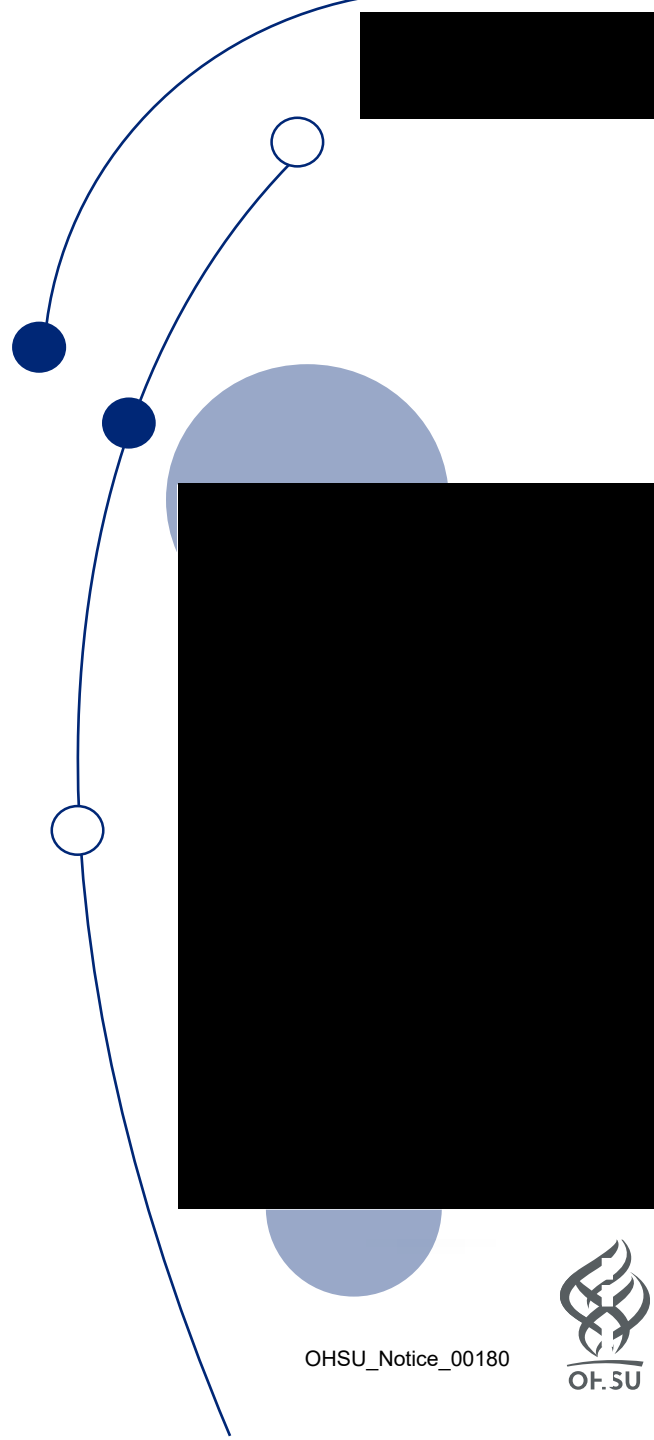
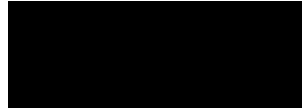
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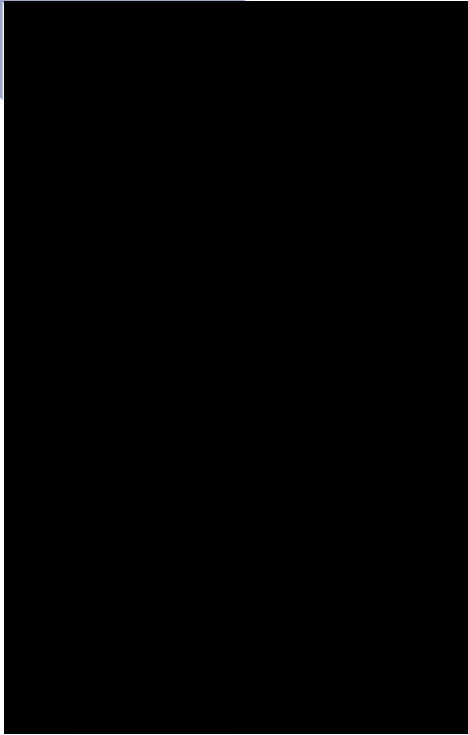
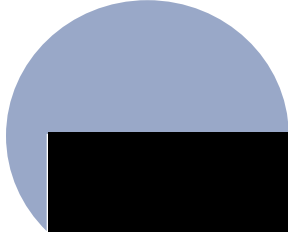
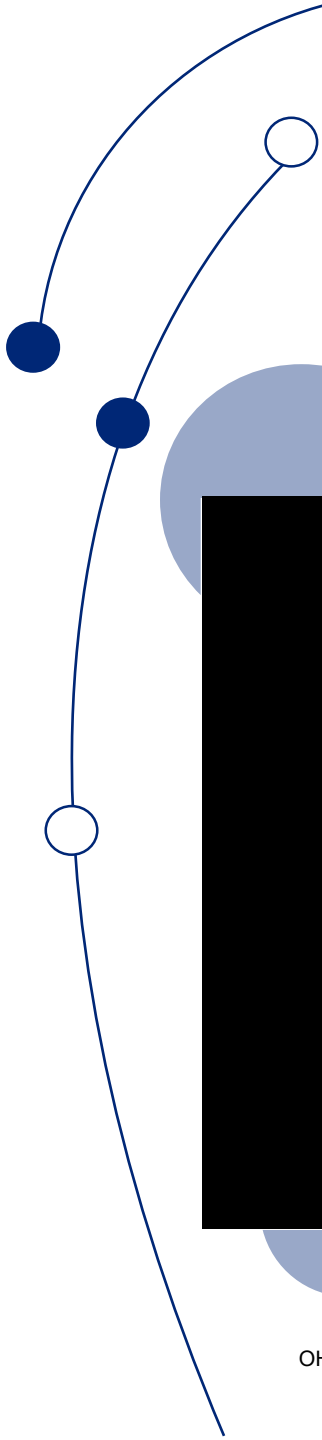
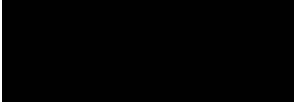
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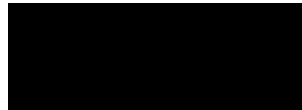
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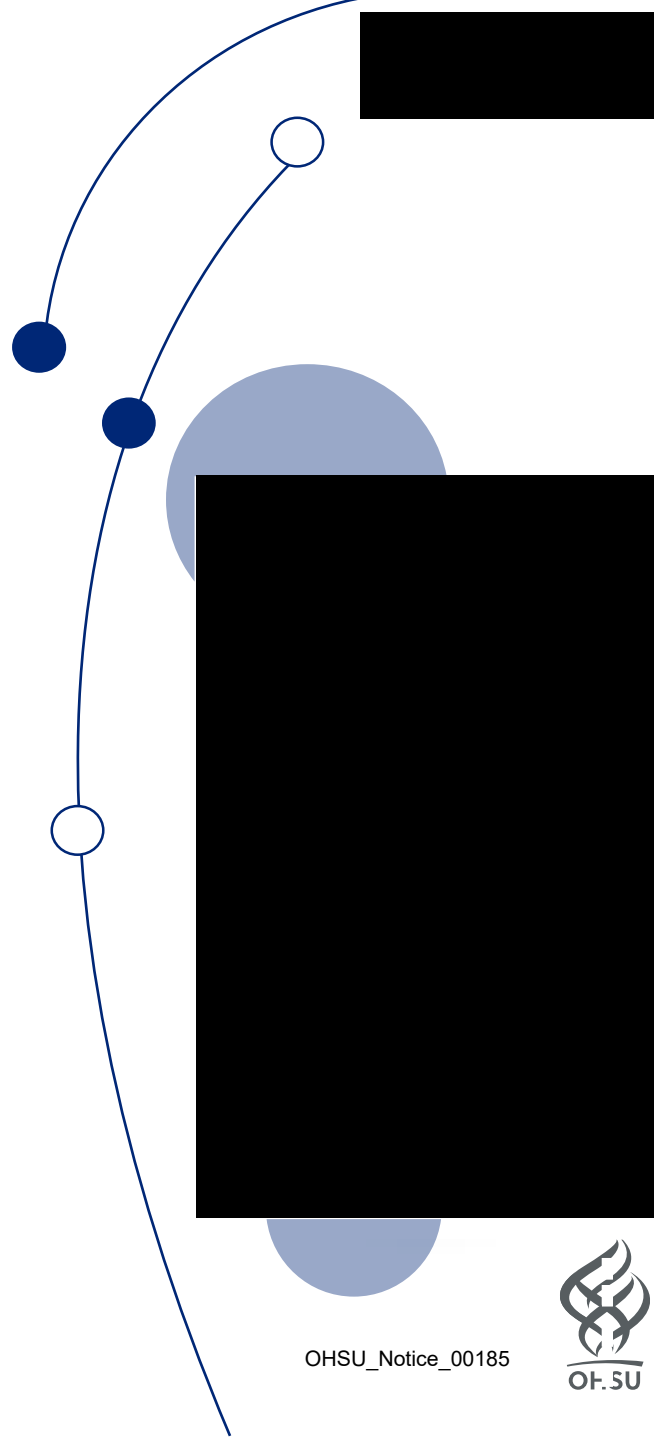
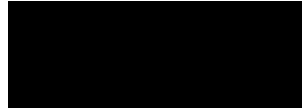


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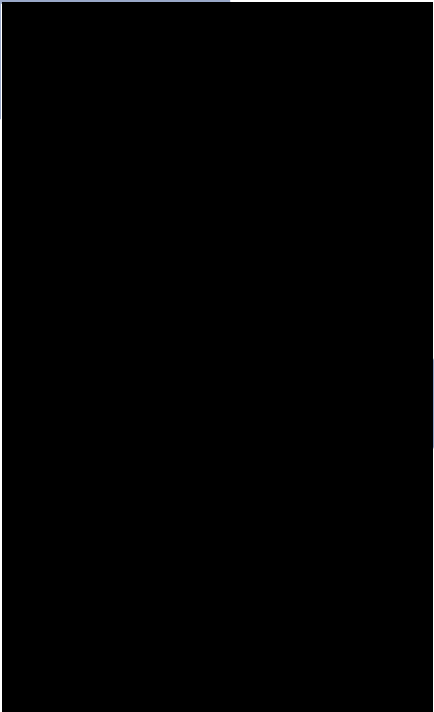
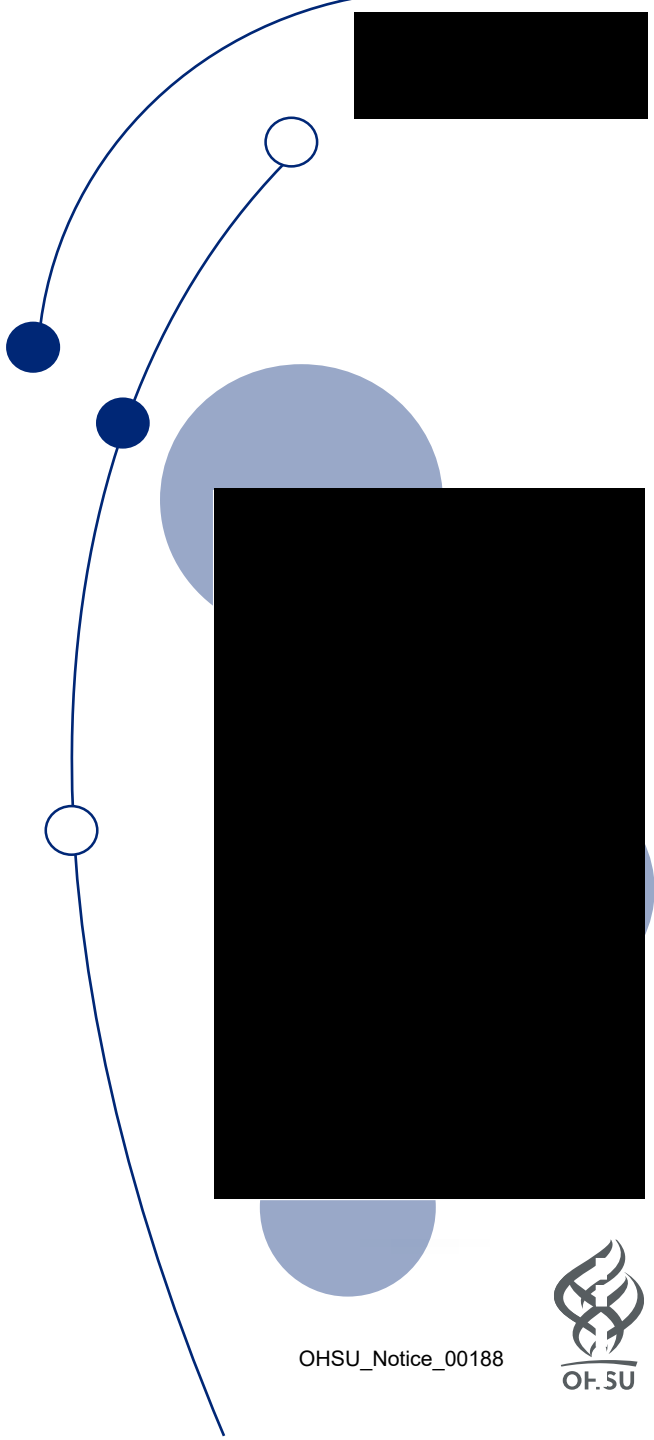
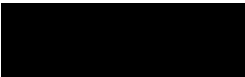
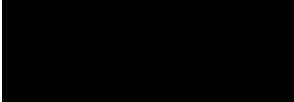
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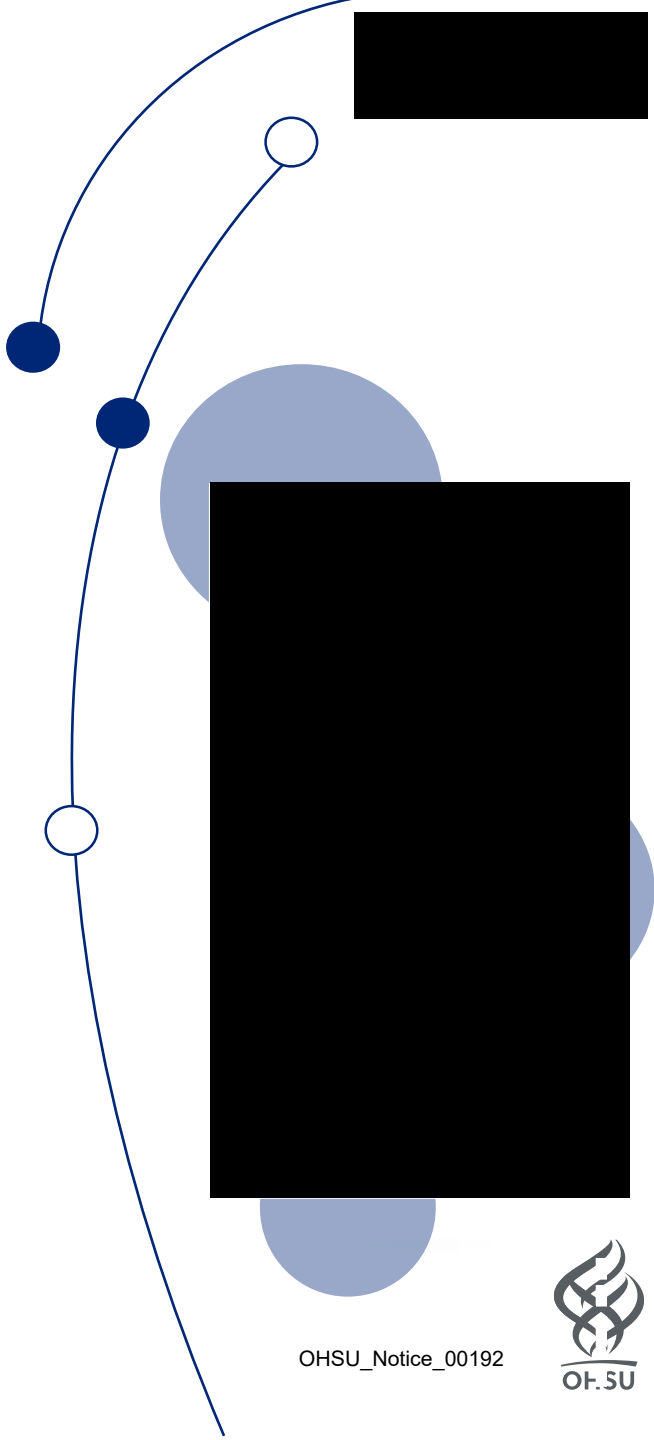
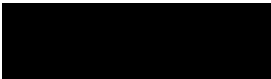
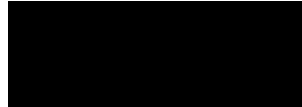
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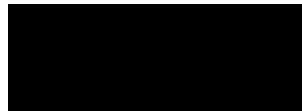
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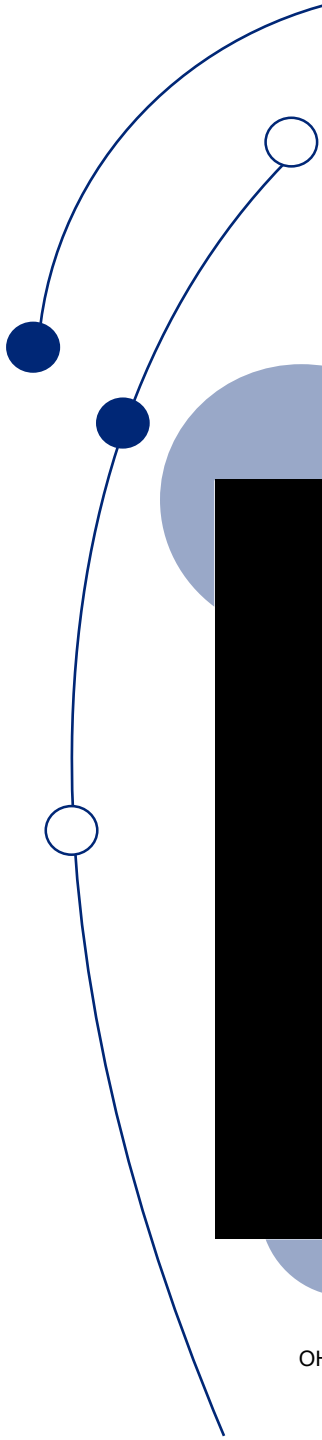
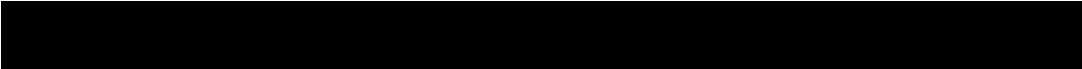
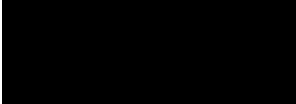


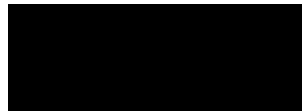
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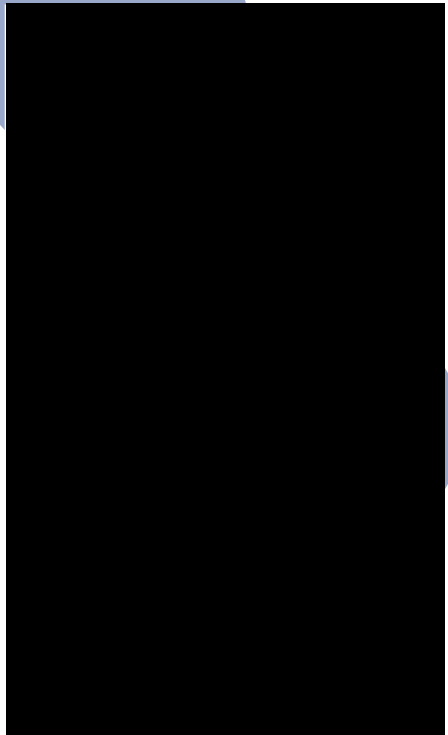
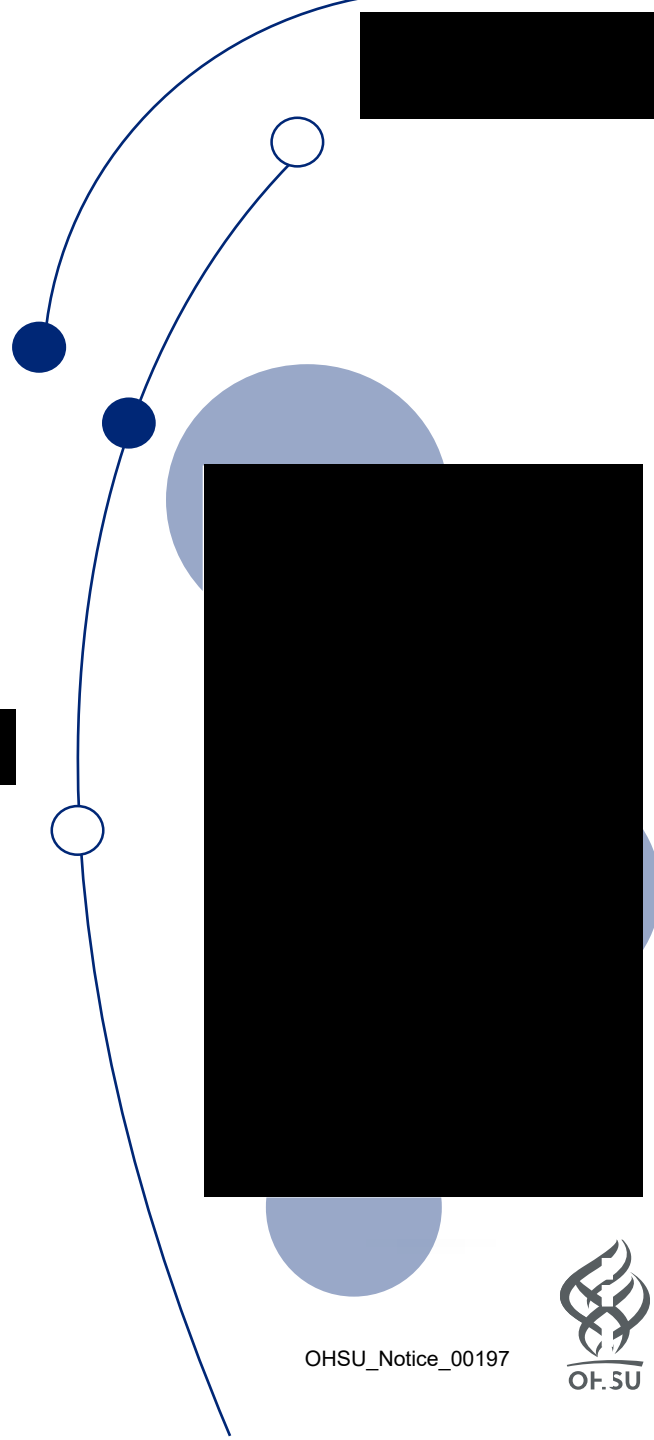
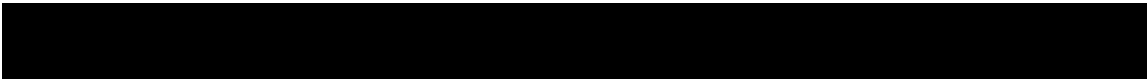
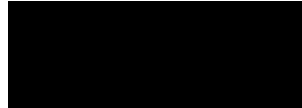
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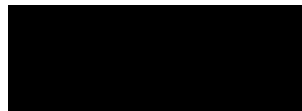
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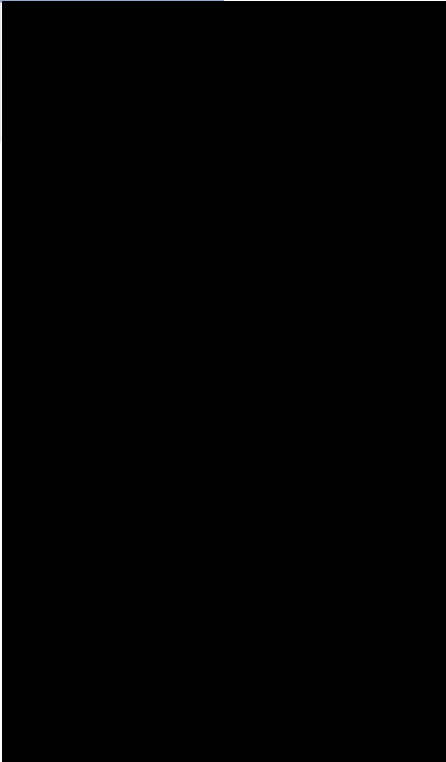
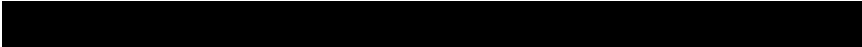
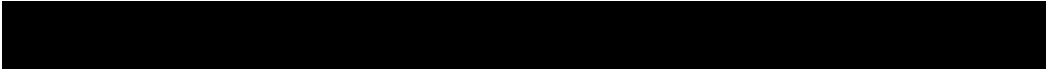
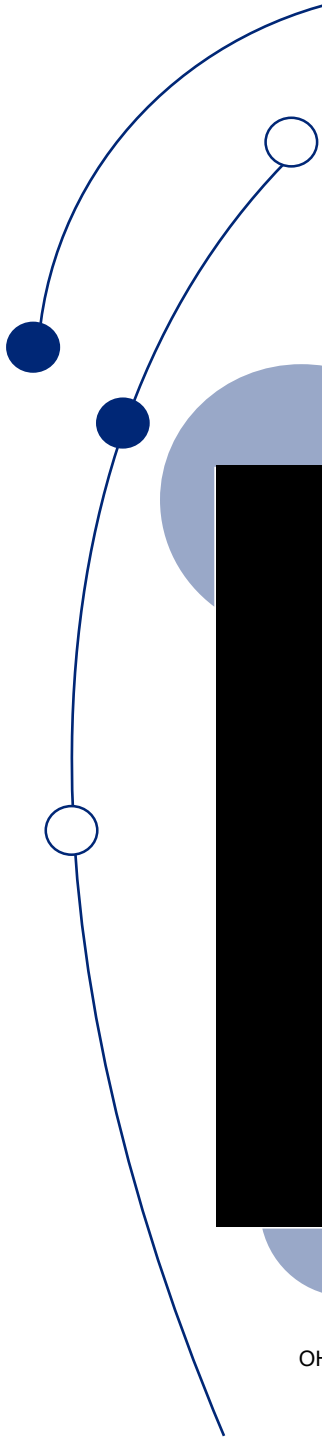
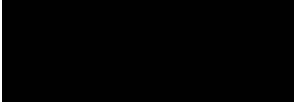
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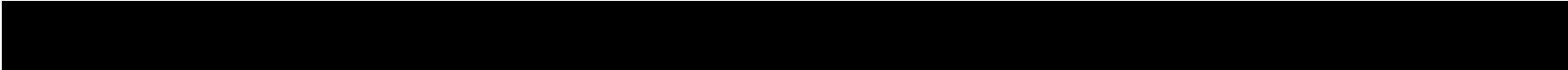
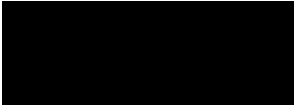




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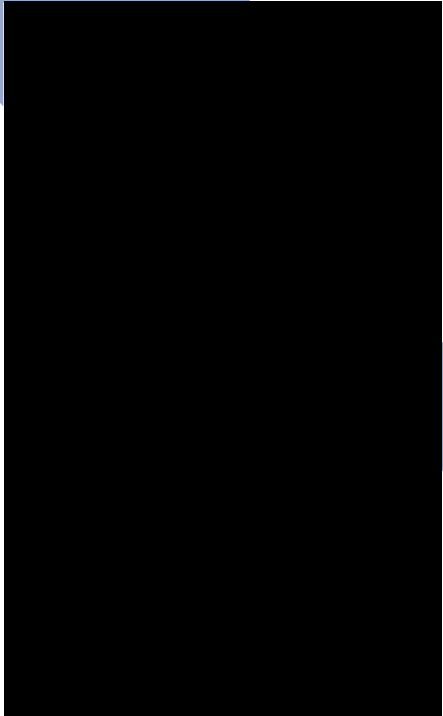
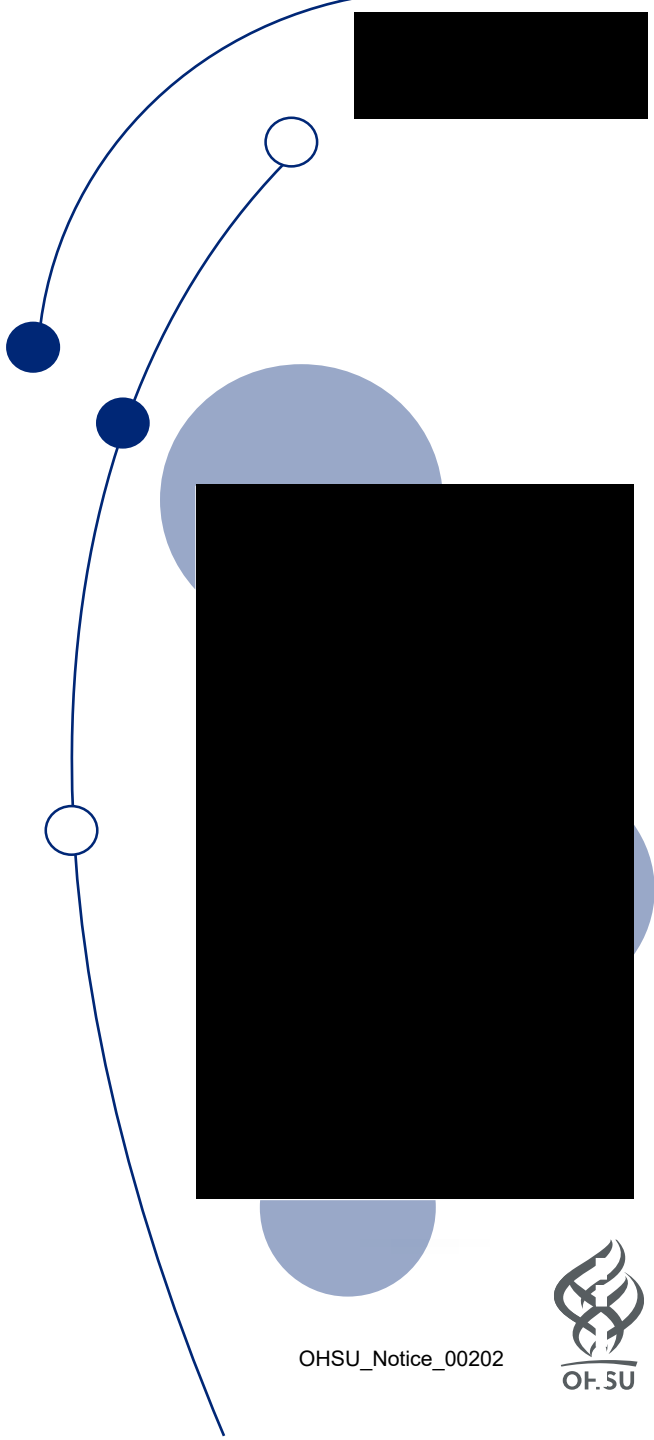
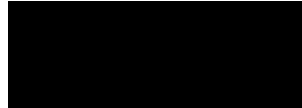
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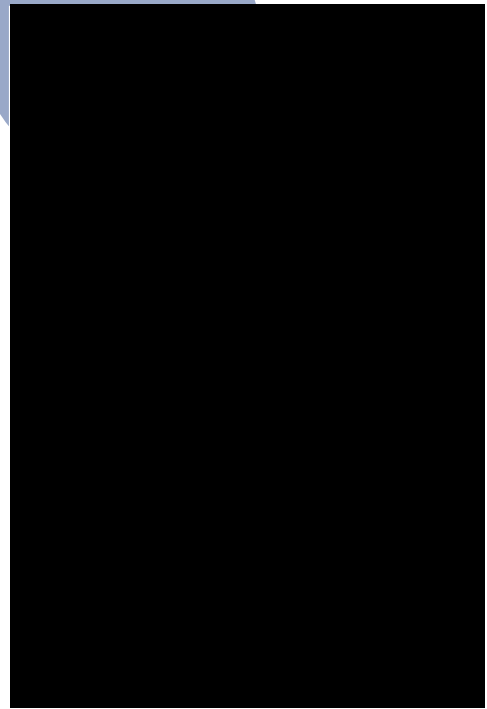
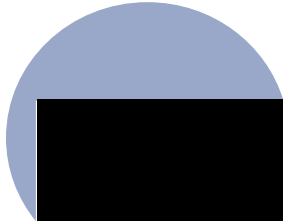
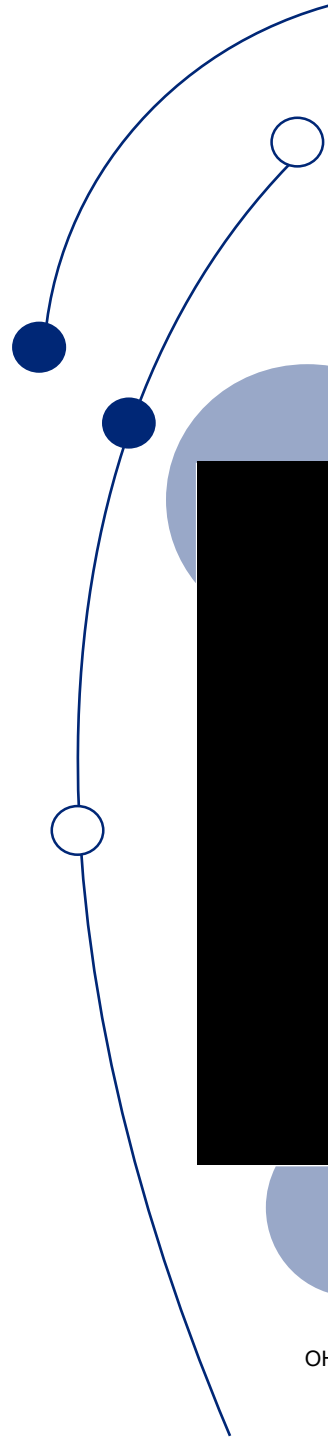




