



ADVENTIST HEALTH
Columbia Gorge

IMPLEMENTATION STRATEGY
Year Three Update, FY 2025
January 1, 2025 – December 31, 2025

2025

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Purpose & Summary

Adventist Health Columbia Gorge is pleased to share its Community Health Plan Update, FY 2025. This follows the development of its Community Health Implementation Strategy (CHIS) and the 2022 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements.

After a thorough review of the health status in our community through the community health needs assessment (CHNA), we identified areas that we could address using our resources, expertise and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission of “Living God’s love by inspiring health, wholeness and hope.”

The results of the CHNA guided the creation of the Community Health Implementation Strategy and aided us in how we could best provide for our community and the vulnerable among us. The Implementation Strategy summarized the plans for Adventist Health Columbia Gorge to develop and collaborate on community benefit programs that address prioritized health needs identified in its 2022 CHNA

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address the health needs identified in the CHNA. Together, with the Adventist Health, local public health officials, community-based organizations, medical providers, students, parents, and members of selected underserved, low-income and minority populations, Adventist Health Columbia Gorge intentionally developed a strategic plan to address the needs of the community. The results of the Implementation strategy are reported on a yearly basis through the Annual Community Health Plan Update. This is year three, of a three-year strategy to improve the health of our community.

In this Community Health Plan Update, FY 2025, you will find strategies, tactics, and partnerships that address the following health needs that were identified in the 2022 CHNA:

- **Homeless and Housing Instability**
- **Access to Healthcare**
- **Health Conditions**

On June 1, 2023, Mid-Columbia Medical Center officially joined the Adventist Health system and became known as Adventist Health Columbia Gorge. This new relationship underscores the two organizations’ commitment to local healthcare and advances a shared vision to create a more vibrant and comprehensive healthcare hub.

About Us

Mid-Columbia Medical Center becomes Adventist Health Columbia Gorge

Mid-Columbia Medical Center was founded in 1992 by local residents for local residents. We are proud of our community heritage and are committed to improving the health of our diverse community in the Columbia Gorge region. Our mission is to provide exceptional health services and experiences through person-centered care by executing our values of compassion, integrity, wellness, teamwork, and quality. Additionally, we are a nonprofit, community health care system serving the Columbia River Gorge that offers a 49-bed hospital, 24/7 emergency care, immediate, care center, cancer care, breast center, cardiovascular services, surgery childbirth, physical therapy, internal medicine, behavioral health, and more.

On June 1, 2023, Mid-Columbia Medical Center officially joined the Adventist Health system and became known as Adventist Health Columbia Gorge. This new relationship underscores the two organizations' commitment to local healthcare and advances a shared vision to create a more vibrant and comprehensive healthcare hub.



Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawai'i.

Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 34,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.

Adventist Health's Approach to CHNA & CHIS

The following pages highlight the key findings Adventist Health Columbia Gorge identified as their top priority health needs, or as we refer to them in this report, their "High Priority Needs." The High Priority Needs are addressed in the community health implementation strategy and are reported on a yearly basis through the Annual Community Health Plan Update. This is year three, of a three-year strategy to improve the health of our community. We invite you to learn about the actions, activities and programs that have been implemented in 2025.

Action Plan for Addressing High Priority Needs

The following pages reflect the goals, strategies, actions and resources that Adventist Health Columbia Gorge provided in 2025 to address each selected High Priority Need

AHCG: ADDRESSING HIGH PRIORITY: Homelessness and Housing Instability

GOAL	Reduce “housing -burden” for community members who experience difficulty keeping up with rising costs of housing
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Strategy:	Provide short term temporary emergency housing for patients, and collaborate with community partners on long-term solutions
FY 2025 YEAR THREE Actions: Program/Activity	

COMMUNITY IMPACT SUMMARY/ALL STRATEGIES
Patient Assistance Fund: Throughout the 2022-2025 Community Health Improvement Strategy cycle, Adventist Health Columbia Gorge remained committed to assisting individuals in need of emergency hotel stays. In 2025, The Foundation assisted 10 individuals with temporary emergency hotel stays which totaled \$3,785.84 and offered 21 nights of a safe and secure place for people to stay.
STRATEGY THAT CHANGED DURING THE YEAR:
In 2025, there were no patients discharged to rooms provided by The Annex which offers transitional housing and shelter. Unfortunately, this was a strategy that did not come to fruition.