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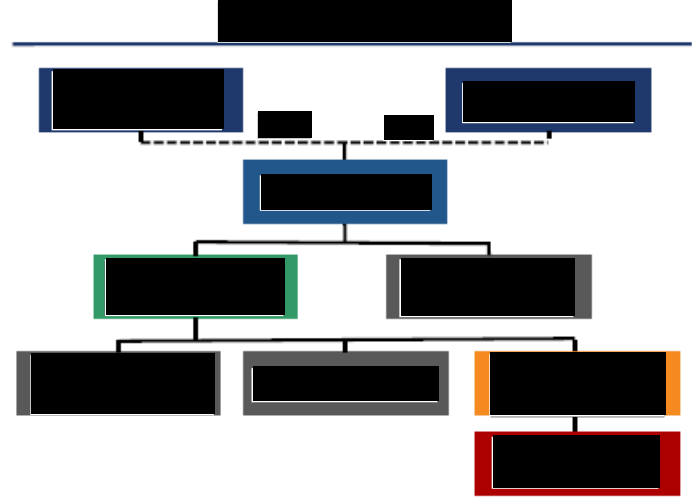
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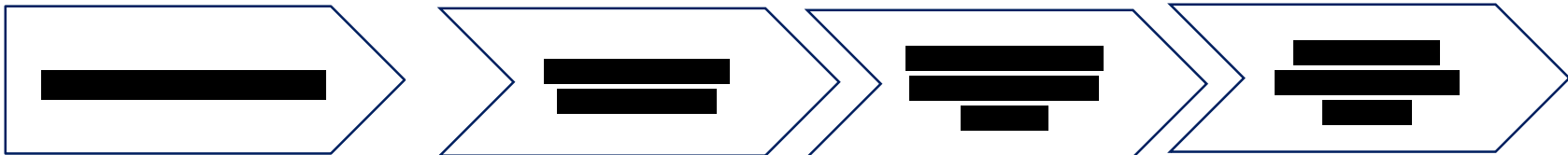
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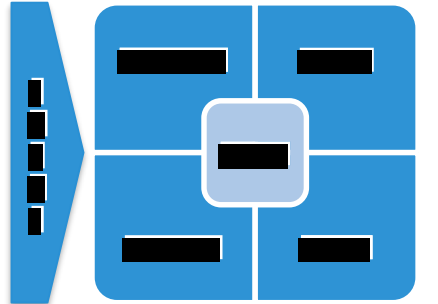
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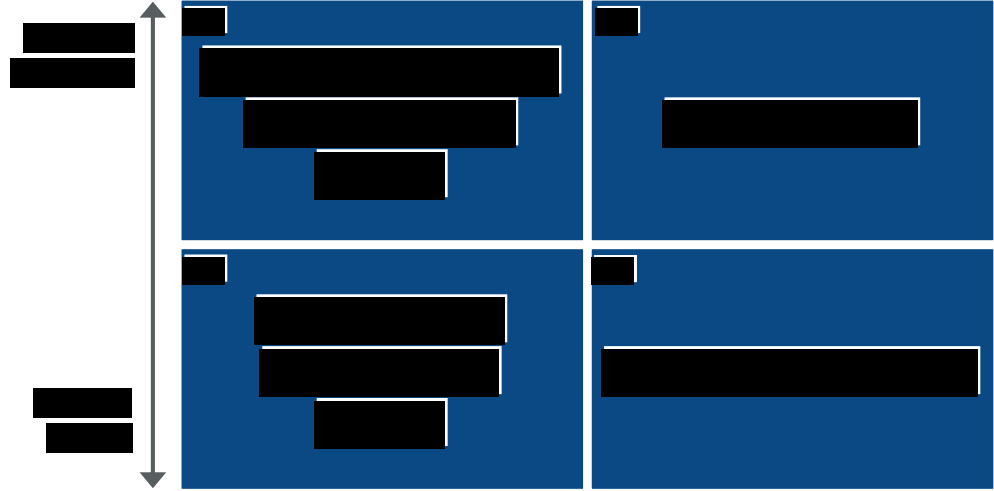
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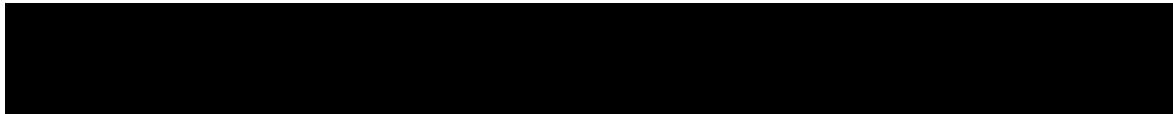
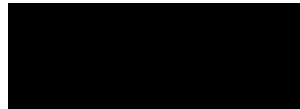
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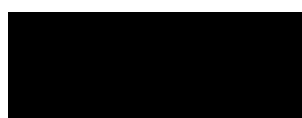
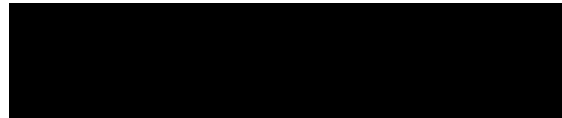
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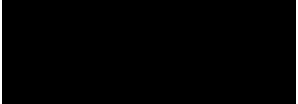
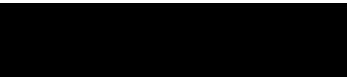
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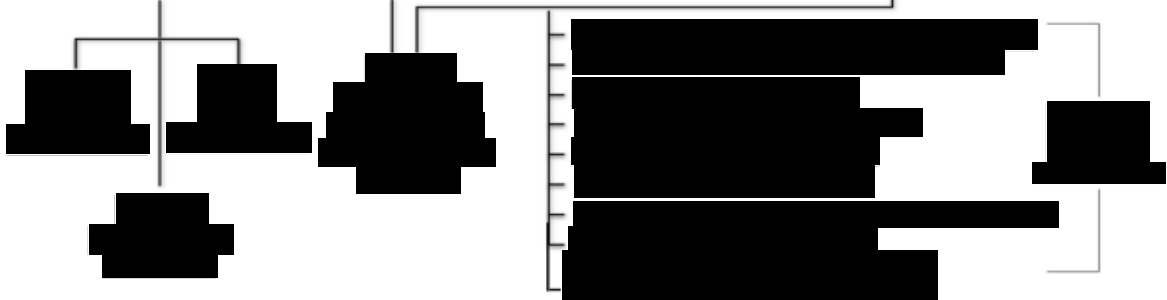
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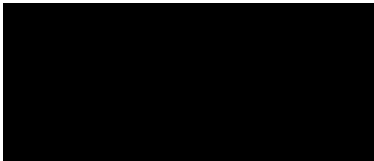
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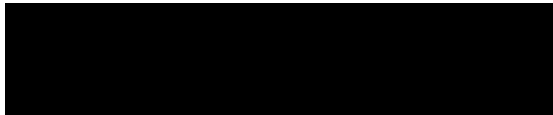
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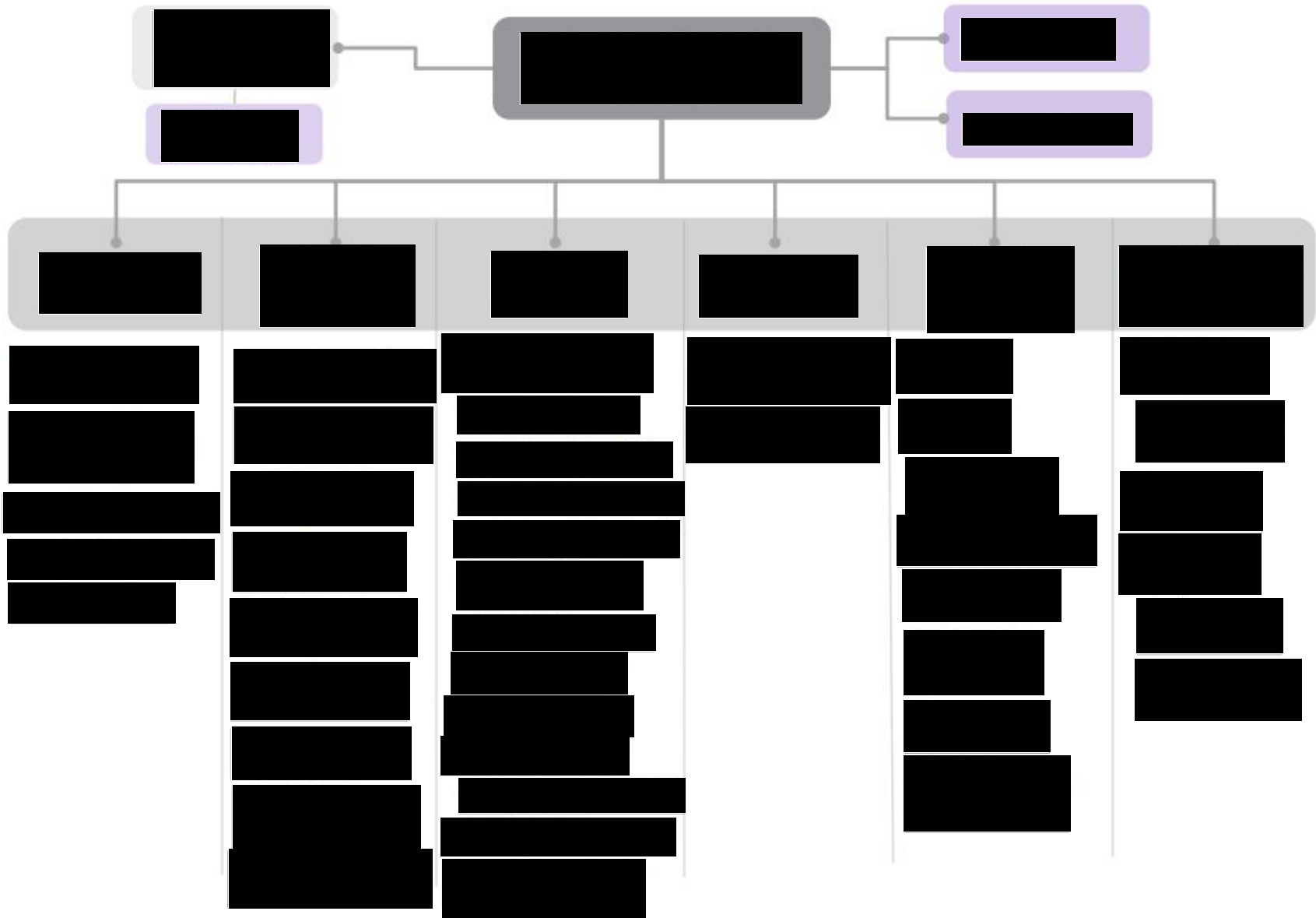
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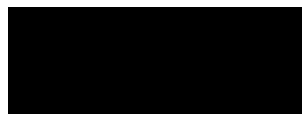
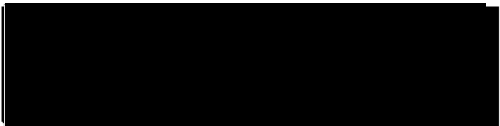
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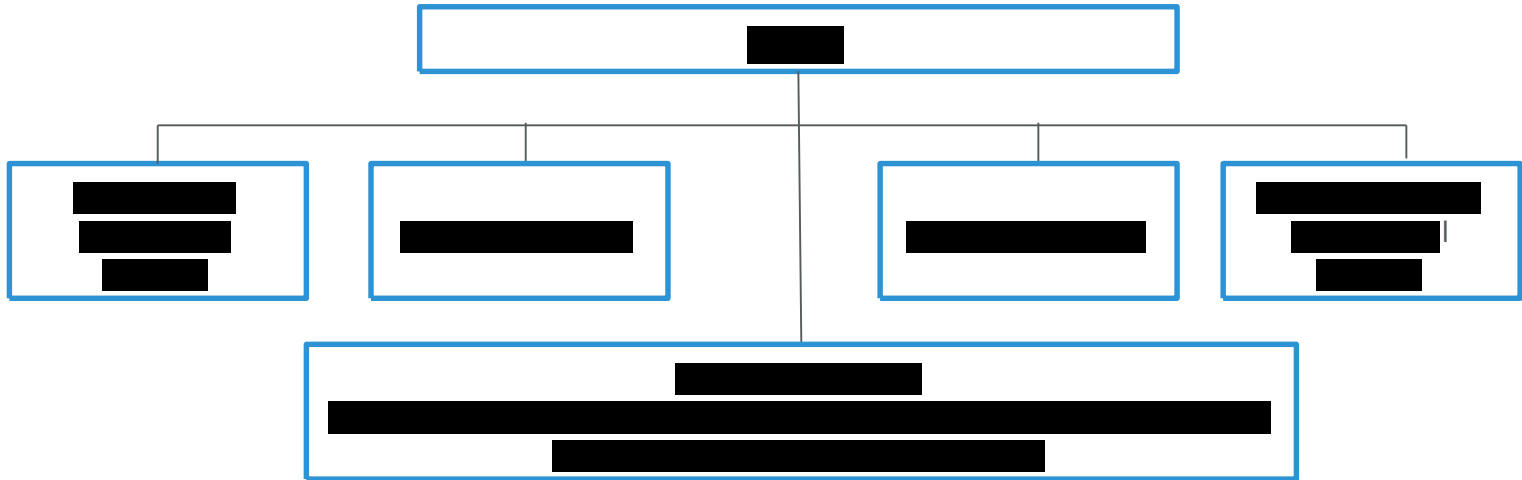
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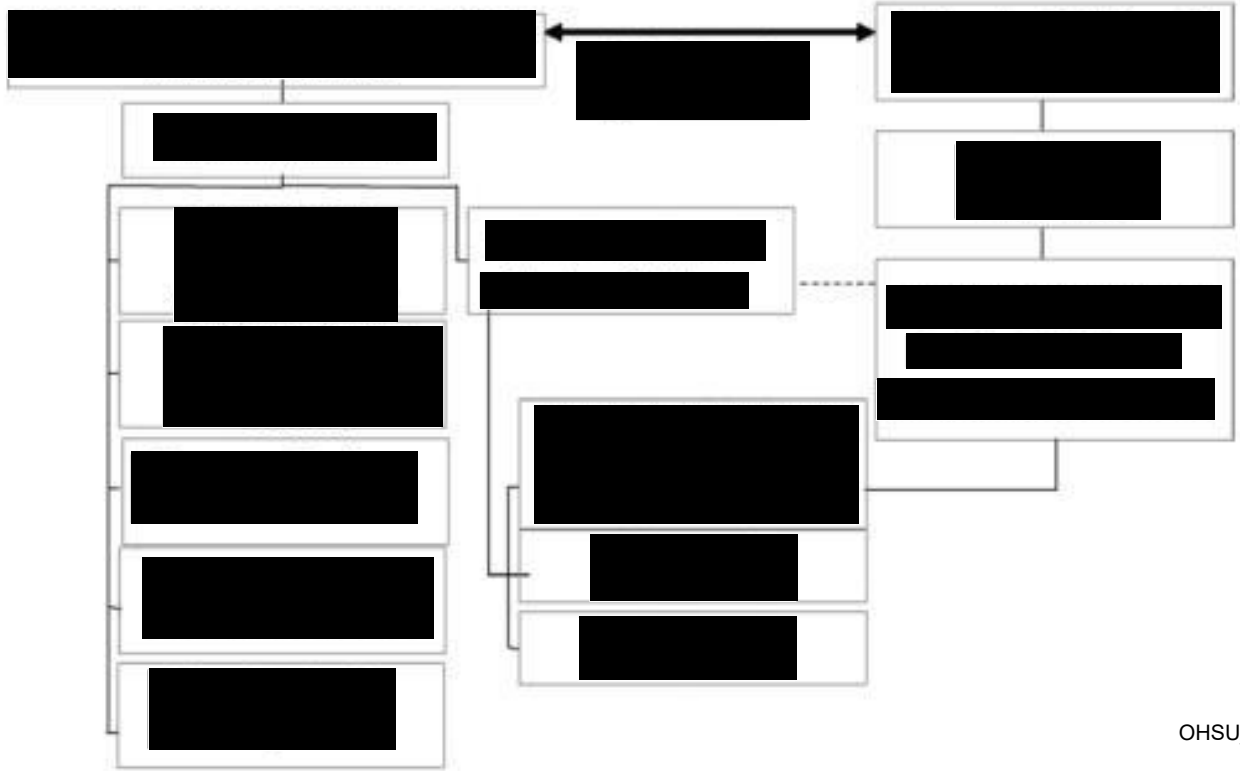
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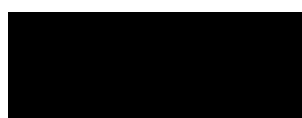
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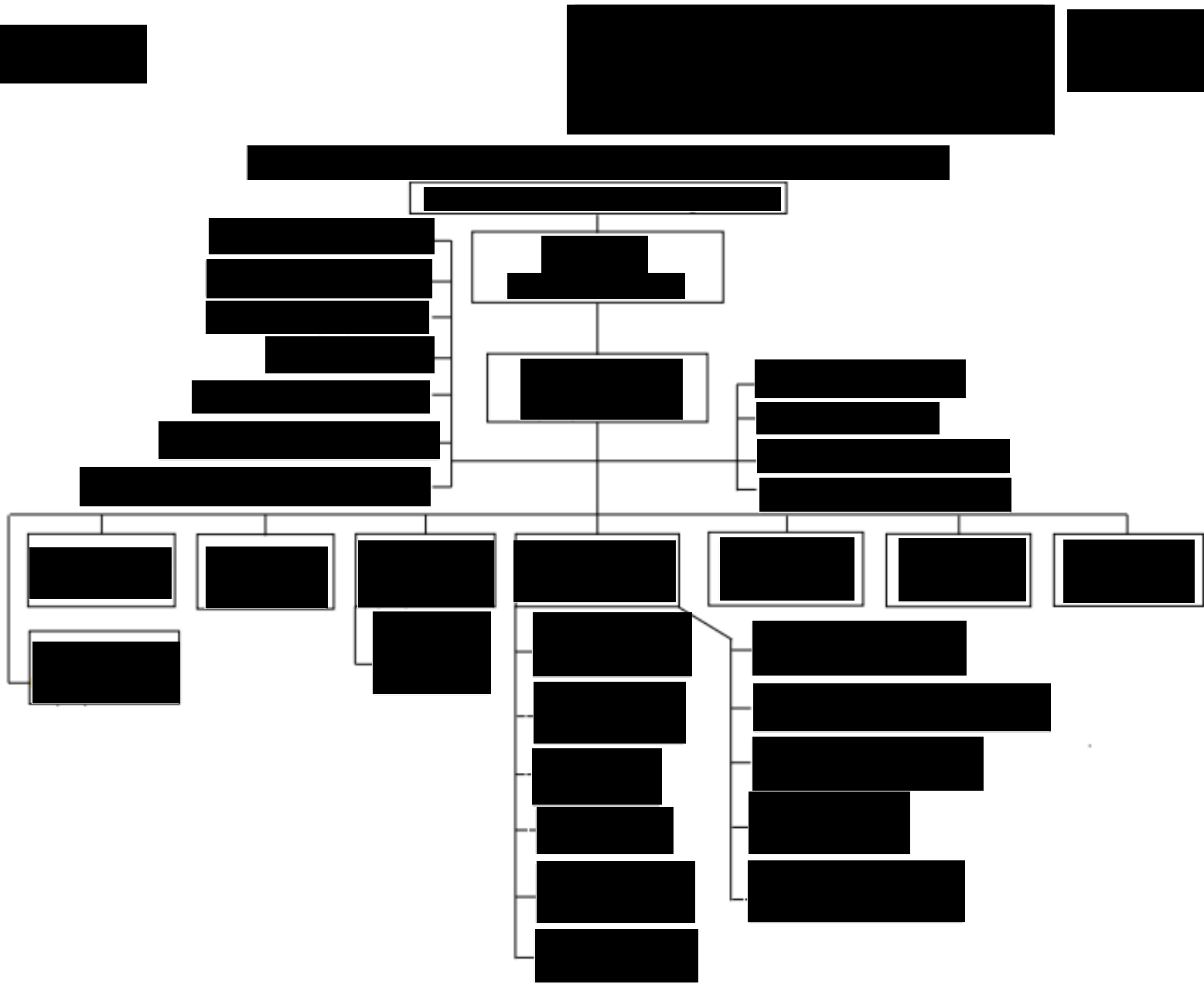
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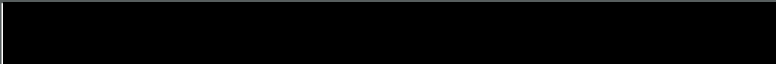
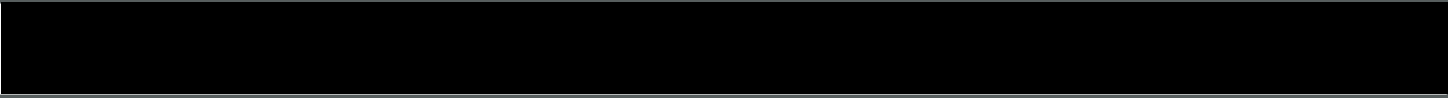
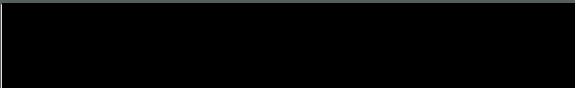
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**HCMO Notice Question 7 - Exhibit 4:
Financial Projections for Transaction (as of January 2023)**