AHCG: ADDRESSING HIGH PRIORITY: Access to Health Care Services

GOAL	Increase access to cultural and linguistically centered care to the community where SDOH have impacted assessing care.
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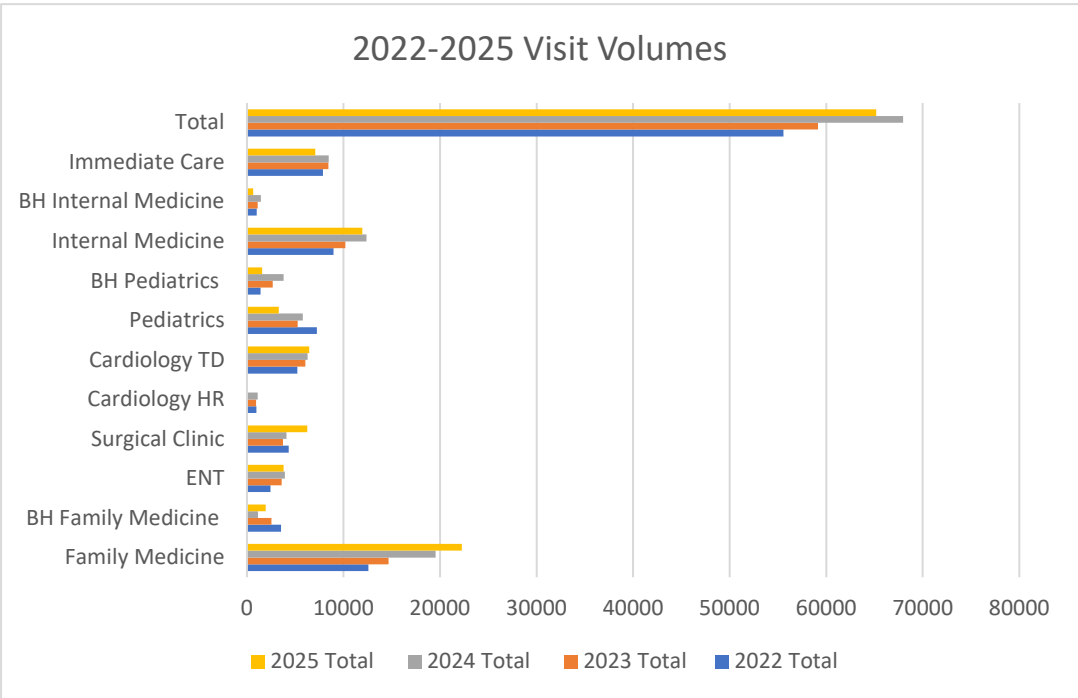
Strategy:	Focus on providing increased access to appointments in alignment with AHCG strategic initiatives
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FY 2025 YEAR THREE Actions: Program/Activity
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COMMUNITY IMPACT SUMMARY/ALL STRATEGIES

Strategy: Increase visit volumes in the following departments: Primary Care (including Behavioral Health), General Surgery clinic, Immediate Care, ENT and the Cardiology Clinic

In 2025, access to care was increased in Family Medicine, Family Medicine Behavioral Health, The Dalles Cardiology Clinic, and Surgical Clinic compared to 2024 visit volume data. There was a total of 65,183 visits in 2025 compared to 67, 970 in 2024, 59,136 in 2023 and 55,571 visits in 2022. The healthcare landscape is a challenging one so there were multiple changes in 2025 to better navigate the headwinds such as combining the Pediatric and Family Medicine clinic to improve access to care through efficient and streamlined services. Furthermore, in December, the Water’s Edge building which housed Immediate Care, Internal Medicine, Cardiology, ENT and other outpatient services experienced unprecedented and severe wind damages that forced the closure of the building. The outpatient services provided at Water’s Edge were relocated to other locations. Overall, there was a 10.2% increase in access to care between 2023 and 2025.