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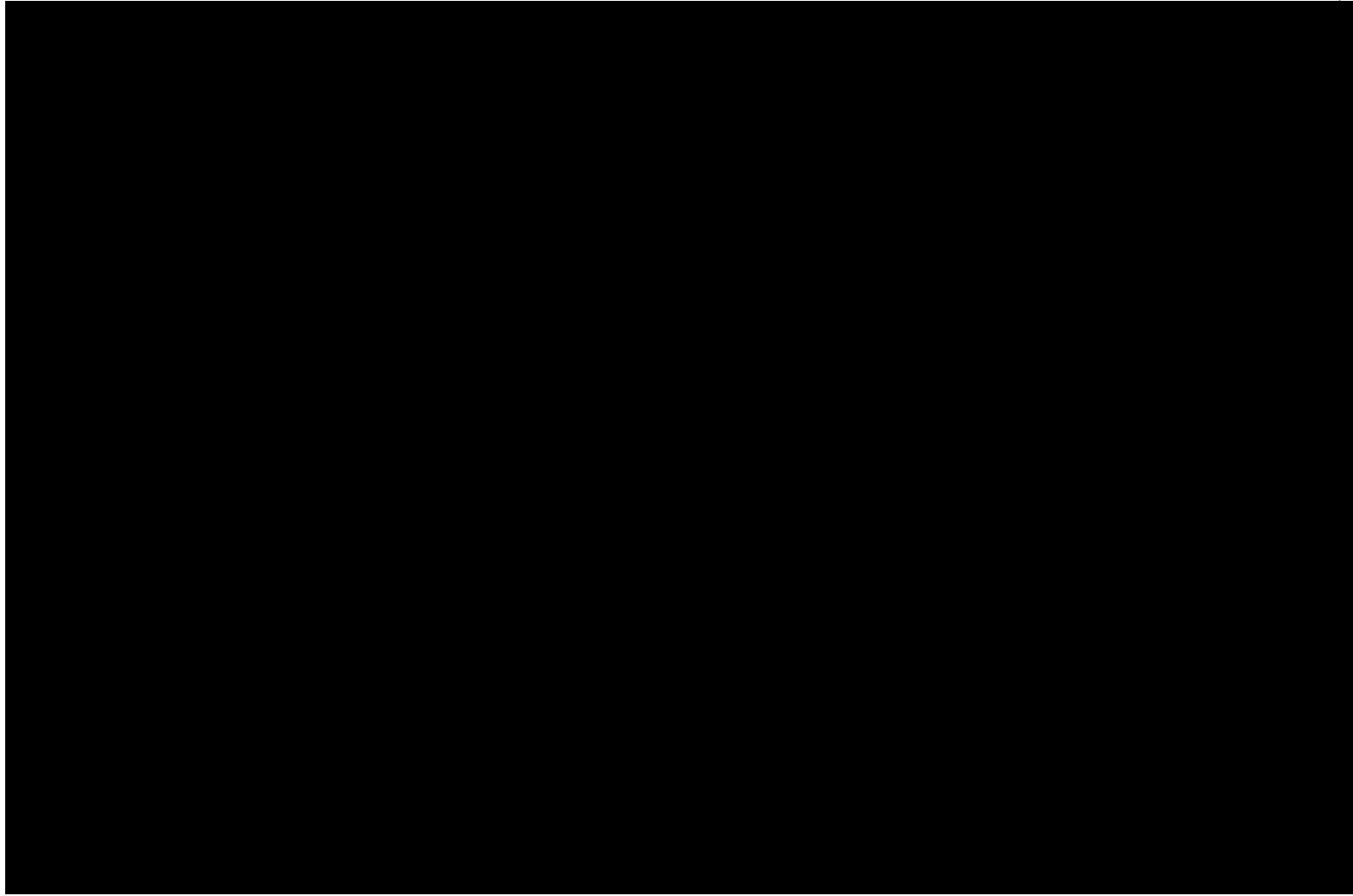
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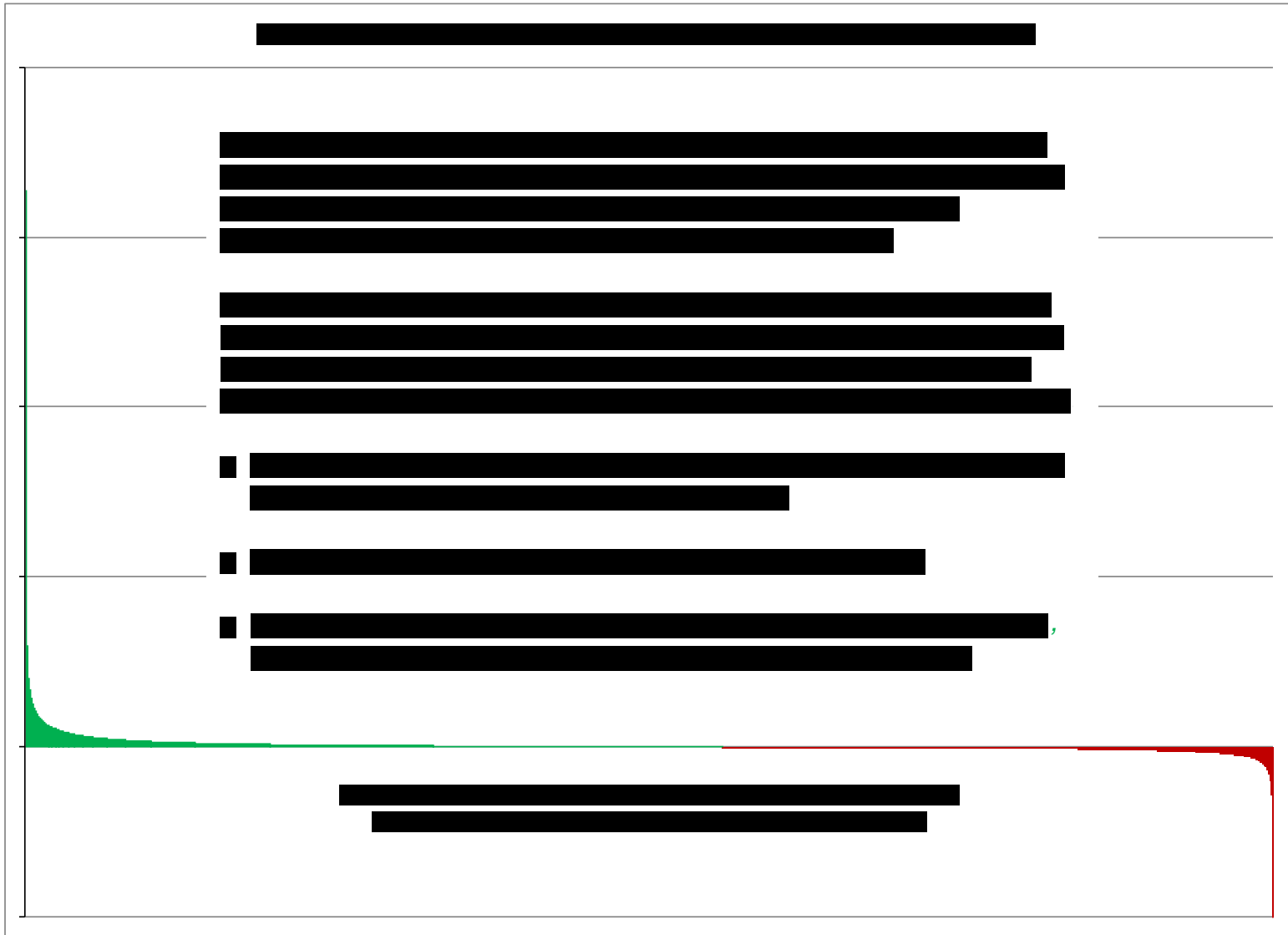
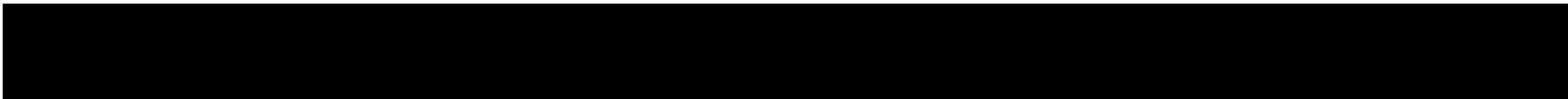
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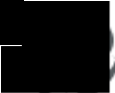
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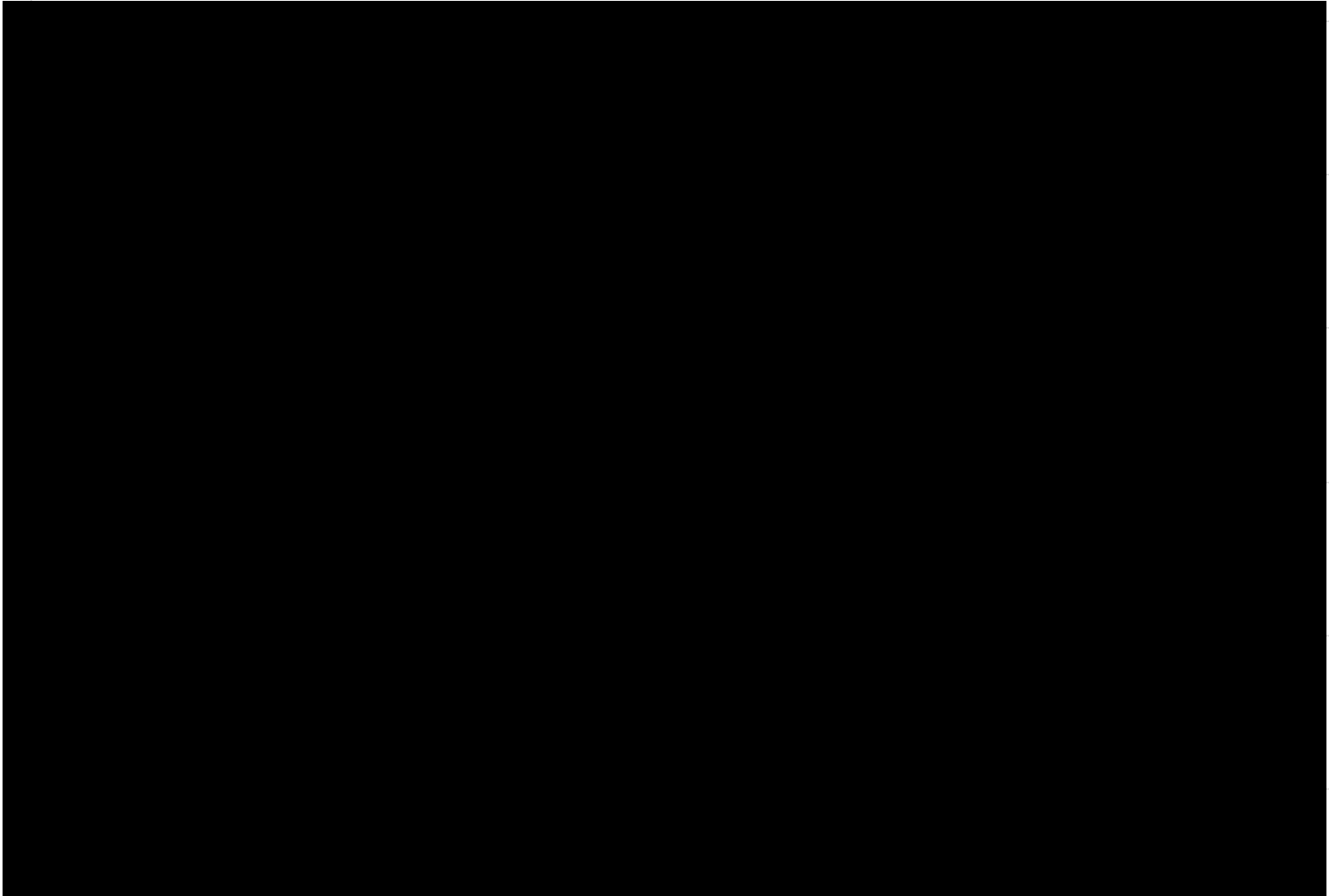
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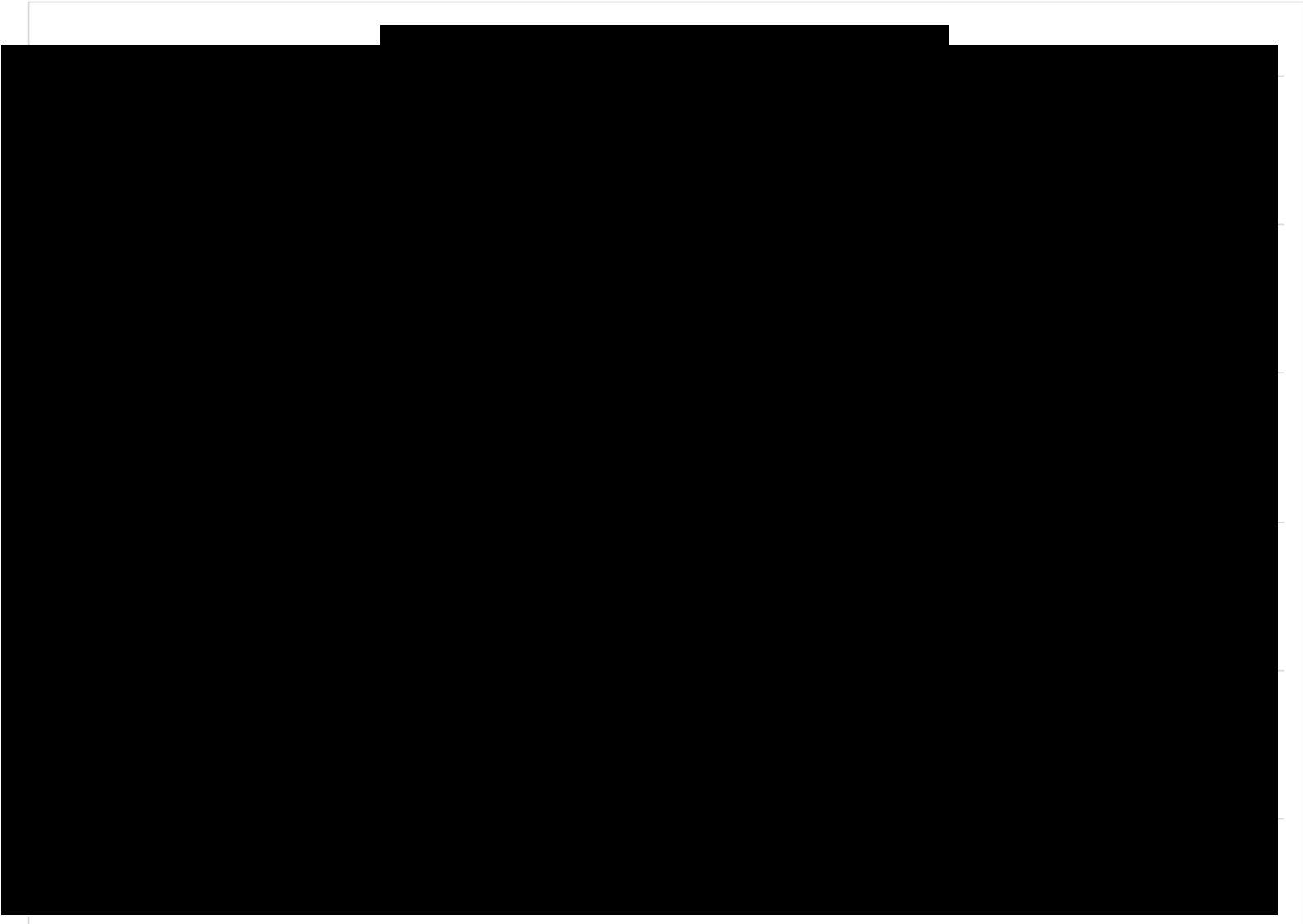
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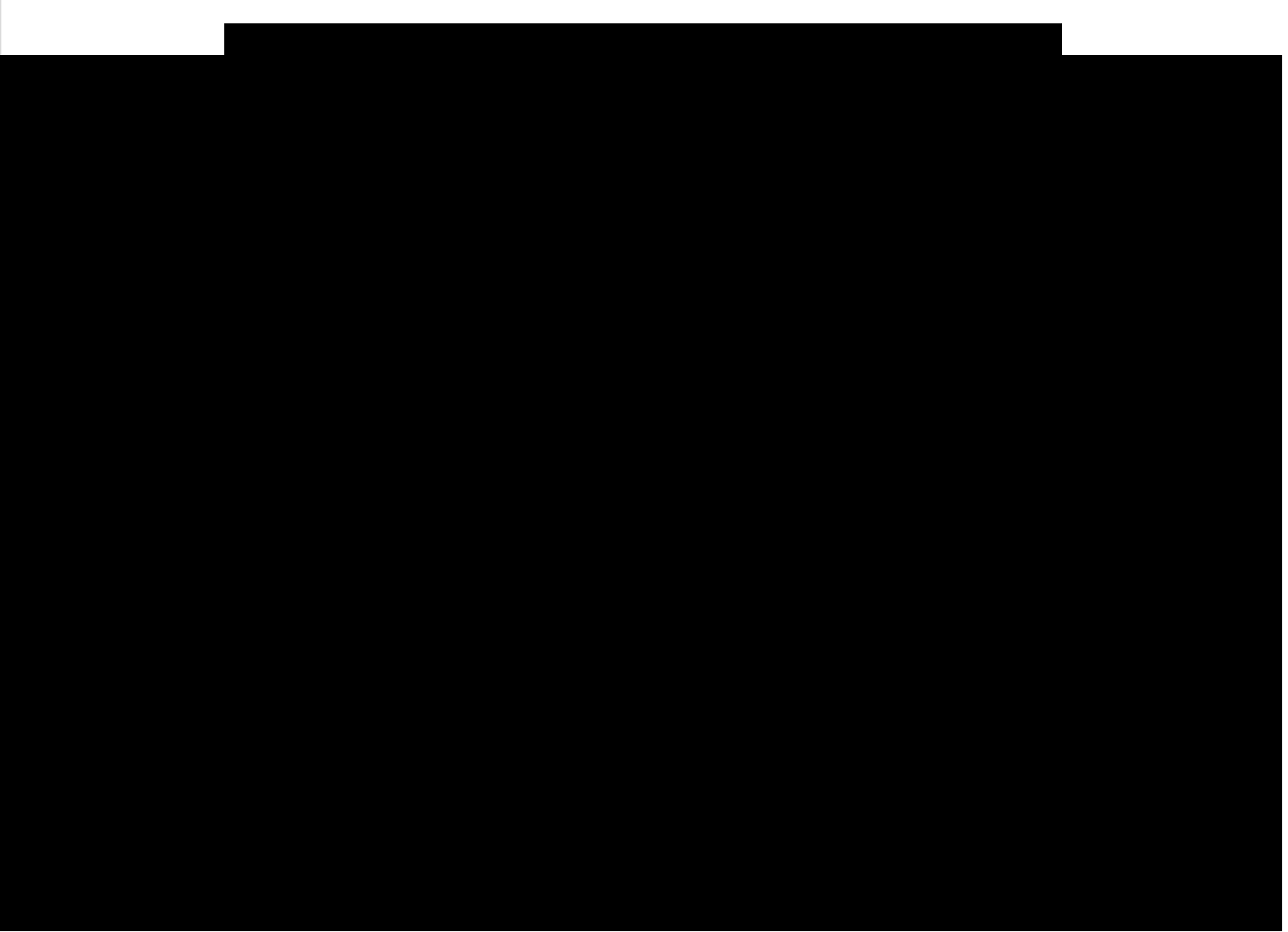
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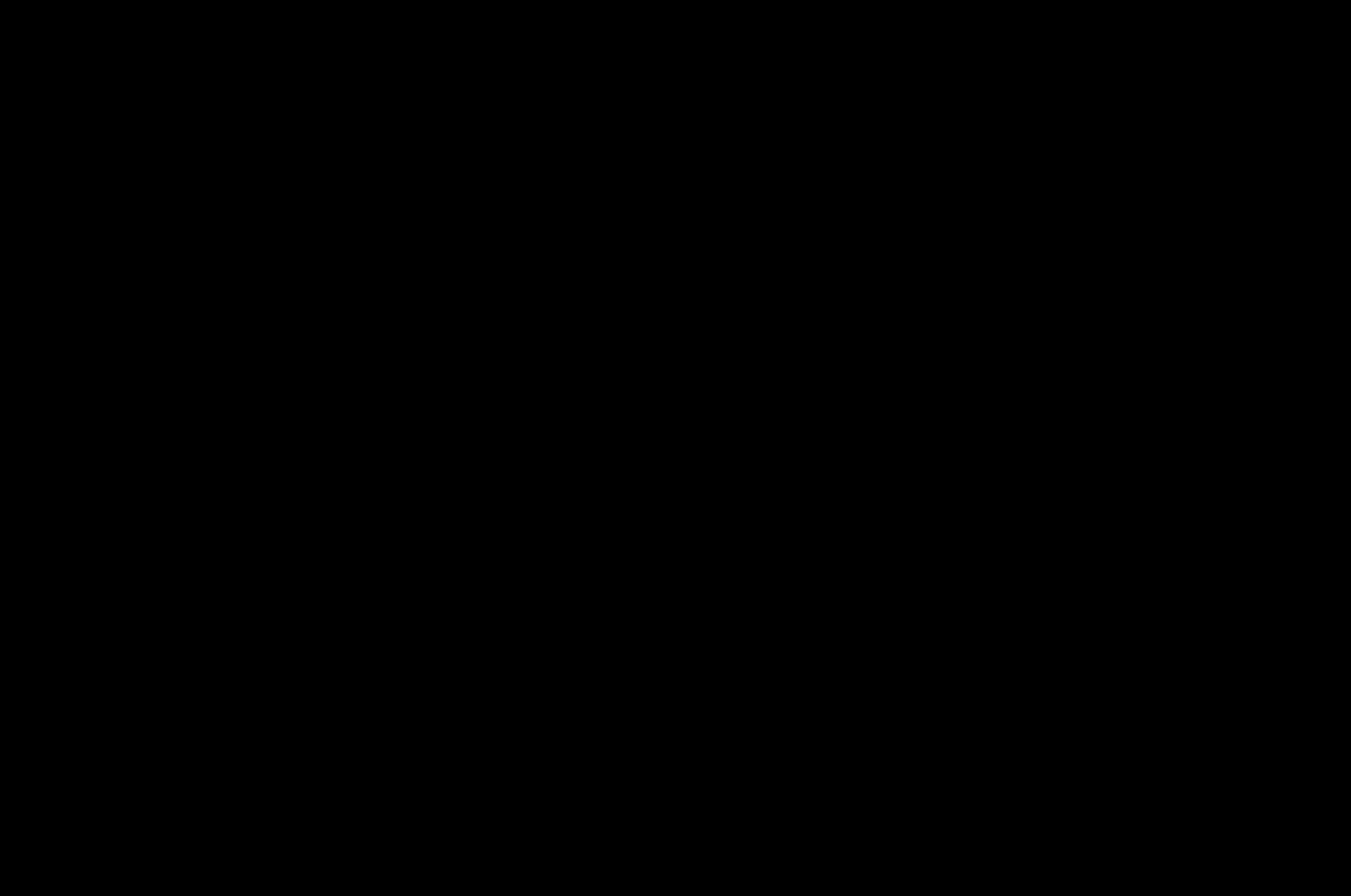
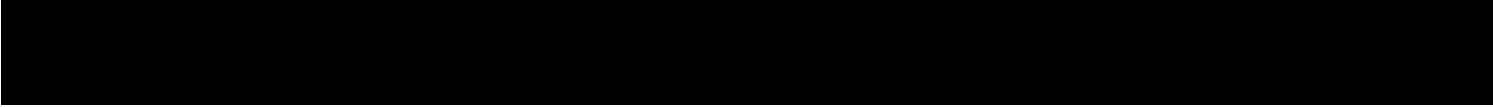
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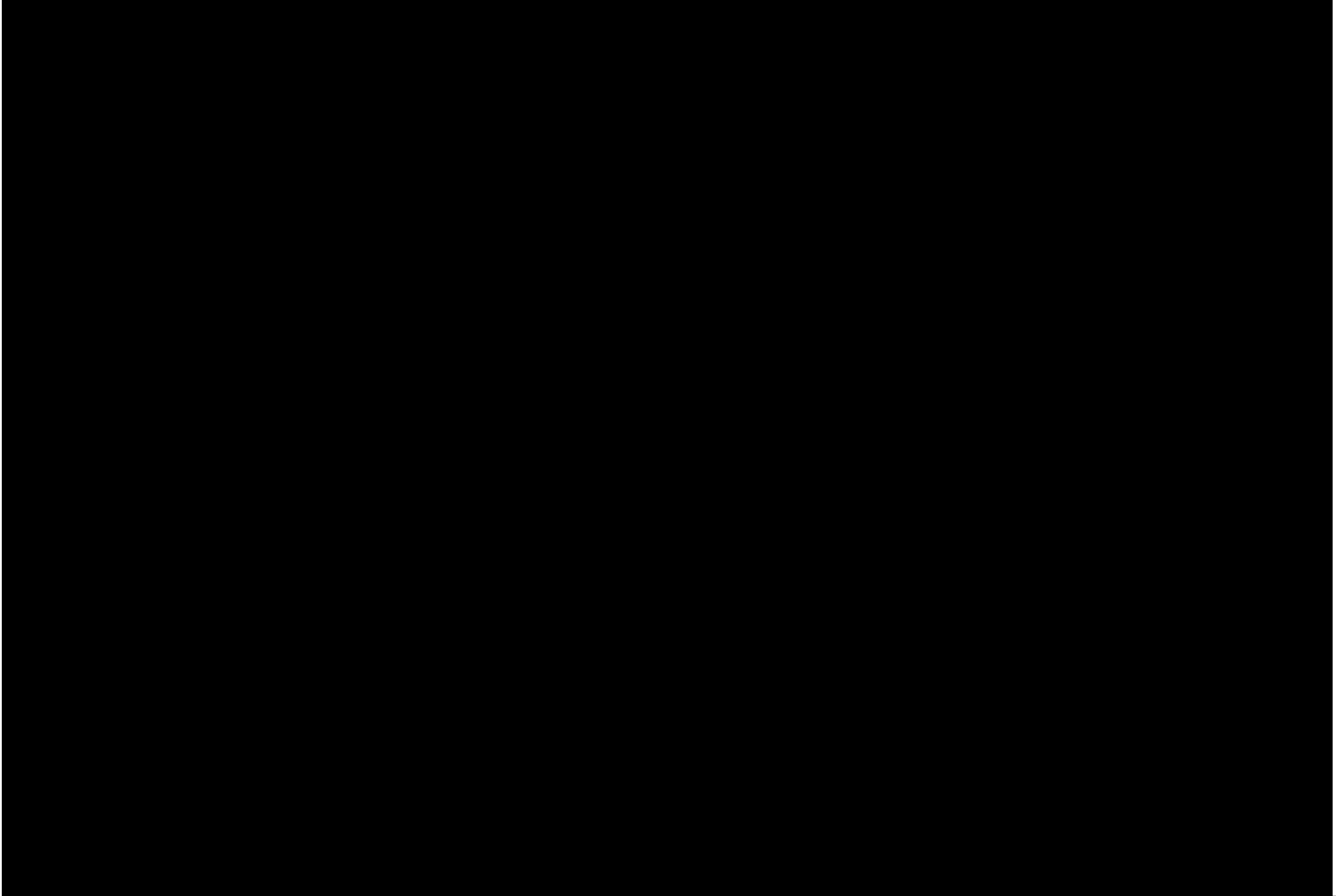


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**HCMO Notice Question 7 - Exhibit 5:
Summary of Draft Financial Projections for the Integrated Public University
Health System**

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**HCMO Notice Question 7 - Exhibit 6:
Legacy Health Evaluation of Transaction Goals**



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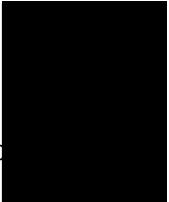
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**HCMO Notice Question 7 - Exhibit 7:
Legacy Health Clinical Analysis**

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**HCMO Notice Question 10 - Exhibit 1:
Description of OHSU Service Lines**

Description of OHSU Service Lines

OHSU service lines are organized clinical services supported by leadership teams with operational and strategy expertise. OHSU has four main service lines: cardiovascular, oncology, neuroscience, and women's and children's. Working closely with clinicians in these specialties, service lines are accountable for patient-facing, market-oriented services across outpatient and inpatient settings. They also monitor volume and programmatic targets for each specialty. The goal of all service lines is to provide patients a consistent experience and excellent care, while remaining committed to innovative therapy, research and educational opportunity.

Heart and Vascular

The OHSU Health adult Heart and Vascular Service Line (HVSL) is a group of cardiovascular departments and subspecialized programs in both ambulatory and hospital settings at locations across the organization under one governance structure. The HVSL operates within an intentional and carefully designed strategic plan that emphasizes excellent patient outcomes, standards for care delivery and strategic growth. With a population-health focus, the HVSL organizes the infrastructure needed to facilitate disease management for patients with cardiovascular ailments in a holistic manner.

Oncology

The OHSU oncology service line brings together and aligns the services of surgical oncology, medical oncology and radiation oncology to guide patients through their cancer journey. The oncology service line includes a large cellular therapy program inclusive of stem cell transplants and CAR-T treatments (chimeric antigen receptor T cell therapy). Beyond cancer, our program also provides care and treatment options for benign hematology diseases. The oncology service line has a history of offering patients access to clinical trials, including those developed at OHSU Knight Cancer Institute and from industry. Clinical trials are available for patients with all tumor types. OHSU also offers a program and treatment unit for early phase clinical trials. Beyond medical treatments the oncology service line includes integrative cancer care, providing patients with access to palliative care, psycho oncology, massage therapy, yoga, mindfulness, acupuncture/naturopathic medicine, art therapy and writing groups.

Neuroscience

The Neuroscience service line is dedicated to understanding, healing, and protecting the brain through cutting-edge research, outstanding patient care, innovative public education and training of future neuroscience leaders for Oregon and beyond. The Departments of Neurology and Neurosurgery provide care and treatment for neurological disorders. Neurosurgical programs include surgical neuro-oncology, pituitary tumors, deep brain stimulation for movement disorders and currently the only place in Oregon to offer incisionless brain surgery using focused ultrasound technology for essential tremors and Parkinson disease, medical and surgical management of chronic pain, complex spinal disorders and reconstruction as part of a comprehensive spinal disorders center, neurovascular disease, pediatric and congenital nervous system disorders, hydrocephalus, nervous system trauma, and a Level 4 accredited, the highest level epilepsy treatment and surgery center. Neurosurgery and Neurology are expanding personalized care with multimodality, intraoperative awake craniotomies using sophisticated intraoperative brain mapping to individualize and modify risk factors for patients. The Layton Aging and Alzheimer's Disease Center is a leader in dementia care and research and is one of 30 funded centers nationwide supported by the National Institute on Aging and Designated Alzheimer's Disease Research Center. The Multiple Sclerosis Center is the largest clinic of its type in the Northwest. The OHSU Parkinson Center, the largest Parkinson's clinic in the Pacific Northwest, provides expertise, comprehensive care and education to patients, families and professionals, and promotes research into the causes and treatments of Parkinson's disease and other movement disorders. The OHSU Stroke Center provides 24-hour-a-day response as a DNV-Certified Comprehensive Center to stroke patients in the Portland metropolitan area as well as telemedicine for acute stroke at ten other hospitals throughout the state of Oregon. OHSU is also home to the west coast's only intra-operative MRI unit in a children's hospital (part of a new integrated children's imaging, intervention and sedation unit at Doernbecher Children's Hospital). The volume of pediatric neurosurgical care provided at Doernbecher Hospital is the largest in the region.

Women's and Children's

Women's & Children's (W&C) Services at OHSU consist of all obstetrics and gynecology, maternal, fetal, neonatal, pediatric, and adolescent care at OHSU sites across the state. Our specialists provide essential services to Oregon communities, including many programs that otherwise would not exist in the state (or, in some cases, the Pacific Northwest). Each year, OHSU W&C manages approximately 2,300 deliveries, admits 660 infants to our Level IV neonatal intensive care unit (NICU), and Doernbecher Children's Hospital discharges roughly 6,000 pediatric inpatients. Our state-of-the-art Center for Women's Health sees over 75,000 ambulatory visits each year, and Doernbecher's ambulatory footprint includes 14 outreach sites outside the

Portland metro area. With both contractual and informal relationships across the state, OHSU is committed to ensuring that Women and Children in Oregon receive the best possible care in the right place, and at the right time. We leverage these relationships to support programs that help keep patients near home, like our tele-NICU program, and we work tirelessly with non-OHSU providers in the community to coordinate care and maintain the most seamless possible transitions in care. This state-wide collaboration is a key component of how we continuously strive to provide the best possible patient and family experience in W&C services.

**HCMO Notice Question 10 - Exhibit 2:
List of Services Provided by OHSU**

List of OHSU services from OHSU.edu

See <https://www.ohsu.edu/health/ohsu-health-care-services> for more details.

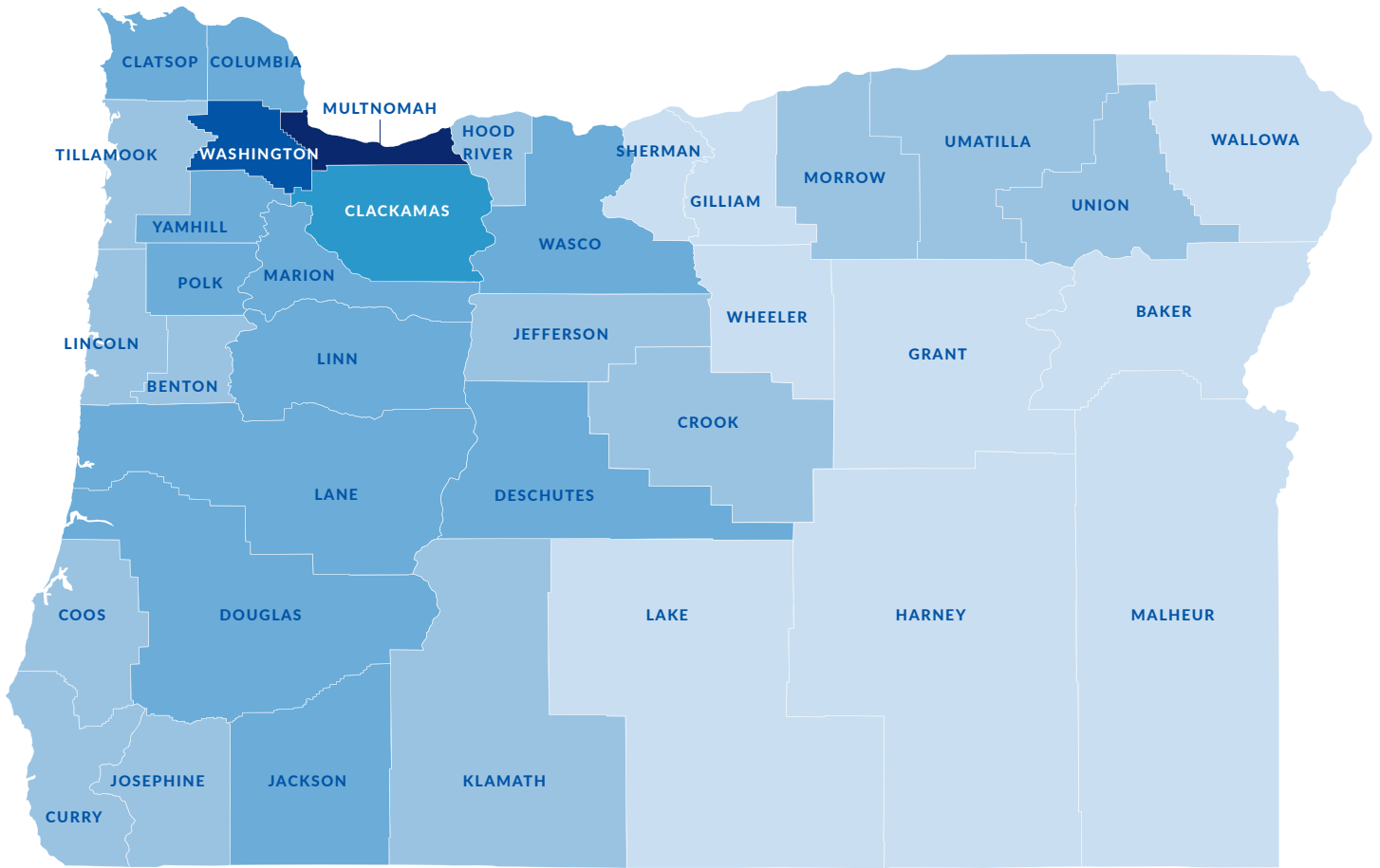
- Addiction services
- Allergy and immunology
- Alternative medicine
- Anesthesiology
- Arthritis and rheumatic diseases
- Bariatrics and weight-loss surgery
- Bone and joint
- Cancer and blood disorders
- Cardiology
- Cartilage repair and reconstruction
- Children's health care
- Cosmetic and plastic services
- Counseling
- Culture-specific services
- Dental care
- Dermatology services
- Diabetes and endocrinology
- Digestive health care
- Ear, nose and throat (ENT)
- Emergency services
- Eye care
- Facial pain
- Family medicine
- Fertility
- Fracture care
- Heart care
- Imaging services
- Infectious diseases
- Integrative medicine
- Internal medicine and geriatrics
- Kidney care and hypertension
- Lab services
- Labor and delivery
- Mental health
- Midwifery
- Nephrology
- Neurology and neurological surgery
- Obstetrics and gynecology

- Occupational therapy
- Orthopaedics and rehabilitation
- Pain management and anesthesiology
- Pharmacy
- Physical therapy
- Plastic and reconstructive surgery
- Pregnancy
- Psychiatry
- Pulmonary, critical care
- Radiology
- Rehabilitation
- Sleep medicine
- Speech therapy
- Spine care
- Sports medicine
- Surgery
- Transgender health care
- Transplant medicine
- Urology
- Vascular medicine
- Women's health care

**HCMO Notice Question 10 - Exhibit 3:
Maps Illustrating Geographic Areas Served by OHSU**

Total Patients by County

2023

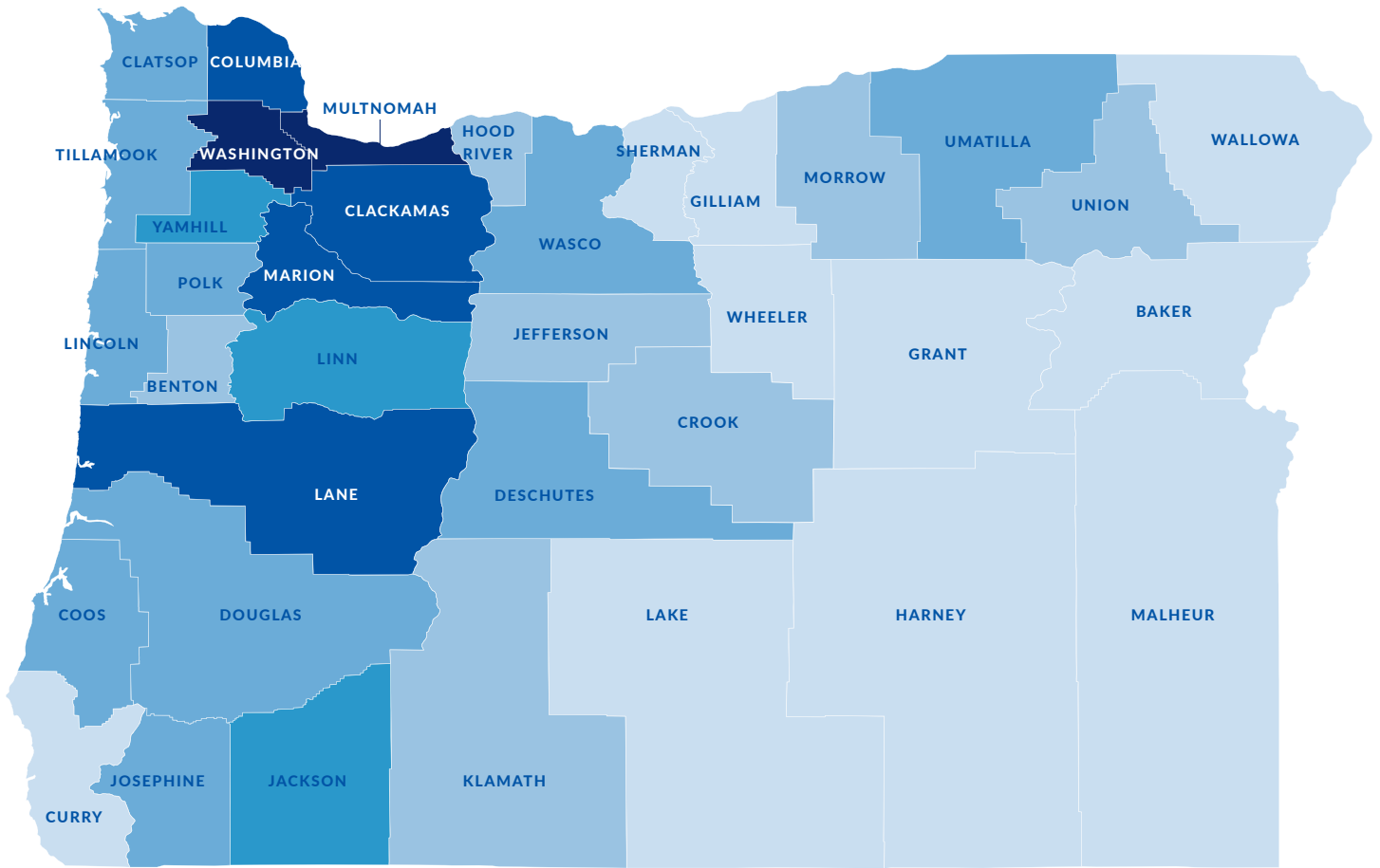


| | | | |
|------------|------|------------|-------|
| Baker | █ | Lake | █ |
| Benton | ██ | Lane | ███ |
| Clackamas | ████ | Lincoln | ███ |
| Clatsop | ████ | Linn | ████ |
| Columbia | ████ | Malheur | █ |
| Coos | ███ | Marion | ████ |
| Crook | ███ | Morrow | ███ |
| Curry | ███ | Multnomah | █████ |
| Deschutes | ████ | Polk | ████ |
| Douglas | ████ | Sherman | █ |
| Gilliam | ██ | Tillamook | ███ |
| Grant | ██ | Umatilla | ███ |
| Harney | ██ | Union | ███ |
| Hood River | ███ | Wallowa | █ |
| Jackson | ████ | Wasco | ████ |
| Jefferson | ███ | Washington | █████ |
| Josephine | ████ | Wheeler | ██ |
| Klamath | ███ | Yamhill | ████ |
| Unknown | | | 880 |

Total 1,134,940

Total Medicaid Patients by County

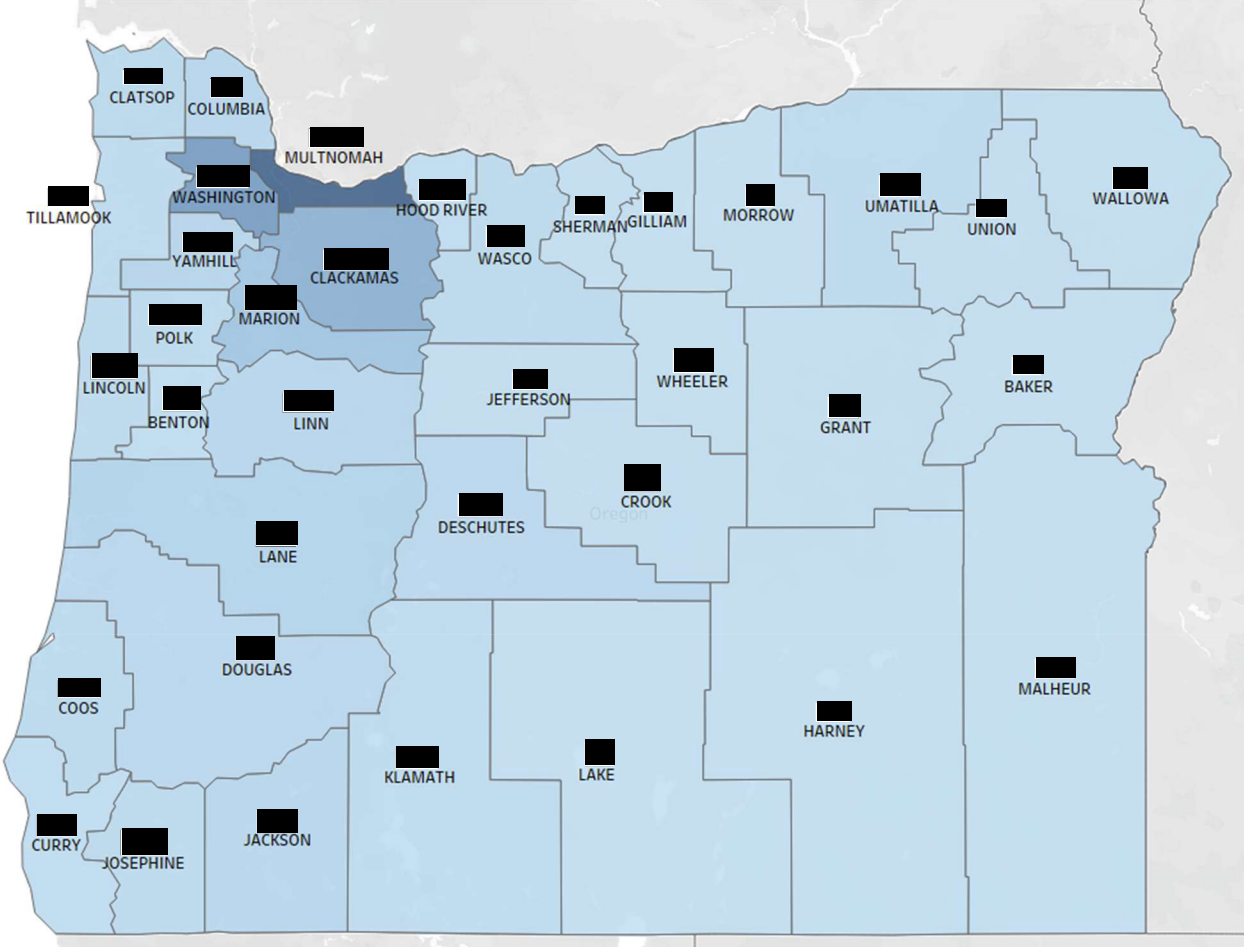
2023



| | | | |
|--------------|---|------------|---------------|
| Baker | █ | Lake | █ |
| Benton | █ | Lane | █ |
| Clackamas | █ | Lincoln | █ |
| Clatsop | █ | Linn | █ |
| Columbia | █ | Malheur | █ |
| Coos | █ | Marion | █ |
| Crook | █ | Morrow | █ |
| Curry | █ | Multnomah | █ |
| Deschutes | █ | Polk | █ |
| Douglas | █ | Sherman | █ |
| Gilliam | █ | Tillamook | █ |
| Grant | █ | Umatilla | █ |
| Harney | █ | Union | █ |
| Hood River | █ | Wallowa | █ |
| Jackson | █ | Wasco | █ |
| Jefferson | █ | Washington | █ |
| Josephine | █ | Wheeler | █ |
| Klamath | █ | Yamhill | █ |
| Unknown | | | 226 |
| Total | | | 71,413 |

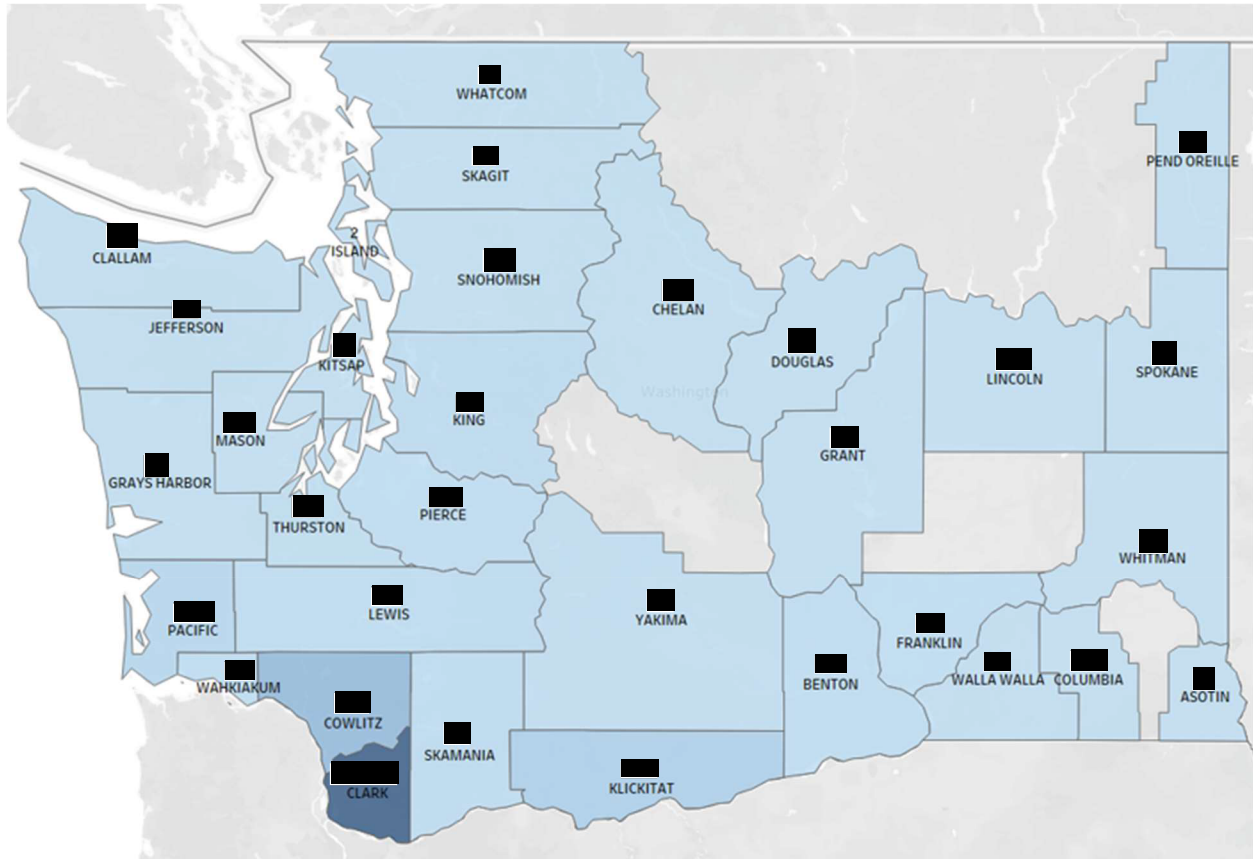
OHSU Inpatient Cases by Oregon County

Calendar Year 2023



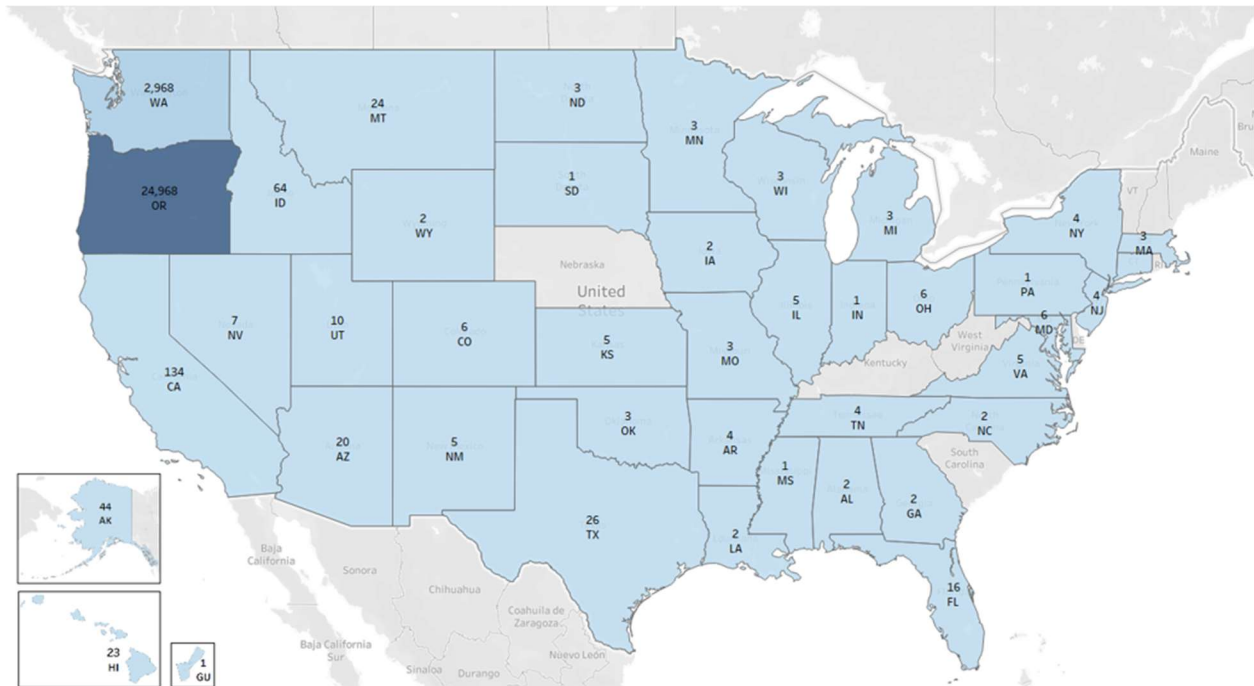
OHSU Inpatient Cases by Washington County

Calendar Year 2023



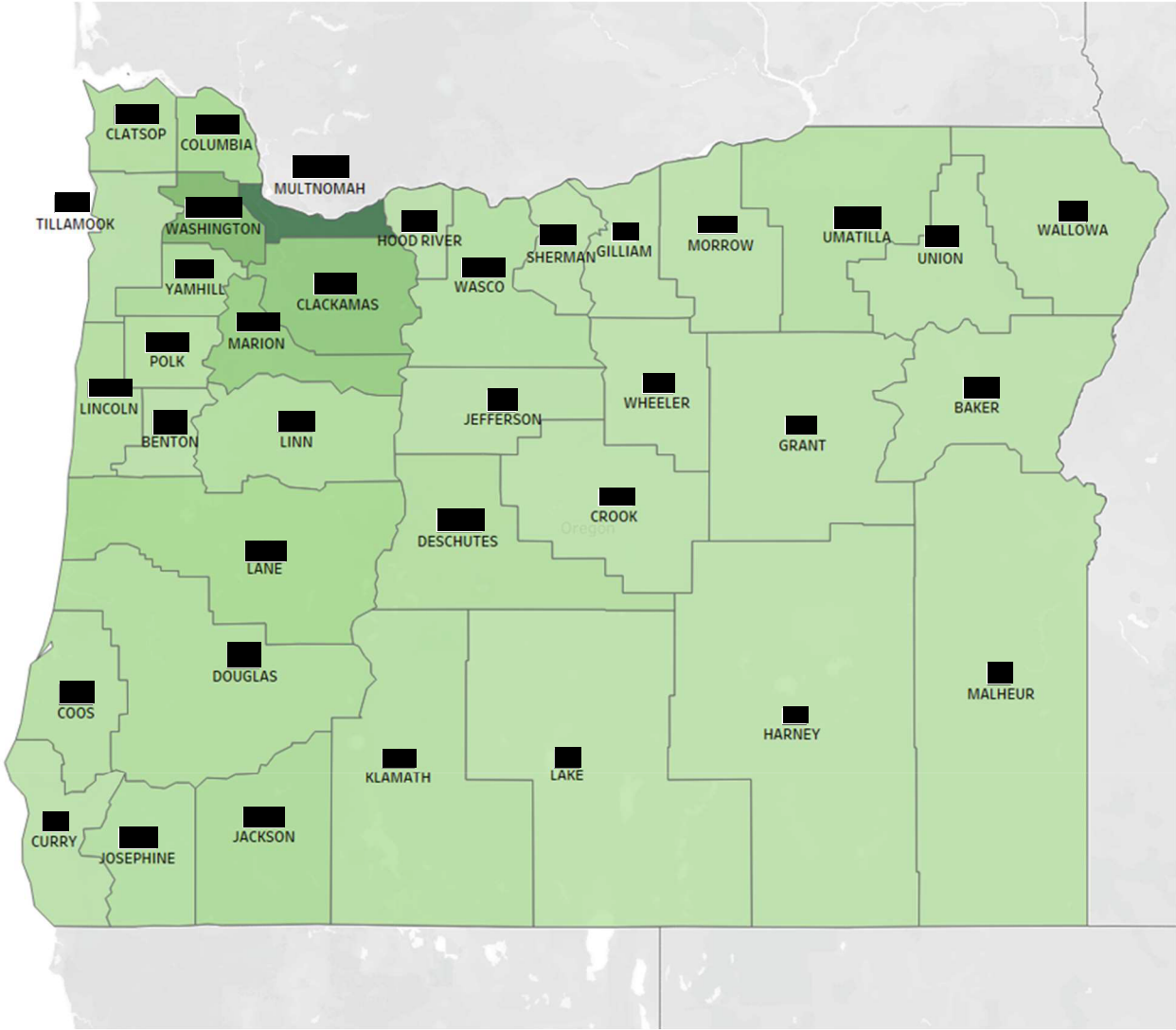
OHSU Inpatient Cases by State

Calendar Year 2023



OHSU Inpatient Medicaid Cases by Oregon County

Calendar Year 2023



**HCMO Notice Question 11 - Exhibit 1:
Description of Legacy Health Service Lines**

Legacy Health Service Lines

Neurosciences

The Legacy Neurosciences service line provides comprehensive services - from diagnosis and treatment to rehabilitation - for conditions impacting the brain and spine. The scope of the service line includes neurology, neurosurgery, orthopedic spine surgery, neurointerventional radiology, neuropsychology, physical medicine, and rehabilitation, and neurodiagnostics. We have sub-specialty multi-disciplinary programs in the areas of stroke, epilepsy, Parkinson's/movement disorders, headache, multiple sclerosis, spine, and concussion. The neurosurgeons provide neurosurgical trauma care for both Level I adult and pediatric trauma centers at Legacy Emanuel Medical Center and Randall Children's Hospital at Legacy Emanuel, respectively. Legacy Health provides stroke care to over 20 percent of stroke patients in the region at our five certified stroke centers: a Comprehensive Stroke Center at Legacy Emanuel and the primary stroke centers at Legacy Good Samaritan, Legacy Meridian Park, Legacy Mount Hood, and Legacy Salmon Creek Medical Centers and provides telemedicine coverage to Legacy Silverton Medical Center. All stroke centers have consistently received annual award recognition for quality from The American Heart/American Stroke Association Get With the Guidelines Program.

The nationally ranked and Commission on Accreditation of Rehabilitation Facilities accredited Rehabilitation Institute of Oregon is the largest inpatient rehabilitation facility, offering the highest level of care in the region and is a critical component to the continuum of care for our neurosciences patients. The multidisciplinary, physician-driven Neurosciences Leadership Council includes both Legacy employed and community physicians along with administration from across the system to provide governance and guidance on strategy and operational priorities to ensure our services and investments best meet the needs of our community.

Cardiovascular

The Legacy Cardiovascular service line is a comprehensive adult service that strives to deliver high-quality, coordinated, and accessible care. The service line is organized under one governance structure and includes three departments: Cardiology, Cardiothoracic Surgery, and Vascular Surgery. There are over 40 specialized physicians delivering care across ambulatory and hospital settings with presence at five Legacy hospitals in Portland, OR and Vancouver, WA areas. The Cardiovascular service line is proud to offer personalized care to the communities served from prevention and diagnosis to treatment and recovery.

Children's

Randall Children's Hospital at Legacy Emanuel is a regional center for the care of infants, children, and teens, and includes our Randall Family Birth Center serving low/high risk birthing persons and their families. The state-of-the-art hospital and clinics are designed with children and families in mind. From routine primary care to the most complex cases, Randall Children's Hospital provides the most advanced medical and surgical care. Designated as a Level IV Neonatal Intensive Care Unit (NICU), Randall

Children's provides the highest level of neonatal care available and serves an average of 645 neonatal patients and families each year. The inpatient pediatric units serve and discharge over 6,700 children each year, including the patients and families cared for in the state's only Inpatient Pediatric Rehabilitation Unit.

Randall Children's Pediatric Care Clinic is designated by the Oregon Health Authority as a Tier 5/5 Star Patient Centered Primary Care Home and serves some of the most vulnerable children and families in the Portland metropolitan area. Randall Children's specialty care providers reduce transportation barriers for children and families by providing care in 7 satellite/outreach locations to include Vancouver, Cornell, Tualatin, Salem, Corvallis, Springfield, and Bend. Annually, providing care to over 165,000 outpatient clinic visits at Randall Children's Hospital and satellite/outreach sites.

The Randall Children's Emergency Department serves over 32,000 children and families each year and is proud to serve as the first children's hospital in the Pacific Northwest to be verified by the American College of Surgeons (ACS) in 2017 as a pediatric level 1 trauma center. Randall Children's Hospital also serves as one of the few children's hospitals in the United States verified in 2019 by the ACS as a level 1 Children's Surgery Center. Located on the Legacy Emanuel Medical Center campus, Randall Children's provides a scale and breadth of service that makes it central to the health of the entire Pacific Northwest.

Obstetrics, Gynecology and Family Birth

The Legacy Obstetrics, Gynecology, and Family Birth service line is responsible for oversight of Obstetric safety, quality, regulatory compliance, and operations of Legacy's six Family Birth Centers as well as inpatient and outpatient benign gynecologic care. Legacy has four centers providing Level 1 Maternal Care (Legacy Meridian Park, Legacy Good Samaritan, Legacy Mount Hood, and Legacy Silverton), one providing Level II Maternal Care (Legacy Salmon Creek) and Randall Children's Hospital providing Level III Maternal Care. Collectively, there were 8,750 births in calendar year 2023. The service line has relationships with referring hospitals throughout Oregon and Washington to allow seamless transfer to higher level of care when indicated.

There are close to 300 clinicians with active privileges across the 6 hospitals including Maternal Fetal Medicine, Obstetrician/Gynecologists, Obstetric Hospitalists and Certified Nurse Midwives. Clinicians include employed providers with Legacy Medical Group, Federally Qualified Health Centers, Kaiser, The Oregon Clinic, Women's HealthCare Associates, The Vancouver Clinic, and smaller private practice clinicians. The service line collaborates with our partners in Behavioral Health, Anesthesia, and the Emergency Department to provide the safest, high-quality care that meets the needs of our patients. We are committed to providing care to our Medicaid population and addressing health care disparities through implementation of innovative programs such as TeamBirth and standardizing education and protocols.

Behavioral Health

The Legacy Behavioral Health service line is a centralized behavioral health organizational structure responsible for comprehensive strategic development that prioritizes safety, preparedness for growing psychiatric emergency needs, fiscal accountability, and continued leadership in Behavioral Health innovation. Legacy's current Behavioral Health services include adult/pediatric consultative services, adult/adolescent acute psychiatric inpatient treatment, adult psychiatric emergency service, adult ambulatory services, and is a training site for a diverse Behavioral Health workforce. A unified Behavioral Health service line favorably impacts employee recruitment, retention, and engagement. This coordinated service line structure also benefits the growth of programs, expanding training/teaching opportunities, thereby attracting medical residents, psychology residents and other students promoting Oregon's behavioral health workforce pipeline.

Oncology

The Legacy Cancer Institute provides unique care where healing, heart and hope are one. This is the foundation from which our care is designed and is embedded into the architecture of the Legacy Cancer Institute flowing into every corner. Legacy Cancer Institute's approach to cancer treatments include the latest techniques in surgical care, high-quality radiation oncology technologies, a broad array of clinical trials and specialists in all the various areas of oncology from solid tumor to hematologic malignances. It also offers Stem Cell Transplants. The management of cancer not only includes elimination of malignancy, but always includes restoration and support of the body, spirit, and soul of those that walk the journey. The Legacy Cancer Institute includes a Healing Center with Integrative Oncology, Art and Nutrition specialists, Social Workers, Clinical Psychologist and Navigators to support our patients and their loved ones. Legacy Cancer Institute understands that coordination of care and support to improve access to timely care is important to its patients across Oregon and Southwest Washington.

**HCMO Notice Question 11 - Exhibit 2:
List of Services Provided by Legacy Health**

List of services Legacy Provides

Adult Services

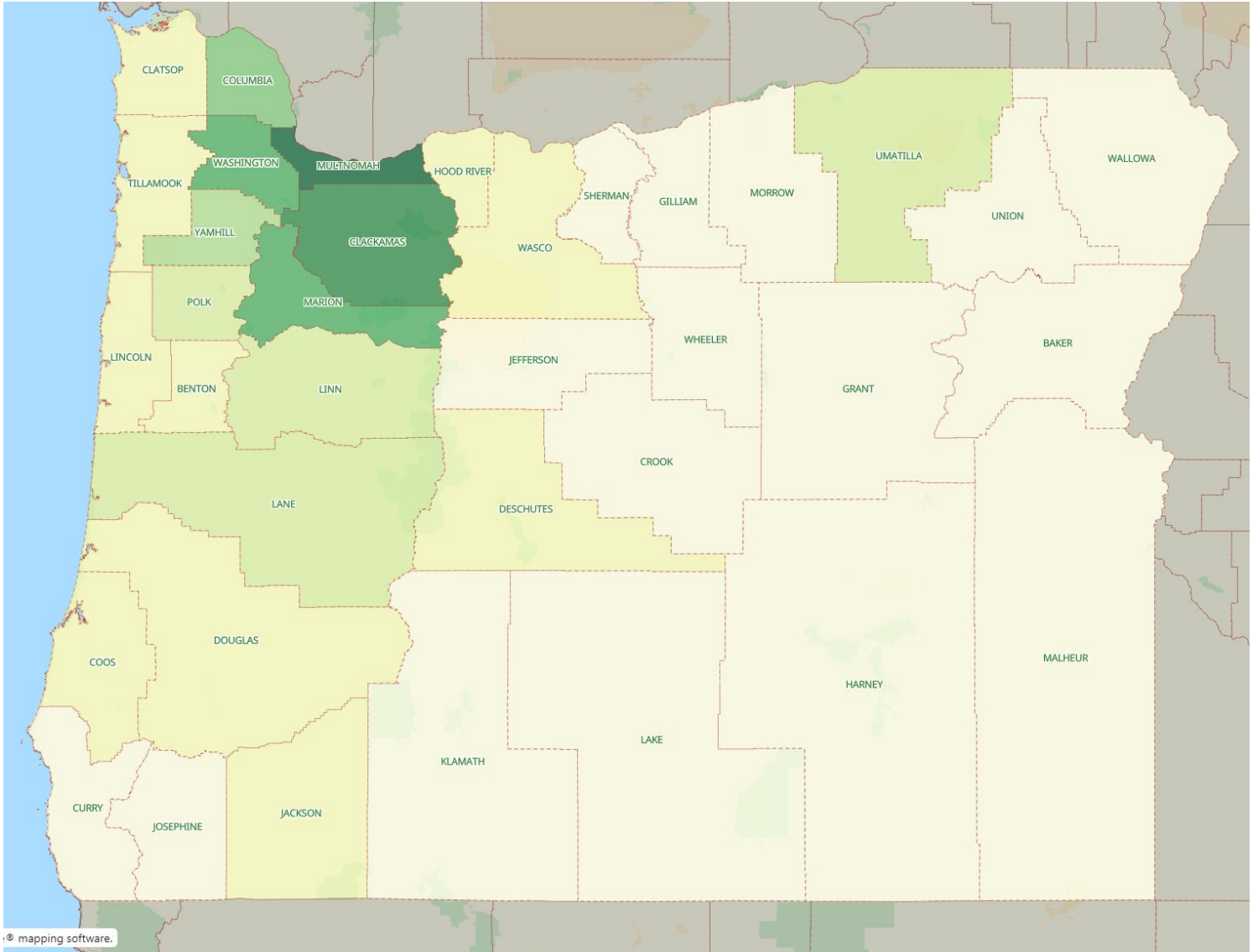
- Allergy & Immunology
- Ashma
- Autoimmune and musculoskeletal (Rheumatology)
- Behavioral Health
- Bloodless Surgery
- Bone & Joint (Orthopedic)
- Brain & Spine Care (Neurology/Neurosurgery)
- Breast & Cancer Screening (Mammogram)
- Burn Care
- Cancer
- Clinical Trial
- Colon Cancer Screening
- Diabetes
- Digestive Health (Gastroenterology)
- Ear, Nose, Throat (Otolaryngology)
- Emergency
- Endocrinology
- Extracorporeal membrane oxygenation (ECMO)
- Eye Care
- Family Medicine
- Foot and Ankle (Podiatry)
- Gender Care
- Genetics
- Hearing, Balance, and Dizziness
- Heart (Cardiology/Cardiothoracic surgery)
- Hospice and Grief Support
- Imaging (Radiology)
- Infectious Disease
- Infusion (IV therapy)
- Interventional Radiology
- Lab (Diagnostic Test)
- Lung (Pulmonology)
- Medication Management
- Nutrition
- Pain Management
- Palliative Care
- Pediatrics (Child's Care)
- Pharmacy
- Physical Therapy and Rehabilitation
- Pregnancy (maternity Care)
- Primary Care (Internal Medicine)
- Rehabilitation – Inpatient
- Rehabilitation - Outpatient
- Skin (Dermatology)
- Sleep Medicine
- Spine
- Senior and Geriatric Care
- Surgery
- Therapeutic Gardens
- Transplant
- Transgender Services
- Trauma
- Urgent Care
- Urology
- Vascular
- Weight (Bariatrics)
- Women's Health
- Wound & Ostomy Care

Children's Services

- Arthritis and inflammatory Disease (Rheumatology)
- Art Therapy
- Bone and Joint (Orthopedic)
- Brain and Behavior (Neuropsychology)
- Brain and Seizure (Neurology)
- Brain Surgery (Neurosurgery)
- Burn
- Cancer and Blood Disorders (Oncology/Hematology)
- Child Abuse Assessment Services (CareNW and CAAT)
- Child Life
- Complex Care Planning (Palliative Care)
- Concussions
- Craniofacial Care (Cleft Lip/Palate)
- Day Surgery
- Developmental Medicine (Autism)
- Diabetes and Endocrinology
- Dietitian
- Ear, Nose and Throat (Otolaryngology)
- Family Birth Center
- Feeding Clinic
- Gastroenterology
- General Surgery
- Genetics and Metabolism
- Hearing (Audiology)
- Heart (Cardiology/Surgery)
- High-Risk Pregnancy (Maternal-Fetal Medicine)
- Hospice
- Imaging (Radiology)
- Infectious Disease
- Kidney (Nephrology)
- Lung (Pulmonology)
- Mental Health
- Neonatal Intensive Care (NICU)
- Pediatric Intensive Care (PICU)
- Plastic Surgery
- Primary Care
- Rehabilitation – Inpatient
- Rehabilitation - Outpatient
- Skin (Dermatology)
- Sleep Medicine
- Spine
- Sport Medicines
- Surgery
- Transgender Services
- Trauma Services
- Urology

**HCMO Notice Question 11 - Exhibit 3:
Maps Illustrating Geographic Areas Served by Legacy Health**

Legacy Health Inpatient Admissions by Oregon County, Calendar Year 2023

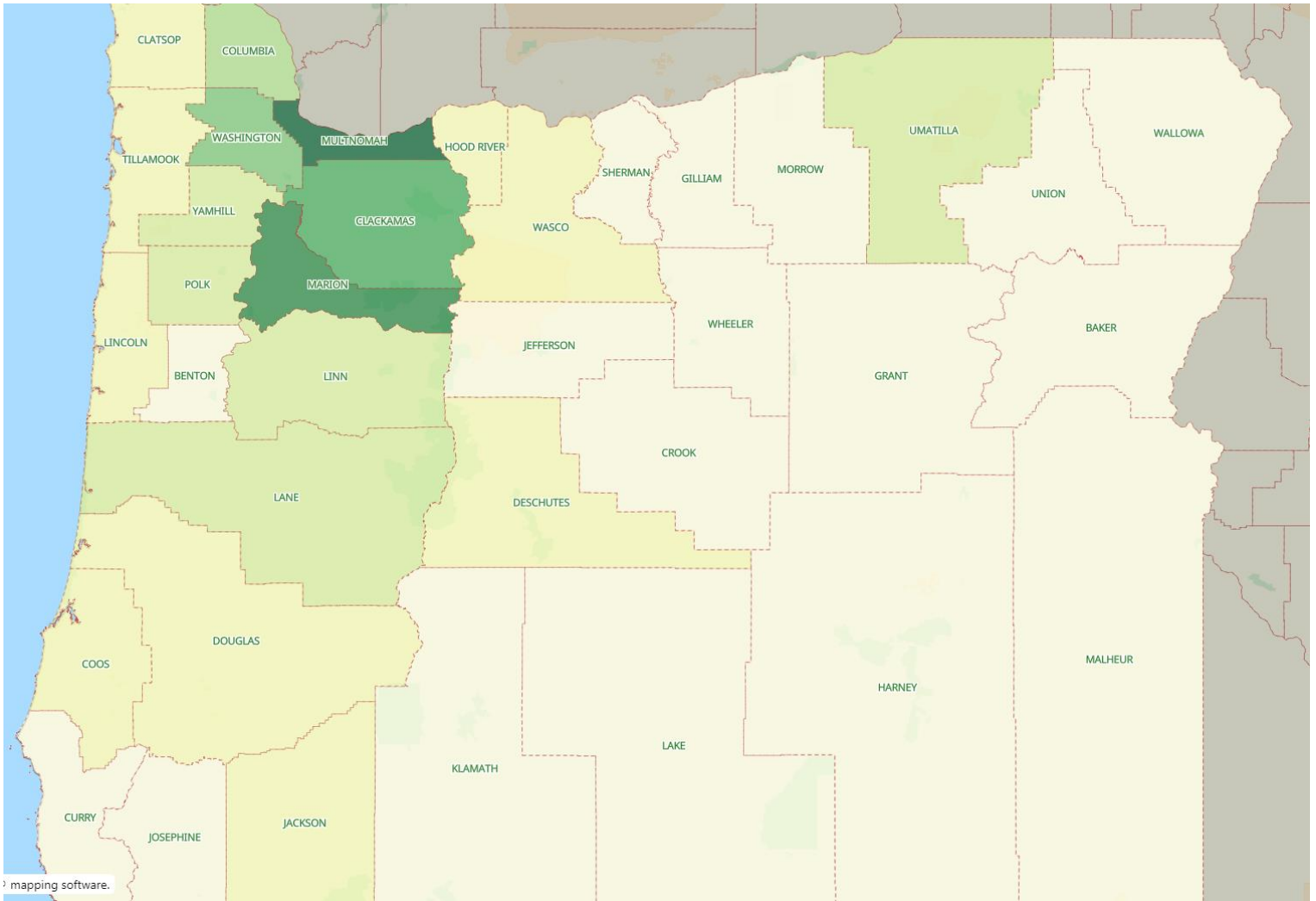


© mapping software.