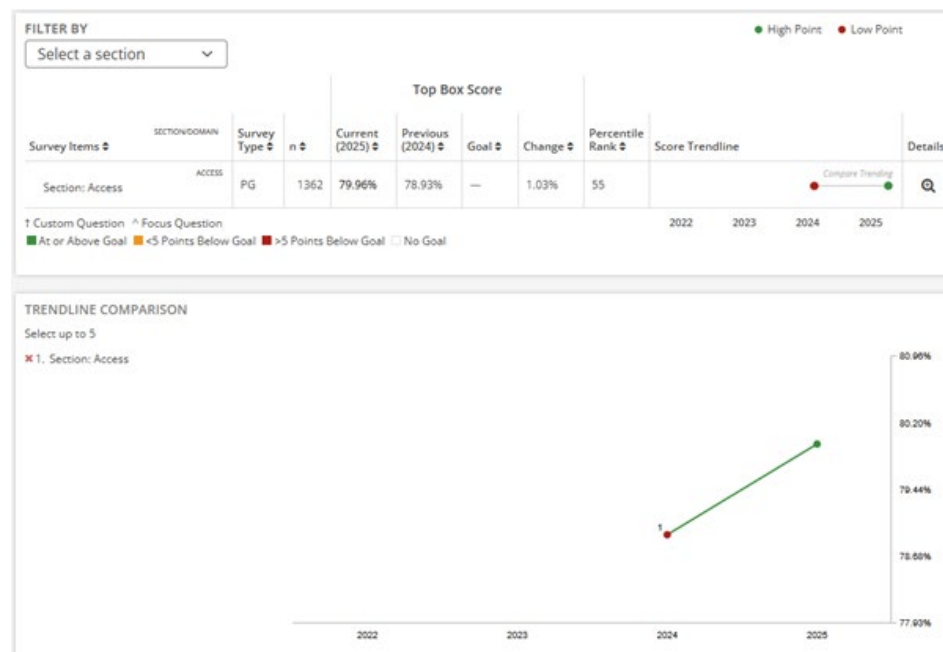
Strategy: Improve Press Ganey “overall access” in Primary Care Clinics, General Surgery Clinic, Immediate Care, ENT and the Cardiology Clinic

Press Ganey Survey Updates:

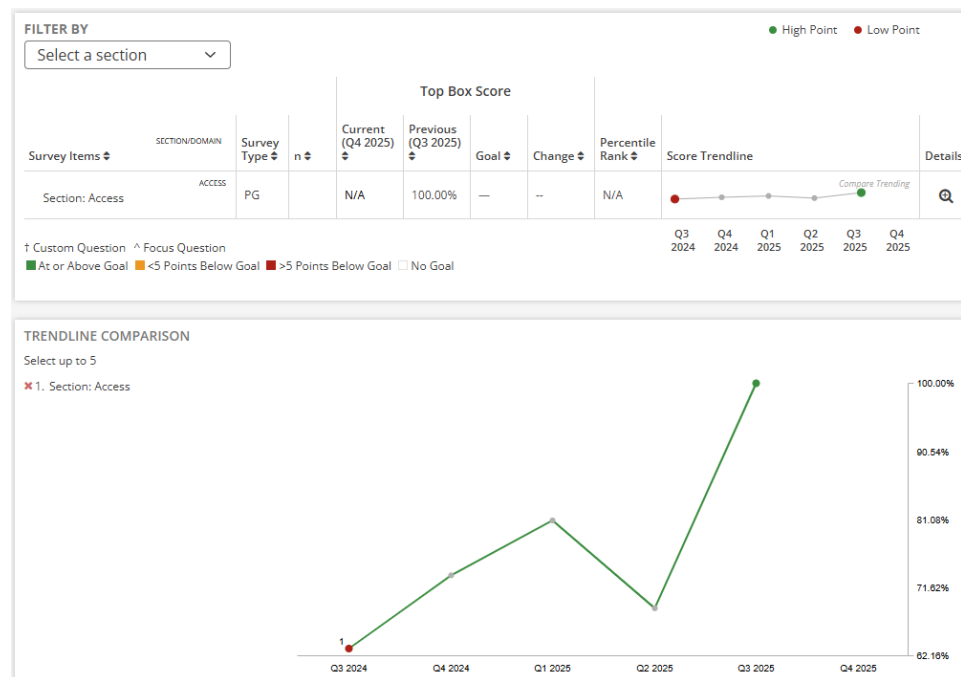
A strategy that was implemented to assess access to care was reviewing Press Ganey Data that focuses on “Access” which measures appointment accessibility, ease of scheduling, if appointments met the individual’s needs, ease of contacting the clinic, and attitude of registration staff. A notable change between 2024 and 2025 is that the Pediatric clinic moved under Family Medicine clinic. As a result, Press Ganey surveys for the Pediatric clinic in Q4 2025 are no

longer available as they are under Family Medicine. Overall, access to care improved in Family Medicine and the Surgical Clinic which demonstrates improvement for community members to access care.