Map Source: Caliper Maptitude® Software Data: Legacy Strata files

| | | | | | | | |
|-----------|---|------------|---|-----------|---|--------------------------------|---|
| Baker | █ | Gilliam | █ | Lincoln | █ | Union | █ |
| Benton | █ | Grant | █ | Linn | █ | Wallowa | █ |
| Clackamas | █ | Harney | █ | Malheur | █ | Wasco | █ |
| Clatsop | █ | Hood River | █ | Marion | █ | Washington | █ |
| Columbia | █ | Jackson | █ | Morrow | █ | Wheeler | █ |
| Coos | █ | Jefferson | █ | Multnomah | █ | Yamhill | █ |
| Crook | █ | Josephine | █ | Polk | █ | | |
| Curry | █ | Klamath | █ | Sherman | █ | Total Oregon Admissions | |
| Deschutes | █ | Lake | █ | Tillamook | █ | 41,172 | |
| Douglas | █ | Lane | █ | Umatilla | █ | | |

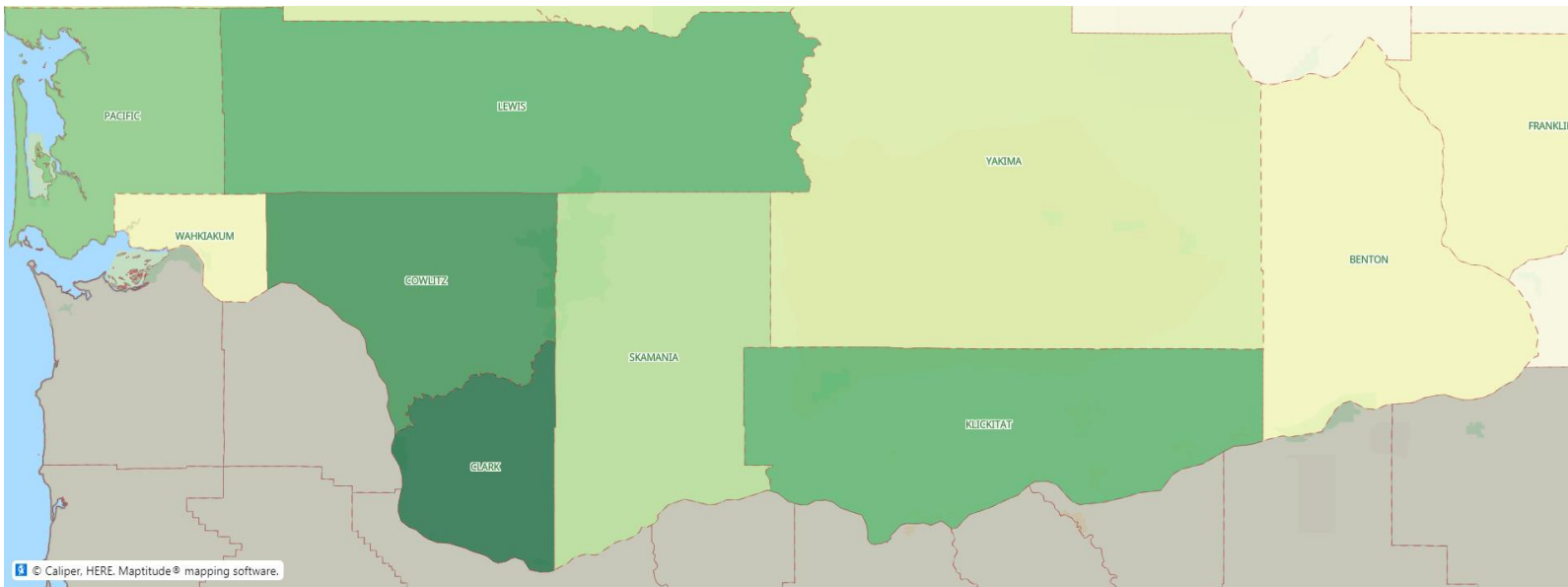
Legacy Health Inpatient Medicaid Admissions by Oregon County, Calendar Year 2023



Map Source: Caliper Maptitude® Software Data: Legacy Strata files

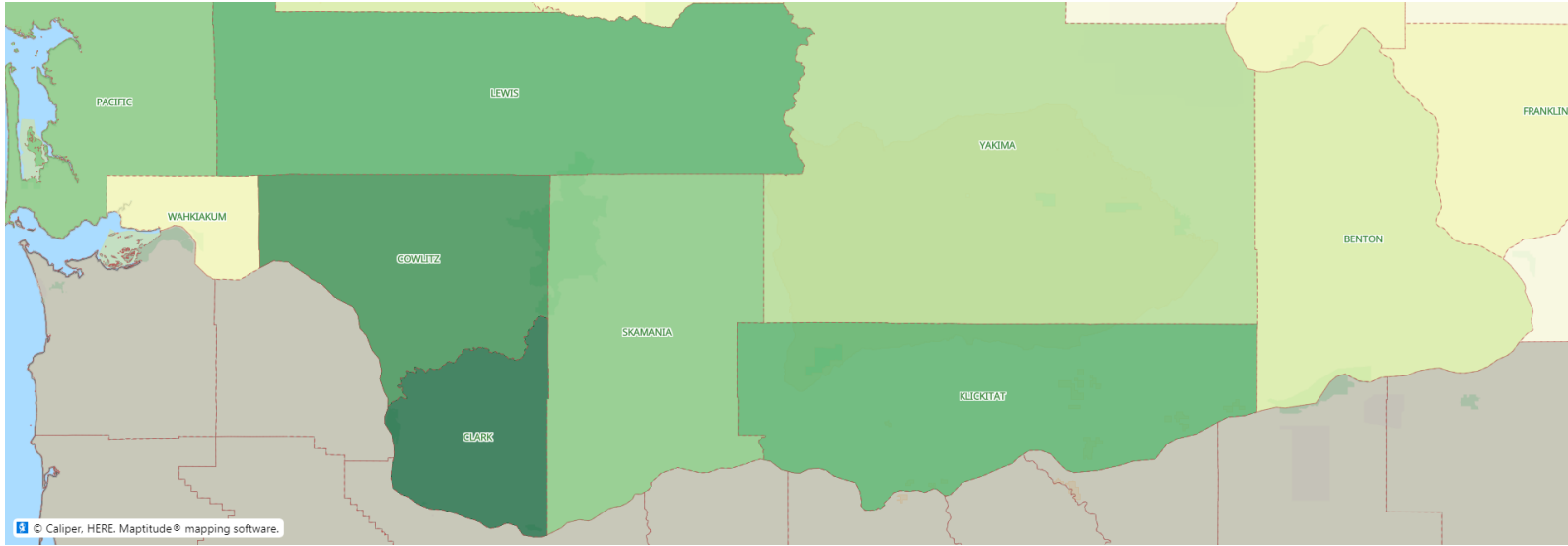
| | | | | | | | |
|-----------|---|------------|---|-----------|---|--------------------------------|---|
| Baker | █ | Gilliam | █ | Lincoln | █ | Union | █ |
| Benton | █ | Grant | █ | Linn | █ | Wallowa | █ |
| Clackamas | █ | Harney | █ | Malheur | █ | Wasco | █ |
| Clatsop | █ | Hood River | █ | Marion | █ | Washington | █ |
| Columbia | █ | Jackson | █ | Morrow | █ | Wheeler | █ |
| Coos | █ | Jefferson | █ | Multnomah | █ | Yamhill | █ |
| Crook | █ | Josephine | █ | Polk | █ | | |
| Curry | █ | Klamath | █ | Sherman | █ | Total Oregon Admissions | |
| Deschutes | █ | Lake | █ | Tillamook | █ | 14,742 | |
| Douglas | █ | Lane | █ | Umatilla | █ | | |

Legacy Health Inpatient Admissions by SW Washington County, Calendar Year 2023



| SW Washington County | Legacy Inpatients |
|--|-------------------|
| Benton | 1,000 |
| Clark | 3,500 |
| Cowlitz | 2,500 |
| Franklin | 1,000 |
| Klickitat | 2,000 |
| Lewis | 2,000 |
| Pacific | 2,000 |
| Skamania | 1,000 |
| Wahkiakum | 1,000 |
| Yakima | 1,000 |
| All Other WA Counties | 1,000 |
| Total Inpatients, Washington Counties | 17,634 |

Legacy Health Medicaid Inpatient Admissions by SW Washington County, Calendar Year 2023



| SW Washington County | Legacy Medicaid Inpatients |
|--|----------------------------|
| Benton | |
| Clark | |
| Cowlitz | |
| Franklin | |
| Klickitat | |
| Lewis | |
| Pacific | |
| Skamania | |
| Wahkiakum | |
| Yakima | |
| All Other WA Counties | |
| Total Inpatients, Washington Counties | 5,085 |

**HCMO Notice Question 11 - Exhibit 4:
Legacy Health Licensed Beds by Facility**

Legacy Health Inpatient Facility Information

| Inpatient Facilities | Ownership | License / Type / Beds | Satellite Hospital Licenses |
|--|------------------------------------|--|---|
| <p>Legacy Emanuel Hospital and Health Center DBA Legacy Emanuel Medical Center</p> <p>2801 N. Gantenbein Avenue, Portland, OR 97227</p> | <p>Legacy Health (sole member)</p> | <p>Class: Hospital-Gen</p> <p>Cap/Satellite: Cap: 554* Satellites: 3</p> <p>License Number: 14-0056</p> <p>Expiration Date: December 31, 2024</p> <p>*107 beds are allocated to Unity Center for Behavioral Health. 447 beds are allocated to Emanuel & Randall Children’s Hospital.</p> | <p><u>1. Legacy Unity Behavioral Health and Laboratory</u></p> <ul style="list-style-type: none"> License Number: 14-0056-1 Licensee Address: 1225 NE 2nd Avenue, Portland, OR 97232 Expiration Date: December 31, 2024 <p><u>2. Legacy Clinic St. Helens</u></p> <ul style="list-style-type: none"> License Number: 14-0056-2 Licensee Address: 475 S. Columbia River Highway, Suite 100, St. Helens, OR 97051 Expiration Date: December 31, 2024 <p><u>3. Legacy Medical Group-Broadway</u></p> <ul style="list-style-type: none"> License Number: 14-0056-3 Licensee Address: 1600 NE Broadway, Portland, OR 97232 Expiration Date: December 31, 2024 |
| <p>Legacy Good Samaritan Hospital and Medical Center DBA Legacy Good Samaritan Medical Center</p> <p>1015 NW 22nd Avenue, Portland, OR 97210</p> | <p>Legacy Health (sole member)</p> | <p>Class: Hospital-Gen</p> <p>Cap/Satellites: Cap: 539 Satellites: 1</p> <p>License Number: 14-0027</p> <p>Expiration Date: December 31, 2024</p> | <p><u>1. Legacy Medical Group-Cornell</u></p> <ul style="list-style-type: none"> License Number: 14-0027-1 Licensee Address: 1960 NW 167th Place, Suite 100 Expiration Date: December 31, 2024 |

| | | | |
|--|------------------------------------|---|---|
| <p>Legacy Meridian Park Hospital DBA Legacy Meridian Park Medical Center</p> <p>19300 SW 65th Avenue, Tualatin, OR 97062</p> | <p>Legacy Health (sole member)</p> | <p>Class: Hospital-Gen</p> <p>Cap/Satellites: Cap: 150 Satellites: 6</p> <p>License Number: 14-1336</p> <p>Expiration Date: December 31, 2024</p> | <p><u>1. Legacy Medical Group-Bridgeport</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-1 • Licensee Address: 18010 SW McEwan Rd., Suite 100, Lake Oswego, OR 97035 • Expiration Date: December 31, 2024 <p><u>2. Legacy Medical Group Canby</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-2 • Licensee Address: 1433 SE 1st Ave., Suite 101, Canby, OR 97013 • Expiration Date: December 31, 2024 <p><u>3. Legacy Medical Group-Lake Oswego</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-3 • Licensee Address: 415 "A" Avenue, Suite 200, Lake Oswego, OR 97034 • Expiration Date: December 31, 2024 <p><u>4. Legacy Medical Group-Tualatin</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-4 • Licensee Address: 19875 SW 65th Avenue, Suite 100, Tualatin, OR 97062 • Expiration Date: December 31, 2024 <p><u>5. Legacy Medical Group-West Linn</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-5 • Licensee Address: 2020 8th Avenue, Suite 100, West Linn, OR 97068 • Expiration Date: December 31, 2024 <p><u>6. Legacy Medical Group-Woodburn</u></p> <ul style="list-style-type: none"> • License Number: 14-1336-6 • Licensee Address: 1002 N. Boones Ferry Road, Woodburn, OR 97071 • Expiration Date: December 31, 2024 |
|--|------------------------------------|---|---|

| | | | |
|--|--|---|---|
| <p>Legacy Mount Hood Medical Center DBA Legacy Mount Hood Medical Center</p> <p>24800 SE Stark Street, Gresham, OR 97030</p> | <p>Legacy Health (sole member)</p> | <p>Class: Hospital-Gen</p> <p>Cap/Satellite: Cap: 115</p> <p>License Number: 14-1337</p> <p>Expiration Date: December 31, 2024</p> | <p>NA</p> |
| <p>Legacy Salmon Creek Hospital</p> <p>2211 NE 139th St. Vancouver, WA 98688</p> | <p>Legacy Health (sole member)</p> | <p>Type: Hospital Acute Care License</p> <p>Licensed Beds: 220</p> <p>Credential Number: HAC. FS. 00000208</p> <p>Expiration Date: 12/31/2026</p> | <p>NA</p> |
| <p>Silverton Health DBA Legacy Silverton Medical Center</p> <p>342 Fairview Street, Silverton, OR 97381</p> | <p>Legacy Health (sole member)</p> | <p>Class: Hospital-Gen</p> <p>Cap/Satellite: Cap: 48 Satellites: 2</p> <p>License Number: 14-0030</p> <p>Expiration Date: December 31, 2024</p> | <p><u>1. Legacy Medical Group-Woodburn Health Center</u></p> <ul style="list-style-type: none"> • License Number: 14-0030-1 • Licensee Address: 1475 Mt. Hood Avenue, Woodburn, OR 97381 • Expiration Date: December 31, 2024 <p><u>2. Legacy Medical Group-Tukwila Imaging Center</u></p> <ul style="list-style-type: none"> • License Number: 14-00330-2 • Licensee Address: 696 Ray J. Glatt Circle, Woodburn, OR 97071 • Expiration Date: December 31, 2024 |

Total Licensed Inpatient Beds = 1,626

**HCMO Notice Question 12 - Exhibit 1:
List of Transactions**

List of Transactions – Oregon Health & Science University

| Legal names of all entities party to the transaction | Type of transaction | Description of transaction | Closing Date |
|---|--------------------------------------|--|---------------------|
| <ul style="list-style-type: none"> • Oregon Health & Science University • Columbia Lutheran Charities, dba Columbia Memorial Hospital | <p>Joint Management Agreement</p> | <p>Joint operating agreement with the aim of efficiently delivering leading-edge cancer care; developing innovative, cost-efficient, community- and evidenced-based medical and radiation oncology care delivery models; improving patient access to care; and bringing molecularly targeted medicine to cancer patients in Clatsop County, Oregon and Pacific County, Washington.</p> | <p>3/27/2015</p> |
| <ul style="list-style-type: none"> • Oregon Health & Science University • Legacy Health • Portland Adventist Medical Center • Kaiser Foundation Hospitals, on behalf of itself and the entities comprising the Kaiser Permanente Northwest Region | <p>Joint Management Agreement</p> | <p>OHSU, Portland Adventist Medical Center, Kaiser Foundation Hospitals and Legacy Health executed a joint operating agreement to open the Portland metropolitan area’s first comprehensive behavioral health care center—Unity Center for Behavioral Health. Opening in January 2017, the facility was designed to include psychiatric emergency services for people with acute psychiatric crises, as well as an inpatient facility with services for both adults and adolescents. The center is located on Legacy Health’s Holladay Park campus and is operated under Legacy Emmanuel’s hospital license. The licensed independent practitioners providing professional services at Unity are employed by OHSU.</p> | <p>08/07/2015</p> |
| <ul style="list-style-type: none"> • Oregon Health and Science University • Salem Hospitals and Clinics • OHSU Partners, LLC | <p>Joint Management Organization</p> | <p>OHSU and Salem Health formed a new joint management organization, OHSU Partners, LLC, to oversee and manage health care clinical enterprise strategy and operations of its members (OHSU and Salem Health) pursuant to a Joint Management Agreement by and between OHSU, Salem Health and OHSU Partners, LLC. Effective May 4, 2017, the</p> | <p>11/16/2015</p> |

| | | | |
|---|-------------------------------|---|------------|
| | | parties terminated the Joint Management Agreement and as of May 24, 2017, Salem Health transferred its interests in OHSU Partners, LLC to OHSU. OHSU Partners, LLC was dissolved in 2018. | |
| <ul style="list-style-type: none"> • Oregon Health and Science University • OHSU Partners, LLC • Tuality Healthcare • | Joint Management Organization | The parties agreed that OHSU Partners, LLC would oversee and manage the clinical enterprise of Tuality Healthcare pursuant to a Management Agreement by and between OHSU and Tuality Healthcare. Following the dissolution of OHSU Partners, LLC, in 2018, responsibilities for oversight and management of Tuality Healthcare pursuant to the Management Agreement reverted to OHSU. | 02/01/2016 |
| <ul style="list-style-type: none"> • Oregon Health & Science University, • OHSU Foundation, • Sky Lakes Medical Center, Inc., • Sky Lakes Medical Center Foundation, Incorporated | Joint Venture | The parties formed the Oregon Rural Health Initiative (ORHI). ORHI is a nonprofit corporation operated, supervised and controlled by or in connection with OHSU Foundation as a supporting organization within the meaning of IRC section 509(a)(3)(B). ORHI is operated exclusively for charitable, scientific and educational purposes for the benefit of, to perform functions of, and to carry out the purposes of OHSU Foundation, OHSU, Sky Lakes Medical Center, Inc. and Sky Lakes Medical Center Foundation, Incorporated. | 11/02/2016 |
| <ul style="list-style-type: none"> • Oregon Health & Science University • Assante Health System • Bay Area Hospital • Salem Health • Columbia Memorial Hospital • Adventist Health • Mid-Columbia Medical Center • Tuality Community Hospital | Joint Venture | The parties formed OHSU Project Co, LLC on November 30, 2016. OHSU owns and controls 44% of the membership interests of OHSU Project Co, LLC. The remaining membership interests are owned and controlled by non-OHSU affiliated entities, none of which holds a greater than 27% interest in the LLC. | 11/30/2016 |

| | | | |
|---|--------------------------------------|---|-------------------|
| <ul style="list-style-type: none"> • Oregon Health and Science University • Adventist Health System/West • OHSU-AH, LLC | <p>Joint Management Organization</p> | <p>OHSU is a member of OHSU-AH, LLC, a joint management organization formed by OHSU and Portland Adventist Medical Center (“Adventist”) to oversee and manage health care clinical enterprise strategy and operations of its members (OHSU and Adventist) in the Portland metro region.</p> | <p>11/17/2017</p> |
| <ul style="list-style-type: none"> • Oregon Fiber Partnership • Oregon Health & Science University • Oregon State University • University of Oregon • Portland State University • State of Oregon | <p>Joint Venture</p> | <p>Oregon Fiber Partnership (dba Link Oregon), is a partnership between OHSU, Oregon State University, University of Oregon, Portland State University and the State of Oregon (through the office of the State’s Chief Technology Officer). The partnership owns and will acquire fiber network broadband assets and seeks to provide reliable, high-speed fiber broadband connectivity to non-profits and public services organizations, including institutions of public education, libraries, tribal governments and the State of Oregon.</p> | <p>05/24/2019</p> |
| <ul style="list-style-type: none"> • Oregon Health & Science University • ODS Community Health, Inc. | <p>Joint Venture</p> | <p>OHSU and ODS Community Health, Inc. (“ODSCH”) formed OHSU Health IDS, LLC (“IDS”) on October 11, 2019. IDS entered into an agreement with HealthShare of Oregon (“HSO”), a coordinated care organization (“CCO”) which is contracted with the Oregon Health Authority (“OHA”) for the provision of health care services to members enrolled in the Oregon Health Plan (“OHP”) on a fully-capitated basis. Under the agreement between IDS and HSO, IDS makes available its integrated network of health care providers and assumes certain of HSO’s financial and contractual responsibilities and obligations to OHA for managing, coordinating, arranging for, and providing and delivering patient care services to OHP members assigned to IDS as part of HSO’s CCO.</p> | <p>10/11/2019</p> |

| | | | |
|--|-------------|---|------------|
| <ul style="list-style-type: none"> • Oregon Health & Science University • Tuality Health Plan Services, Inc. | Acquisition | OHSU became the sole corporate member of Tuality Health Plan Services, Inc. (“THPS”) an Oregon nonprofit public benefit corporation, subject to certain reversion rights of Tuality Healthcare. THPS is an integrated network of contracted and member health care providers which contracts with health plans and other payors for the purpose of arranging the coordination and provision of health care items and patient care services to individual insureds and enrollees of such plans and payors. | 08/25/2020 |
| <ul style="list-style-type: none"> • OHSU Outpatient Clinical Services, LLC • Siker Imaging, LLC • David Siker, M.D. • David Adler, M.D. • Kent Grewe, M.D. • Jefferson Chen, M.D. | Acquisition | On December 16, 2022 OHSU formed OHSU Outpatient Clinical Services, LLC, an Oregon limited liability company. OHSU is the sole member of OHSU Outpatient Clinical Services, LLC. In August 2024, OHSU Clinical Services, LLC, acquired certain assets from Siker Medical Group in order to provide outpatient imaging services. | 08/27/2024 |

List of Transactions – Legacy Health

| Legal names of all entities party to the transaction | Type of transaction | Description of transaction | Closing Date |
|--|------------------------------|--|--------------|
| <ul style="list-style-type: none"> • Legacy Health • Access Clinical Management of Portland, LLC | Joint Venture | Northwest Urgent Care Phase II, LLC is a joint venture that operates urgent care clinics. Phase II represents de novo clinics from the time of the JVs creation. Legacy owns 50%. The other partner, Access Clinical Management of Portland, LLC, provides management services and Legacy provides EMR/contracting and employs providers (reimbursed). | 1/1/2015 |
| <ul style="list-style-type: none"> • Legacy Health • Pacific Imaging Consultants, LLC | Joint Venture | Legacy Imaging Ventures, LLC was formed with Pacific Imaging Consultants, LLC to pursue entry into freestanding imaging through acquisition and/or de novo development of imaging centers. There is currently no operational activity. | 3/4/2016 |
| <ul style="list-style-type: none"> • Legacy Health • Silverton Health • Silverton Health Foundation | Acquisition | Acquisition of Silverton Hospital and associated clinics. Legacy is the sole member of Silverton Health and agreed to invest \$57.6M. Legacy Health continues to operate the hospital as Legacy Silverton Medical Center. | 6/1/2016 |
| <ul style="list-style-type: none"> • Legacy Health • PacificSource | Acquisition | Acquisition of what was ultimately 50% of a health plan, which continues to operate. Legacy owns 50% and has Board representation. | 9/1/2016 |
| <ul style="list-style-type: none"> • Westside Internal Medicine, P.C. • Legacy Medical Group | Acquisition (asset purchase) | Employment of providers and staff and purchase of assets to allow Legacy Medical Group’s further expansion of primary care services into Washington County. The Westside Internal Medicine team is employed by Legacy Medical Group and continues to operate at a new clinic location and has grown over the years in the westside market. | 4/17/2017 |

| | | | |
|---|------------------------------|---|-----------|
| <ul style="list-style-type: none"> • Family Wellness Center P.C. • Legacy Medical Group | Acquisition (asset purchase) | Employment of providers and staff and purchase of assets to preserve primary care access in the southwest Washington market. The group is employed by Legacy Medical Group and continues to operate successfully in Southwest Washington, filling an essential need for primary care patients. | 4/16/2018 |
| <ul style="list-style-type: none"> • Legacy Health • Mt. Hood Women’s Health, P.C. | Acquisition (asset purchase) | Employment of providers and staff and purchase of assets to preserve patient access to the community and maintain the obstetrics practice at Mount Hood Medical Center, as this was the only group left practicing. The team is employed by Legacy Medical Group and transitioned to a midwifery model of care with mostly midwives and physicians practicing gynecological care. | 2/17/2020 |
| <ul style="list-style-type: none"> • Legacy Health • Rodney E. Orr, M.D. P.C., dba Family Medical Group of Molalla and Family Medical Group of Silverton • Rodney E. Orr, M.D. | Acquisition (asset purchase) | Employment of providers and staff (except Dr. Orr) and purchase of assets to preserve patient access in the community of Silverton and Molalla and maintain the primary care base that supports Legacy Silverton Medical Center. The team is employed by Legacy Medical Group and continues to operate as Silverton Family Medical Group and Molalla Family Medical Group. | 7/22/2022 |

**HCMO Notice Question 13 - Exhibit 1:
Letter of Agreement Between Labor Partners and Oregon Health and Science University**

Letter of Agreement

Oregon Health Sciences University (OHSU) has entered into an agreement to become the sole member of Legacy Health and its subsidiaries (Legacy), contingent on regulatory approvals and other matters. OHSU and its current and potentially future Labor Partners (defined below) are committed to common goals of making OHSU the preeminent health system to work at in Oregon and developing a collaborative relationship between management and labor based on this shared interest.

Labor Partners are defined as the following: the American Federation of State, County and Municipal Employees Council 75 (AFSCME), Oregon Nurses Association, the American Federation of Teachers Local # 5905 (ONA), Oregon Federation of Nurses and Health Professionals, AFT Local 5017 (OFNHP), the Service Employees International Union Local 49 (SEIU Local 49); and Pacific Northwest Hospital Medicine Association, AFT Local 6552 (PNWHMA). PNWHMA is not subject to Sections 1(e) or 1(h), below.

All commitments in this Letter of Agreement assume that the transaction by which OHSU becomes the sole member of Legacy and its entities will be approved by the appropriate government regulators and will close, and that there will be funding to support the financial commitments in this Agreement. Should that not occur, including, but not limited to through the expiration or termination of the definitive agreement between OHSU and Legacy, all commitments in this Agreement become null and void other than those that are specifically identified as applying pre-closing.

1. Employment Conditions

a. Pay Parity. Unless otherwise bargained with the respective Labor Partner, the transaction will not result in a decrease from current wage rates, premium/differential rates, or benefit contribution amounts or levels for any former Legacy employee who is a member of one of the Labor Partners.

No later than one (1) year after closing, for former Legacy employees in a Labor Partner bargaining unit post-closing, if the employee's base wage rate (i.e. the employee's wage rate without any differential, premium, bonus, or similar addition to the basic wage rate) is lower than the base wage rate of an OHSU employee in the same job classification with the same relevant experience in that job classification, OHSU will increase the former Legacy employee's base wage rate to match the OHSU employee.

b. No Layoffs Pre-closing. Upon execution of this agreement and until the closing of the OHSU/Legacy transaction or the expiration or termination of the definitive agreement between OHSU and Legacy, OHSU will not lay off any OHSU employee who is a bargaining unit member of one of the Labor Partners.

c. No Layoffs for Post-closing Period. OHSU will continue to employ employees who are bargaining unit members of one of the Labor Partners at the post-closing for no less than 12 months following closing.

d. Severance for Layoffs. If, between the 12-month period referenced above and 24 months after closing, OHSU plans to lay off any employees who are members of one of the Labor Partners' bargaining units post-closing, a designated representative from Human Resources shall meet with the employees to review current vacancies and discuss potential placement options such that the employees can avoid a layoff. If the layoff cannot be avoided, then such laid off employees will be provided the following as severance:

- i. six months of their base pay, measured at the time of layoff; and
- ii. if they timely select continuation of medical and dental insurance coverage under COBRA, OHSU will continue to contribute toward the cost of such coverage for six months at the same contribution level it provided at the time of the layoff; and
- iii. access to outplacement services through OHSU's Employee Assistance Program.

This provision does not replace any applicable severance provision in an applicable collective bargaining agreement. In the event there is such a provision, the employee will be eligible for the greater of the benefits available (e.g. greater severance, greater benefit continuation, etc.).

Sections (b)-(d) do not apply to employees terminated for just cause, who are unable to meet the job requirements of their position, whose third-party funding expires or runs out, or who would naturally end their employment relationship with OHSU (e.g., learners).

e. OHSU agrees to contribute a total of ten million dollars per year to the following three education trusts and to support attempting to obtain matching funds from Medicaid. AFSCME, ONA, OFNHP and SEIU Local 49 shall direct OHSU how to apportion this total annual amount among the following education trusts. This total annual amount shall be in addition to any contributions OHSU is already contractually obligated to contribute by virtue of any contracts it assumes as part of the transaction.

OHSU agrees to contribute to the SEIU United Healthcare Workers West and Joint Employer Education Fund ("Education Fund"). Subject to negotiation, OHSU shall agree to be bound by the term of the Trust Agreement, the Plan Document, and the rules and regulations adopted by the Trustees of the Fund.

OHSU agrees to co-sponsor and participate in a Taft-Hartley Education trust fund

with the American Federation of Teachers (Oregon Nurses Association, OFNHP, PNWHMA, etc.) governed by an equal number of Trustees representing labor and management. OHSU's contribution to the new AFT trust shall be a portion of the aforementioned ten million dollars, as directed by AFSCME, ONA, OFNHP and SEIU Local 49. Subject to negotiation OHSU shall be bound by the term of the Trust Agreement, the Plan Document, and the rules and regulations adopted by the Trustees of the AFT Trust.

For all AFSCME-represented bargaining units, OHSU agrees to co-sponsor and participate in a Taft-Hartley Education trust fund governed by an equal number of Trustees representing OHSU management and AFSCME. OHSU's contribution to the new AFSCME trust shall be a portion of the aforementioned ten million dollars, as directed by AFSCME, ONA, OFNHP and SEIU Local 49. Subject to negotiation, OHSU shall agree to be bound by the term of the Trust Agreement, the Plan Document, and the rules and regulations adopted by the Trustees of the Fund.

f. OHSU as Successor. It is critical that employees of Legacy and OHSU have clarity about the effect of the transaction on their status as employees, and their continued representation by their chosen union. Given that purpose, post-closing OHSU commits to being a successor employer to Legacy employees. OHSU can commit to identifying itself as the successor employer to Legacy employees and that it will honor and assume Legacy's collective bargaining agreements, and fully comply with all of its legal obligations in Legacy's collective bargaining agreements until the parties have completed all successor bargaining obligations. OHSU agrees to recognize its Labor Partners (defined above) as the exclusive bargaining representative of appropriate existing Legacy bargaining units consistent with ERB law, which governs the transaction.

g. OHSU will honor the Labor Partners' representational status as the exclusive bargaining representative for Legacy employees where a union contract is in place and/or ERB/NLRB representation certification has occurred as of the time of execution of this Agreement.

h. Post-Closing Recognition. AFSCME, ONA, OFNHP or SEIU Local 49 may request recognition as the bargaining representative of unrepresented employees who are not statutorily or contractually-excluded from representation, and who are in a category defined under 29 CFR 103.30 or the additional category of non-clinical teaching faculty, to include those employees into existing bargaining units or at standalone units, as discussed below. In such cases, representation will be determined by majority card check of the respective category of employees. If the union already represents some employees in that category in an existing bargaining unit, the majority card check will be of the remaining unrepresented employees in that category or an identifiable and distinct segment of employees in that category, and if the card check results in representation, the employees shall be added to the

existing bargaining unit. If the union does not already represent employees in a category under 29 CFR 103.30 and the card check results in representation, then the employees shall form a new bargaining unit. Any card check verification conducted under this paragraph shall occur within twenty-one (21) days of written request by a union. Card check shall be conducted by a neutral selected by the involved parties.

i. In turn, Labor Partners agree that for the duration of this Agreement they will recognize and not challenge the jurisdictions of the current exclusive bargaining representatives of represented groups at Legacy and OHSU, whether by accretion demand, unit clarification petition, lawsuit, or other method except by agreement of all parties to this LOA.

j. Commitment to enforcement of discrimination, harassment, and retaliation policies. Violations of OHSU's discrimination, harassment and retaliation policies, including by non-bargaining-unit members, may be considered just cause for disciplinary action, up to and including dismissal. OHSU will make a good-faith effort to become aware of and track incidents of harassment and discrimination and will take action in a timely manner when needed.

k. Recognition of DEIB language and exploration of labor-management DEIB committee. Recognizing that the work arising from OHSU's Covington Committees is ongoing, and that DEIB best practices continue to evolve more quickly than the typical duration of a collective bargaining agreement, OHSU and its Labor Partners commit to exploring a labor/management committee, akin to how OHSU's Employee Benefits Council handles medical benefits issues, to discuss DEIB language that would apply across the integrated system. Until such time as the parties agree to such system-wide language, racial and immigration justice-related language in current OHSU contracts and, post-closing, Legacy contracts, will be honored. This includes, but is not limited to, provisions of SEIU Local 49's Article 25 - Equal Opportunity and Respect in the Collective Bargaining Agreement between Legacy Emanuel Hospital and SEIU Local 49 and AFSCME's Diversity, Equity, and Inclusion Appendix J of the current AFSCME - OHSU Collective Bargaining Agreement and ONA Article 6 Employment Practices.

l. All staff DEIB training. To further its institution-wide commitment to DEIB and respect, post-closing OHSU will create a new standardized, scalable, and scaffolded learning program for all employees to achieve greater and more even institution-wide adoption of its DEIB and Anti-Racism commitments. This will reflect in the expectations and accountabilities of OHSU's leaders as well as the policies, processes, and routine work of the people they lead. All OHSU's employees will develop shared understandings of the organizations' institutional commitments to create an environment free from discrimination, harassment, and retaliation; foster DEIB and Anti-Racism learning and culture change; develop a

consistent vocabulary to use when we talk about these commitments; and be better able to identify where and how all employees can co-create the culture of belonging they desire.

m. Collection and sharing of demographic information. Post-closing OHSU will annually notify employees that they are able to enter demographic information in OHSU's Human Resources Information System and will encourage them to do so. Demographic information refers to age, race, ethnicity, sex, gender identity, and preferred language. Annually, OHSU will disclose to each Labor Partner demographic information in its possession related to employees that the respective Labor Partner represents, de-identified and aggregated by bargaining unit.

n. Union Orientation. Post-closing, during OHSU's regular new employee orientations (including at any post-closing integration orientation), thirty (30) minutes shall be provided for each of the Labor Partners to hold its own in-person orientation to educate new employees about their respective collective bargaining agreement and to share union information; when new employee orientation occurs remotely, each Labor Partner will be provided, upon request, a meeting room for such purposes. OHSU shall instruct new bargaining unit members to attend the Labor Partner portion of new employee orientation. New employee attendees and one bargaining unit presenter for each bargaining unit represented by the Labor Partners will be provided release time and pay by OHSU during the Labor Partner presentation. OHSU will provide the Labor Partners at least ten (10) days' notice of the time and reasonable notice of the place of new employee orientation meetings, and with a list of newly hired employees, including contact information. OHSU will inform new employees on the onboarding website and in the new employee email series that there is a portion of orientation devoted to advising new employees of the rights and responsibilities of union membership that they must attend. OHSU shall also provide new employees with the link to their Labor Partner's website to sign up for new employee orientation with their Labor Partner and will inform new employees that the Labor Partner orientation is on work time, that they are paid during that time, and that they must attend.

o. ERB jurisdiction. OHSU agrees that ERB has jurisdiction over labor issues at OHSU and Legacy once the transaction is consummated and post-closing will affirmatively represent that the Oregon Employment Relations Board has jurisdiction over any labor issues or disputes, rather than the NLRB.

2. Pay equity. OHSU will review its pay and benefit practices to ensure pay equity across the consolidated system pursuant to ORS 652.210 - 652.235.

3. Reasonable paid time for union activities. OHSU will comply with ORS 243.798, which grants union designated representatives reasonable paid time to engage in various representation-related activities. Certain OHSU collective bargaining

agreements include specific paid hours for such work. For such agreements, the number of paid hours in the CBA will increase by the proportional increase in members of the relevant bargaining unit from the day before closing to the day after closing. If the collective bargaining unit does not include specific paid hours for such work, OHSU agrees to begin bargaining over the number of reasonable paid hours that will be provided within 60 days after closing.

4. **Neutrality.** As a public employer, OHSU recognizes its obligation under PECBA and ORS 243.670 to remain neutral and refrain from lending any assistance or support to any group opposed to unionization.
5. **Dispute Resolution.** All alleged violations of this Agreement shall be subject to an expedited arbitration process. Expedited arbitrations shall be heard on an as-needed basis before one arbitrator from an agreed list, selected through the standard striking process. The arbitration hearing shall be set no longer than 45 days after the arbitrator accepts jurisdiction over the dispute. The arbitrator shall have no authority to rule contrary to, to amend, add to, subtract from, change or eliminate any of the terms of this Agreement. The presentation of evidence and argument shall be subject to time restrictions that the parties mutually establish. Briefs shall not be filed. The arbitrator shall render their decision within ten days after the end of the hearing. The decision shall be final and binding on the parties. The arbitrator's fee and expenses shall be borne equally between the parties.
6. **Term and Duration.** This agreement shall remain in effect until the earlier of (a) six years; or (b) until a provision is superseded by a Collective Bargaining Agreement, in which case this agreement shall continue in effect for its term with the exception of the superseded provision.

[Signatures on following page]

FOR LABOR PARTNERS:

AFSCME Council 75

Signed by:

Joe Baessler

5686D218DAFE421...

Joe Baessler, Executive Director

Oregon Federation of Nurses and Health Professionals

DocuSigned by:

Sarina Roher

81E5928A7A854AA...

Sarina Roher, President

Oregon Nurses Association

Signed by:

Anne Tan Piazza

3EF1CD22209E477...

Anne Tan Piazza, Executive Director

Pacific Northwest Hospital Medicine Association

DocuSigned by:

Charlotte Yeomans

C62C399998C0493...

Charlotte Yeomans, President

SEIU Local 49

DocuSigned by:

Meg Niemi

AF27F1AD9558482...

Meg Niemi, President

FOR THE EMPLOYER:

Oregon Health & Science University

DocuSigned by:

Danny Jacobs

E6742E27BF614CF...

Danny Jacobs, M.D., M.P.H., FACS, President

**HCMO Notice Question 13 - Exhibit 2:
Tertiary Quaternary Complex Care (TQCC) Management OHSU Mission Control**



TQCC Capacity Management OHSU Mission Control

8/21/2024

Strategic Goal

Increase access to OHSU for patients needing OHSU Academic Health Center-specific care with [REDACTED] [REDACTED] needs only available at OHSU Marquam Hill campus for our health system and the state of Oregon

Tactics (high level approach)



Prioritize TC patients waitlisted for OHSU AHC specific needs

Re-design approach to OHSU AHC ED boarder patient population as a health system opportunity

Approach to all Admission Requests – 5 types of patient's inpatient care needs

1. TYPE 1:

- not needing OHSU-specific tertiary-quaternary cancer & complex care specialist in our services/service lines

2. TYPE 2:

- need consultative input from OHSU specialist in our tertiary-quaternary cancer & complex care service lines

3. TYPE 3:

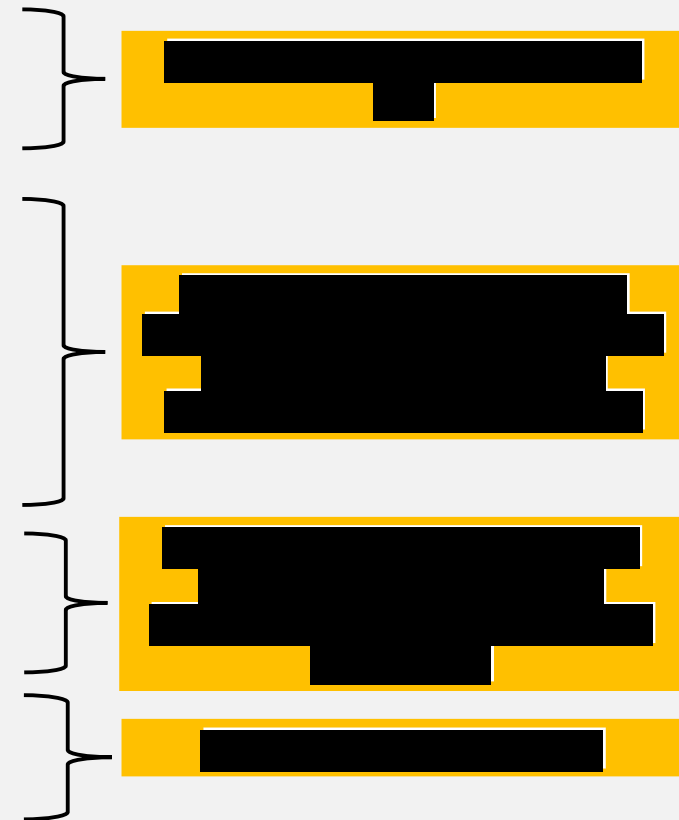
- historically on service/service lines with tertiary-quaternary patient population, but doesn't need OHSU-specific tertiary-quaternary procedure/surgery/treatment resources

4. TYPE 4:

- may need OHSU-specific specialist with tertiary-quaternary resource needs related to procedure/surgery/treatment

5. TYPE 5:

- Requiring tertiary-quaternary care only available at OHSU in our health system



The patient behind the wait to access TQCC at OHSU Academic Health Center...



- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Re-Designing our Health System Approach Starting in the admission request to Inpatient Care



Innovation to
provide access
– why focusing
on TQCC
helps our
mission?

- **INCREASE ACCESS THROUGH TRANSFER CENTER**

[REDACTED]

- **COORDINATE INPATIENT CARE AS A SYSTEM**

[REDACTED]

- Transfer back to referring facility after the OHSU AHC specific task is completed (in system and out of system)

- **INCREASE SCHEDULED SURGERY & PROCEDURES NEEDING TQCC RESOURCES**

- Patients needing resources and teams not available elsewhere in our system or the state

- **EXPAND OUR VOICE BY DRIVING CARE VIA OMCC**

- Faster access
- Less travel
- Amplify the voice for the underserved, small community hospitals across OR

OHSU Operational Service Lines (mandatory 7/1/24)



| | |
|--|--|
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] |
| General Hospital Care PUBLIC | •All patients not uniquely identified by any of the above SL attribution admitted to OHSU Marquam Hill |

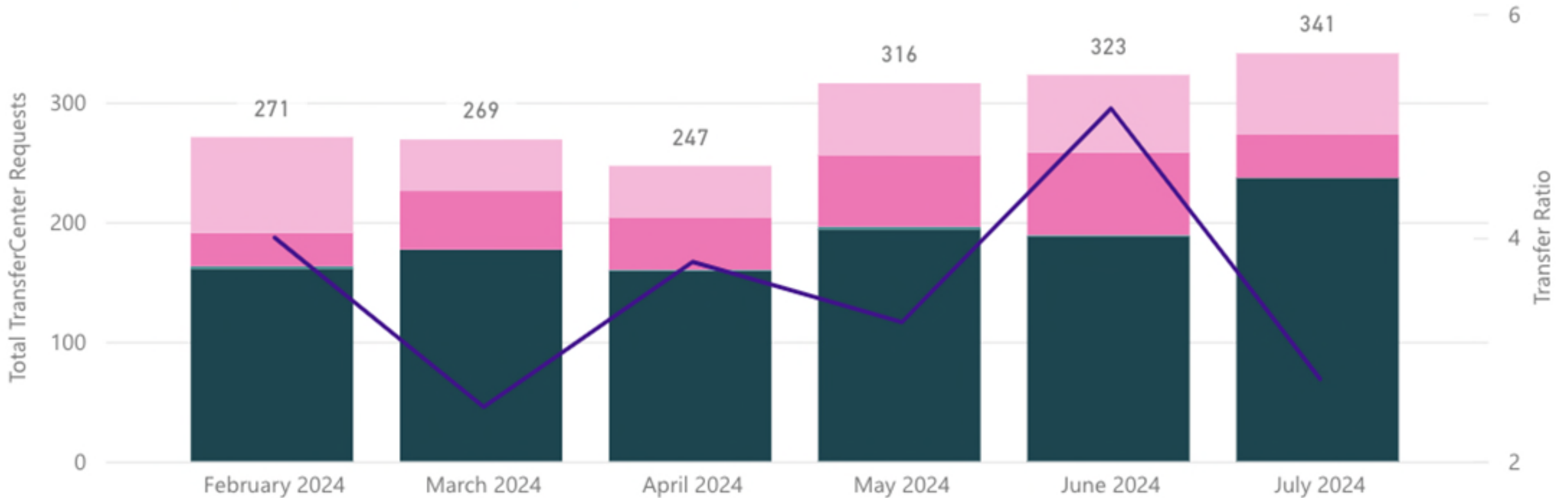
Census by Serviceline Attribution 8/13/24 8AM

Current Provider Team Status

| Provider Team | #of Patients | Expected Transfers Out | EDD Entered | Has Discharge Order |
|---------------|--------------|------------------------|-------------|---------------------|
| [REDACTED] | 87 | 0 | 87 | 1 |
| [REDACTED] | 117 | 0 | 116 | 4 |
| [REDACTED] | 113 | 0 | 113 | 1 |
| [REDACTED] | 68 | 0 | 68 | 1 |
| [REDACTED] | 39 | 0 | 39 | 1 |
| [REDACTED] | 154 | 0 | 152 | 6 |

Transfer Center Trends (last 6 months)

DestinationHospital ● OHSU ● DCH ● HMC ● AHP ● Transfer Ratio





Thank You

Matthias Merkel merkelm@ohsu.edu

Brooke Baldwin aldwibr@ohsu.edu

**HCMO Notice Question 15 - Exhibit 1:
Current OHSU and Legacy Health Performance on Quality Metrics**

OHSU and Legacy Health Current Performance on Identified Quality Indicators

Green = Current performance meets target goal

Pink = Current performance does not meet target goal

Cardiothoracic mortality per index case and CMS PSI 90 use different color coding, as defined in the table.

| | Measure or Metric Steward | Population | Pink / Green Threshold | Target Goal | Increase or Decrease Indicates Better Performance | OHSU Current Performance | Legacy Health Current Performance |
|--|---|---|---|--------------------|--|---------------------------------|--|
| Well child visits (3-6 years old) | Healthcare Effectiveness Data and Information Set (HEDIS) | % of CCO patients aged 3-6 years who had one or more well-care visits during the measurement period | Equal to or above target goal is green, and below is pink | 65.4% | Increase | 61.1% | 61.8% |
| Adolescent immunizations | Coordinated Care Organization (CCO) | % of CCO patients aged 13 years who had a series of vaccines on or before their 13 th birthday | Equal to or above target goal is green; below is pink | 36.9% | Increase | 34.3% | 34% |
| Childhood immunization status | CCO | % of children 2 years of age with a series of vaccines by their 2 nd birthday | Equal to or above target goal is green; below is pink | 60.9% | Increase | 61.3% | 52.4% |

| | Measure or Metric Steward | Population | Pink / Green Threshold | Target Goal | Increase or Decrease Indicates Better Performance | OHSU Current Performance | Legacy Health Current Performance |
|--|---------------------------|--|---|-------------|---|--------------------------|-----------------------------------|
| Breast cancer screening | HEDIS 50/75/90 | % of women 50-74 years of age with mammogram in the prior 27 months | Equal to or above target goal is green; below is pink | 70.0% | Increase | 73% | 83% |
| Cervical cancer screening | HEDIS | % of women 21-64 years of age screened for cervical cancer | At or above target goal is green; below is pink. | 75.0% | Increase | 70% | 82% |
| Colorectal cancer screening | HEDIS | % of adults 45-75 years of age with appropriate screening | At or above target goal is green; below is pink | 71.0% | Increase | 64% | 76% |
| Depression screenings and follow up | CCO | % of patients aged 12 years and older screened for depression within 14 days of an encounter using an age-appropriate tool | At or above target goal is green; below is pink | 61.0% | Increase | 61.2% | 69.3% |

| | Measure or Metric Steward | Population | Pink / Green Threshold | Target Goal | Increase or Decrease Indicates Better Performance | OHSU Current Performance | Legacy Health Current Performance |
|--|---|---|--|-------------|---|-----------------------------|-----------------------------------|
| Cardiothoracic mortality per index case, with a focus on STAT 4 and 5 (the most complex procedures with a higher risk of complications) | Society for Thoracic Surgery (pediatric cardiothoracic) | Patients <18 years of age undergoing qualifying surgery for an underlying congenital heart defect | Green: The observed over expected (O/E) ratio is less than or equal to one and the STS conglomerate is within the target center's 95% confidence interval (CI). Red: The O/E ratio is greater than one and the STS conglomerate falls outside of the 95% CI | | Decrease | STAT 4: .37 STAT 5: 1.52 | STAT 4: 2.86 STAT 5: 3.18 |
| Rates of necrotizing enterocolitis in very low birthweight babies¹ | Vermont Oxford (NICU) | Neonates <1500 gm at birth | NA | NA | NA | NA | NA |

¹ Data is not available for rates of necrotizing enterocolitis in very low birthweight babies because the data steward required permission for OHSU and Legacy Health to share data with one another; the entities did not receive permission prior to submitting this filing.

| | Measure or Metric Steward | Population | Pink / Green Threshold | Target Goal | Increase or Decrease Indicates Better Performance | OHSU Current Performance | Legacy Health Current Performance |
|--|------------------------------------|--|---|-------------|---|--------------------------|-----------------------------------|
| PC 02, which measures the rate of cesarean births among uncomplicated pregnancies | Oregon Maternal Data Center (OMDC) | Low-risk pregnant people with no prior birth | Above the target goal is pink, equal to or below is green | 23.6% | Decrease | 22.8% | Individual hospital values |
| Hemoglobin A1c control | CCO | % of patients 18-75 years of age with diabetes with HbA1c >9.0% or not performed | Equal to or less than the target goal is green; above is pink | 27.3% | Decrease | 22.8% | 21.3% |
| Hypertension control | HEDIS | % of patients 18-85 years of age with diagnosis of hypertension (HTN) with <140/90 measurement | Equal to or less than the target goal is green; above is pink | 71.0% | Increase | 68% | 68% |

| | Measure or Metric Steward | Population | Pink / Green Threshold | Target Goal | Increase or Decrease Indicates Better Performance | OHSU Current Performance | Legacy Health Current Performance |
|---|---|---|---|--|---|--------------------------|-----------------------------------|
| Meaningful language access to culturally responsive services² | Health Share of Oregon | Medicaid population attributable to OHSU and Legacy | Equal to or above target goal is green; below is pink | 11.9% | Increase | 4% | 12% |
| CMS PSI 90, which is a composite score based on 10 component measures of hospital patient safety | CMS-Hospital Acquired Condition Reduction Program | Medicare fee-for-service beneficiaries ages 18 years and older | Pink is below the average; amber is between the average and the 5th percentile; green is at or better than the 5th percentile | 0.9947 | Decrease | 1.0039 | 1.06 |
| SBIRT (screening, brief intervention, referral to treatment for substance use) rate | CCO | % of patients >12 years old screened AND received brief intervention or referral to treatment | At or above the target goal is green, below is pink | 55.4% for screening and 24.5% for referral | Increase | 51.3% / 31.6% | 65.8% / 30.6% |

² See <https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Meaningful-Language-Access-FAQ-231114.pdf> for additional information about this indicator, including requirements that must be met to count a visit toward the target goal and reporting considerations specific to this indicator.

**HCMO Notice Question 15 - Exhibit 2:
Summary of Accountability Goals and Measures**

Integrated Public University Health System Measurement and Accountability Framework

| Measures | | | Measure Readiness | Measure Detail |
|----------|-----------------------------------|--|--|--|
| # | Pillar Focus Areas | Goal | Potential Metric and/or Indicator | Additional information |
| 1 | Quality, Equity and Access | Improve access to quality behavioral health care and improve behavioral health equity outcomes | SBIRT (screening, brief intervention, referral to treatment for substance use) SBIRT: Screening Completed SBIRT: Intervention Received | ● Ready Coordinated Care Organization (CCO) metric, maintain or increase 2023 baseline values |
| 2 | Quality and Equity | Disaggregate demographic info in current data systems and prioritize identified Equity indicators/ measures included in this framework | Percentage of records achieving required data quality standards | ● In Development Focus on data system improvement in years one and two |
| 3 | Quality and Equity | Improve the quality of culturally responsive services | Meaningful language access to culturally responsive services | ● Ready CCO metric; Maintain or increase 2023 baseline values |
| 4 | Access and Equity | Increase number of people in clinical trials | TBD | ● Needs Development Integration process to determine or develop a metric as well as baseline and benchmark targets within 24 months of the combination |
| 5 | Access | Improve access to acute adult inpatient beds | TBD; May rely on other goals and potential metrics from the Access Pillar Focus Area | ● In Development Integration process will determine baseline and benchmark targets within 24 months of closing |
| 6 | Access | Decrease number of boarders in Emergency Departments and ICUs | Number of ED boarders, number of ICU boarders | ● Ready Integration process will determine baseline and benchmark targets within 18 months of closing |
| 7 | Access | Decrease boarder hours in Emergency Departments and ICUs | ICU boarding hours, adult Emergency Department boarding hours | ● Ready Integration process will determine baseline and benchmark targets within 18 months of closing |

| Measures | | | Measure Readiness | Measure Detail |
|----------|-----------------------|---|--|---|
| # | Pillar Focus Areas | Goal | Potential Metric and/or Indicator | Additional information |
| 8 | Access | Reduce average wait times for transfer to the integrated public university health system from community hospitals throughout Oregon | Average hours accept to admission | ● Ready Integration process will determine baseline and benchmark targets within 18 months of closing |
| 9 | Access | Reduce wait times for surgeries and procedures | Surgeries pending, procedures pending | ● Ready Integration process will determine baseline and benchmark targets within 18 months of closing |
| 10 | Access | Reduce average wait times for new patient appointments for primary care | New patient median lag | ● Ready Integration process will determine baseline and benchmark targets within 12 months of closing |
| 11 | Access | Reduce average wait times for new patient appointments for specialty care | New patients seen in 10 days, new patient median lag | ● Ready Integration process will determine baseline and benchmark targets within 12 months of closing |
| 12 | Access | Improve recruitment and retention of primary care clinicians | HR time to fill | ● Ready Integration process will determine baseline and benchmark targets within 24 months of closing |
| 13 | Access | Increase the number of assigned patients in primary care | HR turnover | ● Ready Integration process will determine baseline and benchmark targets within 24 months of closing |
| 14 | Access | Increase access to inpatient virtual care | TBD | ● Needs Development Integration process will determine a metric as well as baseline and benchmark targets within 24 months of closing |
| 15 | Access | Increase access to outpatient virtual care | TBD | ● Needs Development Integration process will determine a metric as well as baseline and benchmark targets within 24 months of closing |

| Measures | | | Measure Readiness | Measure Detail |
|----------|-----------------------|--|--|---|
| # | Pillar Focus Areas | Goal | Potential Metric and/or Indicator | Additional information |
| 16 | Access | Maintain or improve access to reproductive health care | Percentage people with a postpartum visit after a delivery | ● Needs Development Integration process will determine a metric as well as baseline and benchmark targets within 12 months of closing |
| 17 | Access | Maintain or expand access to reproductive health care | Percentage of integrated public university health system pharmacies stocking the full complement of medications for reproductive health care, such as mifepristone, misoprostol, ulipristal acetate, Pre-Exposure Prophylaxis (PrEP) | ● Needs Development Integration process will determine a metric as well as baseline and benchmark targets within 18 months of closing |
| 18 | Quality | Improve the quality of preventative care | Well child visits (3–6 years old) | ● Ready Healthcare Effectiveness Data and Information Set (HEDIS) metric; Maintain or increase 2023 baseline values |
| | | | Adolescent immunizations | ● Ready CCO metric; Maintain or increase 2023 baseline values |
| | | | Childhood immunization status | ● Ready CCO metric; Maintain or increase 2023 baseline values |
| | | | Breast cancer screening | ● Ready HEDIS metric; Maintain or increase 2023 baseline values |
| | | | Cervical cancer screening | ● Ready HEDIS metric; Maintain or increase 2023 baseline values |
| | | | Colorectal cancer screening | ● Ready HEDIS metric; Maintain or increase 2023 baseline values |
| | | | Depression screenings and follow up | ● Ready CCO metric; Maintain or increase 2023 baseline values |

| Measures | | | Measure Readiness | Measure Detail | |
|----------|-----------------------|--|---|----------------------------|--|
| # | Pillar Focus Areas | Goal | Potential Metric and/or Indicator | Additional information | |
| 19 | Quality | Improve the quality of pediatric care | Cardiothoracic mortality per index case, with a focus on STAT 4 and 5 (the most complex procedures with a higher risk of complications) | ● Ready | Potential metric from Society for Thoracic Surgery |
| | | | Rates of necrotizing enterocolitis in very low birthweight babies | ● In Development | Potential metric from Vermont Oxford |
| 20 | Quality | Improve the quality of care for people with chronic diseases | Hemoglobin A1c control | ● Ready | CCO metric; Maintain or increase 2023 baseline values |
| | | | Hypertension control | ● Ready | HEDIS metric; Maintain or increase 2023 baseline values |
| 21 | Quality | Improve the quality of reproductive health care | PC02, which is the rate of cesarean births among uncomplicated pregnancies | ● Ready | Oregon Maternal Data Center metric; Maintain or decrease 2023 baseline values |
| 22 | Quality | Reduce preventable hospital harm | CMS PSI 90, which is a composite score based on 10 component measures of hospital patient safety | ● Ready | Potential metric from Hospital Acquired Condition Reduction Program |
| 23 | Equity | Improve community engagement and partnership | Consider annual survey developed in collaboration with community partners | ● Needs Development | Goal of this metric is to accountably track and improve community engagement; Integration process will consider, develop and determine baseline and benchmark for improvement, in collaboration with community, within 12 months of the combination. |

| Measures | | | Measure Readiness | Measure Detail | |
|----------|-----------------------|--|---|-------------------------|---|
| # | Pillar Focus Areas | Goal | Potential Metric and/or Indicator | Additional information | |
| 24 | Equity | Improve health outcomes underserved people | Breast cancer screening | ● In Development | The goal of these metrics is to curate valid and reliable disaggregated data to enable meaningful tracking of these metrics for underserved populations; Investments in “off-the-shelf” metrics frameworks exist for this goal and are aligned with broad population measures identified within the quality pillar area; Some information is already available for some populations; The integration process will consider, develop, determine and prioritize implementation of appropriate metrics, benchmarks and baseline information for each potential indicator identified within 24 months of the combination; Community engagement must be a component of this work |
| | | | Reproductive health | ● In Development | |
| | | | Colorectal cancer screening | ● In Development | |
| | | | Maternal care | ● In Development | |
| | | | Diabetes control | ● In Development | |
| | | | Hypertension control | ● In Development | |
| | | | Children’s health | ● In Development | |
| 25 | Cost | Sustainable average cost growth | A target for the average annual growth of health care spending per case mix and outpatient adjusted admission at OHSU | ● Ready | Reports regarding OHSU’s performance and the Oregon Cost Growth Target can be found here |

Key

Framework Design Objective

This framework aims to systematically track and evaluate goals, plans, and commitments concerning health care access, quality, cost and health equity as outlined in the 2024 OHSU HCMO Notice. It provides information about measure implementation readiness, baseline data, and timelines for the design and development of measurements, along with other relevant specifics.

Framework Accountability Plan

OHSU is the only hospital in Oregon subject to public records requests and open meetings laws. Additionally, OHSU will identify accountable offices and officers for each goal. OHSU will retain an objective third party to review progress toward goals, and OHSU may review this framework annually to consider and implement changes to specific goals and measures. The OHSU Board of Directors will hear a report regarding the current status of the framework during a public meeting each year. OHSU will report the status of the integration, including metrics and measurements, to the Governor of Oregon one, two, and five years after the transaction is approved.

Readiness Assessment



Ready

This measure criteria is likely ready to be considered in integration planning and for implementation.



In Development

This measure needs further work to identify specific details like baseline or benchmark. Time will be needed to prepare for implementation.



Needs Development

This measure needs more work to determine basic information related to implementation. Significantly more time will be required to develop the measure.

Readiness Assessment Detail

Readiness is determined based on review of specific indicators including: evidence basis, relevant benchmark available, feasibility to collect, sufficient denominator, transformative potential, burden to clinicians and alignment with the definitive agreement.

**HCMO Notice Question 15 - Exhibit 3:
Summary of Anticipated Costs and Inflationary Impacts in Current
OHSU Financial Projections**

Cost Drivers of [REDACTED] Projection
 July 29, 2024

Major Cost Drivers: Pre-Pandemic & Post-Combination

| Variable | Pre-Pandemic | Post-Combination | Change |
|-------------------------------------|--------------|------------------|------------|
| CPI inflation | 1.5% | [REDACTED] | [REDACTED] |
| Wages | 3.0% | [REDACTED] | [REDACTED] |
| Benefits | 5.0% | [REDACTED] | [REDACTED] |
| Total compensation | 3.5% | [REDACTED] | [REDACTED] |
| Rx & medical supplies | 5.0% | [REDACTED] | [REDACTED] |
| Other services & supplies | 2.5% | [REDACTED] | [REDACTED] |
| <i>Average unit cost</i> | 3.5% | [REDACTED] | [REDACTED] |
| Commercial rates | 4.0% | [REDACTED] | [REDACTED] |
| Government rates | 2.5% | [REDACTED] | [REDACTED] |
| Average patient care rates | 3.3% | [REDACTED] | [REDACTED] |
| Average academic rates | 2.0% | [REDACTED] | [REDACTED] |
| <i>Average unit revenue</i> | 2.9% | [REDACTED] | [REDACTED] |
| <i>Unit revenue – unit cost gap</i> | -0.6% | [REDACTED] | [REDACTED] |

Prior to the pandemic, OHSU’s annual increase in patient care payment rates averaged about 3.3% per year, slightly below the State’s sustainable cost growth target of 3.4%. Adding the average growth rates of academic revenues (grants, gifts, tuition and State support) at 2.0% lowered OHSU’s average increase in revenue per unit of output to 2.9%. (Units of output are a cost-weighted average of hospital admissions adjusted for complexity, outpatient and physician services; students taught; and research performed.) While this was above CPI inflation at about 1.5% per year, it was below the average increase in unit costs at 3.5%—a figure driven by wage growth, health & pension costs, and pharmacy & medical supply inflation.

To offset the -0.6% gap between unit revenues and unit costs, OHSU grew total activity (units of output as defined above) by about 5% per year both to serve the needs of Oregonians and to spread fixed costs across a larger base. As a result, total revenues and expenses (units of activity times unit revenue or unit cost) increased by about 8% per year, maintaining operating margins (operating revenues in excess of expenses) at industry-standard 4% levels—margins that were needed to invest in our people, programs, places and things, and to sustain continued growth of OHSU’s missions as Oregon’s only public health sciences university and academic health center.

Since the pandemic began in early 2020, consumer prices have increased in a step function to 15% above the prior trend. Workers naturally want incremental wage increases to cover their families' higher costs of living. In addition, there is increased demand for nurses and other skilled healthcare staff. OHSU has invested \$175m per year in front-line caregivers, about half from higher than prior-trend wages and half in number of staff per patient, consistent with collective bargaining agreements, market conditions, and Oregon's new hospital staffing law.