Family Medicine 2024-2025



Pediatrics Q3 2024- Q3 2025



Internal Medicine 2024-2025

FILTER BY

Select a section

High Point

Low Point

		Top Box Score								
Survey Items	SECTION/DOMAIN	Survey Type	n	Current (2025)	Previous (2024)	Goal	Change	Percentile Rank	Score Trendline	Details
Section: Access	ACCESS	PG	909	73.17%	75.81%	—	-2.65%	24	Compare Trending	

† Custom Question

^ Focus Question

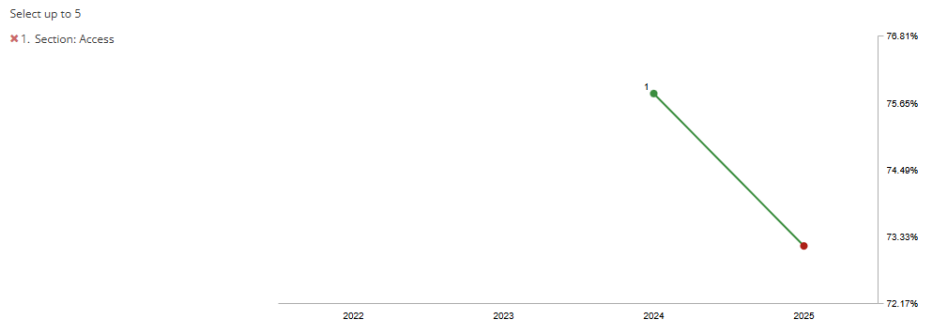
At or Above Goal

<5 Points Below Goal

>5 Points Below Goal

No Goal

TRENDLINE COMPARISON



Surgical Clinic 2024-2025

		Top Box Score								
Survey Items	SECTION/DOMAIN	Survey Type	n	Current (2025)	Previous (2024)	Goal	Change	Percentile Rank	Score Trendline	Details
Section: Access	ACCESS	PG	407	84.03%	78.44%	—	5.59%	75	Compare Trending	

† Custom Question

^ Focus Question

At or Above Goal

<5 Points Below Goal

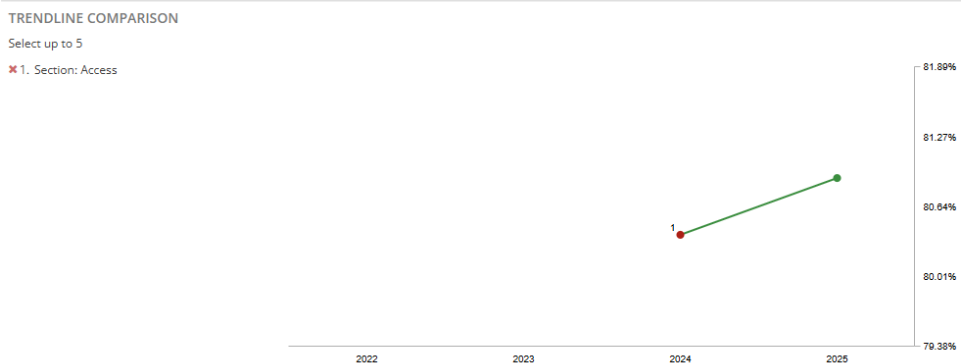
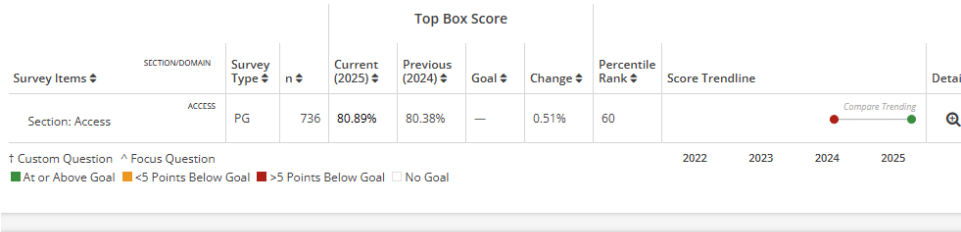
>5 Points Below Goal