Payment rates from commercial and government insurers, as well as from grants and tuition, have not kept up with the step-function increase in costs. As a result, OHSU's operating income has fallen from a gain of \$175m in FY19 to a loss of \$(100)m in FY24. Legacy has seen a similar decline in earnings, once one-time asset sales are removed.

Going forward, we assume a CPI inflation rate of [REDACTED] or about [REDACTED] points higher than pre-pandemic levels. This is somewhat higher than the bond market's implied inflation rate calculated by comparing interest rates on inflation-projected (TIPS) treasury notes to regular treasuries (about 2.3% for the next decade), but inflation has remained higher for longer than generally predicted, so conservatism on inflation pressures is warranted.

Compared to the 1.5% increment in general inflation, [REDACTED]
[REDACTED]
[REDACTED] Pharmacy &
medical supply inflation, recently peaking as high as 10%,
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]. Given OHSU's recent experience reducing 500 positions through 300 layoffs and elimination of 200 budgeted but vacant positions, [REDACTED]
[REDACTED]

[REDACTED]

**HCMO Notice Question 15 - Exhibit 4:
Information about OHSU Health Equity Organization**



Health Equity at OHSU Health

PUBLIC PRESENTED BY: Donn Spight, MD., FACS., Vice President of Health Equity, OHSU Health OHSU_Notice_00416



Vision

OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current—that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.

Health Equity Organization



OHSUHealth

Our Mission:




Evaluate data to define new strategic initiatives to advance health equity efforts across OHSU Health.



Lead the integration of health equity efforts across OHSU Health.



Build and support transformational partnerships between OHSU members and community members to advance health equity.



What are our values?

1

Anti-racist institution

We are committed to becoming an anti-racist institution. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.

2

Amplify and accelerate

We seek to amplify and accelerate existing OHSU programs in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.

3

Shared vision

We seek to develop a shared vision for health equity with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.

4

Community first

We will listen to the community first, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.



Our goals are:

-  **Equitable health care delivery**
Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.
-  **Inclusive clinical experience**
Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.
-  **Community partnerships**
Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.



HEALTH EQUITY ROADMAP

Phase 1

Why Health Equity?

Articulate the importance of HE and develop the roadmap for the Health Equity Org.

Leadership Support

OHSU Board and executive leadership provided support

Advocacy and Direction

OHSU Health leader, Dr. John Hunter, provided advocacy and direction

Informed Process

Patient Experience and Health Disparities Reduction Core (HDRC) data informed our process

Phase 2

Internal Alignment

Gather input and perspectives from OHSU members and partners. Provide venues for internal alignment.

Interviews

Did one-on-one interviews with key institutional leaders

Survey

Surveyed all OHSU Health members

Internal Advisors

Established the Health Equity Internal Advisory provide guidance as the HE roadmap is being developed



Phase 3

Strategic Planning

Currently gathering input and perspectives from external advisors and patients.

Visual Identity

OHSU Brand Strategy is creating a visible identity for the Health Equity Org.

Community Advisors

The Health Equity Org. and a 10-member Community Team is co-designing a community engagement roadmap

Patient Advisors

OHSU patients were surveyed through a questionnaire and focus groups



Phase 4

Implementation

Implementation of the strategic plan

HE Data Analysis

Align operations with value-based programs and strategies

Language Services

Reimagining language access to improve delivery of care

Homegrown Initiatives

Identify measurable and actionable community-facing health equity priorities

Philanthropy

Engage OHSU Foundation and the philanthropic community on impactful funding opportunities

Place Based Health

Delivering health and healthcare within communities



WHY Health Equity?

By Virgil Dickinson, Pam Curtis, Brian Park, Kat Phillips, Mariana Phipps, Stephani Shriver, Donn Spight as the ***OHSU Health Equity Collaborative.***



HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

GOAL 1

Effective and Equitable Policies, Processes and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

- 1.1 Central data resource on health equity 
- 1.2 Health equity impact assessment tool
- 1.3 Health equity performance reporting
- 1.4 "Place Based Health" Program 
- 1.5 Align operations with value-based programs and strategies
- 1.6 Institutional learning plan for Health Equity
- 1.7 Health equity clinical consultation
- 1.8 Library of "Homegrown Initiatives" 
- 1.9 Inform health equity legislative advocacy
- 1.10 Maintenance of system-wide Health Equity inventory

GOAL 2

Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.


- 2.1 Develop a branding strategy for *Health Equity Organization*
- 2.2 Reimagining Language Services 
- 2.3 Amplify examples of inclusive care
- 2.4 Racial, ethnic, cultural identity and accessibility informed care practices
- 2.5 Navigation toolkits for patients
- 2.6 Health Equity sponsored engagement activities
- 2.7 Health equity communication plan
- 2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

GOAL 3

Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

- 3.1 Roadmap for community engagement
- 3.2 Expansion of traditional health worker Institutional Identity
- 3.3 Innovation grant program
- 3.4 Health equity internship/fellowship program
- 3.5 Philanthropy strategy
- 3.6 Learning collaborative for OHSU Health members
- 3.7 Community benefit strategy
- 3.8 Standard community advisory board policies
- 3.9 Health Equity Recognition program
- 3.10 Amplify Medico-Legal Partnerships

Advancing **Health Equity**  **Justice** requires us to continuously examine the data.

Health Disparity Reduction Core (HDRC)

Using Data to Define the "Health of the Health System"



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REAL-D AND SOGI DATA VERACITY

Advancing Health Equity → Justice requires us to continuously examine the data.

- Improving health takes more than healthcare
- Contextual equity requires the recognition of the influence of **social determinants of health**.
 - The conditions in the environment where people are born, live, learn , work, play, worship, and age that affect a wide range of health, functioning, and quality of life .*

*"Leading Health indicators for Healthy people 2030". Consensus Study Report of the National Academies of Sciences, Engineering, Medicine. 2020

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8/7/24

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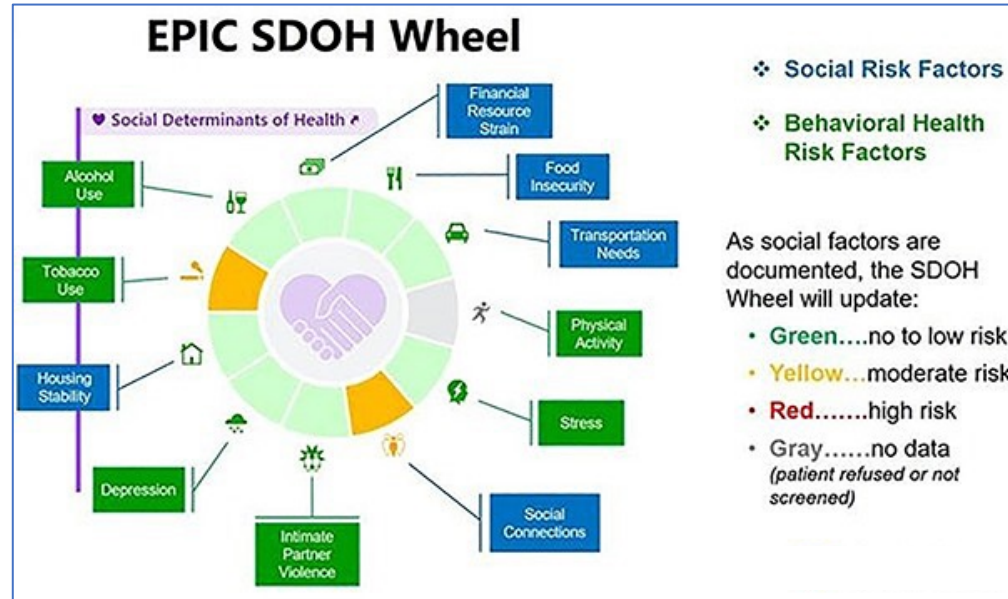
“Leading Health Indicators for Healthy people 2030” National Academy of Science Engineering and Medicine

life expectancy
child health
self rated health
physical disability
mental disability
substance use
unintentional injury death
all cancer death,
suicide
firearm related mortality
maternal mortality rate
oral health access
reproductive health care services
HIV incidence

tobacco use
obesity
alcohol use
immunization status
hypertension rate
ambulatory care availability
medical insurance coverage
affordable housing
environmental factors
education level
poverty
food insecurity
civic engagement
social environment

Epic Social Determinants of Health Wheel

- Alcohol Use
- Depression (or Postpartum Depression)
- Financial Resource Strain
- Food Insecurity
- Food Insecurity
- Housing Stability
- Intimate Partner Violence
- Physical Activity
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs





Language Services

8/7/24

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ARMANDO JIMENEZ, DIRECTOR, LANGUAGE SERVICES

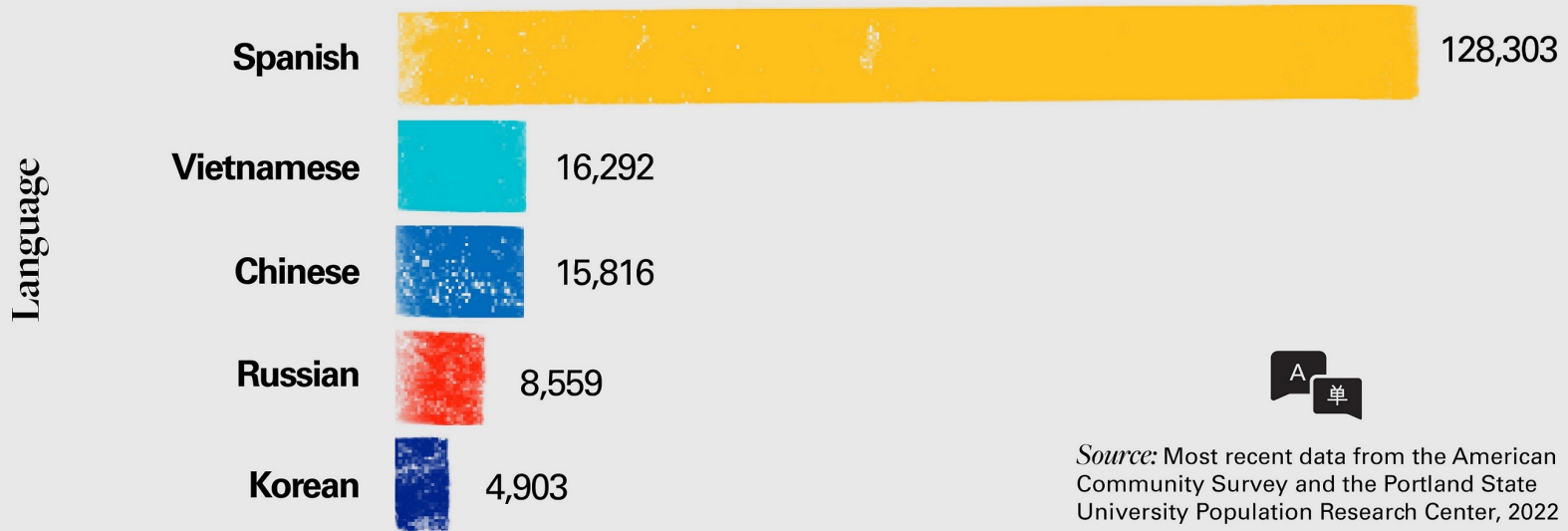
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Language Access at OHSU

- OHSU has approximately 15,000 encounters per month with patients who prefer to communicate in a language other than English.
- Top languages other than English are Spanish (4.1%), Russian (0.4%), Vietnamese (0.3%), Chinese (0.3%), and Arabic (0.1%).
- OHSU Language Services uses a combination of in-house staff and contracted language services providers to support language access needs at OHSU.

Five Most Common Languages in the State of Oregon



Source: Most recent data from the American Community Survey and the Portland State University Population Research Center, 2022

Estimated Number of Limited English Proficient Individuals Who Speak the Language



OHSU Language Services

OHSU Language Services department provides interpretation, written translation, captioning, bilingual proficiency screening for staff, staff education, and consultation for OHSU patients, their families, caregivers, and employees with limited English proficiency or who are deaf or hard of hearing.

Mission: To provide comprehensive programs and services to facilitate accurate, effective, and culturally appropriate communication among those who do not share a common language.

Vision: An OHSU where everyone has an equal opportunity to communicate in any language.



OHSU Language Services

- Interpretation Services for all OHSU members, patients, families and their caregivers
 - Onsite interpreters available pre-scheduled or on-demand
 - Video Remote Interpretation (VRI) available in all clinics and units
 - Phone and video interpretation available in all areas
- Captioning Services for deaf and hard of hearing patients who need to read transcribed text
- Bilingual Screening for employees & students
- Education and coaching for OHSU Members
- Written Translation Services



What makes us special?

- It starts with data: identifying and anticipating language access needs through REALD data is key.
- Dispatchers: act as air-traffic controllers for language access needs.
- Multi-source model: this allows us to maximize our probability of securing a certified/qualified interpreter.
- Inpatient rounding: our staff interpreters round daily at inpatient units, rotations make it possible for the same interpreter to support patients for high complexity cases.



Accomplishments

- Launch of MyChart Spanish Phase 1
- Translation services program – integration staff linguists in translation workflows
- Dispatch capacity building
- Expansion of Services – Russian/Vietnamese interpreters and after-hours support
- Re-structure under Health Equity Organization
- House Bill 2359 compliance: New interpreter documentation workflow

Jan. 1 – Dec. 31, 2023

Translation

5.4

million words translated

Interpretation

5.3

million minutes of
interpretation



Looking Ahead

- Centralizing Language Services across health system partners, Hillsboro Medical Center, Adventist Health Portland, and Adventist Health Columbia Gorge.
- OHSU website redesign: Designing a public website that facilitates efficient translation and availability of content in other languages. Language Services is a key stakeholder in the website redesign initiative.
- Institutional Language Access Plan: Formal document outlining community needs, training/orientation, policies and procedures related to language access.
- Meaningful language access in digital health: Non-English-speaking patients are less likely to utilize our digital health services. As a tool for self-scheduling digital health services, we anticipate MyChart Spanish will improve access to health services for Spanish-speakers and pave the way for additional languages.
- Software interfaced with Epic and vendors to streamline workflows for interpreter coordination, documentation, and reporting.



Building a Library for Health Equity Projects within OHSU Health

**DONN SPIGHT, MD, FACS, VP OF HEALTH EQUITY, OHSU
HEALTH**

8/7/24

PUBLIC

OHSU_Notice_00438

Home Grown Health Equity Initiatives

Ensure

Health equity is engrained into the fabric of the health system as “the work of all.”

Advance

Meaningful community partnerships through co-designed & -implemented activities.

Identify

Local health disparities and inequities unrecognized by traditional quality tracking processes.

Sponsor

A collective learning environment about health disparities and inequities.

Foster

Opportunities to connect health equity/DEI expertise across OHSU through intentional facilitated collaboration.

Facilitate

The cataloging of meaningful health equity activities, best practices and resources across the institution.

Broaden

Leadership awareness of structural barriers preventing the delivery of optimal health for patients cared for by OHSU Health.

Engage

OHSU Foundation and the philanthropic community on impactful funding opportunities to advance health equity.

Create

Opportunities for recognition of work aligned with other institutional DEI initiatives.

Articulate

How meaningful health equity activities at OHSU are vital to attracting a diverse learner and workforce community.

Reinvigorate

The passion for system wide, mission-aligned collective volunteerism that is accessible to all.

Propel

OHSU toward becoming an exemplar of health equity and justice locally, regionally and nationally.

Thematic Clusters

Workforce Diversity

Create upstream and downstream pathways.

Workforce Training

To improve knowledge and action

Participation

Develop volunteer pathways for greater participation of OHSU's workforce.

Connection

Utilize central institutional resources to catalyze existing work.

Sources of Data

Learn sources and collection processes related to disparities and inequities.

Patient Data

Analyze existing data to quantify health disparities or inequities.

Increase Access

For clinical care needs unmet by OHP or Medicaid. Expansion of mobile outreach and screenings.

Investigate Bias and Inequities

Of specific clinical conditions and scenarios.

Track, Monitor, Measure

Influence of SDOH on patient populations and clinical outcomes.

Legislative Advocacy

Patient Safety

Understanding and improvement of patient reporting measures.

Programmatic Support

For existing health equity focused efforts .



Opportunities for Language Services

- Internal Medicine
- Knight Cancer Oncologic Treatment Services
- Neurosurgery
- Surgery
- Urology
- School of Nursing I-CAN



Opportunities for Place Based Health*

- Casey Eye Institute
- Dentistry
- Dermatology
- Diagnostic Radiology
- Family Medicine
- Interventional Radiology
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacy
- Surgery
- School of Nursing I-CAN

*Place Based Health are the clinical operations of Health Equity Org.

Opportunities to connect to spaces where health equity is already underway

- Adventist Slavic Navigation Program
- Bridges Collaborative
- Casey Eye Mobile Outreach
- Center for Reproductive Health Equity
- Center for Women's Health
- Doernbecher Children's Hospital (DCH)
- DCH NICH Program
- DCH Noutish Program
- DCH Patient Partnerships
- Department of Family Medicine
- Department of Dermatology: Frontline Community Screening Initiative
- Healing Hurt People
- Health Literacy/Center for Ethics In Healthcare
- Hospital at Home
- Hillsboro Medical Center (HMC)
- HMC DEI Committee
- iSubud
- KCVI: Integrated Cardiology
- Knight Cancer: Community Partnerships, outreach and engagement
- OHSU Language Services
- MEDPEX
- OHEP Structural Design
- Nursing I-CAN
- OHSU Age Friendly Health System Initiatives
- OHSU Center for Evidence-Based Policy
- OHSU Office of Strategic Outreach
- OHSU Office of Population Health
- OHSU Community diabetes related vascular foot clinic
- OHSU Ethics Committee
- OHSU Foundation/Ignite News Publication
- OHSU Health System Management Team
- OHSU Improving Financial Performance Committee
- OHSU Long Covid Clinic
- OHSU Northwest Native American Center of Excellence
- OHSU Office of Digital Health
- OHSU Patient Experience
- OHSU Patient Relations
- OHSU Payor Strategy Council
- OHSU Poison Control Center
- Oregon Behavioral Health Coordination Center
- Oregon Clinical and Translational Research Institute
- Oregon Rural Practice Based Research Network
- Pathology Department "See, test, treat"
- PRIMER Lab
- Quadruple Aim Committee
- RELATE Lab
- Social Determinants of Health Committee
- Trauma Informed Care Program
- Tuality Health Plan Senior



OHSU Health Equity Organization's Place-Based Health Program: Centering People, Place, & Power

Brian Park (he/him)
OHSU Health Equity
April 2024

PUBLIC

OHSU_Notice_00444

THE PROBLEM

(OR: THE WORLD AS IT IS)

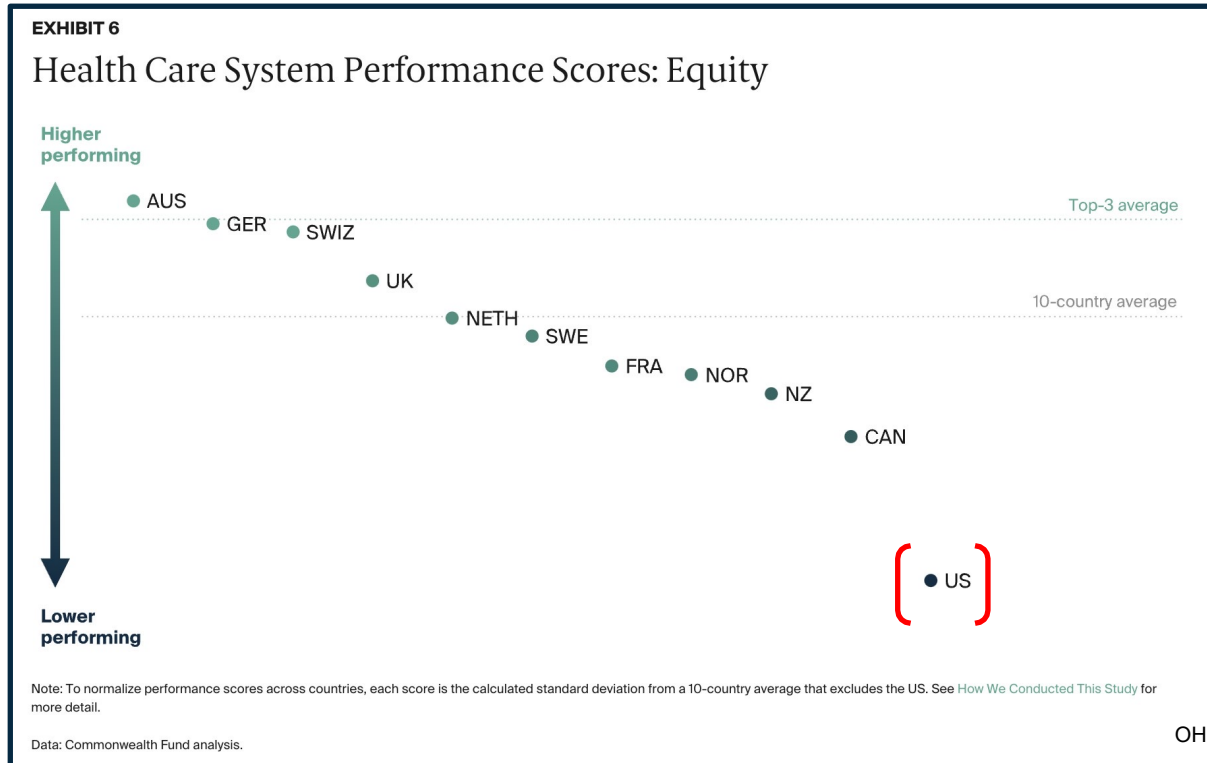


Over \$8 billion is spent annually on
diversity-equity-inclusion-belonging trainings

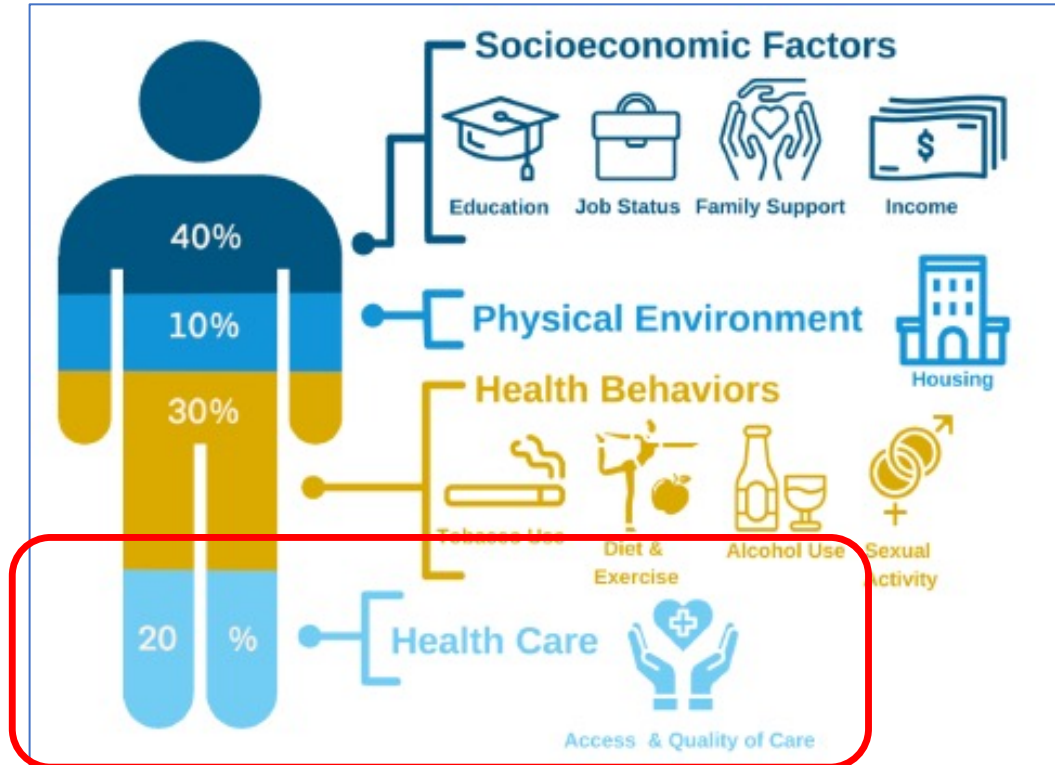
PUBLIC

QHSU Notice 00446
Kirkland, R. & Bone, I. (2017). Focusing
on what works for workplace diversity.
McKinsey & Company.

Our healthcare system creates injustice



Health and health equity? It's far more than healthcare.



OUR VISION

(OR: THE WORLD AS WE IMAGINE)

Paradigm Shift towards **PEOPLE**: Amplify
leaders of not only ***professional expertise***,
but also of ***lived expertise***

POLICY INSIGHT | COMMUNITY HEALTH
[HEALTH AFFAIRS](#) > [VOL. 41, NO. 12](#): EQUITABLE SOCIAL SUPPORTS & MORE
POLICY INSIGHT

Building Community Power To Dismantle Policy-Based Structural Inequity In Population Health

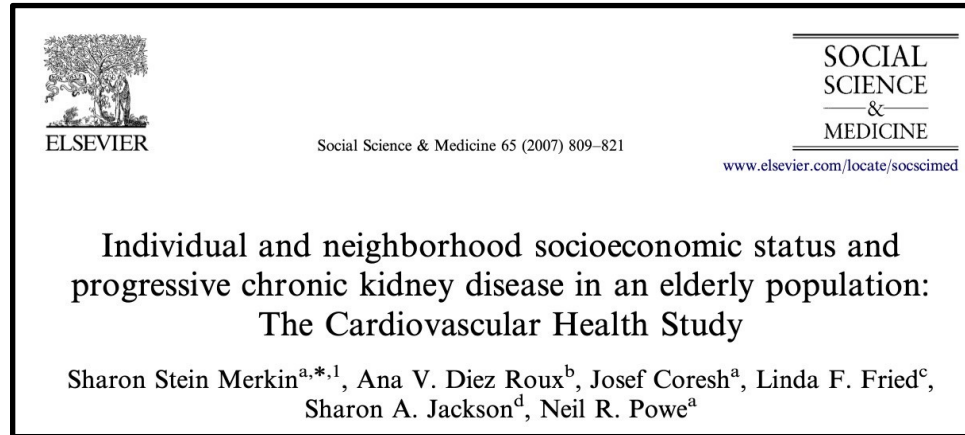
[Anthony Iton](#), [Robert K. Ross](#), and [Pritpal S. Tamber](#)
[AFFILIATIONS](#) ▾

PUBLISHED: DECEMBER 2022  **Open Access** <https://doi.org/10.1377/hlthaff.2022.00540>

“Our core belief is that those **most affected by health inequity should take the lead in crafting and prioritizing the solutions.**

... the work of health equity requires enhancing the quality of democracy to **change the status quo power balance in communities throughout the US.”**

Paradigm Shift towards PLACE:
Understand and enhance not only *individuals*,
but also *neighborhoods*




“Community-level socioeconomic status predicts individual health beyond individual-level socioeconomic status.”

Paradigm Shift towards **POWER**:
Embrace not only **deficit**-based but
also **asset**-based approaches

Literature Review

Collective Well-Being to Improve Population Health Outcomes: An Actionable Conceptual Model and Review of the Literature

Brita Roy, MD, MPH, MHS¹ , Carley Riley, MD, MPP, MHS^{2,3},
Lindsay Sears, PhD⁴, and Elizabeth Y. Rula, PhD⁵

American Journal of Health Promotion
2018, Vol. 32(8) 1800-1813
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DOI: 10.1177/0890117118791993
journals.sagepub.com/home/ahp


“Our primary aim should be to promote **positive health and well-being**, not reacting to negative health outcomes.”

Paradigm Shift towards PEOPLE-PLACE-POWER

[HEALTH AFFAIRS](#) > [VOL. 43, NO. 2](#): HOUSING & HEALTH
OVERVIEW

Neighborhoods And Health: Interventions At The Neighborhood Level Could Help Advance Health Equity

[Mariana C. Arcaya](#), [Ingrid Gould Ellen](#), and [Justin Steil](#)

[AFFILIATIONS](#) ▾

PUBLISHED: FEBRUARY 2024  Open Access

<https://doi.org/10.1377/hlthaff.2023.01037>

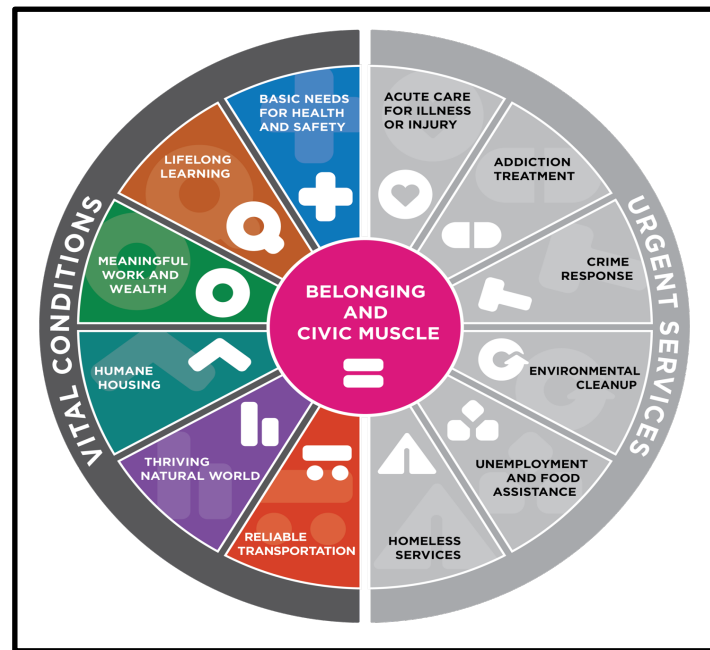
PUBLIC

“Community-led actions are important complements to public programs and policies designed to make neighborhoods healthier and eliminate health disparities...

... Community-driven efforts to shift power to historically marginalized neighborhoods, dismantle structural racism, or otherwise challenge oppressive social structures address fundamental causes of poor health and health inequities.” OHSU_Notice_00453

Paradigm Shift towards PEOPLE-PLACE-POWER

“... the most inspiring champions of the vital conditions are showing us how to counter racism and other forms of inhumanity with love—coupled with the civic muscle necessary to establish systems that are fair by design.”



Milstein, B., Payne, B., Kelleher, C., Homer, J., Norris, T., Roulier, M., & Saha, S. (2023). Organizing Around Vital Conditions Moves The Social Determinants Agenda Into Wider Action. *Health Affairs Forefront*. OHSU_Notice_00454

OUR WORK

AT OHSU'S HEALTH EQUITY ORGANIZATION

Place-Based Health

- Health is more than healthcare



- Deliver health and social services where people are already convening and feel they belong

Place-Based Health

- Health is more than healthcare
- Community members are experts of their own neighborhoods



- Deliver health and social services where people are already convening and feel they belong
- Co-create health solutions with and in communities

Place-Based Health

- Health is more than healthcare
- Community members are experts of their own neighborhoods
- Where one lives predicts health far better than individual behaviors



- Deliver health and social services where people are already convening and feel they belong
- Co-create health solutions with and in communities
- Create solutions that address neighborhood drivers of inequity and poor health

Place-Based Health

- Health is larger than Deliver health and social
-

Delivering *healthcare* in *healthcare* settings

Delivering *health* in *community* settings



PLACE-BASED HEALTH: OPPORTUNITIES!

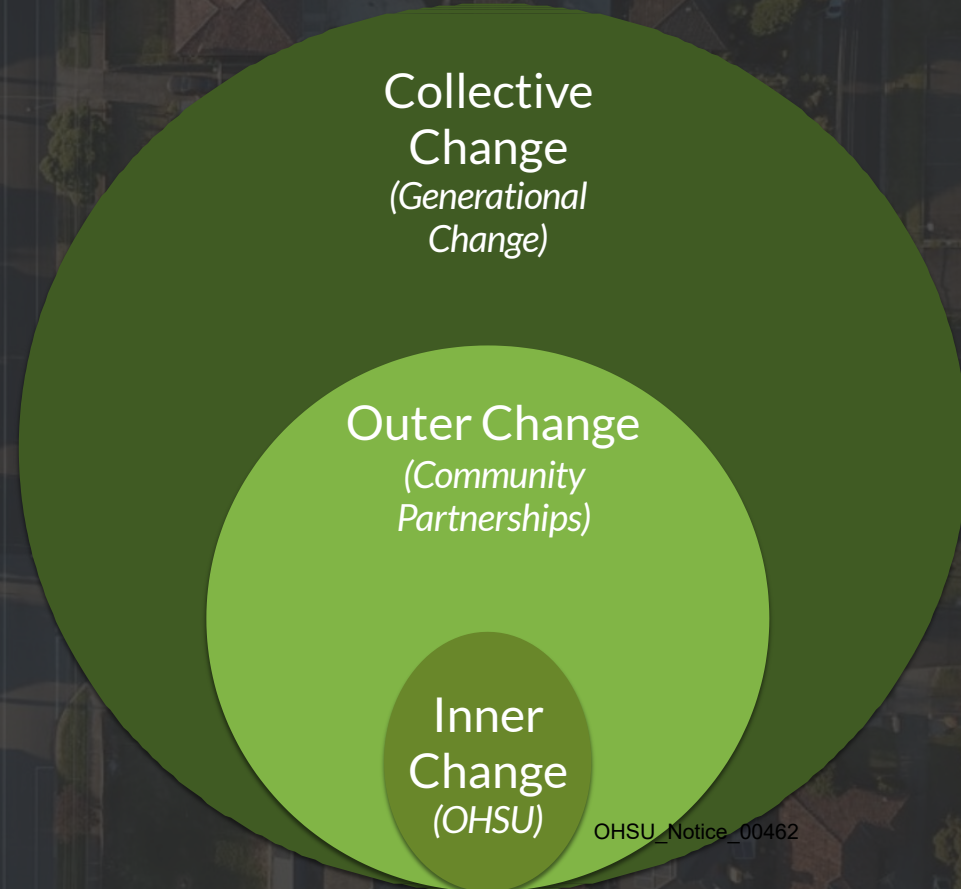
Clusters of Opportunities...



“Love and justice are not two.
Without *inner change*,
there can be no *outer change*.
Without *collective change*,
no change matters.”

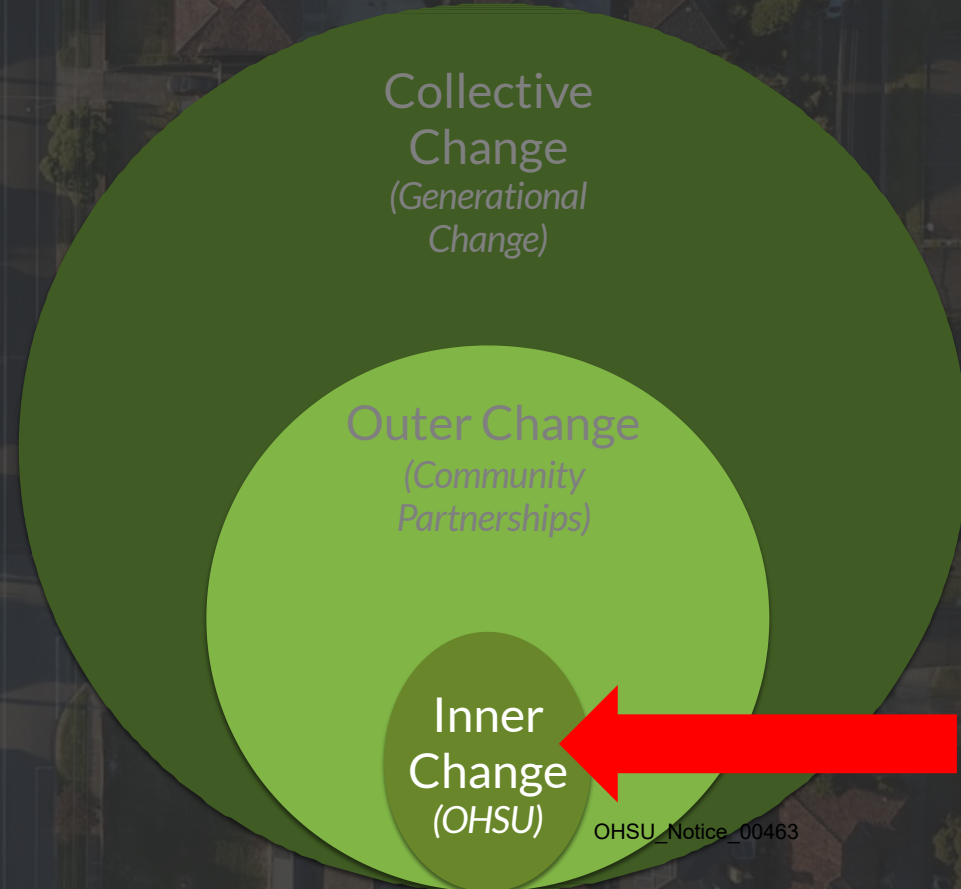
- angel kyodo williams

Clusters of Opportunities...



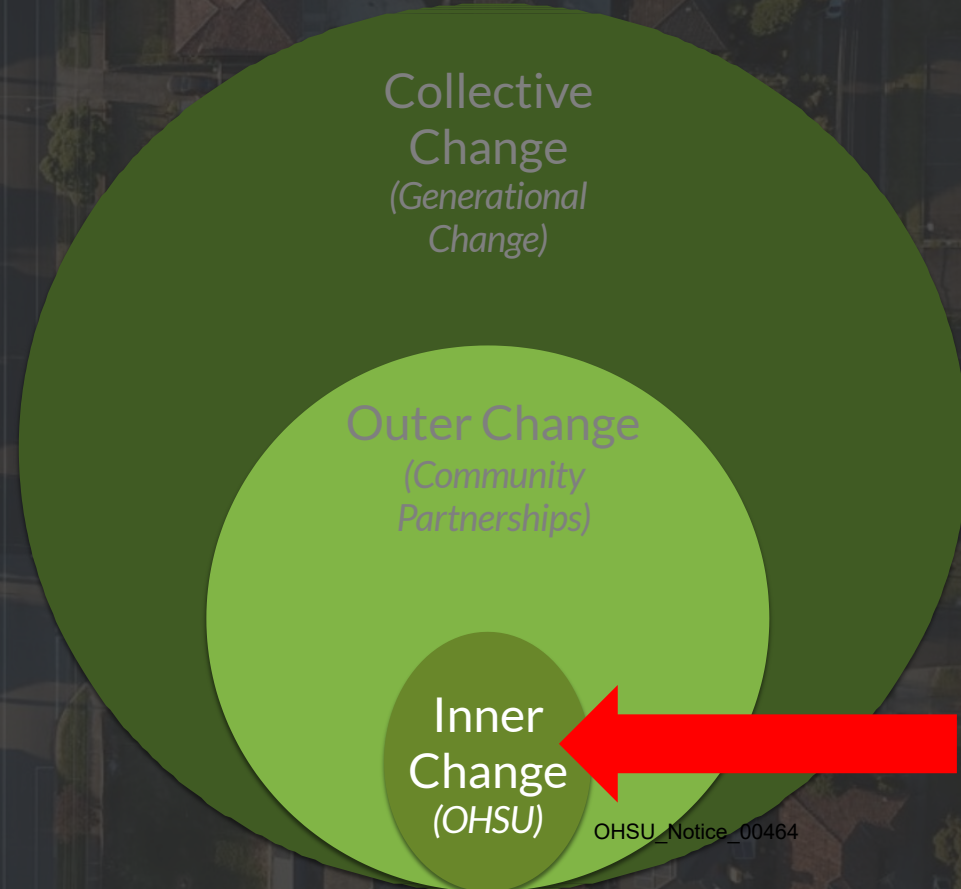
Cluster 1a: Inner Change

- **Description**
 - Support existing OHSU initiatives to apply an equity and place-based lens for systematically-harmed community members
- **Potential Partnerships**
 - “Homegrown Initiatives”
 - ”Sweet 16” Metrics
 - Diabetes, colorectal cancer screening, 30-day readmissions
 - Community Health & Racial Justice (CHARJ) initiative



Cluster 1b: Inner Change

- **Description**
 - Support existing OHSU initiatives that address significant gap for oppressed/marginalized communities
- **Potential Partnerships**
 - OHSU Human Rights Clinic
 - OHSU Intercultural Psychiatry Clinic
 - OHSU Health Equity Fair
 - OHSU Pride Festival



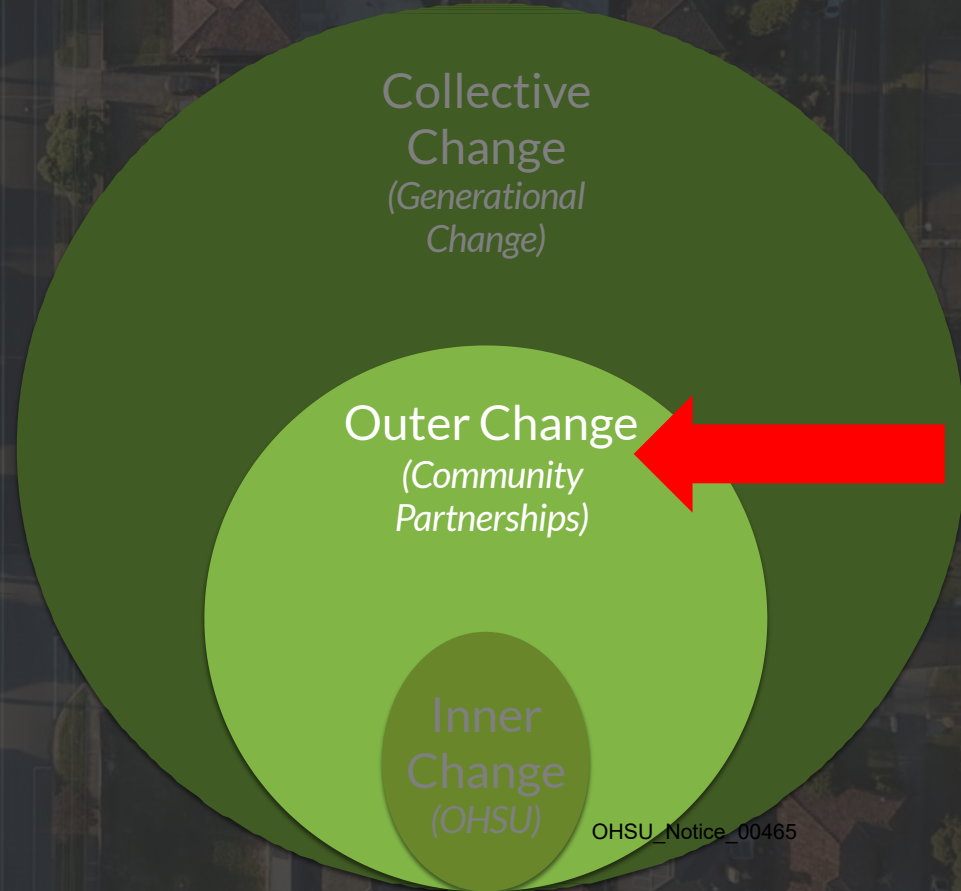
Cluster 2a: Outer Change

- **Description**

- Partner with community-based organizations for specific on-site healthcare services

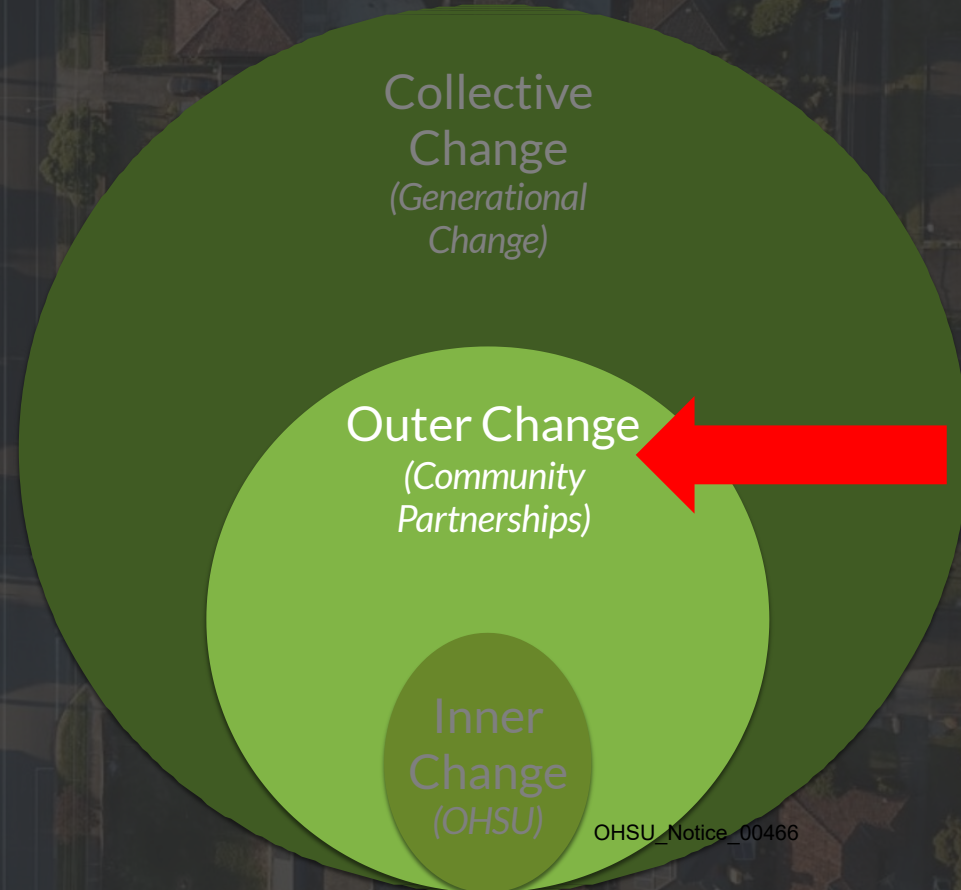
- **Potential Partnerships**

- Equitable Giving Circle
- Adelante Mujeres
- Miracles Club
-



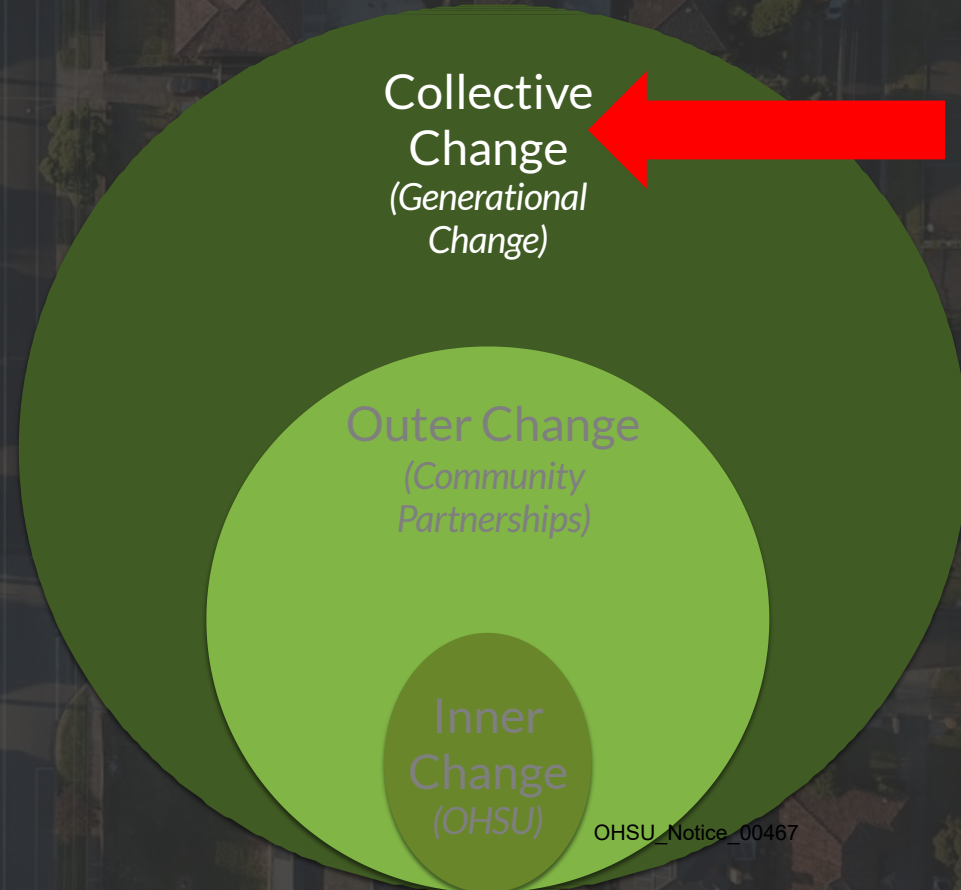
Cluster 2b: Outer Change

- **Description**
 - Partner with community-based organizations to co-create new primary care services
- **Potential Partnerships**
 - "Healing Justice Center"
 - Care for justice- involved individuals re-entering the community
 - Lines For Life
 - REAP
 - POIC @ RAHS



Cluster 3: Collective Change

- **Description**
 - Partner with community-based organizations to radically re-imagine what health looks like for systematically-harmed communities
- **Potential Partnerships**
 - **1803 Fund**
 - **Metro Social Innovation Council**



Example: Freedom Community Clinic



A new paradigm that honors and uplifts the wisdom of Ancestral Medicine with the strengths of Western medicines and technologies...

... imagining beyond the limitations of the dominant disease-focused and profit-centered Western medical system.

Potential Partnership?

Structural Care

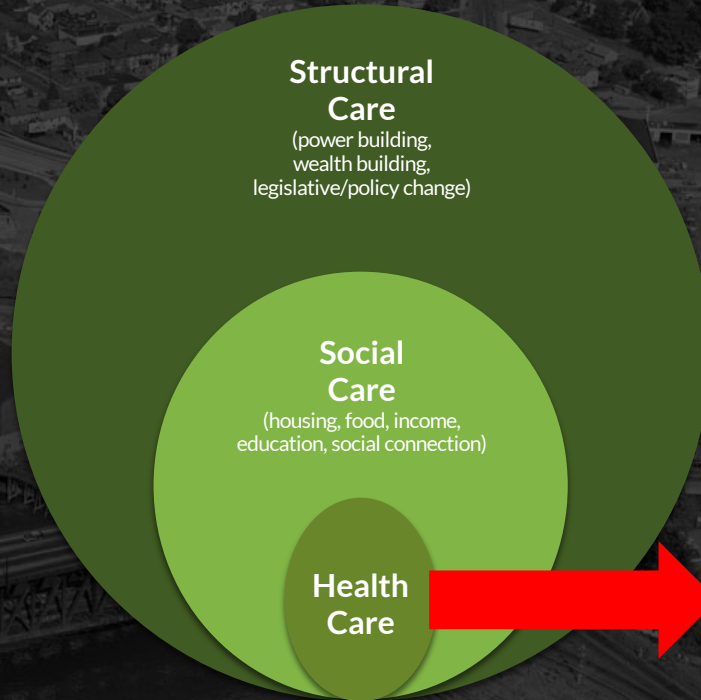
(power building,
wealth building,
legislative/policy change)

Social Care

(housing, food, income,
education, social connection)

Health Care

Potential Partnership?



Structural Care

(power building, wealth building, legislative/policy change)

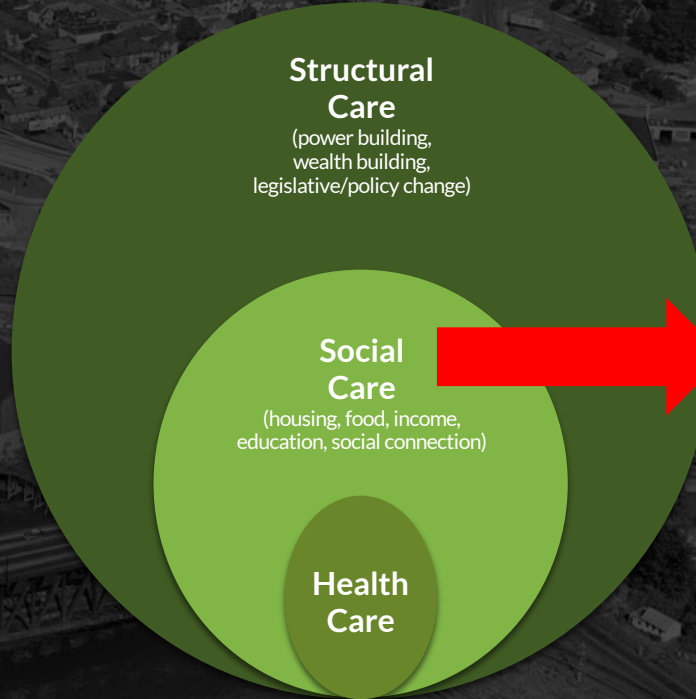
Social Care

(housing, food, income, education, social connection)

Health Care

- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care

Potential Partnership?



- Social work
- Nutrition
- Writing groups
- Group healing circles
- Community dinners

- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care

Potential Partnership?

Enhances neighborhoods, culture, and belonging **GENERATIONALLY**



Structural Care
(power building, wealth building, legislative/policy change)

Social Care
(housing, food, income, education, social connection)

Health Care

- Leadership trainings
- Community organizing
- Employment opportunities
- Career development

- Social work
- Nutrition
- Writing groups
- Group healing circles
- Community dinners

- Integrated behavioral-dental-medical care
- Herbal medicine
- Somatic trauma therapy
- Doula care

Created **FOR, BY, and WITH** community members

Our commitment to community-led health...



PUBLIC

OHSU_Notice_00473

An aerial photograph of a residential neighborhood, showing a grid of streets, houses with various roof colors (red, brown, grey), and green trees. The lighting suggests it's either early morning or late afternoon, with long shadows cast across the streets.

Thank you!
HealthEquity@ohsu.edu

HEALTH EQUITY STRATEGIC PLAN: GOALS AND TACTICS

GOAL 1

Effective and Equitable Policies, Processes, and Operations

Enable the delivery of effective and equitable health care for all people through OHSU Health's policies, processes and operations.

1.1 Central data resource for health equity

1.2 Health equity impact assessment tool

1.3 Health Equity impact assessment tool

1.4 "Place Based Health" program

1.5 Align operations with value-based programs and strategies

1.6 Institutional learning plan for Health Equity

1.7 Health equity clinical consultation

1.8 Library of "Homegrown Initiatives"

1.9 Inform health equity legislative advocacy

1.10 Maintenance of system-wide Health Equity inventory

VISION

OHSU Health will work to advance health equity through achieving the highest level of health and healthcare for all people. Centering equity, OHSU Health will partner across all communities, sectors, and regions of the state to recognize, reconcile and rectify historical and ongoing injustices stemming from bias, racism and other social and structural factors that influence access to healthcare and health outcomes. OHSU Health seeks to advance health justice by addressing inequities—historic and current—that advantage some and disadvantage others, in order to achieve optimal health and wellbeing for all.

GOAL 2

Inclusive Clinical Experience

Provide an optimal and inclusive clinical experience for all who are cared for by OHSU Health.

2.1 Develop a branding strategy for *Health Equity Organization*

2.2 Reimagining Language Access

2.3 Amplify models of inclusive care

2.4 Racial, ethnic, cultural identity and accessibility informed care practices

2.5 Navigation toolkits for patients

2.6 Health Equity sponsored engagement activities

2.7 Health Equity communication plan

2.8 Advance Native American/Indigenous health via Office of Tribal Affairs

MISSION

To fulfill the vision for health equity in OHSU Health, the Health Equity Org will:

- Evaluate data to define new strategic initiatives to advance health equity;
- Lead the integration of health equity efforts across OHSU Health; and
- Build and support transformational partnerships between OHSU members and community members to advance health equity and access to inclusive, culturally-responsive health services.

VALUES

- We are committed to **becoming an anti-racist institution**. This is all our responsibility and is integral to the health system's ability to deliver the most effective and highest quality care.
- We seek to **amplify and accelerate existing OHSU programs** in the health equity space – particularly those that already have strong ties to communities of color and other historically marginalized groups.
- We seek to develop a **shared vision for health equity** with input from community groups and work to create new programs as needed to address community-described gaps in health and health care.
- We will **listen to the community first**, then build solutions as our community partners gain trust in our enduring commitment; this is a new approach for OHSU and an important departure from our actions historically.

GOAL 3

Exemplar of Health Justice

Establish sustainable health system-community partnerships that serve as an exemplar of health justice locally, regionally and nationally.

3.1 Roadmap for community engagement

3.2 Expansion of traditional worker institutional identity

3.3 Innovation grant program

3.4 Health equity internship/fellowship

3.5 Philanthropy strategy

3.6 Learning collaborative for OHSU Health members

3.7 Community benefit strategy

3.8 Creation of standard community advisory board policies and practices

3.9 Recognition program

3.10 Amplify Medico-Legal partnerships

**HCMO Notice Question 16 - Exhibit 1:
Market Shares and Herfindahl Hirschman Concentration Index Data**

**Summary of Hospital Shares and Herfindahl-Hirschman Indices
 Patients Residing in OHSU Hospital's 75% Service Area
 Acute Care Inpatient Discharges
 Services Offered by OHSU Hospital and Legacy Health**

| <u>Geography</u> (1) | <u>Shares</u> | | | <u>HHI</u> | | |
|--------------------------------|-------------------------------|---------------------------------|--|--------------------------|---------------------------|-----------------------------------|
| | <u>OHSU Health</u> (2) | <u>Legacy Health</u> (3) | <u>Post-Merger</u> (4) (2) + (3) | <u>Pre-Merger</u> (5) | <u>Post-Merger</u> (6) | <u>Change</u> (7) (6) - (5) |
| OHSU Hospital 75% Service Area | 8.9 % | 17.6 % | 26.6 % | 1,181 | 1,497 | 315 |

Notes: Acute care inpatient discharges exclude normal newborn, mental health, substance abuse, and rehabilitation services.
 This analysis includes discharges from Washington State hospitals located in Clark and Cowlitz Counties.
 Analysis is limited to MS-DRGs that were associated with 3 or more discharges in 2022 Q3 – 2023 Q2 at OHSU Hospital and at least one of Legacy Health’s hospitals.

Sources: Washington and Oregon Discharge Data, Q3 2022 - Q2 2023.
 American Hospital Association, AHA Guide, 2023.

Hospital Shares and Herfindahl-Hirschman Indices
Patients Residing in OHSU Hospital's 75% Service Area
Acute Care Inpatient Discharges
Services Offered by OHSU Hospital and Legacy Health

| System/Hospital (1) | City (2) | County (3) | State (4) | Discharges (5) | Share (6) |
|--|------------------|-------------------|--------------|-------------------|--------------|
| Providence | | | | 44,370 | 20.3 % |
| Providence St. Vincent Medical Center | Portland | Washington | OR | 18,243 | 8.4 |
| Providence Portland Medical Center | Portland | Multnomah | OR | 14,896 | 6.8 |
| Providence Willamette Falls Medical Center | Oregon City | Clackamas | OR | 3,816 | 1.8 |
| Providence Medford Medical Center | Medford | Jackson | OR | 2,606 | 1.2 |
| Providence Milwaukie Hospital | Milwaukie | Clackamas | OR | 2,262 | 1.0 |
| Providence Newberg Medical Center | Newberg | Yamhill | OR | 2,166 | 1.0 |
| Other Hospitals | Various | Various | Various | 381 | 0.2 |
| Legacy Health | | | | 38,465 | 17.6 |
| Legacy Emanuel Medical Center | Portland | Multnomah | OR | 13,066 | 6.0 |
| Legacy Salmon Creek Medical Center | Vancouver | Clark | WA | 7,479 | 3.4 |
| Legacy Good Samaritan Medical Center | Portland | Multnomah | OR | 6,407 | 2.9 |
| Legacy Meridian Park Medical Center | Tualatin | Washington | OR | 5,764 | 2.6 |
| Legacy Mount Hood Medical Center | Gresham | Multnomah | OR | 4,014 | 1.8 |
| Legacy Silverton Medical Center | Silverton | Marion | OR | 1,735 | 0.8 |
| PeaceHealth | | | | 25,122 | 11.5 |
| PeaceHealth Southwest Medical Center | Vancouver | Clark | WA | 12,921 | 5.9 |
| PeaceHealth Sacred Heart Medical Center at RiverBend | Springfield | Lane | OR | 7,744 | 3.6 |
| PeaceHealth St. John Medical Center | Longview | Cowlitz | WA | 4,171 | 1.9 |
| Other Hospitals | Various | Various | Various | 286 | 0.1 |
| Kaiser Foundation Hospitals | | | | 21,237 | 9.7 |
| Kaiser Sunnyside Medical Center | Clackamas | Clackamas | OR | 14,702 | 6.7 |
| Kaiser Westside Medical Center | Hillsboro | Washington | OR | 6,535 | 3.0 |
| OHSU Health | | | | | |
| OHSU Hospital | Portland | Multnomah | OR | 19,480 | 8.9 |

Hospital Shares and Herfindahl-Hirschman Indices
Patients Residing in OHSU Hospital's 75% Service Area
Acute Care Inpatient Discharges
Services Offered by OHSU Hospital and Legacy Health

| System/Hospital (1) | City (2) | County (3) | State (4) | Discharges (5) | Share (6) |
|--|-------------|---------------|--------------|-------------------|--------------|
| Salem Health | | | | 19,264 | 8.8 |
| Salem Hospital | Salem | Marion | OR | 18,911 | 8.7 |
| Other Hospitals | Various | Various | Various | 353 | 0.2 |
| Asante Health System | | | | 11,706 | 5.4 |
| Asante Rogue Regional Medical Center | Medford | Jackson | OR | 7,201 | 3.3 |
| Asante Three Rivers Medical Center | Grants Pass | Josephine | OR | 4,170 | 1.9 |
| Other Hospitals | Various | Various | Various | 335 | 0.2 |
| Adventist Health | | | | 7,999 | 3.7 |
| Adventist Health Portland | Portland | Multnomah | OR | 6,380 | 2.9 |
| Other Hospitals | Various | Various | Various | 1,619 | 0.7 |
| St. Charles Health System, Inc. | | | | 6,561 | 3.0 |
| St. Charles Bend | Bend | Deschutes | OR | 6,523 | 3.0 |
| Other Hospitals | Various | Various | Various | 38 | 0.0 |
| Samaritan Health Services | | | | 6,540 | 3.0 |
| Good Samaritan Regional Medical Center | Corvallis | Benton | OR | 3,031 | 1.4 |
| Samaritan Albany General Hospital | Albany | Linn | OR | 2,070 | 0.9 |
| Other Hospitals | Various | Various | Various | 1,439 | 0.7 |
| Tuality Healthcare | | | | | |
| OHSU Health Hillsboro Medical Center | Hillsboro | Washington | OR | 4,370 | 2.0 |
| Quorum Health | | | | | |
| McKenzie-Willamette Medical Center | Springfield | Lane | OR | 3,164 | 1.5 |

**Hospital Shares and Herfindahl-Hirschman Indices
Patients Residing in OHSU Hospital's 75% Service Area
Acute Care Inpatient Discharges
Services Offered by OHSU Hospital and Legacy Health**

| <u>System/Hospital</u> (1) | <u>City</u> (2) | <u>County</u> (3) | <u>State</u> (4) | <u>Discharges</u> (5) | <u>Share</u> (6) |
|----------------------------------|--------------------|----------------------|---------------------|--------------------------|---------------------|
| CommonSpirit Health | | | | 2,717 | 1.2 |
| Mercy Medical Center | Roseburg | Douglas | OR | 1,845 | 0.8 |
| Other Hospitals | Various | Various | Various | 872 | 0.4 |
| Bay Area Hospital | Coos Bay | Coos | OR | 2,450 | 1.1 |
| Sky Lakes Medical Center | Klamath Falls | Klamath | OR | 1,958 | 0.9 |
| Lifepoint Health | | | | | |
| Willamette Valley Medical Center | McMinnville | Yamhill | OR | 1,514 | 0.7 |
| Other Hospitals | Various | Various | Various | 1,125 | 0.5 |
| | | | Total: | 218,042 | 100.0 % |

Pre-Transaction HHI: 1,181
Post-Transaction HHI: 1,497
Change: 315
Post-Transaction Share: 26.6 %

Notes: Acute care inpatient discharges exclude normal newborn, mental health, substance abuse, and rehabilitation services.

This analysis includes discharges from Washington State hospitals located in Clark and Cowlitz Counties.

Analysis is limited to MS-DRGs that were associated with 3 or more discharges in 2022 Q3 – 2023 Q2 at OHSU Hospital and at least one of Legacy Health’s hospitals.

Sources: Washington and Oregon Discharge Data, Q3 2022 - Q2 2023.

American Hospital Association, AHA Guide, 2023.