No Goal

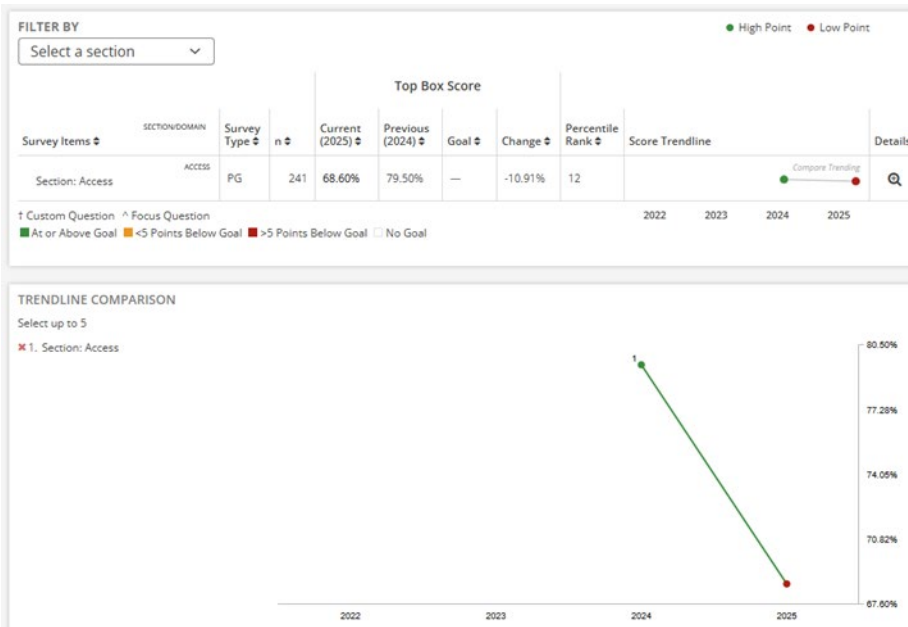
TRENDLINE COMPARISON



Cardiology 2024-2025



Ears, Nose, and Throat (ENT) 2024-2025



STRATEGY THAT CHANGED DURING THE YEAR:

The Pediatric clinic moved under Family Medicine.

ADVENTIST HEALTH COMMUNITY IMPACT IN THE NEWS:

The Water’s Edge building, which housed multiple clinics such as Internal Medicine, Cardiology, Orthopedics, Physical Therapy, and other services, experienced severe wind damage and forced the building to close. Adventist Health Columbia Gorge was committed to finding solutions to continue providing these needed services to the community by working quickly and opening the clinics in temporary locations so community members could still access care.

AHCG: ADDRESSING HIGH PRIORITY: Chronic Conditions

GOAL	To assist community members who are experiencing unmanaged chronic conditions with additional access to primary care providers and specialists
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Strategy:	Address the prevention of chronic conditions
FY 2025 YEAR THREE Actions: Program/Activity	

COMMUNITY IMPACT SUMMARY/ALL STRATEGIES**Strategy: Participate in the Connected Care for Older Adults Pilot (Collaboration between the Columbia Gorge Health Council and Adventist Health Columbia Gorge).**

Adventist Health Columbia Gorge has continued its collaboration with the Columbia Gorge Health Council to improve care for frail older (55+) adults who often are experiencing multiple chronic conditions. Through the Connected Care for Older Adults program, a Community Health Worker conducts home visits to address 4 protocols which include What Matter's, Medication Reconciliation, Mobility, and Mentation protocols. In 2025, 43 individuals who live in rural settings in both Oregon and Washington, were enrolled in the program. The resources most often needed by participants of the program, included connecting to Circles of Care, Department of Human Services, Aging and People with Disabilities and utility assistance as many of them experience financial strain because they are on a fixed income. The program will continue into 2026.

On February 20, 2025, Dr. Johnson, Cardiologist and Laura Johnson, RPh, Certified Health Coach, Master Gardener, and Plant-Based Cooking Expert, presented "Love your Heart: A Food & Wellness Talk. They provided an engaging discussion to the community on the power of nutrition in heart health.

STRATEGY THAT CHANGED DURING THE YEAR:

The Prevent Program was discontinued in 2025 due low participation rates in both the English and Spanish cohorts. Community members are encouraged to explore online options such as the Prediabetes Workshop offered on demand by the Kelsey-Seybold Clinic or the Prediabetes 101 Class offered by Intermountain Health.

Adventist Health Columbia Gorge Additional Narrative: Other programs/activities not included in the 2023 CHIS Strategic Plan that support community impact	Process Measures How many attendees? How many events?
Community Investment in Health Professions Adventist Health Columbia Gorge is in Wasco County which has a Medically Underserved Area (MUA) designation. In 2025, the organization provided staff expertise and facility space for emerging health professionals who are pursuing a degree or certificate in a healthcare field such as Registered Nurses, Medical Assistants, Social Work, Therapy, Paramedics and EMT. There were 94 emerging health professionals that were offered clinical sites and provided over 1,643 supervised clinical hours all together. By being a clinical site, Adventist Health Columbia Gorge provided \$98,303 in community investment to health professions. Serving Oregon and its Migrants by Offering Solutions SOMOS: Our SOMOS team partners with local orchard owners, and community outreach partners provide essential health services to migrant families during the harvest season. During the weeks of harvest, SOMOS travels to several orchards, offering free health screenings including blood pressure checks, blood glucose testing, vitals assessments, height/weight measurements, and vaccinations. In addition to medical services, SOMOS provides hygiene kits, fun treats, resources, and valuable printed information to support these families. Over 40 volunteers from various partners collaborated to set up tents, coordinate health check stations, and ensure a smooth event flow. With music, free hot dinners, and activities for kids, we aim to make each event enjoyable and inviting. Orchard owners play a crucial role by encouraging their workers to participate, fostering camaraderie and a sense of family. Community Outreach & Engagement As a commitment to our community, Adventist Health Columbia Gorge participated in over 15 community outreach events in 2025. These events are key to being connected and in tune with the needs of the community and to build trust and rapport. In all the community outreach events, health promotion handouts were provided to our diverse population in both English and Spanish. Events consisted of going to orchards and providing education to offering educational workshops about Medicaid, Marketplace, and Medicare insurance.	# of interns: 94 (some were a repeat) Clinical Hours provided: 1,643 Community Investment: \$98,303 # of participants (including children): about 220 # of medical screenings completed: 160 # of dental screenings completed: 69 # of Community Partners that attended: 6 # of community outreach events: 15 # of community members that were reached: 800

Pictures of Community Outreach & Engagement events:



Significant Identified Health Needs

As part of the 501c3 status, every three years Mid-Columbia Medical Center (MCMC) (now known as Adventist Health Columbia Gorge) participates with a group of community partner to create a regional Community Health Needs Assessment (CHNA) that gathers data through community health surveys, community listening sessions, stakeholder interviews, and secondary data sources to determine what are the top priority needs in the community. In 2022, MCMC collaborated with Klickitat Valley Health, Mid-Columbia Community Action Council, One Community Health, Providence Hood River Memorial Hospital, Skamania County Public Health, and Skyline Health to create the regional 2022 CHNA. The collaboration required both monetary contribution and a dedicated commitment. Each partnership organization selects which priority needs are suitable within their scope of practice while knowing that the remaining needs are being addressed by other community partners. The priority needs that were identified are listed in the table below.

From this group, several high priority health needs were established. High priority health needs were chosen as they demonstrated greatest need based on severity and prevalence, intentional alignment around common goals and feasibility around common goals and opportunities to maximize available resources over a three-year period. Using the criteria mentioned above, we were able to determine which needs were high priority, as compared to those that were significant needs. The high Priority Needs are the focus of the community health implementation strategy and this accompanying Community Health Plan Update, FY 2025. The remaining significant health needs are not addressed directly but will likely benefit from the collective efforts defined in this report.

TABLE OF SIGNIFICANT IDENTIFIED HEALTH NEEDS

<u>High Priority Health Needs</u>
Homelessness and Housing Instability
Access to Healthcare
Health Conditions (Chronic Conditions)
Lower Priority Significant Needs that will not be addressed directly by Adventist Health Columbia Gorge due to limited resources, expertise and feasibility of viable interventions
Behavioral Health (Mental Health)
Economic Insecurity (Financial Stability)
Food Security

Community Health Financial Assistance for Medically Necessary Care Commitment

Adventist Health understands that community members may experience barriers in paying for the care they need. That is why we are committed to providing financial assistance to those who may need support in paying their medical expense(s).

Community members can find out if they qualify for financial aid in paying medical bills by completing a financial assistance application. Applications can be filled out at the time care is received or after the bill has been administered. To access the financial assistance policy for more information or to contact a financial assistant counselor, please visit us at: [Adventist Health - Help Paying Your Bill](#).



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Thank you for reviewing our Implementation Strategy, Three Year Update FY 2025.
We are proud to serve our local community and are committed to making it a healthier place for all.

To provide feedback on this community benefit report or other reports referenced please email::
community.benefit@ah.org. You may also request a copy free of charge.

